I. General Information

Contact Person: Catherine Gaughen, Director, Public Affairs and Brand Communications

Date of Written Plan: September 5, 2013

Date Written Plan Was Adopted by Authorized Governing Body: December 4, 2013

Date Written Plan Was Required to Be Adopted: December 31, 2013

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 by End of Tax Year in Which CHNA was Made Available to the Public? Yes ☒ No ☐

Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body: N/A

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 an integrated health care delivery system comprised of Kaiser Foundation Hospitals and Kaiser Foundation Health Plan (both California nonprofit public benefit corporations and exempt organizations under Section 501(c)(3) of the Internal Revenue Code), and a separate Permanente Medical Group in each region in which Kaiser Permanente operates. 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 9 million members in eight states and the District of Columbia. Kaiser Permanente is dedicated to improving the health of our communities through broad coverage, high quality care and continuous quality improvement and innovation in the care we deliver, clinical research, workforce development, health education and the support of community health interventions.

III. About Kaiser Permanente Community Benefit

Community Benefit is central to our mission. We believe good health is a fundamental aspiration of all people. We recognize that promotion of 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. To be healthy, people need access to healthy and nutritious food in their neighborhood stores, clean air, successful schools, and safe parks and playgrounds. Good health for the entire community also requires a focus on equity as well as social and economic well-being.

We focus our work on three broad areas:

- Providing access to high-quality care for low-income, underserved people
- Creating safe, healthy communities and environments where people live, work, and play
- Developing important new medical knowledge and sharing it widely with others and training a culturally competent health care workforce of the future.

Across these areas, we work to inspire and support people to be healthier in all aspects of their lives, and build stronger, healthier communities.

In pursuit of our mission we go beyond traditional corporate philanthropy and grant-making to leverage our financial resources with medical research, physician expertise, and clinical practices. In addition to dedicating resources through Community Benefit, we also leverage substantial additional assets that improve community health, including our purchasing practices, our environmental stewardship efforts and workforce volunteerism.

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.

IV. Kaiser Foundation Hospital – Los Angeles Service Area

The KFH-Los Angeles medical center service area includes numerous Southern California communities, such as cities and portions of: Alhambra, Altadena, Burbank, Glendale, Los Angeles (Metro), Monrovia, Monterey Park, Montrose, Greater Pasadena, San Gabriel, Sierra Madre, Hollywood, and West Hollywood (East). Communities include Atwater, Boyle Heights, Chinatown, East Los Angeles, Hollywood, Hollywood Hills, Laurel Canyon, Los Feliz, and Silverlake. The KFH-Los Angeles medical center service area includes Los Angeles County Service Planning Areas (SPA) 2, 3, 4, 6 and 7.
KFH Los Angeles Medical Center Area

Sources: Kaiser Foundation Hospital/Health Plan, U.S. Census Bureau, Census 2010 TIGER/Line. Maps Produced by: the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). May 2013.
The KFH-Los Angeles service area has a population of 2,246,237, making up approximately one quarter (22.9%) of the population in Los Angeles County. Nearly half (43.1%) of the population in the KFH-Los Angeles service area reside in SPA 4 and over a quarter (27.9%) reside in SPA 3. The service area is approximately 280 square miles and has a population density of 7,842.97 persons per square mile, which is significantly higher than the density of California at 235.19 persons per square mile. Over a third (30.2%) of the population in the KFH-Los Angeles service area is between the ages of 25 and 44 years old, slightly more when compared to Los Angeles County (29.6%). Another quarter (23.3%) is between the ages of 0 and 17 years old, slightly less than in Los Angeles County (24.5%).

The KFH-Los Angeles service area is racially and ethnically diverse. Approximately 48% of the population is Hispanic/Latino, 28% are Caucasian, nearly 14% are Asian/Pacific Islander, 8% are African American and just under 3% identify as multi-racial or some other race. More of the population in the service area speaks Spanish in the home (42.2%) when compared to Los Angeles County overall (39.7%), and one-third speaks English only (33.0%) at home, a smaller portion when compared to Los Angeles County (42.9%). A slightly larger portion of the population speaks an Asian/Pacific Island language (16.0%) at home when compared to Los Angeles County (10.9%). Nearly a third (32.5%) of the population in the KFH-Los Angeles service area has less than a ninth-grade education, slightly higher than Los Angeles County (26.9%).

