



2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital West Los Angeles
License #930000081

Approved by KFH Board of Directors
March 16, 2017

To provide feedback about this Implementation Strategy Report,
email chna-communications@kp.org

**Kaiser Foundation Hospitals
Community Health Needs Assessment (CHNA)
Implementation Strategy Report
2016**

Kaiser Foundation Hospitals – West Los Angeles
License # 930000081
6041 Cadillac Avenue
Los Angeles, CA 90034

I. General Information

Contact Person:	Yesenia Monsour, Director, Public Affairs and Brand Communications
Date of Written Plan:	December 13, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	March 16, 2017
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by Authorized Governing Body On or Before the 15 th Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body:	December 4, 2013
Name and EIN of Hospital Organization Operating Hospital Facility:	Kaiser Foundation Hospitals, 94-1105628
Address of Hospital Organization:	One Kaiser Plaza, Oakland, CA 94612

II. About Kaiser Permanente

Kaiser Permanente is a not for profit, integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and The Permanente Medical Groups. For more than 65 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. Today we serve more than 10.2 million members in eight states and the District of Columbia. Since our beginnings, we have been committed to helping shape the future of health care. Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health.

III. About Kaiser Permanente Community Benefit

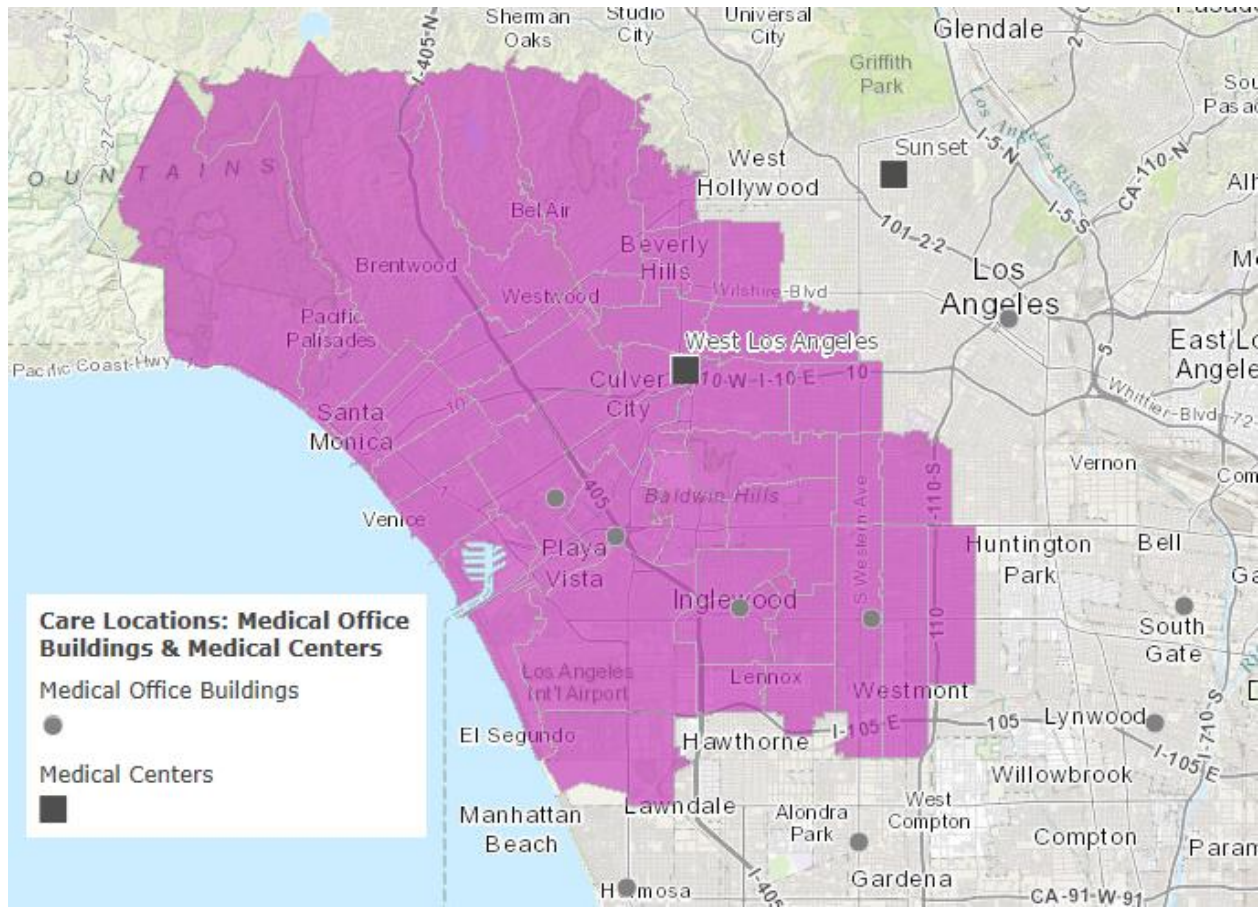
We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor's office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant-making to leverage financial resources with medical research, physician expertise, and clinical practices. Historically, we have focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted Community Health Needs Assessments (CHNA) to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

In addition, Kaiser Permanente seeks to promote community health upstream by leveraging its assets to positively influence social determinants of health – social, economic, environmental – in the communities we serve.

