

FONTANA

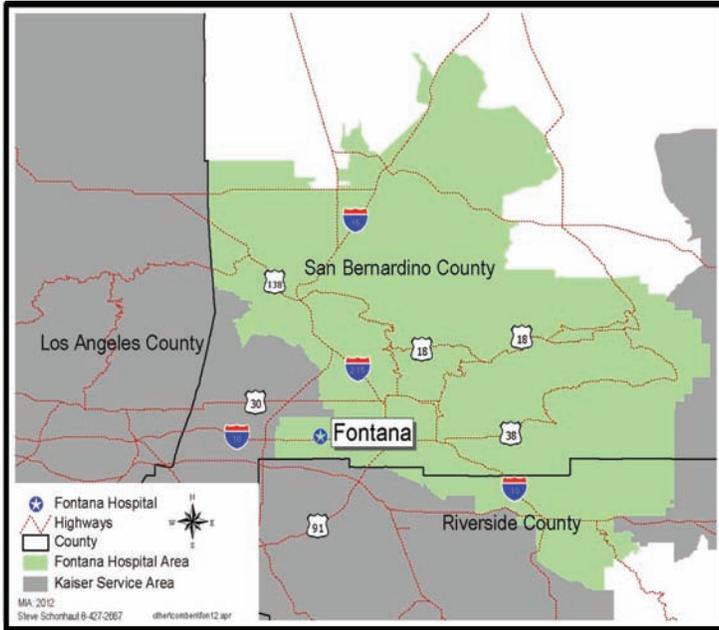
FONTANA

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# KAISER FOUNDATION HOSPITAL (KFH)-FONTANA

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The KFH-Fontana service area includes the majority of San Bernardino County, a section of eastern Los Angeles County, and the northwestern portion of Riverside County. The service area includes the communities of Apple Valley, Banning, Beaumont, Big Bear, Bloomington, Calimesa, Cherry Valley, Colton, Crestline, Diamond Bar, Fontana, Glen Avon, Grand Terrace, Hesperia, Highland, Lake Arrowhead, Mountain View Acres, Muscoy, Redlands, Rialto, Rubidoux, Running Springs, San Bernardino, Victorville, Wrightwood, and Yucaipa.

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

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

## KEY FACILITY STATISTICS

Year opened:	1943	Total licensed beds:	440
KFH full-time equivalent personnel:	1,343	Inpatient days:	104,213
KFHP members in KFH service area:	235,355	Emergency room visits:	91,980

## KEY LEADERSHIP AT KFH-FONTANA

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

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

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

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

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

## KEY FINDINGS FROM THE 2010 CHNA

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

### *Population, Unemployment, Poverty, and Homelessness:*

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

### *Uninsured and Access to Health Care:*

- In the service area, 25.1% of residents 18 to 65 were uninsured, while 12.2% of children 0 to 17 were uninsured.
- Younger working-age adults are less likely to be insured compared to older working-age adults (25% of adults 19 to 29 are uninsured; 18% of adults 30 to 44 are uninsured; and 15% of adults 45 to 64 are uninsured).
- Uninsured adults have a 25% greater risk of premature death than insured adults.
- Only 81.9% of pregnant women received early prenatal care.

*Dental Care:*

- More people reported that their children had never been to a dentist (1.5%) and that they could not afford dental care that was necessary for their children (7.8%).
- 32.7% of adults 18 and older and 19.2% of children 2 to 17 had no dental insurance.
- Community participants identified dental care for children as an ongoing issue and pointed to the need for screenings and preventive care, as well as a shortage in specialty dental care.

*Diabetes:*

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

*Overweight and Obesity:*

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

*Asthma:*

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

*Cancer:*

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

*High Blood Pressure:*

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

*Mental Health Services:*

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

**PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-FONTANA SERVICE AREA**

1. Access to health insurance coverage and health care services
2. Disproportionate rates of obesity and overweight
3. Social determinants of health

# 2011 YEAR-END RESULTS

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

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

### 2011 GOALS

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

### 2011 STRATEGIES

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

## TARGET POPULATION

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

## COMMUNITY PARTNERS

Community partners include Al-Shifa Clinic, American Lung Association, Asian-American Resource Center, Assistance League of Redlands, Assistance League of San Bernardino, Building a Generation, Community Health Systems, El Sol Neighborhood Education Center, Family Service Agency of San Bernardino, Family Service Association of Redlands, Foothill AIDS Project, H Street Clinic, Inland Behavioral and Health Services, Loma Linda University (LLU) School of Public Health, and Social Action Community Health System (SACHS).

