

Consolidated Community Benefit Plan
FISCAL YEAR 2024
Kaiser Foundation Hospitals in California

FONTANA & ONTARIO
Southern California Region



Kaiser Foundation Hospitals (KFH)

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I. Introduction and Background

A. About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For more than 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high- quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.4 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technological 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

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It is also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation’s largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy is not just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people’s health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

For information on the CHNA, refer to the [2022 Community Health Needs Assessments and Implementation Strategies](http://www.kp.org/chna) (<http://www.kp.org/chna>).

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California (NCAL, SCAL) have annually submitted to the California Department of Health Care Access and Information (HCAI) 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 annual year-end community benefit reporting regulations under the 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 Marcos, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2024, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of **\$1,817,728,928** 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 Table A. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

2024 Community Benefits Provided by Kaiser Foundation Hospitals in California (Endnotes in Appendix)

Category	Total Spend
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$713,469,866
Charity care: Medical Financial Assistance Program ²	\$775,417,176
Grants and donations for medical services ³	\$32,093,429
Subtotal	\$1,520,980,471
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$4,405,591
Educational Outreach Program ⁴	\$805,369
Youth Internship and Education programs ⁵	\$5,909,392
Grants and donations for community-based programs ⁶	\$44,509,093
Community Benefit administration and operations ⁷	\$10,303,073
Subtotal	\$65,932,518
Benefits for the Broader Community	
Community health education and promotion programs	\$1,405,096
Community Giving Campaign administrative expenses	\$461,693
Grants and donations for the broader community ⁸	\$9,385,626
National Board of Directors fund	\$742,602
Subtotal	\$11,995,017
Health Research, Education, and Training	
Graduate Medical Education ⁹	\$131,903,855
Non-MD provider education and training programs ¹⁰	\$42,155,356
Grants and donations for the education of health care professionals ¹¹	\$4,163,885
Health research	\$40,597,825
Subtotal	\$218,820,921
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,817,728,928

B. Medical Care Services for Vulnerable Populations

Medi-Cal

Kaiser Permanente provides coverage to Medi-Cal members in 32 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.

Charitable Health Coverage

The Charitable Health Coverage program provides health care coverage to low-income individuals and families who do not have access to other public or private health coverage. CHC programs work by enrolling qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHC, members' monthly premiums are subsidized, and members do not have to pay copays or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHC, members have a medical home that includes comprehensive coverage, preventive services and consistent access through the "front door" of the health delivery system.

Medical Financial Assistance

The Medical Financial Assistance program (MFA) improves health care access for people with limited incomes and resources and is fundamental to Kaiser Permanente's mission. Our MFA program helps low-income, uninsured, and underinsured patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured.

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 Internship and Education Programs (NCAL and SCAL)

Youth workforce programs such as the Summer Youth Employment Programs, IN-ROADS or KP LAUNCH focus on providing underserved 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, addressing workforce shortages and enhancing cultural competency within 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-based organizations, and schools.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals. 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 underserved communities with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Kaiser Permanente researchers study critical health issues such as cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente's research is broadly focused on three themes: understanding health risks; addressing patients' needs and improving health outcomes; and informing policy

and practice to facilitate the use of evidence-based care. Kaiser Permanente is uniquely positioned to conduct research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data across inpatient, outpatient, and emergency department settings.

