



# 2019 Implementation Strategy Report

Kaiser Foundation Hospital: South Bay Medical Center

License number: 930000079

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-South Bay Medical Center

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I. General information

Contact Person:	Tara O'Brien, Public Affairs Director Email: Tara.N.O'Brien@kp.org Phone: (424) 251-7765
Date of written plan:	December 16, 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.

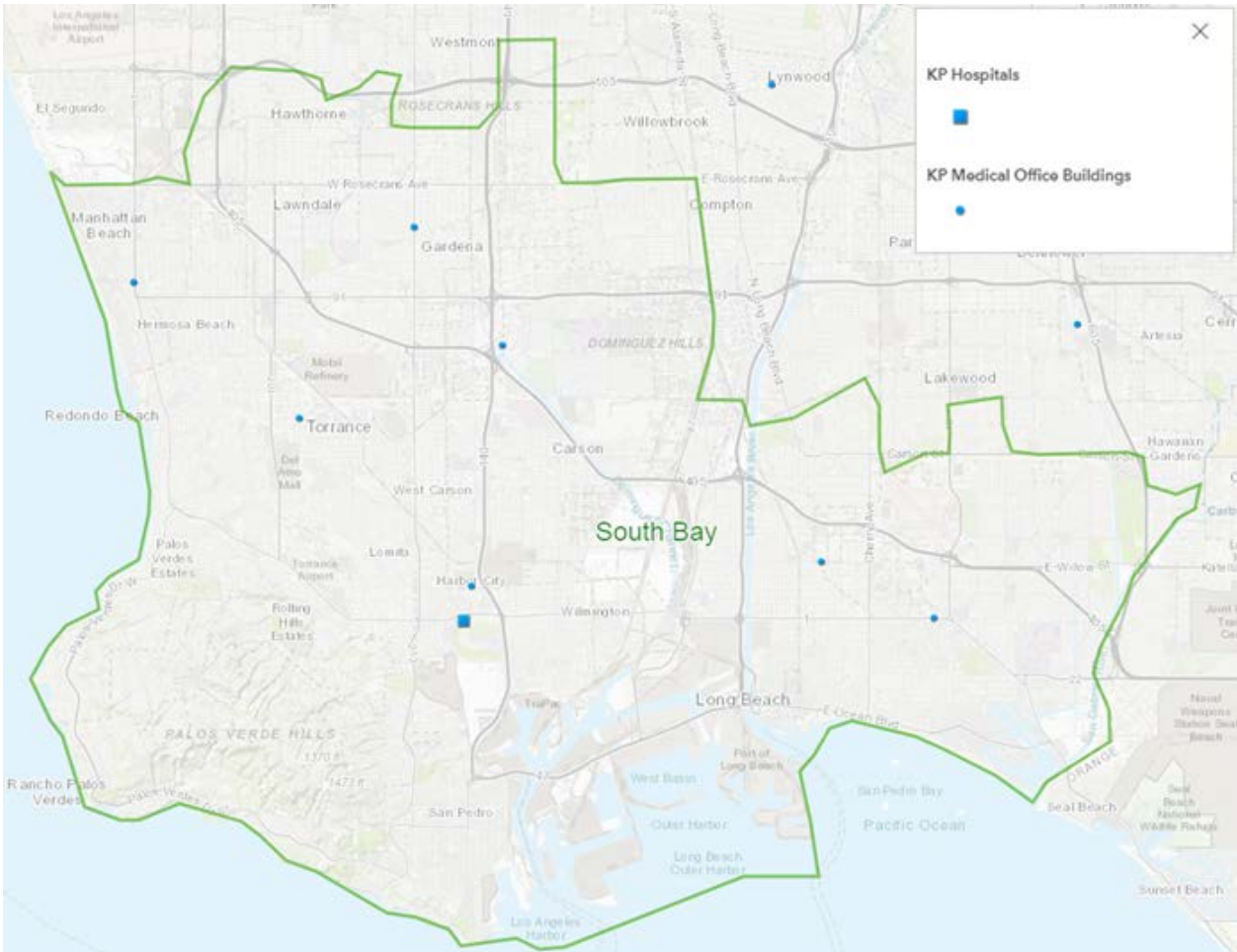
For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources.

