2016 Community Health Needs Assessment

Kaiser Foundation Hospital Moreno Valley

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Approved by KFH Board of Directors

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To provide feedback about this Community Health
Needs Assessment, email CHNA-communications@kp.org

KAISER PERMANENTE

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Incorporated in 1952, Special Service for Groups (SSG) is a nonprofit multi-service agency that serves some of the hardest-to-reach populations across Los Angeles County. Our Research and Evaluation Team works with other nonprofit organizations and community members to collect and analyze information they need for planning and action. We believe that information is power, and we invest in developing these research skills within our communities.

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I. Executive Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. KFH-Moreno Valley serves a diverse and vibrant community in Riverside County, which is one of the largest in California. This report also includes data for the Coachella Valley. KFH-Moreno Valley is centrally located in Moreno Valley and serves Moreno Valley and the area south to San Jacinto. The Coachella Valley serves Cathedral City, Coachella, Indio, Mecca, Palm Desert, Palm Springs, Twentynine Palms and Yucca Valley.

This report documents the community health needs assessment conducted for KFH-Moreno Valley Medical Center Area (MCA) and Coachella Valley. The results of the CHNA will inform the development of implementation strategies developed by KFH-Moreno Valley MCA to address the health needs found in the community. This executive summary is intended to provide a high level snapshot of the CHNA regulations governing hospitals, the list of prioritized health needs found in the report, the methodology used to identify those health needs, and a summary of the overall assessment.

This CHNA included extensive secondary data review in conjunction with primary data collection through focus groups, key informant interviews, and community forums. Primary data validated and enriched the available secondary data, as well as provided information on existing assets and capacities to address the health needs identified. While programs and policies exist within the MCA that target a range of health needs, sustaining, tailoring, and enhancing this work requires an ongoing commitment of resources.

A.   Community Health Needs Assessment (CHNA Background)

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf).

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, these new requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2016 and described in this report was conducted in compliance with current federal requirements.

B.   Summary of Prioritized Needs

The CHNA process identified the 12 health needs below through primary and secondary data analysis. Then, the CHNA used three community forums to prioritize these health needs for KFH-Moreno Valley MCA and Coachella Valley. The following statements summarize each of the prioritized health needs and are based on data and information gathered through the CHNA. More detail about the health needs, including the data and their sources, are provided in their respective health need profile in Appendix C. The prioritization process resulted in a ranking of the following health needs (from the highest priority to the lowest):

1. **Economic Security**

Economic security facilitates access to health services, healthy food, and other necessities that contribute to good health status. Economic insecurity is associated with poverty, low educational attainment, health care access, and unemployment. The poverty rate (less than 100% FPL) in the Coachella Valley (21.1%) exceeds that of the Moreno Valley MCA (20.6%) and the state (16.38%).

2. **Diabetes**

Diabetes can lead to serious health complications such as blindness, kidney failure, and lower extremity amputations, particularly if left untreated or improperly managed. The diabetes prevalence rate for adults is higher in the Coachella Valley (9%) and the Moreno Valley MCA (8.9%) than in California (8.05%).

3. **Access to Care**

There are about half as many primary care providers in the Moreno Valley MCA (40.5 per 100,000) and Coachella Valley (42.7 per 100,000) as there are in the state (77.2 per 100,000 population in California). The data for mental health providers is even worse: the state average is 157 providers per 100,000 population, compared to 72.23 in Coachella Valley and 68.4 in Moreno Valley. The proportion of the population that is uninsured in both Moreno Valley MCA (22.71%) and Coachella Valley (21.39%) is higher than the state average (16.69%).

4. **Obesity and Overweight**

Obesity and overweight are risk factors for a number of chronic diseases, including diabetes, cardiovascular disease, and cancer. The rates of adult obesity in the Moreno Valley MCA (25.40%) and Coachella Valley (25.80%) are above the state average (22.30%). Youth obesity rates were higher in Coachella Valley with 23.11% of youth classified as obese compared to 18.99% in California and 21.58% in Moreno Valley. Of these youth, a disproportionate percentage of Hispanic/Latino (22.95% in Moreno Valley and 25.8% in Coachella) youth are obese.

5. **Transportation**

Transportation impacts health in multiple ways; for example, lack of transportation hinders access to providers, while long commutes increase sedentary time. The percent of the population that walks or bikes to work in Coachella (3.08%) and Moreno Valley (1.76%) is lower than the state average (3.84%). Perhaps more significantly, almost 1 in 5 Moreno Valley residents (18.3%) have commutes of over an hour, compared to 10.44% of California residents.

6. **Mental Health**

Adults in the Moreno Valley MCA and Coachella Valley self-reported more poor mental health days than the state (4.1 per month compared to 3.6 in California). The suicide rate in the Coachella Valley (14.22 per 100,000) is much higher than California (9.8 per 100,000) or Moreno Valley MCA (7.34 per 100,000).

7. **Climate and Health**

Higher temperatures contribute to heat-related emergency room visit rates that are roughly twice as high in the Coachella Valley (22.2 per 100,000) and Moreno Valley MCA (22 per 100,000) than in the state (11.1 per 100,000). In addition, the percentage of days with ozone readings that exceed the National Ambient Air Quality Standard is much higher in Coachella Valley (7.14%) and Moreno Valley (13.92%) than in the state as a whole (2.65%).

8. **Cardiovascular Disease**

Cardiovascular disease includes heart disease and stroke, which are leading causes of death in the U.S. The prevalence of heart disease in the Moreno Valley MCA (7.70%) and Coachella Valley (7.50%) is higher than the state (6.3%). Perhaps more significantly, heart disease mortality rates are higher in the Moreno Valley MCA (204.26 per 100,000) and the Coachella Valley (183.39) than in the state

(163.18). Stroke mortality is also higher in Moreno Valley MCA (54.01 per 100,000) compared to 35.09 in Coachella Valley and 37.38 in the state.

9. <u>Cancer</u>
All cancer incidence in Riverside County slightly decreased during 2008-2011, then rose slightly in 2012 (California Cancer Registry, 2014). All cancer mortality rates are higher in the Moreno Valley MCA (169.37 per 100,000) and Coachella Valley (160.85 per 100,000) than in California (157.1 per 100,000).

10. <u>Substance Use and Tobacco</u>
Tobacco use (measured as the percentage of the population that smokes) is higher in both Coachella Valley (14.7%) and Moreno Valley MCA (14.6%) than in the state (12.8%). While reliable estimates for Moreno Valley MCA and Coachella Valley are not available, CHNA stakeholders also identified prescription drug abuse and addiction as a significant health issue in Riverside County.

11. <u>Asthma</u>
Moreno Valley MCA and Coachella Valley fare better than the state for asthma prevalence; Coachella Valley (6.81 per 100,000) also fares better in age-adjusted hospitalizations due to asthma and related complications, while Moreno Valley MCA (9.78 per 100,000) reports slightly higher hospitalizations than the state (8.9 per 100,000). Stakeholders identified asthma as an important health need because it disproportionately impacts vulnerable and low-income populations.

12. <u>HIV and STIs</u>
HIV prevalence in the Moreno Valley MCA (268.7 per 100,000) and Coachella Valley (258.1 per 100,000) is lower than the overall prevalence in California (363 per 100,000), according to the CDC.

C.   Summary of Needs Assessment Methodology and Process

The CHNA included a collection and analysis of secondary and primary data. The assessment began with a review of a list of close to 150 common indicators identified by Kaiser Permanente to be used by all of its regions. The national common indicators included demographic data, social and economic factors, health behaviors, physical environment, clinical care, and health outcomes. This list of indicators was complemented by an additional literature review of research data conducted in Moreno Valley MCA and Coachella Valley. Based on the review of the secondary data, the CHNA team developed a primary data collection guide used in focus groups and key stakeholder interviews. Between September 15, 2015 and October 14, 2015, five focus groups, 15 key informant interviews and one community café were conducted. Overall, the community input process engaged and solicited input from 79 providers and community leaders who represent broad geographic, public health, and population interests, in compliance with ACA requirements. The stakeholders who participated in the CHNA focus groups, interviews and community café either work and/or live in Riverside County; they represent Riverside MCA, Moreno Valley MCA and/or Coachella Valley.

The CHNA team used a modified content analysis to determine general themes that emerged from the review of secondary data and community input. Based on severity, trends, and relationships among health outcomes and drivers, 12 health needs were identified. For the purpose of the CHNA process, to be considered a health need, a health outcome or driver had to meet at least two of three conditions: (1) existing or secondary data had to demonstrate that the MCA fared worse than a comparison benchmark; (2) the health outcome or driver had to be mentioned meaningfully in at least two separate data sources from primary data collection; and (3) disparities existed such that the burden of the health outcome or driver was inequitably distributed in the population.

Following the identification of the health needs, the SSG consultant team conducted three community forums to validate the CHNA assessment findings and prioritize the health needs. A broad range of stakeholders participated in the community forums, including public health officials, clinicians, representatives of community based organizations and local governments, health researchers, and community members. After a group discussion about the CHNA assessment findings, each stakeholder was given an opportunity to rate each health need in a written survey. The prioritization criteria used to assess each health need included:

- Community Concern—or how concerned community members were about the health need;
- Disparities—the extent to which the need disproportionately impacted vulnerable groups;
- Severity—how the health need impacted quality of life; and
- Assets—the existence or lack of assets in the community to address the need.

The fourth criterion—assets—was not used in the ranking but rather to understand existing resources in anticipation of the Implementation Strategy (IS).

This report documents the KFH-Moreno Valley CHNA process and identifies the Health Need findings to help inform ongoing health care services and improve the wellbeing of the communities it serves. It will help inform the ongoing work of Community Benefit planning and support the Implementation Strategy for KFH-Moreno Valley.

D.   Implementation Strategy Evaluation of Impact

In the 2013 Implementation Strategy (IS) process, all KFH planned for and drew on a broad array of resources and strategies to improve the health of communities and vulnerable populations, such as grant making, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. KFH-Moreno Valley is monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-Moreno Valley tracks outcomes, including behavior and health outcomes, as appropriate and where available. As of the documentation of this CHNA Report in March 2016, KFH-Moreno Valley had an evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-Moreno Valley will continue to monitor impact for strategies implemented in 2016.

II. Introduction/Background

A.   About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 10 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

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

B.   About Kaiser Permanente Community Benefit

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. These are the vital signs of healthy communities. Good health for the entire community, which we call Total Community Health, requires equity and social and economic well-being.

Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician expertise, and clinical practices. Historically, we've 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've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments 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.

C.   Purpose of the CHNA Report

i.   To Advance Community Health

Community Health Needs Assessments (CHNA) have been integral to learning about the health of the communities Kaiser Permanente serves. We are committed to building on the CHNA and relationships in the community to deepen our knowledge of the community specific needs and the resources and leaders in the community. This deeper knowledge will enable us to develop a new approach by engaging differently and activating in a way that addresses specific community needs and in collective action with the community. This new approach will leverage our existing and new community partnerships and harness the power of all Kaiser Permanente asset – economic, relationships, and expertise – to positively impact community health.

ii.   To Implement ACA Regulations

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal

Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at kp.org/chna.

D.   Kaiser Permanente Approach to CHNA

Kaiser Permanente has conducted CHNAs for many years, often as part of long standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs includes the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 150 publicly available indicators to understand health through a framework that includes social and economic factors; health behaviors; physical environment; clinical care; and health outcomes.

In addition to reviewing the secondary data available through the Kaiser Permanente CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and community café. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constituted a health need in their community. Once all of the community health needs were identified, they were all prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH-Moreno Valley will develop an Implementation Strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, www.kp.org/chna.

III. Community Served

A.   Kaiser Permanente's Definition of Community Served

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

B.   Map and Description of Community Served

  i. Maps

Moreno Valley MCA
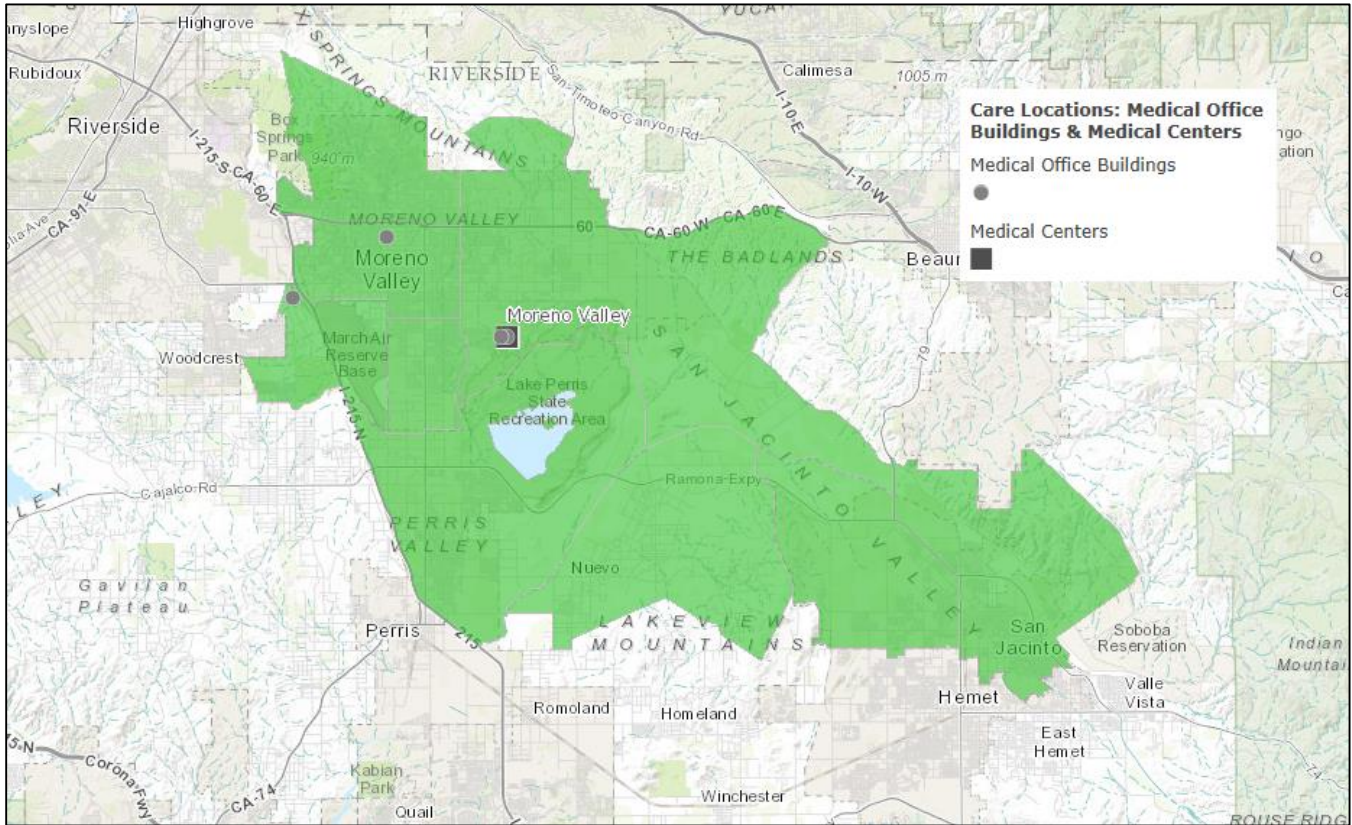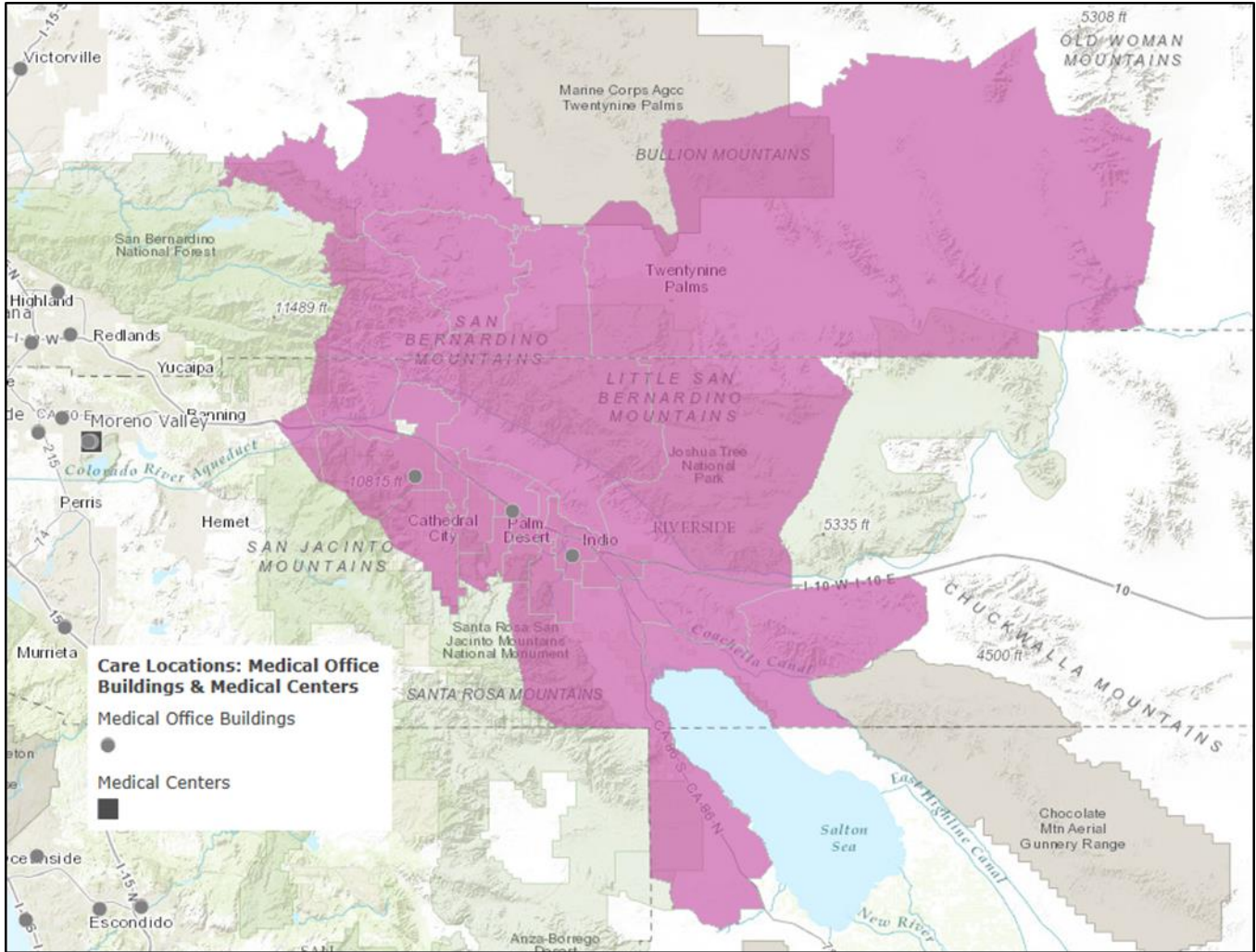
Coachella Valley

ii. Geographic description of community served (towns, county, and/or zip codes)

The maps above describe the geographic area covered by the KFH-Moreno Valley MCA. Although many residents of the Coachella Valley seek hospital services from closer community hospitals, KFH-Moreno Valley includes Coachella Valley in the "community" for purposes of this CHNA, because KFH-Moreno Valley MCA is part of an integrated delivery system that serves this broader area. KFH-Moreno Valley is located at 27300 Iris Ave, Moreno Valley, CA 92555.

The KFH-Moreno Valley MCA is located entirely within Riverside County. As shown in the map above, the Coachella Valley includes portions of Riverside, San Bernardino, and Imperial Counties.

The following cities and zip codes are assessed in the CHNA and reflected the communities of the KFH-Moreno Valley MCA.

City	Zip Codes
Cathedral City	92234, 92235
Coachella	92236
Desert Hot Springs	92240, 92241
Indian Wells	92210
Indio, Bermuda Dunes	92202, 92203, 92201
Joshua Tree	92252
La Quinta	92247, 92248, 92253
March Air Reserve Base	92518
Mecca	92254
Moreno Valley	92360, 92387, 92388, 92551, 92552, 92553, 92554, 92556, 92557, 92555
Morongo Valley	92256
North Shore	92254
Nuevo, Lakeview	92567
Palm Desert	92211, 92255, 92260, 92261, 92210
Palm Springs	92263, 92264, 92292, 92262
Perris	92370, 92570, 92571, 92572, 92599
Rancho Mirage	92270
Riverside	92521
Salton City	92275
San Jacinto	92383, 92581, 92582, 92583
Thermal	92274, 92275
Twentynine Palms	92277, 92278
Yucca Valley	92284, 92286, 92285

iii.   Demographic profile of community served

This section describes the demographic profile of the communities served by this medical center area and includes the following:

    Demographic and Socio-Economic Factors
    Total Population and Population Change
    Age
    Gender
    Race and Ethnicity
    Language
    Poverty
    Unemployment
    Lack of Insurance
    Educational Attainment

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Figure III.1 Total Population Change, 2000-2010

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Moreno Valley MCA	205,423	302,631	97,208	47.32%
Coachella Valley	391,036	499,542	108,506	27.75%
California	33,871,651	37,253,956	3,382,305	9.99%

Data Source: US Census Bureau, Decennial Census. 2000 - 2010.

This indicator reports the percent difference in population counts from the 2000 Census population estimate to the 2010 Census population estimate. Both Moreno Valley MCA and Coachella Valley saw an increase in population compared to California from 2000-2010. The rapid population growth is largely attributable to migration to the region from California and other parts of the US. This migration is connected to jobs in the economic centers of Los Angeles and San Diego and the lower cost of living, including housing, in Riverside County.

Figure III.2 Population by Age Group

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Moreno Valley MCA	8.06%	23.1%	12.15%	14.02%	13.52%	12.02%	9.17%	7.96%
Coachella Valley	6.72%	17.79%	9.19%	12.34%	11.26%	12.17%	11.65%	18.9%
California	6.62%	17.58%	10.48%	14.48%	13.6%	13.79%	11.32%	12.13%

Data Source: US Census Bureau, American Community Survey. 2010-14.

This indicator reports the percentage of population within specific age groups in the Moreno Valley MCA and Coachella Valley. This younger population results from the higher birth rates in Riverside County, compared to California. This higher birth rate, in turn, may reflect the draw of more affordable housing to families.

Figure III.3 Population by Gender

Report Area	Male	Female	Percent Male	Percent Female
Moreno Valley MCA	152,123	160,452	48.67%	51.33%
Coachella Valley	259,188	252,926	50.61%	49.39%
California	18,911,520	19,155,400	49.68%	50.32%

Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.

This indicator reports the percentage of males and females in Moreno Valley MCA and Coachella Valley and two comparison areas.

Figure III.4   Total Population, by Race (Non-Hispanic)

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Races
Moreno Valley MCA	166,651 (53.32%)	44,887 (14.36%)	16,001 (5.12%)	3,085 (0.99%)	1,321 (0.42%)	69,008 (22.08%)	11,623 (3.72%)
Coachella Valley	348,467 (68.04%)	15,445 (3.02%)	14,134 (2.76%)	4,466 (0.87%)	913 (0.18%)	112,773 (22.02%)	15,916 (3.11%)
California	23,650,912 (62.13%)	2,262,323 (5.94%)	5,130,536 (13.48%)	287,360 (0.75%)	147,286 (0.39%)	4,890,329 (12.85%)	1,698,173 (4.46%)

Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.

This indicator reports the percentage of Non-Hispanic residents who identify as White, Black, Asian, Native American/Alaska Native, Native Hawaiian/Pacific Islander, Some Other Race or Multiple Races in the Moreno Valley MCA and Coachella Valley and two comparison areas. The Moreno Valley MCA has significantly higher proportions of Black/African American and Asian American residents than the Coachella Valley.

Figure III.5 Population by Ethnicity

Report Area	Hispanic or Latino Population	Non-Hispanic Population
Moreno Valley MCA	179,697 (57.49%)	132,878 (42.51%)
Coachella Valley	248,935 (48.61%)	263,179 (51.39%)
California	14,534,449 (38.18%)	23,532,472 (61.82%)

Data Source: US Census Bureau, American Community Survey. 2010-14.

The proportion of the population in Moreno Valley MCA and Coachella Valley that identify as Hispanic/Latino is slightly higher than that of the state.

Figure III.6 Identity of Race by Hispanic/Latino Population
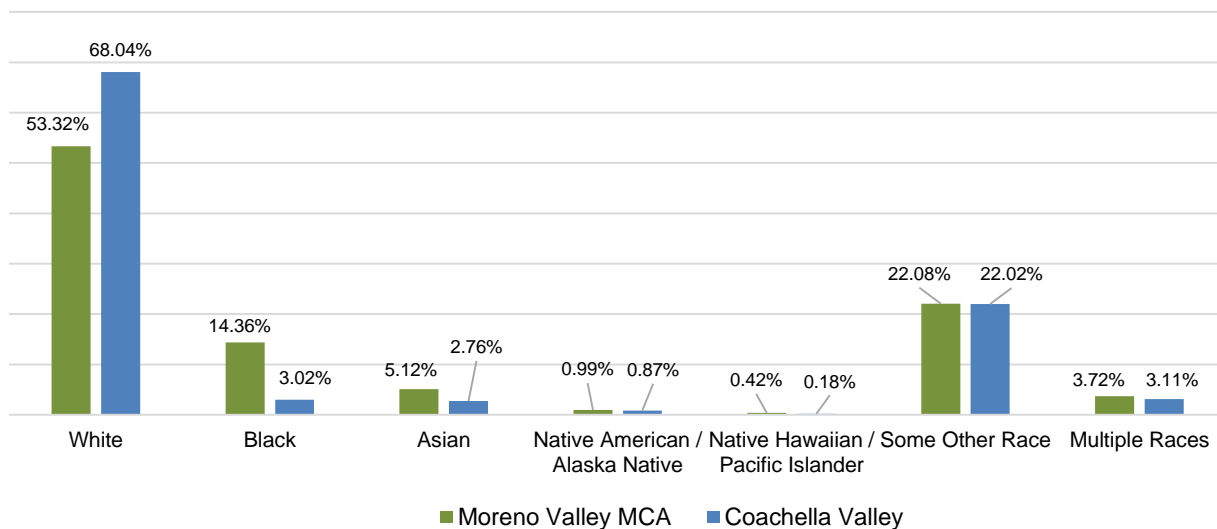
Bar chart comparing Moreno Valley MCA and Coachella Valley:

Race	Moreno Valley MCA	Coachella Valley
White	53.32%	68.04%
Black	14.36%	3.02%
Asian	5.12%	2.76%
Native American / Alaska Native	0.99%	0.87%
Native Hawaiian / Pacific Islander	0.42%	0.18%
Some Other Race	22.08%	22.02%
Multiple Races	3.72%	3.11%

■ Moreno Valley MCA   ■ Coachella Valley

Data Source: US Census Bureau, American Community Survey. 2010-14.

This indicator reports the percentage of Hispanic/Latino residents who identify as White, Black, Asian, Native American/American Indian, Some Other Race or Multiple Races in the Moreno Valley MCA and Coachella Valley. Most of the Hispanic/Latino population identifies as White or Some Other Race.

Figure III.7 Population with Limited English Proficiency

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Percent Population Age 5+ with Limited English Proficiency
Moreno Valley MCA	287,368	53,913	18.76%
Coachella Valley	477,724	88,602	18.55%
California	35,545,621	6,789,522	19.10%

Data Source: US Census Bureau, American Community Survey. 2010-14.

This indicator reports the percentage of the population age 5 and older who speak a language other than English at home and speak English less than "very well." The Moreno Valley MCA (18.76%) and Coachella Valley (18.55%) have a lower percentage of residents who have limited English proficiency compared to the state (19.1%).

Social & Economic Factors

Economic and social insecurity often are associated with poor health. Factors such as, poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Figure III.8 Population in Poverty
Poverty is considered a *key driver* of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Percent Population with Income at or Below 200% FPL
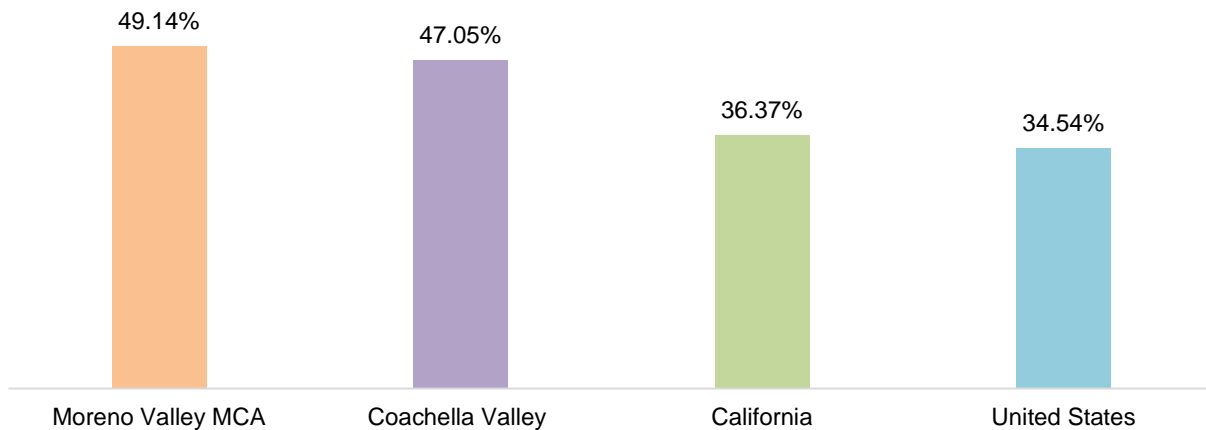
Data Source: US Census Bureau, American Community Survey. 2010-14.

This indicator reports the percentage of the population living below 200% of the Federal Poverty Level (FPL). The Moreno Valley MCA (49.14%) and Coachella Valley (47.05%) have a higher percentage of residents living below 200% FPL compared to the state (36.37%) and the United States (34.54%) as a whole.

Figure III.9 Children in Poverty
Poverty experienced in childhood can have long-lasting impacts on health.

