2019 Implementation Strategy Report

Kaiser Foundation Hospital: West Los Angeles

License number: 930000081

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

March 18, 2020

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Kaiser Permanente Southern California Region Community Health

Implementation Strategy Report for KFH - West Los Angeles

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I. General information

Contact Person:	Jamila Veasley, Public Affairs Director 323-857-4496 Jamila.veasley@kp.org
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 15th day of the fifth month after the end of the taxable year the CHNA was completed?	Yes ☒ No ☐
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.

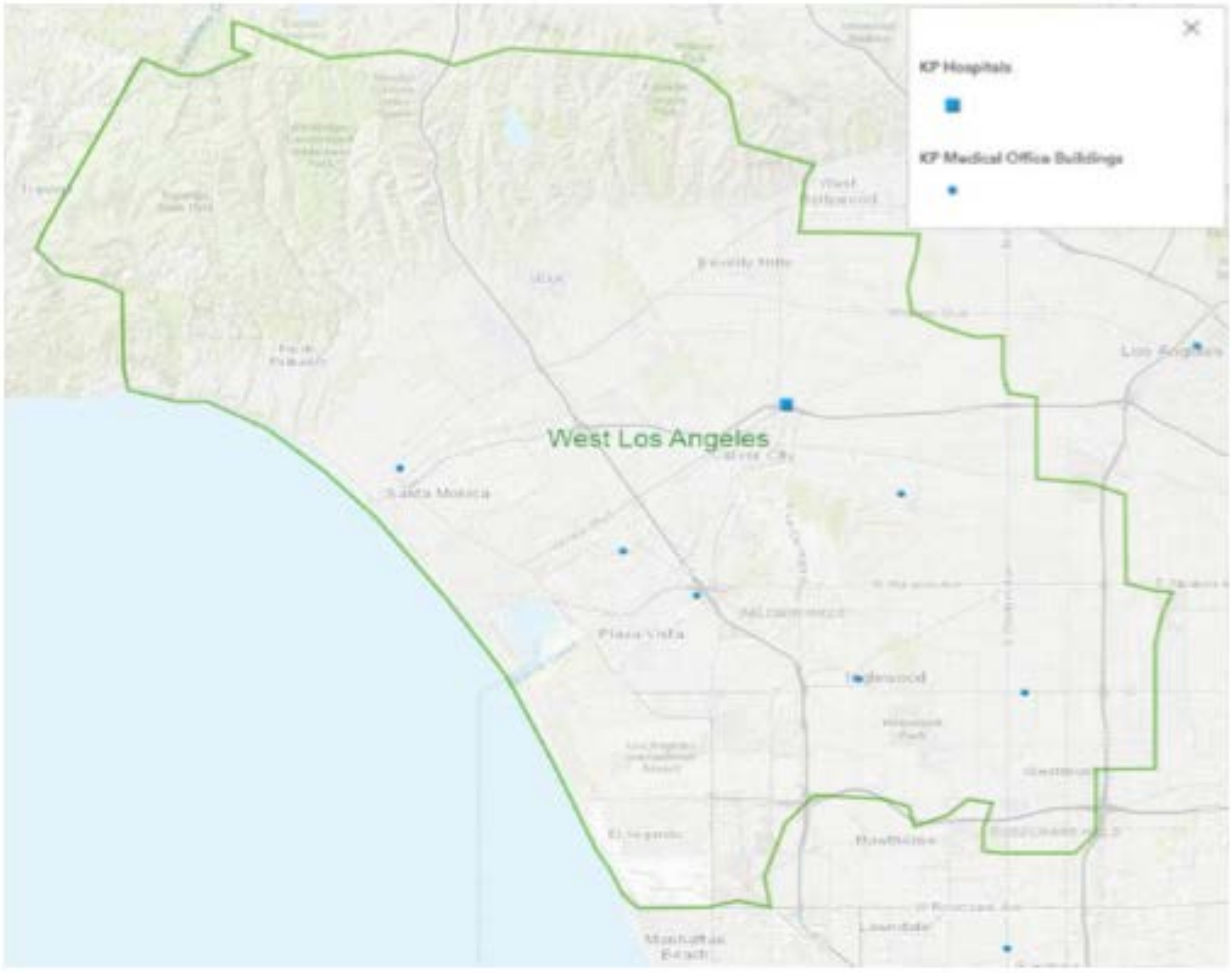
Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician 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 – West Los Angeles

