2022 Community Health Needs Assessment

Kaiser Permanente West Los Angeles Medical Center

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

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Kaiser Permanente West Los Angeles Medical Center 2022 Community Health Needs Assessment

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Summary

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

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

For the 2022 CHNA, Kaiser Permanente West Los Angeles Medical Center has identified the following significant health needs, in priority order:

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

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

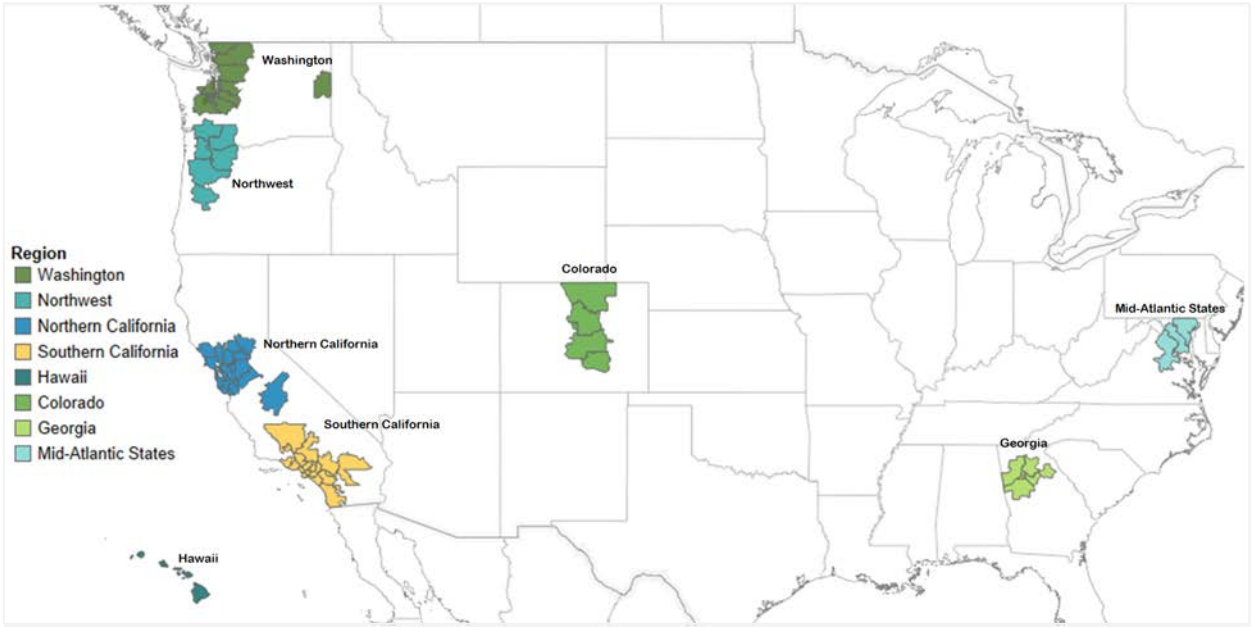
Introduction/background

About Kaiser Permanente

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

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

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

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

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

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

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

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

Kaiser Permanente's approach to community health needs assessment

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

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

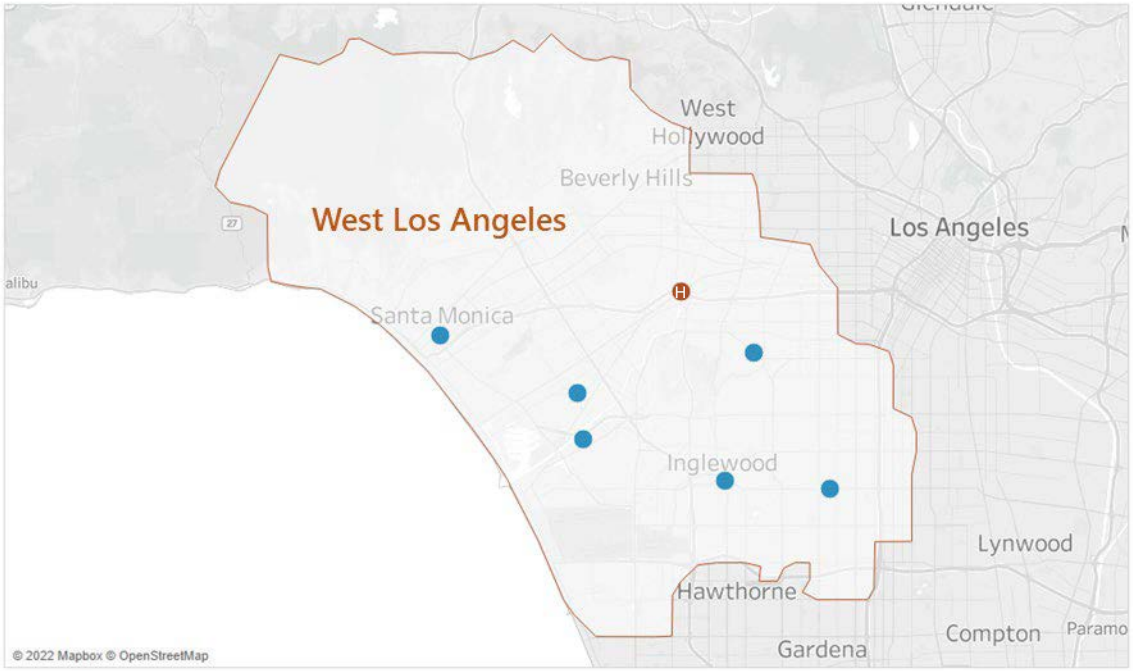
The Kaiser Permanente West Los Angeles Medical Center 2022 CHNA report and three-year IS are available publicly at https://www.kp.org/chna. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

West Los Angeles service area

Kaiser Permanente hospital Kaiser Permanente medical offices



West Los Angeles service area demographic profile

Total population:	1,427,180
American Indian/Alaska Native	0.2%
Asian	9.0%
Black	19.7%
Hispanic	35.9%
Multiracial	3.2%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.4%
White	31.6%
Under age 18	19.6%
Age 65 and over	13.5%

Impact of structural racism in our communities

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

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

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

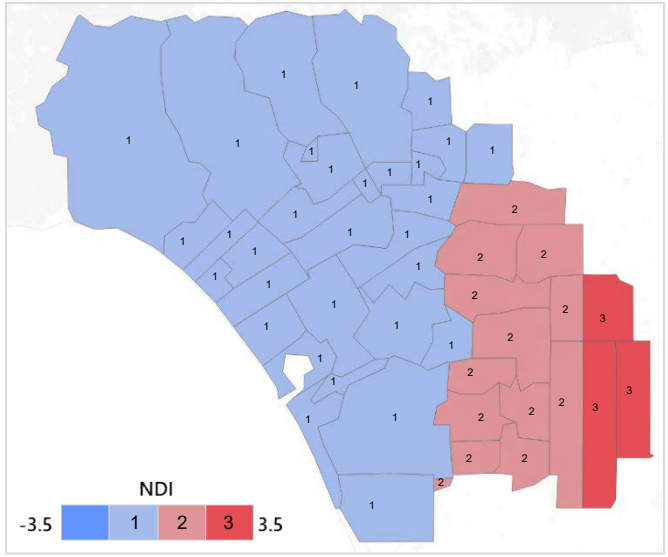
Neighborhood disparities in the West Los Angeles service area

