



# 2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital Woodland Hills  
License #930000358

Approved by KFH Board of Directors  
March 16, 2017

To provide feedback about this Implementation Strategy Report,  
email [chna-communications@kp.org](mailto:chna-communications@kp.org)

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

Kaiser Foundation Hospitals – Woodland Hills  
License #930000358  
5601 De Soto Ave., Woodland Hills, CA 91365

**I. General Information**

Contact Person:	Ed Essa, Interim Public Affairs Director
Date of Written Plan:	December 8, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	March 16, 2017
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by Authorized Governing Body On or Before the 15 <sup>th</sup> Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body:	December 4, 2013
Name and EIN of Hospital Organization Operating Hospital Facility:	Kaiser Foundation Hospitals, 94-1105628
Address of Hospital Organization:	One Kaiser Plaza, Oakland, CA 94612

## **II. About Kaiser Permanente**

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

## **III. About Kaiser Permanente Community Benefit**

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

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

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

## **IV. Kaiser Foundation Hospitals – Woodland Hills Service Area**

The KFH-Woodland Hills Medical Center Area (MCA) includes communities from West San Fernando Valley (Los Angeles County) and Ventura County.

The West San Fernando Valley service area includes Agoura Hills, Calabasas, Canoga Park, Chatsworth, Encino, Malibu, Northridge, Porter Ranch, Reseda, Sherman Oaks, Tarzana, Topanga, West Hills, Winnetka and Woodland Hills.

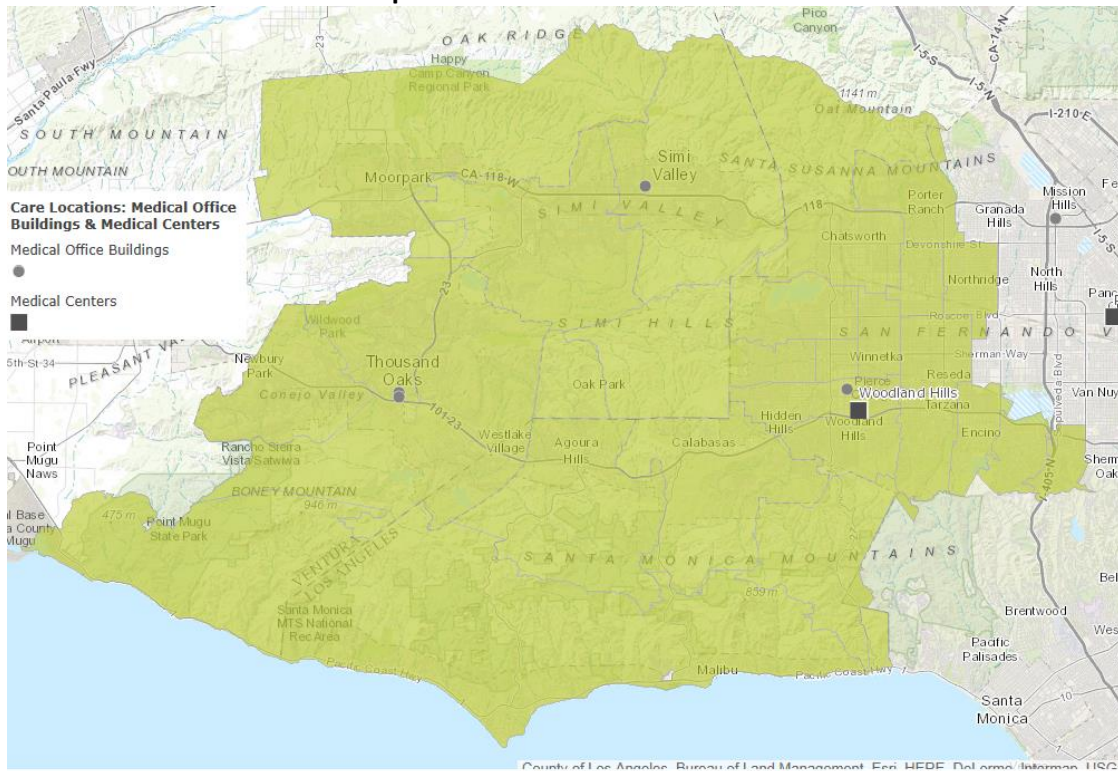
The Ventura County Service Area includes Camarillo, Fillmore, Moorpark, Newbury Park, Oak Park, Oak View, Oxnard, Port Hueneme, Santa Paula, Simi Valley, Somis, Thousand Oaks, Ventura, and Westlake Village.

