

2019 Implementation Strategy Report

Kaiser Foundation Hospital: Moreno Valley

License number: #550000810

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

March 18, 2020



Kaiser Permanente Southern California Region Community Health Implementation Strategy Report for KFH-Moreno Valley

Contents

I. General information

| Contact Person: | Cecilia Arias, Community Benefit Health Manager |
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| Date of written plan: | December 16, 2019 |
| Date written plan was adopted by authorized governing body: | March 18, 2020 |
| Date written plan was required to be adopted: | May 15, 2020 |
| Authorized governing body that adopted the written plan: | Kaiser Foundation Hospitals Board of Directors' Community Health Committee |
| Was the written plan adopted by the authorized governing body on or before the 15 th day of the fifth month after the end of the taxable year the CHNA was completed? | Yes ⊠ No □ |
| Date facility's prior written plan was adopted by organization's governing body: | March 16, 2017 |
| Name and EIN of hospital organization operating hospital facility: | Kaiser Foundation Hospitals, 94-1105628 |
| Address of hospital organization: | One Kaiser Plaza, Oakland, CA 94612 |

II. 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 healthcare. 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 eight 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.

III. 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 grant making 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.

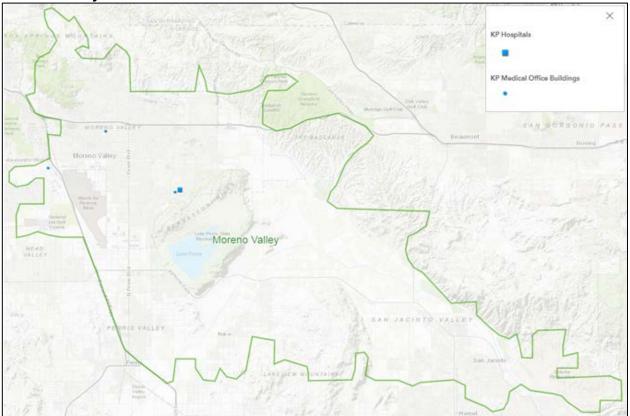
For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources.

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.

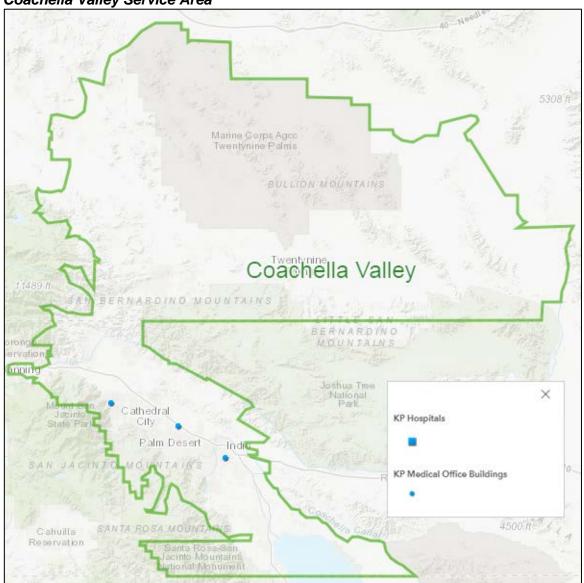
IV. Kaiser Foundation Hospitals – Moreno Valley

A. Map of facility service areas

Moreno Valley Service Area



Coachella Valley Service Area



B. Geographic description of the community served (towns, counties, and/or zip codes)

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 High-Desert region of San Bernardino County, which encompasses the following cities and unincorporated areas: Joshua Tree, Landers, Morongo Valley, Twentynine Palms, and Yucca Valley.

C. Demographic profile of community served

The following tables includes race, ethnicity, and additional socioeconomic data for the KFH-Moreno Valley and Coachella Valley service areas. 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 | 19.48% |
| | | Poverty Level) | |
| 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 | 20.96% |
| | | Poverty Level) | |
| 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% | | |

¹ American Community Survey (2012-2016)

² Ibid.

V. Purpose of Implementation Strategy

This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes KFH-Moreno Valley's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH-Moreno Valley's 2019 CHNA process and for a copy of the report please visit www.kp.org/chna.

