2016 Implementation Strategy Report
for Community Health Needs

Kaiser Foundation Hospital Fontana/Ontario
License #240000159

Approved by KFH Board of Directors
March 16, 2017

To provide feedback about this Implementation Strategy Report,
email chna-communications@kp.org

2016 KFH Implementation Strategy Report

Kaiser Foundation Hospitals
Community Health Needs Assessment (CHNA)
Implementation Strategy Report
2016
Kaiser Foundation Hospitals – Fontana
License # 240000159
9961 Sierra Avenue, Fontana, CA 92335

I.   General Information

Contact Person:	Jennifer Resch-Silvestri, Senior Director, Public Affairs and Brand Communication
Date of Written Plan:	December 13, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	March 16, 2017
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by Authorized Governing Body On or Before the 15th Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed?	Yes ☒ No ☐
Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body:	December 4, 2013
Name and EIN of Hospital Organization Operating Hospital Facility:	Kaiser Foundation Hospitals, 94-1105628
Address of Hospital Organization:	One Kaiser Plaza, Oakland, CA 94612
	Please note that KFH - Fontana shares a hospital license with KFH - Ontario. This report presents the findings for KFH – Fontana hospital service area.

II.   About Kaiser Permanente

Kaiser Permanente is a not for profit, integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan, and The Permanente Medical Groups. 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. Today we serve more than 10.2 million members in eight states and the District of Columbia. Since our beginnings, we have been committed to helping shape the future of health care. Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health.

III.   About Kaiser Permanente Community Benefit

We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor's office and the hospital. 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 leverage financial resources with medical research, physician expertise, and clinical practices. Historically, we have focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have 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. In addition, Kaiser Permanente seeks to promote community health upstream by leveraging its assets to positively influence social determinants of health – social, economic, environmental – in the communities we serve.

IV.   Kaiser Foundation Hospitals – Fontana Service Area

The KFH-Fontana Medical Center is located at 9961 Sierra Ave, Fontana, CA 92335 with a service area spanning 2,093 square miles. Though the majority of the medical center service area is located within San Bernardino County, the southern portion is located within Riverside County (Banning and Beaumont). The KFH-Fontana Medical Center Service Area also has a small section located in Los Angeles County on the west (Pomona) and another small region on the east (Mira Loma) located in Riverside County. KFH-Fontana service area includes 26 of cities, as outlined in the below table.

KFH-Fontana Medical Center Service Area

City	Zip Code	City	Zip Code
Angelus Oaks	92305	Highland	92346
Apple Valley	92307, 92308	Loma Linda	92354
Banning	92220	Lytle Creek	92358
Beaumont	92223	Mentone	92359
Big Bear City	92314	Phelan	92371
Big Bear Lake	92315	Pinon Hills	92372
Bloomington	92316	Redlands	92373, 92374
Bryn Mawr	92318	Rialto	92376, 92377
Calimesa	92320	San Bernardino	92401, 92403, 92404, 92405, 92407, 92408, 92410, 92411
Colton	92324	Victorville	92392, 92394, 92395
Fontana	92335, 92336, 92337	Wrightwood	92397
Forest Falls	92339	Yucaipa	92399
Grand Terrace	92313		
Hesperia	92344, 92345		

KFH-Fontana Medical Center Service Area
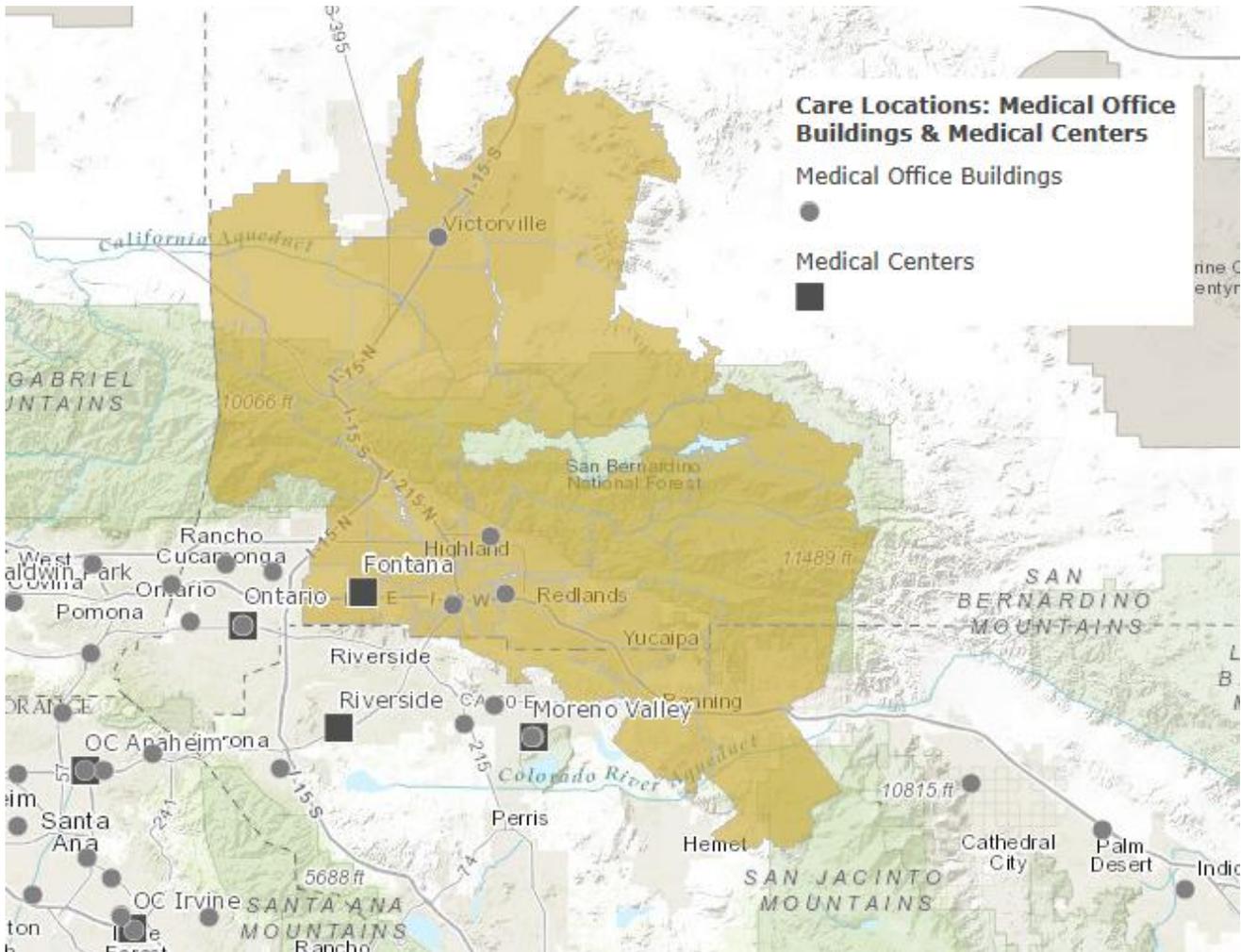
KFH-Fontana Socio-economic Data	
Living in Poverty (<200% FPL)	46%
Children in Poverty	29%
Unemployed	9%
Uninsured	20%
No High School Diploma	24%

Note: *Percentages were pulled from the CHNA Data Platform
in May 2016 (http://www.communitycommons.org/groups/community-health-needs-assessment-chna/)

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's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH-Fontana's 2016 CHNA process and for a copy of the report please visit www.kp.org/chna.

VI.   List of Community Health Needs Identified in 2016 CHNA Report

The list below summarizes the health needs identified for the KFH-Fontana service area through the 2016 Community Health Needs Assessment process. Health needs with asterisks indicate either a **four-way tie. Needs were prioritized during the CHNA process using a dot voting exercise, which allowed certain needs to receive the same number of votes.
1. Economic Security
2. Mental and Behavioral Health
3. Access to Care
4. Violence and Injury Prevention
5. Obesity/HEAL/Diabetes
6. HIV/AIDS/Sexually Transmitted Infections
7. Substance Abuse and Tobacco Use
8. Oral Health
9. Maternal and Infant Health
10. **Asthma
    Cancers
    Cardiovascular Disease and Stroke
    Health and Climate

VII.   Who was Involved in the Implementation Strategy Development

The implementation strategy was developed through a process that involved the KFH-Fontana hospital operational leadership and community partners. The core planning team consisted of the KHF-Fontana service area's Operations Leadership Team (OLT), comprised of stakeholders representing both Kaiser Foundation Hospital/Health Plan and the Southern California Permanente Medical Group (SCPMG) and included:

- Trish Lopez, Area Chief Financial Officer, KFHP/Hospital
- David Young, Area Information Officer, KFHP/Hospital
- Dana Colbert, Assistant Department Administrator, Center for Healthy Living, SCPMG
- Sally Morales, Department Administrator, Medical Social Work, SCPMG
- Michael Takehara, MD, Assistant Area Medical Director, SCPMG
- Irene Ruiz, Director, Human Resources, KFHP/Hospital
- Jennifer Resch-Silvestri, Sr. Director Public Affairs, Community Benefit , KFHP/Hospital
- Martha Valencia, Community Benefit Health Manager, KFHP/Hospital

a. Partner Organizations

KFH-Fontana has been an active participant in Community Vital Signs—a community-driven health improvement effort in partnership with the San Bernardino County Public Health Department, other nonprofit hospitals, community-based organizations, government agencies and community members --that has been in existence since 2011. This work has resulted in creation of a San Bernardino County-wide health improvement framework, an in-depth assessment of the current health of the residents of San

Bernardino County, and a Community Transformation plan that includes evidence-based goals and priorities to align with national and statewide efforts through Healthy People 2020 and Healthy California 2020. KFH and the CHNA consultants took care to build upon the work of Community Vital Signs throughout the IS process.

b. Community Engagement Strategy

While not required by Federal CHNA regulations, Kaiser Permanente encourages all KFH facilities developing Implementation Strategy plans to elicit community input. Voluntary community 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 greater alignment, collaboration, potential impact, and sustainability
- 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.

