



2019 Implementation Strategy Report

Kaiser Foundation Hospital: Fontana and Ontario

License number: 240000159

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

March 18, 2020

Kaiser Permanente Southern California Region Community Health
Implementation Strategy Report for KFH-Fontana and Ontario

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I. General information

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| Contact Person: | Heather N. Raymond Senior Director, Public Affairs Kaiser Permanente San Bernardino County Area 909-427-4270 Heather.N.Raymond@kp.org |
| Date of written plan: | December 16, 2019 |
| Date written plan was adopted by authorized governing body: | March 18, 2020 |
| Date written plan was required to be adopted: | May 15, 2020 |
| Authorized governing body that adopted the written plan: | Kaiser Foundation Hospitals Board of Directors' Community Health Committee |
| Was the written plan adopted by the authorized governing body on or before the 15 th day of the fifth month after the end of the taxable year the CHNA was completed? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Date facility's prior written plan was adopted by organization's governing body: | March 16, 2017 |
| Name and EIN of hospital organization operating hospital facility: | Kaiser Foundation Hospitals, 94-1105628 |
| Address of hospital organization: | One Kaiser Plaza, Oakland, CA 94612 |

II. About Kaiser Permanente (KP)

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 healthcare. 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 eight 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 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.

III. 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 grant making 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 Kaiser Permanente 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 have worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments (CHNA) 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.

IV. Kaiser Foundation Hospitals – Fontana and Ontario

A. Map of facility service areas

Figure A – KFH-Fontana Service Area

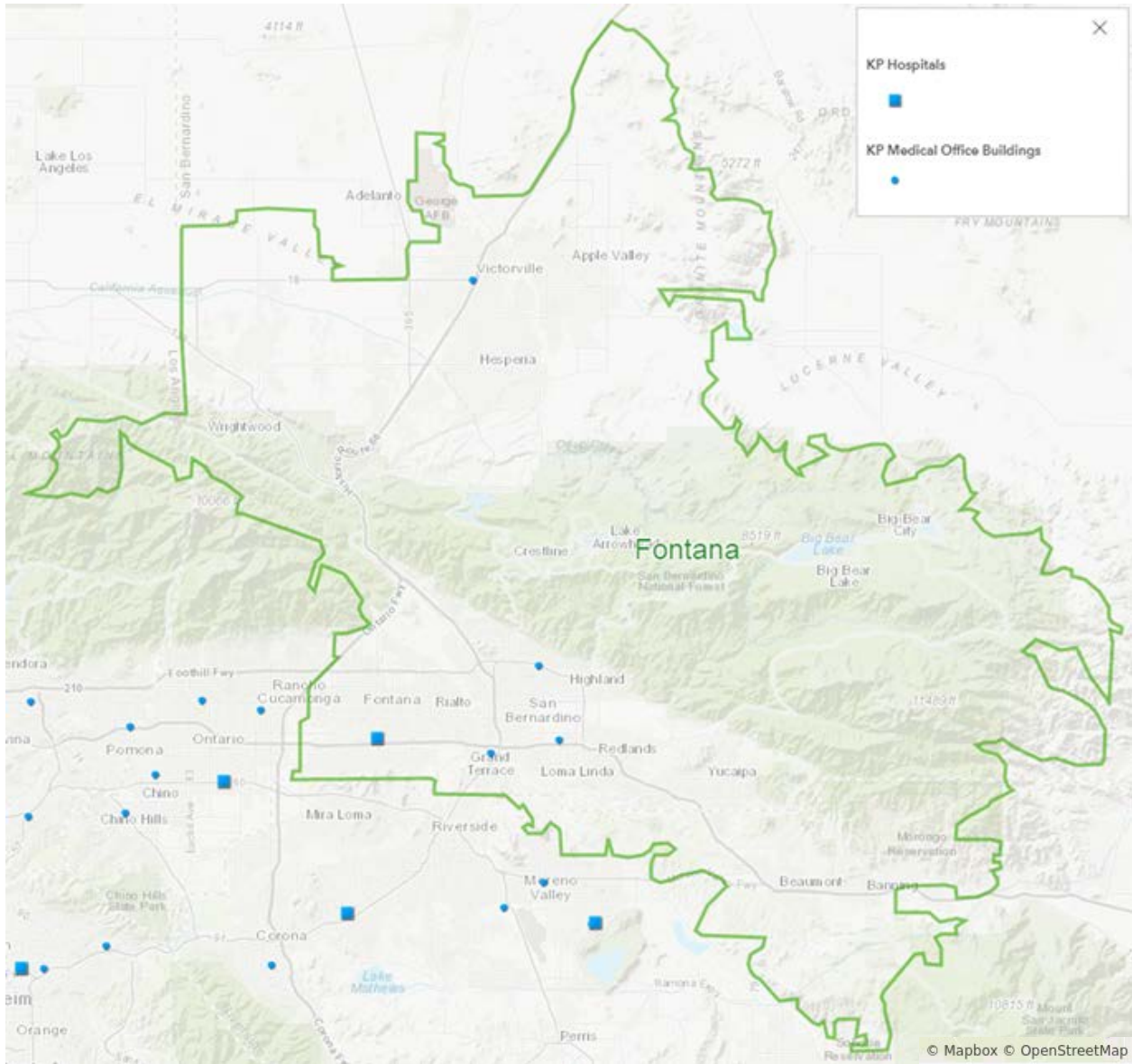
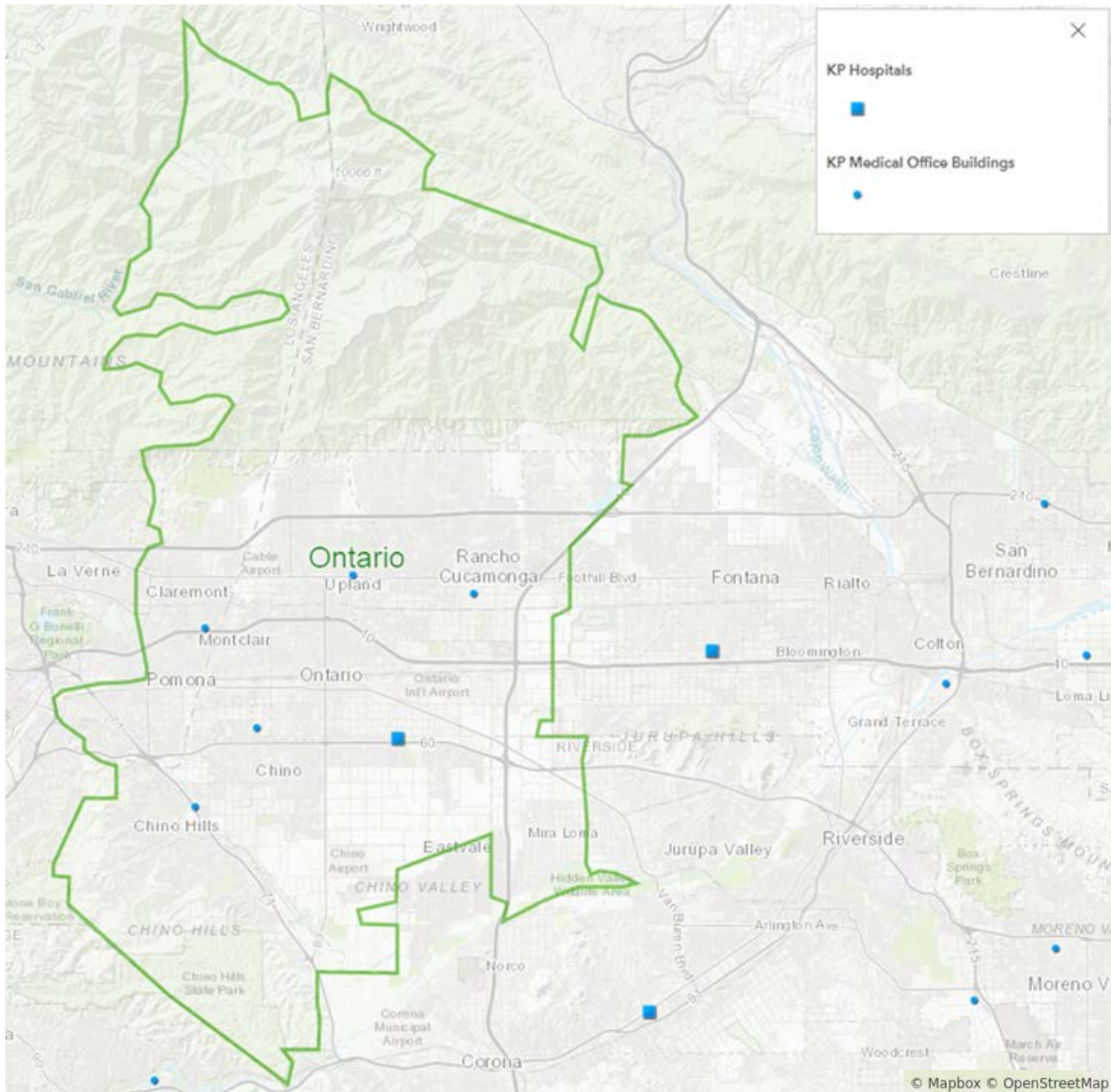


