
Community Engagement Summary Report 2019



Kaiser Permanente Baldwin Park Medical Center

April 15, 2019

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*Evaluation and organizational
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PURPOSE

The purpose of this document is to present a deeper picture of health needs shared during community input sessions held for Kaiser Permanente Baldwin Park Medical Center's Community Health Needs Assessment (CHNA) process. Community level data from a variety of credible sources was analyzed to produce high-level findings about community health needs. These findings were used to create targeted lines of inquiry (table 1) intended to learn more about the story of community health by exploring the lived experience of community members, the causes of health needs, the racial or geographic disparities in health needs, and the community resources available to address health needs. Questions were posed to community residents, community leaders, and government and public health department representatives through focus groups and in-depth interviews. Please see the full CHNA report available publicly at <https://www.kp.org/chna> for more information on how community engagement data was collected, coded, and organized.

Table 1: Target Questions for Community Engagement

Questions
1. What social factors influence poor mental health? a. How does more crowded housing, fewer bachelor's degrees, less health insurance, and less employment contribute to poorer mental health days? b. What does the community see as the social predictors of poor mental health? c. Do these social determinants make sense to them? Why or why not?
2. How does the community currently use mental health services? a. Are there barriers to access or utilization in this service area? b. For youth? For seniors? For homeless population?
3. What current programs/efforts exist for mental health services? a. For youth? For seniors? For homeless population?
4. How is mental health experienced and perceived in the community? a. What is the mental health stigma (self, public, institutional) in the community?
5. What is causing the crowded housing? a. What populations/communities are most impacted? b. What does the community need to address crowded housing? c. What current efforts/resources/assets are available to address crowded housing? d. How is crowded housing connected to health outcomes?
6. What resources are available to addressing homelessness in the area? a. Are there certain areas with high density of homeless population? b. How are they connected to resources?
7. What are the facilitating factors and/or barriers to obtaining higher education attainment? a. What are the demographics of those obtaining higher education attainment? b. Are there disparities based on race, gender, income, etc.? c. What current resources/assets are available to support higher education attainment?
8. What are the facilitating factors and/or barriers to gaining employment? a. Are communities working locally or do they find work outside the service area? b. What are the type of employment opportunities available in the service area? c. What are the disparities among these opportunities?
9. Why are KP Baldwin Park members experiencing a higher prevalence of adult diabetes, hypertension, and obesity compared to State and SCAL residents?
10. What are the barriers to access and retention of health insurance and healthcare services? a. How are current immigration policies impacting communities in accessing healthcare services? b. What populations are most impacted? c. What resources/assets are available to increase access, linkage, and retention to health insurance?

LEARNING FRAMEWORK SUMMARY

Kaiser Permanente organized the findings from community engagement using a learning framework to highlight key learnings around lived experience of community members, the causes of health needs, the racial or geographic disparities in health needs, and the community resources available to address health needs. The main themes from this framework that surfaced during community engagement are reported below.

Lived Experience

During community input sessions, residents and service providers painted vivid pictures of the lived experiences of individuals and their families living in the KFH-Baldwin Park service area. They shared stories of everyday struggles to make ends meet. Additionally, residents talked about limited encouragement from support systems and the impact it had on their lives.

“I was still a full-time student and working three part-time jobs, not only to support myself academically and my expenses there, but to help my mother who was unemployed during a difficult situation. So, many of our students not only support themselves, but they support their families as well while in college.”

-Service provider

Causes/Contributing Factors

Economic insecurity was a common factor contributing to poor health shared across multiple community input sessions. The community shared that low wages negatively influence residents' access to health care, housing situations, and mental health. Those in low-income households also have difficulty obtaining the education and experiences necessary for higher paying jobs.

“A lower wage within a family is related to a lot of other issues. So, lack of insurance, lack of higher education, and all of those issues combined that can contribute to poor mental health. There's also poverty tied to that, and that's a risk factor.”

-Service provider

Disparities across Race/Place

Participants shared they felt that the KFH-Baldwin Park service area is an area of Los Angeles county that is often overlooked. Within this service area, there are geographical areas that have a high concentration of low-income earners and immigrants. These areas also often have fewer resources and opportunities.

“Health barriers and disparities are generally created by intersectional issues that include racism and bigotry, income inequalities, housing and food insecurities, language and transportation barriers, unemployment or underemployment, lack of insurance, and lack of education, etc... under the Trump administration, marginalized people have become far more likely to avoid health care. Those most affected include immigrant families (regardless of their citizenship status), LGBTQ+ people, and low-income and uninsured women and young people.”

-Service provider

Capacity, Gaps, and Opportunities

Community participants felt that there are opportunities for service providers to increase collaboration and reduce duplication of efforts. This would allow providers to better serve residents, as they tend to cycle through various services in the community. Participants also shared that there is a need to identify and fund programs that have proven to be effective, such as job training programs.

“The hot term is "silos". There's lots of agencies getting funding, or mental health professionals who all focus on our own area. And there's the ability that we need to step out and be able to do more collaboration. To speak about what we can offer each other, in a more powerful, synergistic kind of way, give support to families.”

-Service provider

RESPONSES TO TARGETED LEARNING QUESTIONS

The findings below highlight aggregated responses from community engagement sessions for each of the questions outlined in Table 1. Questions and responses have been grouped by health outcome or social predictor of health.

Mental Health

What social factors influence poor mental health?

Lack of financial and social resources compounds mental health issues among residents.

“There's also low [socioeconomic status], so when families are struggling to survive financially, they might be less likely to seek out mental health services. And there's a lack of trust. So they might not trust you as a resource, when they're dealing with mental health issues.”

- Service Provider

How does the community currently use mental health services?