**Communities of KFH-Woodland Hills Medical Center Service Area by Zip Code and County**

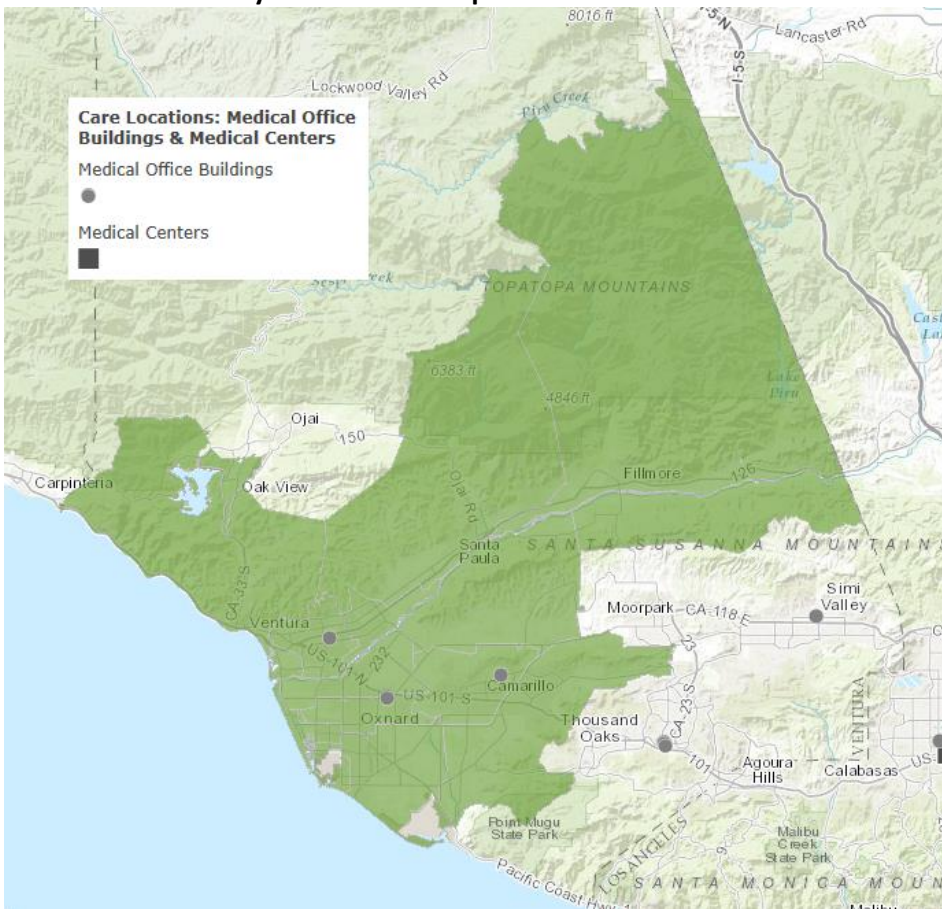
City	Zip Codes	County
Camarillo	93010, 93012	Ventura
Fillmore	93015	Ventura
Moorpark	93021	Ventura
Newbury Park	91320	Ventura
Oak Park	91377	Ventura
Oak View	93022	Ventura
Oxnard	93030, 93033, 93035, 93036	Ventura
Port Hueneme	93041	Ventura
Santa Paula	93060	Ventura
Simi Valley	93063, 93065, 93093	Ventura
Somis	93066	Ventura
Thousand Oaks	91360, 91362	Ventura
Ventura	93001, 93003, 93004	Ventura
Westlake Village	91361	Ventura
Agoura Hills	91301	Los Angeles
Calabasas	91302	Los Angeles
Canoga Park	91303, 91304	Los Angeles
Chatsworth	91311	Los Angeles
Encino	91316, 91436	Los Angeles
Malibu	90265	Los Angeles
Northridge	91324, 91325	Los Angeles
Porter Ranch	91326	Los Angeles
Reseda	91335	Los Angeles
Sherman Oaks	91403	Los Angeles
Tarzana	91356	Los Angeles
Topanga	90290	Los Angeles
West Hills	91307	Los Angeles
Winnetka	91306	Los Angeles
Woodland Hills	91364, 91367	Los Angeles

The maps included below detail the boundaries of the KFH-Woodland Hills MCA.