Children (0-17) in Poverty - Below 100% FPL
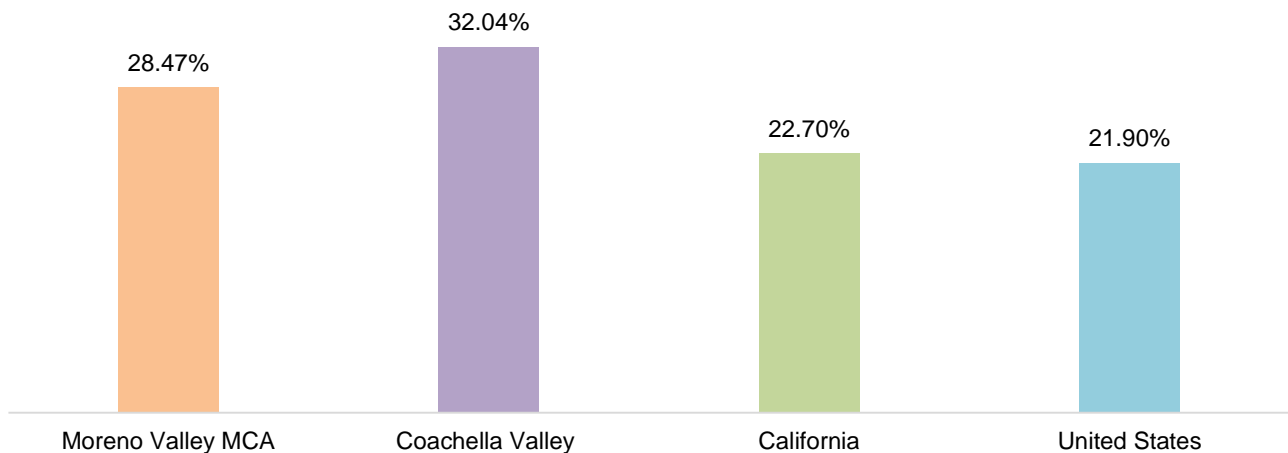
Source: US Census Bureau, American Community Survey. 2010-14.

In the Moreno Valley MCA (28.47%) and Coachella Valley (32.04%) a higher proportion of children between the ages of 0 to 17 are living under 100% of the FPL compared to the state (22.7%) and the nation (21.9%).

Economic Security - Unemployment Rate
This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Figure III.10 Unemployment
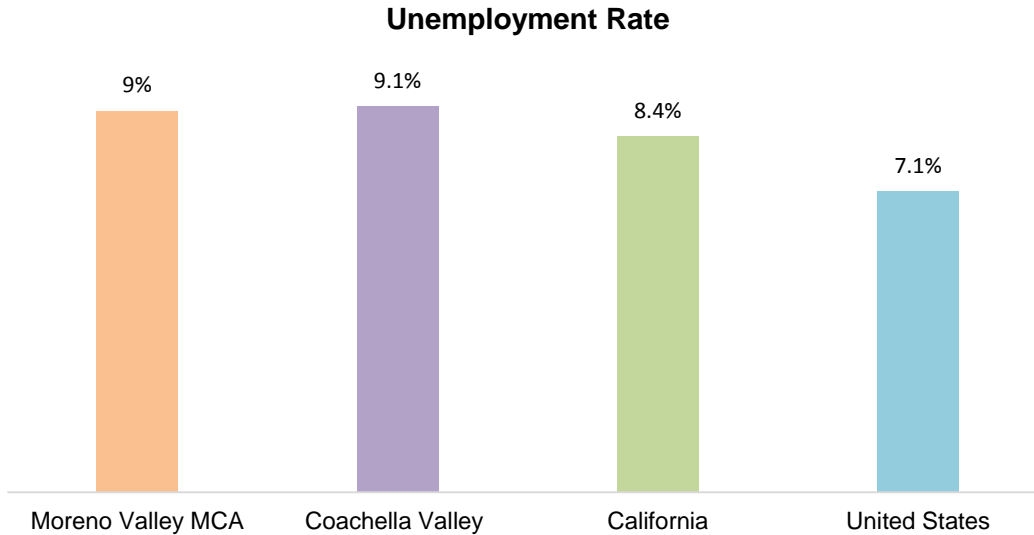
Unemployment Rate

Data Source: US Department of Labor, Bureau of Labor Statistics. 2015 - December.

This indicator reports the percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted). Unemployment in the Moreno Valley MCA and Coachella Valley is higher than the state average. This may reflect the job shortage in the region, as well as lingering effects of the recession in the late 2000s.

Figure III.11 Annual Unemployment Trends 2005-2016
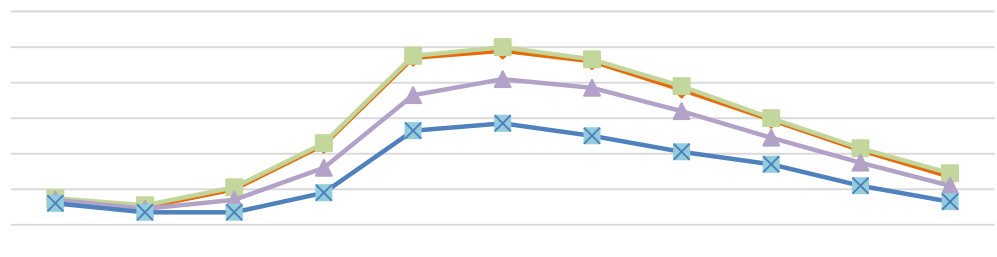
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Moreno Valley MCA	5.4	5	6	8.5	13.4	13.8	13.2	11.6	9.9	8.2	6.7
Coachella Valley	5.5	5.1	6.1	8.6	13.5	14	13.3	11.8	10	8.3	6.9
California	5.4	4.9	5.4	7.2	11.3	12.2	11.7	10.4	8.9	7.5	6.2
United States	5.2	4.7	4.7	5.8	9.3	9.7	9	8.1	7.4	6.2	5.3

Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 - March.

Unemployment trends in the Moreno Valley MCA and Coachella Valley have mirrored those in California and the nation. However, Moreno Valley MCA and Coachella Valley unemployment rates remained consistently higher than either comparison area.

Insurance - Uninsured Population
The lack of health insurance is considered a *key driver* of health status.
This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care, and other health services that contributes to poor health status.

Figure III.12 Uninsured Population
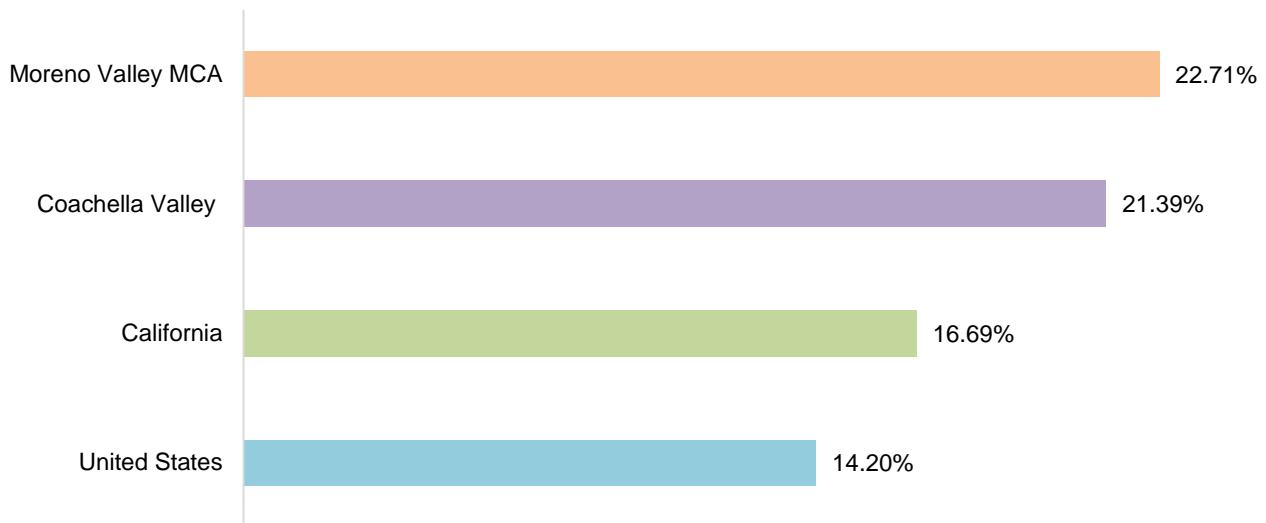
Data Source: US Census Bureau, American Community Survey. 2010-14.

The Moreno Valley MCA (22.71%) and Coachella Valley (21.39%) have a higher percentage of the population without insurance than the state (16.69%) and nation (14.20%).

Education - Less than High School Diploma (or Equivalent)

This indicator reports the percentage of the population age 25 and older without a high school diploma (or equivalency) or higher. Undereducated people have been found to be most at risk for poor health status.

Figure III.13 Percent Population with No High School Diploma

Moreno Valley MCA	26.80%
Coachella Valley	21.60%
California	18.51%
United States	13.67%
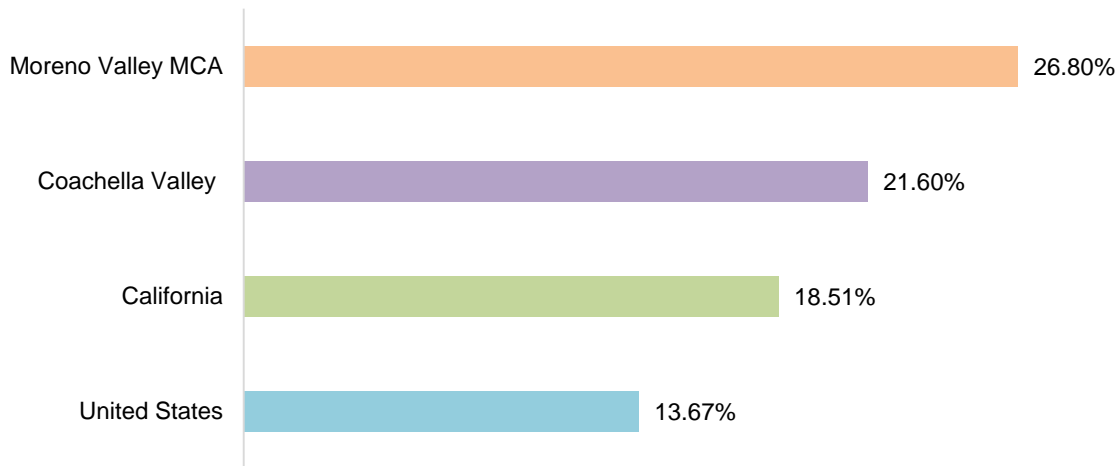
Source: US Census Bureau, American Community Survey. 2010-14.

Moreno Valley MCA (26.80%) is higher than Coachella Valley (21.60%) and that of the state (18.51%), and almost twice that of the nation (13.67%).

IV. Who was Involved in the Assessment

A. Identity of hospitals that collaborated on the assessment

KFH-Moreno Valley and KFH-Riverside collaborated with SSG consultant team in conducting the KFH-Moreno Valley CHNA assessments for the purpose of this report.

B. Other partner organizations that collaborated on the assessment

There were no partner organizations that collaborated with SSG consultant team in conducting the KFH –Moreno Valley CHNA assessments for the purpose of this report.

C. Identity and qualification of consultants used to conduct the assessment

Special Service for Groups (SSG) is the consultant (hereafter referred to as "the consulting team") who conducted this Community Health Needs Assessment. Incorporated as a nonprofit organization in 1952, SSG specializes in helping grassroots communities develop solutions to problems they identify as the most pressing. SSG operates 20 programs and also supports several affiliated organizations in Southern California. These programs and affiliated organizations range in staff and budget size and address issues as diverse as child and youth development, mental health, hunger and homelessness, substance use, reentry integration, health care access and disparities, HIV/STIs, and dental health.

SSG was involved in the Community Health Needs Assessments for two hospital collaboratives in 2010. During that year, SSG collaborated with Healthy City/Advancement Project to conduct the CHNAs for five (5) Kaiser Foundation Hospitals, including Downey, Fontana, Riverside, South Bay, and West L.A. At the same time, SSG also partnered with the Center for Nonprofit Management to conduct CHNA for a collaborative of five (5) hospitals in Metro Los Angeles that included KFH-Los Angeles. In 2012, in addition to KFH-Riverside, the SSG Research and Evaluation Team also conducted the

CHNAs for Kaiser Foundation Hospitals in Anaheim, Fontana, Irvine, Ontario, and Moreno Valley. In 2015, SSG conducted the CHNAs for KFH-Moreno Valley, as well as KFH-Riverside.

V. Process and Methods Used to Conduct the CHNA

A.   Secondary Data

  i. Sources and dates of secondary data used in the assessment

KFH-Moreno Valley used the Kaiser Permanente CHNA Data Platform (www.chna.org/kp) to review over 150 indicators from publically available data sources. Data on gender and race/ ethnicity breakdowns were analyzed when available. For details on specific sources and dates of the data used, please see Appendix A.

These indicators are closely aligned with the Mobilizing Action Toward Community Health (MATCH) model. The following six data categories were developed to describe the indicators for the purpose of the CHNA:

County Health Rankings model ©2010 UWPHI

- Demographics describe the population of interest by measuring its characteristics (e.g. total population, age breakdowns, limited English proficiency, etc.). Unlike other categories, demographic indicators are purely descriptive and not generally compared to benchmarks or viewed as positive or negative;

- Social and Economic Factors include measures of social status, educational attainment and income, all of which have a significant impact on an individual's health. These interrelated indicators provide measures of the resources people have to pursue and ensure their own health and are among the strongest predictors of poor health outcomes;

- Health Behaviors refers to the personal behaviors that influence an individual's health – either positively or negatively (e.g. breastfeeding, physical activity, eating fruits and vegetables, etc.);

- Physical Environment measures characteristics of the built environment of a community that can impact the health of that community either positively or negatively (e.g. parks, grocery stores, walkability, etc.);

- Clinical Care includes: (1) delivery, which measures clinical care being delivered to the community (e.g. rate of preventive screenings, ambulatory care sensitive discharges, etc.) and (2) access, which refers to factors that impact people's access to timely, affordable clinical care (e.g. primary care physicians, number of federally qualified health centers, etc.); and

- Health Outcomes include: (1) morbidity, which refers to how healthy people are by measuring disease burden and quality of life (e.g. obesity rates, asthma incidence, and low birth weight babies, etc.); and (2) mortality, which measures causes of death by density rates (e.g. cancer mortality, motor vehicle deaths, etc.).

To support and facilitate the CHNA process and access to data, Kaiser Permanente partnered with the Center for Applied Research and Environmental Systems (CARES) at the University of Missouri to develop a web-based data mapping platform. The Kaiser Permanente CHNA data platform has been pre-loaded with the Kaiser Permanente common indicators. It allows users to view, map, and analyze the common indicators according to a specific hospital service area. Users are able to review the indicators and compare them against pre-defined benchmarks to determine how the hospital service area is performing on the respective indicator.

The secondary data for this report was obtained from the CHNA data platform in September 2015. The data platform undergoes continual enhancements and certain data indicators may have been updated since the data was obtained for this report. As such, the most up-to-date data may not be reflected in the tables, graphs, and/or maps provided in this report. For the most recent data and/or additional health data indicators, please visit: http://www.chna.org/kp. The platform is available to the public and can be accessed using a username and password.

ii. Methodology for collection, interpretation and analysis of secondary data

The CHNA team analyzed all secondary quantitative data from the Kaiser Permanente CHNA Data Platform. In addition, the CHNA team used to the secondary data to inform and guide primary data collection. Findings from secondary quantitative data and literature reviews were assessed with the KFH-Moreno Valley Community Benefit (CB) Manager to address specific needs of the community.

The SSG consultant team queried data on the common indicators through the Kaiser Permanente CHNA Data Platform and obtained the data rates unique for the KFH-Moreno Valley MCA. The Kaiser Permanente common indicator data are calculated to obtain unique service area estimates. In most cases, the service area values represent the aggregate of all data for geographies (ZIP Codes, counties, tracts, etc.) which fall within the service area boundary. When one or more geographic boundaries are not entirely encompassed by a service area, the measure is aggregated proportionally using a total-population-based estimate. For example, if 100 live in a tract and 30% of the tract lies within the service area but we know that the region of the tract is more population dense, then the Kaiser Permanente CHNA Data Platform might calculate that 50 people live within the service area. More detailed methodology for how service area rates are calculated for each indicator can be found on the Kaiser Permanente CHNA Data Platform.

The CHNA team identified the indicators where the medical center area performed poorly against the following benchmarks: state (California) averages and/or Healthy People 2020 objectives. The indicators that did not meet one of these two benchmarks represented potential health needs in the community. For example, a key indicator for diabetes is diabetes prevalence. In California the prevalence of diabetes is 8.05% while the prevalence in the Moreno Valley MCA is 8.9% and in Coachella Valley 9%. Since the prevalence of diabetes in Moreno Valley MCA and in Coachella Valley is higher, this indicator did not meet the state benchmark, and thus indicated a potential need to be explored further in primary data collection.

The preliminary list of needs flagged by the secondary review included:
- Access to Care
- Asthma
- Cancers
- Climate and Health
- Cardiovascular Disease (CVD)/Stroke
- Diabetes
- Economic Security
- Maternal and Infant Health
- Mental Health
- Obesity
- Oral Health
- Overall Health
- Substance Abuse and Tobacco
- Violence/Injury Prevention

The CHNA team assessed racial-ethnic health disparities, when available, in the Kaiser Permanente CHNA platform data to understand variation between different groups in the hospital service area.

Subsequently, the SSG consultant team collected and analyzed additional secondary data sources, such as recent reports published by the Riverside University Health System - Public Health and the California Department of Health and Human Services as well as health assessments conducted by community-based organizations like the Health Assessment Resource Center (HARC) and the Riverside Community Health Foundation. These reports were identified by a general search conducted by the SSG consultant team and served to complement the common indicators and provide a more comprehensive picture of community health needs found in KFH-Moreno Valley and Coachella Valley.

For a complete list of Kaiser Permanente CHNA platform data sources and additional publications consulted, please refer to Appendix A.

B.   Community Input

i. Description of the community input process

Community input was provided by a broad range of stakeholders through the use of key informant interviews, focus groups, and community café. Key informant interviews allow for in-depth exploration of complex issues and provide rich qualitative data. The CHNA team used key informant interviews primarily with executive level members of government, education, or non-profit agencies. Focus groups allow for the collection of similar types of information from multiple stakeholders at one time; focus groups also provide rich data by facilitating deep discussion between stakeholders. The CHNA team used focus groups for the entire range of stakeholders described below. A community café is a data collection activity in which stakeholders discuss and answer key questions at multiple discussion stations. Its interactive approach is beneficial when engaging a large and diverse group of community members. The community café was intended to obtain input from community residents, particularly parents, who would not otherwise have participated in the CHNA process.

The KFH-Moreno Valley Community Benefits staff identified and outreached to local community stakeholders to solicit community input about the health needs and assets found in the community. Community input was solicited from stakeholders that represented broad interests in the community, including, the health care sector (e.g. hospitals, clinics and providers), mental health, nonprofit and community-based organizations (e.g. grassroots, food pantries, coalitions), county and city agencies

and programs (e.g. public health department, city planners, school districts), public health experts and professionals, social service providers (e.g. family assistance, children services, domestic violence) and academic institutions (e.g. colleges and universities). Local community stakeholders participated in focus groups or key informant interviews to discuss health needs, health barriers, and health assets in their respective community.

Stakeholders with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see Appendix B.

ii. Methodology for interpretation and analysis of primary data

Primary data collection consisted of five focus groups and 15 key informant interviews. The domains explored in all focus groups and interviews included the following:
- Health Needs
  Major health issues in your community, including health trends and contributing factors (both positive and negative). This may include, but is not limited to obesity and related diseases, such as diabetes, older adults' health, mental health, substance abuse, HIV/AIDS, and domestic/family violence.

- Health Barriers (both individual and community levels)
  Challenges that impact an individual's ability to engage in healthy behaviors and/or seek help, including accessibility and affordability of services, environmental or structural factors, social norms, service infrastructure, economic trends, regional disparities, public safety, etc.

- Health Assets (both individual and community levels)
  Resources and factors that positively impact health, including cultural or community values, effective program models, existing institutions, collaboratives and networks, etc.

The CHNA team audio recorded and transcribed each focus group and interview. At least two members of the CHNA team read and coded each transcript for key themes. Thematic analysis is a standard practice in qualitative research, and involves close reading and identification of themes, or recurring concepts and issues mentioned by stakeholders. Key themes included specific health needs (e.g., diabetes) as well as assets for (e.g., parks, health education programs) and barriers (e.g., long commutes, food deserts) to health within the community. Each transcript was coded with quotes or summaries categorized by theme and placed within a database.

Initially, the SSG consulting team conducted five focus groups with stakeholders that represent the KFH-Moreno Valley MCA and populations that overlap throughout Riverside County. After the KFH-Moreno Valley Community Benefit staff and the consulting team reviewed the composition of the stakeholders in these focus groups as well as the focus group transcripts, they decided that these focus groups did not provide enough opportunity for issues important to community residents with historically high health disparities to surface, especially given the increasing economic instability in Riverside County and California. To increase the diversity of community input, the consulting team subsequently conducted one community café discussion with the hope of engaging community residents ranging from diverse ethnic and economic backgrounds. However, the target population the SSG consulting team attempted to engage did not result, and instead the majority of the stakeholders who participated in the community café were Riverside County employees. Key data collected during the community café included a sticker survey in which participants placed a sticker on a wall chart next to the top five

health needs they saw in their community. The CHNA team collected the wall chart and calculated scores for each need. These aligned with the health needs identified in the focus groups and interviews.

C.   Written Comments

Kaiser Permanente provided the public an opportunity to submit written comments on the facility's previous CHNA Report through CHNA-communications@kp.org. This website will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of this CHNA report development, KFH-Moreno Valley had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate facility staff.

D.   Data Limitations and Information Gaps

The Kaiser Permanente CHNA Data Platform includes approximately 150 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old. When necessary, the CHNA team searched for and included additional or updated data—for example, from the California Cancer Registry.

For primary data collection, the SSG consultant team primarily relied on service providers, community leaders, community residents, and public agency officials for community input. While these CHNA stakeholders are knowledgeable about the communities they serve and work with, engagement with additional community residents throughout the CHNA process would provide richer data.

VI. Identification and Prioritization of Community Health Needs: Process and Key Findings

A.   Identifying Community Health Needs

i.   Definition of Health Need

For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

ii.   Criteria and analytical methods used to identify the community health needs

The CHNA utilized a mixed-methods approach that included the collection of secondary or quantitative data from existing data sources and community input or qualitative data from focus groups and interviews with community stakeholders. The process was iterative (non-linear) as both the secondary and primary data were used to help inform each other. The advantage of using this approach is that it validates data by cross-verifying from a multitude of sources. Secondary data and stakeholder input were inter-related and informed each other during the process of identifying the health needs. The SSG consultant team used secondary data collection and analysis to structure primary data collection of stakeholder input. For example, the health issues identified through secondary data where the medical center area performs more poorly against a benchmark informed "probing questions" in focus group and key informant interview guides and to identify the list of key community stakeholders with

knowledge of those health issues.

Stakeholder input informed secondary data collection and analysis in two ways. During focus groups and interviews, the SSG consultant team collected information about additional data and reports referred to by stakeholders. The SSG consultant team searched for additional secondary data to validate health needs that were brought up by only a few key stakeholders during community input and which were not initially identified by the analysis of Kaiser Permanente common indicators, such as prescription drug abuse.

To be considered a health need, a health outcome or a health driver had to meet at least two of three key criteria applied during the secondary and primary data analysis. First, existing or secondary data had to demonstrate that the medical center area (MCA) data fares worse than the Healthy People 2020 objectives and/or state (California) averages. Second, the health outcome or driver had to be mentioned in a substantive way in at least two sources from primary data collection (either focus groups, key community stakeholder interviews or community café), such as a description of its severity and trend, a description of populations that are most impacted, challenges in addressing this issue, and/or possible links to other health needs. Third, the issue had to show inequitable distribution within the population in the MCA, in other words, vulnerable populations bear a disproportionate burden of the health outcome or driver.

Based on these criteria, the following 12 health needs were identified, in alphabetical order. More details about these health needs are described in the issue statements in the following section and in the health need profiles in Appendix C.

Access to Care
Asthma
Cancer
Cardiovascular Disease (CVD)
Climate and Health
Diabetes
Economic Security
Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STIs)
Mental Health
Obesity and Overweight
Substance Abuse and Tobacco
Transportation

B.   Process and criteria used for prioritization of the health needs

The prioritization process relied on two key prioritization methods: nominal group planning process for a community-wide discussion about identified health needs and matrix method (implemented as a paper survey) for the voting process to prioritize health needs. The nominal group planning process consisted of a facilitated discussion around the identified health needs, along with presentation of data. It enhanced the prioritization process by developing a shared understanding of the identified health needs among diverse community stakeholders and by explaining clearly the criteria by which community stakeholders would apply to each health need during the matrix method. Stakeholders were convened in a community forum to review and discuss CHNA findings, leading to a final prioritization through a voting process. The matrix method was a strategy for quantitatively gathering individual input by having participants rank each health need against defined criteria. The matrix method consisted of a paper survey in which participants scored each health need on a scale of 1-4 across four criteria: community concern, health disparities, severity, and assets. Each criterion is described below. The scores for each

need on the matrix were averaged in order to produce a prioritized list of needs.

KFH-Moreno Valley Community Benefit staff and the consulting team decided to implement both the nominal group planning process and matrix voting method through a community forum. Three community forums were held on January 20, February 2, and February 3, 2016. A total of 57 stakeholders participated in the prioritization process. The stakeholders who participated in the CHNA prioritization of health needs either work and/or live in Riverside County; they represent Riverside MCA, Moreno Valley MCA and/or Coachella Valley. Stakeholders in the community forums represented the health care sector (e.g. hospitals, clinics and providers), mental health, nonprofit and community-based organizations (e.g. churches, grassroots, food pantries, coalitions), county and city agencies and programs (e.g. police, public health department, criminal justice, school districts), public health experts and professionals, social service providers (e.g. family assistance, children services, domestic violence) and academic institutions (e.g. colleges and universities). In order to broaden stakeholder input into the prioritization process, each CHNA participant also had the option to invite a community partner (from another agency) to attend the forum.

The nominal group planning process was applied at the onset of the community forum. The nominal process was selected because many focus group and interview CHNA stakeholder participants expressed appreciation for the opportunity to have community conversations about health needs and solutions and were interested in learning the results of the assessment as soon as possible. The facilitated discussion allowed a democratic process where CHNA stakeholders had an opportunity to share their reflections, reactions, ideas, experiences, and resources with each other. The discussion was also intended to reduce bias in the next phase of the prioritization process using the matrix method.

The matrix method began immediately after the discussion, towards the end of the community forum. Each agency present was given a final prioritization matrix to rate each health need according to the following criteria on a 1-4 scale, with 1=lowest and 4=highest.

1. Community Concern – describes the extent to which community members were concerned about the health need.
2. Health Disparities – describes the extent to which the health need disproportionately affected vulnerable populations.
3. Severity – describes the extent to which the health need impacts the quality of life of those affected directly or indirectly (e.g. caregivers, other household members, etc.)
4. Assets – describes the extent to which health needs do or do not have adequate attention, such as programs, policies, and initiatives.

CHNA stakeholders filled out the matrix surveys anonymously, and had the opportunity to provide comments or clarifications on the survey. Completed surveys were collected before CHNA stakeholders left the forum.

After the forum, the SSG consultant team coded the completed surveys and entered responses into a database for analysis. Each health need received a composite score that is the sum of the averages of the first three criteria (community concern, health disparities, and severity). The higher the composite score, the higher the health need ranked on the prioritized list. The fourth criterion (assets) was not used in this calculation. It may not make sense for KFH-Moreno Valley to devote more resources to a health need that already has a lot of community assets addressing it. On the other end of the spectrum, a health need that has no community assets may not be a wise investment either. Therefore, this criterion should not be analyzed as a scale. Instead, the SSG consultant team treated this criterion with a categorical analysis, looking at frequencies (e.g. how many people rated this health need a "1" in terms of asset, a "2," and so forth), rather than calculating an average. This information would be more

useful during the "Implementation Strategy" process as KFH-Moreno Valley makes strategic decisions about resource allocation.

C.   Prioritized description of all the community health needs identified through the CHNA

i.   Community Health Landscape and Trends

This section describes the health outcomes and important determinants (drivers) of health in the community. The list of significant health outcomes and drivers listed in this reflects application of the health need criteria to primary and secondary data (as described in Section VI.A.ii.)

a.   Significant Morbidity and Mortality (Health Outcomes)

CHNA stakeholders identified a number of health outcomes that cause significant morbidity and mortality in the Moreno Valley MCA and Coachella Valley; secondary data validated these health needs and provided additional information about the range of the needs and disparities within health outcomes. Using the MATCH framework, the CHNA team identified seven of the health needs as *health outcomes.*

Asthma
Asthma is a chronic respiratory health issue that causes episodes of wheezing, chest tightness, coughing, and shortness of breath. Low income and minority populations, especially children, women, African Americans, people living below the Federal Poverty Level (FPL), and employees with certain exposures in the workplace, have the highest rates. According to CDC and state data, Moreno Valley MCA (13.4%) and Coachella Valley (13.9%) fare slightly better than the state (14.2%) for asthma prevalence[1]; Coachella (6.81 per 100,000) also fares better in age-adjusted hospitalizations due to asthma and related complications, while Moreno Valley (9.78 per 100,000) reports slightly higher hospitalizations than the state (8.9 per 100,000).[2] CHNA stakeholders identified poor air quality and specifically described high levels of pollutant "particulate matter" in Moreno Valley and surrounding geographic areas that are caused by environmental and man-made factors. In addition, CHNA stakeholders discussed asthma as being associated with built environment due to suburban designs. CHNA stakeholders stated that without an optimal public transportation system, communities are forced to drive from one location to the next due to the long distances between locations, as well as the long commutes for residents working outside of Riverside County. In addition, the proximity of schools near highways with dense traffic increases the risk for asthma in children.

Cancer
Cancer incidence is higher in the Moreno Valley MCA and Coachella Valley than the state for all cancers except breast and prostate cancer. Smoking, poor diet, and obesity are key risk factors for cancer as well as other diseases, such as heart disease, cerebrovascular disease, chronic lung disease, and diabetes. Cancer mortality rate is higher in the Moreno Valley MCA (169.37 per 100,000) and Coachella Valley (160.85 per 100,000) than in California (157.1 per 100,000).[3] In Coachella Valley environmental factors have been linked to an increase in cancer rates. Nutrition and diet are factors contributing to helping cancer patients regain their physical health, especially after chemotherapy. According to CHNA stakeholders, poverty creates barriers to affordable insurance and access to care and leads to poor cancer outcomes. Stakeholders also connected cancer to mental health conditions, such as depression, stress and anxiety. Screening programs improve early detection and intervention, and many cancers respond to treatment.