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 – South Bay Medical Center

A. Map of facility service area

**Figure A – KFH-South Bay Service Area**



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

The KFH-South Bay (formerly KFH-Harbor City) service area includes: Carson, Catalina Island, Compton, El Segundo, Gardena, Harbor City/Harbor Gateway, Hawthorne, Hermosa Beach, Lawndale, Lomita, Long Beach, Manhattan Beach, Palos Verdes Peninsula, Rancho Palos Verdes, Redondo Beach, San Pedro, Signal Hill, Torrance, Willowbrook, and Wilmington.

C. Demographic profile of community served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-South Bay 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.

**Table 1. Demographic profile: KFH-South Bay<sup>1</sup>**

<b>Race/Ethnicity</b>		<b>Socioeconomic</b>	
Total Population	1,339,944	Living in Poverty (<100% Federal Poverty Level)	15.32%
Asian	15.75%	Children in Poverty	22.53%
Black	11.39%	Unemployment	4.10%
Hispanic/Latino	38.80%	Uninsured Population	13.06%
Native American/Alaska Native	0.23%	Adults with No High School Diploma	17.20%
Pacific Islander/Native Hawaiian	0.71%		
Some Other Race	0.29%		
Multiple Races	3.48%		
White	29.35%		

<sup>1</sup> 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 South Bay Medical Center's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH South Bay Medical Center'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 South Bay Medical Center service area through the 2019 Community Health Needs Assessment process:

1. Access to Care
2. Education/Employment
3. Food Insecurity
4. Housing/Homelessness
5. Mental Health
6. Structural Racism and Marginalization

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

### A. Partner organizations

The KFH-South Bay engaged the following community partners in the development of 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.

- Compton Youth Build (Entrenous Youth Empowerment Services, Inc.)
- El Camino College
- EXP
- Food Finders
- Goodwill
- Harbor Interfaith Services
- Jewish Family and Children's Center
- Long Beach Jordan High School
- Mental Health America of Los Angeles
- NAMI South Bay
- Pacific Gateway Workforce Innovation Network
- Roads Community Clinic

- Robert F Kennedy Institute (RFKI)
- Sharefest Community Development, Inc.
- South Bay Coalition to End Homelessness
- The Volunteer Center
- United Cambodian Community (UCC)
- Venaver Events Farmer's Market

In addition, internal hospital staff helped to coordinate and observe engagement activities including team leads for the following groups, who played a critical role in organizing engagements:

- Career Pathways Workgroup
- Equity, Inclusion, and Diversity Council
- Healthy Eating, Active Living (HEAL) Workgroup
- Homeless Workgroup

#### 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 following internal and external stakeholders participated in discussions around existing interventions and potential opportunities and partnerships in each priority health need area. These are individuals knowledgeable about the needs of the community, existing efforts, and potential opportunities. To bring an equity lens into each discussion, representatives from KFH-South Bay's Equity, Inclusion, and Diversity Council as well as external stakeholders working with marginalized populations were also invited to participate in group discussions.



	<b>Method of Data Collection</b>	<b>Job Title/ Department/ Organization</b>	<b>Number of People</b>	<b>Notes on Input</b>
<b>KP Stakeholders</b>				
1	Focus Group	<ul style="list-style-type: none"> <li>• Social Medicine, Geriatrics, and Palliative Clinics</li> <li>• Community Health</li> <li>• Pediatrics</li> <li>• Revenue Cycle</li> <li>• Healthy Workforce</li> <li>• Pediatric Primary Care/ Pediatric After Hours</li> <li>• Public Affairs and Brand Communications</li> <li>• Ambulatory Care</li> <li>• Center for Healthy Living</li> </ul>	12	Feedback on food insecurity screening strategies
2	Focus Group	<ul style="list-style-type: none"> <li>• Allergy, Dermatology, Endocrinology &amp; Rheumatology</li> <li>• Administration</li> <li>• Family Medicine</li> <li>• Chaplain</li> <li>• Reception Services</li> <li>• Care Experience</li> <li>• Human Resources</li> <li>• Staff Education</li> <li>• Compliance</li> <li>• Community Health</li> <li>• Administration</li> <li>• Medical Records/Transportation</li> <li>• Bioethics</li> <li>• Human Resources</li> <li>• Clerical</li> <li>• Compliance</li> <li>• Administration</li> <li>• AAMD</li> <li>• Center for Healthy Living</li> <li>• Family Medicine</li> </ul>	20	Feedback on strategies to promote equity, inclusion, and diversity
<b>Community Organizations</b>				