### Woodland Hills Service Area Map 2016



### West Ventura County Service Area Map 2016



Updated 4/21/2016

<b>KFH-Woodland Hills Demographic Data</b>	
Total Population	1,428,966
<b>Race</b>	
White	71%
Black	3%
Asian	12%
Native American/ Alaskan Native	<1%
Pacific Islander/ Native Hawaiian	<1%
Some Other Race	9%
Multiple Races	4%
<b>Ethnicity</b>	
Hispanic or Latino	26%
Non-Hispanic	74%

<b>KFH-Woodland Hills Socio-economic Data</b>	
Living in Poverty (<200% FPL)	25%
Children in Poverty	13%
Unemployed	9%
Uninsured	14%
No High School Diploma	11%

Note: \*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-Woodland Hills’s planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH-Woodland Hills’s 2016 CHNA process and for a copy of the report please visit [www.kp.org/chna](http://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-Woodland Hills service area through the 2016 Community Health Needs Assessment process.

**KFH-Woodland Hills Service Area**

1. Obesity/Overweight (Adults)
2. Diabetes
3. Mental Health
4. Substance Use and Abuse
5. Economic Security
6. Access to Primary Healthcare
7. Cancers
8. Heart Disease and Stroke

9. Dental Health
10. Affordable Housing and Homelessness

## **VII. Who was Involved in the Implementation Strategy Development**

The implementation strategy was developed through a process that involved the KFH-Woodland Hills Medical Center Administration Team representing both Kaiser Foundation Hospital/Health Plan and the Southern California Permanente Medical Group (SCPMG) and included:

1. Gail Knight, Chief Administration Officer
2. Greg Kelman, MD, Area Medical Director
3. Dennis Benton, Senior Vice President and Area Manager
4. Richard Trogman, Chief Operating Officer
5. Jennifer Lopez, Community Benefit Manager

The following key organizational stakeholders were engaged as part of the strategy development process. A total of 47 individuals (including 8 residents) were engaged. Representatives from these groups are individuals who are knowledgeable about community health needs and can provide a broader perspective on the strategies and organizational assets that can be implemented to address the selected health needs.

- Woodland Hills Culturally Responsive Care Council
- KFH - Woodland Hills Social Worker In-Service
- KFH - Woodland Hills Strategic Performance Management Committee
- KFH - Woodland Hills Family Violence Prevention Program
- West Ventura Kaiser Permanente Member Advisory Council in Oxnard

In addition, KFH-Woodland Hills engaged community partners as outlined in sections a. and b. below.

### **a. Partner Organizations**

The following community stakeholders collaborated with KFH-Woodland Hills in developing the Implementation Strategy (IS) Report. These partners represent multiple sub-populations in the KFH-Woodland Hills community and were able to provide multiple perspectives on developing a strategy to address health needs.

- HEAL Zone Resident Leadership Academy in Ventura
- Health Providers Convening on Reproductive Justice at Mixteco Indigena Community Organizing Project in Oxnard
- San Fernando Valley Providers Collaborative
- Community Engagement and Research Program Health Sciences Research Community Partners and Faculty Meeting
- Ventura County Health Department and Hospital CHNA Collaboration
- LGBTQ Summit Design Team Meeting
- Los Angeles County Food Redistribution Initiative Working Group
- San Fernando Valley Homeless Coalition

**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-Woodland Hills created an iterative process by which community partners were engaged in the strategy development process. KFH-Woodland Hills identified a list of four priority health needs through a process outlined in Section VIII. Community partners were given an opportunity to provide their feedback and ideas regarding the draft strategies for the four prioritized health needs. To facilitate these conversations, community partners were asked to identify their areas of expertise and were organized into smaller groups to discuss each health need. KFH-Woodland Hills engaged a total of 182 individuals in eight community partner meetings between August 11-24, 2016. Participants included a combination of community organization staff, community residents as well as county representatives (see Table below).

