



Kaiser Permanente Fontana Medical Center

Kaiser Permanente Ontario Medical Center

2025 Community Benefits Plan

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1. Introduction

a. Kaiser Permanente's Mission Statement

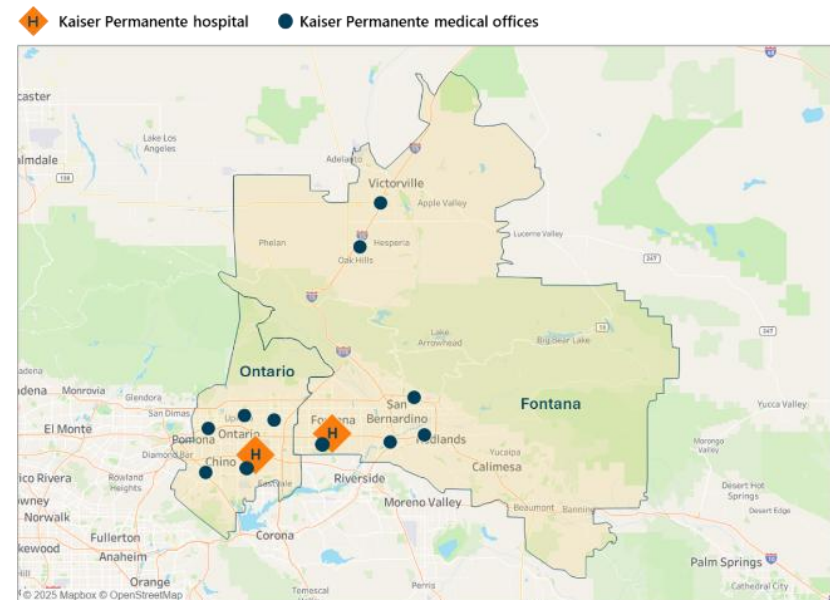
Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. We are recognized as one of America's leading health care providers and nonprofit health plans.

Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve nearly 12.6 million members in 8 states and the District of Columbia.

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

b. Definition of the Community

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



2. Community Health Needs Assessment (CHNA)

a. Approach to CHNA

Every three years Kaiser Permanente Fontana and Ontario medical centers conduct a community health needs assessment (CHNA). The CHNA process is driven by Kaiser Permanente's commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level quantitative data and input from those who represent the broad interests of the community. We prioritize health equity in our CHNA process — including the data collection and analysis stages — and we are committed to gathering community perspectives on the impact of social health factors and health disparities. To meet this commitment, we engage with hospitals, other public health, and community organizations committed to advancing health for vulnerable populations.

To view or download the Kaiser Permanente Fontana and Ontario medical centers CHNA report and three-year Implementation Strategy (IS), please refer to Kaiser Permanente Community Health Needs Assessments (<https://www.kp.org/chna>). The IS also will be filed with the Internal Revenue Service using Form 990, Schedule H.3.

b. Community Engagement in Development of the Plan

Kaiser Permanente's approach to CHNA prioritizes collecting qualitative data primarily through key informant interviews with individuals representing the broad interests of the community, including expertise in public health and knowledge about challenges affecting those disadvantaged by their social or economic status, geographic location, and environment. The key informant selection process aims to represent a range of community voices across all populations in that community, especially vulnerable populations. In the most recent CHNA process key informants included leaders from organizations representing local, state, and/or tribal public health, key sectors engaged in solutions (e.g., housing, economic opportunity), and those serving specific communities (e.g., people with disabilities, people who are unhoused).

As part of the CHNA process, Kaiser Permanente considers both quantitative and qualitative data to inform the prioritization of health needs for a community. Community voice through qualitative data is weighed highly in the prioritization process, above quantitative measures. In addition, Kaiser Permanente is committed to partnering with hospitals, local and tribal public health agencies, and community organizations to understand needs and advance health and health equity in the communities we serve.

Kaiser Permanente also developed a free, web-based data platform that provides access to a core set of 85 publicly available indicators using the County Health Rankings population health framework, which emphasizes social and environmental determinants

of health. The public is able to view and download information from the [Community Health data platform \(https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere\)](https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere).

