



2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital – Los Angeles
License #930000077

Approved by KFH Board of Directors
March 16, 2017

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

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

Kaiser Foundation Hospital – Los Angeles
License #930000077
4867 W. Sunset Boulevard
Los Angeles, CA 90027

I. General Information

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

II. About Kaiser Permanente

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

III. About Kaiser Permanente Community Benefit

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

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

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

IV. Kaiser Foundation Hospital – Los Angeles Service Area

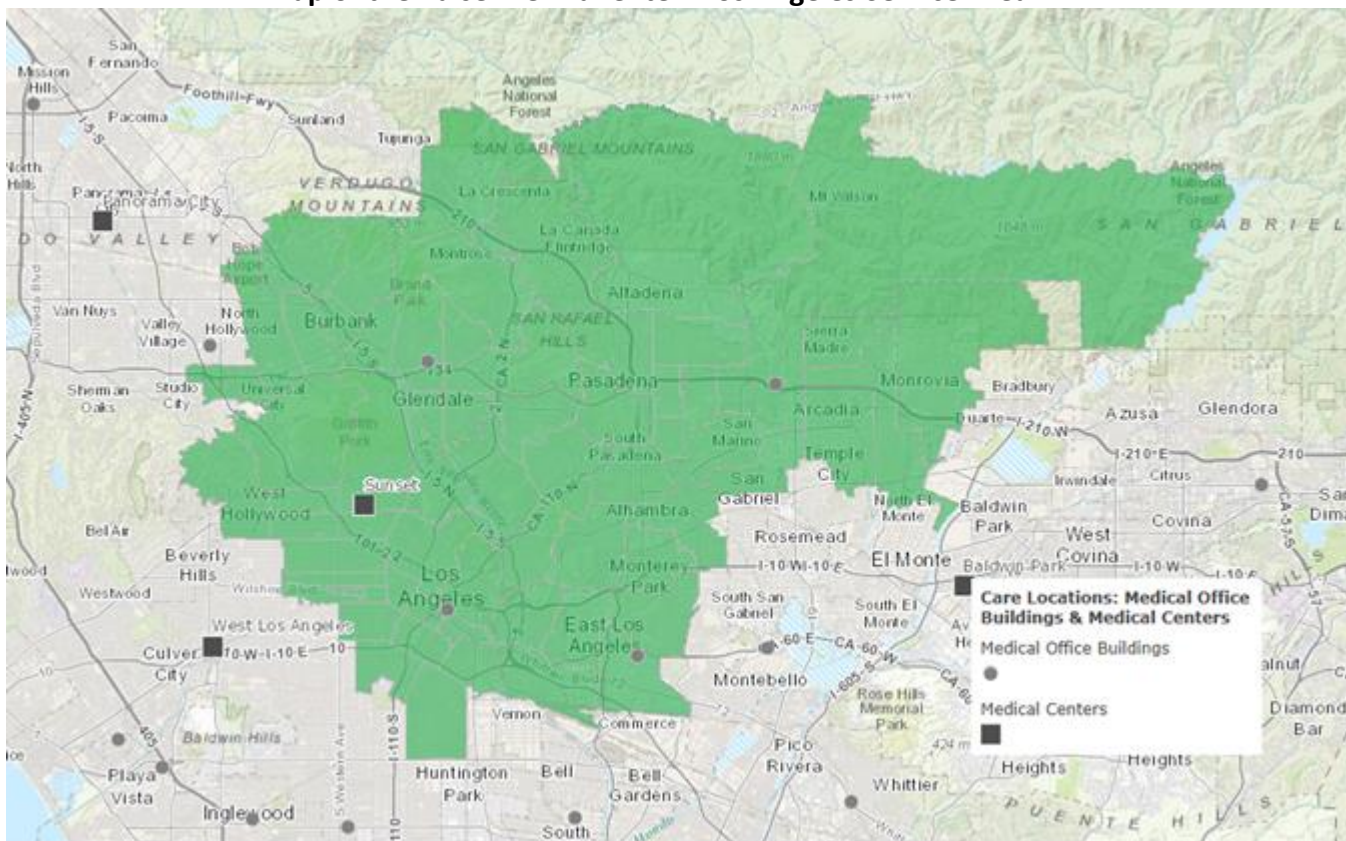
Kaiser Foundation Hospital (KFH) – Los Angeles is located in Los Angeles, California. The hospital service area is comprised of 17 cities/communities and 69 Zip Codes. KFH – Los Angeles represents portions of County Service Planning Areas (SPA) 2, 3, 4 and 6. These cities/SPAs are located in Los Angeles County. The service area is presented below by community, Zip code and SPA.