During the Community Health Needs Assessment, KFH-Fontana made a concerted effort to gather community input on the health needs, existing assets, and how organizations are collaborating to respond to health needs. The CHNA consultant engaged public health professionals, community based organizations, representatives from public entities and community leaders and members who have on-the-ground knowledge of health needs and assets, but may not hold formal leadership positions or work in public health or health care settings. As a result of this prior community engagement, KFH-Fontana's strategies were already informed by community perspectives prior to the start of the planning process.

In addition and in lieu of further data collection from community stakeholders, KFH-Fontana focused on engaging existing community coalitions / collaboratives to (1) understand where there is future alignment in strategies and (2) identify opportunities to co-partner/support and (3) inform availability of additional community assets/resources to build upon.

Data Collection Method	Type	Participants			
	Respondent's title/role and organization or focus group name	Total number of participants	Number of residents	Number of org. reps	Number of county reps
Survey	Coordinator, Department of Public Health, San Bernardino County Community Vital Signs: Community Transformation	NA	NA	15	3
Survey	Deanna Stover, Chief Executive Direct, Community Clinic Association of San Bernardino	NA	NA	23 free clinics, look-a likes, FQHC, affiliate members	1
Survey	Nonprofit Community Stakeholder Group of Hospitals, organized by Hospital Association of Southern CA	NA	NA	11 Hospitals represented	1
Survey	San Bernardino County Superintendent of Schools, Nutrition Education and Obesity Prevention (NEOP)	NA	NA	Support 13 school districts and nearly 200 schools	

Data Collection Method	Type	Participants			
	Respondent's title/role and organization or focus group name	Total number of participants	Number of residents	Number of org. reps	Number of county reps
Survey	San Bernardino County Public Health, Healthy Communities	NA	NA	23 cities represented, "Healthy Cities"	2
Survey	Director, Inland Health Professions Coalition, Reach Out	NA	NA	25	NA

c. Consultant Used

Harder+Company Community Research is a comprehensive social research and planning firm with offices in Los Angeles, San Diego, San Francisco, and Davis. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based evaluation, planning, and consulting services, Harder+Company helps organizations translate data into meaningful action. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. 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 offers considerable expertise in broad community participation, which is essential to both healthcare reform and the CHNA process in particular

VIII. Health Needs that KFH-Fontana Plans to Address

a. Process and Criteria

In order to select the health needs that KFH-Fontana will address, the team applied a set of criteria with a particular focus on choosing needs that KFH-Fontana could significantly impact given their expertise and resources. In addition, KFH-Fontana limited the number of needs selected in order to maximize the hospital's ability to have an impact.

KFH-Fontana worked with a group of internal stakeholders and applied a criteria-based decision making process to examine the list of health needs identified through the CHNA process; select the community health needs it will address; and to develop an implementation strategy plan to address those selected health needs. The intent of the selection process was to identify those health needs that would make a meaningful impact in each community and build strategies to alleviate disparities. With this in mind, KFH-Fontana first confirmed the following list of Need and Feasibility criteria and determined that no additional criteria were necessary for the hospital to complete this process.

Need Criteria	Feasibility Criteria
1. Magnitude 2. Severity 3. Disparities	4. KP Assets 5. Ability to Leverage

After confirming the appropriate criteria, the criteria were applied to each health need. Data from the CHNA report was reviewed to apply the magnitude, severity and disparities criteria. Indicators such as incidence and prevalence were used to determine the magnitude score; mortality was considered to determine the severity score; and data by race/ethnicity and ability were examined to determine the

health disparities score. Rate and prevalence data for health need indicators were considered relative to the state and the Southern California Medical Center Area (S CA MCA), as well as to the KFH-Fontana Medical Center Service Area, in order to determine scores. KFH-Fontana and SCPMG information on existing and future assets and opportunities to leverage resources in the community were organized and reviewed in order to generate asset and leverage scores.

Each health need was scored based on the criteria using a rating scale of 1 to 5. The table below provides definitions for each of the criteria as well as a breakdown of the corresponding rating system.

Criteria	Definition	Rating System
Magnitude	The health need affects a large number of people within the community.	1. Low incidence or prevalence 2. Moderate incidence or prevalence in some subgroups 3. Moderate incidence or prevalence in all groups 4. High incidence or prevalence in some subgroups 5. High incidence or prevalence in all subgroups
Severity	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.	1. Not life threatening or debilitating to individuals or society 2. Slightly life threatening or debilitating to individuals or society 3. Moderately life threatening or debilitating to individuals or society 4. Life threatening or debilitating to individuals or society 5. Life threatening and debilitating to individuals or society
Disparities	The health need disproportionately impacts the health status of one or more vulnerable population groups.	1. Low disproportionate impact in vulnerable population groups 2. Moderate disproportionate impact in vulnerable population group 3. Moderate disproportionate impact in multiple vulnerable population group 4. High disproportionate impact in vulnerable population group 5. High disproportionate impact in multiple vulnerable population groups
KP Assets	KP can make a meaningful contribution to the need because of its relevant expertise and/or unique assets as an integrated health system & because of organizational commitment to addressing the need.	1. No assets available 2. Minimal assets available 3. Moderate level of assets available 4. Many assets available 5. Very high level of assets available
Leveraging Opportunities	Opportunity to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or	1. No opportunity available 2. Minimal opportunity available 3. Moderate level of opportunity available 4. High level of opportunity available 5. Very high level of opportunity available

	other community assets.	

The final phase of this process involved placing the scored health needs onto a strategy grid. Once scored, each health need was plotted, indicating whether the need is high or low with regard to 'need' and 'feasibility'. A composite "Need" score of 11 out of 15 or higher was considered a "High Need." A composite "Feasibility" score of 8 out of 10 or higher was considered "High Feasibility." As a rule, all health needs categorized as "High Need/High Feasibility" were selected. One borderline health need, Obesity/HEAL/Diabetes, which was scored as "high need" and "medium-low feasibility", was also selected due to prior investment in this area and the very high need among the population in the service area relative to the state. Once the health needs were selected based on the extensive process outlined above, KFH-Fontana confirmed the KFH assets and leveraging opportunities to meet the health needs and identified and compared strategies to address selected health needs.

b. Health Needs that KFH-Fontana Plans to Address
In order to address the overall health of the community in the KFH-Fontana service area, KFH-Fontana plans to address the following health needs (listed in alphabetical order):

- **Access to Care**: includes access to affordable health insurance as well as affordable primary, specialty and emergency care in relatively close proximity to patients.
- **Economic Security**: poverty is a primary social determinant of health. Indicators of poverty include lack of education, unemployment, low income, housing instability, and use of public programs. Economic instability creates barriers to access health services, healthy food, safe spaces for physical activities, and other necessities that contribute to good health status.
- **Mental and Behavioral Health**: is essential to personal well-being and includes access to affordable and appropriate treatment and care for a range of disorders, such as depression, schizophrenia, and substance abuse, all of which contribute to disability and premature mortality.
- **Obesity/HEAL/Diabetes**: includes chronic conditions such as overweight, obesity, and diabetes, as well as healthy eating/active living strategies that encompass a broad set of behaviors, including physical activity and fruit and vegetable consumption.

Data collected throughout the CHNA and inventory of internal and external assets demonstrated significant opportunity to address these needs through existing or emerging community infrastructure. When concurrently implemented, the strategies associated with each of the four health needs are intended to result in sustainable, cross-sector collaborations that enhance positive health outcomes and reduce health disparities in KFH-Fontana. Before proceeding to the strategies and KFH-Fontana assets and partnerships for each selected health need, we would like to highlight key findings for each selected health need area.

c. Key findings for Health Needs that KFH-Fontana Plans to Address
The health needs selected are either a health outcome or an important determinant (driver) of health in the community. Health outcomes provide morbidity and mortality information about how a community fares on a particular health issue (for example, mental health) relative to other communities and national benchmarks. Health drivers are factors that directly influence health and therefore provide important contextual information when thinking about a health need in a community. A brief summary of the community health landscape and trends is presented here in alphabetical order.

Access to Care (Driver)
Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Insurance and access to providers ensures that diseases

are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality.

Access to care greatly impacts residents of the KFH-Fontana Medical Center Service Area and contributes to poorer health outcomes in the region. Residents of the KFH-Fontana Medical Center Service Areas lack access to primary care physicians, dentists and mental health care providers relative to the rest of the state. A higher percentage of residents in KFH-Fontana Medical Center Service Area are uninsured[1] and receiving Medi-Cal[2] compared to the State of California. The KFH-Fontana Medical Center Service Area also has a percentage of preventable hospital events compared to the S CA MCA and state.[3] Community stakeholders identified health care access as being especially problematic for those living in the Mountain and High Desert regions of the KFH-Fontana Medical Center Service Area; in these regions people have to travel long distances to access primary and specialty care. During inclement weather, travel can be dangerous or impossible. In the KFH-Fontana Medical Center Service Area, undocumented and mixed – status families, the poor and homeless individuals were identified as needing increased access to health care.[4] Despite greater access to insurance through Covered California and the Medi-Cal expansion, many working class families find the cost of health insurance, copays and medication unaffordable.

Economic Security (Driver)
Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. The ongoing stress and challenges associated with poverty can lead to cumulative negative health impacts and chronic conditions, which are more likely to affect those with the lowest incomes such as children in low income families.[5]

Issues of economic security, such as unemployment and limited educational attainment, affect individuals in the KFH-Fontana Medical Center Service Area. Unemployment remains higher in the KFH-Fontana Medical Center Service Area compared to the State of California.[6] Residents in the KFH-Fontana Medical Center Service Area are more likely to live below the federal poverty level (FPL) and to live in households with incomes at or below 200% of the FPL than residents in the S CA MCA and the state.[7] Blacks, Native Americans and Hispanic or Latinos in the KFH-Fontana Medical Center Service Area are more likely to live below the FPL compared to other race/ethnicities.[8] Furthermore, Blacks and Hispanic or Latinos have the lowest high school graduation rates in the KFH-Fontana Medical Center Service Area, as compared to the State of California.[9] In the KFH-Fontana Medical Center Service Area, Blacks, Native American/Alaskan Natives and Native Hawaiian/Pacific Islanders have the highest percent of 4th graders with "non-proficient" reading levels. A similar trend can be seen across the Southern California Region and the State of California.[10]

Community members stated that economic instability affects adults with low educational attainment the most since those adults struggle to access jobs that pay a living wage.[11] Immigrants, non-English speakers, homeless, foster youth, single income families, Latinos, and African Americans are seen as

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[1] US Census Bureau, American Community Survey. 2010-14.

