

**Evaluation of the Proposed Amendments Related to Riverside  
Community Health Foundation's Restated Articles of  
Incorporation**

**Prepared for the Office of the California Attorney General**

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## **I. Introduction and Overview**

We are pleased to submit this Report to assist the California Office of the Attorney General (OAG) in evaluating Proposed Amendments (“Proposed Amendments”) related to Riverside Community Health Foundation’s (RCHF’s) Restated Articles of Incorporation (AOI).

## **II. Background**

Riverside Community Health Foundation, a California nonprofit public benefit corporation (“RCHF”) seeks (pursuant to Section 999.5(h)(1) of Title 11 of the California Code of Regulations (“11 CCR” or “Code of Regulations”) approval by the Attorney General of the State of California (“Attorney General”) of proposed amendments (“Proposed Amendments”) to RCHF’s Restated Articles of Incorporation (August 6, 2021).

### **RCHF Identified Limitations of Existing Language on RCHF Use of Funds**

RCHF proposes to change AOI language that they feel limits their ability to effectively fulfill their charitable purpose.

They summarize this issue as follows:

“Despite RCHF’s success over the years, it has felt encumbered with the restrictions and the narrow definition of its health care priorities. Also, just recently, with the sale of the Parkview Hospital, this removes yet another Qualified Recipient for RCHF’s Inpatient Charitable Expenditures serving the Service Area. Riverside University Health Systems moved out of the Service Area years ago and Kaiser Permanente Hospital has a prohibitive administrative model and is not able to nor willing to receive funds. The major provider of hospital services, Riverside Community Hospital, is not allowed to participate as a Qualified Recipient since it is for-profit.”

### **Relevance and Application of Recent AG Approval of Parkview**

RCHF proposes as a relevant template for OAG approval their of revised AOI language a recent similar transaction (Parkview Transaction) which was conditionally consented to by the OAG (January 9, 2019, letter “Parkview AG Consent Conditions”). They identify similarities between the Parkview Transaction and their May 1997 Transaction.

“There are substantive similarities between the Parkview Transaction and the May 1997 Transaction. For example, monetary proceeds/contributions received by the Parkview Foundation must be utilized by the Parkview Foundation for “health and wellness initiatives” for the benefit of those Riverside residents residing in “ZIP Codes” historically serviced by the Parkview Hospital.<sup>8</sup> See Part XII, Pg. 4 and Part XVIII, Pg. 8 of the Parkview AG Consent Conditions. A second similarity was Parkview Foundation’s ability to directly pay for healthcare expenses incurred by financially

needy residents (which, in part, allowed RCHF to cover insurance premiums (similar to insurance premium language that was part of the Parkview AG Consent Conditions). Moreover, RCHF has funded medical/dental/vision costs through outpatient grants to organizations such as Teen Challenge and Another Way.”

At the same time, RCHF identifies one important difference between the two transactions that they feel justifies approval of their current request, including:

“The Attorney General did not impose any inpatient/outpatient hospital limitations on the use and distribution of the monetary proceeds/contributions received by the Parkview Foundation. Rather (and seemingly based on community health needs assessment for the greater Riverside area), the Attorney General required the Parkview Foundation to use such monetary proceeds / contributions....to fund, support or directly provide programs or services that address the social determinants of health within the Service Area, including but not limited to the following: healthcare services, grants for needy individuals, homeless services, mental and physical health screening programs, prevention and treatment of obesity, respiratory illness, diabetes, tobacco cessation, behavioral health, alcohol and substance abuse, child and family wellness services, eldercare services, and wellness services to promote opportunities for socialization and physical activity for senior citizens, persons with disabilities and persons suffering from chronic illness in the community across all ages.”

### **Specific Changes Requested**

RCHF is requesting specific AOI language changes as a result of their analysis on changes in the community and changing health and other community needs. Material changes requested in their amendment include the following:

**Elimination of Percentage Limitations on Use and Distribution of May 1997 Assets:** One of the Proposed Amendments is to allow RCHF to use and distribute its “May 1997 Assets” similar to the use by the Parkview Foundation of its monetary proceeds/contributions. This amendment results in not only providing RCHF with needed flexibility to use and distribute expenditures that actually meet the current and relevant healthcare needs and priorities identified in the Parkview Community Health Needs Assessment that are increasingly being provided to Riverside residents at community healthcare clinics, but, more importantly, eliminating the frustrating limitation favoring tax-exempt nonprofit and governmental acute care hospitals.

**Proposed Language Reads as Follows:** “Determination of Amount. This Corporation shall have no minimum annual Expenditures from the CHC Trust, and may use the CHC Trust to fund Health and Welfare Care Expenditures and Health and Wellness Educational/Professional Expenditures; all at such times, in such manner and in such amounts (subject to Paragraph (B)(2) of this Article IV) as shall be determined in the sole discretion of this Corporation’s Board after taking into account operating expenses, capital needs and reserves for contingencies in accordance with sound accounting practices, including, without limitation, capital calls from any investment included within the CHC Trust.

**Expansion of (i.e., Updating) the “Medical Care” Definition to Align with the Current and Relevant Healthcare Needs and Priorities Identified in the Parkview Community Health Needs Assessment:**

Equally important to addressing and/or providing the current and relevant healthcare needs and priorities identified in the Parkview Community Health Needs Assessment is expanding and updating the current definition of “Medical Care” to take into account the evolution of not only healthcare services and practices, but also healthcare providers.

**Proposed Language Reads as Follows:** Accordingly, the proposed language amending the old term “Medical Care” (including now referring to it as “Health and Wellness Care”) is as follows: “Health and Wellness Care. Health, wellness, and/or medical care provided to a person by a health care provider licensed, certified, or accredited either by a governmental entity or agency of either a State or the United States or by an accrediting organization recognized as such by the health care industry, which health, wellness and/or medical care may include, but not be limited to, programs and activities that address medical and social determinants that address health and wellness within the Service Area and/or to residents of the Service Area to health and wellness services, expressly including, without limitation, the following: healthcare services; grants for needy individuals; homeless services; mental and physical health screening programs; prevention and treatment of obesity; respiratory illness; diabetes; tobacco cessation; behavioral health; alcohol and substance abuse; maternal health services; child and family healthcare and wellness services; eldercare services; and wellness services to promote opportunities for socialization and physical activity for senior citizens, persons with disabilities and persons suffering from chronic illness residing in the Service Area across all ages.”

**(c) Elimination of Inpatient and Outpatient Distinctions:** A common, recurring theme in the considerations supporting the Proposed Amendments is the ever-increasing difficulty in working with nonprofit or governmental acute-care hospitals in the Service Area to provide healthcare and wellness services to the residents.... This difficulty is further exacerbated by the ever changing and evolving model of healthcare delivery systems. That is, the critical healthcare needs described in the Parkview Community Health Needs Assessment are most effectively and efficiently delivered on an outpatient basis at clinics and similar facilities.

**Proposed Language Reads as Follows:** Accordingly, the proposed language is designed to ensure that RCHF’s expenditures are not restricted to traditional “inpatient” and “outpatient” delivery systems, as follows: Health and Wellness Care Expenditures. Expenditures from the CHC Trust: (a) that are reasonably necessary to fund Health and Wellness Care for the benefit of persons residing in the Service Area that is provided (i) by an acute care hospital duly licensed under applicable law and operated by a Qualified Recipient, or (ii) directly by this Corporation, or directly by a Qualified Recipient, either alone or on behalf of this Corporation, including at healthcare facilities substantively similar to the “Eastside Health Center” that is recognized by the Internal Revenue Service as a public charity providing “medical or hospital care” within the meaning of Section 170(b)(1)(A)(iii) of the Code; (b) that are reasonably necessary to fund Health and Wellness Care provided directly by this Corporation or directly by a Qualified Recipient, either alone or on behalf of this Corporation, on an ambulatory or outpatient basis, in within the Service Area or to residents of the Service Area; and (c) for the

purpose of obtaining medical insurance from not-for-profit or private purveyors for the benefit of “Medically Indigent” (as defined below) persons residing in the Service Area.

### **RCHF Identified Need for Proposed Amendment**

RCHF is proposing a revision of AOI governing language based on changes in the health care marketplace, changes in community needs, and changes in the way that community needs can be met. RCHF summarizes these changes as follows:

**Changing Needs and Interventions:** “RCHF’s view of this assessment is that there needs to be a greater emphasis and funding targeting social determinants that negatively impact health and wellbeing. Social determinants of health are the conditions in which people are born, grow, live, learn and work and include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to healthcare. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages. There have been a growing number of opportunities emerging to address social determinants of health. For example, RCHF’s is being asked to partner in providing affordable healthy foods, health care, nutrition programs for homeless projects, as well as providing transportation to medical clinics, public transportation, supporting healthier corner stores in low-income communities and supporting community gardens. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.”

**Changing Health Care Landscape:** “The last nonprofit hospital within our immediate service area, Parkview Hospital, has transitioned into a for-profit entity, taking away the final nonprofit hospital for RCHF to grant to. Also, over the years RCHF’s investments into hospitals have done very little to reduce the cost of health care and it has not been able to encourage hospitals to develop community-based preventative programs within the Service Area. Since 1997, there has been quite the change, health care has evolved, in how we tackle the many health challenges, by putting resources into outreach and placing programs within the communities we serve, and into building a health workforce that is community based. There has developed a growing body of evidence documenting the idea that health is determined by factors outside the traditional health-care setting (hospital focused) and has become a recognized approach to improving community health and addressing health disparities.”



### **III. Project Goals and Methodology**

The goals of this project are to understand and evaluate the proposed amendment and how the proposed changes would affect RCHF's ability to fulfill its charitable mission and whether the proposed language would provide a more effective framework to meet current and future community needs.

To complete this review, we undertook to gather relevant data and construct databases on both Riverside County and the Proposed Geographic Service Area within Riverside County.

Project databases cover a wide range including data on the health system, including community clinics and other health care providers, as will data on local community population characteristics and community needs, other non-profit Foundation serving Riverside County and methods and findings from a wide range of non-profit organizations that regardless Health Needs Assessments for Riverside County and, where possible, the Proposed RCHF Service Area. The availability of the results of Health Needs Assessments from different non-profits serving Riverside County and RCHF's Service Area provide invaluable information in providing a framework and external data on local community health and other needs that might be met through RCHF's proposed expanded language and authority to fund a mix of services beyond hospital-based inpatient and outpatient care.

Finally, we will a summary of our findings and, offer recommendations based on our findings, include potential conditions on approval of the amendment to mitigate any "effect of the proposed amendments on the availability or accessibility of health care services to the affected community (Cal. Code Regs., tit. 11, § 999.5, subd. (h)(4).)" and, more broadly, to provide a framework to ensure the maximum value to the community as RCHF implements updated Articles of Incorporation.

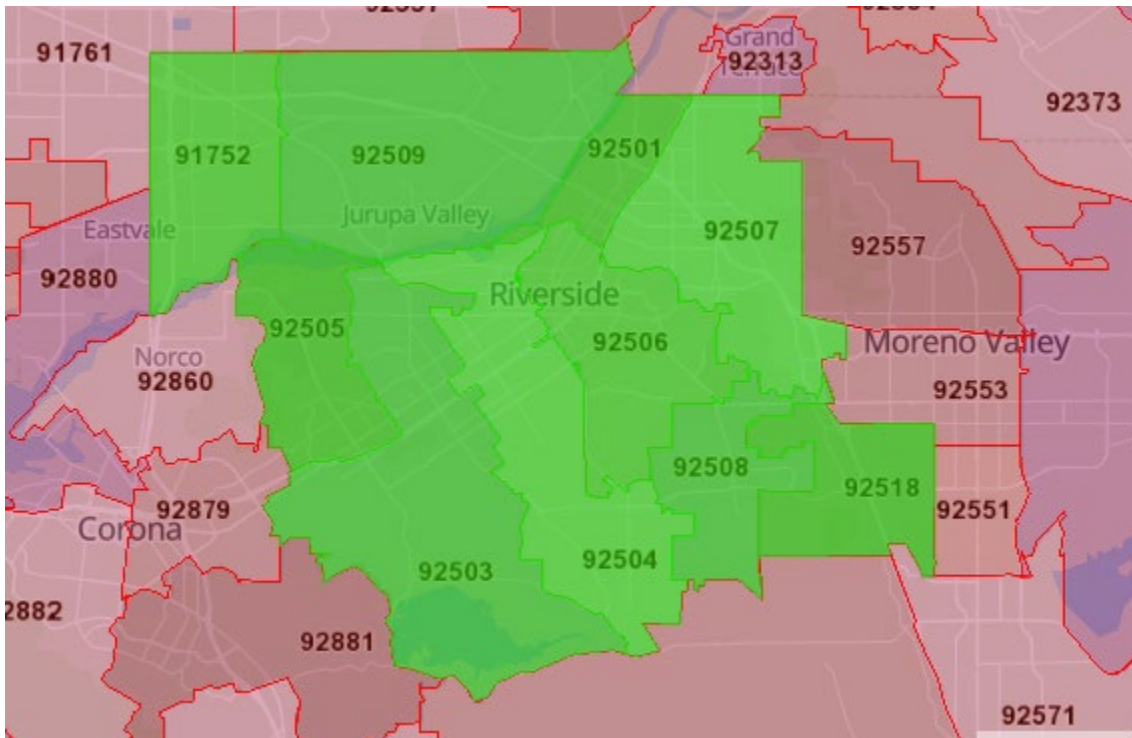
#### IV. Definition of Proposed Geographic Service Area

The Proposed Amendments to RCHF AOI include a definition of the proposed RCHF Service Area. The Proposed Amendments indicate that the Service Area Definition should remain substantively unmodified in the Proposed RCHF Amended AOI.

The definition of “Service Area” (*i.e.*, ZIP Codes whose residents historically received healthcare services from the nonprofit hospital when owned by RCH (prior to the May 1997 Transaction)).

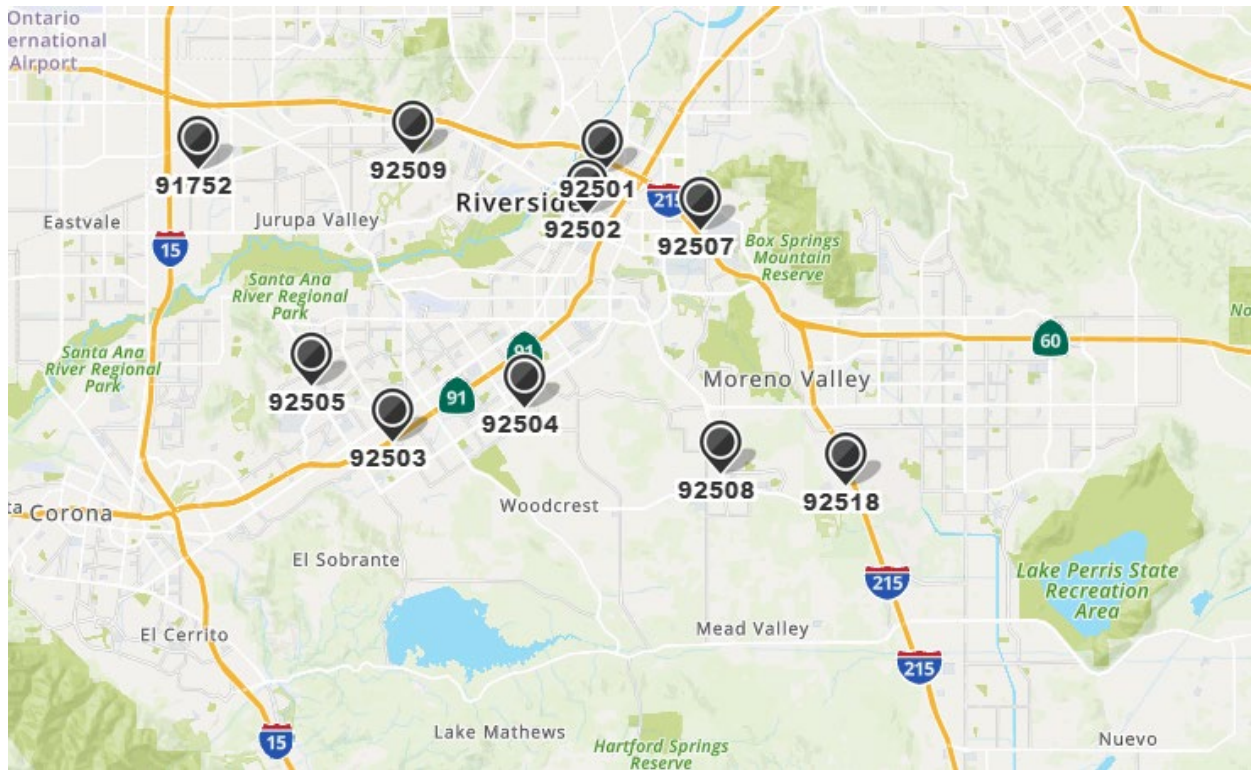
3. **Service Area.** The geographic area defined by the city limits of the City of Riverside, including the following ZIP codes: 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92518, 92521, 92522, 92509 and 91752.