KFH – Los Angeles Service Area

| City | Zip Code | SPA |
|-------------|---|-------|
| Alhambra | 91801, 91803 | SPA 3 |
| Altadena | 91001 | SPA 3 |
| Arcadia | 91006 | SPA 3 |
| Burbank | 91501, 91502, 91504, 91505, 91506, 91521, 91522, 91523 | SPA 2 |
| Glendale | 91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208 | SPA 2 |
| Los Angeles | 90004, 90005, 90006, 90012, 90013, 90014, 90015, 90017, 90020, 90021, 90023, 90026, | SPA 4 |

| City | Zip Code | SPA |
|----------------------|---|-------|
| | 90027, 90028, 90029, 90031, 90032, 90033, 90038, 90039, 90041, 90042, 90057, 90063, 90065, 90068, 90071 | |
| Los Angeles | 90007, 90011, 90022, 90089 | SPA 6 |
| La Canada Flintridge | 91011 | SPA 3 |
| La Crescenta | 91214 | SPA 2 |
| Monrovia | 91016 | SPA 3 |
| Monterey Park | 91754 | SPA 3 |
| Montrose | 91020 | SPA 2 |
| Pasadena | 91007, 91101, 91103, 91104, 91105, 91106, 91107, 91123 | SPA 3 |
| San Gabriel | 91775 | SPA 3 |
| San Marino | 91108 | SPA 3 |
| Sierra Madre | 91024 | SPA 3 |
| South Pasadena | 91030 | SPA 3 |
| West Hollywood | 90046 | SPA 4 |

Map of the Kaiser Permanente – Los Angeles Service Area



| KFH – Los Angeles Demographic Data* | |
|-------------------------------------|-----------|
| Total Population | 2,092,522 |
| Race | |
| White | 50% |
| Black | 4% |
| Asian | 19% |
| Native American/Alaskan Native | <1% |
| Pacific Islander/Native Hawaiian | <1% |
| Some Other Race | 23% |

| | |
|------------------|-----|
| Multiple Races | 3% |
| Ethnicity | |
| Hispanic/Latino | 47% |

| | |
|--|-----|
| KFH – Los Angeles Socioeconomic Data* | |
| Living in Poverty (<200% FPL) | 46% |
| Children in Poverty | 31% |
| Unemployed | 9% |
| Uninsured | 25% |
| No High School Diploma | 25% |

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

V. Purpose of Implementation Strategy

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

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

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

The list below summarizes the health needs identified for the KFH – Los Angeles service area through the 2016 Community Health Needs Assessment process. These health needs are presented in priority order:

1. Mental health
2. Overweight and obesity
3. Access to health care
4. Substance abuse
5. STI/HIV/AIDS
6. Diabetes
7. Oral health
8. Cardiovascular disease
9. Community safety
10. Cancer
11. Asthma

VII. Who was Involved in the Implementation Strategy Development

The Implementation Strategy was developed through a process that involved the KFH – Los Angeles hospital operational leadership and community partners. The core planning team consisted of the KFH – Los Angeles service area’s Operations Leadership Team (OLT), comprised of stakeholders representing both

