



RIVERSIDE



Kaiser Foundation Hospital – Southern California Region



2019 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

Submitted to the Office of Statewide Health Planning and Development in compliance
with Senate Bill 697, California Health and Safety Code Section 127350.

Kaiser Foundation Hospital (KFH)-Riverside

Table of Contents

- I. Introduction and Background**
 - a. About Kaiser Permanente
 - b. About Kaiser Permanente Community Health
 - c. Purpose of the Report
- II. Overview of Community Benefit Programs Provided**
 - a. California Kaiser Foundation Hospitals Community Benefit Financial Contribution – Tables A and B
 - b. Medical Care Services for Vulnerable Populations
 - c. Other Benefits for Vulnerable Populations
 - d. Benefits for the Broader Community
 - e. Health Research, Education, and Training Programs
- III. KFH-Riverside Community Served**
 - a. Kaiser Permanente's Definition of Community Served
 - b. Map and Description of Community Served
 - c. Demographic Profile of the Community Served
- IV. KFH-Riverside Community Health Needs in 2017-2019**
 - a. Health Needs Addressed
 - b. Health Needs Not Addressed and Rationale
- V. 2017-2019 Strategies to Address Health Needs**
 - a. Access to Care
 - b. Economic Security
 - c. Mental and Behavioral Health
 - d. Obesity/HEAL/Diabetes
- VI. 2019 Year-End Results for KFH-Riverside**
 - a. 2019 Community Benefit Programs Financial Resources Provided by KFH-Riverside– Table C
 - b. 2019 Examples of KFH-Riverside Grants and Programs Addressing Selected Health Needs
- VII. Community Health Needs KFH-Riverside Will Address in 2020-2022**

I. Introduction and Background

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve approximately 12.2 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For 75 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

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

- Ensuring health access by providing individuals served at Kaiser Permanente 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. We've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2019 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2019, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,439,765,145 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A and B. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided in 2019 (Endnotes on following page.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$618,814,234
Charity care: Charitable Health Coverage Programs ²	\$257,894
Charity care: Medical Financial Assistance Program ³	\$282,502,318
Grants and donations for medical services ⁴	\$218,070,775
<i>Subtotal</i>	\$1,119,645,221
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁵	\$3,158,972
Educational Outreach Program	\$953,512
Youth Employment programs ⁶	\$3,564,302
Grants and donations for community-based programs ⁷	\$133,179,218
Community Benefit administration and operations ⁸	\$25,624,463
<i>Subtotal</i>	\$166,480,466
Benefits for the Broader Community⁹	
Community health education and promotion programs	\$1,112,480
Kaiser Permanente Educational Theatre	\$5,974,079
Community Giving Campaign administrative expenses	\$829,290
Grants and donations for the broader community ¹⁰	\$671,153
National board of directors fund	\$742,767
<i>Subtotal</i>	\$9,329,769
Health Research, Education, and Training	
Graduate Medical Education	\$87,840,700
Non-MD provider education and training programs ¹¹	\$25,255,180
Grants and donations for the education of health care professionals ¹²	\$436,011
Health research	\$30,777,798
<i>Subtotal</i>	\$144,309,689
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,439,765,145

TABLE A ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- ³ Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- ⁴ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁵ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁶ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment Programs participants hired.
- ⁷ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁸ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁹ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or Health Education programs.
- ¹⁰ Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹¹ Amount reflects the net expenditures after scholarships for health professional education and training programs.
- ¹² Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided by Hospital Service Area in 2019

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$35,768,656	Anaheim	\$41,728,249
Fremont	\$22,508,271	Baldwin Park	\$37,388,708
Fresno	\$24,990,841	Downey	\$50,333,791
Manteca	\$38,529,039	Fontana	\$72,058,825
Modesto	\$22,587,451	Irvine	\$18,035,249
Oakland	\$62,195,446	Los Angeles	\$59,387,017
Redwood City	\$23,440,689	Moreno Valley	\$15,967,219
Richmond	\$45,731,685	Ontario	\$25,273,294
Roseville	\$53,868,961	Panorama City	\$46,014,300
Sacramento	\$88,401,308	Riverside	\$41,883,128
San Francisco	\$49,037,146	San Diego	\$61,354,560
San Jose	\$34,701,054	South Bay	\$35,132,387
San Leandro	\$42,644,714	West Los Angeles	\$45,513,316
San Rafael	\$23,415,220	Woodland Hills	\$29,875,524
Santa Clara	\$51,337,799		
Santa Rosa	\$42,526,681		
South Sacramento	\$66,121,388		
South San Francisco	\$24,953,097		
Vacaville	\$31,496,130		
Vallejo	\$43,610,238		
Walnut Creek	\$31,953,764		
Northern California Total	\$859,819,578	Southern California Total	\$579,945,569