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

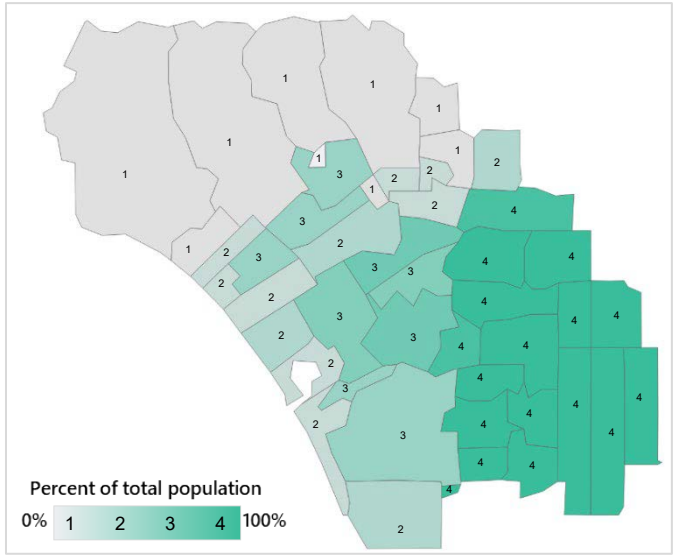
The map on the left shows the NDI for ZIP codes in the West Los Angeles service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

WEST LOS ANGELES SERVICE AREA

Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

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

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to

improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

Hospitals

Kaiser Permanente Downey Medical Center, Kaiser Permanente Los Angeles Medical Center, Kaiser Permanente South Bay Medical Center

Consultants who were involved in completing the CHNA

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

Methods used to identify and prioritize needs

Secondary data

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

Community input

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

Written comments

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

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

Identifying priority health needs

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

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

Identification and prioritization of the community's health needs

Process for identifying community needs in the West Los Angeles service area

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

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

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

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified,

clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

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

Description of prioritized significant health needs in the West Los Angeles service area

1. Housing: Housing costs have soared in recent years with many families struggling to afford housing. Slightly over a quarter of residents (26 percent) in the West Los Angeles service area have housing costs that are greater than 50 percent of their income. The scarcity of affordable housing has led to severe overcrowding. People of color, particularly Black and Latino/a renters are the most likely to live in cost-burdened households and face housing instability. According to community leaders, seniors, transitional aged youth are also at risk of experiencing housing insecurity. Community leaders also shared that homelessness is a huge concern throughout Los Angeles and many noted the interconnectedness between homelessness, mental health, and substance use. In addition, they also discussed seeing more unhoused families, generational homelessness, and unhoused seniors. Local experts identified Project Homekey as an effective strategy to provide housing for unhoused individuals and those at risk of homelessness.

2. Income & employment: The unemployment rate in the West Los Angeles service area slightly exceeds the state (17 percent compared to 16 percent). In addition to having a higher unemployment rate, the West Los Angeles service area also has a poverty rate that is greater than the state (17 percent versus13 percent). Those not having enough resources to meet daily needs such as safe housing and enough food to eat are likely to experience health-harming stress and die at a younger age. In South Los Angeles (South LA) neighborhoods, some residents lack the skills to navigate the workforce to acquire employment. They also explained that with a lack of new businesses or investments coming to the South LA area, there are limited job opportunities. Additionally, many existing opportunities are part-time and/or do not provide employment benefits. Community experts identified the following as barriers to obtaining better paying jobs: transportation, commute time/mileage, immigration status, childcare needs, and limited training/education.

3. Access to care: Having health care coverage is the first step to accessing high-quality health care services, with uninsured individuals being less likely to have a regular source of care, receive preventive services and more likely go without treatment or follow-up care. Compared to the state, the West Los Angeles service area has higher percentage of residents who are uninsured (8 percent versus 9 percent). Within the West Los Angeles service area, communities with a higher percentage of people of color tend to have a higher percentage of residents who are uninsured. Insurance by itself does not guarantee access to appropriate care, since many community members experience barriers related to language, lack of health education, limited access to technology, transportation options, and differential treatment based on race and gender identity, as well as access to fewer health care resources.

4. Mental & behavioral health. Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Pre-COVID-19 pandemic data showed that depression rates within the West Los Angeles service area varied by Service Planning Area (SPA), with SPAs 4 and 5 having high rates of adults with current depression and SPAs 4 and 6 having high rates of adults at risk for major depression. Mental and behavioral challenges such as anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latino/a residents. Community representatives noted how the pandemic has "been superimposed on generational trauma that communities have experienced", amplifying the impact of the COVID-19 pandemic on Black, Indigenous and people of color communities. In addition to its impact on communities of color, the COVID-19 pandemic has also had a negative impact on youth and seniors' mental well-being. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services.

5. Structural racism: In the West Los Angeles service area, health disparities vary by SPAs, with areas where more than 50 percent of the population identify as people of color performing worse on a variety of measures than predominantly white neighborhoods. Within SPA 6, 95 percent of community residents identify as people of color compared to 32 percent in SPA 5. Data shows that SPA 6 residents have lower educational attainment, higher poverty rates, lower insurance rates, higher percentage of infants being born preterm (i.e., born before 37 weeks of gestation), higher percentage of infants born at low birthweight (i.e., infant born weighing less than 2,5000 grams), higher prevalence of diabetes and hypertension than SPA 5 residents.

6. Food insecurity: Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life. Black and Latino/a households have higher than average rates of food insecurity; disabled adults may also be at high risk because of limited employment opportunities and high health care expenses. Even though the West LA service area as a region has lower Supplemental Nutrition Assistance Program (SNAP) enrollment rates than the county and state, ZIP-code level data show that some communities have higher SNAP enrollment rates than the state average. Some of the communities with the highest SNAP enrollment rates includes Athens, Baldwin Hills/Crenshaw, Hyde Park/View Park/Windsor Park, Inglewood, Jefferson Park, South Central, and West Adam, which have higher SNAP enrollment rates than the state. Community experts identified language barriers, immigration status, transportation needs, limited access to grocery stores, cost of food, and lack of awareness of existing resources (e.g., food banks, food distribution events) as barriers to food access.

Health need profiles

Detailed descriptions of the significant health needs in the West Los Angeles service area follow.

Health need profile: Housing

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

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

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

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

California has some of the highest cost real estate in the country. Like many areas in Los Angeles County, housing in the West Los Angeles service area is prohibitively expensive, especially for communities of color and households with low incomes.

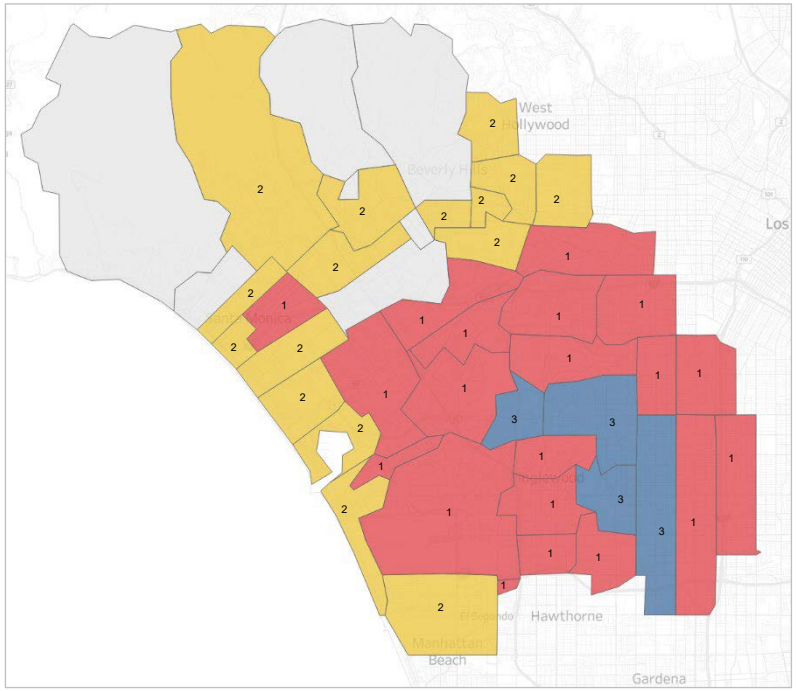
- The West Los Angeles service area has a lower home ownership rate (37 percent) compared to the state average (55 percent).
- The West Los Angeles service area has a much lower housing affordability index (51.4) compared to the state average (88.1).
- In the West Los Angeles service area, 26 percent of residents have housing costs that are greater than 50 percent of their income compared to 19 percent in the state.