Kaiser Foundation Hospital/Health Plan and the Southern California Permanente Medical Group (SCPMG) and included:

Melissa Biel, Biel Consulting, Inc., Consultant
April X. Carr, Director Member Services
Mario Ceballos, Community Benefit Manager
Jack K. Dersarkissian, Assistant Area Medical Director
Zakiya N. Devine, Assistant Area Medical Director
Catherine M. Farrell, Director Public Affairs & Brand Communications
Matthew Giberson, Public Affairs Assistant
William N. Grice, Senior Vice President and Area Manager
Yolande Y. King, Senior Consultant, Improvement Advisor, Access Department, Medical Group Administration
Michael F. Nava, Department Administrator, Psychiatry
Nilesh J. Patel, Assistant Area Medical Director
Sharon Peters, Chief Administrative Officer
Kim M. Rozanski, Area Medical Center Administration
Dr. Michael Tome, Area Medical Director
Catherine X. Vu, Area Medical Center Administration

Additionally, members of hospital leadership and the CULTIVATE Team were engaged to discuss the Implementation Strategy and to identify opportunities to connect CULTIVATE initiatives with community benefit strategies. These individuals participated in the discussion:

Derek Berz, LAMC Chief Operations Officer
Jean D. Giggers, Assistant Administrator Continuing Care
Lawrence Laterza, Director, Social Medicine
Dr. Alex Miric, Co-Chair LAMC CULTIVATE and Assistant Area Medical Director
Elise S. Taylor-Brebes, Co-Chair LAMC CULTIVATE and Area Medical Center Administration

a. Partner Organizations

The following stakeholders collaborated with KFH – Los Angeles in confirming and validating the Implementation Strategy (IS). These partners were able to provide feedback based on their multiple perspectives on strategies to address health needs and opportunities for partnership.

- Community health center partners
- Community-based organizations that participated in the CHNA community convening
- Foundations
- Housing organizations
- KFH – Los Angeles previous and current grantees
- Organizations that serve the needs of children and youth
- Schools and colleges

Additionally, KFH – Los Angeles sought opportunities for alignment of health need strategies and the sharing of resources with public health entities and nonprofit hospitals in the greater Los Angeles area.

b. Community Engagement Strategy

While not required by Federal CHNA regulations, Kaiser Permanente encourages all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. Voluntary Community members and stakeholders 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.

KFH – Los Angeles identified four priority health needs through the process outlined in Section VIII. The identified needs, outcomes and proposed strategies for this Implementation Strategy were shared with Kaiser Permanente stakeholders and community partners. Questions and feedback on the proposed strategies were discussed.

KFH – Los Angeles used an electronic survey (SurveyMonkey) to engage participants in providing input about the adopted health needs for the Implementation Strategy. Survey respondents included representatives of nonprofit service organizations, health care organizations and county representatives (see table below). The survey was sent to 245 individuals with 75 responses for a 31% response rate. These individuals were sought for their input because of their expertise as providers of programs and/or services that meet the health and social needs of at-risk populations in the hospital service area. The community stakeholder input validated the importance of the priority health needs identified by KFH – Los Angeles. Community stakeholders provided information on available community resources and identified collaborative opportunities to collectively address the KFH – Los Angeles identified health needs. For example, the survey respondents were asked to identify populations their organizations and agencies serve (e.g. homeless, youth, LGBTQ, seniors, low-income, uninsured and at-risk youth). As a result, KFH – Los Angeles considered this information when designing strategies to address the priority health needs. Additionally, partners were included as part of our planned collaboration to address these needs. The information obtained from the survey was summarized and will be used to strengthen the community work undertaken by KFH – Los Angeles.

