



2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Moreno Valley

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Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

September 16, 2019



Kaiser Permanente Southern California Region Community Benefit CHNA Report for KFH-Moreno Valley

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I. Introduction/background

A. About Kaiser Permanente (KP)

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 12 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 Health

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. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

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 Community Health Needs Assessment (CHNA) Report

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 <https://www.kp.org/chna>.

D. Kaiser Permanente's approach to Community Health Needs Assessment

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 120 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, hospitals operating in the Southern California Region utilized the Southern California Public Health Alliance's Healthy Places Index Platform, which includes approximately 80 publicly available community health indicators with resolution at the census tract level.

In addition to reviewing and analyzing secondary data, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. 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 constitutes a health need in their community. Once all the community health needs were identified, they were 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, <https://www.kp.org/chna>

II. 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. Map

Figure A. **Moreno Valley Service Area**

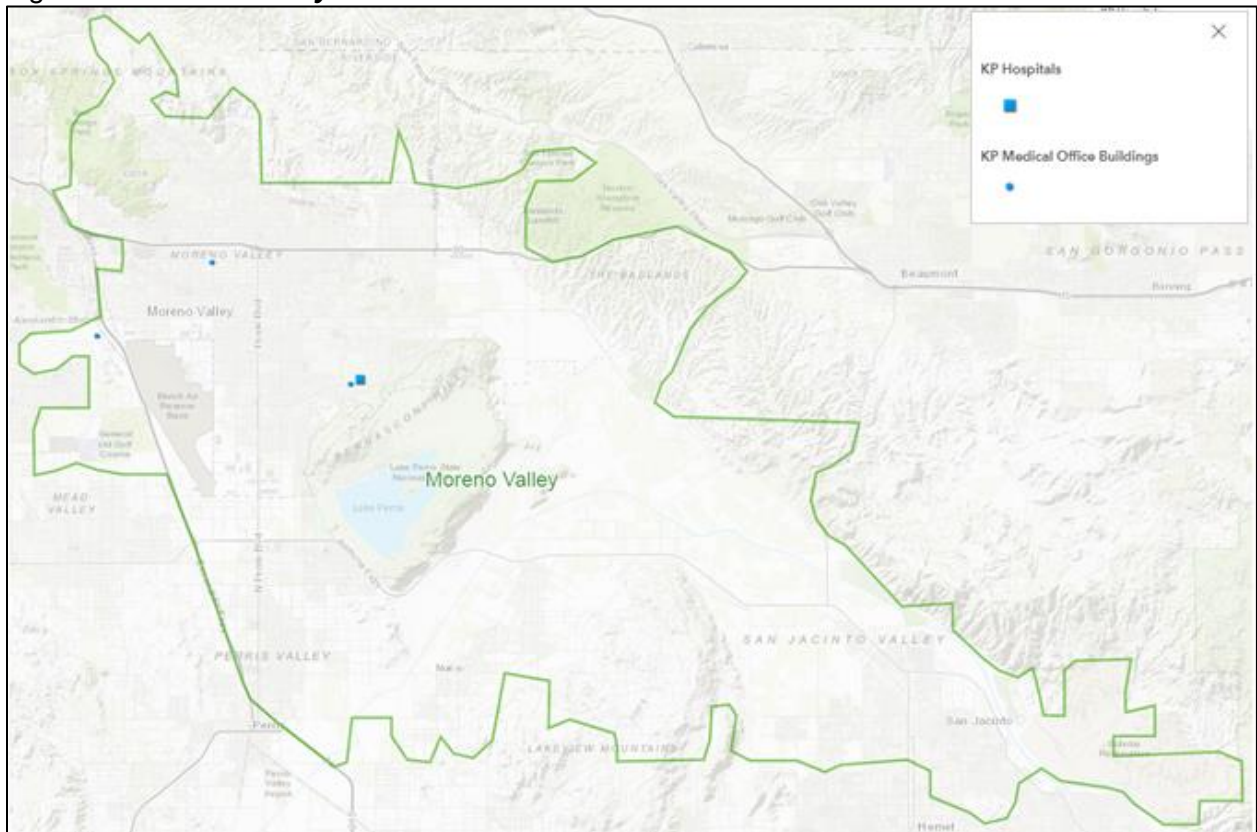
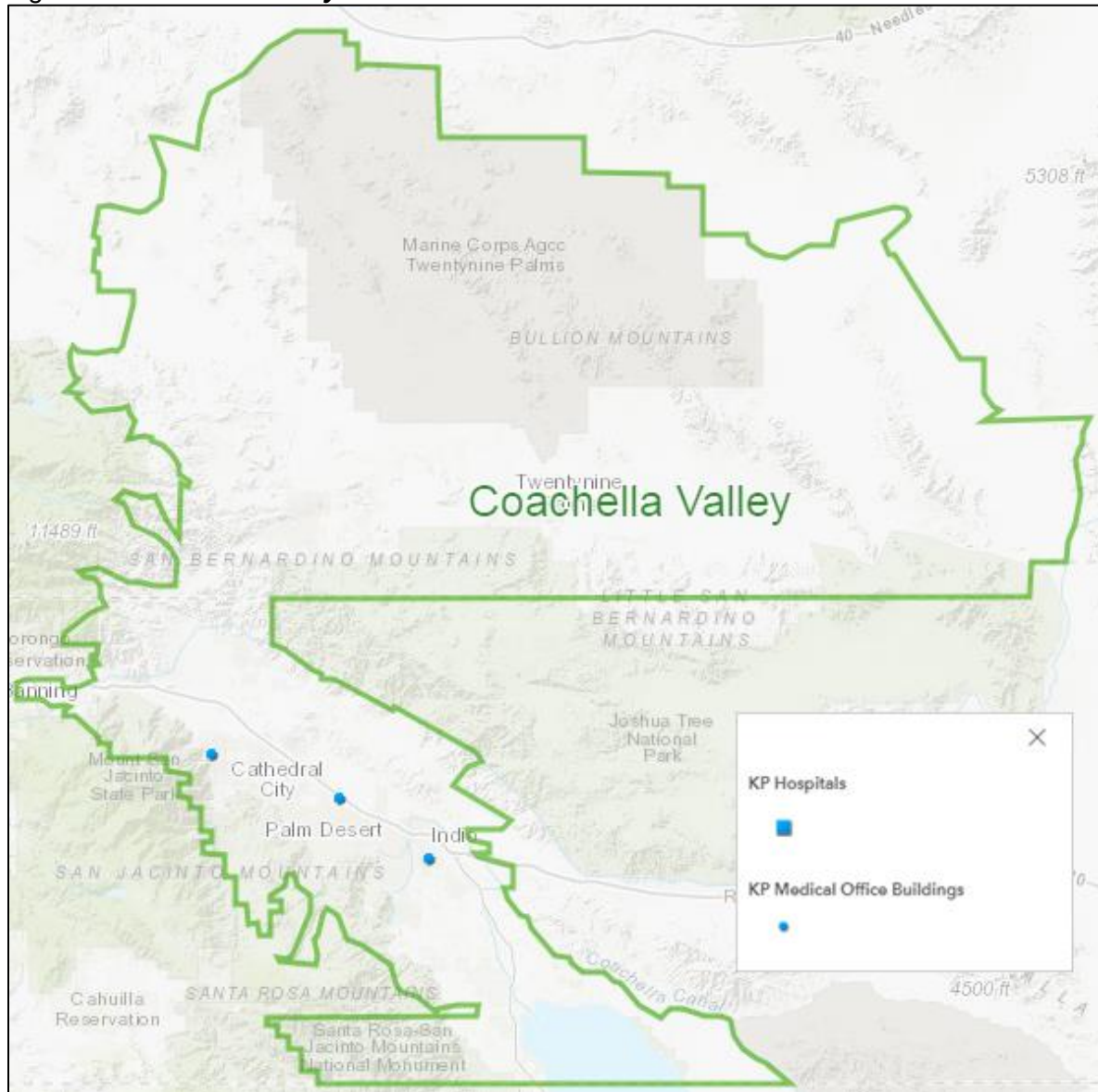


Figure B. **Coachella Valley Service Area**



ii. Geographic description of the community served

The geographic region served by KFH-Moreno Valley includes the following cities around Moreno Valley: Hemet, Homeland, Lakeview, March Air Reserve Base, Moreno Valley, Nuevo, Perris, Romoland, San Jacinto. All of these cities are in Riverside County.

The KFH-Moreno Valley service area also includes what is known as the Coachella Valley service area, which includes the following cities and unincorporated areas in Eastern Riverside County: Cathedral City, Coachella, Desert Hot Springs, Hemet, Indian Wells, Indio, La Quinta, Mountain Center, Palm Desert, Palm Springs, Rancho Mirage, Thermal/Mecca/Oasis, Thousand Palms, and Whitewater. The Coachella Valley service area also includes the Hi-Desert region of San Bernardino County, which encompasses the following cities and unincorporated areas: Joshua Tree, Landers, Morongo Valley, Twentynine Palms, and Yucca Valley.

iii. Demographic profile of the community served

The following tables includes race, ethnicity, and additional socioeconomic data for the KFH-Moreno Valley service area. Please note that ‘race’ categories indicate ‘non-Hispanic’ population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other race, Multiple Races, and White. ‘Hispanic/Latino’ indicates total population percentage reporting as Hispanic/Latino.

Table 1. Demographic profile: Moreno Valley Service Area¹

Race/Ethnicity		Socioeconomic	
Total Population	318,576	Living in Poverty (<100% Federal Poverty Level)	19.48%
Asian	4.99%	Children in Poverty	27.58%
Black	14.17%	Unemployment	4.3%
Hispanic/Latino	58.40%	Uninsured Population	17.62%
Native American/Alaska Native	0.29%	Adults with No High School Diploma	25.80%
Pacific Islander/Native Hawaiian	0.47%		
Some Other Race	0.14%		
Multiple Races	1.91%		
White	19.64%		

Table 2. Demographic profile: Coachella Valley Service Area²

Race/Ethnicity		Socioeconomic	
Total Population	513,793	Living in Poverty (<100% Federal Poverty Level)	20.96%
Asian	2.68%	Children in Poverty	32.39%
Black	2.86%	Unemployment	4.2%
Hispanic/Latino	48.44%	Uninsured Population	16.48%
Native American/Alaska Native	0.42%	Adults with No High School Diploma	20.50%
Pacific Islander/Native Hawaiian	0.14%		
Some Other Race	0.17%		
Multiple Races	1.73%		
White	43.57%		

Disparities in the Opportunity to be Healthy

The maps below display the differences in opportunity among residents in the KFH–Moreno Valley and Coachella Valley service areas to live a long and healthy life³. Areas in dark blue represent census tracts in the lowest quartile of health opportunity across California. These areas are severely under-resourced across multiple domains of the social predictors of health (e.g. economics, education, transportation, built environment etc.).

