



# 2019 Implementation Strategy Report

Kaiser Foundation Hospital: Los Angeles

License number: 93000077

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

March 18, 2020

Kaiser Permanente Southern California Region Community Health  
Implementation Strategy Report for KFH-Los Angeles

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I. General information

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Date of written plan:	November 5, 2019
Date written plan was adopted by authorized governing body:	March 18, 2020
Date written plan was required to be adopted:	May 15, 2020
Authorized governing body that adopted the written plan:	Kaiser Foundation Hospitals Board of Directors' Community Health Committee
Was the written plan adopted by the authorized governing body on or before the 15 <sup>th</sup> 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:	March 16, 2017
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 (KP)

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

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

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in eight states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

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

## III. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

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

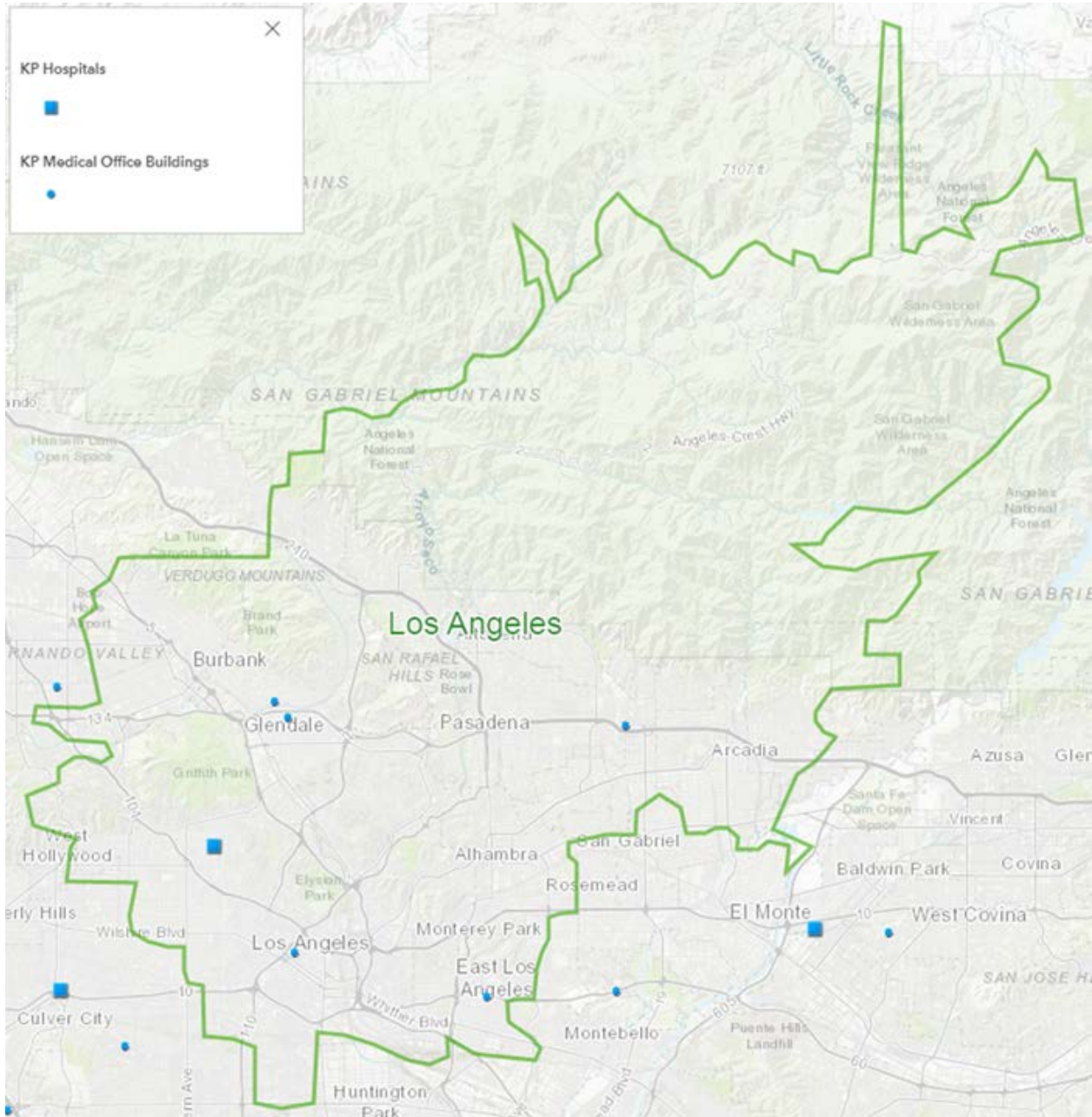
- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.



