2016 Implementation Strategy Report
for Community Health Needs

Kaiser Foundation Hospital South Bay
License #030000079

Approved by KFH Board of Directors
March 16, 2017

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

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

Kaiser Foundation Hospital – South Bay
License # 930000079
25825 Vermont Avenue
Harbor City, CA 90710

I. General Information

Contact Person:	Tara N. O'Brien, Director, Public Affairs and Brand Communications
Date of Written Plan:	December 15, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	March 16, 2017
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by Authorized Governing Body On or Before the 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 Hospitals – South Bay Service Area

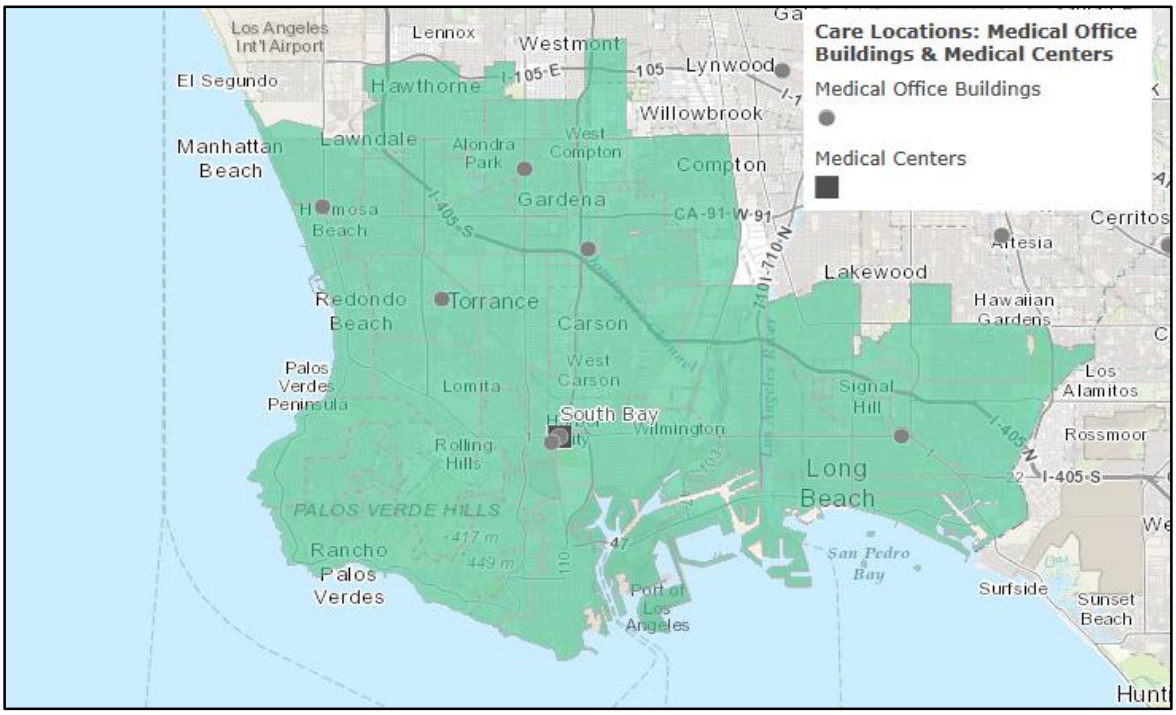
The KFH-South Bay Medical Center Service Area is located in the southwest region of Los Angeles County and serves 19 cities. In addition to the cities and zip codes listed below, the KFH-South Bay Medical Center Service Area includes portions of Service Planning Areas 6 (South) and 8 (South Bay), which are distinct regions of Los Angeles County used by the Departments of Public Health, Health Services, and Mental Health to plan and manage service delivery.