Figure B – KFH-Ontario Service Area



B. Geographic description of the community served (towns, counties, and/or zip codes)

The KFH-Fontana service area includes the majority of San Bernardino 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 Terrace, Green Valley, Hesperia, Highland, Lake Arrowhead, Loma Linda, 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.

C. Demographic profile of community served

The following tables includes 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.

Table 1. Demographic profile, KFH-Fontana Service Area¹

| Race/Ethnicity | | Socioeconomic | |
|----------------------------------|-----------|---|-------|
| Total Population | 1,387,704 | Living in Poverty (<100% Federal Poverty Level) | 20.9% |
| Asian | 4.5% | Children in Poverty | 28.9% |
| Black | 8.7% | Unemployment | 3.9% |
| Hispanic/Latino | 54.0% | Uninsured Population | 15.1% |
| Native American/Alaska Native | 0.4% | Adults with No High School Diploma | 23.0% |
| Pacific Islander/Native Hawaiian | 0.3% | | |
| Some Other Race | 0.2% | | |
| Multiple Races | 2.0% | | |
| White | 30.0% | | |

Table 2. Demographic profile, KFH-Ontario Service Area¹

| Race/Ethnicity | | Socioeconomic | |
|----------------------------------|---------|---|-------|
| Total Population | 823,166 | Living in Poverty (<100% Federal Poverty Level) | 13.7% |
| Asian | 11.8% | Children in Poverty | 19.4% |
| Black | 6.1% | Unemployment | 4.0% |
| Hispanic/Latino | 51.9% | Uninsured Population | 13.3% |
| Native American/Alaska Native | 0.3% | Adults with No High School Diploma | 19.1% |
| Pacific Islander/Native Hawaiian | 0.2% | | |
| Some Other Race | 0.2% | | |
| Multiple Races | 2.4% | | |
| White | 27.2% | | |

¹ American Community Survey [2012-2016].

