



# BALDWIN PARK

## Kaiser Foundation Hospital – Southern California Region



### 2019 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

# Kaiser Foundation Hospital (KFH)-Baldwin Park

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## I. Introduction and Background

### A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve approximately 12.2 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

### B. About Kaiser Permanente Community Health

For 75 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. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and

- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We've conducted Community Health Needs Assessments 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.

## C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2019 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

# II. Overview and Description of Community Benefit Programs Provided

## A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2019, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,439,765,145 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A and B. Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

**Table A**

**KAISER FOUNDATION HOSPITALS IN CALIFORNIA**

**Community Benefits Provided in 2019** (Endnotes on following page.)

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$618,814,234
Charity care: Charitable Health Coverage Programs <sup>2</sup>	\$257,894
Charity care: Medical Financial Assistance Program <sup>3</sup>	\$282,502,318
Grants and donations for medical services <sup>4</sup>	\$218,070,775
<b>Subtotal</b>	<b>\$1,119,645,221</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>5</sup>	\$3,158,972
Educational Outreach Program	\$953,512
Youth Employment programs <sup>6</sup>	\$3,564,302
Grants and donations for community-based programs <sup>7</sup>	\$133,179,218
Community Benefit administration and operations <sup>8</sup>	\$25,624,463
<b>Subtotal</b>	<b>\$166,480,466</b>
<b>Benefits for the Broader Community<sup>9</sup></b>	
Community health education and promotion programs	\$1,112,480
Kaiser Permanente Educational Theatre	\$5,974,079
Community Giving Campaign administrative expenses	\$829,290
Grants and donations for the broader community <sup>10</sup>	\$671,153
National board of directors fund	\$742,767
<b>Subtotal</b>	<b>\$9,329,769</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$87,840,700
Non-MD provider education and training programs <sup>11</sup>	\$25,255,180
Grants and donations for the education of health care professionals <sup>12</sup>	\$436,011
Health research	\$30,777,798
<b>Subtotal</b>	<b>\$144,309,689</b>
<b>TOTAL COMMUNITY BENEFITS PROVIDED</b>	<b>\$1,439,765,145</b>

## TABLE A ENDNOTES

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis.
- <sup>3</sup> Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- <sup>4</sup> Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- <sup>5</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- <sup>6</sup> Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment Programs participants hired.
- <sup>7</sup> Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- <sup>8</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>9</sup> Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or Health Education programs.
- <sup>10</sup> Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- <sup>11</sup> Amount reflects the net expenditures after scholarships for health professional education and training programs.
- <sup>12</sup> Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

**Table B**

**KAISER FOUNDATION HOSPITALS IN CALIFORNIA**

**Community Benefits Provided by Hospital Service Area in 2019**

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$35,768,656	Anaheim	\$41,728,249
Fremont	\$22,508,271	Baldwin Park	\$37,388,708
Fresno	\$24,990,841	Downey	\$50,333,791
Manteca	\$38,529,039	Fontana	\$72,058,825
Modesto	\$22,587,451	Irvine	\$18,035,249
Oakland	\$62,195,446	Los Angeles	\$59,387,017
Redwood City	\$23,440,689	Moreno Valley	\$15,967,219
Richmond	\$45,731,685	Ontario	\$25,273,294
Roseville	\$53,868,961	Panorama City	\$46,014,300
Sacramento	\$88,401,308	Riverside	\$41,883,128
San Francisco	\$49,037,146	San Diego	\$61,354,560
San Jose	\$34,701,054	South Bay	\$35,132,387
San Leandro	\$42,644,714	West Los Angeles	\$45,513,316
San Rafael	\$23,415,220	Woodland Hills	\$29,875,524
Santa Clara	\$51,337,799		
Santa Rosa	\$42,526,681		
South Sacramento	\$66,121,388		
South San Francisco	\$24,953,097		
Vacaville	\$31,496,130		
Vallejo	\$43,610,238		
Walnut Creek	\$31,953,764		
<b>Northern California Total</b>	<b>\$859,819,578</b>	<b>Southern California Total</b>	<b>\$579,945,569</b>

## **B. Medical Care Services for Vulnerable Populations**

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

## **C. Other Benefits for Vulnerable Populations**

### **Watts Counseling and Learning Center (SCAL)**

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

### **Educational Outreach Program (SCAL)**

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

### **Youth Employment Programs (NCAL and SCAL)**

Youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

## **D. Benefits for the Broader Community**

### **Community Health Education and Health Promotion Programs (NCAL and SCAL)**

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

### **Kaiser Permanente Educational Theatre (NCAL and SCAL)**

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials – including workbooks, parent and teacher guides, and student wallet cards – to reinforce the messages presented in the programs.