KFH-South Bay Medical Center Service Area

City	Zip Code	Service Planning Area (SPA)
Carson	90745, 90746	SPA 8
Catalina Island	90704	SPA 8
Compton	90220	SPA 6
Gardena	90247, 90248, 90249	SPA 8
Harbor City/Harbor Gateway	90710	SPA 8
Hawthorne	90250	SPA 8

Hermosa Beach	90254	SPA 8
Lawndale	90260, 90261	SPA 8
Lomita	90717	SPA 8
Long Beach	90802, 90803, 90804, 90806, 90807, 90808, 90810, 90813, 90814, 90815, 90822, 90831, 90833, 90834, 90835	SPA 8
Los Angeles	90061	SPA 6
Manhattan Beach	90266	SPA 8
Palos Verdes Peninsula	90274	SPA 8
Rancho Palos Verdes	90275	SPA 8
Redondo Beach	90277, 90278	SPA 8
San Pedro	90731, 90732	SPA 8
Signal Hill	90755	SPA 8
Torrance	90501, 90502, 90503, 90504, 90505, 90506	SPA 8
Wilmington	90744	SPA 8

KFH-South Bay Medical Center Service Area



KFH-South Bay Demographic Data*	
Total Population	1,337,689
Race	
White	54%
Black	12%
Asian	16%
Native American/ Alaskan Native	1%
Pacific Islander/ Native Hawaiian	1%
Some Other Race	10%
Multiple Races	6%
Ethnicity	
Hispanic/Latino	38%
Non-Hispanic/Latino	62%

KFH-South Bay Socio-economic Data*	
Living in Poverty (<200% FPL)	35%
Children in Poverty	23%
Unemployed	9%
Uninsured	17%
No High School Diploma	18%

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

V. Purpose of Implementation Strategy

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

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes KFH-South Bay's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH-South Bay'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-South Bay service area through the 2016 Community Health Needs Assessment process.

1. Access to Care
2. Mental Health and Substance Abuse
3. Safety and Violence
4. Overweight and Obesity
5. Economic Security
6. Educational Attainment
7. Chronic Disease (Asthma, Cancers, Cardiovascular Disease, and Diabetes)
8. Built Environment (Housing and Transportation)
9. Oral Health
10. Sexually Transmitted Infections (STIs)

11. Environmental Health (Air and Water Quality)
12. Maternal and Child Health
13. Injury (Intentional and Unintentional Injuries)

VII. Who was Involved in the Implementation Strategy Development

The implementation strategy was developed through a process that involved the KFH-South Bay hospital operational leadership and community partners. The core planning team consisted of the KFH-South Bay service area's Operations Leadership Team (OLT), comprised of stakeholders representing both Kaiser Foundation Hospital/Health Plan and the Southern California Permanente Medical Group (SCPMG) and included:

- Barbara Carnes, MD, Area Medical Director
- Barbara Styzens, LCSW
- Janae Oliver, Community Benefit Manager
- Karen Kretz, Chief Financial Officer
- Karen Savoni, Director, Social Medicine and Palliative Care Clinics
- Karen Sielbeck, Chief Nurse Executive
- Lesley Wille, Senior Vice President and Area
- Mark Song, MD, Family Medicine; Physician In Charge, Gardena Medical Center; and Physician Champion, Wellness and Community Benefit
- Mark Urquhart, Chief Operating Officer
- Nancy Hays, Compliance and Privacy Officer
- Osvaldo Martinez, Chief Administrative Officer
- Sandra Miller, Assistant Medical Group Administrator
- Silvia Lawton, Department Administrator, Center for Healthy Living
- Tara O'Brien, Director, Public Affairs and Brand Communications
- Tiffany Creighton, Manager of Member & Community Wellness

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
Maria Aguirre, Associate Director, Watts Counseling and Learning Center
Janae Oliver, Community Benefit Manager, KFH – South Bay
Sheri Bathurst, Community Benefit Manager, KFH – Downey

a. Partner Organizations

As part of community engagement, KFH-South Bay convened Harbor Interfaith Services, Torrance Memorial Medical Center, Harbor-UCLA Medical Center, People Assisting the Homeless (PATH), Providence Little Company of Mary Medical Center, and South Bay Coalition to End Homelessness to discuss ways to better work together to improve access to services for the homeless population in the region. These hospitals and organizations were selected as a result of existing work they are already engaged in related to improving homeless services. Additional partners will be identified based on the results of an online community engagement survey that was administered in November 2016. The homeless partnership and the survey results are described in more detail in the next section.

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-South Bay's community engagement focused on leveraging partnerships to support and strengthen selected strategies. KFH-South Bay engaged community by convening partners to discuss joint strategies to address homelessness and by administering an online survey to assess potential partnership opportunities with community based organizations and government agencies, each described below.

