2019 Implementation Strategy Report
Kaiser Foundation Hospital: Baldwin Park Medical Center
License number: 930000920
Approved by Kaiser Foundation Hospitals Board of Director’s Community Health Committee
March 18, 2020
Kaiser Permanente Southern California Region Community Health
Implementation Strategy Report for KFH-Baldwin Park Medical Center

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# I. General information

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Contact Person:</strong></td>
<td>Reyna DelHaro</td>
</tr>
<tr>
<td><strong>Date of written plan:</strong></td>
<td>December 16, 2019</td>
</tr>
<tr>
<td><strong>Date written plan was adopted by authorized governing body:</strong></td>
<td>March 18, 2020</td>
</tr>
<tr>
<td><strong>Date written plan was required to be adopted:</strong></td>
<td>May 15, 2020</td>
</tr>
<tr>
<td><strong>Authorized governing body that adopted the written plan:</strong></td>
<td>Kaiser Foundation Hospitals Board of Directors' Community Health Committee</td>
</tr>
<tr>
<td><strong>Was the written plan adopted by the authorized governing body on or before the 15th day of the fifth month after the end of the taxable year the CHNA was completed?</strong></td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td><strong>Date facility’s prior written plan was adopted by organization’s governing body:</strong></td>
<td>March 16, 2017</td>
</tr>
<tr>
<td><strong>Name and EIN of hospital organization operating hospital facility:</strong></td>
<td>Kaiser Foundation Hospitals, 94-1105628</td>
</tr>
<tr>
<td><strong>Address of hospital organization:</strong></td>
<td>One Kaiser Plaza, Oakland, CA 94612</td>
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</table>
II. About Kaiser Permanente (KP)

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 healthcare. 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 more than 12 million members in eight 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 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.

III. About Kaiser Permanente Community Health

For more than 70 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 grant making 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 KP 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. And 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.

IV. Kaiser Foundation Hospitals – Baldwin Park Medical Center

A. Map of facility service area

*Figure A – KFH-Baldwin Park Service Area*

B. Geographic description of the community served (towns, counties, and/or zip codes)

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 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.

**Table 1. Demographic profile: KFH-Baldwin Park**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Socioeconomic</th>
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</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>Living in Poverty (&lt;100% Federal Poverty Level)</td>
</tr>
<tr>
<td>Asian</td>
<td>Children in Poverty</td>
</tr>
<tr>
<td>Black</td>
<td>Unemployment</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>Uninsured Population</td>
</tr>
<tr>
<td>Native American/Alaska Native</td>
<td>Adults with No High School Diploma</td>
</tr>
<tr>
<td>Pacific Islander/Native Hawaiian</td>
<td></td>
</tr>
<tr>
<td>Some Other Race</td>
<td></td>
</tr>
<tr>
<td>Multiple Races</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
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</table>

1 American Community Survey (2012-2016).
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 Baldwin Park Medical Center’s planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH Baldwin Park Medical Center’s 2019 CHNA process and for a copy of the report please visit www.kp.org/chna.

List of Community Health Needs Identified in 2019 CHNA Report

Below is the list of health needs identified for the KFH Baldwin Park Medical Center service area through the 2019 Community Health Needs Assessment process:

1. Access to Care
2. Educational Attainment
3. Livable Wage Employment
4. Housing Insecurity
5. Mental Health

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

The following organizations supported the development of the IS Plan. These partners represent multiple sub-populations in the community and were able to provide multiple perspectives on developing a strategy to address health needs. Some of these partners were engaged during the Community Health Needs Assessment process. All were asked to discuss the promising strategies being implemented in their community.

1. American Heart Association
2. Asians Americans Advancing Justice
3. Baldwin Park Unified School District
4. Bassett Unified School District
5. ChapCare
6. The Learning Centers at Fairplex
7. Mt. San Antonio College
8. NAMI Pomona Valley
9. National Community Renaissance
10. San Gabriel Valley Consortium on Homelessness
11. San Gabriel Valley Economic Partnership
12. Shepherd’s Pantry
B. Community engagement strategy

While not required by Federal CHNA regulations, Kaiser Permanente requires all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. Community member and stakeholder 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.

