2022 Community Health Needs Assessment

Kaiser Permanente South Bay Medical Center

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

September 27, 2022

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Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente South Bay Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente South Bay Medical Center has identified the following significant health needs, in priority order:

1. Housing
2. Mental & behavioral health
3. Income & employment
4. Access to care
5. Structural Racism
6. Food insecurity

To address those needs, Kaiser Permanente South Bay Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at https://www.kp.org/chna.

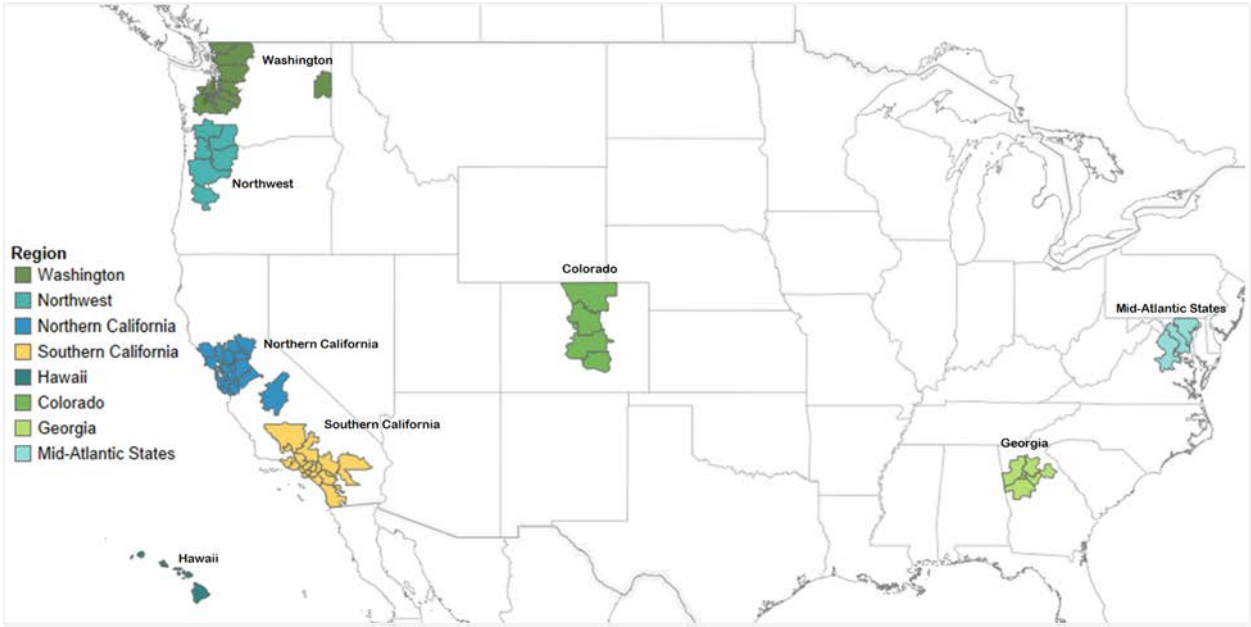
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at https://about.kaiserpermanente.org/community-health.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

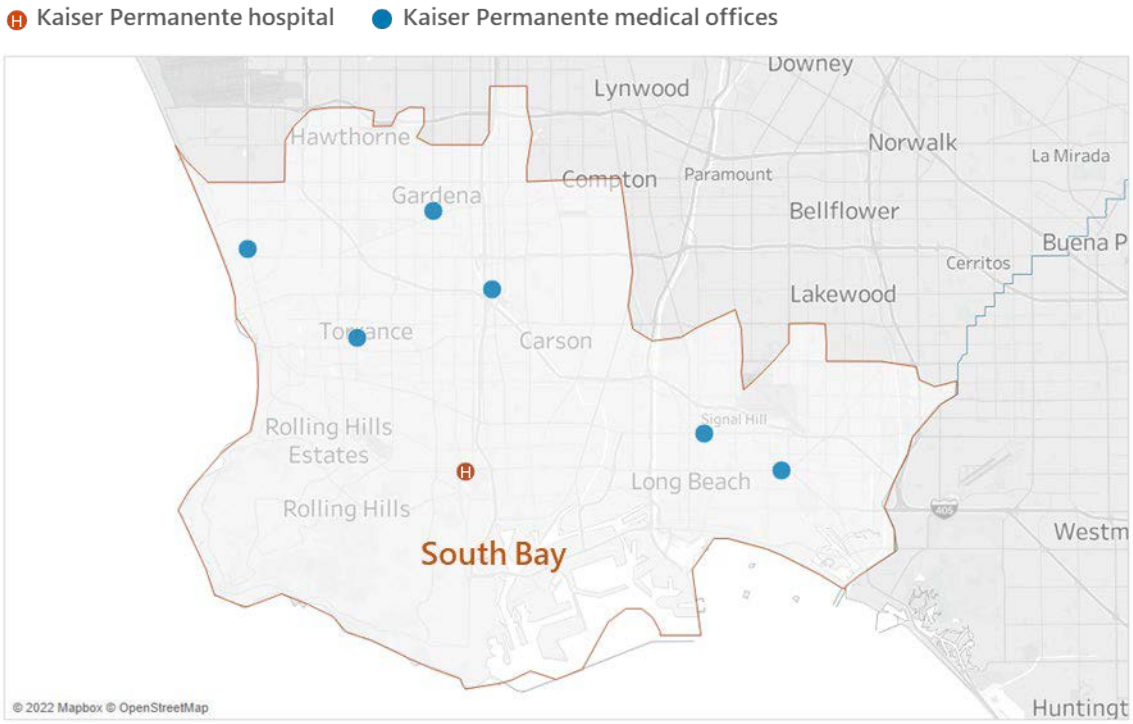
Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

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

Community served

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

South Bay service area



South Bay service area demographic profile

Total population:	1,354,087
American Indian/Alaska Native	0.2%
Asian	17.2%
Black	11.2%
Hispanic	38.9%
Multiracial	3.2%
Native Hawaiian/other Pacific Islander	0.7%
Other race/ethnicity	0.3%
White	28.3%
Under age 18	22.2%
Age 65 and over	14.1%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

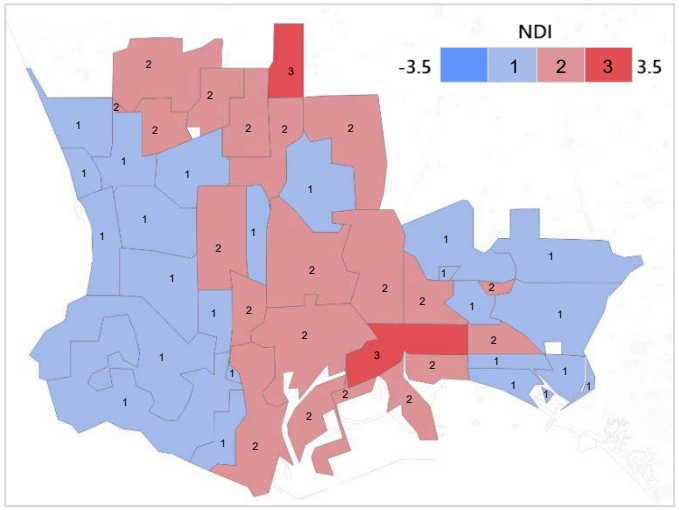
Neighborhood disparities in the South Bay service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

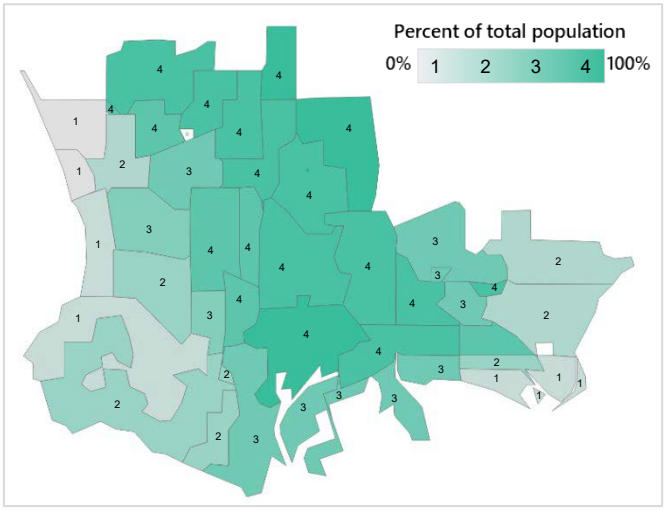
The map on the left shows the NDI for ZIP codes in the South Bay service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

SOUTH BAY SERVICE AREA

Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

Hospitals: Kaiser Permanente Downey Medical Center, Kaiser Permanente Los Angeles Medical Center, Kaiser Permanente West Los Angeles Medical Center

Consultants who were involved in completing the CHNA

Harder+Company Community Research (Harder+Company) is a nationally recognized leader in high quality evaluation for learning and action with a team of over 45 researchers throughout California, reflecting the major regions of the state. The firm's staff offer deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts: including conducting needs assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation which is essential to the CHNA processes the firm is supporting in the following Kaiser Foundation Hospital service areas: Downey, Fontana and Ontario, Los Angeles, Redwood City, Roseville, Sacramento, San Diego, San Francisco, San Rafael, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, and West Los Angeles.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the CHNA Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente South Bay Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente South Bay Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente South Bay Medical Center staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente South Bay Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, https://www.kp.org/chna.