During these meetings, participants were engaged in conversations around existing resources and assets that could be leveraged to address the needs, ideas for additional resources/assets that would be needed, possible strategies to select, collaboration opportunities, and how to track the progress and outcomes of the work. Facilitators captured these conversations and community partners were also asked to fill out surveys that documented their thinking. All surveys and notes were collected and analyzed by the external consultant to determine themes and were presented to the core hospital leadership team, who used this information to inform the selection of strategies.

The majority of feedback was positive; many of the draft strategies were well-received by the community. There were several ideas for assets and partnerships shared with Community Benefit staff. They were documented and will be used at future times when Community Benefit staff need to identify partners with whom to implement strategies. Overall, the feedback fell into the following categories:



### *Healthcare Access*

Feedback from the community highlighted that regardless of the strategies selected, it was necessary to incorporate peer-to-peer learning, engagement models, and resident leadership. In addition, mental and oral health were believed to be a component of the concept of Access to Care—not only primary care or a health home. Comments regarding the strategy on healthcare also focused pointedly on “prevention and healthcare” at two of the meetings. In addition, it surfaced that the needs of LGBTQ community must be included in any understanding of cultural competence.

### *Mental and Behavioral Health*

Folks wanted more of a focus on prevention included in this strategy, as well as an overall reframing of Mental and Behavioral Health. They preferred, on more than one occasion, the concept of “Social & Emotional Well Being”, as they felt it helped in stigma reduction. Community organizations were also concerned that there should be a focus on prevention of substance abuse directly, and not only treatment. Addiction and trauma strategies should be inclusive of the LGBTQ and Latino populations. There was a particular recommendation to reach out to the Los Angeles Department of Mental Health (LA DMH) Service Area 2 Director for possible collaboration, and the parties’ discussion on strategies for potential partnerships in mental health will be considered in the future.

### *Economic Security*

Innovative approaches to economic empowerment work from the Federal Reserve Initiative were mentioned as a possible model for collaboration and consideration in the future.

### *Obesity/HEAL/Diabetes*

Feedback from the community highlighted that regardless of the strategies selected, it was necessary to incorporate peer-to-peer learning, engagement models, and resident leadership. Here, there was a concern raised on two occasions that the strategies for this health need in particular needs to be culturally, linguistically and age/generationally appropriate and nuanced. This was factored into the language of the strategies.

The community partner engagement process was valuable for the KFH-Woodland Hills core planning team in ensuring that the strategies are aligned with other strategies key community partners are developing and/or implementing and have resulted in new collaborative opportunities.

	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 KP staff	Number of organizational reps	Number of county reps
1	Meeting: HEAL Zone Resident Leadership Academy in Ventura	Community residents & county reps incl. Ventura County DPH, City of Ventura Staff	26	20	0	0	6
2	Meeting: Health Providers Convening on Reproductive Justice at Mixteco Indigena Community Organizing Project in Oxnard	Community orgs. incl. Planned Parenthood, Westminster Free Clinic, St. Johns Hospital, Migrant Program, CA Children's Center, Every Woman Counts. County reps incl. Health Department, Ventura County Medical Center, CSU Channel Islands.	30	8	0	20	2
3	Meeting: San Fernando Valley Providers Collaborative	Community orgs. incl. Bridge to Home, San Fernando Valley Mental Health Center, CRI-Help, Health Advocates, The Center For Living and Learning. County reps. including LACDCFS Parents in Partnership, LA County Child Support Services, Assemblymember Nazarian's Office.	12	0	0	8	4
4	Meeting: Community Engagement and Research Program Health Sciences Research Community Partners and	Community orgs. incl. UCLA CTSI, Charles Drew University, USC Community Engagement Liaison, Urban League Generation Exchange	19	0	0	19	0