IV. Kaiser Foundation Hospitals – West Los Angeles Service Area

KFH-WEST LOS ANGELES SERVICE AREA MAP



The KFH-West Los Angeles service area covers 7 cities and some unincorporated areas. The KFH-West Los Angeles service area includes the cities of Beverly Hills, Culver City, El Segundo, Inglewood, Santa Monica, West Hollywood, and Los Angeles. The city of Los Angeles includes the communities of Baldwin Hills, Cheviot Hills, Crenshaw, Hyde Park, Jefferson Park, La Tijera, Leimert Park, Mar Vista, Mid City, Miracle Mile, Ocean Park, Pacific Palisades, Palms, Playa Del Rey, Rancho Park, Rimpau, Venice, Vermont Knolls, West Adams, Westchester, Westwood, and Wilshire among others. Unincorporated areas include Ladera Heights, Lennox, Marina del Rey, View Park, Westmont, Windsor Hills and others.

City/Community	ZIP Code	Service Planning Area (SPA)
Arlington Heights, Rimpau	90019	4–Metro Los Angeles
Baldwin Hills, Crenshaw, Leimert Park	90008	6–South
Bel Air Estates, Beverly Glen, Brentwood	90049, 90077	5–West
Beverly Hills	90210, 90211, 90212	5–West
Century City	90067	5–West
Cheviot Hills, Rancho Park	90064	5–West
Culver City	90066, 90230, 90232	
El Segundo	90245	8–South Bay
Fairfax/Farmers Market, Miracle Mile, Melrose, Wilshire–La Brea, Park La Brea	90036	4–Metro Los Angeles

City/Community	ZIP Code	Service Planning Area (SPA)
Hyde Park, View Park, Windsor Hills	90043	6–South
Inglewood, Westmont, Lennox	90301, 90302, 90303, 90304, 90305, 90311	8–South Bay
Jefferson Park, Leimert Park	90018	6–South
Ladera Heights	90056	5–West
Los Angeles International Airport, Westchester	90045	5–West
Marina Peninsula, Marina del Rey	90292	5–West
Pacific Palisades, Pacific Highlands	90272	5–West
Palms	90034	5–West
Playa Del Rey	90293	5–West
Playa Vista	90094	5–West
Santa Monica	90402, 90403, 90404	5–West
Santa Monica—Downtown	90401	5–West
Santa Monica—Ocean Park	90405	5–West
Sawtelle, West Los Angeles	90025	5–West
South Los Angeles, Broadway Manchester, Vermont Knolls	90037, 90044, 90047, 90062, 90003	6–South, 8–South Bay
Venice	90291	5–West
West Adams	90016	6–South
West Fairfax	90035	5–West
West Hollywood, West Beverly	90069, 90048	4–Metro Los Angeles
Westwood	90024	5–West

KHF-West Los Angeles Demographic Data	
Total Population	1,332,454
Race	
White	49%
Black	21%
Asian	8%
Native American/ Alaskan Native	1%
Pacific Islander/ Native Hawaiian	<1%
Some Other Race	17%
Multiple Races	4%
Ethnicity	
Hispanic or Latino	35%
Non-Hispanic	65%

KFH-West Los Angeles Socio-economic Data	
Living in Poverty (<200% FPL)	41%
Children in Poverty	29%
Unemployed	9%
Uninsured	19%
No High School Diploma	18%

Note: *Percentages were pulled from the CHNA Data Platform in May 2016 (<http://www.communitycommons.org/groups/community-health-needs-assessment-chna/>)

V. Purpose of Implementation Strategy

This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least

once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes KFH-West Los Angeles’s planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH-West Los Angeles’s 2016 CHNA process and for a copy of the report please visit www.kp.org/chna.

VI. List of Community Health Needs Identified in 2016 CHNA Report

The list below illustrates the health needs identified for KFH-West Los Angeles’ service area in order of priority as assigned through the 2016 Community Health Needs Assessment (CHNA) process. Drawing from the County Health Rankings Model framework¹ developed by the University of Wisconsin-Madison Population Health Institute, health issues were identified as either *health drivers* (social determinants of health) or *health outcomes* (indicators of morbidity and mortality). Together, *health drivers* and *health outcomes* are referred to as *health needs* in the CHNA and below. Health needs and health drivers were given equal consideration in the Implementation Strategy development process outlined in the next section.

	Health Needs	
1	Mental Health	Outcome
2	Diabetes	Outcome
3	Obesity/Overweight	Outcome
4	Access to Care	Driver
5	Homelessness and Housing	Driver
6	Preventative Health Care	Driver
7	Economic Security	Driver
8	Violence and Injury Prevention	Driver
9	Cardiovascular Disease/Heart Disease	Outcome
10	Access to Healthy Foods	Driver
11	Healthy Behaviors	Driver
12	Alcohol Abuse, Substance Abuse and Tobacco Use	Driver
13	Hypertension	Outcome
14	Oral Health	Outcome
15	Legal Status	Driver
16	Physical Environment	Driver
17	Cancer (includes breast, colorectal, lung, and prostate)	Outcome
18	Cultural and Linguistic Barriers	Driver
19	Asthma	Outcome
20	Cholesterol	Outcome
21	Transportation	Driver
22	Sexually Transmitted Disease	Outcome
23	Dental Care Access	Driver
24	Disease Management	Driver
25	Respiratory Disease (includes COPD)	Outcome
26	Maternal and Infant Health	Outcome

¹ County Health Rankings Model developed by the University of Wisconsin-Madison Population Health Institute: <http://www.countyhealthrankings.org/our-approach>.

