

# 2022 Community Health Needs Assessment



Kaiser Permanente Moreno Valley Medical Center

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

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# Kaiser Permanente Moreno Valley Medical Center 2022 Community Health Needs Assessment

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# Kaiser Permanente Moreno Valley 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 Moreno Valley 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 Moreno Valley Medical Center identified the following significant health needs, in priority order:

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

To address those needs, Kaiser Permanente Moreno Valley 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>.

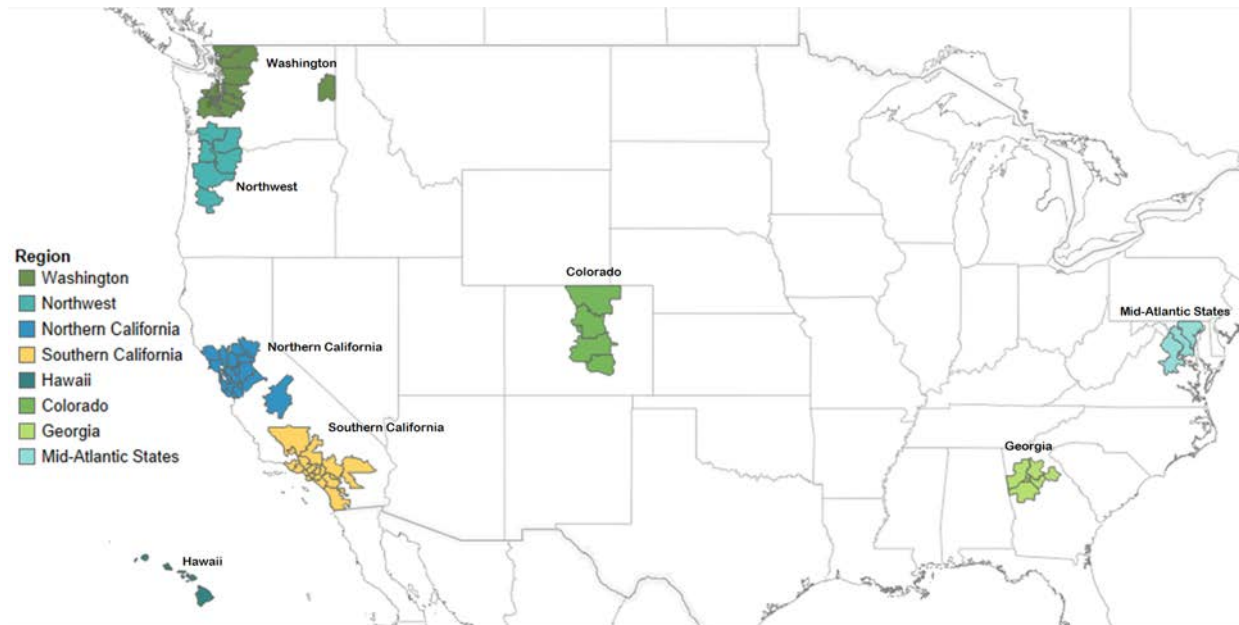
# Introduction/background

## 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.

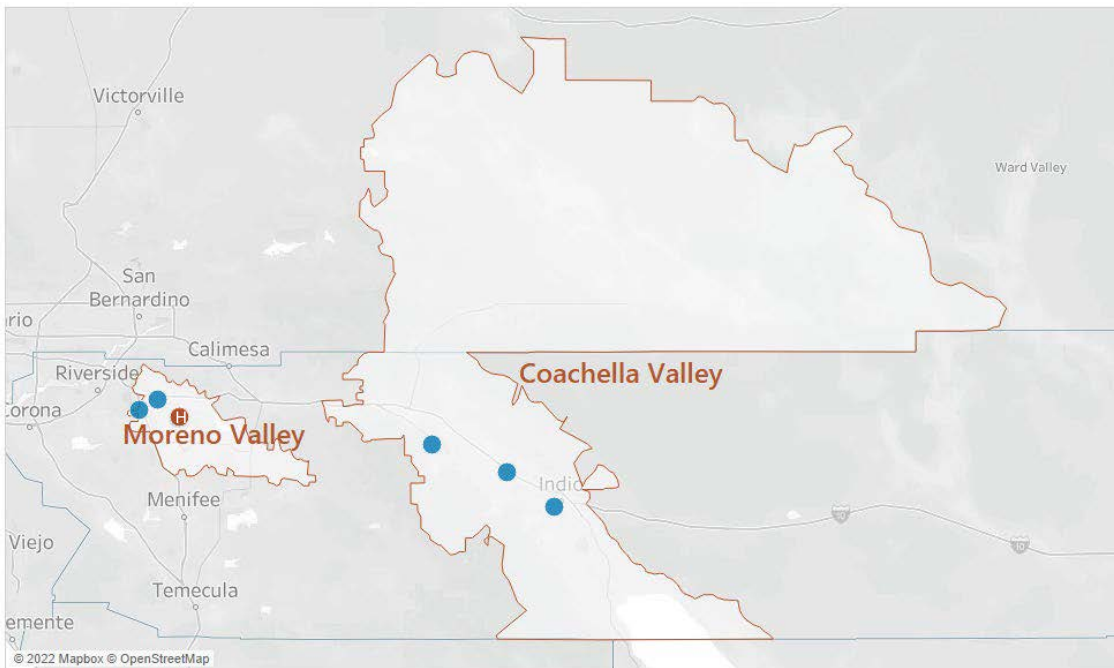
The Kaiser Permanente Moreno Valley Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