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

#### IV. Kaiser Foundation Hospitals – Los Angeles

##### A. Map of facility service area



##### B. Geographic description of the community served (towns, counties, and/or zip codes)

The KFH-Los Angeles service area includes Alhambra, Altadena, Arcadia, Burbank, Glendale, La Cañada Flintridge, La Crescenta, Los Angeles, Monrovia, Monterey Park, Montrose, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena, and West Hollywood (East).

Communities include Atwater, Boyle Heights, Chinatown, City Terrace, Downtown, Eagle Rock, East Hollywood, East Los Angeles, Echo Park, El Sereno, Glassell Park, Hancock Park, Highland Park, Hollywood, Hollywood Hills, Koreatown, Laurel Canyon, Los Feliz, Montecito Heights, South Park, Silverlake, and Westlake.

C. Demographic profile of community served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH- Los Angeles service area. Please note that ‘race’ categories indicate ‘non-Hispanic’ population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other race, Multiple Races, and White. ‘Hispanic/Latino’ indicates total population percentage reporting as Hispanic/Latino.

<b>Race/Ethnicity</b>		<b>Socioeconomic Data</b>	
Total Population	2,119,206	Living in Poverty (<100% Federal Poverty Level)	21.12%
Asian	18.95%	Children in Poverty	29.86%
Black	4.26%	Unemployment	4.1%
Hispanic/Latino	46.53%	Uninsured Population	18.65%
Native American/Alaska Native	0.14%	Adults with No High School Diploma	24.10%
Pacific Islander/Native Hawaiian	0.14%		
Some Other Race	0.31%		
Multiple Races	2.03%		
White	27.64%		

Source: American Community Survey, 2012-2016

## 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-Los Angeles's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH-Los Angeles's 2019 CHNA process and for a copy of the report please visit [www.kp.org/chna](http://www.kp.org/chna).

### List of Community Health Needs Identified in 2019 CHNA Report

Below is the list of health needs identified for the KFH-Los Angeles service area through the 2019 Community Health Needs Assessment process:

1. Access to care
2. Mental and behavioral health
3. Economic security
4. Housing insecurity
5. Food insecurity
6. HIV/AIDS/STIs
7. Structural exclusion

## VI. Who was involved in the Implementation Strategy development

### A. Partner organizations

KFH-Los Angeles engaged the following community partners in the Implementation Strategy plan. These partners represent multiple sub-populations in the community and were able to provide multiple perspectives on developing a strategy to address health needs:

- JWCH/Wesley Health Center
- Saban Community Clinic
- Via Care Community Health Center
- St. Barnabas Senior Center
- The Wellness Center at Historic LAC +USC
- Neighborhood Legal Services
- The Center at Blessed Sacrament
- Los Angeles County Department of Mental Health - Hollywood Health Neighborhood
- My Friend's Place
- Coalition for Human Immigrant Rights of LA (CHIRLA)
- Pasadena Unified School District
- The LGBT Center
- Hollywood Community Housing Corporation

- Neighborhood Legal Services
- Asian Pacific AIDS Intervention Team (APAIT)
- Latino Equality Alliance (LEA)
- Mi Centro- The LGBT Center
- Bienestar Human Services

## B. Community engagement strategy

While not required by Federal CHNA regulations, Kaiser Permanente requires all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. 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.

The KFH-Los Angeles Implementation Strategy engagement process sought insights and recommendations in response to both the health needs and implementation strategies and interventions proposed from both KFH-Los Angeles internal stakeholders and community partners. KFH-internal stakeholders engaged in presentations, focus groups and individual interviews and were invited to share feedback via written response to materials. KFH-Los Angeles partner organizations were engaged via community conversations, survey and individual phone calls.

Internal KP stakeholders provided valuable feedback with response to the internal KP assets that could be leveraged to respond to community health needs and to augment and compliment strategies and interventions included in the IS plan. Community partners provided valuable feedback with respect to current community resources and initiatives that compliment and could be leveraged in the interests of the KFH-Los Angeles IS Plan.

The table below details the KP stakeholders and community organizations that KFH-Los Angeles engaged for the Implementation Strategy process.



	<b>Method of Data Collection</b>	<b>Job Title</b>	<b>Number of People</b>	<b>Notes on Input</b>
<b>KP Stakeholders</b>				
1	Focus Group: ISET Team	Emergency Department – Department Administrator Director Volunteer Services Regional Community Medicine Fellowship Director Human Resources Director Chief Financial Officer CULTIVATE Co-Chairs Medical Group Administrator	10	Review recommended health needs, identify/confirm local strategies and resources to support the implementation strategy
2	Written Feedback:	ISET Core Champions, ISET Committee Members	24	Review recommended health needs, identify/confirm local strategies and resources to support the implementation strategy
3	Leadership Group Meeting/Discussion	Assistant Medical Center Administrator Leadership Team	7	Review recommended health needs, identify/confirm local strategies and resources to support the implementation strategy

