ONTARIO
KAISER FOUNDATION HOSPITAL (KFH)-ONTARIO

2295 South Vineyard
Ontario, CA 91761
(909) 724-5000

The KFH-Ontario service area includes the west end of San Bernardino County and a section of eastern Los Angeles County. The service area includes the communities of Chino, Chino Hills, Claremont, Diamond Bar, La Verne, Montclair, Ontario, Pomona, Rancho Cucamonga, San Antonio Heights, and Upland.

COMMUNITY SNAPSHOT (2010 Community Health Needs Assessment for KFH-Ontario)

- Total population: 2,123,083
- Median age: 30
- Median household income: $52,320
- Percentage living in poverty: 11.4%
- Percentage unemployed: 14.2%
- Percentage uninsured: 25.1%
- Latino: 51%
- White: 32%
- African American: 8%
- Asian and Pacific Islander: 6%
- Other: 3%
- Native American: .5%

KEY FACILITY STATISTICS

- Year opened: 2011
- Total licensed beds: 224
- KFH full-time equivalent personnel: 817
- Inpatient days: 187,061
- KFHP members in KFH service area: 405,645
- Emergency room visits: 4,273

KEY LEADERSHIP AT KFH-ONTARIO

- Greg Christian, Executive Director
- Georgina Garcia, Chief Operating Officer
- Don Bernard, Area Finance Officer
- David Quam, MD, Area Medical Director
- William Meyer, Medical Group Administrator
- Jennifer Resch-Silvestri, Public Affairs Director
- Martha Valencia, Senior Community Benefit Health Specialist
The 2010 Community Health Needs Assessment Summary and Findings

2010 Community Health Needs Assessment (CHNA) Summary

KFH-Fontana (on behalf of KFH-Fontana and KFH-Ontario), the Advancement Project’s Healthy City, and Special Service for Groups collaborated to conduct the 2010 CHNA. Numerous community-based organizations and government and public agencies from across various sectors (neighborhood, school, county, academia, and health care) also collaborated in providing critical information about health needs, assets, and barriers. Primary and secondary data were assessed to create a profile of community conditions. While the emphasis was on health care data, social, economic, educational, and demographic indicators were also included in the CHNA to look at overall community health.

The first phase of the CHNA included secondary data collection, processing, and analysis. Secondary data collection began with the development of a list of relevant demographic, socioeconomic, and public health data indicators that included details and information on demographic conditions, income and poverty, community safety, education, health and health care access, maternal and child health, mortality and morbidity, and health behaviors. Data analysis involved the development and implementation of a strategy that allowed patterns to be identified in the collected data. When available, Healthy People 2010 benchmarks, service area, county health information, and statewide figures were used as comparison points for local indicators.

The second phase entailed primary data collection designed to identify unmet community health needs, barriers to health and wellness, and community assets (in general and for underserved populations). It also sought community guidance in prioritizing these needs in the context of a changing community. Participants were selected based on several factors, including prior engagement in the CHNA process, subject area expertise, and experience or role in addressing key health needs of vulnerable populations in the service area. Focus group and stakeholder interviews helped identify health issues and common themes across the service area.

Key Findings from the 2010 CHNA

Based on a careful review of the primary and secondary data collected for the 2010 CHNA, the key findings are as follows:

Population, Unemployment, Poverty, and Homelessness:
- Population growth increased by 22%.
- Unemployment increased from 6% to 14.2%.
- Unemployed individuals have higher rates of anxiety and depression, lower self-rated health status, and loss of insurance.
- Unemployed men have higher rates of smoking, alcohol consumption, and drug use.
- The percentage of families living in poverty (11.2%) in the service area is greater than that for California (9.8%).
- 24% of households are headed by single mothers.
- Poverty had the greatest negative impact on health.
- Homelessness increased among young people.
- Findings from focus groups and interviews suggest that one effect of the recession is overcrowding as more multigenerational families are living in the same households.

