2016 Implementation Strategy Report
for Community Health Needs

Kaiser Foundation Hospital – Downey
License #930000078

Approved by KFH Board of Directors
March 16, 2017

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

| Contact Person:                                | Elizabeth Trombley, MPH, Director of Public Affairs & Brand Communications |
| Date of Written Plan:                          | December 16, 2016 |
| Date Written Plan Was Adopted by Authorized Governing Body: | March 16, 2017 |
| Date Written Plan Was Required to Be Adopted:   | May 15, 2017 |
| Authorized Governing Body that Adopted the Written Plan: | Kaiser Foundation Hospital/Health Plan Boards of Directors |
| Was the Written Plan Adopted by Authorized Governing Body On or Before the 15th Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed? | Yes ☒ No ☐ |
| Date Facility’s Prior Written Plan Was Adopted by Organization’s Governing Body: | December 4, 2013 |
| Name and EIN of Hospital Organization Operating Hospital Facility: | Kaiser Foundation Hospitals, 94-1105628 |
| Address of Hospital Organization:              | One Kaiser Plaza, Oakland, CA 94612 |
II. About Kaiser Permanente

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

III. About Kaiser Permanente Community Benefit

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

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

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

IV. Kaiser Foundation Hospital – Downey Service Area

Kaiser Foundation Hospital (KFH) – Downey is located in Downey, California. The hospital service area is comprised of 23 cities/communities and 34 Zip Codes. KFH – Downey represents portions of County Service Planning Areas (SPA) 6 (South) and 7 (East). These cities/SPAs are located in Los Angeles County. The service area is presented below by community, zip code and SPA.

<table>
<thead>
<tr>
<th>City</th>
<th>Zip Code</th>
<th>SPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artesia</td>
<td>90701</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Bell</td>
<td>90201</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Bellflower</td>
<td>90706</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Bell Gardens</td>
<td>90201</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Cerritos</td>
<td>90703</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Commerce</td>
<td>90040</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Compton</td>
<td>90221,90222</td>
<td>SPA 6</td>
</tr>
<tr>
<td>Cudahy</td>
<td>90201</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Downey</td>
<td>90240,90241,90242</td>
<td>SPA 7</td>
</tr>
<tr>
<td>City</td>
<td>Zip Code</td>
<td>SPA</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Hawaiian Gardens</td>
<td>90716</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Huntington Park</td>
<td>90255</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Lakewood</td>
<td>90712,90713,90715</td>
<td>SPA 7</td>
</tr>
<tr>
<td>North Long Beach</td>
<td>90805</td>
<td>SPA 8</td>
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<tr>
<td>Lynwood</td>
<td>90262</td>
<td>SPA 6</td>
</tr>
<tr>
<td>Maywood</td>
<td>90270</td>
<td>SPA 7</td>
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<tr>
<td>Norwalk</td>
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<td>SPA 7</td>
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<tr>
<td>Paramount</td>
<td>90723</td>
<td>SPA 6</td>
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<tr>
<td>Pico Rivera</td>
<td>90660</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Santa Fe Springs</td>
<td>90670</td>
<td>SPA 7</td>
</tr>
<tr>
<td>South East Los Angeles</td>
<td>90001,90002, 90059</td>
<td>SPA 6</td>
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<tr>
<td>South Gate</td>
<td>90280</td>
<td>SPA 7</td>
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<tr>
<td>Vernon</td>
<td>90058</td>
<td>SPA 7</td>
</tr>
<tr>
<td>Whittier</td>
<td>90601,90602,90603,90604, 90605, 90606</td>
<td>SPA 7</td>
</tr>
</tbody>
</table>

Map of the Kaiser Permanente – Downey Service Area
V. Purpose of Implementation Strategy

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

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

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

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

1. Overweight and obesity
2. Mental health
3. Access to health care
4. Diabetes
5. Community safety
6. Substance abuse
7. Preventive practices
8. HIV/AIDS/STI
VII. Who was Involved in the Implementation Strategy Development

The implementation strategy was developed through a process that involved the KFH – Downey hospital operational leadership and community partners. The core planning team consisted of the KHF – Downey service area’s Medical Center Administrative Team (MCAT), comprised of stakeholders representing both Kaiser Foundation Hospital/Health Plan and the Southern California Permanente Medical Group (SCPMG) and included:

Binesh Batra, MD, Medical Director
Sheri Bathurst, Community Benefit Manager
Melissa Biel, Biel Consulting, Inc., Consultant
Jim Branchick, RN, Senior Vice President and Area Manager
Jacqueline Cameron, RN, Nursing Administration
Kevin Chen, Chief Financial Officer
Gregg Durkee, Chief Operations Officer
Elizabeth Trombley, MPH, Director Public Affairs
Mark Zuiderveen, Chief Administrative Officer

Other Kaiser Permanente internal subject matter experts were consulted throughout the process to provide content expertise on the health needs and the strategies to address the needs. These persons included:

Celia Brugman, Community Benefit Manager, KFH – West Los Angeles
Mario Ceballos, Community Benefit Manager, KFH – Los Angeles
Janae Oliver, Community Benefit Manager, KFH – South Bay
Roberta Tinajero, Community Benefit Manager, Regional Community Benefit

a. Partner Organizations

The following stakeholders collaborated with KFH – Downey in developing the Implementation Strategy (IS). These partners were able to provide multiple perspectives on strategies to address health needs and opportunities for partnership.

- PIH Health
- Activate Whittier Collaborative
- Los Angeles County Department of Public Health, SPA 7
- California Conference for Equality and Justice
- Health Action Lab SPA 7 October 17 meeting (government and nonprofit organizations)

b. Community Engagement Strategy

While not required by Federal CHNA regulations, Kaiser Permanente encourages all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. Voluntary community members and stakeholders engagement in the implementation strategy development process is intended to enable:
• KFH facilities to develop a deeper understanding of community perspective in developing Implementation Strategies, allowing opportunities for increased collaboration, potential impact, and sustainability
• Opportunities to engage community members beyond organizations and leaders with whom facilities may typically collaborate
• Transparency throughout the implementation strategy development process
• Opportunities to inform community leaders about Kaiser Permanente’s unique structure and resources to effectively foster meaningful partnerships.

KFH – Downey identified five priority health needs through the process outlined in Section VIII. The identified needs, outcomes and proposed strategies for this Implementation Strategy were shared with Kaiser Permanente stakeholders and community partners and questions and feedback on the proposed strategies were discussed. To engage community partners, KFH – Downey participated in a community convening and an affiliated survey sent to a wide range of community stakeholders in advance of the convening. Survey respondents and participants in the convening included community residents, representatives of nonprofit service organizations, health care organizations and county representatives (see table below).

These efforts validated the importance of the priority health needs identified by KFH – Downey. Participants provided information on existing resources and assets that can be leveraged to address the identified health needs, ideas for needed resources, collaboration opportunities, and ways to track the progress and outcomes of the work. The information obtained from these efforts was used to strengthen the planning undertaken by KFH – Downey. For example, many organizations are focused on addressing the same health and social needs. As a result, community-based efforts were identified that KFH – Downey considered when identifying strategies designed to address the priority health needs. Additionally, partners were included as part of our planned collaboration to address these needs. By discussing the health need strategies and identifying ways to collaborate, we can achieve synergies and accomplish more by working together.

<table>
<thead>
<tr>
<th>DATA COLLECTION METHOD</th>
<th>TYPE</th>
<th>PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting, focus group, interview, survey, written correspondence, etc.</td>
<td>Respondent’s title/role and organization or focus group name</td>
<td>Total number of participants</td>
</tr>
<tr>
<td>Survey</td>
<td>Anonymous survey respondents representing community organizations, public health and community members</td>
<td>57</td>
</tr>
</tbody>
</table>
Community Convening

Community organizations, including: children and youth, food pantry, mental health, hospitals, disease prevention, community clinics, health literacy and elected officials; Public health and county organizations; community members

| Community Convening | Kaiser Permanente Community Health Improvement Leader | 1 | 0 | 1 | 0 |
| Interview | Executive Director, California Conference for Equality and Justice | 1 | 0 | 1 | 0 |
| Interview | Executive Director, Kingdom Causes | 1 | 0 | 1 | 0 |
| Interview | Department of Public Health Community Liaison Public Health Nurse | 1 | 0 | 0 | 1 |

c. Consultant Used
Biel Consulting, Inc. worked with KFH – Downey to develop the Implementation Strategy. Biel Consulting, Inc. is an independent consulting firm that works with hospitals to develop, implement and evaluate community benefit programs. [www.bielconsulting.com](http://www.bielconsulting.com)