Kaiser Permanente Fontana and Ontario medical centers collaborate with other San Bernardino County community partners. Other organizations that collaborated on the CHNA: Public health agencies: San Bernardino County Public Health Department, Community Clinic Association, County Office of Education

For a full list of consulted community stakeholders, refer to Appendix B. Community Input of the 2025 CHNA.

c. List of Prioritized Needs

In the 2022 Implementation Strategies, Kaiser Permanente Fontana and Ontario medical centers prioritized the following significant health needs, in priority order:

1. Access to care: Access to comprehensive, quality health care services – including having insurance, local health care options, and a usual source of care – is important for ensuring quality of life for everyone. Insurance alone does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment, as well as access to fewer health care resources. In the Fontana service area, there was a lower rate of primary care physicians per 100,000 population (57.5 per 100,000) compared to the Ontario service area (60.7 per 100,000) and state average (79.8 per 100,000). Fontana and Ontario both had higher infant death rates (5.7 and 5.4 per 1,000 births) compared to the state average of 4.0 per 1,000 births. Furthermore, key informant interviewees contextualized these findings by explaining the way that several social determinants of health, such as economic security and transportation, impact access to care. Lastly, disparities persist across San Bernardino County. For example, rural residents in the high desert and easternmost parts of San Bernardino County may have limited access to specialty care and mental health providers. Additionally, some communities avoid accessing care due to historic mistreatment and distrust with the health care system.

2. Housing: Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families having trouble paying for housing. In the Fontana and Ontario service areas, there is a shortage of affordable housing and renters must now make 2.1 times the minimum wage to afford rent. Interviewees noted that the lack of affordable housing has driven some families to share homes to save money, resulting in overcrowded living conditions. Many individuals are at-risk for homelessness because of the rising cost of rent, health care costs and unexpected job loss (particularly

during the COVID-19 pandemic). While people experience homelessness across the county, the majority of people experiencing homelessness are located in the east region of the county, specifically the city of San Bernardino.

3. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below the poverty line and are more likely to be healthier than people with unstable employment. Furthermore, individuals who do not have enough resources to meet basic needs such as safe housing and sufficient food are more likely to experience toxic stress and increased mortality. In the Fontana service area, income and employment emerged as an area of high need with worse ratings compared to both state and national averages. For example, the Fontana service area has an unemployment rate of 18 percent compared to the Ontario service area rate (16 percent) and state rate (13 percent). In addition to the service areas' unemployment rates, commuting to work may also impose a barrier to employment. Key informant interviewees noted that employment and sustainable wages are a challenge within the county. When residents are underemployed, they have issues with paying for housing, food, and transportation. Within the county, the median household income varies. The median household income in the Ontario service area is \$81,682, compared to \$62,855 in the Fontana service area and \$82,053 in the state.

4. Education: Education supports the upward social mobility of the community by providing access to more resources and better paying jobs. There is a well-documented correlation between higher levels of education and better health. However, for some communities, access to and support for education has been challenging, leading to long term health negative effects. Both the Fontana and Ontario service areas fall below the state average (51 percent) for preschool enrollment. In the Fontana service area, 36 percent of children were enrolled in preschool compared to 48 percent in the Ontario service area. Furthermore, adults in the Fontana and Ontario service areas are less likely to earn a high school diploma than adults statewide. The statewide average of adults without a high school diploma is 18 percent compared to 22 percent in the Fontana service area and 18 percent in the Ontario service area. There are also geographic disparities related to education. The Central region of the county has the highest rate of adults without a high school diploma (26 percent) while the West region has the highest percentage of preschool enrollment at 47 percent. School closures and the shift to online learning in response to COVID-19 exacerbated existing educational disparities. Interviewees discussed the salience of the “digital divide” during this time, where students living in the most rural areas of the county struggled to have reliable internet access which impacted their ability to pursue educational goals when learning moved online during the pandemic.

5. Mental & behavioral health: Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school, and to participate fully in family and community activities. Across mental and behavioral health indicators such

as number of poor mental health days, deaths of despair, and number of mental health providers, San Bernardino County rates for mental and behavioral health are comparable to the state and national averages. For example, indicators such as the number of deaths of despair for Fontana (34.2 per 100,000) and Ontario (33.2 per 100,000) are similar to the state average of 34.4 per 100,000. However, other indicators of mental and behavioral health suggest relatively higher levels of need. For example, the Fontana service area reports more poor mental health days compared to the Ontario service area. Similarly, both service areas report more poor mental health days compared to the state and national benchmarks. Key informants contextualized these findings suggesting that COVID-19 had an extreme impact on well-being. For youth, mental health issues were exacerbated by the pandemic as a result of school closures, social distancing measures and extended periods of distance learning. Furthermore, geographic disparities highlight that there was limited access to mental health services in more rural areas such as the Mountains and High Desert.