A. Map of facility service area



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

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

C. Demographic profile of community served

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

Race/Ethnicity		***Socioeconomic***	
Total Population	*1,428,288*	*Living in Poverty (<100% Federal Poverty Level)*	*19.29%*
Asian	*8.39%*	*Children in Poverty*	*27.40%*
Black	*19.71%*	*Unemployment*	*4.1%*
Hispanic/Latino	*34.95%*	*Uninsured Population*	*14.82%*
Native American/Alaska Native	*0.10%*	*Adults with No High School Diploma*	*17.40%*
Pacific Islander/Native Hawaiian	*0.12%*		
Some Other Race	*0.48%*		
Multiple Races	*2.90%*		
White	*33.35%*		

Source: American Community Survey, 2012-2016

V. Purpose of Implementation Strategy

This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes KFH West Los Angeles's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH West Los Angeles's 2019 CHNA process and for a copy of the report please visit 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-West Los Angeles service area through the 2019 Community Health Needs Assessment process:

1. Access to Healthcare
2. Employment and Education
3. Food Insecurity
4. Housing Insecurity and Homelessness
5. Mental Health
6. Obesity and Diabetes
7. Racial Equity
8. Substance Abuse

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

The 2019 KFH-West Los Angeles IS Plan was developed primarily in consultation with KFH-West Los Angeles leaders and internal stakeholders, while taking into account perspectives of local partnering organizations that represent multiple sub-populations in the community, who provided multiple perspectives on developing a strategy to address health needs. Additionally, KFH-West Los Angeles collaborated with the following hospital partners in an effort to identify common areas of focus:

- Cedars-Sinai Medical Center
- Cedars-Sinai Marina Del Rey Hospital
- Providence Saint John's Health Center
- UCLA Health

B. Community engagement strategy

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

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

The KFH-West Los Angeles community engagement process included additional input from community organizations, many of whom serve residents and community members in the West LA Region. A diverse group of community stakeholders was engaged through various methods including, semi-structured discussions in the context of individual meetings and group discussions with the KFH-West Los Angeles Community Health Manager. The purpose of these meetings was to develop a better understanding of the community landscape, goals and types of engagements and activities happening within the community, and to assess opportunities to leverage existing strategies and initiatives.

This process allowed for a greater understanding of community-informed perspectives and identification of capacity needs, partnerships, and resources. In general, community organizations shared insights on the type and nature of health needs within their communities, the experiences of community members, and current or prospective programs they partner with or administer. Conversations covered a wide variety of issue areas pertinent to the IS, including: healthcare access and utilization, chronic disease management, homelessness, food insecurity, workforce development, and faith based partnerships. In general, community organizations felt the selected needs and proposed implementation strategies aligned or supported their ongoing work. Community organization input was another critical element of information gathering in the IS.

The table below provides a list of these meetings and the people involved as well as the topics that were addressed.

	Method of Data Collection	**Job Title / Organization**	**Number of People**	**Notes on Input**
Community Stakeholders				
1	In Person Meeting	Dr. Roberto Vargas Charles Drew University	1	5/14/19 Chronic Disease Health Disparities Nursing and Physician Education

	Method of Data Collection	Job Title / Organization	Number of People	Notes on Input
Community Stakeholders				
2	In Person Meeting	LA Clinic Funders meetings with LA Care, Cedars Sinai, Health Net, UniHealth Foundation and California Community Foundation	6- 8	5/17/19 9/6/19 Safety Net Grant Initiatives
3	In Person Meeting	City of Santa Monica Homeless Programs Rick Cole, City Manager Alisa Orduña, Sr. Advisor	8	8/1/19 Westside Regional Homelessness Strategic Plan
4	In Person Meeting	Westside Health Access: ED Workgroup Meeting including: Venice Family Clinic Cedars Sinai Whole Person Care (LA County Department of Public Health and Department of Health Services) Providence St. John's Health Center UCLA	12	9/11/1 Social Needs of Patients Emergency Department Utilization Homelessness
5	In Person Meeting	Wise and Healthy Aging, Grace Cheng Braun, CEO Miriam Caiden, Training and Education Manager	2	8/15/19 Community Health Education Faith Based Partnerships Senior Services