V. Purpose of Implementation Strategy

This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This Implementation Strategy describes KFH-Fontana and Ontario's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH-Fontana and Ontario 2019 CHNA process and for a copy of the report please visit www.kp.org/chna.

List of Community Health Needs identified in 2019 CHNA Report

Below is the list of health needs identified for the KFH-Fontana and Ontario service areas through the 2019 Community Health Needs Assessment process:

1. Access to Care
2. Asthma
2. Diabetes
3. Maternal and Infant Health
4. Mental Health
5. Obesity
6. Substance Abuse

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

The following community partners were engaged in developing the Implementation Strategy plan. These partners represent multiple sub-populations in the community and were able to provide multiple perspectives on developing a strategy to address health needs.

- 100 Mile Club
- Adelanto Elementary School District
- Autism Society Inland Empire
- Apple Valley Council
- Antelope Valley Partners for Health
- Azusa Pacific University
- Building a Generation
- California State University, San Bernardino
- California Health Collaborative

- Casa of San Bernardino
- Catholic Charities of San Bernardino County
- Cedar House Life Change Center
- City of Montclair
- City of Ontario
- Community Health Association Inland Southern Region
- Community Health Systems
- Community Action Partnership of San Bernardino County
- Dignity Health (St. Bernadine Medical Center, Community Hospital of San Bernardino)
- Inland Empire, Hospital Association of Southern California
- Family Assistance Program
- High Desert Transitional Living Connection
- Hope through Housing Foundation
- Hospital Association of Southern California
- House of Ruth
- Inland Empire United Way
- Inland Empire Health Plan
- Institute for Public Strategies
- Loma Linda University Health
- Ontario-Montclair School District
- Parktree Community Health Center
- Project Sister Family Services
- Rim Family Services
- San Bernardino Chamber of Commerce
- San Bernardino County Department of Public Health
- St. Mary Medical Center
- Victor Valley Rescue Mission

B. Community engagement strategy

While not required by Federal CHNA regulations, Kaiser Permanente requires all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. Community member and stakeholder engagement in the Implementation Strategy development process is intended to enable:

- KFH facilities to develop a deeper understanding of community perspective in developing Implementation Strategies, allowing opportunities for increased collaboration, potential impact, and sustainability.
- Opportunities to engage community members beyond organizations and leaders with whom facilities may typically collaborate.
- Transparency throughout the Implementation Strategy development process.
- Opportunities to inform community leaders about Kaiser Permanente's unique structure and resources to effectively foster meaningful partnerships.

KFH-Fontana and Ontario engaged a broad range of internal Kaiser Permanente stakeholders and external stakeholders throughout the Implementation Strategy plan development to ensure the plan was informed by a shared understanding of strategic priorities in the service area.

Internal Kaiser Permanente Medical Center Administration Team and Functional Leaders provided input during six in-person meetings that involved a mixture of information sharing in the form of communication materials and presentations, learning conversations, and interactive activities to elicit input. Individual meetings ranged from 1 to 1.5 hours. Internal stakeholders were instrumental in helping identify opportunities to address priority health needs and strategies through the use of Kaiser Permanente operational practices, processes, assets, and through partnerships with respected community organizations. Combined, these stakeholders provided broad internal and external knowledge.

External stakeholders, including service providers that participated in the CHNA process, provided input during an online forum. The forum included presentation of CHNA findings, priority health needs, and discussion of priority strategies. External stakeholders were instrumental in helping to identify existing programs, services and organizations that could be engaged via partnerships or funding to meet priority health needs.

| | Method of Data Collection | Job Title | Number of People | Notes on Input |
|---------------------------------------|--|---|-------------------------|--|
| Kaiser Permanente Stakeholders | | | | |
| 1 | Meeting with Medical Center Administration Team | Hospital/Health Plan Administration (Sr. Vice President/Area Manager, Chief Operating Officer, Chief Nurse Executive) and Southern California Permanente Medical Group (Area Medical Director/Chief of Staff, Chief Administrative Officer) | 8 | Recommended staff to integrate obesity needs within prioritized health needs. |
| 2 | Meeting with Extended Medical Center Administration Team | Hospital/Health Plan Administration (Sr. Vice President/Area Manager, Chief Operating Officer, Chief Nurse Executive, Assistant Hospital Administrator, Area Information Officer) and Southern California Permanente Medical Group (Area Medical Director/Chief of Staff, Chief Administrative Officer, Assistant Area Medical Director, Assistant Medical Group Administrator) | 20 | Identified existing initiatives and new opportunities to address Economic Opportunity, Access to Care, and Mental and Behavioral Health. |

| | Method of Data Collection | Job Title | Number of People | Notes on Input |
|---|--|--|-------------------------|---|
| 3 | Meeting with Community Health Improvement Team (Cultivate Session 1) | Talent Acquisition Manager, Equity, Inclusion and Diversity Sr. Consultant; Supply Chain Director, Food & Nutrition Services Director/Assistant, Medical Social Work Director, Care Delivery Technology Service Manager, Lead Planner, Behavioral Health Director | 15 | Provided reflections on 2019 CHNA findings and identified ways to use information presented within current practices and programs. |
| 4 | Meeting with Community Health Improvement Team (Cultivate Session 2) | Equity, Inclusion and Diversity Sr. Consultant; Supply Chain Director, Food & Nutrition Services Director/Assistant, Medical Social Work Director, Care Delivery Technology Service Manager, Lead Planner, Behavioral Health Director, Pipeline Programs Manager, Support Services Group Leader, Psychiatry Resident Physician | 14 | Identified existing initiatives and new opportunities to address Economic Opportunity, Access to Care, and Mental and Behavioral Health. |
| 5 | Meeting with Community Health Improvement Team (Cultivate Session 3) | Equity, Inclusion and Diversity Sr. Consultant; Supply Chain Director, Food & Nutrition Services Director/Assistant, Medical Social Work Administrator, Care Delivery Technology Service Manager, Lead Planner, Behavioral Health Director, Pipeline Programs Manager, Support Services Group Leader, Chief Financial Officer, Chief Operations Officer, Inpatient Pediatrician, Quality Coordinator Nurse | 18 | Prioritized initiatives and opportunities to address Economic Opportunity, Access to Care, and Mental and Behavioral Health. |
| 6 | Southern California Permanente Medical Group Partnership Rounds | Physicians | 100 | Provided reflections on 2019 CHNA findings, inquired about volunteer opportunities, and expressed need for greater support to expand residency program. |