Nearly a quarter of residents in the KFH-Los Angeles service area (24.1%) has an annual household income between $20,001 and $40,000, slightly more when compared to Los Angeles County (23.8%). In addition, nearly a quarter of households (22.8%) has an annual household income of $20,000 or below. Nearly 20% of the population in the KFH-Los Angeles service area lives below the federal poverty level (FPL) and more than 27% of the population over the age of 25 does not have a high school diploma or equivalent. In addition, the unemployment rate in the KFH-Los Angeles service area (10.2) was higher when compared to Los Angeles County (9.7).

V. Purpose of Implementation Strategy

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

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in proposed regulations released April 2013. This implementation strategy describes KFH-Los Angeles’ planned response to the needs identified through the 2013 Community Health Needs Assessment (CHNA) process. For information about KFH-Los Angeles’ 2013 CHNA process and for a copy of the report please visit [http://share.kaiserpermanente.org/article/community-health-needs-assessments-3/](http://share.kaiserpermanente.org/article/community-health-needs-assessments-3/).

This Implementation Strategy also serves as a foundation for further alignment and connection of other Kaiser Permanente initiatives that may not be described herein, but which together advance KFH – Los Angeles’ commitment to improving the health of the communities it serves. Such other initiatives include but are not limited to our Supplier Diversity Program to promote the socio-economic vitality that correlates with the health of our communities, our environmental stewardship to reduce waste and pollution, and organized matching of the altruism of our workforce with community volunteer opportunities that promote health.
VI. List of Community Health Needs Identified in CHNA Report

The list below summarizes the health needs identified for the KFH-Los Angeles service area through the 2013 Community Health Needs Assessment process.

- Mental health
- Obesity/overweight
- Oral health
- Diabetes
- Disability
- Cardiovascular disease
- Hypertension
- Cholesterol
- Alcohol and substance abuse
- Intentional injury
- Cancer, in general
- Breast Cancer
- Alzheimer's disease
- Asthma
- Cervical cancer
- Hepatitis
- HIV/AIDS
- Colorectal cancer
- Unintentional injury
- Arthritis
- Allergies
- Infant mortality

VII. Who was Involved in the Implementation Strategy Development

The Implementation Strategy Engagement Team (ISET) at KFH-Los Angeles included the following stakeholders:

- Yannis Angouras, Assistant Administrator - Operations
- Derek Berz, Chief Operating Officer
- Mario Ceballos, Community Benefit Manager
- Mark Costa, Executive Director
- Catherine Gaughen, Director - Public Affairs and Brand Communications
- William Grice, Chief Administrative Officer
- Julie Long, Assistant Medical Center Administrator
- Sajid Sindha, Director - Strategic Planning/Decision Support
- Sanjit Sodhi, Area Chief Financial Officer
- Dr. Maureen Spell, Assistant Area Medical Director
- Dr. Michael Tome, Medical Director

The process was led by KFH-Los Angeles Community Benefit Manager, Mario Ceballos, and facilitated by Maura Harrington of the Center for Nonprofit Management.
VIII. Health Needs that KFH-Los Angeles Plans to Address

a. Process and Criteria Used

In order to select the health needs that KFH-Los Angeles will address, the team used the criteria listed below, with a particular focus on choosing needs that Kaiser Permanente would have the ability to have a significant and meaningful impact on given our expertise, our resources and the evidence. In addition, KFH-Los Angeles limited the number of needs selected to only a few in order to maximize the hospital’s ability to have an impact and not spread resources too thinly across many needs.

From the broader list of community health needs identified during the 2013 CHNA, the Community Benefit Manager applied the following criteria, grouped under the two headings of Need and Feasibility, using a scale of 1 to 5 from least to most, to each of the health needs listed in section VI. Prior to applying the prescribed criteria described below, to further inform the process, the Community Benefit Manager and the consultants co-designed a matrix exercise that allowed for a consideration of assets and drivers related to the CHNA health needs. The resulting scores were translated to a four section grid (vertical and horizontal axes from Low to High) according to Need and Feasibility for review by the Implementation Strategy Team. After the selected health needs were presented to the Implementation Strategy Team, a facilitated discussion was held to discuss and confirm the health needs. The health needs receiving the highest scores for Need and Feasibility and through the facilitated discussion with the Implementation Strategy Team, KFH-Los Angeles selected the health needs it would address, in the manner as presented in the Priority Areas listed in section VIII.b.

The criteria used were:

Need:
- Magnitude/Scale of the Problem: the health need affects a large number of people within the community.
- Severity of Problem: the health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
- Disparities: the health need disproportionately impacts the health status of one or more vulnerable population groups.

Feasibility:
- Kaiser Permanente Assets: Kaiser Permanente has relevant expertise and/or unique assets as an integrated health system to make a meaningful contribution.
- Ability to leverage: opportunity to collaborate with existing community partners working to address the need, or to build on current programs, emerging opportunities, or other assets.