	Method of Data Collection	Job Title / Organization	Number of People	Notes on Input
Community Stakeholders				
6	In Person Meeting	Community Coalition, Aurea Montes-Rodriguez, Executive Vice President	1	4/23/19 Racial Equity Schools and At-Risk Youth Programs
7	In Person Meeting	Los Angeles County African American Infant and Maternal Mortality Community Action Team	50	5/23/19 Health Disparities African American Maternal Child Health Outcomes
8	In Person Meeting	CA Black Women's Health Project Sonya Young Aadam, CEO	1	Health Disparities Mental Health Workforce Development
9	In Person Meeting	MLK Community Hospital Lauren Espy, Manager of Community Programs	1	8/23/19 Chronic Disease and Social Needs Community Based Programs Youth Healthcare Pipeline

	Method of Data Collection	Job Title	Number of People	Notes on Input
KP Stakeholders				
1	Presentation/Focus Group	Senior Vice President Outgoing Area Medical Director Chief Administrative Officer	3	Access to care Recommended obesity interventions Diabetes and food insecurity Employment and education

	Method of Data Collection	Job Title	Number of People	Notes on Input
2	Presentation/Focus Group	Medical Center Leadership Team	20	Community education and awareness as part of medical center certifications Input on employment and education pipelines specifically for transition aged youth and Latino women Input on food insecurity, mental health, expansion of obesity and diabetes classes, and data on racial equity.
3	Survey	Chief Physicians of Medical Center	11	Recommended a focus on physical health-related strategies, access to care, and obesity.
4	Focus Group	Clinical Project Manager Director, Area Supply Chain Director, Consulting and Performance Improvement Project Manager II Consultant, Strategy and Decision Support	6	Shared current activities and interventions, reflections on IS alignment with Community Health strategies.
5	Focus Group	Outgoing Area Medical Director Incoming Area Medical Director and Chief of Staff Chief Administrative Officer	3	Focusing on core competencies of the medical center, volunteerism throughout the medical center, impact and evaluation.

	Method of Data Collection	Job Title	Number of People	Notes on Input
6	Key Informant Interview	Chief Nurse Executive	1	Input on certifications and community components, input on faith based organizations, nurse engagement and community health focus.
7	Survey	Nurse Leadership	20	Greater focus on social issues related to health, namely homelessness. Mental health as prioritized area of focus.
8	Focus Group	Equity, Diversity, Inclusion Committee	6	Input on access to health, economic security, racial equity, and promising interventions.
9	Key Informant Interview	Senior VP, Area Manager	1	Input on focus areas, promising interventions and disparate populations. Focus on upstream solutions and youth engagement. Encouragement for depth/focused efforts.
10	Focus Group	Director, Volunteer Services Director, Consulting and Performance Improvement Consultant, Strategy and Decision Support Ombudsman/Mediator Clinical Project Manager Director, Area Supply Chain Admin Specialist IV (Human Resources)	8	Reactions to strategic priorities and interventions in the developing IS. Existing and planned work, including work in medical financial aid, community flu clinics, specialty surgery, and specific wellness activities in Baldwin Hills Crenshaw, etc.

	Method of Data Collection	Job Title	Number of People	Notes on Input
11	In Person Meeting	CalFresh Nutrition Programs meeting with KP Community Health and Revenue Cycle DeLlora Ellis-Gant, Director	14	5/24/19 Food Insecurity Government and Social Programs

Internal stakeholders and external community partners provided helpful input that validated the selected priority needs and offered suggested strategies and available resources. Stakeholders also identified barriers experienced by community residents, which provided helpful insight into the proposed Implementation Strategy. Furthermore, the conversations generated ideas for collaborative efforts to address the priority needs.