VIII. Health Needs that KFH – Downey Plans to Address

a. Process and Criteria Used
The planning team met on August 29, 2016 to review and discuss the identified health needs. They examined the measurement criteria to be applied to the identified health needs and assist in selection of priority areas. The criteria focused on need and included measurements for magnitude of a health problem, severity, and disparities associated with the identified health need. Additional criteria focused on the feasibility of addressing the health needs and included measurements of Kaiser Permanente assets and opportunities to leverage partnerships to address the needs. Definitions and a rating system were developed for the criteria (magnitude, severity, disparities, assets, ability to leverage). Each of the identified health needs were analyzed and rated according to the criteria of magnitude, severity, disparities, feasibility and assets/opportunities. The definition for each of the criteria is described in the table below.
<table>
<thead>
<tr>
<th>Categories</th>
<th>Criteria</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
<td>Magnitude/scale of the problem</td>
<td>The health need affects a large number of people within the community.</td>
</tr>
<tr>
<td></td>
<td>Severity of the problem</td>
<td>The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.</td>
</tr>
<tr>
<td></td>
<td>Health disparities</td>
<td>The health need disproportionally impacts the health status of one or more vulnerable population groups.</td>
</tr>
<tr>
<td>Feasibility</td>
<td>Kaiser Permanente assets</td>
<td>Kaiser Permanente can make a meaningful contribution to addressing the health need because of its relevant expertise and/or unique assets as an integrated health system and because of an organizational commitment to addressing the health need.</td>
</tr>
<tr>
<td></td>
<td>Ability to leverage</td>
<td>Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, or other community assets.</td>
</tr>
</tbody>
</table>

The Community Benefit Consultant and Community Benefit Manager applied the criteria to the health needs, by scoring each health need against each criterion on a score of 0-5. Criteria scores were added to create a summary score for ‘need’ and ‘feasibility’. The total scores for each of the criteria determined whether the need was a high or low need and feasibility. Scores above seven signified high need and scores above five signified high feasibility. Based on the summary scores, the health needs were categorized as low to medium need/low to medium feasibility; low to medium need/high feasibility; high need/low to medium feasibility; and high need/high feasibility. Using this information, the health needs were plotted based on the need and feasibility scores. These results were reviewed and discussed by the planning team at a meeting on October 3, 2016. This resulted in the following matrix.

### Strategy Grid for Hospital Health Need Selection

<table>
<thead>
<tr>
<th>Need</th>
<th>Feasibility</th>
<th>Health Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Med Need</td>
<td>low</td>
<td>Low-Med Need/ Low-Med Feasibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asthma, Cardiovascular disease, Oral health, Preventive practices, Substance abuse, Teen births</td>
</tr>
<tr>
<td>High Need</td>
<td>high</td>
<td>High Need/ High Feasibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Access to health care, Overweight/HEAL/Diabetes</td>
</tr>
<tr>
<td>Low-Med Need</td>
<td>low</td>
<td>Low-Med Need/ Low-Med Feasibility</td>
</tr>
<tr>
<td>High Need</td>
<td>high</td>
<td>High Need/ Low-Med Feasibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community safety, Mental health, STIs</td>
</tr>
</tbody>
</table>
In considering the health needs to select, the planning team considered the KFH capacities, initiatives, and programs that may be available for addressing priority needs, and began to identify additional assets and local strategies for addressing the priority health needs. This discussion resulted in the selection of five health needs: access to care, obesity/HEAL/diabetes, mental health, community safety/violence prevention and Sexually Transmitted Infections (STI).

b. Health Needs that KFH – Downey Plans to Address

KFH – Downey plans to address the following health needs:

Access to Care
Access to comprehensive, quality health care services is important for health equity and for increasing the quality of a healthy life. Health care access is a key requirement for early detection of illnesses, chronic disease management and reduction of Emergency Room usage. Access to care was rated by the community as the #3 priority health need in the service area. In the KFH – Downey service area, over one-third of the population has Medi-Cal coverage. Over one-quarter of the population (25.9%) are uninsured, which translates to 74.1% with health insurance. These data were obtained before the full implementation of the Affordable Care Act and the insurance coverage expansion. Therefore, the percent of residents who are currently uninsured may be lower as a result of Medi-Cal expansion and the availability of health care coverage. Community input on access to care indicated the availability of insurance coverage is improving access to care. However, a number of barriers remain, including affordability, transportation, navigating the system and accessibility to appointments in a timely manner. Access to care remains limited for non-resident immigrants who are not covered by the ACA. Community stakeholders also identified barriers to accessing care experienced by the homeless, students and seniors.