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	Faculty						
5	Meeting: Ventura County Health Department and Hospital CHNA Collaboration	Community orgs. incl. St. Johns Dignity Health, Community Memorial Hospital, Public Health Alliance of Southern California through the Public Health Institute. Ventura County DPH.	10	0	0	3	7
6	Meeting: LGBTQ Summit Design Team	KP staff incl. Continuing Medical Education, Public Affairs, Library Services, Audio Visual Services & Labor Management Partnership. Community orgs. incl. San Fernando Valley Community Center, Adore, Penny Lane Centers, Village Family Services.	10	0	5	5	0
7	Meeting: Los Angeles County Food Redistribution Initiative Working Group	Community orgs. incl. LA Food Policy Council, Republic Services, Metabolic Studio, Urban Harvester, Zero Waste Pro, Food Forward, Marathon Communications. County reps. incl. LAUSD Food Services, LADPW, EPA.	20	0	0	10	10
8	Meeting: San Fernando Valley Homeless Coalition	Community orgs. incl. Hope of the Valley, The Help Group, St. Joseph the Worker, Northeast Valley Health Corporation, Hillview Mental Health Center, Sylmar Council, Tarzana Treatment Center, Penny Lane Center, Hope Gardens, Valley Care Community Consortium, Lutheran Social Services, Community Care, Bridge to Home, Self Help And Recovery Exchange, LA Family Housing and People Assisting The Homeless. County reps.	55	0	0	30	25

Updated 4/21/2016

		<i>incl. LA County DCFS, LAPD, Supervisor Sheila Kuehls Office, LA Department of Mental Health, LAHSA.</i>					
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**c. Consultant Used**

Ersoylu Consulting was contracted to support the IS process for the KFH-Woodland Hills Medical Center Service Area. Ersoylu Consulting is a woman-owned Very Small Business Enterprise (VSBE) located in Costa Mesa, CA. Founded in 2007, Ersoylu Consulting provides project support to public agencies, nonprofit organizations and private ventures or other partners interested in meaningful social change. Their Planning, Research & Evaluation Services help clients accurately research and evaluate issues, make effective policy decisions, and attain their program goals through effective project management. They work to ensure full participation of diverse stakeholders in program design, and specialize in the interpretation of research and evaluation findings as well as policy analysis in economically and culturally diverse communities.

Their experience with both qualitative and quantitative methods includes: focus group facilitation, direct observation, survey data analysis, process and outcome evaluation, community assessments, movement and coalition building, and general technical support for advocacy efforts. Ersoylu Consulting works closely with collaborative partners and clients to provide formative feedback in a timely manner. Through their combination of research and administrative and technical expertise, they ensure that projects are completed on time, meeting the desired objectives and using appropriate resources.

**VIII. Health Needs that KFH-Woodland Hills Plans to Address**

**a. Process and Criteria Used**

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

The process began with the list of six (6) identified health needs for KFH-Woodland Hills, based on the convergence between the health needs of West San Fernando Valley and of Ventura County. Therefore, the first step taken was to identify health needs that were ranked as priorities in both communities. This list is below.

1. Access to Healthcare
2. Diabetes/Obesity
3. Economic Security
4. Mental/Behavioral Health
5. Cancers
6. Heart Disease

A strategy grid methodology focused on 'Need' and 'Feasibility' scores was employed in order to select the health needs to be addressed by KFH-Woodland Hills.

'Need' scores were comprised of three criteria: magnitude (number of people affected), severity (consequences of those affected), and disparities (to what degree vulnerable groups are disproportionately impacted). Relevant information identified during the CHNA processes for the KFH-Woodland Hills MCA was assessed in order to rate each health need using a 1-5 rating system for each of the seven criteria. The criteria scores were summed to create unique 'Need' scores and rankings for each health need.

"Feasibility" scores were comprised of four criteria: KP assets (relevant organization commitment or expertise), leveraging opportunities (existing community partnerships working to address the need), alignment with County Health Improvement Plan, and trend in CB grant proposal applications. Internal assets and opportunities for partnerships in the KFH-Woodland Hills MCA were assessed in order to rate each health need using a 1-5 rating system for each of the four criteria. The criteria 5 scores were summed to create unique 'Feasibility' scores and rankings for each health need.

