



Kaiser Foundation Hospital – Southern California Region

2018 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

FONTANA and ONTARIO

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

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I. Introduction and Background

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente’s workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we’ve worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We’ve conducted Community Health Needs Assessments to better understand each community’s unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2018 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2018, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,220,499,099 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A and B.

Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A – Total Community Benefits Provided in 2018 across California KFH

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$740,302,826
Charity care: Medical Financial Assistance Program ²	\$252,514,999
Grants and donations for medical services ³	\$24,632,288
Subtotal	\$1,017,450,114
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,171,145
Educational Outreach Program	\$977,755
Summer Youth and INROADS programs ⁵	\$3,423,227
Grants and donations for community-based programs ⁶	\$30,937,535
Community Benefit administration and operations ⁷	\$12,672,094
Subtotal	\$51,181,755
Benefits for the Broader Community⁸	
Community health education and promotion programs	\$1,028,815
Kaiser Permanente Educational Theatre	\$5,732,278
Community Giving Campaign administrative expenses	\$656,149
Grants and donations for the broader community ⁹	\$3,975,643
National board of directors fund	\$742,683
Subtotal	\$12,135,568
Health Research, Education, and Training	
Graduate Medical Education	\$83,120,684
Non-MD provider education and training programs ¹⁰	\$24,019,233
Grants and donations for the education of health care professionals ¹¹	\$1,706,941
Health research	\$30,884,804
Subtotal	\$139,731,662
TOTAL COMMUNITY BENEFITS PROVIDED IN 2018	\$1,220,499,099

TABLE A ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- ³ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. 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.
- ⁴ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁵ 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.
- ⁶ 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.
- ⁷ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁸ 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.
- ⁹ 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 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.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ 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. 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.

Table B – Community Benefits Provided in 2018 by KFH Service Area

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$32,394,786	Anaheim	\$42,524,980
Fremont	\$14,061,863	Baldwin Park	\$27,713,466
Fresno	\$11,163,875	Downey	\$40,855,894
Manteca	\$30,660,309	Fontana	\$69,928,344
Modesto	\$17,944,158	Irvine	\$16,693,413
Oakland	\$53,802,561	Los Angeles	\$48,562,408
Redwood City	\$16,822,970	Moreno Valley	\$13,225,236
Richmond	\$35,849,979	Ontario	\$17,190,388
Roseville	\$50,946,592	Panorama City	\$36,968,238
Sacramento	\$85,057,853	Riverside	\$34,701,604
San Francisco	\$35,547,422	San Diego (2 Hospitals)	\$45,996,597
San Jose	\$29,984,480	South Bay	\$27,798,856
San Leandro	\$40,469,133	West Los Angeles	\$37,153,326
San Rafael	\$17,905,752	Woodland Hills	\$25,520,517
Santa Clara	\$48,816,820		
Santa Rosa	\$35,993,701		
South Sacramento	\$63,545,863		
South San Francisco	\$16,389,599		
Vacaville	\$28,202,916		
Vallejo	\$43,466,531		
Walnut Creek	\$26,638,672		
Northern California Total	\$735,665,834	Southern California Total	\$484,833,265

B. Medical Care Services for Vulnerable Populations

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials - including workbooks, parent and teacher guides, and student wallet cards - to reinforce the messages presented in the programs.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our healthcare settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research, Department of Research & Evaluation (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