C. Consultant(s) used

The Center for Nonprofit Management (CNM) was established in 1979 by the corporate and foundation community as the Southern California source for management education, training, and consulting within the nonprofit community. From core management fundamentals to executive coaching, in-depth consulting, and analyses, CNM enables individuals to become better leaders of more effective organizations. CNM's research and networking efforts distribute knowledge and thought to nonprofit organizations so they are prepared to face today's known tasks and tomorrow's unknown challenges. CNM seeks to shape how nonprofit leaders approach problems so they can more effectively pursue their missions. CNM helps individuals and their organizations evolve, adapt, and thrive.

The CNM team has extensive CHNA experience in assisting hospitals, nonprofits, and community-based organizations on a wide range of assessment and capacity-building efforts from conducting needs assessments to developing and implementing strategic plans and evaluating programs and strategic initiatives. Team members have been involved in conducting more than 36 CHNAs for hospitals throughout Los Angeles County and San Diego County.

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

A. Process and criteria used

Before beginning the Implementation Strategy health need prioritization process, **KFH-West Los Angeles** chose a set of criteria to use in selecting the list of health needs including the severity and magnitude of the need, the extent to which disparities in the need exist across race or place, and the extent which Kaiser Permanente is positioned to meaningfully contribute to addressing the need (e.g. relevant expertise, existing commitments to meet community health needs, unique business assets,

etc.). The extent to which community voice spoke to the urgency of the health need through the CHNA and the existence of other community resources dedicated to the need were important additional criteria in making final health need selections. Definitions 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.

Subsequent to the application of these criteria, a series of meetings took place to examine and identify the health needs KFH-West Los Angeles will select for the 2019 – 2021 implementation strategy period. This included facilitated discussions with individuals in key roles within the hospital, such as executive and administrative leads. Discussions were also held with collaborative groups, including CULTIVATE, a community health task force representing various functional areas within the hospital.

Individual health need data and background packets were prepared for review and discussion to further the collective understanding of the top health needs. In addition, the planning team reviewed a set of additional data, such as the California Healthy Places Index, emergency department utilization, risk of future illness and the corresponding heat maps for the KFH- West Los Angeles Service Area and the LA County Service Planning Areas (SPAs).

Through the CHNA, the following health needs were identified: access to care, employment and education, food insecurity, housing insecurity and homelessness, mental health, obesity and diabetes, racial equity and substance abuse. Through the consideration of need and feasibility, combined with community-level discussion and desire to leverage existing KFH-West Los Angeles assets and community programs, broader categories were developed to group related needs. Overlapping strategies to address education and employment, housing insecurity and homelessness, and food insecurity were categorized into a broader grouping of Economic Security. Similarly, Access to Care was combined with obesity and diabetes, and mental health was combined with substance abuse to become Mental & Behavioral Health. Racial Equity will also be addressed as a health need by embedding equity-focused strategies into each of the other health needs. KFH-West Los Angeles will also incorporate an equity lens throughout planning, implementation, and in the execution of all of selected strategies.

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

Access to Care: Access to Care impacts multiple areas of an individual's health, including physical health, mental health, social well-being, and overall quality of life. This health need is comprised of

various factors, including: affordability, costs of living, availability of health care providers, ability to navigate healthcare systems, and social stigmas. In the KFH-West Los Angeles service area, low-income, African American, and Hispanic/Latino residents are more likely to be uninsured and are disproportionately impacted by the accessibility of health care. In the KFH-West Los Angeles service area, challenges to accessing healthcare was the most prominent issue revealed through primary data collection. Across all data collection methods, residents made clear that they face difficult choices between feeding their children, paying rent, or paying for healthcare. These factors also contributed to an increased risk of diabetes and obesity. 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-West Los Angeles has existing resources, partnerships, and potential opportunities to address this need.