	<b>Method of Data Collection</b>	<b>Job Title</b>	<b>Number of People</b>	<b>Notes on Input</b>
4	Individual Interviews	Assistant Medical Center Administrator – Ellise Taylor Brebes  Assistant Medical Center Administrator – Catherine Vu  Assistant Medical Center Administrator – Anthony Longoria  Assistant Area Medical Directors – Dr. Jack DerSarkissian & Dr. Alex Miric	4	Review recommended health needs, identify/confirm local strategies and resources to support the implementation strategy
<b>Community Organizations</b>				
5.a		JWCH/Wesley Health Center  Saban Community Clinic  Via Care Community Health Center  St. Barnabas Senior Center  The Wellness Center at Historic LAC+USC  Neighborhood Legal Services	6	Provide insights and resource recommendations specific the Health Need goals, strategic priorities and strategies reviewed

	<b>Method of Data Collection</b>	<b>Job Title</b>	<b>Number of People</b>	<b>Notes on Input</b>
5.b	Survey soliciting feedback on Mental and Behavioral Health strategies	JWCH/Wesley Health Center The Center at Blessed Sacrament Los Angeles County Dept Mental Health Hollywood Health Neighborhood My Friends Place CHIRLA	5	Provide insights and resource recommendations specific the Health Need goals, strategic priorities and strategies reviewed
5.c	Survey soliciting feedback on Economic Opportunity strategies	St. Barnabas Senior Center Pasadena Unified School District The Center at Blessed Sacrament The LGBT Center Hollywood Community Housing Corporation Neighborhood Legal Services	6	Provide insights and resource recommendations specific the Health Need goals, strategic priorities and strategies reviewed
5.d	Survey soliciting feedback on STI/HIV strategies	Via Care Community Health Center The LGBT Center APAIT Mi Centro Bienestar Human Services	5	Provide insights and resource recommendations specific the Health Need goals, strategic priorities and strategies reviewed

	<b>Method of Data Collection</b>	<b>Job Title</b>	<b>Number of People</b>	<b>Notes on Input</b>
6	Individual Interview/Community Input	JWCH/Wesley Health Center	1	Reviewed and provided input to Access to Care strategies and Interventions that met the needs of community members
7	Individual Interview/Community Input	Foothill Family Services		Reviewed and provided input to Access to Care strategies and Interventions that met the needs of community members
8	Individual Interview/Community Input	YWCA Pasadena Foothill		Reviewed and provided input to Access to Mental and Behavioral strategies and Interventions that met the needs of community members
9	Individual Interview/Community Input	YWCA Glendale		Reviewed and provided input to Access to Mental and Behavioral health strategies and Interventions that met the needs of community members
10	Individual Interview/Community Input	Los Angeles Community College Foundation		Reviewed and provided input to Economic Opportunity strategies and Interventions that met the needs of community members

## Consultant(s) used

The Center for Nonprofit Management (CNM) was established in 1979 by the corporate and foundation community as the Southern California source for management education, training, and consulting within the nonprofit community. From core management fundamentals to executive coaching, in-depth consulting, and analyses, CNM enables individuals to become better leaders of more effective organizations. CNM's research and networking efforts distribute knowledge and thought to nonprofit organizations so they are prepared to face today's known tasks and tomorrow's unknown challenges. CNM seeks to shape how nonprofit leaders approach problems so they can more effectively pursue their missions. CNM helps individuals and their organizations evolve, adapt, and thrive. The CNM team has been involved with CHNAs for hospitals throughout Los Angeles County and Southern California for more than ten years; the CNM team completed the 2019 Community Health Needs Assessment for KFH-Los Angeles Medical Center.

## VII. Health needs that KFH-Los Angeles plans to address

### A. Process and criteria used

Before beginning the Implementation Strategy health need prioritization process, KFH-Los Angeles chose a set of criteria to use in selecting the list of health needs including the severity and magnitude of the need, the extent to which disparities in the need exist across race or place, and the extent which Kaiser Permanente is positioned to meaningfully contribute to addressing the need (e.g. relevant expertise, existing commitments to meet community health needs, unique business assets, etc.). The extent to which community voice spoke to the urgency of the health need through the CHNA and the existence of other community resources dedicated to the need were important additional criteria in making final health need selections. Definitions of the criteria used in the health need selection process are presented below:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Leveraging KP Assets:** KP can make a meaningful contribution to addressing the need because of its relevant expertise, existing strategies, and/or unique business assets as an integrated health system and because of an organizational commitment to improving community health.

A series of engagements took place to identify and examine the health needs KFH-Los Angeles selected for the 2020 – 2022 implementation strategy period.

Individual health need data and background packets were prepared for and distributed to the Implementation Strategy Executive Team (ISET) Core Champions and Committee members for review. ISET Committee members met on August 22, 2019 to review and discuss the identified health needs, suggest existing Medical Center assets available to be leveraged in response to these needs, and provide feedback on an initial draft of the strategies and interventions developed to address each need.