Thresholds were established for both 'Need' and 'Feasibility' scores in order to develop a framework for categorization of health needs. If an aggregate 'Need' score was 10 or higher, the health need was categorized as "High need." If an aggregate 'Feasibility' score was 12 or higher, the health need was categorized as "High feasibility." Determination of these thresholds created four quadrants: Low need/high feasibility, Low need/low feasibility, High need/high feasibility, and High need/low feasibility. According to both their 'Need' and 'Feasibility' score, each of the health needs were plotted on a single strategy grid with these predefined quadrants. Four health needs were categorized as "High need/high feasibility."

The planning team elected to focus strategic efforts on the following four needs identified as "High need/high feasibility." Though cancer and heart disease were both high feasibility, they did not meet the criteria for high need. This concentrated focus will enable meaningful progress on health issues of high magnitude and severity among vulnerable populations.

1. Economic Security
2. Obesity/HEAL/Diabetes
3. Access to Care
4. Mental and Behavioral Health

## **b. Health Needs that KFH-Woodland Hills Plans to Address**

### **Economic Security**

Economic security is the condition of having stable income or other resources to support a standard of living now and in the foreseeable future. It is a primary social determinant of health, as economic insecurity has been linked to increased risk of chronic disease, mental health problems, deprived child development, and premature death. Indicators of economic security include rates of poverty, unemployment, lack of education, low income, housing instability, and public program utilization. In the KFH-Woodland Hills service area, unemployment and housing issues present significant barriers to economic security. The unemployment rate is higher than it is nationwide (7.3% versus 6.1%), and 48.32% of households in this service area (versus 35.47% nationally) report housing costs exceeding 30% of total household income. Moreover, the rate of HUD (U.S. Department of Housing and Urban Development)-funded assistance housing units available to eligible renters is only 402 units per 10,000 total households in the service area (versus 1399 and 1468 per 10,000 total households in the state and nationwide). This

health need was further selected, as it received a high priority ranking in the CHNA, and KFH-Woodland Hills has many existing partnerships that can be used to address this issue.

### **Obesity/HEAL/Diabetes**

Unhealthy weight, physical inactivity, and poor eating habits all contribute to the risk of developing Type II diabetes. If untreated, diabetes can result in serious and potentially fatal health complications that include heart disease, blindness, kidney failure, and amputation of the legs. Though lower than the national rate, the prevalence of diabetes in KFH-Woodland Hills has increased since 2013. Specific challenges to healthy eating and active living (HEAL) in the area include the nutrition and physical environment, and specifically, a high proportion of fast food restaurants, long daily commutes to work, and lack of walkability for transit. Identified drivers for diabetes in the service area are physical inactivity among adults and high access to liquor stores. Additionally, the percentage of adults who consume excess alcohol is higher in Ventura County than in the state. This health need was selected as community members prioritized diabetes as a health need in the CHNA, and because of the number of KFH-Woodland Hills' existing resources that can help address this issue.

### **Access to Care**

The ability to access medical care is a complex construct that includes factors such as the presence of health insurance, the affordability of seeking treatment, and the availability of providers who can provide treatment, among other accessibility issues. In the KFH-Woodland Hills service area, the absence of health insurance and lack of access to primary care providers are significant barriers to accessing health care. Though only 8.53% of non-Hispanic Whites are uninsured, all other race/ethnic groups face significantly higher rates of being uninsured. In particular, lack of health insurance is highest among Native Hawaiian/Pacific Islanders (39.98%), other races alone (32.97%), and Hispanic/Latinos (27.92%). Furthermore, there are fewer primary care providers per 100,000 population in the KFH-Woodland Hills service area (72.5) than in California (77.25). Additionally, more adults in the KFH-Woodland Hills service area (16.10%) report lacking a consistent primary care provider than in the state (14.30%), with the greatest lack of consistent primary care among Hispanics/Latinos (23.03%). This health need was chosen as it was prioritized by community members in the CHNA, and as KFH-Woodland Hills has a wealth of existing partnerships that can help attend to this issue.