## Community served

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

### Moreno Valley–Coachella Valley service area

🏥 Kaiser Permanente hospital   ● Kaiser Permanente medical offices





## Moreno Valley–Coachella Valley service area demographic profile

	Moreno Valley	Coachella Valley
Total population:	328,320	538,393
American Indian/Alaska Native	0.3%	0.5%
Asian	5.1%	2.9%
Black	13.8%	2.6%
Hispanic	61.0%	51.6%
Multiracial	2.6%	1.7%
Native Hawaiian/other Pacific Islander	0.4%	0.2%
Other race/ethnicity	0.2%	0.1%
White	16.6%	40.3%
Under age 18	29.0%	19.9%
Age 65 and over	9.0%	23.1%

### 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 Moreno Valley–Coachella Valley service area

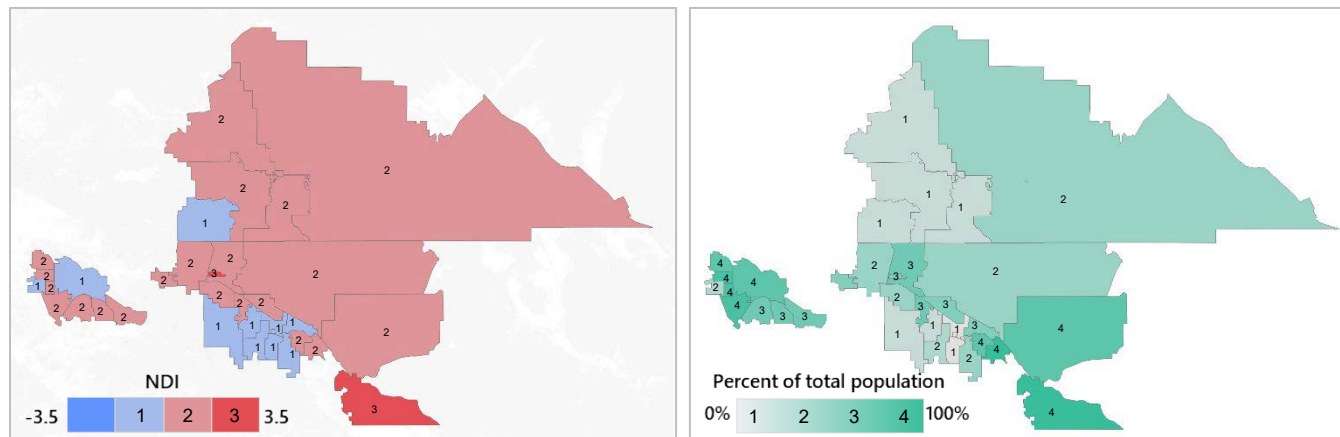
The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment 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 Moreno Valley–Coachella Valley service area. Areas with the highest NDI often are those with the highest proportion of people of color shown in the smaller map on the right.

### MORENO VALLEY–COACHELLA VALLEY 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

### Organizations

Coachella Valley Economic Partnership, Community Health Association Inland Southern Region, Desert Healthcare District, Feeding America of Riverside and San Bernardino Counties, Moreno Valley Unified School District, Morongo Basin Healthcare, 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](https://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 and other local sources 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 Moreno Valley 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](mailto:CHNA-communications@kp.org). This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente Moreno Valley 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 Moreno Valley 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 Moreno Valley 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 Moreno Valley–Coachella Valley service area

Before beginning the prioritization process, Kaiser Permanente Moreno Valley 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 Moreno Valley 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 Moreno Valley–Coachella Valley service area

**1. Income & employment:** Income and employment are a major issue of concern in the Moreno Valley service area. For those who do have jobs, household earnings are generally low – particularly when compared to the state as a whole. Not only are there fewer quality jobs, many people experience transportation problems (particularly for those who are low income). An additional barrier is the available jobs in a proximal area to one’s home. The data on job proximity index — accessibility of a given neighborhood as a function of its distance to all job locations — is alarming at 36 (a higher score corresponds with greater job proximity; state average: 47). What is particularly critical about income is that it is an upstream factor that impacts much more of an individual’s life other than simply their bank account.

**2. Access to care:** The service area has high rates of both adult and child uninsured, 10 percent of adults locally are uninsured, higher than the state average of 8 percent and 4 percent of children locally are uninsured, higher than the state average of 3 percent, 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 creates problems in coordinating a patient’s care. Many also struggle with transportation difficulties in accessing care. Additionally, the region has long struggled to recruit and retain enough providers, making it more difficult to find a physician even when health insurance is available.

**3. Housing:** For well over a decade, there has been a chronic shortage of housing (especially affordable housing). The consequence of this is high rates of rent and mortgage-burdened households and overcrowded housing. Residents face rents that are 13 percent higher than the national average, and more than 21 percent of people are experiencing a severe housing burden. 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.

**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, yet the number of mental health care providers remains lower than the state average. 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. As one key informant shared, “I think the mental health of many individuals in our communities [has] worsened. The isolation, the economic instability, losing their jobs, losing family members, has all had a profound impact on the psyches of our community – collectively and individually”.

**5. Structural racism:** The service area consists of a “majority-minority”; most 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 resources and poorer infrastructure than communities that are predominately white, non-Latino/a, and wealthy. Many health need measures are worse in primarily Latino/a or communities of color. For example, the percent of uninsured is worse in more racially diverse ZIP codes. This pattern of disproportionate health needs is found in numerous other measures, such as and for income housing and employment.