## B. Health needs that KFH-Los Angeles plans to address

### **The following health needs were identified as those that KFH-Los Angeles will address in the Implementation Strategy:**

- Access to care
- Mental and behavioral health
- Economic opportunity
  - Education and Employment<sup>1</sup>
  - Housing insecurity
  - Food insecurity
- HIV/AIDS

**Access to care.** Accessible health insurance addresses a major obstacle to primary health care utilization, particularly for very low-income residents. Nearly 1 in every 5 service area residents is uninsured. Latinos fare worse than the service area average: nearly 1 in 4 Latino service area residents have no insurance coverage.<sup>2</sup> Our community engagements indicated that insurance access accounts for only one component of health care access: of equal importance to access to insurance are access to culturally and linguistically relevant providers and access to health care facilities that provide appointments during the evenings and on the weekends.

Access to care has been chosen to be addressed in the Implementation Strategy in alignment with National Program Office.

**Mental and behavioral health.** According to the data prepared for the KFH-Los Angeles CHNA, poor mental health is associated with a 61.3% reduction in length of life per year for residents in the service area.<sup>3</sup> Our community engagements revealed that poor mental health is common to the lived experience of service area residents, and particularly for those residents dealing with economic and housing insecurity and structural exclusion. Communities of color are more vulnerable to certain factors underlying poor mental health. For example, in California, 8.1% of African American and Latino children have experienced a serious emotional disturbance, compared to only 6.9% of White children.<sup>4</sup> Moreover, communities of color and undocumented communities are much less likely to receive necessary mental health services. For example, from 2011-2013, 11.3% of Blacks in California had an unmet mental health need, compared to only 8.2% of Whites.<sup>5</sup>

Mental and behavioral health has been chosen to be addressed in the Implementation Strategy because of its status as a priority in the community, and because mental and behavioral health are so integrally tied to access to care, economic security, and HIV/AIDS/STIs.

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<sup>1</sup> This health need was identified as Economic Security in the KFH-Los Angeles Community Health Needs Assessment. It has been re-named “Education and Employment” to more specifically align with the Implementation Strategies contained herein.

<sup>2</sup> KFH-Los Angeles CHNA data platform.

<sup>3</sup> KFH-Los Angeles CHNA data platform.

<sup>4</sup> California Health Care Foundation, California Health Care Almanac; <https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCalifornia2018.pdf>

<sup>5</sup> California Health Interview Survey (CHIS)



## Economic Opportunity

**Education and Employment.** Lack of economic security due to low and stagnant wages and difficulty obtaining employment due to lack of educational, language or immigration status qualifications is a dominant concern for a large proportion of residents of the service area. Without access to education and reliable employment that pays a living wage, economic security, housing security, food security, good mental and good physical health are difficult to achieve. Over 1 in 5 service area residents are living below the federal poverty line in the KFH-Los Angeles service area;<sup>6</sup> Moreover, poverty disproportionately impacts Blacks and Latinos: they are nearly twice as likely as Whites to be living below the federal poverty line. Our community engagements indicated that economic insecurity underlies all health needs in the service area, and that economic insecurity is growing as housing prices continue to increase against a backdrop of stagnant wages and persistent obstacles to employment for the communities most impacted by this health need.

Education and employment has been combined with housing insecurity and food insecurity to create a health need called Economic Opportunity. This health need will be addressed in the Implementation Strategy because of its status as a priority need in the community, and its status as an upstream social determinant of health particularly salient to the lived experience and health outcomes of the KFH-Los Angeles community.

**Housing insecurity.** Unstable housing threatens social, physical, mental and emotional wellbeing. Our community engagements indicated that housing insecurity is growing as gentrification and rising real estate values—combined with stagnant wages experienced by many middle and low-income earners—continue to fuel the displacement of long-time Latino and Black communities throughout the service area. Many residents of the service area are vulnerable to housing insecurity because of an imbalance of wages and housing costs: 50.2% of residents spend more than 30% of their income on housing.<sup>7</sup> However, this vulnerability to displacement is exacerbated by the social patterning of home ownership in the region. In Los Angeles County, many more people rent than own, but the pattern of homeownership is disproportionately distributed across races. People of color are more vulnerable to losing their homes than Whites because they are far less likely to be homeowners: 2 out of 3 households headed by a White adult is owned, not rented, compared to only 1 out of 3 homes headed by a Black adult.<sup>8</sup>

Housing insecurity has been combined with education and employment and food insecurity to create a health need called Economic Opportunity (see above).

**Food insecurity.** Our community engagements revealed that lack of affordable and accessible healthy food options prevents low-income residents from eating well and taking care of their health. The high cost of affordable healthy food is a key factor in explaining why many low-income residents dealing with increasing housing costs rely on poorer quality foods or miss meals. The issue of food insecurity affects a large population in the service area: over

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<sup>6</sup> KFH-Los Angeles CHNA data platform.