B. Medical Care Services for Vulnerable Populations

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (EOP)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials – including workbooks, parent and teacher guides, and student wallet cards – to reinforce the messages presented in the programs.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our health care settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residencies, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research (NCAL), Department of Research and Evaluation (SCAL), 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.

III. KFH-Riverside Community Served

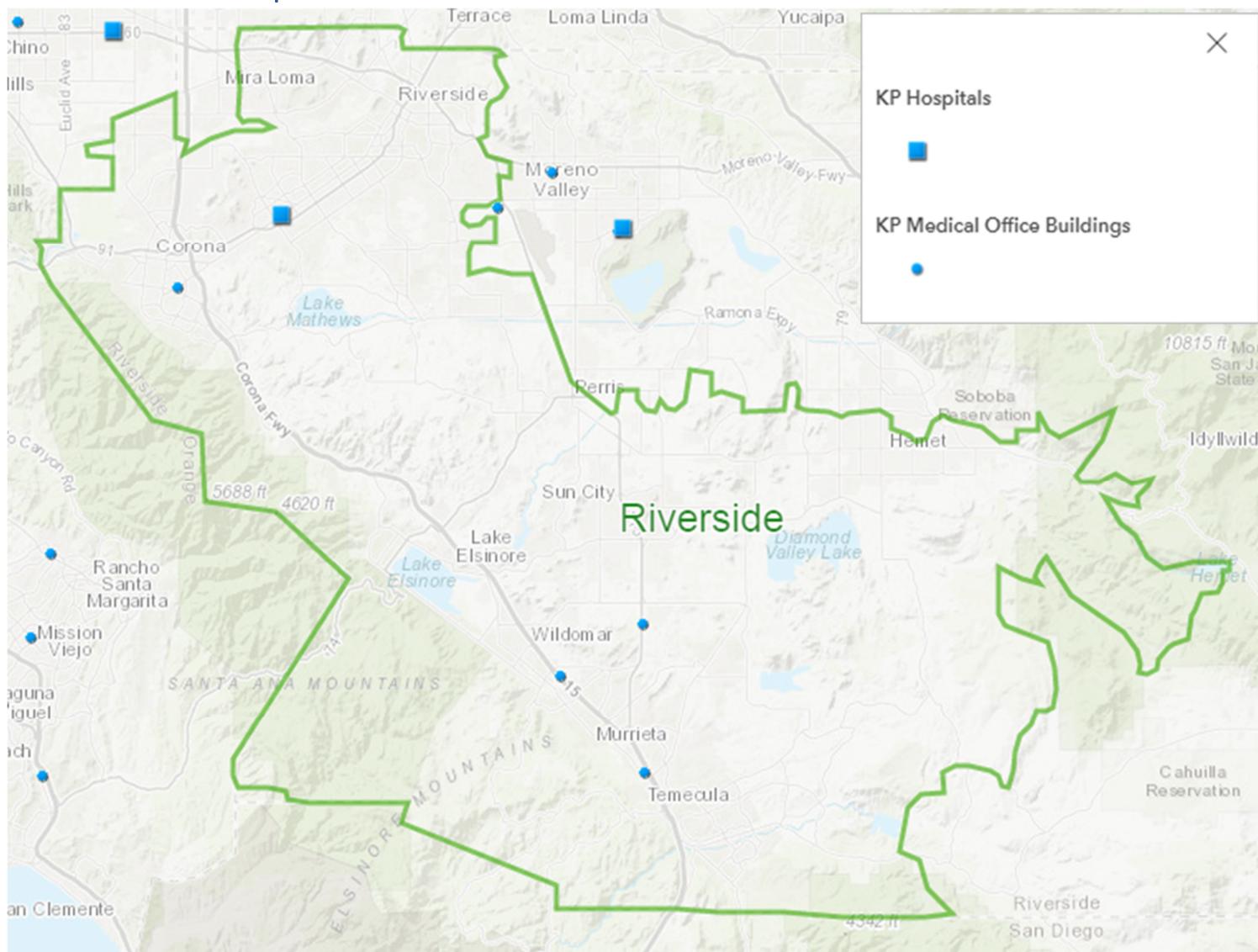
A. Kaiser Permanente's Definition of Community Served