## Health need profiles

Detailed descriptions of the significant health needs in the Moreno Valley–Coachella Valley service area follow.

# 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 Moreno Valley Medical Center. For those who do have jobs, household earnings are generally low – particularly when compared to the state as a whole. The following benchmarks demonstrate how the service area is faring worse than California on earnings, which results in higher rates of poverty.

The unemployment rate has fluctuated wildly in the past two years so far of the COVID-19 pandemic. In 2020, the service area’s unemployment rate was 19 percent, higher than the state average of 16 percent. This was in large part due to the sectors of employment that are available in the Moreno Valley–Coachella Valley service area. Much of the service area is heavily dependent on tourism and the service industry, and with the pandemic and the accompanying restrictions, many places of employment slowed if not closed altogether. One community partner spoke to this.

Economic security went out the window in 2020. [Because of] our overdependence on the tourism business, we had the highest unemployment in April of 2020 of any place that’s not called Maui. We’re going from where we were which was about 8 percent unemployment, and we got up to around 35 percent.

– Community economic partner

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 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).

## INCOME AND EMPLOYMENT BENCHMARKS, MORENO VALLEY – COACHELLA VALLEY SERVICE AREA

	Coachella Valley	Moreno Valley	State average	National average
Children living in poverty	28%	21%	17%	18%
Poverty rate	19%	14%	13%	13%
Median household income	\$51,964	\$65,641	\$82,053	\$70,036
Free and reduced price lunch	47%	64%	44%	36%

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

Another community partner highlighted that underemployment is also a major issue in the service area. With much employment in the hospitality sector, this results in a lack of high-wage jobs.

I’d say that one of the biggest issues is underemployment. We have a lot of people here that have college degrees in things that don’t particularly have a lot of local jobs associated with them.

– Community economic partner

Not only are there fewer quality jobs, many people experience transportation problems (particularly for those who are low income). An additional barrier is the available jobs in a proximal area to one’s home. The following data on job proximity is alarming:

- The job proximity index, which measures the accessibility of a given neighborhood as a function of its distance to all job locations, is 36 (a higher score corresponds with greater job proximity; state average: 47).

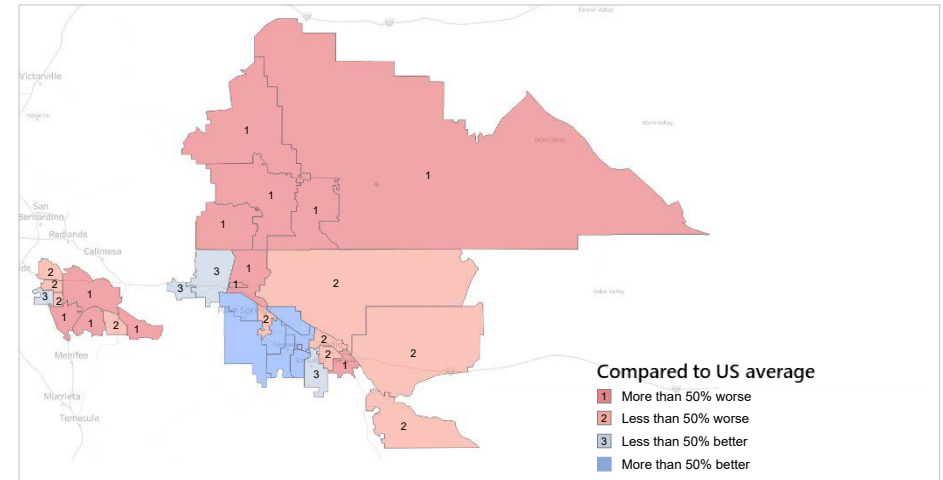
What is particularly critical about income is that it is considered to be an upstream factor, or a social determinant of health, that impacts much more of an individual’s life other than simply their bank account. Another community partner described how important economics are for health and well-being.

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

### JOB PROXIMITY INDEX RATES, MORENO VALLEY-COACHELLA VALLEY SERVICE AREA, 2019

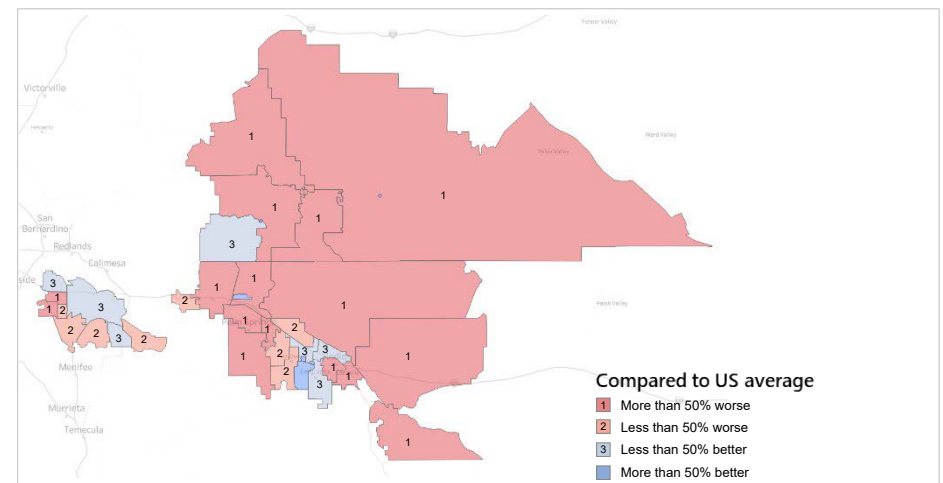
Areas shaded red (1) are ZIP codes with Job proximity index ratings over 50% worse than the US average.