Economic Security. This need includes employment, education, food insecurity, housing insecurity and homelessness. Employment and education are highly intertwined issues that impact socioeconomic status, including low income and poverty. In the KFH-West Los Angeles service area, 34% of the population have household incomes less than 100% of the Federal Poverty Level. In South Los Angeles, a community within the KFH-West Los Angeles service area, 33% of area residents are unemployed, compared to 9% in the City of Los Angeles. Adult community members in the KFH-West Los Angeles area shared that a lack of high paying, quality jobs resulted in fewer resources in the household as well as underinvestment in the community, because of limited local income and sales taxes. Community members also shared their experiences with discrimination in job searches, highlighting the contributing effects of racial inequity. Some community members also discussed the importance of strengthening the healthcare workforce to reduce the provider shortage and provide access to quality jobs.

Socioeconomic status impacts the ability to ensure food security and access to healthy foods. As an important aspect of health, food intake can also contribute to a variety health issues. In the KFH-West Los Angeles service area, 34% of households receive Supplemental Nutritional Assistance Program benefits, as qualified through their low-income eligibility. In addition to this, nearly 20% of households are considered as having low food security. Community residents of the KFH-West Los Angeles service area unanimously highlighted the impact that the lack of affordable healthy food has on the community's ability live a healthy lifestyle. Specifically, community members cited: 1) abundance of liquor stores and fast food establishments, 2) lack of grocery stores, or grocery stores with rotting produce, 3) high cost of healthy food, and 4) long distance to healthy food retailers (restaurants, grocery stores). The impact of these barriers was cited as affecting many other health issues, including obesity and diabetes, oral health, mental health, and cardiovascular disease.

Housing affordability and access continues to be an issue for low income families in Los Angeles and the KFH-West Los Angeles service area. In the KFH-West Los Angeles service area, 63% of households spend 30% or more of their income on housing. An increasing burden of rent is also exacerbating issues related to housing insecurity. Community members in the KFH-West Los Angeles service area pointed to overlapping economic issues as contributing factors to housing insecurity and homelessness, these included: low income, increased rent burden, employment, and rising costs of living. This forces residents to choose between paying for housing, healthcare, or healthy food. More broadly, housing insecurity was also discussed in relationship to historical

policies in West and South LA communities that dictated where specific subgroups could purchase housing. Residents cited the current challenges presented by gentrification, where new developments are driving many residents out of their communities. Additionally, community members frequently pointed out that the places where African American and Latino families could afford housing were often places significantly lacking health-promoting resources. While most of the conversations focused on access to affordable housing, people experiencing homelessness were identified as one of the groups at higher risk of experiencing poverty and poor health outcomes than other groups.

Overall, Economic Security directly contributes to the ability of individuals and families to live healthy lives; it includes access to education and employment, safe physical environments, and food security. In all areas, residents of the KFH-West Los Angeles service area reported racial bias and discriminatory systems as playing a role in their ability to secure fair resources or access. This was selected as a priority need to be addressed in the Implementation Strategy because of its nature as a compelling social predictor of health, and due to KFH-West Los Angeles data, existing programming, and partnerships.

Mental & Behavioral Health: As with many physical health conditions, mental health contributes significantly to overall quality of life, health, and health outcomes. Mental health and wellness has been linked to physical health, economic security, housing security, and more. In the KFH-West Los Angeles service area, only 56% of residents report being able to receive the social emotional support they need, as compared with 64% of adults in LA County overall. Poor mental health and the inability to access mental health resources can also compound health issues or present as co-occurring disorders. For example, the 2018 Greater Los Angeles Homeless Count reports that 17% of adults in the KFH-West Los Angeles service area experiencing homelessness also have a serious mental illness. Throughout the KFH-West Los Angeles service area, mental health was cited more than any other priority health issue during the data collection and was discussed as both a cause and an outcome of living with low income. Both interviewees and focus group participants discussed the mental strain of 1) having to make critical choices due to limited income such as paying rent, food, or healthcare, 2) dealing with untreated health conditions, and 3) living in communities with high rates of poor health outcomes, limited resources, violence and over-policing. The cyclical nature of mental health issues compounds the impacts on communities, necessitating highly tailored interventions and preventative measures. Transitional Age Youth also highlighted that this stress can lead to making unhealthy and sometimes criminal choices to make ends meet or simply because they have given up and have nothing to lose.