III. 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. Demographic Profile of Community Served

KFH-Fontana and Ontario service area demographic profile

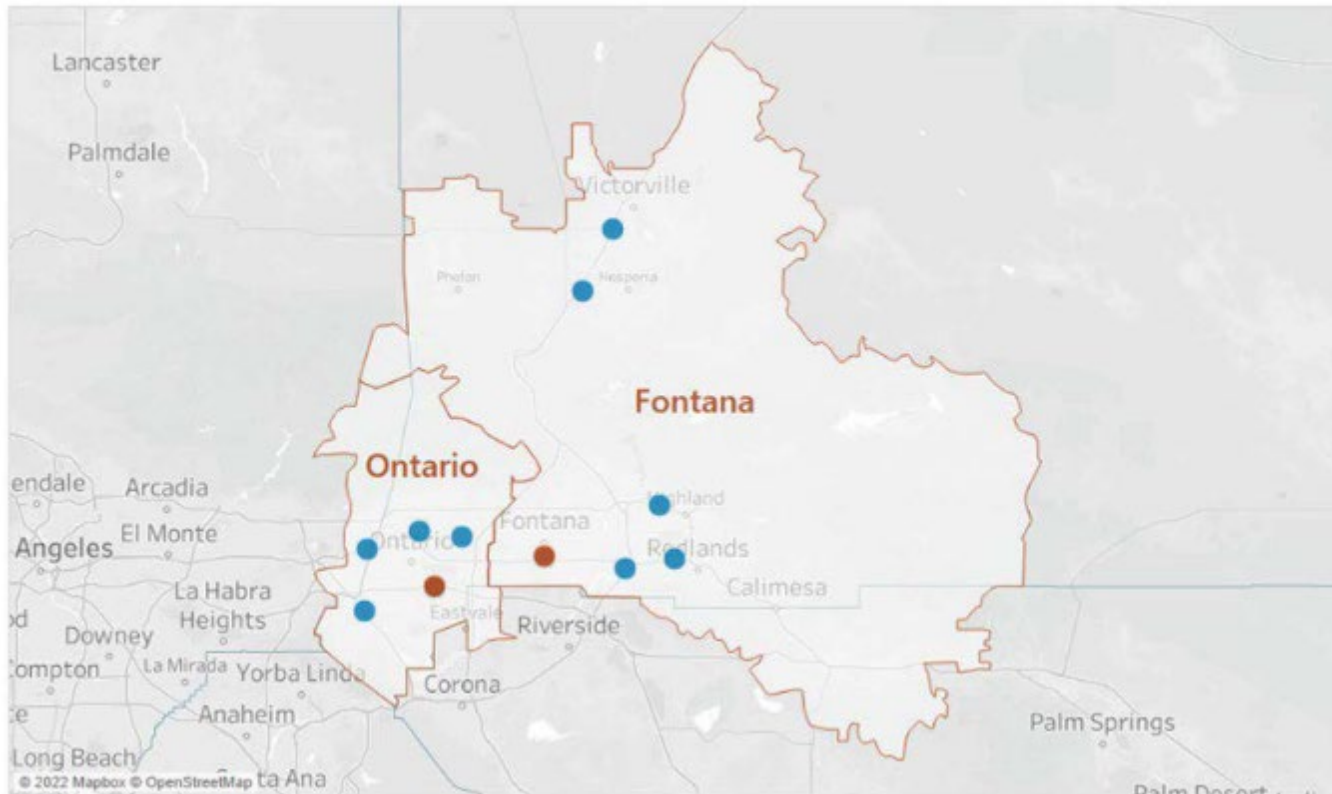
	Fontana	Ontario
Total population:	1,442,989	864,492
American Indian/Alaska Native	0.4%	0.2%
Asian	5.1%	12.1%
Black	8.5%	6.2%
Hispanic	56.7%	55.6%
Multiracial	2.2%	2.1%
Native Hawaiian/other Pacific Islander	0.3%	0.2%
Other race/ethnicity	0.2%	0.2%
White	26.7%	23.4%
Under age 18	27.6%	23.9%
Age 65 and over	11.8%	11.6%

SOURCE: AMERICAN COMMUNITY SURVEY, 2015-2019

C. Map and Description of Community Served

KFH- Fontana and Ontario service areas

● Kaiser Permanente hospital ● Kaiser Permanente medical offices



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 Terrance, Green Valley, Hesperia, Highland, Jurupa Valley, 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.

IV. Description of Community Health Needs Addressed

KFH- Fontana and Ontario are addressing the following health needs during the 2023-2025 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 [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna). (<http://www.kp.org/chna>).