We heard from the community that health care access also included an examination of the identified barriers to accessing dental health care and mental health care. There are limited health insurance options for dental care and not enough resources. The lack of resources is also a concern for those attempting to access services for mental health care. Obtaining dental health and mental health care are often not prioritized as necessary given limited resources. As a result, many residents in the service area forgo dental care and mental health care services.

Obesity/HEAL/Diabetes
Being overweight or obese affects a wide range of health issues and are major risk factors for diabetes, cardiovascular disease, and other chronic diseases. There are high rates of overweight and obesity among adults and teens in the service area. This may have an impact on the high rates of chronic diseases identified in the service area. In the KFH – Downey service area, Blacks/African Americans and Latinos/Hispanics tend to have higher rates of overweight and obesity, while Asians have lower rates. Overweight/obesity was rated the #1 priority health need by the community. The community identified that being overweight contributes to diabetes, cardiovascular disease and asthma. Therefore, addressing overweight as a causative factor for many other conditions will contribute to reducing disease and disability.

Diabetes is the fifth leading cause of death in Los Angeles County. In the service area, South East Los Angeles has the highest percentage of adults diagnosed with diabetes. Diabetes is a condition that when
managed can prevent ER visits or hospitalizations. When the rate of ER visits and hospitalizations for diabetes are examined by place in the service area, Compton (90221) has the highest ER rate for diabetes (65.9) and Compton has the highest hospitalization rate for diabetes (52.9). The community rated diabetes as the #4 highest priority health need.

**Mental Health**
Mental illness is a common cause of disability. Untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. Through community input, mental health was rated the #2 priority health need. The status of mental health in a community can be examined by looking at rates of help seeking behavior for prevention or treatment and/or suicide, among others. Community stakeholders identified the ongoing stigma associated with having a mental health problem and this prevents individuals from seeking needed services. A major concern voiced by community members is the lack of resources available for mental health. Vulnerable populations, such as the homeless, the undocumented and seniors, have an especially difficult time obtaining mental health services.

**Community Safety/Violence Prevention**
Community violence is pervasive, especially in inner-city urban areas. Socioeconomic status and crime interconnect and contribute to community violence. High rates of crime and violence impact on families’ feelings of safety and tend to reduce community interaction and outside physical activities. Death rates as a result of violence and injury are higher in the service area than in the state. In the hospital service area, homicide is a top cause of premature death and the community identified the pervasive effect of crime and violence on feelings of safety. Concern about violence keeps people inside their homes and reduces community interaction. Violence is also experienced at high rates within families, among youth and at schools. As a result, community safety was ranked by the community as the #5 health priority in the service area.

**Sexually Transmitted Infections**
STIs continue to be a major public health problem. STIs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STI prevention is an essential primary care strategy for improving reproductive health. The service area is experiencing very high rates of sexually transmitted infections. Teens and young adults, age 15-29, and Blacks/African Americans, have the highest rates of sexually transmitted infections. Community stakeholders indicate the stigma associated with STIs. This stigma may result in inadequate education and communication about this health outcome. The community ranked STIs as the #8 priority in the service area. However, because of the severity of the issue among subpopulations increase in STIs and the negative impact on positive birth outcomes and reproductive help, STIs were selected as health need KFH – Downey would address through its community benefit initiatives.

**IX. KFH – Downey’s Implementation Strategies**

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

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

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

KFH – Downey 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 – Downey welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

**Access to Care**

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

- Increase coverage and access to comprehensive, quality health care services for low-income and uninsured populations.
- Improve the capacity of health care systems to provide quality health care services, including the social and non-medical needs of their patients.

These priorities have guided the development of the following core **strategies** to address access to care in the community.

- Support the provision of high quality health care including preventive services and specialty care for underserved populations (i.e. Medi-Cal Managed Care and Medi-Cal Fee-For-Service), provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage through charitable health coverage, and provide financial assistance to low-income individuals who receive care at KFH facilities and can’t afford medical expenses and/or cost sharing.
- Support the development of community-based organizations, leaders, and networks, and build their capacity to advance equity and improve access to health care.
Support policies and programs that improve the ability of health care organizations to access upstream factors and coordinate with community-based preventive services.

Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved. KFH – Downey will address access to care by partnering with Caring Connections, a nonprofit serving Bellflower Unified School District. KFH – Downey Public Affairs Representative is a member of the Caring Connections collaborative which ensures that children and families gain access to medical care regardless of insurance status or ability to pay.