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

B. Map and Description of Community Served

The KFH-Riverside service area includes Corona, Eastvale, Hemet, Jurupa Valley, Lake Elsinore, Menifee, Murrieta, Norco, Quail Valley, Riverside, Romoland, Temecula, Wildomar, and Winchester.

KFH-Riverside Service Area Map



C. Demographic Profile of the Community Served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-Riverside service area. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latino" indicates total population percentage reporting as Hispanic/Latino. [Sources: ESRI, 2018; ACS 5-year estimates, 2013-2017; Bureau of Labor Statistics, 2018]

Race/Ethnicity	Socioeconomic	
Total Population	1,452,713	Living in Poverty (<100% Federal Poverty Level)
Asian/Pacific Islander	7.90%	Children in Poverty
Black	5.52%	Unemployment
Hispanic/Latino	45.99%	Uninsured Population
Native American/Alaska Native	0.44%	Adults with No High School Diploma
Some Other Race	0.15%	
Multiple Races	2.83%	
White	37.17%	

IV. KFH-Riverside Community Health Needs

The following are the health needs that KFH-Riverside is addressing during the 2017-2019 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2016 CHNA Report and 2017-2019 Implementation Strategy Report at: <http://www.kp.org/chna>.

A. Health Needs Addressed

a. Access to Care

The ability to access medical care is a wide-reaching construct that includes aspects such as the presence of health insurance, the affordability of seeking treatment, the availability of health care providers who can provide treatment, the ability to get to places where treatment is provided, and other issues around accessibility. Many people in the KFH-Riverside service area still lack health insurance (18% are uninsured), and those that have it are often unclear on how to navigate the health care system and how to use it. Even those with health insurance who know how to get care can struggle to receive the care they need due to a shortage of providers; the local ratio of primary care providers to patient population is nearly half the state average (40.2 providers per 100,000 population, versus the state average of 77.2 per 100,000). This health need was selected because of its high priority ranking and KFH-Riverside's wealth of existing resources and connections to address this issue.

b. Mental and Behavioral Health

Mental health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, and is able to contribute to his or her community. Mental health includes not only the absence of negative mental health states (e.g., anxiety, depression, etc.) but also the presence of positive mental health states (e.g., satisfaction, self-worth, etc.) Suicide is the 10th leading cause of death in America. Suicide mortality rates in the Riverside service area are on par with national rates (nearly 10 per 100,000 population). Mental health issues are closely related to other issues such as substance use and abuse and smoking. There is a serious lack of mental health care providers; there are about 68.4 providers per 100,000 people in the KFH-Riverside service area (compared to the state average of 157 per 100,000). KFH-Riverside has a history of collaboration between existing resources and connections to address this need.

c. Obesity/HEAL/Diabetes

Excess weight is a major problem in the U.S. Being overweight, or, at a more extreme level, obese, can cause many health issues and exacerbate many existing conditions. Obesity is caused, in part, by an imbalance of energy output to energy intake; that is, eating too much or eating unhealthy food, while not obtaining enough exercise. Diabetes is the 7th leading cause of death in America. 95% of people with diabetes have type 2 diabetes, which is highly associated with obesity/overweight. Over 60% of local adults are overweight or obese. Obesity is a risk factor for many of the other health issues that were identified (e.g., cardiovascular disease, cancer, diabetes, etc.), and thus, is a good place to start to reduce those issues as well. KFH-Riverside will strive to encourage healthy eating and active living in order to reduce the number of people who are overweight or obese or are at risk of having diabetes. KFH-Riverside will continue to collaborate with existing resources and connections to address this need.