Ethnic and geographic disparities

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

HOME OWNERSHIP RATE, WEST LOS ANGELES SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a population of people of color greater than 50 percent and less than 55 percent of the population are homeowners.



Source: Kaiser Permanente Community Health Data Platform

Community representatives shared that historical practices such as redlining, racialized segregation, and gentrification have led to an increased housing burden for communities of color. Interviewees shared that homelessness is a huge concern throughout Los Angeles and many noted the interconnectedness between homelessness, mental health, and substance use. In addition, they also discussed seeing more unhoused families, generational homelessness, and unhoused seniors. One interviewee also noted that transitional age youth and foster age youth experience housing insecurity.

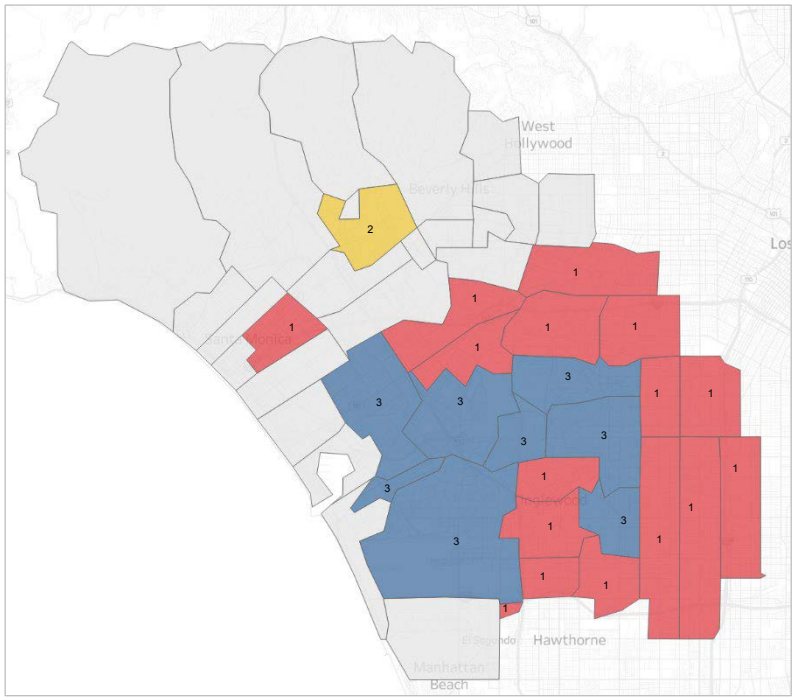
Community Assets and Opportunities

Several interviewees noted the importance of projects, like Project Roomkey and Project Homekey, that provide interim housing for those who need it. These projects also provide an opportunity for partners to be on site to provide services. Community representatives discussed the important work that homeless coalitions and homeless liaison teams are doing to serve the unhoused population and coordinate services in the community. Other resources that key informants shared include house first dollars and vouchers.

> So there [were] certainly policies put into place to prohibit people from owning their property or prohibit people from getting a loan to purchase their property. Those are things that are passed down from generation to generation. So, if you don't have that on your own or to pass down to folks, then they don't get a leg up, and then it just compounds itself. And again, people of color have been displaced from many communities and again, not that you can't own a home and be displaced, but a lot of that happened with people that did not own their properties because they just didn't have the same kind of rights and entire communities were destroyed because of it.
>
> – Homeless service provider

OVERCROWDED HOUSING, WEST LOS ANGELES SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a population of people of color greater than 50 percent and the highest overcrowded housing rates in the service area.



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

Source: Kaiser Permanente Community Health Data Platform

Health need profile: Income & employment

KAISER PERMANENTE®

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

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

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

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

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

While the West Los Angeles service area generally fairs well across measures of income and employment compared to state and national benchmarks, there are a few indicators with room for improvement:

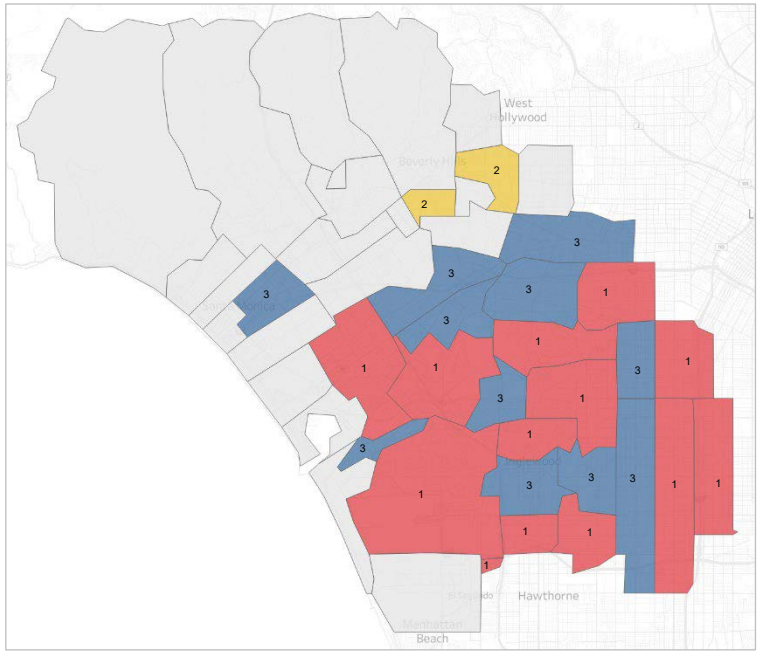
- The West Los Angeles service area has a poverty rate of 17 percent, which is greater than the state and national (13 percent) averages.
- Unemployment is 17 percent in this service area, which also exceeds the state and national averages (16 and 13 percent respectively).
- West Los Angeles scores slightly higher than the state on the income inequality index (Gini Index; 0.5 compared to 0.4).

Ethnic and geographic disparities

Community experts relayed several interrelated barriers to economic and educational prosperity. Particularly in South Los Angeles (South LA) neighborhoods, some residents lack the skills to navigate the workforce to acquire employment. They also explained that with a lack of new businesses or investments coming to the South LA area, there are limited job opportunities. Additionally, many existing opportunities are part-time and/or do not provide employment benefits.

YOUNG PEOPLE NOT IN SCHOOL AND NOT WORKING, WEST LOS ANGELES SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a population of people of color greater than 50 percent and the highest not in school and not working rates in the service area compared to the state benchmark.



Source: Kaiser Permanente Community Health Data Platform

For those with the opportunity to find new work, community experts highlighted that there remain barriers to accessing employment opportunities such as limited transportation options, long commute times, childcare needs, or training needs.

Since much of the West Los Angeles service area is comprised of residents of color, community experts emphasized overall limited economic upward mobility. They noted the number of immigrants working in the informal economy. They also highlighted the need for expanded education opportunities. Community experts witnessed that the lack of exposure to post-high school education or other employment pathways can limit the ability to secure better paying jobs. High school graduation rates vary across the county; Asian students lead with a rate of 94 percent, compared to white (86 percent), Latino/a (81 percent), Black (76 percent), and Native American students (61 percent; racecounts.org, 2022). In West Los Angeles, 18 percent of adults do not have a high school diploma, which is the same as the state average but worse than the national average (12 percent). Although West Los Angeles' median household income is greater than the national average ($76,919 versus $70,036, respectively), there are significant racial differences when it comes to per capita income. Across the county, Black residents earn about $29,500 less than white residents, and Latino/a residents earn roughly $40,000 less (racecounts.org, 2022). In the West Los Angeles service area, communities where predominately Black residents live have the lowest per capita income. Communities where residents predominately identify as two or more races, Pacific Islander, and/or Native Americans earn more than predominately Black communities but have lower per capita income than communities where individuals predominately identify as Latino/a. One community expert discussed the importance of not only addressing wage gaps between racial groups, but also gaps between genders within racial groups.

