

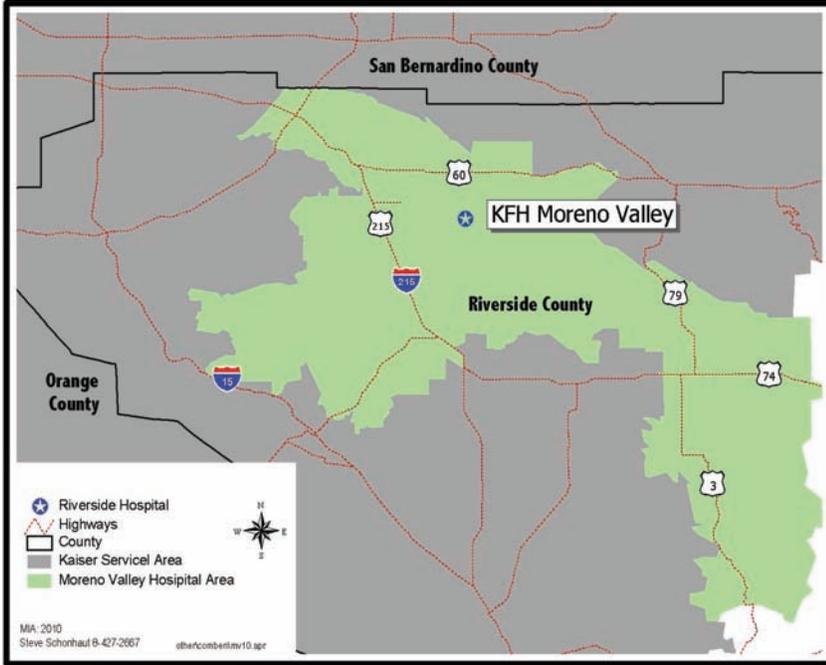
MORENO VALLEY

MORENO VALLEY

MORENO VALLEY

KAISER FOUNDATION HOSPITAL (KFH)-MORENO VALLEY

27300 Iris Avenue
 Moreno Valley, CA 92555
 (951) 243-0811



The KFH-Moreno Valley service area includes Hemet, March Air Reserve Base, Moreno Valley, Nuevo, Perris, and San Jacinto.

COMMUNITY SNAPSHOT (2010 Community Health Needs Assessment for KFH-Riverside and KFH-Moreno Valley)

Total population:	2,106,294	Latino:	44%
Median household income:	\$55,352	White:	41%
Percentage living in poverty:	9.3%	African American:	6%
Percentage unemployed:	15.3%	Asian and Pacific Islander:	6%
Percentage uninsured:	28%	Other:	3%

KEY FACILITY STATISTICS

Year opened:	2008	Total licensed beds:	101
KFH full-time equivalent personnel:	278	Inpatient days:	14,887
KFHP members in KFH service area:	105,105	Emergency room visits:	29,030

KEY LEADERSHIP AT KFH-MORENO VALLEY

Vita Willett	Executive Director
Richard Rajaratnam, MD	Area Medical Director
Jill Duplechan	Medical Group Administrator
Corey Seale	Chief Operating Officer
Lorna Curtis	Area Finance Officer
Karen Roberts	Public Affairs Director
Cecilia Arias	Community Benefit Health Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Riverside conducted the 2010 CHNA for Riverside County on behalf of KFH-Riverside and KFH-Morena Valley in collaboration with the Advancement Project's Healthy City, and Special Service for Groups. The process included qualitative and quantitative data collection. The primary data collection (qualitative) aimed to identify the unmet health needs of the community and underserved populations through the guidance of community input for prioritizing these needs. The primary data collection utilized focus groups and stakeholder interviews from a wide range of backgrounds. Participants included physicians and health care delivery personnel, public health experts, county public health officers, direct service providers, community resource centers, health care organizations, public officials, faith-based organizations, and community-based nonprofit organizations.

In addition, two Master of Public Health interns provided support in the collection of primary data in the form of community resident and provider surveys that covered three areas: community health needs, barriers to health and wellness, and community assets. Community surveys were administered at five strategically located Department of Motor Vehicle (DMV) sites throughout Riverside County: Coachella Valley (Palm Springs), Central Riverside (Riverside/Moreno Valley), East Riverside (Hemet), West Riverside (Norco), and South Riverside (Temecula). The 441 survey responses (both in English and Spanish) helped to assess the health needs and assets of the community through the eyes of a random sample of community members on topics such as perception of health needs; environmental factors affecting health; and access to fruits, vegetables, parks, and health services. An online survey was also administered. Quantitative secondary data sets were collected from a variety of sources including, but not limited to, California Office of Statewide Health Planning and Development, California Department of Public Health, and California Health Interview Survey (CHIS).