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[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.
[2] California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011.
[3] California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

Figure VI.1 Cancers

	Moreno Valley MCA	Coachella Valley	California
Cancer Age-Adjusted Death Rate[a]	169.37	160.85	157.1
Annual Breast Cancer Incidence Rate[b]	117	116.2	122.1
Annual Cervical Cancer Incidence Rate[b]	8.4	8.5	7.7
Annual Colon Cancer Incidence Rate[b]	40.9	41.2	40
Annual Lung Cancer Incidence Rate[b]	48.6	48.9	48
Annual Prostate Cancer Incidence Rate[b]	125.1	126.5	126.9

Note: Incidence and death rates per 100,000 population. Data Source: [a] University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code
[b] National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County

Figure VI.2 Cancer Mortality Disparities

Death due to cancer disproportionately impacts certain groups, particularly Black/African Americans Native Hawaiian/Pacific Islanders, and Non-Hispanic Whites.
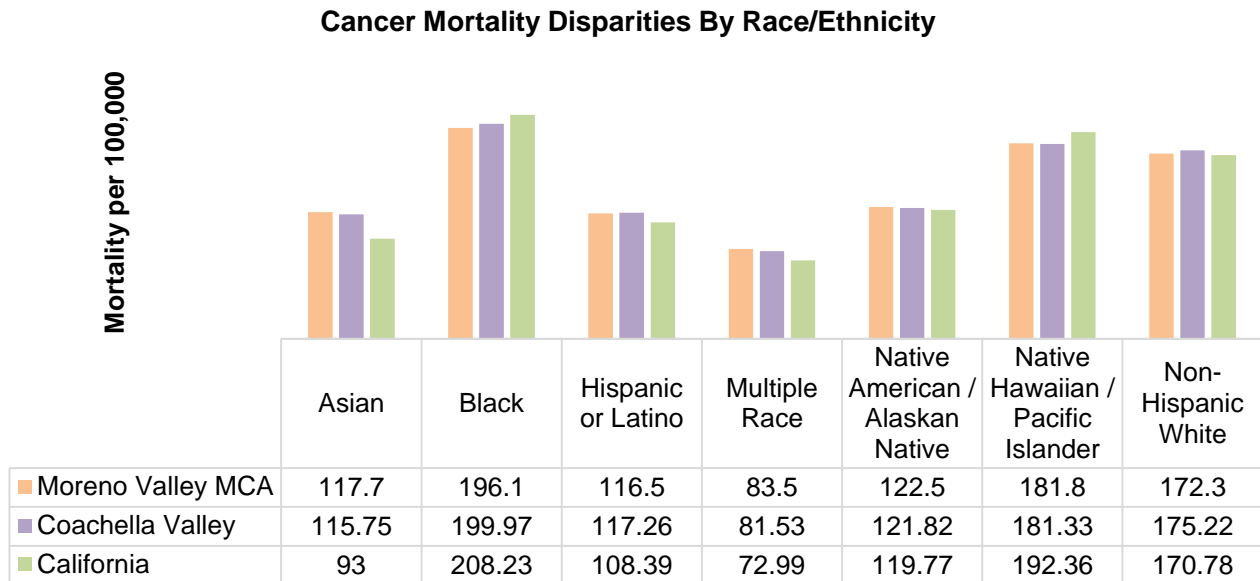
Cancer Mortality Disparities By Race/Ethnicity

	Asian	Black	Hispanic or Latino	Multiple Race	Native American / Alaskan Native	Native Hawaiian / Pacific Islander	Non-Hispanic White
Moreno Valley MCA	117.7	196.1	116.5	83.5	122.5	181.8	172.3
Coachella Valley	115.75	199.97	117.26	81.53	121.82	181.33	175.22
California	93	208.23	108.39	72.99	119.77	192.36	170.78

Data Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code

Cardiovascular Disease

Cardiovascular disease includes heart disease and stroke, which are leading causes of death in the U.S. According to state data, the prevalence for heart disease in the Moreno Valley MCA (7.70%) and Coachella Valley (7.50%) is higher than the state (6.3%).[4] Cardiovascular disease is associated with economic insecurity, physical inactivity, and substance use. Access to care is an issue, as long wait times force individuals into emergency room visits. CHNA stakeholders stated that it was a major health need within the communities that often became a long-term outcome of obesity and diabetes. Food insecurity was mentioned as an associated factor for cardiovascular disease, particularly among the homeless who have limited healthy food choices.

Figure VI.3 Adults Ever Diagnosed with Heart Disease

	Moreno Valley MCA	Coachella Valley	California
Heart Disease Prevalence in Adults	7.70%	7.50%	6.30%
Percentage of Females diagnosed with Heart Disease	6.10%	6.08%	5.86%
Percentage of Males diagnosed with Heart Disease	10.49%	9.93%	6.93%

Data Source: University of California Center for Health Policy Research, California Health Interview Survey. 2011-12. Source geography: County

This indicator reports the percentage of adults age 18 and older who have ever been told by a doctor that they have coronary heart disease or angina.

Figure VI.4 Heart Disease Mortality by Race/Ethnicity per 100,000 Population

	Asian	Black	Hispanic or Latino	Multiple Race	Native American / Alaskan Native	Native Hawaiian / Pacific Islander	Non-Hispanic White
Moreno Valley MCA	130.8	241.9	122.9	132.9	115.5	252.8	202.1
Coachella Valley	122.04	247.37	123.96	128.22	117.87	250.36	206.14
California	104.92	238.65	113.88	76.19	104.77	253.08	175.3
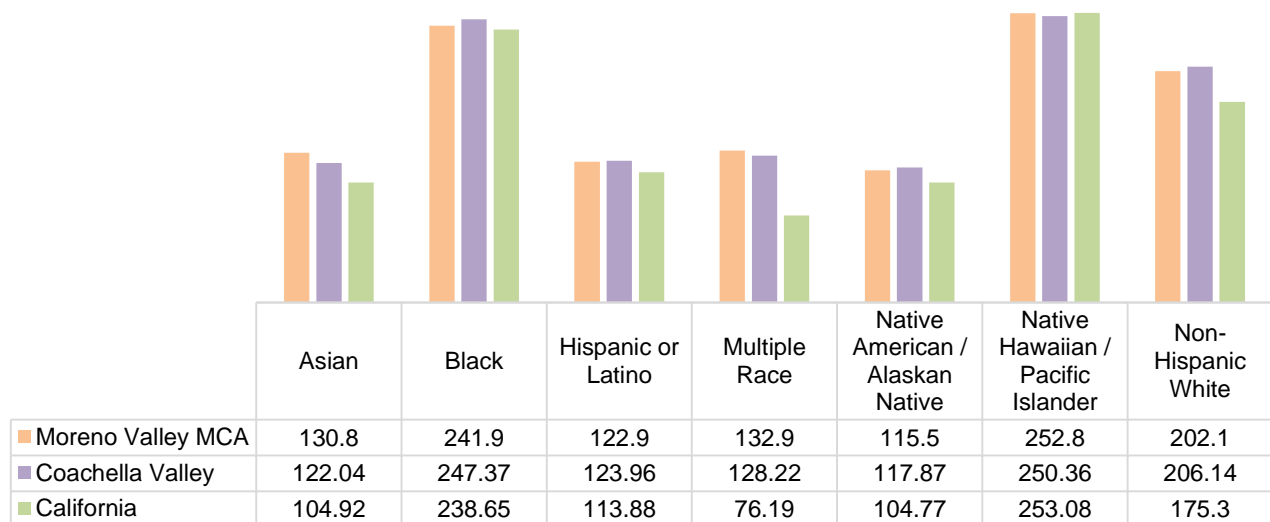
Note: Age-Adjusted Rates per 100,000 Population. Data Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code

Cardiovascular disease mortality is highest among Black/African Americans and Native Hawaiians/ Pacific Islanders.

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[4] University of California Center for Health Policy Research, California Health Interview Survey. 2012.

Diabetes

Diabetes can lead to serious health complications such as blindness, kidney failure, and lower extremity amputations, particularly if left untreated or improperly managed. The diabetes prevalence rate for adults is higher in Coachella Valley (9%) and the Moreno Valley MCA (8.9%) than in California (8.05%).[5] According to CHNA stakeholders, diabetes is increasing among young adults and the homeless population. Lack of nutrition contributes to the rise of diabetes. CHNA stakeholders reported that economic insecurity is associated with diabetes, because it impacts the ability of families to access insurance, health care, and affordable healthy food. The built environment also impacts diabetes, to the extent that it creates long commutes and neighborhoods without easy access to parks or grocery stores.

Figure VI.5 Diabetes

Report Area	Population with Diagnosed Diabetes, Age-Adjusted Rate	Percent of Females with Diabetes	Percent of Males with Diabetes
Moreno Valley MCA	8.90%	8.20%	10.10%
Coachella Valley	9%	8.17%	9.99%
California	8.05%	7.13%	8.41%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

This indicator reports the percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes.

Diabetes prevalence has been on the rise across the country, but trend data suggests that the increase has been faster in the Coachella Valley and Moreno Valley MCA than in the state. The rise in diabetes in the Coachella Valley and Moreno Valley MCA may be related to rising obesity rates, which in turn are driven by poor diet and inadequate physical activity.

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

Figure VI.6 Diabetes Trends

Percent of Adults with Diagnosed Diabetes by Year, 2004 through 2012

	2004	2005	2006	2007	2008	2009	2010	2011
■ Moreno Valley MCA	6.70%	7.20%	7.50%	8%	8.30%	8.90%	9.10%	9.20%
■ Coachella Valley	6.84%	7.23%	7.65%	8.01%	8.27%	8.78%	9.03%	9.21%
■ California	6.36%	6.73%	7.07%	7.33%	7.55%	7.57%	7.72%	7.93%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County
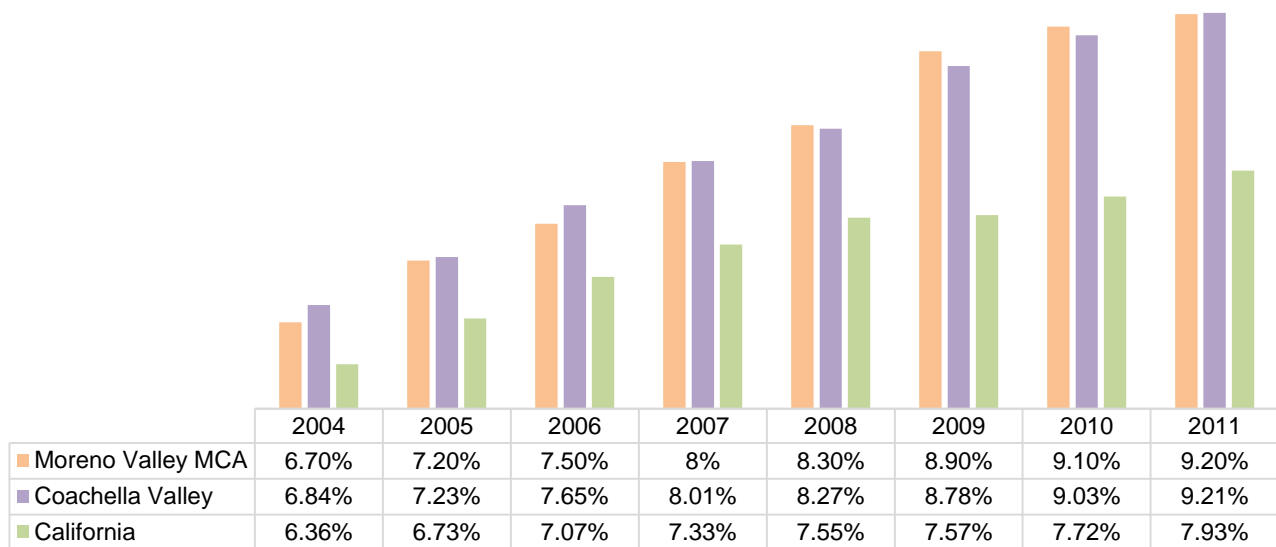
HIV and STIs

HIV is a life-threatening communicable disease that disproportionately affects racial and sexual minority populations and may also indicate the prevalence of unsafe sex practices. According to the CDC, HIV prevalence in both the Moreno Valley MCA (268.7 per 100,000) and the Coachella Valley (258.1 per 100,000) is lower than the overall prevalence in California (363 per 100,000).[6] However, Coachella Valley has the highest HIV hospitalization rates (2.32) in comparison to Riverside County (1.52). HIV/AIDS and STIs are associated with health care access, economic insecurity, and substance abuse. According to CHNA stakeholders, higher rates of STIs and HIV are perpetuated by the sex tourism industry in the Coachella Valley and inadequate public education and awareness around HIV/AIDS and STIs. Stakeholders also observed a higher risk of contracting HIV/STI among older adults and African American youth related to lack of education and awareness of risk.

Mental Health

Mental health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life and is able to contribute to his or her community. One's mental health can be affected by environmental, genetic, social, and physiological factors. Poor mental health includes anxiety, mood disorders, and substance abuse. According to state data, adults in the Moreno Valley MCA and Coachella Valley self-reported more poor mental health days (4.1 per month) than compared to the State of California (3.6 per month).[7] The suicide rate in Coachella Valley (14.22 per 100,000) is much higher than California (9.8 per 100,000) or Moreno Valley MCA (7.34 per 100,000).[8] The suicide rate is higher in the White population than other racial-ethnic groups. According to CHNA stakeholders, economic insecurity and poverty are linked to mental illness. CHNA stakeholders also connected mental health conditions to chronic illnesses such as obesity, cardiovascular disease,

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[6] Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2010.
[7] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12.
[8] California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

cancer and infectious diseases. CHNA stakeholders reported that various populations are being impacted by mental health conditions, including older adults (e.g. depression and dementia), veterans (e.g. post-traumatic stress disorder) and homeless (e.g. stress and anxiety).

Obesity and Overweight

Excess weight is a prevalent problem in the U.S that generally indicates an unhealthy lifestyle and puts individuals at risk for further health issues. According to the CDC, the rates of adult obesity in the Moreno Valley MCA (25.40%) and Coachella Valley (25.80%) are above the state average (22.32%).[9] Youth obesity rates were higher in Coachella Valley with 23.11% of youth classified as obese compared to 18.99% in California and 21.58% in Moreno Valley.[10] Of these youth, a disproportionate percentage of Hispanic/Latino (22.95% in Moreno Valley and 25.8% in Coachella Valley) youth are obese. Obesity and overweight are associated with economic instability, poor nutrition, physical inactivity, and health care access. According to CHNA stakeholders, factors such as built environment (as related to access to physical activity), poverty, food insecurity, lack of school physical activity programming, and long commutes were identified as contributing to higher rates of obesity, because they are factors that deter healthy eating and active lifestyles. Various collaborations are focusing attention on this issue, and the Healthy Communities Element of the Riverside County General Plan includes specific policies that are intended to address this need.

Figure VI.7 Obesity and Overweight

	Percent of Adults Overweight	Percent of Adults Obese	Percent of Youth Overweight	Percent of Youth Obese
Moreno Valley MCA	36.40%	25.40%	22.60%	21.58%
Coachella Valley	36.50%	25.80%	19.61%	23.11%
California	35.80%	22.30%	19.30%	18.99%
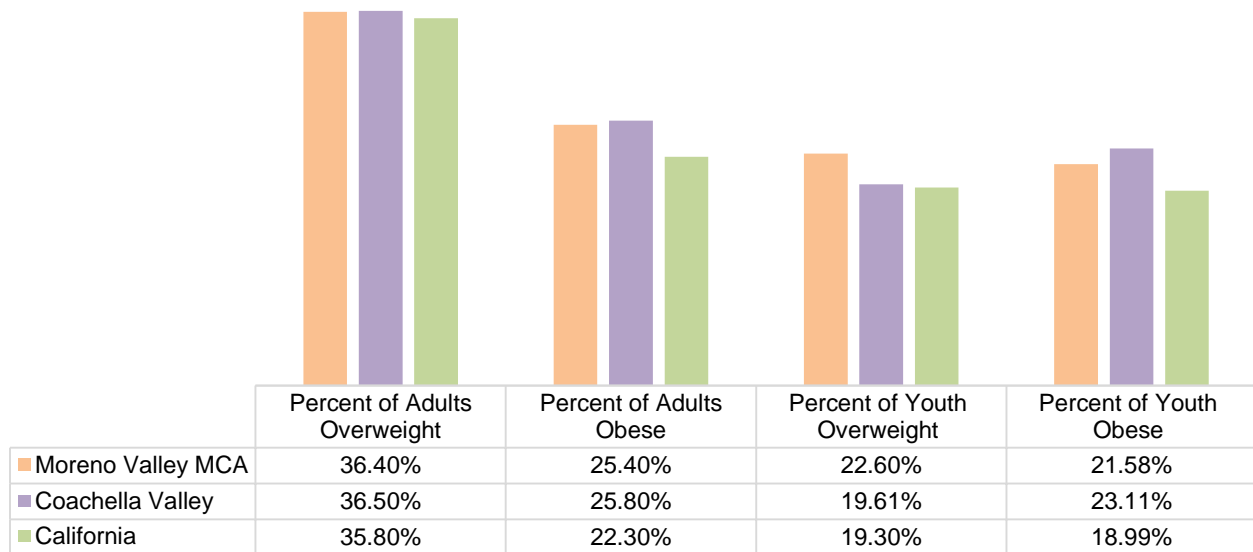
[a] Data Source for Adults: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County. [b] Data Source for Youth: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14. Source geography: School District

Both youth and adult obesity and overweight are higher in Moreno Valley MCA and Coachella Valley than in the state. It should be noted that over 60% of adults in the Moreno Valley MCA and Coachella Valley are overweight or obese.

b. Significant Health Drivers

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[9] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
[10] California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.

i. Access to Care

The ability to access medical care emerged as a significant health need in both the primary and secondary data. Access to care is critical to improving health outcomes. In the Moreno Valley MCA and Coachella Valley, there are a number of challenges to ensuring access, the most critical of which is a shortage of health care providers. While the proportion of the population 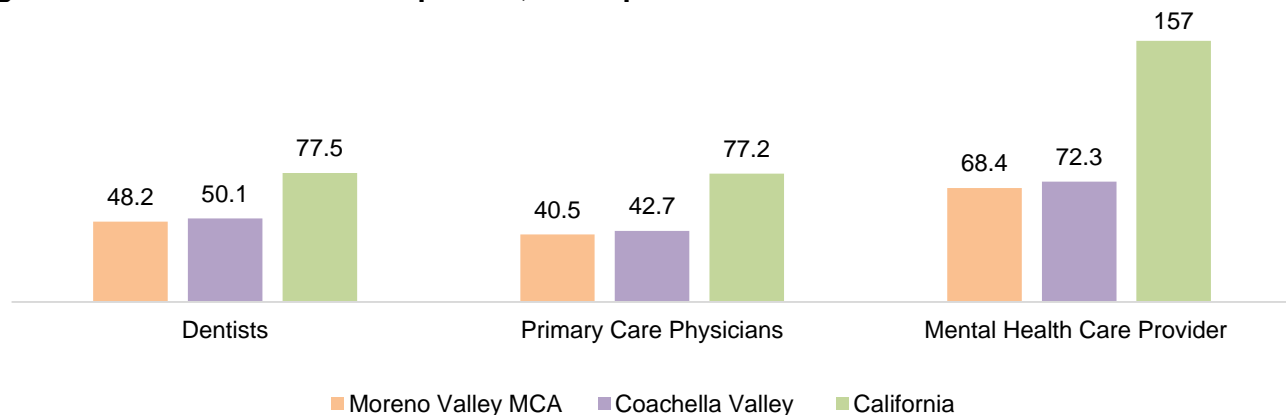with health insurance has increased in recent years, a lack of providers in Riverside County as a whole continues to limit access to care. Proportionally, there are about half as many primary care providers in the Moreno Valley MCA (40.5 per 100,000) and Coachella Valley (42.7 per 100,000) as there are in the state (77.2 per 100,000 population in California).[11] The data for mental health providers is even worse: the state average is 157 providers per 100,000 population compared to 72.3 in Coachella and 68.4 in Moreno Valley.[12] The proportion of the population that is uninsured in both Moreno Valley MCA (22.71%) and Coachella Valley (21.39%) is higher than the state average (16.69%).[13] Economic instability in the region has contributed to increasing numbers of people who struggle to maintain health insurance and those who can no longer afford health insurance. In addition, navigating the Affordable Care Insurance plans and understanding health care benefits is a challenge for many who are insured.

A number of stakeholders explained that the provider shortage contributes to long waits to get appointments. While the Patient Protection and Affordable Care Act succeeded in increasing insurance enrollment, the higher number of insured has exacerbated long wait times. CHNA stakeholders attributed ongoing emergency room use for primary care is in part, a result of the long wait times to see a provider. Navigating the health care plans and understanding health care benefits is a challenge for many who are insured. In addition, stakeholders shared that for some of the newly insured, the cost of premiums has exceeded expectations and created financial strain. An additional barrier to access to care identified by stakeholders was transportation; particularly in the Coachella Valley, limited public transportation hinders both emergency and routine health care utilization. Stakeholders in the Coachella Valley also identified a lack of a mental health inpatient facility as a major barrier to care. Many CHNA stakeholders shared that veterans, seniors, and homeless in the community have difficulty accessing health care. CHNA stakeholders also shared there is still a lack of insurance among young adults and immigrants, especially the undocumented, who are not eligible for most public programs.

Figure VI.8 Access to Providers per 100,000 Population

Moreno Valley MCA ■ Coachella Valley ■ California

	Dentists	Primary Care Physicians	Mental Health Care Provider
Moreno Valley MCA	48.2	40.5	68.4
Coachella Valley	50.1	42.7	72.3
California	77.5	77.2	157

ᵃ Data Source for Dentists: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. ᵇ Data Source for Primary Care Physicians: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. ᶜ Data Source for Mental Health Care Providers: University of Wisconsin Population Health Institute, County Health Rankings. 2014. Source geography: County

[11] US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.
[12] University of Wisconsin Population Health Institute, County Health Rankings. 2014.
[13] US Census Bureau, American Community Survey. 2009-13.

ii. Health Behaviors

Health behaviors, including diet, physical activity, smoking, and alcohol use, have a significant impact on health status and increase risk for a variety of chronic conditions.

Diet and physical activity were specifically mentioned as important determinants of health needs like diabetes and obesity and overweight. Stakeholders in the CHNA attributed increasing rates of these outcomes to physical inactivity, low consumption of fruits and vegetables, drinking sugar-sweetened beverages, and long commutes. In the Moreno Valley MCA, 74.7% of adults and 52.3% of youth consume less than five servings of fruits and vegetables each day.[14] The figures for the Coachella Valley are 74.5% of adults and 50.9% of youth.[15] Stakeholders shared that physical education programs have been scaled back in public schools, and that outdoor sports and exercise programs can be challenging because of the hot climate. While about 18.2% of adults in both Moreno Valley MCA and Coachella Valley report low physical activity,[16] inadequate physical activity among youth is more than twice that in Moreno Valley MCA with 45.01% and 41.36% in Coachella Valley.[17] Long commutes reported by stakeholders both increase sedentary time among and reduce free time after work in which to exercise.

Substance Abuse and Tobacco
Substance use refers to use, abuse, or dependence on one or more controlled or illegal substances. Environmental, genetic, and social factors strongly influence patterns of substance abuse, which is very frequently comorbid with mental illness. Tobacco use (measured as the percentage of the population that smokes) is higher in both Coachella (14.70%) and Moreno Valley (14.60%) than in the state (12.80%).[18] While reliable estimates for Moreno Valley MCA and Coachella Valley are not available, CHNA stakeholders also identified prescription drug abuse and addiction as a significant health issue in Riverside County. Prescription drug abuse has been implicated in the recent rise in heroin use across the country. Some providers explained that the safety net clinics in which they work are no longer prescribing any controlled substances because of the risk of abuse and addiction.

iii. Physical Environment

Two health needs were identified in the CHNA and are categorized under physical environment in the MATCH framework.

Climate and Health
Riverside County, especially the eastern portion, experiences climate and environmental conditions that pose distinct challenges to health. The region is, on average, hotter and drier than the state, and has experienced increasingly severe drought in recent years. Higher temperatures contribute to heat-related emergency room visit rates that are roughly twice as high in Coachella (22.2 per 100,000) and Moreno Valley MCA (22 per 100,000) as in the state (11.1 per 100,000).[19] Canopy cover, or the percent of an area covered by trees, is only 1.95% in the Coachella Valley and 2.13% in Moreno Valley MCA (compared to 15.13% in California)[20]; in addition to shade, trees provide important protection from environmental pollutants, heat, and noise. During 2012-2014, Moreno Valley and Coachella Valley County spent over 96% of weeks in drought conditions, which contributed to degradation of air, food,

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[14] University of California Center for Health Policy Research, California Health Interview Survey. 2012.
[15] University of California Center for Health Policy Research, California Health Interview Survey. 2012.
[16] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
[17] California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.
[18] 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.
[19] California Department of Public Health, CDPH - Tracking. 2005-12.
[20] Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES. 2011.

and water system quality.[21]

In addition, the Moreno Valley MCA and Coachella Valley are major transit zones, with much of the freight traffic serving Southern California passing through the region. Some stakeholders described the proliferation of warehouses dedicated to shipping in the area, as well as increases in the number of tractor trailers. Particles from vehicle emissions react with sunlight to produce ozone, which then collects in certain geographical areas, including the Moreno Valley MCA and Coachella Valley. Consequently, the percentage of days with ozone readings that exceed the National Ambient Air Quality Standard is much higher in Moreno Valley MCA (13.92%) and Coachella (7.14%) than in the state as a whole (2.65%).[22] Stakeholders also discussed how the lack of jobs available in Riverside County increases commutes for residents, increasing the use of cars on the road and more pollution in the air.

Transportation
Geographically, Riverside County is one of the largest counties in California, and much of the eastern portion of the county is very rural. CHNA stakeholders explained that in comparison with neighboring Los Angeles and Orange Counties, there is a lack of jobs in Riverside County. These two factors contribute to ongoing transportation issues in both the Moreno Valley MCA and Coachella Valley. The percent of the population that walks or bikes to work in Coachella Valley (3.14%) and Moreno Valley MCA (1.69%) is lower than the state average (3.82%).[23] Perhaps more significantly, 18.30% of Moreno Valley MCA residents have commutes of over an hour, compared to 10.1% of California residents.[24] CHNA stakeholders explained that insufficient public transportation created significant barriers to accessing some basic needs—including healthy foods, health care, and other social services. In low-income rural areas, particularly the Coachella Valley, children in families without cars who miss the school bus often end up missing school; over time, these absences can impact educational attainment and long-term economic security. Walk Score, an organization that rates walkability based on the presence of walking routes to grocery stores, schools, parks, restaurants, and retail, categorizes all of the Moreno Valley MCA and Coachella Valley cities in walk score areas as car-dependent.[25]

Figure VI.9 Transit and Walkability in Moreno Valley MCA and Coachella Valley
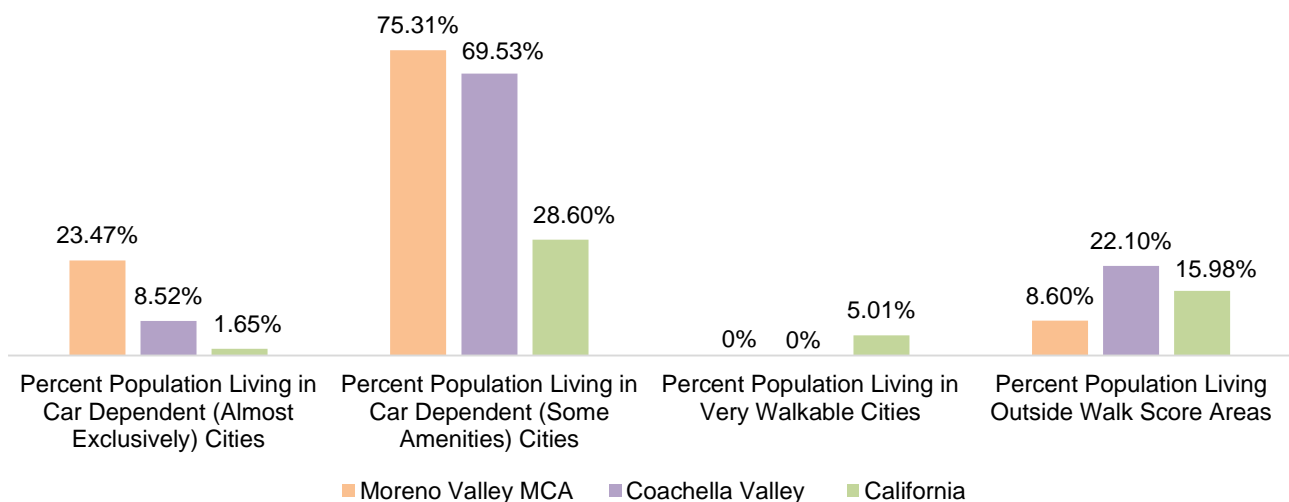
Data Source: Walk Score®. 2012. Source geography: City

[21] US Drought Monitor. 2014.
[22] Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
[23] US Census Bureau, American Community Survey. 2009-13.
[24] US Census Bureau, American Community Survey. 2010-14.
[25] Walk Score®. 2012.

This indicator is relevant because an environment with safe walking routes and nearby amenities encourages physical activity and other healthy behaviors and decreases dependence on motor vehicle transportation.

iv. Socioeconomic Factors

Using the MATCH framework, one health need identified through the CHNA is categorized as a socioeconomic factor.

Economic Security

Economic security facilitates access to health services, healthy food, and other necessities that contribute to good health status. Conversely, poverty, unemployment, and low education create barriers to health. According to the US Census, the poverty rate (less than 200% FPL) in the Moreno Valley MCA (49.14%) exceeds that of Coachella Valley (47.05%) and the state (36.37%).[26] While the unemployment rate has been declining across the country since 2010, unemployment in Moreno Valley MCA and Coachella Valley is consistently higher than state and national rates.