List of Community Health Needs Identified in 2019 CHNA Report

Below is the list of health needs identified for the KFH-Moreno Valley service area through the 2019 Community Health Needs Assessment process:

- 1. Access to Care
- 2. Asthma
- 3. Cancer
- 4. Economic Opportunity
- 5. HIV/AIDS
- 6. Behavioral Health (Mental Health and Substance Abuse)
- 7. Obesity/Healthy Eating Active Living (HEAL)
- 8. Stroke

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

The Implementation Strategy Report for KFH-Riverside was developed in concert with the Implementation Strategy Report for KFH-Moreno Valley. The two hospitals share leadership and share a community benefit manager. Between the two hospitals, the service area covers nearly all of Riverside County. Thus, the Implementation Strategies between the two hospitals was developed side-by-side and are very similar.

The following community partners were engaged in the Implementation Strategy plan. These partners represent multiple sub-populations in the community and were able to provide multiple perspectives on developing a strategy to address health needs.

- American Heart Association
- Loma Linda University
- Molina Healthcare
- Planned Parenthood of the Pacific Southwest
- Riverside University Healthy System Public Health
- University of California, Riverside

B. Community engagement strategy

While not required by Federal CHNA regulations, Kaiser Permanente requires all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. Community member and stakeholder engagement in the implementation strategy development process is intended to enable:

- KFH facilities to develop a deeper understanding of community perspective in developing Implementation Strategies, allowing opportunities for increased collaboration, potential impact, and sustainability
- Opportunities to engage community members beyond organizations and leaders with whom facilities may typically collaborate
- Transparency throughout the implementation strategy development process
- Opportunities to inform community leaders about Kaiser Permanente's unique structure and resources to effectively foster meaningful partnerships.

First, community organizations and residents were engaged to help in narrowing the top health needs from eight health needs to four. Specifically, HARC sent out at email poll to their contact list to ask the community which of the eight health needs they believed were the most pressing in Riverside County. A total of 69 individuals responded to the poll. Of the eight possible answers, only four were selected by participants: access to care, behavioral health (mental health and substance abuse), economic opportunity, and obesity.

Next, the leadership of KP-Moreno Valley used community input to help them in the process of narrowing the top health needs from eight to four. In fact, the same four health needs that the community selected were ultimately selected as the top four to be addressed by KP-Moreno Valley.

| | Method of Data | | Number of | |
|----|---------------------------------------|--|-----------|--|
| | Collection | Job Title | People | Notes on Input |
| KP | Stakeholders | | | |
| 1 | • | KP Leadership – Chief Operating Officer Corey Seale, Senior Vice President Vita Willett, and Pediatrician Dr. Rhoda Blum | 3 | Supported prioritizing upstream predictors of health |
| Co | Community Organizations and Residents | | | |

| | Method of Data | | Number of | |
|---|----------------|-----------------------|-----------|-----------------------|
| | Collection | Job Title | People | Notes on Input |
| 2 | Survey | CBOs including | 69 | Provided input on the |
| | | American Heart | | top health needs |
| | | Association, Borrego | | requiring |
| | | Health, Desert AIDS | | |
| | | Project, Desert Oasis | | |
| | | Healthcare, Joslyn | | |
| | | Senior Center, NAMI | | |
| | | Coachella Valley, | | |
| | | RUHS – Public | | |
| | | Health, etc. | | |

C. Consultant(s) used

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 13 years and has also helped organizations to prepare implementation strategies. 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, queer, intersex, and asexual health needs.

VII. Health needs that KFH-Moreno Valley plans to address

A. Process and criteria used

Before beginning the Implementation Strategy health need prioritization process, KFH-Moreno Valley chose a set of criteria to use in selecting the list of health needs. Some of the main criteria used include the severity of the health need, the magnitude/scale of the need, the extent to which disparities in the need exist across race or place, and the extent which Kaiser Permanente is positioned to meaningfully contribute to addressing the need (e.g. relevant expertise, existing commitments to meet community health needs, unique business assets, etc.). We also heavily considered the extent that there is an opportunity for KFH-Moreno Valley to intervene at the prevention level. Lastly, community voice was heavily weighed, and we prioritized issues that were also prioritized by the community. Definitions for criteria used in the health need selection process are presented below:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- Magnitude/scale of the need: The magnitude refers to the number of people affected by the health need.