A. Health Needs Addressed

1. **Access to care:** Access to comprehensive, quality health care services – including having insurance, local health care options, and a usual source of care – is important for ensuring quality of life for everyone. Insurance alone does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the Fontana service area, there was a lower rate of primary care physicians per 100,000 population (57.5 per 100,000) compared to the Ontario service area (60.7 per 100,000) and state average (79.8 per 100,000). Fontana and Ontario both had higher infant death rates (5.7 and 5.4 per 1,000 births) compared to the state average of 4.0 per 1,000 births. Furthermore, key informant interviewees contextualized these findings by explaining the way that several social determinants of health, such as economic security and transportation, impact access to care. Lastly, geographic disparities persist across San Bernardino County. For example, rural residents in the high desert and easternmost parts of San Bernardino County may have limited access to specialty care and mental health providers. Additionally, some communities avoid accessing care due to historic mistreatment and distrust with the health care system (e.g., undocumented people).
2. **Housing:** Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families having trouble paying for housing. In the Fontana and Ontario service areas, there is a shortage of affordable housing, and renters must now make 2.1 times the minimum wage to afford rent. Interviewees noted that the lack of affordable housing has driven some families to share homes to save money, resulting in overcrowded living conditions. Many individuals are at risk for homelessness because of the rising cost of rent, health care costs and unexpected job loss (particularly during the COVID-19 pandemic). While people experience homelessness across the county, the majority of people experiencing homelessness are in the east region of the county, specifically the city of San Bernardino.
3. **Income & employment:** Economic opportunities provide individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below the poverty line and are more likely to be healthier than people with unstable employment. Furthermore, individuals who do not have enough resources to meet basic needs such as safe housing and sufficient food are more likely to experience toxic stress and increased mortality. In the Fontana service area, income and employment emerged as an area of high need with worse ratings compared to both state and national averages. For example, the Fontana service area has an unemployment rate of 18 percent compared to the Ontario service area rate (16 percent) and state rate (13 percent). There are disparities in income; both the

Fontana and Ontario service areas have a high population of residents who are Black, Indigenous or People of Color and of those residents, Latino/a individuals are the least likely to earn a living wage. In addition to the service areas' unemployment rates, commuting to work may also impose a barrier to employment. Key informant interviewees noted that employment and sustainable wages are a challenge within the county. When residents are underemployed, they have issues with paying for housing, food, and transportation. Within the county, the median household income varies. The median household income in the Ontario service area is \$81,682, compared to \$62,855 in the Fontana service area and \$82,053 in the state.

4. **Education:** Education supports the upward social mobility of the community by providing access to more resources and better paying jobs. There is a well-documented correlation between higher levels of education and better health. However, for some communities, access to and support for education has been challenging, leading to long term health negative effects. Both the Fontana and Ontario service areas fall below the state average (51 percent) for preschool enrollment. In the Fontana service area, 36 percent of children were enrolled in preschool compared to 48 percent in the Ontario service area. Furthermore, adults in the Fontana and Ontario service areas are less likely to earn a high school diploma than adults statewide. The statewide average of adults without a high school diploma is 18 percent compared to 22 percent in the Fontana service area and 18 percent in the Ontario service area. There are also geographic disparities related to education. The Central region of the county has the highest rate of adults without a high school diploma (26 percent) while the West region has the highest percentage of preschool enrollment at 47 percent. School closures and the shift to online learning in response to COVID-19 exacerbated existing educational disparities. Interviewees discussed the salience of the “digital divide” during this time, where students living in the most rural areas of the county struggled to have reliable internet access which impacted their ability to pursue educational goals when learning moved online during the pandemic.
5. **Mental & behavioral health:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school, and to participate fully in family and community activities. Across mental and behavioral health indicators such as number of poor mental health days, deaths of despair, and number of mental health providers, San Bernardino County rates for mental and behavioral health are comparable to the state and national averages. For example, indicators such as the number of deaths of despair for Fontana (34.2 per 100,000) and Ontario (33.2 per 100,000) are similar to the state average of 34.4 per 100,000. However, other indicators of mental and behavioral health suggest relatively higher levels of need. For example, the Fontana service area reports more poor mental health days compared to the Ontario service area. Similarly, both service areas report more poor mental health days compared to the state and national benchmarks. Key informants contextualized these findings suggesting that COVID-19 had an extreme impact on well-being. For youth, mental health issues were exacerbated by the pandemic as a result of school closures, social distancing measures and extended periods of distance learning. Furthermore, geographic disparities highlight that there was limited access to mental health services in more rural areas such as the Mountains and High Desert.
6. **Food insecurity:** Many people do not have enough resources to meet their basic needs, including enough food to eat to lead an active and healthy life. In San Bernardino County, 11 percent of the population and 15 percent of children are food insecure (Feeding America, 2019). Furthermore, 21 percent of residents in the Fontana service area have low access to grocery stores compared to 19 percent in the Ontario service area and 12 percent in the state. Key informants added that San Bernardino