During all methods of engagement, behavioral health, specifically substance abuse was ranked as a top health issue both as a cause and as effect of living in a low-income community. In the KFH-West Los Angeles service area, 15% of 18 and older population reported binge drinking in the past month, 49.2% of the adult population had at least one alcoholic drink in the last month, 18.1% of the adult population reported using some form of marijuana in the last year, and 7.2% of adults reported misusing any form of prescription drugs in the past year. Research on this issue suggests that on the individual level, substance abuse is a coping mechanism to escape reality, while at the community level it acts as a pollutant and a highly destructive force with enduring consequences. Community input revealed that stakeholders referenced the early 1980’s crack epidemic as a

contributing factor to the socioeconomic hardships experienced by residents, particularly in South LA communities.

Mental and behavioral health 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.

Racial Equity: Themes related to institutionalized racism were pervasive across community engagements and overlay the other health needs and barriers described in this report. For residents, the issue of racial equity was largely discussed in the form of housing discrimination, over-policing, the lack of access to resources, gentrification, and the prevalence of liquor stores and fast food establishments with a lack of healthy food options. Community members highlighting systematic neglect and disenfranchisement noted the downstream impacts of these discriminatory policies, including negative health outcomes and increased racial segregation. There was also an acknowledgment of the barriers to accessing resources resulting from segregation, and a desire to strengthen bonds within communities. In the KFH-West Los Angeles service area, data demonstrates that these experiences disproportionally impact low-income individuals, African American, and Latino residents. Racial Equity was reported as a key driver for multiple negative health outcomes and negative community environments impacting other health needs in KFH-West Los Angeles service area. For this reason, Racial Equity is addressed in each of the other identified health needs, through specific strategies and interventions that target specific populations.

VIII. KFH-West Los Angeles's Implementation Strategies

A. About Kaiser Permanente's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH - West Los Angeles has a long history of working internally with Kaiser Foundation Health Plan, the 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 - West Los Angeles is committed to enhancing its understanding about how best to develop and implement effective strategies to address community health needs and recognizes that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders

and leaders. As such, KFH - West Los Angeles welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

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

B. 2019 Implementation Strategies by selected health need

Health Need #1: Access to Care

Long Term Goal	All community members have access to timely, coordinated, high quality health care, mental health care, and behavioral health care from a trained and diverse workforce.
Strategic priorities	1. Increase coverage, access and utilization of health care services for populations that are underserved, uninsured and/or underinsured. 2. Improve and build the current and emerging workforce to meet the primary physical needs of the community. 3. Improve the capacity of healthcare systems to provide quality healthcare, including interventions to address the social determinants of health. 4. Address racial equity by reducing health disparities and negative health outcomes that disproportionally impact African American and Latino residents in the KFH-West Los Angeles Service Area Priority Communities.
Strategies & Core Interventions	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. • The Kaiser Permanente Medicaid program provides high-quality medical care services to Medicaid eligible participants who would otherwise struggle to access care. • 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. • The Kaiser Permanente Charitable Health Coverage program provides access to comprehensive health care to low-income individuals and families who do not have access to public or private health coverage. 1.2 Support access to care for patients through investment in infrastructure, integration, capacity and collaboration among community clinics, clinic networks, and other safety net and mental health providers. • With support of grant funding, Regional Associations of California (Essential Access Health) strengthens the capacity of California's

community clinics and health centers and to advance local health delivery system transformation through statewide policy.

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

- KFH-West Los Angeles supports several programs that introduce youth and young adults to the healthcare field and provide training and internship opportunities.
- KFH-West Los Angeles trains Pharmacy residents. As part of this training residents provide services at Saban Community Clinic to offer medication adjustments for clinic patients.

3.1 Design, pilot and implement systems for screening community members with social (non-medical) needs and refer to community-based programs.

- 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 faith-based organizations to effectively prevent and manage chronic disease among the community, including cardiovascular health and diabetes.

- 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. Partners include Los Angeles County Department of Health Services, Community Clinic Association of Los Angeles County, Riverside University Health System Community Health Centers, Center for Care Innovations.
- Partner with local faith-based organizations and other collaboratives to educate community members on chronic disease prevention and management, such as cardiovascular health and diabetes education.

4.1 Support efforts to improve access to care and health outcomes among African American and Latino residents of the KFH-West Los Angeles Service Area.