Impact of COVID-19

During to the COVID-19 pandemic, high rates of illness and public health stay-at-home orders and business closures created multiple challenges for residents in the service area. For example, community experts described that many residents of color work as frontline staff, which increased their likelihood of contracting COVID-19 and missing work due to illness. Others lost employment altogether. Many families were unable to pay rent or medical bills, lost wealth, accrued household debt, or lost homes. Families with children at home did not always have access to the technology or internet services necessary for successful remote learning. One community expert shared concerns about the end of federal pandemic stimulus benefits, such as the moratorium on evictions and the pause on student loan repayments, which would further impact employment opportunities and economic stability.

Community assets and opportunities

Community experts offered ideas for improving income and employment opportunities in the service area. In particular, they advocated for creating a supportive employment program to help those individuals who are not working or not used to working. They recommended expanding the methods in which new job opportunities are shared throughout the community, and cooperation with businesses to create systems that ensure sustained employment for those with mental health needs. They also recommended developing more pathways for educational attainment, more internship opportunities, expansion of programs like WorkSource, and additional workforce development programs that include mental health and housing support.

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

> Improving all that it takes for you to become educated and supported during the educational process, from preschool to college or training, professional training, so that you can be economically self-sufficient.
>
> - Public health leader

Health need profile: Access to care

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

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

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

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

Across the West Los Angeles service area, 9 percent of the population is uninsured, compared to 8 percent statewide, and 9 percent both regionally and nationally. The West Los Angeles service area has 73.8 primary care physicians per 100,000 population compared to 72.9 per 100,000 in the Southern California region, 79.8 per 100,000 statewide and 75.4 per 100,000 nationally.

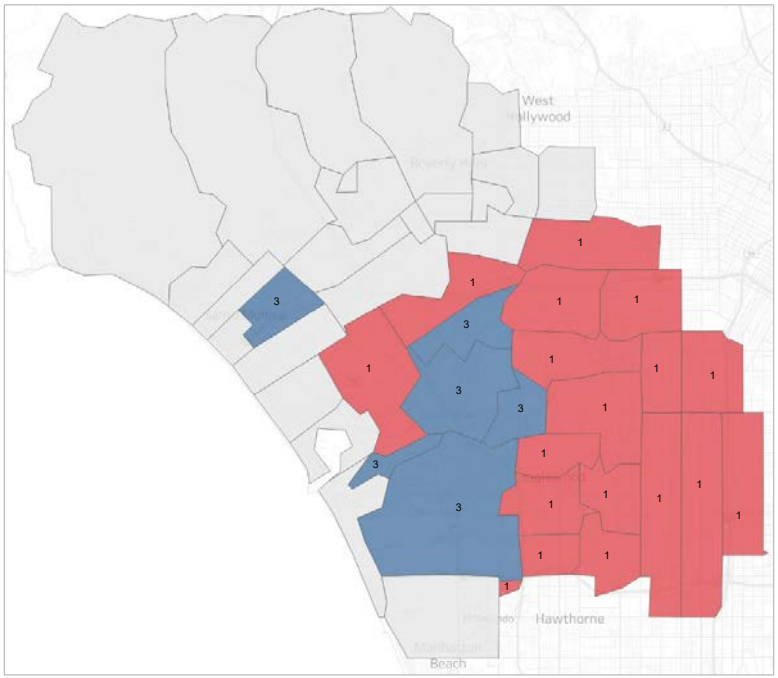
Ethnic and geographic disparities

Community experts discussed that limited or no insurance coverage is a major challenge in accessing care, while understanding how to navigate the health system and limited general health education remain key barriers for many with coverage. They emphasized that a lack of health education in communities of color often perpetuates medical mistrust in healthcare professionals or stigmas such as seeking mental health care, for example.

Moreover, a lack of health education around preventative medicine can lead to greater need for managing more serious or chronic health conditions. Community experts also shared that residents may lack the time or transportation needed to travel to seek care or prioritize financial responsibilities to their families over the cost of transportation to appointments.

PERCENT UNINSURED
WEST LOS ANGELES SERVICE AREA, 2015-2019

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



Source: Kaiser Permanente Community Health Data Platform

While access to telehealth services is expanding throughout California, access to these services requires adequate technology, broadband access, and some level of technological literacy.

When further considering race and ethnicity, the percent uninsured in the West Los Angeles service area strongly correlates with the service area's racial makeup relative to geography. For example, in ZIP codes north and east of Santa Monica where the percent of people of color is below 50 percent, the percent uninsured is below the state benchmark of 8 percent. Contrastingly, ZIP codes within, south and southeast of Santa Monica where the percent of people of color is as high as 99 percent, the percent uninsured ranges from 8 percent to 17 percent.

Community experts also discussed experiences concerning a lack of culturally responsive providers and those focused on the specific care needs of communities of color and LGBTQ+ individuals, as well as a lack of providers who understand the importance of acknowledging the intersectionality of gender, race, sexual orientation, etc.

Community assets and opportunities

Community experts provided a wide range of resources or ideas to help reduce disparities related to access to care. For example, targeted health materials for Black and Latino/a communities may help increase health education and engagement. Another example was agencies deploying street outreach teams to promote health education as they learn about the residents of local communities.

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

Lastly, they recommended that organizations work together to ensure access to culturally appropriate services and work with leaders in multiple sectors to create an integrated health care system.

> When I go to the Kaiser across the street from me in Baldwin Hills, everybody there looks like me, they talk like me, I feel comfortable in there, from the pharmacy to the reception, to who I now go to see for my care […] I never had that experience in Kaiser and that in itself makes a difference, just having people that look like you in leadership and not just at the front lines, but at all levels of an organization, because then you feel represented.
>
> - Community organization representative

Health need profile: Mental & behavioral health

KAISER PERMANENTE®

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

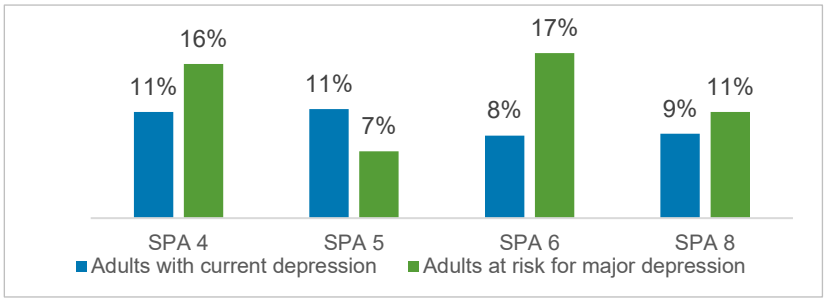
Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latino/a Americans.

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

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

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

Data from the Los Angeles County Department of Public Health from 2017 indicated that in Los Angeles County 9 percent of adults had current depression while 12 percent were at risk for major depression. These rates varied by Service Planning Area (SPA). SPAs 4 and 5 had the highest rates of adults with current depression. SPAs 4 and 6 had the highest rates of adults at risk for major depression.



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

Ethnic and geographic disparities

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

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

Community representatives also noted the interconnectedness between mental and behavioral health and homelessness. It can be especially challenging to connect individuals experiencing homelessness to mental health services given transportation barriers and a shortage of mental health providers. They also noted the connection between mental health, substance use, and persons experiencing homelessness. One interviewee shared that Transition Age Youth (TAY) experience unique mental health challenges, especially because they are often housing insecure.