¹ American Community Survey (2012-2016)

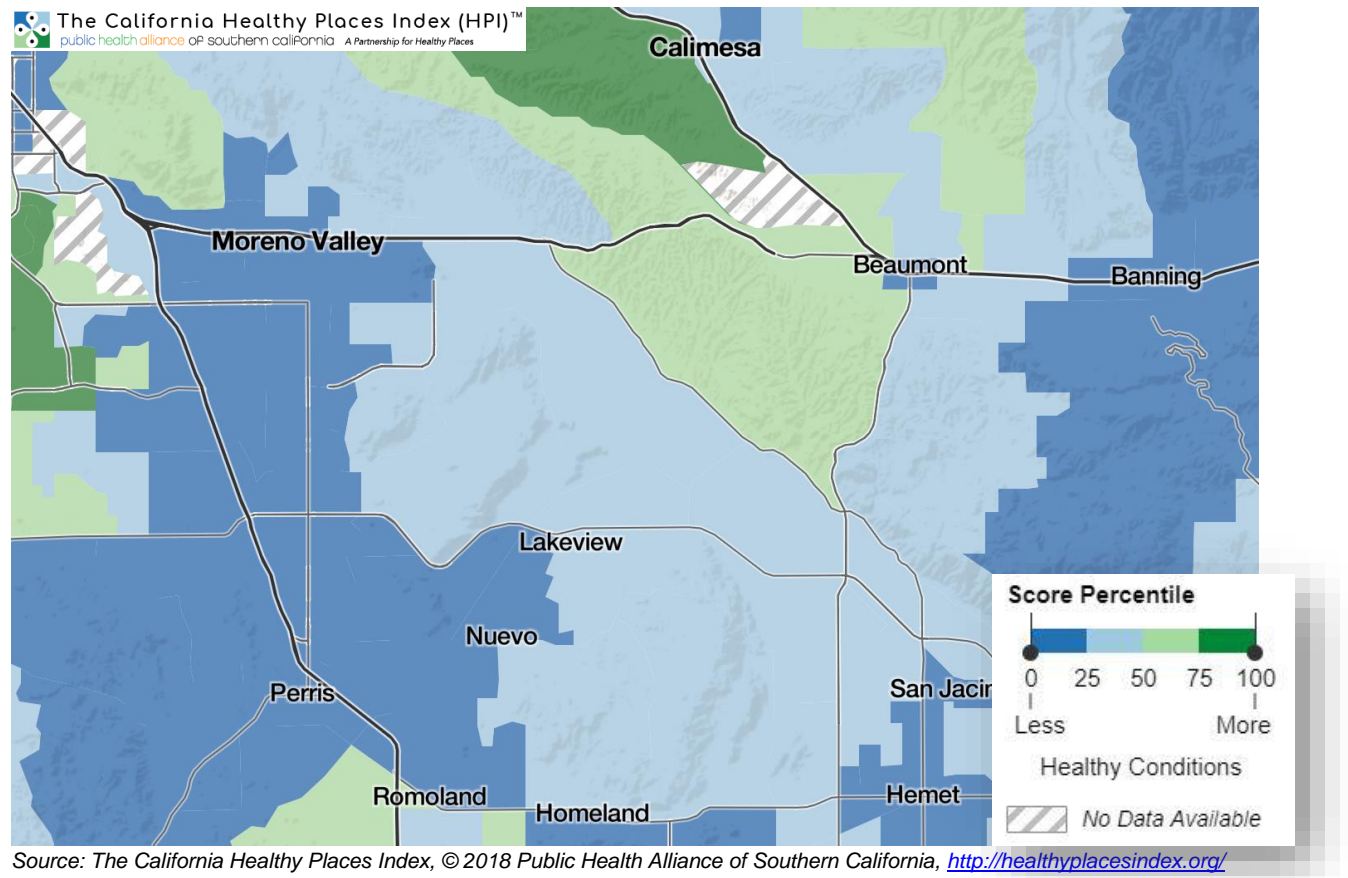
² Ibid.

³ As defined by the California Healthy Places Index (HPI). HPI scores combine 25 metrics of the social predictors of health (each weighted to life expectancy) to produce a single health opportunity score for each census tract in CA. For more detailed maps of this service area and additional information about HPI methodology, please visit <http://healthyplacesindex.org>

Moreno Valley Service Area

The map below depicts the under-resourced communities in the Moreno Valley territory. The areas particularly under-resourced include areas such as Hemet, Lakeview, Moreno Valley, Nuevo, Perris, and San Jacinto.

Figure C. **Under-Resourced Communities in Moreno Valley**



Note. Not all of the cities included in this map are part of the KFH-Moreno Valley service area. The opportunity to live a long and healthy life is powerfully influenced by a wide range of social factors including economics, education, transportation, built environment, and access to care⁴. In aggregate, residents living in the KFH-Moreno Valley service area are in the 22nd percentile for health opportunity⁵ among all California residents with approximately 172,098 people living in severely under-resourced census tracts.

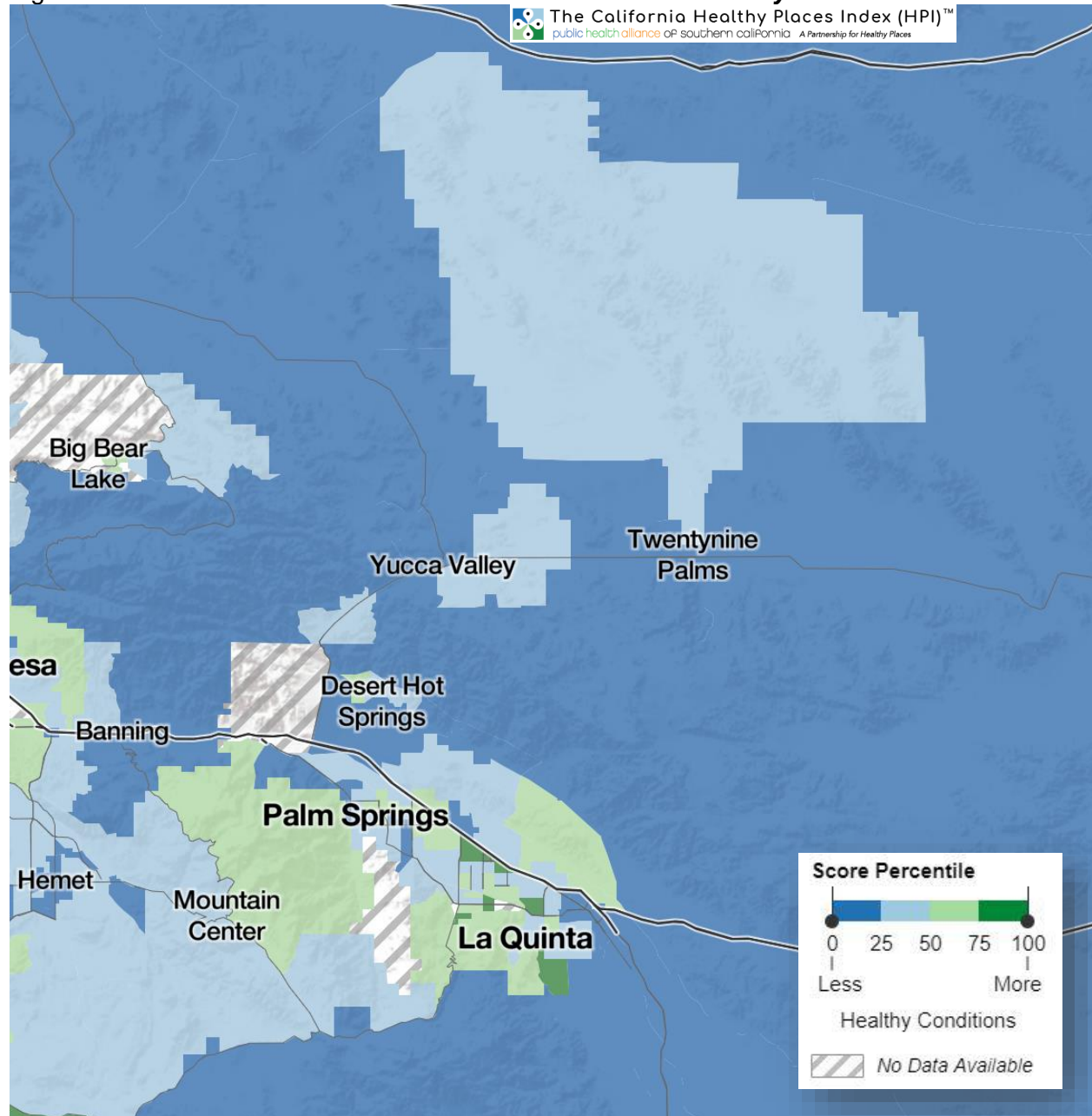
⁴ Please read more about the strong scientific evidence for these relationships [here](#).

⁵ As described by the [California Healthy Places Index](#).

Coachella Valley Service Area

The map below depicts the under-resourced communities in the Twentynine Palms, Yucca Valley, and parts of Desert Hot Springs. East of La Quinta in the Coachella Valley service area is also highly under-resourced.

Figure D. **Under-Resourced Communities in the Coachella Valley**



Source: The California Healthy Places Index, © 2018 Public Health Alliance of Southern California, <http://healthyplacesindex.org/>

Note. Not all of the cities included in this map are part of the KFH-Moreno Valley service area. Residents living in the Coachella Valley service area are in the 27th percentile for health opportunity among all California residents with approximately 279,473 people living in severely under-resourced census tracts. In effect, this means that about 7 out of 10 Californians have a greater opportunity to live a long healthy life than residents living in these service areas.

III. Who was involved in the assessment?

A. Identity of hospitals and other partner orgs that collaborated on the assessment

There are two Kaiser hospitals in Riverside County: KFH-Riverside and KFH-Moreno Valley. Expertise from both hospitals was used to create this CHNA, although each hospital has its own unique CHNA report.

Local organizations helped us to gather community input during the engagement process. These include: Clinicas de Salud del Pueblo, Riverside Community Health Foundation, and University of California, Riverside – School of Medicine.

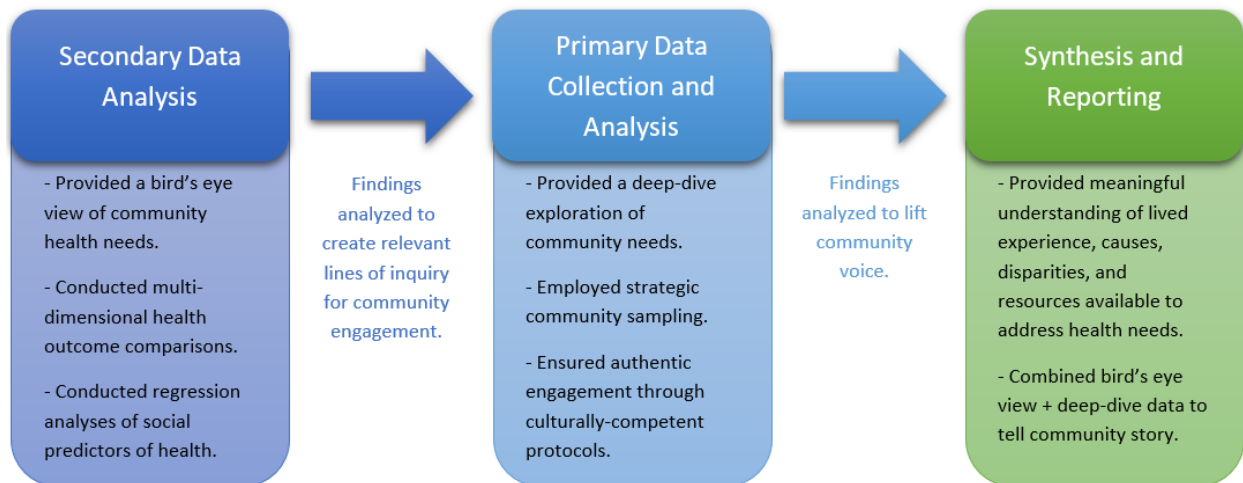
B. Identity and qualifications of consultants used to conduct the assessment

HARC, Inc. (Health Assessment and Research for Communities), a nonprofit research and evaluation firm located in Riverside County, was utilized for this assessment. HARC has been conducting community health needs assessments in Riverside County for more than 12 years and has extensive community connections. HARC’s expertise lies in the social predictors of health; that is, the idea that where you live, work, learn, and play has a strong impact on your well-being and quality of life. The social predictors of health encompass things like economic security, education, safety, community cohesion, neighborhoods and the built environment, and of course, healthcare. In the past year, HARC has conducted numerous community health needs assessments in Riverside County, including one for Betty Ford Center relating to substance use and mental health, as well as one for Eisenhower Health relating to lesbian, gay, bisexual, transgender, intersex, and asexual health needs.

IV. Process and methods used to conduct the CHNA

KFH-Moreno Valley conducted the CHNA in a mixed-methods sequential explanatory assessment intended to produce the most accurate, vivid, and meaningful story of community health possible. Secondary data was analyzed to provide a bird’s eye view of the most pressing health issues across the service area and raise strategic lines of inquiry for community engagement. Findings from both the secondary and primary data collection processes were then combined to produce a robust story of community health needs (see Figure E below).

Figure E. **Mixed-Method Assessment Approach to 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](#) and the [Southern California Public Health Alliance Healthy Places Index](#) to review approximately 200 indicators from publicly available data sources. For details on specific sources and dates of the data used, including any data in addition to sources mentioned above, please see Appendix A.