| | Method of Data Collection | Job Title | Number of People | Notes on Input |
|--------------------------------|--|---|------------------|---|
| Community Organizations | | | | |
| 7 | Webinar with Community Stakeholder Group | Executive Directors, Managers, or Program Managers at 100 Mile Club, Adelanto Elementary School District, Autism Society Inland Empire, Apple Valley Council, Antelope Valley Partners for Health, Azusa Pacific University, Building a Generation, California State University, San Bernardino, California Health Collaborative, Casa of San Bernardino, Catholic Charities of San Bernardino County, Cedar House Life Change Center, City of Montclair, City of Ontario, Community Health Association Inland Southern Region, Community Health Systems, Community Action Partnership of San Bernardino County, Family Assistance Program, High Desert Transitional Living Connection, Hope through Housing Foundation, Hospital Association of Southern California, House of Ruth, Inland Empire United Way, Inland Empire Health Plan, Institute for Public Strategies, Ontario-Montclair School District, Parktree Community Health Center, Sister Family Services, Rim Family Services, San Bernardino Chamber of Commerce Health System, San Bernardino County Department of Public Health, St. Mary Medical Center, Victor Valley Rescue Mission | 50 | Provided reflections on 2019 CHNA findings and Implementation Strategy Plan 2020. |

| | Method of Data Collection | Job Title | Number of People | Notes on Input |
|---|--|---|------------------|--|
| 8 | Inland Empire Hospitals Responding to Homelessness Meeting | Arrowhead Regional Medical Center, Dignity Health (St. Bernadine Medical Center; Community Hospital of San Bernardino), Kaiser Permanente Fontana Medical Center, Redlands Community Hospital, Mountains Community Hospital, Bear Valley Community Hospital, St. Mary's Medical Center, San Gorgonio Memorial Hospital, Riverside University Health System, and Hospital Association of Southern California | 20 | Engaged in discussion on hospitals and the needs of homeless community members post-discharge. |

C. Consultant(s) used

Harder+Company Community Research is a comprehensive social research and planning firm with offices in San Francisco, Sacramento, San Diego, and Los Angeles, California. Since 1986, Harder+Company has assisted the public sector, nonprofit organizations, and foundations nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based planning, evaluation, and consulting services, the firm helps organizations translate data into action. The firm's staff offers deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts – including conducting needs assessments; developing and operationalizing strategic plans; engaging and gathering meaningful input from community members; and using data for program development and implementation. Harder+Company's success rests on providing services that contribute to positive social impact in the lives of vulnerable people and communities.

VII. Health needs that KFH-Fontana and Ontario plans to address

A. Process and criteria used

Before beginning the Implementation Strategy health need prioritization process, KFH-Fontana and Ontario chose a set of criteria to guide the selection of health needs from the 2019 CHNA. This included: the severity and magnitude of the need, the extent to which disparities in the need exist across race or place, the extent to which Kaiser Permanente is positioned to meaningfully contribute to addressing the needs (e.g. relevant expertise, existing commitments to meet community health needs, unique business assets, etc.), the extent to which interventions have the potential to address multiple health needs, and opportunities that allow for intervention at primary prevention. The extent to which community voice spoke to the urgency of the health need through the CHNA and the existence of other community resources dedicated to the need were important additional criteria in making final health needs selections. Definitions for criteria used in the health need selection process are presented below:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.

- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Leveraging Kaiser Permanente assets:** Kaiser Permanente can make a meaningful contribution to addressing the need because of its relevant expertise, existing strategies, and/or unique business assets as an integrated health system and because of an organizational commitment to improving community health.
- **Impact potential:** This refers to interventions and strategies that have the potential to address multiple needs at the same time.
- **Primary prevention:** This refers to opportunities to intervene at the prevention level.