	Health Needs	
27	HIV/AIDS	Outcome
28	Alzheimer's Disease	Outcome
29	Communicable Diseases (including Hepatitis A and B)	Outcome

VII. Who was Involved in the Implementation Strategy Development

The implementation strategy was developed through a process that involved the KFH-West Los Angeles hospital operational leadership and community partners. The core planning team consisted of the KHF-West Los Angeles service area's Operations Leadership Team (OLT), comprised of stakeholders representing both Kaiser Foundation Hospital/Health Plan and the Southern California Permanente Medical Group (SCPMG) and included:

- **Jason Alcantara**, Consultant, Strategy, Decision Support & Transformation
- **Raye M. Burkhardt**, RN, MSN, Chief Nurse Executive
- **Celia Brugman**, Community Benefit Manager
- **John E. Chew**, MPH, Assistant Medical Group Administrator, Surgical Services and Women & Children Service Lines
- **Eugene Cho**, Chief Operating Officer
- **Joan Crawford**, RN, BSN, MBA, Assistant Medical Center Administrator
- **Julia Garcia-Ricketts**, Area Recruitment Manager
- **Brooke Greenlee**, Health Education Director
- **LaTonya Hines**, MD, OBG/YN
- **Sunny H Lee**, Pharm.D, Area Pharmacy & Residency Director PGY1
- **Yesenia Monsour**, Public Affairs and Brand Communications Director, Cultivate Chair
- **Katherine Pantele**, Member Services Director
- **Lisa Saldana**, Consulting and Performance Improvement Director, Cultivate Chair
- **Stephen Tarzynski**, MD, Pediatrics
- **Rhonda Tribble**, Human Resources Director
- **Manuel Villagomez**, Finance and Revenue Cycle Director

a. Partner Organizations

The following partner organizations provided their input on and insights into the implementation strategies outlined in this report. These partner organizations were invited among others because of their deep knowledge of the culturally and linguistically diverse resident population of the KFH-West Los Angeles service area and their experience working to address issues pertaining to the selected health needs including: access to care; the broader economic security of service area communities; public health partnerships; and, mental and behavioral health. These partner organizations were able to provide multiple perspectives on strategic partnerships and effective programs that currently address the health needs selected by KFH-West Los Angeles.

- California Community Foundation
- Cedars-Sinai Medical Center, Community Benefit Systems and Planning
- Los Angeles Department of Public Health
- Los Angeles Trade Technical College
- Providence St. John's Health Center
- Skid Row Housing Trust
- UCLA Health
- West Angeles Community Development Corporation

- Worker Education and Resource Center, Inc.

b. Community Engagement Strategy

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

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

In September 2016, KFH-West Los Angeles invited community partners and stakeholders to attend a breakfast and strategic discussion addressing selected priority health needs and implementation strategy options (see table below for participant organizations). Eleven community stakeholders attended and reviewed the KFH-West Los Angeles CHNA and Implementation Strategy process and four primary health needs were brought to the forefront of the discussion: access to care, economic security, mental and behavioral health, and obesity/overweight/diabetes. Stakeholders were asked to provide their feedback and recommendations with respect to existing programs, partnerships and collaborations that could be leveraged to address the implementation strategies selected.

DATA COLLECTION METHOD	TYPE	PARTICIPANTS			
		Total number of participants	Number of residents	Number of organizational reps	Number of county reps
Meeting, focus group, interview, survey, written correspondence, etc.	Respondent’s title/role and organization or focus group name				

<p style="text-align: center;"><i>Stakeholders Breakfast</i></p> <p><i>Strategy Discussion</i></p>	<p><i>Area Health Officer, Los Angeles Department of Public Health;</i></p> <p><i>Associate Director Community Benefit Systems and Planning, Cedars-Sinai Medical Center</i></p> <p><i>Dean, Los Angeles Trade Technical College;</i></p> <p><i>Director of Community Health Partnerships, Providence St. John's Health Center</i></p> <p><i>Director, Worker Education and Resource Center, Inc.</i></p> <p><i>Executive Director, West Angeles Community Development Corporation</i></p> <p><i>Grants Coordinator, Skid Row Housing Trust</i></p> <p><i>Senior Program Officer, California Community Foundation</i></p> <p><i>Strategic Development Manager, UCLA Health</i></p>	11	0	10	1
--	--	----	---	----	---

Community stakeholders shared that gaps in access to care in the service area are in part related to the lack of a culturally aligned healthcare workforce: the entire group strongly advocated for efforts that would support the cultivation of health care leaders and providers from within the communities that are currently underserved and/or accessing preventive and specialty care at low rates. Efforts to develop a more culturally aligned workforce will facilitate the building of trust and long-lasting relationships between health care providers and patients. These efforts may also contribute to economic development through new education and certification programs of the healthcare workforce. A recent initiative of the California Community Foundation is an example: the foundation partnered with an Immigrants’ Rights organizations that trained community members as “navigators” who provided culturally aligned healthcare access support to residents, increasing insurance enrollments and helping families connect with and visit healthcare providers.

In sharing about existing successful public health programs, community partners highlighted the importance of trauma-informed care and trauma-informed health education, particularly in the areas of the KFH-West Los Angeles service area with highly vulnerable populations. Community partners explained that trauma-informed approaches support mental and behavioral health efforts as well as disease prevention and treatment—an important point to consider in communities with very high need for mental health services.