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

Priority Health Need 1: 
**Access to health care programs and services for the un/underinsured and at-risk populations.**

Increasing access to appropriate and effective health care services addresses a wide range of specific health needs. Achieving the goal of increased access to care requires reducing barriers to preventive screening, primary care, and specialty care through deploying a wide range of strategies encompassing programs, outreach, training, and policies.
Lack of insurance is a key barrier to health care access. With implementation of the Affordable Care Act in January 2014, a significant number of individuals who are currently uninsured will have new options for coverage and access to health care. However, access barriers will persist for some low-income populations, particularly those for whom the cost of premiums is beyond their reach or they are ineligible due to immigration or documentation status. Even with insurance, for some populations – those with Medicare, Medi-Cal, etc. and individuals with geographic or language barriers – access is not guaranteed. Access to health care impacts overall physical, social, and mental health status, the prevention of disease and disability, early detection and treatment of health conditions, quality of life, preventable death and life expectancy.

In the KFH-Los Angeles service area, a larger percentage of the population (27.9%) did not have health insurance when compared to Los Angeles County (22.6%) and the discharge rate per 10,000 persons for preventable hospital events was much higher (108.6) when compared to California (83.2).

**Priority Health Need 2:**
Access to programs and services focusing on the prevention and management of obesity/overweight and diabetes among youth (under the age of 18).

The prevalence of obesity/overweight and diabetes was identified as a key need in the KFH-Los Angeles service area specifically related to youth (under the age of 18). Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes and other chronic diseases. Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower-limb amputations, and adult-onset blindness. A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health issues. The diabetes prevalence rate in the service area is 18.5% compared to the Los Angeles County rate of 10.5%. Further, the uncontrolled diabetes hospitalization rate of 17.7 adults per 100,000 persons is nearly twice the Los Angeles County rate of 9.5 per 100,000 persons.

Developing an unhealthy lifestyle as a young person leads to further complications later in life. In the KFH-Los Angeles service area a larger percentage of youth is physically inactive (41.9%) when compared to California (37.5%). The portion of youth in the KFH-Los Angeles service area who are obese is higher (33.4%) when compared to California (29.8%), as is the number of youth who are overweight (14.5%) in comparison to California (14.3%).

**Priority Health Need 3:**
Access to programs and services focusing on the prevention and management of hypertension, cholesterol, and cardiovascular disease among adults (age 18 and over).

The prevalence of chronic conditions was identified as a key need in the KFH-Los Angeles service area specifically related to hypertension, cholesterol and cardiovascular disease among adults (age 18 and over). Cardiovascular disease encompasses and/or is closely linked to a number of health conditions that include arrhythmia, atrial fibrillation, cardiac arrest, cardiac rehab, cardiomyopathy, cholesterol, congenital heart effects, diabetes, heart attack, heart failure, high blood pressure, HIV, metabolic syndrome, pericarditis, peripheral artery disease (PAD) and stroke.

In the KFH-Los Angeles service area the incidence rate for hypertension was higher (27.4%) when compared to Los Angeles County (25.5%). Hospitalization rates resulting from heart disease per 100,000 persons were higher in the service area (379.7) when compared to Los Angeles County (367.1). The cardiovascular disease
mortality rate per 10,000 adults was slightly higher in the KFH-Los Angeles service area (15.7) when compared to Los Angeles County (15.6).

**Priority Health Need 4:**

*Access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations.*

Good mental health is essential to the overall health and wellbeing of individuals and their communities. Untreated disorders may lead individuals at risk for alcohol and substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression and outcome of chronic diseases.

In the KFH-Los Angeles service area the percentage of adults who self-report poor mental health in the past year was consistent with the figures for Los Angeles County (14.0%). However, the mental health hospitalization rate per 100,000 adults was nearly double (1,021.5) that of California (551.7). Likewise the mental health hospitalization rate per 100,000 youth was higher (328.9) than California (256.4). Significant mental health disparities exist within the KFH-Los Angeles service area, particularly as it relates to suicide. The service area experiences a suicide rate of 7.8 per 100,000 persons, modestly below the Los Angeles County rate (8.0) and within the Healthy People 2020 benchmark (<=10.2). However, within the community of downtown Los Angeles, the suicide rate is more than four times the service area rate (32.2).

**Priority Health Need 5:**

*Broader Health Care Delivery System Needs in Our Communities*

Kaiser Foundation Hospitals, which includes 37 licensed hospital facilities as of 2013, has identified a number of significant needs in addition to those identified above through the CHNA process which we are committed to addressing as part of an integrated healthcare delivery system. These needs, which are manifest in each of the communities we serve, include: 1) health care workforce shortages and the need to increase linguistic and cultural diversity in the health care workforce, and 2) access to and availability of robust public health and clinical care data and research.