| DATA COLLECTION METHOD | TYPE | PARTICIPANTS | | | |
|---|--|------------------------------|---------------------|-------------------------------|-----------------------|
| | | Total number of participants | Number of residents | Number of organizational reps | Number of county reps |
| Meeting, focus group, interview, survey, written correspondence, etc. | Respondent’s title/role and organization or focus group name | | | | |
| Survey | community organizations, health centers, hospitals, city government, public health, housing organizations, schools, children and youth, mental health, and foundations | 75 | 0 | 74 | 1 |

c. Consultant Used

Biel Consulting, Inc. worked with KFH – Los Angeles to develop the Implementation Strategy. Biel Consulting, Inc. is an independent consulting firm that works with hospitals to develop, implement and evaluate community benefit programs. www.bielconsulting.com

VIII. Health Needs that KFH – Los Angeles Plans to Address

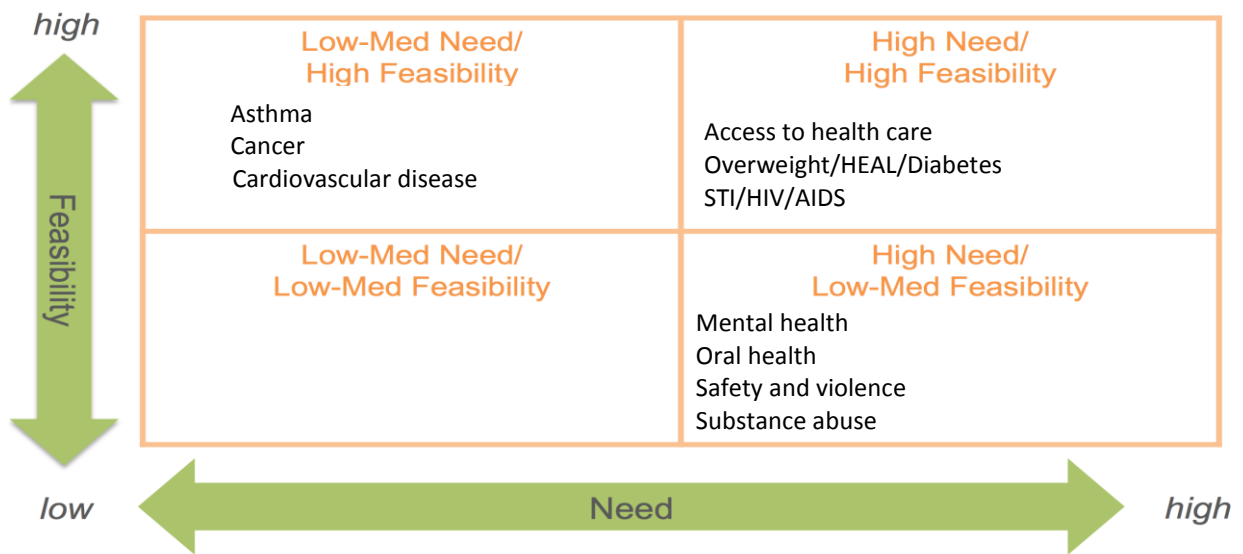
a. Process and Criteria Used

A number of criteria were designed to assess the identified health needs. The criteria included measurements for magnitude of a health problem, severity, and disparities associated with the identified health need. Additional criteria focused on the feasibility of addressing the health needs and included measurements of Kaiser Permanente assets and opportunities to leverage partnerships to address the needs. Definitions and a rating system were developed for the criteria (definitions for the criteria are described in the table below).

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

The Community Benefit Consultant and Community Benefit Manager applied the criteria to the health needs, by scoring each health need against each criterion on a score of 0-5. Criteria scores were added to create a summary score for ‘need’ and ‘feasibility’. The total scores for each of the criteria determined whether the need was a high or low need and feasibility. Scores above seven signified high need and scores above five signified high feasibility. Based on the summary scores, the health needs were categorized as low to medium need/low to medium feasibility; low to medium need/high feasibility; high need/low to medium feasibility; and high need/high feasibility. Using this information, the health needs were plotted based on the need and feasibility scores. This resulted in the following matrix.

