

2022 Community Health Needs Assessment



Kaiser Permanente Riverside Medical Center

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

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Kaiser Permanente Riverside Medical Center 2022 Community Health Needs Assessment

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Kaiser Permanente Riverside Medical Center 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Riverside Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Riverside Medical Center identified the following significant health needs, in priority order:

1. Housing
2. Income & employment
3. Access to care
4. Mental & behavioral health
5. Structural racism

To address those needs, Kaiser Permanente Riverside Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

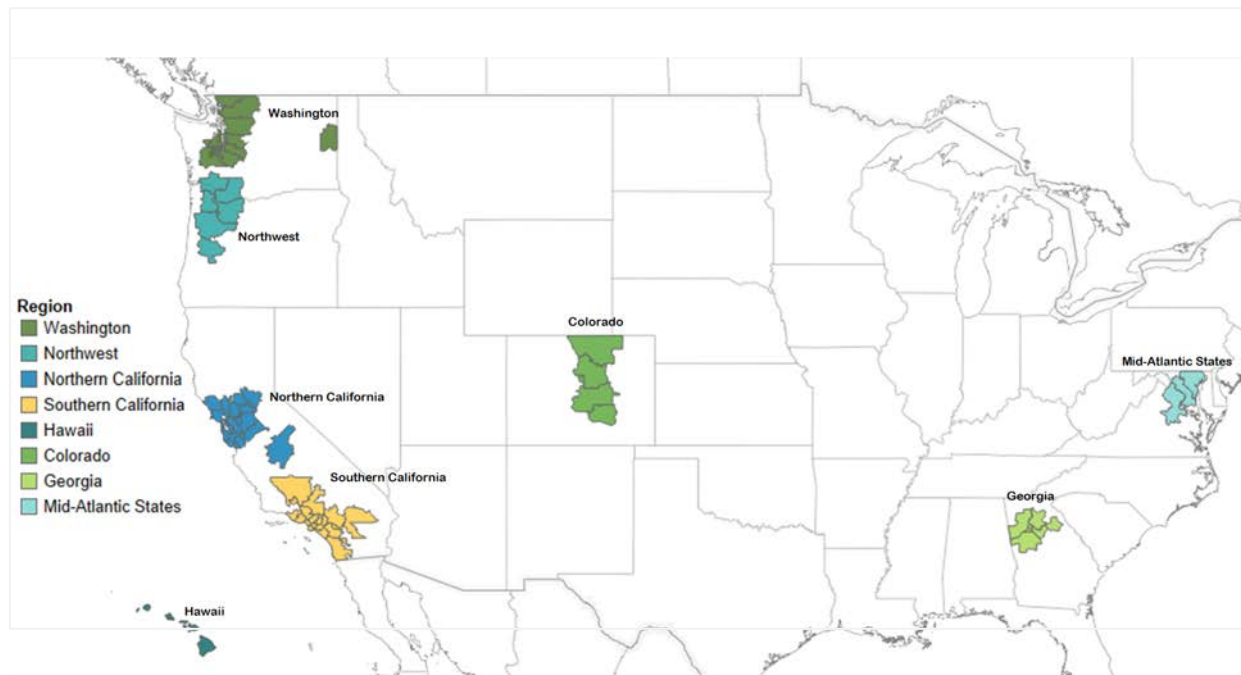
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group 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.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and well-being of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals, and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

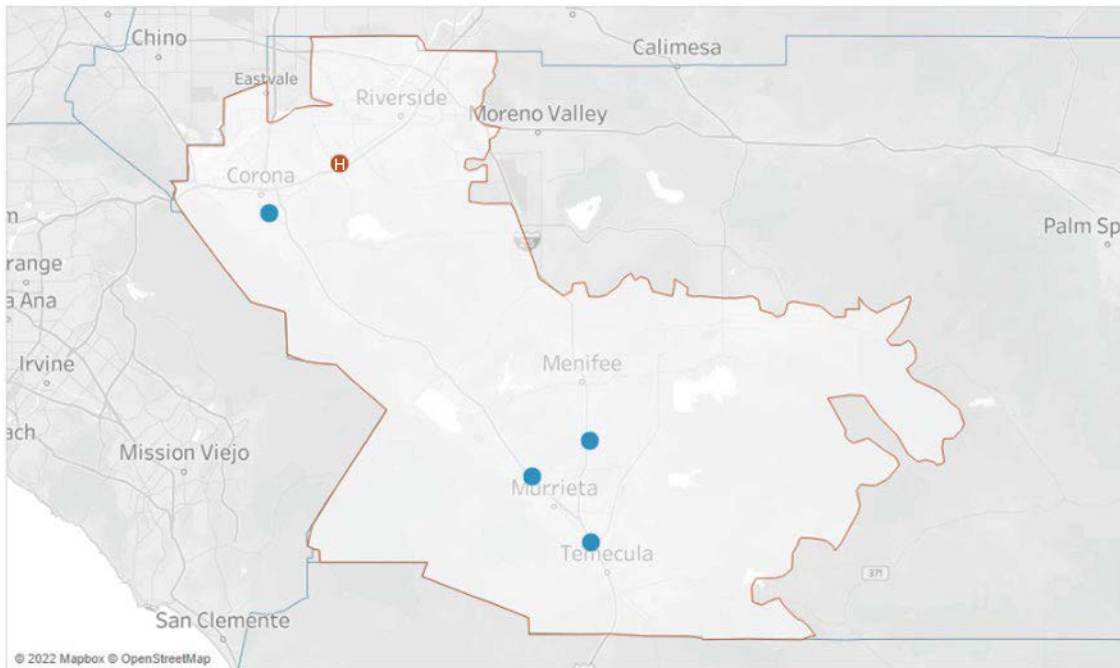
The Kaiser Permanente Riverside Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

