

RIVERSIDE

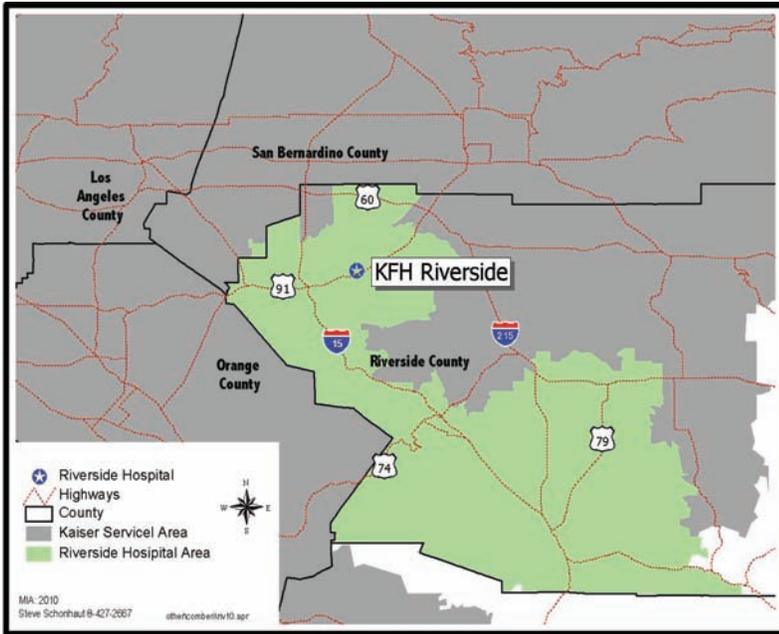
RIVERSIDE

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# KAISER FOUNDATION HOSPITAL (KFH)-RIVERSIDE

10800 Magnolia Avenue  
 Riverside, CA 92505  
 (951) 353-2000



The KFH-Riverside service area includes Aguanga, Corona, Homeland, Indio, Lake Elsinore, Murrieta, Menifee, Norco, Palm Desert, Palm Springs, Riverside, Romoland, Sun City, Temecula, Wildomar, Winchester, and Yucca Valley.

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

Total population:	2,106,29	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:	1989	Total licensed beds:	215
KFH full-time equivalent personnel:	1,080	Inpatient days:	59,688
KFHP members in KFH service area:	242,346	Emergency room visits:	39,226

## KEY LEADERSHIP AT KFH-RIVERSIDE

Vita Willett	Executive Director
Richard Rajaratnam, MD	Area Medical Director
Jill Duplechan	Medical Group Administrator
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 2005 rate of 21.7%.
- 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 (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 from 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 the 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 from 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 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-RIVERSIDE 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 COVERAGE AND HEALTH CARE SERVICES

For the 2007 CHNA, data for Riverside County indicated that more than 22% of county residents were uninsured. UCLA Center for Health Policy Research points to a substantial increase in uninsured rates for Riverside County and anticipates that 2009 survey findings may reveal uninsured rates as high as 28% for county residents 0 to 65. Community survey data indicated that affordability of care was the most common barrier to accessing health care. Community providers were surveyed to identify key issues regarding barriers to health care. Health care cost is the most frequently cited barrier, 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. There were 10,143 mental illness hospitalizations in the Riverside area. Service area and county hospitalization rates (5.1 and 5.3 hospitalizations per 1,000 persons, respectively) were higher than the state rate (4.7 per 1,000 persons). In 2007, 37.7% of Riverside County adults reported having no dental coverage in the past year and 7.4% had dental coverage for part of the year, compared to state rates of 33.7% and 7.2%, 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 care, mental health, and dental 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; Borrego Community Health Foundation (BCHF); Clinica del Salud del Pueblo; Riverside Community Health Foundation; Urban Community Action Project/Path of Life Ministries; Riverside County Medical Association/Project K.I.N.D.; Coachella Valley Volunteers in Medicine; Community Health Systems, Inc.; Family Services of the Desert; Martha's Village and Kitchen; My Family, Inc. (MFI) Recovery; Morongo Basin Counseling and Recovery Center; Quinn Community Outreach; Neighborhood Healthcare; Oak Grove Institute Foundation; Whiteside Manor; Riverside Community College nursing program and allied health sciences program at Moreno Valley College; and College of the Desert.