	<b>Method of Data Collection</b>	<b>Job Title/ Department/ Organization</b>	<b>Number of People</b>	<b>Notes on Input</b>
3	Focus Group	<ul style="list-style-type: none"> <li>• Kaiser Permanente South Bay</li> <li>• Roads Community Clinic</li> <li>• Jewish Family and Children's Center</li> <li>• Mental Health America of Los Angeles</li> <li>• The Volunteer Center</li> <li>• NAMI South Bay</li> </ul>	7	Input on mental health strategies
4	Focus Group	<ul style="list-style-type: none"> <li>• Harbor Interfaith Services</li> <li>• South Bay Coalition to End Homelessness</li> <li>• Kaiser Permanente South Bay</li> </ul>	17	Sharing strategic priorities and feedback requests on housing and homelessness
5	Focus Group	<ul style="list-style-type: none"> <li>• Kaiser Permanente South Bay</li> <li>• Food Finders</li> <li>• United Cambodian Community (UCC)</li> <li>• Robert F Kennedy Institute (RFKI)</li> <li>• Venaver Events Farmer's Market</li> </ul>	11	Input on food insecurity strategies
6	Focus Group	<ul style="list-style-type: none"> <li>• Goodwill</li> <li>• Pacific Gateway Workforce Innovation Network</li> <li>• Sharefest Community Development, Inc.</li> <li>• Kaiser Permanente South Bay</li> <li>• El Camino College</li> <li>• Long Beach Jordan High School</li> <li>• Compton Youth Build (Entrenous Youth Empowerment Services, Inc.)</li> <li>• EXP</li> </ul>	13	Feedback on education and employment strategies

	<b>Method of Data Collection</b>	<b>Job Title/ Department/ Organization</b>	<b>Number of People</b>	<b>Notes on Input</b>
7	Focus Group	<ul style="list-style-type: none"> <li>Harbor Interfaith Services</li> <li>Kaiser Permanente South Bay</li> </ul>	6	Input on homeless risk screening at KP

C. Consultant(s) used

A-Cubed Consulting, Inc (A3) was contracted to conduct the CHNA for KFH-South Bay. A3 believes in taking a participatory and use-focused approach to evaluation. Those doing the work should be involved in telling the story. A3 also believes the components of organizational development, research, and evaluation each play a pivotal role in the evaluation process. Ama Atiedu, CEO and Project Manager, has over 15 years of experience designing and conducting small and large-scale research and evaluation projects with focuses on public health, nutrition, health care systems, and early childhood education. Other team members supporting KFH-South Bay’s CHNA include:

Laura Keene (Keene Insights), Evaluation Consultant

Michelle Molina (Connecting Evidence), Evaluation Consultant

Maddy Frey (Madeleine Frey Consulting, LLC), Evaluation Consultant

Monica Ray, Project Coordinator & Community Benefit Consultant

Fiona Asigbee, Statistician

VII. Health needs that KFH South Bay Medical Center plans to address

A. Process and criteria used

Before beginning the Implementation Strategy health need prioritization process, KFH-South Bay Medical Center 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 for 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.

During the CHNA, the following health needs were prioritized: access to care, education/employment, food insecurity, housing/homelessness, mental health, and structural racism and marginalization. After careful consideration of the evidence-based strategies for addressing these needs, there was clear alignment of strategies across multiple health needs. Rather than selecting a subset of these needs to address in the Implementation Strategy, broader categorizations were used to group needs where strategies overlapped. Given the alignment of strategies meant to address economic security, the following health needs will be addressed alongside each other: education and employment, food insecurity, and housing/homelessness. In addition, structural racism and marginalization will be addressed by incorporating an equity lens throughout planning, implementation, and execution of all of the selected strategies.