- Clear disparities or inequities: This refers to 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.
- Leveraging KP assets: KP can make a meaningful contribution to addressing the need because of its relevant expertise, existing strategies, and/or unique business assets as an integrated health system and because of an organizational commitment to improving community health.
- Opportunity to intervene at the prevention level: This indicates that the issue is an upstream predictor of health. Intervening at the prevention level means that optimal health can be promoted and illnesses can be prevented.
- Community prioritizes the issue over other issues: Issues is deemed as a priority area by the broader community.

- B. Health needs that KFH-Moreno Valley plans to address
 - 1. Access to Care: Access to adequate health care and mental health care are persistent issues in the service area. Roughly 18% of people are uninsured in Moreno Valley, as are 14% in the Coachella Valley. The uninsured rate is much higher for these regions than the state of California as a whole which is 12%. 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 serving the community in this region-- a rather low number of organizations. There are more in the Coachella Valley, however the region is so large that it is still often difficult to access resources.

Access to care was selected as a priority area because it was deemed critical by the community, which was demonstrated in a survey we conducted asking the community to let us know which issues they deem most important. Additionally, access to care was selected because KFH-Moreno Valley finds health insurance coverage to be essential to improving the health of our community.

2. Behavioral Health (Mental Health and Substance Abuse): Mental health has recently been targeted as a high priority area by the local community, as well as much of the nation. Data shows that residents in the KFH-Moreno 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, the worst performing racial or ethnic subgroup for prevalence of poor mental health days fares 65% worse than average in Moreno Valley and 66% worse than average in the Coachella Valley service area.

Behavioral health was selected largely due to growing community concern about the issue of mental health. Community members are concerned about minimizing the negative consequences of poor mental health such as suicide and interpersonal violence. At the same time, fewer poor mental health days ultimately equates to a greater number of good mental health days—which is at the heart of individuals flourishing.

3. **Economic Opportunity:** Economic opportunities—such as education, jobs, affordable housing, and other opportunities to reduce poverty—are an upstream predictor of good health. Proper education, income, and access to gainful employment equate to better healthcare, and better quality of life. The concept of economic opportunity was consistently identified as a priority issue throughout community engagement. Data supports community input: 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 of \$64,500.

Economic opportunity was selected as a priority area because it is a strong predictor of health. Poverty can affect education level, access to healthy foods, health behaviors, and long-term health outcomes. Interventions aimed at improving the predictors of health can results in better long-term outcomes.

4. **Obesity/Diabetes/Stroke:** Obesity has long been a priority in the community. Additionally, obesity is an upstream health issue that leads to deadly health ailments such as heart disease

and diabetes. The obesity prevalence rate in the region is exceedingly high—approximately 31% of Moreno Valley residents and 25% of Coachella Valley residents are obese.

Obesity was selected as a priority area for several reasons. Foremost, obesity often leads to other health issues—so minimizing obesity could potentially reduce the prominence of a variety of health problems (e.g., diabetes, heart disease, some cancers, stroke, etc.). In addition, obesity affects a high proportion of the population, obesity has been a priority area for KFH-Moreno Valley for quite some time, and there remains work to be done for our community in this area.

As part of these efforts, KFH-Moreno Valley will also food insecurity. Roughly 9.4% of people living in Riverside County experienced food insecurity at some point during the year. Ensuring that families have regular access to nutritious food is imperative for good long-term health.

VIII. KFH-Moreno Valley's Implementation Strategies

A. About Kaiser Permanente's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH-Moreno Valley has a long history of working internally with Kaiser Foundation Health Plan, the Southern California Permanente Medical Group, and other Kaiser Foundation Hospitals, as well as externally with multiple stakeholders, to identify, develop and implement strategies to address the health needs in the community. These strategies are developed so that they:

- Are available broadly to the public and serve low-income individuals
- Are informed by evidence
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems
- Address federal, state, or local public health priorities
- Leverage or enhance public health department activities
- Advance increased general knowledge through education or research that benefits the public
- Otherwise would *not* become the responsibility of government or another tax-exempt organization

KFH-Moreno Valley is committed to enhancing its understanding about how best to develop and implement effective strategies to address community health needs and recognizes that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders.