### 2011 YEAR-END RESULTS

- KFH-Riverside partnered with RCRMC and Social Action Community Health System (SACHS) to coordinate Community Surgery Day, a Kaiser Permanente Southern California Region initiative to increase specialty care access for uninsured patients. On September 24, 2011, 10 low-risk surgeries (five cataract, three gynecology, and two hernia repair) were

successfully performed. Approximately a month later, three patients returned to have a second operation to repair the other cataract. In addition, three uninsured patients were identified and selected to receive colonoscopy screenings. Southern California Permanente Medical Group (SCPMG) surgeons Geoffrey Griffiths, MD, Orthopedics; Siobhan Gogan, MD, Ophthalmology; Mark Richey, MD, Ophthalmology; Daniel Yau, MD, Ophthalmology; Matthew Sherman, MD, General Surgery; Karin Jones, MD, Gynecology; Leticia Spencer, MD, Gynecology; Timothy Lowe, MD, Anesthesiology; Anthony Ma, MD, Anesthesia; and James Wang, MD, Gastroenterology, along with 61 nurses and staff, volunteered their time to make this day a success. The estimated value of the procedures was approximately \$153,387.

- KFH-Riverside, in partnership with physicians from SCPMG, Riverside and Alvord unified school districts, and the University of California, Riverside (UCR), mentored 51 middle school students through Hippocrates Circle. Ten physician mentors provide youth from underrepresented communities and diverse backgrounds with the awareness that a career as a physician is possible. The program's mission is to strengthen young people's self-esteem and to empower them to pursue the goal of becoming a physician. Program participants have many opportunities to interact with practicing physicians during their fellowship, including orientation for parents and students, a KFH-Riverside tour, a tour of the UCR campus and biomedical department, a financial aid seminar, and the Hippocrates Circle graduation ceremony.
- BCHF is a federally qualified health center (FQHC) that operates six health centers in Riverside County. The most utilized clinic is Centro Medico Cathedral City with 14,887 patients and 46,120 visits this past year. BCHF received a \$20,000 grant for a Patient Navigator project in Cathedral City that is essential for recognition as a patient-centered medical home. A dedicated charge nurse oversees clinic workflows to improve follow-up and patient referrals for continuity of care and comprehensive service delivery.
- Path of Life Ministries' Urban Community Action Project (UCAP) provides services that are designed to facilitate holistic restoration of individuals and families whose lives have been devastated by substance abuse, economic hardship, and mental illness. A \$25,000 grant was awarded to UCAP to provide primary health care services to the homeless population throughout Riverside County. UCAP's medical outreach program utilizes a mobile van, staffed by volunteer physicians and clinicians who travel to designated locations in Riverside, Beaumont, Indio, and Palm Springs. Mark Ashley, MD, Urgent Care physician with KFH-Riverside, serves on UCAP's board of directors.
- A \$25,000 grant was awarded to Riverside County Physicians Memorial Foundation for Project K.I.N.D. (Kids In Need of Doctors) to provide access to medical, dental, optical, and mental health services to uninsured children in Riverside County. A network of nurses at seven school districts screened and identified 550 children for care. The volunteer coalition of over 100 professional health care providers donates their services.
- KFH-Riverside provided in-kind donations of hospital and medical equipment, office furniture, and medical supplies to ABC Recovery Center; BCHF; California Baptist University; The Carolyn E. Wylie Center for Children, Youth & Families; City of Corona; Community Health Systems, Inc.; Desert AIDS Project; Family Service Association; Family Services of the Desert; Habitat for Humanity (in Riverside and Inland Valley); Jefferson Transitional Programs; Lutheran Social Services of Southern California; Oak Grove Institute Foundation; Path of Life Ministries; Riverside Community College District Foundation; The Salvation Army, Riverside; Whiteside Manor; and Young Women's Christian Association, Riverside. The in-kind process is made possible through the collaboration of KFH-Riverside Finance, Community Benefit, Facilities Management, Materials Management, and Construction departments.
- KPH-Riverside and Kaiser Permanente Southern California Region have continued the collaboration and partnership with RCRMC through the ALL program, which began in 2008 to help manage patients who are diagnosed with diabetes mellitus and at risk for cardiovascular disease. Accomplishments for 2011 include development of a patient tracking tool to ensure quality data for care gap analysis and care improvement, and a multidisciplinary diabetes clinic that focuses on primary care, nutrition, peri-operative services, data analysis, nursing, allied health, social services, and pharmacy. SCPMG staff from ambulatory care, pharmacy, population care management, endocrinology, cardiology, and primary care provided technical assistance and didactic lectures to RCRMC physicians, residents, and clinical staff. The work and collaboration between KFH-Riverside and RCRMC continues through 2012.
- Kaiser Permanente Southern California Region funded quality improvement (QI) projects for safety net organizations to build stronger programs and infrastructure that improve service for patient populations at risk of racial and ethnic health