Identification and prioritization of the community's health needs

Process for identifying community needs in the South Bay service area

Before beginning the prioritization process, Kaiser Permanente South Bay Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente South Bay Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the six significant health needs.

Description of prioritized significant health needs in the South Bay service area

1. Housing: The South Bay service area has a much lower affordability index (70.6) than the state (88.1). Given the rise in the cost of real estate, the home ownership rate in the service area (49 percent) is lower than the state average (55 percent). In general, housing in the South Bay service area is not considered affordable, because residents spend an average of 36 percent of their income on mortgage compared to the state average of 30.8 percent. This scarcity of affordable housing in the South Bay service area has exacerbated housing challenges faced by communities of color. According to community leaders, programs such as Project Homekey are critical to address housing needs of unhoused individuals and those at risk of homelessness.

2. Mental & behavioral health: Pre-pandemic data show that depression rates within the South Bay service area vary by service planning area (SPA), with SPA 6 having higher rates of adults with current depression and higher rates of adults at risk for major depression than SPA 8. Mental and behavioral challenges such as anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latino/as. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. Community representatives noted that there is limited access to mental health services for individuals with severe mental health needs, detox treatment locations, mental health providers of color, and providers who provide gender affirmative care in the South Bay service area.

3. Income & employment: People with steady employment are less likely to have an income below poverty level and more likely to be healthy. The unemployment rate in the South Bay service area exceeds the state (16.5 percent compared to 15.8 percent). Data shows that there is a correlation between unemployment rate and racial identity. As the percentage of people of color increases, the unemployment rate also increases. Community representatives noted that even prior to the pandemic, there were some residents who did not have access to regular employment due to limited skills or knowledge to navigate the workplace. Due to the COVID-19 pandemic, South Bay service area residents, particularly residents of color faced multiple challenges. Many residents of color are essential workers, which increased their likelihood of contracting COVID-19 and thus out of work due to illness. For others working in the hospitality or entertainment industry, they may have lost their employment and income due to stay at home orders/mandates.

4. Access to care: Throughout the South Bay service area, a higher percentage of the population is uninsured (8.2 percent) compared to the state (7.5 percent). Within the South Bay service area, there is a correlation between the percentage of uninsured individuals and percentage of people of color, such that zip codes with a higher percentage of people of color also have a higher percentage of uninsured people. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers to receiving regular care due to language needs, lack of health education, limited access to technology, transportation options, medical mistrust, lack of culturally responsive providers, differential treatment based on race and gender identity, and limited health care resources.

5. Structural racism: In the South Bay service area, health disparities vary by ZIP code, with areas where more than 50 percent of the population identify as people of color faring worse on a variety of measures than predominantly white neighborhoods. This mirrors historical evidence of overinvestment of resources to advantage one group, while disinvesting through policies and practices, thereby disadvantaging other groups especially people of color. For example, the city of Compton, where 99 percent of the population identify as people of color, has lower health insurance rates, lower life expectancy, higher percentage of low birth weights and higher rates of infant death than the city of Redondo Beach, where slightly over two-thirds of the population identify as white (68 percent).

6. Food insecurity. As a region, the South Bay service area has lower SNAP enrollment rates than the state average. However, examination of ZIP code level SNAP enrollment data show that the communities of Compton, Gardena, Harbor City, Hawthorne, Lawndale, Los Angeles, Long Beach, San Pedro, and Wilmington have higher enrollment rates than the State. Due to the impact of COVID-19 on income and employment, food insecurity rates increased for all households since 2020. Other barriers to food access identified by community representatives included language barriers, immigration status, transportation needs, limited access to grocery stores, cost of food, and lack of awareness of existing resources (e.g., food banks, food distribution events).

Health need profiles

Detailed descriptions of the significant health needs in the South Bay service area follow.

Kaiser Permanente South Bay Medical Center

Health need profile: Housing

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Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latino/a renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the national eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time, and even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

California has some of the highest real estate costs in the country. Like many areas in LA County, housing in the South Bay service area has become prohibitively expensive, especially for communities of color and households with low incomes.

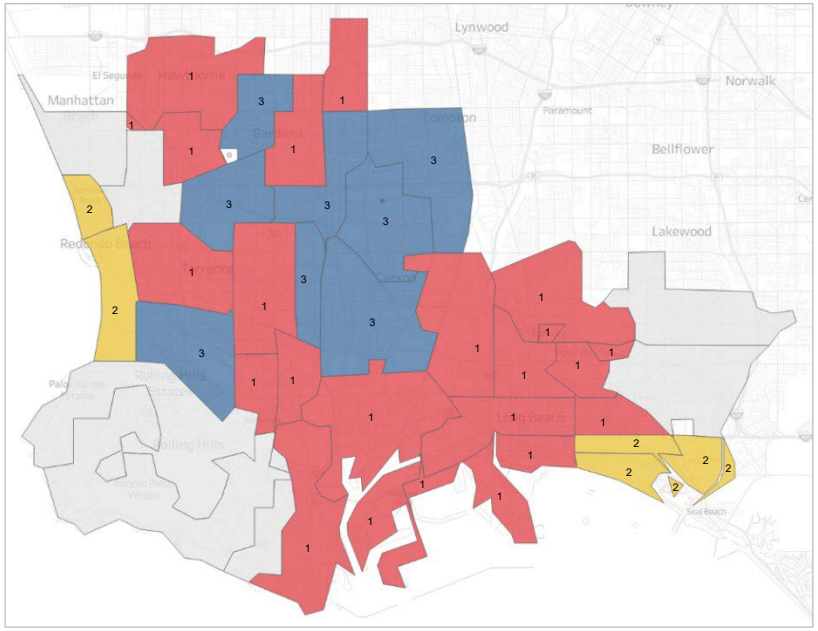
- The South Bay service area has a lower home ownership rate (49 percent) compared to the State average (55 percent).
- The South Bay service area has a much lower housing affordability index (70.6) compared to the State average (88.1).
- South Bay service area residents spend an average of 36 percent of their income on mortgage compared to the State average of 31 percent

Ethnic and Geographic Disparities

The scarcity of affordable housing has led to severe overcrowding in many households. In the South Bay service area, communities of color and immigrant families are more likely to experience severe housing burden and live in overcrowded housing.

HOME OWNERSHIP RATE, SOUTH BAY SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes where 50 percent or more of the population identify as people of color and less than 55 percent of the population are homeowners.



1 Higher need and higher proportion of people of color
2 Higher need
3 Higher proportion of people of color
Lower need and lower proportion of people of color

Source: Kaiser Permanente Community Health Data Platform

Community voice

Community experts shared historical practices of disinvesting in communities through redlining, racialized segregation and gentrification have led to an increased housing burden for communities of color. Interviewees also shared that homelessness is a huge concern throughout Los Angeles and many noted the interconnectedness between homelessness, mental health and substance use. In addition, they also discussed seeing more unhoused families, generational homelessness and unhoused seniors. In the South Bay service area, one key informant noted that limited housing stock adds to housing challenges in the region.