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

Findings from secondary data analysis provided a bird's-eye view of the community health needs and created relevant lines of inquiry for community engagement. The driving purposes behind these analyses were to:

1. Determine the geographic footprint of the most under-resourced communities in the KFH service area.
2. Identify the top social predictors of health (upstream factors) linked to community health outcomes in the KFH service area.
3. Provide an initial ranked list of health needs that could inform community engagement planning and the health need prioritization process for the KFH service area.
4. Provide descriptive information about the demographic profile of the KFH service area and support understanding of key CHNA findings.

First, the most under-resourced geographic communities were identified utilizing the Public Health Alliance of Southern California's Healthy Places Index (HPI) [mapping function](#). The social predictors of health in this index include 25 indicators related to economic security, education, access to care, clean environment, housing, safety, transportation, and social support. (Please refer to Figure C and Figure D to see these maps⁶).

Second, health outcome indicators were analyzed across multiple dimensions including: absolute prevalence, relative service area prevalence to the state average, reduction of life expectancy (calculated through empirical literature on disability-adjusted life years), impact disparities across racial and ethnic groups, and alignment with county rankings of top causes of mortality. (Please refer to Table 3 and Table 4 to see results).

Third, additional descriptive data were used to understand the demographics of the service area and provide context to findings from secondary and primary data analysis. In sum, the use of secondary data in this CHNA process went beyond reporting publicly available descriptive data and generated new understandings of community health in the KFH service area. Secondary data analyses and visualization tools (a) synthesized a wide variety of available health outcome data to provide a bird's-eye view of the KFH service area needs and (b) provided a closer look at the impact of social factors that influence the opportunity of community residents in the service area to live long and healthy lives.

For further questions about the CHNA methodology and secondary data analyses, please contact CHNA-communications@kp.org.

⁶ Maps from the California Healthy Places Index captured in this report are © 2018 Public Health Alliance of Southern California, <https://phasocal.org/>.

Table 3. Health Outcome Comparison Table for Moreno Valley

The following table ranks health needs based on several principle values: The [prevalence](#) of the health outcome compared to the California state average, the impact of the health outcome on [length](#) and [quality of life](#), the [disparity](#) of disease prevalence across racial/ethnic groups, and the [alignment with county rankings](#) of top causes of mortality.⁷

Health Outcome Category Name	Prevalence	Difference From State Average	Reduction in Length of Life Per Year	Worst Performing Race/Ethnicity vs. Average	Listed in Partner County Top 5 Cause of Death
Mental Health*	13.0%	0.83% (Worse than CA)	61.3% Reduction	65% Worse than Average	No
Obesity	30.5%	0.9% (Worse than CA)	37% Reduction	27% Worse than Average	No
Cancer*	3.9%	0.6% (Worse than CA)	51% Reduction	17% Worse than Average	Yes
Stroke*	3.6%	-0.1% (Better than CA)	57% Reduction	40% Worse than Average	Yes
Asthma	12.9%	-1.9% (Better than CA)	13.3% Reduction	102% Worse than Average	Yes
Substance/Tobacco Use	6.3%	-0.66% (Better than CA)	69.7% Reduction	48% Worse than Average	No
HIV/AIDS/STD	0.3%	-0.12% (Better than CA)	58.2% Reduction	211% Worse than Average	No
Maternal/Infant Health	6.5%	-0.3% (Better than CA)	17.9% Reduction	40% Worse than Average	No
Oral Health	11.9%	0.6% (Worse than CA)	2.8% Reduction	17% Worse than Average	No
CVD*	4.6%	-2.34% (Better than CA)	30% Reduction	14% Worse than Average	Yes
Diabetes*	7.8%	-0.6% (Better than CA)	24.1% Reduction	5% Worse than Average	No
Violence/Injury	0.0%	-0.01% (Better than CA)	13.2% Reduction	10% Worse than Average	Yes

⁷Indicators for prevalence and racial disparities are publicly available. Technical documentation and data dictionary for this table available upon request. Health need category names provided by Kaiser Permanente Program Office. Reduction in life expectancy estimated based on disability-adjusted life years research. “Mental Health” indicators refer to “poor mental health”. “Violence/Injury” prevalence is rounded down but not technically zero. “Yes” indicates health outcome is listed in the top five causes of death for the county covering the majority of this service area. If asthma is listed as “Yes”, then chronic lower respiratory disease was listed in the county rankings. Asterisks are outcomes measured by Kaiser Permanente’s Program Office.

Table 4. Health Outcome Comparison Table for the Coachella Valley

The following table ranks health needs based on several principle values: The **prevalence** of the health outcome compared to the California state average, the impact of the health outcome on **length** and **quality of life**, the **disparity** of disease prevalence across racial/ethnic groups, and the **alignment with county rankings** of top causes of mortality.⁸

Health Outcome Category Name	Prevalence in Service Area	Difference From State Average	Reduction in Life Expectancy	Worst Performing Race/Ethnicity vs. Average	Listen in Partner County Top 5 Cause of Death
Mental Health*	13.0%	0.83% (Worse than CA)	61.3% Reduction	66% Worse than Average	No
CVD*	7.6%	0.65% (Worse than CA)	30% Reduction	13% Worse than Average	Yes
Stroke*	3.6%	-0.1% (Better than CA)	57% Reduction	31% Worse than Average	Yes
HIV/AIDS/STD	0.2%	-0.13% (Better than CA)	58.2% Reduction	211% Worse than Average	No
Asthma	12.8%	-2% (Better than CA)	13.3% Reduction	84% Worse than Average	Yes
Substance/Tobacco Use	6.3%	-0.75% (Better than CA)	69.7% Reduction	48% Worse than Average	No
Obesity	25.1%	-4.5% (Better than CA)	37% Reduction	43% Worse than Average	No
Cancer*	2.9%	-0.42% (Better than CA)	51% Reduction	16% Worse than Average	Yes
Oral Health	11.9%	0.6% (Worse than CA)	2.8% Reduction	17% Worse than Average	No
Maternal/Infant Health	6.6%	-0.2% (Better than CA)	17.9% Reduction	40% Worse than Average	No
Violence/Injury	0.0%	-0.02% (Better than CA)	13.2% Reduction	11% Worse than Average	Yes
Diabetes*	7.6%	-0.8% (Better than CA)	24.1% Reduction	5% Worse than Average	No

⁸Indicators for prevalence and racial disparities are publicly available. Technical documentation and data dictionary for this table available upon request. Health need category names provided by Kaiser Permanente Program Office. Reduction in life expectancy estimated based on disability-adjusted life years research. “Mental Health” indicators refer to “poor mental health”. “Violence/Injury” prevalence is rounded down but not technically zero. “Yes” indicates health outcome is listed in the top five causes of death for the county covering the majority of this service area. If asthma is listed as “Yes”, then chronic lower respiratory disease was listed in the county rankings. Asterisks are outcomes measured by Kaiser Permanente’s Program Office.

B. Community input

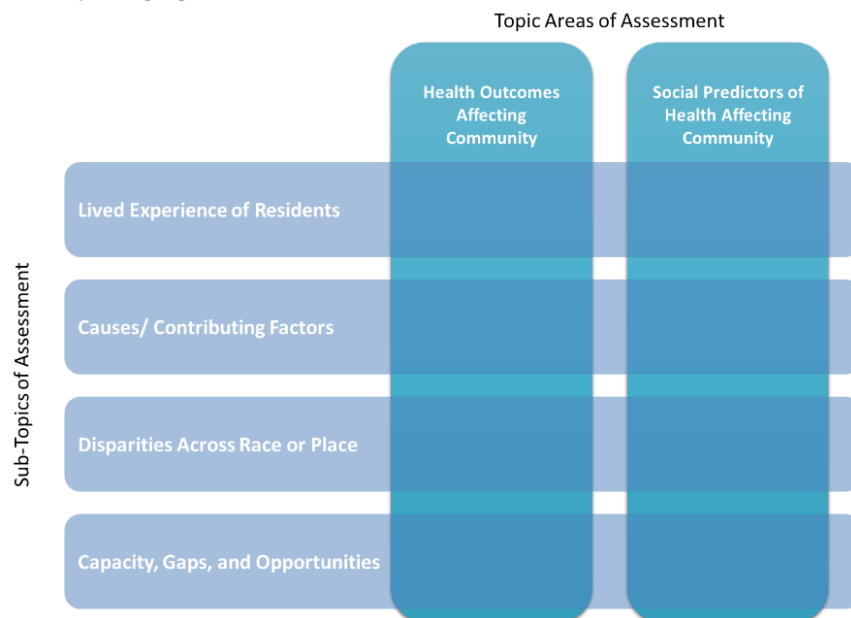
Secondary data analyses produced high-level findings about community health needs. These findings were used to create targeted lines of inquiry intended to learn more about the story of community health by exploring the lived experience of community members, the causes of health needs, the racial or geographic disparities in health needs, and the community resources available to address health needs. These lines of inquiry were guided by the following strategic learning questions (see Appendix F for more details about how these questions were developed):

Strategic Lines of Inquiry Used in the KFH–Moreno Valley Community Engagement Plan

1. What are the drivers of poverty in our under-resourced communities?
2. How does the local job mix/landscape influence poverty in our community? (warehouse jobs in Moreno Valley, hospitality jobs in Eastern Coachella Valley)
3. What factors inhibit or support the health insurance enrollment process?
4. What are the barriers to accessing mental health services?
5. What are the barriers to higher educational attainment in our under-resourced communities?
6. How is higher education linked to health outcomes?
7. Are students obtaining degrees that have value in the current job market?
8. Do racially segregated communities feel that this segregation has an impact on their health? If so, how?
9. How does crowded housing relate to poor mental health, asthma, obesity, diabetes, and smoking?
10. What factors are contributing to/causing crowded housing situations?
11. How do the top social predictors of health (poverty, access to care, education, race, and housing) relate to each other?

The community engagement plan and the community's answers to these questions (primary data) were organized and analyzed using the CHNA Community Engagement Framework (see Figure F below).

Figure F. **Community Engagement Framework**



i. Description of who was consulted

Residents, community leaders, and government and public health department representatives were selected for the CHNA sample. Selection criteria across these groups included (a) those best able to respond in rich detail to the strategic learning questions, (b) those who had expertise in local health needs, (c) those who resided and/or provided services in an under-resourced or medically underserved community, and (d) those able to represent the health needs of a given racial or ethnic minority group. Given the large size of the KFH-Moreno Valley service area, community engagement efforts set out to target those geographies most under-resourced and where health outcomes were the poorest (see Figure C and Figure D for a map referencing the most underserved areas of KFH-Moreno Valley). Once selected for engagement, participants were provided the opportunity to share their perspective on targeted health needs and raise any additional health needs outside the strategic lines of inquiry. For a complete list of individuals who provided input on this CHNA, see Appendix B.

ii. Methodology for collection and interpretation

In seeking information to help answer strategic lines of inquiry, primary data was collected through the following methods:

HARC conducted key informant interviews with 33 community leaders and 38 community members. Additionally, HARC conducted a focus group with 5 community members. See Appendix B: Community Input Tracking Form for a complete list. Community members and local leaders were interviewed to provide insight into the strategic learning questions and core learning questions. All interviews were audio recorded and then transcribed. Those that were conducted in Spanish were then translated into English. Transcriptions were then loaded into a qualitative data analysis software, NVivo 12, and analyzed based on strategic learning questions.

The community input was used to provide information on the strategic learning questions, which focused on the social predictors of health. Community input also served to provide context and a deeper understanding of the correlations found in the secondary data, specifically between social predictors of health (i.e., income, education, access, racial segregation, and crowded housing) and health outcomes. These stories were used to provide background in the health need profiles; see Appendix C. The stories demonstrated the lived experience of community members who experience the identified health needs. Finally, the community input (especially the input from community leaders) also helped to identify existing resources; for more information, see Appendix D.

Qualitative data analysis was designed to identify emergent themes in answer to strategic lines of questioning about specific community health needs as well as open-ended questions about health needs more broadly. Data from community engagement was coded and organized within the SCAL CHNA Learning Framework to generate themes useful for answering strategic learning questions and ultimately informing an implementation strategy plan (see Figure B).

C. Written Comments

KP provided the public an opportunity to submit written comments on the facility's previous CHNA Report through CHNA-communications@kp.org. This email 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 received one written comment related to the previous CHNA Report. These comments referred to questions regarding skilled nursing facilities in the service area and were addressed by Community Benefit Manager Cecilia Arias.