Riverside County's population has seen tremendous growth in the last 20 years. Between 1999 and 2010, it has almost doubled and has grown far more rapidly than the statewide average. The Riverside County service area population comprises 44% Latino, 41% Caucasian, and a much smaller population of African American (6%), Asian Pacific Islander (6%), and other races/ethnicities (3%). Although the majority of the population is Latino, 62% of residents identified English as their language at home, followed by Spanish at 32.8% in 2010. An estimated 43.6% of households have children. About 30% of those households are single-parent homes, the majority headed by mothers. Riverside County also experienced a dramatic rise in unemployment between 2007 and 2010. The California Employment Development Department estimated unemployment at 15.3% in August 2010, an 8.6% point increase from the figure in August 2007 and substantially higher than the statewide rate of 12.4%.

KEY FINDINGS FROM THE 2010 CHNA

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

Uninsured and Access to Health Care:

- In 2007, CHIS estimated a slight increase in the proportion of uninsured, rising to an estimated 22.6% of Riverside County residents 0 to 65 compared to the uninsured rate of 21.7% reported in 2005.
- Community providers reported that funding cuts have made many services less accessible or even entirely unavailable. In particular, they cited the lack of primary and specialty care services, mental health, dental services, and in-home support programs for the elderly as being affected the most.
- Early prenatal care has declined in the service area. Unfortunately, teen mothers under 15 were the least likely (only 41.7%) to begin prenatal care during their first trimester. Women of all ages in Riverside County fall short of the Healthy People 2010 target of 90% receiving early and adequate prenatal care.

Chronic Disease:

- Cancer and heart disease remained the leading causes of death in Riverside County in 2006–2008. On average, 22.8% of people in Riverside County died of some form of cancer, followed closely by heart disease at 21.9%.

- Compared to California, Riverside County has a higher age-adjusted mortality rate for the following diseases: heart disease, chronic lower respiratory disease, diabetes mellitus, cerebrovascular disease, suicide, HIV/AIDS, and unintentional injuries. The overall mortality rate for Riverside County was also higher than the statewide rate, as were rates for lung cancer, cervical cancer, and colon cancer.
- Mortality rates increased in Riverside County, but decreased slightly for the state overall. In the service area, the number of deaths by diabetes increased sharply for those 35 to 44 and reached its peak for those 75 to 84.
- Diabetes prevalence was higher in much of the service area, with the highest prevalence estimated in parts of Indio, Palm Springs, the southern part of Yucca Valley, the southern part of Moreno Valley, northern Riverside, Corona, and the western part of Wildomar region.

Mental Health:

- CHIS estimated that 220,000 people, about 15.8% of total population 18 and older, in Riverside County needed help for mental health care due to mental problems or use of alcohol/drugs. Of the 220,000 who self-reported as needing mental health care, 37.2% did not receive any treatment.
- In Riverside County, an estimated 81.2% of those who needed mental health services but did not receive treatment were uninsured.
- Findings from focus groups and interviews reveal that dementia and depression have been on the rise. In the provider survey, the majority of respondents identified mental health as a health condition requiring urgent attention.

Obesity:

- The estimated prevalence of obese/overweight adults in Riverside County (63.8%) was higher than for California overall (58.4%).
- According to a 2009 report by the Riverside County Department of Public Health, nearly one of every three public school students in grades 5, 7, and 9 is overweight. Meanwhile, nearly half of all students are overweight in the worst-ranking zip codes (Palm Springs and Coachella).
- Community residents and providers suggested that many structural issues challenge people's ability to maintain a healthy weight, including geographic factors (overreliance on car transportation), air pollution, lack of community safety, prevalence of fast-food restaurants and liquor stores, lack of access to affordable fresh fruits and vegetables, and a lack of youth physical activity programming (both in schools and in the community).
- Exclusive breastfeeding rates were much lower in Riverside County, at just 54% of mothers. White mothers were the most likely to breastfeed exclusively, with rates of 67.2% in the county and 70.0% in the state. African American and Latina mothers had the lowest rates of exclusive breastfeeding, with 46.6% and 49.1% in the county and 41.0% and 40.1% in the state, respectively.