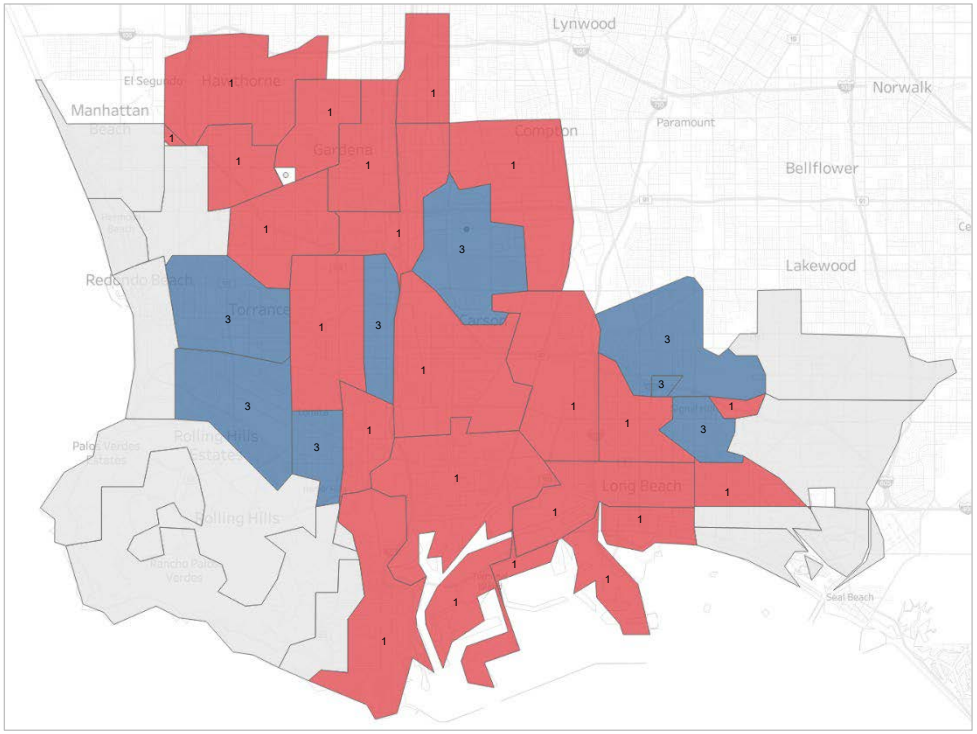
Community assets and opportunities

Several interviewees noted the importance of programs like Project Roomkey and Project Homekey to provide interim housing for those who need it. These programs also provide an opportunity for partners to be on site to provide services. Community representatives discussed the important work that the homeless coalitions and the homeless liaison team are doing to serve the unhoused population and coordinate services in the community.

> For long-term liability and equity, especially with people who do have jobs that live in those areas, it's really critical that we consider supporting and increasing home ownership as a long-term option and solution to equity and stabilization of people who are low income and persons of color. Persons of color will not get out of this continued centuries-long disparities without additional economic growth, but also protection of home ownership.
>
> – Public health representative

OVERCROWDED HOUSING, SOUTH BAY SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes where 50 percent or more of the population identify as people of color and more than 6.6 percent live in crowded housing.



1 Higher need and higher proportion of people of color
2 Higher need
3 Higher proportion of people of color
Lower need and lower proportion of people of color

Source: Kaiser Permanente Community Health Data Platform

Health need profile: Mental & behavioral health

Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

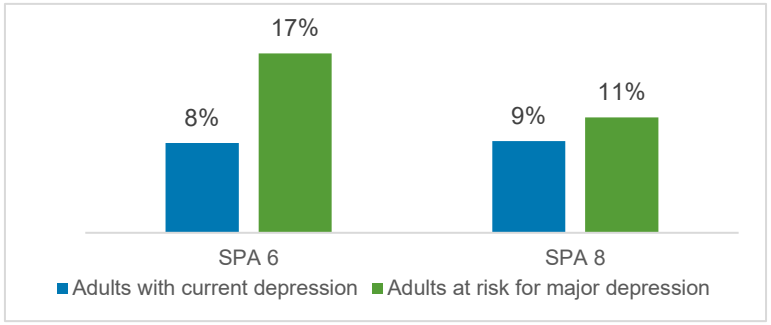
Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latino/a Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Data from 2017 indicate that in Los Angeles County, 9 percent of adults had current depression while 12 percent were at risk for major depression. These rates varied by Service Planning Area (SPA). The South Bay service area includes portions of SPAs 6 and 8. Adults in SPA 6 were more likely to be at risk for major depression compared to adults in SPA 8.



Source: Los Angeles Department of Health Key Indicators by SPA, 2017

Ethnic and geographic disparities

Structural racism and resulting inequities lead to socioeconomic disparities can have severe negative impacts on mental health and well-being. This is further exacerbated by the stigmatization of seeking care for mental health related concerns. The South Bay service area consists of communities that have experienced redlining, gentrification, disinvestment, poverty, joblessness, over-policing, deportation, and mass incarceration, all of which have an impact on a communities' and individual's mental health (American Journal of Psychiatry, 2021 and South Central Rooted Report).

According to community representatives, mental/behavioral health issues are a big concern in the community. Community experts noted the long-term impacts of trauma and structural racism on Black, Indigenous, and People of Color (BIPOC) community members. They also noted that there is stigma around talking about and seeking care for mental health issues and this is especially true for Black, Indigenous and people of color residents. This may be due to the fact that "significant percentages of members of racial and ethnic minority populations report experiencing discrimination in health care and non-health care settings" (Negussie Y, Geller A, et al. 2017 and Mays et al., 2007). The cumulative impacts of structural racism have led to a mistrust of mental health providers, especially because there are limited mental health providers who are from the communities they serve.

Community experts also noted the interconnectedness between mental/behavioral health and homelessness. It can be especially challenging to connect individuals experiencing homelessness to mental health services given transportation barriers and a shortage of mental health providers. They also noted the connection between mental health, substance use and persons experiencing homelessness (multiple diagnoses). The closure of a mental health living facility in San Pedro limited access to mental health services for some individuals with severe mental health needs. One interviewee shared there are also limited detox locations in the South Bay service area.

Additional interviewees discussed an increase in mental health inquiries during COVID-19 from the LGBTQ+ community and specific challenges LGBTQ+ populations face in seeking mental health care. This is particularly because there is a lack of providers in the South Bay who provide gender affirmative care (gender-affirming surgery or treatment).

Impact of COVID-19

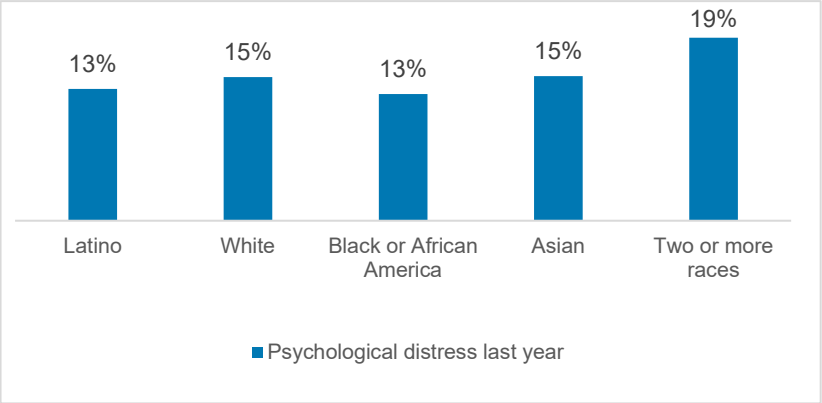
The COVID-19 pandemic has also impacted the mental/behavioral health of community members. Community representatives discussed the specific mental health challenges youth and seniors faced due to isolation throughout the pandemic. They also noted how the pandemic has been "been superimposed on generational trauma that communities have experienced", amplifying the impact of COVID-19 on Black, Indigenous and people of color communities. Some community experts noted that telehealth did expand access to mental health services but for persons experiencing homelessness or for those without access to stable internet, telehealth does not fill the gap.

Community assets and opportunities

Community representatives shared that the key to improving the mental health of their community members is through collaboration and working with community-based organizations who have strong relationships with the residents. They also discussed the importance of engaging the community in conversations around mental health to better understand what they need and how best to provide those services, which one interviewee described as "co-creating with the community".

Psychological distress, Los Angeles County, 2020

County residents who identified as two or more races experienced higher rates of psychological distress in the past year.