Source: Kaiser Permanente Community Health Data Platform

### CHILDREN LIVING IN POVERTY, MORENO VALLEY-COACHELLA VALLEY 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

# 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 Moreno Valley Medical Center. The Moreno Valley—Coachella Valley service area has higher adult and child uninsured rates than statewide:

- 10 percent of adults locally are uninsured, higher than the state average of 8 percent.
- 4 percent of children locally are uninsured, 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 creates 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 service area:

- There are 44 primary care physicians per 100,000 residents, 50 percent worse than the state average of 80.
- There are 54 dentists per 100,000 residents, 38 percent worse than the state average of 87.

Foregoing preventative health and dental care can certainly 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, including 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.

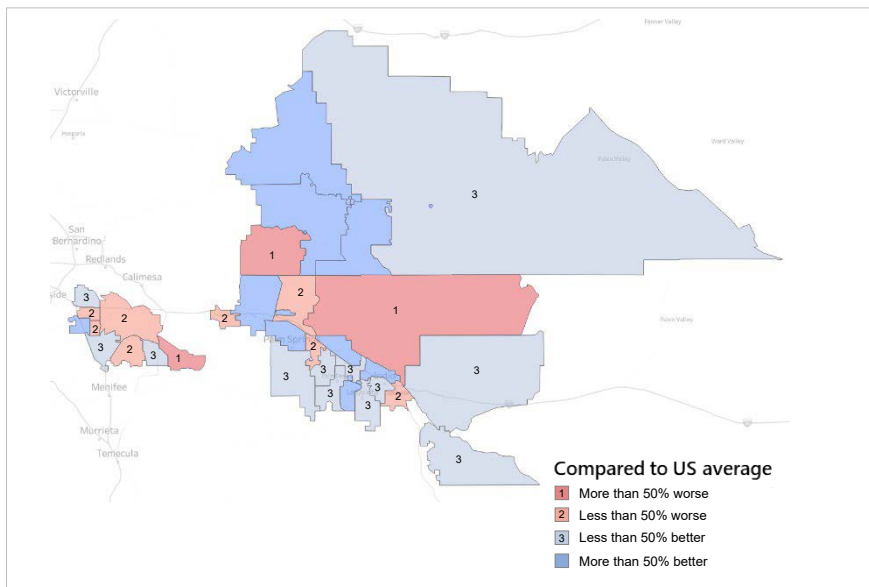
As one interviewee stressed, telehealth can significantly improve one’s access to care, but it is far from a panacea. With telehealth still a limited option, other barriers remain, such as transportation, taking time off work, and inadequate childcare.

Access to healthcare is a significant challenge for many communities, especially after the pandemic. I think there is a huge group of people that have lost their employment, their health condition might have worsened and that are now very likely uninsured. Many times, our community members might be eligible for health insurance, but they don’t know how to access that health insurance; even if they know they’re eligible, they don’t know where to go or what to do. It’s a confusing system.

– Community partner

### UNINSURED CHILDREN, MORENO VALLEY-COACHELLA VALLEY SERVICE AREA, 2015-2019

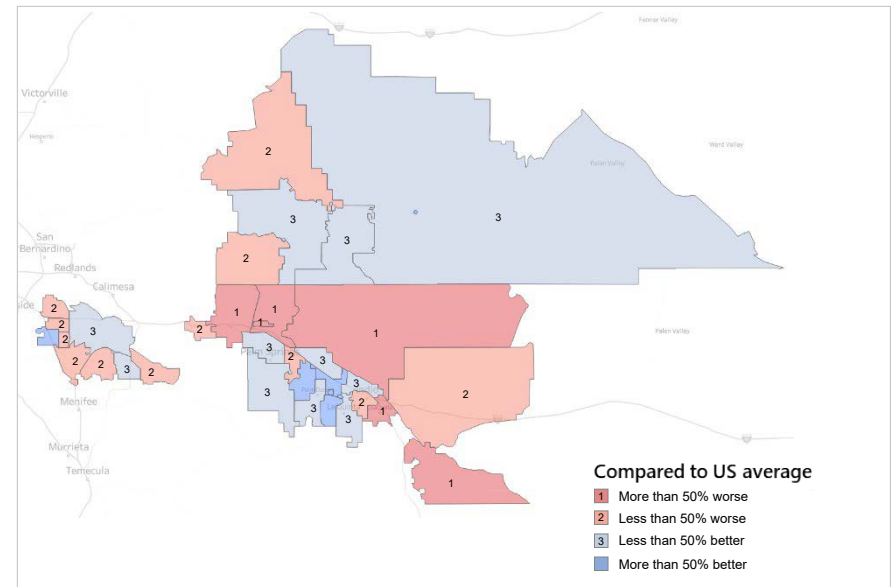
Areas shaded red (1) are ZIP codes where the percent of uninsured children is over 50% worse than the US average.



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

### PERCENT UNINSURED, MORENO VALLEY-COACHELLA VALLEY 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](#)

# 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 Moreno Valley–Coachella Valley service area. Residents face rents that are 13 percent higher than the national average, and more than 21 percent of people are experiencing a severe housing burden. 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.

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 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

### Housing shortage

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

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

The local homeownership rate is 65 percent, which is slightly higher than the national homeownership rate 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

One extreme consequence of the lack of housing is homelessness. Homelessness continues to be a concern for local partners serving the community, especially in the wake of the COVID-19 pandemic.

After COVID, our homeless numbers are going up astronomically. Then just even getting to those populations is a difficulty.