County is home to many fast-food chains making it easier to purchase fast food than food from the grocery store for some residents. In addition, an increase in food prices made it harder for people to afford food which further contributed to food security challenges. Data supports this statement, as there has been a well-established connection between food security and rates of obesity such that low access to food leads to a greater consumption of non-nutritious foods, obesity, and chronic health conditions for low-income communities. For many school districts in San Bernardino County, more than 40 percent of students are overweight or obese. According to San Bernardino County Community Indicators, in 2019, an average of 43 percent of San Bernardino County students in the grades tested were overweight or obese (had an unhealthy body composition), compared to 38 percent statewide. This is an increase from 2018, when 41 percent of students in San Bernardino County were considered overweight or obese. Finally, the pandemic stay-at-home order also led to children and youth sitting for long periods of time in front of the computer and less active time outside.

B. Health Needs Not Addressed

KFH- Fontana and Ontario are addressing all significant needs identified in the 2022 CHNA implementation strategy.

V. Year-End Results

A. Community Benefit Financial Resources

Total Community Benefit expenditures are reported as follows:

- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis, (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- 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 are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

Table B

KFH-Fontana and Ontario Community Benefits Provided in 2024 (Endnotes in Appendix)

Category	Fontana	Ontario
Medical Care Services for Vulnerable Populations	Total Spend	Total Spend
Medi-Cal shortfall ¹	\$29,492,548	\$8,457,674
Charity care: Medical Financial Assistance Program ²	\$50,481,616	\$183,246
Grants and donations for medical services ³	\$177,500	\$58,500
Subtotal	\$80,151,664	\$8,699,420
Other Benefits for Vulnerable Populations		
Youth Internship and Education Programs ⁵	\$98,408	\$76,121
Grants and donations for community-based programs ⁶	\$1,202,245	\$387,745
Community Benefit administration and operations ⁷	\$458,454	\$279,040
Subtotal	\$1,759,107	\$742,906
Benefits for the Broader Community		
Community health education and promotion programs	\$126,202	\$75,050
Community Giving Campaign administrative expenses	\$14,838	\$8,824
Grants and donations for the broader community ⁸	\$192,741	\$128,741
National Board of Directors fund	\$26,281	\$15,629
Subtotal	\$360,062	\$228,244
Health Research, Education, and Training		
Graduate Medical Education ⁹	\$10,060,311	\$12,155
Non-MD provider education and training programs ¹⁰	\$1,225,930	\$518,921
Grants and donations for the education of health care professionals ¹¹	\$948,806	\$948,806
Health research	\$658,146	\$391,390
Subtotal	\$12,893,193	\$1,871,272
TOTAL COMMUNITY BENEFITS PROVIDED	\$95,164,025	\$11,541,841

B. Examples of Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals planned for and drew on a broad array of resources and strategies to improve the health of our communities. Resources and strategies deployed to address the identified health needs of communities include grantmaking, in-kind resources, and collaborations with community-based organizations such as local health departments and other hospital systems. Kaiser Permanente also leverages internal programs such as Medicaid, charitable health coverage, medical financial assistance, health professional education, and research to address needs prioritized in communities. Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. In addition to contributing financial resources, we leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. The complete 2022 IS report is available at <https://www.kp.org/chna>.