B. Health Needs Not Addressed

The KFH-Riverside core planning team chose to select three health need categories and develop strategies to address them. This will allow KFH-Riverside to focus efforts and make a substantial impact in those priority areas. Economic security and transportation are upstream drivers of many

other health issues and has an indirect impact on nearly every health issue because people in poverty experience disproportionately worse health. KFH-Riverside decided to infuse the strategies to address each of the top priorities with a focus on low income populations. Using the criteria described previously, health needs listed below were not identified as areas where KFH – Riverside had unique assets to deploy.

The needs were not identified high on magnitude and severity and/or they may not be more directly or immediately correlated with health outcomes (such as transportation or climate and health). Some of the health needs (such as diabetes and substance use) can also be addressed through a focus on other needs (such as obesity/overweight and mental health). Moreover, there are existing community partners and networks who are currently addressing some of these health priorities. The needs that will not be addressed are: Transportation; Economic security; Climate and health; Cancer; Cardiovascular disease; Substance use and tobacco; Asthma; HIV and STIs. While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH-Riverside will look for collaboration opportunities 16 that address needs not selected where it can appropriately contribute, or where those needs align with current strategy and priorities.

V. 2017-2019 Strategies to Address Health Needs

This section details the strategies the hospital will use to address the community health needs raised in its community health needs assessment. For a complete description of the 2017-2019 Implementation Strategy Plan, please visit <http://www.kp.org/chna>.

Access to Care

KFH-Riverside's long-term goal for addressing access to care is that all community members have access to timely, coordinated, high quality health care from a trained and diverse workforce. It aims to visualize this goal by organizing its strategies around the following strategic priorities (or intermediate goals):

- Increase coverage and access to comprehensive, quality health care services for low income and uninsured populations.
- Improve the capacity of health care systems to provide quality health care services, including the social and non-medical needs of their patients.
- Improve the capacity of the primary care workforce to meet community needs.
- Enhance individuals' utilization of the community-based health delivery system.
- Support the provision of high-quality health care (including preventive services and specialty care) for underserved populations.
- Support targeted outreach, enrollment, and retention efforts to increase access to health care coverage, particularly among communities of color and immigrant populations, where disparities in both access to care and health care coverage is greatest.
- Develop solutions that address the health care needs of people who do not qualify for low-cost or no-cost health insurance, including but not limited to undocumented individuals.
- Support policies and programs that improve ability of the health care organizations to assess upstream factors and coordinate with community-based preventive services.
- Improve the quality improvement (QI) infrastructure of health care organizations by supporting capacity to use data, leadership training, business operations and through other infrastructure building strategies.
- Provide training for medical providers on the provision of culturally competent care to diverse populations.
- Reduce barriers to access to care by providing language interpretation, transportation, nontraditional access points, and/or other supportive services.
- Support policies and programs that improve public understanding of the health care delivery system and the onboarding and orientation for new patient members.
- Support the development of community-based organizations, leaders, and networks, and build their capacity to advance equity and improve access to health care.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved.
- Leverage Kaiser Permanente assets to drive coverage and access to health care for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of health care services.

Mental and Behavioral Health

KFH-Riverside's long-term goal for addressing mental health is that all community members have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing its strategies around the following strategic priorities (or intermediate goals):

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health.
- Promote positive mental health by fostering community cohesion and social and emotional support.
- Support integration of health care with community-based mental health services, such as: training of health care providers to identify mental and behavioral health needs, patient navigators who can help patients access services, strengthening of referral networks, and/or co-location of services between primary care and mental health providers.
- Support school and youth development organizations in learning about and addressing mental and behavioral health, including suicide prevention and trauma-informed care.
- Enhance access to high quality substance abuse treatment including medication-assisted treatments to decrease the burden of addiction and promote resiliency and recovery.
- Support prevention efforts to increase community awareness and educate youth and adults about the dangers of prescription drugs (including sharing, proper disposal, unintentional overdose, etc.)
- Support organizational changes that can reduce employee stress.
- Support community-based initiatives that promote positive mental health by fostering community resilience.
- Support policies and programs that address early child development and toxic stress, including positive parenting and violence-free homes.
- Support the development of community-based organizations, leaders, and networks, and build their capacity to advance equity and reduce stigma surrounding mental and behavioral health.
- Leverage Kaiser Permanente assets to drive community health and champion organizational practice changes that promote mental and behavioral health.
- Support collaborations and networks that sustain and scale change and lift up priorities, evidence and experience of communities, to share information about what works in improving behavioral and mental health and to build the field.