Food Security, Community Safety, Domestic Violence, Child Abuse, and Neglect:

- Riverside County and California have experienced similar turbulence in food security rates since 2001, ending with a drop in food security reported in 2007, when 64.6% of the population 18 and older living at 200% of the federal poverty level (FPL) or less indicated that it had the ability to afford enough food.
- In 2006, 674 deaths were due to accidental and unintentional injuries in the service area. The largest number of deaths were among those 45 to 54 (rate of 17.4% per 10,000 persons), followed by those 15 to 24 (rate of 17.7% per 10,000 persons).
- In the service area, 9 out of 23 cities reported higher rates of domestic violence calls than the county average of 29 calls per 10,000 persons. The cities are Hemet (73.3), Desert Hot Springs (53), Palm Springs (44.8), Calimesa (38.4), Perris (36.5), Twentynine Palms (36.3), Indio (35.2), Lake Elsinore (32.1), and Riverside (31.8). The rate for Moreno Valley (28.5) was slightly lower than the county average.

- Rates of substantiated child abuse and neglect remain high in Riverside County (11.2 cases per 1,000 children) than in California overall (9.7 cases per 1,000 children). In 2008, 6,763 cases of child abuse and neglect were reported in Riverside County.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-MORENO VALLEY SERVICE AREA

1. Access to health coverage and health care services
2. Health education and promotion, especially for chronic diseases
3. Support for the family structure

2011 YEAR-END RESULTS

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

The most recent data for Riverside County indicate that more than 22% of county residents are uninsured. UCLA Center for Health Policy Research projections point to a substantial increase in uninsured rates for Riverside County. It is anticipated that 2009 survey findings may reveal uninsured rates as high as 28% for county residents 0 to 65. Community survey data indicated that affordability was the most common barrier to accessing health care. Community providers were surveyed to identify the key issues regarding barriers to health care. Cost was cited most frequently, followed by no insurance or not eligible for insurance, transportation challenges, lack of knowledge of existing services, and a mistrust of health care systems and providers. In 2007, 37.7% of Riverside County adults reported having no dental insurance in the past year, followed by 7.4% who had dental coverage for part of the year. This compared to statewide rates of 33.7% and 7.2%, respectively. There were 10,143 mental illness hospitalizations in the service area. Service area and county hospitalization rates were higher than the California-wide rate: 5.1 and 5.3 hospitalizations per 1,000 persons, compared to 4.7 per 1,000 persons, respectively.

2011 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.
3. Provide support for community clinics to build capacity for improving access and quality care infrastructure.

2011 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grants that support organizations to increase capacity to provide primary, mental health, and dental care services.
4. Collaborate with safety net providers and government entities to increase access to primary, specialty, mental health, and dental care services.
5. Provide in-kind donations of surplus hospital equipment, medical supplies, and office furniture.

TARGET POPULATION

The uninsured, underinsured, medically indigent, and low-income children, youth, families, adults, and seniors.

COMMUNITY PARTNERS

Community partners include Riverside County Regional Medical Center (RCRMC), Riverside County Department of Public Health, Riverside County Department of Mental Health, Riverside Community Health Foundation, Urban Community Action Project/ Path of Life Ministries, Riverside County Medical Association/Project K.I.N.D., Community Health Systems, Inc., Riverside Community College nursing program, and allied health sciences program at Moreno Valley College.

2011 YEAR-END RESULTS

- A \$25,000 grant to RCRMC Foundation to provide the Mobile Health Clinic with a new access point for health care to the uninsured throughout Riverside County. The grant covers the cost of medications and immunizations dispensed through the Mobile Health Clinic. With a team comprising a health care provider, pharmacist, licensed vocational nurse, and health services assistant, the mobile clinic expects to provide 5,000 patient visits.