#### B. Health needs that KFH South Bay Medical Center plans to address

**Access to Care.** Access to health care greatly impacts one’s physical, mental, and social health and overall quality of life. This issue of access is comprised of many factors, including but not limited to affordability, treatment by health care professionals, ability to navigate the system, and availability of services. Indicators such as rates of uninsured and utilization of various types of care help to gauge accessibility of health care within communities. In the KFH-South Bay service area, low-income and Hispanic/Latino residents are more likely to be uninsured<sup>2</sup>. Community input sessions shed light on challenges people from marginalized groups face when accessing health care in the KFH-South Bay service area including experiencing judgement and discrimination in health care settings and being fearful of sharing information given the current political climate around immigration. Access to care was selected to be addressed in the Implementation Strategy because secondary data and community engagement revealed that it is a priority health need and KFH-South Bay has existing resources, partnerships, and potential opportunities to address this need.

**Economic Security.** Economic security encompasses education and employment, food, and housing needs. Education and employment are interrelated and together impact one’s socioeconomic status. A growing body of evidence demonstrates the advantages afforded those with more education and better employment, such as more resources to support healthy habits, reduced stress, stronger social and psychological skills, and larger social networks<sup>3</sup>. Conversely, individuals with less education and employment are more likely to have less access to food, health care, and other community resources. They also have fewer choices when it comes to their environment, often not being able to choose safer neighborhoods or neighborhoods with less exposure to environmental toxins. Using high school graduation rates as an indicator, Hispanic/Latino and Native American/Alaska Native residents in KFH-South Bay disproportionately experience higher rates of no high school diploma, as compared to

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<sup>2</sup> LA Health – Recent Trends in Health Insurance Coverage published by County of Los Angeles Public Health. (2017). Retrieved from: [publichealth.lacounty.gov/docs/LaHealth\\_RecentTrendsInHealthInsuranceCoverage\\_yr2017.pdf](http://publichealth.lacounty.gov/docs/LaHealth_RecentTrendsInHealthInsuranceCoverage_yr2017.pdf)

<sup>3</sup> [Why Education Matters to Health - Exploring the Causes published by Virginia Commonwealth University's Center on Society and Health. \(2014\).](#)

White residents (38% and 42% vs. 4%, respectively)<sup>4</sup>. These findings were underscored by themes from community input sessions, which highlighted racial bias in the academic environment.

Food is an integral part of one's health. Low income communities struggle with having enough to eat as well as accessing healthy food options. Research has shown that individuals experiencing food insecurity have increased risk for obesity and higher rates of chronic disease. In the KFH-South Bay service area, people living in poverty, African Americans, Hispanics/Latinos, and seniors experience higher rates of food insecurity<sup>5</sup>. During community input sessions, participants highlighted barriers to accessing nutritious food. For example, benefits programs (e.g., CalFresh and WIC) are a big help, but can be challenging to navigate and are not available to everyone. In addition, social stigma and shame prevent people from accessing benefits and services.

The cost of housing continues to be a large financial burden particularly for low income families. In Los Angeles County, it has been estimated that renters need to earn \$46.15/hour to afford the median monthly rent. This is more than 4 times local minimum wage. Low income renters can spend up to 71% of their income on rent, leaving little left for health care bills, food, and transportation<sup>6</sup>. The current demand for affordable housing exceeds existing inventory, with a gap of 500,000 homes<sup>7</sup>. The KFH-South Bay service area has more than 4,000 homeless individuals, 80% of which are unsheltered. African Americans are disproportionately impacted by homelessness. They make up 34% of the homeless population in South Bay and only 10% of the overall population<sup>8</sup>. During community engagement sessions with local service providers, they talked about factors that play a role in homelessness including low wages and increased cost of living, lack of treatment and support for people with mental illness, and resident opposition to housing development in many communities.

Economic security (education and employment, food, and housing) is a social predictor that greatly impacts one's ability to lead a health life and if not addressed in the Implementation Strategy can exacerbate existing poor health outcomes in the community.