Obesity/Diabetes/HEAL

KFH-Riverside's long-term goal for addressing obesity/HEAL/diabetes is that all community members eat healthy and move more as a part of daily life. It aims to visualize this goal by organizing its strategies around the following strategic priorities (or intermediate goals):

- Improve access to opportunities for physical activity in the community.
- Improve access to healthy food options in the community.
- Improve linkages between health care services and community-level services.
- Support new and improved policies and environments that support active transportation and physical activity (e.g., safe pedestrian bicycle routes.)
- Support policies that prioritize underserved neighborhoods for park investments and encourage communities to use parks to their full potential.

- Support local governments, schools and/or community-based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Support local governments, schools and/or community-based organizations to enroll community members into available food programs such as WIC, Cal Fresh, etc.
- Promote use of Cal Fresh and WIC benefits at farmer's markets for purchasing fresh fruits and vegetables.
- Support programs that improve referral of patients to evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention.
- Support collaboration between health care providers and community-level services to support patients' needs related to upstream determinants of health, such as access to healthy food at local grocery stores and addressing violence-free neighborhoods.
- Support multi-level, multi-component initiatives in community settings to support access to healthy, affordable food and activity-promoting environments.
- Support multi-level, multi component initiatives in school settings to produce significant and measurable impact on the health of students, staff and teachers in K-12 schools within communities.
- Support the development of community-based organizations, leaders, and networks, and build their capacity to advance equity and prevent obesity/promote healthy eating and active living
- Support programs—particularly evidence-based programs—that address diabetes prevention, education, and self-management.
- Leverage Kaiser Permanente assets to drive community health, including healthy eating and active living and champion organizational practice changes that promote health.
- Support collaboration and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living.

VI. 2019 Year-End Results for KFH-Riverside

The 2019 Year-End Results highlight a select set of activities and grant financial resources for addressing health needs. For a full description of strategies and activities to address health needs, please review the 2017-2019 Implementation Strategy Plan at <http://www.kp.org/chna>.

A. 2019 Community Benefit Financial Resources Provided by KFH-Riverside

Total Community Benefit expenditures are reported as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Educational Theatre performances presented or Summer Youth students employed within each hospital area's community at large.

Table C: KFH-Riverside 2019 Year-End Community Benefit Expenditures

	2019
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$17,974,078
Charity care: Charitable Health Coverage Programs ²	\$10,025
Charity care: Medical Financial Assistance Program ³	\$8,773,579
Grants and donations for medical services ⁴	\$3,601,635
<i>Subtotal</i>	\$30,359,317
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁶	\$74,306
Grants and donations for community-based programs ⁷	\$6,222,074
Community Benefit administration and operations ⁸	\$821,553
<i>Subtotal</i>	\$7,117,933
Benefits for the Broader Community	
Community health education and promotion programs	\$91,008
Kaiser Permanente Educational Theatre ⁹	\$306,363
Community Giving Campaign administrative expenses	\$7,928
Grants and donations for the broader community ¹⁰	\$20,399
National board of directors fund	\$24,237
<i>Subtotal</i>	\$449,935
Health Research, Education and Training	
Graduate Medical Education	\$2,785,319
Non-MD provider education and training programs ¹¹	\$448,441
Grants and donations for health research, education, and training ¹²	\$24,175
Health research	\$698,008
<i>Subtotal</i>	\$3,955,943
Total Community Benefits Provided	\$41,883,128

TABLE C ENDNOTES

- 1 Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- 2 Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis
- 3 Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- 4 Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 5 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- 6 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Summer Youth students hired.
- 7 Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 8 The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- 9 Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- 10 Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- 11 Amount reflects the net expenditures for health professional education and training programs.
- 12 Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

B. 2019 Examples of KFH-Riverside Activities Addressing Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It's anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-Riverside Implementation Strategy Report, posted on the internet at <http://www.kp.org/chna>.

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of KFH volunteers. KFH also conduct evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, KFH requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-Riverside. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Riverside service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2019 (Tables B and C).