- Riverside Community College District Foundation received a \$25,000 grant to support the Dental Clinic, which provides preventive dental exams, x-rays, dental hygiene education, and nutrition counseling to 350 uninsured patients as well as training for future dental hygienists.
- MFI Recovery Center provides medical screening, medical detoxification, and well-baby care for pregnant and parenting drug-abusing women and their children. A \$10,000 grant was awarded to provide 300 mothers perinatal substance abuse treatment and 500 infants with well-baby checks, including scheduled immunizations while under the care of MFI physicians and nurses.
- KFH-Moreno Valley provided in-kind donations of hospital and medical equipment, office furniture, and medical supplies to Community Health Systems, Inc.; Family Service Association; Lutheran Social Services of Southern California; National Legal Studies Institute; and Riverside Community College District Foundation.
- Kaiser Permanente Southern California Region has funded care- and coverage-related grants to increase access to affordable, quality health care and health insurance coverage for low-income and uninsured individuals and families in our communities. Grants are made to support the potential and future enrollment of eligible individuals into publicly funded health insurance products. In 2011, the Tides Center received a \$200,000 grant (\$100,000 Southern California and \$100,000 Northern California) to address universal enrollment needs of state and federal health insurance exchanges mandated by the passage of the Affordable Care Act. It will ensure that the user experience is efficient and appropriate along federally required dimensions with tools that allow for state-specific situations and needs. In addition, it will introduce efficiencies into the design process through the centralization of design standards that allow for reuse of key elements, broad distribution, and usage at scale.
- Kaiser Permanente's Southern California Safety Net Partnerships increases the capacity of safety net providers to operate efficiently, enhance quality of care, and improve access to care for the underserved by aiding clinic and hospital networks/consortia and other statewide organizations as they support clinical and management infrastructure and policy advocacy for safety net providers. The California Health Care Safety Net Institute received a \$165,000 joint grant over one year (\$117,500 from Southern California Region and \$47,500 from Northern California Region) to help pursue its major goals around quality and coordinated, efficient care delivery systems, working with KP and its member hospital systems to improve specialty care access, conduct a gap analysis and identify where to focus future efforts and resources, and operationalize the partnership goals.
- California School Health Centers Association received a \$120,000 grant to provide technical assistance and leadership to ensure that school-based health centers and school nursing stations maximize current opportunities to adopt electronic health records and become integrated into health information exchange.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

MONITORING PROGRESS OF 2012 STRATEGIES

The progress of KFH-Moreno Valley's action plan will be monitored through site visit documentation, grantee year-end reports, program outcomes, number of persons served, program evaluation, and community partnership activities. To assess the progress and success in achieving the stated goals, the following indicators will be used: number of grants awarded, total dollars provided in grants, number of collaborating partners, number of people receiving charity care services, Kaiser Permanente Child Health Plan and STEPS membership numbers, and number of individuals receiving MFA.

PRIORITIZED NEED II: HEALTH EDUCATION AND PROMOTION, ESPECIALLY FOR CHRONIC DISEASES

The 2010 CHNA for the KFH-Moreno Valley service area again demonstrated the need for information, education, and other resources to manage and treat chronic health conditions. Obesity was cited multiple times in focus groups and interviews as a major health issue in the service area, and as a contributor to chronic conditions like diabetes. The estimated prevalence

of a diabetes diagnosis in Riverside County nearly doubled between 2003 and 2007. The overall rate of hospitalizations for uncontrolled diabetes in the service area, 1.1 per 10,000 people, was slightly higher than the statewide rate of 0.9 per 10,000. Cancer and heart disease remained the leading causes of death in Riverside County in 2006–2008. An average 22.8% of people in Riverside County died of some form of cancer, followed closely by heart disease at 21.9%.

Hospitalization rates for ambulatory care–sensitive conditions for children, adults, and seniors indicated that asthma in those 65 and older and uncontrolled diabetes in adults 18 to 64 did not meet Healthy People 2010 objectives. This measure is for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

In 2007, more than 46% of children 5 to 11 in Riverside County ate five or more servings of fruits and vegetables daily. In comparison, only 18.5% of adolescents 12 to 17 were the least likely to have consumed five or more servings. Community participants identified reduced access to affordable, healthy fruits and vegetables as an important barrier to a healthy diet.

In 2007, 63.1% of adolescents 14 to 17 reported engaging in vigorous physical activity at least three days per week, down from 70.9% in 2005. These percentages fall short of the Healthy People 2010 goal of 85%. In the adult population, 18% reported regular vigorous physical activity, 18% reported moderate physical activity, and more than 60% indicated some or no physical activity on a regular basis.

2011 GOALS

1. Improve the management of diabetes, obesity, asthma, cancer, and cardiovascular diseases.
2. Increase capacity for the delivery of chronic disease (diabetes, obesity, cardiovascular disease, cancer, and HIV/AIDS) prevention education, direct services, and support programs for the uninsured.
3. Increase physical activity in schools, work sites, and community settings.