Leverage Kaiser Permanente assets to drive coverage and access to health care for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of health care services. KFH – Downey Director of Human Resources is a member of the Southeast Los Angeles County Workforce Development Board where she provides expertise on local programs and policies that impact the evolving needs of the healthcare workforce.

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

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

**Obesity/HEAL/Diabetes**

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

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

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

- Support multi-level, multi-component initiatives in community settings to support access to healthy, affordable food and activity-promoting environments (HEAL Zones). KFH – Downey Community Benefit Manager is a founding member of the Healthy Downey initiative which aims to align school and city based healthy eating and active living efforts in the community of Downey.
- Support multi-level, multi-component activities in school settings to produce a significant and measurable impact on the health of students, staff and teachers in K-12 schools within communities served by Kaiser Permanente. The Thriving Schools Initiative is a community based effort to improve healthy eating, physical activity and school climate in K-12 schools in Kaiser Permanente’s service areas, primarily through a focus on policy, systems and environmental changes that support healthy choices and a positive school climate.
- Support programs that improve referral of patients to evidenced-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention.

- Leverage Kaiser Permanente assets to drive community health, including healthy eating and active living and champion organizational practice changes within Kaiser Permanente that promote health.

- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living. KFH – Downey Community Benefit Manager serves as a member of the Partnership for Healthy Communities (PHC) coalition, which is made up of representatives from the Los Angeles County Department of Public Health, PIH Health, Interfaith Food Center and staff from the cities of Cerritos, Artesia, Bellflower and Whittier. PHC has a team of 21 trained promotor/es who are implementing evidence based healthy eating curriculums at nonprofits and through Parks and Recreation programs in all four cities involved.

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

- Adoption and implementation of policies and improvements to environments that increase availability and enable access to healthy food (including fresh produce and safe drinking water) and/or physical activity.

- Improved patient assessment and care for chronic conditions (obesity, diabetes and/or heart disease) and social non-medical needs by health care providers.

Mental Health

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

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

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

- Support school and youth development organizations in learning about and addressing mental and behavioral health including suicide prevention and trauma-informed care. KFH – Downey will address mental health by providing educational programming and resources (such as bully prevention), through programs such as the KP Educational Theatre, to local schools.

- Support the development of community-based organizations, leaders, and networks, and build their capacity to advance equity and reduce stigma surrounding mental and behavioral health. KFH – Downey will address mental health by partnering with True Lasting Connections (TLC) Family Resource Center (FRC) in Downey. KFH – Downey Public Affairs Director has served for eight years on the advisory board for this FRC who focuses on providing uninsured and underinsured youth access to mental health services.
Leverage Kaiser Permanente assets to drive community health and champion organizational practice changes within Kaiser Permanente that promote mental and behavioral health.

Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field.

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

- Increased access (availability and affordability) of mental and behavioral health services in health care and community settings.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address mental and behavioral health.

**Community Safety/Violence Prevention**

KFH-Downey’s long-term goal for addressing community/safety/violence prevention is that all community members live in safe neighborhoods and are protected from violence and other injuries. It aims to visualize this goal by organizing its’ strategies around the following strategic priorities (or intermediate goals):

- Prevent and reduce violence in high-risk communities.
- Improve levels of community safety.

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

- Support the adoption of evidence-based and promising family and youth development programs, such as the provision of trauma-informed care, conflict resolution program, and mentoring programs that focus on keeping youth positively engaged in school and the community.
- Support policies and programs that improve the delivery of services for youth and adults returning to the community from incarceration. KFH – Downey collaborates with Black Coffee, a social enterprise based in KFH – Downey service area dedicated to providing job training, employment and mentoring to men re-entering the community from incarceration. KFH – Downey purchases and serves Black Coffee in our hospital cafeteria.
- Leverage KP assets, including organizational practices, to promote community safety and prevent violence in communities. KFH – Downey’s Associate Executive Director of the Kaiser Permanente Watts Counseling and Learning Center serves as a member of the Watts Gang Taskforce whose primary function is to eliminate gang violence, and coordinate resources and services in the Watts Community to help youth stay gang free and in school.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of community health (including promoting best practices in trauma-informed care).

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

- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address violence and injury prevention.
Adoption and implementation of policies and programs that support safer physical environments in communities.