As a result of the strategic conversation outlined above, KFH-West Los Angeles was able to identify potential partner organizations and initiatives that are aligned with the implementation strategies outlined in this report.

In addition, KFH-West Los Angeles maintains conversations with community organizations to clarify opportunities to partner and to align strategies to address community health needs. KFH-West Los Angeles drew from others’ expertise to learn about existing programs and initiatives and identify future areas of collaboration with funders and other key stakeholders, including the California Community Foundation, Cedars Sinai, Community Coalition, Community Health Councils, LA Care, the Los Angeles County

Department of Public Health, Mid Town Homeless Coalition, Partners in Care, UCLA, Venice Family Clinic, Westside Coalition, Wise and Healthy Aging among others.

c. Consultant Used

The Center for Nonprofit Management (CNM), established in 1979, is the Southern California source for management education, training, and consulting within the nonprofit community. From core management fundamentals to in-depth consulting in planning, organizational effectiveness and evaluation, executive coaching and other services, CNM enables individuals to become better leaders of more effective organizations. The CNM team has been involved with CHNAs for hospitals throughout Los Angeles County and Southern California for over 12 years. The CNM team conducted the 2004, 2007, and 2010 assessments for the Metro Hospital Collaborative (California Hospital Medical Center, Children’s Hospital Los Angeles, Good Samaritan Hospital, Kaiser Foundation Hospital Los Angeles, Queens Care, and St. Vincent Medical Center). CNM conducted the 2013 CHNAs for three Kaiser Foundation hospitals and one non-Kaiser Foundation hospital in the greater Los Angeles area, three Glendale hospitals, and the 2013 Metro Hospital Collaborative (California Hospital Medical Center, Good Samaritan Hospital and St. Vincent Medical Center), and assisted an additional two Kaiser Foundation Hospitals (Panorama City and San Diego) in Community Benefit Implementation Strategy planning based on the needs assessments. In 2016, CNM produced CHNAs for two Kaiser Foundation Hospitals (Baldwin Park and West LA) and is working on the Implementation Strategy for both medical centers; CNM also accomplished CHNAs for Citrus Valley Health Partners, the Glendale and Metro Hospital collaboratives.

VIII. Health Needs that KFH-West Los Angeles Plans to Address

a. Process and Criteria Used to Select Health Needs

A series of meetings took place with the core planning team to examine and identify the health needs KFH-West Los Angeles will select for its 2017-2019 implementation strategy period. Early in the process, the planning team voted to focus the planning conversation on the top 12 needs as prioritized by the community. Individual health need data and background packets were prepared for review and discussion to further the collective understanding of the top health needs. The top 12 health needs were collapsed into eight health needs to align with other Southern California KFH hospitals and support a more effective analysis and comparison among needs. For instance, the health needs originally identified through the community health needs assessment process included Obesity/Overweight, Diabetes, Healthy Behaviors, and Access to Healthy Foods; these were merged into the overall category of Obesity/HEAL/Diabetes.

In addition, the planning team reviewed a set of additional data available through community data portals as well as KP membership, such as population vulnerability index, emergency department utilization, risk of future illness and the overlay of data and geographies for the KFH- West Long Angeles Service Area and the LA County Service Planning Areas (SPAs).

To facilitate a decision-making process on the health needs KFH-West Los Angeles will focus on, the Center for Nonprofit Management worked closely with the Community Benefit Manager to apply a set of criteria (magnitude, severity, disparities, KP assets and ability to leverage; see table below) to each health need and to prepare preliminary scores for each health need based on these criteria. As needed, prior to the working session additional data were collected to support evaluation of each health need according to magnitude, severity, disparities, KP assets and ability to leverage.

Criteria	Definition
Magnitude/scale of the problem	The health need affects a large number of people within the community.
Severity of the problem	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Health disparities	The health need disproportionately impacts the health status of one or more vulnerable population groups.
KP assets	KP can make a meaningful contribution to addressing the health need because of its relevant expertise and/or unique assets as an integrated health system and because of an organizational commitment to addressing the health need.
Ability to leverage	Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, or other community assets.

The criteria were divided into two categories: ‘need’ and ‘feasibility’ (see table below). All 10 health needs were rated on a scale of 1-5 for each criterion; therefore, a total ‘need’ score of 15 and a total ‘feasibility’ score of 10 was possible.

<i>Need Criteria</i>	<i>Feasibility Criteria</i>
1. Magnitude 2. Severity 3. Disparities	4. KP Assets 5. Ability to Leverage

Once each health need was rated, the health needs were charted on a grid illustrating the community ranking, need score and feasibility score of each (see below). ‘High need’ was defined as a need score of 10-15; ‘medium need’ was defined as a need score of 5-10; ‘high feasibility’ was defined as a feasibility score of 8-10, and ‘medium feasibility’ was defined as a feasibility score of 3-7.