2011 STRATEGIES

1. Provide grants to safety net providers, community health centers, faith-based groups, and government or other community-based organizations to address chronic conditions in the community.
2. Support culturally and linguistically appropriate health education, nutrition, and wellness programs in the management of chronic diseases.
3. Support implementation of Kaiser Permanente’s HEAL (Healthy Eating, Active Living) initiative.
4. Provide in-kind support in the form of health education materials, tools, and training opportunities for chronic disease management.
5. Promote Educational Theatre’s healthy eating programs at local schools.

TARGET POPULATION

Low-income families, children, adults, and seniors who have or are at risk for developing obesity, diabetes, cardiovascular diseases, asthma, HIV/AIDS, or cancer.

COMMUNITY PARTNERS

Community partners include local chapters of the Riverside County Health Coalition, American Cancer Society, American Heart Association, American Diabetes Association, Inland Agency, Quinn Community Outreach, Family Service Association (FSA), Community Settlement Association, and The Healthy Heritage Movement.

2011 YEAR-END RESULTS

- Inland Counties Health Systems Agency received a \$20,000 grant for the Pink Ribbon Place: Ambassadors of Good Health program, which trains Good Health Ambassadors from the Latino community to conduct group presentations

about the importance of heart and breast health at schools and community centers and in neighborhoods. The program aims to reach 1,200 residents to provide education on healthy lifestyle, nutrition for cancer prevention, the importance of regular physical activity, and avoidance of preventable risk behaviors for cancer.

- A \$20,000 grant was awarded to FSA to expand Healthy Families Eating and Playing Together. FSA operates 14 child development centers throughout Riverside County and has trained more than 100 staff to provide a comprehensive curriculum for more than 1,200 preschoolers and their parents. It provides daily messages to promote and encourage the integration of healthy eating and daily physical activity into the family routine in the home and at the centers.
- Black Voice Foundation's Healthy Heritage Movement received a \$9,411 grant to continue to conduct health workshops for 200 African Americans on chronic disease prevention programs, including US Diabetes Conversation Map®, Search Your Heart, Power to End Stroke, and Live Empowered. The program also incorporates a community incentive pledge program to encourage early detection screening for colon and breast cancer.
- Quinn Community Outreach Corporation received a \$9,900 grant to outreach to African American and Latina women for breast cancer prevention. The Southern California Witness and Esperanza y Vida (hope and life) projects encourage and provide breast cancer screening to low-income, uninsured, and underinsured women.
- Kaiser Permanente Southern California Region's Healthy Eating in Hard Times (HEHT) initiative helps to ensure that eligible low-income families are participating in federal nutrition programs such as food stamps and free school meals, and that food bank/pantry patrons can obtain healthy foods such as fruits and vegetables from emergency food sources. In 2011, the HEHT initiative doubled its investment in food banks across the region from the previous year, awarding grants to acquire and distribute produce to individuals in need, provide nutrition education, conduct food stamp (CalFresh) outreach, and make infrastructural improvements such as the repair or purchase of cold storage units and the purchase of food bins and produce. In the service area, Food In Need Of Distribution received a \$60,000 grant.
- Kaiser Permanente Southern California Region funded a number of statewide HEAL grants. California WIC Association received \$45,000 to support the WIC REACH: Partnering for Better Health project to maintain, improve, and increase WIC and Cal Fresh services to eligible California families and increase implementation of breastfeeding policies.
- California Pan-Ethnic Health Network received a \$100,000 joint grant (\$50,000 from Southern California Region and \$50,000 from Northern California Region) to engage in activities to ensure that all Californians have access to health care and can live healthy lives. The network will advocate for public policies that address health disparities, convene communities to educate and engage them in statewide advocacy efforts, and partner with coalitions and constituents to strengthen its efforts across the state.

2012 GOALS UPDATE

In 2012, KFHM-Moreno Valley will update this need to focus specifically on reducing the prevalence of overweight and obesity among children and adults in the service area. More than 63.8% of adults in Riverside County are overweight or obese, increasing the risk of developing heart disease, stroke, diabetes, and cancer. Data on known lifestyle factors contributing to rates of overweight and obesity show that there is significant opportunity to improve healthy eating and increase physical activity among service area children and adults. Participants in the 2010 CHNA forums indicated that families continue to face challenges in accessing safe places to play and be active, healthy and affordable food, and in some areas clean, safe drinking water. In 2012, KFHM-Moreno Valley will continue to partner with Riverside County Health Coalition and community and regional programs working on policy, environmental, and organizational changes to accomplish the following goals:

1. Increase consumption of healthy food and beverages.
2. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking).
3. Increase physical activity.