<sup>7</sup> KFH-Los Angeles CHNA data platform.

<sup>8</sup> National Equity Atlas; [nationalequityatlas.org](http://nationalequityatlas.org)

1 in 7 adults experienced food insecurity in the last year.<sup>9</sup> The issue disproportionately impacts people of color. For example, 1 in 6 Latino households in the KFH-Los Angeles service area receive SNAP benefits compared to only 1 in 22 White households.<sup>10</sup>

Food insecurity has been combined with education and employment and housing insecurity to create a health need called Economic Opportunity (see above).

**HIV/AIDS/STIs.** STIs greatly reduce life expectancy and are uncommonly prevalent in the LAMC service area.<sup>11</sup> An STD/HIV/AIDS diagnosis is associated with a 58.2% reduction in length of life per year.<sup>12</sup> STIs disproportionately impact people of color. In 2017, in Pasadena, 10-year average death rate due to HIV was twice as high for Black males than for White males.<sup>13</sup> Our community engagements revealed that an HIV/AIDS diagnosis may lead to loss of employment and housing, particularly for people of color, and underlies chronic poor mental and physical health for many service area residents.

HIV/AIDS/STIs has been chosen as a health need to be addressed in the Implementation Strategy because KFH-Los Angeles has a long history of investing in this health need which is particularly salient to the medical center service area, and because the service area is once again experiencing an uptick in incidence of HIV/STIs.

There is growing recognition that until issues of structural exclusion of and bias against vulnerable populations, particularly people of color and LGBTQ identity are addressed, inequities in health outcomes will persist. Our community engagements revealed many opportunities for to adopt practices and policies that counter structural inequities to support and promote equity to improve the health and well-being of underserved populations. While structural exclusion has not been selected as a direct priority health need per se, many of the interventions included in the implementation strategy tables below have been developed to respond specifically to situations in which vulnerable populations (LGBTQ, immigrants, Latinos, African Americans and the homeless) have experienced structural exclusion.

## VIII. KFH-Los Angeles's Implementation Strategies

### A. About Kaiser Permanente's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH-Los Angeles has a long history of working internally with Kaiser Foundation Health Plan, the Southern California 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
- Are informed by evidence
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems

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<sup>9</sup> KFH-Los Angeles CHNA data platform.

<sup>10</sup> KFH-Los Angeles CHNA data platform.

<sup>11</sup> KFH-Los Angeles CHNA data platform.

<sup>12</sup> KFH-Los Angeles CHNA data platform.

<sup>13</sup> Pasadena 2018 Mortality Report; <https://www.cityofpasadena.net/public-health/data/>

- 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

KFH-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-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.

KFH-Los Angeles will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as grant making, leveraged assets, collaborations and partnerships, as well as several internal KFH programs. The goals, strategic priorities, strategies (including examples of interventions), and expected outcomes are described below for each selected health need.

B. 2019 Implementation Strategies by selected health need

*Health Need #1: Access to Care*

Long Term Goal	All community members have access to timely, coordinated, high quality health care from a trained and diverse workforce.
Strategic Priorities (intermediate goals)	<ol style="list-style-type: none"> <li>1. Increase coverage, access and utilization of health care services for populations that are underserved, uninsured and/or underinsured.</li> <li>2. Improve and build the current and emerging workforce to meet the primary care needs of the community.</li> <li>3. Improve the capacity of healthcare systems to provide quality healthcare, including interventions to address the social determinants of health.</li> </ol>
Strategies & Sample Interventions	<p>1.1 Provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage.</p> <ul style="list-style-type: none"> <li>● The Kaiser Permanente Medicaid program provides high-quality medical care services to Medicaid eligible participants who would otherwise struggle to access care.</li> <li>● The Kaiser Permanente Medical Financial Assistance program provides temporary financial assistance to low-income individuals who receive care at Kaiser Permanente facilities and who can't afford medical expenses and/or cost sharing.</li> </ul>

- The Kaiser Permanente Charitable Health Coverage program provides access to comprehensive health care to low-income individuals and families who do not have access to public or private health coverage.

1.2 Support access to care for underserved community members through grant-making and/or collaboration among community clinics, clinic networks, and other safety net providers.

- With support of grant funding, Regional Associations of California (Essential Access Health) strengthen the capacity of California's community clinics and health centers and to advance local health delivery system transformation through statewide policy.
- Through grant-making and/or collaboration, support efforts to provide care coordination for medically discharged, underserved patients, including the homeless, from hospitals' emergency departments or inpatient facilities.
- Through grant-making, support efforts to provide community-based, in-home supportive services to underserved, low-income individuals dealing with chronic disease.
- Through grant-making and/or collaboration, support efforts to reduce non-critical emergency room use and help reduce hospital readmissions.

2.1 Support and implement physician and other pipeline and training programs, using evidence-based, culturally competent and patient-centered population management modules.