Uninsured and Access to Health Care:
- In the service area, 25.1% of residents 18 to 65 were uninsured, while 12.2% of children 0 to 17 were uninsured.
- Younger working-age adults are less likely to be insured compared to older working-age adults (25% of adults 19 to 29 are uninsured; 18% of adults 30 to 44 are uninsured; and 15% of adults 45 to 64 are uninsured).
- Uninsured adults have a 25% greater risk of premature death than insured adults.
- Only 81.9% of pregnant women received early prenatal care.
Dental Care:
- More people reported that their children had never been to a dentist (1.5%) and that they could not afford dental care that was necessary for their children (7.8%).
- 32.7% of adults 18 and older and 19.2% of children 2 to 17 had no dental insurance.
- Community participants identified dental care for children as an ongoing issue and pointed to the need for screenings and preventive care, as well as a shortage in specialty dental care.

Diabetes:
- Diagnosis of diabetes increased by almost 2% for more and younger students.
- Type 2 diabetes increased among children in the last two decades.
- The service area had a higher age-adjusted mortality rate (30.6) from diabetes than California (21.1).

Overweight and Obesity:
- The service area had 21% overweight or obese adolescents 12 to 19 (San Bernardino County level).
- The service area had 36.4% overweight and 27.4% obese adults 20 and older (San Bernardino County level).

Asthma:
- The service area had a higher age-adjusted mortality rate than California.
- Hospitalization for asthma is higher in the service area at 10 per 10,000, compared to 5.6 per 10,000 for California.

Cancer:
- In the service area, the breast cancer death rate was 23.8 compared to 21.2 for California.
- The cervical cancer death rate was 4.6 compared to 2.2 for California.
- The colorectal cancer death rate was 16 compared to 14.7 for California.

High Blood Pressure:
- One in four residents was diagnosed with high blood pressure.
- Prevalence of diagnosis increased substantially to 25%, higher than statewide estimates for those 20 to 64.

Mental Health Services:
- In the service area, 16.1% of people needed help for mental health or substance abuse.
- Of those who sought care, 44.2% failed to receive it; 60% of those who needed care but did not receive it were uninsured.
- 15.9% of teens are at risk for depression.

Prioritized Needs Identified for the KFH-Ontario Service Area

1. Access to health insurance coverage and health care services
2. Disproportionate rates of obesity and overweight
3. Social determinants of health
**2011 YEAR-END RESULTS**

**PRIORITIZED NEED I: ACCESS TO HEALTH INSURANCE COVERAGE AND HEALTH CARE SERVICES**

Uninsured and underinsured adults are less likely to receive preventive care, less likely to receive screening services, and if they do access screening services, less likely to receive them in a timely manner. Lack of access and untimely access produces delayed diagnoses, and for many diseases (such as breast, colon, or cervical cancer), delayed diagnoses reduce the probability of survival. The CHNA found that death rates from breast, cervical, and colorectal cancers are still higher in San Bernardino County than for California overall. In addition, uninsured adults receive less and lower-quality care for chronic conditions, including diabetes, heart disease, and HIV. Overall sufferers of chronic conditions who lack insurance are less likely to receive necessary screening, monitoring, intensive care management, effective drugs, and other medical services, and thus experience decreased quality of life and a higher risk of mortality. Focus group participants indicated that despite the need, mental health services have been cut back dramatically and may be available only to the severely disabled. Community participants also identified dental care for children as an ongoing issue and pointed to the need for both screenings and preventive care, as well as a shortage in specialty dental care.

**2011 GOALS**

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.