**Mental Health.** Poor mental health is a leading cause of disability in many developed countries, and greatly impact one's physical health. A growing body of evidence demonstrates a strong association between poor mental health and chronic conditions, such as cardiovascular disease, diabetes, asthma, and some cancers<sup>9</sup>. Within the KFH-South Bay service area, residents experience four poor mental health days per month on average. Under-resourced communities within the KFH-South Bay service area experience higher rates of poor mental health<sup>10</sup>. Community input session participants shared stories about the ways in which the stresses that come with poverty, especially violence at home, impact mental health. They also discussed difficulties faced when trying to access mental health services including a severe lack of providers and reluctance to address mental health issues because of the associated stigma. This health need was selected to be addressed in the Implementation Strategy because of the urgency of the need and the existing efforts already being conducted around this issue in the service area.

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<sup>4</sup> American Community Survey. (2012-2016).

<sup>5</sup> The California Health Interview Survey. (2013-2017). Retrieved from: [askchis.ucla.edu](http://askchis.ucla.edu)

<sup>6</sup> Los Angeles County Health Survey. (2015). Retrieved from: [publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm](http://publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm)

<sup>7</sup> [Los Angeles County's Housing Emergency and Proposed Solutions published by California Housing Partnership Corporation. \(2018\).](#)

<sup>8</sup> American Community Survey. (2012-2016).

<sup>9</sup> Social Determinants of Mental Health published by World Health Organization. (2014).

<sup>10</sup> Behavioral Risk Factor Surveillance System. (2015).

**Structural Racism and Marginalization.** Historic and present-day public and institutional policies and practices impact the places we live, learn, and work. However, such policies and practices have not provided everyone the necessary financial resources, investments, and opportunities to live a long healthy life, and have pushed many groups to the edge of society by not allowing them an active voice and place in it. This has resulted in significant health and economic disparities based on categorization of race, ethnicity, gender, sexual identity, or mental capacity. In South Bay, there are many indicators of health disparities. African Americans, for example, experience higher rates of diabetes, high blood pressure, stroke, and infant deaths as compared to other racial/ethnic groups<sup>11</sup>. Participants in community input sessions provided insights into how residents from marginalized groups experience these inequities including struggling to access care and being disproportionately impacted by upstream factors that affect health such as lack of employment, poor education, and violence in the community. This health need was selected to be addressed because of its deep overlap with and impact on all other health needs. In addition, KFH-South Bay has existing resources, partnerships, and potential opportunities to address this need.

## VIII. KFH-South Bay's Implementation Strategies

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

As part of the Kaiser Permanente integrated health system, KFH-South Bay 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
- 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-South Bay 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-South Bay welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH-South Bay 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

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<sup>11</sup> The California Health Interview Survey. (2013-2017). Retrieved from: [askchis.ucla.edu](http://askchis.ucla.edu)



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

To address Structural Racism & Marginalization, our aim is to incorporate an equity lens throughout planning, implementation, and execution of all of the selected strategies. This includes prioritizing high need populations (racial/ethnic groups with health and economic disparities, seniors, youth, formerly incarcerated, veterans, LGBTQ, etc.) and geographic communities based on CHNA findings (See Figure B – Under-Resourced Communities in KFH-South Bay); funding organizations and collaborative partners that traditionally have not received funding due to lack of capacity; and utilizing screening tools and adopting interventions to address each health need that are culturally appropriate and reflective of the communities we serve.

*Health Need #1: Access to Care*

Long Term Goal	All community members have access to high quality health care services from a trained and diverse workforce in a coordinated delivery system.
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	<ol style="list-style-type: none"> <li>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. <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> <li>• 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.</li> </ul> </li> <li>1.2 Support access to care and improved quality of care for patients through collaboration among hospitals, community clinics, clinic networks, and other safety net providers. <ul style="list-style-type: none"> <li>• With support of grant funding, Regional Associations of California (Essential Access Health) strengthen the capacity of California's community clinics and health centers and advance local health delivery system transformation through statewide policy.</li> </ul> </li> </ol>

- 2.1 Support and implement physician and other pipeline and training programs, using evidence-based, culturally competent, and/or patient-centered population management modules.
- Kaiser Permanente’s Career Pathways Workgroup in South Bay supports several programs that introduce youth and young adults to the healthcare field and provide training and internship opportunities.
  - 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.
- 3.1 Design, pilot and implement systems for screening community members with social (non-medical) needs and refer to community-based programs and services.
- 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.
- 3.2 Strengthen the capacity and infrastructure of community clinics and nonprofit organizations to effectively address health disparities and the prevention and management of chronic disease (e.g., cardiovascular health and diabetes).
- Kaiser Permanente’s Equity, Inclusion, and Diversity Council in South Bay is developing interventions and community partnerships to address disparities in hypertension among African Americans and diabetes among Latinos.
  - Kaiser Permanente is a key partner in the Los Angeles African American Infant and Maternal Mortality Community Action Team, a coalition of community stakeholders, providers, and organizations that builds local capacity through grant-making opportunities with the aim of reducing infant and maternal mortality among African Americans.
  - 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.