The Community Health Needs Assessment and Implementation Strategies were consistently a topic within both informal and formal meetings with internal stakeholders and community partners. The Community Benefit Manager (Portia X. Jones) began her role early during the IS process. She leveraged her on-boarding process to engage various stakeholders. For example, she met with various stakeholders to introduce herself and discuss the IS process using a brief protocol where she described relevant CHNA findings and potential next steps. During these conversations, Portia and internal stakeholders identified potential Functional Team members. The functional teams will be responsible for moving IS strategies forward. These potential Functional Team members were invited to participate in more in-depth conversations and/or surveys to identify what is currently being done within each health need area and identify next steps.

To ensure further meaningful engagement, the process for external stakeholder engagement began with key informant interviews and focus groups with partners who have a vast understanding of current community efforts in each priority health need area. The external stakeholders participated in discussions around existing interventions, potential opportunities, and new or expanded partnerships. They were also asked to consider potential new strategies.

<table>
<thead>
<tr>
<th>Method of Data Collection</th>
<th>Job Title</th>
<th>Number of People</th>
<th>Notes on Input</th>
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</thead>
<tbody>
<tr>
<td>KP Stakeholders</td>
<td></td>
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<tr>
<td>1 Key Informant Interview</td>
<td>Physician, Internal Medicine</td>
<td>1</td>
<td>Access to care: Review strategic priorities, identify additional interventions, and identify stakeholders for functional team.</td>
</tr>
<tr>
<td>Method of Data Collection</td>
<td>Job Title</td>
<td>Number of People</td>
<td>Notes on Input</td>
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<td>--------------------------</td>
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</tr>
<tr>
<td>2</td>
<td>Key Informant Interview</td>
<td>1</td>
<td>Assistant Medical Group Administrator (for Mental Health)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mental Health: Review strategic priorities, identify additional interventions, and identify stakeholders for functional team. Note: Met twice.</td>
</tr>
<tr>
<td>3</td>
<td>Key Informant Interview</td>
<td>1</td>
<td>Senior Vice-President and Area Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Review strategic priorities, identify additional interventions, and identify stakeholders for functional team. Note: Met twice.</td>
</tr>
<tr>
<td>4</td>
<td>Focus Group</td>
<td>8</td>
<td>Medical Center Leadership Team and Public Affairs Team</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Review strategic priorities, identify additional interventions, and identify stakeholders for functional team.</td>
</tr>
<tr>
<td>5</td>
<td>Key Informant Interview</td>
<td>1</td>
<td>Chief Nurse Executive</td>
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<td></td>
<td></td>
<td></td>
<td>Review strategic priorities and identify additional interventions for Access to Care functional team. Note: Met twice.</td>
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<tr>
<td>6</td>
<td>Key Informant Interview</td>
<td>1</td>
<td>Assistant Medical Group Administrator (for Pediatrics)</td>
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<td></td>
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<td>Review planned Implementation Strategy process</td>
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<tr>
<td>7</td>
<td>Key Informant Interview</td>
<td>1</td>
<td>Assistant Area Medical Director (for Cultivate Initiative)</td>
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<tr>
<td></td>
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<td></td>
<td>Review strategic priorities, identify additional interventions, and identify stakeholders for functional team.</td>
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<td>Method of Data Collection</td>
<td>Job Title</td>
<td>Number of People</td>
<td>Notes on Input</td>
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<tr>
<td>8 Focus Group</td>
<td>Cultivate Team</td>
<td>5</td>
<td>Review planned Implementation Strategy process</td>
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<tr>
<td>9 Focus Group</td>
<td>Food For Life Functional Team</td>
<td>3</td>
<td>Review strategic priorities and identifying expected outcomes</td>
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<td>10 Focus Group and Survey</td>
<td>Patient Revenue Cycle Team</td>
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<td>Review planned Implementation Strategy process</td>
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<td>11 Focus Group and Survey</td>
<td>Mental and Behavioral Health Functional Team</td>
<td>6</td>
<td>Review strategic priorities, identify additional interventions, and identify stakeholders for functional team.</td>
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<tr>
<td>12 Focus Group</td>
<td>Chief of Behavioral Health and Department Administrator, Behavioral Health, and Program Manager, Educational Outreach Team</td>
<td>3</td>
<td>Review strategic priorities, identify additional interventions, and identify stakeholders for Mental Health functional team.</td>
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<tr>
<td>13 Focus Group and Survey</td>
<td>Economic Security Functional Team (Homelessness)</td>
<td>3</td>
<td>Review strategic priorities, identify additional interventions, and identify stakeholders for functional team.</td>
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<tr>
<td>Method of Data Collection</td>
<td>Job Title</td>
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<tr>
<td>14 Key Informant Interview</td>
<td>Department Administrator, Social Services</td>
<td>1</td>
<td>Review strategic priorities, identify additional interventions, and identify stakeholders for functional team. Note: Met twice.</td>
</tr>
<tr>
<td>15 Key Informant Interview</td>
<td>Southern California Regional Chief of Pediatrics</td>
<td>1</td>
<td>Review strategic priorities, identify additional interventions, and identify stakeholders for Educational Attainment functional team.</td>
</tr>
<tr>
<td>16 Focus Group and Survey</td>
<td>Educational Attainment Functional Team</td>
<td>3</td>
<td>Review strategic priorities, identify additional interventions, and identify stakeholders for Educational Attainment functional team.</td>
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**Community Organizations**