## **E. Health Research, Education, and Training Programs**

### **Graduate Medical Education (GME)**

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our health care settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

### **Non-MD Provider Education and Training Programs**

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

### **Health Research**

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

### **III. KFH-Baldwin Park Community Served**

#### **A. Kaiser Permanente's Definition of Community Served**

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

#### **B. Map and Description of Community Served**

The KFH-Baldwin Park service area includes Azusa, Baldwin Park, Bradbury, Covina, Diamond Bar, Duarte, El Monte, Glendora, Hacienda Heights, Irwindale, Industry, La Puente, La Verne, Montebello, Monterey Park, Pico Rivera, Pomona, Rosemead, Rowland Heights, San Dimas, San Gabriel, South El Monte, Temple City, Valinda, Walnut, and West Covina.



### C. Demographic Profile of the Community Served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-Baldwin Park service area. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latino" indicates total population percentage reporting as Hispanic/Latino. [Sources: ESRI, 2018; ACS 5-year estimates, 2013-2017; Bureau of Labor Statistics, 2018]

Race/Ethnicity		Socioeconomic	
Total Population	1,215,473	Living in Poverty (<100% Federal Poverty Level)	13.4%
Asian/Pacific Islander	27.55%	Children in Poverty	18.5%
Black	1.91%	Unemployment	5.1%
Hispanic/Latino	54.20%	Uninsured Population	12.6%
Native American/Alaska Native	0.16%	Adults with No High School Diploma	23.8%
Some Other Race	0.13%		
Multiple Races	1.40%		
White	14.64%		

## IV. KFH-Baldwin Park Community Health Needs

The following are the health needs that KFH-Baldwin Park is addressing during the 2017-2019 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the rationale for health needs not selected, please review the 2016 CHNA Report and 2017-2019 Implementation Strategy Report at: <http://www.kp.org/chna>.

### A. Health Needs Addressed

#### a. Obesity/HEAL/Diabetes

Obesity/HEAL/Diabetes is a combination of Diabetes, Obesity/Overweight, and Healthy Behaviors or HEAL (healthy eating, active living). In the KFH-Baldwin Park service area, nearly one in four (25.7%) adults (18 years or older) and one in five (19.0%) youth (ages 2 to 11 years) are obese. Nearly one in eight (12.0%) residents in the service area has been diagnosed with diabetes, and the uncontrolled diabetes hospitalization rate in the service area is almost five times that of the state of California (13.5 per 100,000 vs. 2.8 per 100,000). Finally, more than one third (34.1%) of the Latino population in the service area and one third (38.9%) of the population with less than a high school education is food insecure. This health need was selected because of the magnitude and severity of obesity and diabetes in the service area, and the observed high rates of food insecurity, indicating the difficulty that many residents face in accessing healthy food. KFH-Baldwin Park has many existing partnerships and initiatives that can be leveraged to support healthy, active lifestyles in the service area.

#### b. Access to Care

Access to care is defined as access to high quality, affordable, holistic, and culturally responsive care. One in five residents in the Baldwin Park service area (20.2%) are uninsured, and one in ten (10.0%) have had difficulty accessing a medical specialist. Over one third (39.0%) of foreign-born Latinos in the service area have had difficulty accessing medical care. Additionally, the rate of preventable hospitalizations in the service area (100.4 per 10,000 population) is 9% higher than the rate in Los Angeles County (92.2 per 10,000 population). The high rates of uninsured and difficulty in accessing medical care reflects the need for more linguistically and culturally responsive providers and improved patient referral infrastructure, including the co-location of specialty care providers. This health need was selected because of the severity of the issue in the service area and the breadth of existing community programs working to expand culturally responsive health care.

#### c. Mental and Behavioral Health

Mental health refers not only to the absence of negative mental health states (anxiety, depression, mental illness) but also the presence of positive mental health states (self-worth, satisfaction, effective emotional regulation, 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-Baldwin Park service area include the high rates of youth mental health hospitalization rate which is 1.5 times higher than the rate in the state of California (451.6 vs. 294.8 per 100,000 population). Moreover, more than one in five teens in the service area (22.8%) is at risk for depression. This health need was selected because culturally-based social stigma around receiving mental health care is a principal issue impacting the service area. KFH-Baldwin Park aims to continue to support existing programs and resources that raise mental health awareness on high school campuses and introduce trauma-informed approaches into youth development programs.

## **d. Economic Security**

Economic security is defined as having stable access to employment, educational and housing opportunities and other factors that influence health, including food insecurity and access to affordable fresh food. In the KFH-Baldwin Park service area, approximately one in seven residents (14.3%) is living below 100% of the federal poverty level. More specifically, one in five (20.5%) children are living below 100% of the poverty level. While these rates are on par with the state of California (16.4% and 22.7%, specifically), they indicate that large portions of the resident population very likely face difficulty in accessing health care, healthy food and secure housing. Economic insecurity in the service area is exacerbated by the comparatively low education levels of the resident population: about one in four (24.4%) of adult residents have less than a high school education compared to less than one in five residents of the state of California. This health need was selected because one of the greatest concerns in the service area is the housing instability and homelessness that results from the high poverty rates.