**Map 1: Definition of Proposed Service Area (Relevant Zip Codes Shaded Green)**



Source: <https://www.unitedstateszipcodes.org/zip-code-radius-map.php>

**Map 2 (w/ Streets): Proposed Definition of Service Area (Relevant Zip Codes Indicated by Pins)**



## **V. Licensed Health Facilities: Riverside County and RCHF Service Area**

The State of California licenses health care facilities and in California and maintains databases listing licensed facilities including their location and other characteristics. Detailed profiles are provided in the Tables below.

Key findings include:

- Licensed health care facilities in the RCHF Service Area totaled 78
- Home health and skilled nursing facilities are the largest groups (n=20)
- There are four (n=4) Licensed general acute care hospitals in the RCHF Service Area
  - o There are no non-profit hospitals in the RCHF Service except for Kaiser
  - o One hospital is a specialty hospital (not general acute care)
- The number of licensed community clinics is seven (n=7)
  - o RCHF sponsors one of the largest community clinics in the RCHF Service Area
  - o Several clinics report that they are not operating

**Licensed Health Facilities in RCHF Service Area – Total by Type**

<b><u>Facility License Category (OSHDP)</u></b>	<b><u>Number of Licensed Facilities</u></b>
Home Health Agency Total	20
Skilled Nursing Facility Total	20
Hospice Total	18
Community Clinic Total	7
Chronic Dialysis Clinic Total	6
General Acute Care Hospital Total	4
Congregate Living Health Facility Total	2
Acute Psychiatric Hospital Total	1
<b>Grand Total</b>	<b>78</b>

Source:

<https://data.chhs.ca.gov/dataset/licensed-healthcare-facility-listing>

Licensed Healthcare Facility Listing, June 30, 2021

**General Acute Care Hospitals - Riverside County**

<b>OSPHD FACILITY NUMBER</b>	<b>FACILITY NAME</b>	<b>TYPE OF CARE</b>	<b>LOCATION OF HOSPITAL (ZIP CODE)</b>	<b>IN RCHF SERVICE AREA (Yes/No)</b>	<b>TYPE OF CONTROL</b>
106334487	RIVERSIDE UNIVERSITY HEALTH SYSTEM MEDICAL CENTER	General Acute	92555	No	City/County
106331288	PALO VERDE HOSPITAL	General Acute	92225	No	District
106331326	SAN GORGONIO MEMORIAL HOSPITAL	General Acute	92220	No	District
106331152	CORONA REGIONAL MEDICAL CENTER - MAIN	General Acute	92880	No	Investor
106331164	DESERT REGIONAL MEDICAL CENTER	General Acute	92262	No	Investor
106331194	HEMET GLOBAL MEDICAL CENTER	General Acute	92543	No	Investor
106331216	JOHN F. KENNEDY MEMORIAL HOSPITAL	General Acute	92201	No	Investor
106332172	KINDRED HOSPITAL - RIVERSIDE	General Acute	92571	No	Investor
106334018	MENIFEE GLOBAL MEDICAL CENTER	General Acute	92543	No	Investor
106331312	RIVERSIDE COMMUNITY HOSPITAL	General Acute	92501	Yes	Investor
106334068	SOUTHWEST HEALTHCARE SYSTEM - MURRIETA	General Acute	92362	No	Investor
106334564	TEMECULA VALLEY HOSPITAL	General Acute	92592	No	Investor
106331168	EISENHOWER MEDICAL CENTER	General Acute	92270	No	Non-Profit
106334589	LOMA LINDA UNIVERSITY MEDICAL CENTER - MURRIETA	General Acute	92563	No	Non-Profit
106331293	PARKVIEW COMMUNITY HOSPITAL	General Acute	92503	Yes	Investor
106334048	KAISER FOUNDATION HOSPITAL - MORENO VALLEY	General Acute	92555	No	Non-Profit
106334025	KAISER FOUNDATION HOSPITAL - RIVERSIDE	General Acute	92503	Yes	Non-Profit

Source:

2019 Pivot Table - Hospital Annual Selected File (May 2021 Extract)

URL: <https://data.chhs.ca.gov/dataset/ea0c8ca9-023e-46a3-b95b-b9d4ab8ec195/resource/84d0a088-3689-40b4-ab82-6b04e8c0b213/download/hafd2019pivot.xls>

Specialty Hospitals - Riverside County

<b>OSPHD FACILITY NUMBER</b>	<b>FACILITY NAME</b>	<b>TYPE OF CARE</b>	<b>LOCATION OF HOSPITAL (ZIP CODE)</b>	<b>IN RCHF SERVICE AREA (Yes/No)</b>	<b>TYPE OF CONTROL</b>
106331226	PACIFIC GROVE HOSPITAL	Psychiatric	92506	Yes	Investor
106334457	TELECARE RIVERSIDE COUNTY PSYCHIATRIC HEALTH FACILITY	Psychiatric	92201	No	Investor
106334533	VIBRA REHABILITATION HOSPITAL OF RANCHO MIRAGE	Specialty	92270	No	Investor
106330120	THE BETTY FORD CENTER	Specialty	92270	No	Non-Profit

Source:

2019 Pivot Table - Hospital Annual Selected File (May 2021 Extract)

URL: [https://data.chhs.ca.gov/dataset/ea0c8ca9-023e-46a3-b95b-](https://data.chhs.ca.gov/dataset/ea0c8ca9-023e-46a3-b95b-b9d4ab8ec195/resource/84d0a088-3689-40b4-ab82-6b04e8c0b213/download/hafd2019pivot.xls)

[b9d4ab8ec195/resource/84d0a088-3689-40b4-ab82-6b04e8c0b213/download/hafd2019pivot.xls](https://data.chhs.ca.gov/dataset/ea0c8ca9-023e-46a3-b95b-b9d4ab8ec195/resource/84d0a088-3689-40b4-ab82-6b04e8c0b213/download/hafd2019pivot.xls)

**Licensed Community Clinics in Proposed Geographic Service Area**

<b>OSHPD FACILITY NUMBER</b>	<b>FACILITY NAME</b>	<b>FACILITY STREET ADDRESS</b>	<b>ZIP CODE</b>	<b>FACILITY OPERATED IN YR 2017</b>	<b>FACILITY OPERATED THIS YR - 2019</b>	<b>LICENSE STATUS 2019</b>	<b>TOTAL ENCOUNTERS</b>
306334505	EASTSIDE HEALTH CENTER	1970 UNIVERSITY AVE	92507	Yes	Yes	Open	42,053
306334577	ARLANZA FAMILY HEALTH CENTER	8856 ARLINGTON AVE	92503	Yes	Yes	Open	37,852
306330135	PLANNED PARENTHOOD - RIVERSIDE	3772 TIBBETTS ST	92506	Yes	Yes	Open	32,532
306334650	UNIVERSITY COMMUNITY HEALTH CENTER	2933 UNIVERSITY AVE	92507	Yes	Yes	Open	18,258
306334647	MAGNOLIA COMMUNITY HEALTH CENTER	9380 MAGNOLIA AVE	92503	Yes	Yes	Open	13,696
306334664	HEALTH TO HOPE CLINICS	2880 HULEN PL	92507	Yes	Yes	Closed	1,124
306334736	HEALTH TO HOPE CLINICS - MOBILE UNIT 3	2880 HULEN PL	92507	Yes	Yes	Open	927
306334644	RIVERSIDE LIFE SERVICES	3727 McCRAY ST	92506	Yes	Yes	Open	680
306334731	HEALTH TO HOPE CLINICS - MOBILE UNIT 2	2880 HULEN PLACE	92507	Yes	Yes	Closed	500
306334744	RIVERSIDE LIFE SERVICES MOBILE	3727 MCCRAY ST	92506	Yes	No	Open	0
306330395	CENTRAL NEIGHBORHOOD HEALTH	4990 ARLINGTON AVE	92504	No	No	Open	0

Source: <https://data.chhs.ca.gov/dataset/ea0c8ca9-023e-46a3-b95b-b9d4ab8ec195/resource/84d0a088-3689-40b4-ab82-6b04e8c0b213/download/hafd2019pivot.xls>



## **RCHF Sponsored Community Clinics Serving Proposed Service Area**

While there are seven licensed community health clinics listed in the State's database as serving the RCHF Service Area, the data above show that several no clinics longer operate or operate at very low levels of capacity. As such, RCHF has been and continues to be a major source of support for community health center capacity serving the RCHF Service Area.

The RCHF website describes their role as follows:

For over a decade, the Riverside Community Health Foundation has been providing services on the Eastside through the Eastside Health Center. In partnership with Borrego Health, our clinic operating partner, together we work to provide affordable medical, dental, and behavioral health services at our three clinic locations: Eastside Health Center Building A, Eastside Health Center Building B, and the Arlanza Family Health Center. Borrego Health is a non-profit 501(c)(3) Federally Qualified Health Center (FQHC) and a Federal Tort Claims Act Deemed (FTCA) facility.

**Eastside Health Center:** The Eastside Health Center is a nonprofit Federally Qualified Health Center that provides access to high-quality, low-cost care. Patients do not need to have health insurance to be seen at this clinic. A sliding fee scale is in place to make medical and dental care affordable for everyone.

**Eastside Health Center B:** The Eastside Health Center B stands as a core anchor of quality and low-cost medical care for the underserved and uninsured throughout Riverside's Eastside neighborhoods. The Eastside Health Center B, under the operation of our partner Borrego Health has full time OB/GYN services, 2 Family Medicine doctors, 8 rotating residents from the Riverside Community Hospital/UCR School of Medicine's GME Program, and on-site laboratory and X-ray services.

**Source:** [Clinics – Riverside Community Health Foundation \(rchf.org\)](https://www.rchf.org/clinics)

## **VI. Non-Profit Role of Riverside Community Health Care Foundation (RCHF) in Serving RCHF Service Area and Inland Empire**

RCHF is registered as a non-profit charitable organization located in Riverside County California. As such, RCHF is required to submit annual reports to both the State of California and the Federal government. In addition, as a non-profit, RCHF is included in a database compiled and analyzed by The California Foundation Center (<https://california.foundationcenter.org/>). Profiles of RCHF based on these data are provided in the Tables below.

Several key findings regarding RCHF include:

- RCHF assets have grown over time from \$80.34 million in 2010 to \$99.30 million in 2019
- RCHF annual gross revenue varies over time from a low of \$1.72 million (in 2012) to a high of \$9.35 million (in 2017)
- RCHF is one of the largest foundations in the Inland Empire
  - o RCHF ranks #9 in total assets
  - o The two largest foundations are health care provider organizations (Loma Linda University and PRIME HEALTHCARE)
- RCHF is among the top 25 foundations in terms of total annual giving (\$1.65 million)
- Inland Empire foundations allocate the largest share of giving to education
  - o Health and Human Services rank second and third
- RCHF is among the top 10 Inland Empire Foundations in terms of giving for Health and Human Services activities

**Riverside Community Health Foundation AOG Annual Filing: Gross Revenue and Assets, 2010-2019**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>Gross Revenue (\$ Million):</b>	4.91	4.24	1.72	2.93	7.01	1.99	6.46	9.35	7.99	5.48
<b>Total Assets (\$ Million):</b>	80.34	74.65	80.48	92.44	95.88	91.19	94.72	102.18	90.83	99.30

**Source:** [rct.doj.ca.gov/Verification/Web/Details.aspx?result=5ab1c93b-9e01-4ac0-b590-c58ba0a4d404](http://rct.doj.ca.gov/Verification/Web/Details.aspx?result=5ab1c93b-9e01-4ac0-b590-c58ba0a4d404)

**Largest Foundations (by Assets) Serving Inland Empire – Top 10  
(Riverside and San Bernadino Counties), 2018**

<b>Rank</b>	<b>Name</b>	<b>Assets</b>
1	Loma Linda University	\$1,572,793,672
2	PRIME HEALTHCARE FOUNDATION INC	\$1,432,597,735
3	The Annenberg Foundation Trust at Sunnylands	\$582,290,534
4	H. N. & Frances C. Berger Foundation	\$497,525,938
5	Redlands Community Hospital Auxiliary	\$240,011,898
6	Loma Linda University Shared Services Inc	\$202,031,444
7	The Wildlands Conservancy	\$128,847,759
8	Inland Empire Community Foundation	\$97,718,476
9	Riverside Community Health Foundation	\$90,831,989
10	Inland Counties Regional Center Inc	\$80,508,574

Source: [2018 | California \(foundationcenter.org\)](https://www.foundationcenter.org)

## Top Inland Empire Foundations by Total Giving in 2018

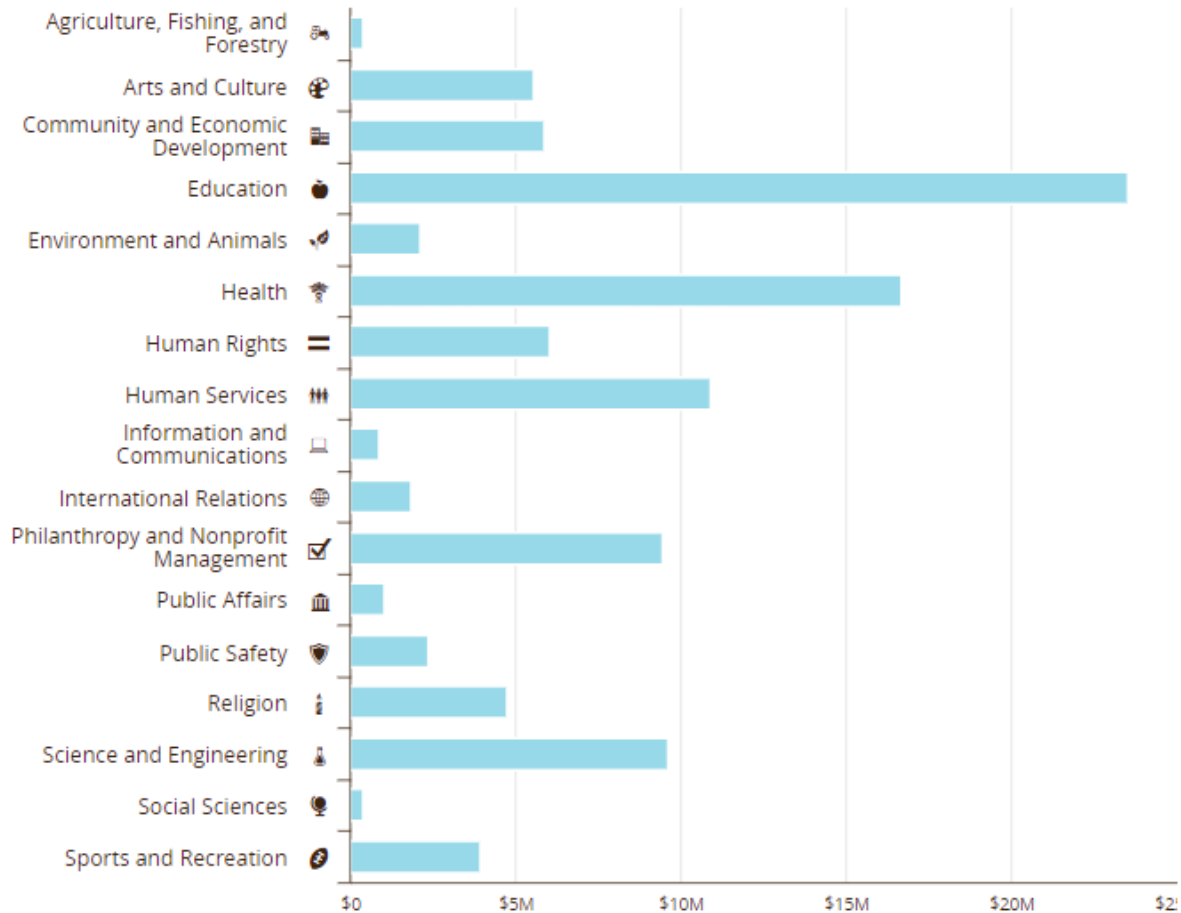
Rank	Name	Total Giving 2018
1	Inland Counties Regional Center Inc	\$429,876,697
2	Redlands Community Hospital Auxiliary	\$52,000,000
3	Loma Linda University Health Care	\$23,624,300
4	Inland Empire Community Foundation	\$13,518,726
5	Loma Linda University	\$11,824,775
6	PRIME HEALTHCARE FOUNDATION INC	\$9,288,318
7	Idyllwild Arts Foundation	\$7,717,718
8	CVRM NMTC PROJECT HOLDINGS	\$7,612,714
9	Desert Healthcare Foundation	\$5,314,610
10	Inner Circle Foster Family Agency	\$4,596,117
11	Desert Valley Charitable Foundation	\$3,933,064
12	Devto Support Foundation	\$3,191,000
13	Agua Caliente Cultural Museum	\$3,125,563
14	D&d Support Foundation	\$3,008,530
15	Dessert Community Foundation	\$2,797,644
16	HELP HOSPITALIZED VETERANS	\$2,414,707
17	California Family Life Center	\$2,178,695
18	Bighorn Golf Club Charities	\$1,967,972
19	Loma Linda University Shared Services Inc	\$1,933,167
20	D K Kim Foundation Inc	\$1,893,275
21	Riverside Community Health Foundation	\$1,649,645
22	Redlands Community Foundation	\$1,560,197
23	Versacare, Inc.	\$1,434,650
24	Mark H. & Blanche M. Harrington	\$1,404,400
25	Jewish Federation of Palm Springs	\$1,357,222