[2] US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

[3] California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011. Source geography: ZIP Code

[4] Community stakeholders provided input on disparities for this health need through interviews and community focus groups conducted by Harder+Company during the CHNA.

[5] Centers for Disease Control and Prevention. Social Determinants of Health: Know What Affects Health. Updated: October 13, 2016. http://www.cdc.gov/socialdeterminants/. Accessed: November 11, 2016.

[6] US Department of Labor, Bureau of Labor Statistics. 2015 - December.

[7] US Census Bureau, American Community Survey. 2010-14

[8] Ibid.

[9] California Department of Education, 2013.

[10] Ibid.

[11] Community stakeholders provided input on disparities for this health need through interviews and community focus groups conducted by Harder+Company during the CHNA.

disproportionately impacted by poverty due to low educational attainment and were greatly impacted by job losses in construction and manufacturing that occurred during the recession. The homeless, veterans and people diagnosed with mental illness are more likely to live in poverty than other groups of people. The highest concentrations of poverty can be found in High Desert, the Rim communities, Adelanto, and central San Bernardino, due to low educational attainment and lack of jobs. Distance from major urban centers prohibits commuting to find better jobs or results in long (as much as three hours each way) commutes that impact quality of life.

Mental and Behavioral Health (Health Outcome)

Mental and behavioral health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality.[12] In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days.[13]

Access to high-quality and affordable mental and behavioral health services impact individuals and families within the KFH-Fontana Medical Center Service Area. The KFH-Fontana Medical Center Service Area has fewer mental health service providers per 100,000 people than the State of California.[14] More than 25% of adults report that they frequently do not receive the social and emotional support they need and residents have more poor mental health days per month on average compared to other adults as compared to the State of California.[15]

Community members reported that mental illness impacts the homeless, veterans and people of color disproportionately more than members of other groups.[16] Via focus groups and interviews with a wide variety of stakeholders (including mental health professionals, clients, family members of clients, leaders from the faith-based community, and scholars) several primary areas of disparity were identified. This included: stress, perceived discrimination, insurance coverage, financial resources, communication, racism, stigma, and lack of African American providers.

Obesity/HEAL /Diabetes
Obesity and Diabetes (Health Outcomes)

Overweight and obesity are defined using a person's Body Mass Index (BMI) which is a ratio of a person's weight to height. In the KFH-Fontana service area, the prevalence of obesity was just over 36% in adults.[17] Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to its prevalence. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer. Certain factors, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity.

Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic

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[12] US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, & Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020.

[13] Centers for Disease Control and Prevention.National Center for Health Statistics. https://www.cdc.gov/nchs/. Accessed November 16, 2016.

[14] University of Wisconsin Population Health Institute, County Health Rankings. 2014. Source geography: County

[15] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

[16] Community stakeholders provided input on disparities for this health need through interviews and community focus groups conducted by Harder+Company during the CHNA

[17] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

abnormalities occur, leading to the development of serious, disabling complications. In the KFH-Fontana service area, 9.5% of the population has been diagnosed with diabetes.[18]

While adults in the KFH-Fontana Medical Center Service Area are about as likely to be overweight as adults as those in the state of California, they are proportionately higher rates of obesity among adults in the service area. The same pattern holds true for youth.[19] Diabetes is more prevalent in the KFH-Fontana Medical Center Service Area and there are more diabetes-related hospitalizations compared to the State of California.[20]

Healthy Eating and Active Living (HEAL) (Driver)
Healthy eating and living encompasses broad categories of behavior, such as daily fruit and vegetable consumption, physical activity, participation in health screenings, and limiting tobacco and alcohol usage. In addition, good nutrition and physical activity are important to the growth and development of children and chronic disease prevention across the lifespan.

Over 70% of adults in the KFH-Fontana Medical Center Service Area have inadequate fruit and vegetable consumption and approximately 19% do not participate in any leisure time physical activity, which is higher than the rate in the State of California.[21] Hispanic or Latinos, Blacks and Multiracial individuals report higher levels of youth physical inactivity in the as compared to State.[22] Non-Hispanic other races have a high percentage of children eating less than 5 servings of fruit and vegetables in KFH-Fontana Medical Center Service Area and a lower percentage of children and teens engaged in active transport to school compared to the State of California.[23] Furthermore, the KFH-Fontana Medical Center Service Area has the lowest percentage of the population living within ½ mile of a park (40.8%) compared to the State of California, which may make it more difficult for people to engage in physical activity.[24]

IX. KFH-Fontana's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH-Fontana 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.
- ✓ 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

The following represents the goals, strategies and expected outcomes for each of the health needs KFH-Fontana plans to address for the 2017-2019 Implementation Strategy (IS) timeline. KFH-Fontana will draw on a broad array of organizational resources to implement these strategies, such as grant-making, in-kind resources, collaborations and partnerships, as well as several internal KFH programs. For the purpose of this report, examples of resources are provided to illustrate how KFH-Fontana plans to implement the

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[18] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
[19] California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.
[20] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
[21] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09.
[22] California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.
[23] University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
[24] US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.

strategies. For examples of how these resources have been deployed to date, please visit the 2016 Community Health Needs Assessment Report www.kp.org/chna under the chapter: Implementation Strategy Evaluation of Impact.

KFH-Fontana 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 welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

Mental and Behavioral Health
KFH-Fontana's **long-term goal** for addressing mental health is to increase the number of community members that have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):

- ➢ Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health
- ➢ Promote positive mental health by fostering community cohesion and social and emotional support

These priorities have guided the development of the following core **strategies** to address mental health in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- ➢ Support evidence-based and promising family and youth development programs in school settings focused on conflict resolution, violence/bullying, mentoring, trauma, and/or suicide prevention. Programs can include 1) student assistance programs (Screening, Assessment, Referral, and Treatment-SAR, Positive Behavioral Interventions & Support; Trauma –Informed Care), 2) direct delivery of services, and 3) parenting education, social support to parents, and encouragement of positive parent–child interactions. KFH-Fontana will address mental health issues among youth by collaborating with the Fontana Unified School District, where the Kaiser Permanente Child and Adolescent Psychiatry staff and SCPMG residents will provide therapy to high school students to address Adverse Childhood Experiences.
- ➢ Support integration of healthcare with community-based mental health services, such as training of health care providers to identify mental and behavioral health needs, patient navigators who can help patients access services, strengthening of referral networks, and/or co-location of services between primary care and mental health providers. KFH-Fontana will address mental health issues by providing grant support to El Sol Neighborhood Center to enable promotores de salud to educate the broader community about the issue, link to services, and stress the importance of seeking care in San Bernardino.
- ➢ Support prevention efforts to increase community awareness and educate youth and adults about the dangers of substance abuse, prescription drugs (including sharing, proper disposal, unintentional overdose, etc.) across school districts and universities. KFH-Fontana will address mental health issues by partnering with the Fontana Unified School District, where the Kaiser Permanente Chemical Dependency Recovery Program and the SCPMG Adolescent Chemical Dependency Ph.D Coordinator will provide substance abuse education by speaking with adolescents and their parents and linking them to substance abuse community resources.
- ➢ Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field. KFH-Fontana will address mental health issues by collaborating with the National Alliance on Mental Illness (NAMI) San Bernardino Chapter

through grant funding support. KFH-Fontana will also explore the opportunity to provide hospital conference room space to NAMI to hold Family Support meetings for those living with a mental health disorder at no cost to community.

Successful implementation of these strategies is expected to contribute to the following set of outcomes in the community:

➢ Increased access (availability and affordability) of mental and behavioral health services in school and community settings.
➢ Increased screening and identification of mental and behavioral needs in High Schools and community settings.
➢ Improved schools and community cohesion and social support
➢ Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address mental and behavioral health.

Economic Security
KFH-Fontana's **long-term goal** for addressing economic security is that all community members experience improved economic security, including access to employment, educational opportunities, and other factors that influence health, including access to affordable fresh food and reduction in homelessness. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals):**

➢ Reduce and prevent displacement and homelessness
➢ Improve employment opportunities
➢ Reduce food insecurity in the community
➢ Improve education attainment

These priorities have guided the development of the following core **strategies** to address economic security in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

➢ Support educational attainment programs focused on: 1) High School dropout prevention; 3) Mentoring for students at-risk, homeless, foster care; 4) College enrollment; 5) Health care workforce pipeline 5) Science, Technology, Engineering, and Mathematics (STEM). KFH-Fontana Human Resources liaison is member of the Inland Health Professions Coalition, which brings K-12, community college and university faculty, hospital and health care agency representatives, county office of education staff, and professional organization and community agency representatives together to identify and facilitate solutions to the educational, social and environmental barriers to enable a seamless health pipeline.
➢ Support employment programs focused on: 1) Employment skills development, education, and training through career-employment bridge programs, transitional employment programs (time-limited, subsidized, paid jobs) as a bridge to unsubsidized employment, on-the-job training. KFH-Fontana will address economic security issues by partnering with the San Bernardino City Unified School District, where Kaiser Permanente Human Resources Director will provide Employment Workshops to parents of students from Arroyo High School to facilitate career exploration, writing a cover letter/resume, including job search techniques.
➢ Support programs that focus on 1) Shelter/housing for homeless; 2) rapid re-housing or 3) tenant-based rental assistance for low-income families to create a path to more housing options, to include intake of all needs, case management, and follow –up. KFH-Fontana will address economic security by providing grant support to homeless service providers from throughout San Bernardino County.