Source: Community Health Information Survey, 2020

> Prior to the pandemic, the communities of Compton were already more likely to experience risk factors for poor mental health, such as low socioeconomic status and substandard living conditions. Shelter in place and social distancing measures in the context of the COVID-19 pandemic caused increases in anxiety and depression, substance abuse, loneliness and domestic violence.
>
> – Nonprofit leader

Health need profile: Income & employment

Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, Black, Hispanic, and American Indians have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Within the Southern California region, Income and Employment has few health indicators scoring more than 20 percent worse than the national benchmarks. Similarly, the South Bay service area performs favorably compared to state and national benchmarks but with room for improvement at a ZIP code level.

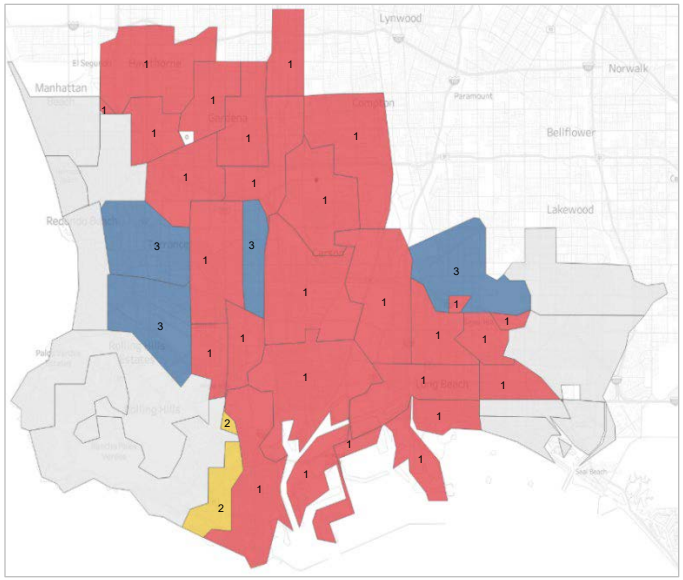
- Young people not in school and not working is 2 percent, which is about 27 percent better than the national rate.
- South Bay service area also has a higher median household income at $79,954 compared to the national average ($70,036). However, this is confounded by the fact that affluent beach city communities encircle under-resourced/disinvested communities.
- The area has a poverty rate of 12 percent, which is better than the state and national averages (13 percent).
- Alternatively, there is room for growth particularly around unemployment (17 percent) in this service area, which exceeds the state (16 percent) and national (13 percent) rates by about 25 percent.

Ethnic and geographic Disparities

Within the South Bay service area, there are geographic differences in unemployment rate as seen on the map. Areas with a higher percentage of people of color also have a higher unemployment rate.

UNEMPLOYMENT, SOUTH BAY SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a population of people of color greater than 50 percent and the highest unemployment rates in the service area compared to the state benchmark.



Source: Kaiser Permanente Community Health Data Platform

The ability to find and keep a job is also impacted by mental health and housing. According to the South Bay Coalition to End Homelessness, for the night of January 22, 2020, 4.560 people were identified as experiencing homelessness in the SPA 8/South Bay which was a 3 percent increase from 2019. Further, those staying in domestic violence emergency shelters or transitional housing increased by more than 50 percent in one year. Without the security of shelter and with added traumas, the difficulty of acquiring and maintaining job opportunities increases exponentially.

Although the South Bay service area has a median household income greater than the national average, there are significant racial differences when it comes to per capita income. The map signifies a correlation between need and race – as the population of people of color increases, the unemployment rate also increases. Across the county, Black residents earn $29,500 less than their white counterparts, and Latino/a communities earn roughly $40,000 less. Communities of two or more races, Pacific Islander, and Native Americans fall within a range between Black and Latino/a communities (racecounts.org, 2022).

Education may also impact the ability to acquire a higher paying job. In terms of high school graduation rates across the county, Asian students lead with a rate of 94 percent, compared to white (86 percent), Latino/a (81 percent), Black (76 percent), and Native American students (61 percent; racecounts.org, 2022). For the South Bay service area, the percent of adults with no high school diploma is the same as the state rate (18 percent) but higher than the national average (12 percent).

[And] of course, economic security. With COVID and the decrease of jobs and funding and things of that sort, we've seen some families who are homeless, maybe staying in a hotel trying to access more stable housing.

- Public health leader

Impact of COVID-19

Due to the COVID-19 pandemic, illness and social policies limiting which business and services could remain active, residents in the service area faced multiple challenges. For example, community experts described that many residents of color work as frontline staff, which increased their likelihood of contracting COVID-19 and thus be out of work due to illness. Others lost employment altogether. Many families were unable to pay rent or medical bills, lost wealth, accrued household debt, or lost homes. Community members emphasized the increase in mental health issues and homelessness. Residents also could not afford the proper technology or internet services necessary for students, causing additional barriers to remote learning. Another community expert shared an example of a client with ongoing general stress from low income and fear of losing their home, which ultimately impacted their mental health, their child's mental health, and led to conversations regarding support against intentional harm to oneself.

Community assets and opportunities

Community experts offered ideas for improving the economic situations in the county. In particular, they advocated for creating supportive guidance through employment. This includes different methods of spreading information about new job opportunities, and cooperation with businesses to create systems that ensure sustained employment for those with additional mental health needs. They also recommended developing more pathways for educational attainment, more internship opportunities, expanding programs like WorkSource, and additional workforce development programs that include mental health and housing support.

Ultimately, community experts recommended partnering with community organizations who have established ways to provide economic support and workforce development in their communities.

Health need profile: Access to care

Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community is also important.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and racial disparities in treatment, as well as fewer health care resources. For example, low-income and/or Black and Latino/a residents are more likely to live in neighborhoods with lower access to dental care and pharmacies.

The COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care.

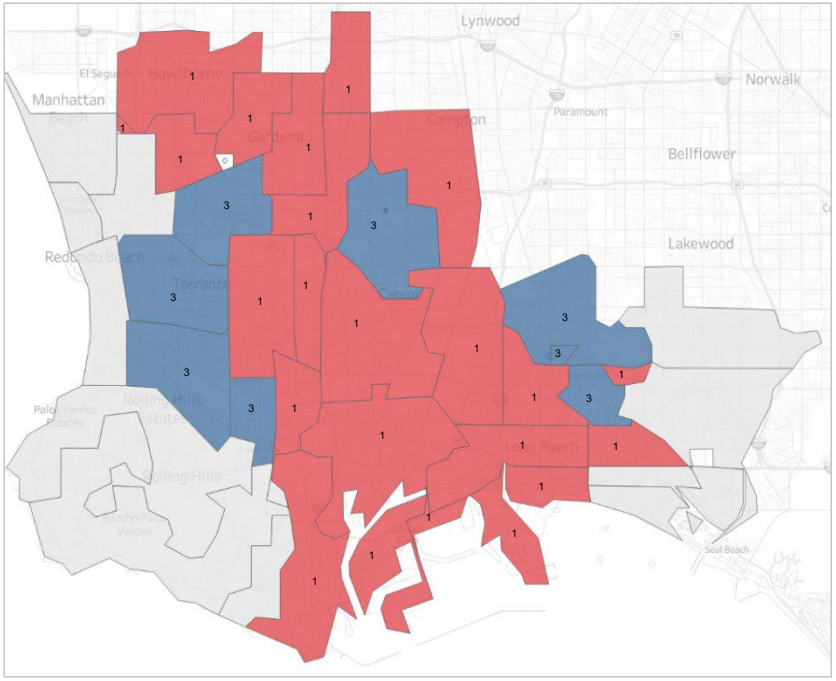
Throughout the South Bay service area, 8 percent of the population is uninsured which is the same as the state rate. Slightly less of the population in the South Bay service area is enrolled in Medicaid/public insurance, compared to the state average of (36 compared to 38 percent. The service area has 73.8 primary care physicians per 100,000 population compared to 72.9 per 100,000 in the Southern California region, 79.8 per 100,000 statewide and 75.4 per 100,000 nationally.

Ethnic and geographic disparities

When considering race and ethnicity relative to geography, ZIP codes with a higher percentage of people of color also have a higher percentage of the population that are uninsured. For example, northern ZIP codes of Torrance or Redondo Beach are roughly 45 percent People of Color and 4 percent of the population is uninsured, compared to ZIP codes in and around Wilmington which are about 96 percent people of color and 15 percent are uninsured. This is reflected on the map to the right.

PERCENT UNINSURED, SOUTH BAY SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a population of people of color greater than 50 percent and the highest uninsured rates in the service area compared to the state benchmark.