**Sexually Transmitted Infections**

KFH – Downey’s **long-term goal** for addressing sexually transmitted infections is to improve health and quality of life through prevention, detection, and treatment of STIs and the associated risk factors. It aims to visualize this goal by organizing its’ strategies around the following **strategic priorities (or intermediate goals):**

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

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

- Promote and encourage STI education, condom use, abstinence, testing and treatment for patients and their partners.
- Support school and youth development organizations in learning about and addressing STD prevention. KFH – Downey will address sexual health by providing educational programming and resources (such as STI awareness), through programs such as the KP Educational Theatre, to local schools.

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

- Improved referrals and coordination between health care providers and community resources and programs to address the medical and social needs of at-risk STD patients.

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

**Research**

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes in diverse populations disproportionately impacted by health disparities. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice.
Our Commitment to Total Health
Kaiser Permanente is aware of the significant impact that our organization has on the health of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. In addition to the direct community investments we make through our grant-making, collaborations and partnerships, we have explored opportunities to align our hiring practices, our purchasing, our building and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. The following strategies are illustrations of the types of continual organizational business practices we implement that can address priority health needs and contribute to community health and well-being. These strategies are intended to be an illustrative, not exhaustive list of our efforts:

- **Implement green business and operational practices, and building standards to address climate and health**, such as limiting excessive inventory by recycling outdated equipment and monitoring purchasing & supply; purchasing clean wind and solar energy; supporting procurement of services and supplies from local vendors; leveraging Kaiser Permanente influence to increase demand (and therefore supply) of healthier products and practices; renovating all buildings to meet “KP brand” expectations around environmental stewardship and the built environment; and recycling paper, plastic, and aluminum, and composting food scraps at Kaiser Permanente facilities.

- **Implement healthy food policies to address obesity/overweight and economic security**, such as supporting local restaurants and caterers that meet Kaiser Permanente’s Healthy Picks and to make more available healthier food options in our communities and at Kaiser Permanente facilities; and supporting vendors that hire under/unemployed residents (with living wages and benefits) in the food production/distribution process.

- **Contribute toward supplier diversity in the community to address economic security** by implementing policies and standards to procure supplies and services from a diverse set of providers; working with vendors to support sub-contracting with diverse suppliers/service providers; and partnering with community-based workforce development programs to support a pipeline for diverse suppliers/service providers.

- **Implement hiring policies to address economic security**, such as collaborating with workforce planning staff to identify current and future health care workforce needs.

- **Contribute toward water conservation to address climate and health** by installing drought tolerant landscaping.

- **Develop the health care workforce to address access to care and economic security** by implementing health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers; partnering with local vocational schools, community colleges, workforce investment boards, local hiring halls or community-based workforce development programs to create pipelines from target communities; and providing workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities.

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X. Evaluation Plans

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

**XI. Health Needs Facility Does Not Intend to Address**

The health needs that KFH – Downey does not intend to directly address are: asthma, cardiovascular
disease, oral health, preventive practices, substance abuse and teen pregnancy. For the most part these
needs were deemed to be of relatively lower need based on the defined criteria. Taking existing
community resources into consideration, KFH – Downey has selected to concentrate on those health needs
that we can most effectively address given our assets. Through the planning process outlined in Section
VIII of this report, the health needs KFH – Downey is not addressing had lower magnitude and severity
ratings. Additionally, community input ranked asthma, cardiovascular disease, teen pregnancy and oral
health in the bottom one-third of the prioritized health needs.

Community feedback indicated that the high priority needs were viewed as influencing a number of lower
priority needs. For example, preventive practices, teen pregnancy and oral health can be addressed
through a commitment of resources focused on access to care. In other words, an emphasis on access to
care will improve care availability for these health needs, resulting in KFH – Downey selecting access to
care and not selecting preventive care, teen pregnancy and oral health. This is also the case for selecting
mental health and not substance abuse and selecting overweight/obesity/healthy eating/active living and
not selecting cardiovascular disease and asthma. Since substance abuse is often linked with mental health
issues, a focus on mental health services may support access to resources for substance abuse. The same
reasoning says that reducing overweight and improving nutrition and physical activity will positively
influence cardiovascular disease and asthma. Knowing that there are not sufficient resources to address all
the community health needs, KFH – Downey chose to address those health needs that have the potential
for the largest impact.

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-Downey will look for collaboration opportunities that address
needs not selected where it can appropriately contribute to addressing those needs, or where those needs
align with current strategy and priorities.