Riverside service area

- 🏥 Kaiser Permanente hospital
- Kaiser Permanente medical offices



Riverside service area demographic profile

Total population:	1,485,220
American Indian/Alaska Native	0.4%
Asian	8.1%
Black	5.6%
Hispanic	46.9%
Multiracial	2.9%
Native Hawaiian/other Pacific Islander	0.3%
Other race/ethnicity	0.2%
White	35.5%
Under age 18	26.5%
Age 65 and over	12.0%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

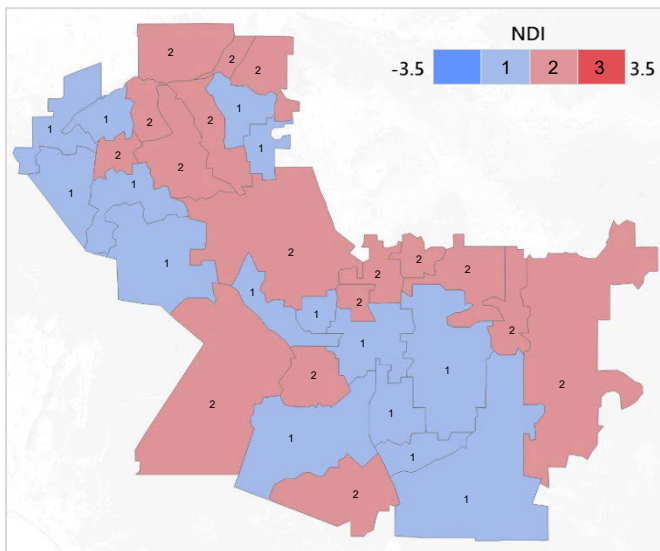
Neighborhood disparities in the Riverside service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

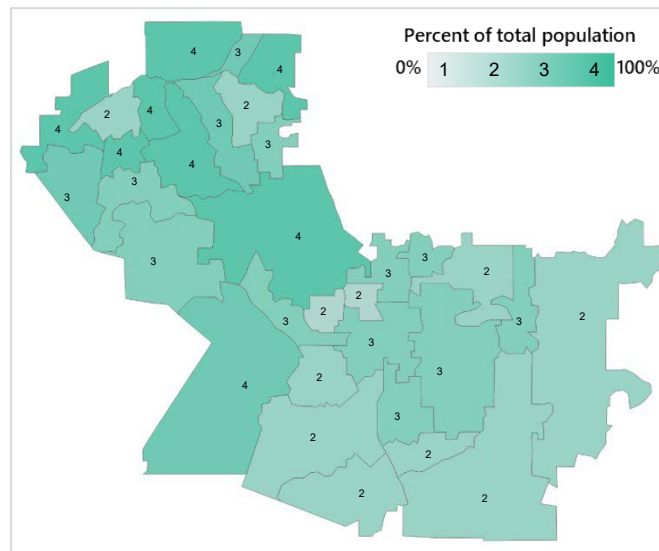
The map on the left shows the NDI for ZIP codes in the Riverside service area. Areas with the highest NDI often are those with the highest proportion of people of color shown in the map on the right.

RIVERSIDE SERVICE AREA

Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

Other organizations

Community Health Association Inland Southern Region, Feeding America of Riverside and San Bernardino Counties, The Greater Riverside Chamber of Commerce, Riverside Community Health Foundation, Riverside County Department of Public Social Services, Riverside County Workforce Development, Riverside University Health System—Public Health, UC Riverside School of Medicine

Consultants who were involved in completing the CHNA

The nonprofit research organization HARC, Inc., (Health Assessment and Research for Communities) was closely involved in completing the CHNA. HARC's expertise lies in the social predictors of health, that is, how where you live, work, learn, and play impacts your well-being and quality of life. HARC has extensive community connections and has been conducting community health needs assessments in Riverside County for more than 12 years, including for the Betty Ford Center, Eisenhower Health, and Kaiser Permanente for past CHNAs.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Riverside Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service area's most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente Riverside Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente Riverside Medical Center staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Riverside Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community's health needs

Process for identifying community needs in the Riverside service area

Before beginning the prioritization process, Kaiser Permanente Riverside Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Riverside Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the five significant health needs.

Description of prioritized significant health needs in the Riverside service area

- 1. Housing:** Housing is a major challenge for the service area. For well over a decade, there has been a chronic shortage of housing (especially affordable housing). This results in high rates of rent and mortgage-burdened households and overcrowded housing. Residents face rents that are 38 percent higher than the national average, and more than 17 percent of people experience a severe housing burden. On average, households in the service area spend more than 20 percent of their income on their mortgage, which is higher than the national average. There is a growing proportion of the population that is experiencing homelessness. Key informants noted that this was exacerbated by the pandemic.
- 2. Income & employment:** The Riverside service area is reliant on the service, logistics, and tourism industries, which mainly have low-paying jobs and are vulnerable to economic downturns. Many ZIP codes that have a higher proportion of people of color also have median household incomes worse than the national average. In addition, the cost of living for the service area, compared to the nation, is high, resulting in economic hardship for many individuals and families. As a result, there are many adults and children (14 percent) living in poverty.
- 3. Access to care:** The service area has high rates of both adult and child uninsured (8 percent of adults and 4 percent of children) resulting in diseases going undiagnosed or untreated. Patients who are uninsured must often rely on a patchwork of free or low-cost resources, such as federally qualified health centers, providers across the border in Mexico, or free clinic events. Such sporadic patterns of accessing care create problems in coordinating a patient's care. The service area also has long struggled to recruit and retain enough health care providers, making it more difficult to find a physician even when health insurance is available.
- 4. Mental & behavioral health:** The service area has both a high need for mental health care and a low capacity to meet this need. The rates for deaths of despair (deaths by suicide, drug overdose, and unhealthy alcohol use), for example, are high. Community leaders acknowledged an increase in the prevalence of substance abuse, suggesting the pandemic has only worsened this area of concern. There is a shortage of providers and resources available for those who need the help. Fewer providers available to meet demand creates an access issue for those struggling with mental health. That said, mental health care is only available to those community members who have the access, time, and awareness of resources and who are receptive to receiving care.
- 5. Structural racism:** The service area consists of a "majority minority" population, and a plurality of the population is Latino/a. Socio-economic mobility for residents from some racial and ethnic groups remains a challenge, as some historically underrepresented communities (largely corresponding to both racialized and economically exploited populations) have fewer opportunities and poorer infrastructure than communities that are predominately white, non-Latino/a, and wealthy. In the Riverside service area, many health needs measures are worse in primarily Latino/a and communities of color than in more white, non-Latino/a communities. For example, the pattern of disproportionate health needs is found in many measures, such as housing and income and employment.