disparities. The 2011 QI Initiative for public hospitals focused on the 1115 Medicaid waiver's Delivery System Reform Incentive Pool (DSRIP), which support the efforts of California's public hospitals to meaningfully enhance the quality of care and the health of patients and families they serve. In the service area, RCRMC received a \$300,000 grant over two years (\$150,000 in 2011) to support a registered nurse in facilitating process improvements in both sepsis and surgical site prevention areas while assisting in identification of the stroke program's staffing requirements as well as its policy and procedures development. Funds will also be utilized to purchase tracking software for DSRIP milestones and for rapid diagnosis technology for sepsis patients.

## 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-Riverside'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 members, and number of individuals receiving MFA program.

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

The 2010 CHNA for the KFH-Riverside service area again demonstrated the need for information, education, and other resources to manage and treat chronic health conditions. In focus groups and interviews, obesity was often cited as a major health issue in the 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, was slightly higher than the state rate, 0.9 per 10,000. In 2006–2008, cancer and heart disease remained the leading causes of death in Riverside County, at 22.8% and 21.9%, respectively.

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 service, 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 Kaiser Permanente's HEAL (Healthy Eating, Active Living) initiative.
4. Provide in-kind support (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 Alvard and Riverside unified school district; City of Riverside Parks, Recreation and Community Services Department; Desert Recreation District; The Foundation for Community and Family Health; Eddie Dee Smith Senior Center; El Sol Neighborhood Educational Center; Family Service Association; Community Settlement Association; Inland Counties Health Systems Agency/Inland Agency; Stroke Recovery Center; Student-Run Health Clinic; Palm Springs Cultural Center; and The Healthy Heritage Movement.

## 2011 YEAR-END RESULTS

- A \$20,000 grant was awarded to El Sol Neighborhood Educational Center to launch the Promotores de Salud program to increase awareness, knowledge, and behavioral intent related to obesity prevention and nutrition education. The program focuses on reaching 1,500 non-English-speaking individuals living in the underserved and resource-poor communities of eastern Coachella Valley by training 20 bilingual promotores.
- The Palm Springs Cultural Center received a \$20,000 grant to bring nutritious, affordable, and locally grown produce to residents of eastern Coachella Valley. In partnership with The California Endowment's Building Healthy Communities, City of Coachella, HEAL Net, and Kaiser Permanente, a weekly certified farmers' market began October 15, 2011. The market provides residents additional purchasing power by doubling the value of WIC and Cal Fresh vouchers.
- The Foundation for Community and Family Health was awarded a grant for \$17,310 for the Childhood Obesity Health Optimization program to outreach to low-income children and families in Western Riverside communities. The program includes nutrition and healthy food choice education; offers access to three community gardens for planting, harvesting, and consuming fresh fruits and vegetables; and provides opportunities to safely participate in regular physical activity.
- A \$5,000 grant was awarded to Student Run Health Clinic to provide a diabetes management program. The weekly clinic focuses on identifying 100 homeless individuals diagnosed or at risk for developing diabetes mellitus, and provides care to self-manage the chronic condition, despite the challenges that come from living on the streets. Regular visits and lab work includes nutrition education, self-monitoring instructions and supplies, medications, and ongoing support to keep patients engaged in their health.
- KFH-Riverside continued its partnership with Riverside Unified School District by providing a childhood obesity prevention program, KP Steps to Health, which was developed in 2004 by SCPMG pediatricians and KFH-Riverside's Health Education and Prevention Department. In 2011, approximately 106 5th graders were taught the importance of increasing physical activity, reducing time in front of a TV or computer screen, increasing their consumption of fruits and vegetables, and reducing their intake of high-calorie beverages such as sodas and fruit drinks. Students participated in an eight-week program with the support of KFH-Riverside. The district maintains an impressive salad bar program and at the end of 2011 began the Salad Bar First program, which allows children to choose healthy options first. This program continues to entice students to eat a rainbow of fruits and vegetables for lunch every day and teaches them to make healthy choices when presented with many options.