Homeless Provider Meeting

Members of the KFH-South Bay Implementation Strategy Planning Team (ISET) held meetings with representatives from other area hospitals and organizations addressing the issue of homelessness to determine how to best align efforts and work together as anchor institutions for the region. As a result of the meeting, the hospitals connected their social services departments and homeless navigators to facilitate more consistent and coordinated services to homeless individuals who access hospital emergency departments for non-emergency care. Meeting participants also took a step toward formalizing their partnership by forming a sub-group within the South Bay Coalition to End Homelessness that will focus on addressing issues of homelessness in health care settings. The group is still working to better understand limitations around data sharing and how that might impact coordination of services. They are also trying to determine if homeless navigators can be shared across facilities to better improve access to much-needed resources. Moving forward the group plans to meet regularly to further identify areas of unmet need in the community and expand on opportunities to collaborate.

Online Survey

Following the identification of strategies for each health selected by the ISET (described in more detail in the following sections), KFH-South Bay disseminated an online survey to community partners from nonprofit organizations and government agencies in late November 2016. This survey assessed which strategies community partners have the capacity to contribute to addressing in partnership with KFH-South Bay. In total, there were 40 survey respondents and KFH-South Bay plans to initiate contact with organizations and agencies that completed the survey and identified potential opportunities for partnership.

	DATA COLLECTION METHOD	TYPE	PARTICIPANTS			
	Meeting, focus group, interview, survey, written correspondence, etc.	**Respondent's title/role and organization or focus group name**	**Total number of participants**	**Number of residents**	**Number of organizational reps**	**Number of county reps**
1	Meeting	South Bay Homeless Engagement	7	0	7	0
2	Survey	Various Organization and County Reps	40	0	38	2

c. Consultant Used

Harder+Company Community Research is a comprehensive social research and planning firm with offices in Los Angeles, San Diego, San Francisco, and Davis. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based evaluation, planning, and consulting services, Harder+Company helps organizations translate data into meaningful action. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. The firm's staff offers deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts – including conducting needs assessments; developing and operationalizing strategic plans; engaging and gathering meaningful input from community members; and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation, which is essential to both healthcare reform and the CHNA process in particular.

VIII. Health Needs that KFH-South Bay Plans to Address

a. Process and Criteria Used

In order to select the health needs that KFH-South Bay will address, the team applied a set of criteria with a particular focus on choosing needs that KFH-South Bay could significantly impact given their expertise and resources. In addition, KFH-South Bay limited the number of needs selected in order to maximize the hospital's ability to have an impact.

KFH-South Bay worked with the Implementation Strategy Planning Team (ISET) and applied a criteria-based decision making process to examine the list of health needs identified through the CHNA process, select the community health needs it will address, and to develop an implementation strategy plan to address those selected health needs. The intent of the selection process was to identify those health needs that would make a meaningful impact in each community and build strategies to alleviate disparities. With this in mind, KFH-South Bay first confirmed the following list of Need and Feasibility criteria and determined that no additional criteria were necessary for the hospital to complete this process.

Need Criteria	*Feasibility Criteria*
1. Magnitude 2. Severity 3. Disparities	4. KP Assets 5. Ability to Leverage

After confirming the appropriate criteria, the criteria were applied to each health need. Data from the CHNA report was reviewed to apply the magnitude, severity and disparities criteria. Indicators such as incidence and prevalence were used to determine the magnitude score; mortality was considered to determine the severity score; and data by race/ethnicity and ability were examined to determine the health disparities score. Rate and prevalence data for health need indicators were considered relative to the state and the Southern California Medical Center Area (S CA MCA), as well as to Service Planning Areas (SPA) 6 and 8 data, in order to determine scores. KFH-South Bay and SCPMG information on existing and future assets and opportunities to leverage resources in the community were organized and reviewed in order to generate asset and leverage scores.

Each health need was scored based on the criteria using a rating scale of 1 to 5. The table below provides definitions for each of the criteria as well as a breakdown of the corresponding rating system.