Health need profiles

Detailed descriptions of the significant health needs in the Riverside service area follow.

Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Secure housing is a critical foundation for individuals to thrive. In California, the cost of housing is generally much higher than that for the nation as a whole, and this holds true in the Riverside service area. Residents face rents that are 38 percent higher than the national average, and more than 17 percent of people experience a severe housing burden. On average, households in the service area spend more than 20 percent of their income on their mortgage, which is higher than the national average. When households put more money towards housing there are less resources available for other necessities. Community partners frequently mentioned the grim state of housing in the service area and the shortage of affordable housing.

Housing directly impacts the other health needs. If you're unhoused, you are obviously having an issue with access to care. Mental health is probably not [the best], and then you also have less access to healthy eating — especially if you live somewhere where it's a rural community.

– Community partner

Because of the economic challenges with housing and the Inland Empire, it sounds like it's going to get worse because people can barely afford housing. The housing unit prices are going up so much more. We're going to be pushed out of housing, and it's a vicious cycle.

– Government leader

Housing shortage

Housing is both very expensive and very limited, resulting in a housing shortage. One consequence of this is overcrowded housing, the service area levels for which are alarming:

- The percent of people living in overcrowded housing is 7 percent locally, much higher than the national average of 3 percent.

The homeownership rate is 66 percent, slightly higher than the national average of 64 percent. Data on homeownership, combined with other data points, suggest that although individuals own homes at a rate comparable with the nation, they nonetheless pay more for their mortgage, experience greater housing cost burden, and sometimes resort to overcrowded housing. In sum, homeownership is attainable, but at what cost?

Homelessness

The most immediate crisis related to housing is the growing unhoused population. The COVID-19 pandemic has only exacerbated this major regional challenge. As community partners made clear, being unhoused impacts all aspects of a person’s health and well-being.

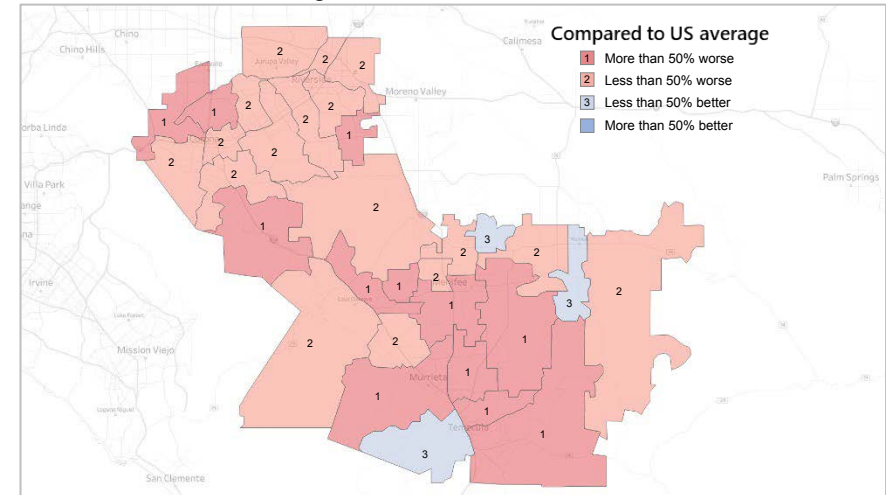
Housing benchmarks

	Service Area	State Average	National Average
Median rental cost	\$1,708	\$1,689	\$1,155
Severe housing cost burden	18%	19%	14%
Moderate housing cost burden	22%	21%	17%
Percent of income for mortgage	22%	31%	17%

Source: [Kaiser Permanente Community Health Data Platform](#)

MEDIAN RENT, RIVERSIDE SERVICE AREA, 2015-2019

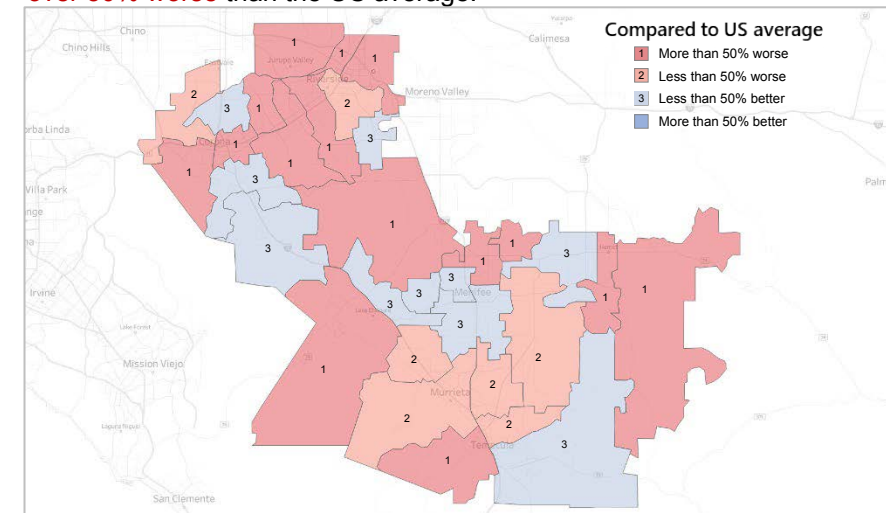
Areas shaded red (1) are ZIP codes where the median rent is over 50% worse than the US average.