Supporting a well-trained, culturally competent and diverse health care workforce helps ensure access to high quality care; this activity is also essential to making progress in the reduction of healthcare disparities which persist in most of our communities. Individuals trained through these workforce training programs are able to seek employment through Kaiser entities or at other health care providers in our communities.

Deploying a wide range of research methods contribute 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 findings from it, increases awareness of the changing health needs of diverse communities, addresses health disparities and improves effective health care delivery and health outcomes.

IX. **KFH-Los Angeles’s Implementation Strategies**

As part of the Kaiser Permanente integrated health system, KFH-Los Angeles has a long history of working with Kaiser Foundation Health Plan, The Permanente Medical Group, and other Kaiser Foundation Hospitals, as well as external 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 consumers.
✓ 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
✓ Address needs that would otherwise become the responsibility of government or another tax-exempt organization

KFH-Los Angeles is committed to enhancing its understanding about how best to develop and implement effective strategies to address community health needs and recognizes that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders. As such, KFH-Los Angeles will continue to work in partnership to refine its goals and strategies over time so that they most effectively address the needs identified.

**Priority Health Need 1: Access to Care: Increase access to health care programs and services for the un/underinsured and at-risk populations.**

**Long-term Goal**
Kaiser Permanente aims to increase access to health care for the un/underinsured and at-risk populations (e.g. homeless, immigrants, underserved youth, elderly adults) in the KFH-Los Angeles service area by aligning our strategies with the following goals:

**Intermediate Goals**
- Increase health care coverage to low-income individuals and the underserved.
- Provide case management and community linkages to nonmembers and homeless patients who frequent the Emergency Department (ED) for non-emergent conditions.
- Increase access to primary care services for the un/underinsured and at-risk populations (e.g. homeless, immigrants, underserved youth, elderly adults).
- Increase access to diagnostic imaging and specialty care services for the underserved and vulnerable populations.
- Help improve capacity and sustainability of community clinics to more adequately serve medically uninsured or underinsured individuals.
- Leverage and collaborate with diverse entities to increase access to health care by the un/underinsured and vulnerable populations.

There are several strategies that will be implemented to address these goals:

**Strategies**
- Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care and Medi-Cal Fee-For-Services).
- Provide Kaiser Permanente Medical Financial Assistance Program to help individuals with limited and/or no resources to pay for care provided at Kaiser Permanente facilities.
- Provide care to low income children under 19 in families at or below 300% of FPL who lack access to employer-subsidized coverage and do not qualify for public programs pursuant to a program that provides these children with heavily subsidized health care coverage.
- Enhance ED Social Medicine services to provide case management for medically underserved nonmembers and homeless patients who utilize the ED for non-emergent conditions.
- Continue with the KFH-Los Angeles/People Assisting The Homeless (PATH) Homeless Project to help direct frequent utilizers and chronically homeless individuals to PATH and other homeless service providers as well as permanent supportive housing.
Continue to provide grants to community clinics and community-based organizations to support access to preventive and primary care services and assist in the establishment of a medical home for medically underserved individuals and families.

Continue to provide grants to community organizations and clinics to support access to preventive and primary care through free or low-cost services, and removal of barriers to access to care.

Continue with the participation of the Internal Medicine Community Medicine Fellow at KHEIR Community Clinic.

Continue with participation of KFH-Los Angeles Physician Volunteers, Community Medicine Fellow (Internal Medicine), and Residents at Hollywood Sunset Free Clinic.

Continue with participation of the Pediatric Community Medicine Fellow and Residents at Eisner Pediatric & Family Medical Center.

Continue with the participation of Family Medicine Community Medicine Fellow and Residents at Saban Community Clinic.

Explore participation of the Community Medicine Fellow (Pediatric) at CHAPCare Community Clinic.

Continue the launch and operation of the KFH-Los Angeles/Eisner Pediatric & Family Medical Center (a.k.a. Federally Qualified Health Center (FQHC) shared delivery model).

Expand and deepen KFH-Los Angeles Physician Engagement to support provision of primary care at community clinics in KFH-Los Angeles Community Benefit projects.

Continue with the participation of Family Medicine Residents and Community Medicine Fellow at Marshall High’s school-based clinic and Belmont High Wellness Center (open to both students and community members).

Continue with the participation of Pediatric Residents and Community Medicine Fellow at the Hollywood High Wellness Center.