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<tr>
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<th>Number of People</th>
<th>Notes on Input</th>
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<tr>
<td>18 Key Informant Interview</td>
<td>Executive Director of the Shepherds Pantry</td>
<td>1</td>
<td>Sharing strategic priorities (Food Insecurity) and feedback requests</td>
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<td>Method of Data Collection</td>
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<td>Number of People</td>
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<tr>
<td>19 Focus Groups</td>
<td>Community organizations that provide services to local residents:</td>
<td>9</td>
<td>Reviewed strategic priorities and helped to identify existing intervention and potential opportunities and partnerships to address economic security, access to care, as well as mental and behavioral health.</td>
</tr>
<tr>
<td></td>
<td>Baldwin Park Unified School District, Learning Centers at Fairplex, San</td>
<td></td>
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<tr>
<td></td>
<td>Gabriel Valley Consortium on Homelessness, NAMI Pomona Valley, American</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heart Association, and National Community Renaissance</td>
<td></td>
<td></td>
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<tr>
<td>20 Key Informant</td>
<td>CEO of ChapCare</td>
<td>1</td>
<td>Reviewed strategic priorities and potential opportunities and partnerships to address housing insecurity and access to care.</td>
</tr>
<tr>
<td>Interview</td>
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<tr>
<td>21 Key Informant</td>
<td>CEO &amp; Program Manager</td>
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<td>Reviewed strategic priorities and potential opportunities and partnerships to address economic security.</td>
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<td>Interview</td>
<td>SGV Conservation Corps</td>
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<td>22 Key Informant</td>
<td>Asian Americans Advancing Justice</td>
<td>1</td>
<td>CHNA: Shared promising &amp; successful strategies. Recommendations were used to consider opportunities related to all the health needs.</td>
</tr>
<tr>
<td>Method of Data Collection</td>
<td>Job Title</td>
<td>Number of People</td>
<td>Notes on Input</td>
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<tr>
<td>23 Key Informant Interview</td>
<td>Baldwin Park Unified School District</td>
<td>1</td>
<td>CHNA: Shared promising &amp; successful strategies related to educational attainment. Recommendations were used to consider opportunities during the IS process.</td>
</tr>
<tr>
<td>24 Key Informant Interview</td>
<td>Bassett Unified School District</td>
<td>1</td>
<td>CHNA: Shared promising &amp; successful strategies related to educational attainment. Recommendations were used to consider opportunities during the IS process.</td>
</tr>
<tr>
<td>25 Key Informant Interview</td>
<td>The Learning Centers at Fairplex</td>
<td>1</td>
<td>CHNA: Shared promising &amp; successful strategies related to educational attainment and livable wage employment. Recommendations were used to consider opportunities during the IS process.</td>
</tr>
<tr>
<td>26 Key Informant Interview</td>
<td>Mt. San Antonio College</td>
<td>1</td>
<td>CHNA: Shared promising &amp; successful strategies related to educational attainment. Recommendations were used to consider opportunities during the IS process.</td>
</tr>
<tr>
<td>Method of Data Collection</td>
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<td>Number of People</td>
<td>Notes on Input</td>
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<tr>
<td>27 Key Informant Interview</td>
<td>San Gabriel Valley Consortium on Homelessness</td>
<td>2</td>
<td>CHNA: Shared promising &amp; successful strategies related to housing insecurity. Recommendations were used to consider opportunities during the IS process.</td>
</tr>
<tr>
<td>28 Key Informant Interview</td>
<td>San Gabriel Valley Economic Partnership: Workforce Development Committee</td>
<td>4</td>
<td>CHNA: Shared promising &amp; successful strategies related to housing insecurity. Recommendations were used to consider opportunities during the IS process.</td>
</tr>
<tr>
<td>29 Focus Group on Access to Care</td>
<td>Focus Group participants: Chinatown Service Center, East Valley Community Health Center, Foothill Unity Center, Inc., Herald Christian Health Center, Our Saviour Center/Cleaver Family Wellness Center, Planned Parenthood Pasadena &amp; San Gabriel Valley, and Rowland Unified School District.</td>
<td>10</td>
<td>CHNA: Shared promising &amp; successful strategies related to access to care. Recommendations were used to consider opportunities during the IS process.</td>
</tr>
<tr>
<td>30 Focus Group on Mental Health</td>
<td>Focus group participants: California Mental Health Connection, City of El Monte CA Government, Foothill Family Service, Pacific Clinics, San Gabriel Unified School District, and YWCA San Gabriel Valley.</td>
<td>7</td>
<td>CHNA: Shared promising &amp; successful strategies related to mental and behavioral health. Recommendations were used to consider opportunities during the IS process.</td>
</tr>
</tbody>
</table>
C. Consultant(s) used