For each priority health need in the 2022 Implementation Strategy, examples of stories of impact are described below. Additionally, Kaiser Permanente SCAL provided significant contributions to the California Community Foundation (CCF) in the interest of funding effective long-term, strategic community benefit initiatives. These CCF -managed funds are not included in the financial totals for 2024.

Access to care

KFH-Fontana and Ontario ensures access to care by serving those most in need of health care through Medicaid, medical financial assistance, and charitable health coverage.

Care and coverage programs, KFH - Fontana

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	Investment	\$29,492,548	\$0	50,481,616	\$79,974,164
2024	Individuals served	72,640	3	37,425	110,068

Care and coverage programs, KFH - Ontario

Year	Care & coverage details	Medicaid, CHIP, and other government-sponsored programs	Charitable Health Coverage	Medical Financial Assistance	Total
2024	Investment	\$8,457,674	\$0	\$183,246	\$8,640,920
2024	Individuals served	30,333	2	19,702	50,037

In the Fontana and Ontario service areas¹ of San Bernardino County, the community experiences barriers to accessing comprehensive, quality health care services beyond health insurance coverage. Infant death rates are higher in the Fontana and Ontario service areas than the state average, and the rate of primary care physicians per 100,000 population is lower in both areas than the state average, both issues more strongly impacting rural residents and undocumented communities. El Sol Neighborhood Education Center serves vulnerable communities in San Bernardino County using trusted Community Health Workers that know their neighborhoods, focusing on empowering them to lead healthy lives. Training, Occupational Development, Educating Communities (TODEC) Legal Center serves low-income individuals in San Bernardino County to ensure equitable access to information, legal services, community education, advocacy, and civic engagement for limited and non-English speaking community members. El Sol Neighborhood Education Center and TODEC Legal Center provide communities with legal services, community education, youth leadership, home visitation, and community capacity building services. Together, they aim to enroll low-income individuals with families into care through Medi-Cal Expansion, transition to marketplace coverage, or other coverage options such as the Kaiser Permanente Community Health Care Program. Through outreach, engagement, education, application support, coverage options and benefits, and dissemination of communication materials to the community, it was expected that members would facilitate access to comprehensive, quality health care services, thus promoting their quality of life.

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Education

Education can contribute to better paying jobs, improved socioeconomic situations, and upward economic mobility. There is a correlation between higher levels of education and better health. In comparison to the state, the Fontana and Ontario service areas fall below the average for preschool enrollment, elementary school proficiency is lower, and fewer adults earn a high school diploma. Fewer Black and Hispanic or Latino third grade students are proficient in English and Math, while American Indian or Alaska Native and Black students have the lowest rates of high school graduation within four years. A total of 10 organizational programs, which are school based, community- or city-led, aim to improve academic success early on from elementary through high school to increase education attainment among students and underserved communities, in the most under-served and under-resourced areas: Project LEARN; Supporting the Education of Children; Achieving Health Equity for Youth through Mentorship and Education; Dyslexia Project Promoting Student Health, Social-Emotional Wellness & Academic Success; STEM Career Pathways & College Academies; Empowered2Excel; Promise Scholars; Montclair to College Increasing Access; Medical Career Pathways; College and Career Readiness. Together, these programs aim to serve students who are low-income living in underserved, high-risk neighborhoods from single parent households or youth and young adults with incarcerated parents. All programs partnered with school districts from the High Desert, Central and East subregions of the Fontana service area, and West End subregion from the Ontario service area. Four of the programs provide tutoring, mentoring, and workshops related to healthy habits, character building to strengthen academic skills, and social-emotional well-being. The other six programs provide students and their parents with workshops on preparing for college, readiness, application assistance, financial aid, scholarship writing, technical skills, introduction to health care and STEM pathways to increase graduation and college acceptance rates, while decreasing drop-out rates, and reducing the school-to-prison pipeline for students. In combination, these programs strengthened family and community resilience, resulting in improved grades, mental health, and educational goals for youth.