- The Kaiser Permanente Graduate Medical Education (GME) recruits and prepares the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within Kaiser Permanente's integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.
- With the support of grant funding, the California Primary Care Association supports building capacity for the primary care workforce by developing a comprehensive curriculum and training program for health centers desiring to implement or sustain residency training programs and partnerships.
- Through partnerships and collaborations, support health care pipeline and training programs.

	<p>3.1 Design, pilot and implement systems for screening community members with social (non-medical) needs and refer to community-based programs.</p> <ul style="list-style-type: none"> <li>The Kaiser Permanente Thrive Local initiative integrates the social determinants of health into ongoing care plans by screening and connecting low-income individuals and families to community and government resources</li> </ul> <p>3.2 Strengthen the capacity and infrastructure of community clinics to effectively prevent and manage chronic disease, including cardiovascular health and diabetes.</p> <ul style="list-style-type: none"> <li>Transforming Cardiovascular Care in our Communities (TC3) supports community clinics, public hospitals and health systems to reduce cardiovascular disease by implementing innovative population health management practices.</li> </ul>
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Expected outcomes	<p>KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:</p> <ol style="list-style-type: none"> <li>Sustained and/or enhanced availability of services and financial resources to support coverage and access to quality healthcare for uninsured and underinsured community members.</li> <li>Sustained and/or enhanced training and residency programs in primary healthcare.</li> <li>Improved healthcare provider capacity to screen patients for non-medical social needs.</li> <li>Improved referral and coordination between healthcare and community-based providers to address the social needs of communities.</li> <li>Improved healthcare provider capacity to implement evidence-based protocols to screen and treat patients at risk for CVD.</li> </ol>
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*Health Need #2: Economic Opportunity*

Long Term Goal	All community members experience improved economic security and access to social services, including affordable housing, educational attainment, training and employment, and healthy foods.
Strategic Priorities (intermediate goals)	<ol style="list-style-type: none"> <li>Reduce food insecurity in the community and improve access to healthy foods.</li> <li>Preserve and improve the availability of affordable housing and improve care coordination to serve individuals experiencing homelessness and to prevent displacement.</li> </ol>

3. Improve educational attainment and employment opportunities.

Strategies &  
Sample  
Interventions

1.1 Design, pilot and implement programs and systems for promoting, screening and/or enrolling community members in food benefit programs.

- The Kaiser Permanente Food for Life initiative delivers a multi-pronged approach to improve food security, such as the CalFresh enrollment campaign, which utilizes a multi-modal outreach to increase CalFresh enrollment for eligible community members.
- With support of grant funding, the California Food Policy Advocates increases access to food sources for underserved community members by increasing the number of households and individuals that are enrolled in CalFresh and supporting the acceptance of this benefit among food retailers.

1.2 Support programs that procure, recover and/or redistribute food to food-insecure communities.

- The Kaiser Permanente Food Recovery and Food Redistribution program envisions food services as a potential source of nutritious meals for the broader community by distributing food to food-insecure communities.
- With support of grant funding, the California Association of Food Banks Farm to Family utilizes advocacy and outreach efforts to procure and provide fresh produce to food banks serving individuals and families who are food insecure.

1.3 Support the capacity of communities and anchor organizations to adopt and implement policies and programs to ensure access to healthy foods.

- The Kaiser Permanente Thriving Schools Healthy Eating Active Living (HEAL) Initiative, in partnership with Alliance for a Healthier Generation, supports Title 1 schools with the adoption and implementation of policies and practices to continuously improve the school's culture and practices around health.

2.1 Enhance the infrastructure and capacity of service providers to serve individuals at-risk of or experiencing homelessness.

- Through grant-making, support safety net services focused on permanent supportive housing, vocational training and placement, and supportive services for individuals experiencing mental health conditions, chronic illness and homelessness.



- Through grant-making and collaboration, improve early identification and tracking of individuals at risk of homelessness or suffering from chronic homelessness

2.2 Support and participate in collaboratives that coordinate resources and funding streams for individuals at risk or experiencing homelessness.

- Kaiser Permanente, Southern California is a key partner in the United Way Funder’s Collaborative (Home for Good), which brings together stakeholders, funders, and leaders all working to address housing affordability and homelessness. The collaborative was a key contributor to the development of the county’s Coordinated Entry System (CES) lead agencies that connect homeless individuals to services.

3.1 Support the long-term economic vitality of communities through procurement, hiring and workforce development, and/or small business development impact investing.

- The Kaiser Permanente Social Enterprises strategy works competitive, revenue-generating businesses with the social mission to hire and provide training to people who are striving to overcome employment barriers, including homelessness, incarceration, substance abuse, mental illness, and limited education.
- The Kaiser Permanente, High Impact Hiring is a talent-sourcing strategy that aligns business needs with positive community impact. High Impact Hiring creates career opportunities for people with employment barriers, focusing on specific populations of disadvantaged people or specific geographic areas.
- Through grant-making expand training and employment opportunities to vulnerable or marginalized populations including the disabled, and increase workers’ incomes, through efforts such as earned income tax credits and increasing the minimum wage.