Strategy Grid for Hospital Health Need Selection



These results were reviewed and discussed by the core planning team at a meeting on August 19, 2016. In considering the health needs to select, the planning team considered the KFH capacities, initiatives, and programs that may be available for addressing priority needs, and began to identify additional assets and local strategies for addressing the priority health needs. The core planning team chose to address the health needs identified by the criteria as high need/high feasibility, and some that were identified as high need/low to medium feasibility. This discussion resulted in the selection of four health needs: access to care, obesity/HEAL/diabetes, mental and behavioral health, and Sexually Transmitted Infections (STIs)/HIV. The core planning team had a follow-up meeting on September 26, 2016 to determine strategies and planned partnerships to address the identified health needs.

b. Health Needs that KFH – Los Angeles Plans to Address

As a result of the core planning team process, KFH – Los Angeles plans to address the following health needs:

Access to Care

Access to comprehensive, quality health care services is important for health equity and for increasing the quality of a healthy life. Health care access is a key requirement for early detection of illnesses, chronic disease management and reduction of Emergency Room usage. Access to affordable, quality health care is a key driver to health improvement and disease prevention. Access to care was rated by the community as the third highest health need in the service area.

In the KFH – Los Angeles service area, 30% of the population has Medi-Cal coverage. Over one-quarter of the population (26.4%) are uninsured, which translates to 73.6% with health insurance. However, because this was before the full implementation of the Affordable Care Act and the insurance coverage expansion, the percent of residents who are currently uninsured may be lower as a result of Medi-Cal expansion and the availability of health care coverage.

Community input on access to care from interviews and focus groups indicated the availability of insurance coverage is improving access to care. However, a number of barriers remain, including

affordability, transportation, navigating the system, and accessibility to appointments in a timely manner. Access to care remains limited for non-resident immigrants who are not covered by the ACA. Community stakeholders also identified barriers to accessing care experienced by the homeless, students and seniors.

Obesity/HEAL/Diabetes

According to the World Health Organization, overweight and obesity are defined as "abnormal or excessive fat accumulation that presents a risk to health". Being overweight or obese affects a wide range of health issues and are major risk factors for diabetes, cardiovascular disease, and other chronic diseases. There are high rates of overweight and obesity among adults and teens in the service area. This may have an impact on the high rates of chronic diseases identified in the service area. In the KFH – Los Angeles service area, Blacks/African Americans and Latinos/Hispanics have higher rates of overweight and obesity, while Asians have lower rates. Overweight/obesity was rated the second highest health need by the community. The community identified that being overweight contributes to diabetes, cardiovascular disease and cancer. Therefore, addressing overweight as a causative factor for many other conditions will contribute to reducing disease and disability.

Diabetes is a metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of glucose in the blood. Diabetes is the fifth leading cause of death in Los Angeles County. In SPA 3, 10.6% of adults and in SPA 6, 14.7% of adults have been diagnosed with pre-diabetes. This is higher than county (8.8%) and state (10.5%) rates. Rates of diabetes are higher among adults in SPAs 3, 4 and 6 than found in the county and the state. In SPA 4, only 23.3% of adults with diabetes are very confident they can control their diabetes. Diabetes is a condition that when managed can prevent ER visits or hospitalizations. The diabetes hospitalization rate in the service area is 9.0 per 10,000 population. This rate is lower than the county (11.1) or state (10.4) rate of hospitalizations for diabetes. The community rated diabetes as the #6 highest priority health need.

Mental and Behavioral Health

Mental health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, and is able to contribute to his or her community. Mental health includes not only the absence of negative mental health states (e.g., anxiety, depression, etc.) but also the presence of positive mental health states (e.g., satisfaction, self-worth, etc.). Mental illness is a common cause of disability and untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. As a result of community input, mental health was rated the top priority health need. We heard from the community that mental health issues are affecting people at work, school and on the job. Access to mental health care services is a concern in the service area, as there are not enough providers to meet the needs. There are a number of vulnerable populations who suffer from mental health problems and the lack of resources, including the undocumented, seniors, the homeless and LGBT populations.