**Kaiser Foundation Hospital – West Los Angeles
2016 CHNA Implementation Strategy Process Grid**

<u>Med Need/High Feasibility</u>				<u>High Need/High Feasibility</u>			
Homeless and Housing	C4	N11.5	F9	-	-	-	-
				Access to Care, including Preventative Care	C3	N14	F10
				Economic Security	C5	N13.5	F9
<u>Med Need/Med Feasibility</u>				<u>High Need/Med Feasibility</u>			
Mental Health	C1	N12	F8	Cardiovascular Disease/Heart Disease	C7	N15	F8
Alcohol, Substance Abuse & Tobacco Use	C8	N11.5	F7	Obesity/HEAL/Diabetes	C2	N13.5	F8
Violence and Injury Prevention	C6	N12	F7				

KEY:

C=community prioritization score, N= need rating (magnitude, severity and disparity), F=feasibility rating (KP assets, ability to leverage with community partners)

Through consideration of need and feasibility combined with community ranking and desire to leverage existing KFH-West Los Angeles assets and community programs, the KFH-West Los Angeles core planning team narrowed down the original list of eight health needs to four. Through discussion it became apparent that it was possible to account for some health needs by incorporating elements of them into broader health needs (e.g. Cardiovascular Disease/Heart Disease is addressed through Obesity/HEAL/Diabetes strategies; Substance Abuse is addressed by a Mental and Behavioral Health strategy). In addition, because of the size of the KFH-West Los Angeles service area, the ISET team chose to focus on health needs that were most severe in areas of the service area with the most vulnerable populations. This process resulted in the selection of four health needs (listed in alphabetical order):

1. Access to Care
2. Economic Security
3. Mental and Behavioral Health
4. Obesity/HEAL/Diabetes

b. Health Needs that KFH-West Los Angeles Plans to Address

Access to Care

Access to care is defined as access to high quality, affordable, holistic and culturally responsive care. In the KFH-West Los Angeles service area, barriers to access to care include not only high rates of uninsurance, but also a service provider shortage in some communities, a lack of a culturally responsive healthcare workforce and an overdependence among younger residents on emergency care (instead of preventive care). More specifically, more than one in four (25.7%) residents between the ages of 18 and 64 are uninsured. Additionally, nearly one in twenty people (4.11%) in the KFH-West Los Angeles service area live in a Health Professional Shortage Area (HPSA). Approximately one in six residents in the KFH-West Los Angeles service area (16.7%) experience a lack of usual source of primary care. However, South Los Angeles communities have a very high penetration of community clinics into the total population. Between 22.5% and 28.4% of the populations in ZIP codes 90037, 90003, 90062 and 90044 receive care at community

clinics². This indicates a great potential for KFH-West Los Angeles to coordinate with existing assets to expand community-based preventive services and build trust and strong relationships with healthcare providers. Access to care was selected as a health need because of the high community rating, the severity of the issue in the service area, and the great interest and potential to make an impact through strategic partnerships and investment.

Economic Security

Economic security is defined as having stable access to employment, educational and housing opportunities and other factors that influence health including access to affordable fresh food. Economic security was chosen by the ISET team as a health need because of the high community rating, the severity of the issue in the service area, and the depth and breadth of partner organizations working in this issue area.

In the KFH-West Los Angeles service area, one in five (20.3%) residents live on an income below 100% of the federal poverty level. Nearly one third of the children (31.5%) in the service area are living below the federal poverty level. About one sixth (14.6%) of the service area population experiences food insecurity. In addition, the unemployment rate in the KFH-West Los Angeles service area (8.9) is higher than Los Angeles County (5.5). For these reasons, economic security issues of focus in the KFH-West Los Angeles service area include affordable housing, employment opportunities in communities with high concentrations of residents with low education levels, and utilization of affordable food programs. Stakeholders emphasized that economic security initiatives should leverage opportunities to collaborate with KFH-West Los Angeles partner organizations that serve youth: several new and upcoming community initiatives create pipelines to jobs for young people—particularly those interested in healthcare careers.

Mental and Behavioral Health (Including Substance Abuse)

Mental and Behavioral Health is a combination of Mental Health and Alcohol Abuse, Substance Abuse and Tobacco Use. Mental health refers not only to the absence of negative mental health states (anxiety, depression, mental illness) but also the presence of positive mental health states (self-worth, satisfaction, effective emotional regulation, etc.). Mental and Behavioral health was chosen as a health need because of the high community rating and also because of the severity of the issue in the service area. Nearly one in five (18%) adults in the KFH-West Los Angeles service area self-reported that there was a time during the past 12 months when they felt they might need to see a professional because of problems with their mental health, emotion, nerves or use of alcohol or drugs. KFH-West Los Angeles (168.6) also exceeded LA County (125.8) and the state (102.5) in the rate of alcohol and drug induced mental health disease per 100,000. In the KFH-West Los Angeles service area, women are more impacted by depression than men. Nearly one in ten (10.1%) women in the service area suffer from depression.

Mental and behavioral health issues of focus for the KFH-West Los Angeles service area include the provision of high quality mental health care services to the service area, and increasing knowledge and capacity to increase the provision of trauma-informed services to youth, and educate the public around the risks of prescription drug abuse. Stakeholders highlighted the fact that at present, physicians shoulder the burden of the high need for mental health and substance abuse services in the service area, and it has been a challenge to scale up mental health/substance abuse prevention efforts. Stakeholders also highlighted the fact that mental and behavioral health go hand in hand with economic security and homelessness—two issue areas that may be impacted through strategy investment in mental health care.