## Total Number of Grants and Giving to Inland Empire by Source of Funding (Inland Empire Foundations and Non-Inland Empire Foundations)

Foundation Location	Dollars	Number of Grants	% of Total Dollars
Inland Empire Foundations	47,632,167	1,207	26%
Non-Inland Empire Foundations	137,537,092	3,913	74%
Total	185,169,259	5,120	

Source: [2018 | California \(foundationcenter.org\)](https://www.foundationcenter.org)

## Distribution of Inland Empire Foundation Giving by Priority Area



Source: [2018 | California \(foundationcenter.org\)](https://www.foundationcenter.org)

## Top 25 Inland Empire Recipients in 2018 from Inland Empire Foundations

RANK	Name	Dollars Received
1	Loma Linda University	\$11,168,346
2	Loma Linda University	\$10,072,299
3	CALIFORNIA UNIVERSITY OF SCIENCE AND MEDICINE	\$9,190,000
4	Inland Empire Community Foundation	\$6,546,813
5	Roman Catholic Bishop of San Bernardino	\$6,337,315
6	Regents of the University of California at Riverside	\$5,849,700
7	Inland Counties Legal Services Inc	\$5,584,274
8	Eisenhower Health	\$5,340,632
9	Agua Caliente Band of Cahuilla Indians of the Agua Caliente Indian	\$3,449,811
10	California Baptist University	\$3,122,006
11	Fontana Foundation of Hope	\$3,000,000
12	Claremont Institute	\$2,923,607
13	Growing Tree Foundation	\$2,802,172
14	PRIME HEALTHCARE FOUNDATION INC	\$2,750,000
15	Jewish Federation of the Desert	\$2,424,412
16	Desert AIDS Project	\$2,352,412
17	Time for Change Foundation	\$2,348,500
18	Palm Springs Art Museum Inc.	\$2,306,594
19	Olivet University	\$2,061,175
20	The Living Desert Zoo and Gardens	\$1,941,813
21	Priority Living Inc	\$1,707,439
22	One Future Coachella Valley	\$1,704,273
23	SAC Health System	\$1,697,161
24	Friends of the Cultural Center	\$1,573,669
25	CSUSB Philanthropic Foundation	\$1,528,789



## Top 10 Funders of Health

1.	D&d Support Foundation	\$3M
2.	Desert Valley Charitable Foundation	\$2.8M
3.	Riverside Community Health Foundation	\$1.3M
4.	Loma Linda University Shared Services Inc	\$1.2M
5.	Inland Empire Community Foundation	\$1.2M
6.	Bighorn Golf Club Charities	\$977.6K
7.	Regional Access Project Foundation, Inc	\$590.6K
8.	Loma Linda University	\$495.8K
9.	Gods Wink	\$460K
10.	Casie Lee Ball Foundation	\$375K



## Top 10 Funders of Human Services

1.	Inland Empire Community Foundation	\$1.5M
2.	The Barbara Sinatra Children's Centerfoundation	\$1.3M
3.	Devto Support Foundation	\$1.2M
4.	H. N. & Frances C. Berger Foundation	\$1.1M
5.	Desert Healthcare Foundation	\$618K
6.	Gods Wink	\$460K
7.	Casie Lee Ball Foundation	\$385K
8.	Riverside Community Health Foundation	\$353.6K
9.	The Auen Foundation	\$297.5K
0.	Mike and Linda Van Daele Family Foundation	\$250.5K

## Top 25 Non-Inland Empire Foundation Giving to Inland Empire

Rank	Name	Total Dollars
1	Troesh Family Foundation	\$12,152,000
2	Seventh-Day Adventist Church in Canada	\$7,688,898
3	Catholic Community Foundation of Los Angeles	\$6,470,964
4	S. L. Gimbel Foundation	\$5,665,028
5	Legal Services Corporation	\$5,584,274
6	The James Irvine Foundation	\$4,840,000
7	Fidelity Investments Charitable Gift Fund	\$4,791,907
8	National Christian Charitable Foundation Inc	\$3,232,896
9	The California Endowment	\$2,895,833
10	Hummingbird Society Foundation	\$2,802,172
11	The National Lottery Community Fund	\$2,684,082
12	Thomas D. Klingenstein Fund	\$2,638,207
13	Macmillan Charitable Foundation	\$2,364,000
14	World Olivet Assembly	\$2,061,175
15	The Simmons Charitable Foundation of Oklahoma	\$1,803,722
16	Silicon Valley Community Foundation	\$1,716,500
17	The California Wellness Foundation	\$1,622,000
18	California Community Foundation	\$1,581,402
19	Weingart Foundation	\$1,579,200
20	Howard Hughes Medical Institute	\$1,473,472
21	Kaiser Foundation Hospitals	\$1,408,721
22	Selma E. Andrews Trust	\$1,327,132
23	The San Diego Foundation	\$1,317,797
24	Wells Fargo Foundation	\$1,252,500
25	College Futures Foundation	\$1,122,000

Source: [2018 | California \(foundationcenter.org\)](https://www.foundationcenter.org)

## **Need for Greater Transparency and More Detailed Reporting by RCHF**

Given the importance of RCHF as a major non-profit in the Riverside community and the proposed expanded scope of activities and interventions, the planning and allocation of RCHF charitable resources should follow more thorough, systematic methods as well as more transparent and detailed reporting to the community regarding the operations and cost structure of RCHF.

For example, it will be important for the community to understand the specific objectives and goals of RCHF under their expanded scope of activities and to assess the cost effectiveness of meeting community needs. It will be important for RCHF to develop more detailed and standardized reporting to help the community better understand their operations and cost structure including a better understanding of the costs of providing different interventions and the overhead and operating costs directly tied to the interventions and grants separate from the overhead costs related to operation the Foundation.

The section below describes a widely accepted framework for assessing non-profit efficiency and the data needed to apply the framework and discusses some to the limitations of existing reporting by non-profits, including RCHF, using federal 990 Forms and the need to develop more transparent and detailed reporting by RCHF to the community.

### **The CharityWatch Framework**

CharityWatch (<https://www.charitywatch.org/>) is a leading nonprofit charity watchdog and information service designed to maximize transparency of non-profits to ensure the effectiveness of every dollar contributed to charity by providing donors with the information they need to make more informed giving decisions. CharityWatch has developed a framework to facilitate evaluations of charity financial reporting, including audited financial statements, tax forms, annual reports, state filings, and other documents. Under their framework, to facilitate transparency to the community, they perform two end calculations, and then assign the charity a letter grade efficiency rating on an A+ to F scale.

**Program %** reflects the percent of total expenses a charity spent on its programs in the year analyzed. For example, a Program % of 80% means that the charity spent 80% of its expenses on charitable programs. The remaining 20% was spent on overhead, which includes fundraising, and management & general.

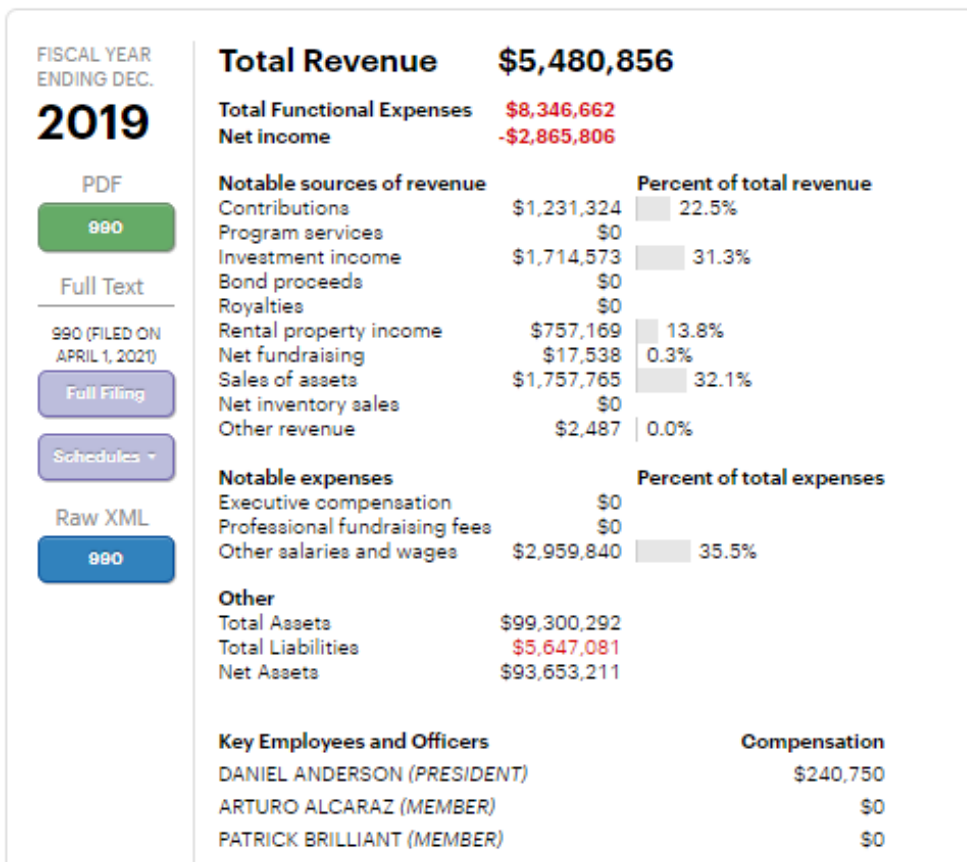
**Cost to Raise \$100** reflects how much it cost the charity to bring in each \$100 of cash donations from the public in the year analyzed. For example, a Cost to Raise \$100 of \$20 means that the charity spent \$20 on fundraising for each \$100 of cash donations it received.

CharityWatch considers a charity to be highly efficient (Grade A) when the end calculations produce a Program % of 75% or greater and a Cost to Raise \$100 of \$25 or less.

We use this Framework as background, applied to RCHF, to understand transparency and the data needed to improve non-profit transparency, including RCHF.

### Limitations of Using Form 990 Data to Evaluate Non-Profit Transparency: Analysis of RCHF Form 990 Data - Pro-Publica

Pro-Publica is a non-profit research and investigative journalism organization. Pro-Publica extracts non-profit financial data from Form 990s submitted by non-profits and produces a summary report. The report for RCHF, based on 2019 Form 990, is show below. All non-profits are required to file Form 990 date each year. According to the summary report, expenses exceeded revenues in 2019, salaries and wages totaled 35.5% of total expenses, and interestingly, executive compensation and fund-raising fees are reported as zero. This is clearly a mistake and highlights an important limitation in using Form 990 data, without adjustments, to further transparency and evaluate non-profit efficiency.



Source: [Riverside Community Health Foundation - Nonprofit Explorer - ProPublica](#)

## **Limitations of RCHF Form 990 Data to Further Transparency and Need for Improved Non-Profit Reporting**

The Tables below are extracts from RCHF Form 990 filings, including three Parts: I, IX, III. These parts of the Form 990 summarize revenues, expenses and outputs for RCHF. In order for the public to understand and evaluate the efficiency and effectiveness of local non-profits it is important to have data that provides a clear and accurate picture of the outputs and cost structure of the non-profit, such as RCHF.

As can be seen from the Form 990 data presented below, it is not possible to apply the CharityWatch framework to RCHF based on standard Form 990 data. It is not possible to construct either of the two key benchmarks nor to have clear picture of the effectiveness of RCHFs charitable activities relative to community health needs.

As RCHF expands its scope of charitable activities, the range of options will increase, as will the need to better understand the range of community health needs as well as, an importantly, the relative cost effectiveness of the alternative interventions that RCHF might support with its limited budget each year.

Thus, given the existing and proposed expanded set of activities it will be important for RCHF to improve internal and external transparency. It will be important to improve reporting systems and data made available to the community to maximize understanding of the trade-offs and to effectively engage the public and other stakeholders in the process. At the same time, this process may take some time to develop by RCHF since its activities include both grants as well as direct provision of services, making the cost structure and accounting more complicated.

## **RCHF On-Going Shift to Pro-Active Grant Making Also Increases Need for Transparency**

The [Riverside Community Health Foundation](#) in Riverside, California, began to adopting a more proactive grantmaking strategy in 2018. According the RCHF:

The shift from the responsive grantmaking strategy the foundation has had in place since it was established in 1997 is intended to make RCHF more strategic in how it deploys its resources and drive deeper impact in areas of persistent need. While responsive grantmaking involves providing grants in response to requests from nonprofits for programs that align with a foundation's mission and priorities, proactive grantmaking (also known as strategic grantmaking) embraces more focused goals and a defined set of strategies specifically designed to help a foundation accomplish those goals.

[Source: https://philanthropynewsdigest.org/news/riverside-community-health-foundation-shifts-to-proactive-grantmaking](https://philanthropynewsdigest.org/news/riverside-community-health-foundation-shifts-to-proactive-grantmaking)

Below are extracts from RCF Form 990 filing for 2019. These sections contain the detailed information as required of all non-profits filing annual 990 Forms. As can be see, the data are not organized and/or structured in manner to construct the CharityWatch metrics nor to understand the underlying cost structure of a non-profit such as RCHF that provides both direct support in the form of grants to other non-profits but also provides direct services and incurs the cost of providing those services.

**RHCF Form 990 (2019) – Part I**

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH AND WELL BEING OF THE COMMUNITY BY PROVIDING HEALTH EDUCATION AND OUTREACH PROGRAMS AS WELL AS GRANTS TO NON-PROFIT ORGANIZATIONS, SCHOOLS, AND GOVERNMENT AGENCIES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	21	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	76	
	6	Total number of volunteers (estimate if necessary)	460	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,487	
	7b	Net unrelated business taxable income from Form 990-T, line 39		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,129,169	1,231,324
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,987,247	3,472,338
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	873,758	777,194
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,990,174	5,480,856	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,649,645	1,533,952
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,614,086	3,478,581
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 245,608		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,515,386	3,334,129
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,779,117	8,346,662	
19	Revenue less expenses. Subtract line 18 from line 12	211,057	-2,865,806	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	90,831,989	99,300,292
	21	Total liabilities (Part X, line 26)	6,040,007	5,647,081
22	Net assets or fund balances. Subtract line 21 from line 20	84,791,982	93,653,211	

RHCF Form 990 (2019) – Part IX

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,533,952	1,533,952		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,959,840	2,793,048		166,792
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,211		171,211	
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	347,530	195,139	97,110	55,281
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	87,426		87,426	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	761,410		761,410	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	173,145	168,008		5,137
<b>12</b> Advertising and promotion	17,829	16,939	771	119
<b>13</b> Office expenses	113,088	103,238		9,850
<b>14</b> Information technology	77,325	70,713	5,052	1,560
<b>15</b> Royalties				
<b>16</b> Occupancy	147,223	147,223		
<b>17</b> Travel	27,807	25,744	2,063	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	114,250	114,250		
<b>20</b> Interest	196,260	196,260		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	391,214		391,214	
<b>23</b> Insurance	415,489	341,302	74,187	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FOOD CATERING AND MEALS	197,401	197,401		
<b>b</b> SUPPLIES	96,702	63,568	33,134	
<b>c</b> SUB-CONTRACTS	96,512	96,512		
<b>d</b> REPAIRS AND MAINTENANCE	86,795	86,635	120	40
<b>e</b> All other expenses	334,253	238,582	88,842	6,829
<b>25 Total functional expenses.</b> Add lines 1 through 24e	8,346,662	6,388,514	1,712,540	245,608

**RHCF Form 990 (2019) – Part III**

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

TO IMPROVE THE HEALTH AND WELL BEING OF THE COMMUNITY BY PROVIDING HEALTH EDUCATION AND OUTREACH PROGRAMS AS WELL AS GRANTS TO NON-PROFIT ORGANIZATIONS, SCHOOLS, AND GOVERNMENT AGENCIES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 1,397,049 including grants of \$ ) (Revenue \$ )  
 COMMUNITY EMPOWERMENT PROGRAMS: 55,659 ENCOUNTERS/CONTACTS GOAL: TO DEVELOP A THRIVING AND SELF-SUSTAINING COMMUNITY TO ENHANCE THE WELL-BEING OF INDIVIDUALS IN RIVERSIDE AND SURROUNDING AREAS. SEE SCHEDULE O FOR FURTHER DETAILS ON THESE PROGRAMS.

**4b** (Code: ) (Expenses \$ 932,493 including grants of \$ ) (Revenue \$ )  
 COMMUNITY WELLNESS PROGRAMS: 14,864 ENCOUNTERS/CONTACTS GOAL: TO CREATE AN ENVIRONMENT WHERE HEALTHY LIFESTYLE BEHAVIORS WILL BECOME THE SOCIAL NORM, TO IMPROVE THE QUALITY OF LIFE FOR THE CITY OF RIVERSIDE AND SURROUNDING AREAS. SEE SCHEDULE O FOR FURTHER DETAILS ON THESE PROGRAMS.