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:

Sustained and/or enhanced availability of services and financial resources to support coverage and access to quality healthcare for uninsured and underinsured community members (strategies 1.1, 1.2).

Increased training opportunities in the field of healthcare for African Americans and Latinos in under-resourced communities (strategy 2.1).

Improved healthcare provider capacity to screen their members and patients for non-medical social needs (strategy 3.1).

Improved referral and coordination between healthcare and community-based providers to address the social needs of communities (strategy 3.1).

Improved capacity of community-based organizations, leaders and residents to raise awareness about and address social and racial inequities (strategy 3.2).

*Health Need #2: Economic Security*

Long Term Goal	All community members experience improved economic security and access to social services to address unmet social needs, including affordable housing, educational attainment, training and employment, and healthy foods.
Strategic priorities (intermediate goals)	<ol style="list-style-type: none"> <li>1. Reduce food insecurity and improve access to healthy foods.</li> <li>2. Preserve and improve the availability of affordable housing and improve care coordination to serve individuals experiencing homelessness and to prevent displacement.</li> <li>3. Improve educational attainment and employment opportunities.</li> </ol>
Strategies & Sample Interventions	<ol style="list-style-type: none"> <li>1.1 Design, pilot, and implement programs and systems for screening community members for food insecurity and enrolling them in food benefit programs. <ul style="list-style-type: none"> <li>• The Kaiser Permanente Thrive Local initiative integrates the social determinants of health into ongoing care plans including screening individuals for food insecurity and providing information about and referrals to available local food resources.</li> <li>• With support of grant funding, The Children’s Clinic and Robert F. Kennedy Institute promote and enroll community members in food benefit programs and train other community providers on the enrollment process.</li> <li>• The Kaiser Permanente’s Food for Life initiative delivers a multi-pronged approach to improve food security, such as the CalFresh enrollment campaign which utilizes multi-modal outreach to increase CalFresh enrollment for eligible community members.</li> </ul> </li> <li>1.2 Support programs that procure, recover, and/or redistribute food to food insecure communities and high-risk populations. <ul style="list-style-type: none"> <li>• With support of grant funding, The Foodbank of Southern California purchases fresh produce and distributes it to nonprofit organizations serving low-income individuals and families.</li> <li>• The Kaiser Permanente Food Recovery and Food Redistribution program envision foodservices as the source of nutritious meals for patients, staff and the broader community by distributing food to food insecure communities.</li> </ul> </li> </ol>

- 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 organizations to adopt and implement policies and programs to ensure access to healthy foods and to provide education in support of healthy eating.

- With support of grant funding, Common Threads and Black Women for Wellness provide culturally competent nutrition education programs and cooking classes for high-need populations at Kaiser Permanente Medical Office Buildings and through partnerships with community-based nonprofit organizations.
- 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 Support and participate in collaboratives that support coordination and funding of resources (such as health services and housing) for individuals at risk or experiencing homelessness.

- Partner with the South Bay Coalition to End Homelessness, which aims to transform and end homelessness in the South Bay through education, advocacy and coordination.
- In collaboration with South Bay hospitals and Harbor Interfaith Services 1) coordinates referrals for individuals who frequent the emergency departments, including KFH-South Bay, to assist them in securing housing, transportation, and other social service resources and 2) improve early identification, screening, and tracking individuals at risk of 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) in which lead agencies connect homeless individuals to services.

2.2 Support the capacity of communities and organizations to provide supportive services and to reduce and prevent displacement and homelessness among high-risk populations.

- With support of grant funding, Home Ownership for Personal Empowerment, Inc. facilitates the procurement of affordable housing units for people with developmental disabilities who are at risk of becoming homeless or displaced from their housing in the South Bay/Harbor and Long Beach communities.