In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements additional community programs that address multiple health needs:

- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. All performances are delivered by professional actors who are also trained health educators. In 2019, Educational Theater provided 54 events in 31 schools in the KFH-Riverside communities, reaching 13,554 youth and 443 adults.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
Access to Care	During 2019, Kaiser Permanente paid 10 grants, totaling \$277,722 addressing this priority health need in the Riverside	Providing Affordable Healthcare In 2019, KFH-Riverside provided \$17,974,078 in medical care services to 34,876 Medi-Cal recipients (both health plan members and non-members) and \$8,773,579 in medical financial assistance (MFA) for 10,766 beneficiaries.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
	service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 3 grants, totaling \$55,278 that addresses this need.	<p><u>Advocating Expansion of Health Care Access for Low-Income Californians~*</u></p> <p>Through policy-focused research and broad-based stakeholder engagement, the Insure the Uninsured Project (ITUP) promotes innovative and workable policy solutions that expand health care access and improve the health of low-income and underserved communities in California. In 2019, Kaiser Permanent paid \$75,000 (split among 15 service areas) to ITUP to:</p> <ul style="list-style-type: none">• Conduct issue education and targeted communications to educate and inform state and local policymakers, media, and stakeholders on state and federal health reform topics affecting coverage, care and the delivery of health and health related services in California.• Convene 12 regional and local health care workgroups that include stakeholders and community leaders in collective problem-solving and shared learning on health care issues and timely health policy topics.• Conduct and disseminate health policy research to inform state and local leaders and policymakers.
		<p><u>Advocating for Health Centers to Improve the Health of Vulnerable Populations~*</u></p> <p>California's Primary Care Association (CPCA) provides education, training, and advocacy to their members community health centers to best serve their low-income, underserved, and diverse patients. In 2019, Kaiser Permanent paid \$150,000 (split among 15 service areas) to CPCA to:</p> <ul style="list-style-type: none">• Provide trainings, convenings, and conferences that reflect and respond to members' needs.• Host peer networks and add peer networks as appropriate in response to member requests.• Educate policy makers and other stakeholders about the unique and critical role that CHCs play in serving patients throughout the state as an integral part of an integrated health care delivery system.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		<p><u>Supporting Health Centers Enhance Clinical Operations to Enrich the Patient Experience~</u></p> <p>Health Center Partners (HCP) provides training and education to its clinic members to enrich the patient experience. This is achieved through four key areas: membership growth; advocacy and policy; quality improvement and capacity building/training; and social determinants of health. In 2019, Kaiser Permanent paid \$225,000 (split among 2 service areas) to HCP to:</p> <ul style="list-style-type: none">• Support an expanded patient population, HCP will work with member health centers to strengthen health center operations to expand patient population, which will yield improved patient experience and engagement.• Advocate for policies that support continued access to high quality and affordable primary care, dental and behavioral health care for low-income families, and for policies that support the growth and optimization of member health centers.• Increase the skills of the health center workforce in quality and other areas through training, technical assistance and peer networking opportunities.
		<p><u>Improving the Access and Quality of Oral Health for Veterans</u></p> <p>Smile Unto Him serves the uninsured area veteran population with high quality dental health evaluation, treatments, and follow up care to improve overall well-being, oral functionality, digestion, physical health, improved speech and self-confidence. In 2019 Kaiser Permanente paid \$20,000 to Smile Unto Him to:</p> <ul style="list-style-type: none">• Network and outreach with US Vets, low-income senior housing, veterans housing, homeless shelters, area churches and federally qualified health centers to identify qualified patients and serve 200 veterans to receive oral health services.• Collaborate and establish MOUs with California Baptist University, UEI College and other area training programs for pre-dental students and hygienist, and dental assistants to serve the uninsured veterans under the supervision of the licensed dentist.• Maintain database to track patient encounters including preventative care, treatment, oral education and follow up on specialty care needs.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		<p><u>Establishing a Medical Home for Low-Income Lake Elsinore Residents</u></p> <p>Vista Community Clinic (VCC) ensures a medical home for their patients by establishing a primary care provider and other support services to improve access to health care. In 2019 Kaiser Permanente paid \$20,000 to Vista Community Clinic to:</p> <ul style="list-style-type: none">• Utilize Certified Enrollment Counselors to provide health insurance application assistance to 400 low-income residents in Lake Elsinore and tracks the successful enrollment and renewal process of each patient.• Provide round-trip service to 200 patients who face transportation barriers by utilizing an on-demand Uber Health App which provides a dashboard with useful data for tracking.
		<p><u>Increasing Access to Care via KP Asset</u></p> <p>Our core functions across KP are using their assets to drive Access to Care in the KFH-Riverside service area. For example: Eighteen Family Medicine Residents at KFH-Riverside provided their expertise and clinical support at two local community clinics. They also supported our Thriving Schools by presenting at 11 school educational events on healthy eating, active living and diabetes prevention and career day events.</p>