**4c** (Code: ) (Expenses \$ 421,267 including grants of \$ ) (Revenue \$ )  
 PINK RIBBON BREAST CANCER RESOURCE CENTER: 1,853 ENCOUNTERS/CONTACTS GOAL: TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY CANCER THROUGH EDUCATION, FINANCIAL/SUPPORT SERVICES AND MENTAL HEALTH SUPPORT SERVICES. SEE SCHEDULE O FOR FURTHER DETAILS ON THIS PROGRAM.

(Code: ) (Expenses \$ 3,637,705 including grants of \$ 1,533,952 ) (Revenue \$ )  
 DURING 2019 THERE WERE VARIOUS OTHER PROGRAMS RELATED TO YOUTH EDUCATION AND COMMUNITY OUTREACH.

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ 3,637,705 including grants of \$ 1,533,952 ) (Revenue \$ )

**4e** Total program service expenses **6,388,514**



## VII. Population Characteristics - Riverside County

### Population: Riverside and California

	California	Riverside
Total Population, 2010	37,877,006	2,189,641
Total Population, 2018	39,460,140	2,450,758
Total Population Change	1,583,134	261,117
Percent Population Change	4%	12%

Source: U.S. Census, 2010 Census & American Fact Finder (2018):

<https://www.shaperivco.org/demographicdata?id=270&sectionId=935>

### Population by Age: Riverside and California

	<u>Total</u>	<u>Total</u>	<u>%</u>	<u>%</u>
Age	Riverside	California	Riverside	California
0-4	157,698	2,493,545	7%	6%
5-19	525,454	7,678,760	22%	20%
20-24	171,312	2,859,724	7%	7%
25-44	622,453	11,002,942	27%	28%
45-64	561,106	9,799,428	24%	25%
65+	316,979	5,148,448	13%	13%

Source: U.S. Census, 2010 Census & American Fact Finder (2018)

## State and County Population by Race/Ethnicity

	Riverside	California	Riverside	California
	<u>Total</u>	<u>Total</u>	<u>%</u>	<u>%</u>
White	861,271	14,777,594	38%	37%
Asian	143,855	5,427,928	14%	6%
Black or African-American	140,810	2,161,459	6%	6%
Native HI/PI	6,026	138,283	0%	0%
American Indian/AK Native	9,584	137,813	0%	0%

Source: State and County Population Projections by Race/Ethnicity, 2010-2060. State of California, Department of Finance; 2019.

## Citizenship and Language Spoken

	Riverside County	California
<b>Foreign Born</b>	22%	27%
<b>Not a U.S. Citizen</b>	12%	14%
<u>Language Spoken</u>	Riverside	California
<b>English Only</b>	60%	56%
<b>Spanish</b>	33%	29%
<b>Other Indo-European</b>	2%	4%
<b>Asian/PI</b>	4%	10%
<b>Other</b>	1%	2%

Source: U.S. Census, American Community Survey, 2013-2017

### Socio-Economic Indicators

	Riverside	California
Food Insecurity by County: Adults >200 FPL	34%	41%
Median Household Income by County	\$60,807	\$67,169
County Ranking on Socio-economic Factors	23	

Source: U.S. Census, American Community Survey, 2013-2017; Source: California Health Interview Survey, 2017

### Educational Attainment

	Riverside
No High School	9%
Some High School	10%
High School Diploma	26%
Some College, No Degree	25%
Associate's Degree	8%
Bachelor's Degree	14%
Graduate Degree	8%
HS Graduation Rate 2017-18	89%

Source: California Department of Education, 2016-2017

## Health Insurance Coverage

	<b>Riverside</b>	<b>California</b>
Employment based	36%	44%
Medicaid and Medicare	5%	4%
Medi-Cal	29%	25%
Medicare and Others	11%	9%
Medicare Only	3%	2%
No Insurance	9%	7%
Other Public	1%	2%
Private Purchase	7%	7%

Source: California Health Interview Survey, 2017

### Type of Usual Source of Care

	Riverside	California
HMO/ Kaiser	60%	59%
Government Clinic/Community Hospital	24%	26%
Urgent Care	2.3%*	2%
Some Other Place/No Place	0.4%*	1%
Source of Care	13%	13%
Source: California Health Interview Survey, 2017		
<b>Consistent Source of Care by Age</b>	Riverside	California
Ages 0-17*	96.7%*	91%
Ages 18-64	81%	84%
Ages 65+*	94.2%*	96%

Source: California Health Interview Survey, 2017

Supply of Health Professionals	Riverside	California
Primary Care: Population to Primary Care Physician Ratio	2,390:1	1,270:1
Dentist: Population to Dental Provider Ratio	1,980:1	1200:1
Mental Health: Population to Mental Health Provider Ratio	530:1	310:1

Source: County Health Rankings, 2019

<b>Emergency Department Usage</b>	<b>Riverside</b>	<b>California</b>
Visited ED in Last 12 Months	23%	21%
0-17 Years Old	27%	18%
18-64 Years Old	22%	21%
65 and Older	22%	24%
<100% FPL	21%	26%

Source: California Health Interview Survey, 2017

**Different Causes of Death by County (age-adjusted mortality rates per 100,000), Riverside County and California**

<b><u>Causes of Death</u></b>	<b>Riverside</b>	<b>California</b>
All Cancers	141.1	137.4
Coronary Heart Disease	106	87.4
Stroke	34.9	36.3
Chronic Lower Respiratory Disease	40.3	32
Alzheimer's	37.8	35.7
Accidents	38	32.2
Diabetes	19.1	20.8
Influenza and Pneumonia	11.3	14.2
Chronic Liver Disease	13	12.2
Drug-induced Death	16.4	12.7

Source: County Health Status Profiles 2019

### Age-adjusted Cancer Incidence per 100,000 Persons, Riverside County and California

	<b>Riverside</b>	<b>California</b>
Cancer, All Sites	388	394
Prostate	98	92
Breast (female)	113	121
Lung and bronchus	43	41
Colon and Rectum	36	35
In situ Breast (female)	27	28
Uterus	24	25
Skin Melanoma	23	22
Non-Hodgkin's Lymphoma	16	18
Bladder (urinary)	18	17
Kidney and Renal Pelvis	14	14
Leukemia	11	12
Ovary	11	12
Thyroid	12	13
Pancreas	11	12
Liver and Bile Duct	8	9
Stomach	6	7
Cervix Uteri	8	7
Myeloma	6	6
Testis	5	6

Source: County Health Status Profiles 2019

### Age-adjusted Cancer Mortality Rates per 100,000 Persons, Riverside County and California

	Riverside	California
<b>Cancer, All Sites</b>	148.21	144.6
Prostate	20	19.68
Breast (female)	21.08	19.76
Lung and Bronchus	33.2	30.65
Colon and Rectum	13.84	12.89
Uterus	1.34	1.88
Skin Melanoma	2.64	2.27
Non-Hodgkin's Lymphoma	5.39	5.31
Bladder (urinary)	4.45	3.93
Kidney and Renal Pelvis	3.61	3.46
Leukemia	5.92	6.12
Ovary	7.56	7.08
Thyroid	0.68	0.64
Pancreas	10.4	10.31
Liver and Bile Duct	6.61	7.73
Stomach	3.57	3.99
Cervix Uteri	2.7	2.24
Myeloma	3.06	3.02
Testis	0.41	0.33

Source: County Health Status Profiles 2019

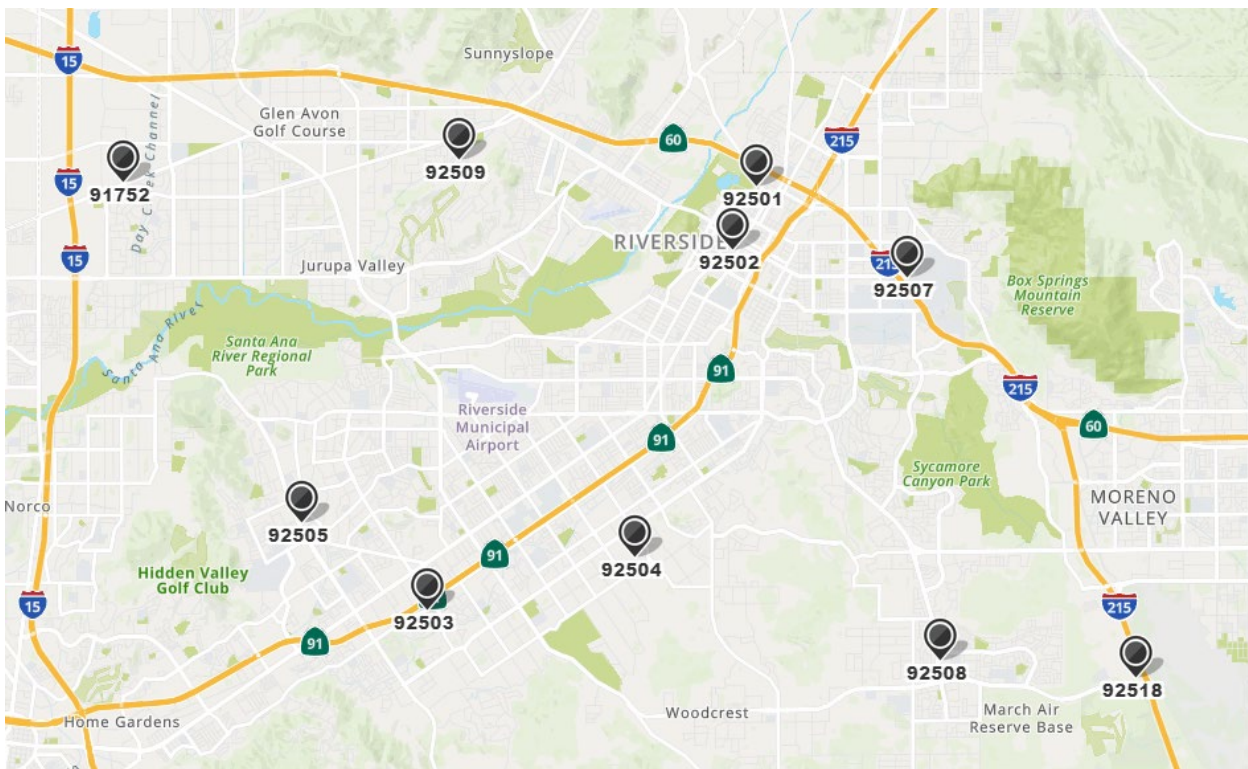


## VIII. Description and Characteristics of Proposed RCHF Geographic Service Area

The Proposed Amendments to RCHF AOI include a definition of the proposed RCHF Service Area. The definition of "Service Area" (*i.e.*, ZIP Codes whose residents historically received healthcare services from the nonprofit hospital when owned by RCH (prior to the May 1997 Transaction)).

3. Service Area. The geographic area defined by the city limits of the City of Riverside, including the following ZIP codes: 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92518, 92521, 92522, 92509 and 91752.

### Map: Definition of Proposed Service Area



**Proposed Geographic Service Area - Zip Codes and Population by Zip Code**

<b>#</b>	<b>Zip Code</b>	<b>Population</b>	<b>% Total Service Area</b>
1	91752	35,811	8.29%
2	92501	22,407	5.19%
3	92502	NA	NA
4	92503	92,932	21.51%
5	92504	56,433	0.01%
6	92505	50,917	11.79%
7	92506	45,199	10.46%
8	92507	61,299	14.19%
9	92508	41,238	9.54%
10	92509	80,474	18.63%
11	92518	1,043	0.24%
12	92521	670	0.16%
13	92522	NA	NA
	<b>Total</b>	<b>488,423</b>	<b>100%</b>

**Proposed Service Area Zip Codes and Population by Zip Code – Sorted by Zip Code Population**

<b>#</b>	<b>Zip Code</b>	<b>Population</b>	<b>% Total Service Area</b>	<b>Cumulative % SA Population</b>
1	92503	92,932	19.03%	19.03%
2	92509	80,474	16.48%	35.51%
3	92507	61,299	12.55%	48.06%
4	92504	56,433	11.55%	59.61%
5	92505	50,917	10.42%	70.04%
6	92506	45,199	9.25%	79.29%
7	92508	41,238	8.44%	87.73%
8	91752	35,811	7.33%	95.06%
9	92501	22,407	4.59%	99.65%
10	92518	1,043	0.21%	99.87%
11	92521	670	0.14%	100.00%
12	92522	NA	NA	
13	92502	NA	NA	
	<b>Total</b>	<b>488,423</b>	<b>100%</b>	

**Characteristics of Households in RCHF Service Area by Zip Code**

	<b>91752</b>	<b>92501</b>	<b>92503</b>	<b>92504</b>	<b>92505</b>	<b>92506</b>	<b>92507</b>	<b>92508</b>	<b>92509</b>	<b>92518</b>	<b>92521</b>
<b>Households</b>	9,924	7,086	25,861	17,490	14,744	15,939	19,248	11,018	20,482	505	182
<b>Families</b>	7,760	4,513	20,532	12,559	11,270	11,852	11,010	9,472	16,848	241	76
<b>Average Household Size</b>	3.61	2.97	3.55	3.16	3.4	2.8	2.89	3.73	3.9	1.8	2.85
<b>Households with Children</b>	4,820	2,840	12,737	7,129	6,947	5,453	6,441	6,088	10,769	82	41

**Distribution of RCHF Population by Age in Proposed RCHF Service Area by Zip Code**

<b>AGE</b>	<b>91752</b>	<b>92501</b>	<b>92503</b>	<b>92504</b>	<b>92505</b>	<b>92506</b>	<b>92507</b>	<b>92508</b>	<b>92509</b>	<b>92518</b>	<b>92521</b>
<b>(0-4)</b>	7%	7%	7%	6%	7%	5%	6%	5%	7%	4%	4%
<b>(5-9)</b>	7%	7%	7%	6%	7%	5%	6%	6%	7%	3%	4%
<b>(10-14)</b>	8%	7%	7%	7%	7%	5%	6%	7%	8%	4%	4%
<b>(15-17)</b>	5%	4%	5%	4%	5%	4%	5%	5%	5%	2%	7%
<b>(18-20)</b>	4%	4%	4%	5%	5%	3%	12%	5%	4%	2%	18%
<b>(21-24)</b>	5%	5%	6%	6%	6%	5%	11%	6%	6%	3%	19%
<b>(25-34)</b>	14%	16%	15%	15%	16%	14%	14%	15%	16%	6%	12%
<b>(35-44)</b>	14%	16%	14%	14%	15%	12%	14%	12%	14%	7%	11%
<b>(45-54)</b>	13%	12%	13%	12%	12%	12%	10%	15%	12%	9%	6%
<b>(55-64)</b>	11%	11%	11%	12%	11%	15%	8%	14%	11%	11%	7%
<b>(65-74)</b>	8%	6%	7%	8%	6%	11%	6%	7%	7%	6%	6%
<b>(75-84)</b>	3%	3%	3%	4%	3%	5%	2%	3%	3%	13%	2%
<b>(85+)</b>	1%	1%	1%	2%	1%	2%	1%	1%	1%	30%	0%

**Distribution of Population by Race in Proposed RCHF Service Area by Zip**

	91752	92501	92503	92504	92505	92506	92507	92508	92509	92518	92521
<b>Race (White)</b>	47%	54%	50%	58%	51%	69%	45%	56%	49%	64%	36%
<b>Race (Black/African American)</b>	8%	10%	5%	5%	6%	6%	9%	9%	3%	19%	8%
<b>Race (American Indian/Alaskan Native)</b>	1%	2%	1%	1%	1%	1%	1%	0%	1%	1%	1%
<b>Race (Asian)</b>	10%	5%	6%	3%	8%	4%	14%	12%	2%	4%	28%
<b>Race (Native Hawaiian/Pacific Islander)</b>	0%	1%	0%	0%	1%	0%	0%	0%	0%	0%	1%
<b>Some Other Race</b>	30%	24%	32%	25%	29%	13%	24%	15%	40%	10%	21%
<b>2+ Races</b>	5%	5%	5%	6%	5%	6%	6%	7%	5%	3%	5%

**Distribution of Population by Ethnicity in Proposed RCHF Service Area by Zip**

	91752	92501	92503	92504	92505	92506	92507	92508	92509	92518	92521
<b>Ethnicity (Hispanic /Latino)</b>	63%	58%	66%	59%	66%	37%	53%	37%	76%	16%	45%
<b>Ethnicity (Non-Hispanic /Latino)</b>	37%	42%	34%	41%	34%	63%	47%	63%	24%	84%	55%

## **IX. Community Health Needs Assessments (CHNA): Riverside County**

RCHF, in its proposed AOI Amendment, has requested a material change in language regarding the scope of activities that the Foundation may consider for funding in the future. RCHF is requesting to expand their potential portfolio of activities beyond their original narrow focus on hospital-based inpatient and outpatient care.

This broadening of scope carries with it the need to expand the capacity to identify, document, analyze and target specific health needs and programs to their service area population.

There is an existing, robust community of non-profit and government organizations in Riverside County that conduct detailed community health needs assessments on systematic and on-going basis. Because of the existing infrastructure non-profits and government agencies in Riverside County that already conduct extensive and on-going needs assessments, the opportunity for RCHF to plug into, collaborate and coordinate with these on-going efforts provides an efficient means for RCHF to transition from their more -narrow inpatient-outpatient based focus to the requested, broader population community and social determinants of health framework.