Criteria	**Definition**	**Rating System**
Magnitude	The health need affects a large number of people within the community.	1 Low incidence or prevalence 2 Moderate incidence or prevalence in some subgroups 3 Moderate incidence or prevalence in all groups 4 High incidence or prevalence in some subgroups 5 High incidence or prevalence in all subgroups
Severity	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.	1 Not life threatening or debilitating to individuals or society 2 Slightly life threatening or debilitating to individuals or society 3 Moderately life threatening or debilitating to individuals or society 4 Life threatening or debilitating to individuals or society 5 Life threatening and debilitating to individuals or society
Disparities	The health need disproportionately impacts the health status of one or more vulnerable population groups.	1 Low disproportionate impact in vulnerable population groups 2 Moderate disproportionate impact in vulnerable population group 3 Moderate disproportionate impact in multiple vulnerable population group 4 High disproportionate impact in vulnerable population group 5 High disproportionate impact in multiple vulnerable population groups

KP Assets	KP can make a meaningful contribution to the need because of its relevant expertise and/or unique assets as an integrated health system & because of organizational commitment to addressing the need.	1 No assets available 2 Minimal assets available 3 Moderate level of assets available 4 Many assets available 5 Very high level of assets available
Leveraging Opportunities	Opportunity to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or other community assets.	1 No opportunity available 2 Minimal opportunity available 3 Moderate level of opportunity available 4 High level of opportunity available 5 Very high level of opportunity available

The final phase of this process involved placing the scored health needs onto a strategy grid. Once scored, each health need was plotted, indicating whether the need is high or low with regard to 'need' and 'feasibility'. A composite "Need" score of 11 out of 15 or higher was considered a "High Need." A composite "Feasibility" score of 8 out of 10 or higher was considered "High Feasibility." As a rule, all health needs categorized as "High Need/High Feasibility" were selected to present to the ISET during the first ISET meeting. Using data and knowledge of existing resources and investments, and opportunities to leverage existing partnerships, the ISET narrowed down the 7 "high need/high feasibility" health needs to the following four health needs using a dot voting exercise:

1. **Access to Care**
2. **Economic Security**
3. **Injury and Violence Prevention**
4. **Mental and Behavioral Health**

During a second meeting, the KFH-South Bay ISET identified the KFH assets and leveraging opportunities to meet the selected health needs; identified possible strategies to address selected health needs; reviewed and finalized the final IS work plan; and reviewed and finalized the final IS report.

In addition to the health needs listed above, a fifth health need was adopted by KFH-South Bay. **Obesity/HEAL/Diabetes** was identified as a top health need through the Community Health Needs Assessment process, though it was not selected by the ISET. This health need was added to complement the efforts of the North Long Beach HEAL Zone and Thriving Schools, which are supported through Kaiser Permanente Southern California Community Benefit. The addition of this health need represents a regional commitment to build partnerships and leverage resources for the purpose of improving outcomes for Obesity/HEAL/Diabetes.

b. Health Needs that KFH-South Bay Plans to Address

In order to address the overall health of the community in the KFH-South Bay service area, KFH-South Bay plans to address the following health needs (listed in alphabetical order):

- **Access to Care**: includes access to affordable health insurance as well as affordable primary, specialty and emergency care in relatively close proximity to patients.
- **Economic Security**: poverty is a primary social determinant of health. Indicators of poverty include lack of education, unemployment, low income, housing instability, and use of public programs. Economic instability creates barriers to access health services, healthy food, safe spaces for physical activities, and other necessities that contribute to good health status.

- **Injury and Violence Prevention**: includes prevention of both unintentional injury, such as motor vehicle accidents, falls, or pedestrian accidents, as well as intentional injury, such as assault, homicide, or suicide.
- **Mental and Behavioral Health**: is essential to personal well-being and includes access to affordable and appropriate treatment and care for a range of disorders, such as depression, schizophrenia, and substance abuse, all of which contribute to disability and premature mortality.
- **Obesity/HEAL/Diabetes**: includes chronic conditions such as overweight, obesity, and diabetes, as well as healthy eating/active living strategies that encompass a broad set of behaviors, including physical activity and fruit and vegetable consumption.

Data collected throughout the CHNA and inventory of internal and external assets demonstrated significant opportunity to address these needs through existing or emerging community infrastructure. When concurrently implemented, the strategies associated with each of the four health needs are intended to result in sustainable, cross-sector collaborations that enhance positive health outcomes and reduce health disparities in KFH-South Bay. Before proceeding to the strategies and KFH-South Bay assets and partnerships for each selected health need, we would like to highlight key findings for each selected health need area.

c. Key findings for Health Needs that KFH-South Bay Plans to Address

The health needs selected are either a health outcome or an important determinant (driver) of health in the community. Health outcomes provide morbidity and mortality information about how a community fares on a particular health issue (for example, mental health) relative to other communities and national benchmarks. Health drivers are factors that directly influence health and therefore provide important contextual information when thinking about a health need in a community. A brief summary of the community health landscape and trends is presented here in alphabetical order.