Continue to provide specialty care services to pediatric patients from Eisner Pediatric & Family Medical Center.

Continue to support the operation and promote increased participation by KFH-Los Angeles Physician Specialists and Residents at the KHEIR Community Clinic Specialty Care Hub.

Continue to support the efforts of KFH-Los Angeles volunteer Radiologists reading X-Rays for homeless and underserved patients of JWCH Wesley Health Center.

Provide technical assistance when possible to local FQHC-Look Alikes and Free Community Clinics to achieve FQHC status.

Participate in and support the Specialty Care Initiative and related workgroups (guidelines, scope of practice, volunteer network) to improve access to and utilization of specialty care services of local community clinics and public hospitals.

Inform community clinic partners of available training, speakers, symposium opportunities, resources (health education material, proactive office encounter tools, adult preventive clinical practice guidelines) and technical assistance on integration.

Explore opportunities to leverage and collaborate with other entities such as funders, governmental entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) for enhancing access to care:

**Expected Outcomes**

- Improved access to episodic care or health coverage to un/underinsured and low-income individuals.
- Increased awareness of community resources among underserved nonmembers and homeless patients to assist in linking them to a community “medical home” and other appropriate community resources for preventive, primary and non-emergent care.
Increased access to community clinics (“medical homes”) by the underserved and vulnerable populations living within the service area.

Increased community clinic capacity to offer preventive and primary care services to the un/underinsured.

Increased access to care for at-risk youth and underserved individuals and families in school-based settings.

Increased access to pediatric specialty care services for low-income, underserved children.

Increased community clinic capacity to offer specialty care consultation at community clinic sites.

Increased access to diagnostic imaging services to the homeless and underserved.

Enhanced FQHC readiness for local FQHC-Look Alikes or Free Community Clinics.

Increased collaboration around access to specialty care services within the Safety Net community.

Increased availability of quality improvement resources and technical assistance.

Collaborations with other entities such as Kaiser Permanente Medical Centers, funders, governmental entities, and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles in communities of need.

**Priority Health Need 2: Pediatric Obesity/Diabetes: Access to programs and services focusing on the prevention and management of pediatric obesity/overweight and diabetes among un/underinsured, at-risk youth (under the age of 18).**

**Long-term Goal**

Kaiser Permanente aims to increase access to programs and services focusing on the prevention and management of pediatric obesity/overweight and diabetes among un/underinsured, at-risk youth (under the age of 18) in the KFH-Los Angeles Service Area by aligning our strategies with the following goals:

**Intermediate Goals**

- Increase awareness and access to preventive obesity/overweight and diabetes services targeting un/underinsured, at-risk youth (under 18 years) living in communities of high need.
- Improve community clinic capacity to address and prevent pediatric obesity/overweight and diabetes.
- Leverage and collaborate with diverse entities to increase access to obesity/overweight, hypertension, cholesterol, and cardiovascular disease education.

There are several strategies that will be implemented to address these goals:

**Strategies**

- Provide grants to community organizations to address preventive care services for obesity/overweight, and diabetes prevention for at-risk youth.
- Actively promote and extend Kaiser Permanente Health Education classes on obesity/overweight, diabetes management and prevention, and healthy eating and active living to community members at KFH-Los Angeles Medical Center Campus, Medical Office Buildings (Pasadena, East LA, and Glendale), and community settings (as feasible).
- Engage KFH-Los Angeles Pediatric Obesity Champion to provide training, consultative support, and technical assistance to community clinics to assess existing clinical practices and weight management efforts to identify areas to enhance and/or integrate use of various tools and resources. Engage Licensed Vocational Nurse (LVN) as needed to provide peer to peer technical assistance to community clinics’ Medical Assistants, LVNs, or Nurses.
- Continue to offer our Farmer’s Market program on the hospital campus to provide access to largely locally produced fresh fruits and vegetables for patients, physicians, employees, and the community at large and to educate the public on the benefits of healthy eating and active living in KFH-Los Angeles’ service area.
Continue to promote and provide Regional community health educational materials, resources, and technical training (as appropriate) to community clinics and community-based organizations.