B. Health needs that KFH-Fontana and Ontario plans to address

Access to Care. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of life for everyone. Limited access to health care impact people's ability to reach their full potential, negatively affecting their quality of life. Across the KFH-Fontana and Ontario service area, residents report worse values on several indicators of access to care compared to the state as a whole. Residents report more poor physical health days per month (4.40 in the KFH-Fontana service area, 4.30 in the KFH-Ontario service area, and 3.71 in California), lower rates of recent primary care visits (66.6% in the KFH-Fontana service area, 66.8% in the KFH-Ontario service area, and 72.9% in California), and higher preventable hospital events per 1,000 residents (44.1 in the KFH-Fontana service area, 43.7 in the KFH-Ontario service area, and 35.9 in California). Access to care ensures that residents have access to preventive services for chronic conditions such as asthma, diabetes or obesity, which have higher rates in KFH-Fontana and Ontario compared to Southern California (SCAL). While asthma can be controlled with access to proper care, it can be particularly disruptive for young children; according to the American Lung Association, asthma leads to more than 10 million missed school days each year. Residents of the KFH-Fontana and Ontario service area are more likely to suffer from asthma compared to residents across SCAL. In addition, African-Americans experience much higher discharge rates for asthma and related conditions than White, Hispanic/Latino or Asian residents. Healthy body weight, balanced eating, and physical activity can reduce the risks of developing chronic conditions (diabetes and obesity), however the prevalence of diabetes (11.5%) and obesity (35.7%) is higher in the KFH-Fontana and Ontario service areas (diabetes 10.2%; obesity 32.1%) compared to SCAL (diabetes 7.3%) or CA (obesity 29.6%). Access to high-quality health care before, during, and after pregnancy is essential to women. Low birthweight infants are most common in Hesperia, Victorville, Big Bear Lake, San Bernardino, and Fontana of the KFH-Fontana service area, while infant mortality among African-Americans is highest in Hesperia and Rialto. Access to oral care presented itself as another critical aspect to care. An extensive Oral Health Assessment completed by the San Bernardino County Department of Public Health Local Oral Health Program reports that across the KFH-Fontana and Ontario service area, many children ages 0-18 use the emergency department for preventable conditions, less than half of the county's Medi-Cal eligible children had a dental visit in 2017, and that pregnant women use dental services at a significantly lower rate than the California average. Thus, Access to Care was selected to be addressed in the Implementation Strategy because lack of care or limited care can contribute to poor health outcomes including physical and mental health. Therefore,

in order to improve health overall, it is important for individuals to have access to regular preventive care.

Mental and Behavioral Health. Mental Health is central to a person's well-being. If not treated, it can affect individuals' daily life, relationships, and physical health. According to the National Institute of Mental Health, 1 in 5 adults (43.8 million total) in the United States experience mental illness. Residents across the KFH-Fontana and Ontario service area report having nearly 4 days per month with poor mental health, which is higher than the state of California and the southern California region. Moreover, the average suicide rate for the KFH-Fontana service area is 10.3 per 100,000 and 9.8 per 100,000 in the KFH-Ontario service area. Across the KFH-Fontana and Ontario service area, Whites die of suicide at rates 76% above average, and in the KFH-Fontana service area, Native American/Alaskan Natives also die of suicides at rates 8% above average. Substance abuse, including alcohol, prescription drugs, and illegal drugs, can have profound physical and mental health consequences. The majority of people seeking care at treatment centers have co-occurring physical or mental health issues. Rates of excessive drinking in the KFH-Fontana and Ontario service area are higher than statewide averages, while San Bernardino County as a whole (like many areas of the country) has experienced a surge in the death rate from prescription opioids. The drug-related death rate among white residents in San Bernardino County is 28.3 per 100,000 compared to 21.6 per 100,000 in California. Mental Health was selected to be addressed in the Implementation Strategy because mental health providers in the County are under-resourced and overstretched which contributes to individuals utilizing emergency services more frequently. Data supports the need for mental health services in KFH-Fontana and Ontario service areas, and elevated the importance of addressing this need to improve the mental health of the population.

Economic Opportunity. Economic opportunity was not a specific health need identified through the KFH-Fontana and Ontario service area CHNA. However, several social predictors of health related to economic security and opportunity were strongly related to all of the priority health needs identified through the CHNA. Furthermore, disparities in the upstream factors that predict negative health outcomes were identified by defining 'under-resourced communities,' and identifying cities in the KFH-Fontana and Ontario area that are most severely under-resourced across multiple domains of the social predictors of health (e.g. socioeconomic status, homelessness, education attainment, and food security). Across the KFH-Fontana and Ontario area, 19% of adults and 27% of children are living in poverty and 21% of adults have no high school diploma. Across six cities (Fontana, Ontario, Redlands, Rialto, San Bernardino, and Victorville) in the KFH-Fontana and Ontario service area, 1,761 of the 2,607 homeless (687 sheltered; 1, 920 unsheltered) adults and children were counted on Thursday, January 24, 2019. These six cities accounted for two-thirds (66.7%) of the total unsheltered population as well as more than two-thirds (68.9%) of individuals counted in shelters and transitional housing (2019 San Bernardino County, Homeless Count Survey). Additionally, food insecurity and housing disparities were reported across the KFH-Fontana and Ontario service area. Among the 64, 529 callers for information and support to 2-1-1 San Bernardino County service in 2017, people living in Barstow, San Bernardino, Adelanto, and Victorville show much higher ratios of requests for food, related to food insecurity. The highest incidents of calls related to housing trouble were reported in the cities of Barstow, Victorville, Adelanto, Victor Valley area, Ontario, Colton, and Upland. These communities were all identified as under-resourced communities by the CHNA, at the bottom 25% of all cities in California. Given that these social predictors have such a widespread impact on health outcomes, economic opportunity was selected to be addressed in the Implementation Strategy. This

health need allows us to look upstream and improve the conditions for health and equity in the community by addressing the upstream factors that impact an individual's health status.