Source: Kaiser Permanente Community Health Data Platform

Community voice

Community experts discussed various barriers to accessing care in the South Bay service area. Multiple community members emphasized that a lack of health education in communities of color often perpetuates medical mistrust in healthcare professionals, and stigmas such as seeking mental health care or understanding the various ways HIV (for example) is spread. They feel that more people need to be educated on health disparities in the community and their root causes. Moreover, they believe a lack of health education around the value of preventative medicine has led to a greater need for managing more serious or chronic health conditions among residents.

Community experts also discussed experiences concerning a lack of culturally responsive providers and those focused on the specific care needs of communities of color and LGBTQ+ individuals, as well as a lack of providers who understand the importance of acknowledging the intersectionality of gender, race, sexual orientation, etc. In other instances, people have experienced language barriers in healthcare settings, which heightens their reluctance to utilize services.

Experts also shared that residents may lack the time or transportation needed to travel to seek care or are prioritizing financial responsibilities to their families over the cost of transportation to appointments. While access to telehealth services is expanding throughout California, access to these services requires adequate technology, broadband access, and some level of technological literacy which is lacking in many communities.

> It's important that we have trainings so that there are providers who are LGBTQ+ informed and able to be more affirmative. Even being more easily identifiable, so that folks aren't [thinking] if this person is going to help them, then they get in the chair and pay the copay then realize it is not what they wanted.
>
> - Nonprofit leader

Impact of COVID-19

Overall, community experts agreed that the pandemic exacerbated the need for better access to care. In addition to limited general health information, they noted a lack of accessible COVID-19 information and limited COVID-19 vaccination sites in the South Bay service area. COVID infection rate data supports this assertion; according to Race Counts as of March 2021, communities in LA County with a lower percent of people of color have half as many COVID-19 cases as communities with a higher percent of people of color.

> If you're in a marginalized community, in a sector that doesn't have access to healthcare, some of those old stigmas that we thought died out still exist.
>
> - Nonprofit leader

Community assets and opportunities

Community experts in the South Bay service area provided a wide range of resources and ideas to help reduce disparities related to access to care. For example, they feel that Kaiser Permanente's culturally sensitive informational and marketing materials could be used as a model to address other topics and reach different types of residents. Community experts also suggested that hiring community health workers from these communities who could be influential to other community members and provide additional culturally sensitive training to current health workers.

Ultimately, local experts affirmed the importance of cultivating relationships with trusted leaders of local communities and continuing the relationships with community health managers to leverage networking. Another described the need for ways to bridge communication between hospitals and homeless care services to decrease the number of people using emergency rooms. Partnering with local health organizations to bring mobile services (e.g., screenings, vaccinations) directly to the communities can support populations (e.g., homeless individuals who cannot leave their belongings to attend an appointment, LGBTQ+ individuals questioning which facilities to trust) with extreme barriers or reluctance to accessing care.

Health need profile: Structural racism

KAISER PERMANENTE®

Racism has been declared a public health crisis by agencies and organizations across the United States — from the CDC and the American Public Health Association to local government agencies.

Centuries of structural racism, reflected in local, state, and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices.

Black, Indigenous, and people of color living in cities and rural communities and on tribal lands experience greater exposure to air pollution, extreme heat, and flooding. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy.

These existing inequalities and disparities have been laid bare by the COVID-19 pandemic. The public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap in our country even further.

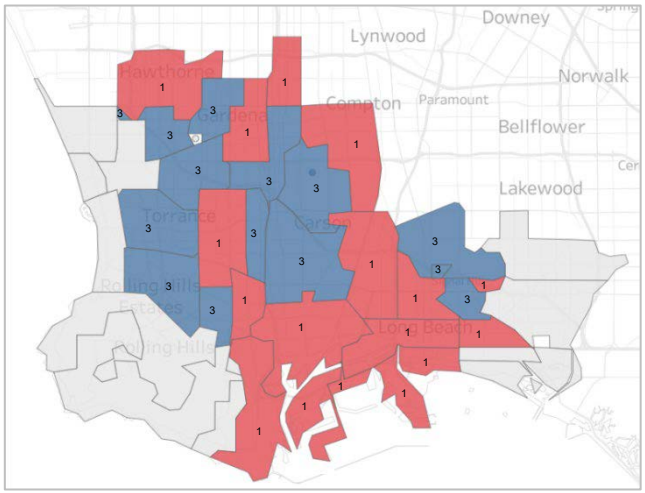
Structural racism in the United States is defined as “the normalization and legitimization of an array of dynamics—historical, cultural, institutional, and interpersonal—that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color” (Lawrence, K. and Keleher, T.). The interaction of these factors on the social, economic, environmental, and cultural determinants of health have led to health disparities. A comparison of residents who identify as white and those that identify as people of color in Service Planning Area (SPA) 8 illustrates how structural racism manifests in the South Bay service area. ,

Impact on determinants of health

As a result of discriminatory lending practices and redlining, people of color, particularly Black individuals, were restricted from “being able to buy housing in areas that would appreciate more” and build generational wealth. In the 1930s, President Roosevelt instituted a series of programs and reforms known as the New Deal designed to provide relief for families and individuals. However, these programs benefitted primarily white individuals. For example, the National Housing Act of 1934 provided federally backed mortgage loans to white individuals and the Federal Housing Administration deemed neighborhoods of color as too risky to make mortgage loans (Little, B. 2021). Redlining maps show that within the South Bay service area, the neighborhoods of Compton, Gardena, Harbor City, Hawthorne, Long Beach, San Pedro, and Wilmington were categorized either as red (“hazardous”) or yellow (“definitely declining”; Redlining California, n.d.). The map to the right shows that these historically redlined neighborhoods have a higher concentration of poverty compared to the state and to other communities in the South Bay service area. These historical racist policies and practices led to residential segregation and greater concentration of poverty in communities of color.

POVERTY RATE, SOUTH BAY SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes where 50 percent or more of the population identify as people of color and with higher poverty rates than the state of California average.



Source: Kaiser Permanente Community Health Data Platform

In SPA 8, 19 percent of residents of color live in poverty compared 2 percent of white residents (AskCHIS, 2020). Concentrated poverty is correlated with low educational achievement (Communities in Action, 2017). In general, school districts located in high-poverty neighborhoods receive less funding than school districts in low-poverty areas, with school districts in high-poverty neighborhoods of color receiving less funding than school districts in high-poverty white neighborhoods (EdBuild 23 Billion, 2019). Funding for school resources is positively associated with student outcomes, such as educational achievement and graduation rates (How Money Matters, 2018). Neighborhoods with a large proportion of residents of color have lower educational attainment than neighborhoods with a large proportion of white residents. In SPA 8, 53 percent of white adults have a bachelor's degree or higher compared to 30 percent of people of color (AskCHIS, 2020).

Education level is a major predictor of employment, which is the main source of income for working adults. In general, as education level increases, income increases, with each additional year of education resulting in 11 percent more income annually. However, disparities in employment between Black and white individuals persist even when education is held equal for both groups. In addition to impacting employment rates, structural racism and its inequitable structures, policies, and norms perpetuate disparities in wages and earning between people of color and white people (Communities in Action, 2017). Approximately three-fourths of households of color (72 percent) in SPA 8 reported annual household incomes of $80,000 or less compared to 44 percent of white households (AskCHIS, 2020). Higher income increases people's ability to afford health care services, health insurance and a healthy lifestyle while decreasing stress due to economic disadvantage and hardship (Communities in Action, 2017).

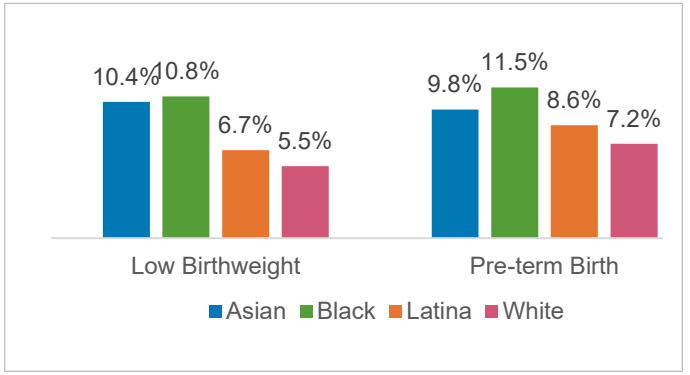
Birth outcomes

Repeated exposure to racial discrimination during a woman's lifetime increases the risk for poor pregnancy outcomes including low birth weight (i.e., infant born weighing less than 2,500 grams) and pre-term births (i.e., born before 37 weeks of gestation; Racial and Ethnic Disparities, 2003). As the graph to the right shows, a higher percent of Black women have pre-term births and low birthweight babies compared to women of other racial/ethnic identities in SPA 8 (Perinatal Health Indicators, 2020). There are also racial/ethnic disparities in infant mortality rates. Black infants had the highest mortality rate in the South Bay (9.9), five times the rate of white infants (1.6; Perinatal Health Indicators, 2020).