- Promote healthy eating and active living programs and resources (e.g., Weight of the Nation, Thriving Schools, Fire Up Your Feet!) to community members, schools and community-based organizations.
- Engage with Kaiser Permanente Educational Theater Program (ETP) to promote healthy eating and active living behaviors in local schools.
- Continue to engage the KFH-Los Angeles Pediatrics Community Health Fellow in obesity/overweight and diabetes prevention at Hollywood High’s Wellness Center, local community clinics, and other community venues.
- Actively participate in LAUSD School-based Wellness Centers and Wellness Councils (Hollywood High and Belmont High) to promote healthy eating active living practices and policies within a school environment and surrounding school community by the provision of health education resources and technical assistance.
- Coordinate Healthy Lifestyles for Families Program (train-the-trainer) from Regional Health Education to appropriate clinics, schools and community-based organizations in our Region that may want to offer the program to community members.
- Engage KFH-Los Angeles Pediatric Obesity Physician Champion to provide training, consultative support, and technical assistance to community clinics to assess existing clinical practices and obesity/overweight management efforts to identify areas to enhance and/or integrate use of various tools and resources (Clinical Practice Guidelines, proactive office encounter, Body Mass Index (BMI) as vital sign, physical activity questions, physical activity prescription pads, set clinical strategic goals, etc.). Engage Licensed Vocational Nurse (LVN) as needed to provide peer-to-peer technical assistance to community clinic Medical Assistants, LVNs, or Nurses.
- Provide Healthy Lifestyles training, curriculum, health education material, and technical assistance on how to integrate into community clinic setting or consulting on how to modify existing curriculum.
- Promote Healthier Living/Tomando Control de su Salud (general chronic disease management) to community clinics.
- Explore opportunities to leverage and collaborate with other entities such as funders, governmental entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) for increasing access to programs and services focusing on the prevention and management of pediatric obesity/overweight and diabetes among un/underinsured, at-risk youth (under the age of 18):

**Expected Outcomes**

- Increased knowledge and improved access to nutrition and active living programs and services targeting underserved at-risk youth and their families.
- Increased healthy behaviors among at-risk youth in targeted communities of need.
- Increased community capacity to support healthy eating and healthy living behavioral changes.
- Increased quality weight management services for overweight/obese and/or diabetic patients.
- Enhanced collaborations with other entities such as Kaiser Permanente Medical Centers, funders, governmental entities, and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles in communities of need.

Priority Health Need 3: Access to programs and services focusing on the prevention and management of hypertension, cholesterol, and cardiovascular disease among un/underinsured adults (ages 18 and over).

Long-term Goal
Kaiser Permanente aims to prevent and manage hypertension, cholesterol, and cardiovascular disease among the un/underinsured adults in the KFH-Los Angeles service area by aligning our strategies with the following goals:

**Intermediate Goals**
- Increase awareness and access to preventive hypertension, cholesterol and cardiovascular services for un/underinsured adults (age 18 and over) living in communities of high need within KFH-Los Angeles service area.
- Improve community clinic capacity to prevent and manage adult obesity/overweight, hypertension, cholesterol, and cardiovascular disease.
- Leverage and collaborate with diverse entities to increase access to obesity/overweight, hypertension, cholesterol, and cardiovascular disease prevention programs and services.

There are several strategies that will be implemented to address these goals:

**Strategies**
- Provide grants to community organizations to address preventive care and chronic disease management for hypertension, cholesterol and cardiovascular disease among un/uninsured adults.
- Actively promote and extend health education classes on prevention and management of hypertension, cholesterol and cardiovascular disease as well as healthy eating and active living to adult community members at KFH-Los Angeles Medical Center Campus, Medical Office Buildings (Pasadena, East LA, and Glendale) and community settings (as feasible).
- Engage KFH-Los Angeles Adult Obesity Physician Champion to provide training, consultative support, and technical assistance to community clinics to assess existing clinical practices and weight management efforts to identify areas to enhance and/or integrate use of various tools and resources. Engage KFH-Los Angeles Licensed Vocational Nurse, as needed, to provide peer to peer technical assistance to community clinics’ Medical Assistants, LVNs, or Nurses.
- Continue to support the KFH-Los Angeles Farmers Market available to members/nonmembers, physicians, employees and community at-large.
- Continue to promote and provide Regional community health educational materials, resources, and technical training (as appropriate) to community clinics and community-based organizations.
- Promote healthy eating active living programs and resources (e.g. Weight of the Nation, Thriving Schools, Fire Up Your Feet!) to community members, schools and community based organizations.
- Continue to engage the KFH-Los Angeles Family and Internal Medicine Community Health Fellows in hypertension, cholesterol, and cardiovascular disease at local community clinics and other community settings.
- Connect Healthy Lifestyles for Families Program (train-the-trainer) from Regional Health Education to appropriate clinics, schools and community based organizations in our Region that may want to offer the program to community members.
- Provide grants for chronic disease management that involves an organized, proactive, multi-component approach towards clinical care for prevention and chronic disease management of hypertension, cholesterol, and cardiovascular disease.
- Engage KFH-Los Angeles Adult Obesity Physician Champion to provide training, consultative support, and technical assistance to community clinics to assess existing clinical practices and obesity/overweight management efforts to identify areas to enhance and/or integrate use of various tools and resources (Clinical Practice Guidelines, proactive office encounter, Body Mass Index (BMI) as vital sign, physical activity questions, physical activity prescription pads, set clinical strategic goals, etc.). Engage Licensed
Vocational Nurse (LVN) as needed to provide peer to peer technical assistance to community clinic Medical Assistants, LVNs, or Nurses.