Impact of COVID-19 pandemic

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

Community assets and opportunities

Community representatives shared that the key to improving the mental health of their community members is through collaboration and working with community-based organizations who have strong relationships with the community. They also discussed the importance of coordination among organizations serving the community to ensure that residents can easily access all needed mental health services.

Community representatives shared the importance of engaging the community in conversations around mental health to better understand what they need and how best to provide those services, which one interviewee described as "co-creating with the community". They also discussed the important work of the Los Angeles Department of Mental Health outreach workers who provide mental health support to persons experiencing homelessness and highlighted the importance of continuing to provide services for clients "where they are at".

> Even in spite of all that has happened to the community, the decimation of the community, the robbing and the pillaging of the homeowners, gentrification, the people themselves are the biggest and best blessing and resource, because even in spite of everything, even when things are really, really hard, we still show up. We still have compassion. We are really intentional about providing morally sound and reputable resources and programs for the community.
>
> – Nonprofit leader

> I think the other thing that I would just encourage large organizations to be mindful of when doing work in community is yes, there must be a focus on upstream work and long-term solutions and population health. It's important, it's critical.
>
> – Nonprofit representative

Health need profile: Structural racism

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

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

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

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

Structural racism in the United States is defined as “the normalization and legitimization of an array of dynamics—historical, cultural, institutional, and interpersonal—that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color” (Lawrence, K. and Keleher, T.). The interaction of these factors on the social, economic, environmental, and cultural determinants of health have led to health disparities. A comparison of data from Service Planning Areas (SPA) 5 and 6 illustrates how structural racism manifests in the West Los Angeles service area. Most community residents (95 percent) in SPA 6 identify as people of color whereas only 32 percent identify as such in SPA 5 (AskCHIS, 2020).

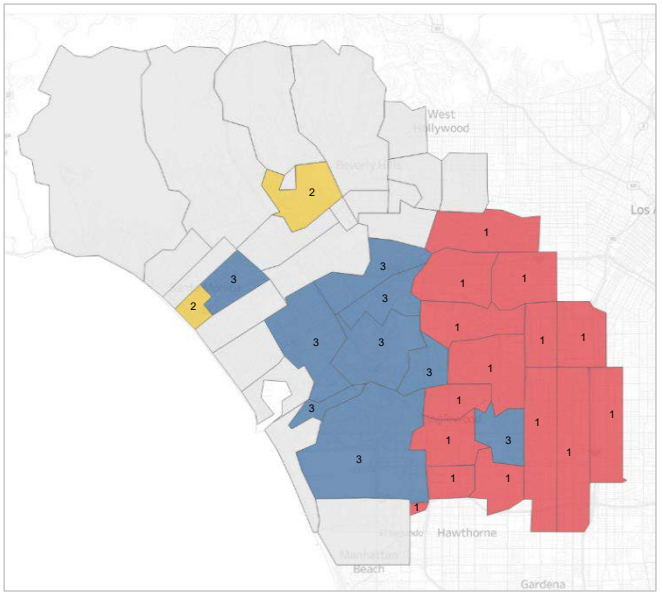
Educational attainment and economic opportunity

In Los Angeles County, historical racist policies and practices led to residential segregation and greater concentration of poverty in communities of color. It has been found that concentrated poverty is correlated with a lack of educational achievement, and thus has implications for educational outcomes, access to care, and other economic opportunities (Communities in Action: Pathways to Health Equity (nih.gov)).

A higher percentage of SPA 5 adult residents (94 percent) have obtained a high school education or higher compared to 58 percent in SPA 6 (LADPH, 2017). As the map shows, communities such as Athens, Baldwin Hills/Crenshaw, County Club/Mid City, Hyde Park/View Park/Windsor Park, Inglewood, South Central, and West Adam, have higher poverty rates than the state. According to the Public Health Alliance of Southern California, “economic opportunity is one the most powerful predictors of good health, and that impacts on health are especially pronounced for people in or near poverty” (Two Parent Households, n.d.).

POVERTY RATE, WEST LOS ANGELES SERVICE AREA, 2015-2019

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



Source: Kaiser Permanente Community Health Data Platform

Access to high-quality care

Having health care coverage is the first step to accessing high-quality health care services, with uninsured individuals being less likely to have a regular source of care and receive preventive services, and more likely to go without treatment or follow-up care. In 2019, 66 percent of white workers were covered by employer-sponsored health insurance, while only 47 percent of Black workers and 43 percent of Latino/a workers were covered (Health Affairs, 2022). In the West LA service area, neighborhoods with a large proportion of residents of color have a lower percentage of insured individuals compared to neighborhoods with a large proportion of white residents. In SPA 5, 2 percent of residents are uninsured compared to 11 percent in SPA 6 (Ask CHIS, 2020).

Health outcomes

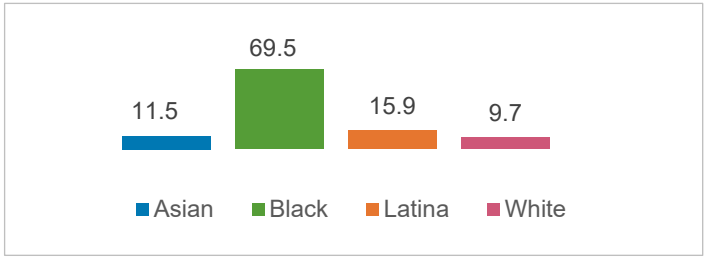
Birth Outcomes: Research has shown that repeated exposure to racial discrimination during a woman's lifetime increases the risk for poor pregnancy outcomes (Racial and Ethnic Disparities in Birth Outcomes, 2003). As the graph below shows, there is a higher percentage of infants being born preterm (i.e., born before 37 weeks of gestation) and at low birthweight (i.e., infant born weighing less than 2,5000 grams) in SPA 6 compared to SPA 5 (Health indicators for mothers and babies, 2018).

Chronic health conditions: Health disparities and inequities are prevalent in SPA 6. Secondary data show that in general, adult individuals residing in SPA 6 had higher percentage of adults that have ever been diagnosed with diabetes or hypertension than SPA 5 residents (Ask CHIS, 2020). Approximately one- fifth (19 percent) of adult residents have ever been diagnosed with diabetes in SPA 6 compared to 7 percent in SPA 5. There is also a higher percent of adult residents that have been diagnosed with hypertension in SPA 6 (28 percent) compared to SPA 5 (20 percent). There is an overrepresentation among COVID-19 hospitalizations and deaths of individuals with hypertension, diabetes, or obesity (Systemic Racism, Chronic Health Inequities, and COVID-19, 2020).

Community assets and opportunities

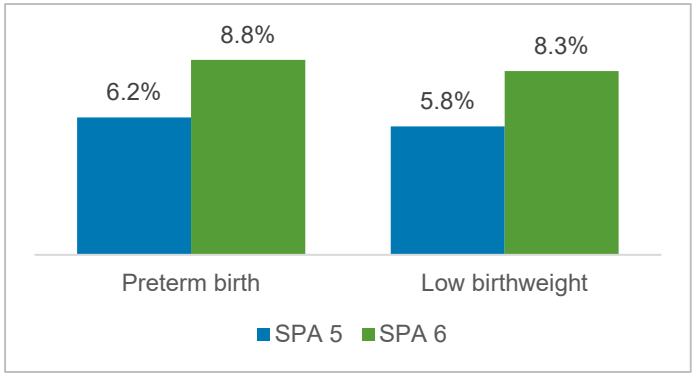
According to community experts, providing opportunities for community members to interact with each other and learn about each others' struggles can help reduce inequities and promote understanding. As one community representative pointed out "as we learn, we'll find out that we definitely have a lot more things in common and the same goals in life."