- With support of grant funding, New Way of Life Re-Entry provides safe housing reentry services for formerly incarcerated women including shelter, healthy meals, clothing, hygiene items, counseling, employment opportunities, and referrals to community services to facilitate self-sufficiency.

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

- With support of grant funding, KFH-South Bay supports two key nonprofit partners for the Summer Youth Employment Program: 1) EXP provides career exploration, industry mentoring, and summer internships to underserved South Bay high school students; and 2) Long Beach CALL runs a soft and technical skills training summer internship program for 11th-12th grade students who attend Long Beach Unified School District.
- 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.
- Partner with Goodwill of Southern Los Angeles County's Certified Nurse Assistant Training Program to provide classroom instruction and hands-on clinical training to prepare students for career opportunities.

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:

Increased number of community members screened for food insecurity and enrolled in food benefit programs (strategy 1.1).

Improved availability of free and healthy food for food insecure individuals and families (strategies 1.2, 1.3).

Improved coordination of housing resources and services for individuals experiencing and/or at risk of homelessness (strategy 2.1).

Enhanced availability of housing assistance and programs, such as eviction prevention and defense, rental assistance programs, and other supportive services (strategy 2.2).

Improved access to training and workforce development opportunities for underserved community members (strategy 3.1).

*Health Need #3: Mental Health*

<p>Long Term Goal</p>	<p>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.</p>
<p>Strategic priorities (intermediate goals)</p>	<ol style="list-style-type: none"> <li>1. Improve access and connection to mental health care 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>
<p>Strategies &amp; Sample Interventions</p>	<ol style="list-style-type: none"> <li>1.1 Support and participate in collaboratives that improve access and coordination and provide funding for mental and behavioral health services. <ul style="list-style-type: none"> <li>• Support the SPA (Service Planning Area) 8 Youth Suicide Prevention Task Force, a cross-sector group of representatives from organizations and agencies serving youth who meet monthly to share knowledge and best practices, identify resources and gaps, and collaborate on specific, local efforts.</li> <li>• Convene local mental health providers to identify capacity building opportunities and establish partnerships to address systemic challenges and needs.</li> </ul> </li> <li>1.2 Support the infrastructure and capacity building of community organizations and clinics to improve access to quality mental health care. <ul style="list-style-type: none"> <li>• With the support of grant funding, two key nonprofit partners provide mental health care services: 1) Jewish Family and Children Services provides urgently needed mental health programs, social services and protective services to those who are without adequate health insurance and/or have limited financial resources; and 2) Mental Health America of Los Angeles' Drop-In Center provides individualized services to persons who are homeless and have mental illness.</li> </ul> </li> <li>2.1 Support the utilization of pipeline and training programs to increase the number of licensed and diverse mental health professionals. <ul style="list-style-type: none"> <li>• With the support of grant funding, One in Long Beach LGBTQ Center provides ongoing group trainings and expanded outreach to area mental health service providers in order to increase community capacity to deliver culturally affirming care to LGBTQ individuals, couples, and families.</li> <li>• With the support of grant funding, the Mental Health America of Los Angeles Jump Start Fellowship Training Project seeks to build the emerging workforce through a 13-week, full time fellowship program that trains and places</li> </ul> </li> </ol>



individuals interested in working in the field of mental health into internships with employers in LA County.

3.1 Support the enhancement of organizational culture, practices, and policies in schools and other institutions to be trauma-informed.

- With support of grant funding, The Positive Results Corporation provides capacity training for non-profits, community, and faith-based organizations to create awareness of the impact of trauma youth and young adults of color experience from interpersonal, intimate, family, teen dating and domestic violence, sexual abuse and bullying.

3.2 Support programs for youth and community efforts that improve knowledge and perceptions about mental health and focus on trauma-informed care, conflict resolution, and mentoring.

- With support of grant funding, 1) CSU Dominguez Hills Male Success Alliance improves access, retention, and graduation rates of boys and men of color through training and community discussions focused on violence prevention and behavioral health; and 2) Save Black Boys prevents involvement in gangs and delinquent activities by engaging at risk youth in the Compton area in education and community engagement.