Source: [Kaiser Permanente Community Health Data Platform](#)

OVERCROWDED HOUSING, RIVERSIDE SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes where overcrowded housing is over 50% worse than the US average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress, burden of diseases, and less productive years.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Income and employment are a major issue of concern in the area served by Kaiser Permanente Riverside Medical Center. For those who do have jobs, household earnings are generally low – particularly when compared to the state as a whole. As a result of low earnings, there are many adults and children living in poverty.

From the onset of the COVID-19 pandemic to the time of writing, unemployment in the service area has varied wildly. In 2020, the service area’s unemployment rate was 17 percent, higher than the state average of 16 percent. One community partner spoke to this initial economic impact.

Similar to national trends, local unemployment has since greatly improved: 5 percent as of December 2021. However, inflation has been a problem, locally and nationally. The service area also remains vulnerable to future downturns due to its structural economic vulnerabilities (dependence on the tourism and service sectors combined with a high cost of living).

There have been huge shifts in economic security because of the pandemic. Lots of people have lost their jobs.

– Community economic partner

Income and employment benchmarks

	Service Area	State Average	National Average
Children living in poverty	14%	17%	18%
Poverty rate	11%	13%	13%
Median household income	\$80,984	\$82,053	\$70,036
Free and reduced-price lunch	42%	44%	36%

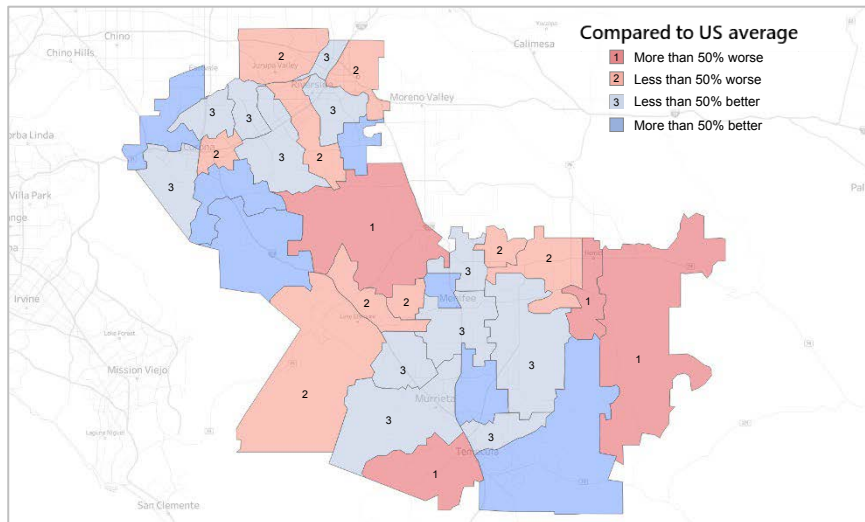
Source: [Kaiser Permanente Community Health Data Platform](#)

What is particularly critical about income is that it is an upstream factor, or a social determinant of health, that impacts many aspects of an individual's life other than their bank account. One community partner emphasized the importance of income in relation to health.

There's a better understanding by the community now that your economic status impacts all of those downstream things like your health outcomes, your behavioral health, just your stability in life.
 – Public health partner

CHILDREN LIVING IN POVERTY, RIVERSIDE SERVICE AREA, 2015-2019

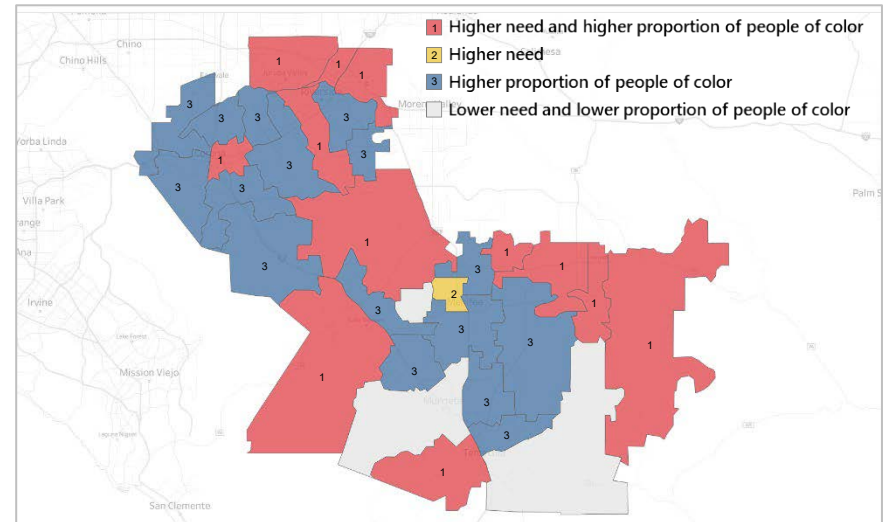
Areas shaded **red (1)** are ZIP codes where the **percent of Children living in poverty is over 50% worse** than the US average.



Source: [Kaiser Permanente Community Health Data Platform](#)

MEDIAN HOUSEHOLD INCOME, RIVERSIDE SERVICE AREA, 2015-2019

Areas shaded **red (1)** are ZIP codes with **population of people of color greater than 50 percent** (Service Area average) and **worse median household incomes** than the National average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Access to care

Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Access to care is a major issue of concern in the area served by Kaiser Permanente Riverside Medical Center. The Riverside service area has uninsured rates equal or higher than those statewide:

- 8 percent of adults are uninsured locally, consistent with the state average.
- 4 percent of children are uninsured locally, slightly higher than the state average of 3 percent.

Patients who are uninsured must often rely on a patchwork of free or low-cost resources, such as federally qualified health centers, providers across the border in Mexico, or free clinic events. Such sporadic patterns of accessing care create problems in coordinating a patient's care, as one key informant emphasized.