2012 STRATEGIES UPDATE

1. Support efforts focused on environmental changes that encourage healthy eating and active living, including organizational practices, systems change, and the built (physical) environment.

2. Support policy efforts that positively impact healthy eating and physical activity in communities and/or that help to enforce and sustain changes in the environment.
3. Support community-based programs that enable healthy eating and physical activity by increasing individual awareness, knowledge, skills, motivation, and utilization.
4. Support culturally and linguistically appropriate health education, nutrition, and wellness programs in the management of chronic diseases.
5. Provide in-kind support in the form of health education materials, tools, and training opportunities for chronic disease management.

MONITORING PROGRESS OF 2012 STRATEGIES

The progress of KFH-Moreno Valley's action plan will be monitored through site visit documentation, grantee year-end reports, program outcomes, number of persons served, program evaluation, and community partnership activities. To assess the progress and success in achieving the stated goals, the following indicators will be used: number of grants awarded, total dollars provided in grants, and number of collaborating partners.

PRIORITIZED NEED III: SUPPORT FOR THE FAMILY STRUCTURE

The health and well-being of families is of critical importance and reflects the current health status of individuals and local communities, and serves as an important indicator of the health of the next generation. The effects of poverty on health have been well documented. Being raised in poverty places children at risk for environmental toxins, inadequate nutrition, parental substance abuse, trauma and abuse, exposure to violent crimes, and low-quality child care. As adolescents, poor youth are more likely to suffer from mental health problems, including depression; experiment with smoking and sexual activity at a very young age; and have poor academic outcomes. People who live in poverty are more likely to have asthma, diabetes, heart disease, or a disability.

Healthy City developed a High Need Index (HNI) that measures the percent of families in poverty, adults age 25 and over without a high school diploma or equivalent, unemployed, homicide rate, and births to teen mothers. The cities of Moreno Valley, Indio, Palm Springs, and Yucca Valley showed concentrations of the highest need. In addition, based on Healthy City's HMI analysis, the southern part of Wildomar and Temecula also had relatively high need. Food-insecure households are sometimes faced with making challenging decisions to survive, balancing nutritional needs with other basic needs, such as housing, utilities, and transportation. Food security or lack of quality foods is associated with a number of serious health, behavior, and cognitive deficits. In Riverside County, approximately 35.4% of the population indicates that it does not have the ability to secure enough food.

2011 GOALS

1. Expand partnerships and collaborations with organizations that address food security issues in low-income communities.
2. Increase access to substance abuse and child abuse prevention, domestic violence, and elder abuse programs.
3. Improve linkage of safety net providers and social services providers for at-risk adults, youth, homeless, and the elderly who are uninsured.

2011 STRATEGIES

1. Provide grant funding to organizations that outreach and provide services to at-risk adults, youth, and elderly populations for violence prevention, child abuse prevention, or elder abuse.
2. Build capacity for local food banks to support the distribution of high-quality foods.
3. Build capacity of local organizations that provide programs for substance abuse, child abuse prevention, domestic violence, elder abuse, and programs for at-risk adults, youth, homeless, and the elderly who are uninsured.

4. Explore the opportunity to partner with safety net providers and social service providers for improved delivery of health services to the homeless population.
5. Provide in-kind donations of surplus office furniture and other items to support community-based organizations that work to improve community health.

TARGET POPULATION

Low-income and uninsured children, youth, families, adults, and seniors, especially those at risk for abuse, violence, homelessness, and poor nutrition.

COMMUNITY PARTNERS

Community partners include Community Connect, Habitat for Humanity Riverside, The Community Foundation (serving San Bernardino and Riverside counties), Operation Safe House, Olive Crest Treatment Centers, Foothill AIDS Project, Planned Parenthood of the Pacific Southwest, Lutheran Social Services of Southern California, National Legal Studies Institute, and Second Harvest Food Bank.