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

- Kaiser Permanente's Public Good Projects' Action Minded campaign is 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:

Enhanced capacity in clinical and community-based settings to address community mental health needs (strategies 1.1, 1.2).

Increased number and diversity of individuals in the mental health workforce (strategy 2.1).

Improved understanding of and attitudes toward mental health care among individuals and organizations (strategies 3.1, 3.2, 3.3).

Improved use of screening tools in schools to identify mental health issues and connect individuals to appropriate resources (strategy 3.1).

Increased access to mental and behavioral health programs and services in school and community settings that use evidence-based and/or community-identified best practices (strategies 3.1, 3.2).

*Health Need #4: Structural Racism & Marginalization*

<p>Long Term Goal</p>	<p>All community members have equitable health care, social, education and economic resources and services required to live a long healthy life.</p>
<p>Strategic priorities (intermediate goals)</p>	<p>1. Improve access to and quality of health care, mental health care, and social services for high need populations (race/ethnic groups, seniors, youth, formerly incarcerated, veterans, LGBTQ, etc.) and in geographic communities of prioritized need.</p> <p>2. Improve economic security for high need populations (race/ethnic groups, seniors, youth, formerly incarcerated, veterans, LGBTQ, etc.) and in geographic communities of prioritized need.</p>
<p>Strategies &amp; Sample Interventions</p>	<p>1.1 Incorporate an equity lens throughout planning, implementation, and execution of strategies under access to care and mental health.</p> <ul style="list-style-type: none"> <li>• Kaiser Permanente’s Equity, Inclusion, and Diversity Council in South Bay is developing interventions and community partnerships to address disparities in hypertension among African Americans and diabetes among Latinos.</li> <li>• Kaiser Permanente is a key partner in the Los Angeles African American Infant and Maternal Mortality Community Action Team, a coalition of community stakeholders, providers, and organizations that builds local capacity through grant-making opportunities with the aim of reducing infant and maternal mortality among African Americans.</li> </ul>

	<ul style="list-style-type: none"> <li>• With the support of grant funding, One in Long Beach LGBTQ Center provides ongoing group trainings and expanded outreach to area mental health service providers in order to increase community capacity to deliver culturally affirming care to LGBTQ individuals, couples, and families.</li> </ul> <p>2.1 Incorporate an equity lens throughout planning, implementation, and execution of strategies under economic security including education and employment, food insecurity, and housing/homelessness.</p> <ul style="list-style-type: none"> <li>• With support of grant funding, Common Threads and Black Women for Wellness provide culturally competent nutrition education programs and cooking classes for high-need populations at Kaiser Permanente Medical Office Buildings and through partnerships with community-based nonprofit organizations.</li> <li>• 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.</li> <li>• Kaiser Permanente’s Career Pathway Programs in South Bay supports several programs that introduce youth and young adults to the healthcare field and provide training and internship opportunities. This aim is to increase the diversity of participants and expose more African Americans and Latinos to various health care careers.</li> </ul>
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> <p>Adopt institutional policies and practices that reduce health care and economic disparities among high need populations and in geographic communities of prioritized need (strategy 1.1 and 2.1).</p> <p>Improved capacity of Kaiser Permanente and community-based organizations, leaders and residents to raise awareness about and address health care, education, social, economic, and racial inequities (strategy 1.1 and 2.1).</p>

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. The Watts Counseling and Learning Center (WCLC) provides mental health and counseling services, educational assistance to children with learning

disabilities, and a state-licensed and nationally accredited preschool program for low-income, inner-city families in South Central Los Angeles. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish.

#### 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-South Bay 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-South Bay tracks outcomes, including behavior and health outcomes, as appropriate and where available.

#### X. Health needs KFH South Bay Medical Center does not intend to address

The implementation strategy planning process requires KFH South Bay Medical Center to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH South Bay Medical Center is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). KFH South Bay Medical Center has selected and intends to address all needs identified in the Community Health Needs Assessment. Given the alignment of strategies meant to address economic security, the following health needs will be addressed alongside each other: education and employment, food insecurity, and housing/homelessness. In addition, structural racism and marginalization will be addressed by incorporating an equity lens throughout planning, implementation, and execution of all of the selected strategies.