VIII. KFH-Fontana and Ontario's Implementation Strategies

A. About Kaiser Permanente's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH-Fontana and Ontario has a long history of working internally with Kaiser Foundation Health Plan, the Southern California Permanente Medical Group, and other Kaiser Foundation Hospitals, as well as externally with multiple stakeholders, to identify, develop and implement strategies to address the health needs in the community. These strategies are developed so that they:

- Are available broadly to the public and serve low-income individuals
- Are informed by evidence
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems
- Address federal, state, or local public health priorities
- Leverage or enhance public health department activities
- Advance increased general knowledge through education or research that benefits the public
- Otherwise would *not* become the responsibility of government or another tax-exempt organization

KFH-Fontana and Ontario is committed to enhancing its understanding about how best to develop and implement effective strategies to address community health needs and recognizes that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders. As such, KFH-Fontana and Ontario welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH-Fontana and Ontario will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as grant making, leveraged assets, collaborations and partnerships, as well as several internal KFH programs. The goals, strategic priorities, strategies (including examples of interventions), and expected outcomes are described below for each selected health need.

B. 2019 Implementation Strategies by selected health need

Health Need #1: Access to Care

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|----------------------|---|
| Long Term Goal | All community members have access to high quality health care services from a trained diverse workforce in a coordinated delivery system. |
| Strategic priorities | <ol style="list-style-type: none"> 1. Increase coverage, access, and utilization of health care services for populations that are underserved and uninsured. 2. Improve and build the current and emerging workforce to meet the primary care needs of the community. |

3. Improve the capacity of healthcare systems to provide quality healthcare services, including interventions to address social determinants of health.

Strategies &
Core
Interventions

1.1 Provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage.

- The Kaiser Permanente Medicaid program provides high-quality medical care services to Medicaid eligible participants who would otherwise struggle to access care.
- The Kaiser Permanente Medical Financial Assistance program provides temporary financial assistance to low-income individuals who receive care at Kaiser Permanente facilities and who can't afford medical expenses and/or cost sharing.
- The Kaiser Permanente Charitable Health Coverage program provides access to comprehensive health care to low-income individuals and families who do not have access to public or private health coverage.
- In collaboration with the San Bernardino County Public Health, Local Oral Health Program improve access to oral health care and integration of services (medical, dental, etc.) for low income uninsured.

1.2 Support access to care for patients through collaboration among community clinics, clinic networks, and other safety net providers.

- With support of grant funding, Regional Associations of California (Essential Access Health) strengthen the capacity of California's community clinics and health centers and to advance local health delivery system transformation through statewide policy.
- With support of grant funding, Community Based Organizations and Faith-Based will raise awareness and link among African-American pregnant women to early prenatal care where geographic disparities exist (Hesperia, Rialto, Victorville, San Bernardino, Fontana) due to lower birthweight infants and higher infant mortality.
- In collaboration with the Community Health Association Inland Southern Region, support the advocacy and delivery of resources and networking opportunities to 20 member organizations, representing 103 community-based primary care health centers and clinics.

2.1 Support and implement physician and other pipeline and training programs, using evidence-based, culturally competent and patient-centered population management modules.

- The Kaiser Permanente Graduate Medical Education recruits and prepares the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within Kaiser Permanente's integrated model of care, which is now considered the gold standard for improving the entire U.S. health

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| | <p>care system. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.</p> <ul style="list-style-type: none"> • With the support of grant funding, the California Primary Care Association supports building capacity for the primary care workforce by developing a comprehensive curriculum and training program for health centers desiring to implement or sustain residency training programs and partnerships. <p>3.1 Design, pilot and implement systems for screening community members with social (non-medical) needs and refer to community-based programs.</p> <ul style="list-style-type: none"> • The Kaiser Permanente Thrive Local initiative integrates the social determinants of health into ongoing care plans by screening and connecting low-income individuals and families to community and government resources. <p>3.2 Strengthen the capacity of community clinics to prevent and manage chronic disease.</p> <ul style="list-style-type: none"> • With support of grant funding, community clinics and CBOs support individuals with early identification and management of asthma, diabetes, obesity. |
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| Expected outcomes | <p>KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:</p> <ul style="list-style-type: none"> • Sustained and/or enhanced availability of services and financial resources to support coverage and access to quality healthcare for uninsured and underinsured community members. • Reduced barriers to access healthcare through the provision of transportation options, language services, and/or other supportive services. • Sustained and/or enhanced training and residency programs in primary healthcare. • Improved training opportunities in the field of primary healthcare for underserved populations (such as African Americans and Latinos). • Improved healthcare provider capacity to screen their members and patients for non-medical social needs. • Improved referral and coordination between healthcare and community-based providers to address the social needs of communities. |
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Health Need #2: Mental and Behavioral Health

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| Long Term Goal | All community members have optimal levels of mental health and well-being through improved equitable access to evidence-based, high quality, appropriate care and reduced effects of stigma. |
| Strategic priorities | 1. Improve access and connection to mental health care in clinical and community settings. |

- 2. Improve and build the current and emerging mental health workforce to meet community needs.
- 3. Reduce mental health stigma and improve knowledge, capacity, and resilience in individuals, communities, and organizations.

Strategies &
Core
Interventions

1.1 Support infrastructure and capacity building of community organizations and clinics to improve access to quality mental health care

- With the support of grant funding, Children Now Improving California Students' Readiness to Learn will map the current state and district school-based health policy efforts and develop a list of policy options to improve school-based mental health services. At least 200 partner organizations will receive resources and technical assistance on best policies/ practices related to school discipline, teacher credentialing, mental health, school attendance, and Local Control Funding Formula.
- In collaboration with mental health partners from diverse multi-sectors, develop the Regional Behavioral Health Collaboration to convene organizations for capacity building, practice sharing, learning, leveraging of training, resources, and general network building.

1.2 Support the integration of mental health care, case management, and navigation services into clinical care and community settings.

- With the support of grant funding, Faith-Based and Community Based Organizations will provide counseling services and support groups in school-based family resource centers.