– Community health leader

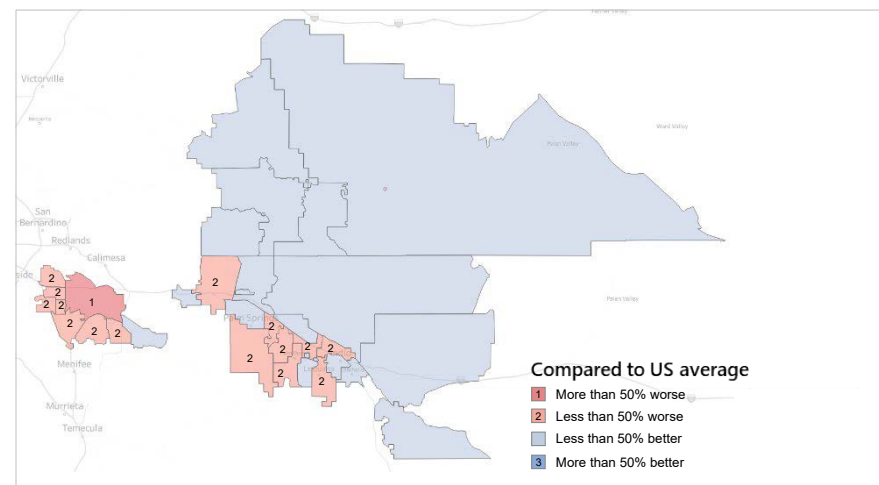
### HOUSING BENCHMARKS, MORENO VALLEY-COACHELLA VALLEY SERVICE AREA

	Coachella Valley	Moreno Valley	State Average	National Average
Median rental cost	\$1,254	\$1,549	\$1,689	\$1,155
Severe housing cost burden	22%	20%	19%	14%
Moderate housing cost burden	26%	20%	21%	17%
Percent of income for mortgage	32%	24%	31%	17%

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

### MEDIAN RENT, MORENO VALLEY- COACHELLA VALLEY SERVICE AREA, 2015-2019

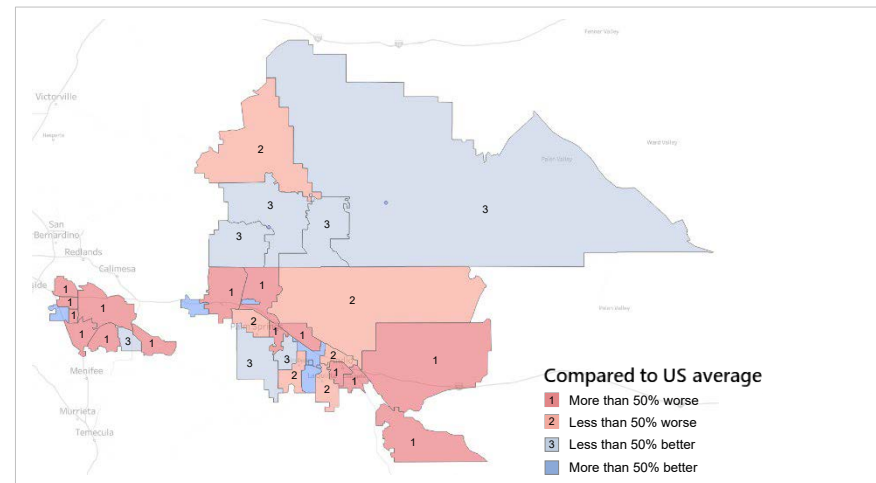
Areas shaded red (1) are ZIP codes with median rent rates over 50% worse than the US average.



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

### OVERCROWDED HOUSING, MORENO VALLEY- COACHELLA VALLEY SERVICE AREA, 2015-2019

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



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

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, American Indian/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 an issue that has been growing in concern for the entire nation as well as for the those served by Kaiser Permanente Moreno Valley Medical Center.

## Mental health

Residents of the Moreno Valley–Coachella Valley 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.

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.

## MENTAL HEALTH BENCHMARKS, MORENO VALLEY-COACHELLA VALLEY SERVICE AREA

	Coachella Valley	Moreno Valley	State Average	National Average
Mental health providers per 100,000 pop.	208	206	352	247
Suicides per 100,000 pop.	11	11	11	14
Deaths of despair	38	39	34	44
Poor mental health days (days per month)	4	4	4	4

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

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.

Mental health is not often on the top of people's priority needs.... Sometimes people think that it's something White people do or [that] it's a luxury. Even when I mention counseling to some parents, they get defensive and say their kids aren't crazy, and I'm thinking, "Well, I didn't say they were crazy."

– School district leader

### 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 problems related to substance abuse and treatment.

I think the mental health of many individuals in our communities [has] worsened. The isolation, the economic instability, losing their jobs, losing family members, has all had a profound impact on the psyches of our community – collectively and individually.

– Community leader and medical doctor

The biggest concern I have related to substance abuse is the identification, treatment, and referral into treatment. If you want to do in-patient care, there's nowhere to go. I [also] have a huge concern about vaping. I see kids vaping all the time. We've really got to do something about that, which all leads to more substance abuse.

– Community health leader

# 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 Moreno Valley Medical Center. The service area is “minority-majority,” with a “minority” population of 83.4 percent. The Black population is 13.8 percent, and the Latino/a population is 61.0 percent, making it the largest ethnic group (larger than non-Latino/a whites).