III. KFH-Fontana and Ontario Community Served

A. Kaiser Permanente's Definition of Community Served

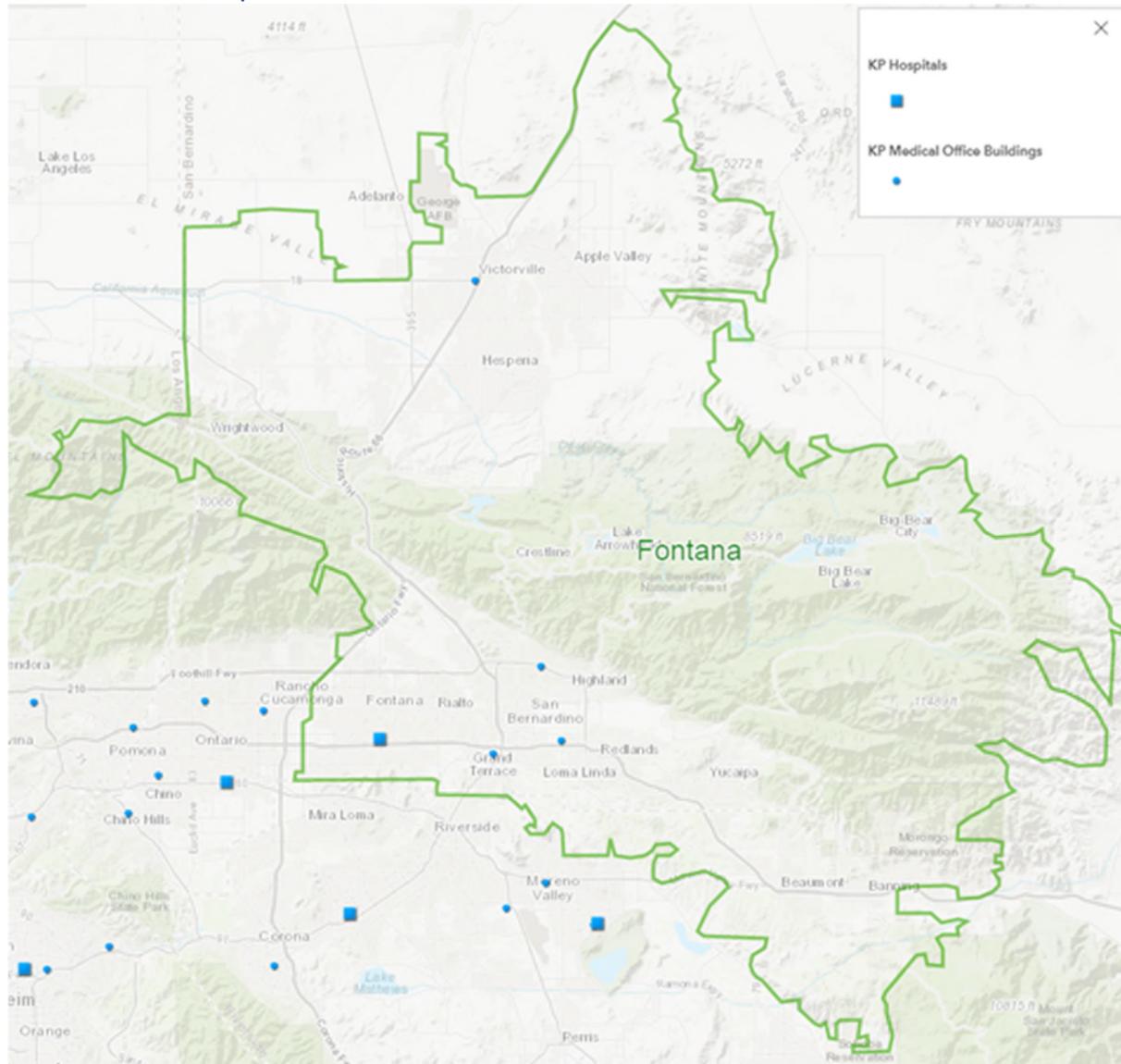
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and Description of Community Served