6. Food insecurity: Many people do not have enough resources to meet their basic needs, including enough food to eat to lead an active and healthy life. In San Bernardino County, 11 percent of the population and 15 percent of children are food insecure (Feeding America, 2019). Furthermore, 21 percent of residents in the Fontana service area have low access to grocery stores compared to 19 percent in the Ontario service area and 12 percent in the state. Key informants added that San Bernardino County is home to a large number of fast-food chains making it easier to purchase fast food than food from the grocery store for some residents. In addition, an increase in food prices made it harder for people to afford food which further contributed to food security challenges. Data support this statement, as there has been a well-established connection between food security and rates of obesity such that low access to food leads to a greater consumption of non-nutritious foods, obesity, and chronic health conditions for low-income communities. For many school districts in San Bernardino County, more than 40 percent of students are overweight or obese. According to San Bernardino County Community Indicators, in 2019, an average of 43 percent of San Bernardino County students in the grades tested were overweight or obese (had an unhealthy body composition), compared to 38 percent statewide. This is an increase from 2018, when 41 percent of students in San Bernardino County were considered overweight or obese. Finally, the pandemic stay at home order also led to children and youth sitting for long periods of time in front of the computer and less active time outside.

d. Health Needs Identified but Not Addressed

The significant health need identified in the 2022 CHNA that Kaiser Permanente Fontana and Ontario medical centers do not plan to address is shown below, along with the reasons for not addressing that need.

Kaiser Permanente Fontana and Ontario Medical Centers addressed all of the significant needs identified in the 2022 CHNA.

For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the [2022 CHNA Report and the 2023-2025 Implementation Strategy Report](http://www.kp.org/chna) (<http://www.kp.org/chna>).

e. Activities Taken to Address the Needs of the Community

The following are the health needs Kaiser Permanente Fontana and Ontario medical centers addressed during the 2023-2025 Implementation Strategy period.

All Kaiser Foundation Hospitals planned for and drew on a broad array of resources and strategies to improve the health of our communities. Resources and strategies deployed to address the identified health needs of communities include grantmaking, in-kind resources, and collaborations with community-based organizations such as local health departments and other hospital systems. Kaiser Permanente also leverages internal programs such as Medicaid, charitable health coverage, medical financial assistance, health professional education, and research to address needs prioritized in communities. Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. In addition to contributing financial resources, we leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. The table below highlights a partial list of key grantmaking, collaborations, and partnership activities undertaken in 2025 to address community needs identified in the 2023–2025 Implementation Strategy period. Refer to the table in the Financial Summary section for financial investments made towards addressing the prioritized community needs. Additionally, Kaiser Permanente SCAL provided significant contributions to the California Community Foundation (CCF) in the interest of funding effective long-term, strategic community benefit initiatives. These CCF managed funds are not included in the financial totals for 2025.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Community Health Initiative of Orange County	Southern California Community Health Outreach	Anaheim_Irvine; Fontana_Ontario; Kern; Moreno_Valley; Riverside; San Diego; San Marcos	Community Health Initiative of Orange County expanded health coverage access for low-income residents across Southern California by providing direct enrollment assistance, care coordination, retention support, and community outreach through its proven OERU model.