### **Mental and Behavioral Health**

Mental and behavioral health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, and is able to contribute to his or her community. Mental health includes not only the absence of negative mental health states (e.g., anxiety, depression, etc.) but also the presence of positive mental health states (e.g., satisfaction, self-worth, etc.). Mental and behavioral health issues are closely related to other issues such as smoking, and alcohol and substance abuse and dependence. Indicators of mental health in the KFH-Woodland Hills service area include the racial/ethnic disparities evidenced in suicide rates and in the need for professional health care, as well as the high prevalence of liquor stores.

Although the suicide rate in the area meets the Healthy People 2020 benchmark overall, the suicide rate for non-Hispanic Whites is significantly worse than the benchmark, and is over two fold greater than for any other race/ethnic group in the area (13.31 suicides per 100,000). Additionally, 16.35% of individuals in the service area reported that there was a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs (relative to 14.30% in the state), with Non-Hispanic Blacks (20.12%) and non-Hispanic

Whites (17.78%) reporting the highest need for mental health care. There are also more liquor stores in the KFH-Woodland Hills MCA (13.73) than in the state and nation (10.02 and 10.35 per 100,000 population). Mental health was selected as it received a high priority ranking in the CHNA, and because of KFH-Woodland Hill's many existing resources that can be used to address this issue.

## IX. KFH-Woodland Hills's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH-Woodland Hills 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-Woodland Hills plans to address for the 2017-2019 Implementation Strategy (IS) timeline. KFH-Woodland Hills 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-Woodland Hills 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](http://www.kp.org/chna) under the chapter: Implementation Strategy Evaluation of Impact.

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

### **Economic Security**

KFH-Woodland Hill's **long-term goal** for addressing economic security is that all community members experience improved economic security, including access to employment, educational and housing opportunities and other factors that influence health, including access to affordable fresh food. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals)**:

- Prevent displacement and homelessness.
- Improve employment opportunities.
- Reduce food insecurity in the community.

These priorities have guided the development of the following core **strategies** to address financial well-being 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. For example, KFH-Woodland Hills aims to address economic security of homeless individuals by collaborating with the Habitat for Humanity's Women's Empowerment Build to help veterans by having KP staff help construct houses.
- Support policies that increase economic security for individuals and families by expanding employment and educational opportunities for individuals and their families.
- Support the development of culturally relevant and multi-generational community resident's leadership and build their capacity to advance equity and improve economic security.
- Leverage KP assets to drive community health and champion organizational practice changes within Kaiser Permanent that improve economic security. For example, supporting vendors that hire under/unemployed residents (with living wages and benefits) and building capacity of in target neighborhoods/populations.

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

- Increase access to education opportunities.
- Increase access to employment opportunities and workforce training.
- Improve housing opportunities and supportive services for the homeless population.

### **Obesity/HEAL/Diabetes**

KFH-Woodland Hills' **long-term goal** for addressing healthy eating active living 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 healthy eating active living 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 development of culturally relevant and multi-generational community resident leadership and build their capacity to advance equity and prevent obesity/promote healthy eating and active living. KFH – Woodland Hills aims to address obesity/HEAL/diabetes by partnering with the Kellogg Park Group to advocate for the approval, design and implementation of a new park in the community. The collaborative will provide a space for families to advocate for the successful acquisition of land for a park as well as design it with plans that will include an amphitheater, community garden, adventure playground and walking path.



- Support local governments, schools and/or community based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies that are community driven
- Support new and improved community driven policies and environments that support increased physical activity.
- 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. KFH – Woodland Hills aims to address obesity/HEAL/diabetes by coordinating a community clean-up with the North Valley Family YMCA to help create an environment that makes it easier to be physically active. KP staff also provided supplies and materials to help with the clean-up.

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 and/or physical activity.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to collaborate and to promote policy, system and environmental change.