Socioeconomic status impacts what neighborhoods or areas people can live in, and therefore access to resources like parks, grocery stores, and transportation is limited to people's financial status. While 14.31% of Californians have low food access, the figure is higher for Moreno Valley MCA (21.79%) and Coachella Valley (25.83%).[27] High housing costs can be an additional burden for working families, as the cost of housing limits funds available for health care, child care, food, and transportation. In the Moreno Valley MCA 49.95% and in Coachella Valley 45.17% (respectively) of households are considered cost-burdened—meaning they spend more than 30% of income on housing costs.[28]

According to CHNA stakeholders, the region is still recovering from the economic downturn in the late 2000s. Economic instability has forced residents to make difficult choices between basic necessities like food and shelter and addressing health needs. While the Affordable Care Act has increased the proportion of the population with health insurance, the costs of premiums have placed an additional strain on some families.

Figure VI.10 Population in Poverty Race Alone, Percent at or Below 100% Federal Poverty Level

Report Area	Asian	Black or African American	Multiple Race	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	White
Moreno Valley MCA	10.82%	26.98%	20.74%	36.29%	61.44%	23.20%	18.07%
Coachella Valley	11.25%	31.34%	24.62%	24.34%	29.35%	31.70%	17.31%
California	11.95%	24.77%	15.98%	24.15%	16.88%	25.25%	14.67%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

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[26] US Census Bureau, American Community Survey. 2010-14.
[27] US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.
[28] US Census Bureau, American Community Survey. 2009-13.

Figure VI.11 Percent Living in Households with Income at or Below 200% Federal Poverty Level

49.14%	Moreno Valley MCA
47.05%	Coachella Valley
36.37%	California
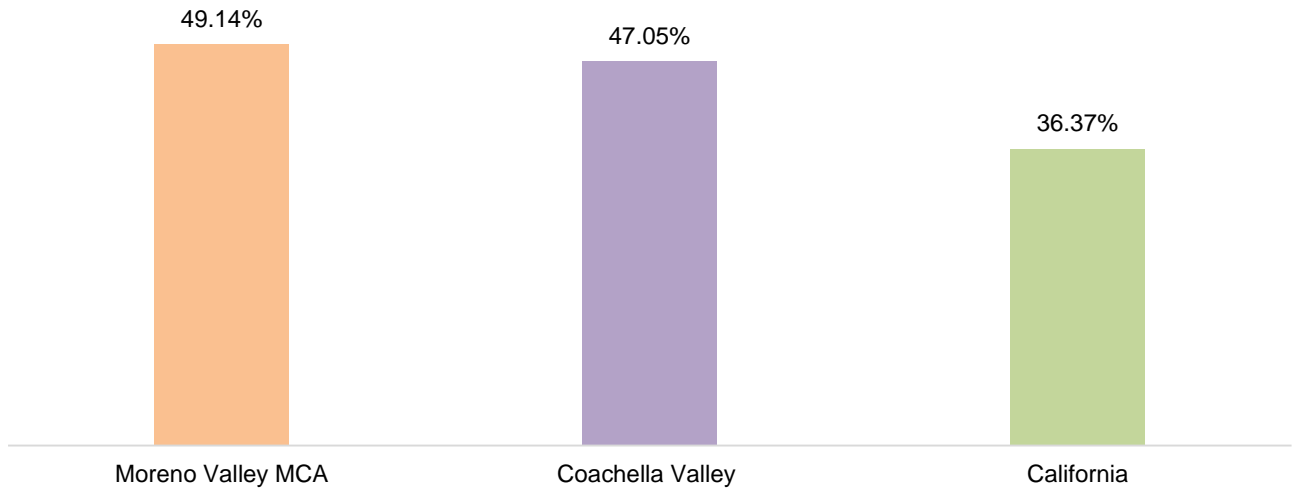
Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract.

Figure VI.12 Percent Population with Low Food Access

14.31%

21.79%

25.83%

- Moreno Valley MCA
- Coachella Valley
- California
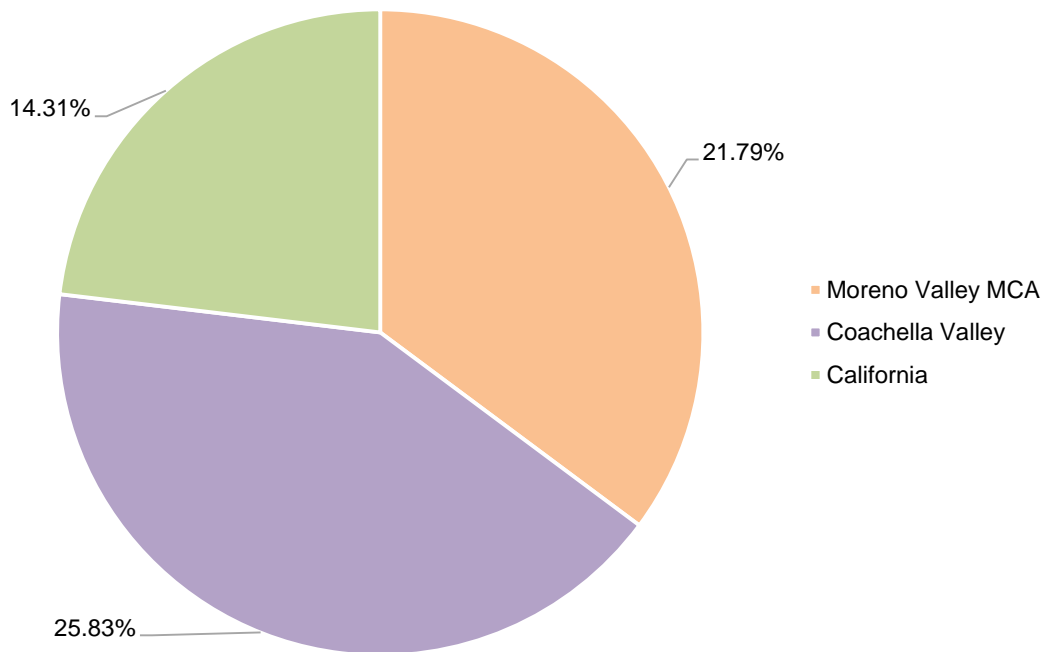
Data Source: U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.
Source geography: Tract

The table of prioritized health needs reflects the prioritization process described in Section VI B.

	Moreno Valley MCA	Coachella Valley	Moreno Valley MCA and Coachella Valley
Economic Security	11.56	11.56	11.56
Diabetes	11.13	10.91	11.02
Access to Care	10.75	11.25	11.00
Obesity and Overweight	11.06	10.69	10.88
Transportation	10.75	11.00	10.88
Mental Health	10.31	10.53	10.42
Climate and Health	10.56	9.56	10.06
Cardiovascular Disease and Stroke	10.06	9.50	9.78
Cancers	10.07	8.84	9.46
Substance Abuse and Tobacco	10.06	8.43	9.25
Asthma	9.38	8.47	8.92
HIV and STIs	8.43	8.60	8.51

D.   Community assets, capacities and resources potentially available to respond to the identified health needs

For the purposes of this CHNA, community assets included resources and factors that positively impact health, such as cultural or community values, effective program models, existing institutions, collaboratives, and networks. These assets, capacities, and resources may operate at the individual or community level. Tangible elements of community assets could be physical and environmental, such as walking trails for community residents to use and be physically active, while the intangible assets could be values, beliefs and life experiences, such as valuing to live healthy by eating organic grown foods. Both elements can help community improve and change health behaviors and outcomes.

Various community resources were shared by stakeholders and community leaders in addition to hospitals and clinics in the KFH-Moreno Valley service area that can help community residents address various health problems. Overall, the Moreno Valley MCA benefits from a number of assets that seek to address many of the health needs identified through this CHNA. These include community and school based programs, public health programs administered by the county, the growing trend of incorporating health elements into city general plans, collaborations between health care providers, community-based organizations, and public agencies, and advocacy organizations.

Stakeholders also identified several gaps in resources. These included a lack of understanding of the health care system and how to utilize insurance and primary care effectively; several stakeholders thought that the community needed programs and policies to improve understanding. Stakeholders lamented the fact that many school districts have eliminated physical education, and thought that reincorporating physical education into schools would help to address some of the health needs, like obesity and overweight. Lastly, stakeholders explained that existing public transportation systems were insufficient, and highlighted the difficulty of getting to medical care facilities. This is particularly acute in

the Coachella Valley, where residents sometimes have to travel 30 or 40 miles to clinics and hospitals.

CHNA stakeholders identified the following resources by health need (in order of community prioritization). Assets, capacities, and resources are described in more detail in the health need profiles in Appendix C.

1. Economic Security
CHNA stakeholders mentioned several organizations that are actively working to address the needs of those living in poverty. There are many physicians who are willing to volunteer their time; however, due to physician shortage in Riverside County and limited health care staff, health care services free of cost are not readily available.

2. Diabetes
Many organizations offer educational trainings on diabetes and other chronic diseases. CHNA stakeholders shared that classes are offered as part of a process to teach diabetics how to take care of themselves and address such topics as: warning signs and symptoms of worsening diabetes, how to read a food label, and recipes for healthy foods. Multiple resources are available to help communities stay active in various school districts and community neighborhoods throughout Riverside County.

3. Access to Care
Many organizations offer educational trainings and informational workshops on health care advocacy. Some CHNA stakeholders shared they are leveraging resources to help community residents learn about health services available to them. What many stakeholders did share is the need to inform newly insured participants how to navigate the health care system, such as making appointments with primary doctors instead of getting care at the emergency room.

4. Obesity and Overweight
CHNA stakeholders cited several collaborations that address issues related to overweight and obesity, including the Riverside County Health Coalition, and Riverside Community Health Foundation's Diabetes Collaborative. Certified farmers' markets (CFM) also serve to provide communities with healthy and fresh produce. There are a few certified farmers' markets (CFM) located in the KFH-Moreno Valley MCA and Coachella Valley.

5. Transportation
The Riverside County Transportation Commission oversees funding and coordination of all public transportation within Riverside County. Riverside University Health System - Public Health is working with various city and county officials to begin planning on improving environmental and health impact.

6. Mental Health
CHNA stakeholders shared there is a lack of behavioral health physicians available to address the increasing demand for mental health services. Many providers offer educational trainings on emotional wellness and management. CHNA stakeholders shared that classes are intended to increase awareness and knowledge about mental health and stigma.

7. Climate and Health
CHNA stakeholders shared about the impact climate has on individuals, especially during the summer when high temperatures become dangerous for vulnerable populations, such as seniors. In Coachella Valley, many organizations open their air conditioned facilities for community residents to come in and cool off.

8. Cardiovascular Disease
CHNA stakeholders mentioned several organizations doing work in the community to improve cardiovascular health. CHNA stakeholders shared a few resources of organizations that aim to increase health knowledge and access to fitness opportunities.

9. Cancer

Some providers offer support and mental health services for their clients and family members who are going through cancer treatment. They also provide grief counseling for the surviving family members.

10. Substance Abuse and Tobacco

Substance abuse was mentioned by CHNA stakeholders as an issue with prescription drug abuse. Some providers mentioned various pain management programs offered in various hospitals and clinics to help with this issue of pain medication addiction.

11. Asthma

Asthma clinics exist in the community in conjunction with smoking cessation programs. CHNA stakeholders mentioned one main issue with asthma triggers is the environment with high levels of smog in Riverside County.

12. HIV and STIs

Riverside University Health System - Public Health offers a range of programs that target HIV, including education and prevention, HIV testing, early intervention, surveillance, and mental health. Some stakeholders shared there are a couple of organizations that provide advocacy around HIV/AIDS through education and mobilization. Chlamydia has increased in Moreno Valley MCA and Coachella Valley

VII. KFH-Moreno Valley 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

A. Purpose of 2013 Implementation Strategy evaluation of impact

KFH-Moreno Valley's 2013 Implementation Strategy report was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH-Moreno Valley's Implementation Strategy report, including the health needs identified in the facility's 2013 service area, the process and criteria used for developing Implementation Strategies, please visit https://share.kaiserpermanente.org/wp-content/uploads/2013/10/IS-Report-Moreno-Valley.pdf . For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by KFH-Moreno Valley in the 2013 Implementation Strategy report.

1. Access to Health Care

2. Diabetes

3. Obesity and Overweight

4. Broader Health Care System Needs in Our Communities - Research and Workforce

KFH-Moreno Valley is monitoring and evaluating progress to date on the 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-Moreno Valley tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA Report in March 2016, KFH-Moreno Valley had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-Moreno Valley will continue to monitor impact for strategies implemented in 2016.

B. 2013 Implementation Strategy Evaluation of Impact Overview

In the 2013 IS process, all KFH planned for and drew on a broad array of resources and strategies to improve the health of communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2014 and 2015, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

- **KFH Programs:** From 2014-2015, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:

  o **Medicaid:** Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.

  o **Medical Financial Assistance:** The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.

  o **Charitable Health Coverage:** Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.

  o **Workforce Training:** Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.

  o **Research:** 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.

- **Grant-making:** For 70 years, Kaiser Permanente has shown its commitment to improving Total Community Health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2014-2015, KFH-Moreno Valley had 36 active grants amounting to a total of $691,000 in service of 2013 health needs. Additionally, KFH-Moreno Valley has funded significant contributions to a donor advised fund (DAF), managed by The California Community

Foundation, in the interest of funding effective long-term, strategic community benefit initiatives. During 2014-2015, a portion of money managed by this foundation was used to support 29 grants totaling $5,910,000 in service of 2013 health needs. An illustrative list of active grants is provided in each health need section below.

- **In-Kind Resources:** Kaiser Permanente's commitment to Total Community Health means reaching out far beyond our membership to improve the health of our communities. Volunteerism, community service, and providing technical assistance and expertise to community partners are critical components of Kaiser Permanente's approach to improving the health of all of our communities. From 2014-2015, KFH-Moreno Valley donated several in-kind resources in service of 2013 Implementation Strategies and health needs; an illustrative list is provided in each health need section below.

- **Collaborations and Partnerships:** Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2014-2015, KFH-Moreno Valley engaged in several partnerships and collaborations in service of 2013 Implementation Strategies and health needs; an illustrative list is provided in each health need section below.

C. 2013 Implementation Strategy Evaluation of Impact by Health Need

KFH-Moreno Valley Priority Health Need: Access to Health Care

- Increase health care coverage for uninsured, underinsured, and low income residents - Improve service infrastructure of safety net providers for improved capacity to serve the uninsured and underinsured - Increase access to primary care services - Increase access to specialty care services including mental health - Improve health care capacity through workforce development - Increase access to oral health care
Access to Health Care **KFH Administered Program Highlights**

KFH Program Name	KFH Program Descriptions	Results to Date
Medicaid	Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.	- In 2014, $7,549,655 was spent on the Medicaid program and 11,867 Medi-Cal managed care members were served

		In 2015, $7,518,189 was spent on the Medicaid program and 11,801 Medi-Cal managed care members were served
Medical Financial Assistance	The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.	• In 2014, $2,779,886 was expended for 2,272 MFA recipients • In 2015, $877,494 was expended for 1,995 MFA recipients
Charitable Health Coverage	Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.	• In 2014, $253,492 was spent on the CHC program and 568 individuals received CHC • In 2015, $206,371 was spent on the CHC program and 353 individuals received CHC

Access to Health Care
Grant-Making Highlights

Grant-Making Snapshot During 2014-2015, there were 20 KFH grant payments, totaling $364,000, addressing the priority health need in the KFH-Moreno Valley service area. In addition, a portion of the money managed by a donor advised fund (DAF)[1], The California Community Foundation, was used to support 9 grant payments, totaling $737,500; DAF grants are denoted by asterisks (*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

Grantee	Grant Amount	Project Description	Results to Date
Coachella Valley Volunteers in Medicine,	$50,000*	Coachella Valley Volunteers in Medicine (CVVIM) provides free medical and dental services.	The CVVIM clinic has become a vital community resource for the under-served residents and families of the Coachella Valley.

Grantee	Grant Amount	Project Description	Results to Date
Inc.			Their physical clinic capabilities were substantially enhanced with the opening of their new, 6100 square foot facility in 2012. For 2015, their objective is to increase patient visits per month from 550 to 625.
Center for Oral Health	$50,000*	Center for Oral Health's (COH) mission is to improve oral health, especially of vulnerable populations. COH received support for the Oral Health Action Coalition of the Inland Empire (OHAC-IE). OHAC-IE is a coalition comprised of over 40 stakeholders from the Inland Region, including community clinics and health centers, schools of dentistry, and hospital systems. Incidence, prevalence, and morbidity rate due to oral diseases disproportionately affects this region. This grant will support a program that will increase access to oral health while improving health outcomes for the residents of the Inland Region.	OHAC-IE mobilized and organized local resources to increase access to oral health and improve health outcomes for residents through a focus on system change. They are using baseline data to measure the current situation in the region to develop a charter to guide their work and function. COH is conducting a secondary analysis of publicly available datasets and conduct local surveys to identify critical indicators of oral health access, safety net strengths, and infrastructure needs.
Community Clinics Health Network	$175,000*	Please see description for the ALL HEART program under Impact of Regional Initiatives.	Please see description for the ALL HEART program under Impact of Regional Initiatives.
Riverside Community College District Foundation	$25,000	Moreno Valley College's Dental Hygiene Clinic provides preventive dental services to uninsured and at risk community members in Moreno Valley. This grant also provides training for future health professionals as a way to bridge access to care issues in the community.	During 2015 the Dental Hygiene Clinic provided cleanings, deep cleanings, radiographs, dental exams, dental sealants, fluoride treatment, smoking cessation, nutritional counseling, and oral hygiene education to 400 individuals in the community. In addition to providing free dental hygiene services, it was noted that

Grantee	Grant Amount	Project Description	Results to Date
			75% of the individuals had not had a dental visit in over five years, and over 90% had undiagnosed dental decay. The program has become an avenue for patients to comfortably seek preventive services without judgment or shame.
St. Jeanne de Lestonnac Free Clinic	$25,000	Lestonnac Free Clinic's Bridge to Care program provides indigent and uninsured Riverside, Moreno Valley, Perris, Jurupa Valley and Murrieta residents with free medical consultations, diagnosis, treatment and follow-up services.	Lestonnac Free Clinic's mobile medical team expanded services in Riverside County in 2015 to include Murrieta as the latest location to provide primary care services. As of December 2015, the mobile clinic team treated 623 indigent and uninsured patients with care via 1,117 visits at no cost. The clinic relies on a team of 26 volunteer doctors and medical staff to run the mobile clinic. The clinic had 344 or (95) new patients this past year and projected to increase due to social media promotion of the program.
MFI Recovery Center	$25,000	MFI Recovery's Medical Screening and Well-Baby Care for Perinatal Substance Abuse Treatment program provides medical screening for perinatal substance abuse treatment, medical detoxification, infectious diseases and counseling expectant mothers in a residential treatment facility. In addition, provide well-baby care and immunizations for their children (ages 0-12) in Riverside County.	MFI's program is designed to address issues that affect both substance abusing mothers and their babies and young children. The program aims to reach 225 women and 330 children during the grant term (ending July 1, 2016.) The residential recovery treatment facility is designed to meet the specialized needs of severe substance abusing women by providing comprehensive, on-site, women-oriented services necessary for complete recovery of intact families.

Grantee	Grant Amount	Project Description	Results to Date
Urban Community Action Projects	$25,000	Urban Community Action Projects will integrate much needed behavioral health and substance abuse treatment in our Riverside clinic and mobile clinic that serves the homeless in the City of Riverside.	The program established on-site screening and treatment to meet the behavioral and/or substance abuse needs of the homeless in Riverside. It began training staff to improve clinical skills in screening, brief interventions, and referral to treatment for substance use problems (SBIRT training.) Final quarter 2014 chart review indicates that 946 of the patients had a mental health screening, while 184 were determined to have significant mental health disorders that required immediate additional treatment.

Access to Health Care
Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Oral Health Action Coalition - Inland Empire	Oral Health Action Coalition - Inland Empire aims to improve the oral health of vulnerable populations in the Inland Empire Region.	In 2015 the coalition members developed the 5 year logic model, identified four subcommittees (Advocacy; Direct Services; Public Awareness and Communications; Data and Surveillance), and organizations signed up to participate on committees. Kaiser Permanente Southern California Region provided a $50,000 core operating grant to the Center for Oral Health to support the Oral Health Action Coalition. This coalition will improve oral health by increasing public and professional awareness of the oral health status in the Inland Empire.

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Community Surgery Day	Community Surgery Day is coordinated at Riverside to provide uninsured patients access to specialty care services and preventive screenings in partnership with local safety net clinics.	Community Surgery Day events in 2014 and 2015, in partnership with Borrego Community Health Foundation, Coachella Valley Volunteers in Medicine, Lestonnac Free Clinic, Health to Hope and SAC Clinic. A combined Kaiser Permanente team of 14 physicians, 7 Certified Nurse Anesthetists, 56 community service workers, and 41 volunteers helped provide specialty care services for 29 uninsured patients including hernia repair, gall bladder removals, orthopedic surgeries, cataract removal, gynecological procedures, and colonoscopy screenings.

**Access to Health Care
In-Kind Resources Highlights**

Recipient	Description of Contribution and Purpose/Goals
National Alliance for Mental Illness (NAMI) Western Riverside County	KFH-Moreno Valley conference room space was made available during the weekend to provide the 10-week sessions of Peer to Peer and Family to Family series to the community. NAMI Western Riverside County collaborates with Kaiser Permanente to provide this program at no cost to participants. Prospective participants are referred from several sources, including Kaiser Permanente, Riverside University Health Systems, Behavioral Health and NAMI. To date, 54 participants attended the sessions at Moreno Valley Hospital.

Impact of Regional Initiatives Addressing Access to Health Care

In addition to the illustrated grants listed above, Kaiser Permanente designs Regional Health Initiatives that are implemented in one or more KFH service areas to address the priority health needs. These initiatives are multi-year investments that support policy, advocacy and/or system changes in communities, including support for clinic operations to enhance capacity, service provision and or coordination. Kaiser Permanente invests in external evaluation for Regional Health Initiatives, and

where possible, the results to date will reflect the most recent evaluation findings.

Kaiser Permanente's Building Clinic Capacity for Quality (BCCQ) initiative aims to improve the quality of health care provided to Southern Californians by enhancing the capacity of community clinics to implement Quality Improvement (QI) strategies that are supported by health information technology (HIT). The overall goals of BCCQ are to increase the capacity of participating community clinics and to advance community clinics' implementation of HIT. In order to accomplish these goals, Kaiser Permanente funded a project office (Community Partners) to develop and implement a three-series training program designed to reach clinics that were at different levels of QI experience and capacity. Additionally, the project office piloted the Proactive Office Encounter (POE) program to translate a promising practice from Kaiser Permanente to community clinics. POE is a model of planned care that uses clinical care guidelines, patient data, and team and practice organization to proactively ensure all patient needs are met. Clinics were recruited to participate in BCCQ in Los Angeles, Orange, and San Diego Counties. BCCQ also engaged with Riverside University Health System by implementing a tailored program. To date, Kaiser Permanente's Southern California Community Benefit (KPSC CB) has invested a total of three (3) grants, amounting to $3,500,000 to support this initiative. (Note that this initiative continued to operate in 2014 and 2015, although no grant amounts were paid for these years.)

BCCQ engaged 17 clinic teams in the Riverside University Health System (RUHS) to foster quality improvement (QI) capacity across their system. Overall, the RUHS aimed to (a) create a learning community for clinic teams to get exposure to quality and process improvement approaches and tools; (b) expand and build internal RUHS knowledge and capacity around QI; (c) support the ongoing transformational efforts of RUHS and (d) help foster an organizational culture of quality. The clinic teams chose QI projects for cancer screening, cycle time, medication reconciliation, and process improvement (prescriptions, referrals, follow-up, and employee satisfaction). All clinic teams reported making progress towards their project goals, with many teams on a track to meet or exceed their goals by the end of the BCCQ project.

ALL HEART - In 2006, Kaiser Permanente's Southern California Community Benefit (KPSC CB) began the translation of Kaiser Permanente's evidence-based cardiovascular disease (CVD) risk-reduction program across the safety net organizations in Southern California through a program called *ALL* (*A*spirin, *L*isinopril, and *L*ipid lowering medications). As a result of receiving the James A. Vohs Award for Quality in 2011, Kaiser Permanente Southern California selected the Community Clinic Health Network (CCHN) to serve as a Project Office to further translate the ALL protocol across the Southern California Region. The program was renamed to *ALL HEART* (Heart Smart Diet, Exercise, Alcohol limits, Rx Medicine compliance, and Tobacco cessation) to include lifestyle measures that were also included in this program. CCHN continues to enroll community health centers across Southern California into the ALL HEART Program. To date, KPSC CB has invested a total of six (6) grants, amounting to $1,220,000 to support this initiative. This current two year grant began in 2015 and the focus will be on the diabetic and/or hypertension population. The ALL HEART program will also continue its pilot projects around behavioral health integration and clinic to community linkages.

The Riverside University Health System Diabetes Care Clinic was opened in 2010 with a grant from the ALL Initiative and is housed within the hospital along with the Family Care Clinic and Internal Medicine (the designated medical homes for primary care patients). The care management program includes planned visits, health education, coaching, care coordination, and specialty referrals. Data showed positive patient outcomes for control of diabetes, where the percent of patients with hemoglobin A1c greater than 9% declined over time more in the care management programs than in patients seen in the usual primary care clinics. These outcomes were supported by promoting a team approach to care, using data and information technology to support decision making, and developing a culture that promotes continuous quality improvement.

KFH-Moreno Valley Priority Health Need: Diabetes

- Improve healthy eating and active living among high-risk population
- Promote early detection of diabetes and prevention of Type 2 diabetes among high-risk population
- Improve clinical care for and management of high risk populations
- Improve capacity of safety net providers and CBOs addressing diabetes care management
- Improve diabetes self-management skills

**Diabetes
Grant-Making Highlights**

Grant-Making Snapshot During 2014-2015, a portion of the money managed by a donor advised fund (DAF)[1], The California Community Foundation, was used to support 9 grant payments, totaling $737,500[29]. Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. Please see the Obesity and Overweight section for grants that address Diabetes.

Grantee	Grant Amount	Project Description	Results to Date
HARC	$15,000	HARC aims to develop and distribute a special report that identifies disparities in individuals with diabetes in Coachella Valley. This document can be used to improve allocation of scarce resources, support local policymaking, and support fundraising for services.	HARC is currently drafting the report that includes diabetic (n = 36,095 adults) and pre-diabetic (n = 6,838) residents from the following cities in Coachella Valley: Desert Hot Springs, Palm Springs, Cathedral City, Rancho Mirage, Palm Desert, Indian Wells, La Quinta, Coachella and Indio, plus the unincorporated areas of Mecca, Thermal, and North Shore. The report will compare adults with diabetes to those without diabetes in order to identify health disparities that disproportionately affect people with diabetes.

Diabetes
Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Riverside Community Diabetes Collaborative (RCDC)	RCDC is a group of more than 40 diabetes-focused organizations and businesses that work together to strengthen community programs and services for the prevention and management of diabetes.	RCDC provides outreach, education, and activities, including diabetes classes, social support, mini-series seminars, and monthly cooking classes in English and Spanish to increase personal knowledge and skills to prevent/manage diabetes. It targets Latino and African American families, older adults and caregivers in Riverside, Jurupa Valley, Moreno Valley, and Perris. Julianna Garcia, RN, Nursing Project Coordinator, Complete Care Department and In-patient Diabetes Program served as the Kaiser Permanente representative on this collaborative.

KFH-Moreno Valley Priority Health Need: Obesity and Overweight

- Increase healthy eating among families, including youth and seniors in low income communities
- Increase active living
- Improve weight management skills for overweight / obese

Obesity and Overweight
Grant-Making Highlights

Grant-Making Snapshot During 2014-2015, there were 16 KFH grant payments, totaling $327,000, addressing the priority health need in the KFH-Moreno Valley service area. In addition, a portion of the money managed by a donor advised fund (DAF), The California Community Foundation, was used to support 9 grant payments, totaling $737,500; DAF grants are denoted by asterisks (*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

Grantee	Grant Amount	Project Description	Results to Date
California School Based Health Alliance	$100,000*	The Expanding and Improving School-Based Health Center (SBHC) Models in High Need Schools project aims to increase the number of school-based health services in California that implement best practices so that they can maximize their impact on children's health and wellness.	To date, the California School Based Health Alliance has increased school district engagement in expanding school health services through online, email, telephone, and in-person contact, increased access to mental health services for children and youth at schools, and promoted school-based health center principles and best practices.
California Center for Public Health Advocacy	$125,000*	The Healthy Eating Active Living (HEAL) Cities Campaign is a partnership between the California Center for Public Health Advocacy and the League of California Cities that trains and provides technical assistance to elected city officials throughout California, helping them to establish local policies promoting healthy eating and physical activity.	To date, the California Center for Public Health Advocacy and the League of California Cities has collaborated with 10 targeted HEAL Cities to create implementation plans for at least 10 HEAL policies, supported the adoption of at least 40 HEAL policies by training city officials, residents and non-profit organizations and disseminated a Complete Parks Playbook to at least 172 HEAL Cities. The effort has resulted in workshops and technical assistance sessions for at least 30 city leaders and the identification of 10 HEAL Cities champions to work on local sugary beverage warning label policies and provide technical assistance to them.
Desert Recreation District	$49,500*	This Operation Splash program provides free swim passes, swim lessons, junior lifeguard training, and a healthy beverage campaign for low-income youth and families.	The Desert Recreation District has partnered in the Operation Splash program since 2009. In 2014 and 2015, it provided approximately 800 swim lessons and 20 junior life lessons on an annual basis. The District started streamlining a more efficient application process to recruit additional participants.