As such, KFH-Moreno Valley welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH-Moreno Valley will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as grant making, leveraged assets, collaborations and partnerships, as well as several internal KFH programs. The goals, strategic priorities, strategies (including examples of interventions), and expected outcomes are described below for each selected health need.

B. 2019 Implementation Strategies by selected health need

Health Need #1: Access to Care

| Long Term Goal | All community members have access to high quality health care services from a trained and diverse workforce in a coordinated delivery system. |
|---------------------------------------|---|
| Strategic priorities | Increase coverage, access, and utilization of health care services for populations that are underserved, uninsured, and/or underinsured. Improve and build the current and emerging workforce to meet the primary care needs of the community. Improve the capacity of healthcare systems to provide quality healthcare, including interventions to address the social determinants of health. |
| Strategies & Core Interventions | 1.1 Provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage. The Kaiser Permanente Medicaid program provides high-quality medical care services to Medicaid eligible participants who would otherwise struggle to access care. The Kaiser Permanente Medical Financial Assistance program provides temporary financial assistance to low-income individuals who receive care at Kaiser Permanente facilities and who can't afford medical expenses and/or cost sharing. The Kaiser Permanente Charitable Health Coverage program provides access to comprehensive health care to low-income individuals and families who do not have access to public or private health coverage. 1.2 Support access to care for patients through collaboration among community clinics, clinic networks, and other safety net providers. With support of local grant funding, strengthen the capacity of California's community clinics and health centers and to advance local health delivery |
| | system transformation at the county level. 2.1 Support and implement physician and other pipeline and training programs, using evidence-based, culturally competent and patient-centered population management modules. With support of local grant funding, develop and expand pipeline and training programs to increase workforce diversity and inclusion in the healthcare sector. 3.1 Design, pilot and implement systems for screening community members with social (non-medical) needs and refer to community-based programs. KFH-Moreno Valley will implement the Kaiser Permanente Thrive Local initiative that integrates the social determinants of health into ongoing care plans by screening and connecting low-income individuals and families to community and government resources. |

- 3.2 Strengthen the capacity and infrastructure of community clinics to effectively prevent and manage chronic disease, including cardiovascular health and diabetes.
 - KFH-Moreno Valley, through local grant funding and collaboration, will support community clinics, public hospitals and health systems to reduce cardiovascular disease by implementing innovative population health management practices.
 - KFH- Moreno Valley will participate in collaborative efforts that improve the integration of primary clinical care with oral health, vision and other health services.

Expected outcomes

- Sustained and/or enhanced availability of services and financial resources to support coverage and access to quality healthcare for uninsured and underinsured community members.
- Sustained and/or enhanced training and residency programs in primary healthcare.
- Improved referral and coordination between healthcare and community-based providers to address the social needs of communities.
- Improved healthcare provider capacity to screen their members and patients for non-medical social needs.
- Improved healthcare provider capacity to implement evidence-based protocols to screen and treat patients at risk for CVD.

Health Need #2: Behavioral Health (Mental Health and Substance Abuse)

All community members have optimal levels of mental health and well-being through improved equitable access to evidence-based, high quality, appropriate care and reduced effects of stigma. Strategic priorities 1. Improve access and connection to mental health care in clinical and community settings. 2. Improve and build the current and emerging mental health workforce to meet community needs. 3. Reduce mental health stigma and improve knowledge, capacity, and resilience in individuals, communities, and organizations.