- Through grant funding and collaborations, KFH-West Los Angeles will support the capacity and programming of organizations focused on addressing health equity and health disparities among African American and Latino populations in the KFH-West Los Angeles Service Area by removing barriers to care for these populations.
- 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. • KFH-West Los Angeles Strategic Plan focuses on developing interventions and community partnerships to address disparities in hypertension among African Americans and diabetes among Latinos.
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: • Reduced barriers that impede an individual's ability to seek and obtain health care. • Improved referrals and coordination between health care providers and community resources/program to address the social needs of communities. • Improved capacity, readiness and effectiveness of community-based organizations, community leaders, community clinics, and other safety providers to address health disparities, chronic disease, and quality of and access to healthcare. • Reduced barriers that impede the ability of African American and Latino populations in the KFH-West Los Angeles region to seek and obtain health care. • Improved training opportunities about racial disparities experienced by African American and Latino populations in the KFH-West Los Angeles region.

Health Need #2: Economic Security

Long Term Goal	All community members experience improved economic security and access to social services, including affordable housing, educational attainment, training and employment, safe spaces for physical activity and healthy foods.
Strategic priorities	1. Reduce food insecurity in the community and improve access to healthy foods, and safe spaces that enable physical activity, especially for disproportionally impacted African American and Latino residents. 2. Preserve and improve the availability of affordable housing and improve care coordination to serve individuals experiencing homelessness and to prevent displacement, especially for disproportionally impacted African American and Latino residents. 3. Improve educational attainment and employment opportunities, especially for disproportionally impacted African American and Latino residents. 4. Address racial equity by increasing education and employment opportunities for disproportionally impacted African American and Latino residents in the KFH-West Los Angeles Service Area Priority Communities.
Strategies & Core Interventions	1.1 Design, pilot and implement programs and systems for promoting, screening and/or enrolling community members in food benefit programs.

- The Kaiser Permanente Food for Life initiative delivers a multi-pronged approach to improve food security, such as the CalFresh enrollment campaign which utilizes multi-modal outreach to increase CalFresh enrollment for eligible community members.

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

- With support of grant funding, the California Association of Food Banks Farm to Family utilizes advocacy and outreach efforts to procure and provide fresh produce to food banks serving individuals and families who are food insecure.

1.3 Support the capacity of communities and anchor organizations to adopt and implement policies and programs to ensure access to healthy foods and safe spaces for physical activity opportunities.

- With support of grant funding, LA's Best provides safe and supervised after-school education and recreation programs for children ages five to twelve through established nutrition and physical activity programs.
- Support and sustain farmers markets in the West Los Angeles Medical Center and the Baldwin Hills Medical Offices plus a variety of free exercise classes open to the public.

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

- Provide navigation services for any community member experiencing homelessness who visit the Emergency Department in order to link them to the LA County Coordinated Entry System to obtain housing and other support services.

  With support of grant funding, increase capacity of community-based organizations to advance anti-displacement policies, provide low income housing and assistance to low-income renters, such as legal aid, and renter's rights workshops.

2.2 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.

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

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

	• The Kaiser Permanente Social Enterprises strategy allows competitive, revenue-generating businesses with a social mission to hire and provide training to people who are striving to overcome employment barriers, including homelessness, incarceration, substance abuse, mental illness, and limited education. • The Kaiser Permanente, High Impact Hiring is a talent-sourcing strategy that aligns business needs with positive community impact. High Impact Hiring creates career opportunities for people with employment barriers, focusing on specific populations of disadvantaged people or specific geographic areas. • With support of grant funding, enable local organizations to provide student education and training or workforce development, especially for unemployed and underserved low-income young adults in South Los Angeles. 4.1 Support the capacity for community-based and internal KP programs focused on remediating disinvestment in communities of color, especially for disproportionally impacted African American and Latino residents. • In collaboration with Volunteer Services, KFH-West Los Angeles offers various pipeline programs, such as Summer Youth Student, which provides support for students of color by exposing them to health care careers, and offering internship opportunities. • With support of grant funding, enable local organizations to advance awareness, understanding, and policy solutions to reduce racial inequities impacting schools and youth, especially for disproportionally impacted African American and Latino residents.
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: • Improved availability and access to healthy food (including fresh produce and safe drinking water) and/or physical activity in under resourced communities. • Enhanced availability of housing assistance and programs, such as permanent housing and other supportive services. • Improved policies and practices that create healthy school environments for students, staff and their families. • Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address social determinants of health and racial inequities. • Improved access to employment opportunities, education, and training for hard to hire community members facing employment barriers and disadvantages.