D. Data Limitations and Information Gaps

As with any community needs assessment process, the data available for use is limited. In the KP CHNA data platform, for example, some data were only available at a county level, making an accurate translation to neighborhood-level health needs challenging. In the Healthy Places Index platform, census tracts with very low populations were represented as missing data (to reduce unreliability of measurement). This caused under-sampling of rural areas. In both platforms, disaggregated data around age, ethnicity, race, and gender were not available for many indicators which limited the ability to examine disparities of health within the community. Additionally, data in both platforms were not often collected on a yearly basis and therefore may not represent 2018 values.

HARC's 2016 Coachella Valley Community Health Survey (which was used in support of the Coachella Valley secondary data) includes a large random sample of the community. However, the data might be missing some special populations who are difficult to reach including migrant workers and immigrants—though attempts were made to increase participation of these groups. HARC's data also does not aim to provide data representative of homeless individuals, particularly given that homeless data is accessible via other data platforms (e.g., The Point-in-Time (PIT) count held by the U.S. Department of Housing and Urban Development).

V. Identification and Prioritization of the Community's Health Needs

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 or the related conditions that contribute to a defined health outcome. 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

To identify community health needs, HARC reviewed secondary data reports prepared by Kaiser Permanente Regional analysts. These reports drew from over 200 indicators and presented analyses specific to the census tracts and zip codes within the service area. These reports acted as a starting point for identification by revealing a bird's eye view of the many health needs in the service area (see Appendix E for examples). HARC also undertook an extensive community engagement process which provided community stakeholders and residents the opportunity to surface additional health needs.

B. Process and Criteria Used for Prioritization of Health Needs

Selection of the eight priority health needs was conducted collaboratively between HARC staff and Kaiser Permanente staff (namely Community Benefit Manager Cecilia Arias). The prioritization of health needs was accomplished by considering a variety of factors collectively. Specifically, our prioritization included an examination of secondary data, consideration of health issues deemed important by the community, consideration of the severity of need, consideration of the magnitude/scale of the need, consideration of disparities or inequities, consideration of social predictors of health, and the strongest themes that emerged were selected as main health as the community needs.

The aforementioned criteria are defined as follows:

- Severity of need: a health need's potential to cause death or disability and its degree of poor performance against the relevant benchmark.
- Magnitude/scale of the need: The number of people affected by the health need.
- Clear disparities or inequities: Differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.

Given that KFH-Moreno Valley's service area includes two geographically separated regions (Moreno Valley and Coachella Valley), the prioritization had to balance the needs in each community. Needs that were in the "top five" of both regions were considered especially important.

Other criteria given some consideration in the prioritization process included:

- Issue is getting worse over time/not improving
- Community prioritizes the issue over other issues
- Existing attention/resources dedicated to the issue
- Effective and feasible interventions exist
- A successful solution has the potential to solve multiple problems
- Opportunity to intervene at the prevention level

Some health needs which were grouped separately in the secondary data were combined based on how other professionals grouped needs (e.g., combining "mental health" and "substance abuse" into a single category called "behavioral health" mirrors the move of re-naming the Riverside County "mental health" office into "behavioral health" to address both fields). Others were grouped together because they are a tightly-knit cause and effect (e.g., putting "obesity" with "healthy eating active living" because HEAL activities can prevent/treat obesity).

C. Prioritized Description of Community Needs Identified through the CHNA:

- **Access to Care:** Access to adequate health care and mental health care are persistent issues in the service area. Roughly 17.6% of people are uninsured in Moreno Valley and 16.5% are uninsured in the Coachella Valley—the uninsured rate is much higher for these regions than the state of California as a whole which is 12.6%. Of particular importance in Moreno Valley and Coachella Valley are access to services available in the community (e.g., nonprofits, free resources, etc.). According to the Moreno Valley Chamber of Commerce, there are only 11 nonprofit organizations located in this region—a rather low number of organizations. There are a greater number of nonprofits in the Coachella Valley, however the region is so large that it is still often difficult to access resources due to with vast spread of the geographic region.
- **Asthma:** The prevalence of asthma is quite high in the region affecting roughly 12.9% of Moreno Valley residents and 12.8% of Coachella Valley residents. There are also clear disparities for this health need. Blacks in the service area experience asthma discharge rates far worse than the service area average (102% more often in Moreno Valley and 84% more often in Coachella Valley).
- **Cancer:** The prevalence of cancer is 3.9% in Moreno Valley, which is significantly worse than the state of California average (3.3%). There are also clear disparities for this health need. In both Moreno Valley and Coachella Valley, blacks fared worse than average (17% worse than average in Moreno Valley and 16% worse than average in the Coachella Valley).

- **Economic Opportunity:** Economic opportunities (education, jobs, homelessness, poverty, housing) are largely considered upstream predictors of good health. Proper education, income, and access to gainful employment equate to better health care, better quality of life, and a longer more vibrant life. The concept of economic opportunity was consistently targeted as a priority issue throughout community engagement, with the issue of homelessness rising to the top of many people’s priorities. Several collaboratives have been created to address homelessness issues regionally. Data support community claims: the median household income for Moreno Valley is \$56,456, the median for the Coachella Valley is \$51,042—both of which are lower than the median income for the state of California which is \$64,500.
- **HIV/AIDS:** In Moreno Valley, there are an estimated 198 people living with HIV/AIDS per 100,000 people in the population. The rate of HIV/AIDS is much higher in the Coachella Valley; it is estimated that the prevalence of HIV/AIDS is 1,213 per 100,000 people in the Coachella Valley (including Blythe). HIV/AIDS also disproportionately affects individuals who are gay. Furthermore, blacks generally experience HIV/AIDS/STDs at a high rate compared to other races/ethnicities (211% worse in the state of California).
- **Behavioral Health (Mental Health and Substance Abuse):** Mental health has grown immensely as a high priority by the local community, and even the nation. Our engagement with community leaders reiterated that there are many more people who need mental health treatment than are actually seeking and obtaining treatment. Many local funders, including Desert Healthcare District and Regional Access Project Foundation, have made behavioral health a major priority in response to extensive community listening sessions. Data shows that residents in the KFH-Moreno Valley service area and the Coachella Valley service area report having 3.9 poor mental health days per month. In comparison, California residents report 3.7 poor mental health days per month. Moreover, whites die of suicide at a rate that is higher than average (65% worse than average in Moreno Valley and 66% worse than average in the Coachella Valley service area).
- **Obesity/Healthy Eating Active Living (HEAL):** Obesity and Healthy Eating Active Living (HEAL) have long been a priority in the community. Additionally, Obesity/HEAL are largely considered upstream health issues that lead to other health ailments such as heart disease and diabetes. The obesity prevalence rate in the region is exceedingly high—approximately 30.5% of Moreno Valley residents and 25.1% of Coachella Valley residents are obese.
- **Stroke:** In the United States stroke is the fifth leading cause of death. Stroke is also an important cause of disability. Stroke issues present an equity issue in that the blacks die from stroke at a rate higher than average (40.0% for Moreno Valley and 31.0% for the Coachella Valley service area).

D. Community Resources Available to Respond to the Identified Health Needs

The service area for KFH-Moreno Valley contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment. Key resources available to respond to the identified health needs of the community are listed in Appendix D Community Resources.

VI. KFH-Moreno Valley 2016 Implementation Strategy Evaluation of Impact

A. Purpose of 2016 Implementation Strategy Evaluation of Impact

KFH-Moreno Valley’s 2016 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2016 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 2016 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit: <https://about.kaiserpermanente.org/content/dam/internet/kp/comms/import/uploads/2013/10/KFH-Moreno-Valley-IS-Report.pdf>. For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by KFH-Moreno Valley in the 2016 Implementation Strategy Report.

1. Access to Care
2. Mental Health
3. Obesity/Diabetes

KFH-Moreno Valley is monitoring and evaluating progress to date on its 2016 Implementation Strategies for the purpose of tracking the implementation and documenting 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.

The impacts detailed below are part of a comprehensive measurement strategy for Community Health. KP's measurement framework provides a way to 1) represent our collective work, 2) monitor the health status of our communities and track the impact of our work, and 3) facilitate shared accountability. We seek to empirically understand two questions 1) how healthy are Kaiser Permanente communities, and 2) how does Kaiser Permanente contribute to community health? The Community Health Needs Assessment can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

As of the documentation of this CHNA Report in March 2019, KFH-Moreno Valley had evaluation of impact information on activities from 2017 and 2018. These data help us monitor progress toward improving the health of the communities we serve. While not reflected in this report, KFH-Moreno Valley will continue to monitor impact for strategies implemented in 2019.

B. 2016 Implementation Strategy evaluation of impact overview

In the 2016 IS process, all KFH hospital facilities planned for and drew on a broad array of resources and strategies to improve the health of our 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 2017 and 2018, 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 2017-2018, 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:

- 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.
- 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.

- **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.
- **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.
- **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.

Grantmaking: For 70 years, Kaiser Permanente has shown its commitment to improving 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 2017-2018, KFH-Moreno Valley paid 52 grants amounting to a total of \$2,621,667 in service of the health needs identified in the 2016 CHNA. Additionally, KFH-Moreno Valley has funded significant contributions to California Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives within the KFH-Moreno Valley service area. During 2017-2018, a portion of money managed by this foundation was used to pay 15 grants totaling \$2,203,889 in service of the health needs identified in the 2016 CHNA.

In-kind resources: In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities and environmental stewardship. We will continue to explore opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KFH-Moreno Valley leveraged significant organizational assets in service of 2016 Implementation Strategies and health needs. See table below for illustrative examples.

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 2017-2018, KFH-Moreno Valley engaged in several partnerships and collaborations in service of 2016 Implementation Strategies and health needs. See table below for illustrative examples.

C. 2016 Implementation Strategy Evaluation of Impact by Health Need

KFH-Moreno Valley Priority Health Needs

Need	Summary of impact	Examples of most impactful efforts
Access to Health Care	<p><i>During 2017 and 2018, Kaiser Permanente paid 15 grants, totaling \$861,667 addressing the priority health need in the KFH-Moreno Valley service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 6 grants, totaling \$941,667 that address this need.</i></p>	<p><u>Providing Affordable Healthcare</u> Over two years (2017-2018), KFH-Moreno Valley provided \$17,423,981 in medical care services to 31,886 Medi-Cal recipients (both health plan members and non-members) and \$3,814,189 in medical financial assistance (MFA) for 7,062 beneficiaries.</p> <p><u>Building Primary Care Capacity~</u> The California Primary Care Association (CPCA) provides education, training, and advocacy to their member community health centers to best serve their low-income, underserved, and diverse patients. In 2018, Kaiser Permanente paid \$126,666 to CPCA to:</p> <ul style="list-style-type: none"> • Hold statewide convenings and conferences and topic-specific peer networks to support over 1,200 California community health centers. • Provide 90 in-person and web-based trainings to over 4,400 attendees and 2,890 individual instances of technical assistance. <p><u>Preserving and Expanding California Coverage Gains~</u> Insure the Uninsured Project (ITUP) works to preserve and expand access to health care and coverage in California and to reduce access barriers for uninsured and underinsured populations. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to ITUP to:</p> <ul style="list-style-type: none"> • Conduct and disseminate health policy research. • Convene 13 regional statewide work groups. • Provide technical assistance to safety net providers and other stakeholders navigating health reform challenges. • Serve as a bridge between health policy and the health care sector to reach 19 million Californians. <p><u>Health Care Access and Coverage for Homeless and at-risk Veterans</u> United States Veterans Initiative provides primary care, mental health and case management services to at-risk, chronically homeless and disabled veterans at the March Air Reserve Base facility. In 2018, Kaiser Permanente awarded US Vets \$25,000 to:</p> <ul style="list-style-type: none"> • Provide 219 veterans and their families with enrollment coordination services for all eligible health benefits. • Connect clients to a medical home and case management services. • Coordinate psychiatric, dental, addiction and transportation services. <p><u>Leveraging assets:</u> Our core functions across KP are using their assets to drive Access to Care in the KFH-Moreno Valley service area. For example:</p> <ul style="list-style-type: none"> • Facilities: KFH-Moreno Valley's Indio Medical Offices provides in-kind imaging services to uninsured patients referred from Coachella Valley Volunteers in Medicine. In 2017-2018, 234 patients were seen for basic x-rays, which totaled 529 encounters between the x-ray technician and radiologist.
Behavioral Health	<p><i>During 2017 and 2018, Kaiser Permanente paid 16 grants, totaling \$825,000 addressing</i></p>	<p><u>Strengthening Mental Health Policies and Practices in Schools~</u> Children Now educates policymakers, school district leaders, and other key stakeholders about best practices and policy solutions to</p>