- Participate and support a countywide cross-sector Housing Policy Council to focus on affordable housing and community development issues. KFH-Fontana serves on the San Bernardino County Interagency Council on Homelessness, where a nonprofit hospital is represented for the first time.
- Support cities, schools, community based organizations to provide healthy food options (including fruits/vegetables, accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Enroll community members into available food programs (ie. Cal Fresh, Supplemental Food Program for Women, Infants, and Children (WIC). KFH-Fontana will address economic security by providing grant support to Healthy Cities to set up and accept Cal Fresh and WIC benefits to enable community to obtain fresh fruits and vegetables at Farmer's Markets.
- Support community-based organizations and networks to build their capacity to advance economic security. KFH-Fontana Community Benefit liaison is member of the High Desert Food Collaborative, which will ensure 30 food providers create synergy, communication channels to mutually tap into coordinated equipment/distribution resources, share food surplus, share best practices and explore opportunities for joint funding to better respond to the food security needs in the High Desert Region.
- Support efforts to assess upstream social and basic needs and coordinate with community based organizations. KFH-Fontana will address economic security issues by partnering with social service, housing, transportation, and food security nonprofits to screen low income residents in response to non-medical social needs and link to basic needs through the Kaiser Permanente Health Leads Program.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:
- Adoption of well-coordinated support services to increase availability and enable access to homeless prevention programs and healthy food.
- Improved capacity, readiness, and effectiveness of community-based organizations, community leaders and residents to address social determinants of health.
- Increased access to educational opportunities

Access to Care
KFH-Fontana's **long-term goal** for addressing access to care is to increase the number of community members that have access to timely, coordinated, high quality health care from a trained and diverse workforce. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals):**

- Increase coverage and access to comprehensive, quality health care services for low income and uninsured populations.
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.
- Improve the capacity of the primary care workforce to meet community needs.
- Enhance individuals' utilization of the community based health delivery system.

These priorities have guided the development of the following core **strategies** to address access to care in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support the provision of high quality health care (including preventive services and specialty care) for underserved populations. As part of the largest non-profit health system, KFH-Fontana participates in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-For-Service), provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage through charitable health

coverage, and provide financial assistance to low-income individuals who receive care at KP facilities and can't afford medical expenses and/or cost sharing.

➢ Explore opportunities between hospitals and safety net community clinic providers to reduce hospital readmissions (follow up appointments to community clinics upon discharge). KFH-Fontana Community Benefit liaison is member of the Community Clinic Association of San Bernardino County, which supports community clinics to efficiently deliver culturally appropriate quality healthcare to the medically indigent, underserved, uninsured and/or underinsured.

➢ Support solutions that address the health care needs of people who do not qualify for low-cost or no-cost health insurance such as a) outreach, enrollment, and retention efforts to increase access to health care coverage and b) use of Community Health Workers to connect residents to medical homes, onboarding / orientation for new patient members, including education about patient centered medical home concept and how to access clinical preventive services. KFH-Fontana will address access to care by providing grant support to SAC Health Systems, Bloomington Community Health Center, Lestonnac Free Clinic, Al Shifa Free Clinic, and Well of Healing Mobile Medical Clinic.

➢ Support the provision of high quality healthcare (including preventive services and specialty care) for underserved populations including education on use of routine care, urgent care, and care coordination (promotores/community health workers). KFH-Fontana will address access to care by partnering with Well of Healing Mobile Medical Clinic, Lestonnac Free Clinic, Al Shifa Free Clinic, and the Bloomington Community Health Center, where SCPMG Physicians (Internal Medicine, Family Medicine, and Specialist) will volunteer at community clinic sites to treat low income clinic clients to support increase of patient visits and reduce wait times.

➢ Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved. KFH-Fontana Community Benefit liaison is member of the Oral Health Action Coalition Inland Empire (IE), a grassroots joint effort of KFH-Fontana and the Center for Oral Health to mobilize and organize local resources to increase access to oral health care and improve health outcomes for the residents of the IE Region.

➢ Leverage KP assets to drive coverage and access to healthcare for the underserved and build the capacity of the primary care workforce and improve appropriate utilization of healthcare services.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

➢ Improved referrals and coordination between healthcare providers and community resources and programs.
➢ Reduced barriers that impeded individual's ability to seek and obtain health care.
➢ Improved individual/community knowledge on how to navigate and utilize the community clinic safety net, preventive services, and seeking regular care.
➢ Improved individual/community understanding of health insurance and medical care coverage.
➢ Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address access to healthcare.

Obesity/HEAL/Diabetes
KFH-Fontana's **long-term goal** for addressing obesity/HEAL/diabetes is to increase the number of community members that eat healthy and move more as a part of daily life. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals):**

➢ Improve access to opportunities for physical activity in the community
➢ Improve access to healthy food options in the community

These priorities have guided the development of the following core **strategies** to address obesity/HEAL/diabetes in the community. A large sub-set of these strategies are aligned with the San

Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- ➢ Support cities, schools, community based organizations to provide healthy food options (including fruits/vegetables, accessible drinking water) and to adopt healthy food policies, including procurement practices.
- ➢ Enroll community members into available food programs (ie. Cal Fresh, Supplemental Food Program for Women, Infants, and Children (WIC). KFH-Fontana will address Healthy Eating, Active Living issues by providing grant support to Healthy Cities to set up and accept Cal Fresh and WIC benefits to enable community to obtain fresh fruits and vegetables at Farmer's Markets.
- ➢ Support programs that improve referral of patients to evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention. KFH-Fontana will address Obesity and Diabetes issues by partnering with the Inland Empire Health Plan (IEHP), where Kaiser Permanente Center for Health Living will teach English/Spanish classes at the IEHP Community Resource Center in San Bernardino to community at no cost.
- ➢ Support multi-level, multi-component initiatives/programs in school and community settings, etc. to support access to healthy, affordable food and physical activity-promoting environments where people work, live and play. An example of an initiative is the Kaiser Permanente Thriving Schools, a multi-year, place-based investments that support policy, advocacy and/or system changes in communities and schools. These initiatives aim to lower the prevalence of obesity and overweight by increasing access to fresh fruit, vegetables and healthy beverages and increasing safe places to be play and be physically active.
- ➢ Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living. KFH-Fontana Community Benefit liaison is member of the San Bernardino County Department of Public Health's network of 23 Healthy City initiatives, which ensures cities share and coordinate unique approaches as determined by the community to create a positive environment that supports the well-being of its residents. These include healthy schools, walkable communities, transportation options, parks/open space, adequate housing, and access to health care.
- ➢ Leverage KP assets to drive community health, including healthy eating and active living. KFH-Fontana Nutrition and Food Services Department Hospital Chef will deliver "Nutrition in the Home Classes" to parents at the school cafeteria of the Arroyo Valley High School as an offering of the Family Engagement Center of the San Bernardino City Unified School District to learn about using fresh, local, readily available produce and cost effective ingredients.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:
- ➢ Adoption and implementation of policies, environments, system changes, and programs that increase availability of and enable access to healthy food (including fresh produce and safe drinking water) and/or physical activity
- ➢ Increased enrollment and use of federal food programs
- ➢ Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to collaborate and promote policy, system and environmental change.

In addition to addressing the selected health needs described above, Kaiser Permanente, as an integrated health care delivery system, dedicates additional resources that target broader health system needs and upstream determinants of health.

Research
Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a

significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. 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 in diverse populations disproportionally impacted by heath disparities. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice.

<u>**Our Commitment to Total Health**</u>
Kaiser Permanente is aware of the significant impact that our organization has on the health of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. In addition to the direct community benefit investments we make through our grant-making, collaborations and partnerships, we have explored opportunities to align our hiring practices, our purchasing, our building and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. The following strategies are illustrations of the types of continual organizational business practices we implement that can address priority health needs and contribute to community health and well-being. The following strategies are intended to be an illustrative, not exhaustive list of our efforts:

Implement green business practices and building standards to address climate and health, such as purchasing clean wind and solar energy; and renovating all buildings to meet "KP brand" expectations around environmental stewardship and the built environment.

- An example of leverage KP assets to drive community health and champion organizational practice changes within KP include: **1)** On-Site Solar: (Power/Year): Fontana MOB 1 & 2-1,760,366 kW (Existing), Colton- 280,665 kW, Redlands- 1,371,285 kW, San Bernardino- 350,460 kW, Fontana MC- 1,800,000 kW; **2)** Environmental Stewardship: Supports KP commitment to affordability and mitigating environmental factors that cause disease, in this case Sox and NOx. Fuel Cell: (Power/Year): Palm Court- 1,571,575 kW, Palm Court- 1,664,400 kW; **3)** Climate/Energy: Kaiser Permanente is committed to become carbon neutral by 2020; On-Site Solar (Power/Year): Fontana Medical Center- 40; **4)** Kaiser Permanente Food & Nutrition Services Department to establish Food redistribution program to provide surplus food from the hospital cafeteria to the local soup kitchens, food pantry, etc.

Develop the health care workforce to address access to care and economic security by implementing health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers; partnering with local vocational schools, community colleges, workforce investment boards, local hiring halls or community-based workforce development programs to create pipelines from target communities; and providing workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities.
- An example of leveraging KP assets to drive community health and champion organizational practice changes within KP include: **1**) College Programs: Diverse college students experience leadership training by mentoring high school students while gaining exposure in the healthcare field; **2)** High School Programs-Internships give diverse low income students experience in healthcare and exposure to the workplace; **3)** Pharmacy Program: Brings in diverse college students for internships to expose them to understanding what is needed to become a pharmacist; **4)** The Dolores Jones Nursing Scholarship Program provides financial assistance to students

enrolled in any Southern California affiliated nursing program to encourage and support them to become registered nurses or to pursue advanced nursing degrees; **5)** Hippocrates Circle Program focuses on providing young people from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician. In 2015, a total of 874 students, 185 KP physicians, and 125 administrators participated in the program throughout the Southern California Region with 61 students participating from the Fontana area; **6)** The Youth Workforce Programs-Focus on providing underserved diverse students with meaningful employment experiences in the health care field. These programs serve at a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce. In Fontana, 10 youth participated in these programs.