Access to Care (Driver)

Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Insurance and access to providers ensures that diseases are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality.

Access to care greatly impacts residents of the KFH-South Bay medical center service area. While residents of the KFH-South Bay Medical Center Service Area are slightly more likely to have access to a dentist, youth and adults alike are less likely to have had a recent dental exam.[1] Residents also lack access to primary care physicians and mental health care providers relative to the rest of the state.[2] The percentage of individuals obtaining health care screenings, such as mammograms and colonoscopies, as well as those adequately managing chronic diseases, such as diabetes and high blood pressure, tend to be lower than the rest of the state.[3]

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County

[2] US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

[3] Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County.

Economic Security (Driver)
Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. The ongoing stress and challenges associated with poverty can lead to cumulative negative health impacts and chronic conditions, which are more likely to affect those with the lowest incomes such as children and low income families.[4]

Issues of economic security, such as unemployment and limited educational attainment, affect individuals in the KFH-South Bay medical center service area. The rate of unemployment is higher compared to the Southern California Medical Center Area (S CA MCA) and the state indicating low economic security.[5] Children in the KFH-South Bay Medical Center Service Area are more likely to live below the federal poverty level (FPL) than children in state.[6] Blacks, Native Americans and individuals self-identifying as some other race in the KFH-South Bay Medical Center Service Area are more likely to live below the FPL compared to other race/ethnicities.[7] In the KFH-South Bay Medical Center Service Area, Non-Hispanic African Americans and Hispanic/Latinos have the highest percent of 4th graders with "non- proficient" reading levels.[8] Homelessness impacts the community with the number of homeless individuals increasing 10.5% from 5,351 to 5,913 in SPA 8 between 2015 and 2016.[9] Community stakeholders interviewed during the CHNA also noted that the homeless population in the service area experience disproportionately poor health outcomes across almost every indicator, from mental health to access to healthy foods.

Injury and Violence Prevention
Homicide and domestic violence are important public health concerns in the United States. In addition to their immediate health impact, the effects of violence extend well beyond the injured person or victim of violence, affecting family members, friends, coworkers, employers, and communities. Violence can cause long term physical and emotional effects to those involved and can negatively impact the overall health and safety of a community.

The KFH-South Bay Medical Center Service Area fares poorly on several indicators of safety and violence, including violent crime, assault, and robbery. The suicide mortality rate is higher in the KFH-South Bay Medical Center Service Area than Los Angeles County in general.[10] African Americans and Asians are disproportionately impacted by pedestrian accidents, while African Americans and Non-Hispanic Whites are greatly impacted by motor vehicle accidents.[11]

Community stakeholders interviewed during the CHNA[12] also noted that unintentional injuries are difficult for the older adult population. One interviewee noted that for the frail population of seniors, issues around fall prevention are more important to address.

[4] Centers for Disease Control and Prevention. Social Determinants of Health: Know What Affects Health. Updated: October 13, 2016. http://www.cdc.gov/socialdeterminants/. Accessed: November 11, 2016.
[5] US Department of Labor, Bureau of Labor Statistics. 2015 - December.
[6] US Census Bureau, American Community Survey. 2010-14
[7] US Census Bureau American Community Survey. 2009-13.Source geography: Census Tract
[8] California, Department of Education. 2012-2013; California, Department of Education. 2013. Source geography: School District
[9] Los Angeles Homeless Services Authority Homeless Count excludes the City of Long Beach.
[10] University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code
[11] University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code
[12] Community stakeholders provided input on disparities for this health need through interviews and community focus groups conducted by Harder+Company during the CHNA.

Mental and Behavioral Health (Health Outcome)

Mental and behavioral health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality.[13] In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days.[14]

More than one quarter of adults in the KFH-South Bay Medical Center Service Area report that they frequently do not receive the social and emotional support they need and residents of the service area have more poor mental health days per month on average compared to other adults in the state.