Expected outcomes

KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:

Food insecurity

1. Increased number of community members screened for food insecurity and enrolled in food benefit programs.
2. Improved availability of free and healthy food for food insecure individuals and families.
3. Improved policies and practices that create healthy school environments for students, staff and their families.

Housing and Homelessness

4. Enhanced availability of housing assistance and programs, such as eviction prevention and defense, rental assistance programs, and other supportive services.
5. Improved coordination of housing resources and services for individuals experiencing and/or at risk of homelessness.

Employment

6. Improved employment opportunities for hard to hire community members.
7. Improved access to training and workforce development opportunities underserved community members.

*Health Need #3: Mental and Behavioral Health*

Long Term Goal	All community members have optimal levels of mental health and well-being through improved equitable access to evidence-based, high quality, appropriate care and reduced effects of stigma.
Strategic Priorities (intermediate goals)	<ol style="list-style-type: none"><li>1. Improve access and connection to mental healthcare in clinical and community settings.</li><li>2. Improve and build the current and emerging mental health workforce to meet community needs.</li><li>3. Reduce mental health stigma and improve knowledge, capacity and resilience in individuals, communities, and organizations.</li></ol>
Strategies & Sample Interventions	<p>1.1 Support the infrastructure and capacity building of community organizations and clinics to improve access to quality mental health care.</p> <ul style="list-style-type: none"><li>• Through grant-making and collaboration, support efforts to improve and increase early detection using evidenced-based mental health screening tools in clinical settings, organizations, agencies and other community settings.</li><li>• Through grant-making and collaboration, support efforts to improve access to high quality substance abuse treatment, including medication-assisted treatments, to decrease the burden of addiction and promote resiliency and recovery.</li></ul> <p>1.2 Support the integration of mental health care, case management, and navigation services into clinical care and community settings.</p>

- Through grant-making, increase access for the underserved to mental and behavioral health professionals using a variety of new, technology-based modalities, such as telehealth.
- Through grant-making and collaboration, support efforts to link uninsured and underinsured families to medical, mental and other supportive services.

1.3 Support community-based, multi-sector collaborative efforts that support mental health and behavioral health for underserved, low-income individuals and their families.

- Support access to outpatient and inpatient mental and behavioral health services for vulnerable low-income community members.

2.1 Support the education and training of licensed mental health professionals to be culturally competent.

- Support training for group home foster care providers in Southern California so that they can become certified as Short Term Residential Therapeutic Programs (STRTP).

2.2 Support the utilization of pipeline and training programs to increase the number of licensed and diverse mental health professionals.

- Support the expansion of mental and behavioral health certification and training programs to increase the availability of culturally and linguistically qualified practitioners.

3.1 Support efforts to improve the community and social support system's knowledge, attitudes, beliefs and perceptions about mental health, trauma and resilience.

- Support efforts to educate individuals to reduce their misconceptions about mental health and learn about trauma, resilience, and resources, including proper use of medication.
- Implement the Public Good Projects' Action Minded campaign, a digital community health intervention using education, social engagement and multi-media tools to engage the general public, issue-advocates and community partners in reducing stigma towards mental health conditions.

Expected outcomes

KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:

Access Related

<ol style="list-style-type: none"> <li>1. Enhanced capacity in clinical and community-based settings to address community mental health needs.</li> <li>2. Improved use of screening tools [in specific settings, e.g. schools] to identify mental health issues and connect individuals to appropriate resources.</li> </ol> <p>Workforce Related</p> <ol style="list-style-type: none"> <li>3. Increased number and diversity of individuals in the mental health workforce.</li> <li>4. Increased number of culturally competent individuals in the mental health workforce.</li> </ol> <p>Stigma Related</p> <ol style="list-style-type: none"> <li>5. Improved understanding of and attitudes toward mental health care among individuals and organizations.</li> </ol>
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*Health Need #4: Sexually Transmitted Infections/HIV*

Long Term Goal	Improve health and quality of life through prevention, detection, and treatment of STIs/HIV and the associated risk factors.
Strategic Priorities (intermediate goals)	<ol style="list-style-type: none"> <li>1. Improve access to STI/HIV preventive and treatment services including affordable medications and behavioral counseling and support.</li> </ol>
Strategies & Sample Interventions	<p>1.1 Build capacity for organizations to expand their offering of evidence-based programs addressing STI/HIV prevention and management, and behavioral and mental health services to populations at high risk for or with STIs/HIV.</p> <ul style="list-style-type: none"> <li>• Through grant-making and collaboration, support awareness of STIs/HIV risk factors and proactively offer on-demand STIs/HIV screenings and prophylactic treatment to vulnerable populations.</li> <li>• Through grant-making, promote and encourage referral to and provision of high-quality health care including specialty care for populations at high-risk for STIs/HIV and their partners.</li> <li>• Through grant-making, support STIs/HIV education, prevention and stigma reduction efforts.</li> <li>• Through grant-making, support efforts to integrate primary, mental and behavioral health to reduce transmission of STIs/HIV.</li> </ul>
Expected	KP aims to achieve its strategic priorities through interventions, that if successfully

outcomes

implemented, could result in a set of expected outcomes, such as:

1. Increased access to STIs/HIV education, prevention and care services, including prophylactic treatment to vulnerable, high-risk populations.
2. Improved referrals to and coordination between health care providers and community resources and programs to address the medical and social needs of individuals diagnosed with STIs/HIV.
3. Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address STIs/HIV prevention and associated mental and behavioral health.

### C. Our commitment to Community Health

At Kaiser Permanente, our scale and permanence in communities mean we have the resources and relationships to make a real impact, and wherever possible, our regions and facilities collaborate with each other and with key institutions in our communities, such as schools, health departments, and city/county governments to create greater impact. The CHNA/IS process presents the opportunity to reinforce and scale national and regional strategies to address health needs that impact all of our communities, even if those health needs are not prioritized locally. The following strategies illustrate the types of organizational business practices as well as regional efforts that we implement to address multiple health needs and contribute to overall community health and well-being:

- **Reduce our negative environmental impacts and contribute to health at every opportunity.** We have optimized the ways in which we manage our buildings; purchase food, medical supplies and equipment; serve our members; consume energy; and process waste. The following strategies illustrate several of our practices that enable us to operate effectively while creating a healthier environment for everyone. Our Environmentally Preferable Purchasing Standard prioritizes the procurement of products with fewer chemicals of concern and less resource intensity, thus encouraging suppliers to increase the availability of healthier products. We are building renewable energy programs into our operations, with plans to be carbon neutral in 2020. We recognize that mitigating the impacts of climate change and pollution is a collective effort, and we are therefore proud to work with like-minded organizations and individuals, including the United Nations, Health Care Without Harm, government entities, as well as other influencers that advocate for environmental stewardship in the healthcare industry and beyond.
- **Deploy research expertise to conduct, publish, and disseminate epidemiological and health services research.** 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. Kaiser Permanente's Department of Research and Evaluation, Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

- **Implement healthy food policies to address obesity/overweight**, such as purchasing sustainable, locally produced fruits and vegetables; supporting local restaurants and caterers that meet KP's Healthy Picks and to make more available healthier food options in our communities; and supporting vendors that hire under/unemployed residents (with living wages and benefits) in the food production/distribution process. We also partner with school districts and city governments to support them in adopting and implementing healthy food procurement policies.
- **Contribute toward workforce development, supplier diversity, and affordable housing to address economic security.** We support supplier diversity 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; partnering with community-based workforce development programs to support a pipeline for diverse suppliers; and building the capacity of local small businesses through training on business fundamentals. We also seek to reduce homelessness and increase the supply of affordable housing by strengthening systems to end homelessness and shaping policies to preserve and stimulate the supply of affordable housing.
- **Support community members directly through ongoing engagement and direct services.** The Kaiser Permanente Educational Theater (KPET) uses live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being around topics such as: reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. KPET is provided free of charge to schools and the general community.

#### IX. Evaluation plans

Kaiser Permanente has a comprehensive measurement strategy for Community Health. Our vision at Kaiser Permanente is for our communities to be the healthiest in the nation. To that end, we are committed to pursuing a deep and rigorous understanding of the impact of our community health efforts. We monitor the health status of our communities and track the impact of our many initiatives on an ongoing basis. And we use our measurement and evaluation data, and information gathered through our Community Health Needs Assessments, to improve the effectiveness of our work and demonstrate our impact. The Community Health Needs Assessments can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

In addition, KFH Los Angeles will monitor and evaluate the strategies listed above for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and metrics specific to KFH leveraged assets. In addition, KFH Los Angeles tracks outcomes, including behavior and health outcomes, as appropriate and where available.

#### X. Health needs KFH-Los Angeles does not intend to address

While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KFH-Los Angeles to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-Los Angeles is in a position to meaningfully address the need



(see Section VII.A for a full description of selection criteria). All of the selected health needs are those that meet this criteria and which KFH-Los Angeles is in a position to directly address. While structural exclusion has not been selected as a priority health need per se, many of the interventions included in the implementation strategy tables above have been developed to respond specifically to situations in which vulnerable populations (LGBTQ, immigrants, Latinos, African Americans and the homeless) have experienced structural exclusion. Therefore, a response to this health need has been woven throughout the implementation strategy outlined by KFH-Los Angeles.