X. Evaluation Plans

KFH-Fontana will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, KFH-Fontana will require grantees to propose, track and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

XI. Health Needs Facility Does Not Intend to Address

Below is the list of health needs that were not selected for KFH-Fontana, in alphabetical order. The health needs were not selected because they did not meet the high need/high feasibility criteria mentioned in Section VIII and were not considered borderline health needs. Health needs were considered "medium-low" for need and feasibility criteria when they did not demonstrate a combination of high magnitude and severity, large health disparities within the community, a substantial amount of Kaiser Foundation Hospital assets, or a high ability to leverage internal and external KFH assets. KFH-Fontana also aimed to address the upstream drivers of poor health where possible, due the fact that strategies that impact those health needs have the potential to impact a variety of other health outcomes simultaneously.

1. Asthma
2. Cancer
3. Cardiovascular Disease and Stroke
4. Health and Climate
5. HIV/AIDS/Sexually Transmitted Infections
6. Maternal and Infant Health
7. Oral Health
8. Substance Abuse and Tobacco Use
9. Violence and Injury Prevention

While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH-Fontana will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs, or where those needs align with current strategy and priorities.

2016 KFH Implementation Strategy Report

Kaiser Foundation Hospitals
Community Health Needs Assessment (CHNA)
Implementation Strategy Report
2016
Kaiser Foundation Hospitals – Ontario
License # 240000159
2295 South Vineyard Avenue, Ontario, CA 91761

I.	General Information

Contact Person:	Jennifer Resch-Silvestri, Senior Director, Public Affairs and Brand Communication
Date of Written Plan:	December 13, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	March 16, 2017
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by Authorized Governing Body On or Before the 15th Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed?	Yes ☒ No ☐
Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body:	December 4, 2013
Name and EIN of Hospital Organization Operating Hospital Facility:	Kaiser Foundation Hospitals, 94-1105628
Address of Hospital Organization:	One Kaiser Plaza, Oakland, CA 94612
	Please note that KFH - Ontario shares a hospital license with KFH - Fontana. This report presents the findings for KFH – Ontario hospital service area.

II. About Kaiser Permanente

Kaiser Permanente is a not for profit, integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and the Southern California Permanente Medical Group. 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. Today we serve more than 10.2 million members in eight states and the District of Columbia. Since our beginnings, we have been committed to helping shape the future of health care. Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health.

III. About Kaiser Permanente Community Benefit

We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor's office and the hospital. 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 leverage financial resources with medical research, physician expertise, and clinical practices. Historically, we have focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have 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.

In addition, Kaiser Permanente seeks to promote community health upstream by leveraging its assets to positively influence social determinants of health – social, economic, environmental – in the communities we serve.

IV. Kaiser Foundation Hospitals – Ontario Service Area

The KFH-Ontario Medical Center is located at 2295 S Vineyard Ave, Ontario, CA 91761 with a service area spanning 266 square miles. The Medical Center service area is located within San Bernardino County and covers 9 cities.

KFH-Ontario Medical Center Service Area

City	Zip Code
Chino	91708, 91710
Chino Hills	91709
Claremont	91711
Mira Loma	91752
Montclair	91763
Ontario	91758, 91761, 91762, 91764
Pomona	91766, 91767
Rancho Cucamonga	91701, 91730, 91737, 91739
Upland	91784, 91786

KFH-Ontario Medical Center Service Area
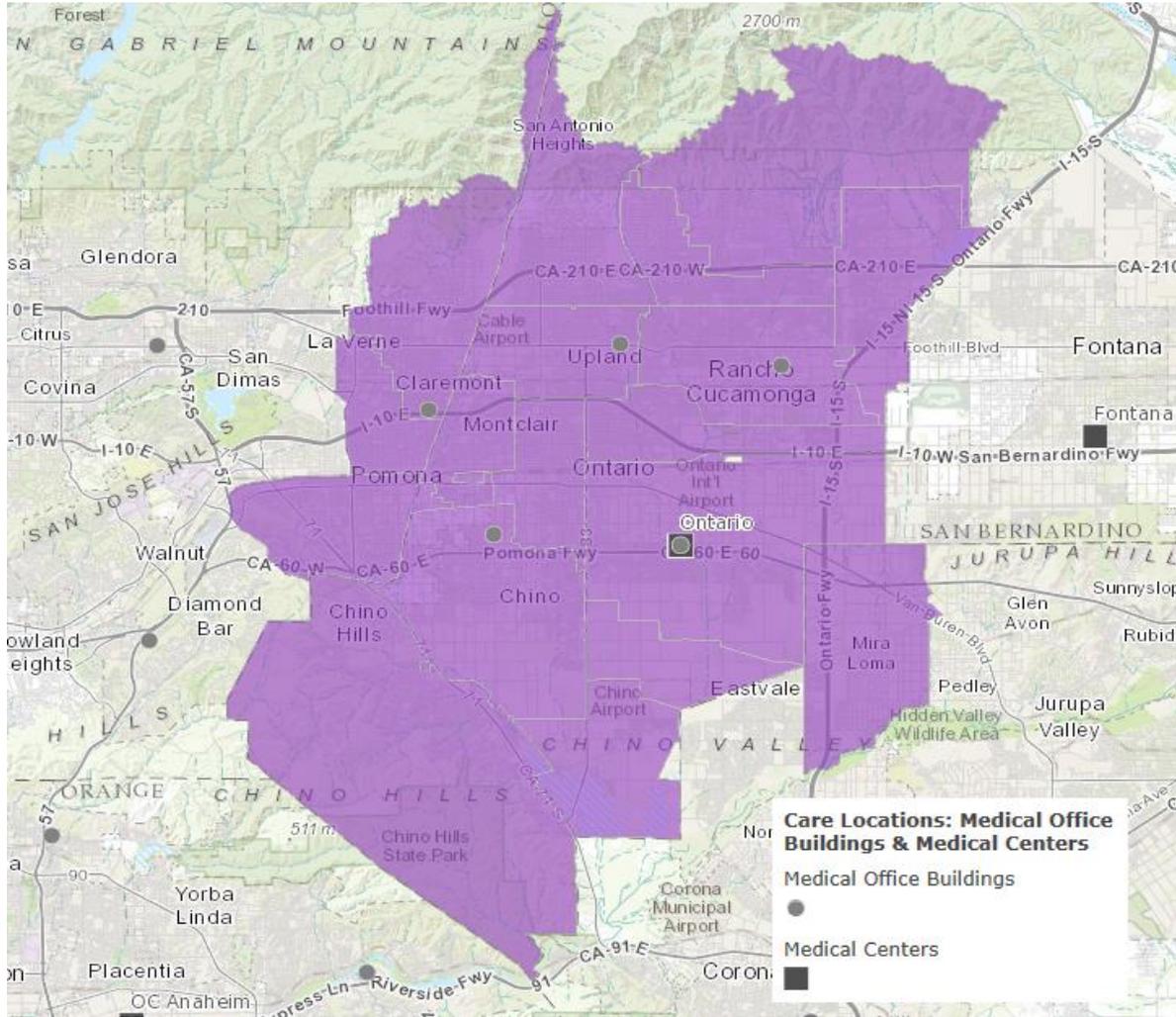
KFH-Ontario Demographic Data*	
Total Population	805,939
Race	
White	60%
Black	6%
Asian	12%
Native American/ Alaskan Native	1%
Pacific Islander/ Native Hawaiian	<1%
Some Other Race	16%
Multiple Races	5%
Ethnicity	
Hispanic/Latino	51%
Non-Hispanic/Latino	49%

KFH-Ontario Socio-economic Data*	
Living in Poverty (<200% FPL)	34%
Children in Poverty	19%
Unemployed	9%
Uninsured	18%
No High School Diploma	20%

*Percentages were pulled from the CHNA Data Platform in May 2016

(http://www.communitycommons.org/groups/community-health-needs-assessment-chna/)

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-Ontario's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH-Ontario's 2016 CHNA process and for a copy of the report please visit www.kp.org/chna.

VI. List of Community Health Needs Identified in 2016 CHNA Report

The list below summarizes the health needs identified for the KFH-Ontario service area through the 2016 Community Health Needs Assessment process.
1. Economic Security
2. Mental and Behavioral Health
3. Access to Care
4. Obesity/HEAL/Diabetes
5. Substance Abuse and Tobacco Use
6. *Health and Climate
   Oral Health
8. **Cardiovascular Disease and Stroke; HIV/AIDS/Sexually Transmitted Infections; Violence and Injury Prevention; Maternal and Infant Health
12. *Asthma
    Cancer

Health needs with asterisks indicate either a *two-way tie or **four-way tie. Needs were prioritized during the CHNA process using a dot voting exercise, which allowed certain needs to receive the same number of votes.

VII. Who was Involved in the Implementation Strategy Development

The implementation strategy was developed through a process that involved the KFH-Ontario hospital operational leadership and community partners. The core planning team consisted of the KHF-Ontario service area's Operations Leadership Team (OLT), comprised of stakeholders representing both Kaiser Foundation Hospital/Health Plan and the Southern California Permanente Medical Group (SCPMG) and included:
- Trish Lopez, Area Chief Financial Officer, KFHP/Hospital
- David Young, Area Information Officer, KFHP/Hospital
- Dana Colbert, Assistant Department Administrator, Center for Healthy Living, SCPMG
- Sally Morales, Department Administrator, Medical Social Work, SCPMG
- Michael Takehara, MD, Assistant Area Medical Director, SCPMG
- Irene Ruiz, Director, Human Resources, KFHP/Hospital
- Jennifer Resch-Silvestri, Senior Director, Public Affairs and Brand Communications, KFHP/Hospital
- Martha Valencia, Community Benefit Health Manager, Public Affairs and Brand Communications, KFHP/Hospital

a. Partner Organizations

KFH-Ontario has been an active participant in Community Vital Signs—a community-driven health improvement effort in partnership with the San Bernardino County Public Health Department, other nonprofit hospitals, community-based organizations, government agencies and community members --that has been in existence since 2011. This work has resulted in creation of a San Bernardino County-wide health improvement framework, an in-depth assessment of the current health of the residents of San Bernardino County, and a Community Transformation plan that includes evidence-based goals and priorities to align with national and statewide efforts through Healthy People 2020 and Healthy California 2020. KFH and the CHNA consultants took care to build upon the work of Community Vital Signs throughout the IS process.

b. Community Engagement Strategy

While not required by Federal CHNA regulations, Kaiser Permanente encourages all KFH facilities developing Implementation Strategy plans to elicit community input. Voluntary community 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 greater alignment, collaboration, potential impact, and sustainability
- 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.