**2011 STRATEGIES**

1. Maintain participation in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan) and in government programs (Medi-Cal and Healthy Families).
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding to organizations that seek to provide primary care services.
4. Provide grant funding to organizations that seek to proactively integrate education, preventive care, early and regular screening, treatment, and control/self-care management by targeting at least one health problem (hypertension, obesity, diabetes, asthma, and breast, cervical, and colorectal cancer), with an emphasis on linking to community clinics.
5. Provide grant funding to organizations that seek to conduct outreach, provide enrollment in public programs, and provide orientation on utilizing community clinic services emphasizing the medical home/usual source of care concept and/or provide primary care services.
6. Provide grant funding to support outreach and education regarding preventive dental services for children.
7. Provide grant funding to support delivery of dental care services, including planning for expanded dental services at safety net clinics.
8. Provide grant funding to organizations to provide basic individual and family outpatient counseling for emotional/mental health problems (depression, anxiety, feelings of hopelessness, truancy, anger management, alcohol-drug issues, victims of violence/abuse, psychological distress, etc.).
9. Continue collaboration with community clinics to offer Community Surgery Days for eligible low-income individuals who are uninsured or underinsured.
10. Continue existing physician volunteer clinic partnerships and identify other opportunities to support adult, pediatric, and teen clinics where a shortage and a need for health care professionals and services exist.
11. Develop the capacity of community clinics and community-based organizations by sharing Kaiser Permanente training, curriculum, handouts, and clinical practice guidelines related to diabetes, weight, nutrition, and healthy lifestyles.
**Target Population**

Vulnerable populations, including the working poor, the unemployed, the uninsured, the underinsured, and underserved children, adolescents, women, and men.

**Community Partners**

Community partners include American Diabetes Association, American Heart Association (AHA), League of Foothill Communities, Foothill Family Shelter, House of Ruth, Kids Come First Community Clinic (KCFCC), Montclair Medical Clinic, Ontario-Montclair School District, Pomona Community Health Center, Project Sister Family Services, Reach-Out West End, and Well of Healing Mobile Medical Clinic.

**2011 Year-End Results**

- In collaboration with the Southern California Permanente Medical Group (SCPMG), KFH-Ontario established the Physician Engagement Program to facilitate volunteer opportunities for physicians at local community clinics as a way to support the safety net of clinics in San Bernardino County. In 2011, a total of 240 physician clinical volunteer hours were provided by a total of 11 volunteer physicians at KCFCC, a primary pediatric health care clinic for uninsured or underinsured children in South Ontario. Physician volunteers support the Teen and Pediatric Clinic at KCFCC and the Saturday Adult Primary Care Clinic for the parents of children served by KCFCC. KFH-Fontana celebrated the first year and a half of its volunteer partnership with KCFCC.

- KFH-Ontario expanded the Community Surgery Day Program by offering two surgery days in 2011. KFH-Ontario’s Vineyard Ambulatory Surgery Center provided operating room space and medical supplies as an in-kind donation. Pomona Community Health Center is among five community clinic partners that participate in the Community Surgery Day Program. In 2011, a total of 31 low-risk outpatient surgeries (hernia repair, cataract removal, gallbladder removal) were performed by 177 Kaiser Permanente volunteer surgeons, anesthesiologists, nurses, certified nursing assistants, sterile processing technicians, and admitting clerks.

- KFH-Ontario responded to key speaking opportunities for Kaiser Permanente pediatricians to address diabetes at the 35th Annual Training Conference, When You Believe, You Can Succeed!, in October. The talk, “Diabetes and Its Effects on America’s Children,” was delivered by Pediatrician Marla Abrolat, MD, KFH-Upland Medical Offices, in response to a request from the California State Foster Parent Association, Inc. (CSFPA), State of California Department of Social Services (DSS), and Casey Family Programs.

- KFH-Ontario provided $15,200 in surplus equipment and food as an in-kind charitable donation to several organizations, including Fresh Start Ministries in Ontario, KCFCC in Ontario, City of Montclair for the Montclair Medical Clinic, and Visiting Nurse Association and Hospice of Southern California in Claremont. Donated items included shredders, wheelchairs, desks, VCRs, stools, clocks, scales, TVs, an ear-washing system, respirator masks, exam tables, queue poles, bulletin boards, chairs, drawers, file cabinets, blood pressure monitors, easels, view boxes, recycle bins, hospital beds, and bedside tables.

- KFH-Ontario provided a $10,000 grant to AHA to offer the Go Red por tu Corazón (for your heart) as a heart disease prevention workshop with a goal to reach 450 Latinas from various cities, including Upland, Chino, and Ontario. Participants learn about a heart-healthy lifestyle, heart disease symptoms, and risk factors (poor nutrition and inadequate physical activity) while building on strong family ties and cultural traditions. Promotoras lead workshops in Spanish, and participants are encouraged to become a community “Heart” ambassador and continue sharing the culturally relevant materials with families and friends.