<p><i>the priority health need in the KFH-Moreno Valley service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling \$40,000 that addresses this need.</i></p>	<p>address suspension and expulsion policies that disproportionately impact students of color, improve school climate, and increase students' access to mental health services. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to Children Now to:</p> <ul style="list-style-type: none"> • Inform over 200 key legislators and stakeholders. • Support the California Department of Education in the development of the Whole Child Resource Map. • Lead committees for both the State School Attendance Review Board and the Superintendent's Mental Health Policy Workgroup.
	<p><u>Improving Services for Human Trafficking Survivors~</u> The Coalition to Abolish Slavery and Trafficking (CAST) expands services to improve health outcomes for trafficking victims in Los Angeles County. CAST coordinates a continuum of care for trafficking victims by combining social, medical, and legal services with leadership and advocacy. In 2018, Kaiser Permanente paid \$75,000 to CAST to:</p> <ul style="list-style-type: none"> • Coordinate Whole Person Care services, including housing, food, medical, mental health, legal, education, and employment for 100 human trafficking survivors. • Educate and advocate with policymakers, county officials, and community leaders on how to expand or improve access to emergency and permanent housing for victims.
	<p><u>Addressing Adverse Childhood Experiences (ACEs)*</u> The Family Service Association Mental Health Staff Development program trains mental service providers in Parent Child Interaction Therapy, an evidence-based treatment for childhood behavioral issues. In 2018, Kaiser Permanente paid the association \$40,000 to:</p> <ul style="list-style-type: none"> • Train eight master level therapists in Adverse Childhood Experiences and Trauma Informed Practices. • Fully implement Adverse Childhood Experience (ACEs) screening with 500 participants across all clinical programs.
	<p><u>Mental Health First Aid Training</u> Copper Mountain College Foundation invested in a Mental Health First Aid Train the Trainer model to help teachers and staff to identify, understand, and respond to signs of mental illness and substance abuse disorders. In 2018, Kaiser Permanente paid Copper Mountain Foundation \$10,000 to:</p> <ul style="list-style-type: none"> • Provide Mental Health First Aid training to 24 college employees. • Identify a college staff to serve as the key instructor for future training sessions. • Trained employees will provide Mental Health First Aid sessions throughout the campus and in community settings.
	<p><u>Partnering around Mental Health</u> KFH-Moreno Valley's Community Health Manager has participated in the Riverside Resilience Initiative, a county-wide collaborative which began in 2016. Community leaders formed two workgroups to work on strategies around innovative approaches to collecting ACEs data, activate policy and practice change to advance trauma informed care delivery. The collaborative has hosted educational training webinars, town hall meetings, and learning workshops.</p>
	<p><u>Leveraging assets for Mental Health</u> Our core functions across KP are using their assets to drive Mental & Behavioral Health. For example:</p> <ul style="list-style-type: none"> • Facilities: KFH-Moreno Valley conference room space was made available to the National Alliance for Mental Illness (NAMI) who provide the 10-week series Family to Family and Peer to

<p>Obesity/ HEAL/ Diabetes</p>	<p><i>During 2017 and 2018, Kaiser Permanente paid 21 grants, totaling \$935,000 addressing the priority health need in the KFH-Moreno Valley service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 8 grants, totaling \$1,222,222 that address this need.</i></p>	<p>Peer sessions at no cost to the community. During 2017-18, a total of 344 individuals participated in the weekly series.</p> <p><u>Advocating for Maternal, Infant, and Child Health-</u> The California WIC Association (CWA) supports efforts to increase local WIC agencies' capacity, increase state and federal decision makers' understanding of WIC services, and increase the capacity of community health centers to build a breastfeeding continuum of care in low-income communities. Over two years (2017-2018), Kaiser Permanente paid \$100,000 to CWA to:</p> <ul style="list-style-type: none"> • Pilot two video conferencing projects increasing awareness and consideration within the CA WIC community. • Collaborate with health centers to share WIC staff for nutrition and breastfeeding counseling (Watts Health Care and clinics in San Diego). • Work to strengthen ties with CPCA and present at CPCA's annual conference. • Visit all CA legislators with 44 appointments and drop-in visits. • Provide extensive information to legislators on nutrition and breastfeeding counseling, food benefits, local economic impacts to grocers, health outcomes, access to Farmers markets, and updates on immigration threats. • Participate in Capitol WIC Education Day in Sacramento with 50 attendees from 30 WIC agencies from all over the state.
		<p><u>Fighting Food Insecurity-</u> California Association of Food Banks' (CAFB) Farm to Family program's goal is to improve health food access by providing fresh produce to food banks, CalFresh outreach and enrollment, advocacy to support anti-hunger policies, and technical assistance to members. In 2018, Kaiser Permanente paid \$95,000 to CAFB to:</p> <ul style="list-style-type: none"> • Distribute 250,000 pounds of subsidized fresh fruits and vegetables to 11 member food banks. • Maintain the State Emergency Food Assistance Program to provide food and funding of emergency food to food banks.
		<p><u>Healthy Living Program to Youth in Moreno Valley</u> Think Together provides the Healthy Living Program at 20 schools in Moreno Valley and Val Verde Unified School District for the 2017-2018 school year. In 2018, Kaiser Permanente paid Think Together \$25,000 to:</p> <ul style="list-style-type: none"> • Provide 3,122 middle and elementary school students with nutrition education and physical activities. • Students in the program will engage in 30 minutes of physical activity at least four days a week through our CATCH (Coordinated Approach to Child Health) and new Skillastics® curriculum. • Students are learning about the nutritional value of various foods, tasting new fruits and vegetables, and learning to read food labels with discussion and reflection.
		<p><u>Partnering around Obesity</u> KP's partnership with Riverside County Health Coalition, which started in 2009, continues to align the strategies of the County Health Improvement Plan (CHIP) through a collaborative approach. Each quarterly meeting aims at providing topic specific expert panel speakers, discussions, and networking opportunities to the diverse and multi-sectoral group of community leaders. Topics over two years (2017-2018) have included: Racial & Ethnic Disparities Across the Lifespan; Improving Food Access in Riverside County; Education & Health; Developing a Resilient Community; Intersection between</p>

Behavioral & Physical Health; Housing & Health; and Healthy Cities Network

Leveraging assets around Obesity and Health Living for Children

Our core functions across KP are using their assets to drive the prevention of Obesity and Diabetes. For example:

- Responsive: KFH-Moreno Valley's Leadership Development Institute participants (400 managers) and outlying medical office building staff responded to Moreno Valley Unified School District's most under-resourced students by coordinating 3 collection drives throughout 2018. Through the direction of the District's Wellness Liaison, backpacks, shoes, and food pantry items have provided students with much needed items to thrive at school.

VII. Appendices

- A. Secondary Data Sources and Dates
 - i. KP CHNA Data Platform secondary data sources
 - ii. "Other" data platform secondary data sources
- B. Community Input Tracking Form
- C. Health Need Profiles
- D. Community Resources
- E. Methods of Qualitative Analysis
- F. Strategic Lines of Inquiry for Community Engagement

Appendix A. Secondary Data Sources and Dates

i. Secondary sources from the KP CHNA Data Platform

Source	Dates
1. American Community Survey	2012-2016
2. American Housing Survey	2011-2013
3. Area Health Resource File	2006-2016
4. Behavioral Risk Factor Surveillance System	2006-2015
5. Bureau of Labor Statistics	2016
6. California Department of Education	2014-2017
7. California EpiCenter	2013-2014
8. California Health Interview Survey	2014-2016
9. Center for Applied Research and Environmental Systems	2012-2015
10. Centers for Medicare and Medicaid Services	2015
11. Climate Impact Lab	2016
12. County Business Patterns	2015
13. County Health Rankings	2012-2014
14. Dartmouth Atlas of Health Care	2012-2014
15. Decennial Census	2010
16. EPA National Air Toxics Assessment	2011
17. EPA Smart Location Database	2011-2013
18. Fatality Analysis Reporting System	2011-2015
19. FBI Uniform Crime Reports	2012-14
20. FCC Fixed Broadband Deployment Data	2016
21. Feeding America	2014
22. FITNESSGRAM® Physical Fitness Testing	2016-2017
23. Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24. Health Resources and Services Administration	2016
25. Institute for Health Metrics and Evaluation	2014
26. Interactive Atlas of Heart Disease and Stroke	2012-2014
27. Mapping Medicare Disparities Tool	2015
28. National Center for Chronic Disease Prevention and Health Promotion	2013
29. National Center for Education Statistics-Common Core of Data	2015-2016
30. National Center for Education Statistics-EDFacts	2014-2015
31. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32. National Environmental Public Health Tracking Network	2014
33. National Flood Hazard Layer	2011
34. National Land Cover Database 2011	2011
35. National Survey of Children's Health	2016
36. National Vital Statistics System	2004-2015
37. Nielsen Demographic Data (PopFacts)	2014
38. North America Land Data Assimilation System	2006-2013
39. Opportunity Nation	2017
40. Safe Drinking Water Information System	2015
41. State Cancer Profiles	2010-2014
42. US Drought Monitor	2012-2014
43. USDA - Food Access Research Atlas	2014

ii. Additional sources

Source	Dates
1. California Department of Public Health	2016
2. Center for Disease Control	2017
3. California Healthy Places Index	2018
4. California HIV Surveillance Report	2015
5. Department of Health and Human Services	2016
6. Greater Palm Springs Economic Report	2018
7. Health Assessment and Research for Communities	2016
8. Office of Environmental Health Hazard Assessment	2011-2013
9. Riverside University Health System- Public Health HIV/STD Data	2017

Appendix B. Community Input Tracking Form

	Data collection method	Title/name	#	Target group(s) represented	Role in target group	Date input was gathered
Organizations						
1	Key Informant Interviews	Boys & Girls Club of Coachella Valley; California Partnership; Catholic Charities; Desert AIDS Project; Desert Recreation District; El Sol; Family Service Association; FIND Food Bank; HIV & Aging Research Project- Palm Springs; MFI Recovery; Neuro Vitality Center; Oak Grove Center; One Future Coachella Valley; Operation SafeHouse; Path of Life Ministries; RAP Foundation; Riverside County Housing Authority; United Way of the Desert	18	Community based organizations and nonprofits; mental health; children & families; medically underserved; low-income.	Leaders & representative members	10/4/18, 10/5/18, 10/12/18, 10/18/18, 10/19/18, 10/24/18, 10/25/18, 12/6/18 12/10/18-12/14/18 12/21/18
2	Key Informant Interviews	Clinicas de Salud del Pueblo, IEHP, Morongo Basin Healthcare District	3	Health department reps; medically underserved; low-income.	Leaders & representative members	10/5/18, 10/24/18, 11/15/18
3	Key Informant Interviews	First 5 Riverside; Office on Aging; Riverside University Health System-Behavioral Health; Riverside University Health System- Public Health	4	Government organizations/ resources; youth & families	Leaders & representative members	10/31/18, 11/30/18, 12/18/18
4	Key Informant Interviews	Coachella Valley Economic Partnership; County of Riverside-Workforce and Economic Development; Inland Empire Economic Partnership; Robert Half International; a business and financial consultant	5	Economic development organizations	Leaders & representative members	9/28/18, 10/12/18, 10/29/18, 11/29/19,
5	Key Informant Interview	Cal State University of San Bernardino- Palm Desert, Moreno Valley School District, Riverside County Office on Education	3	Educational institutions	Leaders & representative members	10/3/18, 10/12/18, 11/30/18
Community residents						
6	Community Event	Flying Doctor's Event in Thermal, California	9	Medically underserved; low-income; minorities	Members	9/28/18
7	Focus Group	Focus group with college students from the Hi-Desert.	5	College students	Members	10/23/18
8	Community Event	Jurupa Valley Health Fair	1	Low-income; medically underserved; minorities	Member	10/27/18

9	<i>Community Event</i>	<i>UCR Community Health Clinic</i>	1	<i>Low-income; medically underserved; minorities</i>	<i>Member</i>	<i>11/7/18</i>
10	<i>Community Event</i>	<i>Mecca Health Prevention Event</i>	6	<i>Low-income; medically underserved; minorities</i>	<i>Member</i>	<i>11/30/18</i>
11	<i>Interviews</i>	<i>One-on-one phone and in-person interviews</i>	10	<i>Low-income, medically underserved, minorities,</i>	<i>Member</i>	<i>10/19/18, 10/27/18, 10/29/18, 10/30/18, 11/3/18, 11/5/18, 11/20/18, 12/21/18, 12/23/18</i>
12	<i>Interviews</i>	<i>One-on-one phone and in-person interviews</i>	13		<i>Member</i>	<i>10/25/18, 12/11/18, 12/12/18, 12/18/18, 12/20/18, 12/22/18, 12/24/18, 1/28/19</i>



Moreno Valley/Coachella Valley Access to Care

"We do know that low living wages is a contributing factor to folks having access to affordable healthcare."