- Provide healthy lifestyles training, curriculum, health education material and technical assistance on how to integrate into community clinic setting or consulting on how to modify existing curriculum.
- Promote Healthier Living/Tomando Control de su Salud (general chronic disease management) to community clinics.
- Coordinate training on Kaiser Permanente ALL HEART, tools, and resources (CVD manuals, health education material, Clinical Practice Guidelines) and technical assistance on integrating within community clinic system. Engage Regional resources to provide technical assistance.
- Explore opportunities to leverage and collaborate with other entities such as funders, governmental entities, and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) to prevent and manage hypertension, cholesterol, and cardiovascular disease among the un/underinsured adults in KFH-Los Angeles service area:

**Expected Outcomes**

- Increased knowledge and improved access to healthy food and active living programs and services targeting underserved adults and their families.
- Increased engagement in healthy behaviors among adults at risk of hypertension, cholesterol, and cardiovascular disease with an emphasis on the most vulnerable populations (Latinos, African Americans) within KFH-Los Angeles service area.
- Increased community capacity to support healthy eating and healthy living behavioral changes.
- Increased chronic disease management and prevention for adults with or at risk of obesity/overweight, hypertension, cholesterol, and cardiovascular disease.
- Increased quality of weight management services for patients with or at risk of obesity/overweight, hypertension, cholesterol, and cardiovascular disease.
- Increased quality heart disease and stroke prevention service.
- Enhanced collaborations with other entities such as Kaiser Permanente Medical Centers, funders, governmental entities, and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles in communities of need.

**Priority Health Need 4: Access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk population.**

**Long-term Goal**

Kaiser Permanente aims to increase access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations (e.g. homeless, immigrants, underserved youth, elderly adults) in the KFH-Los Angeles service area by aligning our strategies with the following goals:

**Intermediate Goals**

- Increase community-based services to prevent, reduce, and manage mental health symptoms and illness among underserved and vulnerable populations, particularly those at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty and/or homelessness.
- Increase stress-management and emotional and behavioral stability among underserved and vulnerable populations, particularly those at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty and/or homelessness.
- Increase access to counseling services aimed at alcohol and substance abuse prevention and treatment for at-risk populations (e.g. low-income individuals and families, homeless, immigrants, underserved youth).
- Improve capacity and resources of community-based mental health providers and counseling service organizations.
- Leverage and collaborate with diverse entities to increase access to preventive mental health services.

There are several strategies that will be implemented to address these goals:

**Strategies**

- Provide grants that focus on one of the following:
  1. Collaborative care for the early detection and management of mental health symptoms;
  2. Home-based depression care management;
  3. Clinic-based depression care management; or
  4. Individual and group cognitive-behavioral therapy to detect, prevent and reduce psychological or physical harm.
- Provide grants that focus on knowledge, attitudes, and skills related to one or more of the following approaches:
  1. Home or family-based programs that provide parenting education and child development, social support to parents or care-takers;
  2. Interventions focused on skills to encourage parents or care-takers to use praise and rewards to reinforce desirable behavior;
  3. School-based interventions that involve social skills training to change behaviors to improve social relationships or promote non-response to provocative situations;
  4. Interventions focused on building skills and communication between individuals and within family units; or
  5. Cognitive-behavioral prevention intervention programs focused on coping skills and stress management.
- Provide grants to support counseling services and alcohol and substance abuse prevention and treatment programs for underserved and at-risk individuals and families.
- When possible, participate in and support mental health collaboratives and provide health education materials to community-based organizations.
- Expand and deepen KFH-Los Angeles Physician Engagement to support provision of mental health services at community clinics linked to KFH-Los Angeles Community Benefit projects.
- Actively promote and extend health education classes and materials related to “Mind/Body” to community members at KFH-Los Angeles Medical Center Campus, Medical Office Buildings (Pasadena, East LA, and Glendale) and community settings (as feasible).
- Continue to promote and provide Regional community health education materials, resources and technical training (as appropriate) to community clinics, mental health/counseling centers and community-based organizations.
- Explore opportunities to leverage and collaborate with other entities such as funders, governmental entities and other organizations to leverage Kaiser Permanente and KFH-Los Angeles resources.