2011 YEAR-END RESULTS

- A \$20,000 grant was awarded to Olive Crest Treatment Center in support of the Anger Management At-Risk Youth Program at the Perris Ranch residential treatment facility. The goal of the program is to increase coping skills and to improve participants' ability to avoid inappropriate expressions of anger.
- Planned Parenthood of the Pacific Southwest received a \$20,000 grant for its HIV/AIDS Prevention Initiative, which aims to increase prevention education for at-risk youth in Moreno Valley and Riverside, provide low- or no-cost HIV testing, and focus on youth engaging in high-risk behaviors.
- Foothill AIDS Project was awarded a \$16,000 grant to provide the Chronic Care Management Program for people living with HIV/AIDS. The goal is to impact the quality of life for those at risk for substance abuse, mental illness, homelessness, domestic violence, incarceration, depression, anxiety, poverty, and transmitting HIV. The majority of the clients come from low-income communities of color who experience multiple challenges and barriers to treatment. The program reaches 45 HIV-positive women and men to build social support networks, manage negative emotions, learn communication skills for effective health care provider interactions, address health literacy, and explain medication regimen.
- Employees from KFH-Moreno Valley and outlying medical centers responded to community needs in a number of ways. In honor of the Martin Luther King Jr. Day of Volunteerism, employees donated several bags of gently used coat and jackets for distribution at four area homeless providers and shelters. Employees also volunteered on two dates at Second Harvest Food Bank serving Riverside and San Bernardino counties.
- Kaiser Permanente Southern California Region funded a number of policy- and advocacy-related grants. Public Health Institute received a two-year \$200,000 joint grant (\$100,000 from Southern California Region and \$97,157 from Northern California Region) to support the Health in All Policies Task Force Food Procurement Project, which aims to lay the groundwork to advance state government procurement policies that will increase access to healthy and location-efficient food on state properties.
- UCLA Center for Health Policy Research received a two-year \$1.05 million joint grant (\$550,000 from Southern California Region and \$500,000 from Northern California Region) (\$550,000 in 2011) to conduct CHIS, which collects essential data on health and health care in California and is a critical source of data to support health policy making and funding of health programs.
- Kaiser Permanente Southern California Region funded Community Connect, which received a \$95,000 grant to support its Nonprofit Capacity Project. The agency utilized funds to help cover staff salaries, consulting hours, workshops, funder forums, and other general operating costs.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

MONITORING PROGRESS OF 2012 STRATEGIES

The progress of KFH-Moreno Valley's action plan will be monitored through site visit documentation, grantee year-end reports, program outcomes, number of persons served, program evaluation, and community partnership activities. To assess the progress and success in achieving the stated goals, the following indicators will be used: number of grants, total dollars provided in grants, and number of collaborating partners.

Table 1

KAISER FOUNDATION HOSPITAL-MORENO VALLEY

2011 Key Community Benefit Program Metrics

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

Charity Care: Medical Financial Assistance Program recipients	1,603
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	76
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	492
Medi-Cal managed care members	3,279
Healthy Families Program members	5,610
Nursing Research projects (new, continuing, and completed)	3
Educational Theatre – number of performances and workshops	25
Educational Theatre – number of attendees (students and adults)	5,026
Number of 2011 grants and donations made at the local and regional levels ¹	32

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

Table 2

KAISER FOUNDATION HOSPITAL-MORENO VALLEY

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$3,837,288
Healthy Families ²	1,849,167
Charity care: Charitable Health Coverage Programs ³	377,368
Charity care: Medical Financial Assistance Program ⁴	252,020
Grants and donations for medical services ⁵	343,855
Subtotal	\$6,659,698
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$ 0
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	0
Grants and donations for community-based programs ⁸	213,237
Community Benefit administration and operations ⁹	152,013
Subtotal	\$365,250
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$29,241
Educational Theatre Programs	93,801
Facility, supplies, and equipment (in-kind donations) ¹¹	54,946
Community Giving Campaign administrative expenses	2,853
Grants and donations for the broader community ¹²	42,250
National board of directors fund	9,136
Subtotal	\$232,227
Health Research, Education, and Training	
Graduate Medical Education	\$0
Non-MD provider education and training programs ¹³	67,512
Grants and donations for the education of health care professionals ¹⁴	38,709
Health research	572,923
Continuing Medical Education	82
Grants and donations for evidence-based medicine ¹⁵	0
Subtotal	\$679,226
Total Community Benefits Provided	\$7,936,401

ENDNOTES

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