Leader of a nationwide organization addressing poverty,
who serves Moreno Valley/Coachella Valley

Local Prevalence

Health insurance is the primary means for accessing and obtaining needed medical care. Those who are uninsured receive less preventative health treatments, less care for major health conditions, and less care for chronic illnesses.

According to census data from 2015, 17.6% of residents in Moreno Valley and 16.5% of residents in the Coachella Valley were uninsured. This local uninsured rate is higher than it is for the state of California.

17.6%

are uninsured in
Moreno Valley

16.5%

are uninsured in the
Coachella Valley

12.6%

are uninsured in
California

Lived Experience of Residents

"I don't have health insurance because it's too expensive. [I could get insurance] if my boss would pay more into it. At the age where I'm at, it's too expensive, it's close to \$500 a month. To be a sole provider, that's half of my paycheck right there."

38-year-old female from Coachella

"I know I could get a low-cost health insurance in my situation, but I don't really have time to go and apply. If I'm not picking up the girls from school, I'm at work or I'm looking for another job and I don't really have time for that."

28-year-old female from Thermal



"[I don't have insurance because] I am not a legal citizen."

44-year-old female from Thermal

Barriers to Care

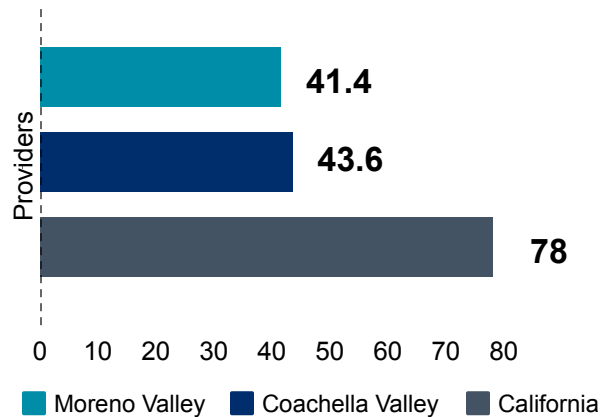
"I think a lot of people still need assistance [applying for health insurance] and they need someone around them doing the application because there's a lot of material."

Community leader serving Moreno Valley/Coachella Valley

"Many people are eligible for subsidies in the exchange, they simply haven't signed up. We think they just don't know."

Nonprofit health leader serving Moreno Valley/Coachella Valley

Number of providers per 100,000 population



Existing Community Resources

Borrego Health

Provides high quality health care regardless of their ability to pay.

Community Health Systems

Community Health Systems is a non-profit health center offering services to the neediest in the community.

CVVIM

Coachella Valley Volunteers in Medicine is a no-charge health clinic serving adults who are medically underserved.

Solutions



"Without really strong public policies that support people in getting insurance, I don't think they're able to overcome that economic barrier because it's 60% of the population that lives on less than \$50,000 per year"

Community health leader serving the Coachella Valley

"Billboards, radio [our marketing campaigns are] all about that there's an option. There's a free option for you. We're hoping that we can get increased enrollment to those marketing campaigns."

Public health leader serving Moreno Valley/Coachella Valley



Moreno Valley/Coachella Valley Asthma

"Underprivileged communities encounter pollution and dusty air. Some mistake asthma for the common cold -- and after they do this for a long time and damage their lungs."

Nonprofit leader serving Moreno Valley/Coachella Valley

Local Prevalence

It is not known what causes asthma or how it can be cured. However, it is important for people with asthma to know what triggers their asthma so it can be avoided. It is also important to know when and how to treat asthma with proper medication.

Approximately 12.9% of Coachella Valley residents and 12.8% of Moreno Valley residents have been diagnosed with asthma. These communities have asthma rates that are higher than for the United States.

12.9%

of Coachella Valley residents have asthma

12.8%

of Moreno Valley residents have asthma

7.8%

of United States residents have asthma

Lived Experience of Residents

"Like say if I want to lose weight or something like that, when I go to the gym, I have to be careful. Once my chest starts hurting, I might be having an asthma attack. It minimizes what you can do."

34-year-old female from Moreno Valley

"The hardest part is when I start feeling bad, and I'm around people that don't know what it is. No one around me can help because they don't really understand what asthma is."

25-year-old female from Moreno Valley



Barriers and Issues

"Now is worse than ever, There is a serious asthma crisis affecting communities around the Salton Sea -- it has some of the worst air pollution in the country. Dirt from farmland and the open desert mixes with wind and blows clouds of toxic dust rising from Salton Sea's receding shores."

Community health educator serving the Coachella Valley

"There's only so much you can do with asthma. It's either you get a machine or you get treatment."

34-year-old female from Moreno Valley



Existing Community Resources

Desert Care Network - Better Breathers

Health education and support group for adults impacted by breathing and lung issues.

Asthma and Allergy Foundation

A nonprofit organization supporting people with asthma and allergies.

RUHS - Asthma Program

The County of Riverside asthma program offers free services for children (0 to 18) and seniors.

Solutions



"There is more education needed. Most people do not take it seriously when it comes to taking medicine the way it needs to be taken."

"There are helpful nonprofits in the region. IEHP and El Sol both have very good workshops for people with asthma."

Community leader serving Moreno Valley/Coachella Valley



Moreno Valley/Coachella Valley Behavioral Health:

Mental Health & Substance Abuse

"Cost is an issue, transportation is an issue., and there's a lack of mental health providers-- especially Spanish speaking providers"

Nonprofit leader serving the Coachella Valley

Local Prevalence

Mental health has been deemed a high priority area by the local community, as well as much of the nation. Poor mental health not only damages quality of life, but can be fatal when it leads to suicide, which is one of the top 10 leading causes of death in America. Locally, our population has more poor mental health days, higher suicide rates, and more alcohol-related motor vehicle deaths than state averages.

3.9

poor mental health days per month

10.6

suicide deaths per 100,000

33.5%

of motor vehicle crash deaths involved alcohol

Lived Experience of Residents

"[I'd do better with medication] because I get so stressed out. But I can't afford a doctor right now and even if I could, I do not think I would have time to go to the doctor because I am a single mom raising four kids."

28-year-old female from Thermal



"There was a time when grief counseling would have been of benefit to me. But at that time, my benefits were not as comprehensive as they were with Kaiser. It would have been a sizable amount of money out-of-pocket -- at that time it just wasn't feasible for me."

44-year-old female from Moreno Valley

Barriers and Issues

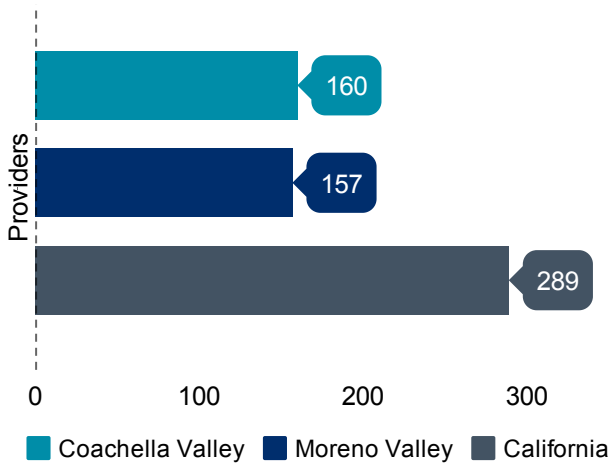
"Lack of providers and transportation are the biggest obstacles to receiving mental health care [in the high desert]. If you are on Medicaid, it's almost impossible to [obtain mental health care] unless you leave the area."

Community leader serving the Morongo Basin service area

"Stigma. There's a stigma that if you're accessing health care that there's something wrong with you."

Community leader serving the Coachella Valley area

Mental Health Providers per 100,000



Existing Community Resources



Affordable support at all stages of recovery, from detox, to residential, to outpatient.



Provides preventative mental health classes for youth, and serves as a safe shelter for those who need it.



A nonprofit providing social services to people of the Coachella Valley, including mental health therapy and support groups.

Solutions



"We try to be innovative in the way we provide services, so we've embraced telepsychiatry, a primarily in [remote] places where we've struggled to provide staffing."

Community leader serving Moreno Valley/Coachella Valley

"We're not really seeing campaigns that are as culturally specific [to Latinos] and encourage mental health assessments or mental health checkups. That is a very key proponent to helping people access mental health. We need more campaigns making it more socially acceptable."

Community leader serving Moreno Valley/Coachella Valley



Moreno Valley/Coachella Valley Cancer

*"Finding out I had cancer was a shock,
to say the least."*

74-year-old female resident from Palm Desert

Local Prevalence

Cancer is the second leading cause of death, after heart disease.

Roughly 2.9% of residents in the Coachella Valley have been diagnosed with cancer, while 3.9% of residents have been diagnosed with cancer in Moreno Valley.

12,424

people have been
diagnosed with cancer
in Moreno Valley

14,900

people have been
diagnosed with cancer
in the Coachella Valley

According to State Cancer Profiles (2011-2015)

Lived Experience of Residents

"When I was 52, I was put on a drug called Prempro because I had gone into menopause. There is research that shows it causes breast cancer. I would say that was the big risk factor for me."

"One drug I was taking caused emotional ups and downs. The chemo made me sick. Then afterwards it felt very stressful. Treatment was debilitating, no matter how you look at it."

Breast cancer survivor from the Coachella Valley

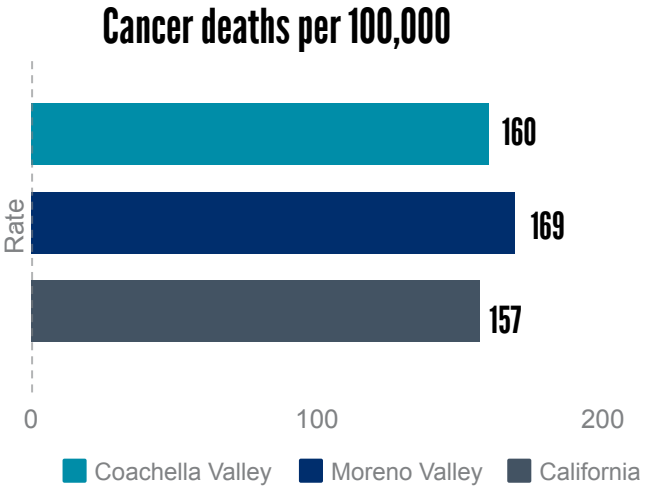


Barriers and Issues

"[During my cancer treatment] I still worked everyday. I basically worked because I had to, financially. [Although] when people don't work they have too much time to think. That makes life difficult too."

"We had just moved to the desert [when I was diagnosed with breast cancer]. We didn't have many close friends so my husband had a hard time being my [primary] caregiver. He had a difficult time."

Breast cancer survivor from the Coachella Valley



Existing Community Resources



American Cancer Society funds research, shares expert information, supports patients, and spreads the word about prevention.



Provides comprehensive services and is equipped with advanced technology and over 120 healthcare professionals all dedicated to treating cancer.



Addresses breast cancer on multiple fronts including: research, community health, outreach, and public policy.

Solutions



"Genetic testing is being used more and more to explore whether cancer runs in your family. I'd like to see more genetic testing being done."

Breast cancer survivor from the Coachella Valley

"It's important to follow recommendations for cancer screenings. Screening gives you the best chance of finding cancer as early as possible -- while it's small and before it has spread."