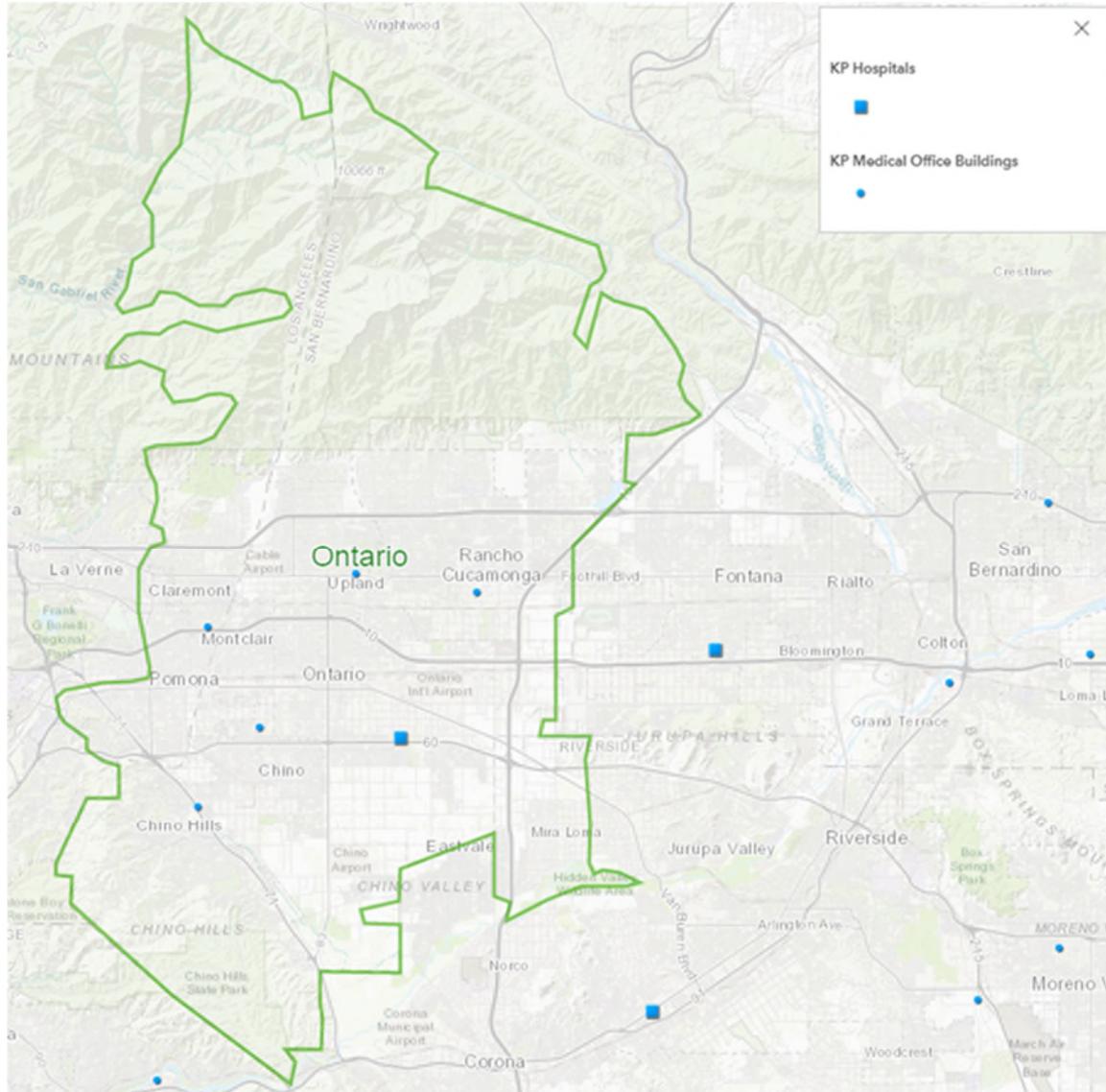
The KFH-Fontana service area includes the majority of San Bernardino County, a section of eastern Los Angeles County, and the northwest portion of Riverside County. This includes the communities of Angelus Oaks, Apple Valley, Banning, Beaumont, Big Bear City, Big Bear Lake, Bloomington, Calimesa, Cedar Glen, Cedarpines Parks, Cherry Valley, Colton, Crestline, Crest Park, Diamond Bar, Fawnskin, Fontana, Forest Falls, Glen Avon, Grand Terrance, Green Valley, Hesperia, Highland, Lake Arrowhead, LomaLinda, Lytle Creek, Mentone, Mountain View Acres, Muscoy, Patton, Phelan, Pinon Hills, Redlands, Rialto, Rimforest, Rubidoux, Running Springs, San Bernardino, Skyforest, Sugarloaf, Twin Peaks, Victorville, Wrightwood, and Yucaipa.

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, Mira Loma, Montclair, Mt. Baldy, Ontario, Pomona, Rancho Cucamonga, San Antonio Heights, and Upland.

KFH-Fontana Service Area Map



KFH-Ontario Service Area Map



C. Demographic Profile of the Community Served

The following tables include race, ethnicity, and additional socioeconomic data for the KFH-Fontana and Ontario service areas. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latino" indicates total population percentage reporting as Hispanic/Latino.

KFH-Fontana Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	1,387,704	Living in Poverty (<100% Federal Poverty Level)	20.86%
Asian	4.50%	Children in Poverty	28.88%
Black	8.66%	Unemployment	3.9%
Hispanic/Latino	54.02%	Uninsured Population	15.05%
Native American/Alaska Native	0.36%	Adults with No High School Diploma	23.00%
Pacific Islander/Native Hawaiian	0.32%		
Some Other Race	0.19%		
Multiple Races	1.98%		
White	29.97%		

KFH-Ontario Service Area Demographics

Race/Ethnicity		Socioeconomic	
Total Population	823,166	Living in Poverty (<100% Federal Poverty Level)	13.65%
Asian	11.79%	Children in Poverty	19.43%
Black	6.08%	Unemployment	4.0%
Hispanic/Latino	51.90%	Uninsured Population	13.33%
Native American/Alaska Native	0.25%	Adults with No High School Diploma	19.10%
Pacific Islander/Native Hawaiian	0.22%		
Some Other Race	0.23%		
Multiple Races	2.36%		
White	27.17%		

IV. Description of Community Health Needs Addressed by KFH-Fontana and Ontario

The following are the health needs that KFH-Fontana and Ontario is addressing during the 2017-2019 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2019 CHNA Report and 2017-2019 Implementation Strategy Report at: <http://www.kp.org/chna>.