Grantee	Grant Amount	Project Description	Results to Date
THINK Together	$20,000	The THINK Together Healthy Living Program's goal is to reduce student and parent obesity through healthy eating education and improving attitude and behavior toward exercising. The program is being implemented to middle school students in Moreno Valley, Perris, Nuevo, Lake Elsinore, Wildomar and Jurupa Valley Unified School Districts. The Healthy Living Program's goal is to reduce student obesity through increasing their healthy eating habits and improving their attitude and behavior toward exercising.	Middle school students (900) are participating in the program that includes 30 minutes of physical activity, 3 days a week; Harvest of the Month cooking demonstrations and preparing snacks using a mobile kitchen. Parents are invited to participate in the after school programs along with their children.
Palm Springs Cultural Center	$10,000	The Palm Springs Cultural Center's Nutrition Education for the Children of Coachella Valley program invites teachers, parents, and students for guided educational visits to the Palm Desert Certified Farmers' Market in order to combat childhood obesity.	To date, approximately 450 students from Thermal, Coachella, Mecca, Desert Hot Springs, Indio, Cathedral City, and areas of lower income in Palm Springs have attended 15 school field trips for the nutrition program. The children have been enthusiastic about meeting and talking with the local farmers and learning how they grow and deliver produce. Students had the opportunity to taste certain produce for the first time.
100 Mile Club	$20,000	The 100 Mile Club takes a unique approach to reversing the obesity epidemic among children. This school-based program to run or walk 100 miles during a school year has motivated students to become more active and brings together community in support of achieving milestone goals.	The program was funded to increase participation from low-income students attending school at Moreno Valley, Perris, San Jacinto, Jurupa Valley, Alvord and Riverside Unified School Districts. Approximately 2,000 students were enrolled in the program. All 2,000 reached 25 miles with more than 77% reaching the 75 mile goal and nearly 405 of

Grantee	Grant Amount	Project Description	Results to Date
			participants reached 100 miles. Surveys of the coaches and teachers indicated that 75-100% of the students showed an improvement on standardized physical fitness tests, and 37% of the students showed positive change of feelings about self and an increase in self-esteem.
City of Perris	$12,000	Live Well Perris is a Community-wide health and wellness initiative intended to improve the health of residents by facilitating increased physical fitness activities and encouraging healthy nutrition.	The City sponsored more than 150 nutrition and education classes, morning workouts, sports skills clinics, and participated in October's annual walk to school day that drew more than 400 students, parents, teachers and supporters.
Family Service Association	$25,000	Mobile Fresh combines the convenience of a corner store with the selection and freshness of a farmers market with prices for the residents 20 to 30 percent less than markets.	FSA's Mobile Fresh program has established 20 market site locations and has reached nearly 2,400 community members in food deserts and food insecure communities within its first four months of operation. FSA expects to reach an estimated 7,800 Riverside County community members during the grant term

Obesity and Overweight Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Riverside County Health Collaborative (RCHC)	RCHC is a collaboration of more than 60 partners, including public & private sectors, school districts, community business, local and regional organizations and	The Healthy Cities Resolution workgroup continued to network with the 21 cities that have adopted a resolution to strengthen collaboration and

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
	community members.	share best practices among cities in Riverside County. The KFH-Riverside community benefit manager leveraged networking connections with key leaders including the resources of the HEAL Cities Campaign, Western Region Council of Governments, and The Clinton Health Matters Initiative. Access to locally grown produce continues to be a priority with the City of Riverside taking a lead. The signature event "Grow Riverside" brings together health advocates, farmers, agri-business and interested citizens to promote the availability of healthy food options.

Impact of Regional Initiatives Addressing:

Obesity and Overweight

In addition to the illustrated grants listed above, Kaiser Permanente designs Regional Health Initiatives that are implemented in one or more KFH service areas to address the priority health needs. These initiatives are multi-year investments that support policy, advocacy and/or system changes in communities, including support for clinic systems to enhance capacity, service provision and or coordination. Kaiser Permanente invests in external evaluation for Regional Health Initiatives, and where possible, the results to date will reflect the most recent evaluation findings.

Operation Splash programs reach out to underserved youth and provide them with opportunities to receive aquatic skill acquisition and water safety instruction through City Parks and Recreation swimming pools. The swim lessons enable greater access to physical activity for youth. Almost all centers provide opportunities for learning about healthy beverage education through Healthy Beverage campaigns that educate about the nutritional content of soda and other sugary drinks, and encourage youth to choose healthier beverages such as water. Kaiser Permanente has supported Operation Splash for its Southern California KFH since 2008. See above for specific program in the KFH service area.

PRIORITY HEALTH NEED V: Broader Health Care System Needs in Our Communities – Workforce

KFH Workforce Development Highlights

Long Term Goal:

- **To address health care workforce shortages and cultural and linguistic disparities in the health care workforce**

Intermediate Goal:

- **Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality, culturally relevant care**

Summary of Impact: During 2014-2015, a portion of money managed by a donor advised fund at California Community Foundation was used to pay two **grants, totaling $150,000 that address this need. An illustrative sample of grants is provided below; DAF grants are denoted by asterisks (*). All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded. KFH-Moreno Valley also provided trainings and education for six residents in its Graduate Medical Education program, and internships for one high school and college students (Summer Youth, INROADS, etc.).**

Grant Highlights			
Grantee	**Grant Amount**	**Project Description**	**Results to Date**
California Institute for Nursing and Health Care (CINHC)	$100,000*	To provide expert technical assistance to registered nursing programs at California state universities (CSUs) and their identified California community college (CCC) partners in Southern California. It will also help schools implement an associate degree to a bachelor of science in nursing pathway, facilitating fast tracking and efficient implementation of the California Collaborative Model of Nursing Education (CCMNE).	CINHC will facilitate engagement and partnership to develop, implement, and sustain the CCMNE across all 10 CSUs and respective CCCs. CINHC will engage interested private universities and colleges within the region, including deans, directors, and faculty. Lastly, CINHC will conduct a curriculum review, mapping process, and development of integrated pathways based on prior success strategies that are consistent with evidence based models.

| Campaign for College Opportunity (CCO) | $50,000* | This grant supports an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher education funding policies; and programs to help meet workforce demands. This grant supports an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher education funding policies; and programs to help meet workforce demands. | The Campaign for College Opportunity will develop and disseminate the STEM/Health Workforce Report to increase awareness among the public and policymakers of the growing need for STEM health workers in California and the role California community colleges play in filing the demand. CCO has completed the report and the general release will occur in June 2016. The report's release will be accompanied by a media and communications strategy including a webinar, briefings with key stakeholders (in education, business, community and civic organizations) along with policymakers in Sacramento. |

In-Kind Resources Highlights	
Recipient	**Description of Contribution and Purpose/Goals**
Individuals and organizations in the health care and medical workforce.	Kaiser Permanente Southern California Region's Department of Professional Education offered Advanced Practice and Allied Health Care Educational Programs for allied health care providers throughout Southern California. In 2015, across Kaiser Permanente Southern California Region, 644 community-based nurses, nurse practitioners, physician assistants, imaging professionals, clinical laboratory scientists, community audiologists and speech pathologists, and other health care professionals participated in symposia at no cost.

PRIORITY HEALTH NEED VI: Broader Health Care System Needs in Our Communities – Research

KFH Research Highlights

Long Term Goal:

- **To increase awareness of the changing health needs of diverse communities**

Intermediate Goal:

- **Increase access to, and the availability of, relevant public health and clinical care data and research**

Summary of Impact: Kaiser Permanente conducts, publishes, and disseminates research to improve the health and medical care of members and the communities served. The Southern California Region Department of Research and Evaluation (DRE) conducted a total of 988 studies in 2014 and 1,404 studies in 2015 across all regional hospitals, totaling $16,385,832. Research focuses on clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice. In addition, a portion of money managed by a donor advised fund (DAF) at California Community Foundation was used to pay **two grants, totaling $1,050,000 that address this need. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.**

Grant Highlights

Grantee	Grant Amount	Project Description	Results to Date
UCLA Center for Health Policy Research	$500,000*	The California Health Interview Survey (CHIS) investigates key public health and health care policy issues, including health insurance coverage and access to health services, chronic health conditions and their prevention and management, the health of children, working age adults, and the elderly, health care reform, and cost effectiveness of health services delivery models.	At the end of the grant period, UCLA Center for Health Policy Research interviewed approximately 41,500 households and completed 78,127 screenings along with 40,125 adult, 2,255 adolescent and 5,514 child interviews. In addition, 12 AskCHIS online trainings were completed.

In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Department of Research and Evaluation works closely with national and regional research institutions and universities to provide high-quality health research. In the KFH-Moreno Valley service area, one research project was active in 2014 and one research project was active as of year-end 2015.
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Nursing Research Program provides administrative and technical support for nurses to conduct, publish and disseminate research studies and evidence based practice projects. In the KFH-Moreno Valley service area, three research projects were active as of year-end 2014 and five research projects were active as of year-end 2015.

VIII. Appendices

Appendix A: Secondary Data Sources and Dates

Quantitative Secondary Data Sources

1. California Cancer Registry. 2015.
2. California Department of Education. 2012-2013.
3. California Department of Education. 2013.
4. California Department of Education, FITNESSGRAM®; Physical Fitness Testing. 2013-2014.
5. California Department of Public Health, CDPH – Birth Profiles by ZIP Code. 2011.
6. California Department of Public Health, CDPH – Breastfeeding Statistics. 2012.
7. California Department of Public Health, CDPH – Death Public Use Data. University of Missouri, Center for Applied Research and Environmental Systems. 2010-2012.
8. California Department of Public Health, CDPH – Tracking. 2005-2012.
9. California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2011.
10. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2010.
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15. Centers for Disease Control and Prevention, Climate and Health. 2014-2015.
16. Centers for Disease Control and Prevention, Healthy Places. 2014-2016.
17. Centers for Disease Control and Prevention, Heart Disease. 2015.
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26. Centers for Disease Control and Prevention, National Vital Statistics System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.
27. Centers for Medicare and Medicaid Services. 2012.

28. Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. 2011-2012.
29. Dartmouth College Institute for Health Policy & Clinical Practice. Dartmouth Atlas of Health Care. 2012.
30. Environmental Protection Agency, EPA Smart Location Database. 2011.
31. Federal Bureau of Investigation, FBI Uniform Crime Reports. 2010-2012.
32. Feeding America. 2012.
33. Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2011.
34. National Center for Education Statistics, NCES – Common Core of Data. 2012-2013.
35. National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). 2014.
36. New America Foundation, Federal Education Budget Project. 2011.
37. Nielsen, Nielsen Site Reports. 2014.
38. State Cancer Profiles. National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. 2007-2011.
39. University of California Center for Health Policy Research, California Health Interview Survey. 2009.
40. University of California Center for Health Policy Research, California Health Interview Survey. 2012.
41. University of Wisconsin Population Health Institute, County Health Rankings. 2012-2013.
42. University of Wisconsin Population Health Institute, County Health Rankings. 2014.
43. US Census Bureau, American Community Survey. 2009-2013.
44. US Census Bureau, American Housing Survey. 2011, 2013.
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46. US Census Bureau, County Business Patterns. 2012.
47. US Census Bureau, County Business Patterns. 2013.
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Appendix B: Community Input Tracking Form

KP CHNA - Moreno Valley/Coachella Valley Community Input Tracking Form

Kaiser Permanente

#	Data Collection Method Employed	Who Participated / Title of event	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
1	Key Stakeholder Interview	Regional Director	1	minority population; low-income community	Community leader	9/15/2015	Identification
2	Key Stakeholder Interview	Dir. Energy & Econ Development	1	minority population; low-income community	Community leader; community representative;	9/15/2015	Identification
3	Key Stakeholder Interview	Program Manager	1	minority population; low-income community	Community leader; community representative;	9/17/2015	Identification
4	Key Stakeholder Interview	Director of Public Health	1	health department rep; minority population; low-income	Community leader	9/22/2015	Identification
5	Key Stakeholder Interview	Superintendent	1	minority population; low-income community	Community leader	9/21/2015	Identification
6	Key Stakeholder Interview	Medical Director	1	medically underserved,	Community leader	9/21/2015	Identification
7	Key Stakeholder Interview	Asst City Mgr	1	minority population; low-income community	Community leader	9/22/2015	Identification
8	Key Stakeholder Interview	Dir NEOPP	1	minority population; low-income community	Community leader	9/22/2015	Identification
9	Key Stakeholder Interview	Executive Director	1	minority population; low-income community	Community leader	10/8/2015	Identification
10	Key Stakeholder Interview	Planning Commissions/Principal Planner	1	community minority population; low-income	Community leader	10/7/2015	Identification
11	Key Stakeholder Interview	Executive Director	1	minority population; low-income community	Community leader	10/27/2015	Identification
12	Key Stakeholder Interview	Physician	1	medically underserved; minority population; low-income community	Community leader	10/28/2015	Identification
13	Key Stakeholder Interview	Urgent Care/Govt./RCMA	1	medically underserved; minority population; low-income community	Community leader	10/12/2015	Identification
14	Key Stakeholder Interview	Vice President	1	minority population; low-income community	Community leader	10/12/2015	Identification
15	Key Stakeholder Interview	Nurse Executive	1	medically underserved; minority population; low-income community	Community leader	10/7/2015	Identification
16	Focus Group	Community based organizations and health service providers	10	medically underserved; minority population; low-income community	community representatives;	9/23/2015	Identification
17	Focus Group	Health medical staff	6	population; low-income community medically underserved; minority	community leaders;	9/23/2015	Identification
18	Focus Group	Community based organizations and health service providers	9	medically underserved; minority population; low-income community	community representatives;	9/29/2015	Identification
19	Focus Group	Community based organizations and health service providers	10	medically underserved; minority population; low-income community	community representatives;	9/30/2015	Identification
20	Focus Group	Community based organizations and health service providers	3	medically underserved; minority population; low-income community	community representatives;	9/30/2015	Identification
21	Community Café	Community members and health service providers	26	medically underserved; minority population; low-income community	community leaders;	10/14/2015	Identification
22	Prioritization Community Forum	Community based organizations and health service providers	43	medically underserved; minority population; low-income community	Community member; community leaders;	1/20/2016	Prioritization
23	Prioritization Community Forum	Community based organizations and health service providers	9	population; low-income community medically underserved; minority	Community member; community leaders;	2/2/2016	Prioritization
24	Prioritization Community Forum	Community based organizations and health service providers	5	medically underserved; minority population; low-income community	Community member; community leaders;	2/3/2016	Prioritization

Appendix C: Health Need Profiles

The following health need profiles provide snapshots of the 12 health needs identified in the Moreno Valley MCA and Coachella Valley. These profiles include secondary data from a range of national, state, and local data sources, as well as highlights from the primary data collected from key informant interviews, focus groups, and community café. These highlights reflect expertise from a range of stakeholders, but may not represent all the assets, resources, and challenges experienced by the communities of the Moreno Valley MCA and Coachella Valley.

Access to Care in Moreno Valley and Coachella Valley

Description & Significance: Limited access to health care is a concerning trend that is impacted by many factors including lack or limited health insurance, economic barriers, provider shortages, as well as physical access to providers. Lack of access to care can compound chronic disease that needs daily management, as well as leads to other more serious conditions. While the proportion of the population with health insurance has increased in recent years, the lack of providers in the Moreno Valley MCA and Coachella Valley continues to limit access to care. Economic instability in the region has contributed to increasing numbers who struggle to maintain health insurance and those who can no longer afford health insurance. In addition, navigating the Affordable Care Insurance plans and understanding health care benefits are challenges for many who are insured. Many stakeholders shared that veterans, seniors, and homeless in the community have difficulty accessing health care. Stakeholders also shared there is still a lack of insurance among young adults and immigrants, especially the undocumented, who are not eligible for most public programs.

Health Outcomes

Preventable Hospital Events

Percentage of Total Discharges

|	
Moreno Valley MCA	9.43%
Coachella Valley	9.99%
California	9.88%
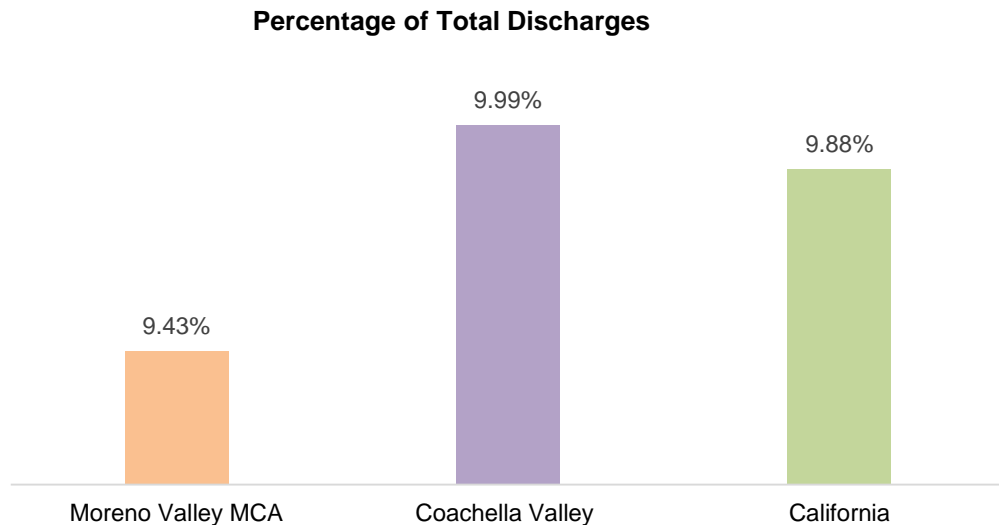
This indicator reports the patient discharge rate (per 10,000 population) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed. Analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions through better access to primary care resources.

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

Health Disparities

Uninsured Population by Race & Ethnicity
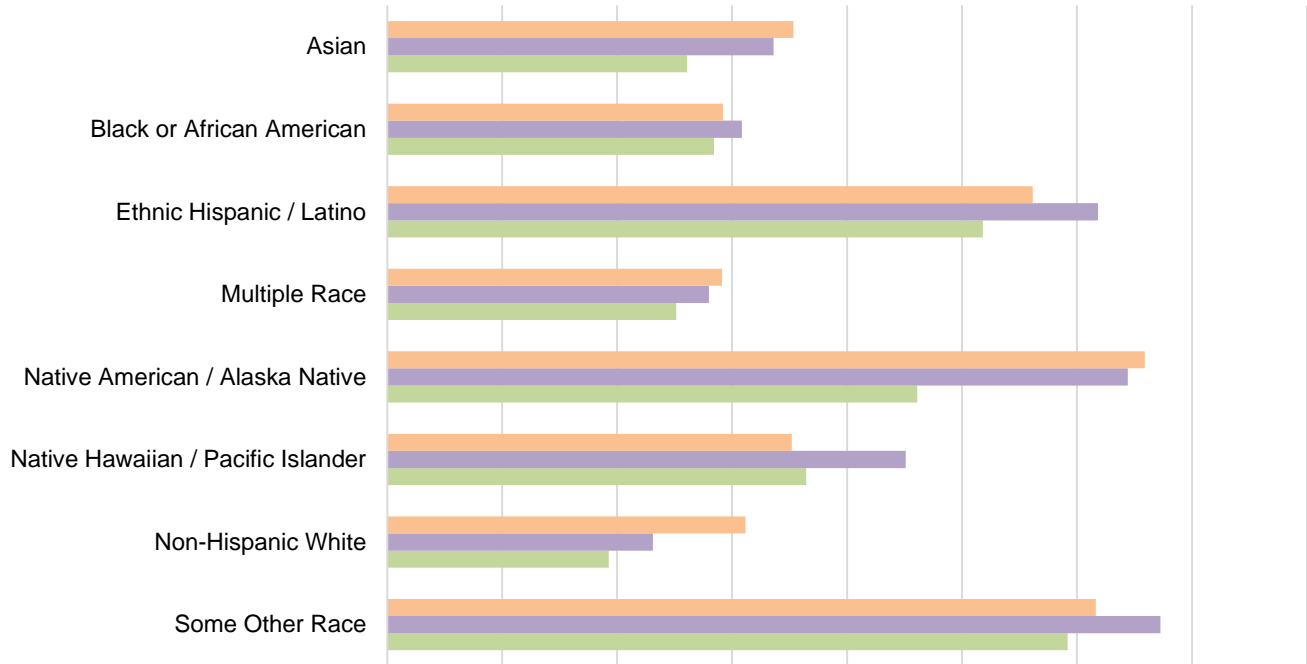
	Some Other Race	Non-Hispanic White	Native Hawaiian / Pacific Islander	Native American / Alaska Native	Multiple Race	Ethnic Hispanic / Latino	Black or African American	Asian
Moreno Valley MCA	30.81%	15.58%	17.59%	32.95%	14.56%	28.07%	14.60%	17.66%
Coachella Valley	33.62%	11.55%	22.55%	32.21%	13.99%	30.91%	15.43%	16.80%
California	29.59%	9.63%	18.22%	23.05%	12.57%	25.90%	14.22%	13.05%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

This indicator reports the percentage of the uninsured population by race and ethnicity in Moreno Valley MCA and Coachella Valley, compared to the state. Hispanic/Latino, "Some Other Race" and Native American/Alaska Native populations have the highest rates of being uninsured.

Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity.

Key Health Drivers

Access to Primary Care Physicians, rate per 100,000 population
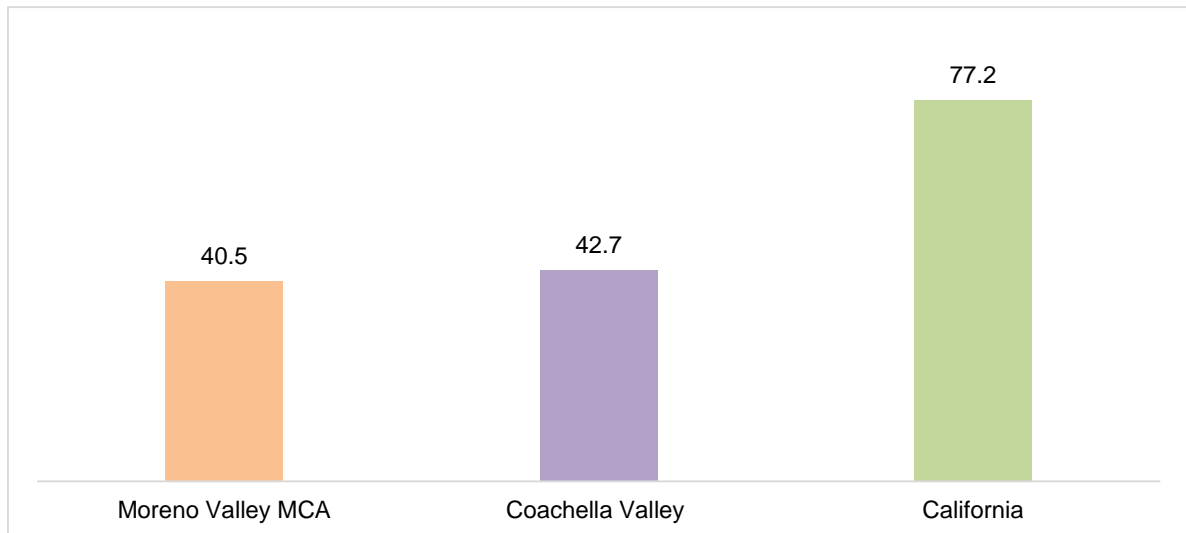
Data Sources: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012 and CHIS, 2014.

This indicator reports the rate of primary care physicians per 100,000 population. Doctors classified as "primary care physicians", such as Doctors of Medicine (MDs) and Doctors of Osteopathic Medicine (DOs), by the American Medical Association (AMA) include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant, because a shortage of health professionals contributes to access and health status issues.

Assets and Opportunities

 The following assets and opportunities were mentioned during community input:

Programs: There are various service providers and health promotoras working in the community to support and inform community residents and families about health insurance opportunities, as well as educate many on how to navigate the health care system.

Partnerships and Coalitions: Several health care providers, schools, community based organizations and foundations are working in collaboration to seek funding, share resources and leverage opportunities to improve the health care access for community residents throughout Riverside County.

Education: Many providers shared the need to begin programs and implement processes to help newly insured how to make appointments and understand their health insurance benefits.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews, focus groups, and community café. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background.

Asthma in Moreno Valley and Coachella Valley

Description & Significance: Asthma is a chronic respiratory health issue that causes episodes of wheezing, chest tightness, coughing, and shortness of breath. Low income and minority populations, especially children, women, African Americans, people living below the Federal Poverty Level (FPL), and employees with certain exposures in the workplace, have the highest rates of asthma. According to CDC and state data, Moreno Valley MCA (13.40%) and Coachella Valley (13.90%) fare better than the state (14.20%) for asthma prevalence; Coachella Valley (6.81 per 100,000) also fares better in age-adjusted hospitalizations due to asthma and related complications, while Moreno Valley (9.78 per 100,000) reports slightly higher hospitalizations than the state (8.9 per 100,000). CHNA stakeholders identified poor air quality and specifically described high levels of pollutant "particulate matter" in the Moreno Valley and surrounding geographic areas that are caused by environmental and man-made factors. In addition, CHNA stakeholders discussed asthma as being associated with built environment due to suburban designs. CHNA stakeholders stated that without an optimal public transportation system, communities are forced to drive from one location to the next due to the long distances between locations, as well as the long commutes for residents working outside of Riverside County. In addition, the proximity of schools near highways with dense traffic increases the risk for asthma in children.

Health Outcomes

Asthma Prevalence

Percent of Adults with Asthma
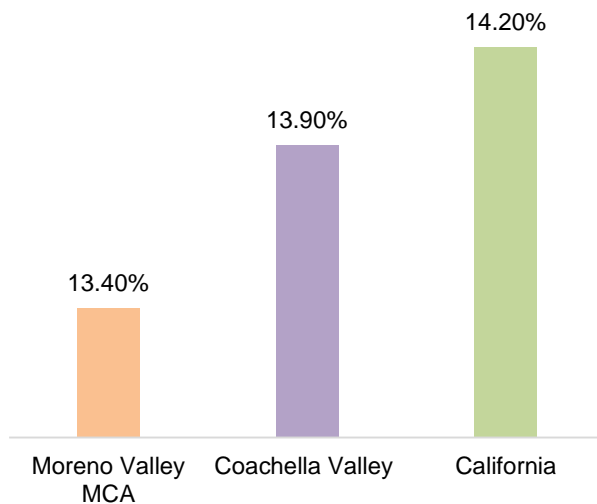
This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma.
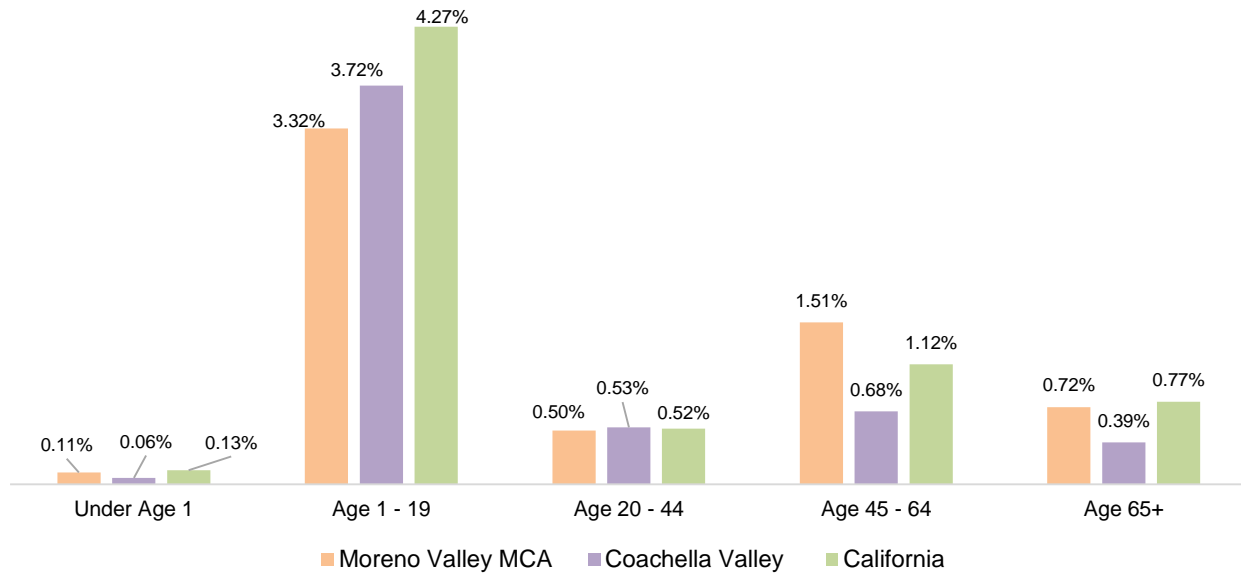
Asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions, including those related to climate change. While the data indicates that asthma is less prevalent in the Moreno Valley and Coachella Valley service areas than the California average, it was vocalized as a strong concern during the primary data collection process.

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

Health Outcomes

Population by Age Group, Patient Discharges for Asthma, Percentage of Total Discharges
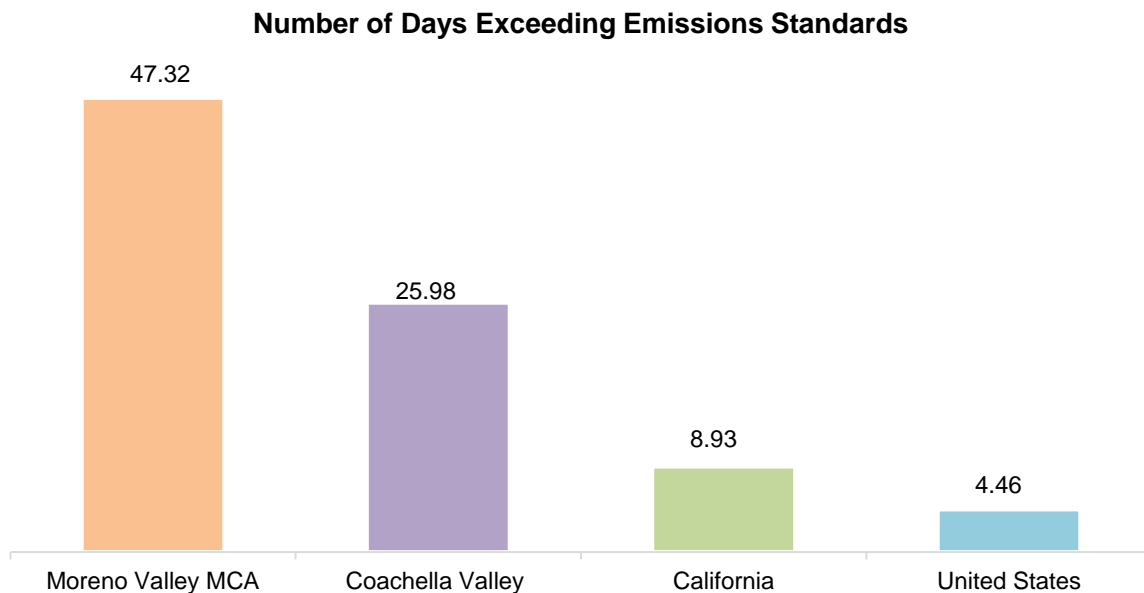

Data Source: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES 2011. Source geography: ZIP Code

This indicator reports the patient discharge rate (per 10,000 total population) for asthma and related complications. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions, including those related to climate change.