## **B. Health Needs Not Addressed**

While all the health needs prioritized in the Community Health Needs Assessment are important to address, the implementation strategy planning process requires hospitals to select health needs to address based on critical criteria including health need severity, magnitude, inequity, and the extent to which the hospital is in a position to meaningfully address the need. The health needs below were identified in the hospital CHNA but are not part of the hospital implementation strategy plan.

### **Access to Healthy Foods**

Although Access to Healthy Foods was ranked 19 out of 19 in the CHNA process, it has been incorporated into Obesity/HEAL/Diabetes through strategies including: support local governments, schools and/or community based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies, including procurement practices, and promoting the use of CalFresh and the benefits at farmers markets for purchasing fresh fruits and vegetables.

### **Alcohol Abuse, Substance Abuse, Tobacco Use**

Alcohol Abuse, Substance Abuse, Tobacco Use has been incorporated into Mental Health and Behavioral Health through the following strategy: support prevention efforts to increase community awareness and educate youth and adults about the dangers of alcohol abuse, substance abuse, and tobacco use.

### **Alzheimer's Disease**

Alzheimer's Disease was ranked 18 out of 19 in the CHNA process, and therefore not considered in the Implementation Strategy process.

### **Cancer**

Cancer was ranked 11 out of 19 in the CHNA process, and therefore not considered in the Implementation Strategy process.

### **Cardiovascular Disease**

Cardiovascular disease has been incorporated into Obesity/HEAL/Diabetes through the following strategy: support programs that improve referral of patients to evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention.

### **Cultural and Linguistic Barriers**

Cultural and Linguistic Barriers has been incorporated into Access to Care through the following strategy: reduce barriers to access to care by providing educational and employment programs, language interpretation, transportation, non-traditional access points, and/or other supportive services.

### **Healthy Behaviors**

Healthy Behaviors has been incorporated into Obesity/HEAL/Diabetes through the following strategies: support new and improved policies and environments that support active transportation and physical activity (e.g. safe pedestrian bicycle routes and violence prevention initiatives that create safe schools and communities); and, support programs and policies that prioritize underserved neighborhoods for park investments and encourage communities to use parks to their full potential.

### **Housing**

Housing has been incorporated into Economic Security through the following strategy: support efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency.

### **Hypertension**

Hypertension was ranked 17 out of 19 in the CHNA process, and therefore not considered in the Implementation Strategy process.

### **Oral Health**

Oral Health was ranked 15 out of 19 in the CHNA process, and therefore not considered in the Implementation Strategy process.

### **Physical Environment**

Physical environment has been incorporated into Obesity/HEAL/Diabetes through the following strategy: support programs and policies that prioritize underserved neighborhoods for park investments and encourage communities to use parks to their full potential.

### **Preventive Care**

Preventive Care has been incorporated into Access to Care through the following strategy: support the provision of high-quality healthcare (including preventive services and specialty care) for underserved populations.

### **Respiratory Disease**

Respiratory Disease was ranked 16 out of 19 in the CHNA process, and therefore not considered in the Implementation Strategy process.

### **Violence and Injury Prevention**

Violence and Injury Prevention was ranked 14 out of 19 in the CHNA process, and therefore not considered in the Implementation Strategy process.

## V. 2017-2019 Strategies to Address Health Needs

This section details the strategies the hospital will use to address the community health needs raised in its community health needs assessment. For a complete description of the 2017-2019 Implementation Strategy Plan, please visit <http://www.kp.org/chna>.

### Obesity/HEAL/Diabetes

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

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

These priorities have guided the development of the following core strategies to address Obesity/HEAL/Diabetes in the community. 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 new and improved policies and programs that support active transportation and physical activity (e.g. safe pedestrian bicycle routes and violence prevention initiatives that create safe schools and communities).
- Support programs and policies that prioritize underserved neighborhoods for park investments and encourage communities to use parks to their full potential.
- Support local governments, schools and/or community-based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Support local governments, schools and/or community-based organizations to enroll community members into available food programs, most importantly CalFresh and the Supplemental Food Program for Women, Infants, and Children (WIC); Promote use of CalFresh and WIC benefits at farmer's markets for purchasing fresh fruits and vegetables.
- Support multi-level, multi component initiatives in school settings to produce significant and measurable impact on the health of students, staff and teachers in K-12 schools within communities.
- evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease (obesity, diabetes, and/or heart disease) management and prevention.
- 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.

### Access to Care

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

- Increase coverage and access to comprehensive, quality health care services for low income and uninsured populations.