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
Mental and Behavioral Health	<p>During 2019, Kaiser Permanente paid 10 grants, totaling \$190,000 addressing this priority health need in the Riverside service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling \$60,000 that addresses this need.</p>	<p><u>Increasing Suicide Awareness and Resiliency for Youth-</u> Riverside University Health System Public Health (RUHS-PH) is the local, public agency charged with ensuring the health and well-being of county residents and visitors. In collaboration with Rainbow Pride Youth Alliance (R PYA), RUHS-PH seeks to reduce mental health stigma and improve resilience of LGBTQ youth within the City of Perris. In 2019, Kaiser Permanente paid \$40,000 to RUHS-PH to:</p> <ul style="list-style-type: none"> • Conduct a 2-part interactive, educational workshop for (25) parents, caregivers, service providers & school personnel on the Mental Health Needs of LGBTQ youth. • Conduct a weekly psychosocial support group (SOURCE) designed to educate youth on mental health disparities, inclusive of adverse childhood experiences, suicide prevention and coping/resiliency strategies • Engage a minimum of ten youth within the SOURCE support group as peer leaders in two (2) peer led health promotion activities to increase community awareness on the unique mental health needs of LGTBQ youth population. • Provide an interactive presentation on unique strategies to promote resilience and protective factors for LGBTQ youth with a special emphasis on the sub-population of youth of color to 80 parents, community and/ or school leaders. <hr/> <p><u>Improving Access to Substance Abuse Treatment for At-Risk Youth</u> Operation Safe House Counseling Program has expanded to provide a link for youth to participate in The SafeHouse Substance Abuse and Treatment Program offered at the SafeHouse Emergency Shelter. In 2019, Kaiser Permanente paid Operation Safe House \$20,000 to:</p> <ul style="list-style-type: none"> • Trained counselors will conduct assessments to 175 youth for substance abuse and other addictions. • During the program's 3-week stay, 100 youth will participate in weekly substance abuse group sessions and daily individual counseling. • Identify 25 families to complete parenting and family counseling sessions.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		<p><u>Expanding Access to Behavioral Health in A School Setting</u></p> <p>Jurupa Unified School District will expand the social and emotional wellbeing services to students and families through the Behavioral Health Intake Services program. In 2019, Kaiser Permanent paid \$20,000 to Jurupa Unified School District to:</p> <ul style="list-style-type: none">• Establish a student assistant program to centralize behavioral health referrals that will be assigned to licensed mental health professionals and supervised interns.• Complete 850 intake screenings and client case management plans.
Obesity/ Diabetes	During 2019, Kaiser Permanente paid 4 grants, totaling \$50,179 addressing this priority health need in the Riverside service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 4 grants, totaling \$184,150 that addresses this need.	<p><u>Influencing Policies and Funding for Safe Routes to School and Active Transportation~</u></p> <p>Safe Routes to School National Partnership (National Partnership) advances safe walking and biking to and from schools, improves the health and wellbeing for kids of all races, income levels and abilities and seeks to foster the creation of healthy, sustainable communities for everyone. In 2019, Kaiser Permanente paid \$100,000 (split among 15 Service Areas) to the National Partnership to:</p> <ul style="list-style-type: none">• Influence new policies and funding for active transportation and Safe Routes to School programs to increase physical activity and reduce safety risks for people walking and biking.• Provide technical assistance to 10 low income communities in 3 counties to support grant applications for state or other funding sources for biking and walking.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		<p><u>Building Capacity to Advance Healthy Communities and Reduce Health Disparities~*</u></p> <p>Public Health Institute (PHI) generates and promotes research, leadership and partnerships to build capacity for strong public health policy, programs, systems and practices. This grant provides essential capacity building support for Public Health Alliance staff and members of local health departments to strengthen operations, strengthen multi-sector partnerships, improve effectiveness as an organization and advance healthy communities while aiming to reduce health disparities. In 2019, Kaiser Permanente paid \$150,000 (split among 15 Service Areas) to Public Health Institute to:</p> <ul style="list-style-type: none">• Develop a strategic plan to assess, strengthen and evaluate Public Health Alliance operations and successfully implement five actions from the plan.• Strengthen existing and create new strategic partnerships by facilitating 30 multi-sector priority initiative meetings with a variety of partners.• Develop a comprehensive communications plan and a diversified fund development plan.
		<p><u>Supporting Safe, Healthy Play in Elementary Schools~</u></p> <p>Playworks Education Energized (Playworks) aims to improve the health and well-being of children by increasing opportunities for physical activity and safe, meaningful play. Focused primarily on recess, they help schools and districts re-design recess through on-site staffing, consultative support, professional development and free resources. In 2019, Kaiser Permanente paid \$95,000 (split among 10 service areas) to Playworks to:</p> <ul style="list-style-type: none">• Provide 15 full-day professional development workshops for 300 teachers, staff and recess aides across 101 schools.• Provide 5 two-day advanced Recess Implementation trainings to 74 schools impacting 48,000 children.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		<p><u>Increasing Access to Healthy Local Foods</u></p> <p>KFH-Riverside's Community Health Manager serves on the Riverside Food Systems Alliance (RFSA) Advisory Board. The RFSA aim to grow a resilient local food and agricultural economy through the sustainable use of natural resources.</p> <p>Accomplishments in 2019 includes:</p> <ul style="list-style-type: none">• Northside Heritage Meadows project to benefit a socio-economically disadvantaged community by planting 450+ trees and shrubs for cleaner air, water and soil; 24-plot community garden and two walking trails.• Food Rescue and Food Waste Prevention a collaboration with Riverside Food Co-Op's Gleaners for Good backyard produce gleaning program.• Developed Good Agricultural Practices (GAP) training for local farmers to ensure safe food for consumers and safer workplaces for growers.
		<p><u>Ensuring a Safe Space for Physical Activity</u></p> <p>The 100 Mile Club Thrive Path Meet Ups have been a safe space for community to gather monthly to walk or run, using Kaiser Permanente Thrive Paths.</p> <p>Accomplishments in 2019 includes:</p> <ul style="list-style-type: none">• Facilities: Expanded the monthly meetups to Murrieta Medical Office Building.• Facilities: The partnership with 100 Mile Club and KFH-Riverside continues to reach local students and families using the Thrive Path. The monthly meetups reach over 100 participants from 9 area school districts and private schools. In 2019 an estimated 300 walkers have benefited from this safe environment to be physically active.