2.1 Support the education and training of licensed mental health professionals to be culturally competent.

- With the support of grant funding, Hathaway-Sycamores Child and Family Services So. California Child Welfare Collaborative Phase 2 will provide training for group home foster care providers in Southern California so that they can become certified as Short Term Residential Therapeutic Programs.
- With the support of grant funding, Cal State University, San Bernardino will develop a Culturally Competent Behavioral Health Workforce by integrating education and training into the psychology and social work graduate programs with the goal to serve a diverse population in the Inland Empire.

2.2 Support the utilization of pipeline and training programs to increase the number of licensed and diverse mental health professionals.

- With the support of grant funding, ROP school programs will expand Mental Health Education and Career Pathways.

3.1 Support efforts to improve the community and social support system's knowledge, attitudes, beliefs and perceptions about mental health, trauma and resilience.

- With the support of grant funding, the Children's Partnership Advancing Health Equity for California's Children will provide 500 families with culturally-informed materials and toolkits to help connect them to health coverage, understand benefits available to them, and get needed care.
- The Kaiser Permanente Child and Adolescent Psychiatry Team will provide therapy to Fontana Unified School Students, including talks about Mental Health and You addressing depression, anxiety, suicide prevention.

3.2 Support the enhancement of organizational culture, practices and policies in schools and other institutions to be trauma-informed.

- The Kaiser Permanente Thriving Schools Resilience in School Environments (RISE) initiative builds students and staff resilience to address trauma and adverse childhood experiences.
- With support of grant funding, the San Bernardino County Superintendent of Schools (Office of Education) will provide Mental Health First Aid training across school districts.
- With support of grant funding, the Adverse Childhood Experiences (ACEs) Task Force of San Bernardino will provide education, training, and technical assistance to develop organizational capacity related to "Trauma-Informed Care."
- Kaiser Permanente's Public Good Projects' Action Minded campaign is a digital community health intervention using education, social engagement and multi-media tools to engage the general public, issue-advocates and community partners in reducing stigma towards mental health conditions.

Expected outcomes

Access Related

- Enhanced capacity in clinical and community-based settings to address community mental health needs.
- Improved use of screening tools [in specific settings, e.g. schools] to identify mental health issues and connect individuals to appropriate resources.

Workforce Related

- Increased number and diversity of individuals in the mental health workforce.
- Increased number of culturally competent individuals in the mental health workforce.

Stigma Related

- Improved understanding of and attitudes toward mental health care among individuals and organizations.
- Improved help-seeking behavior among those in need of mental health care.

Health Need #3: Economic Opportunity

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| <p>Long Term Goal</p> | <p>All community members experience improved economic security and access to social services, including affordable housing, educational attainment, training and employment, and healthy foods.</p> |
| <p>Strategic priorities</p> | <ol style="list-style-type: none"> 1. Reduce food insecurity in the community and improve access to healthy foods. 2. Preserve and improve the availability of affordable housing and improve care coordination to serve individuals experiencing homelessness and to prevent displacement. 3. Improve educational attainment and employment opportunities. |
| <p>Strategies & Core Interventions</p> | <ol style="list-style-type: none"> 1.1 Design, pilot and implement programs and systems for promoting, screening and/or enrolling community members in food benefit programs. <ul style="list-style-type: none"> • The Kaiser Permanente Food for Life initiative includes CalFresh enrollment campaign which utilizes multi-modal outreach to increase CalFresh enrollment for eligible community members. • With support of grant funding, the California Food Policy Advocates increase access to food sources for underserved community members by increasing the number of households and individuals that are enrolled in CalFresh and supporting the acceptance of this benefit among food relators. 1.2 Support programs that procure, recover and/or redistribute food to food insecure communities. <ul style="list-style-type: none"> • The Kaiser Permanente Food Recovery and Food Redistribution program envision food services as the source of nutritious meals for patients, staff and the broader community by distributing food to food insecure communities. • With support of grant funding, the California Association of Food Banks Farm to Family utilizes advocacy and outreach efforts to procure and provide fresh produce to food banks serving individuals and families who are food insecure. 1.3 Support the capacity of communities and anchor organizations to adopt and implement policies and programs to ensure access to healthy foods. <ul style="list-style-type: none"> • The Kaiser Permanente Thriving Schools Healthy Eating Active Living (HEAL) Initiative, in partnership with Alliance for a Healthier Generation, supports Title 1 schools with the adoption and implementation of policies and practices to continuously improve the school’s culture and practices around health. • The Kaiser Permanente Hospital based Farmer’s Market accepts EBT enabling low income individuals to obtain fresh produce. |

2.1 Enhance the infrastructure and capacity of service providers to serve individuals at risk or experiencing homelessness.

- With support of grant funding, Inland Empire United Way lead agency for 2-1-1 San Bernardino County, hires homeless health outreach workers to coordinate with community health centers and hospital systems to identify and support homeless clients' unmet needs.
- With the support of grant funding, Step Up on Second Street's safety net services focus on permanent supportive housing, vocational training and placement, and supportive services for individuals experiencing mental health conditions and homelessness.

2.2 Support and participate in collaboratives that support coordination and funding of resources (such as health services and housing) for individuals at risk or experiencing homelessness.

- In collaboration with the Housing Solutions Collaborative, build the capacity and understanding of regional stakeholders on how to advance permanent supportive housing developments.

3.1 Support the long-term economic vitality of communities through procurement, hiring and workforce development, and/or small business development impact investing.