KFH-Fontana Service Area

A. Access to Care

Access to care impacts community of the KFH-Fontana Medical Center Service Area (area) and contributes to poorer health outcomes. Residents of the area lack access to primary care physicians, dentists and mental health care providers relative to the rest of the state. A higher percentage of residents in the area are uninsured and receiving Medi-Cal. Community stakeholders identified health care access as being especially problematic for those living in the Mountain and High Desert regions of the area; in these regions people have to travel long distances to access primary and specialty care. During inclement weather, travel can be dangerous or impossible. In the area, undocumented and mixed-status families, the poor and homeless individuals were identified as needing increased access to health care. Despite greater access to insurance through Covered California and the Medi-Cal expansion, many working class families find the cost of health insurance, copays and medication unaffordable.

B. Economic Security

Issues of economic security, such as unemployment and limited educational attainment, are social determinants of health and quality of life. Unemployment remains higher in the KFH-Fontana Medical Center Service Area (area) compared to the State of California. Residents in area are more likely to live below the federal poverty level (FPL) and to live in households with incomes at or below 200%. Blacks, Native Americans and Hispanic or Latinos in the area are more likely to live below the FPL compared to other race/ethnicity. Furthermore, Blacks and Hispanic or Latinos have the lowest high school graduation rates in the area. In the area, Blacks, Native American/Alaskan Natives and Native Hawaiian/Pacific Islanders have the highest percent of 4th graders with “non-proficient” reading levels. Immigrants, non-English speakers, homeless, foster youth, single income families, Latinos, and African Americans are seen as disproportionately impacted by poverty due to low educational attainment and were greatly impacted by job losses in construction and manufacturing that occurred during the recession. The homeless, veterans and people diagnosed with mental illness are more likely to live in poverty than other groups of people. The highest concentrations of poverty can be found in High Desert, the Rim communities, Adelanto, and central San Bernardino, due to low educational attainment and lack of jobs.

C. Mental and Behavioral Health

Mental and behavioral health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality. In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days. Access to high-quality and affordable mental and behavioral health services impact individuals and families within the KFH-Fontana Medical Center Service Area (area). The area has fewer mental health service providers per

100,000 people than the State of California. More than 25% of adults report that they frequently do not receive the social and emotional support they need and residents have more poor mental health days per month on average compared to other adults. Community members reported that mental illness impacts the homeless, veterans and people of color disproportionately more than members of other groups. Via focus groups and interviews with a wide variety of stakeholders (including mental health professionals, clients, family members of clients, leaders from the faith-based community, and scholars) several primary areas of disparity were identified. These included: stress, perceived discrimination, insurance coverage, financial resources, communication, racism, stigma, and lack of African American providers.

D. Obesity/HEAL/Diabetes

In the KFH-Fontana Service Area (area), the prevalence of obesity was just over 36% in adults. Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to its prevalence. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer. Certain factors, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity. Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. In the area, 9.5% of the population has been diagnosed with diabetes. While adults in the area are about as likely to be overweight as adults as those in the state of California, they are proportionately higher rates of obesity among adults in the service area. The same pattern holds true for youth. Diabetes is more prevalent in the area and there are more diabetes-related hospitalizations.

KFH- Ontario Service Area Health Needs

A. Access to Care

Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. Insurance and access to providers ensures that diseases are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality. Access to care greatly impacts residents of the KFH-Ontario Medical Center Service Area (area) and contributes to poorer health outcomes. Residents of the area lack access to primary care physicians, dentists and mental health care providers relative to the rest of the state. In the area, undocumented and mixed-status families, the poor, and homeless individuals were identified as needing increased access to health care. Despite greater access to insurance through Covered California and the Medi-Cal expansion, many working class families find the cost of health insurance, copays and medication unaffordable.