The homeless population typically suffers from high rates of mental and behavioral health issues. The chronically homeless population has increased from 2013 to 2015. The chronically homeless population has been homeless for up to one year and has multiple physical and/or mental disabilities. For the most part, the homeless persons in the KFH – Los Angeles service area are adult males with significant comorbidities. They are frequent utilizers of health and social services and, as a result of mental and

behavioral health issues, are known to disrupt community safety. Rates of mental illness among the homeless population are also increasing. Mental illness and substance abuse are present in over one-quarter of the homeless individuals in the area.

Sexually Transmitted Infections/HIV

STIs continue to be a major public health problem. The community ranked STIs as the fifth highest priority in the service area. STIs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STI prevention is an essential primary care strategy for improving reproductive health. All STI rates in Los Angeles and South Los Angeles are higher than the county rates. While HIV/AIDS rates are decreasing, SPA 4 and SPA 6 are experiencing higher than county rates. HIV/AIDS is also present in higher proportions of the homeless population. In SPA 4, 3.2% of the homeless population has been diagnosed with HIV/AIDS. Community input from interviews and focus groups identified the stigma associated with being diagnosed with HIV/AIDS.

Persons who tend to have higher rates of STIs in the KFH – Los Angeles service area, include young adults, persons of color, homeless youth, sex trade workers, and substance abusers. For those with sexually transmitted diseases, drug use is often a factor. The community input noted that people may not know they have an STI or HIV so it is not treated and is spread to sexual partners.

IX. KFH – Los Angeles' Implementation Strategies

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

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

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

Kaiser Permanente – 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, Kaiser Permanente – Los Angeles welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

Access to Care

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

- Enhance individuals’ utilization of the community-based health delivery system.
- Improve the capacity of health care systems to provide quality health care services, including the social and non-medical needs of their patients.

These priorities have guided the development of the following core **strategies** to address access to care in the community. Strategies aligned with the Los Angeles County Community Health Improvement Plan (CHIP) will enable greater collaboration with public health and community health partners in addressing this health need.

- Support the provision of high quality health care (including preventive services and specialty care) for underserved populations. As part of the largest non-profit health system, KFH – Los Angeles participates in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-For-Service), provides access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage through charitable health coverage, and provides financial assistance to low-income individuals who receive care at KFH facilities and can’t afford medical expenses and/or cost sharing.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved.
- Leverage Kaiser Permanente assets to drive coverage and access to health care for the underserved;
- Build the capacity of the primary care workforce and improve appropriate utilization of health care services.
 - KFH-Los Angeles will continue to support Eisner Pediatric & Family Medical Center with the engagement of KFH-Los Angeles’ Pediatric Community Fellow and residents and by providing specialty care consults and services to un/underinsured pediatric patients (15 -20 patients per year).
 - To address access to care for the homeless and underserved population, KFH-Los Angeles radiologists will continue to read over 2,000 x-rays from the JWCH Wesley Health Center Clinic annually.
 - KFH-Los Angeles will continue to support KHEIR Community Clinic’s primary and specialty care hub by having physician specialists (Dermatology, Ophthalmology, Sleep Medicine, Neurology) and Internal Medicine’s Community Medicine Fellows and residents volunteer their time.

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

- Reduced barriers that impede an individual’s ability to seek and obtain health care, and comply with medical treatment regimes.
- Improved referrals and coordination between health care providers and community resources and programs.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address access to health care.

Obesity/HEAL/Diabetes

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

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

These priorities have guided the development of the following core **strategies** to address obesity and overweight in the community. Strategies aligned with the Los Angeles County Community Health Improvement Plan (CHIP) will enable greater collaboration with public health and community health partners in addressing this health need.