- KFH-Ontario provided a $20,000 grant to Well of Healing Mobile Medical Clinic to provide free health care services every Saturday at three sites, one located in Ontario. About 900 individuals will receive physical exams and 200 individuals will receive treatment, management, medications, and education related to hypertension, hyperlipidemia, and diabetes. Doctors, nurse practitioners, physician assistants, and nursing staff volunteer their time to serve those in need of health care.

- KFH-Ontario provided a $20,000 grant to Reach Out West End to support the Student Assistance Program (SAP), which addresses the mental health and substance abuse challenges faced by adolescents in Ontario, Montclair, and
Upland who are struggling with anger, grief/loss, depression, violence, truancy, substance abuse, and feelings of hopelessness—constant impediments to school and life success. SAP will provide 700 sessions (group and individual) for 75 students, including a 10-week interactive support/education program, quarterly "Hot Topic" workshops for parents, Active Parenting curriculum, and case management services for the adolescents' families and wraparound support.

- Kaiser Permanente Southern California Region has funded care- and coverage-related grants to increase access to affordable, quality health care and health insurance coverage for low-income and uninsured individuals and families. Grants are made to support potential and future enrollment of eligible individuals into publicly funded health insurance products. In 2011, the Tides Center received a $200,000 grant ($100,000 from Southern California Region and $100,000 from Northern California Region) to address universal enrollment needs of state and federal health insurance exchanges mandated by the passage of the Affordable Care Act. It will ensure that the user experience is efficient and appropriate along federally required dimensions with tools that allow for state-specific situations and needs. In addition, it will introduce efficiencies into the design process through the centralization of design standards that allow for reuse of key elements, broad distribution, and usage at scale.

- California Health Care Safety Net Institute received a $300,000 core operating support joint grant over one year ($150,000 from Southern California Region and $150,000 from Northern California Region) to expand its scope of services and expertise in assisting California's public hospitals in meeting the requirements of the Medicaid 1115 waiver.

2012 GOALS UPDATE
The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE
The strategies will remain unchanged for 2012.

MONITORING PROGRESS OF 2012 STRATEGIES
To assess the progress and success in achieving the stated goals, the following indicators will be used: number of grants awarded, total dollars provided in grants, number of people reached through grants, number of collaborating partners, number of staff engaged in the community, number of community organizations served, number of people receiving charity care services, number of Kaiser Permanente Child Health Plan and STEPS members, and number of individuals receiving MFA.

PRIORITIZED NEED II: DISPROPORTIONATE RATES OF OBESITY AND OVERWEIGHT
In San Bernardino County, 21% of adolescents 12 to 19 are overweight or obese while 63.8% of adults over age 20 are overweight (36.4%) and obese (27.4%). By zip code area, the range is 32.2%–71.6% for overweight and obese adolescents and adults. It is imperative to reduce these rates for a variety of health, social, and psychological reasons. Overweight and obese children and adults face increased risk for a range of health and mental health conditions, including heart disease, diabetes, sleep apnea, high cholesterol, fatty liver, asthma, social stigma, low self-esteem, and increased likelihood of mental health problems. In children, obesity is also associated with premature puberty. Overweight and obese children are more likely to become overweight adults. Obese children are also at increased risk of being bullied, which may harm mental health and result in decreased physical activity.

A number of factors directly or indirectly influence obesity. Both physical activity and healthy eating are important for preventing and reducing obesity. Genetics and individual behaviors are also important, as are neighborhood and social environments that have increasingly been implicated as barriers (and opportunities) to maintaining a healthy lifestyle. For example, a lack of access to green space, parks, and environments that promote physical activity; lack of physical education and sports facilities and opportunities in schools; poor food environments (meaning limited access to supermarkets, farmers'
markets, produce vendors, community gardens, and other sources of fresh fruits and vegetables and healthy foods); and an overconcentration of fast-food outlets can all shape the likelihood of becoming overweight or obese.