- On September 24, 2011, in the City of Corona, Kaiser Permanente Riverside participated in numerous community events that promoted health, fitness, and breast cancer awareness including the Corona Chamber of Commerce's Health Expo; The Foundation for Community and Family Health's *Our Local Fight Against Breast Cancer*; and the 100 Mile Club's *Nickelodeon World Day of Play*. KFH-Riverside representatives from administration, pediatrics, pharmacy, and public affairs provided interactive exhibits and demonstrations that attracted hundreds of participants.
- In 2011, Kaiser Permanente Southern California Region's Operation Splash initiative provided grants to support swimming lessons and water safety in underserved areas. Since Operation Splash started in 2006, regional grants have provided 58,187 swim lessons to participants and 3,143 junior lifeguards. In 2011, the City of Riverside received \$55,000 and used some of its grant dollars to launch a sugar-free beverage campaign called "Rethink Your Drink." The Riverside and Coachella Valley programs in the KFH-Riverside area provided 2,200 swim day passes, taught 2,165 persons how to swim, and trained youth in a Junior Lifeguard Program.

## 2012 GOALS UPDATE

In 2012, KFH-Riverside 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, KFH-Riverside will continue to be a collaborative 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-Riverside'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 and social services providers for at-risk adults, youth, homeless, and uninsured elderly.

### **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 distribution of high-quality foods.
3. Build capacity of local organizations that provide programs for substance abuse, child abuse prevention, domestic violence, and 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 Olive Crest, Gilda's Club of the Desert, Operation Safe House, FIND Food Bank, Community Connection, Habitat for Humanity Riverside, The Community Foundation (serving San Bernardino and Riverside counties), Desert AIDS Project, Foothill AIDS Project, Planned Parenthood of the Pacific Southwest, Second Harvest Food Bank serving Riverside and San Bernardino counties, and Safe Alternatives for Everyone.

## 2011 YEAR-END RESULTS

- Gilda's Club of the Desert received a \$10,000 grant to reach more than 1,500 members in an effort to improve the physical and psychosocial health of cancer survivors through structured support groups, workshops, and recreational activities to enhance quality of life. The program provides services in English and Spanish throughout Coachella Valley.
- A \$20,000 grant was awarded to Operation Safe House for the Riverside County Anti-Human Trafficking Task Force. The multidisciplinary member task force ensures that comprehensive case management, legal, and medical services are provided to victims of human trafficking and sexual exploitation. A comprehensive awareness campaign educates the community, service providers, legal and law enforcement to prevent future victims.
- Safe Alternatives for Everyone in Temecula received a \$25,000 grant to provide emergency services to 250 victims of domestic violence and their families. The Parent Project is a 12-week interactive course that is designed for families who are suffering from violence within the home. The project also provides violence prevention intervention to youth.
- Employees from KFH-Riverside 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. KFH-Riverside employees also volunteered on two dates at Second Harvest Food Bank serving Riverside and San Bernardino counties. Several community service projects were coordinated by the Employee Activities Committee. Opportunities are scheduled year-round, and a very popular activity is working with Riverside's Habitat for Humanity, Project Updating. Volunteers painted, repaired, and cleaned six mobile homes for seniors. The program is designed to reduce homelessness by preventing the eviction of the elderly, disabled, and veterans from their homes at mobile home parks in the low-income areas of Riverside County. Employees also answered the call to fill 150 backpacks with essential back-to-school supplies for distribution to needy children in both the Riverside and Moreno Valley unified school districts. More than 298 employees and their families participated in the American Heart Association's Heart Walk, raising more than \$16,813 for education and research. In partnership with Make-A-Wish Foundation, employees donated gifts in support of 120 children. They also granted 72 wishes for 24 teens residing at Olive Crest Residential Ranch for foster youth. Several seniors received holiday gifts distributed to assisted living and rest homes throughout Riverside County. Western Riverside Animal Shelter received several donated blankets, towels, and toys for use in the pet adoption program. Employees participated in Desert AIDS Project's AIDS Walk and Susan G. Komen Race for the Cure®.