Community Health Association Inland Southern Region	Safety Net Organizational Capacity Building	Fontana_Ontario; Moreno Valley; Riverside	Community Health Association Inland Southern Region strengthened the capacity of its 25-member safety net organizations across San Bernardino and Riverside Counties by providing operational support, workforce development, and Medi-Cal navigation training.
The California Health Care Safety-Net Institute	Safety Net Organizational Capacity Building	All Licensed Hospitals	The California Health Care Safety Net Institute supported efforts to strengthen public health care systems by providing peer learning, technical assistance, expert access, and collaboration with the Department of Health Care Services, while also building its internal capacity to collect and analyze system data through the development of a data warehouse.
California School-Based Health Alliance	Expanding Capacity of School-Based Health & Wellness Centers Through California, NCAL - Grants splits with SCAL	All Licensed Hospitals	California School-Based Health Alliance strengthened the capacity of Local Education Agencies and community-based health organizations to deliver health and mental health services in California schools by providing training, technical assistance, and regional coalition support.
Public Health Institute	Strengthening the Capacity of California Birth Equity Organizations,	Fontana_Ontario; Kern; Moreno Valley; Riverside; South Bay; West Los Angeles	California Coalition for Black Birth Justice strengthened the capacity of community-based organizations working to advance maternal and infant health equity by conducting needs assessments, developing tailored technical assistance plans, and implementing strategic support.
<p>Medi-Cal Kaiser Permanente provides coverage to Medi-Cal members in 22 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.</p>			
<p>Community Health Coverage Program (CHCP)</p>			

Kaiser Permanente’s CHCP provides health care coverage to people who have low-income and don’t have access to other public or private health coverage. CHCP enrolls qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHCP, members’ monthly premiums are subsidized, and members do not have to pay copay or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHCP, members have a medical home that includes comprehensive coverage, preventive services and consistent access through the “front door” of the health delivery system.

Medical Financial Assistance (MFA)

Kaiser Permanente’s Medical Financial Assistance program (MFA) improves health care access for people with limited incomes and resources and is fundamental to Kaiser Permanente’s mission. Our MFA program helps patients who are low-income, uninsured, or underinsured cover the costs of care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or can’t afford to pay.

Housing			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
National Health Care for the Homeless Council	Strengthening Recuperative Care services in Southern CA through knowledge sharing, policy changes, and care transitions	All Licensed Hospitals	National Institute for Medical Respite Care strengthened the recuperative care system across Southern California by expanding the L.A. Recuperative Care Learning Network to four surrounding counties, developing standardized protocols for integrating ADL assistance into recuperative care programs, advocating for state policy alignment, and building referral networks with skilled nursing facilities and short-term post-hospitalization housing.
City of Victorville	Strengthening Health and Housing Pathways Through Wellness Center Recuperative Care Navigation	Fontana_Ontario	City of Victorville expanded recuperative care services for homeless individuals in one of San Bernardino County’s highest-need communities by funding a dedicated Recuperative Care Navigator.
Inland Southern California 211+	Coordinated Entry Regional Access Expansion	Fontana_Ontario	Inland Southern California 211+ expanded access to the Coordinated Entry System for unhoused individuals across San Bernardino County by establishing regional access points, strengthening hospital and clinic referral

			systems, and providing technical assistance and case coordination support to regional partner agencies.
Inland SoCal Housing Collective	Advancing Access through Policy, Partnerships & Innovation	Fontana_Ontario; Moreno Valley; Riverside	Inland SoCal Housing Collective advanced affordable housing solutions for low to moderate income communities across San Bernardino and Riverside Counties by developing a Regional Housing Needs Roadmap, facilitating cross-sector stakeholder convenings, hosting educational series on innovative housing models, and advocating for pro-housing policies.
Inland Counties Legal Services	Improving Community Health Through Increased Legal Aid Access and Medical Provider Collaboration	Fontana_Ontario; Moreno Valley; Riverside	Inland Counties Legal Services expanded its housing medical legal partnership across the Inland Empire by funding a full-time attorney to provide direct legal representation, tenant advocacy, and Know Your Rights education to low-income community members facing eviction and unsafe living conditions, while training medical provider staff to screen for legal needs and connect patients to housing legal resources.

Income & Employment			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
California WIC Association	Improving Access: Streamlining Referrals and WIC Enrollment	All Licensed Hospitals	California WIC Association expanded access to the WIC program for eligible but unenrolled families across California by streamlining electronic referral systems, supporting Memoranda of Understanding between WIC local agencies and Medi-Cal managed care plans, and advancing policy and systems improvements that reduce enrollment barriers for pregnant individuals and young children.