The service area is a geographically diverse location mainly comprised of the Morongo Basin, Moreno Valley, and the Coachella Valley. Each of these three areas, although distinct, share a history of white settlement and racialized marginalization. The Morongo Basin, different than nearly all of Southern California, has remained largely working class and non-Latino/a white, with few informal social support networks for Latino/a and people of color. Moreno Valley, like neighboring Riverside, has for at least two decades attracted working-class, Latino/a, and people of color mainly from greater Los Angeles in search of affordable housing and social mobility. The Coachella Valley has also attracted a large working-class, Latino/a, and Black, and people of more than one race, though not from internal migration but from international immigration. Agriculture remains a major industry in the Eastern Coachella Valley, thus influenced by the rigid social hierarchy of farm labor—what one historian terms California’s “racial caste system.” Those at the bottom of this hierarchy are indigenous Mexican immigrants (such as Purépecha), who might lack fluency in Spanish or be undocumented, followed by mestizo Mexican immigrants (employed as foremen or labor contractors), U.S.-born Mexican American citizens, and whites, who own the majority of agricultural land. This rough schema, although applicable to farm labor, nonetheless influences how race is perceived and experienced in the wider community. Structural racism, throughout the service area, remains a challenge.

The COVID-19 pandemic, like elsewhere in the United States, has heavily affected Latino/a and communities of color in the Moreno Valley–Coachella Valley 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



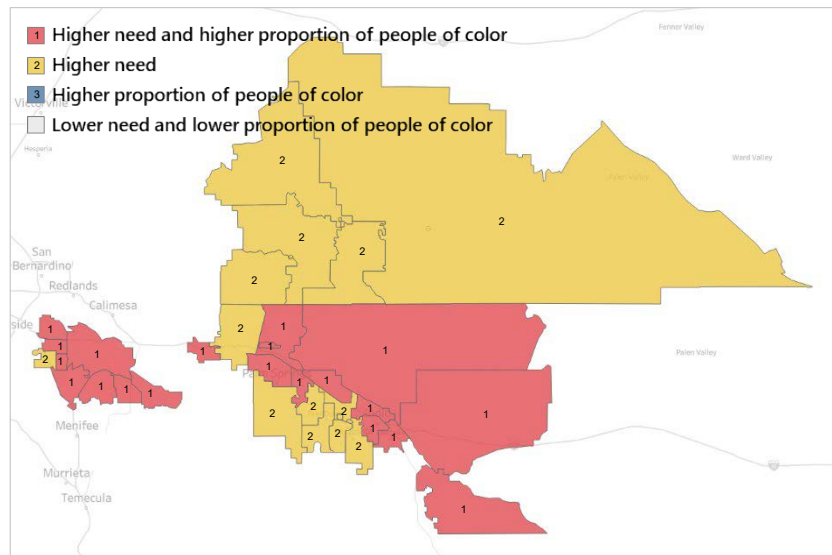
In the Moreno Valley–Coachella Valley service area, many health need measures are higher in primarily Latino/a or communities of color than in more white, non-Latino/a communities. For example, the percent of uninsured is worse in more racially diverse ZIP codes (mainly in the Eastern Coachella Valley, Desert Hot Springs, and Moreno Valley). This pattern of disproportionate health needs is found in numerous other measures, such as for housing (including severe and moderate housing cost burdens, overcrowded housing, percent of income for mortgage, and the housing affordability index) and for income and employment (including the poverty rate, median household income, the unemployment rate, and the jobs proximity index). Thus, the data clearly paint a stark picture of major health needs disproportionately burdening predominately Latino/a and communities of color

Black and brown folks have been disproportionately affected by ... public policies that prevent them from reaching their own potential. When it comes to health care, how difficult it has been for the brown and black communities to access healthcare, to have decent healthcare coverage, to have doctors who represent them.

– Government leader

**UNEMPLOYMENT RATE, MORENO VALLEY-COACHELLA VALLEY SERVICE AREA, 2020**

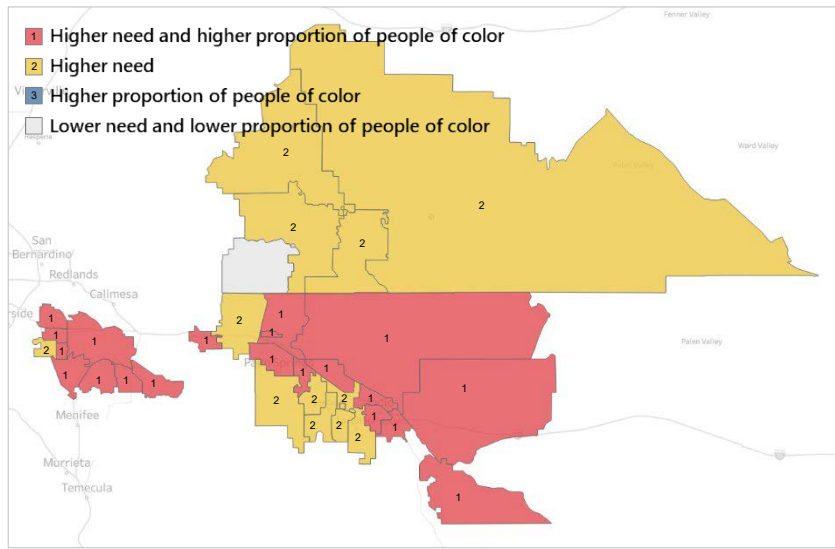
Areas shaded red (1) are ZIP codes with **population of people of color greater than 50 percent** (Service Area average) and **higher rates of unemployment** than the National average.