## 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-Riverside'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.

**Table 1**

## **KAISER FOUNDATION HOSPITAL-RIVERSIDE**

### **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	6,303
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	126
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,136
Medi-Cal managed care members	3,965
Healthy Families Program members	9,994
Community Surgery Day patients	13
Health Research projects (new, continuing, and completed)	14
Nursing Research projects (new, continuing, and completed)	4
Educational Theatre – number of performances and workshops	77
Educational Theatre – number of attendees (students and adults)	9,493
Graduate Medical Education – number of programs	2
Graduate Medical Education – number of affiliated and independent residents	17
Nurse practitioner and other nursing training and education beneficiaries	11
Deloras Jones nursing scholarship recipients	3
Other health professional training and education (non-MD) beneficiaries	14
Hippocrates Circle students	52
Summer Youth and INROADS programs participants	25
Number of 2011 grants and donations made at the local and regional levels <sup>1</sup>	76

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

Table 2

## KAISER FOUNDATION HOSPITAL-RIVERSIDE

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$3,237,146
Healthy Families <sup>2</sup>	3,294,220
Charity care: Charitable Health Coverage Programs <sup>3</sup>	791,656
Charity care: Medical Financial Assistance Program <sup>4</sup>	6,432,190
Grants and donations for medical services <sup>5</sup>	869,769
<b>Subtotal</b>	<b>\$14,624,981</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>6</sup>	\$ 0
Educational Outreach Program	0
Summer Youth and INROADS programs <sup>7</sup>	87,143
Grants and donations for community-based programs <sup>8</sup>	410,657
Community Benefit administration and operations <sup>9</sup>	653,782
<b>Subtotal</b>	<b>\$1,151,582</b>
<b>Benefits for the Broader Community<sup>10</sup></b>	
Community health education and promotion programs	\$67,382
Educational Theatre Programs	288,908
Facility, supplies, and equipment (in-kind donations) <sup>11</sup>	114,059
Community Giving Campaign administrative expenses	6,574
Grants and donations for the broader community <sup>12</sup>	117,861
National board of directors fund	21,052
<b>Subtotal</b>	<b>\$615,836</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$1,232,438
Non-MD provider education and training programs <sup>13</sup>	737,969
Grants and donations for the education of health care professionals <sup>14</sup>	90,700
Health research	1,320,232
Continuing Medical Education	189
Grants and donations for evidence-based medicine <sup>15</sup>	0
<b>Subtotal</b>	<b>\$3,381,528</b>
<b>Total Community Benefits Provided</b>	<b>\$19,773,921</b>

## ENDNOTES

- <sup>1</sup> Amount includes cost-based unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- <sup>2</sup> Amount includes cost-based unreimbursed inpatient expenditures for Healthy Families members.
- <sup>3</sup> Amount includes cost-based unreimbursed inpatient expenditures for Steps Plan members and the Kaiser Permanente Child Health subsidy.
- <sup>4</sup> Amount includes cost-based unreimbursed care provided at this facility to patients who qualify for Charity Care: Medical Financial Assistance Program.
- <sup>5</sup> 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.
- <sup>6</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- <sup>7</sup> 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.
- <sup>8</sup> 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.
- <sup>9</sup> The amount reflects the costs related to providing a dedicated Community Benefit department and related operational expenses.
- <sup>10</sup> 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.
- <sup>11</sup> 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.
- <sup>12</sup> 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.
- <sup>13</sup> Amount reflects the net expenditures after tuition reimbursement for health care professional education and training programs.
- <sup>14</sup> 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.
- <sup>15</sup> 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.