MATERNAL MORTALITY RATES BY RACE/ETHNICITY LOS ANGELES COUNTY, 2018



Source: LADPH Maternal Mortality

BIRTH OUTCOMES BY SPA, LOS ANGELES COUNTY, 2019



Source: LADPH Maternal Mortality

> As we look at the crimes against black bodies, especially police brutality, killing unarmed black people, the attacks that impacts our reproductive life cycle, that impacts our willingness to give birth, that impacts the trauma before, during and after pregnancy, it impacts our overall health, the stress, that leads to these poor health outcomes.
>
> - Public health representative

Health need profile: Food insecurity

KAISER PERMANENTE®

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

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

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

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

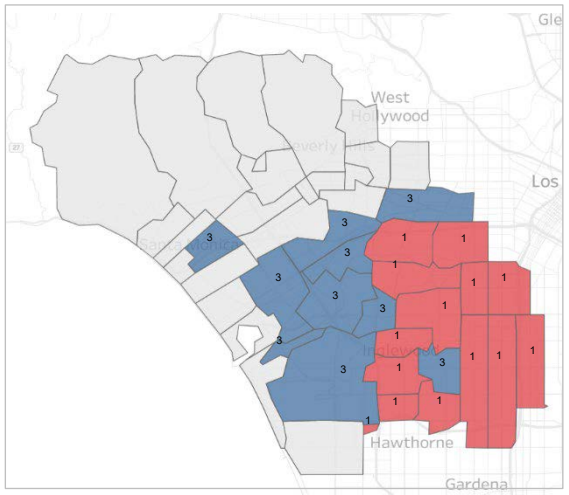
Food insecurity is defined as "a household-level economic and social condition of limited or uncertain access to adequate food" (United States Department of Agriculture, 2021). County-level data from Feeding America showed that Los Angeles County had a higher percentage of the population (11 percent) that were food insecure in 2019 compared to the state average of 10 percent (Feeding America, 2019). The Supplemental Nutrition Assistance Program (SNAP) was established to reduce food insecurity by providing a monthly benefit amount to purchase food. SNAP enrollment rates reflect the number of eligible households experiencing food insecurity who receive this benefit. On average, the West Los Angles service area had the same SNAP enrollment rate as Los Angeles County and the state (10 percent). However, examination of the pre-COVID SNAP enrollment rates of individual communities within the West Los Angeles service area highlighted the racial and geographic disparities that exist.

Racial and geographic disparities

The West Los Angeles service area is racially and ethnically diverse, with 36 percent of residents identifying as Latino/a, 32 percent as white, 20 percent as Black, and 9 percent as Asian. Given that Black, Latino/a, and Native American households are the most likely to experience food insecurity, it is expected to see higher SNAP enrollment rates in neighborhoods with high concentrations of people of color. This point is illustrated in the map to the right, neighborhoods where 50 percent or more of the population identify as People of Color have higher SNAP enrollment rates than the state. These communities are primarily in Service Planning Area (SPA) 6.

SNAP ENROLLMENT RATES WEST LOS ANGELES SERVICE AREA, 2015-2019

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



Source: Kaiser Permanente Community Health Data Platform

The table to the right provides a list of some of the communities in the West LA service area that have high SNAP enrollment rates compared to the state, including Athens, Baldwin Hills/Crenshaw, Hyde Park/View Park/Windsor Park, Inglewood, Jefferson Park, South Central, and West Adam.

Community representatives shared that community members in West LA face barriers in accessing food including limited access to fresh food or lack of transportation to access food distribution events. Some individuals may fear seeking out food assistance programs because of their immigration status.

Impact of COVID-19

Risk factors associated with experiencing food insecurity during the pandemic include being female, being unemployed, having a low household income, being a single parent and being 18 to 50 years of age (The Impact of COVID-19 on Food Insecurity in LA County, 2020). Community representatives noted that COVID-19 related economic stressors, such as loss of employment or reduction of work hours, negatively impacted people's ability to meet their basic needs including access to food.

Due to the impact of COVID-19 on income and employment, food insecurity rates increased for all households. According to Los Angeles County Department of Public Health, 42 percent of households below 300% FPL experienced food insecurity between April and July 2020 (Food Insecurity in LA County, 2021). In addition to impacting low-income households, the pandemic also affected households with higher incomes. Approximately one-fifth (18 percent) of households experiencing food insecurity had household incomes of $60,000 or more (The Impact of COVID-19 on Food Insecurity in LA County, 2020).

Community assets and opportunities

Community experts highlighted the support that food banks, churches, social services providers, and other community-based organizations provided community members experiencing food insecurity. To continue to address food insecurity in the community, interviewees suggested bringing resources to the community, engaging community members to increase awareness of existing resources, and expanding hours of service. Additionally, they recommended addressing factors that put people at risk of food insecurity such as food desserts, rising housing costs, non-living wages, and structural racism.

SNAP ENROLLMENT RATES
WEST LOS ANGELES SERVICE AREA, 2015-2019

	SNAP Enrollment Rate	Service Planning Area
California	9.7%	N/A
Los Angeles County	9.7%	N/A
West LA service area	9.5%	N/A
Athens	22.3%	6
Baldwin Hills/Crenshaw	11.5%	6
Hyde Park/ View Park/ Windsor Park	11.5%	6
Inglewood	11.5%-16.5%	8
Jefferson Park	15.9%	6
South Central	14.2%-29.2%	6
West Adams	11.6%	6

Source: Los Angeles County Department of Health

> But what we really saw with the onset of COVID was that it really was a game changer in that it caused further stress for the populations that were already under stress for the low-income population to very low-income population, certainly for immigrant communities and mixed status families. But for folks who maybe had not been in need prior to COVID, it was a really big sea change because we saw that pretty much overnight tens of thousands of additional households became food insecure, and many of those were food insecure for the first time.
>
> – Nonprofit leader

Community resources potentially available to respond to health needs

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

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

Kaiser Permanente West Los Angeles Medical Center 2019 Implementation Strategy evaluation of impact

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

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

Kaiser Permanente West Los Angeles Medical Center 2019 Implementation Strategy priority health needs

1. Access to Care
2. Economic Security
    a. Education and employment
    b. Housing insecurity and homelessness
    c. Food insecurity
3. Mental and Behavioral Health
4. Racial Equity

2019 Implementation Strategy evaluation of impact by health need

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

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

Additionally, the Kaiser Permanente Southern California Region has funded significant contributions to the California Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 64 grants totaling $5,027,909 in service of 2019 IS health in the West Los Angeles service area.

One example of a key accomplishment in response to our 2019 IS includes increasing access to low and free cost counseling services to increase Mental Health access. In 2021, Kaiser Permanente Medical Center West LA invited four Counseling Centers to come together in a single grant application that would address the growing need for free or low-cost counseling services. The four organizations involved in this grant provide free counseling sessions to low-income residents in our service area through a shared program. Each organization manages a budget of $22,000 dollars to administer this program and offered 10 free counseling sessions to 50 clients each. The organizations have developed joint marketing materials and have acquired a share system to track the program and share measured outcomes. Instead of competing for clients, these organizations are looking for best ways to support mental health needs together in our service area. This grant is positioned to be a catalyst for further collaboration and a potential integration of services among these organizations.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people's health. For example, in 2020 Kaiser Permanente provided grants totaling $6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. Kaiser Permanente Medical Center West Los Angeles developed multiple partnerships to assist residents experiencing barriers to accessing COVID-19 vaccination in a timely fashion. Partners included FAME church, Mar Vista Family Center, Good Fred Barber Shop, Faithful Central Bible Church. Through these initiatives we assisted about 350 individuals, mostly seniors of local COVID-19 response.