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

**SEVERE HOUSING COST BURDEN, MORENO VALLEY-COACHELLA VALLEY 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.



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 Moreno Valley–Coachella Valley 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 Moreno Valley 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 Moreno Valley 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 Moreno Valley 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 Moreno Valley 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 Moreno Valley 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 58 grants totaling \$2,992,262 in service of 2019 IS health in the Moreno Valley-Coachella Valley service area.

One example of a key accomplishment in response to our 2019 IS includes improving access to primary health care. Coachella Valley Volunteers in Medicine, awarded \$24,500 over one year, has been able to provide free health care services to adults primarily in the eastern Coachella

Valley. This community is largely low-income and Latino/a, and thus the program helps contribute to lessening socioeconomic and racial disparities. Because services include health education and social services/community referrals, both patients and their family members benefit from the program.

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 component of this response was a \$25,000 grant awarded to the nonprofit Martha’s Village & Kitchen, which provides housing and wrap-around services to people in the Coachella Valley. These services include onsite medical care and assistance with finding stable housing.

### Kaiser Permanente Moreno Valley Medical Center 2019 IS priority health needs and strategies

#### Access to care

**Care and coverage:** Kaiser Permanente Morena Valley 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	17,570	17,143	\$8,983,462	\$3,223,928
Charitable Health Coverage	12	10	\$1,311	\$1,338
Medical Financial Assistance	5,425	4,369	\$3,078,003	\$2,712,475
<b>Total care &amp; coverage</b>	<b>23,007</b>	<b>21,522</b>	<b>\$12,062,776</b>	<b>\$5,937,741</b>

**Other access to care strategies:** During 2020-2021, 38 grants were awarded to community organizations, for a total investment of \$3,868,811 to address access to care in the Moreno Valley-Coachella Valley 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 core grant

California Primary Care Association 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.

#### Improving access to primary health care

Coachella Valley Volunteers in Medicine was awarded \$24,500 to provide free health care services to eligible adult residents of the Coachella Valley, particularly those residing in the eastern Coachella Valley. The program is expected to serve a minimum of 150 individuals by providing no-charge, primary health care services.

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## Behavioral Health

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During 2020-2021, 42 grants were awarded to community organizations, for a total investment of \$697,387 to address behavioral health in the Moreno Valley-Coachella Valley service area.

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### Health outreach program

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Imtasik Family Counseling Services Inc. was awarded \$24,500 to provide mental health treatment and substance misuse services via telehealth and in-person visits. The program is expected to serve 65 underserved and hard-to-reach individuals (including homeless individuals) in the Riverside and Moreno Valley-Coachella Valley service area.

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### Child behavioral health agenda

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Children Now was awarded \$300,000 over two years to lead the development of California Child Behavioral Health Agenda 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.

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### Trauma-informed care program - Moreno Valley

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Think Together was awarded \$24,500 to create a trauma-informed care environment for after-school and summer programs that addresses the needs of Moreno Valley students who may be at risk for experiencing traumatic stress symptoms. The program is expected to serve about 3,000 individuals.

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## Economic Opportunity

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During 2020-2021, 37 grants were awarded to community organizations, for a total investment of \$559,973 to address economic opportunity in the Moreno Valley-Coachella Valley service area.

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### California housing services and operating subsidy fund for project Homekey

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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.

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### Inner City Capital Connections Program

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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.

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### Homeless housing with health and wraparound services program

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Martha's Village & Kitchen was awarded \$24,500 to provide homeless individuals with a path back to stable permanent housing. The program is expected to serve about 400 individuals by offering housing and wrap-around support services including recuperative care.

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## Obesity/HEAL

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During 2020-2021, 9 grants were awarded to community organizations, for a total investment of \$120,864 to address obesity/HEAL in the Moreno Valley–Coachella Valley service area.

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### Nutrition markets

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Feeding America Riverside and San Bernardino Counties was awarded \$24,500 over 1 year to have a farmer’s market style food distribution site. The program is expected to serve about 650 individuals with the opportunity to receive a variety of items, which can include fresh produce; shelf-stable food boxes; combination boxes with meats, cheese, and dairy; and grocery gift cards.

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### Hidden Harvest Corp.

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Hidden Harvest was awarded \$20,00 to bring fresh produce to scheduled locations across the Coachella Valley, twice a month. The program is expected to provide approximately 55,000 seniors more than 15 pounds of fresh food each month.