A-Cubed Consulting, Inc (A3) was contracted to conduct the CHNA for KFH-Baldwin Park. A3 believes in taking a participatory and use-focused approach to evaluation. Those doing the work should be involved in telling the story. A3 also believes the components of organizational development, research, and evaluation each play a pivotal role in the evaluation process. Ama Atiedu, CEO and Project Manager, has over 15 years of experience designing and conducting small and large-scale research and evaluation projects with focuses on public health, nutrition, health care systems, and early childhood education. Other team members supporting KFH-Baldwin Park’s CHNA include:

- Laura Keene (Keene Insights), Evaluation Consultant
- Michelle Molina (Connecting Evidence), Evaluation Consultant
- Maddy Frey (Madeleine Frey Consulting, LLC), Evaluation Consultant
- Monica Ray, Project Coordinator & Community Benefit Consultant
- Fiona Asigbee, Statistician

VII. Health needs that KFH-Baldwin Park Medical Center plans to address

A. Process and criteria used

Before beginning the Implementation Strategy health need prioritization process, KFH-Baldwin Park Medical Center chose a set of criteria to use in selecting the list of health needs including the severity and magnitude of the need, the extent to which disparities in the need exist across race or place, and the extent which Kaiser Permanente is positioned to meaningfully contribute to addressing the need (e.g. relevant expertise, existing commitments to meet community health needs, unique business assets, etc.). The extent to which community voice spoke to the urgency of the health need through the CHNA and the existence of other community resources dedicated to the need were important additional criteria in making final health need selections. Definitions for criteria used in the health need selection process are presented below:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Leveraging KP Assets:** KP can make a meaningful contribution to addressing the need because of its relevant expertise, existing strategies, and/or unique business assets as an integrated health system and because of an organizational commitment to improving community health.