B. Economic Security

Economic security includes factors - such as income, neighborhood environment, and access to resources - that can impact the overall ability of families or individuals to be healthy. Income allows families and individuals to purchase health insurance and

medical care, but also provides options for healthy lifestyle choices. The ongoing stress and challenges associated with poverty can lead to cumulative negative health impacts and chronic conditions, which are more likely to affect those with the lowest incomes such as children in low income families. Issues of economic security, such as unemployment and limited educational attainment, affect individuals in the KFH-Ontario Medical Center Service Area (area). Unemployment remains higher in the area compared to the state. Blacks and Hispanic or Latinos have the lowest high school graduation rates in the KFH-Ontario Medical Center Service Areas compared to the state. Hispanic or Latinos and Blacks have the highest percentage of 4th graders with “non-proficient” reading levels.

C. Mental and Behavioral Health

Mental and behavioral health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality. Access to high-quality and affordable mental and behavioral health services impact individuals and families within the KFH-Ontario Medical Center Service Area (area). The area has fewer mental health service providers per 100,000 people than the state. More than 25% of adults report that they frequently do not receive the social and emotional support they need and residents have more poor mental health days per month on average compared to other adults in the state.

D. Obesity/HEAL/Diabetes

Overweight and obesity are defined using a person’s Body Mass Index (BMI) which is a ratio of a person’s weight to height. In the KFH-Ontario service area, the prevalence of obesity was just over 36% in adults. Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to its prevalence. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer. In the KFH-Ontario service area, 9.2% of the population has been diagnosed with diabetes. Adults and youth in the KFH-Ontario Medical Center Service Area are equally likely to be overweight but more likely to be obese in comparison to those in the state. Diabetes is also more prevalent in the KFH-Ontario Medical Center Service Area than the state and diabetes hospitalization rates are equivalent to those statewide.

V. 2018 Year-End Results for KFH-Fontana and Ontario

A. 2018 Community Benefit Financial Resources Provided by KFH-Fontana and Ontario

Total Community Benefit expenditures are reported as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Educational Theatre performances presented or Summer Youth students employed within each hospital area's community at large.

Table C: KFH-Fontana and Ontario 2018 Year-End Community Benefit Expenditures

	Fontana 2018 Totals	Ontario 2018 Totals
Medical Care Services for Vulnerable Populations		
Medi-Cal shortfall ¹	\$45,931,686	\$14,317,606
Charity care: Medical Financial Assistance Program ²	\$13,830,087	\$984,541
Grants and donations for medical services ³	\$257,904	\$93,693
Subtotal	\$60,019,677	\$15,395,840
Other Benefits for Vulnerable Populations		
Summer Youth and INROADS programs ⁵	\$85,931	\$49,822
Grants and donations for community-based programs ⁶	\$606,201	\$309,510
Community Benefit administration and operations ⁷	\$542,513	\$243,847
Subtotal	\$1,234,645	\$603,179
Benefits for the Broader Community⁸		
Community health education and promotion programs	\$82,386	\$51,494
Kaiser Permanente Educational Theatre	\$561,806	\$253,122
Community Giving Campaign administrative expenses	\$13,535	\$8,460
Grants and donations for the broader community ⁹	\$119,568	\$65,358
National board of directors fund	\$24,450	\$15,282
Subtotal	\$801,745	\$393,716
Health Research, Education, and Training		
Graduate Medical Education	\$6,197,384	\$7,938
Non-MD provider education and training programs ¹⁰	\$915,075	\$299,803
Grants and donations for health research, education, and training ¹¹	\$60,017	\$52,213
Health research	\$699,801	\$437,399
Subtotal	\$7,872,277	\$797,653
Total Community Benefits Provided	\$69,928,344	\$17,190,388

TABLE C ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- ³ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. 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.
- ⁵ 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.
- ⁶ 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.
- ⁷ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁸ 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.
- ⁹ 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 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.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ 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. 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

B. 2018 Examples of KFH-Fontana and Ontario Activities Addressing Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It's anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-Fontana Implementation Strategy Report and the KFH-Ontario Implementation Strategy Report, posted on the internet at <http://www.kp.org/chna>.

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of KFH volunteers. KFH also conduct evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, KFH requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-Fontana and Ontario. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Fontana and Ontario service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2018 (Tables B and C). For individual grant examples spanning two years (2017-2018), the cited payment amount represents the total dollars paid over the two-year time period.