² <http://www.udsmapper.org/index.cfm>

Obesity/Healthy Eating Active Living (HEAL)/Diabetes

Obesity/HEAL/Diabetes is a combination of Diabetes, Obesity/Overweight, and Healthy Behaviors or HEAL (healthy eating, active living). Obesity/HEAL/Diabetes was chosen as a health need through the ISET process because of the magnitude and severity of diabetes and obesity in the service area. Nearly one third (30.7%) of the population of the KFH-West Los Angeles service area 12 years of age and older are overweight, and nearly one-fifth (19.6%) are obese. Over two-fifths (43.12%) of the children in grades 5, 7 and 9 in the KFH-West Los Angeles service area were in the “High Risk” zone for body composition according to the Fitnessgram physical fitness test.³ Additionally, nearly three times as many adults in the KFH-West Los Angeles service area (8.2 per 10,000) were hospitalized for uncontrolled diabetes as in California (2.8 per 10,000). Given the high rates of diabetes and obesity in the service area, access to healthy food, opportunities for leisure and physical activity, and greater support for communities adopting healthy behaviors and improving access to chronic disease management are areas of focus for KFH-West Los Angeles investments in Obesity/HEAL/Diabetes.

IX. KFH-West Los Angeles’s Implementation Strategies

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

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

The following represents the goals, strategies and expected outcomes for each of the health needs KFH-West Los Angeles plans to address for the 2017-2019 Implementation Strategy (IS) timeline. KFH-West Los Angeles will draw on a broad array of organizational resources to implement these strategies, such as grant-making, in-kind resources, collaborations and partnerships, as well as several internal KFH programs. For the purpose of this report, examples of resources are provided to illustrate how KFH-West Los Angeles plans to implement the strategies. For examples of how these resources have been deployed to date, please visit the 2016 Community Health Needs Assessment Report www.kp.org/chna under the chapter: Implementation Strategy Evaluation of Impact.

KFH-West Los Angeles is committed to enhancing its understanding about how best to develop and implement effective strategies to address community health needs and recognizes that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders. As such, KFH-West Los Angeles welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

Access to Care

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

³ www.chna.org/kp

- Increase coverage and access to comprehensive, quality health care services for low income and uninsured populations.
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.
- Improve the capacity of the primary care workforce to meet community needs.

These priorities have guided the development of the following core **strategies** to address access to care in the community. These strategies focus on coverage and access, capacity of healthcare systems, and capacity of primary care providers. A large sub-set of these strategies are aligned with the Los Angeles County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support the provision of high quality healthcare (including preventive services and specialty care) for underserved populations including the reduction of barriers to accessing care. As part of the largest non-profit health system, KFH-West Los Angeles participates in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-For-Service), provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage through charitable health coverage, and provide financial assistance to low-income individuals who receive care at KP facilities and can't afford medical expenses and/or cost sharing.
- Support policies and programs that improve the ability of the healthcare organizations to assess upstream factors and coordinate with community-based preventive services. For example, KFH-West Los Angeles partners with a community based organization focused on homelessness to financially support the placement of a patient navigator in its emergency room. Individuals experiencing homelessness are referred to the navigator's program to address social and behavioral needs as well as to connect them to appropriate primary care.
- Support educational programs to reduce system barriers to improve the capacity of the primary care workforce. For example, KFH-West Los Angeles utilizes its assets to conduct various local pipeline programs including the Nurse Ambassador Volunteer program which provides students attending their third year of nursing training with opportunities to practice bed-side care as volunteers.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved. KFH – West LA partners with the Crenshaw High School Wellness Center Coordinating Council, which is a partnership between LAUSD and key community stakeholders to support the successful implementation and utilization of Crenshaw High School Wellness Center. In addition, through participating in the Council we identify opportunities for supporting key initiatives with students, such as providing materials for presentations at student conferences or providing lab coats and giveaways to recognize student health leaders.
- Leverage KP assets to drive coverage and access to healthcare for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of healthcare services. KFH-West Los Angeles deploys volunteer physicians to serve in community clinics. Additionally, KFH-West Los Angeles responds to requests for technical assistance such as improving triage and phone messaging systems, evaluation of infectious disease practices and best use of mid-level professionals in the community clinic setting. Additionally, physicians, health educators, counselors and other experts disseminate knowledge in various community settings by responding to requests for health presentations. Through these presentations KFH-West Los Angeles physicians and staff educate providers and the public on health topics as diverse as substance abuse, healthy lifestyle for seniors, youth development, and female bladder control and medication interactions, among others.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Improved referrals and coordination between healthcare providers and community resources and programs.
- Reduced barriers that impeded individual's ability to seek and obtain health care.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address access to healthcare.

Economic Security

KFH-West Los Angeles' **long-term goal** for addressing economic security is that all community members experience improved economic security, including access to employment and educational opportunities and other factors that influence health, including access to affordable fresh food. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals)**:

- Improve the availability and quality of affordable housing.
- Prevent displacement and homelessness.
- Improve employment opportunities.
- Reduce food insecurity in the community.