- Enhance individuals' utilization of the community-based health delivery system.
- Improve the capacity of healthcare systems to provide high 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 targeted outreach, enrollment, and retention efforts to increase access to health care coverage, particularly among communities of color and immigrant populations, where disparities in both access to care and health care coverage is greatest.
- Support the provision of high-quality healthcare (including preventive services and specialty care) for underserved populations.
- Support infrastructure improvements that can support the integration of clinical care with mental/behavioral health, oral health, vision and other health services.
- Reduce barriers to access to care by providing language interpretation, transportation, non-traditional access points, and/or other supportive services.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved.
- 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.

### **Mental and Behavioral Health**

KFH-Baldwin Park's long-term goal for addressing 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 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 the practice of regular physical activity where people work, live and play to prevent or limit depression and anxiety.
- Support school and youth development organizations in learning about and addressing mental and behavioral health, including suicide prevention and trauma-informed care.
- 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.
- Support prevention efforts to increase community awareness and educate youth and adults about the dangers of alcohol abuse, substance abuse, and tobacco use.
- 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.

- 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.

### **Economic Security**

KFH-Baldwin Park'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 educational attainment and employment opportunities for individuals to gain better access to health care.
- Reduce food insecurity in the community.

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.

- Support efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency.
- Support efforts that increase economic security for individuals and families by expanding opportunities for employment and education.
- Support local governments, schools and/or community-based organizations to enroll community members into available food programs, most importantly CalFresh and the Supplemental Food Program for Women, Infants, and Children (WIC); Promote use of CalFresh and WIC benefits at farmer's markets for purchasing fresh fruits and vegetables.

## VI. 2019 Year-End Results for KFH-Baldwin Park

The 2019 Year-End Results highlight a select set of activities and grant financial resources for addressing health needs. For a full description of strategies and activities to address health needs, please review the 2017-2019 Implementation Strategy Plan at <http://www.kp.org/chna>.

### A. 2019 Community Benefit Financial Resources Provided by KFH-Baldwin Park

Total Community Benefit expenditures are reported as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Educational Theatre performances presented or Summer Youth students employed within each hospital area's community at large.

## Table C

### KFH-Baldwin Park

#### Community Benefits Provided in 2019 (Endnotes on following page.)

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$17,786,426
Charity care: Charitable Health Coverage Programs <sup>2</sup>	\$9,248
Charity care: Medical Financial Assistance Program <sup>3</sup>	\$8,946,172
Grants and donations for medical services <sup>4</sup>	\$2,632,204
<b>Subtotal</b>	<b>\$29,374,050</b>
<b>Other Benefits for Vulnerable Populations</b>	
Educational Outreach Program	\$953,512
Summer Youth and INROADS programs <sup>6</sup>	\$160,752
Grants and donations for community-based programs <sup>7</sup>	\$4,685,168
Community Benefit administration and operations <sup>8</sup>	\$563,811
<b>Subtotal</b>	<b>\$6,363,243</b>
<b>Benefits for the Broader Community</b>	
Community health education and promotion programs	\$66,831
Kaiser Permanente Educational Theatre <sup>9</sup>	\$422,031
Community Giving Campaign administrative expenses	\$5,822
Grants and donations for the broader community <sup>10</sup>	\$14,980
National board of directors fund	\$17,799
<b>Subtotal</b>	<b>\$527,463</b>
<b>Health Research, Education and Training</b>	
Graduate Medical Education	\$205,081
Non-MD provider education and training programs <sup>11</sup>	\$388,541
Grants and donations for health research, education, and training <sup>12</sup>	\$17,753
Health research	\$512,577
<b>Subtotal</b>	<b>\$1,123,952</b>
<b>Total Community Benefits Provided</b>	<b>\$37,388,708</b>

## TABLE C ENDNOTES

- <sup>1</sup> Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- <sup>2</sup> Amount includes hospital-specific, unreimbursed expenditures for Other Plan members and unreimbursed inpatient expenditures for Charitable Health Coverage on a cost basis
- <sup>3</sup> Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- <sup>4</sup> Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- <sup>5</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- <sup>6</sup> Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Summer Youth students hired.
- <sup>7</sup> Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- <sup>8</sup> The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- <sup>9</sup> Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- <sup>10</sup> Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- <sup>11</sup> Amount reflects the net expenditures for health professional education and training programs.
- <sup>12</sup> Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

## B. 2019 Examples of KFH-Baldwin Park Activities Addressing Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It's anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-Baldwin Park Implementation Strategy Report, posted on the internet at <http://www.kp.org/chna>.

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of KFH volunteers. KFH also conduct evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, KFH requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-Baldwin Park. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-Baldwin Park service area and may also serve other KFH service areas. Grant examples denoted with (~) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (\*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2019 (Tables B and C).