In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements additional community programs that address multiple health needs:

- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. All performances are delivered by professional actors who are also trained health educators.
 - In 2018, Educational Theater provided 182 events in 41 schools in the KFH-Fontana communities, reaching 17,528 youth and 975 adults; and 82 events in 24 schools in the KFH-Ontario communities, reaching 8,653 youth and 352 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	<p>During 2018, Kaiser Permanente paid 9 grants, totaling \$631,667, addressing the priority health need in the KFH-Fontana service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 4 grants, totaling \$641,667 that address this need.</p> <p>During 2018, Kaiser Permanente paid 4 grants, totaling \$251,667, addressing the priority health need in the Ontario service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 3 grants, totaling \$591,667 that address this need.</p>	<p><u>Providing Affordable Healthcare</u> In 2018, KFH-Fontana provided \$45,931,686 in medical care services to 48,142 Medi-Cal recipients (both health plan members and non-members) and \$13,830,087 in medical financial assistance (MFA) for 13,234 beneficiaries.</p> <p>In 2018, KFH-Ontario provided \$14,317,606 in medical care services to 18,748 Medi-Cal recipients (both health plan members and non-members) and \$984,541 in medical financial assistance (MFA) for 4,663 beneficiaries.</p> <p><u>Building Primary Care Capacity</u> The California Primary Care Association (CPCA) provides education, training, and advocacy to their member community health centers to best serve their low-income, underserved, and diverse patients. In 2018, Kaiser Permanente paid \$126,666 to CPCA to:</p> <ul style="list-style-type: none"> • Hold statewide convenings and conferences and topic-specific peer networks to support over 1,200 California community health centers. • Provide 90 in-person and web-based trainings to over 4,400 attendees and 2,890 individual instances of technical assistance. <p><u>Preserving and Expanding California Coverage Gains</u> Insure the Uninsured Project (ITUP) works to preserve and expand access to health care and coverage in California and to reduce access barriers for uninsured and underinsured populations. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to ITUP to:</p> <ul style="list-style-type: none"> • Conduct and disseminate health policy research. • Convene 13 regional statewide work groups to provide attendees with real-time updates on state and federal health care policy issues, emerging issues, and local collaboration opportunities. • Provide technical assistance to safety net providers and other stakeholders navigating health reform challenges. • Serve as a bridge between health policy and the health care sector to reach 19 million Californians.

		<p><u>Expanding Medical Services to Vulnerable Populations</u> The Well of Healing Mobile Medical Clinic (WHMMC) provides wholistic care coordination for patients with chronic disease; including access to primary care, referrals to specialty services, and referrals to identified social service resources. Over two years (2017-2018), Kaiser Permanente paid \$40,000 to WHMMC to:</p> <ul style="list-style-type: none"> • Provide direct services to 632 low-income, uninsured, and homeless individuals. • Conduct over 1,400 encounters on Saturdays. • Offer services at three church sites in San Bernardino, Fontana, and Ontario. <p><u>Leveraging Assets</u> Our core functions across Kaiser Permanente are using their assets to drive Access to Care in the KFH-Fontana and Ontario service area. For example:</p> <ul style="list-style-type: none"> • Physician Community Clinic Engagement: Over two years (2017-2018), 44 SCPMG physicians provided a total of 2,053 medical community service hours to provide primary care and specialty care services to 3,626 low-income and uninsured clients of Al Shifa Free Clinic (Muscoy), Lestonnac Free Clinic (San Bernardino), and the Well of Healing Mobile Medical Mobile on Saturdays at church sites (Ontario, Fontana, San Bernardino). • Physician Specialty Care: Over two years (2017-2018), KFH-Fontana held the once a year Community Saturday Surgery Day where 100 Kaiser Permanente surgeons, anesthesiologists, and staff volunteered a total of 200 hours to provide medical procedures (colonoscopies, hernia repairs, and cataract surgeries) to 20 low-income, uninsured individuals who do not qualify for any other public assistance program.
<p>Economic Security</p>	<p>During 2018, Kaiser Permanente paid 17 grants, totaling \$225,000, addressing the priority health need in the KFH-Fontana service area.</p> <p>During 2018, Kaiser Permanente paid 7 grants,</p>	<p><u>Building the Capacity of Small Businesses</u> Kaiser Permanente promotes local economic development and enhances economic opportunity by helping to strengthen small business capacity. The Inner-City Capital Connections (ICCC) Program is an initiative that builds the capacity of local business located in economically underserved areas to access capital (financing) and grow their business. In 2016 KFH-Fontana and Ontario joined this county-wide initiative. To date, 299 businesses have participated across the LA county initiative; 65% of participants are minority owned and 52% of participants are women owned.</p>