## 2011 YEAR-END RESULTS

- In collaboration with the Southern California Permanente Medical Group (SCPMG), KFH-Fontana established the Physician Engagement Program to facilitate volunteer opportunities for physicians at local community clinics to support San Bernardino County's safety net of clinics. In 2011, 35 physician clinical volunteer hours were provided by a total of 11 volunteer physicians at Inland Empire Community Health Center (operated by Community Health System) located in Bloomington. Volunteer physicians also started the Musculoskeletal Clinic on Saturdays at Inland Empire Community Health Center. Community Health Systems, Inc., is a nonprofit 501 (c) (3) 330 HRSA grantee with federally qualified health center (FOHC) status that provides services to those most in need, the uninsured and underinsured, the working poor, those with limited ability to pay, the homeless, and the indigent.
- KFH-Fontana expanded the Community Surgery Day Program by offering two surgery days in 2011 and including two additional clinic partners for a total of five community clinic partners: Community Health Services in Bloomington; H Street Clinic, Inland Behavioral and Health Services, and SACHS in San Bernardino; and Pomona Community Health Center in Pomona. In 2011, 31 low-risk outpatient surgeries (hernia repair, cataract removal, gallbladder removal) were performed by 177 Kaiser Permanente volunteer surgeons, anesthesiologists, nurses, certified nursing assistants, sterile processing technicians, and admitting clerks.
- KFH-Fontana provided \$37,750 in surplus equipment and food as an in-kind charitable donation to 10 nonprofit organizations and clinics. Surplus items included medical equipment, supplies, and furniture such as wheelchairs, scales, exam tables, hospital beds, and bedside tables. Recipient organizations included Community Health Systems, Fresh Start Ministries and Community Services, Inland Behavioral and Health Services, Inland Valley Hope Partners, Kids Come First Community Clinic, Loma Linda Chinese Seventh-Day Adventist Church, Montclair Medical Clinic, SACHS, Victor Valley College Foundation, Visiting Nurse Association, and Hospice of Southern California.
- KFH-Fontana provided a \$10,000 grant to the American Heart Association to offer the Go Red por tu Corazón (for your heart) as a heart disease prevention workshop with a goal to reach 450 Latino women living in Victorville, Hesperia, Yucaipa, San Bernardino, Fontana, Rialto, and Redlands. Women learn about a heart-healthy lifestyle, heart disease symptoms and risk factors (poor nutrition and inadequate physical activity) while building on strong family ties and cultural traditions. Promotoras conduct workshops in Spanish and participants are encouraged to become community "Heart" ambassadors to continue sharing the culturally relevant materials with their families and friends.
- KFH-Fontana provided a \$10,000 grant to Mary's Mercy Center (MMC) in San Bernardino to purchase four mobile dental units and provide basic dental services to 300 homeless clients, estimating 600 encounters. Services include dental evaluation, cleaning, extractions, and fillings on a quarterly basis to clients in the various programs. Clients increase their understanding of proper dental hygiene and preventive dental maintenance and have a greater awareness of good dental health. MMC partners with Loma Linda University School of Dentistry, whose dentists and dental students perform the dental care.
- KFH-Fontana provided a \$20,000 grant to Well of Healing Mobile Medical Clinic to provide free health care services every Saturday in the Fontana and San Bernardino community sites. About 900 individuals will receive physical exams and 200 individuals will receive treatment, management, medications, and education related to hypertension,

hyperlipidemia, and diabetes. The doctors, nurse practitioners, physician assistants, and nursing staff who volunteer their time to serve those in need of health care.