These priorities have guided the development of the following core **strategies** to address economic security in the community. These strategies focus on affordable housing, displacement and homelessness, employment, and food insecurity. A large sub-set of these strategies are aligned with the Los Angeles County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support plans, programs, and policies that promote access to affordable housing for low-income residents, prevent displacements and increase the availability of moderately priced workforce housing. KFH-West Los Angeles Community Benefit Manager collaborates with LA County Department of Public Health, Health Impact Evaluation Center as a member of the Health Impact Assessment Advisory Group to evaluate the health impact of affordable housing policies in the City of Los Angeles.
- Support efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability to self-sufficiency.
- Supports policies and programs that increase economic security for individuals and families by expanding opportunities for employment and increasing workers' income. KFH- West Los Angeles is planning to collaborate with local high school parent centers and domestic shelters to offer workshops about health careers and employment. KFH-West LA HR Recruiters will conduct these workshops.
- Support local governments, schools and/or community based organizations to enroll community members into available food programs, most importantly Cal Fresh and the Supplemental Food Program for Women, Infants, and Children (WIC); Promote use of Cal Fresh and WIC benefits at farmer's markets for purchasing fresh fruits and vegetables. KFH – West Los Angeles promotes and provides access to fresh fruits and vegetables by operating a weekly, year round Farmer's Market at the medical center, which is open to the community and accepts Cal Fresh and WIC benefits.
- Leverage KP assets to drive community health and champion organizational practice changes within Kaiser Permanent that improve economic security. For instance, KFH-West Los Angeles implements policies and standards to procure supplies and services from a diverse set of providers and partners with community-based workforce development programs to support a pipeline for diverse suppliers and services.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Adoption and implementation of policies and environments that increase availability and enable access to affordable housing, permanent housing with supportive services for homeless individuals and families, opportunities for employment and improved incomes, and healthy food options.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address access the social determinants of health.

Mental Health and Behavioral Health (Including Substance Abuse)

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

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health.
- Promote positive mental health by fostering community cohesion and social and emotional support.

These priorities have guided the development of the following core **strategies** to address mental health in the community. These strategies focus on building knowledge, capacity and infrastructure as well as violence prevention. A large sub-set of these strategies are aligned with the Los Angeles County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Increase access to high quality mental health services to low income populations by supporting community based organizations and schools and removing barriers to care. KFH-West Los Angeles provides in-kind conference room meeting space to the National Alliance on Mental Illness – LA County (NAMI – LA County) for a series of annual events focused on educating relatives of individuals experiencing mental illness on how to best advocate for needed resources and treatments and how to remove stigma associated with their conditions in order to remove barriers to care.
- Support prevention efforts to increase community awareness and educate youth and adults about the dangers of prescription drugs (including sharing, proper disposal, unintentional overdose, etc.) and substance abuse. For example, KFH-West Los Angeles aims to increase awareness about the dangers of prescription drugs and substance abuse by partnering with community based organizations and schools to disseminate information on substance abuse and brain health among youth. Addiction Medicine Counselors volunteer their time to conduct dialogue sessions on Brain Health and Substance Abuse in community settings.
- Support the adoption of evidence-based and promising family and youth development programs, such as the provision of trauma-informed care, conflict resolution programs, and mentoring programs that focus on keeping youth positively engaged in school and the community, including suicide prevention.
- Leverage KP assets to drive community health and champion organizational practice changes within KP that promote mental and behavioral health.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Increased access (availability and affordability) of mental and behavioral health services in healthcare and community settings.
- Improved screening and identification of mental and behavioral needs among patients.
- Improved referrals and coordination between healthcare providers and community resources and programs.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address mental and behavioral health.

Obesity/HEAL/Diabetes

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

- Improve access to opportunities for physical activity in the community.
- Improve access to healthy food options in the community.
- Improve linkages between health care services and community-level services.

These priorities have guided the development of the following core **strategies** to address obesity/HEAL/diabetes in the community. These strategies focus on physical activity, healthy food and clinic to community integration. A large sub-set of these strategies are aligned with the Los Angeles County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support policies and programs that promote physical activity and healthy eating. KFH- West LA partners with many organizations and elected officials by planning and participating in health fairs and other events aiming at promoting healthy eating and physical activity in community setting. Another example for this strategy is the Thriving Schools Initiative, a community based effort to improve healthy eating, physical activity, and school climate in K-12 schools in Kaiser Permanente's service areas, primarily through a focus on policy, systems and environmental changes that support healthy choices and a positive school climate.
- Support evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention in community settings. For example, KFH-West Los Angeles enables chronic disease management and prevention through its Faith-Based Partnerships for Healthier Communities initiative. Through this work, KFH- West LA trains faith-based volunteers to teach the evidence- based program "Healthier Living with Chronic Conditions" in their communities. This program entails participating in six- week workshops to learn self-management techniques to improve chronic disease outcomes.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living.
- Leverage KP assets to drive community health, including healthy eating and active living and champion organizational practice changes within KP that promote health.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Adoption and implementation of policies and environments that increase availability and enable access to healthy food (including fresh produce and safe drinking water) and/or physical activity.

- Reduced availability and marketing of unhealthy foods and beverages, including sugar-sweetened beverages.
- Improved patient assessment and care for chronic conditions (obesity, diabetes, and/or heart disease) and social non-medical needs by healthcare providers.
- Improved referrals and coordination between healthcare providers and community resources and programs.

In addition to addressing the selected health needs described above, Kaiser Permanente, as an integrated health care delivery system, dedicates resources that target broader health system needs and upstream determinants of health.

Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes in diverse populations disproportionately impacted by health disparities. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice.

Our Commitment to Total Health

Kaiser Permanente is aware of the significant impact that our organization has on the health of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. We have explored opportunities to align our hiring practices, our purchasing, our building and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. The following strategies are illustrations of the types of organizational business practices we implement to address priority health needs and contribute to community health and well-being. These strategies are not exhaustive of everything we do and is intended as an illustrative list.