What I think happens is that the coordination of care fails, and these families and individuals oftentimes do what I'll just simply call, maybe, a "clinic hop," and so there's not really coordination of care.

– Government leader

For those who do have insurance, finding a doctor can be a challenge because of a chronic shortage of providers, which can result in difficulty finding a specialist, long waits, and delayed care. For example, there are relatively few primary care physicians and dentists in the region:

- There are 43 primary care physicians per 100,000 residents, 47 percent worse than the state average of 80.
- There are 52 dentists per 100,000 residents, 40 percent worse than the state average of 87 dentists per 100,000 residents. Foregoing preventative health and dental care can lead to poor health outcomes such as sustained high blood pressure, delayed cancer detection, and tooth/gum decay. Improving access to medical and dental care can result in overall better health.

Challenges with access to care can lead to worsened health outcomes particularly for children, as the following measures show:

- The rate of preterm births is 9 percent, consistent with the state average.
- The infant death rate is 4 per 100,000, consistent with the state average.

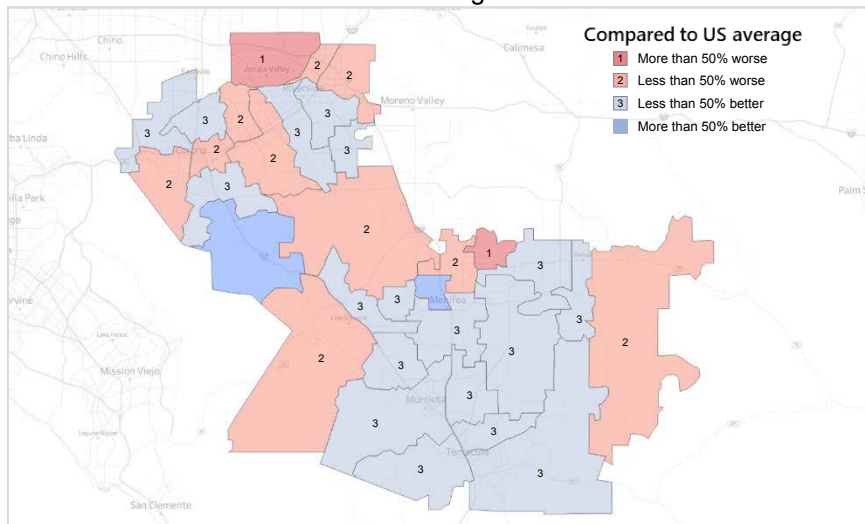
As one interviewee stressed, telehealth can significantly improve access to care, but it is far from a panacea. With telehealth still a limited option, other barriers remain, such as transportation, taking time off work, and inadequate childcare.

With having access to telehealth, individuals were able to talk to a provider without having to come into a health center. It's just that first barrier that comes [to] mind because maybe [it is because of] transportation, because of childcare, because of not being able to take time off work. Those are all huge barriers.

– Non-profit leader

PERCENT UNINSURED, RIVERSIDE SERVICE AREA, 2015-2019

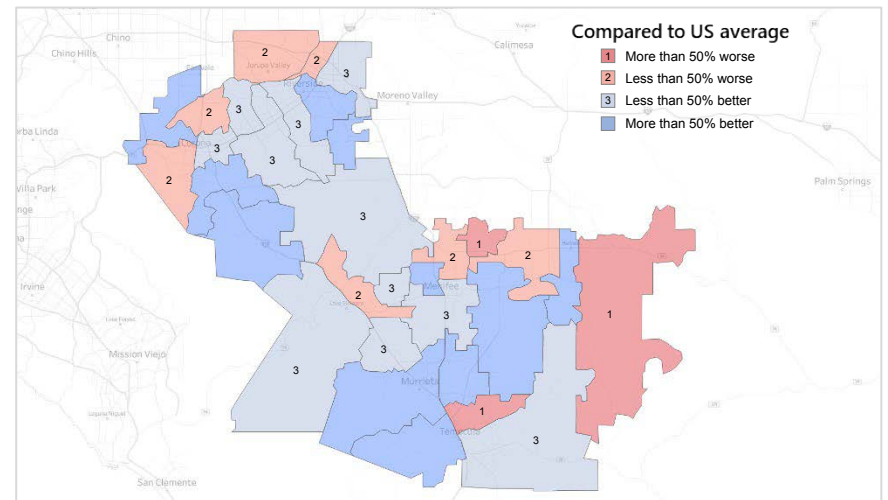
Areas shaded red (1) are ZIP codes where the percent uninsured is over 50% worse than the US average.



Source: [Kaiser Permanente Community Health Data Platform](#)

UNINSURED CHILDREN, RIVERSIDE SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes where the percent of uninsured children is over 50% worse than the US average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Access to care benchmarks

	Service Area	State Average	National Average
Percent uninsured	8%	8%	9%
Uninsured children	4%	3%	5%
Medicaid/public insurance enrollment	37%	38%	35%

Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Mental & behavioral health



Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, Native American/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Mental and behavioral health is a major issue of concern in the area served by Kaiser Permanente Riverside Medical Center.

Mental health

Residents of the Riverside service area experience poorer mental health outcomes in comparison to the state, particularly in the areas of deaths by suicide, deaths of despair, and poor mental health days.

Additionally, community partners explained that the COVID-19 pandemic exacerbated the very things that cause poor mental health to begin with — namely, stressors such as financial strain and life difficulties.

One community partner explained that, for many, poor mental health has served as a barrier to employment. Another community partner spoke specifically to the mental health and well-being of teenagers during the COVID-19 pandemic.

When you're a teenager, that social interaction is a huge part of your life. For a year and a half, there haven't been opportunities for the type of social interaction that most youth get from school or from sports and things like that. Anecdotally, I've heard from providers that the young adults we assist have been particularly impacted in terms of their mental well-being.