- Support programs that improve referral of patients to evidenced-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention.
- Support multi-level, multi component initiatives in school settings to produce significant and measurable impact on the health of students, staff and teachers in K-12 schools within communities. Examples for these strategies include:
 - KFH-Los Angeles Family Medicine and Pediatrics Community Medicine Fellows continued participation in obesity/overweight and diabetes prevention at Belmont and Hollywood Highs’ Wellness Centers and help develop STEM-related curriculum to other local LAUSD schools.
 - KFH-Los Angeles Pediatric and Family Medicine Community Medicine Fellows participation in Belmont and Hollywood High’s Student Wellness Councils to promote healthy eating active, living practices and policies within a school environment and surrounding school community by the provision of health education materials.
 - Thriving Schools Initiative, a community based effort to improve healthy eating, physical activity and school climate in K-12 schools in Kaiser Permanente’s service areas, primarily through a focus on policy, systems and environmental changes that support healthy choices and a positive school climate.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living. For example, KFH-Los Angeles partnership pilot program with The Wellness Center at the Historic General Hospital (LAC+USC) to provide free healthy eating cooking classes and diabetes/overweight prevention health education to members and non-members living in East Los Angeles.
- Leverage Kaiser Permanente assets to drive community health, including healthy eating and active living and champion organizational practice changes within Kaiser Permanente that promote health.

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

- Improved referrals and coordination between health care providers and community resources and programs.
- Adoption and implementation of policies and environments that increase availability and enable access to physical activity.

Mental and Behavioral Health

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

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health.

These priorities have guided the development of the following core **strategies** to address mental and behavioral health in the community. Strategies aligned with the Los Angeles County Community Health Improvement Plan (CHIP) will enable greater collaboration with public health and community health partners in addressing this health need.

- Support place-based and multi-sector collaborative efforts that support mental health and behavioral health. As an example, KFH-Los Angeles’ Community Benefit Manager will continue to participate in the Executive Committee of the East Hollywood/Los Feliz Homeless Coalition (ELFH), the Saban Community Clinic Strategic Planning Committee and in other homeless collaboratives such as: Hollywood4WRD and the Los Angeles County Department of Mental Health’s Hollywood Health Neighborhood.
- Support integration of health care with community-based mental health services. One way KFH – Los Angeles will address this strategy is to consider the possibility of providing Kaiser Permanente Health Education classes related to mental and behavioral health to community members at KFH – Los Angeles Medical Center Campus, Medical Office Buildings, and in community settings.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field. KFH-Los Angeles will continue to partner with JWCH Wesley Health Center to support the Emergency Department Embedded Homeless Navigator to link homeless individuals to primary, mental health, behavioral health and other homeless supportive services. In addition, KFH-Los Angeles will continue to provide funding to support the integration of health care with community-based community clinics and provide health education materials and/or classes to community partners engaged in the identification and prevention of mental health illness.
- Leverage Kaiser Permanente assets to drive community health and champion organizational practice changes within Kaiser Permanente that promote mental and behavioral health.

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

- Increased access (availability and affordability) of mental and behavioral health services in health care and community settings.
- Improved referrals and coordination between health care providers and community resources and programs.

Sexually Transmitted Infections

KFH – Los Angeles’ **long-term goal** for addressing sexually transmitted diseases is to improve health and quality of life through prevention, detection, and treatment of STIs and the associated risk factors.

It aims to visualize this goal by organizing its’ strategies around the following **strategic priority (or intermediate goal)**:

- Improve patient access to STI/HIV preventive services including affordable medications and behavioral counseling and support.

These priorities have guided the development of the following core **strategy** to address sexually transmitted infections in the community. Strategies aligned with the Los Angeles County Community Health Improvement Plan (CHIP) will enable greater collaboration with public health and community health partners in addressing this health need.