#### **Access to Care**

KFH-Woodland Hills' **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)**:

- Improve coverage and access to comprehensive, quality health care services for low income and uninsured populations.
- Improve the capacity of the primary care workforce to meet community needs.
- Improve the capacity of healthcare systems to provide quality healthcare 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. 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 provision of high quality healthcare (including preventive services, specialty care and integrative medicine) for underserved populations. KFH – Woodland Hills aims to address access to care by partnering with The Rotary Club of Thousand Oaks to provide vaccines that will be administered by KFH-Woodland Hill's staff at the Westminster Free Clinic. Additionally, Food Share provides donated fruits and vegetables to those who are vaccinated.
- Reduce barriers to quality, culturally appropriate care by providing language and literacy interpretation, transportation, non-traditional access points, and/or other supportive services. KFH – Woodland Hills aims to address access to care by coordinating physicals with the Boys and Girls

Clubs of Greater Oxnard and the Ventura Adult Education Center. Physicians and clinical support staff also volunteered their time to provide physicals.

- Support the development of culturally relevant and multi-generational community resident's leadership and build their capacity to advance equity and improve access to healthcare.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved.
- Leverage 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.
- 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 – Woodland Hills 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.

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

- Enhanced care integration of clinical, mental, dental, vision and complementary health strategies.
- Safety net partners are engaged in a public policy agenda to create conditions that support the health of low-income and underserved individuals and that advance equity.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address access to healthcare.

### **Mental and Behavioral health**

KFH-Woodland Hills' **long-term goal** for addressing social and mental and behavioral health is that all community members have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing its' strategies around the following **strategic 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 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.

- Enhance access to high quality substance abuse prevention and treatment, including integrated assistance therapies, to promote resiliency and recovery from addiction.
- Support community based initiatives that promote social and emotional wellbeing by fostering community connections. KFH – Woodland Hills aims to address mental and behavioral health by developing pathways to relationship-based community policing with the Los Angeles Police

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Department. KFH – Woodland Hills will provide staff training to encourage best practices in caring for transgender patients.

- Support the development of culturally relevant and multi-generational community resident leadership and build their capacity to advance equity and reduce stigma surrounding mental and behavioral health. KFH – Woodland Hills aims to support mental and behavioral health by serving as a Spanish “Train the Trainer” site for the National Alliance on Mental Illness’s Familia a Familia program.
- Leverage KP assets to drive community health and champion organizational practice changes within KP 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 healthcare and community settings.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address mental and behavioral health.
- Improved community cohesion, networks and social support.

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

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types of continual organizational business practices we implement that can address priority health needs and contribute to community health and well-being. The following strategies are intended to be an illustrative, not exhaustive list of our efforts.

- **Implement green business practices to address climate and health**, such as purchasing clean wind and solar energy; and limiting excessive inventory by recycling outdated equipment and monitoring purchasing & supply.
- **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; supporting vendors that hire under/unemployed residents (with living wages and benefits); and building capacity of in target neighborhoods/populations.
- **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-Woodland Hills 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-Woodland Hills will require grantees to propose, track and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

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

The remaining prioritized health needs for the Woodland Hills MCA will not be addressed by KFH-Woodland Hills because they demonstrated lower 'Need,' and 'Feasibility' than the selected health needs using the aforementioned strategy grid methodology. The selected health needs (Access to Care, Obesity/HEAL/Diabetes, Economic Security, Mental and Behavioral Health) demonstrate relatively higher levels of magnitude, severity, and disproportionate impact among vulnerable populations. There are strong community partners mobilizing around these issues and KFH-Woodland Hills has unique resources and capacity to dedicate to work focused on these health needs. The needs that will not be addressed for the KFH-Woodland Hills service area are below.

1. Cancers

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2. Heart Disease and Stroke
3. Substance Use and Abuse
4. Dental Health
5. Affordable Housing and Homelessness

As discussed in section VIII, Cancers and Heart Disease and Stroke were not selected as they did not meet the criteria for high need. Additionally, though not selected as individual health needs, Substance Use and Abuse was folded into the selected need of Mental and Behavioral Health, Dental Health was folded into the selected need of Access to Care, and Affordable Housing and Homelessness was folded into the selected need of Economic Security.

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-Woodland Hills 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.