American Cancer Society

Moreno Valley/Coachella Valley Economic Opportunity

Education, Poverty, Housing



"There are jobs here, people are employed, but the incomes they're making aren't enough to live here. They can't get the basic necessities they need-- that's why they end up in food bank lines."

Leader of a food bank located in the Coachella Valley

Local Prevalence

There are a variety of barriers that can hold a person back from reaching their intellectual and economic potential. For example, lack of education and/or job skills, scarcity of jobs, and jobs with low wages all limit a person's economic opportunity. The median income is lower in Moreno Valley and the Coachella Valley than in California.

The median income for the Coachella Valley is

\$51,042

The median income for Moreno Valley is

\$56,456

The median income for California is

\$64,500

The Lived Experience of Residents

"It's hard to make ends meet because of the minimum wage, lack of job opportunities, and rent is too high."

26-year-old male from Indio

"It's hard to make ends meet because of student loans, car payments, not getting paid enough money, life, things that pop up, just everything. Every month it's something I struggle on-- like the last dollars of my paycheck, trying to survive."

32-year-old female from Moreno Valley



Barriers and Issues

"We have a lot of jobs in this county that don't pay a living wage, whether that is through the service industry or the logistics industry. If you're making \$15 an hour then how do you support a family, particularly with children? All of those things together really perpetrate the cycle. We have to figure out a way to break the cycle."

Community leader serving Moreno Valley/ Coachella Valley

"There's such a huge income disparity. [The Coachella Valley] is often called the playground of kings, but at the same time we have some third world conditions. Employment is really important but in a lot of cases you need housing first because if you don't have stable housing, you can't work on anything."

Community leader serving the Coachella Valley

Existing Community Resources

Moreno Valley Unified

Moreno Vallley Unified School District offers a variety of support to students to encourage them to attend college.

Path of Life Ministries

Provides holistic care to individuals and families, leading them from a place of crisis to a life of stability and self-sufficiency.

Riverside County DPSS

Provides services and assistance to protect and empower volunerable people in the community.

Solutions

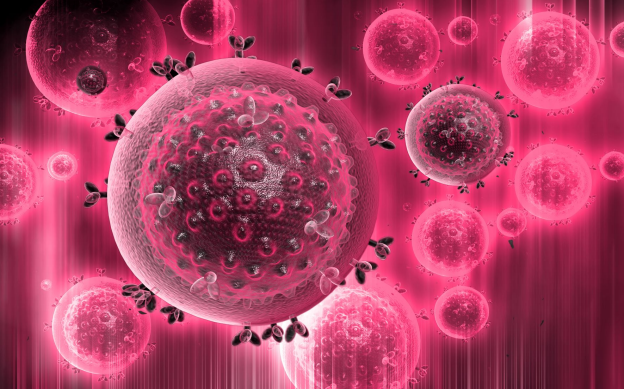


"[I like] the idea of targeting workers 35 and older for online education. They're working, so an online is ideal. School will help them access new skills. In the world that we live, we need to pay special attention to the changing face of work."

Community leader serving Moreno Valley/Coachella Valley

"Employment is important but you need to do housing first. If you don't have housing, then you can't focus on anything else."

Community leader serving Moreno Valley/Coachella Valley



Moreno Valley/Coachella Valley HIV/AIDS

**"Our healthcare system fails a lot of people -
- a lot of people fall through the cracks."**

45-year-old resident from Palm Springs,
diagnosed as HIV positive

Local Prevalence

The prevalence of HIV/AIDS is high in the Moreno Valley/Coachella Valley region and disproportionately affects individuals who are gay. While no cure exists, HIV can be controlled if provided with proper medical care.

Number of people living with HIV or AIDS
per 100,000 people

1,213

people in the Coachella Valley
(Including Blythe)

198

people in Moreno Valley

According to Riverside University Health System - Public Health (2017)

Lived Experience of Residents

"[Discovering I was HIV positive] was a shock. It was scary, and it was like going through the stages of grief in a way. I was numb. I was bitter. I had regrets."

"Just finding you had to take multiple medications, as a part of your treatment and for somebody who never had a routine of even taking vitamin on a daily basis; taking medication or medication that's designed to save your life or extend your life as far as possible, that was a big challenge."

**45-year-old male from Palm Springs,
diagnosed as HIV positive**



Barriers and Issues

"Retention in care is extremely important. For somebody with HIV, it is a lifetime of medical appointments and medications."

"HIV disproportionately affects people on the margins. Whether it be poverty or ethnic minorities. Often when you combine poverty, discrimination, and lack of cultural competence --you have people who are more concerned about their next meal or where they're going to sleep safely versus taking medication."



Community leader of sexual health serving the Coachella Valley

Existing Community Resources

County of Riverside Public Health

Offers confidential HIV testing, counseling, referral, and treatment.

Desert AIDS Project

Provides primary care and preventative services including speciality care for HIV and Hepatitis.

Planned Parenthood

Planned Parenthood of the Pacific Southwest provides confidential services related to reproductive health.

Solutions



"I think patient navigation [is important]. People need help navigating the system to get what they need and what to ask for. Having people in place who can help you get through that system is critical."

Community leader serving Moreno Valley/Coachella Valley

"Finding ways to incorporate that [geriatric care]. One thing that we've been looking at in collaboration with a geriatric researcher there to see if you can do a one-time geriatric consult once a year, and then model their care around it. Partnering with their HIV specialists to work with the geriatric person who puts together a model that they then follow to address their needs more holistically"

Community leader serving Moreno Valley/Coachella Valley



Moreno Valley/Coachella Valley Obesity & Healthy Eating Active Living

"The honest truth is that there's a high cost to living healthy. There's not a lot of high paying jobs and it's expensive to live healthy."

38 year-old male resident from Palm Springs

Local Prevalence

Adults are considered obese when they have a Body Mass Index (BMI) that is greater than 30.0, and this can have a negative affect on health. Healthy Eating Active Living (HEAL) initiatives encourage the community to eat fruits, vegetables, small portions, and increase physical activity.

More than a quarter of residents in Moreno Valley and the Coachella Valley are considered obese, according to the California Health Interview Survey (2014).

More than

1 out of 4 are obese

in Moreno Valley and the Coachella Valley

Who Is Affected

"The farther east you get, less options there are for healthy choices-- there are no grocery stores... For some communities, it's a 20 to 30-minute drive to get some real food besides the Kwik-E-Mart."

HEAL leader serving the Coachella Valley

"It goes back to culture. When I am looking at Mecca, Coachella, Indio, where it's 99% Hispanic, they have very strong cultural habits. There is a lack of knowledge and a lack of resources-- exercise isn't at the forefront."

HEAL leader serving youth in the Coachella Valley



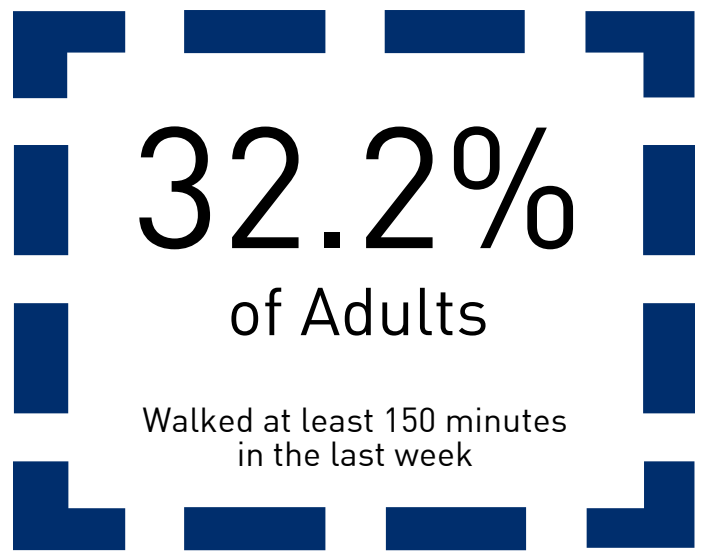
Barriers and Issues

"Time and money are the biggest barriers to living a healthy lifestyle. People say cooking everyday will save you money, that's completely wrong. Maybe I'm doing it wrong, but cooking is way more expensive."

38-year-old male from Palm Springs

"People are busy and fast food is quick and cheap."

HEAL leader serving the Coachella Valley



Existing Community Resources



Provides a variety of programs for youth related to healthy eating and active living.



Provide quality programs, services and facilities that promote an active, healthy lifestyle for the community.



Family Service Association offers a mobile grocery store for people who live in areas where supermarkets are few and far between.

Solutions



"We have a lot of amazing programs, but what makes the difference is our mentors - our staff. They're showing up on Saturdays because they gravitate toward a certain staff member."

Community leader serving children in the Coachella Valley

"Economic development is key here. We need to come up with some incentives to get a grocery store into the eastern Coachella Valley. Many of the families, if they have a car they have one car that one of the adults is using for work pretty much all the time. Making those trips to get food is difficult."

Community leader serving the Coachella Valley



Moreno Valley/Coachella Valley Stroke

"[I didn't seek attention] immediately because I didn't know what was going on-- I just felt a warmness on my right side."

62-year-old male from La Quinta

Local Prevalence

Stroke is the fifth leading cause of death in the United States. Having a stroke can lead to lifelong disabilities. Stroke issues also present an equity concern in that African Americans die at a higher rate than average for the area (40.0% higher for Moreno Valley and 31.0% higher for Coachella Valley).

Roughly 3.6% of residents in Moreno Valley and the Coachella Valley have suffered a stroke.

3.6%

of residents in Moreno Valley and the Coachella Valley have suffered a stroke

Lived Experience of Residents

"I didn't know I was having a stroke at the time. I just felt a warmness on my right side. I knew something was not right. I worked the rest of the day and drove home. By the time I got home, I could barely get out of the car. My leg had pretty much given up and I had a difficult time speaking."

"The doctor looked at my blood work and said I would live to be 100. But I feel so crappy. It's the stroke, the damage that's done. It has affected my life greatly in terms of mobility and fatigue. Some days it's so bad I have to use a cane."

62-year-old male from La Quinta

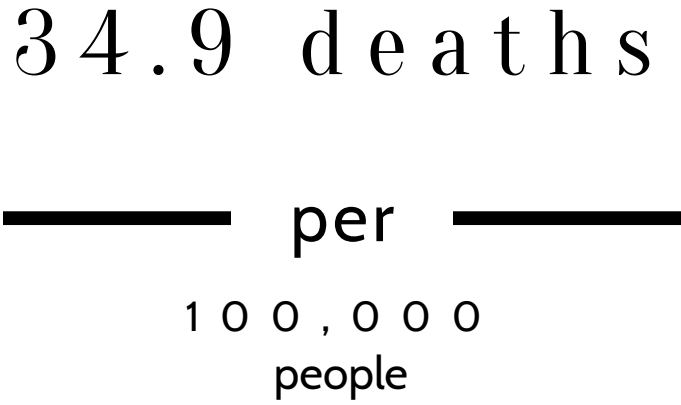


Barriers and Issues

"The barriers are mostly physical and emotional. Recovery from brain injury is lengthy. It's very slow. I think that support is a big issue."

"Motivation to keep going is really, really tough. These things can become very overwhelming for people. Depression is rampant with all chronic illness."

Community leader serving the Coachella Valley



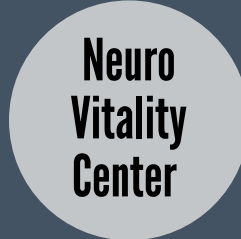
Existing Community Resources



Eisenhower's Certified Stroke Center offers comprehensive stroke care to all stroke patients.



Certified as an Advanced Primary Stroke Center by The Joint Commission since 2012



Neuro Vitality Center takes a multidisciplinary approach by addressing the physical, cognitive, and physiological needs of patients.

Solutions



"Scientists say that 80% of strokes are preventable. They're lifestyle issues. That's always a difficult one because we all know you shouldn't smoke or drink a lot and you should keep your diabetes under control. These are education issues."

"We provide behavioral counselling one-on-one, plus group therapy sessions to try to combat isolation, loneliness, and depression. We [offer activities] like crafts, bingo, luncheons, etc. so that people can get back to relating to people who have the same problems. It really helps them to gain confidence, help them gain security again."

Nonprofit leader serving stroke survivors in the Coachella Valley

This infographic was prepared for Kaiser Permanente by HARC Inc. Visit www.HARCdata.org for more information.