Food insecurity

Fontana and Ontario service areas experience high levels of food insecurity among adults and children. Around 20% of residents have low access to grocery stores, which limits their ability to access healthy foods. There is a well-established connection between food security and rates of obesity such that low access to food led to a greater consumption of non-nutritious foods, obesity, and chronic health conditions for low-income communities. A total of nine programs aim to increase equitable access to a variety of nutritional quality food and support organizations that distribute bags of food, produce, prepared food, or medically-tailored meals: Garden to Table Fontana Flavor; Helping Educate and Lead People to Resource Services; Food Insecurity Impact Program; Food and Nutritional Security; Mary's Table Eat Well, Be Well Grocery Bag Program; Access to Healthy Fresh Food For a Healthy Life; Food Access/Nutrition Education; Senior Choice Nutritional Program Expansion; and Increasing Access to Medically Tailored Meals among High-Need Low-Income. One program delivered Medically Tailored Meals to patients experiencing diet-related diseases who received care at a Federally Qualified Health Center (FQHC). Another program provided cooking education classes, gardening

workshops, and community events to encourage people to grow and cook their own food at home. The other seven programs regularly distributed nutritious food, produce, and groceries, and provided nutrition education. Together, these programs aim to serve individuals who were low-income, at high-risk for chronic diseases; seniors at community centers and apartment complexes; children, families, veterans, pregnant women, and individuals with disabilities; homeless individuals; and low-income students of first-generation families living in poverty to improve food and nutrition security.

Housing

Housing costs have soared in recent years, with many families having trouble paying for housing. In the Fontana and Ontario service areas, there was a shortage of affordable housing and renters must now make 2.1 times the minimum wage to afford rent. Many individuals are at risk for homelessness because of the rising cost of rent, health care costs and unexpected job loss (particularly during the COVID-19 pandemic). While people experience homelessness across San Bernardino County, most people experiencing homelessness are in the East subregion, specifically the City of San Bernardino, which is within the Fontana service area. Three organizations – Inland Fair Housing and Mediation Board, Inland Counties Legal Services, and Legal Aid Society of San Bernardino – aim to strengthen the capacity of legal aid organizations and Medical-Legal Partnership programs to promote eviction prevention, increased housing stability, and ensured safe and stable housing for all community members. Through Medical-Legal Partnerships, they helped prevent evictions and ensure adequate, affordable, and stable housing for individuals and families through a variety of housing resolution options. The resources included professional staff, case management, technology, and outreach activities. The investment supported individuals in low-income communities. Their support increased organizational capacity to provide housing-related legal services to individuals at risk of or facing homelessness or expand Medical-Legal Partnership housing-related legal services with health care organizations.

Income and employment

Individuals who do not have enough resources to meet basic needs such as safe housing and sufficient food are more likely to experience toxic stress and increased mortality rates. In the Fontana and Ontario service areas, income and employment are areas of high need with unemployment rates over 16%, which is higher than the state's rate. The cohort, made up of four organizations – Family Assistance Program, High Desert Second Chance, Making Hope Happen Foundation, and Neighborhood Partnership Housing Services, Inc. – aim to support low- to moderate-income individuals and households to improve their financial health through increased access to financial coaching, safe financial products, and tax preparation services. The work supports community-based organizations that provided one-on-one financial coaching or counseling to implement a strategy that allows community partners to embed financial health services sustainably, demonstrate the positive effects of financial health, and build or enhance place-based financial health ecosystems. A total of 4,045 low-income individuals and households with a demonstrated history of economic disadvantages will be reached. By providing individuals with financial coaching and training, working to establish financial goals and starting a savings plan, and establishing improved credit scores, the investment helped low- to moderate-income individuals and households improve their financial health and credit scores for improved economic prosperity.