This section of the report highlights several of those organizations and documents both their methods and processes as well as their specific findings based on their Community Health Needs Assessment.

### **Key Findings:**

Several important findings emerge from this section of the report.

- There are substantial data documenting substantial Community Health Needs beyond inpatient and outpatient care in Riverside County.
- These data and results from multiple Riverside County based CHNA's summarized below support the RCHF request to modify their AOI to broaden their scope of activities to encompass other health needs and social determinants of health.
- The RCHF proposal to have a broader scope of charitable giving and activities requires a more intensive and systematic planning process by RCHF to identify unmet needs and to target interventions that meet unmet needs in the community.



## **Statutory Aspects of Community Health Needs Assessments (CHNA) in California**

**The Affordable Care Act (2010):** The passage of the Affordable Care Act of 2010 required hospitals with a 501c3 designation to complete a community health needs assessment (CHNA) every three years. Outlined in section 501(r)(3)(A) of the Federal IRS Code, a hospital organization must conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through the CHNA. To conduct a CHNA, a hospital facility must complete the following steps:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit, and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Prioritize Significant Health Needs in the community.
6. Make the CHNA report widely available to the public.

A hospital facility is considered to have conducted a CHNA on the date it has completed all of these steps, including making the CHNA report widely available to the public.

**California Senate Bill 697 (1994):** In fact, CHNA reporting requirements in California pre-dated the 2010 Federal legislation. California, with passage of Senate Bill 697, established in 1994 similar CHNA requirements. The California law noted that non-profit hospitals assume a social obligation in exchange for favorable tax treatment. This legislation required hospitals with a 501c3 designation to report on the community benefits they provide, assess the health needs of their respective communities, and develop plans for addressing these needs. A notable addition in the 2010 federal statutes is the emphasis being placed on adopting a clear strategy for addressing the needs identified in the assessment process and the application of this requirement.

While RCHF is not a hospital, per se, RCHF's origin is hospital based and many of the charitable activities and goals of RCHF are similar to those charitable activities and goals of non-profit hospitals and, thus RCHF's needs to conduct effective Community Health Needs Assessments overlap with the requirements and methods employed by hospital-based non-profits that implement the legal CHNA guidelines. In so doing, non-profits can improve community health outcomes through rigorous assessment of health status in target service areas, along with incorporation of stakeholders' perspectives, and adoption of related implementation strategies to address priority health needs.

## **CHNA Methods, Processes, and Outcomes**

**Eisenhower Health:** Eisenhower Health is a major health care complex comprised of a 463-bed hospital serving Riverside County. As required by state and federal law, Eisenhower Health has undertaken a Community Health Needs Assessment (CHNA). California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

The purpose of the Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Eisenhower Health. Health needs identified in the report help to guide the hospital's community benefit activities. The CHNA report was adopted by the Eisenhower Health Board of Directors in June 2019.

The report is widely available to the public on the hospital's web site, <https://www.eisenhowerhealth.org/about-us/community-health-needs-assessment/>. Written comments on this report can be submitted to [TellUs@eisenhowerhealth.org](mailto:TellUs@eisenhowerhealth.org).

### **Data Collection, Methods and Processes**

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through a survey of 93 community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

## **Goal Setting, Evaluation, Collaboration, and Feedback Components in Implementing Findings from Eisenhower Health CHNA: Example Applied to Chronic Diseases**

### **Goal**

Reduce the impact of chronic diseases on health and increase the focus on chronic disease prevention and treatment education.

### **Strategies: Eisenhower Health will address chronic diseases by taking the following actions:**

- Provide chronic disease education, screening and treatment.
- Provide support groups to assist those with chronic diseases, their families and caregivers.
- Provide funding support to community organizations to support chronic disease prevention and treatment.
- Provide nutrition consultations.

### **Impact: The anticipated impact of these actions will be to:**

- Increase the identification and treatment of chronic disease.
- Increase public awareness of chronic disease prevention.
- Increase individuals' compliance with chronic disease prevention and management recommendations.

### **Collaboration: To address chronic diseases, Eisenhower Health plans to collaborate with:**

- AIDS Assistance Program
- Alzheimer's Association
- American Cancer Society
- American Diabetes Association

### **Evaluation of Impact**

Eisenhower Health will monitor and evaluate the programs and activities outlined above. The hospital has a system that tracks the implementation of the strategies and documents the anticipated impact. The reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served, increases in knowledge or changes in behavior as a result of planned strategies, and collaborative efforts to address health needs.

**Needs the Hospital Will Not Address**

Taking existing hospital and community resources into consideration, Eisenhower Health will not directly address the remaining health needs identified in the CHNA, including: homelessness, food insecurity, economic instability, violence and community safety, environmental pollution, unintentional injuries, dental care, and overweight and obesity. Eisenhower Health cannot address all the health needs present in the community. Therefore, it will concentrate on those health needs that can effectively addressed given the organization's areas of focus and expertise.

**Identified Community Health Needs Are Broad and Multiple (Beyond Inpatient and Outpatient Care)**

The Tables below list the Community Health Needs identified by Eisenhower Health in their planning process. As can be observed, they are multiple (n=13) and are quite broad and include multiple social determinants of health, and, importantly for this report and in support of RCHF’s proposed Amendment, include multiple factors beyond inpatient and outpatient based care.

**Identified Community Health Needs**

#	Community Health Need
1	Mental health
2	Access to health care
3	Homelessness
4	Substance use and misuse
5	Food insecurity
6	Economic instability
7	Preventive practices
8	Diabetes
9	HIV
10	Overweight and obesity
11	Heart disease
12	Dental care
13	Violence and community safety

**Findings from Eisenhower Health CHNA: Identified Community Health Needs and Health Needs Assessment Indicators associated with Specific Needs**

<b>Mental health</b>	<ul style="list-style-type: none"> <li>- Among adults in Riverside County, 9.3% experienced serious psychological distress in the past year.</li> <li>- Serious psychological distress was experienced in the past year by 16.7% of area teens, which was higher than the state level (10%).</li> </ul>
<b>Access to health care</b>	<ul style="list-style-type: none"> <li>- Insurance coverage across all ages for Riverside county rate is 85.3%.</li> <li>- When access to care through a usual source of care is examined by race/ethnicity, Latinos are the least likely to have a usual source of care (81.1%).</li> </ul>
<b>Homelessness</b>	<ul style="list-style-type: none"> <li>- In 2018, there were 2,316 homeless identified in the annual homeless count.</li> <li>- 72.8% of the Riverside County homeless were unsheltered.</li> <li>- Among children, 5.7% of public school enrollees in Riverside County were recorded as being homeless at some point during the 2015-2016 school year.</li> </ul>
<b>Substance use and misuse</b>	<ul style="list-style-type: none"> <li>- Among Riverside County adults, 34.7% had engaged in binge drinking in the past year. 0.7% of Riverside County teens binge drank in the past month. In Riverside County, 11.7% of adults smoke cigarettes, which is higher than the state rate (11.5%). 18.7% of Riverside County residents had smoked an e- cigarette, which is higher than the state rate (16.7%). The rate of opioid prescriptions in Riverside County was 586.1 per 1,000 persons. This rate was higher than the state rate of opioid prescribing (508.7 per 1,000 persons).</li> </ul>
<b>Food insecurity</b>	<ul style="list-style-type: none"> <li>- Among the population in Riverside County, 9.8% experienced food insecurity at some point in the past year. Among children in Riverside County, 19% lived in households that experienced food insecurity at some point in the year. A community stakeholder noted “A lack of economic stability is the root cause of food insecurity.”</li> </ul>
<b>Economic instability</b>	<ul style="list-style-type: none"> <li>- When examined by ZIP Code, community poverty rates are highest among residents of Desert Hot Springs 92240 (32.1%), Coachella (29.9%) and North Palm Springs (27.3%). 30.6% of service area children, under age 18, are living in poverty. Among service area seniors, 9.8% are living in poverty. 45.9% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. This percent is higher than the county rate of 44.2%.</li> </ul>
<b>Preventive practices</b>	<ul style="list-style-type: none"> <li>- The Healthy People 2020 objective is for 70% of the population to receive a flu shot. 38.3% of Riverside County adults received a flu shot, which is lower than the state rate (42.6%) and the Healthy People 2020 objective. Among area seniors, 62.8% had received a flu shot. Among children, 6 months to 17 years of age, 47.9% in Riverside County received the flu shot. Survey participants commented preventive practices are a low priority for</li> </ul>

	<p>patients. Patients either don't see the value in preventive practices or they have other priorities that are more important.</p>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>- Among adults in Riverside County, 13.8% have been diagnosed as pre-diabetic and 10% have been diagnosed with diabetes.</li> <li>- Hospitalizations for diabetes in Riverside County occur at a rate of 19.9 per 10,000 persons. ER visits for diabetes occur at a rate of 29.8 per 10,000 persons. These rates are higher than the diabetes hospitalization and ER rates in California.</li> </ul>
<b>HIV</b>	<p>- The mortality rate from HIV in the service area is 6.7 deaths per 100,000. This is higher than the county rate (2.1 per 100,000 persons) and the state rate (1.9 deaths per 100,000 persons). The HIV death rate in the service area is more than twice the Healthy People 2020 objective for HIV deaths of 3.3 per 100,000 persons.</p>
<b>Overweight and obesity</b>	<p>- In Riverside County, 34.5% of adults, 19.3% of teens, and 15.6% of children are overweight. In Riverside County, 31.5% of adults and 20% of teens are obese. When adult obesity levels are tracked over time, Riverside County shows a 7.8% increase in obesity from 2005 through 2017. This increase in obesity is higher than the state level increase of 5.3%. Diet was the most common theme noted by survey participants as they described that people don't have access to good food and conversely have easy access to unhealthy food. One survey participant described, "There is addicting fast food on every corner in low-income communities."</p>
<b>Heart disease</b>	<p>- In the hospital service area, heart disease is the leading cause of death. For adults in Riverside County, 7.2% have been diagnosed with heart disease, which is higher than the state rate (6.5%).</p>
<b>Dental care</b>	<p>- 17.2% of children, 3 to 11 years of age, in Riverside County have never been to a dentist; this is higher than the state rate of 15.5%. In the past year, 6.8% of area children needed dental care and did not receive it. 1.7% of children had been to the ER or Urgent Care for a dental issue. A lack of dentists and dental services was mentioned as a barrier to care by the survey participants. There are few dentists, oral specialists, or low-cost options for those who need dental care.</p>
<b>Violence and community safety</b>	<p>- Violent crime rates in Riverside County increased from 2014 to 2017. The property crime rate in Riverside County showed a slight decrease from 2014 to 2017. In the service area, high property crime rates were reported in Palm Desert and Palm Springs. High violent crime rates were reported in Desert Hot Springs, Indio and Palm Springs. Survey respondents noted substance use, mental health issues, and gang violence contribute to community violence.</p>

<b>Environmental pollution</b>	– In 2016, Riverside County recorded 69 days of ground- level ozone concentrations (air pollution) that exceeded the U.S. standard of 0.070 parts per million. The average across the state was 22 days with readings above the U.S. standard. Survey respondents noted a number of issues impacting pollution in the area, including the Salton Sea, Highway I-10, agriculture and other area industries.
<b>Asthma</b>	– In Riverside County, 15.8% of the population has been diagnosed with asthma. 20.4% of children, ages 0-17, have been diagnosed with asthma. Survey participants noted there are a lack of asthma providers, lack of asthma services, and a lack of preventive asthma care.
<b>Liver disease</b>	– Mortality from liver disease is 17.2 deaths per 100,000 persons. This is higher than the county rate (13.9 per 100,000 persons) and state rate (13.8 deaths per 100,000 persons), and is more than twice the Healthy People 2020 objective for liver disease deaths of 8.2 per 100,000 persons.
<b>Unintentional injuries</b>	– The age-adjusted death rate from unintentional injuries in the service area is 41.9 deaths per 100,000 persons. This rate is higher than the Healthy People 2020 objective of 36.4 deaths per 100,000 persons.



## Methods, Processes, and CHNA Outcomes: SHAPE (Strategic Health Alliance Pursuing Equity) Riverside County

SHAPE (Riverside County) is a community-wide effort to coordinate the resources of public health system partners to improve health for all communities in Riverside County. SHAPE is coordinated by the Riverside County Health Coalition and is co-sponsored by Riverside University Health System, a department of the County of Riverside.

**SHAPE**  
RIVERSIDE COUNTY

Strategic Health  
Alliance Pursuing  
Equity



EXPLORE DATA

COMMUNITY HEALTH  
ASSESSMENT

TOOLS & RESOURCES

PRIORITY AREAS

ABOUT US

<https://www.shaperivco.org/>

SHAPE plays an important and unique role in advancing population health within Riverside County. In 2014, the Riverside University Health System—Public Health (RUHSPH), formerly the Riverside County Department of Public Health, created a Community Health Steering Committee to strategically assess the health needs and priorities of Riverside County residents. The on-going work is now supported by leadership from the Riverside County Health Coalition whose membership includes health care providers, academic institutions, collaboratives, community-based organizations, and other government agencies. Leadership strives to engage, involve and evolve new partnerships, providing community members with opportunities to voice their health concerns and effect change.

SHAPE plays a major role in the analysis and planning for community health in Riverside County and is a valuable resource available to RCHF and other non-profits seeking to plan for and advance community and population health.

SHAPE's Vision includes:

“To provide an equal opportunity for all Riverside County residents to achieve optimum and health and wellness. ...Health improvement planning and action cannot be accomplished without knowing where we have been and where we are going.”

SHAPE Riverside County undertakes the following to fulfill their vision of health in Riverside County:

- 1) Community Health Assessment: We support and steer the process for conducting a comprehensive community health assessment for Riverside County.
- 2) Community Health Improvement Plan: We use findings from the community health assessment to update a community health improvement plan, including our priorities, goals, objectives, and strategies.
- 3) Coordination and Collaboration: We help to coordinate and collaborate with community partners on community health planning and improvement activities in Riverside County.
- 4) Capacity Building: We act as a resource for using data and best practices in community health planning and improvement activities.

SHAPE's Riverside County data portal is used to collect and share data relating to the Community Health Priorities and share resources and best practices across the partner network. It is a valuable centralized community resource of over 170 indicators related to health and social well-being.

### **The SHAPE Community Health Improvement Plan (CHIP)**

A major output and contribution to the Riverside community is the development and updating of a comprehensive ***The Community Health Improvement Plan (CHIP)*** designed to identify community health needs and to provide a framework for collaboration in meeting the needs of Riverside county residents. The CHIP is used to foster collaboration and expand partnerships among non-traditional public health partners; share best practices to reduce silos; and to raise awareness of priority health issues. Priority area workgroups consisting of county and community stakeholders continue to meet on a quarterly basis to explore innovative strategies and share updates regarding health improvement efforts. The CHIP is a *living document* that is developed, reviewed, and updated on an annual basis based on comprehensive and detailed framework and process.

### **Methods and Processes**

**Public Input and Participation:** RUHS—Public Health held 16 forums across Riverside County. Participants discussed priority health concerns for themselves and their community. Seven broad categories were presented for discussion: Education, Economy, Environment, Safety, Health Services, Mental Health, and Eating/Exercise. Participants discussed with a facilitator their concerns and shared what resources were available in their community. The SHAPE Community Survey is distributed to participants throughout the county in both Spanish and English. Surveys included demographic and health questions to better understand the health and social needs of

Riverside County residents (4,000+ surveys were collected during a four-month period as part of an annual update).

**Data Collection and Analysis:** Concurrent with the forums and community surveys, a Community Health Assessment was completed to identify strategic health issues across the county. Indicators are compared to national and state data and priorities to highlight areas of alignment, growth, and opportunities for improvement. When available, indicators are stratified by age, race/ethnicity and gender to highlight inequities.

**Assessment of Community Health Assessments:** The CHIP development workshop was held to review findings from the Community Health Assessment. Among the 150 attendees were local health department staff, community partners, stakeholders, and community residents. Participants reviewed national and state data and priorities, as well as local data from the SHAPE Community Survey. The Prevention Institute guided participants in reviewing and organizing the findings by considering the following topic areas: Feasibility; Policy and Systems Change; Impact of Populations; Collaboration and Partnerships; and Equity.

**Identification of Priority Areas, Goals, and Objectives:** Four main themes manifested from community discussion and the following priorities were created:

- **Creating Healthy Communities**
- **Promoting Healthy Behaviors**
- **Connecting and Investing in People** (as of 2019 this priority area has been changed to Building Resilient Communities)
- **Improving Access to Care.**

**Targeting Primary Community Health Needs:** Health issues or community initiatives not identified in this plan do not negate the importance of other public health issues. The plan is intended to be a stepping stone, addressing primary health concerns with the greatest opportunity for health improvements through collective efforts.

**Implementation, Monitoring and Updating:** The CHIP is a *living document* that is reviewed and updated on an annual basis. Workgroup members meet to review progress toward priority area objectives and to reassess workgroup logistics. Members of the Riverside County Health Coalition review CHIP priorities, resources, and community assets since the initial release of the CHIP. Riverside County Health Coalition and CHIP workgroup members review and approve changes to the CHIP. Annual Updates reflect these changes.