Strategies & Core Interventions

- 1.1 Support the infrastructure and capacity building of community organizations and clinics to improve access to quality mental health care.
 - With the support of grant funding, Children Now Improving California Students'
 Readiness to Learn will map the current state and district school-based health
 policy efforts and develop a list of policy options to improve school-based
 mental health services. At least 200 partner organizations will receive
 resources and technical assistance on best policies/ practices related to school
 discipline, teacher credentialing, mental health, school attendance, and Local
 Control Funding Formula.
- 1.2 With support of grant-funding, support the integration of mental health care, case management, and navigation services into clinical care and community settings.
 - Support capacity building of community organizations and clinics to improve access to quality mental health care.
 - Integrate mental health care, case management, and navigation services into clinical care and community settings (e.g., schools, faith-based, and other organizations.)
 - Improve screening and early detection of mental health and substance use, using evidenced-based tools in clinical care and other community settings.
 - Partner with local community-based organizations to improve access to high quality substance abuse treatment, including medication-assisted treatments to decrease the burden of addiction and promote resiliency and recovery.
- 2.1 Support the education and training of licensed mental health professionals to be culturally competent.
 - With the support of grant funding, the Family Service Association seeks to improve and build the current mental health workforce by training clinicians in Parent Child Interaction Therapy (PCIT), an evidence-based treatment for childhood behavioral issues. The program will also train all direct service staff in Adverse Childhood Experiences, Trauma Informed Practices, and will fully implement Adverse Childhood Experience (ACEs) screening with participants across all clinical programs.
- 2.2 Support the utilization of pipeline and training programs to increase the number of licensed and diverse mental health professionals.
 - With the support of grant funding, the Jewish Family Service of the Desert expands access to mental health counseling to children and families in the Coachella Valley, a designated medically underserved area.
 - With the support of grant funding, the Coachella Valley Mental Health Access and Workforce Development Project develops a pipeline of future mental health by exposing high school students to mental health careers and provide supervision to counselor trainees.
- 3.1 Support efforts to improve individual, the community, organizations, and social support system's knowledge, attitudes, beliefs and perceptions about mental health, trauma and resilience.

- The Kaiser Permanente Public Good Projects' Action Minded campaign is a digital community health intervention using education, social engagement and multi-media tools to engage the general public, issue-advocates and community partners in reducing stigma towards mental health conditions.
- 3.2 Support the enhancement of organizational culture, practices and policies in schools and other institutions to be trauma-informed.
 - The Thriving Schools Resilience in School Environments (RISE) initiative builds students and staff resilience to address trauma and adverse childhood experiences.

Expected outcomes

- Enhanced capacity in clinical and community-based settings to address community mental health needs.
- Improved use of screening tools in clinical care and other community settings to identify mental health issues and connect individuals to appropriate resources.
- Increased number and diversity of individuals in the mental health workforce.
- Increased number of culturally competent individuals in the mental health workforce.
- Improved understanding of and attitudes toward mental health care among individuals and organizations.

Health Need #3: Economic Opportunity

| Long Term Goal | All community members experience improved economic security and access to social services, including affordable housing, educational attainment, training and employment. |
|---------------------------------------|--|
| Strategic priorities | Preserve and improve the availability of affordable housing and improve care coordination to serve individuals experiencing homelessness and to prevent displacement. Improve educational attainment and employment opportunities. |
| Strategies & Core Interventions | 1.1 Enhance the infrastructure and capacity of service providers to serve individuals at risk or experiencing homelessness. Expand and protect the supply of affordable housing in communities at-risk of becoming unaffordable, such as rent control, relocation benefits, rental assistance, and anti-displacement policies. KFH-Moreno Valley will leverage assets to improve quality of affordable housing, such as safety inspections and remediation for creating habitable living conditions. Participate in collaboratives that bring service providers and government programs to improve coordinated entry systems. |

- 1.2 Support and participate in collaboratives that support coordination and funding of resources (such as health services and housing) for individuals at risk or experiencing homelessness.
 - Participate in the collaborative that supports the Community Solutions Built for Zero (BFZ) initiative uses data-driven and technology enabled solutions to help city/county leaders, service providers, health care agencies, developers and other community leaders to focus their efforts on multiple pathways needed to end homelessness.
 - Through the collaborative of the Community Solutions BFZ initiative, the team will develop the county's Coordinated Entry System (CES) that connects homeless individuals to services.
- 2.1 Support the long-term economic vitality of communities through procurement, hiring and workforce development, and/or small business development impact investing.
 - Provide educational attainment and pathway programs for youth focused on increasing high school graduation rates, college readiness, preparation for careers in Science, Technology, Engineering, and Mathematics (STEM), or health care workforce training.
 - The Kaiser Permanente Inner City Capital Connections (ICCC) provides training, education and mentorship to small businesses helping to grow revenue, increase jobs, and improve their capacity and access to new sources of capital.
 - KFH-Moreno Valley will seek additional partnership opportunities for High Impact Hiring which is a talent-sourcing strategy that aligns business needs with positive community impact. High Impact Hiring creates career opportunities for people with employment barriers, focusing on specific populations of disadvantaged people or specific geographic areas.