Key Health Drivers

Air Quality Ozone (O₃)

Number of Days Exceeding Emissions Standards

|	
Moreno Valley MCA	47.32
Coachella Valley	25.98
California	8.93
United States	4.46

Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012.
Source geography: Tract

This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory health issues, including asthma prevalence and asthma hospitalizations, overall poor health, and community vulnerability to climate change.

Health Disparity

Overweight Disparities.
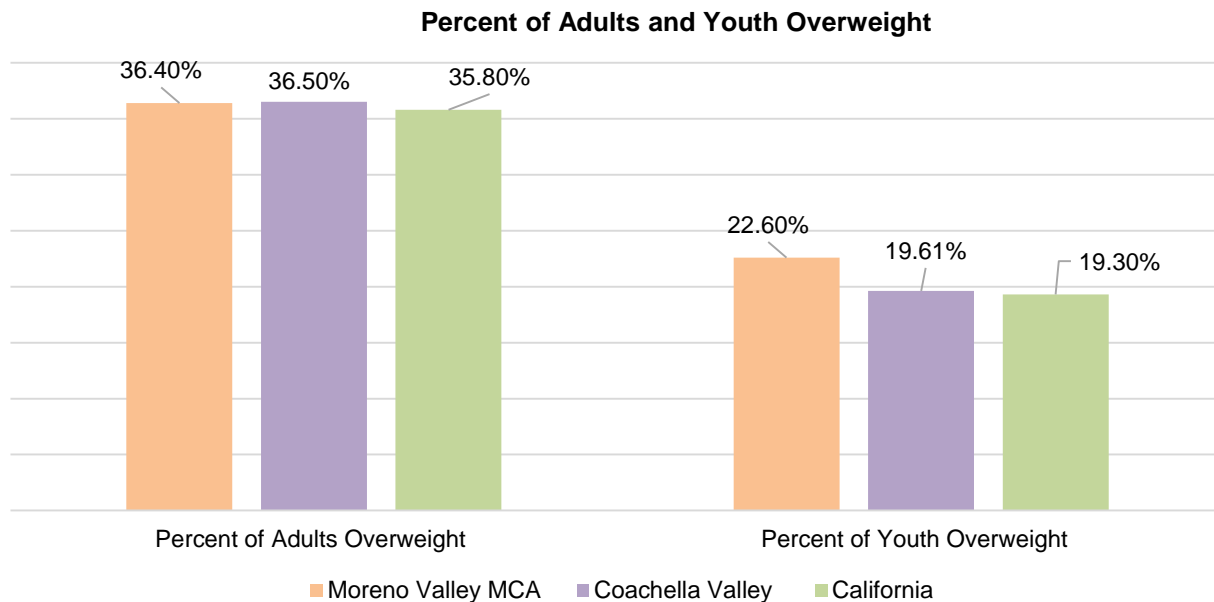
Percent of Adults and Youth Overweight

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
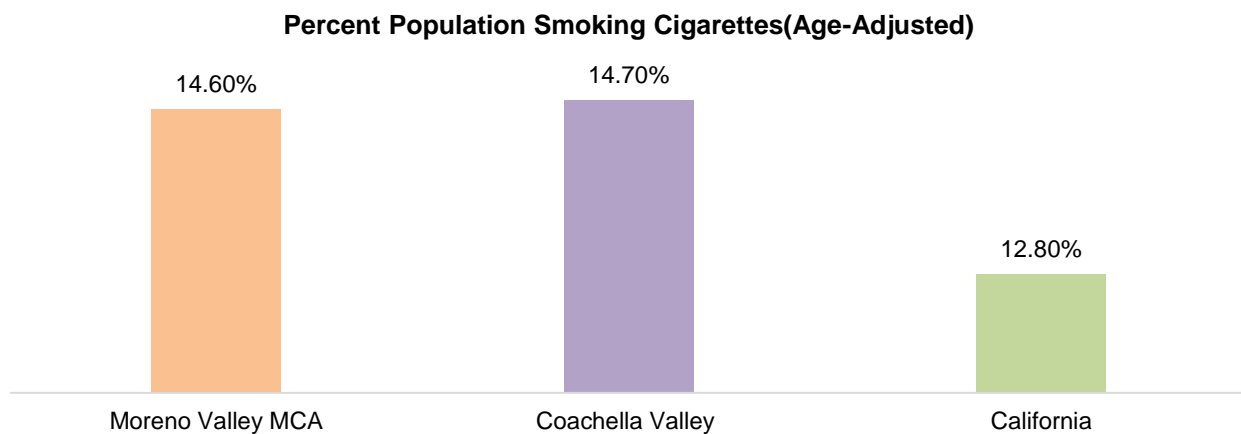
This indicator reports the percentage of adults age 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Health Drivers

Adult Smokers in Moreno Valley MCA and Coachella Valley

This indicator reports the percentage of adults age 18 and older who self-report currently smoking cigarettes some or every day. Tobacco use can lead to causes of death such as cancer and cardiovascular disease.

Percent Population Smoking Cigarettes(Age-Adjusted)

Moreno Valley MCA	Coachella Valley	California
14.60%	14.70%	12.80%

Data Source: 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

Assets and Opportunities

The following assets and opportunities were mentioned during community input:

Partnerships and Coalitions: Multiple service providers, agencies and community-based organizations are partnering to address the health disparity of asthma. Through the current Riverside University Health System - Public Health community needs assessment data, community residents identified asthma as an issue in Riverside County.

School Policies: Stakeholders representing various school sites shared school policies implemented, which do not allow children out when the air quality outside is poor, due to the possible increase of asthma attacks in the children.

Environmental Interventions: Environmental issues such as air quality can lead to an increase in asthma-and for this reason various government officials in Riverside County are looking at policies to improve air quality throughout the county.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background.

Cancer in Moreno Valley and Coachella Valley

Description & Significance: Cancer is the second leading cause of death in California, causing more than 50,000 deaths each year. Smoking, poor diet, and obesity are key risk factors for cancer as well as other diseases, such as heart disease, cerebrovascular disease, chronic lung disease, and diabetes. According to state data, the cancer incidence in Riverside County slightly decreased from 2008-2011, then rose slightly in 2012 (California Cancer Registry, 2014). Cancer mortality rate is higher in the Moreno Valley MCA (169.37 per 100,000) and Coachella Valley (160.85 per 100,000) than in California (157.1 per 100,000). In Coachella Valley environmental factors have been linked to an increase in cancer rates. Nutrition and diet are factors contributing to helping cancer patients regain their physical health, especially after chemotherapy. According to CHNA stakeholders, poverty creates barriers to affordable insurance and access to care and leads to poor cancer outcomes. Stakeholders also connected cancer to mental health conditions, such as depression, stress and anxiety.

Health Outcomes

Rate of Death due to Cancer

Report Area	Age-Adjusted Death Rate per 100,000 Population
Moreno Valley MCA	169.37
Coachella Valley	160.85
California	157.1

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population, age-adjusted to year 2000 standard. Cancer is a leading cause of death in the U.S.

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
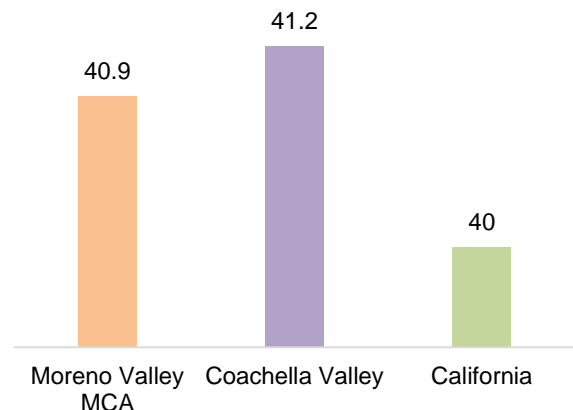
Cancer Incidence

This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of colon and rectal cancer adjusted to 2000 U.S. standard population age groups. This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12

Colorectal Cancer Incidence Rate (Per 100,000 Pop.)

Bar chart showing: Moreno Valley MCA 40.9, Coachella Valley 41.2, California 40.

Health Outcomes

Cervical Cancer Incidence (rate per 100,000 population)

Region	Rate
Moreno Valley MCA	8.4
Coachella Valley	8.5
California	7.7

This indicator reports the age - adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups.

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.
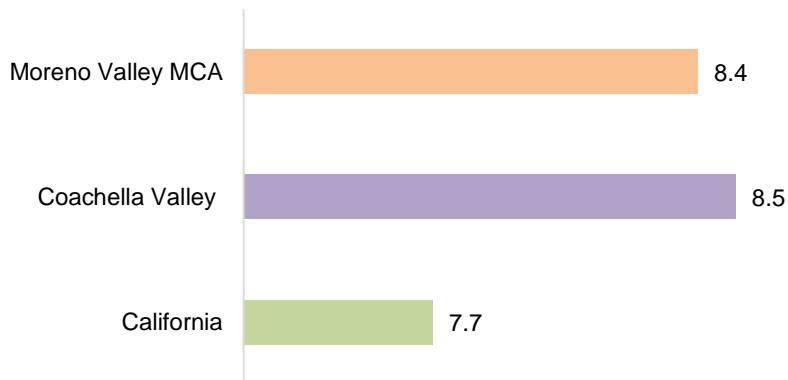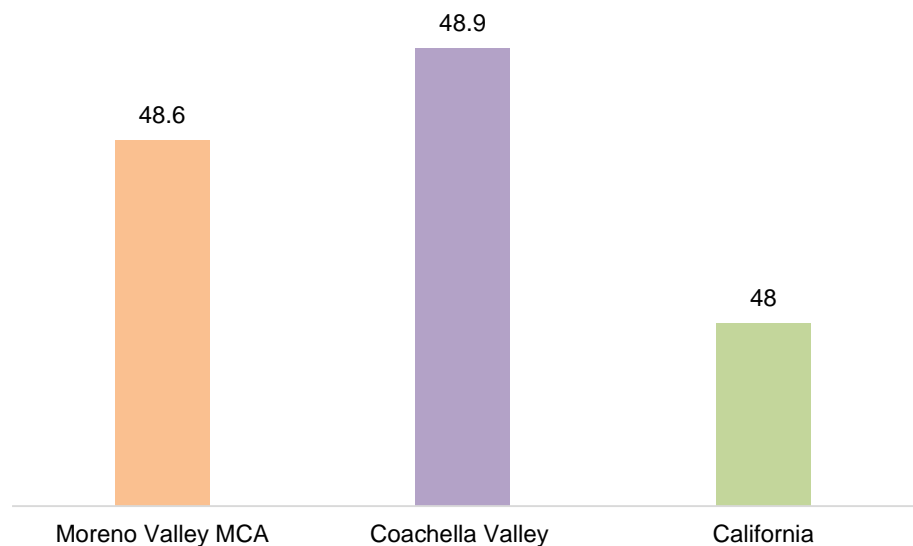
Lung Cancer Incidence (rate per 100,000 population)

This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups

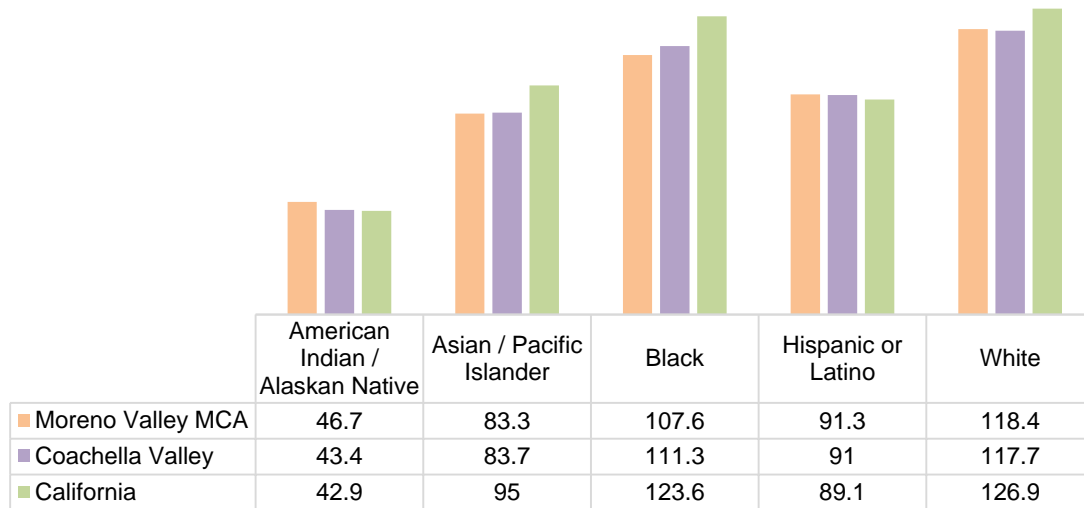| Region	Rate
Moreno Valley MCA	48.6
Coachella Valley	48.9
California	48

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County

Health Disparity

Breast Cancer Incidence Rate (Per 100,000 Population) by Race / Ethnicity

|	American Indian / Alaskan Native	Asian / Pacific Islander	Black	Hispanic or Latino	White
■ Moreno Valley MCA	46.7	83.3	107.6	91.3	118.4
■ Coachella Valley	43.4	83.7	111.3	91	117.7
■ California	42.9	95	123.6	89.1	126.9

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. Source geography: County

This indicator reports breast cancer incidence rates per 100,000 population by race/ethnicity. In Moreno Valley MCA, the American Indian/Alaskan Native (46.7), Asian/Pacific Islander (83.3) and Hispanic or Latino (91.3) have higher breast cancer rates than the state (American Indian/Alaskan Native 42.9, Asian/Pacific Islander 83.3 and Hispanic or Latino 89.1). This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Key Health Drivers

Percent Population Smoking Cigarettes (Age-Adjusted)
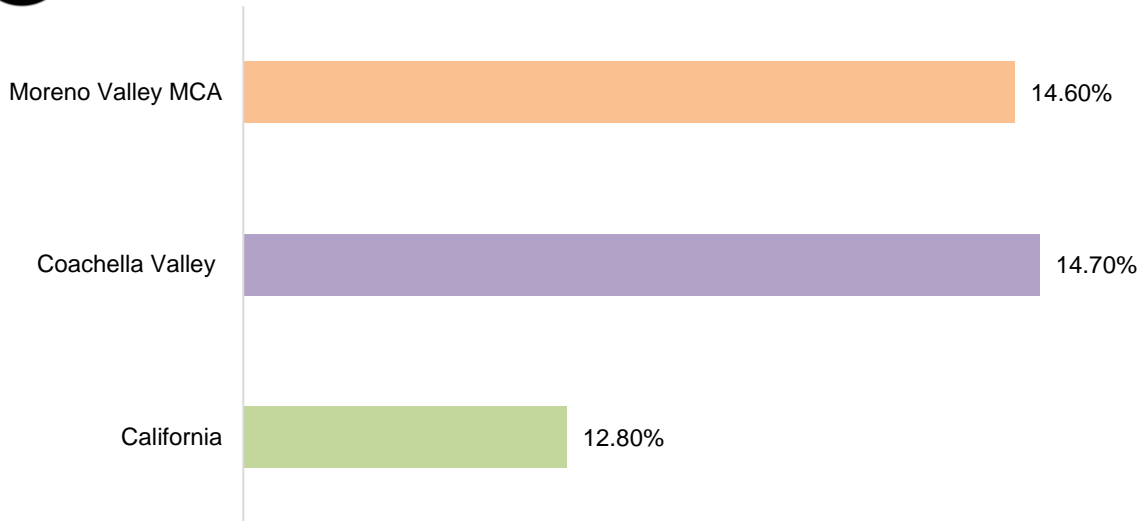
Region	Percent
Moreno Valley MCA	14.60%
Coachella Valley	14.70%
California	12.80%

Data Source: 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

This indicator reports the percentage of adults age 18 and older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Assets and Opportunities

The following assets and opportunities were mentioned during community input:

Programs: Some stakeholders shared the importance of having healthy eating programs for people suffering from cancer. They shared the various fresh farm organic grown food that is available for people to purchase or acquire for free.

Education: Multiple service providers offer support for cancer survivors and their families through support groups and better living workshops. There are workshops being offered by some providers for community and cancer patients to teach about make-up, hair dye and other cosmetics, including household items that are cancer-causing agents.

Environmental Interventions: A few stakeholders shared there are environmental factors that impact the health and well-being of communities, such as air quality. Poor air quality contributes to respiratory issues and overall poor health, which has been associated to asthma and cancers. Many service providers and community based organizations are working on environmental impact policies.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background.

# Cardiovascular Disease in Moreno Valley and Coachella Valley

Description & Significance: Cardiovascular disease includes heart disease and stroke, which are leading causes of death in the U.S. According to state data, the prevalence for heart disease in the Moreno Valley MCA (7.70%) and Coachella Valley (7.50%) is higher than the state which is 6.3%. Cardiovascular disease is associated with economic insecurity, physical inactivity, and substance use. Access to care is an issue, as long wait times force individuals into emergency room visits. CHNA stakeholders stated that it was a major health need within the communities that often became a long-term outcome of obesity and diabetes. Food insecurity was mentioned as an associated factor for cardiovascular disease, particularly among the homeless who have limited healthy food choices.

Health Outcomes

43,877 Adults
Prevalence of Heart Disease
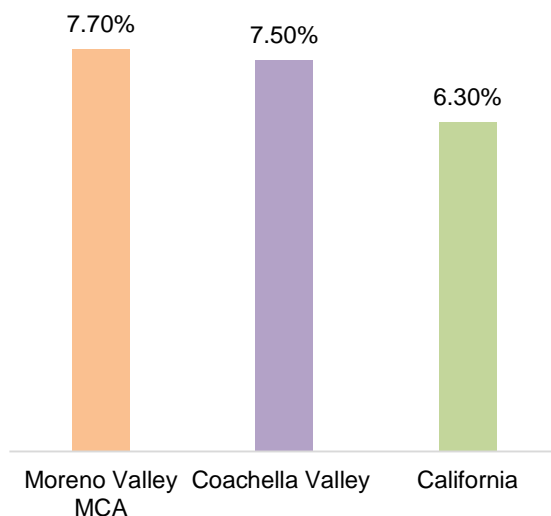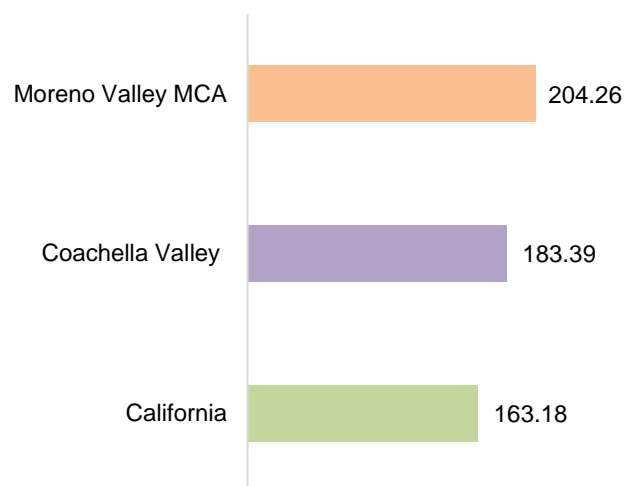
Death due to Coronary Heart Disease

This indicator reports the percentage of adults age 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. Coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Data Source: University of California Center for Health Policy Research, California Health Interview Survey. 2011-12. Source geography: County.

This indicator reports the rate of death due to coronary heart disease per 100,000 population, age-adjusted to year 2000 standard.
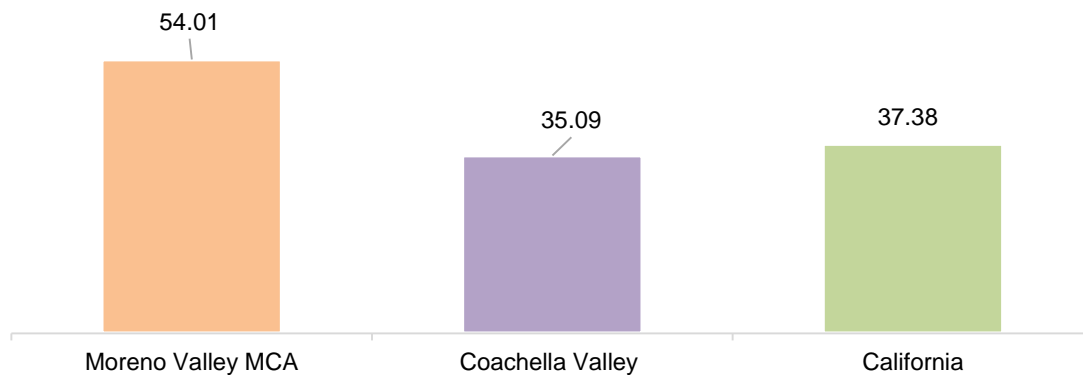
Data Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code.

Health Outcomes

Stroke Mortality

Age-Adjusted Death Rate per 100,000 Population

	Moreno Valley MCA	Coachella Valley	California
Rate	54.01	35.09	37.38

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because strokes are a leading cause of death in the United States.
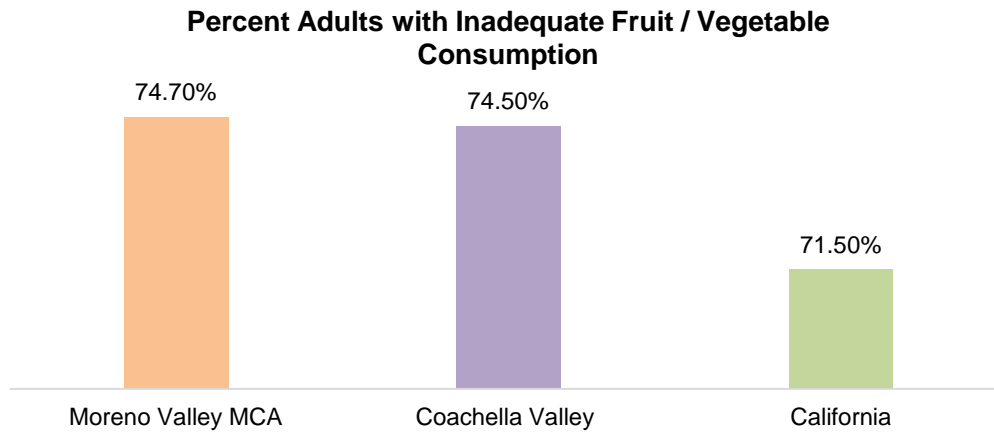
Data Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12

Key Health Drivers

Healthy Eating

This indicator reports the percentage of adults age 18 and older who self-report consuming fewer than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues.

Percent Adults with Inadequate Fruit / Vegetable Consumption

74.70%   Moreno Valley MCA
74.50%   Coachella Valley
71.50%   California

Data Source: 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. Source geography: County
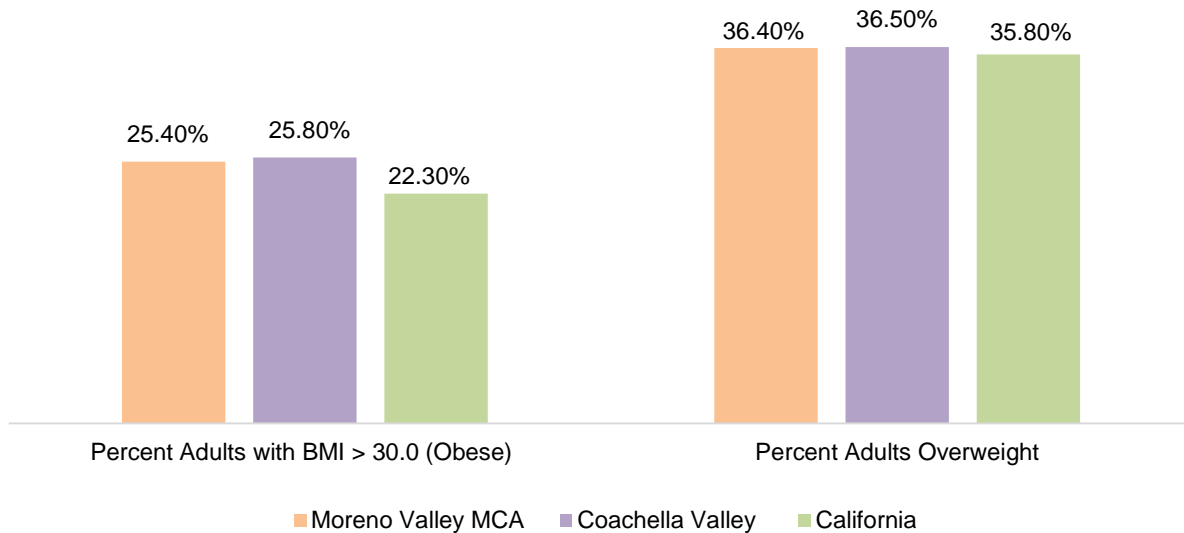
Key Health Drivers

Body Mass Index

These indicators report the percentage of adults age 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) and the percentage of adults age 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight).

This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Adults Obese[a] or Overweight[b]

Chart showing percentages by group. Left group "Percent Adults with BMI > 30.0 (Obese)": Moreno Valley MCA 25.40%, Coachella Valley 25.80%, California 22.30%. Right group "Percent Adults Overweight": Moreno Valley MCA 36.40%, Coachella Valley 36.50%, California 35.80%.

■ Moreno Valley MCA   ■ Coachella Valley   ■ California

[a] Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County. [b] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County.

Assets and Opportunities

Stakeholders mentioned the following assets and opportunities during community input:

Programs: Several programs with resident volunteers and advocates from school professionals to parents are involved in providing regular physical activity to children before school, during school and or after school with individualized goals in physical activity. Local businesses are involved in fundraising for these and similar programs directed at school-aged children.

Partnerships and Coalitions: There are working collaboratives throughout Riverside County with private and public organizations. Some collaborations work to fight obesity and offer residents and families resources to make healthy lifestyle changes.

School Policies: School meal programs are widely available for breakfast and lunch. Additionally, farmers markets at local schools in the area allow parents to purchase fresh fruits and vegetables without being required to travel far distances.

Environmental Interventions: Multiple organizations are working on policy changes and environmental injustice issues to address poor air quality and traffic commute times that impact the quality of life. Stakeholders shared that built environment and climate have an impact on the level of physical activity residents do to improve their health.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background

Climate and Health in Moreno Valley and Coachella Valley

Description & Significance: Heat-related health impacts of climate change, such as increasing heat indices, and may help identify populations that are most vulnerable to heat-related health risks. Riverside County, especially the eastern portion, experiences climate and environmental conditions that pose distinct challenges to health. Higher temperatures contribute to heat-related emergency room visit rates that are roughly twice as high in Coachella Valley (22.2 per 100,000) and Moreno Valley MCA (22 per 100,000) as in the state (11.1 per 100,000). In addition, the percentage of days with ozone readings that exceed the National Ambient Air Quality Standard is much higher in Moreno Valley MCA (13.92%) and Coachella Valley (7.14%) than in the state as a whole (2.65%). Some CHNA stakeholders attribute environmental hazards to the high number of warehouses in the region, with correspondingly high transportation and shipping needs. The lack of jobs available in Riverside County also increases commutes for residents, increasing the use of cars on the road and more pollution in the air.
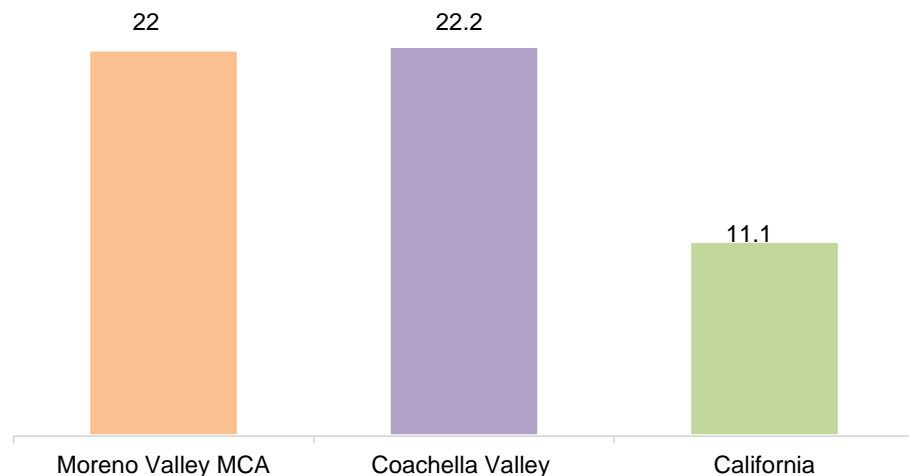
Health Outcomes

Heat-related Emergency Events

This indicator measures the number and rate of heat-related events requiring emergency intervention and can be used to determine the effect of climate change on health, as well as identify those most at risk.
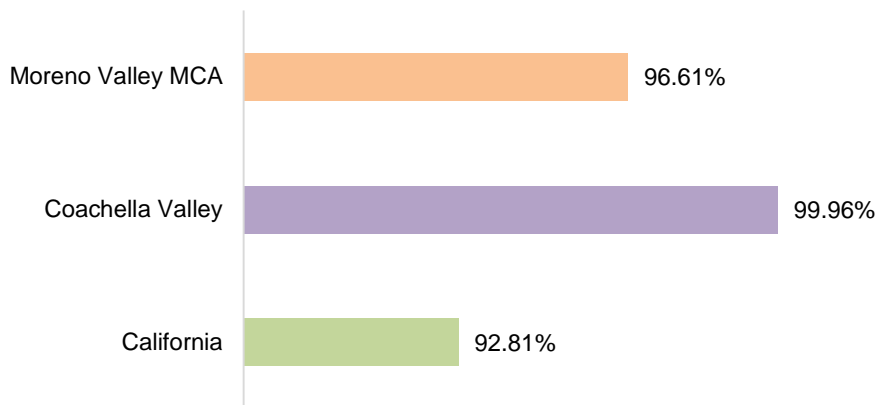
Age-Adjusted Rate (Per 100,000 Population)

Moreno Valley MCA	Coachella Valley	California
22	22.2	11.1

Data Source: California Department of Public Health, CDPH - Tracking. 2005-12.
Source geography: County

Key Health Drivers

Percentage of Weeks in Drought

Moreno Valley MCA	96.61%
Coachella Valley	99.96%
California	92.81%

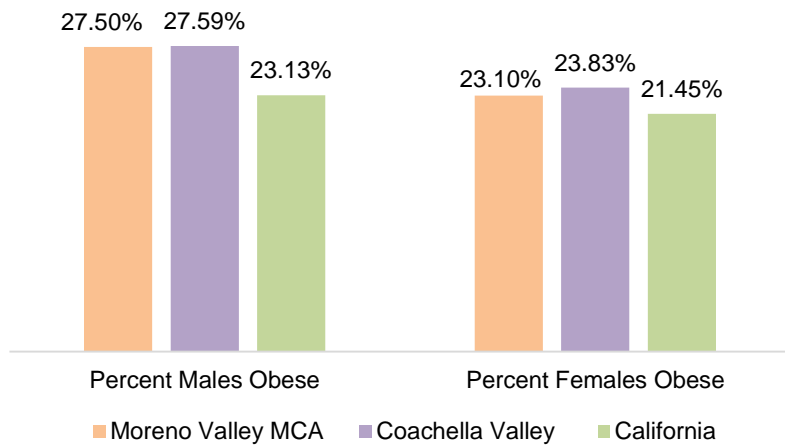Data Source: US Drought Monitor. 2012-14. Source geography: Tract

This indicator reports the population-weighted percentage of weeks in drought from January 1, 2012 – December 31, 2014. Data is reported by drought severity level. This indicator is relevant because it highlights geographic areas and communities vulnerable to the effects of drought as it relates to the health impacts of decreased air, water, and food system quality.