**Linking Needs Community Health Needs Assessment to Priorities and Goals and Objectives:**

**Priority Area 1: Creating Healthy Communities**

**Priority Area 2: Promoting Healthy Behaviors**

<p><b><u>Needs Assessment</u></b></p> <ul style="list-style-type: none"> <li>- Riverside County ranks 56 out of 57 counties for physical environment.</li> <li>- Riverside County ranks 30.4 out of 100 on the Healthy Places Index (HPI).</li> <li>- For the transportation policy area, Riverside County ranks 37.5 out of 100.             <ul style="list-style-type: none"> <li>o Residents face barriers to active commuting (10.7/100) as less people in Riverside commute by foot, bike or transit.</li> <li>o Supermarket access is also limited, ranking 39.3 out of 100 for those populations residing less than one mile from a supermarket.</li> </ul> </li> <li>- Riverside County also ranks low in the neighborhood policy area (7.1/100) due to lack of access to parks (28.6/100) and low tree canopy percentages (1.8/100).</li> <li>- Riverside Country ranks 10.7 out of 100 for the clean environment policy.</li> <li>- Housing continues to be a barrier for community members, ranking 41.1 out of 100</li> </ul>	<p><b><u>Needs Assessment</u></b></p> <ul style="list-style-type: none"> <li>- Riverside County ranks 31 out of 57 counties for health behaviors (County Health Rankings, 2018).             <ul style="list-style-type: none"> <li>o Adult obesity, physical inactivity, and sexually transmitted infections are among the main concerns for our community (County Health Rankings, 2018). Low-income and under-served communities in Riverside County face barriers to healthy living due to limited access to healthy foods, preventative services and safe places for exercise.</li> </ul> </li> <li>- Riverside County ranks 30.4 out of 100 on the Healthy Places Index (HPI).             <ul style="list-style-type: none"> <li>o HPI provides an overall score for different policy areas that influence health and wellbeing, and compares outcomes with other California counties.</li> <li>o Riverside County is making positive strides by reducing alcohol availability (71.4/100),</li> <li>o Riverside County ranks poorly for:                 <ul style="list-style-type: none"> <li>▪ park access (28.6/100),</li> <li>▪ supermarket access (39.3/100),</li> <li>▪ and active commuting (10.7/100).</li> </ul> </li> </ul> </li> </ul>
<p><b>Goal 1: Create safe physical and social environments that promote health</b></p> <ul style="list-style-type: none"> <li>• Objective 1A: Increase and maintain safe communities and sustainable active transportation options</li> <li>• Objective 1B: Support efforts that improve air, water and soil quality</li> <li>• Objective 1C: Increase access to and consumption of affordable healthy foods and beverages</li> <li>• Objective 1D: Improve neighborhood planning efforts that promote health</li> </ul>	<p><b>Goal 2: Ensure healthy and active living by addressing preventable and treatable health conditions such as obesity, chronic disease and mental health</b></p> <ul style="list-style-type: none"> <li>• Objective 2A: Reduce adult and childhood obesity</li> <li>• Objective 2B: Increase appropriate health screenings, vaccinations and mental health services</li> <li>• Objective 2C: Prevent and reduce the use/abuse of tobacco, alcohol and drugs</li> <li>• Objective 2D: Reduce stigma associated with behavioral health by shifting social norms</li> <li>• Objective 2E: Increase public knowledge of the signs of suicide risk and culturally appropriate prevention strategies</li> </ul>

**Priority Area 3: Building Resilient Communities**

**Priority Area 4: Improving Access to Care**

<p><b><u>Needs Assessment</u></b></p> <ul style="list-style-type: none"> <li>- Riverside County ranks 30.4 out of 100 on the Healthy Places Index (HPI).</li> <li>- For residents living above the poverty level, Riverside County Ranks 48.2/100.</li> <li>- Riverside County high school enrollment fares far better than other California counties with 52.7/100 enrollment</li> <li>- The county’s population of adults with a Bachelor’s education or higher ranks 41.1/100</li> <li>- For retail density, the county ranks 58.9/100.</li> <li>- Riverside County residents rank 32.1/100. In Riverside County, more Hispanic (28%) and Black (28%) children are living in poverty compared to White-non Hispanic (11%) children (County Health Rankings, 2018).             <ul style="list-style-type: none"> <li>o Household income also differs among Hispanics (\$49k), Blacks (\$52k) and White-non Hispanics (\$64k) (County Health Rankings, 2018).</li> </ul> </li> </ul>	<p><b><u>Needs Assessment</u></b></p> <ul style="list-style-type: none"> <li>- Riverside County ranks 44 out of 57 counties in Clinical Care, with a ratio of approximately 2,419 residents per primary care provider (County Health Rankings, 2018).</li> <li>- Riverside County ranks 30.4 out of 100 on the Healthy Places Index (HPI).             <ul style="list-style-type: none"> <li>o HPI provides an overall score for different policy areas that influence health and wellbeing, and compares outcomes with other California counties.</li> <li>o The HPI score for adults aged 18 to 64 years who were currently insured was 19.6/100.</li> </ul> </li> <li>- Transportation is also an issue due to vast size of Riverside County (7,303 sq. miles).</li> <li>- HPI score for transportation assess ranks well 73.2/100</li> </ul>
<p><b>Goal 3: Achieve health equity, eliminate disparities, and improve the health of Riverside County residents by connecting and investing in people</b></p> <ul style="list-style-type: none"> <li>• Objective 3A: Support school districts to improve graduation rate</li> <li>• Objective 3B: Provide internships, career-track entry level jobs, and vocational training for youth and adults</li> <li>• Objective 3C: Increase opportunities for volunteerism and mentorship programs for older adults</li> <li>• Objective 3D: Increase access and utilization to digital connectivity</li> <li>• Objective 3E: Reduce adverse childhood and community experiences</li> </ul>	<p><b>Goal 4: Ensure healthy and active living by improving and increasing access to care</b></p> <ul style="list-style-type: none"> <li>• Objective 4A: Increase the number of and access to primary and specialty care providers and services</li> <li>• Objective 4B: Increase the number of and access to behavioral health providers and services</li> <li>• Objective 4C: Increase the ability of healthcare providers to deliver culturally competent care</li> <li>• Objective 4D: Improve access to timely and understandable health information</li> </ul>

**X. Expansion of Proposed RCHF Geographic Service Area Zip Codes: Analysis**

The proposed RCHF Service Area consists of 10 individual zip codes with significant residential populations (an additional four zip codes have few if any residents).

**Proposed Service Area Zip Codes and Population by Zip Code – Sorted by Zip Code Population**

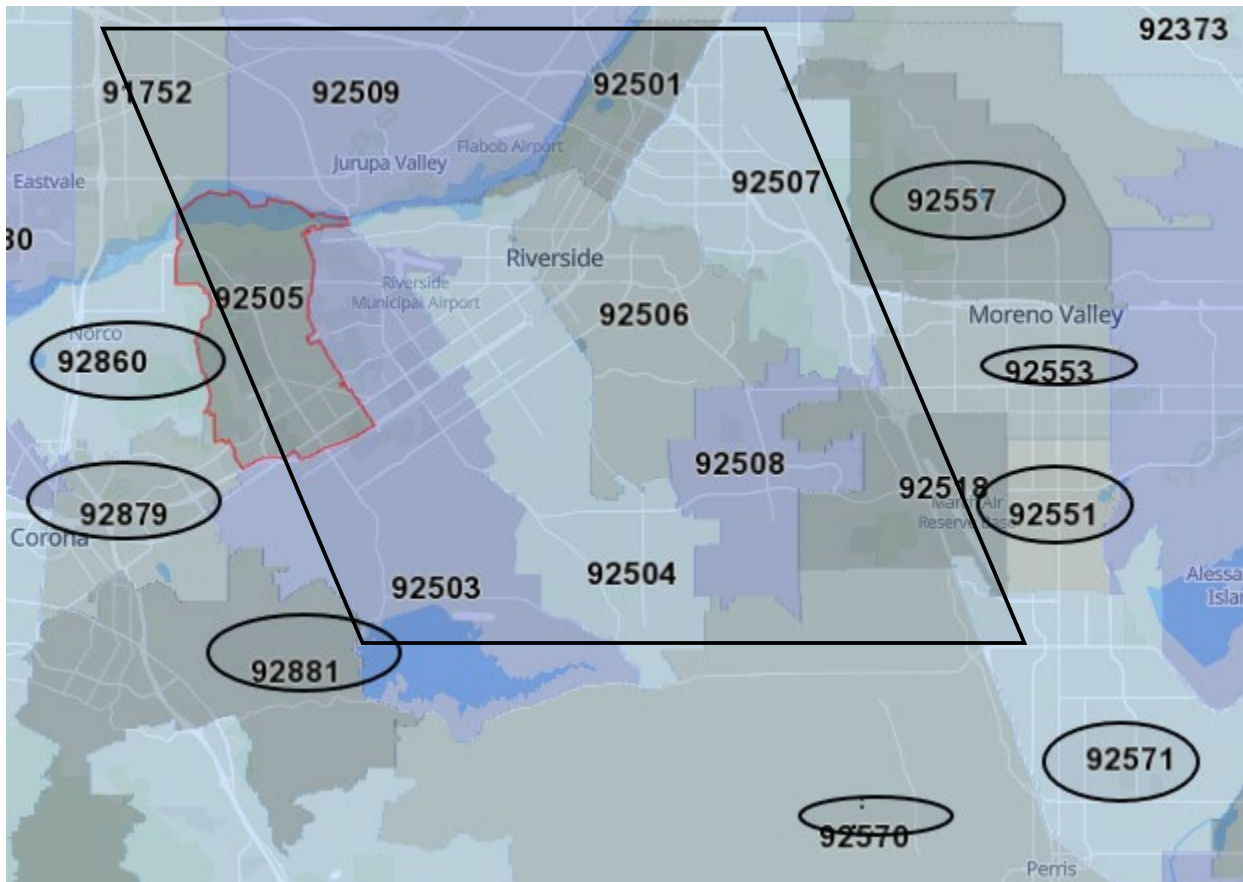
#	Zip Code	Population	% Total Service Area	Cumulative % SA Population
1	92503	92,932	19.03%	19.03%
2	92509	80,474	16.48%	35.51%
3	92507	61,299	12.55%	48.06%
4	92504	56,433	11.55%	59.61%
5	92505	50,917	10.42%	70.04%
6	92506	45,199	9.25%	79.29%
7	92508	41,238	8.44%	87.73%
8	91752	35,811	7.33%	95.06%
9	92501	22,407	4.59%	99.65%
<b>10</b>	92518	1,043	0.21%	99.87%
<b>11</b>	92521	670	0.14%	100.00%
<b>12</b>	92522	NA	NA	
<b>13</b>	92502	NA	NA	
	<b>Total</b>	<b>488,423</b>	<b>100%</b>	

The proposed expansion of RCHF Service Area consists of the following eight (n=8) adjacent Zip codes.

**Zip Codes Adjacent to Proposed RCHF Geographic Service Area: Population Count**

#	Zip Code	Population
1	92551	36,237
2	92553	79,174
3	92557	53,486
4	92570	62,722
5	92571	61,348
6	92860	29,869
7	92879	49,009
8	92881	34,787
	<b>Total</b>	<b>741,422</b>

**Map of Zip Codes Including Adjacent + Proposed RCHF Geographic Service Area Zip Codes**



Zip codes in circles are adjacent proposed expansion zip codes.



**Adjacent Zip Codes: Population and Household Characteristics**

	<b>92551</b>	<b>92553</b>	<b>92557</b>	<b>92570</b>	<b>92571</b>	<b>92860</b>	<b>92879</b>	<b>92881</b>
<b>Households</b>	8,771	20,238	15,435	15,315	13,946	7,791	14,381	9,645
<b>Families</b>	7,625	16,822	12,692	12,819	12,390	6,261	11,070	8,352
<b>Average Household Size</b>	4.12	3.9	3.46	4.07	4.39	3.33	3.39	3.6
<b>Households with Children</b>	5,350	11,893	7,620	8,471	9,382	3,281	6,980	5,158
<b>Median Household Income (All)</b>	\$70,809	\$57,937	\$77,576	\$63,374	\$67,620	\$109,690	\$73,216	\$112,571

## **Proposed Service Area Zip Codes and Adjacent Zip Codes: Comparative Analysis of Community Health Assessment Data**

The data tables below provide profiles across different population characteristics for both the proposed RCHF Zip Codes (n=10) and eight (n=8) adjacent Zip codes.

These Tables provide an opportunity to compare the characteristics of the Proposed Service Area zip codes with the eight adjacent (closest) zip codes.

The data Tables include color coding of values for each indicator within each zip code where the values for each zip code are compared to the overall value for Riverside County.

- Red color-coded cells indicate values that are “worse” than the county average
- Green color-coded cells indicate values that are “better” than the county average
- Yellow color-coded cells indicate values equal to the Riverside County average.

Importantly, these data allow analysis to determine how different or similar the existing and adjacent zip codes are to each other in terms of population health status and community health needs. To extent they are similar to each other, expansion of the service to include the adjacent zip codes would be relatively efficient and straightforward since the program needs of the two populations overlap and would not require new or different programs to meet the needs of the additional (expanded) zip codes.

### **Summary of Key Findings and Conclusions**

- For most indicators, the Service Area zip codes and the Adjacent Zip Codes are very similar to each other and when compared to the Riverside County values.
  - o Adjacent zip codes tend to be same color as the proposed Service Area zip codes for the same indicator and therefore no better or worse than the county average.
  - o These findings suggest that the community health needs of adjacent zip codes are similar to zip codes in the existing Service Area zip codes
- Expansion of the RCHF Service Area to include adjacent zip codes would allow RCHF to update and expand its Service Area zip codes with minimal disruption and/or impact on the mix of services provided by RCHF to meet community health needs since the community health needs of residents of adjacent zip codes are very similar to the existing Service Area zip codes.

- Expanding the eligible population may provide RCHF with the opportunity to offer programs that operate at higher levels of scale more efficiently since it would expand the recruiting base in a geographically accessible manner.

## **Detailed Findings – Summary**

### **Alcohol and Opioid Use**

- The values for “Adults who Binge Drink: Last 30 Days” for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes range from 8.60 % to 20.10 % and are almost always above the overall Riverside County average
- The values for “Opioid Prescription Patients” and “Quarterly Opioid Prescription Rate” are below the overall Riverside County average for nearly all Proposed Service Area Zip Codes and all Adjacent Service Area Zip Codes
- The values for “Age-Adjusted Buprenorphine Prescription Rate” are noticeably higher than the overall Riverside County average for more residents in the Proposed Service Area Zip Codes compared to the Adjacent Service Area Zip Codes

### **Cognitive and Disability Rates**

- The values for “Persons with a Self-Care Difficulty”, “Persons with an Ambulatory Difficulty”, and “Persons with Disability Living in Poverty (5-year)” are noticeably higher than the overall Riverside County average for more residents in the Proposed Service Area Zip Codes compared to the Adjacent Service Area Zip Codes
- Values for “Persons with a Vision Difficulty” and “Persons with a Hearing Difficulty” are similar for both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes, with some residents in the Proposed Service Area Zip Codes having slightly worse or the same outcomes compared to the overall Riverside County average

### **Access to Health Care and Insurance**

- The values for “Adults who have had a Routine Checkup” for residents in both the Proposed Service Area and the Adjacent Service Area Zip Codes range from 65.70 % to 80.70 % and are almost always above the overall Riverside County average
- Values for “Children and Teens Delayed or Had Difficulty Obtaining Care” for residents in the Proposed Service Area are noticeably lower than the overall Riverside County average compared to residents living in the Adjacent Service Area Zip Codes
- Values for “Adults without Health Insurance” are similar for both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes ranging from 11.20 % to 25.30 % in comparison to the overall Riverside County average

### **Adults: Selected Health Conditions**

- Values for “Adults with Diabetes” and “Cholesterol Test History” for most residents in both the Proposed Service Area and the Adjacent Service Area Zip Codes have worse outcomes compared to the overall Riverside County average
- The values for “Adults who Experienced a Stroke”, “Adults who Experienced Coronary Heart Disease”, and “Adults who Have Taken Medications for High Blood Pressure” for residents in both the Proposed Service Area and the Adjacent Service Area Zip Codes are lower than the overall Riverside County average

### **Low Birth and Infant Mortality**

- Available values for “Infant Mortality Rate” for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes are higher than the overall Riverside County average
- Values for “Babies with Very Low Birth Weight” for all residents in the Proposed Service Area and most residents in the Adjacent Service Area Zip Codes are higher than the overall Riverside County average, ranging from 0.90 % to 2.20 %
- The values for “Mothers who Received Early Prenatal Care” for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes range from 84.00 % to 91.60 % and are almost always above the overall Riverside County average

### **Adults: Mental Health**

- Values for “Adults who are Sedentary” for all residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes are higher than the overall Riverside County average ranging from 17.50 % to 33.10 %
- The values for “Poor Mental Health: 14+ Days” for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes range from 12.40 % to 16.90 % and are almost always above the overall Riverside County average
- The values for “Adults with Likely Serious Psychological Distress” are similar for both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes and range from 11.00 % to 14.30 %, with most residents having worse outcomes compared to the overall Riverside County average