	• Increased awareness of the effects of racial bias and structural racial inequities on employment, education, housing and access to healthy and safe built environments.

Health Need #3: Mental & Behavioral Health

Long Term Goal	All community members have optimal levels of mental health and well-being through improved equitable access to evidence-based, high quality, appropriate care and reduced effects of stigma.
Strategic Priorities	1. Reduce mental health stigma and improve knowledge, capacity and resilience in individuals, communities, and organizations, especially for disproportionally impacted African American and Latino residents. 2. Improve and build the current and emerging mental health workforce to meet community needs. 3. Improve access and connection to mental health care in clinical and community settings. 4. Reduce rates of substance abuse and improve preventative education, capacity and resilience in individuals, communities, and organizations, especially for disproportionally impacted African American and Latino residents.
Strategies and Interventions	1.1 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, 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. • Through grant funding, KFH-West Los Angeles will support the infrastructure, capacity, or programs of community organizations that provide culturally competent mental health care, stigma reduction, and supportive services. 2.1 Support the utilization of pipeline and training programs to increase the number of licensed and diverse mental health and para-professionals. • In partnership with KFH-West Los Angeles's Social Medicine Department, collaborate with the Archstone Foundation, which works with community-based care partners who provide para-professional

	depression care services for seniors by engaging families, communities, and community-based organizations. • With support of grant funding, The Mental Health and Wellness Initiative of Kaiser Permanente's Regional office will provide Strategic Partnership Grants to increase the number of licensed and non-licensed diverse mental health professionals through pipeline and training programs. 3.1 Support the improvement of access and coordination and provide funding for mental and behavioral health services. • With support of grant funding, The Whole Person Care Project seeks to improve access and connection to mental health care in a clinical setting by supporting The Achievable Foundation and their Federally Qualified Health Center (FQHC) located in West LA, to develop and implement an integrated primary and mental health care delivery model. 4.1 Support the improvement of behavioral and substance abuse prevention and treatment programs. • With support of grant funding, enable local organizations to provide substance abuse preventative education and treatment, especially for youth of color and transitional age youth.
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: • Improved understanding and attitudes toward mental health care among individuals and organizations. • Increased number and diversity of individuals in the mental health workforce. • Increased number of culturally competent individuals in the mental health workforce. • Enhanced capacity in clinical and community-based settings to address community mental health needs. • Improved help-seeking behavior among youth in need of behavioral and substance abuse resources.

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

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

While all the health needs prioritized in the 2019 Community Health Needs Assessment (CHNA) process are important to address, the implementation strategy planning process requires KFH-West Los Angeles to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-West Los Angeles is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). The 2019 KFH-West Los Angeles CHNA methodology focused on identifying a key and small selection of all community health needs impacting the service area. Thus, all priority health needs identified are addressed at various levels in the implementation strategy plan.

Taking existing community resources into consideration, KFH-West Los Angeles decided to concentrate on those health needs that we can most effectively address given our areas of focus. The Medical Center has insufficient resources to effectively address all needs prioritized in the Community Health Needs Assessment equally, and in many cases, the needs are currently addressed by others in the community. With respect to racial equity, KFH-West Los Angeles has embedded equity strategies and core interventions within other identified health needs, but did not separate racial equity

into its own category of health need. This approach seeks to recognize how the lack of racial equity act as drivers for many negative health outcomes and disparities in the racially diverse KFH-West Los Angeles communities. This Implementation Strategy is not exhaustive of everything we do to enhance the health of our communities. KFH-West Los Angeles collaborates with partners addressing a multitude of health needs, and focuses efforts where it can appropriately contribute to addressing those needs.