Communities Lifting Communities	Impact Purchasing in Health Care Initiative	Anaheim_Irvine; Baldwin Park; Downey; Fontana_Ontario; Los Angeles; Moreno Valley; Panorama City; Riverside; South Bay; West Los Angeles; Woodland Hills	Communities Lifting Communities advanced health equity and economic resilience across Southern California by building hospital capacity for inclusive procurement, expanding regional data collection on supplier diversity, and strengthening cross-sector collaboration through the Regional Impact Purchasing Collaborative.
Fontana Unified School District	Youth Health Care Workforce Program	Fontana_Ontario	Kaiser Permanente Summer Youth Employment Program was completed by 27 High School students from several school districts (Fontana, Rialto, Colton, Ontario, etc.) across San Bernardino County who gained meaningful employment experience through a 6-week rotation in various departments. Educational sessions and motivational workshops introduced students to the possibility of pursuing a career in health care while enhancing job skills and work performance..

Education			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Young Women's Empowerment Foundation	Empowered2Excel	Fontana_Ontario	YWE's Empowered 2 Excel program supported young women in underserved San Bernardino communities by combining STEAM education with social-emotional wellness programming that addressed key barriers to academic success including self-esteem, health literacy, teen violence, and bullying, creating pathways to high school graduation and long-term economic mobility for students who have historically faced the highest dropout risks.

Bright Prospect	College Readiness Program	Fontana_Ontario	Bright Prospect's College Access Program empowered low-income, first-generation high school and college students in Pomona to gain admission to and graduate from four-year universities through individualized coaching, academic support, life skills training, social-emotional learning, college campus visits, and summer intensives.
Ontario-Montclair Schools Foundation	Opportunity Scholarships	Fontana_Ontario	Ontario-Montclair Schools Foundation guided high school seniors through a structured nine-step college and scholarship readiness process that simplified FAFSA completion, college applications, and essay writing.
Millionaire Mind Kids (MMK)	Career Pathways & College Preparation Academies	Fontana_Ontario	Millionaire Mind Kids expanded college and career readiness for underserved high school students in San Bernardino County's High Desert region through immersive academies in STEMM, aviation, law and justice, and college preparedness.
Uncommon Good	The Uncommon Dyslexia Project Promoting Student Health, Social-Emotional Wellness, and Academic Success 2025-26	Fontana_Ontario	Uncommon Good's Uncommon Dyslexia Project provided the only free, comprehensive dyslexia services for low-income children in the Pomona and Ontario area by delivering specialized literacy screening, structured one-on-one tutoring, school advocacy, social-emotional support, and family workshops to students with dyslexia.
Montclair Community Foundation	Montclair to College: Increasing College Access in Montclair	Fontana_Ontario	Montclair Community Foundation's Montclair to College program expanded college access for Montclair High School students by providing bilingual workshops on financial aid, academic planning, and student resources, offering full scholarships to Chaffey College, and supporting students.

Mental & Behavioral Health			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Colton Joint Unified School District	Improving Student Wellness Through Intern Training, Professional Development, and Family Support Resources	Fontana_Ontario	Colton Joint Unified School District expanded its behavioral and mental health continuum of care by recruiting and training social work interns, strengthening professional development for school-based mental health staff, and providing emergency basic needs support to remove barriers to care for students and families facing homelessness, poverty, domestic violence, and trauma.
Big Brothers Big Sisters of Orange County and the Inland Empire	Empowering Youth Mental Health Through Mentoring: Community and Staff Development with Big Brothers Big Sisters	Fontana_Ontario	Big Brothers Big Sisters of the Inland Empire strengthened youth mental health and wellness in San Bernardino County by delivering trauma-informed mentor training, mental health programming, wraparound support services, and survey-based data analysis to better understand and address the needs of mentees, families, and mentors.
Divine Truth Unity Fellowship Church	The Pride Youth Mental Health Through Mentoring Capacity Initiative	Fontana_Ontario; Moreno Valley; Riverside	Rainbow Pride Youth Alliance expanded trauma-informed, culturally responsive one-on-one mentoring services for vulnerable youth across Riverside and San Bernardino Counties by implementing strategic planning, staff training, youth and family engagement, technology infrastructure development, and a pilot mentoring program.
Public Health Institute	Cypress Resilience Project: Learning Community and Support for CA Youth Mental Health Initiative Grantees, NCAL Grant split with SCAL	All Licensed Hospitals	Cypress Resilience Project strengthened the organizational capacity and staff well-being of Kaiser's California Youth Mental Health Initiative grantees by facilitating monthly learning communities, delivering professional development workshops on trauma, grief, and mental health, and providing management