### **Adults: Selected Health Conditions**

- The values for “Adults with Current Asthma” and “Children and Teens with Asthma” for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes are almost always above the overall Riverside County average
- Values for “Adults with Asthma” are slightly lower for residents in Adjacent Service Area Zip Codes compared to residents in Proposed Service Area Zip codes, ranging from 13.50 % to 16.50 %
- The values for “Adults with Kidney Disease” and “Adults with COPD” for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes are almost always lower than the overall Riverside County average

### **Adults: Health Status**

- Values for “Adults who Drink Sugar-Sweetened Beverages” is lower for all residents in the Proposed Service Area Zip Codes compared to the overall Riverside County Average, with half of residents in the Adjacent Service Area Zip Codes being higher than the overall Riverside County average
- Values “Adults who are Obese”, “Children who are Overweight for Age”, and “Teens who are Overweight or Obese” are similar for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes, with half of both groups in each category having worse outcomes compared to the overall Riverside County average
- Values for “Poor Physical Health: 14+ Days” are noticeably lower for residents in the Proposed Service Area Zip Codes compared to residents in the Adjacent Service Area Zip Codes in relation to the overall Riverside County Average, ranging from 10.70% to 21.80%

### **Housing Indicators**

- The values for “Single-Parent Households” and “Overcrowded Households” are similar for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes, being higher than the overall Riverside County average for most residents
- Values for “Home ownership” are noticeably lower for residents in the Proposed Service Area Zip Codes compared to residents in the Adjacent Service Area Zip Codes in relation to the overall Riverside County average, ranging from 5.90 % to 80.00 %
- Values for “People 65+ Living Alone” for nearly half of residents in the Proposed Service Area Zip Codes are higher than the overall Riverside County average, with all residents in the Adjacent Service Area Zip Codes being below the overall Riverside County average

### **Household Socio-Economic Indicators**

- Values for “Per Capita Income” for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes are almost always below the overall Riverside County average, ranging from \$16,881 to \$40,815
- Values for “Children Living Below Poverty Level” and “Youth not in School or Working” are similar for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes, with half of both groups in each category having worse outcomes compared to the overall Riverside County average
- Values for “People 65+ Living Below Poverty Level” are noticeably lower for residents living in the Proposed Service Area Zip Codes compared to residents living in the Adjacent Service Area Zip Codes when compared to the overall Riverside County average, ranging from 2.00 % to 17.00 %

### **Vaccination and Preventative Services**

- Values for “Adults 65+ with Influenza Vaccination” for all residents in the Proposed Service Area Zip Codes are higher than the overall Riverside County average, with half of

residents in the Adjacent Service Area Zip Codes being below the overall Riverside County average

- Values for “Children with Influenza Vaccination” are similar for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes, ranging from 42.00 % to 52.30 %
- The values for “Adults 65+ who Received Recommended Preventative Services: Women” and “Adults 65+ who Received Recommended Preventative Services: Men” for residents in both the Proposed Service Area Zip Codes and the Adjacent Service Area Zip Codes range from are almost always below the overall Riverside County average

**Alcohol and Opioid Use**

	Adults who Binge Drink: Last 30 Days	Age-Adjusted Annual Opioid Prescription Rate (per 1,000)	Age-Adjusted Buprenorphine Prescription Rate (per 1,000)	Opioid Prescription Patients	Quarterly Opioid Prescription Rate (per 10,000)	Residents on More than 90 Morphine Milligram Equivalents (MME) of Opioids Daily (per 1,000)
<b>91752</b>	17.90%	467.2	8.1	2.7%	310.6	9.9
<b>92501</b>	18.20%	562	25.4	2.4%	279.4	11.9
<b>92503</b>	17.80%	452.2	9	2.4%	298.4	10.9
<b>92504</b>	17.80%	493.2	11.3	2.6%	321.1	9.6
<b>92505</b>	18.00%	500.1	7.8	2.2%	269.1	10.8
<b>92506</b>	17.60%	465.6	15.5	2.7%	347.4	10.1
<b>92507</b>	17.60%	459.1	9.9	1.8%	214.5	9.7
<b>92508</b>	18.90%	353.3	19.8	2.0%	238.2	7
<b>92509</b>	17.70%	416.5	7.2	2.1%	256.7	8.1
<b>92518</b>	8.60%	1388.1	118.2	5.1%	725.8	76.8
ADJACENT ZIP CODES						
<b>92551</b>	17.00%	469.9	4.2	2.0%	224.8	9.1
<b>92553</b>	17.00%	473.9	5.9	2.1%	245.4	9.1
<b>92557</b>	17.70%	456.9	4.6	2.5%	293.7	8.5
<b>92570</b>	16.60%	385.4	6.5	2.1%	244.3	7.3
<b>92571</b>	17.60%	444.4	3.5	1.9%	217	8.5
<b>92860</b>	20.10%	436.6	13	2.6%	324.4	9.7
<b>92879</b>	17.80%	390.1	7.1	2.0%	235.2	7.4
<b>92881</b>	18.40%	348.1	7.8	2.1%	246.3	7

**Alcohol and Opioid Use**

**Cognitive and Disability Rates**

	Persons with a Cognitive Difficulty	Persons with a Disability (5-year)	Persons with a Hearing Difficulty	Persons with a Self-Care Difficulty	Persons with a Vision Difficulty	Persons with an Ambulatory Difficulty	Persons with Disability Living in Poverty (5-year)
<b>91752</b>	4.40%	11.50%	2.70%	3.80%	2.00%	7.70%	13.80%
<b>92501</b>	5.20%	12.40%	2.80%	4.10%	1.90%	7.80%	25.00%
<b>92503</b>	4.40%	10.10%	2.40%	2.30%	2.10%	5.80%	13.80%
<b>92504</b>	4.10%	11.30%	3.10%	2.50%	2.00%	7.40%	22.10%
<b>92505</b>	5.20%	11.60%	3.00%	2.90%	2.30%	6.40%	19.00%
<b>92506</b>	4.90%	12.30%	3.50%	3.30%	2.30%	6.90%	19.90%
<b>92507</b>	4.80%	9.80%	2.50%	2.20%	2.20%	4.30%	28.70%
<b>92508</b>	3.80%	9.30%	3.10%	2.10%	1.80%	4.10%	10.40%
<b>92509</b>	4.20%	10.60%	2.90%	2.30%	2.60%	5.90%	18.70%
<b>92518</b>	3.10%	23.70%	12.90%	5.90%	2.60%	13.00%	100.00%
<b>ADJACENT ZIP CODES</b>							
<b>92551</b>	4.20%	9.20%	2.40%	2.80%	1.70%	4.40%	12.60%
<b>92553</b>	5.60%	10.40%	2.00%	3.50%	1.90%	5.50%	25.80%
<b>92557</b>	3.90%	10.10%	2.20%	2.70%	1.70%	5.30%	17.70%
<b>92570</b>	4.70%	11.40%	2.90%	3.20%	2.50%	6.50%	18.70%
<b>92571</b>	3.70%	8.80%	1.90%	2.40%	2.10%	5.00%	19.90%
<b>92860</b>	3.70%	11.60%	4.20%	1.80%	2.30%	5.90%	12.10%
<b>92879</b>	3.40%	8.10%	2.50%	2.60%	1.90%	4.70%	19.20%
<b>92881</b>	3.30%	9.60%	2.40%	1.70%	1.40%	4.20%	15.70%



### Access to Health Care and Insurance

	Adults Delayed or Had Difficulty Obtaining Care	Adults who have had a Routine Checkup	Adults with Health Insurance (18-64)	Adults without Health Insurance	Children and Teens Delayed or Had Difficulty Obtaining Care
<b>91752</b>	20.70%	67.60%	85.90%	18.70%	7.50%
<b>92501</b>	21.20%	66.90%	84.20%	18.90%	6.70%
<b>92503</b>	20.60%	67.20%	84.10%	19.90%	6.30%
<b>92504</b>	21.40%	68.50%	83.70%	17.50%	6.70%
<b>92505</b>	21.40%	66.80%	83.60%	19.90%	6.10%
<b>92506</b>	21.10%	71.00%	88.80%	11.20%	7.20%
<b>92507</b>	20.60%	66.20%	85.10%	18.40%	7.50%
<b>92508</b>	20.30%	68.50%	89.40%	11.50%	7.10%
<b>92509</b>	21.20%	66.50%	83.10%	22.60%	7.90%
<b>92518</b>		80.70%		16.70%	
<b>ADJACENT ZIP CODES</b>					
<b>92551</b>	20.60%	67.50%	82.70%	21.70%	7.70%
<b>92553</b>	21.90%	66.90%	81.30%	23.30%	7.90%
<b>92557</b>	20.80%	68.90%	85.00%	16.80%	7.90%
<b>92570</b>	20.90%	66.90%	78.40%	25.30%	8.40%
<b>92571</b>	22.50%	65.70%	82.90%	24.70%	6.80%
<b>92860</b>	20.80%	67.80%	88.10%	14.00%	7.50%
<b>92879</b>	21.60%	67.40%	83.80%	18.40%	6.90%
<b>92881</b>	21.00%	69.00%	89.20%	12.30%	7.20%

**Adults: Selected Health Conditions**

	Adults with Cancer	Adults with Diabetes	Adults who Experienced a Stroke	Adults who Experienced Coronary Heart Disease	Adults who Have Taken Medications for High Blood Pressure	Adults with Heart Disease	Cholesterol Test History	High Cholesterol Prevalence: Adults 18+
<b>91752</b>	4.80%	14.10%	2.80%	4.80%	64.70%	5.90%	79.00%	30.30%
<b>92501</b>	4.60%	12.60%	2.90%	4.90%	63.40%	5.80%	76.90%	29.50%
<b>92503</b>	4.70%	13.20%	2.70%	4.70%	63.90%	6.10%	77.90%	30.30%
<b>92504</b>	5.50%	12.90%	3.00%	5.20%	67.40%	6.60%	78.30%	31.40%
<b>92505</b>	4.50%	13.40%	2.70%	4.60%	64.00%	5.80%	76.80%	29.80%
<b>92506</b>	6.50%	10.70%	2.80%	5.20%	70.10%	7.60%	83.00%	33.30%
<b>92507</b>	3.40%	9.90%	2.20%	3.70%	57.90%	4.60%	70.20%	24.70%
<b>92508</b>	4.60%	11.10%	2.20%	3.70%	63.10%	5.90%	81.10%	28.70%
<b>92509</b>	4.60%	13.80%	3.00%	5.20%	64.10%	5.80%	77.00%	30.70%
<b>92518</b>	13.50%		8.90%	17.10%	85.30%		85.60%	47.30%
<b>ADJACENT ZIP CODES</b>								
<b>92551</b>	3.90%	14.30%	2.80%	4.40%	63.70%	5.20%	76.10%	29.10%
<b>92553</b>	3.90%	14.90%	3.00%	4.70%	63.30%	5.50%	75.10%	29.50%
<b>92557</b>	4.70%	13.40%	2.80%	4.50%	65.60%	5.90%	78.90%	30.00%
<b>92570</b>	4.60%	12.80%	3.50%	5.90%	64.50%	5.80%	75.60%	31.60%
<b>92571</b>	3.60%	14.20%	2.60%	4.20%	59.50%	5.00%	75.20%	27.50%
<b>92860</b>	5.30%	10.90%	2.60%	4.70%	65.10%	6.40%	80.40%	31.60%
<b>92879</b>	4.50%	13.00%	2.60%	4.40%	62.90%	5.90%	78.20%	29.10%
<b>92881</b>	5.10%	11.30%	2.40%	4.20%	64.60%	6.20%	81.70%	29.70%

### Low Birth and Infant Mortality

	Babies with Low Birth Weight	Babies with Very Low Birth Weight	Infant Mortality Rate (per 1,000)	Mothers who Received Early Prenatal Care
<b>91752</b>	8.10%	2.20%		87.60%
<b>92501</b>	6.70%	1.80%		90.20%
<b>92503</b>	6.30%	1.60%	5.9	86.00%
<b>92504</b>	5.80%	1.60%	7.5	86.40%
<b>92505</b>	7.60%	1.60%	8.2	86.80%
<b>92506</b>	5.50%	1.90%		91.30%
<b>92507</b>	6.20%	1.30%	5.9	86.70%
<b>92508</b>	9.20%	1.40%		91.60%
<b>92509</b>	5.50%	1.10%	6.1	85.40%
<b>92518</b>				
<b>ADJACENT ZIP CODES</b>				
<b>92551</b>	8.00%	1.50%		88.60%
<b>92553</b>	7.50%	1.00%	5.3	87.00%
<b>92557</b>	8.20%	2.20%	10.9	86.70%
<b>92570</b>	6.60%	1.70%	5.7	84.60%
<b>92571</b>	7.70%	1.40%	5.2	86.40%
<b>92860</b>	3.20%	2.10%		85.80%
<b>92879</b>	4.90%	0.90%	10.3	84.00%
<b>92881</b>	9.10%	1.80%		88.60%

**Adults: Mental Health**

92881	2.30%	16.10%	4.70%	9.10%	14.90%
	Adults with Likely Serious Psychological Distress	Poor Mental Health: 14+ Days	Adults who are Sedentary		
91752	11.50%	14.10%	22.70%		
92501	12.70%	15.40%	23.20%		
92503	11.90%	14.80%	23.30%		
92504	12.60%	14.60%	22.30%		
92505	12.70%	15.00%	23.30%		
92506	11.10%	12.50%	18.00%		
92507	14.30%	16.40%	21.90%		
92508	11.50%	12.80%	17.50%		
92509	11.80%	15.70%	25.50%		
92518		12.40%	33.10%		
<b>ADJACENT ZIP CODES</b>					
92551	12.30%	16.00%	25.30%		
92553	13.00%	16.70%	26.70%		
92557	12.20%	14.70%	21.90%		
92570	11.60%	16.90%	28.50%		
92571	11.50%	16.20%	26.30%		
92860	11.00%	13.50%	19.10%		
92879	12.10%	14.20%	22.40%		
92881	11.50%	12.80%	18.40%		

**Adults: Selected Health Conditions**

	Adults with Kidney Disease	Adults with Asthma	Adults with COPD	Adults with Current Asthma	Children and Teens with Asthma
<b>91752</b>	2.70%	14.90%	5.30%	9.20%	16.00%
<b>92501</b>	2.70%	15.80%	5.60%	9.70%	16.60%
<b>92503</b>	2.70%	14.90%	5.30%	9.40%	15.20%
<b>92504</b>	2.80%	15.60%	5.70%	9.60%	15.00%
<b>92505</b>	2.60%	15.20%	5.20%	9.40%	16.30%
<b>92506</b>	2.70%	16.20%	5.40%	9.20%	14.30%
<b>92507</b>	2.30%	16.00%	4.40%	9.70%	16.90%
<b>92508</b>	2.20%	16.50%	4.30%	9.00%	14.80%
<b>92509</b>	2.90%	14.00%	5.90%	9.70%	16.30%
<b>92518</b>	6.70%		13.20%	9.60%	
<b>ADJACENT ZIP CODES</b>					
<b>92551</b>	2.70%	14.90%	5.20%	10.20%	17.10%
<b>92553</b>	2.80%	15.00%	5.60%	10.30%	17.40%
<b>92557</b>	2.60%	16.10%	5.20%	9.90%	16.30%
<b>92570</b>	3.30%	13.80%	6.60%	10.20%	12.20%
<b>92571</b>	2.60%	13.50%	4.90%	9.90%	16.10%
<b>92860</b>	2.40%	16.10%	5.40%	9.10%	14.40%
<b>92879</b>	2.60%	15.10%	4.90%	9.20%	14.90%

**Adults: Health Status**

	Poor Physical Health: 14+ Days	Adults who Drink Sugar-Sweetened Beverages	Adults who Smoke	Adults who are Obese	Children who are Overweight for Age	Teen who are Overweight or Obese
<b>91752</b>	13.10%	12.00%	11.40%	35.10%	20.50%	47.90%
<b>92501</b>	13.80%	13.10%	13.40%	35.50%	21.20%	48.60%
<b>92503</b>	13.40%	13.20%	11.80%	36.90%	20.50%	46.90%
<b>92504</b>	13.40%	13.00%	13.20%	35.30%	19.60%	49.60%
<b>92505</b>	13.20%	13.40%	13.20%	35.90%	18.00%	50.20%
<b>92506</b>	11.90%	9.40%	10.60%	28.60%	14.40%	40.30%
<b>92507</b>	11.90%	11.40%	13.20%	30.50%	18.40%	42.50%
<b>92508</b>	10.70%	10.60%	9.50%	31.00%	17.20%	33.50%
<b>92509</b>	14.80%	13.30%	12.10%	37.20%	19.00%	54.60%
<b>92518</b>	21.80%					
<b>ADJACENT ZIP CODES</b>						
<b>92551</b>	14.10%	14.80%	12.90%	38.30%	19.60%	58.30%
<b>92553</b>	14.90%	14.60%	15.40%	38.40%	19.40%	66.10%
<b>92557</b>	13.00%	12.50%	11.90%	37.20%	21.50%	51.70%
<b>92570</b>	16.60%	14.20%	13.10%	35.80%	17.70%	52.40%
<b>92571</b>	14.10%	14.30%	11.90%	37.00%	16.00%	56.20%
<b>92860</b>	12.20%	10.40%	10.40%	30.20%	16.20%	34.60%
<b>92879</b>	12.70%	12.60%	13.20%	34.70%	17.80%	51.20%
<b>92881</b>	11.30%	10.80%	10.10%	31.60%	16.50%	35.00%