Community stakeholders noted that the homeless, Latino, Black, Cambodian and Southeast Asian communities, as well as youth, older adults, and veterans are disproportionately impacted by mental and behavioral health issues. For substance abuse, stakeholders identified disparities among youth, specifically in Long Beach, Harbor City/Harbor Gateway, San Pedro, Wilmington, Watts, and South Gate. They also reported the need for substance abuse treatment centers specializing in teens.

Obesity/HEAL/Diabetes

Obesity and Diabetes (Health Outcomes)

Overweight and obesity are defined using a person's Body Mass Index (BMI) which is a ratio of a person's weight to height. Los Angeles County adult obesity data is used for the KFH-South Bay service area, with 20.8% of adults being identified as obese.[15] Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to its prevalence. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer. Certain factors, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity.

Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Los Angeles County data is used for the KFH-South Bay service area, with 8.4% of the population diagnosed with diabetes.

In the KFH-South Bay service area, obesity and diabetes disproportionately impact specific populations. Community stakeholders observed the highest disparities in overweight and obesity within the Latino and African American populations. Overall, a higher percentage of Hispanic/Latino students ranked within the "High Risk" category (Obese) for body composition on the Fitnessgram physical fitness test, followed by African- Americans.[16]

Healthy Eating and Active Living (HEAL) (Driver)

Good nutrition and physical activity are important to the growth and development of children and chronic disease prevention across the lifespan. A healthful diet and regular physical activity helps Americans reduce their risks for many health conditions, including overweight and obesity, heart disease, diabetes, and some cancers.

[13] US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, & Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020.
[14] Centers for Disease Control and Prevention.National Center for Health Statistics. https://www.cdc.gov/nchs/. Accessed November 16, 2016.
[15] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.Source geography: County
[16] California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14. Source geography: School District

Over 70% of adults in Los Angeles County have inadequate fruit and vegetable consumption[17] and approximately 17% do not participate in any leisure time physical activity, which is higher than the rate in the S CA MCA and State of California.[18] There are fewer grocery stores in the KFH-South Bay Medical Center Service Area and more fast food restaurants as compared to the state.[19] In the KFH-South Bay Medical Center Service Area, a higher percentage of people live within ½ mile of a park relative to the County, S CA MCA and state. However, KFH-South Bay Medical Center Service Area residents have less access to recreation and fitness facilities.[20]

IX. KFH-South Bay's Implementation Strategies

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

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

The following represents the goals, strategies and expected outcomes for each of the health needs KFH-South Bay plans to address for the 2017-2020 Implementation Strategy (IS) timeline. KFH-South Bay 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-South Bay 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 under the chapter: Implementation Strategy Evaluation of Impact.

KFH-South Bay 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-South Bay 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-South Bay's **long-term goal** for addressing Access to Care is to increase the number of community members that 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):**

[17] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09. Source geography: County
[18] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County
[19] US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011.
[20] US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012. Source geography: ZCTA

- Increase coverage and access to comprehensive, quality health care services for low income and uninsured populations
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.
- Improve the size and capacity of the primary care workforce to meet community needs.
- Enhance individuals' utilization of the community based health delivery system

These priorities have guided the development of the following core **strategies** to address Access to Care in the community. A large sub-set of these strategies are aligned with the Los Angeles County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Develop solutions that address the health care needs of people who do not qualify for low-cost or no-cost health insurance, including but not limited to undocumented individuals. *Example resources and partnerships include:* Charitable Care and Coverage and support to nonprofit organizations providing health coverage outreach and enrollment services.
- Support policies and programs that improve the ability of health care organizations to assess upstream factors and coordinate with community based preventative services. *Example resources and partnerships include:* supporting innovative programs of FQHCs/Community Health Centers to provide employment, housing, food assistance to underserved populations.
- Support infrastructure improvements that can support the integration of clinical care with mental/behavioral health, oral health, vision, and other health services. *Example resources and partnerships include:* grants to nonprofit organizations, FQHCs/Community Health Centers with mental and dental health providers.
- Provide training for medical providers on the provision of culturally competent care to diverse populations (including homeless). *Example resources and partnerships include:* identify Continuing Medical Education (CMEs), symposiums or In-Service trainings for FQHCs/Community Health Centers.

In addition to the strategies stated above that were selected by the KHF-South Bay ISET, Kaiser Permanente Southern California Region will support the following strategies.