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## 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	Key informant interview	Coachella Valley Economic Partnership	1	Economic development	Leader	6/29/2021
2	Focus group	Community Health Association Inland Southern Region	3	Medically underserved	Leaders, members	7/16/2021
3	Key informant interview	Desert Healthcare District	1	Low-income, medically underserved, communities of color, Latino/a	Leader	7/1/2021
4	Key informant interview	Feeding America of Riverside and San Bernardino Counties	1	Low-income, food insecure	Leader	6/28/2021
5	Key informant interview	Moreno Valley Unified School District	1	K-12 education	Leader	6/23/2021
6	Key informant interview	Morongo Basin Healthcare	1	Low-income and medically underserved	Leader	6/18/2021
7	Key informant interview	Riverside County Department of Public Social Services	1	Low-income and medically underserved	Representative	6/25/2021
8	Key informant interview	Riverside County Workforce Development	1	Low-income	Representative	6/30/2021
9	Key informant interview	Riverside University Health System—Public Health	1	Public health	Leader	8/31/2021
10	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	UCR Center for Social Innovation	Campus think tank that produces reports and organizes conference around social mobility and entrepreneurship in the Inland Empire. <a href="https://socialinnovation.ucr.edu/">https://socialinnovation.ucr.edu/</a>
	Riverside University Health System—Public Health	Promote and protect the health and well-being of all residents and visitors to Riverside County. <a href="https://www.rivcoph.org/">https://www.rivcoph.org/</a>
	Parkview Legacy Foundation	Nonprofit focused on housing and economic mobility. <a href="https://parkviewlegacy.org/">https://parkviewlegacy.org/</a>
	Inland SoCal United Way	The mission is to unite people, ideas, and resources to empower community and improve lives. <a href="https://www.inlandsocaluw.org">https://www.inlandsocaluw.org</a>
	Catholic Charities	Dedicated to the alleviation of the suffering and the advancement of the poor and those in crisis. <a href="https://www.ccsbriv.org/">https://www.ccsbriv.org/</a>
Access to care	Coachella Valley Equity Collaborative	Initiative led by Desert Healthcare District to equitably provide COVID-19 resources (testing, vaccination, etc.). <a href="https://www.dhcd.org/Coachella-Valley-Equity-Collaborative-s-COVID-19-response-yields-32-067-vaccine-doses-to-date">https://www.dhcd.org/Coachella-Valley-Equity-Collaborative-s-COVID-19-response-yields-32-067-vaccine-doses-to-date</a>
	Desert Healthcare District	Elected board that oversees the three hospitals in the Coachella Valley and provides grants to community organizations. <a href="https://dhcd.org/">https://dhcd.org/</a>
	Inland Empire Health Plan	Health plan for Medi-Cal recipients. <a href="https://www.iehp.org/">https://www.iehp.org/</a>
	Morongo Basis Health Care District	Meets the health needs of the rural populations in the Morongo Basin. <a href="https://www.mbhdistrict.org">https://www.mbhdistrict.org</a>
	Coachella Valley Volunteers in Medicine	Provides primary care services at no cost to adults in the Coachella Valley who are uninsured or underinsured. <a href="https://www.cvvm.org">https://www.cvvm.org</a>
	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. <a href="https://chairs.org/">https://chairs.org/</a>
Housing	Lift to Rise	Drives a collective impact approach to solutions for the housing and economic challenges of the inland region. <a href="https://www.liftrise.org">https://www.liftrise.org</a>
	Coachella Valley Housing Coalition	Serves families who have a strong motivation to become homeowners and provides much needed services that support the family. <a href="https://www.cvhc.org">https://www.cvhc.org</a>
	Housing Authority of the County of Riverside	Administers the development, rehabilitation, or financing of affordable housing programs. <a href="https://www.harivco.org">https://www.harivco.org</a>

Identified need	Resource provider name	Summary description
	Martha's Village & Kitchen	Provides life-changing programs addressing needs and solutions for the impoverished and homeless in the Coachella Valley. <a href="https://www.marthasvillage.org">https://www.marthasvillage.org</a>
	Operation Safe House	Provides emergency shelter, intervention, and outreach services to youth in crisis in Riverside County. <a href="https://www.operationsafehouse.org/">https://www.operationsafehouse.org/</a>
Mental & behavioral health	Jewish Family Services of the Desert	Provides social service needs and promotes the well-being of people of all ages, incomes, and lifestyles, throughout the Coachella Valley. <a href="https://www.jfsdesert.org">https://www.jfsdesert.org</a>
	Community Now	Equips individuals with the coping skills needed to manage the stressors of life to become socially and emotionally resilient. <a href="https://www.communitynow.info">https://www.communitynow.info</a>
	THINK Together	Partners with schools to expanded learning programs and school improvement in an after-school setting. <a href="https://www.thinktogether.org">https://www.thinktogether.org</a>
	Reach Out Morongo Basin	Nonprofit providing services to home-bound, older residents and family caregivers. <a href="http://reachoutmb.org/">http://reachoutmb.org/</a>
Income & employment	Coachella Valley Economic Partnership	Serves innovators and entrepreneurs at every stage of business from incubation to launch to daily operation. <a href="https://www.cvep.com/">https://www.cvep.com/</a>
	Get In Motion Entrepreneurs	Improves economic opportunities and eliminate poverty in Latino/a communities through entrepreneurship. <a href="https://www.gogetinmotion.com">https://www.gogetinmotion.com</a>
	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. <a href="https://www.inlandgrowth.com/">https://www.inlandgrowth.com/</a>
	Axis Foundation	The mission is to unlock the potential of at-risk youth and young adults to build and sustain the future through financially and physically healthy communities. <a href="https://www.axisfi.org/">https://www.axisfi.org/</a>
Structural racism	Beta Sigma Xi	The mission is to break the cycle of poverty and violence through mentoring, education, and community organizing. <a href="https://www.sigmabetaxi.com">https://www.sigmabetaxi.com</a>
	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. <a href="https://www.copesite.org">https://www.copesite.org</a>
	Riverside University Health System—Public Health: Health Equity Committee	Collaborates with agencies and community partners in an effort to highlight the importance of health equity and eliminating health disparities in Riverside County. <a href="https://www.rivcohp.org/Services/Health-Equity-Committee">https://www.rivcohp.org/Services/Health-Equity-Committee</a>

Identified need	Resource provider name	Summary description
	UCR Center for Social Innovation - Racial Equity Institute	Identify and support bold, emerging leaders in the Inland Empire nonprofit sector who seek to advance racial equity. <a href="https://socialinnovation.ucr.edu/racial-equity-institute">https://socialinnovation.ucr.edu/racial-equity-institute</a>