In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements additional community programs that address multiple health needs:

- The Kaiser Permanente's Educational Outreach Program (EOP) empowers families and children through a variety of educational, counseling and social programs. In 2019, EOP provided services to 936 individuals (predominately of Latino descent), reaching 323 children, 309 teens and young adults and 278 adults.
- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. All performances are delivered by professional actors who are also trained health educators. In 2019, Educational Theater provided 45 events in 27 schools in the KFH-Baldwin Park communities, reaching 11,618 youth and 394 adults.

Need	Summary of impact	Examples of most impactful efforts
<b>Obesity/HEAL/Diabetes</b>	<p>During 2019, Kaiser Permanente paid 12 grants, totaling \$109,025 addressing this priority health need in the Baldwin Park service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 3 grants, totaling \$17,121 that addresses this need.</p>	<p><b><u>Promoting Policies and Funding for Safe Routes to School and Active Transportation~</u></b>                      Safe Routes to School National Partnership advances safe walking and biking to and from schools, improves the health and wellbeing for kids of all races, income levels and abilities and seeks to foster the creation of healthy, sustainable communities for everyone. In 2019, Kaiser Permanente paid \$100,000 (split across 15 service areas) to the National Partnership to:</p> <ul style="list-style-type: none"> <li>• Influence new policies and funding for active transportation and Safe Routes to School programs to increase physical activity and reduce safety risks for people walking and biking.</li> <li>• Provide technical assistance to 10 low income communities in 3 counties to support grant applications for state or other funding sources for biking and walking.</li> </ul> <hr/> <p><b><u>Building Capacity to Advance Healthy Communities and Reduce Health Disparities*~</u></b>                      Public Health Institute (PHI) generates and promotes research, leadership and partnerships to build capacity for strong public health policy, programs, systems and practices. This grant provides essential capacity building support for Public Health Alliance staff and members of local health departments to strengthen operations, strengthen multi-sector partnerships, improve effectiveness as an organization and advance healthy communities while aiming to reduce health disparities. In 2019, Kaiser Permanente paid \$150,000 (split across 15 service areas) to Public Health Institute to:</p> <ul style="list-style-type: none"> <li>• Develop a strategic plan to assess, strengthen and evaluate Public Health Alliance operations and successfully implement five actions from the plan.</li> <li>• Strengthen existing and create new strategic partnerships by facilitating 30 multi-sector priority initiative meetings with a variety of partners.</li> </ul> <p>Develop a comprehensive communications plan and a diversified fund development plan.</p>

Need	Summary of impact	Examples of most impactful efforts
		<p><b><u>Promoting Healthy Eating and Active Living Habits</u></b>                      Think Together aims to address childhood obesity through their Healthy Living Program, which serves students in 6 middle schools of the Azusa Unified and Bassett Unified school districts in La Puente. This afterschool program provides opportunities for low income, primarily Latino students to develop healthy eating and physical activity habits. The program includes cooking instruction, fitness goals, training for staff, and robust health and wellness lessons. In 2019, Kaiser Permanente paid \$10,000 to Think Together to:</p> <ul style="list-style-type: none"> <li>• Improve the exercise habits/attitudes toward exercise of 900 students via participation in 30 minutes of physical activity at least 3 days/week using the CATCH (Coordinated Approach to Child Health) curriculum, an evidence-based physical activity program demonstrated to prevent onset of overweight/obesity.</li> <li>• Increase the fruit and vegetable consumption of all 900 students based on exposure to Harvest of the Month curriculum, which educates students on California-grown fruits/ vegetables, portion sizes, healthy food choices and food label reading; and exposure to cooking education via Snack Shack kitchen healthy cooking sessions.</li> </ul> <hr/> <p><b><u>Working to End Hunger for the Food Insecure~</u></b>                      Hunger Action Los Angeles (HALA) helps low-income people in Los Angeles County access healthy and affordable produce and involves them in policy advocacy to end hunger. In 2019, Kaiser Permanente paid \$37,500 (split among 9 service areas) to HALA to:</p> <ul style="list-style-type: none"> <li>• Educate and advocate for anti-hunger legislation by training 75 grassroots low-income anti-hunger advocates on public policy for participation in Hunger Action Day.</li> <li>• Maintain Market Match participation in 24 farmers' markets.</li> <li>• Improve HALA's organizational capacity to strengthen its work in low-income communities by implementing strategic planning activities.</li> </ul>
<p><b>Access to Care</b></p>	<p>During 2019, Kaiser Permanente paid 13 grants, totaling \$118,770 addressing this priority health need in the Baldwin Park service area. In</p>	<p><b><u>Providing Affordable Healthcare</u></b>                      In 2019, KFH-Baldwin Park provided \$17,786,426 in medical care services to 24,223 Medi-Cal recipients (both health plan members and non-members) and \$8,946,172 in medical financial assistance (MFA) for 9,193 beneficiaries.</p>