It is anticipated that these strategies will have the following outcomes, which can contribute toward achieving our overall goal(s) for increasing access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations (e.g. homeless, immigrants, underserved youth, elderly adults) in the Los Angeles medical service area:
Expected Outcomes

- Increased awareness and access to support programs and services that detect, prevent, and manage mental health symptoms and illness among underserved individuals and families at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty and/or homelessness.
- Improved home, family and social environments of individuals and families at risk of social isolation, domestic violence, alcohol and substance abuse, suicide, poverty and/or homelessness.
- Increased awareness and access to counseling services to prevent and reduce alcohol and substance abuse among at-risk individuals and families, particularly those impacted by social isolation, domestic violence, alcohol and substance abuse, suicide, poverty and/or homelessness.
- Increased capacity, resources, and quality of preventive and mental health/counseling services for at-risk individuals and families, particularly those impacted by social isolation, domestic violence, alcohol and substance abuse, suicide, poverty and/or homelessness.
- Enhanced collaborations with entities such as Kaiser Permanente Medical Centers, funders, governmental entities and other organizations to increase and leverage the impact of Kaiser Permanente and KFH-Los Angeles in communities of need.

Priority Health Need 5: Address broader health care delivery system needs in our communities.

Kaiser Permanente aims to address broader health care delivery system needs by aligning our strategies with the following goals:

Workforce

Long-term Goals
To address health care workforce shortages and cultural and linguistic disparities in the health care workforce

Intermediate Goals

- Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality culturally relevant care

Strategies

- Implement health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers
- Provide 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
- Disseminate knowledge to educational and community partners to inform curricula, training and health career ladder/pipeline programs
- To leverage CB funded programs to develop strategies to increase access to allied health, clinical training and residency programs for linguistic and culturally diverse candidates
- Increase capacity in allied health, clinical training and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
- Leverage KP resources to support organizations and research institutions to collect, standardize and improve access to workforce data to enhance planning and coordination of workforce training and residency training programs

Expected Outcomes

- Increase the number of diverse youth entering health care workforce educational, training programs and health careers
- Increase the number of culturally and linguistically competent and skilled providers
Increase awareness among academia of what is required to adequately train current and future allied health, clinical and physician residents on how to address the health care needs of our diverse communities

Increase the participation of diverse professionals in allied health, clinical training and residency programs

Improve access to relevant workforce data to inform health care workforce planning and academic curricula

Research

Long-term Goals

➢ To increase awareness of the changing health needs of diverse communities

Intermediate Goals

➢ Increase access to, and the availability of, relevant public health and clinical care data and research

Strategies

➢ Disseminate knowledge and expertise to providers to increase awareness of the changing health needs of diverse communities to improve health outcomes and care delivery models

➢ Translate clinical data and practices to disseminate findings to safety net providers to increase quality in care delivery and to improve health outcomes

➢ Conduct, publish and disseminate high-quality health services research to the broader community to address health disparities, and to improve effective health care delivery and health outcomes

➢ Leverage KP resources to support organizations and research institutions to collect, analyze and publish data to inform public and clinical health policy, organizational practices and community health interventions to improve health outcomes and to address health disparities

Expected Outcomes

➢ Improve health care delivery in community clinics and public hospitals

➢ Improve health outcomes in diverse populations disproportionally impacted by health disparities

➢ Increase the availability of research and publications to inform clinical practices and guidelines

X. Evaluation Plans

KFH-Los Angeles will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those 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, number of people reached/served, number and role of volunteers, and volunteer hours. 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 remaining prioritized health needs for Los Angeles will not be addressed by KFH-Los Angeles because, using the criteria described previously, they were not ranked as highly (in terms of high need and high feasibility) as were access to care, prevention of youth obesity/overweight and diabetes, prevention and management of cardiovascular disease and mental health. KFH-Los Angeles has particular resources and
capacity to dedicate to the chosen priority areas and related health needs. In addition, there are other community partners/stakeholders who are currently addressing the needs below. The needs that will not be addressed are:

- Allergies
- Alzheimer’s disease
- Arthritis
- Asthma
- Breast cancer
- Cancer, in general
- Cervical cancer
- Colorectal cancer
- Disability
- Hepatitis
- HIV/AIDS
- Infant mortality
- Intentional injury
- Oral health
- Unintentional injury

Though not selected as a priority need in the Implementation Strategy process, some of the above noted needs will be indirectly addressed through enhancing access to health care.

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 needs not selected where it can appropriately contribute to addressing those needs.