2011 Goals
1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking).
2. Increase consumption of fresh fruits and vegetables.
3. Increase physical activity in community settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).
4. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

2011 Strategies
1. Provide grant funding to support culturally and linguistically appropriate health education and wellness programs that increase awareness, knowledge, and skills about healthy eating and active living.
2. Provide grant funding for fun, appealing, and innovative interventions/approaches to decrease calorie consumption of soda/sugar-sweetened beverages, portion size, snacking, etc.
3. Provide grant funding to support convenient access to fresh, affordable, nutritious food, including at farmers’ markets.
4. Provide grant funding to encourage work site and other employer programs that encourage prevention and help employees improve healthy eating, active living behaviors.
5. Provide grant funding to increase knowledge and develop skills among public health, planning, and redevelopment professionals and advocates about land use, economic development, and redevelopment tools to ultimately create opportunities/environment for physical activity.
6. Provide grant funding to promote and provide physical activity opportunities across multiple settings targeting children, adolescents, and adults (physical activity as a family affair).
7. Provide grant funding to community coalitions, partnerships, and collaboratives to jointly transform local physical activity and food environments by developing, implementing, and evaluating sustainable policy, environmental, and organizational practice changes.
8. Promote and make available free Kaiser Permanente health education materials related to healthy eating, active living, nutrition, and weight to grantee organizations to support them in delivering consistent promotion, education, prevention, and behavior change messages.
9. Promote and make available Kaiser Permanente best practices and guides on establishing a farmers’ market, menu labeling in cafeterias, and a vending machine “Healthy Picks” offerings policy, including tips for a healthy breakfast/lunch for meetings.
10. Promote Educational Theatre productions and activities that focus on nutrition, exercise, balanced diet, and active play to school districts with the objective of distributing consistent messages about healthy eating and active living.

Target Population
Schoolchildren, adolescents, and adults living in areas with high rates of overweight and obesity, which have been identified through zip code–level maps.

Community Partners
2011 Year-End Results

- KFH-Ontario responded to key speaking opportunities for Kaiser Permanente pediatricians to address the obesity epidemic among children and teachers. On June 25, 2011, Marla Abrolat, MD spoke to 250 children (grades 5 to 8) from Ontario-Montclair School District Summer Camp about nutrition, exercise, and what students should know. On July 21, 2011, at the request of the San Bernardino County Superintendent of Schools, Cassie Ver Steeg MD trained 37 teachers; administrators, a school nurse, an after-school coordinator, school nutritionists, and other school-based participants, many from the Ontario-Montclair School District, about ways to teach healthy eating, active living habits as part of the Network for Healthy California 1st Annual Nutrition Summer Institute focused on the Obesity Epidemic: A Call to Action.

- KFH-Ontario provided $1,935 in surplus food, including fresh fruit and vegetables, as an in-kind charitable donation to Inland Valley Hope Partners, which serves individuals and families through food pantries, located in Ontario, Pomona, Claremont, and San Dimas.

- KFH-Ontario awarded the City of Rancho Cucamonga, Community Services Department, a $15,000 grant to offer the Healthy RC Kids Fun on the Run to 5,000 children. A year-round free mobile recreation program brings the joy of a recreation center directly to an underserved predominately Latino neighborhood in South Rancho Cucamonga where Spanish is the primary language. The program engages children in organized, supervised, and safe outdoor play activities in their neighborhood parks and after-school programs. It combines fitness and nutrition lessons, giving children the knowledge, skills, and supportive environments they need to lead healthy lives. Two schools and two parks have been strategically selected to provide access to children who may not otherwise have the opportunity to participate in at least 60 minutes of continuous active play by rotating through different activities designed to be easily replicated at school and home. Healthy snacks, consistent with California school food and beverage standards, are served to emphasize the importance of healthy eating habits. Families are critical change agents for sustaining healthy habits, so monthly “Family Saturday” events reinforce healthy behaviors at home.