Need	Summary of impact	Examples of most impactful efforts
	<p>addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 4 grants, totaling \$90,992 that addresses this need.</p>	<p><b><u>Advocating Expansion of Health Care Access for Low-Income Californians~*</u></b>                      Through policy-focused research and broad-based stakeholder engagement, the Insure the Uninsured Project (ITUP) promotes innovative and workable policy solutions that expand health care access and improve the health of low-income and underserved communities in Californian. In 2019, Kaiser Permanent paid \$75,000 (split among 15 service areas) to ITUP to:</p> <ul style="list-style-type: none"> <li>• Conduct issue education and targeted communications to educate and inform state and local policymakers, media, and stakeholders on state and federal health reform topics affecting coverage, care and the delivery of health and health related services in California.</li> <li>• Convene 12 regional and local health care workgroups that include stakeholders and community leaders in collective problem-solving and shared learning on health care issues and timely health policy topics.</li> <li>• Conduct and disseminate health policy research to inform state and local leaders and policymakers.</li> </ul> <p><b><u>Advocating for Health Centers to Improve the Health of Vulnerable Populations~*</u></b>                      California’s Primary Care Association (CPCA) provides education, training, and advocacy to their members community health centers to best serve their low-income, underserved, and diverse patients. In 2019, Kaiser Permanent paid \$150,000 (split among 15 service areas) to CPCA to:</p> <ul style="list-style-type: none"> <li>• Provide trainings, convenings, and conferences that reflect and respond to members’ needs.</li> <li>• Host peer networks and add peer networks as appropriate in response to member requests.</li> <li>• Educate policy makers and other stakeholders about the unique and critical role that CHCs play in serving patients throughout the state as an integral part of an integrated health care delivery system.</li> </ul>

Need	Summary of impact	Examples of most impactful efforts
		<p><b><u>Promoting Expansion of Quality Comprehensive Care for Los Angeles' Underserved Population~</u></b></p> <p>The Community Clinic Association of Los Angeles County (CCALAC) advocates for expanding access to quality comprehensive health care for medically underserved people in LA County by strengthen their policy and quality improvement efforts, while incorporating social determinants of health frameworks. In 2019, Kaiser Permanente paid \$225,000 (split among 7 service areas) to CCALAC to:</p> <ul style="list-style-type: none"> <li>• Deepen CCALAC's policy and advocacy education activities, particularly in the areas of program preservation, immigration, and women's health.</li> <li>• Raise awareness of the impact of key policy issues on clinics and the communities they serve to key political figures.</li> <li>• Strengthen and expand quality improvement activities and build capacity across CCALAC's clinically focused groups (i.e. Clinical Advisory Group, Nursing and Clinical Support, Quality Improvement, Behavioral Health, and Dental Roundtables).</li> </ul> <hr/> <p><b><u>Providing Culturally Competent Health Care</u></b></p> <p>Chinatown Service Center's San Gabriel Health Center's provides high quality primary care medical and dental services to low-income and underserved individuals and families who live in San Gabriel and neighboring communities. To address barriers to care, Chinatown Service Center provides services in the languages and dialects spoken by their patients. In 2019, Kaiser Permanente paid \$10,000 to Chinatown Service Center to:</p> <ul style="list-style-type: none"> <li>• Conduct 7500 patient visits providing primary medical and dental services to patients of low-income, earning less than 200% of the Federal Poverty level.</li> <li>• Provide primary medical and dental care to 300 new patients with patients served in their primary language by staff that speak Cantonese, Mandarin and other languages.</li> </ul>

Need	Summary of impact	Examples of most impactful efforts
<b>Mental and Behavioral Health</b>	<p>During 2019, Kaiser Permanente paid 10 grants, totaling \$94,449 addressing this priority health need in the Baldwin Park service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling \$40,000 that addresses this need.</p>	<p><b><u>Improving Services for Human Trafficking Survivors~</u></b>                      The Coalition to Abolish Slavery and Trafficking (CAST) expands services to improve health outcomes for trafficking victims in Los Angeles County. CAST coordinates a continuum of care for trafficking victims by combing social, medical, and legal service with leadership and advocacy. In 2019, Kaiser Permanente paid \$75,000 (split among 7 service areas) to CAST to:</p> <ul style="list-style-type: none"> <li>• Coordinate Whole Person Care services, including housing, food, medical, mental health, legal, education and employment for 100 human trafficking survivors.</li> <li>• Educate and advocate with policymakers, county officials, and community leaders on how to expand or improve access to emergency and permanent housing for victims.</li> </ul> <hr/> <p><b><u>Building Cultural Competency in the Mental Health Workforce*</u></b>                      Foothill Family Services Mental Health Workforce Development Project trains and educates direct service staff, including graduate interns, to be culturally competent and current in evidence-based practices. In 2019, Kaiser Permanente paid \$40,000 to:</p> <ul style="list-style-type: none"> <li>• Increase the number of clinical training sessions to fifteen.</li> <li>• Increase the number of graduate interns (e.g., MFT or MSW) recruited by 10% annually.</li> <li>• Train and educate over 200 direct service staff.</li> </ul> <hr/> <p><b><u>Integrating Mental Health Services</u></b>                      The Center for Integrated Family and Health Services (CIFHS) is dedicated to promoting optimal emotional and physical well-being of families and children and to supporting the health of the communities in which they reside. CIFHS established an integrated primary and behavioral health clinic between three co-located Baldwin Park providers to provide cross referral of low-income adult and teen clients for mental health, substance abuse, primary care and preventive services. In 2019, Kaiser Permanente paid \$9,333 to CIFHS to:</p> <ul style="list-style-type: none"> <li>• Develop and assess cross-referral systems and electronic interfaces for successful enrollment of clients.</li> <li>• Enroll 600 clients in additional preventive, mental health or primary care services through referrals and screening.</li> <li>• Improve functional status and sobriety of 200 clients through participation in individual and group substance abuse treatment including after care and follow-up services.</li> </ul>