Expected outcomes

- Enhanced availability of housing assistance and programs, such as eviction prevention and defense, rental assistance programs, and other supportive services.
- Improved coordination of housing resources and services for individuals experiencing and/or at risk of homelessness.
- Improved employment opportunities for hard to hire community members.
- Improved access to training and workforce development opportunities underserved community members.

Health Need #4: Obesity/Diabetes/Stroke

| Long Term Goal | All Community Members eat healthy and move more as part of daily life. |
|-------------------|--|
| Strategic | 1.Reduce food insecurity and improve access to healthy foods. |

priorities 2. Improve environments and opportunities that enable daily physical activity. Strategies & 1.1 Design, pilot and implement programs and systems for promoting, screening and/or enrolling community members in food benefit programs. Core The Kaiser Permanente Food for Life initiative delivers a multi-pronged Interventions approach to improve food security, such as CalFresh enrollment campaign which utilizes multi-modal outreach to increase CalFresh enrollment for eligible community members. With support of grant funding, the California Food Policy Advocates increase access to food sources for underserved community members by increasing the number of households and individuals that are enrolled in CalFresh and supporting the acceptance of this benefit among food relators. 1.2 Support programs that procure, recover and/or redistribute food to food insecure communities. The Kaiser Permanente Food Recovery and Food Redistribution program envision foodservices as the source of nutritious meals for patients, staff and the broader community by distributing food to food insecure communities.

- 1.3 Support the capacity of communities and anchor organizations to adopt and implement policies and programs to ensure access to healthy foods.
 - The Kaiser Permanente Thriving Schools Healthy Eating Active Living (HEAL)
 Initiative, in partnership with Alliance for a Healthier Generation, supports Title
 1 schools with the adoption and implementation of policies and practices to
 continuously improve the school's culture and practices around health.

With support of grant funding, the California Association of Food Banks Farm to Family utilizes advocacy and outreach efforts to procure and provide fresh produce to food banks serving individuals and families who are food insecure.

- Develop and sustain small-scale markets for healthy food options in underresourced communities, such as farmers markets, community gardens, and healthy corner store initiatives.
- 2.1 Support the capacity of communities and anchor organizations to adopt and implement policies and programs to ensure access to safe spaces and physical activity opportunities.
 - The Kaiser Permanente Thriving Schools Healthy Eating Active Living (HEAL)
 Initiative, in partnership with Alliance for a Healthier Generation, supports Title
 1 schools with the adoption and implementation of policies and practices to
 continuously improve the school's culture and practices around health.
 - The Kaiser Permanente Operation Splash program enables low income, underserved youth and families to be physically active by providing greater access to community pools through free swim classes.
 - Collaborate with local organizations to improve the built environment for access to active transportation, and physical activity, such as safe pedestrian bicycle routes, bicycle safety, and equitable transportation plans.

Expected outcomes

- Increased number of community members screened for food insecurity and enrolled in food benefit programs.
- Reduced food waste and carbon emissions.
- Improved policies and practices that create healthy school environments for students, staff and their families.