– Community workforce partner

Not only does mental health seem to be a prominent health need, but also there is a shortage of providers and resources available for those who need the help. Fewer providers available to meet demand creates an access issue for those struggling with mental health. That said, mental health care is only available to those community members who have the access, time, and awareness of resources and who are receptive to receiving care.

Despite the shortage of providers, resources do exist in the service area, such as the Carolyn E. Wylie Center for Children, Youth & Families and other non-profits. However, an additional problem is that there continues to be stigma about mental health. Community partners reported that stigma is especially common in immigrant Latino/a communities. Even among the general population, there continues to be a lack of awareness of available resources.

Unhealthy substance use

An issue that is often discussed alongside mental health is unhealthy substance use. According to the National Alliance on Mental Illness, approximately 50 percent of people living with a mental health condition also have a problem with substance abuse. In the service area, the rate for deaths of despair is 13 percent worse than in the state. This indicates that the population experiences higher rates of death by suicide, drug overdose, and unhealthy alcohol use. Community leaders also spoke to the variety of local problems related to substance abuse and treatment.

Community leaders acknowledged an increase in the prevalence of substance abuse, suggesting the pandemic has only worsened this area of concern.

Mental health benchmarks

	Service Area	State Average	National Average
Mental health providers per 100,000 pop.	206	352	247
Suicides per 100,000 pop.	11	11	14
Deaths of despair	39	34	44
Poor mental health days (days per month)	4	4	4

Source: [Kaiser Permanente Community Health Data Platform](#)

There are huge substance disorder issues. I think I saw that overdoses went up by 30 percent last year [2020]. That's unreal.
 – Community partner

Health need profile: Structural racism



Racism has been declared a public health crisis by agencies and organizations across the United States — from the CDC and the American Public Health Association to local government agencies.

Centuries of structural racism, reflected in local, state, and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices.

Black, Indigenous, and people of color living in cities and rural communities and on tribal lands experience greater exposure to air pollution, extreme heat, and flooding. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy.

These existing inequalities and disparities have been laid bare by the COVID-19 pandemic. The public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap in our country even further.

Due to present demographics and local history, structural racism is a major issue for the area served by Kaiser Permanente Riverside Medical Center. The Riverside service area is “minority-majority,” with a “minority” population of 64.5 percent. The Black population is 5.6 percent, and the Latino/a population is 46.9 percent, making it the largest ethnic group (larger than non-Latino/a whites).

The Riverside service area carries legacies of racialized marginalization, in addition to broader national patterns of structural racism. Founded as a white agricultural settlement, Riverside has for over a century relied on a racialized agricultural labor force (Chinese, Japanese, Mexican workers, etc.), contributing to patterns of marginalized settlement and reduced economic mobility. As historians have documented, these historical legacies live on in the layout of urban space and the social value placed in some communities over others.

For at least the past two decades, Riverside has drawn working-class, Latino/a, and people of color (largely from greater Los Angeles), with the promise of affordable housing and social mobility. Yet, located in the metropolitan periphery of Southern California, with its relative lack of cultural, political, and economic capital, Riverside has contended with insufficient infrastructure, education investments, and economic opportunities for its growing population. These local factors, combined with structural barriers found nationally, naturally impact the health of residents.

The COVID-19 pandemic, like elsewhere in the United States, has heavily affected Latino/a and communities of color in the Riverside service area, as one informant emphasized.

I think race is [a] really big [issue]. I think what the pandemic showed us is that those who have economic disadvantage in all areas are Blacks or Hispanics; those communities that were at risk [already] were more at risk during the pandemic.

– Nonprofit leader

In the Riverside service area, many health needs measures are worse in primarily Latino/a and communities of color than in more white, non-Latino/a communities. For example, the percent of uninsured is worse in more racially diverse ZIP codes. This pattern of disproportionate health needs is found in many other measures, such as for housing (including severe and moderate housing cost burdens, overcrowded housing, percent of income for mortgage, the housing affordability index, and median rental cost) and for income and employment (including the poverty rate, median household income, unemployment rate, children living in poverty, and the jobs proximity index). The data clearly paint a stark picture of major health needs disproportionately burdening predominately Latino/a and non-white communities.

[The City of] Riverside now is obviously majority Hispanic, but there are areas where our minorities are very challenged. Whether it's Casa Blanca, whether it's the Eastside, there are communities that are underserved, and we need to be able to invest back in those communities and in those schools and [make] sure we're meeting those needs.