Kaiser Permanente West Los Angeles Medical Center 2019 IS priority health needs and strategies

Access to care

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

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	29,882	31,823	$25,232,406	$10,990,280
Charitable Health Coverage	60	41	$4,637	$4,558
Medical Financial Assistance	9,192	6,783	$10,488,159	$8,160,196
Total care & coverage	39,134	38,647	$35,725,202	$19,155,034

Other access to care strategies: During 2020-2021, 20 grants were awarded to community organizations, for a total investment of $2,005,576 to address access to care in the West Los Angeles service area.

Examples and outcomes of most impactful other strategies

Enhancing Electronic Health Records
Westside Family Health Center (WFHC) was awarded $15,000 to expand its electronic health records to capture encounters for new services (vision, mental and behavioral health) in its operations to expand capacity, increase efficiency, and create a better patient experience and to hire two clinical service providers and four support team members to expand current services and offer additional ones.
CPCA Core Grant
California Primary Care Association (CPCA) has supported the organization's core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders.
Strategy – Community health and social services program funding for low-income residents during COVID-19 pandemic
Worksite Wellness Los Angeles was awarded $25,000 to deliver education seminars on nutrition and health lifestyle choices, stress management, positive communication focused on self-esteem, conflict resolution, and de-escalating violent situations; financial literacy and prevention of diabetes, obesity and hypertension with the goal of increasing participants; knowledge of nutrition, chronic disease management and prevention, healthy lifestyle choices and available healthcare services. The initiative is expected to serve 4,000 individuals by increasing their knowledge of healthy lifestyle choices and access to healthcare services.

Economic Security

During 2020-2021, 38 grants were awarded to community organizations, for a total investment of $828,011 to address economic opportunity in the West Los Angeles service area.
Examples and outcomes of most impactful strategies
California Housing Services & Operating Subsidy Fund for Project Homekey
Enterprise Community Partners has established a public-private partnership fund to support operating costs and wraparound services for vulnerable populations. The partnership is expected to provide housing for about 1,500 individuals and technical assistance to 20 housing projects across California.
Inner City Capital Connections Program
The Initiative for a Competitive Inner City, Inc. was awarded $180,000 to deliver the Inner City Capital Connections Program (ICCC) in Southern California. The program is expected to reach 150 business owners from economically under-resourced communities through executive education training seminars and panels designed to build capacity for sustainable growth in revenue, profitability, and employment.
Regional Coordination to Prevent Health Impacts of Displacement
Esperanza Community Housing Corporation was awarded $50,000 to advocate for countywide systems change in Los Angeles County to protect the community's health from issues related to transit, climate resilience, tenant protections, and housing justice issues. The grant is expected to reach 175 community members by addressing the intersection of health equity, environmental justice, and need for affordable housing.

Mental & Behavioral Health

During 2020-2021, 22 grants were awarded to community organizations, for a total investment of $513,636 to address mental and behavioral health in the West Los Angeles service area.

Examples and outcomes of most impactful strategies

Child Behavioral Health Agenda

Children Now was awarded $300,000 over 2 years to lead the development of a California Child Behavioral Health Agenda outlining specific policy priorities that will ensure California's workforce is prepared to support and treat children. The Child Behavioral Health Agenda is expected to serve 9,200,000 by encouraging the state to incorporate the evidence-based models to support the whole-child and educating policymakers on how to transform workforce programs to benefit children.

Advancing Collaborative Care Models in Depression Care

Healthy African American Families (HAAF) was awarded $50,000 to support the hiring of a development manager to prepare a five-year strategic plan for sustainable funding. The initiative is expected to reach 100 individuals annually by providing a multi-sector, community-engagement based approach to collaborative care for depression to South LA seniors serving.

Racial Equity

During 2020-2021, within the South Bay service area several grants that were awarded to address other IS needs also addressed racial equity.

Examples and outcomes of most impactful strategies

Promoting a Just and Racially-Equitable COVID-19 Recovery in South LA (access to care)

Community Coalition for Substance Abuse Prevention and Treatment (CoCo) received $50,000 to leverage community organizing to develop the grassroots leadership of 150 adult residents through various trainings and organizing platforms/opportunities to create systems and policy change. Via these efforts, residents will advocate for a COVID-19 recovery plan that applies a social justice lens to help improve community health outcomes, including campaign efforts focused on economic recovery and community development in the interest of the Black and Latinx residents in South LA.

Increasing breastfeeding support for African American families (mental health)

CinnaMoms received $35,000 over 30 months to provide culturally relevant virtual support circles in partnership with WIC. The project is intended to reach 860 African American women by addressing health and racial equity through access to care and social support and by providing breastfeeding awareness and support.

Appendix

A. Secondary data sources

B. Community input

C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

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

Additional secondary data sources

	Source	Dates
1.	American Journal of Psychiatry	2021
2.	California Health Interview Survey	2020
3.	Feeding America Map the Meal Gap	2019
4.	Food Insecurity in Los Angeles County: Before and During the COVID-19 Pandemic	2021
5.	Health Indicators for Mothers and Babies in Los Angeles County, 2016	2018
6.	The Impact of COVID-19 on Food Insecurity in LA County April to May 2020	2020
7.	Los Angeles County Department of Public Health	2017
8.	Race Counts	2019
9.	South Central Rooted Report	Unknown

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Behavioral Health Services, Inc.	1	Low-income, medically underserved, mental health	Leader	8/12/2021
2	Key informant interview	Council District 9	1	Communities of color, low-income, local government	Representative	9/7/2021
3	Key informant interview	Council District 15	1	Communities of color, low-income, local government	Representative	8/24/2021
4	Key informant interview	Economic Roundtable	1	Policy research, housing and environment, economic opportunity	Leader	7/30/2021
5	Key informant interview	Elevate Your G.A.M.E.	1	Youth mentoring, communities of color	Leader	8/11/2021
6	Key informant interview	Faithful Central Bible Church	1	Mental health	Leader	8/6/2021
7	Key informant interview	Homeless Outreach Program Integrated Care System (HOPICS)	1	Persons experiencing homelessness, housing insecurity	Leader	8/19/2021
8	Key informant interview	Kaiser Permanente Watts Counseling and Learning Center	1	Youth services and education	Leader	8/19/2021
9	Key informant interview	LGBTQ South Los Angeles Center	1	LGBTQ+	Leader	8/30/2021
10	Key informant interview	Los Angeles Department of Health Services	1	Public health, maternal and infant health, communities of color	Leader	9/10/2021
11	Key informant interview	Los Angeles Department of Mental Health	1	Mental health, low-income	Leader	9/15/2021
12	Key informant interview	Los Angeles Department of Public Health	4	Public health, maternal and infant health	Leaders	8/13/2021-9/13/2021
13	Key informant interview	Martin Luther King Jr. Community Hospital	1	Public health, acute care, communities of color	Leader	8/30/2021
14	Key informant interview	Nehemiah Project	2	Transitional age youth services	Leaders	8/12/2021

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
15	Key informant interview	Positive Results Center (formerly Positive Results Corporation)	1	Violence prevention	Leader	9/8/2021
16	Key informant interview	SABAN Community Clinic	1	Mental health	Leader	8/16/2021
17	Key informant interview	2nd Call	1	Violence prevention	Leader	8/12/2021
18	Key informant interview	St. Joseph Center	1	Homelessness	Leader	8/31/2021
19	Key informant interview	Strategic Concepts in Organizing and Policy Education (SCOPE)	1	Economic opportunity	Leader	8/24/2021
20	Key Informant Interview	South Bay Family Health Care Community Clinic/ROADS Foundation	2	Public health	Leader	8/9/2021
21	Key informant interview	Southern California Health & Rehabilitation Program (SCHARP)	1	Mental Health, substance use	Leader	8/9/2021
22	Key informant interview	Westside Food Bank	1	Food security	Leader	8/24/2021