- **Implement green business practices to address climate and health**, such as purchasing clean wind and solar energy.
- **Contribute toward supplier diversity in the community to address economic security** by implementing policies and standards to procure supplies and services from a diverse set of providers; working with vendors to support sub-contracting with diverse suppliers/service providers; and partnering with community-based workforce development programs to support a pipeline for diverse suppliers/service providers.
- **Develop the health care workforce to address access to care and economic security** by implementing health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers; partnering with local vocational schools, community colleges, workforce investment boards, local hiring halls or community-based workforce development programs to create pipelines from target communities; and providing workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities.

- **Share our knowledge and expertise with community clinics and other community based organizations to support their ability to provide high quality services to low-income and uninsured populations.** KFH-West Los Angeles deploys volunteer physicians to serve in community clinics. Additionally, KFH-West Los Angeles responds to requests for technical assistance such as improving triage and phone messaging systems, evaluation of infectious disease practices and best use of mid-level professionals in the community clinic setting. Additionally, physicians, health educators, counselors and other experts disseminate knowledge in various community settings by responding to requests for health presentations. Through these presentations KFH-West Los Angeles physicians and staff have educated providers and the public on health topics as diverse as substance abuse, healthy lifestyle for seniors, youth development, female bladder control and medication interactions, among others.

X. Evaluation Plans

KFH-West Los Angeles will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, KFH-West Los Angeles will require grantees to propose, track and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

XI. Health Needs Facility Does Not Intend to Address

Below is the list of health needs that were not selected as one of the top four health needs for KFH-West Los Angeles, in alphabetical order. The health needs were not selected to be considered during the IS process because: (1) they were not ranked as one of the top 12 health needs by the community, (2) they did not meet the need/feasibility criteria mentioned in Section VIII, or (3) they could be subsumed into other health needs via specific implementation strategies.

1. Access to Healthy Foods

Access to Healthy Foods is incorporated into Obesity/HEAL/Diabetes through the following strategy: support local governments, schools and/or community based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies.

2. Alcohol Abuse, Substance Abuse, Tobacco Use

Alcohol Abuse, Substance Abuse, Tobacco Use has been incorporated into Mental Health and Behavioral Health through the following strategy: support prevention efforts to increase community awareness and educate youth and adults about the dangers of prescription drugs (including sharing, proper disposal, unintentional overdose, etc.) and substance abuse.

3. Alzheimer's Disease

Alzheimer's Disease was ranked 28 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

4. Asthma

Asthma was ranked 19 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

5. Cancer

Cancer was ranked 17 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

6. Cardiovascular Disease/Heart Disease

Cardiovascular disease was ranked 9 out of 29 in the CHNA process and has been incorporated into Obesity/HEAL/Diabetes through strategies that support healthy eating, active living and chronic disease management.

7. Cholesterol

Cholesterol was ranked 20 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

8. Communicable Disease

Communicable Disease was ranked 29 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

9. Cultural and Linguistic Barriers

Cultural and Linguistic Barriers has been incorporated into Access to Care through the following strategy: Support targeted outreach, enrollment, and retention efforts to increase access to health care coverage, particularly among communities of color and immigrant populations, where disparities in both access to care and health care coverage are greatest.

10. Dental Care Access

Dental Care Access was ranked 23 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

11. Disease Management

Disease Management was ranked 24 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

12. Healthy Behaviors

Healthy Behaviors has been incorporated into Obesity/HEAL/Diabetes through the following strategies: support policies and programs that promote physical activity.

13. HIV/AIDS

HIV/AIDS was ranked 27 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

14. Homelessness and Housing

Homelessness and Housing has been incorporated into Economic Security through the following strategy: Support efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency. Additionally, KFH-West Los Angeles is addressing this need through a homeless patient navigator program that provides services to individuals experiencing homelessness who visit the West Los Angeles Medical Center Emergency Room.

15. Hypertension

Hypertension has been incorporated into Obesity/HEAL/Diabetes through the following strategy among others: support evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention in community settings. An example of this is KFH-West Los Angeles Faith-Based Partnerships for Healthier Communities. As part of this initiative, KFH-West Los Angeles utilizes its assets to train faith-based volunteers to conduct workshops on the evidence-based program, Healthier Living with Chronic Conditions.

16. Legal Status

Legal Status was ranked 15 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

17. Maternal and Infant Health

Maternal and Infant Health was ranked 26 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

18. Oral Health

Oral Health was ranked 14 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

19. Physical Environment

Physical Environment was ranked 16 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

20. Preventive Health Care

Preventive Health Care has been incorporated into Access to Care through the following strategy: Support the provision of high quality healthcare (including preventive services and specialty care) for underserved populations including the reduction of barriers to accessing care.

21. Respiratory Disease

Respiratory Disease was ranked 25 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

22. Sexually Transmitted Disease

Sexually Transmitted Disease was ranked 22 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

23. Transportation

Transportation was ranked 21 out of 29 in the CHNA process, and therefore not considered in the Implementation Strategy process.

24. Violence and Injury Prevention

Violence and Injury Prevention has been incorporated into Economic Security through the following strategy that addresses some of the root issues of community violence: Supports policies and programs that increase economic security for individuals and families by expanding opportunities for employment and increasing workers' income. Additionally, work under Mental Health will address youth violence prevention under the following strategy: Support the adoption of evidence-based and promising family and youth development programs, such as the provision of

trauma-informed care, conflict resolution programs and mentoring programs that focus on keeping youth positively engaged in school and the community, including suicide prevention.

While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH-West Los Angeles will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs, or where those needs align with current strategy and priorities.