- Kaiser Permanente Southern California Region’s HEAL (Healthy Eating Active Living) Zone initiative is designed to target a small, clearly defined community of 10,000 to 20,000 residents who have high rates of obesity and other health disparities. The initiative helps community stakeholders develop and implement evidence-based and prevention-oriented environmental strategies that are focused on reducing obesity rates and creating opportunities for residents to engage in healthy eating and active living. In the KFH-Ontario service area, the City of Ontario received a $1 million grant over four years ($100,000 in 2011).

- Kaiser Permanente Southern California Region supported School Wellness grants to improve school nutrition programs. Occidental College’s Urban & Environmental Policy Institute received $125,000 to replicate its Farm to Preschool program. The program trains preschool staff to establish vendor relationships with local farmers and to establish buying practices. Students and parents are introduced to nutrition education and cooking lessons in school curriculum. Advocacy training on how to improve school food policy is included in parent workshops to influence early childhood eating habits that maintain a healthy weight and prevent obesity.

- Kaiser Permanente Southern California Region’s Healthy Eating in Hard Times (HEHT) initiative helps to ensure that eligible low-income families are participating in federal nutrition programs such as food stamps and free school meals, and that food bank/pantry patrons can obtain healthy foods such as fruits and vegetables from emergency food sources. In 2011, the HEHT initiative doubled its investment in food banks from the previous year. Food banks across the region received grants to acquire produce and distribute it to individuals in need, provide nutrition education, conduct food stamp (CalFresh) outreach, and make infrastructure improvements such as the repair or purchase of cold storage units, and the purchase food bins and produce. In the service area, Community Action Partnership of San Bernardino County received $40,000.

- California WIC Association received $45,000 to support the WIC REACH: Partnering for Better Health project to maintain, improve, and increase WIC and CalFresh services to eligible California families and increase implementation of breastfeeding policies.

2012 Goals Update

The goals will remain unchanged for 2012.
2012 Strategies Update
The strategies will remain unchanged for 2012.

Monitoring Progress of 2012 Strategies
Progress relative to the strategies will be assessed by tracking amount of funding provided through grants; tracking number of people reached through funded physical activity efforts and number of organizations reached with shared assets; collecting data on number of schools/children/families participating in Safe Routes to Schools and number of schools engaged in funded efforts to increase physical activity on the school yard; and monitoring and recording progress on development of innovative approaches to increase physical activity at schools and in work sites.

Prioritized Need III: Social Determinants of Health
The unemployment rate for San Bernardino County is up to 14.2% and the poverty level is 11.2%, compared to 9.8% for California. Unemployment and poverty are key factors in determining the health of communities. In San Bernardino County, and elsewhere, unemployment has been consistently linked to poor health and associated with higher mortality rates, especially from heart disease and suicide. Individuals who are unemployed have higher rates of anxiety and depression and lower self-rated health status. Data have also shown that unemployed men have higher rates of smoking, alcohol consumption, drug use, and depression than their employed counterparts. Homelessness also increased among young people living in the KFH-Fontana service area, and findings from focus groups and interviews suggest that one effect of the recession is overcrowding as more multigenerational families are living in the same households. In San Bernardino County, 24% of households are headed by single mothers.

2011 Goal
To create healthy communities by supporting the social and economic environment.

2011 Strategies
1. Provide grant funding to agencies that equip people for employment by supporting retraining and skills development for displaced workers.
2. Provide grant funding to increase food security as aligned with the San Bernardino County Vision Project.
3. Provide grant funding for basic needs of homeless children, adolescents, and young adults aligned with the San Bernardino County 10-Year Homeless Plan.
4. Provide grant funding to address key issues identified by the San Bernardino County Vision Project.

Target Population
Unemployed and underemployed men 18 and over and single mothers who are heads of households.

Community Partners
Community partners include Catholic Charities San Bernardino/Riverside, Inland Empire United Way, and Inland Valley Hope Partners.