- Support the provision of high quality health care (including preventive services and specialty care) for underserved populations. As part of the largest non-profit health system, KFH-South Bay participates in government-sponsored programs for low-income individuals (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.
- Leverage KP assets to drive coverage and access to healthcare for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of healthcare services. *Example resources and partnerships include:* Community Surgery Day and Colonoscopy Screenings in partnership with FQHCs.
- 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.

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

- Improved referrals and coordination between healthcare providers and community resources and programs

- Reduced barriers that impeded individual's ability to seek and obtain health care
- Improved individual/community knowledge on how to navigate and utilize the community clinic safety net, preventive services, and seeking regular care
- Improved individual/community understanding of health insurance and medical care coverage
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address access to healthcare

Economic Security

KFH-South Bay's **long-term goal** for addressing Economic Security is to increase the number of community members that experience improved economic security, including access to employment and educational opportunities and other factors that influence health, including access to affordable fresh food and reduction in homelessness. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals):**

- Reduce and prevent displacement and homelessness
- Increase employment opportunities
- Reduce food insecurity in the community
- Increase education attainment

These priorities have guided the development of the following core **strategies** to address Economic Security in the community. A large sub-set of these strategies are aligned with the Los Angeles County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Expand efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency. *Example resources and partnerships include:* participate on hospital subcommittee of the South Bay Coalition to End Homelessness to share best practices, resources and training opportunities to serve the homeless population.
- Support policies that increase economic security for individuals and families by expanding opportunities for employment. *Example resources and partnerships include:* Project Search and the South Bay Workforce Investment Board.
- Support local governments, schools, and/or community based organizations to enroll community members into available food programs, most importantly Cal Fresh and Supplemental Food Program for Women, Infants, and Children (WIC); Promote the use of Cal Fresh and WIC benefits at farmer's markets for purchasing fresh fruits and vegetables. *Example resources and partnerships include:* Partner with City of Los Angeles to establish Farmer's Market at Ken Malloy Park in Harbor City, offer WIC/Cal Fresh at on-campus Farmer's Market; support non-profit organizations, FQHCs/CHCs providing CalFresh Enrollment.

In addition to the strategies stated above that were selected by the KHF- South Bay ISET, Kaiser Permanente Southern California Region will support the following strategies.

- Leverage KP assets to drive community health and champion organizational practice changes within Kaiser Permanent that improve economic security. For example, 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.

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

- Increased self-sufficiency
- Decreased percentage of individuals with no high school diploma
- Increased educational attainment
- Increased number of people employed
- Decreased number of people becoming homeless

Injury and Violence Prevention

KFH-South Bay's **long-term goal** for addressing Injury and 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 Injury and Violence Prevention in the community. A large sub-set of these strategies are aligned with the Los Angeles County Community Health Improvement Plan (CHIP) and 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 programs, and mentoring programs that focus on keeping youth positively engaged in school and the community. *Example resources and partnerships include:* school-based programs such as the Hippocrates Circle Program, which partners physician mentors to middle school students and schools, college/university-based programs such as California State University Dominguez Hills Male Success Alliance Program, which matches professional mentors, career guidance and mock interviews for college students and afterschool programs for youth.
- Support policies and programs that increase diversion from incarceration for low-level offenses among youth and adults, particularly those that result from substance abuse or mental health needs. *Example resources and partnerships include:* Community-based organizations and diversion programs through Behavioral Health Services, Drugs Kills Dreams Program; Centinela Youth Services and Long Beach Bar Association; and the California Conference for Equality and Justice.
- Support new and improved policies and environments that increase the availability and use of safe public spaces, such as parks. *Example resources and partnerships include:* Partner with the City of Los Angeles and other organizations in the Harbor City-Harbor Gateway area to provide programming and activities to engage youth at Ken Malloy Park.
- 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). *Example resources and partnerships include:* Participate and support the Safe Long Beach Violence Prevention Plan and My Brother's Keeper Call to Action to ensure young men and boys of color have opportunities to succeed.

In addition to the strategies stated above that were selected by the KHF- South Bay ISET, Kaiser Permanente Southern California Region will support the following strategy.

- Leverage KP assets to drive community health, including violence prevention; champion organizational practice changes within KP that create safe schools and communities.

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

- Adoption and implementation of policies and programs related to violence prevention and trauma-informed care.
- Adoption and implementation of policies and programs that support safer physical environments in communities
- Increased use of public spaces
- Improved integration between healthcare and community based programs and services to address violence, injury and overall community safety
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address violence and injury prevention.