Mental & behavioral health

Adelanto Elementary School District (AESD) served 7,720 students across 14 elementary and middle schools in four zip codes – three in City of Victorville (92392, 92394, 92395) and one zip code in the City of Adelanto (92301). Students later attend high school in the Victor Valley Union High School District located in the City of Victorville which is in KP's footprint. Located in an under-resourced rural area of San Bernardino County's High Desert subregion, AESD faced severe shortages of medical and mental health providers. Many students live below the federal poverty level, and the district had the highest population of students in the foster care system, many of whom experienced trauma. In response, AESD partnered with Daybreak Health to provide no cost virtual behavioral and mental health services to all referred students and families. Services included personalized mental health therapy (3-6 months based on severity), family teletherapy (up to 3 months), and virtual group classes in English and Spanish. Students, ages 5 to 14, completed an evidence-based assessment at intake to evaluate the severity of their symptoms. The program reached over 7,000 students and their families. The High Desert is a challenged area with difficulties recruiting mental health providers, making the workforce shortage worse. The partnership improved student and family mental health, increased staff awareness of new services, and understanding how to use the mental health referral system to support students' mental health needs.

VI. Appendix

Appendix A

2024 Community Benefits Provided by Hospital Service Area in California

NORTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Antioch	\$47,720,034
Fremont	\$22,970,664
Fresno	\$34,586,158
Manteca	\$71,760,342
Modesto	\$36,893,159
Oakland	\$99,321,992
Redwood City	\$26,948,137
Richmond	\$47,225,724
Roseville	\$81,181,909
Sacramento	\$124,225,099
San Francisco	\$50,536,977
San Jose	\$54,457,366
San Leandro	\$53,802,209
San Rafael	\$20,297,900
Santa Clara	\$77,243,071
Santa Rosa	\$40,236,328
South Sacramento	\$106,133,891
South San Francisco	\$22,693,794
Vacaville	\$38,961,577
Vallejo	\$53,996,988
Walnut Creek	\$41,424,543
Northern California Total	\$1,152,617,863

SOUTHERN CALIFORNIA HOSPITALS	
Hospital	Amount
Anaheim	\$30,956,879
Baldwin Park	\$40,954,828
Downey	\$61,000,446
Fontana	\$95,164,025
Irvine	\$18,244,549
Los Angeles	\$83,781,616
Moreno Valley	\$26,631,059
Ontario	\$11,541,841
Panorama City	\$44,037,549
Riverside	\$47,736,423
San Diego (2 hospitals)	\$65,670,970
San Marcos	\$14,424,173
South Bay	\$39,041,738
West Los Angeles	\$59,341,185
Woodland Hills	\$26,583,785
Southern California Total	\$665,111,065

Appendix B

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 to patients who qualify for Medical Financial Assistance on a cost basis.
- ³ Figures reported in this section for grants and donations consist of charitable contributions to community clinics and other safety-net providers and support access to care.
- ⁴ Applicable to only SCAL - Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles. Educational Outreach Program service expenses are only applicable to KFH-Baldwin Park.
- ⁵ Figures reported in this section are expenses for youth internship and education programs for under-represented populations.
- ⁶ Figures reported in this section for grants and donations consist of charitable contributions to community-based organizations that address the nonmedical needs of vulnerable populations.
- ⁷ The amount reflects the costs of the community benefit department and related operational expenses.
- ⁸ Figures reported in this section for grants and donations are aimed at supporting the general well-being of the broader community.
- ⁹ Amount reflects the net expenditures for training and education for medical residents, interns, and fellows.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ Figures reported in this section for grants and donations 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.