During the Community Health Needs Assessment, KFH-Ontario made a concerted effort to gather community input on the health needs, existing assets, and how organizations are collaborating to respond to health needs. The CHNA consultant engaged public health professionals, community based organizations, representatives from public entities and community leaders and members who have on-the-ground knowledge of health needs and assets, but may not hold formal leadership positions or work in public health or health care settings. As a result of this prior community engagement, KFH-Ontario's strategies were already informed by community perspectives prior to the start of the planning process.

In addition and in lieu of further data collection from community stakeholders, KFH-Ontario focused on engaging existing community coalitions / collaboratives to (1) understand where there is future alignment in strategies and (2) identify opportunities to co-partner/support and (3) inform availability of additional community assets/resources to build upon.

Data Collection Method	Type	Participants			
	Respondent's title/role and organization or focus group name	Total number of participants	Number of residents	Number of org. reps	Number of county reps
Survey	Coordinator, Department of Public Health, San Bernardino County Community Vital Signs: Community Transformation	NA	NA	15	3
Survey	Deanna Stover, Chief Executive Direct, Community Clinic Association of San Bernardino	NA	NA	23 free clinics, look-a likes, FQHC, affiliate members	1
Survey	Nonprofit Community Stakeholder Group of Hospitals, organized by Hospital Association of Southern CA	NA	NA	11 Hospitals represented	1
Survey	San Bernardino County Superintendent of Schools, Nutrition Education and Obesity Prevention (NEOP)	NA	NA	Support 13 school districts and nearly 200 schools	
Survey	San Bernardino County Public Health, Healthy Communities	NA	NA	23 cities represented, "Healthy Cities"	2
Survey	Director, Inland Health Professions Coalition, Reach Out	NA	NA	25	NA

c. Consultant Used

Harder+Company Community Research is a comprehensive social research and planning firm with offices in Los Angeles, San Diego, San Francisco, and Davis. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based evaluation, planning, and consulting services, Harder+Company helps organizations translate data into meaningful action. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. 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 offers considerable expertise in broad community participation, which is essential to both healthcare reform and the CHNA process in particular

VIII. Health Needs that KFH-Ontario Plans to Address

a. Process and Criteria

In order to select the health needs that KFH-Ontario will address, the team applied a set of criteria with a particular focus on choosing needs that KFH-Ontario could significantly impact given their expertise and resources. In addition, KFH-Ontario limited the number of needs selected in order to maximize the hospital's ability to have an impact.

KFH-Ontario worked with a group of internal stakeholders and applied a criteria-based decision making process to examine the list of health needs identified through the CHNA process; select the community health needs it will address; and to develop an implementation strategy plan to address those selected health needs. The intent of the selection process was to identify those health needs that would make a meaningful impact in each community and build strategies to alleviate disparities. With this in mind, KFH-Ontario first confirmed the following list of Need and Feasibility criteria and determined that no additional criteria were necessary for the hospital to complete this process.

Need Criteria	Feasibility Criteria
1. Magnitude 2. Severity 3. Disparities	4. KP Assets 5. Ability to Leverage

After confirming the appropriate criteria, the criteria were applied to each health need. Data from the CHNA report was reviewed to apply the magnitude, severity and disparities criteria. Indicators such as incidence and prevalence were used to determine the magnitude score; mortality was considered to determine the severity score; and data by race/ethnicity and ability were examined to determine the health disparities score. Rate and prevalence data for health need indicators were considered relative to the state and the Southern California Medical Center Area (S CA MCA), as well as to the KFH-Ontario medical center service area, in order to determine scores. KFH-Ontario and SCPMG information on existing and future assets and opportunities to leverage resources in the community were organized and reviewed in order to generate asset and leverage scores.

Each health need was scored based on the criteria using a rating scale of 1 to 5. The table below provides definitions for each of the criteria as well as a breakdown of the corresponding rating system.

Criteria	Definition	Rating System
Magnitude	The health need affects a large number of people within the community.	1. Low incidence or prevalence 2. Moderate incidence or prevalence in some subgroups 3. Moderate incidence or prevalence in all groups 4. High incidence or prevalence in some subgroups 5. High incidence or prevalence in all subgroups
Severity	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.	1. Not life threatening or debilitating to individuals or society 2. Slightly life threatening or debilitating to individuals or society 3. Moderately life threatening or debilitating to individuals or society 4. Life threatening or debilitating to individuals or society 5. Life threatening and debilitating to individuals or society
Disparities	The health need disproportionately impacts the health status of one or more vulnerable population groups.	1. Low disproportionate impact in vulnerable population groups 2. Moderate disproportionate impact in vulnerable population group 3. Moderate disproportionate impact in multiple vulnerable population group 4. High disproportionate impact in vulnerable population group 5. High disproportionate impact in multiple vulnerable population groups
KP Assets	KP can make a meaningful contribution to the need because of its relevant expertise and/or unique assets as an integrated health system & because of organizational commitment to addressing the need.	1. No assets available 2. Minimal assets available 3. Moderate level of assets available 4. Many assets available 5. Very high level of assets available
Leveraging Opportunities	Opportunity to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or other community assets.	1. No opportunity available 2. Minimal opportunity available 3. Moderate level of opportunity available 4. High level of opportunity available 5. Very high level of opportunity available

The final phase of this process involved placing the scored health needs onto a strategy grid. Once scored, each health need was plotted, indicating whether the need is high or low with regard to 'need' and 'feasibility'. A composite "Need" score of 11 out of 15 or higher was considered a "High Need." A composite "Feasibility" score of 8 out of 10 or higher was considered "High Feasibility." As a rule, all health needs categorized as "High Need/High Feasibility" were selected. One borderline health need, Obesity/HEAL/Diabetes, which was scored as "high need" and "medium-low feasibility", was also selected due to prior investment in this area and the very high need among the population in the service area relative to the state.

Once the health needs were selected based on the extensive process outlined above, KFH-Ontario confirmed the KFH assets and leveraging opportunities to meet the health needs and identified possible strategies to address selected health needs.

b. Health Needs that KFH-Ontario Plans to Address
In order to address the overall health of the community in the KFH-Ontario service area, KFH-Ontario plans to address the following health needs (listed in alphabetical order):

- **Access to Care**: includes access to affordable health insurance as well as affordable primary, specialty and emergency care in relatively close proximity to patients.
- **Economic Security**: poverty is a primary social determinant of health. Indicators of poverty include lack of education, unemployment, low income, housing instability, and use of public programs. Economic instability creates barriers to access health services, healthy food, safe spaces for physical activities, and other necessities that contribute to good health status.
- **Mental and Behavioral Health**: is essential to personal well-being and includes access to affordable and appropriate treatment and care for a range of disorders, such as depression, schizophrenia, and substance abuse, all of which contribute to disability and premature mortality.
- **Obesity/HEAL/Diabetes**: includes chronic conditions such as overweight, obesity, and diabetes, as well as healthy eating/active living strategies that encompass a broad set of behaviors, including physical activity and fruit and vegetable consumption.

Data collected throughout the CHNA and inventory of internal and external assets demonstrated significant opportunity to address these needs through existing or emerging community infrastructure. When concurrently implemented, the strategies associated with each of the four health needs are intended to result in sustainable, cross-sector collaborations that enhance positive health outcomes and reduce health disparities in KFH-Ontario. Before proceeding to the strategies and KFH-Ontario assets and partnerships for each selected health need, we would like to highlight key findings for each selected health need area.

c. Key findings for Health Needs that KFH-Ontario Plans to Address
The health needs selected are either a health outcome or an important determinant (driver) of health in the community. Health outcomes provide morbidity and mortality information about how a community fares on a particular health issue (for example, mental health) relative to other communities and national benchmarks. Health drivers are factors that directly influence health and therefore provide important contextual information when thinking about a health need in a community. A brief summary of the community health landscape and trends is presented here in alphabetical order.

Access to Care (Driver)
Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Insurance and access to providers ensures that diseases are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality.

Access to care greatly impacts residents of the KFH-Ontario Medical Center Service Area and contributes to poorer health outcomes in the region. Residents of the KFH-Ontario Medical Center Service Area lack access to primary care physicians, dentists and mental health care providers relative to the rest of the state. In the KFH-Ontario Medical Center Service Area, undocumented and mixed –status families, the poor, and homeless individuals were identified as needing increased access to health care.[1] Despite greater

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[1] Community stakeholders provided input on disparities for this health need through individual interview and community focus groups conducted by Harder+Company during the CHNA.

access to insurance through Covered California and the Medi-Cal expansion, many working class families find the cost of health insurance, copays and medication unaffordable.

Economic Security (Driver)

Economic security includes factors - such as income, neighborhood environment, and access to resources - that can impact the overall ability of families or individuals to be healthy. Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. The ongoing stress and challenges associated with poverty can lead to cumulative negative health impacts and chronic conditions, which are more likely to affect those with the lowest incomes such as children in low income families.[2]

Issues of economic security, such as unemployment and limited educational attainment, affect individuals in the KFH-Ontario Medical Center Service Area. Unemployment remains higher in the KFH-Ontario Medical Center Service Areas compared to the Southern California Medical Center Area (S CA MCA) and the state.[3] Blacks and Hispanic or Latinos have the lowest high school graduation rates in the KFH-Ontario Medical Center Service Areas, compared to the S CA MCA, and statewide.[4] Hispanic or Latinos and Blacks have the highest percentage of 4th graders with "non-proficient" reading levels.[5]

Community members stated that economic instability affects adults with low educational attainment the most since those adults struggle to access jobs that pay a living wage.[6] Immigrants, non-English speakers, homeless, foster youth, single income families, Latinos, and African Americans are seen as disproportionately impacted by poverty in the Medical Center Service Area due to low educational attainment and were greatly impacted by job losses in construction and manufacturing that occurred during the recession. The homeless, veterans, and people diagnosed with mental illness are more likely to live in poverty than other groups of people.