- KFH-Fontana provided a \$5,000 grant to Asian-American Resource Center in San Bernardino to provide the Healthy Senior Wellness Program, targeting 200 Southeast Asian (SEA) seniors living in the Inland Empire who are an identified population suffering from poverty, isolation, limited English skills, native-language illiteracy, and inadequate or nonexistent access to health coverage. The program offers health screenings, case management, and nutrition and health education to promote self-management while maintaining cultural sensitivity for participants without being exclusive to the target populations.
- Kaiser Permanente's Southern California Region Safety Net Partnerships increase the capacity of safety net providers to operate efficiently, enhance quality of care, and improve access to care for the underserved by aiding clinic and hospital networks/consortia and other statewide organizations as they support clinical and management infrastructure and policy advocacy for safety net providers. The Community Foundation received \$180,000 in core operating support over two years (\$90,000 in 2011) to build and strengthen its infrastructure, build and refine its policy advocacy capacity, integrate and implement Area Health Education Center programs, support the strategic planning process to improve specialty care access, and secure additional funding to further sustain the operation of the consortium.
- Pomona Community Health Center received a \$75,000 grant to help fund an administrative services coordinator to support the operational transition to a new clinic site as well as better access to care through development of policies and workflows at the new clinic.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

## MONITORING PROGRESS OF 2012 STRATEGIES

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

## PRIORITIZED NEED II: DISPROPORTIONATE RATES OF OBESITY AND OVERWEIGHT

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

A number of factors directly or indirectly influence obesity. Both physical activity and healthy eating are important for preventing and reducing obesity. Genetics and individual behaviors are also important, as are neighborhood and social environments that have increasingly been implicated as barriers (and opportunities) to maintaining a healthy lifestyle. For example, a lack of access to green space, parks, and environments that promote physical activity; lack of physical education and sports facilities and opportunities in schools; poor food environments (i.e., limited access to supermarkets, farmers'

markets, produce vendors, community gardens, and other sources of fresh fruits and vegetables and healthy foods); and an overconcentration of fast-food outlets can all shape the likelihood of becoming overweight or obese.

## 2011 GOALS

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

## 2011 STRATEGIES

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

## TARGET POPULATION

Schoolchildren, adolescents, and adults living in areas with high rates of overweight and obesity that have been identified through zip code-level maps.

## COMMUNITY PARTNERS

Community partners include Al-Shifa Clinic, Arrowhead United Way, Boys & Girls Club of Fontana, Boys & Girls Club of Redlands, California State University San Bernardino (Center for Health Education and Wellness Student Health and Psychological Counseling Center), City of Fontana (Healthy Fontana), City of San Bernardino (Parks, Recreation, Community Services Department), City of Victorville (Recreation Division), El Sol Neighborhood Education Center, Inland

Counties Health System, Latino Health Collaborative, LLU School of Public Health, SACHS, Healthy San Bernardino, Healthy Rialto, and Healthy High Desert.

## 2011 YEAR-END RESULTS

- KFH-Fontana responded to key speaking opportunities for Kaiser Permanente pediatricians to address the obesity epidemic. On July 21, 2011, at the request of the San Bernardino County Superintendent of Schools, Cassie Ver Steeg, MD trained 37 teachers, administrators, school nurses, school nutritionists, and other school-based participants from San Bernardino County about ways to teach healthy eating, active living habits as part of the Network for Healthy California 1st Annual Nutrition Summer Institute focused on the Obesity Epidemic: A Call to Action.
- KFH-Fontana provided a \$10,000 grant to City of Victorville, Recreation Division, to offer the Prescription for Play Program to reduce childhood obesity among 100 low-income children 6 to 12 by encouraging increased physical activity. Local pediatricians and school nurses will work together with the City of Victorville to encourage children who are overweight to become more active by engaging in activities such as gymnastics, dance, fencing, life trail, bicycling, swimming, and walking, with one activity leading to another for ongoing physical activity.
- KFH-Fontana provided a \$15,000 grant to LLU School of Public Health, Community-Academic Partners in Service Office, to provide the Goal4Health (G4H) program targeting 275 low-income youth 3 to 12 and girls and women 13 and older through community soccer, and 825 community members through G4H peer education, which uses the cultural asset of soccer in Latino communities. G4H, held at LLU's state of the art Drayson Center sports complex with five full-size soccer fields and education rooms, uses university resources and students and community partners' expertise to conduct educational outreach for all participants. To encourage year-round physical activity, G4H will reward active low-income participants by providing 50 free swimming lessons and 30 open swim passes, which will provide access to exercise and increase water safety in the local Latino population.
- KFH-Fontana provided a \$10,000 grant to Latino Health Collaborative to support Healthy San Bernardino Coalition's efforts to increase physical activity in community and institutional settings by implementing the San Bernardino Striders Walking Club targeting 200 residents to participate in weekly health walks in the first 12 months resulting in a 25% overweight or obesity reduction in participants. Coalition partners, including San Bernardino County Department of Public Health Healthy Communities; Community Hospital of San Bernardino; St. Bernardine Medical Center; Office of Families, Schools & Community Partnerships Family Resource Center; San Bernardino Mayor's Office; El Sol Neighborhood Resource Center; and Voices for Change, will reach out to residents.
- KFH-Fontana provided a \$5,000 grant to SACHS, an FQHC community clinic located in San Bernardino. In addition to providing children with nutritional consultations in a clinical setting, SACHS will offer Operation FIT, a camp-like series of three, week-long summer sessions focused on weight reduction and healthy behaviors, to 120 children and their parents. The program is staffed by SACHS employees, volunteer pediatric residents, dietetic students, and medical students.
- Kaiser Permanente Southern California Region's Healthy Eating in Hard Times (HEHT) initiative helps to ensure that eligible low-income families enroll in federal nutrition programs such as food stamps and free school meals, and that food bank/pantry patrons obtain healthy foods such as fruits and vegetables from emergency food sources. In 2011, HEHT doubled its investment in food banks across the region from the previous year, providing grants to acquire and distribute produce to individuals in need, provide nutrition education, conduct food stamp (CalFresh) outreach, and make infrastructure improvements such as the repair or purchase of cold storage units and the purchase of food bins and produce. In the service area, Community Action Partnership of San Bernardino County received \$40,000.
- In 2011, Kaiser Permanente Southern California Region's Operation Splash initiative provided grants to support swimming lessons and water safety in underserved areas. Since its launch in 2006, Operation Splash grants have provided 58,187 swim lessons and 3,143 junior lifeguards. In 2011, the City of San Bernardino received \$40,000.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