C. Our commitment to Community Health

At Kaiser Permanente, our scale and permanence in communities mean we have the resources and relationships to make a real impact, and wherever possible, our regions and facilities collaborate with each other and with key institutions in our communities, such as schools, health departments, and city/county governments to create greater impact. The CHNA/IS process presents the opportunity to reinforce and scale national and regional strategies to address health needs that impact all of our communities, even if those health needs are not prioritized locally. The following strategies illustrate the types of organizational business practices as well as regional efforts that we implement to address multiple health needs and contribute to overall community health and well-being:

- Reduce our negative environmental impacts and contribute to health at every opportunity. We have optimized the ways in which we manage our buildings; purchase food, medical supplies and equipment; serve our members; consume energy; and process waste. The following strategies illustrate several of our practices that enable us to operate effectively while creating a healthier environment for everyone. Our Environmentally Preferable Purchasing Standard prioritizes the procurement of products with fewer chemicals of concern and less resource intensity, thus encouraging suppliers to increase the availability of healthier products. We are building renewable energy programs into our operations, with plans to be carbon neutral in 2020. We recognize that mitigating the impacts of climate change and pollution is a collective effort, and we are therefore proud to work with like-minded organizations and individuals, including the United Nations, Health Care Without Harm, government entities, as well as other influencers that advocate for environmental stewardship in the healthcare industry and beyond.
- Deploy research expertise to conduct, publish, and disseminate epidemiological and health services research. 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 in diverse populations disproportionately impacted by health disparities. Kaiser Permanente's Department of Research and Evaluation, Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.
- Implement healthy food policies to address obesity/overweight, such as purchasing sustainable, locally produced fruits and vegetables; supporting local restaurants and caterers that meet KP's Healthy Picks and to make more available healthier food options in our communities; and supporting vendors that hire under/unemployed residents (with living wages and benefits) in

the food production/distribution process. We also partner with school districts and city governments to support them in adopting and implementing healthy food procurement policies.

- Contribute toward workforce development, supplier diversity, and affordable housing to address economic security. We support supplier diversity by implementing policies and standards to procure supplies and services from a diverse set of providers; working with vendors to support sub-contracting with diverse suppliers; partnering with community-based workforce development programs to support a pipeline for diverse suppliers; and building the capacity of local small businesses through training on business fundamentals. We also seek to reduce homelessness and increase the supply of affordable housing by strengthening systems to end homelessness and shaping policies to preserve and stimulate the supply of affordable housing.
- Support community members directly through ongoing engagement and direct services.
 The Kaiser Permanente Educational Theater (KPET) uses live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being around topics such as: reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. KPET is provided free of charge to schools and the general community.
- Support cities to adopt and implement evidence-based policies that advance health
 prosperity and equity. The CityHealth initiative works with cities to enhance their capacity to
 advance policy priorities, such as earned sick leave, universal pre-kindergarten, affordable
 housing/inclusionary zoning, complete streets, alcohol sales control, tobacco 21, smoke-free
 indoor air, food safety and restaurant inspection ratings, and healthy food procurement.

IX. Evaluation plans

Kaiser Permanente has a comprehensive measurement strategy for Community Health. Our vision at Kaiser Permanente is for our communities to be the healthiest in the nation. To that end, we are committed to pursuing a deep and rigorous understanding of the impact of our community health efforts. We monitor the health status of our communities and track the impact of our many initiatives on an ongoing basis. And we use our measurement and evaluation data, and information gathered through our Community Health Needs Assessments, to improve the effectiveness of our work and demonstrate our impact. The Community Health Needs Assessments 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.

In addition, KFH Moreno Valley will monitor and evaluate the strategies listed above 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 metrics specific to KFH leveraged assets. In addition, KFH Moreno Valley tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs KFH-Moreno Valley does not intend to address

While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KFH-Moreno Valley to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-Moreno Valley is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). Health needs that were not elevated across these critical criteria were not selected for the implementation strategy plan. Health needs not selected include: asthma, cancer, and HIV/AIDS.

Asthma was not selected as an area to address largely because the severity of the issue is not exceedingly alarming at this time—currently asthma results in a 13.3% reduction in length of life per year, which is lower than some of the other top health issues.

Cancer was not selected due to low prevalence (3.9%) in Moreno Valley and (2.9%) in the Coachella Valley. In addition, there are currently community resources available to address the issue of cancer.

HIV/AIDS was not selected because of low prevalence, affecting roughly 0.3% of the population in Moreno Valley and 0.2% of the population in the Coachella Valley. Lastly, there are other community organizations working to address HIV/AIDS.