Language, literacy, and education were identified by participants as barriers to accessing care and makes navigating the healthcare system harder.

“Some of the systems issue goes back to the articulation between all the entities. So, Department of Mental Health (DMH), the legislature, the state assembly and senate, what happens at the federal level, how do all of these systems connect to make a healthier community?”

-Service provider

“The lack of information within our religious communities as to when to refer people out and where to refer them. There seems to be an overall lack of articulation within the system of providers. So, if I'm a Kaiser patient, and I can't get in, I should be able to access services at a community agency. But that kind of articulation doesn't occur. So, to me that is a system issue.”

-Service provider

What current programs/efforts exist for mental health services?

Health care navigators and promotoras currently help community members find and use the mental health services they need.

“Health navigator or a promotoras, that's something that - I mean just the navigation involved in the healthcare network is huge challenge for our patients. And we're really seeing that we've had to invest a lot in that after the Affordable Care Act (ACA) went into effect because we're seeing so many more patients in our health centers.”

-Service provider

How is mental health experienced and perceived in the community?

Negative perceptions of mental health in the community lead to stigma & lack of social support for mental health needs.

“While people may feel depressed and anxious, and may have considered suicide, in some communities and especially communities of color, it's so taboo that you wouldn't tell anybody that you were thinking about it! Or that you have felt that way, because why would you divulge that when it's such a taboo topic in your community.”

-Service provider

“[If someone experiences mental health challenges,] she might have a social drawback and she will isolate herself from her friends and family, and she'll stop participating in things that she used to.”

-High school student

Housing Insecurity

What is causing the crowded housing?

Community members shared that many families and individuals are living in crowded homes due to the lack of affordable housing and low wages.

“Often times, they're one: substandard housing, so they're in an apartment building that's not well maintained. They can barely afford it. They might be spending 50, 60, sometimes 70% of their income on housing... if they're in substandard housing, they're spending a high percentage of their income on rent. Many times then their rent goes up. They're evicted.”

-Service provider

“Obviously a big part of it is the affordability factor as well... that means that somebody making minimum [wage] would have to work essentially 90 hours a week in order to afford the average two bedroom apartment, which obviously a single mom or dad wouldn't be able to do.”

-Service provider

What resources are available to address homelessness in the area?

Organizations need to continue to partner with each other to provide services and support the development of affordable housing.

“Establish collaborate partnerships with local agencies in terms of service delivery.”

-Service provider

“We need our hospital to be educated about ... the programs in the area because we don't know that there's good services around.”

-Service provider

Educational Attainment

What are the facilitating factors and/or barriers to obtaining higher educational attainment?

Unmet social needs, lack of support systems, and lack of soft-skills training pose a barrier to obtaining higher educational attainment.

“There are kids that go to school hungry. There are kids that are homeless... those kind of barriers make it more difficult for kids to graduate. When they don’t have the right clothes to wear, they’re not eating right, and they don’t have a place to study... they might not have transportation. They might not even be well. They might not have healthcare.”

-Service provider

“[Students] don’t know how to manage their time... young adults, have to learn accountability and be self-accountable... how to navigate through the social parts of college... they didn’t understand the financial impact that it would have on themselves or their family.... when they get to college and the workload in college becomes so much stronger, so much heavier, I don’t know that they always know how to navigate that.

-Superintendent

Livable Wage Employment

What are the facilitating factors and/or barriers to gaining employment?

Lack of specialized skills, experience, and reduction of lower skilled available jobs due to automation pose barriers to gaining employment.

“[Young adults have] gotten education and it’s hard for them to find employment, because they don’t have the professional experience... They’re not able to find jobs.”

-Service provider

“Automation, that has taken a huge number of jobs out of [manufacturing]. So now one person that’s properly trained in a particular skillset can do the work for ten people... we’re having to train people in a completely different skillset to be able to operate a lot of the automated equipment and robotic equipment.”

- San Gabriel Valley Economic Partnership Member

Access to Care

Why are Kaiser Permanente Baldwin Park Medical Center's members experiencing a higher prevalence of adult diabetes, hypertension, and obesity compared to CA State and SCAL residents?

Residents often do not seek care due to mistrust of health care providers.

"I wanted to talk about stigma and shame, which is something we encounter a lot with our patients as a barrier. And fear as well. Just the stigma of seeking out sexual health or reproductive health, the shame associated with that. For our LGBTQ patients, they've been perhaps traumatized in the past by medical care they received because their sexuality or gender is not even acknowledged. And then we are also seeing, not just from our patients who have an undocumented status, but who are immigrants, fear of seeking healthcare in the climate we're in right now. Just avoiding care."

- Service provider

What are the barriers to access to and retention of health insurance and health care services?

The high cost of health care is a barrier to accessing care.

"There's all this fear of money, like how much is this gonna cost and how you are going to afford the medicine or go and see a doctor."

-Service provider

"They don't even go to a doctor because they think about the cost. That's a just an extra cost when they're spending on everything else that they do. Sometimes they have two jobs and they are just making ends meet. And that's just an extra cost. It's not in their budget so they just avoid it."

- Service provider

NEXT STEPS

Input provided during community engagement helped to provide a glimpse into some of the community perspective on health outcomes and health drivers, as well as assets and barriers to accessing resources for health issues. Insights shed light on the obstacles and challenges residents in the KFH-Baldwin Park service area face to live long and healthy lives including the disparities that exist, and opportunities to address these issues.

This information will become an integral part of the next step of the CHNA process: implementation strategy planning. These findings will inform Kaiser Permanente Baldwin Park Medical Center's plans for the next three years as they continue to work on improving the health and well-being of the communities they serve.