Health Outcome

Hard climate conditions decrease the likelihood of physical activity, other healthy behaviors, and lead to obesity. This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Percentage of Adults Obese (BMI > 30.0) by Gender

	Percent Males Obese	Percent Females Obese
Moreno Valley MCA	27.50%	23.10%
Coachella Valley	27.59%	23.83%
California	23.13%	21.45%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Key Health Drivers

Physical Environment

Canopy Cover. Tree coverage is a driver of climate and health since ample covering protects individuals from elements of climate change and provides shaded regions for physical activity.

Source: Multi-resolution Land Characteristics Consortium, National Land Cover Database, 2011.

**Area Covered by Canopy, Population Weighted Percentage**
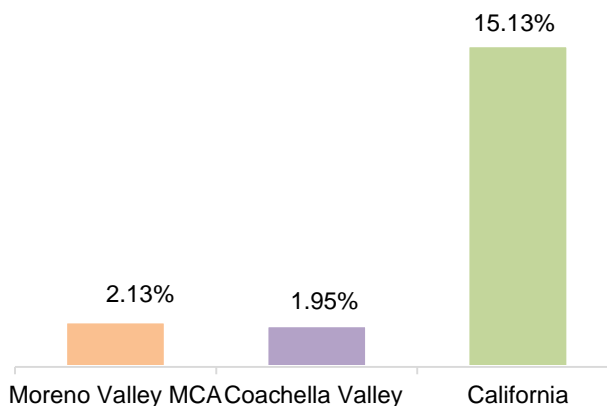
Physical Environment

Air Quality. Percentage of days above the national air quality standard of 75 PPB of Ozone.

Ozone (O3) is a key indicator for individual health as poor air conditions contribute to respiratory problems, asthmas prevalence and hospitalizations, overall poor health, and general vulnerability to climate change.

Source: CDC, National Environmental Health Tracking Network, 2008.

Percentage of Days Exceeding Standards, Pop. Adjusted Average
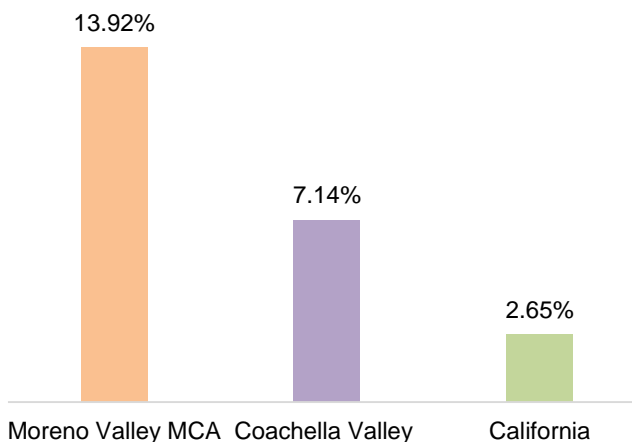
Assets and Opportunities

Stakeholders mentioned the following assets and opportunities during community input:

Partnerships and Coalitions: Various organizations are partnering to develop policies and improve the quality of life. Many environmental groups are working on injustice issues in Riverside County regarding air pollution and traffic, and how these conditions impact climate in the region.

Education: Many stakeholders shared there is more knowledge about the climate and how this impacts their well-being with water conservation and food growth. There are more workshops offered through organizations and public agencies to teach about water, food and energy conservation and ways to better improve your health.

Environmental Interventions: Poor air quality and rising heat waves have created opportunities for community residents to learn more about what they can do to improve their environment and protect themselves during severe climate change, such as heat waves and heavy rain fall.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background.
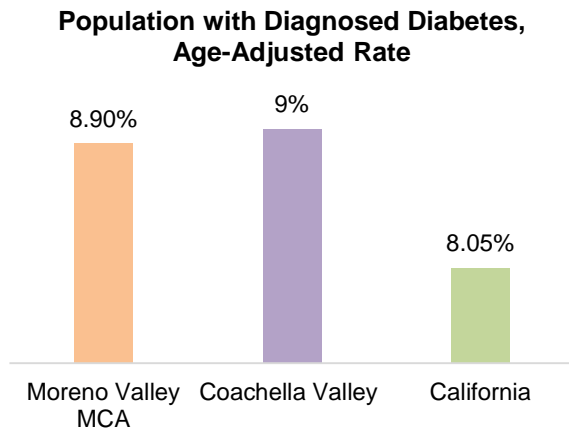
Diabetes in Moreno Valley and Coachella Valley

Description & Significance: Diabetes mellitus is a condition in which the body either fails to produce or becomes resistant to insulin, a hormone necessary for the metabolism of fats and carbohydrates. Diabetes can lead to serious health complications including cardiovascular disease, blindness, kidney failure, and lower extremity amputations when left untreated or improperly managed. Type II diabetes, previously known as adult-onset diabetes, results from an energy imbalance caused by excess weight and insufficient physical activity. Primary prevention includes healthy diet and regular exercise. Secondary prevention includes screening, medication, healthy diet, and exercise. Diabetes can contribute to and be affected by mental illness, including depression. Environmental and socioeconomic interventions that improve access to healthy foods and safe clean spaces to exercise can help prevent or manage diabetes.

Health Outcomes

Adults Diagnosed with Diabetes

Population with Diagnosed Diabetes, Age-Adjusted Rate

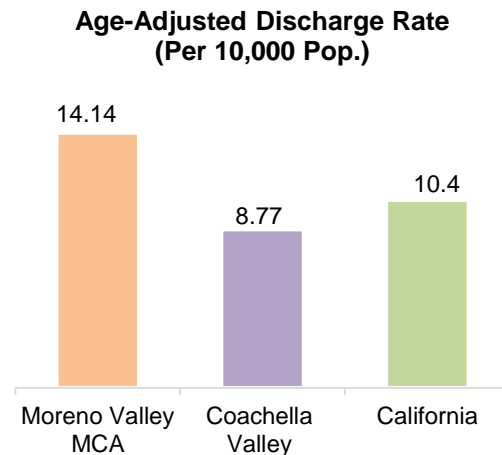| Moreno Valley MCA	Coachella Valley	California
8.90%	9%	8.05%

While diabetes hospitalizations are below the state average in Coachella Valley, the number of hospitalizations in Moreno Valley MCA is higher than the state average.

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

Diabetes Hospitalizations

Age-Adjusted Discharge Rate (Per 10,000 Pop.)

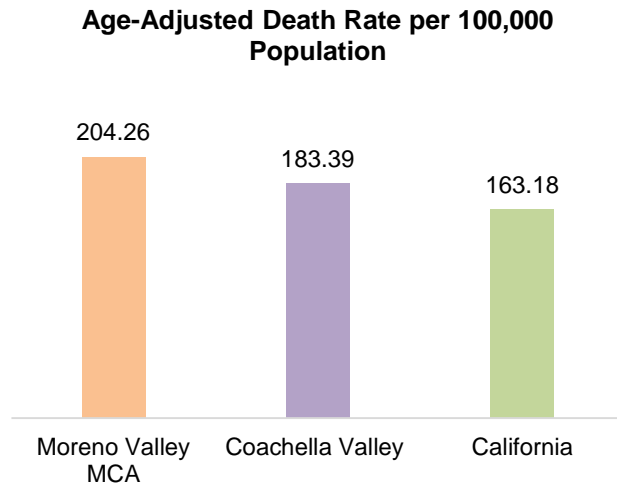| Moreno Valley MCA	Coachella Valley	California
14.14	8.77	10.4

This indicator reports the percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes. Diabetes is a prevalent problem in the U.S. which may highlights a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

Mortality – Coronary Heart Disease

Age-Adjusted Death Rate per 100,000 Population

|	Value
Moreno Valley MCA	204.26
Coachella Valley	183.39
California	163.18

This indicator reports the rate of death due to coronary heart disease per 100,000 populations, age-adjusted to year 2000 standard. Diabetes doubles the risk of heart disease, which is a leading cause of death in the U.S.

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12

Key Health Drivers

Percent of Adults with Inadequate Fruit/Vegetable Consumption

	Value
Moreno Valley MCA	74.70%
Coachella Valley	74.50%
California	71.50%
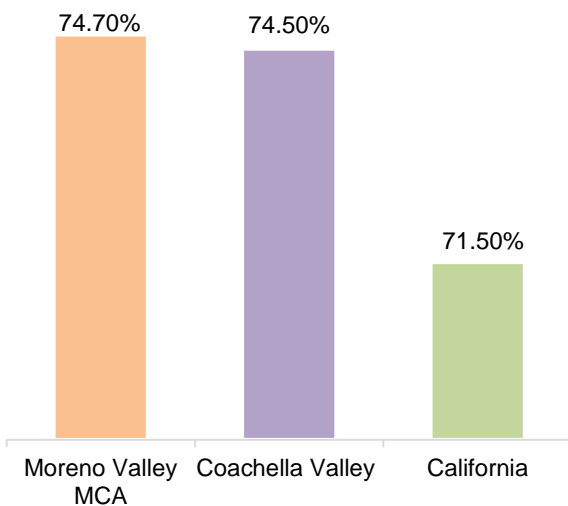
This indicator reports the percentage of adults age 18 and older who consume fewer than 5 servings of fruits and vegetables each day. Current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.
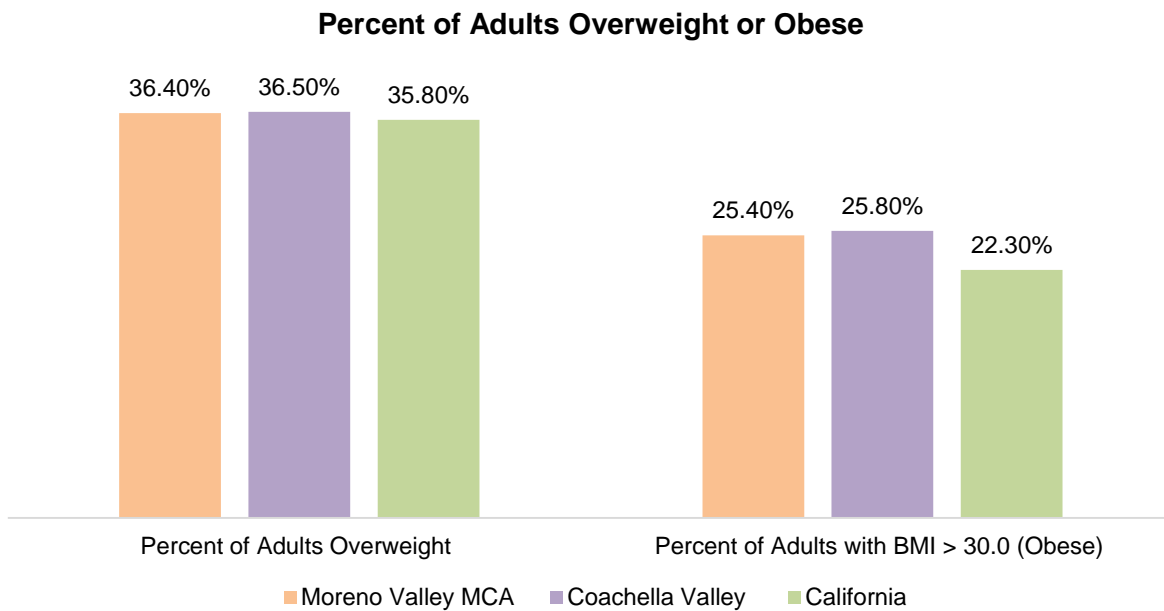
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09

Key Health Drivers

Overweight or Obese Adults

Percent of Adults Overweight or Obese

Percent of Adults Overweight	Percent of Adults with BMI > 30.0 (Obese)
Moreno Valley MCA: 36.40%	Moreno Valley MCA: 25.40%
Coachella Valley: 36.50%	Coachella Valley: 25.80%
California: 35.80%	California: 22.30%

■ Moreno Valley MCA   ■ Coachella Valley   ■ California

[a] Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County. [b] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County.

This indicator reports the percentage of adults age 18 and older who self-report that they have a Body Mass Index (BMI) above 25.0 (overweight) or greater than 30.0 (obese). Excess weight is a prevalent problem in the U.S. It indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Assets and Opportunities

Stakeholders mentioned the following assets and opportunities during community input:

Programs: Volunteers and advocates provide regular physical activity to school-aged children before school, during school and/or after school to help them set goals to become more physically active. Multiple organizations have all-year activities and events to engage residents, families and children in staying active and eating healthy.

Partnerships and Coalitions: Several agencies and community-based organizations are working in collaboration to bring awareness and education about diabetes and other chronic diseases.

School Policies: School meal programs are widely available for breakfast and lunch. Additionally, farmers markets at local schools throughout the region encourage parents to purchase fresh fruits and   vegetables without having to travel far distances.

Education: Many diabetes self-management courses are being offered to residents and those diagnosed with diabetes. Stakeholders shared these courses are successful in engaging community to become more aware about their eating habits and their quality of life.

Environmental Interventions: Parks located within close proximity of residents have shown a positive relationship with healthy lifestyles. Stakeholders shared there are environmental justice advocates working on engaging government officials to change policies on traffic and air quality control near parks.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background

Economic Security in Moreno Valley and Coachella Valley

Description & Significance: Economic security is an important contributor to good health for individuals and communities. Economic insecurity, including poverty, unemployment, and lack of educational attainment, is one of the strongest predictors of poor health. In turn, poor health can exacerbate economic insecurity by limiting access to productivity and the ability to work. Poverty not only increases exposure to factors and conditions that lead to increased morbidity and mortality, but also limits the ability of individuals or communities to prevent and respond to these exposures. Common indicators of economic insecurity include lack of education, unemployment, low income, housing instability, and use of public assistance programs. Poverty is linked to increased risk of chronic disease, poor mental health, impaired child development, and premature death.

Health Outcomes

Number of residents receiving SNAP benefits in Moreno Valley and Coachella Valley
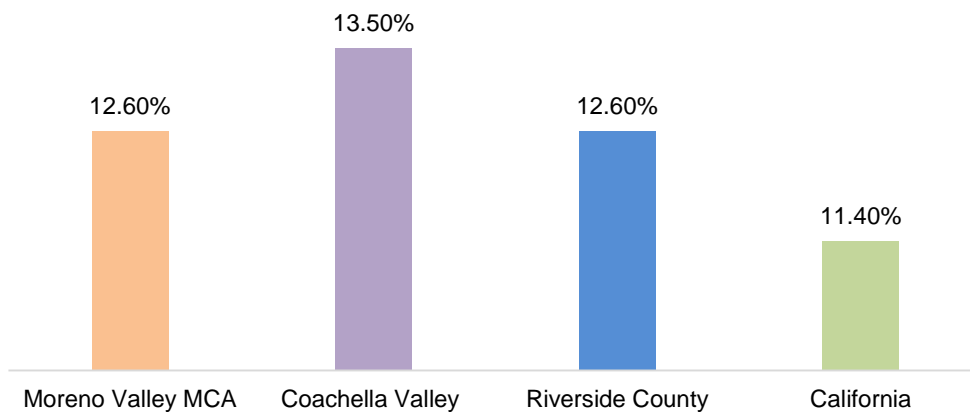
Data Source: US Census Bureau, Small Area Income & Poverty Estimates. 2013. Source geography: County

The graph above shows that both Moreno Valley MCA and Coachella Valley received more nutritional support through Supplemental Nutrition Assistance Program (SNAP) than the state average between the months of July 2010 and July 2011. SNAP, also known as CalFresh Program in California, offers nutritional assistance to eligible, low-income individuals. This indicator assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Health Outcomes

Percent Occupied Housing Units with One or More Substandard Conditions
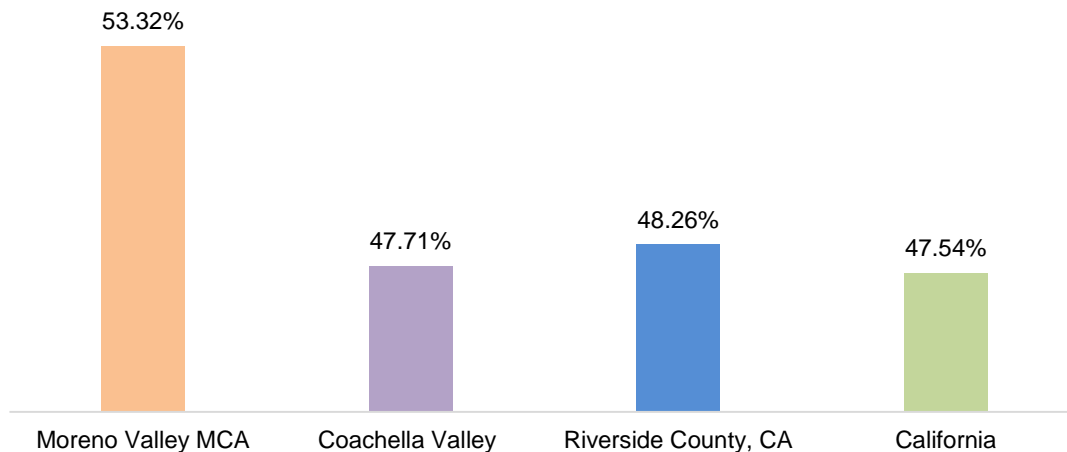
53.32%

47.71%

48.26%

47.54%

| Moreno Valley MCA | Coachella Valley | Riverside County, CA | California |

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

This indicator reports the percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Both Moreno Valley MCA and Coachella Valley have a higher percentage of substandard housing than the state and national averages. Inadequate housing quality can impact stress, mental health, health outcomes and overall quality of life.

Key Health Driver

English Learners

This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the CST English Language Arts portion of the California STAR test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to health care access, provider communications, and health literacy/education.

Percentage of Scores 'Proficient' or Better

Moreno Valley MCA	59%
Coachella Valley	57%
Riverside County, CA	64%
California	64%
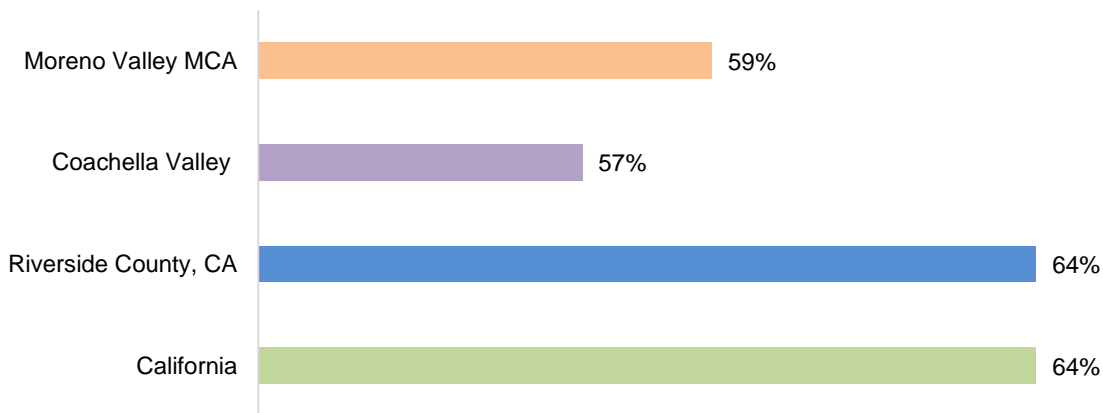
Data Source: California Department of Education. 2012-13. Source geography: School District

![icon] **Percentage of Cost Burdened Households (Over 30% of Income)**

This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. This indicator is relevant because it offers a measure of housing affordability and excessive shelter costs that may prohibit an individual's ability to financially meet basic life needs, such as health care, child care, healthy food purchasing, and transportation costs.
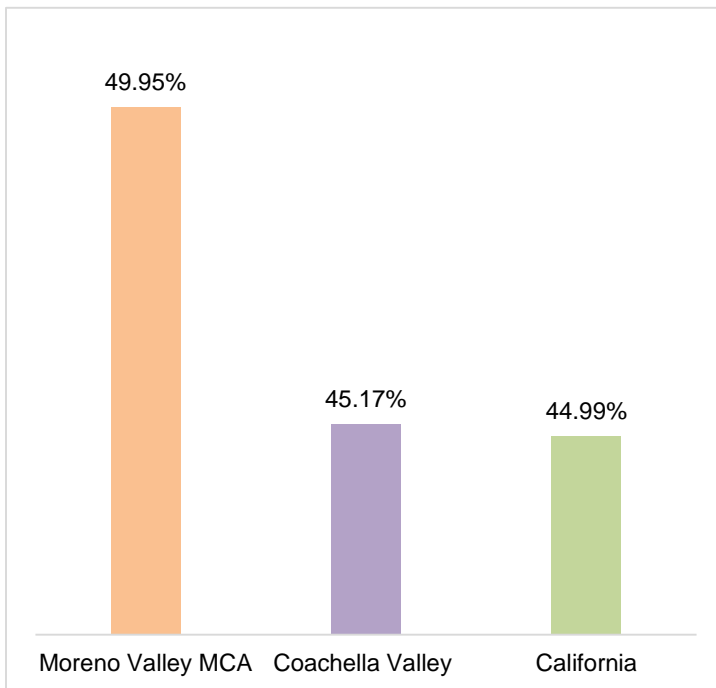
Moreno Valley MCA	Coachella Valley	California
49.95%	45.17%	44.99%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Assets and Opportunities

Stakeholders all shared they are working on improving economic development in Riverside County to create more jobs in the region, better public transportation, and access to healthy foods and green spaces.

Programs: Several programs available to low-income Riverside County residents work to provide food security, including public assistance programs, as well as community-based organizations and local farmers.

Partnerships and Coalitions: Multiple public agencies and nonprofit organizations are working together to eliminate poverty through education, financial literacy, advocacy, and community organizing.

References: Kaiser Permanente CHNA Data Platform, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background.

HIV and STIs in Moreno Valley and Coachella Valley

Description & Significance:-The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 20 million new STI cases annually, with about half of them among young people 15 to 24. Women tend to experience more frequent and serious STI complications than men do, with the exception of HIV, where nearly 75% of new infections occur in men and more than half in gay and bisexual men. Because many cases of STIs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STIs in the United States. The majority of STIs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care. STIs cause many harmful and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, cancer, and facilitation of the sexual transmission of HIV. STI prevention is an essential primary care strategy for improving reproductive health. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STIs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals.

Health Outcomes

Incidence of Chlamydia

Report Area	2010	2011	2012	2013	2014
Moreno Valley MCA	171.17	437.66	411.36	386.17	384.16
Coachella Valley	207.61	450.32	432.41	404.6	402.3
California	402.97	442.74	441.3	436	459.2

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012. Source geography: County

This indicator reports the number of new cases per 100,000 population of chlamydia reported between 2010 and 2014, demonstrating that the incidences of chlamydia more than doubled. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
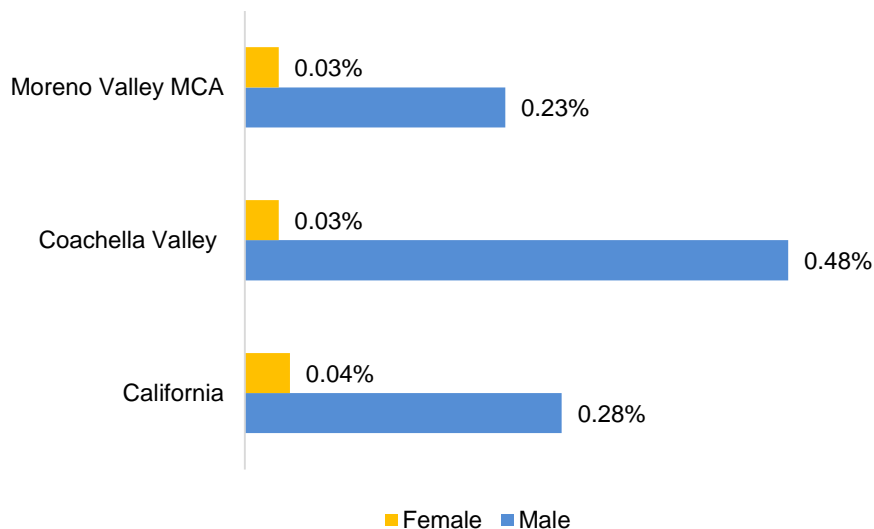
Health Outcomes

Incidence of HIV

Report Area	2010
Moreno Valley MCA	268.72
Coachella Valley	258.08
California	363

HIV is a life-threatening communicable disease. This indicator reports the number of new cases of HIV infections among two age groups, those younger than 50 and those 50 years of age and older in Riverside County.

Source: Riverside County Department of Public Health, HIV/STI Program

Population by Gender, Patient Discharges for HIV, Percentage of Total Discharges

- Moreno Valley MCA: Female 0.03%, Male 0.23%
- Coachella Valley: Female 0.03%, Male 0.48%
- California: Female 0.04%, Male 0.28%

■ Female ■ Male

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

This indicator reports the patient discharge rate (per 10,000 total population) for HIV-related complications. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Assets and Opportunities

Community leaders call for greater outreach, particularly to young men of color and older adults.

Programs: Multiple non-profit organizations are dedicated to developing programs that work to build social support networks for diverse communities living with HIV and to increase cultural competence of health care providers and policy makers to better serve LGBTQ communities of color.

Partnerships and Coalitions: Stakeholders shared there are a number of community-based organizations working together to offer HIV testing, education and prevention outreach, as well as surveillance, mental health services, partner notification, and assistance to help link newly-diagnosed HIV/STI patients with care.

School Policies: School-based programs are tailoring sex education to schools and communities, with context on ways to prevent HIV/STI infection.

Education: Several stakeholders identified rising STI rates among older adults, and attributed this to misperceptions about risk. Older adults and senior communities may need education on STI risk, transmission, and prevention to curb these rates.

Environmental Interventions: Public destigmatization campaigns using tools like radio spots, billboards, and posters can reduce psychosocial barriers to testing and improve quality of life for people living with HIV.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background.

Mental Health in Moreno Valley and Coachella Valley

Description & Significance: According to the National Alliance on Mental Health, in any given year, an estimated 43.8 million Americans experience mental illness. 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. The resulting disease burden of mental illness is among the highest of all diseases. Moreover, suicide is the 11th leading cause of death in the United States. Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Health Outcomes

Adult Residents Report Poor Mental Health Days per Month in Moreno Valley MCA and Coachella Valley

Average Mentally Unhealthy Days

| Moreno Valley MCA	Coachella Valley	California
4.1	4.1	3.6
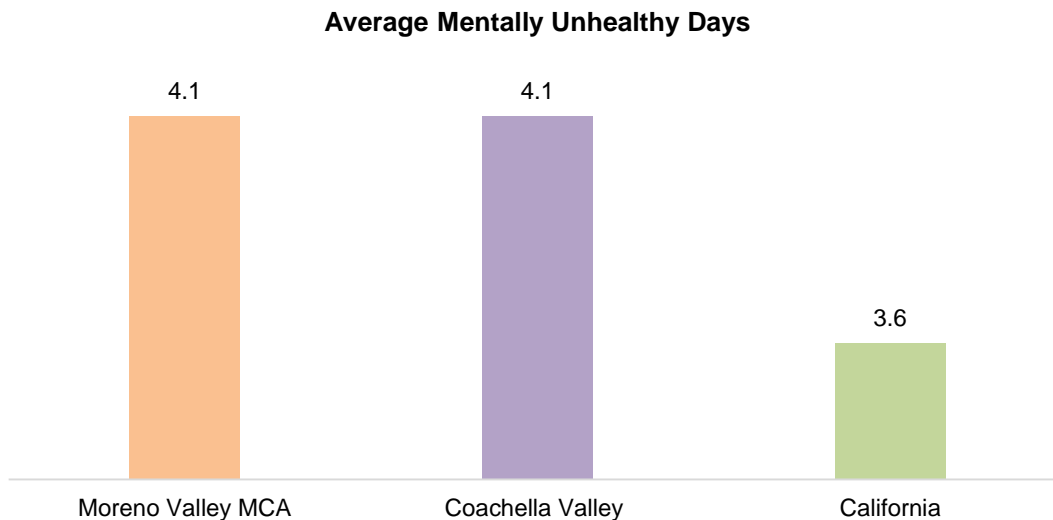
Data Source: Center for Disease Control and Prevention, BRFSS: 2006-2012.

Adult residents of Riverside County report a higher number of poor mental health days in a 30-day period than the state or country. As evident in the graph, the number of poor mental health days in Coachella Valley and Moreno Valley MCA surpasses the poor mental health in both California. This indicator provides a measure of mental health status and health-related quality of life.