Community assets and opportunities

According to community experts, opportunities for community residents to interact with each other and learn about each other's struggles can help reduce inequities and promote understanding. Numerous faith-based organizations in the South Bay service area offer this opportunity. Additionally, many community-based organizations are dedicated to policy and advocacy to reduce health disparities impacting populations of color. One example is the SPA6/8 collaborative called Los Angeles African American Infant and Maternal Mortality Community Action Team that is dedicated to ending the infant and maternal mortality crisis in South Los Angeles and South Bay.

BIRTH OUTCOMES, BY MATERNAL RACIAL/ETHNIC IDENTITY, SOUTH BAY SERVICE AREA (SPA 8), 2020



Source: Los Angeles County Department of Public Health

I think the conversation on equity is the conversation and understanding of the economic journey. And how money moves people towards better health care outcomes, or with less money moves you away from those healthcare outcomes.

- LGBTQ+ representative

Health need profile: Food insecurity

KAISER PERMANENTE®

Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life.

Black and Latino/a households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. Having both Supplemental Nutrition Assistance Program benefits and convenient access to a supermarket can improve diet quality as well as food security.

Rates of food insecurity increased among families experiencing job loss because of the COVID-19 pandemic — as a result of the pandemic, there has been an estimated 60 percent increase in U.S. food insecurity. As the pandemic worsened, many who qualified for food assistance did not sign up for benefits, in part because of fear related to enrolling in government programs, uncertainty about eligibility, and worry about health risks of in-person appointments.

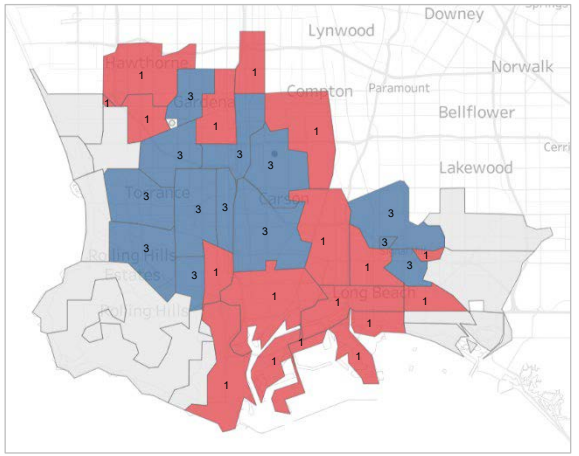
Food insecurity is defined as "a household-level economic and social condition of limited or uncertain access to adequate food" (United States Department of Agriculture, 2021). County-level data from Feeding America show that Los Angeles County had a higher percentage of the population (10.7 percent) that were food insecure in 2019 compared to the state average of 10 percent (Feeding America, 2019). The Supplemental Nutrition Assistance Program (SNAP) was established to reduce food insecurity by providing a monthly benefit amount to purchase food. SNAP enrollment rates reflect the number of eligible households experiencing food insecurity who receive this benefit. On average, the South Bay service area had a lower SNAP enrollment rate (9 percent) than Los Angeles County and the state (10 percent). However, examination of the pre-COVID SNAP enrollment rates at the ZIP code-level highlighted the racial and geographic disparities that exist within the South Bay service area.

Racial and geographic disparities

Overall, the South Bay service area is racially and ethnically diverse, with 39 percent of residents identifying as Latino/a, 28 percent as white, 17 percent as Asian, and 11 percent as Black. Given that Black, Latino/a, and Native American households are more likely to experience food insecurity, we will expect to see higher SNAP enrollment rates in neighborhoods with high concentrations of people of color. The SNAP enrollment map to the right illustrates this point. There is a high concentration of SNAP enrollment in the neighborhoods around the Harbor-Gateway region, where more than 50 percent of the population identify as people of color and have higher poverty rates than other neighborhoods within the South Bay service area.

SNAP ENROLLMENT RATES, SOUTH BAY SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a population of people of color greater than 50 percent and the highest SNAP enrollment rates in the service area compared to the State benchmark.



Source: Kaiser Permanente Community Health Data Platform

ZIP code-level SNAP enrollment data revealed that the communities of Compton, Gardena, Harbor City, Hawthorne, Lawndale, Los Angeles, Long Beach, San Pedro, and Wilmington have higher enrollment rates than the State, indicating higher food insecurity rates in these areas (see table for SNAP enrollment rates).

Community voice

Community representatives identified the following barriers to food security/access: language barriers, immigration status, transportation, limited access to grocery stores, limited access to healthy food options, cost of food and lack of awareness of existing resources (e.g., food banks, food distribution events).

Impact of COVID-19

Community representatives indicated that as a result of the impact of COVID-19 pandemic on income and employment, community members struggle to meet their basic needs, including accessing nutritious food. The Los Angeles County panel on Understanding Coronavirus in America longitudinal study identified being female, being unemployed, having a low household income, being a single parent and being 18 to 50 years of age are risk factors associated with experiencing food insecurity during the pandemic (The Impact of COVID-19 on Food Insecurity in LA County, 2020).

Due to the impact of COVID-19 on income and employment, food insecurity rates increased for all households. Approximately two-fifths (42 percent) of low-income households (i.e., income below 300 percent Federal Poverty Level, FPL) experienced food insecurity at some time between April and July 2020 (Food Insecurity in LA County, 2021). In addition to impacting low-income households, the pandemic also affected households with higher incomes. Approximately one-fifth of households experiencing food insecurity had household incomes of $60,000 or more (The Impact of COVID-19 on Food Insecurity in LA County, 2020).

Community assets and opportunities

Community experts noted that the increased need for food resources during the pandemic required food banks, churches, social service providers, and other community-based organizations to “elevate their game” to meet the needs of the community. To continue to address food insecurity in the community, interviewees suggested bringing resources to the community, engaging community members to increase awareness of existing resources, and expanding hours of service.

SNAP ENROLLMENT RATES, SOUTH BAY SERVICE AREA, 2015-2019

	SNAP Enrollment Rate	Service Planning Area
California	9.7%	N/A
Los Angeles County	9.7%	N/A
South Bay service area	8.7%	N/A
Compton	18.6%	6
Gardena	9.8%	8
Harbor City	11.1%	8
Hawthorne	10.8%	8
Lawndale	10.4%	8
Los Angeles (90061)	19.2%	6
Long Beach	10.1% - 25.5%	8
San Pedro	11.4%	8
Wilmington	16.7%	6

Source: County of Los Angeles Public Health

> We did several boxed meals and things during the pandemic. Because one thing that I learned during this whole pandemic as to how much our families depend on the [free] school lunch, how much our families really depend, because if you have 3, 4, 5 kids at home, and now they're at home every day and you're having to feed them those three meals, when they're used to getting those at the school, that's a big income impact on them.
>
> – Health care representative

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The South Bay service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente South Bay Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente South Bay Medical Center's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at https://www.kp.org/chna.

Kaiser Permanente South Bay Medical Center 2019 Implementation Strategy priority health needs

1. Access to Care
2. Economic Security
    a. Education and employment
    b. Housing
    c. Food insecurity
3. Mental Health
4. Structural Racism and Marginalization

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente South Bay Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente South Bay Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Southern California Region has funded significant contributions to the California Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 51 grants totaling $3,449,436 in service of 2019 IS health in the South Bay service area.