Mental and Behavioral Health

KFH-South Bay's **long-term goal** for addressing Mental and Behavioral Health is to increase the number of community members that have optimal levels of mental health/well-being and access to quality mental and behavioral health services. 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
- Promote positive mental health by fostering community cohesion and social and emotional support

These priorities have guided the development of the following core **strategies** to address Mental and Behavioral Health in the community. A large sub-set of these strategies are aligned with the Los Angeles County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support place-based and multi-sector collaborative efforts that support mental health and behavioral health. *Example resources and partnerships include:* FQHCs and Mental Health America.
- Support school and youth development organizations in learning about and addressing mental and behavioral health, including suicide prevention and trauma-informed care. *Example resources and partnerships include:* Thriving Schools and FQHCs and City/County Health Departments.
- 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. *Example resources and partnerships include:* City and County Health Departments, NAMI, Mental Health America.

In addition to the strategies stated above that were selected by the KHF- South Bay ISET, Kaiser Permanente Southern California Region will support the following strategies.

- 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.
- Leverage KP assets to drive community health and champion organizational practice changes within KP that promote mental and behavioral health.

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

- Increased access (availability and affordability) of mental and behavioral health services in school and community settings.
- Increased screening and identification of mental and behavioral needs in schools.
- Improved school and community cohesion and social support
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address mental and behavioral health.

Obesity/HEAL/Diabetes

KFH-South Bay's **long-term goal** for addressing Obesity/HEAL/Diabetes is that all community members eat healthy and move more as part of daily life. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals)**:

- Improve access to opportunities for physical activity in the community
- Improve access to healthy food options in the community

These priorities have guided the development of the following core **strategies** to address Obesity/HEAL/Diabetes in the community. A large sub-set of these strategies are aligned with the Los Angeles County Community Health Improvement Plan (CHIP) and 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. Two examples of initiatives for this strategy are the Healthy Eating Active Living (HEAL) Zones and Thriving Schools. HEAL Zones are multi-year, place-based investments that support policy, advocacy and/or system changes in communities. This initiative aims to lower the prevalence of obesity and overweight by increasing access to fresh fruit, vegetables, and healthy beverages and increasing safe places to play and be physically active. Similarly, 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 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.
- Leverage KP assets to drive community health, including healthy eating and active living and champion organizational practice changes within KP that promote health.

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

- Adoption and implementation of policies and environments that increase availability and enable access to healthy food (including fresh produce and safe drinking water) and/or physical activity
- Reduced availability and marketing of unhealthy foods and beverages, including sugar-sweetened beverages
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to collaborate and to promote policy, system and environmental change

Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and

epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes in in diverse populations disproportionally impacted by heath 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. 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 organizational business practices we implement to address priority health needs and contribute to community health and well-being. These strategies are not exhaustive of everything we do and is intended as an illustrative list.

- **Implement green business practices and building standards to address climate and health**, such as purchasing clean wind and solar energy; supporting procurement of services and supplies from local vendors; and renovating all buildings to meet "KP brand" expectations around environmental stewardship and the built environment.

- **Contribute toward supplier diversity in the community to address economic security** by 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 working with community-based workforce development programs to support a pipeline for diverse suppliers/service provides.

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

X. Evaluation Plans

KFH-South Bay 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, and number of people reached/served. In addition, KFH-South Bay 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 listed below were not selected because they did not meet the high need/high feasibility criteria mentioned in Section VIII and were not considered borderline health needs by the ISET. Health needs were considered "medium-low" for need and feasibility criteria when they did not demonstrate a combination of high magnitude and severity, large health disparities within the community, a substantial amount of Kaiser Foundation Hospital assets, or a high ability to leverage internal and external KFH assets. KFH-South Bay also aimed to address the upstream drivers of poor health where possible, due to the fact that strategies that impact those health needs have the potential to impact a variety of other health outcomes simultaneously. The health needs that KFH-South Bay did not select are as follows (in alphabetical order):

1. Built Environment (Housing and Transportation)
2. Chronic Disease (Asthma, Cancers, Cardiovascular Disease, and Diabetes)
3. Educational Attainment
4. Environmental Health (Air and Water Quality)
5. Maternal and Child Health
6. Oral Health
7. Sexually Transmitted Infections (STIs)

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-South Bay 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.