During the CHNA, the following health needs were identified: access to care, educational attainment, housing insecurity, livable wage employment, and mental health. Access to care and mental health will be addressed directly. Educational attainment, housing insecurity, and livable wage employment will be addressed, directly or indirectly, under the umbrella health need category “economic opportunity”. The alignment of strategies to address these health needs was underscored by key
informant interviews and focus groups participants. Evidenced-based and promising strategies implemented by KP and partners often address more than one issue (e.g., pathway programs for youth aim to improve both educational attainment and livable wage employment). Additionally, strategies for addressing food insecurity will also be included under economic opportunity efforts. Though food insecurity was not identified as a priority health need, strategies for addressing food insecurity are impactful preventative approaches to addressing economic opportunity.

B. Health needs that KFH-Baldwin Park Medical Center plans to address

**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.
VIII. KFH Baldwin Park Medical Center’s Implementation Strategies

A. About Kaiser Permanente’s Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH Baldwin Park Medical Center has a long history of working internally with Kaiser Foundation Health Plan, the Southern California 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
- Are informed by evidence
- 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

KFH Baldwin Park Medical Center is committed to enhancing our understanding about how best to develop and implement effective strategies to address community health needs and recognize that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders. As such, KFH Baldwin Park Medical Center welcome future opportunities to enhance our strategic plans by relying on and building upon the strong community partnerships we currently have in place.

KFH Baldwin Park Medical Center will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as grant making, leveraged assets, collaborations and partnerships, as well as several internal programs. The goals, strategic priorities, strategies (including examples of interventions), and expected outcomes are described below for each selected health need.

B. 2019 Implementation Strategies by selected health need

*Health Need #1: Access to Care*

<table>
<thead>
<tr>
<th>Long Term Goal</th>
<th>All community members have access to high quality health care services from a trained and diverse workforce in a coordinated delivery system.</th>
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</table>
| Strategic priorities (intermediate goals) | 1. Increase coverage, access, and utilization of health care services for populations that are underserved and uninsured.  
2. Improve and build the current and emerging workforce to meet the primary care needs of the community  
3. Improve the capacity of healthcare systems to provide quality healthcare services, including interventions to address social determinants of health. |
| Strategies & Sample Interventions | 1.1 Provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage.  
  o The Kaiser Permanente Medicaid program provides high-quality medical care services to Medicaid eligible participants who would otherwise struggle to access care.  
  o The Kaiser Permanente Medical Financial Assistance program provides temporary financial assistance to low-income individuals who receive care at Kaiser Permanente facilities and who can’t afford medical expenses and/or cost sharing.  
  o The Kaiser Permanente Charitable Health Coverage program provides access to comprehensive health care to low-income individuals and families who do not have access to public or private health coverage. | 1.2 Support access to care for patients through collaboration among community clinics, clinic networks, and other safety net providers.  
  o With support of grant funding, Regional Associations of California (Essential Access Health) strengthen the capacity of California's community clinics and health centers and advance local health delivery system transformation through statewide policy.  
  o KFH Baldwin Park Medical Center partners locally with community clinics such as East Valley Health Center and ChapCare, to ensure access and connection to resources for uninsured and vulnerable populations. | 1.3 Design, pilot and implement systems for screening community members with social (non-medical) needs and refer to community-based programs  
  o The Kaiser Permanente Thrive Local initiative integrates the social determinants of health into ongoing care plans by screening and connecting low-income individuals and families to community and government resources.  
  o KFH Baldwin Park Medical Center is partnering with the Department of Public Social Services to offer Medi-Cal enrollment opportunities and resources on site. | 2.1 Support and implement physician and other pipeline programs, using evidence-based, culturally competent and patient-centered population management modules.  
  o With the support of grant funding, the California Primary Care Association supports building capacity for the primary care workforce by developing a comprehensive curriculum and training program for health centers desiring to implement or sustain residency training programs and partnerships | 3.1 Strengthen the capacity and infrastructure of community clinics to effectively prevent and manage chronic disease, including cardiovascular health and diabetes.  
  o Transforming Cardiovascular Care in our Communities (TC3) supports community clinics, public hospitals and health systems to reduce |
cardiovascular disease by implementing innovative population health management practices (Riverside, LA County Medical Centers)