Mental and Behavioral Health (Health Outcome)

Mental and behavioral health includes mental health disorders as well as substance abuse. Mental and behavioral health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality.[7] In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days.[8]

Access to high-quality and affordable mental and behavioral health services impact individuals and families within the KFH-Ontario Medical Center Service Area. The KFH-Ontario Medical Center Service Area has fewer mental health service providers per 100,000 people than the S CA MCA and the state.[9] More than 25% of adults report that they frequently do not receive the social and emotional support they need and residents have more poor mental health days per month on average compared to other adults in the S CA MCA and the state.[10]

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[2] Centers for Disease Control and Prevention. Social Determinants of Health: Know What Affects Health. Updated: October 13, 2016. http://www.cdc.gov/socialdeterminants/. Accessed: November 11, 2016.
[3] US Department of Labor, Bureau of Labor Statistics. 2015 - December.
[4] California Department of Education, 2013.
[5] Ibid.
[6] Community stakeholders provided input on disparities for this health need through interviews and community focus groups conducted by Harder+Company during the CHNA.
[7] US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, & Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020.
[8] Centers for Disease Control and Prevention.National Center for Health Statistics. https://www.cdc.gov/nchs/. Accessed November 16, 2016.
[9] University of Wisconsin Population Health Institute, County Health Rankings. 2014. Source geography: County
[10] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Community members reported that mental illness impacts the homeless, veterans and people of color disproportionately more than members of other groups.[11] Via focus groups and interviews with a wide variety of stakeholders (including mental health professionals, clients, family members of clients, leaders from the faith-based community, and scholars) several primary areas of disparity were identified. This included: stress, perceived discrimination, insurance coverage, financial resources, communication, racism, stigma, and lack of African American providers.

Obesity/HEAL/Diabetes
Obesity and Diabetes (Health Outcomes)
Overweight and obesity are defined using a person's Body Mass Index (BMI) which is a ratio of a person's weight to height. In the KFH-Ontario service area, the prevalence of obesity was just over 36% in adults.[12] Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to its prevalence. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer. Certain factors, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity.

Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. In the KFH-Ontario service area, 9.2% of the population has been diagnosed with diabetes.[13]

Adults and youth in the KFH-Ontario Medical Center Service Area are equally likely to be overweight but more likely to be obese in comparison to those in the S CA MCA and the state.[14] Diabetes is also more prevalent in the KFH-Ontario Medical Center Service Area than either the S CA MCA or the state and diabetes hospitalization rates are higher than those in the S CA MCA but equivalent to those statewide.[15]

Healthy Eating and Active Living (HEAL) (Driver)
Healthy eating and living encompasses broad categories of behavior, such as daily fruit and vegetable consumption, physical activity, participation in health screenings, and limiting tobacco and alcohol usage. In addition, good nutrition and physical activity are important to the growth and development of children and chronic disease prevention across the lifespan.

Over 70% of adults in the KFH-Ontario Medical Center Service Areas have inadequate fruit and vegetable consumption and approximately 19% do not participate in any leisure time physical activity, which is slightly higher than the rate in the S CA MCA and state. [16] A lower percentage of children and teens in the KFH-Ontario Medical Center Service Area engaged in active transport to school compared to the state.[17]

Additionally, the KFH-Ontario Medical Center Service Area has a larger amount of fast food restaurants (83.1/100,000 population) compared to the S CA MCA and state.[18] This relative prevalence of fast food to grocery outlets carrying more nutritional food can pose a barrier to healthy eating by both adults and children.

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[11] Community stakeholders provided input on disparities for this health need through interviews and community focus groups conducted by Harder+Company during the CHNA

[12] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

[13] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

[14] California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.

[15] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

[16] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09.

[17] University of California Center for Health Policy Research, California Health Interview Survey. 2011-12

[18] US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011.

As part of the Kaiser Permanente integrated health system, KFH-Ontario has a long history of working internally with Kaiser Foundation Health Plan, the Southern California Permanente Medical Group (SCPMG), 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.
✓   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

The following represents the goals, strategies and expected outcomes for each of the health needs KFH-Ontario plans to address for the 2017-2019 Implementation Strategy (IS) timeline. KFH-Ontario will draw on a broad array of organizational resources to implement these strategies, such as grant-making, in-kind resources, collaborations and partnerships, as well as several internal KFH programs. For the purpose of this report, examples of resources are provided to illustrate how KFH-Ontario plans to implement the strategies. For examples of how these resources have been deployed to date, please visit the 2016 Community Health Needs Assessment Report www.kp.org/chna under the chapter: Implementation Strategy Evaluation of Impact.

KFH-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-Ontario welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

Mental and Behavioral Health
KFH-Ontario's **long-term goal** for addressing mental health is to increase the number of community members that have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing its' strategies around the following strategic priorities (or intermediate goals):
➢   Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health
➢   Promote positive mental health by fostering community cohesion and social and emotional support

These priorities have guided the development of the following core **strategies** to address mental health in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

➢   Support evidence-based and promising family and youth development programs in school settings focused on conflict resolution, violence/bullying, mentoring, trauma, and/or suicide prevention. Programs can include 1) student assistance programs (Screening, Assessment, Referral, and Treatment-SAR, Positive Behavioral Interventions & Support; Trauma –Informed Care), 2) direct delivery of services, and 3) parenting education, social support to parents, and encouragement of positive parent–child interactions. KFH-Ontario will address mental health issues among youth by

collaborating with the Ontario-Montclair Unified School District's school-based Mental Health Program and the Counseling Center by providing KFH-Ontario grant funding support.

➢ Support integration of healthcare with community-based mental health services, such as training of health care providers to identify mental and behavioral health needs, patient navigators who can help patients access services, strengthening of referral networks, and/or co-location of services between primary care and mental health providers. KFH-Ontario will address mental health by providing grant funding support to Parktree Community Health Center (Ontario site).

➢ Support prevention efforts to increase community awareness and educate youth and adults about the dangers of substance abuse, prescription drugs (including sharing, proper disposal, unintentional overdose, etc.) across school districts and universities. KFH-Ontario will address mental health issues by partnering with the Ontario-Montclair Unified School District, where the Kaiser Permanente Chemical Dependency Recovery Program and the SCPMG Adolescent Chemical Dependency Ph.D Coordinator will provide substance abuse education by speaking with adolescents and their parents and link to substance abuse community resources.

➢ Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field. KFH-Ontario will address mental health by providing grant funding support to the National Alliance on Mental Illness (NAMI) Inland Empire Chapter.

Successful implementation of these strategies is expected to contribute to the following set of outcomes in the community:

➢ Increased access (availability and affordability) of mental and behavioral health services in school and community settings.
➢ Increased screening and identification of mental and behavioral needs in High Schools and community settings.
➢ Improved schools and community cohesion and social support
➢ Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address mental and behavioral health.

Economic Security
KFH-Ontario's **long-term goal** for addressing economic security is that all community members experience improved economic security, including access to employment, educational opportunities, and other factors that influence health, including access to affordable fresh food and reduction in homelessness. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals):**

➢ Reduce and prevent displacement and homelessness
➢ Improve employment opportunities
➢ Reduce food insecurity in the community
➢ Improve education attainment

These priorities have guided the development of the following core **strategies** to address economic security in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

➢ Support educational attainment programs focused on: 1) High School dropout prevention; 3) Mentoring for students at-risk, homeless, foster care; 4) College enrollment; 5) Health care workforce pipeline 5) Science, Technology, Engineering, and Mathematics (STEM). KFH-Ontario Human Resources liaison is member of the Inland Health Professions Coalition, which brings K-12, community college

and university faculty, hospital and health care agency representatives, county office of education staff, professional organization and community agency representatives, to increase a health workforce that is diverse and community responsive and work collectively to identify and facilitate solutions to the educational, social and environmental barriers to a seamless health pipeline.

➢ Support employment programs focused on: 1) Employment skills development, education, and training through career-employment bridge programs, transitional employment programs (time-limited, subsidized, paid jobs) as a bridge to unsubsidized employment, on-the-job training. KFH-Ontario will address economic security by partnering with Project SEARCH, where Kaiser Permanente EVS, Materials Management, and Linen employees will provide Job Rotation to disabled adults for employment skills development and training.

➢ Support programs that focus on 1) Shelter/housing for homeless; 2) rapid re-housing or 3) tenant-based rental assistance for low-income families to create a path to more housing options, to include intake of all needs, case management, and follow –up. KFH-Ontario will address economic security by providing grant funding support to homeless service providers from the West End of San Bernardino County.

➢ Participate and support a countywide cross-sector Housing Policy Council to focus on affordable housing and community development issues. KFH-Ontario serves on the San Bernardino County Interagency Council on Homelessness, where a nonprofit hospital is represented for the first time.

➢ Support cities, schools, community based organizations to provide healthy food options (including fruits/vegetables, accessible drinking water) and to adopt healthy food policies, including procurement practices.

➢ Enroll community members into available food programs (ie. Cal Fresh, Supplemental Food Program for Women, Infants, and Children (WIC). KFH-Ontario will address economic security by providing grant funding support Healthy Cities to set up and accept Cal Fresh and WIC benefits to enable community to obtain fresh fruits and vegetables at Farmer's Markets.

➢ Support community-based organizations and networks to build their capacity to advance economic security. KFH-Ontario will address economic security by partnering with food security providers to identify food capacity related needs and opportunities.