	<p>totaling \$105,000, addressing the priority health need in the Ontario service area.</p>	<p><u>Increasing Latino Medical School Applicants in California</u> The Latino Physicians of California (LPOC)/MiMentor Partnership supports current and future Latino physicians through education, advocacy, and health policy. This is a culturally responsive mentoring program to increase underrepresented in medicine (UIM) applicants in California. LPOC will expand the Medical School Ready Program to increase the medical school readiness of UIM students through a year-long mentorship workshop series, supporting applicants through the entire medical school application process. In 2018, Kaiser Permanente paid \$25,000 to LPOC to:</p> <ul style="list-style-type: none"> • Enroll 45 UIM undergraduate and post-graduate students from Southern California into the Medical School Ready Series. • Enroll and train 45 physician mentors/coaches/advisors to mentor UIM medical school applicants. <p><u>Advocating for At-Risk Youth</u> Court Appointed Special Advocate (CASA) of San Bernardino County improves the educational outcomes of at-risk foster and juvenile justice youth. CASA identifies and develops volunteers to serve as mentors and advocates for at-risk youth. Over two years (2017-2018), Kaiser Permanente paid \$40,000 to CASA to:</p> <ul style="list-style-type: none"> • Screen and train a total of 151 new community volunteers to serve as advocates for 115 new foster youth and 84 reappointed youth for a total of 199 high-risk foster youth served (ages 12+). • Provide 5,700 hours of advocacy support, mentorship, and case management/guidance to improve the educational outcomes of high risk foster and juvenile justice youth.
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<p>Mental and Behavioral Health</p>	<p>During 2018, Kaiser Permanente paid 12 grants, totaling \$370,000, addressing the priority health need in the KFH-Fontana service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grants, totaling \$40,000 that address this need.</p>	<p><u>Strengthening Mental Health Policies and Practices in Schools</u> Children Now educates policymakers, school district leaders, and other key stakeholders about best practices and policy solutions to address suspension and expulsion policies that disproportionately impact students of color, improve school climate, and increase students' access to mental health services. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to Children Now to:</p> <ul style="list-style-type: none"> • Inform over 200 key legislators and stakeholders. • Support the California Department of Education in the development of the Whole Child Resource Map. • Lead committees for both the State School Attendance Review Board and the Superintendent's Mental Health Policy Workgroup.
	<p>During 2018, Kaiser Permanente paid 8 grants, totaling \$290,000, addressing the priority health need in the Ontario service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling \$40,000 that address this need.</p>	<p><u>Addressing Adverse Childhood Experiences (ACEs)</u> The ACEs Task Force of San Bernardino partners with Trauma Transformed to address the need for workforce training and implementation of trauma-informed approaches through cross-sectoral education and training. In 2018, Kaiser Permanente paid \$75,000 to the ACEs Task Force to:</p> <ul style="list-style-type: none"> • Train three Master Trainers in a train-the-trainer program. • Lead learning sessions with 12 cross-sectoral organizations including mental health care, primary health care, education, law enforcement, social services and childcare, serving children and families in the City of San Bernardino.
		<p><u>Addressing Sexual Abuse and Trauma</u> Project Sister Family Services improves the mental health of sexual violence and child abuse survivors by providing free counseling and case management in English and Spanish. Over two years (2017-2018), Kaiser Permanente paid \$45,000 to Project Sister Family Services to:</p> <ul style="list-style-type: none"> • Provide 5,269 hours of counseling and intake sessions. • Provide 373 clients with therapy and case management. • Decrease depressive and other unhealthy symptoms for 280 individuals utilizing the Trauma Symptom Inventory, self-reports, and therapist observations.