			coaching to leaders navigating vicarious trauma and burnout.
Foothill AIDS Project	Behavioral Health Outpatient Treatment Program for Low Income People Living With HIV	Fontana_Ontario	Foothill AIDS Project provided behavioral health outpatient treatment to low-income people living with HIV/AIDS in San Bernardino County who face diagnosed mental illness and substance use disorders, delivering individual and group counseling, trauma-informed care, and integrated case management that improved HIV treatment adherence, increased viral suppression rates, and stabilized the housing and mental health.
City of Rancho Cucamonga	Middle School Mental Wellness Expansion Project	Fontana_Ontario	City of Rancho Cucamonga (RC), Healthy RC expanded mental health access for middle school students by establishing a Wellness Center, training peer leaders as mental health ambassadors, delivering age-appropriate mental health education, and building staff capacity in trauma-informed practices.

Food Insecurity			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Food Forward	Increasing Access to Healthy Food in Southern California	All Licensed Hospitals	Food Forward increased community access to fresh fruits and vegetables by optimizing workflows and transportation to handle larger volumes of recovered produce and implementing feedback systems to improve distribution through partner organizations. The project benefited individuals experiencing food insecurity in Los Angeles County.
Community Action Partnership of San Bernardino County	Senior Choice: Enhancing Services	Fontana, Ontario	Community Action Partnership of San Bernardino County enhanced services by launching three new Senior Choice distribution sites in underserved, difficult to reach areas in

			Lytle Creek, Muscoy, and Yucaipa. This effort supports senior households experiencing food insecurity by expanding access to food assistance and providing education on preparing healthy meals.
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3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

Kaiser Permanente Fontana and Ontario medical centers have developed an implementation strategy (IS) for the priority needs it will address over the next three years [2026-2028], considering both Kaiser Permanente’s and the community’s assets and resources.

Kaiser Permanente Fontana and Ontario medical centers Community Health have identified the strategic focus, strategies, and expected impact for each priority health need, described in the tables below. While we recognize that IS strategies can address multiple health needs, each strategy is associated with the needs where we expect to see the greatest impact. Included with each strategy are expected outcomes and examples of available Kaiser Permanente resources and planned collaborations.

1. Access to care
2. Mental and behavioral health
3. Chronic disease and disability
4. Food and nutrition security
5. Housing

Access to care

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Increase equitable access to care and affordability of care for low-income community residents.</p>	<ul style="list-style-type: none"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local public health departments, community organizations, and safety net organizations (i.e., Federally Qualified Health Centers (FQHCs), community free clinics, and school-based health centers)
<p>Grow a culturally competent health care workforce in order to improve equitable access to health care services.</p>	<ul style="list-style-type: none"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, local public health departments, school districts, universities, the county office of education, community organizations, and hospitals
<p>Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, school districts, school-

enhancing coordination between community and health care.		based health centers, safety net clinics, and other hospitals
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Mental and behavioral health

Strategy	Expected outcomes	Available resources and planned collaboration
Increase equitable access to care and affordability of care for low-income community residents.	<ul style="list-style-type: none"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local public health departments, community direct service providers, safety net organizations (i.e., FQHCs, community free clinics, school-based health centers), and school-districts
Grow a culturally competent health care workforce in order to improve equitable access to health care services.	<ul style="list-style-type: none"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, local public health departments, school districts, universities, the county office of education, community organizations, and hospitals
Implement strategies to improve the health of homeless populations and reduce housing insecurity by	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance

strengthening the availability and coordination of community and health care resources.	<ul style="list-style-type: none"> • Improve health outcomes 	<ul style="list-style-type: none"> • Planned collaboration: Government agencies, including local and state public health departments, county office of homeless services, homeless service providers, community organizations, school districts, other hospitals, and city governments
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, school districts, school-based health centers, safety net clinics, and other hospitals

Chronic disease and disability

Strategy	Expected outcomes	Available resources and planned collaboration
Increase equitable access to care and affordability of care for low-income community residents.	<ul style="list-style-type: none"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local public health departments, community organizations, city government, safety net community clinics, and school districts