Appendix D. Community Resources

Identified need	Resource provider name	Summary description
Access to Care	Borrego Health	Borrego Health provides high quality, comprehensive, compassionate primary health care to the people in our communities, regardless of their ability to pay. We serve these communities and adjoining regions with respect, dignity and cultural sensitivity as a medical home and safety net for essential health care and social services. Borrego Health is a non-profit 501(c)(3) Federally Qualified Health Center (FQHC) and a Federal Tort Claims Act Deemed (FTCA) facility.
	Clinicas de Salud del Pueblo	Clinicas de Salud del Pueblo, Inc. is a private, non-profit organization providing an array of comprehensive primary care services to residents throughout Imperial and Riverside Counties. CDSDP is a Federally Qualified Health Center and a Federal Tort Claims Act Deemed Facility. In 1970, CDSDP became the first federally funded migrant health center in the United States. Today, CDSDP operates ten health clinics, four dental clinics, three Women, Infant and Children Nutrition Education Centers, and six WIC voucher distribution sites.
	Desert Oasis Healthcare	Desert Oasis Healthcare is continually advancing with the changes in the healthcare market, new plans, new requirements, and new populations to be served. DOHC assists its member providers stay compliant with new health care requirements and regulations, advances in technology, and improving the quality of healthcare access that members require and demand.
	Riverside University Health System Medical Center	Riverside University Health System (RUHS) includes the 439-bed Medical Center in Moreno Valley, 10 Federally Qualified Health Centers and several primary and specialty clinics throughout Riverside County, and the departments of Behavioral and Public Health. RUHS has been the foundation of health care, community wellness and medical education in Riverside County for more than 100 years and employs about 6,000 team members.
Asthma	Asthma and Allergy Foundation of America - Education and Support Services	The Asthma and Allergy Foundation of America (AAFA), a not-for-profit organization founded in 1953, is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient group in the world.
	Desert Care Network - Better Breathers	Health education and support group for adults ages 18 and older impacted by breathing or lung issues.
	Riverside University Health System - Public Health, Asthma Program	The County of Riverside Department of Public Health Asthma Program offers FREE services to children ages 0-18 & senior adults (ages 55 and older) who suffer from asthma.
Cancer	American Cancer Society - Supportive Cancer Services	American Cancer Society is on a mission to free the world from cancer. Until they do, they'll be funding and conducting research, sharing expert information, supporting patients, and spreading the word about prevention. All so you can live longer — and better.

	Susan G. Komen Inland Empire	Susan G. Komen is the only organization that addresses breast cancer on multiple fronts such as research, community health, global outreach and public policy initiatives in order to make the biggest impact against this disease.
	Desert Care Network – Comprehensive Cancer Center	Recognizing the importance of providing services under one roof, the complex is equipped with advanced technology and staffed with more than 120 healthcare professionals who have dedicated their careers to the treatment of cancer.
Economic opportunity (education, jobs, homelessness, poverty, housing)	Path of Life Ministries	Path of Life provides a holistic system of care offered in an integrated, seamless manner to individuals and families, leading them from a place of crisis to a life of stability and self-sufficiency. Our commitment to partner with community organizations and agencies contributes to a holistic, community-based solution that improves the social, economic and spiritual health and vitality of the impoverished, homeless, and at-risk individuals and families in Riverside County.
	United States Veteran’s Initiative	Nonprofit provider of services to homeless and at-risk veterans. Providing services such as: counseling, job placement, employment assistance, drug and alcohol-free housing.
	Moreno Valley Unified School District	Moreno Valley Unified School District goes to great efforts to help students succeed. MVUSD encourages students to complete college applications and financial aid forms. MVUSD also has an AVID program which offers help and resources to first generation college students.
	County of Riverside – Department of Public Social Services	The Riverside County Department of Public Social Services (DPSS) provides services and assistance to protect and empower vulnerable people in our community. Provides temporary financial assistance and employment services for families and individuals, programs and services to protect children and adults from abuse and/or neglect, and access to health care coverage to low income individuals and families.
	County of Riverside – Workforce and Economic Development	For businesses, the WDC is prepared to provide comprehensive business services that will save you time and money hiring and training employees. For Job Seekers the WDC provides education, job training, and employment programs and services, plus information to help with your employment preparation needs.
	United Way of the Inland Valleys	United Way of the Inland Valleys (UWIV) is an independent 501(C)3 organization and is a licensee of United Way Worldwide. United Way fights for the education, financial stability, and housing of every person in our community.
	City of Moreno Valley	City of Moreno Valley works to transform our young city into a mature community that offers its residents and businesses an unsurpassed quality of life featuring abundant recreation, desirable private and public services, varied residential living choices, and well-paying employment opportunities.

HIV/AIDS	Desert AIDS Project	A Federally Qualified Health Center (FQHC) with the goal of improving the overall health of our entire community, especially the disenfranchised. D.A.P. provides comprehensive, culturally competent, quality primary and preventative health care services including; primary medical care, HIV and Hepatitis specialty care, dentistry, behavioral health and social services all-under-one-roof.
	Planned Parenthood of the Pacific Southwest	Planned Parenthood of the Pacific Southwest has been providing confidential, comprehensive, high-quality medical services to the communities of San Diego, Riverside, and Imperial counties. Planned Parenthood of the Pacific Southwest prides itself on offering the highest standard of care possible at each health center. The caring, professional staff provide a full range of reproductive health care services.
	Riverside University System – Public Health	Services offered include anonymous and confidential HIV testing, counseling and referral. HIV/AIDS primary care includes evaluation, treatment and follow-up, provided as part of expanded sexually transmitted disease services. Services will be offered to those individuals with a confirmed HIV+ test or who are exhibiting symptoms associated with an HIV infection or people concerned about the possibility of having symptoms. All services are provided on a confidential basis.
Mental Health and Substance Abuse	Community Health Systems	Community Health Systems, Inc. is a non-profit healthcare organization serving the Tri-County area (San Bernardino, Riverside & San Diego Counties) of Southern California. CHSI participates in a nationwide effort to extend a safety net of health services to those who lack access to health services, especially the low-income, underinsured (or uninsured) individuals with limited means to pay for quality health services.
	Community Now	Community now seeks to create an environment that promotes mental health in children, in schools and in the community. Community now also advocates on behalf of programs that foster mental health and physical wellness in a supportive environment.
	Riverside University Health System – Behavioral Health	When you or someone you love is in need of help to achieve and maintain a life of whole health wellness and recovery, Riverside University Health System – Behavioral Health is here for you. Behavioral health provides community-based services for adults and children with mental health and substance use challenges that are delivered in settings that are friendly, accessible and sensitive to different cultural and language needs.
	ABC Recovery Center	The ABC Recovery Center provides the best care for people who suffer from drug and alcohol addiction. Our high-quality facilities, personal treatment plans and professional staff are always there to help and to plan the best possible program to suit each individual patient. ABC's efforts go way beyond simply providing a recovery service, as we try to also offer fantastic extracurricular activities at very affordable prices. Enjoy your free time by spending it with wonderful people, exercising, or enjoying the quiet time that you deserve in order to help your recovery.

	Family Service Association	Family Service Association has been a leader among non-profits serving families in need since 1953. Over the years, FSA has responded to the changing dynamics of families, by expanding the scope of services to include comprehensive care for families in need. Behavioral health services offered include: anger management, healthy relationships program, mental health services for employees, and mental health services for children, adults, and seniors, just to name a few.
Obesity/HEAL	Eisenhower Medical Center - Eisenhower Wellness Institute	The Eisenhower Wellness Institute is built on the premise that your body, mind and spirit are capable of healing to optimal adaptability. At the Eisenhower Wellness Institute, members meet with a coach to create a personal plan for wellness and have access to a team of practitioners who integrate services to meet members' goals.
	Desert Care Network – Cardiac Health Classes	The accredited heart care program includes comprehensive care for a variety of heart conditions, plus advanced treatments and programs for your specialized heart health needs.
Stroke	Eisenhower Medical Center – Stroke Center	In April 2009, Eisenhower Medical Center was the first hospital in Riverside and San Bernardino counties to be designated a Certified Primary Stroke Center by The Joint Commission. Eisenhower's Stroke Center offers comprehensive stroke care to all stroke patients.
	Desert Care Network – Stroke Care and Rehabilitation	With a Level II Trauma Center, Desert Care Network provides comprehensive care in the event that you suffer a stroke.
	Kaiser Permanente Moreno Valley Medical Center – Advanced Primary Stroke Center	Kaiser Permanente Moreno Valley Medical Center has been certified as an Advanced Primary Stroke Center by The Joint Commission since 2012. We are recognized by the American Heart Association/American Stroke Association as a Get with the Guidelines Gold Plus with Target Stroke Honor Roll Elite Plus Awardee for providing efficient, rapid and reliable Stroke care to our patients.
	Neuro Vitality Center	Neuro Vitality Center takes a holistic, multidisciplinary approach to address the physical, cognitive and psychological needs of each of our patients, their caregivers and their families. Neuro Vitality Center offers care plans - designed by multidisciplinary teams of highly qualified and motivated therapists – which are innovative and evolve over time, empowering our patients with the capacity to manage their conditions and achieve maximum feasible functionality over time.

Appendix E. Methods of Qualitative Analysis

Qualitative data was analyzed using NVivo 12, a coding software platform. Each of the main research questions were analyzed separately to ensure there that there was complete immersion in each topic as it was being analyzed. Following the analysis of the research questions, it was then that a type of axial coding was used to identify relationships between separate variables and pervasive themes throughout all of the data. In other words, all of the themes in the data were examined in relation to one another so that the individual questions were not considered in isolation, but connections could be made between findings.

A similar method of analysis was used to analyze each of the research questions. For each question, all relevant transcripts were read closely to become familiarized with the data. Next, a primary cycle of coding was conducted which involved assigning brief words or phrases to the concepts being described in the transcripts. The primary cycle of coding was less devoted to interpretation and analysis, but rather was aimed at simplifying the complex ideas of participants into very simple words or phrases. Next, all similar codes were grouped together and the initial codes were refined to best capture the essence of what was being stated in the original code. The codes with numerous comments were deemed as dominant themes, though codes with few comments were retained.

Appendix F. Strategic Lines of Inquiry for Community Engagement

Southern California Kaiser Permanente's approach to the 2019 CHNA employed a mixed-methods sequential explanatory assessment design intended to produce the most accurate, vivid, and meaningful story of community health possible. This appendix reports an overview of the assessment design and the resulting list of strategic questions that guided community engagement for this report.

Overview of Question Design Process

- Secondary data from over 200 relevant indicators were analyzed by Kaiser Permanente Regional analysts to provide a bird's eye view of the most pressing health issues across the service area.
- These analyses were reviewed and discussed by Kaiser Permanente clinicians, experts, and hospital leaders who had knowledge of the local community. These discussions helped provide additional context to findings and identify targeted strategic lines of inquiry that provided the foundation of a relevant community engagement plan. For example, Kaiser Permanente social workers might review the data during this phase and provide their perspective that immigration policies could be influencing Hispanic/Latino resident willingness to access care.
- Across these internal sensemaking sessions, strategic lines of inquiry were synthesized by consultants and re-framed to work as a driving force behind community engagement planning. These strategic questions were also designed to be answerable by human beings (not more secondary data). Strategic questions targeted the root causes of health needs, racial/ethnic disparities in impact, community lived experience, or the resources available to address a health need (e.g. *to what extent are current immigration policies inhibiting resident willingness to access healthcare and other community resources and how can these obstacles be overcome?*).
- Strategic questions were not asked *directly* of engagement participants but were instead used to build a sampling frame and culturally competent in-person engagement protocols. For example, a question asking about the impact of immigration policies on resident willingness to access health care would lead to: a) recruitment of community residents and experts who could provide rich answers to the question and b) tailored interview and focus group protocols for engagement participants that would conversationally surface the answer in a manner consistent with best practices in qualitative data collection.
- By using a series of strategic questions in this way, primary data collection allowed for authentic community engagements with residents and stakeholders that could "dive deep" on issues relevant to the community (and ground truth their relevance).
- Regardless of the strategic focus of the engagements, however, they also provided the opportunity for the community to raise any other health needs not targeted through the strategic lines of inquiry and these data were also included primary data analysis.