### MONITORING PROGRESS OF 2012 STRATEGIES

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

## PRIORITIZED NEED III: SOCIAL DETERMINANTS OF HEALTH

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

### 2011 GOAL

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

### 2011 STRATEGIES

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

### TARGET POPULATION

Unemployed and underemployed men 18 and older and single mothers who are heads of households.

### COMMUNITY PARTNERS

Community partners include Catholic Charities San Bernardino/Riverside, Inland Empire United Way, and St. John of God Health Care Services.

### 2011 YEAR-END RESULTS

- KFH-Fontana provided a \$19,000 grant to St. John of God Health Care Services to support the Samaritan's Helping Hand program targeting 152 people who are homeless and at risk of becoming homeless, offering rental and emergency shelter assistance to families, and/or transitioning families from homelessness into permanent housing. The program provides families with safe and sanitary shelter while they are exploring other options for permanent housing, family aid, or other public assistance.

- KFH-Fontana awarded a \$15,000 grant to Inland Empire United Way to provide Kids Packs to 1,200 homeless and very low-income children at risk of hunger in food-insecure homes. Distributed to children in the Fontana, Redlands, and Yucaipa-Calimesa Joint unified school districts, the backpacks are filled with nutritious food to eat during the weekends, when free school meals are not available. The program also provides children with other tools and resources to allow them to succeed in school and be prepared for a self-sufficient future.
- KFH-Fontana provided a \$17,000 grant to Catholic Charities San Bernardino/Riverside to support HOPE in the City, a project that targets 400 low-income, uninsured, homeless individuals and households through workshops focused on home economics for today's family. Services include aggressive case management to meet basic household needs, including prescription assistance, housing, food, utilities, clothing, and transportation.
- Kaiser Permanente Southern California Region funded a number of policy- and advocacy-related grants. Time for Change Foundation received a \$50,000 grant to provide homeless women and their families with training and leadership development in policy advocacy and community organizing. They will be equipped to serve effectively as community advocates, giving a voice to the homeless and challenging the status quo. The agency will provide two 12-week leadership programs to at least 50 homeless individuals. The results of these trainings will include a minimum of 10 printed newspaper articles, 20 presentations to local groups/coalitions, and engagement of at least 10 homeless service providers on issues such as health care, social services, and drug programs that will raise community awareness of homelessness and its problems and solutions in the city and county of San Bernardino.
- Kaiser Permanente Southern California Region funded several workforce projects to increase the pipeline of health professionals. University Enterprises Corporation at California State University, San Bernardino received a \$100,000 grant to support its nursing learning center with the purchase of clinical hospital-style patient beds, computer equipment, video networks, switches, and recording equipment for its new lab space.