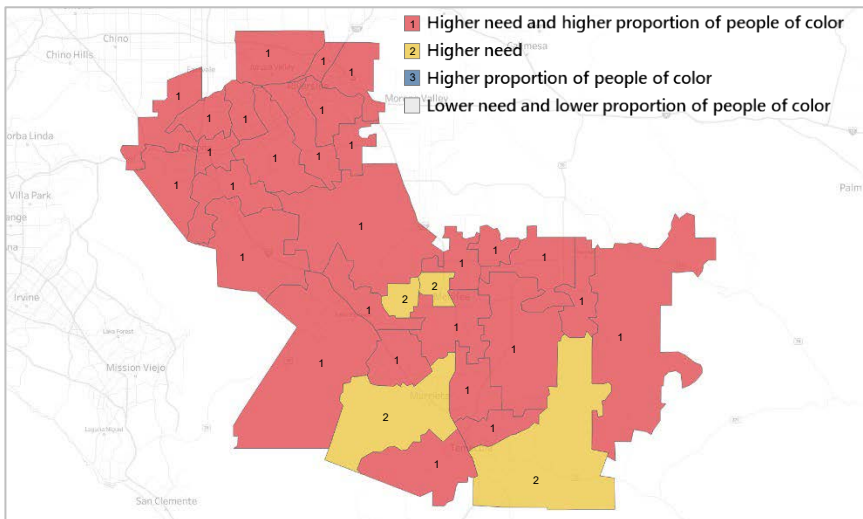
– Nonprofit leader

SEVERE HOUSING COST BURDEN, RIVERSIDE SERVICE AREA, 2015-2019

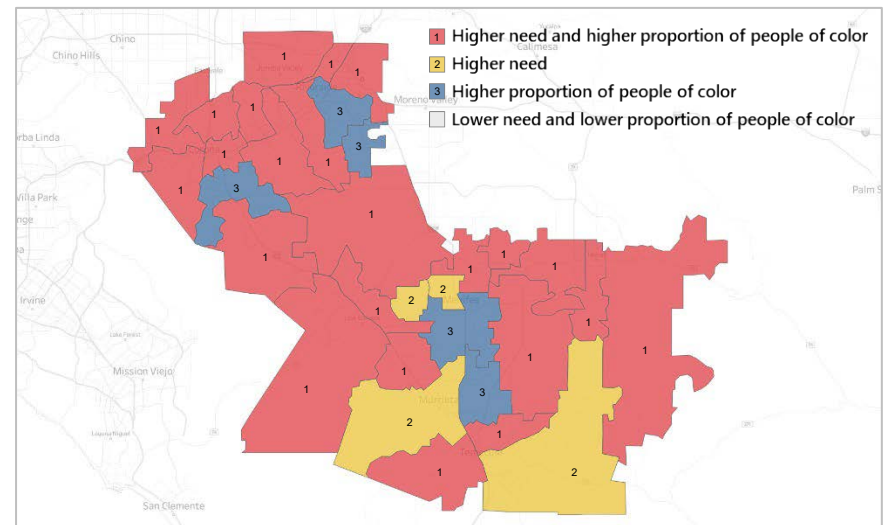
Areas shaded red (1) are ZIP codes with population of people of color greater than 50 percent (Service Area average) and higher rates of severe housing cost burden than the National average.

UNEMPLOYMENT RATE, RIVERSIDE SERVICE AREA, 2020

Areas shaded red (1) are ZIP codes with population of people of color greater than 50 percent (Service Area average) and higher rates of unemployment than the National average.



Source: [Kaiser Permanente Community Health Data Platform](#)



Source: [Kaiser Permanente Community Health Data Platform](#)

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Riverside service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente Riverside Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Riverside Medical Center's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente Riverside Medical Center 2019 Implementation Strategy priority health needs

1. Access to care
2. Behavioral health (mental health and substance abuse)
3. Economic opportunity
4. Obesity/diabetes/stroke

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Riverside Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Riverside Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Southern California Region has funded significant contributions to the California Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 37 grants totaling \$2,086,329 in service of 2019 IS health in the Riverside service area.

One example of a key accomplishment in response to our 2019 IS includes young children’s coping skills trainings to address behavioral health. The Carolyn E. Wylie Center for Children, Youth & Families, awarded \$25,000 over one year, has been providing workshops for young children on coping techniques for mental health challenges. The program includes parent workshops in English and Spanish. The program focuses on the Hemet and Jurupa School Districts, which serve low-income and non-white, Latino/a populations, thus helping to address socioeconomic and racial disparities.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. One part of this response was a \$25,000 grant awarded to the local non-profit Social Work Action Group, which provides primary care and mental health services to vulnerable and hard-to-serve individuals living in homeless encampments in Riverside County. These services include basic health care as well as assistance in finding permanent housing.

Kaiser Permanente Riverside Medical Center 2019 IS priority health needs and strategies

Access to care

Care and coverage: Kaiser Permanente Riverside Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	37,596	43,995	\$19,010,649	\$7,099,192
Charitable Health Coverage	73	66	\$6,025	\$5,402
Medical Financial Assistance	10,162	7,929	\$9,490,488	\$6,678,403
Total care & coverage	47,831	51,990	\$28,507,162	\$13,782,997

Other access to care strategies: During 2020-2021, 25 grants were awarded to community organizations, for a total investment of \$2,081,907 to address access to care in the Riverside service area.

Core operating – capacity building

Community Health Association Inland Southern Region has supported member clinics in delivering culturally appropriate quality care to medically indigent, underserved, and uninsured and underinsured individuals. The program is expected to build capacity and provide technical assistance and improvement activities to 200 clinics in San Bernardino and Riverside counties.

California Primary Care Association (CPCA) core grant

CPCA has supported the organization’s core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders.

Comprehensive health services for the underserved)

Riverside Free Clinic was awarded \$20,000 over one year to provide free comprehensive health services to Riverside's (city and county) underserved population as well as to increase awareness of these services. The program is expected to serve 260 individuals.

Behavioral Health

During 2020-2021, 23 grants were awarded to community organizations, for a total investment of \$520,944 to address behavioral health in the Riverside service area.

NAMI Western Riverside County

NAMI Western Riverside County was awarded \$24,500 to raise awareness and provide support and education throughout the Riverside County community with individuals experiencing mental health concerns. The program is expected to support 1,000 families and individuals impacted by mental illness.

Child behavioral health agenda

Children Now was awarded \$300,000 over two years to lead the development of California CBHA policies to improve children's behavioral health. The program is expected to develop a policy agenda to better serve children and youth exposed to poverty, racism, and adverse childhood experiences in California.

Coping skills training for very young children

The Carolyn E. Wylie Center for Children, Youth & Families was awarded \$25,000 over one year to provide workshops for children on coping techniques to prepare them for middle school, high school, and beyond. The program is expected to serve 3,000 individuals.

Economic Opportunity

During 2020-2021, 22 grants were awarded to community organizations, for a total investment of \$286,326 to address economic opportunity in the Riverside service area.

California housing services and operating subsidy fund for project Homekey

Enterprise Community Partners has established a public-private partnership fund to support operating costs and wraparound services for vulnerable populations. The partnership is expected to provide housing for about 1,500 individuals and technical assistance to 20 housing projects across California.