Expected outcomes

Kaiser Permanente aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:

- Sustained and/or enhanced availability of services and financial resources to support coverage and access to quality healthcare for uninsured and underinsured community members.
- Improved healthcare provider capacity to screen their members and patients for non-medical social needs.
- Improved referral and coordination between healthcare and community-based providers to address the social needs of communities.
- Reduced barriers to access healthcare through the provision of transportation options, language services, and/or other supportive services.
- Improved training opportunities in the field of primary healthcare for underserved populations (such as African Americans and Latinos).

Health Need #2: Economic Opportunity

Long Term Goal

All community members experience improved economic security and access to social services, including affordable housing, educational attainment, training and employment, and healthy foods.

Strategic priorities (intermediate goals)

1. Reduce food insecurity and improve access to healthy foods.
2. Preserve and improve the availability of affordable housing and improve care coordination to serve individuals experiencing homelessness and to prevent displacement.
3. Improve educational attainment and employment opportunities.

Strategies & Sample Interventions

1.1 Design, pilot and implement programs and systems for promoting, screening and/or enrolling community members in food benefit programs.
   o KFH Baldwin Park Medical Center is partnering with the Department of Public Social Services to promote enrollment of CalFresh and use of Cal Fresh and WIC benefits for purchasing fresh fruits and vegetables, including at the medical center’s onsite farmers’ market.
   o KFH Baldwin Park Medical Center is implementing the Food for Life initiative, which delivers a multi-pronged approach to improve food security, such as the CalFresh enrollment campaign, which utilizes a multi-modal outreach to increase CalFresh enrollment for eligible community members.
   o KFH Baldwin Park Medical Center provides small-scale markets for healthy food options in under-resourced communities, specifically through the on-site farmers’ market and with support of grant funding, support community
gardens through the signature Garden Gourmets Program at the Baldwin Park and West Covina Unified School Districts.

1.2 Support programs that procure, recover and/or redistribute food to food insecure communities.
   o KFH Baldwin Park Medical Center is leveraging assets for the Kaiser Permanente Food Recovery and Food Redistribution program, which envisions foodservices as the source of nutritious meals for patients, staff and the broader community by distributing food to food insecure communities. KFH Baldwin Park Medical Center participates in the Food Finders program which connects donated perishable food to local nonprofit pantries and shelters in Southern California, including the San Gabriel Valley.
   o With support of grant funding, the California Association of Food Banks Farm to Family utilizes advocacy and outreach efforts to procure and provide fresh produce to food banks serving individuals and families who are food insecure.

2.1 Support and participate in collaboratives that support coordination and funding of resources (such as health services and housing) for individuals at risk or experiencing homelessness.
   o Kaiser Permanente, Southern California is a key partner in the United Way Funder’s Collaborative (Home for Good), which brings together stakeholders, funders, and leaders all working to address housing affordability and homelessness. The collaborative was a key contributor to the development of the county’s Coordinated Entry System (CES) lead agencies that connect homeless individuals to services.