#### **2012 GOALS UPDATE**

The goal will remain unchanged for 2012.

#### **2012 STRATEGIES UPDATE**

The strategies will remain unchanged for 2012.

#### **MONITORING PROGRESS OF 2012 STRATEGIES**

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

**Table 1**

**KAISER FOUNDATION HOSPITAL-FONTANA**

**2011 Key Community Benefit Program Metrics**

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

Charity Care: Medical Financial Assistance Program recipients	9,909
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	98
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	886
Medi-Cal managed care members	8,792
Healthy Families Program members	9,650
Community Surgery Day patients	31
Health Research projects (new, continuing, and completed)	40
Nursing Research projects (new, continuing, and completed)	9
Educational Theatre – number of performances and workshops	144
Educational Theatre – number of attendees (students and adults)	20,614
Graduate Medical Education – number of programs	12
Graduate Medical Education – number of affiliated and independent residents	114
Nurse practitioner and other nursing training and education beneficiaries	16
Deloras Jones nursing scholarship recipients	4
Other health professional training and education (non-MD) beneficiaries	20
Hippocrates Circle students	81
Summer Youth and INROADS programs participants	22
Number of 2011 grants and donations made at the local and regional levels <sup>1</sup>	105

<sup>1</sup>The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2011 grants and donations” count for multiple hospitals.

Table 2

## KAISER FOUNDATION HOSPITAL-FONTANA

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$7,390,199
Healthy Families <sup>2</sup>	3,180,830
Charity care: Charitable Health Coverage Programs <sup>3</sup>	617,000
Charity care: Medical Financial Assistance Program <sup>4</sup>	14,156,807
Grants and donations for medical services <sup>5</sup>	905,620
<b>Subtotal</b>	<b>\$26,250,456</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>6</sup>	\$ 0
Educational Outreach Program	0
Summer Youth and INROADS programs <sup>7</sup>	70,896
Grants and donations for community-based programs <sup>8</sup>	464,524
Community Benefit administration and operations <sup>9</sup>	465,080
<b>Subtotal</b>	<b>\$1,000,500</b>
<b>Benefits for the Broader Community<sup>10</sup></b>	
Community health education and promotion programs	\$65,477
Educational Theatre	540,296
Facility, supplies, and equipment (in-kind donations) <sup>11</sup>	37,852
Community Giving Campaign administrative expenses	6,388
Grants and donations for the broader community <sup>12</sup>	120,367
National board of directors fund	20,457
<b>Subtotal</b>	<b>\$790,837</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$2,943,774
Non-MD provider education and training programs <sup>13</sup>	730,778
Grants and donations for the education of health care professionals <sup>14</sup>	86,678
Health research	1,282,909
Continuing Medical Education	184
Grants and donations for evidence-based medicine <sup>15</sup>	0
<b>Subtotal</b>	<b>\$5,044,323</b>
<b>Total Community Benefits Provided</b>	<b>\$33,086,116</b>

## ENDNOTES

- 1 Amount includes cost-based unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- 2 Amount includes cost-based unreimbursed inpatient expenditures for Healthy Families members.
- 3 Amount includes cost-based unreimbursed inpatient expenditures for Steps Plan members and the Kaiser Permanente Child Health subsidy.
- 4 Amount includes cost-based unreimbursed care provided at this facility to patients who qualify for Charity Care: Medical Financial Assistance Program.
- 5 Figures reported in this section for grants and donations for medical care services consist of charitable contributions to community clinics and other safety net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and specific health initiatives that address specialty care access, HIV/AIDS, childhood obesity, and so on. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 6 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- 8 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 9 The amount reflects the costs related to providing a dedicated Community Benefit department and related operational expenses.
- 10 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- 11 Amount represents the estimated value of, but is not limited to, donated surplus office and medical supplies, equipment and furniture, promotional giveaways, in-kind services, and conference meeting room usage, as recorded in the MicroEdge GIFTS database.
- 12 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at the general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 13 Amount reflects the net expenditures after tuition reimbursement for health care professional education and training programs.
- 14 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, and so on. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 15 Figures reported in this section for grants and donations for evidence-based medicine consist of charitable contributions made to external nonprofit organizations and academic institutions to develop, produce, or communicate evidence-based medical practices and research findings. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