Need	Summary of impact	Examples of most impactful efforts
<b>Economic Security</b>	<p>During 2019, Kaiser Permanente paid 10 grants, totaling \$95,833 addressing this priority health need in the Baldwin Park service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 2 grants, totaling \$19,121 that addresses this need.</p>	<p><b><u>Improving the Lives of Working Californians ~*</u></b>                      Golden State Opportunity (GSO) Los Angeles County California Earned Income Tax Credit (EITC) strives to improve the lives of working Californians through public outreach and education campaigns, research, analysis, and in-depth partnerships. The CalEITC4Me program is dedicated to increasing Cal EITC uptake in Los Angeles County and putting dollars back into people’s pockets, stimulating local economies, and increasing economic security. In 2019, Kaiser Permanente paid \$80,000 (split among 7 service areas) to:</p> <ul style="list-style-type: none"> <li>• Conduct California Earned Income Tax Credit (Cal EITC) outreach to more than 600,000 low-income households in Los Angeles County to provide information on eligibility and benefits.</li> <li>• Build and train a network of 50 public agency and nonprofit partners for coordinated outreach and education through smart digital targeting, community messaging, and utilizing peer-to-peer text messaging.</li> <li>• Host a 2nd Annual Women’s Economic Empowerment Summit to engage an intersectional group of local partners, leaders, and activists focused on economic security of women.</li> </ul> <hr/> <p><b><u>Providing Emergency Assistance for the Homeless</u></b>                      The mission of the El Monte-South El Monte Resource Association (ERA) is to prevent homelessness by providing food, clothing, and shelter to families and others in time of need. Through their Emergency Services in El Monte/South El Monte program, ERA aims to provide direct assistance to low-income families facing hunger, the imminent threat of homelessness, and healthcare assistance by providing direct food allocations, temporary housing vouchers, and financial assistance with healthcare-related expenditures. In 2019, Kaiser Permanente paid \$10,000 to ERA to:</p> <ul style="list-style-type: none"> <li>• Complete case management screenings to provide 100 families with emergency shelter vouchers, preventing homelessness.</li> <li>• Provide 70 children with glasses through case management, financial assistance and access to health care services.</li> <li>• Provide 1400 individuals with direct food assistance to decrease the number of people facing food insecurity in El Monte/South El Monte.</li> </ul>

Need	Summary of impact	Examples of most impactful efforts
		<p><b><u>Safety Net Services in Southern California ~*</u></b>                      Step Up on Second Street (SU) Safety Net Services in Southern California delivers compassionate support services to people experiencing serious mental health conditions and persons who are experiencing chronic homelessness. SU meets the complex needs of people experiencing homelessness in underserved areas of Los Angeles, Orange, San Bernardino and Riverside Counties at a time when the number of homeless in Southern California is increasing. In 2019, Kaiser Permanente paid \$100,000 (split among 13 service areas) to:</p> <ul style="list-style-type: none"> <li>• Support outreach teams to provide street outreach and engagement to individuals experiencing chronic homelessness and untreated mental health conditions.</li> <li>• Enroll individuals experiencing homelessness and mental health conditions assessed by outreach teams into Step Up Programs.</li> <li>• Provide individuals with ongoing permanent supportive housing with supportive services such as mental health, physical health, life skills, vocational and educational opportunities.</li> </ul>
		<p><b><u>Improving Economic Security for Youth</u></b>                      The Learning Centers at Fairplex’s (TLC’s) mission is to provide a wide spectrum of innovative and enriching educational experiences that bring learning to life, benefit diverse communities and prepare participants for success. TLC’s Career and Technical Education Center (CTEC) primarily serves low-income high school students in the Pomona Valley. CTEC builds both life and career skills for the students it serves to equip them with the tools necessary for economic mobility. In 2019, Kaiser Permanente paid \$15,000 to the Learning Centers at Fairplex to:</p> <ul style="list-style-type: none"> <li>• Support 300 underserved students in the region in completing CTEC courses in a pathway for high school graduation.</li> <li>• Provide 300 CTEC students with specialized training in financial literacy, resume building, interviewing skills and other workplace capabilities.</li> <li>• Create new career pathways in welding and green utilities with at least 25 additional students per semester enrolling in these courses.</li> </ul>