3.1 Improve educational attainment and employment opportunities.
   o With support of grant funding provide educational attainment and pathway programs for youth focused on increasing high school graduation rates, college readiness, preparation for careers in Science, Technology, Engineering, and Mathematics (STEM), or health care workforce training.
   o KFH Baldwin Park Medical Center facilitates the Hippocrates Circle Program (HCP) and provides Navigating High School and Study Skills events for local students, a Healthcare Career Day for students in underserved high schools, and medical center campus tours.
   o The Kaiser Permanente High Impact Hiring is a talent-sourcing strategy that aligns business needs with positive community impact. High Impact Hiring creates career opportunities for people with employment barriers, focusing on specific populations of disadvantaged people or specific geographic areas. KFH Baldwin Park Medical Center is partnering with the San Gabriel Valley Conservation Corps and Goodwill Industries for local High Impact Hiring opportunities.
Kaiser Permanente aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:

**Food insecurity**
- Increased number of community members screened for food insecurity and enrolled in food benefit programs.
- Improved availability of free and healthy food for food insecure individuals and families.
- Reduced food waste and carbon emissions.
- Improved policies and practices that create healthy school environments for students, staff and their families.

**Housing and Homelessness**
- Enhanced availability of housing assistance and programs, such as eviction prevention and defense, rental assistance programs, and other supportive services.
- Improved coordination of housing resources and services for individuals experiencing and/or at risk of homelessness.

**Employment**
- Improved employment opportunities for hard to hire community members.
- Improved access to training and workforce development opportunities underserved community members.
### Health Need #3: Mental and Behavioral Health

<table>
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<tr>
<th>Long Term Goal</th>
<th>All community members have optimal levels of mental health and well-being through improved equitable access to evidence-based, high quality, appropriate care and reduced effects of stigma.</th>
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</table>
| Strategic priorities (intermediate goals) | 1. Improve access and connection to mental health care in clinical and community settings  
2. Improve and build the current and emerging mental health workforce to meet community needs.  
3. Reduce mental health stigma and improve knowledge, capacity, and resilience in individuals, communities, and organizations. |
| Strategies & Sample Interventions | 1.1 Support the infrastructure and capacity building of community organizations and clinics to improve access to quality mental health care.  
   - With the support of grant funding, Children Now Improving California Students' Readiness to Learn will map the current state and district school-based health policy efforts and develop a list of policy options to improve school-based mental health services. Partner organizations will receive resources and technical assistance on best policies / practices related to school discipline, teacher credentialing, mental health, school attendance, and Local Control Funding Formula  
   - With support of grant funding, KFH Baldwin Park Medical Center will support local school-based mental health services and partners with resources and technical assistance on best policies / practices related to mental health, such as trauma-informed care  

1.2 Support the integration of mental health care, case management, and navigation services into clinical care and community settings  
   - With the support of grant funding, the Foothill Family Services Mental Health Workforce Development Project seeks to build the current and emerging workforce by training and educating direct service staff, including graduate interns, to be culturally competent and current in evidence-based practices.  

2.1 Support the education and training of licensed mental health professional to be culturally competent.  
   - With the support of grant funding, Hathaway-Sycamores Child and Family Services will provide training for group home foster care providers in Southern California so that they can become certified as Short Term Residential Therapeutic Programs.  
   - With the support of grant funding, KFH Baldwin Park Medical Center will continue to collaborate with community organizations to expand access to quality culturally competent mental health resources and programs. |
3.1 Support efforts to improve the community and social support system’s knowledge, attitudes, beliefs and perceptions about mental health, trauma and resilience.
   - Implement the Public Good Projects’ Action Minded campaign, a digital community health intervention using education, social engagement and multi-media tools to engage the general public, issue-advocates and community partners in reducing stigma towards mental health conditions.

3.2 Support the enhancement of organizational culture, practices and policies in schools and other institutions to be trauma-informed
   - KFH Baldwin Park Medical Center and Kaiser Permanente’s Educational Outreach Program will provide Mental Health First Aid to local schools in the San Gabriel Valley to support trauma-informed practices. Grant funding will also support enhancement of organizational culture, policies, and practices.

**Expected outcomes**

Kaiser Permanente aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:

- **Access Related**
  - Enhanced capacity in clinical and community-based settings to address community mental health needs.
  - Improved use of screening tools [in specific settings, e.g. schools] to identify mental health issues and connect individuals to appropriate resources.