## Housing Indicators

	People 65+ Living Alone	Single-Parent Households	Home ownership	Overcrowded Households
<b>91752</b>	15.40%	15.20%	61.10%	11.40%
<b>92501</b>	29.80%	30.40%	39.90%	8.20%
<b>92503</b>	18.50%	25.80%	61.50%	11.20%
<b>92504</b>	24.60%	24.60%	56.10%	8.40%
<b>92505</b>	14.90%	23.20%	47.40%	12.10%
<b>92506</b>	17.10%	16.20%	73.10%	4.50%
<b>92507</b>	26.70%	29.50%	29.30%	11.20%
<b>92508</b>	8.40%	13.20%	76.30%	2.40%
<b>92509</b>	15.20%	20.10%	64.90%	17.10%
<b>92518</b>	58.60%	36.60%	5.90%	1.40%
<b>ADJACENT ZIP CODES</b>				
<b>92551</b>	5.00%	24.70%	63.40%	11.60%
<b>92553</b>	14.20%	28.40%	44.90%	14.90%
<b>92557</b>	13.80%	27.70%	61.40%	8.20%
<b>92570</b>	11.50%	23.30%	58.30%	18.00%
<b>92571</b>	7.70%	22.40%	63.70%	15.10%
<b>92860</b>	18.40%	12.80%	80.00%	2.60%
<b>92879</b>	17.90%	21.90%	54.10%	9.10%
<b>92881</b>	11.80%	11.20%	77.20%	2.80%

**Household Socio-Economic Indicators**

	Per Capita Income	Children Living Below Poverty Level	Families Living Below Poverty Level	People 65+ Living Below Poverty Level	People Living Below Poverty Level	Youth not in School or Working
<b>91752</b>	\$27,917.00	15.70%	8.80%	7.50%	10.60%	3.50%
<b>92501</b>	\$26,273.00	13.30%	8.50%	17.00%	13.70%	4.70%
<b>92503</b>	\$25,140.00	17.50%	10.40%	10.10%	11.90%	2.60%
<b>92504</b>	\$25,077.00	18.90%	8.80%	13.60%	13.60%	1.20%
<b>92505</b>	\$23,882.00	15.80%	8.50%	9.40%	11.60%	3.10%
<b>92506</b>	\$40,543.00	12.30%	5.50%	4.90%	9.00%	0.70%
<b>92507</b>	\$21,114.00	24.30%	15.70%	10.30%	23.30%	0.10%
<b>92508</b>	\$35,274.00	8.00%	4.70%	9.00%	8.00%	1.20%
<b>92509</b>	\$21,066.00	20.10%	12.60%	12.80%	14.70%	3.70%
<b>92518</b>	\$34,030.00	33.80%	15.00%	2.00%	14.80%	0.00%
<b>ADJACENT ZIP CODES</b>						
<b>92551</b>	\$19,681.00	18.00%	10.90%	10.50%	13.20%	3.20%
<b>92553</b>	\$16,881.00	29.10%	17.50%	13.00%	20.20%	4.10%
<b>92557</b>	\$24,665.00	16.30%	9.70%	7.80%	12.20%	3.50%
<b>92570</b>	\$19,765.00	28.80%	16.40%	12.50%	19.60%	3.30%
<b>92571</b>	\$18,590.00	24.10%	14.00%	11.00%	15.70%	2.40%
<b>92860</b>	\$34,269.00	8.90%	4.10%	7.40%	7.50%	0.60%
<b>92879</b>	\$27,775.00	19.10%	11.10%	14.70%	13.60%	0.20%
<b>92881</b>	\$40,815.00	5.50%	5.20%	8.70%	6.80%	1.80%



**Adults Preventive Care**

	Adults 65+ with Influenza Vaccination	Children with Influenza Vaccination	Adults 65+ who Received Recommended Preventive Services: Females	Adults 65+ who Received Recommended Preventive Services: Males
<b>91752</b>	66.50%	49.70%	27.30%	24.60%
<b>92501</b>	66.30%	43.20%	26.70%	25.00%
<b>92503</b>	67.40%	48.80%	27.60%	25.40%
<b>92504</b>	66.60%	47.10%	27.60%	26.80%
<b>92505</b>	67.00%	48.10%	27.20%	25.10%
<b>92506</b>	68.50%	46.30%	31.30%	30.80%
<b>92507</b>	65.10%	52.30%	27.10%	25.10%
<b>92508</b>	64.50%	42.30%	31.40%	29.00%
<b>92509</b>	67.40%	49.40%	25.60%	23.60%
<b>92518</b>			21.00%	24.60%
<b>ADJACENT ZIP CODES</b>				
<b>92551</b>	60.80%	46.20%	25.90%	22.00%
<b>92553</b>	60.40%	49.00%	24.70%	21.30%
<b>92557</b>	64.30%	47.10%	28.20%	25.80%
<b>92570</b>	61.90%	50.40%	24.20%	21.60%
<b>92571</b>	63.20%	50.00%	24.60%	21.30%
<b>92860</b>	69.20%	43.70%	31.20%	28.90%
<b>92879</b>	65.70%	47.20%	27.60%	25.50%
<b>92881</b>	66.50%	42.00%	30.70%	28.80%

## **XI. Recommendations and Conditions**

### **Summary of Recommendations**

#### **1. Recommendation: Modification/Expansion of Geographic Service Area**

*It is recommended that the RCHF Service Area be expanded to include the original zip codes and eight (n=8) additional, adjacent Zip Codes.*

#### **2. Recommendation: Approve Change in Language Regarding Scope of Services/Activities with Conditions**

- **Removing requirement of hospital- based IP + OP focus:**

*It is recommended that this change be approved.*

- **Expanding scope of activities to include population health management:**

*It is recommended that this change be approved -- with Conditions.*

## Detailed Recommendations and Conditions

### **1. Recommendation: Modification/Expansion of Geographic Service Area**

The proposed AOI Amendment includes a proposed Service Area consisting of 13 zip codes based on the original transaction some 20+ years ago.

3. Service Area. The geographic area defined by the city limits of the City of Riverside, including the following ZIP codes: 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92518, 92521, 92522, 92509 and 91752.

At the same time, the proposed Amendment document properly describes important changes in both the health care and demographic landscape since the original transaction that underpin the motivation for requesting a change in AOI language.

The proposed static Service Area consisting of 13 zip codes appears to be based on zip code definitions and population characteristics at the time of the original transaction. Zip code definitions and zip code populations change over time. As detailed in above, based on updated data, the proposed (historical) Service Area has several important limitations, including:

- Two zip codes have no residents
- Two zip codes have very few residents/families

As a result of this limitation, it is recommended that the Proposed AOI Amendment language be re-drafted to updated and expanded to incorporate the following zip codes that are adjacent to the historical Service Area zip codes: 92551, 92553, 92557, 92570, 92571, 92860, 92879, and 92881.

As described above, the population and health status characteristics of these eight adjacent zip codes are similar to the original 13 zip codes in the proposed Service Area. In addition, by adding adjacent zip codes to the Service Area historical and future programs and projects based in the historical Service Area zip codes, such as the community clinics, are more geographically accessible to these populations than if the Service Area were expanded to non-adjacent zip codes.

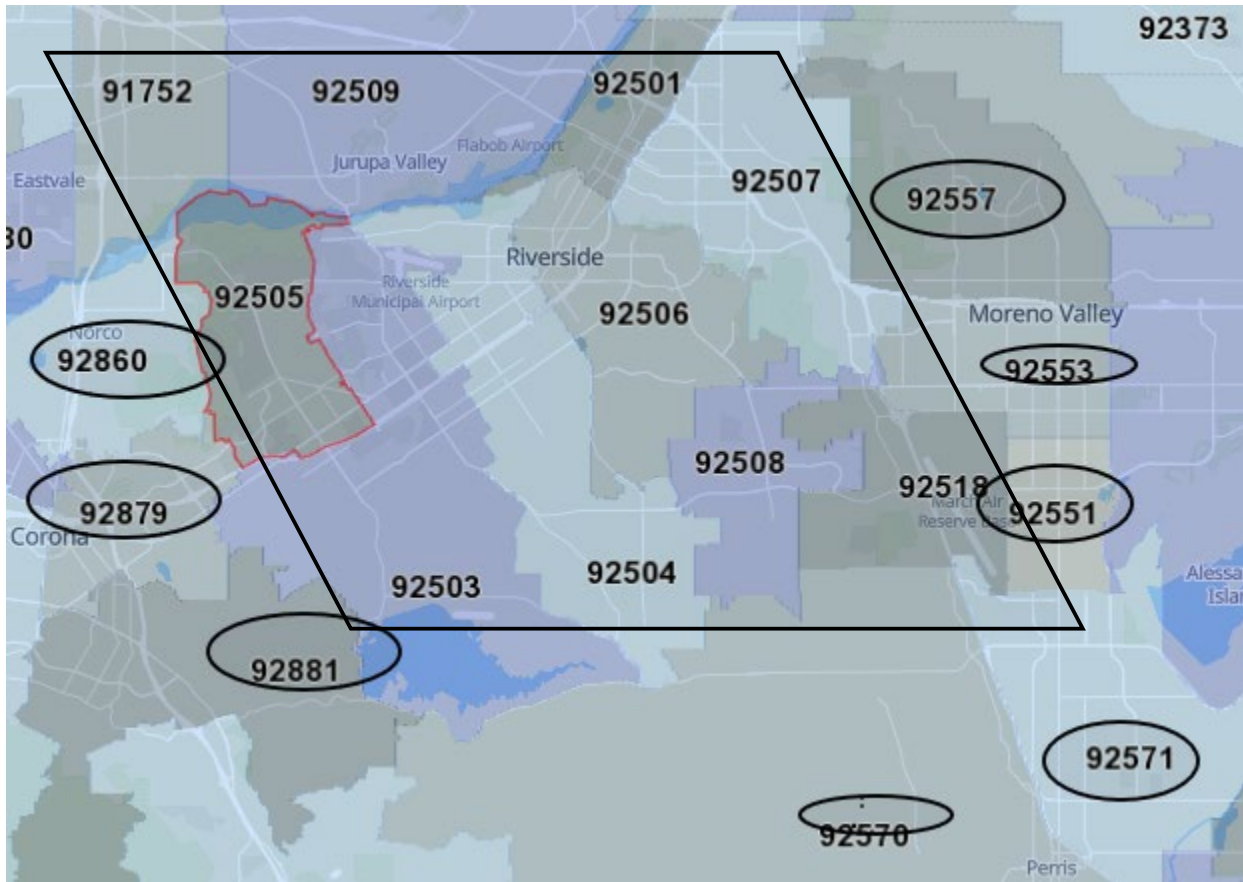
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Map: Proposed Zip Codes (included in Rectangle) + Adjacent Zip Codes (in Circles)



Zip codes in circles are adjacent proposed expansion zip codes.

## **2. Recommendation: Approve Change in Language Regarding Scope of Services/Activities with Conditions**

In their proposed AOI Amendment RCHF details several important and material changes in their Service Area and the health care landscape that justifies the logic of several proposed changes in their AOI language.

**Removing requirement of hospital- based IP + OP focus:** One area concerns the historical limitation of focusing their charitable activities on hospital based services, as described below:

“with the sale of the Parkview Hospital, this removes yet another Qualified Recipient for RCHF’s Inpatient Charitable Expenditures serving the Service Area. Riverside University Health Systems moved out of the Service Area years ago and Kaiser Permanente Hospital has a prohibitive administrative model and is not able to nor willing to receive funds. The major provider of hospital services, Riverside Community Hospital, is not allowed to participate as a Qualified Recipient since it is for-profit.”

As described above in this report, recent data regarding licensed general acute care hospitals in the Service Area show that there are no non-profit hospitals located in the Service Area that are eligible to work with and receive funding from RCHF.

As a result, RCHF has requested that this language be removed from their updated AOI.

***It is recommended that this change be approved.***

**Expanding scope of activities to include population health management:** Another important set of changes in the RCHF operating environment includes changes in the health care landscape, including the expansion of health insurance coverage through the Affordable Care Act, as well as changes in the delivery systems at the local level and the evolution of thinking about how to best achieve improved health status for populations. This later change, focusing more on the population level and on population health, has evolved and emerged over time since the original transaction in 1997. As such, RCHF has requested to in their AOI Amendment to update the language regarding how RCHF can deploy their charitable assets.

Their logic regarding the need to broaden their focus to encompass population health and social determinants of health is summarized by the following from their Amendments document:

“RCHF’s view of this assessment is that there needs to be a greater emphasis and funding targeting social determinants that negatively impact health and wellbeing. Social determinants of health are the conditions in which people are born, grow, live, learn and work and include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to healthcare. Addressing social

determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages”

The need to update and broaden their focus in encompass population health and expand their flexibility is summarized by the following from their Amendments document:

“For the past ten years, RCHF has experienced a health care system shift putting resources toward wellness and preventative type services rather than hospitals, addressing social determinants of health such as poverty, unequal access to health care, housing, geography, employment, education, and transportation. This amendment results in not only providing RCHF with needed flexibility to use and distribute expenditures that actually meet the current and relevant healthcare needs and priorities identified in the Parkview Community Health Needs Assessment that are increasingly being provided to Riverside residents at community healthcare clinics...”

As described above in this report, community health assessment data for the Service Area and Riverside County support the need for charitable activities and giving that target a wide range of interventions beyond hospital-based inpatient and outpatient care.

At the same time, expansion of the scope of activities adds a new level of complexity to their on-going charitable activities that will require a change in operations and methods for determining the optimal allocation of their charitable assets. As detailed in this report, other non-profits and health care organizations undertake systematic analyses, reviews and updates of population health characteristics and needs to update their understanding of health needs as they evolve in the population and the available interventions that might funded and supported.

As documented above, RCHF is one the largest and most important non-profit organizations serving the Inland Empire and the Service Area. As such, it will be important for RCHF to develop a resource allocation framework and process that ensures that its expanded scope is implemented effectively. As such:

***It is recommended that this change be approved -- with Conditions.***

## **Proposed Conditions**

As discussed, the proposed expansion of scope by RCHF is consistent with the broader model of population health management that is being embraced and developed within in our health care system. The proposed expanded scope is justified and could increase the effectiveness and value of RCHF charitable activities.

To ensure that this greater value is achieved, the following are recommended:

### **A. Given an expanded scope of activities and interventions, the planning and allocation of charitable resources should require more thorough, systematic, and community-based process to determine**

- Where possible work with and coordinate with other non-profits to
  - Identify and Measure relevant community health needs based on expanded scope (population health models)
  - Identify unmet needs vis-à-vis other agencies/organizations/non-profits
- Use the results from to explicitly identify
  - Priority Areas for RCHF
  - Specific program goals
  - Specific investments/spending
- Conduct period evaluations to document both activities and outcomes
  - Use results from evaluations to update: Priority Areas, Specific program goals, Specific investments/spending

### **B. To ensure that the On-Going Resource Allocation Planning is Effective, the Process should:**

- a. Be Transparent
  - i. Include mechanisms for effective community/public/stakeholder input and feedback regarding (Identified needs and unmet needs, priorities, goals Programs, spending levels)
- b. Require comment period in response to publication of annual plan summarizing the above findings and plans for the coming year
  - i. Require RCHF to respond to comments/feedback

### **C. To Further Transparency and Public Input, RCHF Website should be redesigned to meet the expanded transparency/reporting requirements**

- a. In addition to providing data regarding the above, the Website should be re-designed to provide greater transparency and greater detail regarding RCHF Annual Operating Costs and other data that allows the public to assess the cost efficiency of RCHF compared to other non-profits
- b. For example, using the Charitywatch.org framework which provides financial reporting to assess organization's administrative, fund raising and operating costs as a share of total annual operating budget and assigns specific scores/values based on reported data.

**D. Require On-Going Reporting to Ensure Compliance with Conditions: Require annual report to OAG (to be posted on RCHF Website) That Documents and Demonstrates:**

- a. Achieving/meeting the above conditions
- b. Informs public and other stake holders
- c. Clearly explains:
  - i. priorities
  - ii. goals
  - iii. dollar amounts spent on each
  - iv. provides data to allow public to understand the cost structure of RCHF



## APPENDIX

### Bio-Sketch

Dr. Glenn Melnick is professor and Blue Cross of California Chair in Health Care Finance and Director the Center for Health Financing, Policy, and Management at USC. Dr. Melnick has extensively studied and published research on California's health care system and teaches graduate courses in population health management.

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<https://data.chhs.ca.gov/dataset/licensed-healthcare-facility-listing>

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Clinics – Riverside Community Health Foundation (rchf.org)

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