- Support programs that improve referral of patients to evidence-based health promotion programs that teach self-management and empowerment techniques for STI/HIV management and prevention. KFHLos Angeles will continue to promote and provide community health education materials, resources and technical training (as appropriate) to community clinics, mental health/counseling centers, and community-based organizations to promote healthy living and the prevention and treatment of sexually-transmitted diseases and/or HIV.
- Support the provision of high quality health care including preventive services and specialty care for underserved populations.
 - KFHLos Angeles will continue to engage its Pediatrics, Family Medicine and Internal Medicine Community Medicine Fellows and residents with community clinics and school-based Wellness Centers to promote healthy lifestyles, including responsible sexual health and prevention of sexually transmitted infections/HIV to at risk youth.
 - Through its local grant-making and sponsorships, KFHLos Angeles will continue to support community-based organizations and/or community clinics serving the LGBTQ individuals, homeless youth and adults, and other at-risk populations. Community partners include but not limited to: Latino Equality Alliance, The LGBT Center, TransLatin@ Coalition, Bienestar Human Services, The Wall/Las Memorias, AIDS Project Los Angeles, Planned Parenthood Los Angeles, CHAPCare, Covenant House, St. John’s Well Child & Family Center, Saban Community Clinic, JWCH Wesley Health Center).

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

- Improved referrals and coordination between health care providers and community resources and programs to address the medical and social needs of at-risk STI/HIV patients.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address STI/HIV prevention and associated mental and behavioral health.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to collaborate and to promote policy, system and environmental change.

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

Research

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

Our Commitment to Total Health

Kaiser Permanente is aware of the significant impact that our organization has on the health of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. In addition to the direct community investments we make through our grant-making, collaborations and partnerships, we have explored opportunities to align our hiring practices, our purchasing, our building and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. The following strategies are illustrations of the types of continual organizational business practices we implement that can address priority health needs and contribute to community health and well-being. These strategies are intended to be an illustrative, not exhaustive list of our efforts:

- **Implement green business practices and building standards to address climate and health**, such as purchasing clean wind and solar energy; and renovating all buildings to meet “KP brand” expectations around environmental stewardship and the built environment.
- **Contribute toward supplier diversity in the community to address economic security** by working with vendors to support sub-contracting with diverse suppliers/service providers; supporting vendors that hire under/unemployed residents (with living wages and benefits); and partnering with community-based workforce development programs to support a pipeline for diverse suppliers/service providers.
- **Develop the health care workforce to address access to care and economic security** by implementing health care workforce pipeline programs to introduce diverse, underrepresented school age youth and

college students to health careers; partnering with local vocational schools, community colleges, workforce investment boards, local hiring halls or community-based workforce development programs to create pipelines from target communities; and providing workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities.

X. Evaluation Plans

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

XI. Health Needs Facility Does Not Intend to Address

The health needs that KFH – Los Angeles does not intend to directly address are: asthma, cancer, cardiovascular disease, community safety and oral health. Using the defined criteria listed in Section VIII, a majority of these needs were deemed to be of relatively lower need. Additionally, existing community resources were also considered, and KFH – Los Angeles will focus on health needs that can be most effectively addressed given the assets available. The core planning team was involved in this process (outlined in Section VIII) and these needs were deemed to have lower magnitude and severity ratings. Finally, during the CHNA process, community members ranked health needs, and asthma, cancer, safety, cardiovascular disease, and oral health were in the bottom half of the final list of prioritized health needs.

Existing resources and established organizations in the community are available to address asthma, cancer, and cardiovascular disease. For safety and violence prevention, KFH – Los Angeles is committed to identifying ways to improve these areas. This need will also be focused on through the lens of mental and behavioral health, as these are drivers related to safety and violence. While this Implementation Strategy report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH – Los Angeles will look for collaboration opportunities that address the needs not selected where it can appropriately contribute to addressing those needs, or where those needs align with current strategy and priorities.