2011 Year-End Results
- KFH-Ontario provided a $10,000 grant to Inland Valley Hope Partners to implement the Gleaning Hope Food Security project to increase food security by providing fresh fruit and vegetables from residential growers to 15,000 very low-income individuals and families who seek assistance from the food pantry.
- KFH-Ontario awarded a $15,000 grant to Inland Empire United Way in Rancho Cucamonga to provide Kids Packs of weekend food during the school year to 1,200 children from food-insecure homes in the Chino Valley Unified, Ontario-
Montclair, and Pomona Unified school districts who are at risk of hunger. The program also provides children with the tools and resources to allow them to succeed in school and prepare for a self-sufficient future. The Kids Pack program was developed in response to the fact that 71% of children in San Bernardino County are enrolled in the federal free- and reduced-price meal program. Many children rely on free school meals as their major source of nutrition during the week but have no access to free meals on the weekends. With no access to food, children are at risk of going hungry until Monday.

- KFH-Ontario provided a $17,000 grant to Catholic Charities San Bernardino/Riverside, to support HOPE in the City, a project targeting 400 low-income, uninsured, homeless individuals and households through workshops focused on Home Economics for Today’s Family. Services include aggressive case management to meet basic family needs, such as prescription assistance, housing, food, utilities, clothing, and transportation. Supporting HOPE in the City is important more than ever because families of every income level are experiencing greater economic, emotional, and social stress in their daily lives. The project also serves Chino, Chino Hills, Claremont, Diamond Bar, La Verne, Montclair, Ontario, Pomona, Rancho Cucamonga, San Antonio Heights, and Upland. Unemployment, underemployment, low wages, unsafe living environments, domestic violence, lack of access to resources, and a deteriorating safety net for low-income families, combined with escalating rents, are all health issues that are as critical as diet, smoking, and exercise. The unequal distribution of these social conditions, and their health consequences, are systemic. These issues have a direct impact on heart disease, stroke, cancer, diabetes, asthma, and obesity.

- Kaiser Permanente Southern California Region funded a number of policy- and advocacy-related grants. California Pan-Ethnic Health Network received a $100,000 joint grant ($50,000 from Southern California Region and $50,000 from Northern California Region) to engage in activities to ensure that all Californians have access to health care and can live healthy lives. The network will advocate for public policies that address health disparities, convene our communities to educate and engage them in statewide advocacy efforts, and partner with coalitions and constituents to strengthen its work across the state.

- The Public Health Institute received an $85,000 grant to support its Public Health Leadership Institute that focuses on building leadership and organizational capacity for public health and community health organizations to improve health equity by addressing the social determinants of health.

- Insure the Uninsured Project received a $75,000 grant to support its implementation of California’s Health Reform project. The grant will specifically help to build consensus on key target areas, engage regional stakeholders, and produce and disseminate nonpartisan research materials that will assist California’s health leaders in efforts to cover the uninsured.

**2012 Goal Update**

The goal will remain unchanged for 2012.

**2012 Strategies Update**

The strategies will remain unchanged for 2012.

**Monitoring Progress of 2012 Strategies**

To assess the progress and success in achieving the stated goals, the following indicators will be used: number of grants awarded, total dollars provided in grants, number of people reached through grants, number of collaborating partners, number of staff engaged in the community, and number of community organizations served.
### Table 1

**Kaiser Foundation Hospital-Ontario**

2011 Key Community Benefit Program Metrics

(For more information about these and other CB programs and services, please see pages 10–20 in the Introductory Chapters Section.)

<table>
<thead>
<tr>
<th>Program</th>
<th>Recipients/ Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care: Medical Financial Assistance Program recipients</td>
<td>1,212</td>
</tr>
<tr>
<td>Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members</td>
<td>127</td>
</tr>
<tr>
<td>Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members</td>
<td>785</td>
</tr>
<tr>
<td>Medi-Cal managed care members</td>
<td>3,499</td>
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<tr>
<td>Healthy Families Program members</td>
<td>6,361</td>
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<tr>
<td>Nurse practitioner and other nursing training and education beneficiaries</td>
<td>2</td>
</tr>
<tr>
<td>Deloras Jones nursing scholarship recipients</td>
<td>6</td>
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</tbody>
</table>
Table 2