Improve food and nutrition security and address diet-related health conditions by increasing equitable access to and affordability of nutritious and culturally relevant food options.	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions • Planned collaboration: Food banks, feeding agencies, community organizations, and school districts
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, school districts, safety net clinics, city governments, and other hospitals

Food and nutrition security

Strategy	Expected outcomes	Available resources and planned collaboration
Increase equitable access to care and affordability of care for low-income community residents.	<ul style="list-style-type: none"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics
Improve food and nutrition security and address diet-related health conditions by increasing equitable access to and affordability of nutritious and culturally relevant food options.	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions • Planned collaboration: Food banks, feeding agencies, community organizations, school districts, and city governments

<p>Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, school districts, and feeding agencies
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Housing

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Implement strategies to improve the health of homeless populations and reduce housing insecurity by strengthening the availability and coordination of community and health care resources.</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, the county office of homeless services, homeless service providers, community organizations, school districts, city governments, and other hospitals
<p>Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, the county office of homeless services, homeless service providers, community organizations, school districts, and city governments, and other hospitals

b. Evaluation of the Community Benefit Plan's Effectiveness

Kaiser Permanente Fontana and Ontario medical centers will monitor and evaluate the strategies listed above to assess progress and document the impact of those strategies on expected outcomes. Evaluation of the impact includes monitoring grantee progress (how many people were reached) and measuring short and intermediate term outcomes (e.g., what was the impact on the individuals served). Additionally, for each prioritized health need, the number of grants made, the number of dollars invested, and the number of community-based organizations supported are tracked.

In addition to the strategies developed as part of the CHNA and three-year IS process, many health needs are addressed by Kaiser Permanente business practices that contribute to community well-being, including environmentally responsible purchasing, waste reduction, and purchase of clean energy for facilities. We also conduct high-quality health research and disseminate findings intended to contribute to the literature by enhancing understanding of the impact of interventions designed to improve health outcomes.

4. Financial Summary

a. Explanation of Methodology Used to Determine Cost

Total Community Benefit expenditures are reported as follows:

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

Resource allocations are reported as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

b. Kaiser Permanente Fontana and Ontario medical centers Community Benefits Provided in 2025

This report outlines the hospital's net community benefit expenditures categorized into the following framework: medical care services, other services for vulnerable populations, other services for the broader community, and health research, education and training programs. Kaiser Permanente generates a range of nonquantifiable benefits, including community engagement through volunteerism, environmental stewardship, supplier diversity, and partnerships with community organizations, municipal leaders, and public health champions that address community needs.

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	Total
Traditional Charity Care	\$ 44,479,450		\$ 44,479,450
Medi-Cal	\$ 109,582,317		\$ 109,582,317
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 154,061,767		\$ 154,061,767
Other Benefits			
Community Health Improvement Services	\$ 111,276	\$ 195,053	\$ 306,329
Community Benefit Operations	\$ 0	\$ 813,672	\$ 813,672
Health Professions Education	\$ 10,118,706	\$ 2,529,676	\$ 12,648,382
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 706,358	\$ 363,881	\$ 1,070,239
Cash and in-kind Contributions for Community Benefits	\$ 3,308,851	\$ 88,595	\$ 3,397,446
Other Community Benefits	\$ 0	\$ 41,318	\$ 41,318

Total Other Benefits	\$ 14,245,191	\$ 4,032,195	\$ 18,277,386
Community Benefits Spending			
Total Community Benefits*	\$ 168,306,958	\$ 4,032,195	\$ 172,339,153
Medicare (non-IRS)	\$ 168,370,850		\$ 168,370,850
Total Community Benefits with Medicare	\$ 336,677,808	\$ 4,032,195	\$ 340,710,003

*Sum of Financial assistance, Means-Tested Government Programs and Other Benefits.

5. Certification Statement

Kaiser Permanente leadership reviewed and attested to the validity of the hospital Community Benefit Plan. The data and information reported is true, correct, and completed as required by Health and Safety Code sections 127340-127360 and Article 2 of Chapter 8.2 of Division 7 of Title 22 of the California Code of Regulations requiring all non-profit hospitals report on the community benefits they provide.

- John Yamamoto, VP, Community Health & Benefit, Government Relations, & Community Engagement
- Michelle Gaskill-Hames, Regional President