One example of a key accomplishment in response to our 2019 IS includes supporting One in Long Beach with a $10,500 grant to provide culturally-affirming and culturally appropriate care to LGBTQ individuals. Prior to funding, a client experiencing intimate partner violence, and additional barriers such as immigration status, experienced barriers in accessing support and services that addressed their exacerbated mental health needs. Due to this funding, a recent client was recently able to end counseling services after 2 years of support from a counselor, upon meeting their treatment goals and accessing safer housing in another state.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people's health. For example, in 2020 Kaiser Permanente provided grants totaling $6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. South Bay service area physicians engaged the broader community to increase vaccine confidence by partnering with KJLH radio station, Watts Ministers Alliance, Watts Health Care Corporation and the Watts Counseling and Learning Center to host a panel discussion entitled Faith+Works: A Conversation with Pastors and Physicians. South Bay's Physician Chief of OBGYN also presented Love Protects Us: A Conversation on COVID-19 Vaccines to the Los Angeles County African American Infant and Maternal Mortality Community Action Team (AAIMM CAT). The service area established a partnership with Harbor City Community College to promote free vaccines at our facilities and a partnership with Compton Unified School District to bring our mobile health vehicle to Centennial High School to vaccinate educators, high school students, and their families.

Kaiser Permanente South Bay Medical Center 2019 IS priority health needs and strategies

Access to care

Care and coverage: Kaiser Permanente South Bay Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	23,491	25,949	$20,296,917	$6,408,452
Charitable Health Coverage	49	42	$3,756	$3,760
Medical Financial Assistance	7,326	5,059	$8,147,748	$4,152,125
Total care & coverage	30,866	31,050	$28,448,421	$10,564,337

Other access to care strategies: During 2020-2021, 22 grants were awarded to community organizations, for a total investment of $2,035,574 to address access to care in the South Bay service area.

Examples and outcomes of most impactful other strategies

CPCA Core Grant

California Primary Care Association (CPCA) has supported the organization's core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders.

General Operating Support

Wilmington Community Clinic was awarded $12,500 to provide medical visits to uninsured patients who qualify on a sliding fee scale, provide alternate methods for medical visits including telephonic and telehealth and conduct three infection control training with staff. The grant is expected to provide care to 100 uninsured patients and 100 additional patients through alternate methods.

Economic opportunity

During 2020-2021, 55 grants were awarded to community organizations, for a total investment of $1,749,387 to address economic opportunity in the South Bay service area.

Examples and outcomes of most impactful strategies

General Operating Support

The Foodbank of Southern California was awarded $75,000 to provide supplemental highly nutritional food, including fresh produce to 450,000 low-income and food insecure people living withing the South Bay service area.

California Housing Services & Operating Subsidy Fund for Project Homekey

Enterprise Community Partners has established a public-private partnership fund to support operating costs and wraparound services for vulnerable populations. The partnership is expected to provide housing for about 1,500 individuals and technical assistance to 20 housing projects across California.

Inner City Capital Connections Program

The Initiative for a Competitive Inner City, Inc. was awarded $180,000 over 5 months to deliver the Inner City Capital Connections Program (ICCC) in Southern California to reach 150 business owners from economically under-resourced communities through executive education training seminars and panels designed to build capacity for sustainable growth in revenue, profitability, and employment.

Mental health

During 2020-2021, 21 grants were awarded to community organizations, for a total investment of $413,136 to address mental health in the South Bay service area.

Examples and outcomes of most impactful strategies

Child Behavioral Health Agenda

Children Now was awarded $300,000 over two years to lead the development of a California Child Behavioral Health Agenda outlining specific policy priorities that will ensure California's workforce is prepared to support and treat children. The Child Behavioral Health Agenda is expected to serve 9,200,000 by encouraging the State to incorporate the evidence-based models to support the whole-child and educating policymakers on ways to transform workforce programs to benefit children.

Mental Health Services
One in Long Beach, Inc. was awarded $10,500 over to deliver a multi-session mental health training series to 125 mental health providers to increase their capacity to provide culturally affirming and culturally appropriate care to LGBTQ individuals.

Structural racism

During 2020-2021, within the South Bay service area several grants that were awarded to address other IS needs also addressed structural racism.
Examples and outcomes of most impactful strategies
Black Maternal Health Center for Excellence
Charles R. Drew University of Medicine and Science received a $50,000 donation over to improve Black birth outcomes through Midwifery Workforce Development, Integration & Advocacy. The project is expected to serve 14,800 by expanding access to community-based reproductive care in Los Angeles County by strengthening the pipeline of diverse midwives, providing interprofessional training to support interdisciplinary perinatal care, establishing partnerships to improve the integration of midwives into hospital settings and supporting statewide advocacy to expand access to midwifery care.
Sisters Mentally Mobilized – Los Angeles Engagement
California Black Women's Health Project received a $50,000 donation for a prevention/early intervention project designed to reduce mental illness severity among Black women. The project is expected to reach 3,400 by training Black women in four California regions to be mental health advocates and builds community Sister Circles to mobilize in support of mental health awareness, access, and advocacy.
Save Black Boys
Save Black Boys received a $50,000 donation to support the organization's overall operations to execute programs, namely: College and Career Preparation, Bullying Awareness and Prevention, Sex Education, Driver's Education, Negativity Detox, Single Mother Awareness Readiness Training (SMART), Gang Intervention and Prevention, Community Service, and an award winning Read 2 Ride Literacy program. The project is expected to serve 100 youth.

Appendix

A. Secondary data sources

B. Community input

C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

	Source	Dates
1.	American Community Survey	2015 - 2019
2.	Behavioral Risk Factor Surveillance System	2020
3.	CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4.	Center for Medicare & Medicaid Services	2018
5.	CMS National Provider Identification	2019
6.	Dept of Education ED Facts & state data sources	Varies
7.	EPA National Air Toxics Assessment	2014
8.	EPA Smart Location Mapping	2013
9.	Esri Business Analyst	2020
10.	Esri Demographics	2020
11.	FBI Uniform Crime Reports	2014 - 2018
12.	Feeding America	2018
13.	FEMA National Risk Index	2020
14.	Harvard University Project (UCDA)	2018
15.	HRSA Area Resource File	2019
16.	HUD Policy Development and Research	2020
17.	National Center for Chronic Disease Prevention and Health Promotion	2018
18.	National Center for Education Statistics	2017 - 2018
19.	National Center for Health Statistics	2018
20.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21.	NCHS National Vital Statistics System	2015 - 2019
22.	NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23.	NCI State Cancer Profiles	2013 - 2017
24.	NCI United States Cancer Statistics	2013 - 2017
25.	NHTSA Fatality Analysis Reporting System	2014 - 2018
26.	US Geological Survey; National Land Cover Database	2016
27.	USDA Food Environment Atlas	2016

Additional secondary data sources

	Source	Dates
1.	Affirmative Care for Transgender and Gender Non-Conforming People	2016
2.	California Health Interview Survey	2020
3.	Feeding America Map the Meal Gap	2019
4.	Food Insecurity in Los Angeles County: Before and During the COVID-19 Pandemic	2021
5.	Health Indicators for Mothers and Babies in Los Angeles County, 2016	2018
6.	The Impact of COVID-19 on Food Insecurity in LA County April to May 2020	2020
7.	Los Angeles County Department of Public Health	2017
8.	Race Counts	2019

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Behavioral Health Services, Inc.	1	Low-income, medically underserved, mental health	Leader	8/12/2021
2	Key informant interview	Compton Unified School District	1	Education, communities of color	Leader	10/18/2021
3	Key informant interview	Economic Roundtable	1	Policy research, housing and environment, economic opportunity	Leader	7/30/2021
4	Key informant interview	Elevate Your G.A.M.E.	1	Youth mentoring, communities of color	Leader	8/11/2021
5	Key informant interview	Homeless Outreach Program Integrated Care System (HOPICS)	1	Persons experiencing homelessness, housing insecurity	Leader	8/19/2021
6	Key informant interview	Kaiser Permanente Watts Counseling and Learning Center	1	Youth services and education	Leader	8/19/2021
7	Key informant interview	LGBTQ South Los Angeles Center	1	LGBTQ+	Leader	8/30/2021
8	Key informant interview	LGBTQ Center	2	LGBTQ+, mental health	Leader	8/20/2021
9	Key informant interview	Long Beach Department of Public Health	1	Public health, maternal and infant health	Leader	8/27/2021
10	Key informant interview	Los Angeles Department of Health Services	1	Public health, maternal and infant health, communities of color	Leader	9/10/2021
11	Key informant interview	Los Angeles Department of Mental Health	1	Mental health, low-income	Leader	9/15/2021
12	Key informant interview	Los Angeles Department of Public Health	4	Public health, maternal and infant health	Leaders	8/13/2021-9/13/2021
13	Key informant interview	Martin Luther King Jr. Community Hospital	1	Public health, acute care, communities of color	Leader	8/30/2021
14	Key informant interview	Nehemiah Project	2	Transitional age youth services	Leaders	8/12/2021
15	Key informant interview	Positive Results Center (formerly Positive Results Corporation)	1	Violence prevention	Leader	9/8/2021

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
16	Key informant interview	2nd Call	1	Violence prevention	Leader	8/12/2021
17	Key informant interview	South Bay Coalition to End Homelessness	2	Homelessness	Leader	7/29/2021
18	Key Informant Interview	South Bay Family Health Care Community Clinic/ROADS Foundation	2	Public health	Leader	8/9/2021
19	Key informant interview	Toberman Neighborhood Center	1	Youth development and violence prevention	Leader	8/10/2021

Appendix C. Community resources

The table below provides some examples of key resources available to address priority health needs. It is not an exhaustive list.