Appendix C. Community resources

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

Identified need	Resource provider name	Summary description
Access to care	Community Clinic Association of Los Angeles County (CCALAC)	CCALAC is a membership association of community health centers. It provides a range of trainings, technical assistance and resources to support community health centers in providing high quality affordable health care to low-income and underinsured residents in LA County. https://ccalac.org
	LGBTQ South Los Angeles Center	The LGBTQ South Los Angeles Center offers programs, services, and advocacy to LGBTQ+ individuals including primary medical care, HIV/STD testing and prevention, HIV/AIDS specialty care, mental health services, violence prevention/survivor support, addiction recovery services, social services, legal services, housing, transgender-specific services, cultural and education services, leadership and advocacy services. https://lalgbtcenter.org/about-the-center
	SABAN Community Clinic	SABAN has been redefining community health with their Whole Person Care approach for 50 years. Their Affordable Medical Care Clinic in Los Angeles is on the cutting edge of healthcare, applying the latest technologies and methods. They are a safe place that transforms the lives of individuals and families in need, creating positive and lasting change.
	St. Joseph Well Child and Family Center	St. John's strives for health equity by addressing the health care needs of low-income, uninsured, and under-insured people in Central/South Los Angeles and Compton.
	Southside Coalition of Community Health Centers	A coalition of eight Federally Qualified Health Centers (FQHCs) serving the needs of low-income and uninsured South Los Angeles residents. https://southsidecoalition.org
	South Central Family Health Center	It is South Central Family Health Center's mission to improve the quality of life for the diverse communities of South Los Angeles and Southeast Los Angeles County by providing affordable and comprehensive health care and education in a welcoming and multi-cultural environment.
	To Help Everyone (T.H.E) Health and Wellness Center	T.H.E. (To Help Everyone) Health and Wellness Centers provides men, women, and children in Los Angeles with excellent and affordable healthcare. Their team of compassionate professionals is committed to delivering the very best care possible to everyone in their community, regardless of individual circumstance.
	UMMA Community Clinic	UMMA's mission is to promote the well-being of the underserved by providing access to high-quality healthcare for all, regardless of ability to pay. Their services, activities and governance reflect the Islamic values and moral principles which inspired their founders. These include the core

Identified need	Resource provider name	Summary description
		values which are universally shared and revered by society at large: Service, Compassion, Human Dignity, Social Justice, and Ethical Conduct.
	Venice Family Clinic	Venice family clinic's mission is to provide quality primary health care to people in need. Their vision is to improve the health of people and communities through accessible, quality care.
	Westside Family Health Center	Westside Family Health Center provides comprehensive, high quality, cost-effective health care in an educational and supportive environment that empowers patients to take an assertive role in caring for their well-being through all stages of life.
Income & employment	AL Wooten Jr. Heritage Center	Al Wooten Center provides free and low-cost afterschool and summer programs for boys and girls grades 3 to 12. The Center serves about 400 youth annually in South Los Angeles. My CollegeTrek and SAT-prep programs focus on career development and college graduation. https://www.wootencenter.org
	Kaiser Permanente Watts Counseling and Learning Center	The Watts Counseling and Learning Center is a nonprofit Community Benefit program of Kaiser Permanente Southern California. The Center empowers multi-generational individuals and families to cope with stresses and barriers through counseling, educational therapy, child development, and outreach.
	The Los Angeles Brotherhood Crusade	Brotherhood Crusade offers youth development programs and manages a YouthSource Center to increase opportunities for economic development in the South Los Angeles communities. https://brotherhoodcrusade.org
	The Asian American Drug Abuse Program (AADAP) – West Adams Work source Center	The Asian American Drug Abuse Program (AADAP) is a 501(c)3 non-profit organization dedicated to serving Asian Pacific Islanders and other under-served communities with substance abuse services throughout Los Angeles County. Programs and services are provided to all individuals regardless of race or ethnicity.
Food insecurity	The Los Angeles Regional Food Bank	Through the Rapid Food Distribution program, the LA Regional Food Bank distributes nutritious fruits, vegetables, and other perishable foods to more than 625 agencies at more than 800 sites throughout LA County. https://www.lafoodbank.org
	Los Angeles County Department of Public Social Services (DPSS)	DPSS enrolls low-income eligible residents in food assistance and other social services programs. This agency administers the CalFresh program, federally known as the Supplemental Nutrition Assistance Program (SNAP). This program issues monthly electronic benefits that can be used to

Identified need	Resource provider name	Summary description
		buy most foods at many markets and food stores. https://www.yourbenefits.laclrs.org/ybn/Index.html
	Westside Food Bank (WSFB)	WSFB seeks to end hunger by providing access to free nutritious food by acquiring and distributing food, engaging the community and advocating for a strong food assistance network. https://www.wsfb.org
Housing	Homeless Outreach Program Integrated Care System (HOPICS)	HOPICS is dedicated to providing the highest quality of services to homeless and low-income households in South Los Angeles including behavioral health, employment services, and housing services. http://www.hopics.org
	St. Joseph Center	St. Joseph Center provides individuals and families with a comprehensive and coordinated array of services including outreach and engagement, housing, mental health, and educational and vocational training to help them rebuild their lives. https://stjosephctr.org
	The People Concern	The People Concern believes no one should have to live on the street or in a violent household. The People Concern's staff, volunteers and those they serve work together to address the effects of homelessness, poverty, mental and physical illness, abuse and addiction. Their programs empower the most vulnerable among us to improve their quality of life – housed, healthy and safe – and become active participants in the community. They also work to educate the broader community and improve public policy.
Mental & behavioral health	Airport Marina Counseling Center (AMCS)	AMCS provides affordable community based mental health services and trains mental health therapists. AMCS provides services to residents of various communities in KFH-West Los Angeles service area, including Inglewood, Culver City, El Segundo, South LA and Westchester, among others. https://www.amcshelps.com
	Department of Mental Health (DMH) – Health Neighborhoods	DMH provides mental health services to individuals experiencing mental health conditions. The Health Neighborhoods initiative brings clinical and service providers together to increase their capacity to prevent and manage mental health conditions in specific communities. https://dmh.lacounty.gov/about/health-neighborhoods
	Open Paths Counseling Center	Open Path offers sliding-scale counseling for individuals and families, free therapy programs for at-risk children and youth in local schools, and training program for bilingual graduate students. Service locations include Culver City, Inglewood, Lennox, and Venice. https://openpaths.org

Identified need	Resource provider name	Summary description
	Maple Center	The mission of Maple Counseling is to provide low-cost comprehensive mental health services to individuals of all ages, couples, and families, and to provide training for graduate and postgraduate students who are working towards licensure in the mental health field.
	Westmont Counseling	Westmont Counseling Center provides quality counseling and other mental health services to the residents of South Los Angeles, regardless of age, race, income, or ethnicity. The help people deal with stress, trauma, hopelessness, depression, or anger and conflict. They also offer assistance with problems related to relationships and families, grief and loss, and health and aging.
Structural racism	Social Justice Learning Institute	SJLI is dedicated to improving the education health and well-being of youth and communities of color by empowering residents to enact social change through research training and community mobilization. Their primary service area is the City of Inglewood. http://sjli.org
	Community Coalition (COCO)	COCO is dedicated to transforming negative social and economic conditions that foster addiction crime violence and poverty in South Los Angeles by organizing residents and influencing public policy. http://cocosouthla.org
	Community Health Councils	Community Health Councils (CHC) is a non-profit, community-based research, policy, and capacity building organization whose mission is to collectively build equitable systems.
	Black Women for Wellness	Black Women for Wellness is committed to the health and well-being of Black women and girls through health education, empowerment, and advocacy.
	Healthy African American Families II	Healthy African American Families is a non-profit, community serving agency whose mission is to improve the health outcomes of the African American, Latino and Korean communities in Los Angeles County by enhancing the quality of care and advancing social progress through education, training, and collaborative partnering with community, academia, researchers, and government.