Inner City Capital Connections Program

Initiative for a Competitive Inner City, Inc. was awarded \$180,000 to support business owners in under-resourced communities to build capacity for sustainable growth. The initiative is expected to provide training and resources for 50-75 local businesses in the Kaiser Permanente Southern California Region.

Homeless encampment response team

The Social Work Action Group was awarded \$25,000 over one year to provide a critical crisis response to a lack of primary care and behavioral health care for those most vulnerable and hardest to serve—those residing in homeless encampments located throughout mid and southwest Riverside County. The program is expected to serve 85 individuals.

Obesity/HEAL

During 2020-2021, 6 grants were awarded to community organizations, for a total investment of \$113,380 to address Obesity/HEAL in the Riverside service area.

Healthy families and safe places

The Boys & Girls Club of Menifee Valley was awarded \$25,000 to run Healthy Families & Safe Places programs in collaboration with local professionals to combat obesity among youth and adults, to provide a safe place both physically and emotionally, and to provide economic opportunity to parents by providing a place for their child to be while they work. The program is expected to serve 2,000 individuals.

The 100 Mile Club

The 100 Mile Club's School Program was awarded \$14,000 to engage schools, students, and their families with sustainable skills, confidence, and motivation to be healthy and active for life. The program will engage 2,500 people in fitness opportunities available in schools throughout Riverside County.

Reach Out West End

Reach Out West End was awarded \$20,000 to reduce the risk of obesity, diabetes, and stroke. The program will support 100 Healthy Jurupa Valley's Action Teams who will support activities that increase the efficacy and capacity of communities to address upstream policy issues while empowering trusted community messengers with the knowledge and resources to directly outreach within their own neighborhoods.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data sources

Source	Dates
1. Bureau of Labor Statistics	2021

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Focus group	Community Health Association Inland Southern Region	3	Medically underserved	Leaders, members	7/16/2021
2	Key informant interview	Feeding America of Riverside and San Bernardino Counties	1	Low-income, food insecure	Leader	6/28/2021
3	Key informant interview	The Greater Riverside Chamber of Commerce	1	Economic development	Leader	6/29/2021
4	Key informant interview	Riverside Community Health Foundation	1	Low-income and medically underserved	Leader	6/29/2021
5	Key informant interview	Riverside County Department of Public Social Services	1	Low-income and medically underserved	Representative	6/25/2021
6	Key informant interview	Riverside County Workforce Development	1	Low-income	Representative	6/30/2021
7	Key informant interview	Riverside University Health System—Public Health	1	Public health	Leader	8/31/2021
8	Key informant interview	UC Riverside School of Medicine	1	Higher education	Representative	6/25/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Catholic Charities	Dedicated to the alleviation of the suffering and the advancement of the poor and those in crisis. https://www.ccsbriv.org/
	Parkview Legacy Foundation	Non-profit focused on housing and economic mobility. https://parkviewlegacy.org/
	Riverside University Health System—Public Health	Promote and protect the health and well-being of all residents of and visitors to Riverside County. https://www.rivcoph.org/
	UCR Center for Social Innovation	Campus think tank that produces reports and organizes conference around social mobility and entrepreneurship in the Inland Empire. https://socialinnovation.ucr.edu/
	Inland SoCal United Way	The mission is to unite people, ideas, and resources to empower community and improve lives. https://www.inlandsocaluw.org
Access to care	Inland Empire Health Plan	Health plan for Medi-Cal recipients. https://www.iehp.org/
	Community Health Association Inland Southern Region	Provide services to support for advocacy, public policy promotion, and education to community-based health centers and clinics that provide access to care and quality health services. https://chair.org/
	California School Based Health Alliance	Bring together clinic and school district partners to launch new school-based health and mental health centers. https://www.schoolhealthcenters.org
	Riverside Community Health Foundation	Non-profit dedicated to expanding access to health care in Riverside. https://rchf.org/
Mental & behavioral health	TruEvolution	Fights for health equity and racial justice to advance the quality of life and human dignity of LGBTQ+ people. https://www.truevolution.org
	Imtasik Family Counseling	Dedicated to enriching, equipping, and counseling families, couples, and individuals. https://www.imtasik.org/
	NAMI Western Riverside County	Working with mutual respect to provide help, hope, and health for those affected by serious mental illness. https://www.namiwesternriverside.org
	Oak Grove Institute Foundation	Residential, educational, and treatment center for at-risk and special needs youth. https://www.oakgrovecenter.org

Identified need	Resource provider name	Summary description
Income & employment	The Greater Riverside Chamber of Commerce	Committed to helping local companies grow their business which creates a strong local economy. http://riverside-chamber.com/
	Inland Economic Growth & Opportunity (IEGO)	IEGO unites a diverse set of community leaders from the Inland Empire region committed to expanding access to full-time jobs that enable working families to thrive. https://www.inlandgrowth.com/
	Starting Over, Inc.	Helps the most vulnerable populations by addressing homelessness, recidivism, and reentry through education, empowerment, peer support, and civic engagement. https://www.startingoverinc.org/
	Operation Safe House	Provides emergency housing and other services to homeless and other at-risk youth. https://operationsafehouse.org/
Structural racism	Beta Sigma Xi	Their mission is to break the cycle of poverty and violence through mentoring, education, and community organizing. https://www.sigmabetaxi.com
	Congregations Organized for Prophetic Engagement	Core group of pastors who train and develop the capacity of faith-based leaders across the Inland Empire to engage in initiatives that build stronger communities. https://www.copesite.org
	Riverside University Health System—Public Health: Health Equity Committee	Collaborates with agencies and community partners to highlight the importance of health equity and eliminate health disparities in Riverside County. https://www.rivcohp.org/Services/Health-Equity-Committee
	UCR Center for Social Innovation - Racial Equity Institute	Identifies and supports bold, emerging leaders in the Inland Empire nonprofit sector who seek to advance racial equity. https://socialinnovation.ucr.edu/racial-equity-institute