Health Outcomes

Mortality – Suicide rates in Moreno Valley MCA and Coachella Valley
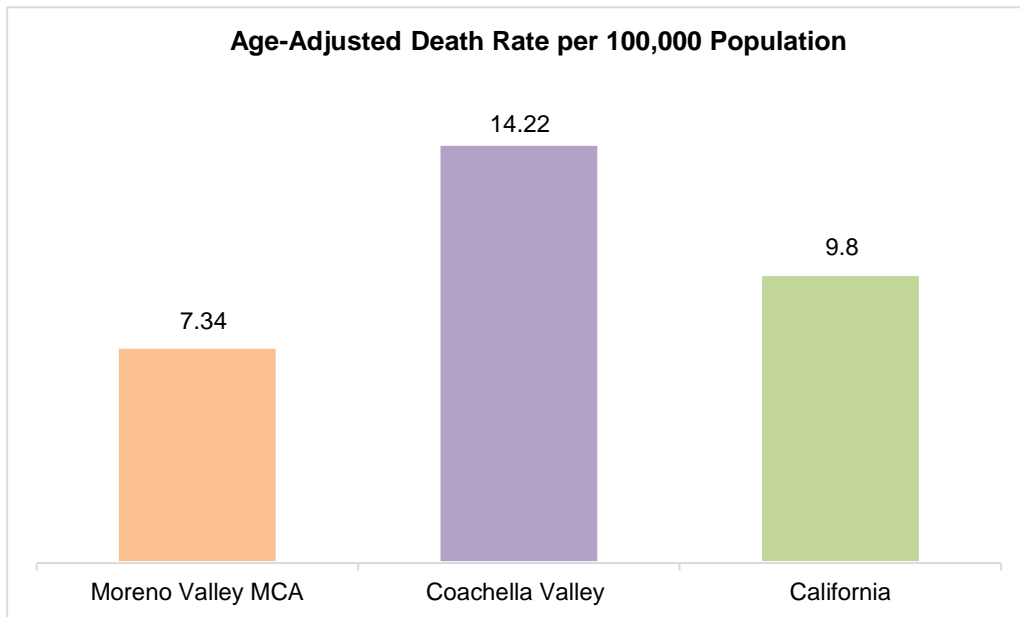
Age-Adjusted Death Rate per 100,000 Population

Moreno Valley MCA	Coachella Valley	California
7.34	14.22	9.8

Data Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population, age-adjusted to the year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health.

Key Health Driver

Excessive Alcohol Consumption Age-Adjusted Percentage

This indicator reports the percentage of adults age 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.
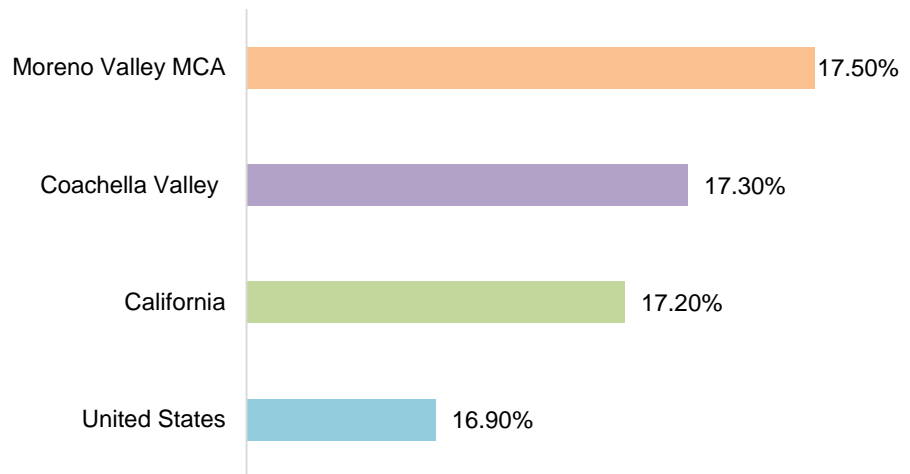
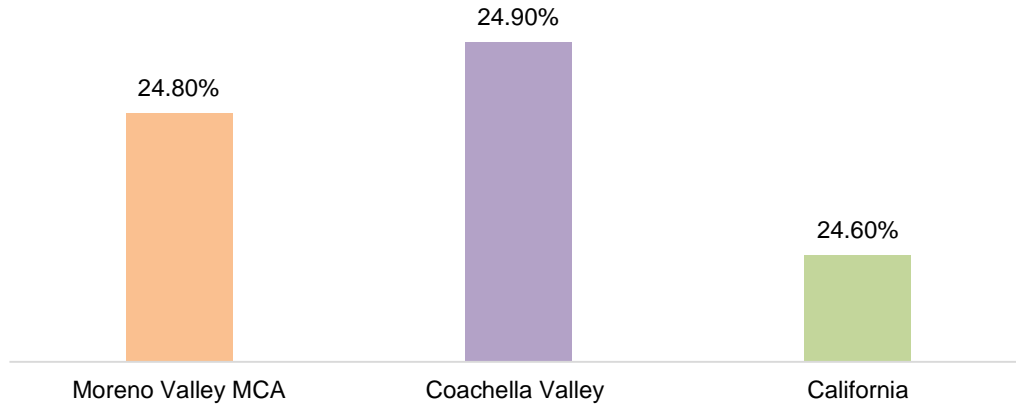|	
Moreno Valley MCA	17.50%
Coachella Valley	17.30%
California	17.20%
United States	16.90%

Data Source: 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

Health Disparity

Lack of Social or Emotional Support. This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Percentage of Adults Who Receive Insufficient Social and Emotional Support

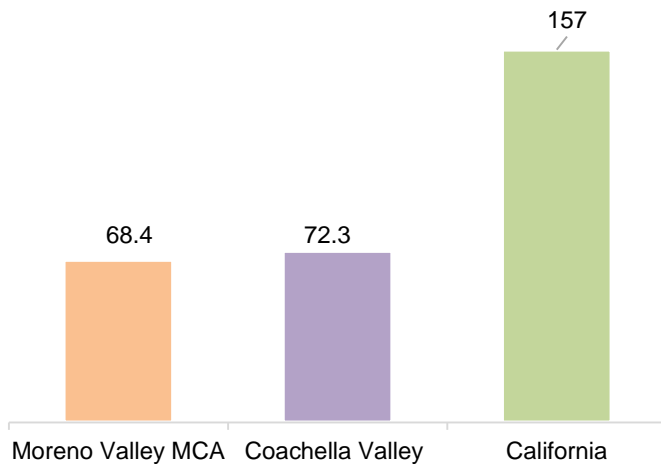|	
Moreno Valley MCA	24.80%
Coachella Valley	24.90%
California	24.60%

Data Source: 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

Key Health Driver

**Mental Health Care Provider Rate
(Per 100,000 Population)**

Moreno Valley MCA — 68.4
Coachella Valley — 72.3
California — 157

Data Source: University of Wisconsin Population Health
Institute, County Health Rankings. 2014. Source geography: County

This indicator reports the rate of mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors) that specialize in mental health care per 100,000 total population. This indicator is relevant because lack of access to health care, including regular primary care, mental health care, and other specialty health services, contributes to poor health status.

Assets and Opportunities

Community leaders call for integration of mental health screenings and services into primary care, expansion of inpatient facilities, and additional support for families and caregivers.

Programs: Stakeholders shared there are various support services that offer programs with integrated services and resources, including educational workshops.

Partnerships and Coalitions: Several collaboratives with diverse groups of professionals, agencies, and community members are working together to raise awareness and increase access to mental health services for this vulnerable population.

School Policies: Cognitive behavioral therapy has been successfully integrated into primary school curricula, as well as restorative justice programs. The ability to manage emotions has long-term implications for educational achievement, career opportunity, and life satisfaction

Education and Environmental Interventions: Public awareness campaigns, through billboards and posters in highly visible areas, have the potential to reduce stigma and increase uptake of mental health services.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background.
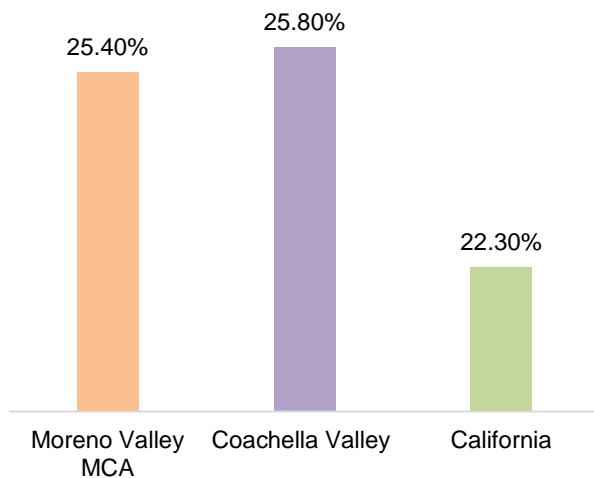
Obesity in Moreno Valley and Coachella Valley

Description & Significance: Excess weight is a prevalent problem in the U.S that indicates an unhealthy lifestyle and puts individuals at risk for further health issues. Obesity and overweight result from an energy imbalance, with more energy consumed (through food and drink) than expended through physical activity. Unhealthy life choices are compounded by lack of access to green space (parks) and limited access to healthy food options. Obesity and overweight have been increasing in the U.S. for several decades, with some health officials describing the situation as an epidemic. Excess weight is a critical risk factor for a number of chronic diseases, including diabetes, cardiovascular disease, and some cancers. Childhood obesity and overweight have significant short- and long-term effects on both physical and psychosocial well-being. Cultural stigma attached to excess weight can create an additional burden on individuals.

Health Outcomes

Obese Adults (18+) in the Moreno Valley MCA and Coachella Valley

Percent Adults with BMI > 30.0 (Obese)

Over a quarter of adults in the Coachella Valley and Moreno Valley MCA have a body mass index (BMI) greater than 30.0 (obese).

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County
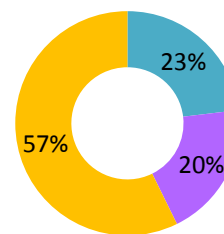
Overweight youth in Riverside County given the Physical Fitness test

Moreno Valley MCA
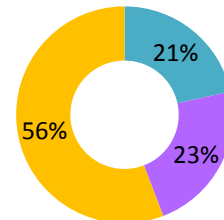
■ Obese ■ Overweight ■ Normal Weight

Coachella Valley

In the Moreno Valley MCA and Coachella Valley, about 43% of youth who were tested in 5th, 7th, and 9th grades with the Fitnessgram Physical Fitness test were found to be overweight or obese, which can contribute to future excess weight and earlier onset of chronic disease.

Data Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.

Health Disparity

Obesity Disparity

Percent Students Obese (In "High Risk" Fitness Zone) by Race / Ethnicity

Report Area	Non-Hispanic White	Black or African American	Hispanic or Latino	Asian	Multiple Race
Moreno Valley MCA	17.33%	18.45%	22.95%	16.05%	23.92%
Coachella Valley	15.14%	18.62%	25.8%	10.25%	18.42%
California	11.53%	19.8%	24.38%	8.96%	14.51%

Obesity rates vary widely among racial and ethnic groups. African Americans, Latinos, and multiracial individuals bear a disproportionate burden of obesity.

Data Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14.

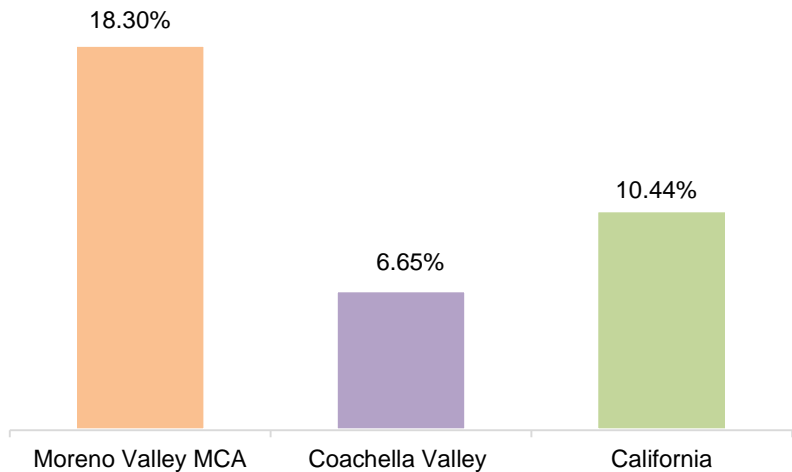# Key Health Driver

Adults in Moreno Valley MCA and Coachella Valley commute Over 60 minutes

About one in five residents in the Moreno Valley MCA commutes more than an hour each way. Long commutes can contribute to overweight and obesity by increasing sedentary time and reducing time available for fresh food preparation and physical activity.

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

	Moreno Valley MCA	Coachella Valley	California
	18.30%	6.65%	10.44%

Key Health Drivers

Number _Not_ Living Within ½ Mile of a Park

Percent Not Within 1/2 Mile of a Park	
Moreno Valley MCA	46.53%
Coachella Valley	69.50%
California	41.40%

This indicator reports the percentage of population _not_ living within 1/2 mile of a park. Nearly 70% of Coachella Valley residents live more than a half mile from a park. Access to outdoor recreation encourages physical activity and other healthy behaviors.

Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2010.

Number of Grocery Stores per 100,000 Residents

Stores per 100,000 Population	
Moreno Valley MCA	10.89
Coachella Valley	19.22
California	21.51

This indicator provides a measure of access to fresh fruits and vegetables. Lack of access to healthy foods can contribute to obesity and overweight.

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011

Assets and Opportunities

Community leaders call for greater access to fresh produce and unprocessed foods, safe and accessible parks and recreation centers, more opportunities for physical activity, and more walkable development.

Programs: Volunteers and advocates provide regular physical activity to school-aged children before school, during school and/or after school to help them set goals becoming more physically active. Multiple organizations have all year activities and events to engage residents, families and children in staying active and eating healthy.

Partnerships and Coalitions: There are several collaborations working to fight obesity by offering residents workshops and having community events to engage families and residents in awareness of obesity and making healthy lifestyle decisions.

Education: Stakeholders shared that nutrition and physical education in schools can help build habits and lifestyles that promote healthy eating and physical activity. Some organizations are working on getting school policies implemented to improve wellness in children and their families.

Environmental Interventions: Environmental justice advocates are working on creating policies to improve air quality and traffic commute in Riverside County. Especially, for parks located within close proximity of residents so they may have access to the parks and become physically active.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background.

Substance Abuse and Tobacco in
# Moreno Valley and Coachella Valley

Description & Significance: Substance abuse refers to use, abuse, or dependence on one or more controlled or illegal substance. Environmental, genetic, and social factors strongly influence patterns of substance abuse, which are frequently comorbid with mental illness. Alcohol is the most commonly used and abused substance in the United States. While tobacco use has been declining for decades, it remains a commonly used substance. Tobacco is linked to diabetes, asthma, cardiovascular disease, and lung cancer. Prescription drug abuse has been implicated in the recent rise in heroin use across the country and is connected to overdose and suicide.

Health Outcomes

All Cancer Mortality Rate

Age-Adjusted Death Rate per 100,000 Population
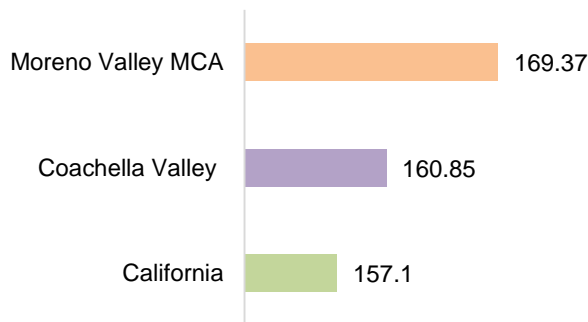
|	
Moreno Valley MCA	169.37
Coachella Valley	160.85
California	157.1

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Cancer is a leading cause of death in the U.S.

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

Poor Mental Health Days in the Previous Month

Average Mentally Unhealthy Days

Moreno Valley MCA	Coachella Valley	California
4.1	4.1	3.6
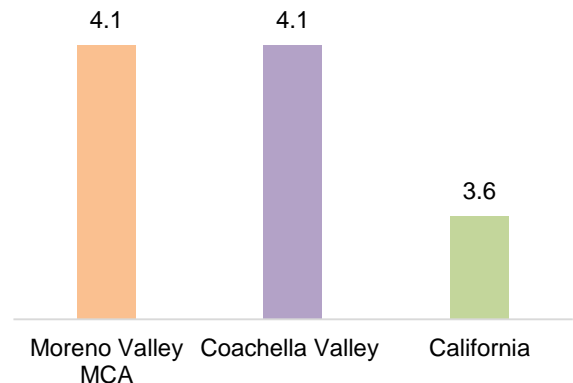
Poor mental health is closely linked with substance abuse. On average, Moreno Valley MCA and Coachella Valley residents report more poor mental health days than the state average.

Source: Center for Disease Control and Prevention, BRFSS: 2006-2012.
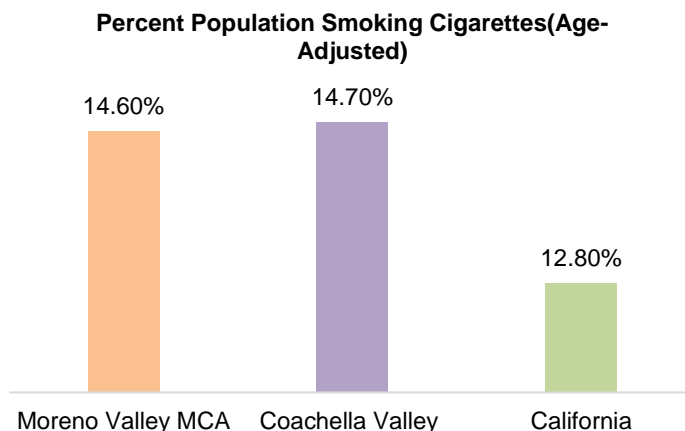
Key Health Driver

Excessive Alcohol Consumption

Estimated Adults Drinking Excessively	
Moreno Valley MCA	17.50%
Coachella Valley	17.30%
California	17.20%
California	17.20%

More than one in six adults in the Riverside MCA report heavy alcohol consumption (more than two drinks per day on average for men and one drink per day on average for women). Heavy alcohol use can lead to cirrhosis, cancers, and untreated mental and behavioral health needs.

Data Source: 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

Adult Smokers in Moreno Valley MCA and Coachella Valley

Percent Population Smoking Cigarettes(Age-Adjusted)

14.60% Moreno Valley MCA
14.70% Coachella Valley
12.80% California

This indicator reports the percentage of adults age 18 and older who self-report currently smoking cigarettes some or every day. Tobacco use can lead to causes of death such as cancer and cardiovascular disease.

Data Source: 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

Assets and Opportunities

Community leaders call for innovative approaches to pain management to curb the rate of prescription drug abuse and smoking bans in public places throughout the county.

Programs: Various organizations and agencies offer a range of substance abuse programs that provide treatment services. Some of the services include assessment, individual and group counseling sessions, sobriety support groups, case management, and referrals to outside services.

Partnerships and Coalitions: There are working collaboratives with participants representing sectors from the courts, county departments, education, and substance abuse treatment providers to provide education, counseling, health care, and case coordination for children in families where substance abuse, such as methamphetamine use is an issue.

Environmental Interventions: Public smoking bans are underway in certain areas in Riverside County and could be expanded to leverage their ability to reduce tobacco use.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background.

Transportation in Moreno Valley and Coachella Valley

Description & Significance: Geographically, Riverside County is one of the largest counties in California, and much of the eastern portion of the county is very rural. CHNA stakeholders explained that in comparison with neighboring Los Angeles and Orange Counties, there is a lack of jobs in Riverside County. These two factors contribute to ongoing transportation issues in both the Moreno Valley MCA and Coachella Valley. The percent of the population that walks or bikes to work in Moreno Valley MCA (1.76%) and Coachella Valley (3.08%) is lower than the state average (3.84%). Perhaps more significantly Moreno Valley residents (18.3%) have commutes of over an hour, compared to 10.1% of California residents. CHNA stakeholders explained that insufficient public transportation created significant barriers to accessing some basic needs—including healthy foods, health care, and other social services. In low-income rural areas, particularly the Coachella Valley, children in families without cars who miss the school bus often end up missing school; over time, these absences can impact educational attainment and long-term economic security.

Key Health Driver

Percent of Riverside County Adults that Commuted to Work
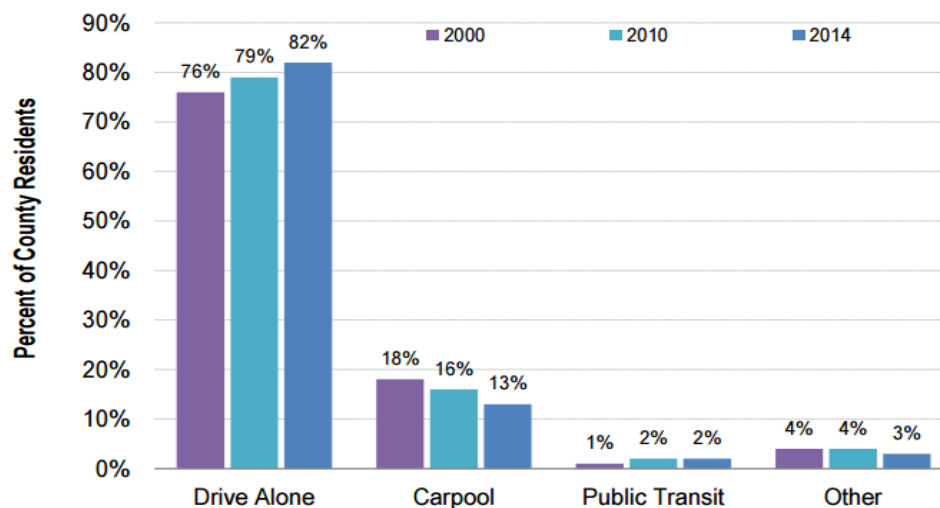
This indicator reports the percent of Riverside adults that commuted to work. From 2000 to 2014, the number of residents who drive alone has steadily increased. "Other" refers to bicycle, pedestrian and home-based employment. This indicator is relevant because the type of transportation taken to work can relate to multiple health outcomes and environmental outcomes such as pollution.

Data Source: Southern California Association of Governments' (SCAG) Regional Council, Profile of Riverside County. 2015.

Health Outcomes

Obese Adults (18+) in Riverside County

Report Area	Percent Adults with BMI > 30.0 (Obese)
Moreno Valley MCA	25.4%
Coachella Valley	25.8%
California	22.3%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

This indicator reports the percentage of adults age 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues, such as diabetes, cardiovascular disease, and obesity.

Prevalence of Heart Disease

| Report Area	Percentage with Heart Disease
Moreno Valley MCA	7.7%
Coachella Valley	7.5%
California	6.3%

Data Source: University of California Center for Health Policy Research, California Health Interview Survey. 2011-12. Source geography: County (Grouping)

This indicator reports the percentage of adults age 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Health Disparity

Percentage Walking or Biking to Work

3.84%

3.08%

1.76%

| Moreno Valley MCA | Coachella Valley | California |
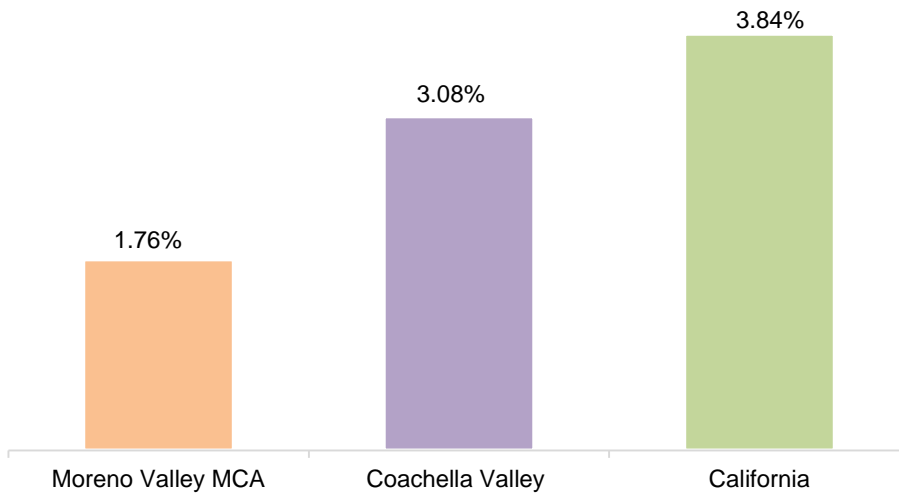
This indicator reports the percentage of the population that commutes to work by either walking or riding a bicycle. This indicator is relevant because an active commute to work can reduce risk of cardiovascular
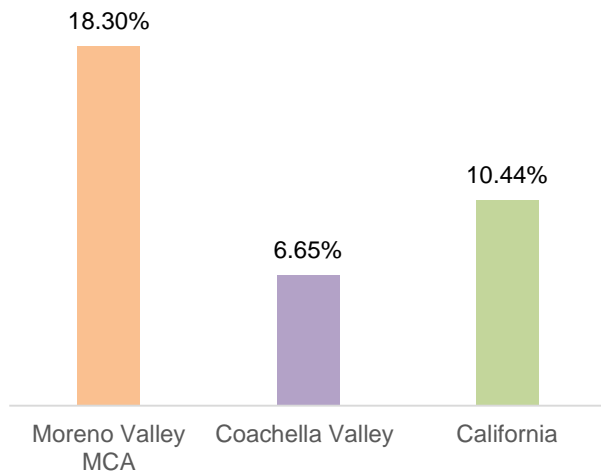
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract.

Key Health Driver

Percentage of Residents Commuting More than 60 Minutes to Work

18.30%

6.65%

10.44%

Moreno Valley MCA   Coachella Valley   California

This indicator reports the percentage of the population that commutes to work for over 60 minutes each direction. This indicator is relevant because the amount of time spent commuting impacts health-related activities such as sleeping, engaging in physical activity, and ability to prepare healthy meals.

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Assets and Opportunities

Stakeholders shared the following about assets and opportunities:

Partnerships and Coalitions: There are various organizations working together to create policies to bring public transportation all over Riverside County, most especially in the vulnerable geographic areas such as Coachella Valley. Government and community organizations are looking at ways to think about built environment and working with coalitions to develop city policies.

School Policies: Students who miss the public bus in the mornings have no other means of transportation, due to distance and lack of public busing. Schools are attempting to use school buses in some areas to help with the problem of public transportation.

Environmental Interventions: Transportation is a challenge throughout Riverside County. There are groups doing some work to reduce the traffic emissions in the cities and for this reason public transportation would help alleviate much of the excess cars on the highways, which would reduce stress in drivers with long commutes.

References: Kaiser Permanente CHNA Data Platform, CDC, interviews and focus groups. Icons from The Noun Project. Please see KFH-Moreno Valley CHNA 2016 Report for information about the data background.

Appendix D: Glossary of Terms

The following terms are used throughout the Community Health Needs Assessment report. They represent concepts that are important to understanding the findings and analysis in this report.

Age-adjusted rate. The incidence or mortality rate of a disease can depend on the age distribution of a community. Because chronic diseases and some cancers affect older adults disproportionately, a community with a higher number of older adults might have a higher mortality or incidence rate of some diseases than another community that may have a higher number of younger people. An incidence or mortality rate that is **age-adjusted** takes into the consideration of the proportions of persons in corresponding age groups, which allows for more meaningful comparison between communities with different age distributions.

Benchmarks. A benchmark serves as a standard by which a community can determine how well or not well it is doing in comparison for specific health outcomes. For the purpose of this report, one of two benchmarks is used to make comparison with the medical center area. They are Healthy People 2020 objectives and state (California) averages.

Death rate. See *Mortality rate.*

Disease burden. Disease burden refers to the impact of a health issue not only on the health of the individuals affected by it, but also the financial cost in addressing this health issue, such as public expenditures in addressing a health issue. The burden of disease can also refer to the disproportionate impact of a disease on certain populations, which may negatively affect their quality of life and socioeconomic status.

Health condition. A health condition is a disease, impairment, or other state of physical or mental health that contributes to a poor health outcome.

Health disparity. Diseases and health problems do not affect all populations in the same way. Health disparity refers to the disproportionate impact of a disease or a health problem on specific populations. Much of research literature on health disparity focuses on racial and ethnic differences in how these communities experience the diseases, but health disparity can be correlated with gender, age, and other factors, such as veteran, disability, and housing status.

Health driver. Health drivers are behavioral, environmental, social, economic and clinical care factors that positively or negatively impact health. For example, smoking (behavior) is a health driver for lung cancer, and access to safe parks (environmental) is a health driver for obesity/overweight. Some health drivers, such as poverty or lack of insurance, impact multiple health issues.

Health indicator. A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

Health outcome. A health outcome is a snapshot of a disease in a community that can be described in terms of both morbidity and mortality (e.g. breast cancer prevalence, lung cancer mortality, homicide rate, etc.).

Health need. A health need is a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.

Hospitalization rate. Hospitalization rate refers to the number of patients being admitted to a hospital and discharged for a disease, as a proportion of total population.

Incidence rate. Incidence rate is the number of *new* cases for a specific disease or health problem within a given time period. It is expressed either as a fraction (e.g. percentage) or a density rate (e.g. *x* number of cases per 10,000 people), in order to allow for comparison between different communities. It should not be confused with *prevalence rate*, which measures the proportion of people found to have a specific disease or health problem.

Morbidity rate. Morbidity rate refers to the frequency with which a disease appears within a population. It is often expressed as a *prevalence rate* or *incidence rate.*

Mortality rate. Mortality rate refers to the number of deaths in a population due to a disease. It is usually expressed as a density rate (e.g. *x* number of cases per 10,000 people). It is also referred to as "death rate."

Prevalence rate. Prevalence rate is the proportion of total population that currently has a given disease or health problem. It is expressed either as a fraction (e.g. percentage) or a density rate (e.g. *x* number of cases per 10,000 people), in order to allow for comparison between different communities. It should not be confused with incidence rate, which focuses only on *new* cases. For instance, a community may experience a decrease in new cases of a certain disease (incidence) but an increase in the total of number suffering that disease (prevalence) because people are living longer due to better screening or treatment for that disease.

Primary data. Primary data are new data collected or observed directly from first-hand experience. They are typically qualitative (not numerical) in nature. For this community health needs assessment, primary data were collected through focus groups and interviews with key stakeholders. These primary data describe what is important to the people who provide the information and are useful in interpreting secondary data.

Secondary data. Secondary data are data that have been collected and published by another entity. They are typically quantitative (numerical) in nature. Secondary data are useful in highlighting in an objective manner health outcomes that significantly impact a community.