		<p><u>Improving Mental Health of Homeless Individuals</u> Imtasik Family Counseling Services provides mental health services, case management, and support services to homeless individuals living in places not suitable for human habitation who have a mental illness or co-occurring substance abuse disorder in Fontana and San Bernardino. Over two years (2017-2018), Kaiser Permanente paid \$50,000 to Imtasik Family Counseling Services to:</p> <ul style="list-style-type: none"> • Outreach to 400 homeless individuals. • Provide 146 clients with case management, mental health services, and support services upon request. • Decrease 80% of poor mental health symptoms of the 146 served. <p><u>Leveraging Assets</u> Our core functions across KP are using their assets to drive Mental Health & Wellness in the KFH-Fontana and Ontario service area. For example:</p> <ul style="list-style-type: none"> • Convener: Over two years (2017-2018), organized two Mental Health Convenings that engaged 30 cross-sector stakeholders (community clinics, non-profit mental health providers, K-12 school districts, county, colleges and universities, shelters, community groups, Hospitals, Health Plans) to identify top organizational and countywide capacity building needs (coordination, collaboration, network building, education, and training). • Education/Awareness: Educational Theatre reached nearly 4,000 3rd – 5th Grade Students, at 8 schools, through their Conflict Management performance. • Education/Awareness: Educational Theatre reached nearly 7,000 6th – 8th Grade Students grades 6-8th, at 18 schools, through their Adolescent Bullying Awareness performance.
<p>Obesity/ HEAL/ Diabetes</p>	<p>During 2018, Kaiser Permanente paid 11 grants, totaling \$440,000, addressing the priority health need in the KFH-Fontana service area. In addition, a portion of money managed by a donor advised fund at California Community</p>	<p><u>Improving Access to Nutritious Foods</u> California Food Policy Advocates (CFPA) is a statewide policy and advocacy organization that aims to improve the health and well-being of low-income Californians by increasing their access to nutritious, affordable food and reducing food insecurity. In 2018, Kaiser Permanente paid \$212,500 to CFPA to:</p> <ul style="list-style-type: none"> • Lead the implementation workgroup for the Cal-Fresh Fruit and Vegetable EBT pilot project for Southern California retailers.

	<p>Foundation was used to pay 7 grants, totaling \$1,038,361 that address this need.</p> <p>During 2018, Kaiser Permanente paid 8 grants, totaling \$447,500, addressing the priority health need in the Ontario service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 9 grants, totaling \$1,731,944 that address this need.</p>	<p><u>Advocating for Maternal, Infant, and Child Health</u> The California WIC Association (CWA) supports efforts to increase local WIC agencies' capacity, increase state and federal decision makers' understanding of WIC services, and increase the capacity of community health centers to build a breastfeeding continuum of care in low-income communities. Over two years (2017-2018), Kaiser Permanente paid \$100,000 to CWA to:</p> <ul style="list-style-type: none"> • Pilot two video conferencing projects increasing awareness and consideration within the CA WIC community. • Work to strengthen ties with CPCA and present at CPCA's annual conference. • Visit all CA legislators with 44 appointments and drop-in visits. • Provide extensive information to legislators on nutrition and breastfeeding counseling, food benefits, local economic impacts to grocers, health outcomes, access to Farmers markets, and updates on immigration threats. • Participate in Capitol WIC Education Day in Sacramento with 50 attendees from 30 WIC agencies from all over the state. <p><u>Fighting Food Insecurity</u> California Association of Food Banks' (CAFB) Farm to Family program's goal is to improve health food access by providing fresh produce to food banks, CalFresh outreach and enrollment, advocacy to support anti-hunger policies, and technical assistance to members. In 2018, Kaiser Permanente paid \$95,000 to CAFB to:</p> <ul style="list-style-type: none"> • Distribute 250,000 pounds of subsidized fresh fruits and vegetables to 11 member food banks. • Maintain the State Emergency Food Assistance Program to provide food and funding of emergency food to food banks.
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		<p><u>Supporting Healthy Eating and Active Living through Systems Change</u> The City of Ontario’s HEAL Zone makes policy, system, and environmental changes to increase healthy eating and physical activity opportunities in the city of Ontario. In 2018, Kaiser Permanente paid \$333,333 to the City of Ontario to:</p> <ul style="list-style-type: none"> • Conduct 23 physical activity classes per week. • Hold monthly community forums to foster community cohesion. • Revamp park facilities, including renovating restrooms, building pickle ball courts, and installing lights, benches, hydration stations, and two community-designed garden boxes. • Include two Head Start locations as access points for services including Prescription for Health resources, Zum Up physical activity classes, and 6-week health education workshop for parents. <p><u>Promoting Food Recovery and Redistribution</u> Kaiser Permanente envisions foodservices not only as the source of nutritious meals for their patients, staff and guests, but as a resource for local communities. Over two years (2017-2018), Kaiser Permanente partnered with Mary’s Kitchen and Salvation Army to:</p> <ul style="list-style-type: none"> • Recover 16,215 lbs of food and distribute to organizations serving individuals in the KFH-Fontana and Ontario region who face food insecurity
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