- The Kaiser Permanente Inner City Capital Connections (ICCC) provides training, education and mentorship to small businesses helping to grow revenue, increase jobs, and improve their capacity and access to new sources of capital.
- The Kaiser Permanente Social Enterprises strategy works competitive, revenue-generating businesses with the social mission to hire and provide training to people who are striving to overcome employment barriers, including homelessness, incarceration, substance abuse, mental illness, and limited education.
- The Kaiser Permanente, High Impact Hiring is a talent-sourcing strategy that aligns business needs with positive community impact. High Impact Hiring creates career opportunities for people with employment barriers, focusing on specific populations of disadvantaged people or specific geographic areas.
- The Kaiser Permanente, Build for Impact incorporates community analysis lens into the planning, designing, and execution of Kaiser Permanente's capital projects.

3.2 Provide educational attainment and pipeline pathway programs to increase high school graduation rates, college readiness, preparation for careers in Science, Technology, Engineering, and Mathematics (STEM), or health care workforce training.

- With the support of grant funding, ROP programs, school districts, and community-based organizations will implement education and pipeline

programs to support students as they transition from elementary, middle, and high school.

Expected outcomes

KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:

Food insecurity

- Increased number of community members screened for food insecurity and enrolled in food benefit programs.
- Improved availability of free and healthy food for food insecure individuals and families.
- Reduced food waste and carbon emissions.
- Improved policies and practices that create healthy school environments for students, staff and their families.

Housing and Homelessness

- Enhanced availability of housing assistance and programs, such as eviction prevention and defense, rental assistance programs, and other supportive services.
- Improved coordination of housing resources and services for individuals experiencing and/or at risk of homelessness.

Employment

- Improved employment opportunities for hard to hire community members.
- Improved access to training and workforce development opportunities underserved community members.

Education

- Increased education attainment among students and support during educational transitions from elementary to middle to high school.

C. Our commitment to Community Health

At Kaiser Permanente, our scale and permanence in communities mean we have the resources and relationships to make a real impact, and wherever possible, our regions and facilities collaborate with each other and with key institutions in our communities, such as schools, health departments, and city/county governments to create greater impact. The CHNA/IS process presents the opportunity to reinforce and scale national and regional strategies to address health needs that impact all of our communities, even if those health needs are not prioritized locally. The following strategies illustrate the types of organizational business practices as well as regional efforts that we implement to address multiple health needs and contribute to overall community health and well-being:

- **Reduce our negative environmental impacts and contribute to health at every opportunity.** We have optimized the ways in which we manage our buildings; purchase food, medical supplies

and equipment; serve our members; consume energy; and process waste. The following strategies illustrate several of our practices that enable us to operate effectively while creating a healthier environment for everyone. Our Environmentally Preferable Purchasing Standard prioritizes the procurement of products with fewer chemicals of concern and less resource intensity, thus encouraging suppliers to increase the availability of healthier products. We are building renewable energy programs into our operations, with plans to be carbon neutral in 2020. We recognize that mitigating the impacts of climate change and pollution is a collective effort, and we are therefore proud to work with like-minded organizations and individuals, including the United Nations, Health Care Without Harm, government entities, as well as other influencers that advocate for environmental stewardship in the healthcare industry and beyond.

- **Deploy research expertise to conduct, publish, and disseminate epidemiological and health services research.** Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes in diverse populations disproportionately impacted by health disparities. Kaiser Permanente's Department of Research and Evaluation, 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.
- **Implement healthy food policies to address obesity/overweight,** such as purchasing sustainable, locally produced fruits and vegetables; supporting local restaurants and caterers that meet KP's Healthy Picks and to make more available healthier food options in our communities; and supporting vendors that hire under/unemployed residents (with living wages and benefits) in the food production/distribution process. We also partner with school districts and city governments to support them in adopting and implementing healthy food procurement policies.
- **Contribute toward workforce development, supplier diversity, and affordable housing to address economic security.** We support supplier diversity by implementing policies and standards to procure supplies and services from a diverse set of providers; working with vendors to support sub-contracting with diverse suppliers; partnering with community-based workforce development programs to support a pipeline; and building the capacity of local small businesses through training on business fundamentals. We also seek to reduce homelessness and increase the supply of affordable housing by strengthening systems to end homelessness and shaping policies to preserve and stimulate the supply of affordable housing.

IX. Evaluation plans

Kaiser Permanente has a comprehensive measurement strategy for Community Health. Our vision at Kaiser Permanente is for our communities to be the healthiest in the nation. To that end, we are committed to pursuing a deep and rigorous understanding of the impact of our community health efforts. We monitor the health status of our communities and track the impact of our many initiatives on an ongoing basis. And we use our measurement and evaluation data, and information gathered through our Community Health Needs Assessments, to improve the effectiveness of our work and demonstrate our impact. The Community Health Needs Assessments can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

In addition, KFH Fontana and Ontario will monitor and evaluate the strategies listed above for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and metrics specific to KFH leveraged assets. In addition, KFH Fontana and Ontario tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs KFH-Fontana and Ontario does not intend to fully address

While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KFH-Fontana and Ontario to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-Fontana and Ontario is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). While oral health, obesity, diabetes, substance abuse, and maternal and infant health are not highlighted in sections VII.b, these needs are being addressed through the strategies and interventions of the three selected health needs: access to care, economic opportunity, and mental health. For example, strategies and interventions for addressing food insecurity is a key approach for preventing the onset of diabetes and obesity; strategies to address access to quality mental health care will include addiction treatment as an approach to addressing substance abuse. Raising awareness and linking pregnant women to early prenatal care and to regular care after giving birth will be a key access to care intervention to address maternal/infant health. Lastly, building the core capacity of community clinics to prevent and manage chronic disease (such as asthma and diabetes), will be critical to supporting community members to have access to quality care.