➢ Support efforts to assess upstream social and basic needs and coordinate with community based organizations. KFH-Ontario will address economic security issues by partnering with social service, housing, transportation, and food security nonprofits to screen low income residents in response to non-medical social needs and link to basic needs through the Kaiser Permanente Health Leads Program.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Adoption of well-coordinated support services to increase availability and enable access to homeless prevention programs and healthy food.
- Improved capacity, readiness, and effectiveness of community-based organizations, community leaders and residents to address social determinants of health.
- Increased access to educational opportunities

Access to Care
KFH-Ontario's **long-term goal** for addressing access to care is to increase the number of community members that have access to timely, coordinated, high quality health care from a trained and diverse workforce. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals):**

➢ Increase coverage and access to comprehensive, quality health care services for low income and uninsured populations.

➢ Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.

- ➢ Improve the capacity of the primary care workforce to meet community needs.
- ➢ Enhance individuals' utilization of the community based health delivery system.

These priorities have guided the development of the following core **strategies** to address access to care in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- ➢ Support the provision of high quality health care (including preventive services and specialty care) for underserved populations. As part of the largest non-profit health system, KFH-Ontario participates in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-For-Service), provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage through charitable health coverage, and provide financial assistance to low-income individuals who receive care at KP facilities and can't afford medical expenses and/or cost sharing.
- ➢ Explore opportunities between hospitals and safety net community clinic providers to reduce hospital readmissions (follow up appointments to community clinics upon discharge). KFH-Ontario will address access to care by providing grant funding support Parktree Community Health Center (Ontario & Pomona sites) and the Well of Healing Mobile Medical Clinic.
- ➢ Support solutions that address the health care needs of people who do not qualify for low-cost or no-cost health insurance such as a) outreach, enrollment, and retention efforts to increase access to health care coverage and b) use of Community Health Workers to connect residents to medical homes, onboarding / orientation for new patient members, including education about patient centered medical home concept and how to access clinical preventive services. Example of resources and partnerships include: KFH-Ontario support of El Sol Neighborhood Center promotores connect residents to community clinic resources based on their needs.
- ➢ Support the provision of high quality healthcare (including preventive services and specialty care) for underserved populations including education on use of routine care, urgent care, and care coordination (promotores/community health workers). KFH-Ontario will address access to care issues by partnering with Well of Healing Mobile Medical Clinic and the Parktree Community Health Center (Ontario & Pomona sites), where SCPMG Physicians (Internal Medicine, Family Medicine, and Specialist) will volunteer at clinic sites to treat low income clinic clients to support increase of patient visits and reduce wait times.
- ➢ Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved. KFH-Ontario Community Benefit liaison is member of the Oral Health Action Coalition Inland Empire (IE), a grassroots joint effort of KFH-Ontario and the Center for Oral Health to mobilize and organize local resources to increase access to oral health care and improve health outcomes for the residents of the IE Region.
- ➢ Leverage KP assets to drive coverage and access to healthcare for the underserved and build the capacity of the primary care workforce and improve appropriate utilization of healthcare services.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- ➢ Improved referrals and coordination between healthcare providers and community resources and programs.
- ➢ Reduced barriers that impeded individual's ability to seek and obtain health care.
- ➢ Improved individual/community knowledge on how to navigate and utilize the community clinic safety net, preventive services, and seeking regular care.
- ➢ Improved individual/community understanding of health insurance and medical care coverage.
- ➢ Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address access to healthcare.

Obesity/HEAL/Diabetes

KFH-Ontario's **long-term goal** for addressing obesity/HEAL/diabetes is to increase the number of community members that eat healthy and move more as a part of daily life. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals):**

- ➢ Improve access to opportunities for physical activity in the community
- ➢ Improve access to healthy food options in the community

These priorities have guided the development of the following core **strategies** to address obesity/HEAL/diabetes in the community. A large sub-set of these strategies are aligned with the San Bernardino County Community Vital Signs: Community Transformation Plan and will enable greater collaboration with public health and community health partners in addressing this health need.

- ➢ Support cities, schools, community based organizations to provide healthy food options (including fruits/vegetables, accessible drinking water) and to adopt healthy food policies, including procurement practices.
- ➢ Enroll community members into available food programs (ie. Cal Fresh, Supplemental Food Program for Women, Infants, and Children (WIC). KFH-Ontario will address Healthy Eating, Active Living issues by providing grant funding support to Healthy Cities to set up and accept Cal Fresh and WIC benefits to enable community to obtain fresh fruits and vegetables at Farmer's Markets.
- ➢ Support programs that improve referral of patients to evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention. KFH-Ontario will address Obesity and Diabetes issues by collaborating with Parktree Community Health Center (Ontario site) to deliver a chronic disease management program.
- ➢ Support multi-level, multi-component initiatives/programs in school and community settings, etc. to support access to healthy, affordable food and physical activity-promoting environments where people work, live and play. An example of an initiative include the Kaiser Permanente Healthy Eating Active Living (HEAL) Zones, multi-year, place-based investment that support policy, advocacy and/or system changes in communities and schools. These initiatives aim to lower the prevalence of obesity and overweight by increasing access to fresh fruit, vegetables and healthy beverages and increasing safe places to be play and be physically active.
- ➢ Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living. KFH-Ontario Community Benefit liaison is member of the San Bernardino County Department of Public Health's network of 23 Healthy City initiatives, which ensures cities share and coordinate unique approaches as determined by the community to create a positive environment that supports the well-being of its residents. These include healthy schools, walkable communities, transportation options, parks/open space, adequate housing, and access to health care.
- ➢ Leverage KP assets to drive community health, including healthy eating and active living.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- ➢ Adoption and implementation of policies, environments, system changes, and programs that increase availability of and enable access to healthy food (including fresh produce and safe drinking water) and/or physical activity
- ➢ Increased enrollment and use of federal food programs
- ➢ Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to collaborate and promote policy, system and environmental change.

In addition to addressing the selected health needs described above, Kaiser Permanente, as an integrated health care delivery system, dedicates additional resources that target broader health system needs and upstream determinants of health.

<u>Research</u>
Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. 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 in diverse populations disproportionally impacted by heath disparities. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice.

<u>Our Commitment to Total Health</u>
Kaiser Permanente is aware of the significant impact that our organization has on the health of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. In addition to the direct community benefit investments we make through our grant-making, collaborations and partnerships, we have explored opportunities to align our hiring practices, our purchasing, our building and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. The following strategies are illustrations of the types of continual organizational business practices we implement that can address priority health needs and contribute to community health and well-being. The following strategies are intended to be an illustrative, not exhaustive list of our efforts:

Implement green business practices and building standards to address climate and health, such as purchasing clean wind and solar energy; and renovating all buildings to meet "KP brand" expectations around environmental stewardship and the built environment.

- An example of leveraging KP assets to drive community health and champion organizational practice changes within KP include: **1)** On-Site Solar: (Power/Year): Indian Hill- 280,665 kW, Rancho Cucamonga - 415,800 kW, Ontario-Vineyard- 1,800,00 kW, Chino Grand- In development; **2)** Environmental Stewardship: Supports KP commitment to affordability and mitigating environmental factors that cause disease, in this case Sox and NOx. Fuel Cell: (Power/Year): Vineyard O.P- 4,237,534 kW (Existing); **3)** Climate/Energy: Kaiser Permanente is committed to become carbon neutral by 2020; On-Site Solar (Power/Year): Ontario Medical Center 20; **4)** Kaiser Permanente Food & Nutrition Services Department to establish Food redistribution program to provide surplus food from the hospital cafeteria to the local soup kitchens, food pantry, etc.

Develop the health care workforce to address access to care and economic security by implementing health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers; partnering with local vocational schools, community colleges, workforce investment boards, local hiring halls or community-based workforce development programs to create pipelines from target communities; and providing workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities.

- An example of leveraging KP assets to drive community health and champion organizational practice changes within KP include: **1)** Project SEARCH, job rotation to include placement, training, mentoring of adult disabled at KP Ontario Medical Center Departments (EVS, Materials Management, Linen, etc.). Planning of rotations in 2016-2017, start 2018; **2**) College Programs: Diverse college students experience leadership training by mentoring high school students while gaining exposure in the healthcare field; **3)** High School Programs -Internships give diverse low income students experience in healthcare and exposure to the workplace; **4)** Pharmacy Program: Brings in diverse college students for internships to expose them to understanding what is needed to become a pharmacist; **5)** The Dolores Jones Nursing Scholarship Program provides financial assistance to students enrolled in any Southern California affiliated nursing program to encourage and support them to become registered nurses or to pursue advanced nursing degrees; **6)** Hippocrates Circle Program focuses on providing young people from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician. In 2015, a total of 874 students, 185 KP physicians, and 125 administrators participated in the program throughout the Southern California Region with 61 students in engaging in Ontario; **7)** The Youth Workforce Programs- Focus on providing underserved diverse students with meaningful employment experiences in the health care field. These programs serve at a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

X.   Evaluation Plans

KFH-Ontario will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, KFH-Ontario will require grantees to propose, track, and report outcomes including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

XI. Health Needs Facility Does Not Intend to Address

Below is the list of health needs that were not selected for KFH-Ontario, in alphabetical order. The health needs were not selected because they did not meet the high need/high feasibility criteria mentioned in Section VIII and were not considered borderline health needs. Health needs were considered "medium-low" for need and feasibility criteria when they did not demonstrate a combination of high magnitude and severity, large health disparities within the community, a substantial amount of Kaiser Foundation Hospital assets, or a high ability to leverage internal and external KFH assets. KFH-Ontario also aimed to address the upstream drivers of poor health where possible, due to the fact that strategies that impact those health needs have the potential to impact a variety of other health outcomes simultaneously.

1. Asthma
2. Cancer
3. Cardiovascular Disease and Stroke
4. Health and Climate
5. HIV/AIDS/Sexually Transmitted Infections
6. Maternal and Infant Health
7. Oral Health
8. Substance Abuse and Tobacco Use
9. Violence and Injury Prevention

While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH-Ontario will look for collaboration opportunities that address

needs not selected where it can appropriately contribute to addressing those needs, or where those needs align with current strategy and priorities.