**KAISER FOUNDATION HOSPITAL-ONTARIO**

**COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011**

<table>
<thead>
<tr>
<th>Category</th>
<th>2011 Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Medical Care Services for Vulnerable Populations</strong></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal shortfall</td>
<td>$2,864,933</td>
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<tr>
<td>Healthy Families</td>
<td>2,096,711</td>
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<tr>
<td>Charity care: Charitable Health Coverage Programs</td>
<td>611,343</td>
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<tr>
<td>Charity care: Medical Financial Assistance Program</td>
<td>208,163</td>
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<td>Grants and donations for medical services</td>
<td>505,192</td>
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<tr>
<td><strong>Subtotal</strong></td>
<td>$6,286,342</td>
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<tr>
<td><strong>Other Benefits for Vulnerable Populations</strong></td>
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<tr>
<td>Watts Counseling and Learning Center</td>
<td>$0</td>
</tr>
<tr>
<td>Educational Outreach Program</td>
<td>0</td>
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<tr>
<td>Summer Youth and INROADS programs</td>
<td>0</td>
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<tr>
<td>Grants and donations for community-based programs</td>
<td>208,654</td>
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<tr>
<td>Community Benefit administration and operations</td>
<td>270,546</td>
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<td><strong>Subtotal</strong></td>
<td>$479,200</td>
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<tr>
<td><strong>Benefits for the Broader Community</strong></td>
<td></td>
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<tr>
<td>Community health education and promotion programs</td>
<td>$52,041</td>
</tr>
<tr>
<td>Educational Theatre (Programs)</td>
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</tr>
<tr>
<td>Facility, supplies, and equipment (in-kind donations)</td>
<td>0</td>
</tr>
<tr>
<td>Community Giving Campaign administrative expenses</td>
<td>5,077</td>
</tr>
<tr>
<td>Grants and donations for the broader community</td>
<td>40,826</td>
</tr>
<tr>
<td>National board of directors fund</td>
<td>16,259</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$114,203</td>
</tr>
<tr>
<td><strong>Health Research, Education, and Training</strong></td>
<td></td>
</tr>
<tr>
<td>Graduate Medical Education</td>
<td>0</td>
</tr>
<tr>
<td>Non-MD provider education and training programs</td>
<td>209,760</td>
</tr>
<tr>
<td>Grants and donations for the education of health care professionals</td>
<td>68,892</td>
</tr>
<tr>
<td>Health research</td>
<td>1,019,659</td>
</tr>
<tr>
<td>Continuing Medical Education</td>
<td>146</td>
</tr>
<tr>
<td>Grants and donations for evidence-based medicine</td>
<td>0</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$1,298,457</td>
</tr>
<tr>
<td><strong>Total Community Benefits Provided</strong></td>
<td>$8,178,202</td>
</tr>
</tbody>
</table>
ENDNOTES

1. Amount includes cost-based unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.

2. Amount includes cost-based unreimbursed inpatient expenditures for Healthy Families members.

3. Amount includes cost-based unreimbursed inpatient expenditures for Steps Plan members and the Kaiser Permanente Child Health subsidy.

4. Amount includes cost-based unreimbursed care provided at this facility to patients who qualify for Charity Care: Medical Financial Assistance Program.

5. Figures reported in this section for grants and donations for medical care services consist of charitable contributions to community clinics and other safety net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and specific health initiatives that address specialty care access, HIV/AIDS, childhood obesity, and so on. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

6. Watts Counseling and Learning Center’s service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.

7. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.

8. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

9. The amount reflects the costs related to providing a dedicated Community Benefit department and related operational expenses.

10. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.

11. Amount represents the estimated value of, but is not limited to, donated surplus office and medical supplies, equipment and furniture, promotional giveaways, in-kind services, and conference meeting room usage, as recorded in the MicroEdge GIFTS database.

12. Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services and to develop, produce, or communicate health care–related public policy information for a variety of programs and services aimed at the general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

13. Amount reflects the net expenditures after tuition reimbursement for health care professional education and training programs.

14. Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, and so on. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

15. Figures reported in this section for grants and donations for evidence-based medicine consist of charitable contributions made to external nonprofit organizations and academic institutions to develop, produce, or communicate evidence-based medical practices and research findings. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.