- **Workforce Related**
  - Increased number and diversity of individuals in the mental health workforce.
  - Increased number of culturally competent individuals in the mental health workforce.

- **Stigma Related**
  - Improved understanding of and attitudes toward mental health care among individuals and organizations.
  - Improved help-seeking behavior among those in need of mental health care.

C. Our commitment to Community Health

At Kaiser Permanente, our scale and permanence in communities mean we have the resources and relationships to make a real impact, and wherever possible, our regions and facilities collaborate with each other and with key institutions in our communities, such as schools, health departments, and city/county governments to create greater impact. The CHNA/IS process presents the opportunity to reinforce and scale national and regional strategies to address health needs that impact all of our communities, even if those health needs are not prioritized locally. The following strategies illustrate the types of organizational business practices as well as regional efforts that we implement to address multiple health needs and contribute to overall community health and well-being:
• **Reduce our negative environmental impacts and contribute to health at every opportunity.** We have optimized the ways in which we manage our buildings; purchase food, medical supplies and equipment; serve our members; consume energy; and process waste. The following strategies illustrate several of our practices that enable us to operate effectively while creating a healthier environment for everyone. Our Environmentally Preferable Purchasing Standard prioritizes the procurement of products with fewer chemicals of concern and less resource intensity, thus encouraging suppliers to increase the availability of healthier products. We are building renewable energy programs into our operations, with plans to be carbon neutral in 2020. We recognize that mitigating the impacts of climate change and pollution is a collective effort, and we are therefore proud to work with like-minded organizations and individuals, including the United Nations, Health Care Without Harm, government entities, as well as other influencers that advocate for environmental stewardship in the healthcare industry and beyond.

• **Deploy research expertise to conduct, publish, and disseminate epidemiological and health services research.** 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. Kaiser Permanente’s Department of Research and Evaluation, 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 service.

• **Implement healthy food policies to address obesity/overweight**, such as purchasing sustainable, locally produced fruits and vegetables; supporting local restaurants and caterers that meet KP’s Healthy Picks and to make more available healthier food options in our communities; and supporting vendors that hire under/unemployed residents (with living wages and benefits) in the food production/distribution process. We also partner with school districts and city governments to support them in adopting and implementing healthy food procurement policies.

• **Contribute toward workforce development, supplier diversity, and affordable housing to address economic security.** We support supplier diversity 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; partnering with community-based workforce development programs to support a pipeline for diverse suppliers; and building the capacity of local small businesses through training on business fundamentals. We also seek to reduce homelessness and increase the supply of affordable housing by strengthening systems to end homelessness and shaping policies to preserve and stimulate the supply of affordable housing.

• **Support community members directly through ongoing engagement and direct services.** The Kaiser Permanente Educational Theater (KPET) uses live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being around topics such as: reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. KPET is provided free of charge to schools and the general community. The Educational Outreach Program (EOP) empowers 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.

IX. Evaluation plans
Kaiser Permanente has a comprehensive measurement strategy for Community Health. Our vision at Kaiser Permanente is for our communities to be the healthiest in the nation. To that end, we are committed to pursuing a deep and rigorous understanding of the impact of our community health efforts. We monitor the health status of our communities and track the impact of our many initiatives on an ongoing basis. And we use our measurement and evaluation data, and information gathered through our Community Health Needs Assessments, to improve the effectiveness of our work and demonstrate our impact. The Community Health Needs Assessments can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

In addition, Kaiser Permanente will monitor and evaluate the strategies listed above for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and metrics specific to KFH leveraged assets. In addition, Kaiser Permanente tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs KFH Baldwin Park Medical Center does not intend to address
While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KFH-Baldwin Park to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-Baldwin Park is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). The needs identified in the CHNA are fully addressed in this plan but vary in the approach. While KFH-Baldwin Park plans to address access to care, and mental and behavioral health directly through evidenced based and promising strategies, economic opportunity will be an overarching health need with strategies that impact educational attainment, housing insecurity, and livable wage employment, either directly or indirectly.