VII. Description of Community Health Needs KFH-Riverside Will Address in 2020-2022

The KFH-Riverside 2019 Community Health Needs Assessment (CHNA) is available at <http://www.kp.org/chna> (Kaiser Permanente's ShareSite). Detailed information about the CHNA process and the criteria and rationale used to determine which priority health needs the hospital would address in its Community Benefit Plan (referred to as an Implementation Strategy for IRS purposes) – along with information about the health needs that were not identified but not selected – can also be found on the website. Here are the health needs KFH-Riverside is addressing in the 2020-2022 three-year cycle:

Access to Care: Access to adequate health care and mental health care are certainly important issues, including the importance of access to services available in the community (e.g., nonprofits, free resources, etc.). According to 2016 data, roughly 14% are uninsured in Riverside in contrast to 12% who are uninsured in the United States. 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-Riverside finds health insurance coverage to be essential to improving the health of our community.

Behavioral Health (Mental Health and Substance Abuse): Community engagement data suggests mental health is a high priority area by the local community. Data shows that residents in the KFH-Riverside 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. There are also significant disparities in impact. The worst performing ethnicity experiences 63% higher than average rates of suicide in the 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.

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 health care, 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 Riverside is \$58,972 while the median for the state of California is \$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, like economic opportunity, can result in better overall long-term health outcomes.

Obesity/Diabetes/Stroke: Obesity has been a long-standing priority in the community. Additionally, obesity is considered an upstream health issue that leads to deadly health ailments such as heart disease and diabetes. The obesity prevalence rate in the Riverside region is exceedingly high—approximately 25.7% of the population is 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-Riverside for quite some time, and there remains work to be done for our community in this area. As part of these efforts, KFH-Riverside 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.