## VII. Description of Community Health Needs KFH- Baldwin Park Will Address in 2020-2022

The KFH- Baldwin Park 2019 Community Health Needs Assessment (CHNA) is available at <http://www.kp.org/chna> (Kaiser Permanente's ShareSite). Detailed information about the CHNA process and the criteria and rationale used to determine which priority health needs the hospital would address in its Community Benefit Plan (referred to as an Implementation Strategy for IRS purposes) – along with information about the health needs that were not identified but not selected – can also be found on the website. Here are the health needs KFH-Baldwin Park is addressing in the 2020-2022 three-year cycle:

**Access to Care.** Access to health care impacts one's physical, mental, and social health and overall quality of life. This issue of access is comprised of many factors, including but not limited to residents avoiding care because of their distrust of the medical system and the prohibitive costs of care. In the KFH – Baldwin Park service area, 26% of adults have some difficulty accessing care. Some groups are less likely to have access than others. Low-income and residents from marginalized groups (e.g., LGBTQ+, undocumented, and racial minorities) are less likely to access care. Community stakeholders identified promising strategies like providing services outside of the traditional settings (e.g., schools), culturally competent providers, and health care navigators. Access to care was selected to be addressed in the Implementation Strategy because secondary data and community engagement revealed that it is a priority health need and KFH-Baldwin Park has existing resources, partnerships, and potential opportunities to address this need.

**Economic Opportunity.** The CHNA process revealed that the community's economic security influences their ability to lead healthy lives. Specifically, community stakeholders shared that educational attainment, housing insecurity, and livable wage employment were key factors within food security. Additionally, internal stakeholders shared that food security is not only an added stressor for those who struggle with this area, but also has been an avenue to help support those who struggle with economic security (i.e., there are existing interventions, resources, as well as interest in alleviating food insecurity).

Census tracts with fewer bachelor's degrees are also associated with higher rates of obesity, diabetes, smoking, low birth weights, poor mental health days, and ER visits due to heart attack. Residents from lower-income families struggle obtaining a higher education due to lack of family support (e.g., guidance navigating higher education) and additional stressors related to having lower financial resources (e.g., homelessness). Community stakeholders identified promising strategies like exposing residents to more career paths, community support, educating parents on higher education options, as well as increasing partnerships between schools, nonprofits, business, and other organizations.

The cost of housing continues to be a large financial burden, particularly for low-income families and seniors. The KFH – Baldwin Park service area has more than 3,600 homeless individuals. Furthermore, in 2018, there were 402 homeless seniors, which was a 114% increase from 2017. This issue is comprised of many factors, including crowded housing, as well as the combination of low wages and lack of affordable housing. Community stakeholders shared that more collaboration is needed between service providers and/or organizations working to address homelessness and the lack of affordable housing. Additionally, the community needs not only more affordable housing options but also education for community members about the needs and benefits of having local affordable housing options.

Census tracts with lower rates of employment are also associated with more pedestrian injuries, a higher prevalence of asthma, more poor mental health days, and have higher rates of obesity. There is a need to educate residents about the job market and to connect them to services to find gainful employment. This is particularly true for areas where lower-income residents live. For example, cities with the highest unemployment rates:

Irwindale, Baldwin Park, West Covina, El Monte, and Covina. Community stakeholders shared that job training programs have helped ameliorate this issue because they not only introduce community members to new opportunities but also allow them to begin building necessary skills.

Economic security (education, housing, and employment) are social predictors that greatly impacts one's ability to lead a health life and if not addressed in the Implementation Strategy can exacerbate existing poor health outcomes in the community.

**Mental and Behavioral Health.** There is growing evidence that poor mental health is connected to other negative outcomes. In the KFH - Baldwin Park service area, poor mental health is associated with crowded housing, fewer bachelor's degrees, and less employment. This particularly affects those with lower financial resources who not only lack the means to obtain help but also experience more stressors that can further perpetuate the problem. Additionally, communities of color also seem to experience more stigma related to seeking out mental health services. Community stakeholders shared that more collaboration is needed between service providers and/or organizations working to address mental health issues. Additionally, more and consistent funding needs to be available for programs that are effective at addressing mental health. This health need was selected to be addressed in the Implementation Strategy because of the urgency of the need and the existing efforts already being conducted around this issue in the service area.