Identified need	Resource provider name	Summary description
Access to care	Harbor Community Clinic (HCC)	HCC is a Federally Qualified Health Center (FQHC) providing low-cost and no-cost health services including routine, chronic condition management, immunizations, obstetrics/gynecological care, and health screenings to low-income and uninsured residents. https://www.harborcommunityclinic.com/
	LGBTQ South Los Angeles Center (West LA does not serve most of South Bay)	The LGBTQ South Los Angeles Center offers programs, services, and advocacy to LGBT individuals including primary medical care, HIV/STD testing and prevention, HIV/AIDS specialty care, mental health services, violence prevention/survivor support, addiction recovery services, social services, legal services, housing, transgender-specific services, cultural and education services, leadership, and advocacy services. https://lalgbtcenter.org/about-the-center
	The Children's Clinic (TCC)	TCC is an FQHC providing quality, full-service primary care services to underserved children, adolescents, and adults in the greater Long Beach community. https://www.thechildrensclinic.org
	South Bay Family Health Care Community Clinic/ROADS Foundation	The South Bay Family Health Care seeks to improve health outcome of low-income, underserved individuals throughout the South Bay and Harbor Gateway by providing comprehensive, high quality health care with dignity and respect. https://www.sbfhc.org
Education/ Employment	California State University Dominguez Hills – Male Success Alliance (MSA)	MSA aims to improve access, retention, and graduation rates of young men of color through academic support, professional development and mentoring across Los Angeles County, including Compton, Carson, South Los Angeles, and Long Beach. https://www.csudh.edu/msa
	Compton YouthBuild	Compton YouthBuild provides rigorous educational and occupational opportunities for youth ages 16+ who are invested in creating a sustainable future for themselves, their families, and communities. https://www.entrenousyouth.org
	Elevate Your G.A.M.E.	Elevate Your G.A.M.E. seeks to empower youth through mentoring in the areas of academic achievement, character development, leadership, and life skills. https://elevateyourgame.org
	Kaiser Permanente Watts Counseling and Learning Center	The Watts Counseling and Learning Center is a nonprofit Community Benefit program of Kaiser Permanente Southern California. The Center empowers multi-generational individuals and families to cope with stresses and barriers through counseling, educational therapy, child development, and outreach.

Identified need	Resource provider name	Summary description
	South Bay One Stop and Career Cents (One Stop)	One Stop sites are cooperative partnership of business, employment development, education, training, local government, public and nonprofit organizations, committed to developing job skills, abilities and attitudes essential for participation in today's workplace. https://www.southbay1stop.org
Food insecurity	Black Women for Wellness (BWW)	BWW is a community-based organization aiming to improve the health and well-being of Black women and girls through health education, empowerment and advocacy. BWW services include Sisters in Motion and Kitchen Divas programs focusing on decreasing heart disease, high blood pressure, diabetes and obesity through nutrition education, lifestyle changes, prevention, and physical activity. https://www.bwwla.org
	Foodbank of Southern California (SoCal Foodbank)	SoCal Foodbank is one of the largest distributors of fresh produce in the state of California, distributing over 22.9 million pounds of fresh produce each year to community-based agencies in Los Angeles County who feed those in need through both emergency and nonemergency food programs. https://www.foodbankofsocal.org
	Los Angeles County Department of Public Social Services (DPSS)	DPSS enrolls low-income eligible residents in food assistance and other social services programs. This agency administers the CalFresh program, federally known as the Supplemental Nutrition Assistance Program (SNAP). This program issues monthly electronic benefits that can be used to buy most foods at many markets and food stores. https://www.yourbenefits.laclrs.org/ybn/Index.html
Housing/ Homelessness	Coordinated Entry System (CES)	CES is a collaborative connecting youth, adults, and families experiencing homelessness to available resources. In the South Bay, there are four regional hubs represented by: Harbor Interfaith Services; St. Margaret's Center; United States Veterans Initiative; and People Assisting the Homeless (PATH); and Hathaway-Sycamores Child & Family Services.
	Homeless Outreach Program Integrated Care System (HOPICS)	HOPICS provides the highest quality of services to homeless and low-income households in South Los Angeles including behavioral health, employment services, and housing services. http://www.hopics.org
	St. Joseph Center (West LA – does not serve South Bay)	St. Joseph Center provides individuals and families with a comprehensive and coordinated array of services including outreach and engagement, housing, mental health, educational and vocational training to help them rebuild their lives. https://stjosephctr.org
	South bay Coalition to End Homelessness (SBCEH)	SBCEH is a multi-sector collaborative of nonprofit service providers, faith-based institutions, and safety-net providers with the goal of ending homelessness in the South Bay. https://www.sbceh.org

Identified need	Resource provider name	Summary description
Mental/ Behavioral health	Behavioral Health Services, Inc. (BHS)	BHS provides a comprehensive system of affordable human services including mental health, medical detoxification, residential and outpatient substance abuse treatment, transitional living services, home care services for elderly and disable adults, HIV/AIDS education, and prevention services with the goal of transforming their lives through hope and opportunities for recovery, wellness and independence. https://bhs-inc.org
	Los Angeles County Department of Mental Health (DMH) – Health Neighborhoods	DMH provides mental health services to individuals experiencing mental health conditions. The Health Neighborhoods initiative brings clinical and service providers together to increase their capacity to prevent and manage mental health conditions in specific communities. https://dmh.lacounty.gov/about/health-neighborhoods
	Mental Health America Los Angeles (MHALA)	MHALA utilizes an integrated mental health care approach to serve adults ad transition age youth with mental health needs in north LA County, Long Beach, and south LA County. http://www.mhala.org
	Nehemiah Project (Whittier – doesn't serve South Bay)	The Nehemiah Project seeks to increase awareness of the challenges faced by at risk and transitioning foster youth, build local networks of support, advocate for supportive policies to ensure that youth become self-sufficient. https://www.nehemiahprojectla.org
	Positive Results Center	The Positive Results Center seeks to address trauma from a cultural and age perspective by helping people create healthy relationships for themselves, their families, and the community, which in turn will help reduce violence. https://prc123.org
	2nd Call (South LA)	2nd call seeks to reduce violence and promote personal growth of high-risk individuals including proven offender, ex-felons, parolees by providing fee for service and free programs including job readiness, life skills, court approved anger management, parenting and domestic violence trainings. https://www.2ndcall.org
	Toberman Neighborhood center	Toberman Neighborhood center is a nonprofit organization committed to creating a safe community where all youth and families are inspired to build a positive future. https://www.toberman.org/
Structural Racism	California Black Women's Health Project (CABWHP)	CABWHP is a non-profit organization committed to improving the health of Black women and girls in California through advocacy, education, outreach and policy. Emerging Healthcare Leaders & Advocacy Training Program (EHL-ATP) focuses on training young Black women ages 16-30 who are interested in pursuing, or are currently pursuing, training and education in the health professions. https://www.cabwhp.org

Identified need	Resource provider name	Summary description
	The LGBTQ Center Long Beach (The Center)	The Center provides support groups, workshops and seminars, youth services, free HIV/STI testing, legal assistance, domestic violence services, employment referrals, mental health counseling, cultural and social activities, educational forums, and a thriving volunteer program. https://www.centerlb.org
	United Cambodian Community (UCC)	UCC is a nonprofit multicultural social services agency providing youth development, workforce development, gang prevention and mental health services to address the changing needs of the growing Cambodian population. http://www.ucclb.org