

2022 Community Health Needs Assessment



Kaiser Permanente Kern County

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

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Kaiser Permanente Kern County 2022 Community Health Needs Assessment

CONTENTS

Summary	2
Introduction/background	3
Community served	5
Kaiser Permanente’s CHNA process	8
Identification and prioritization of the community’s health needs	9
Description of prioritized significant health needs	10
Health need profiles	11
2019 Implementation Strategy evaluation of impact	20
Appendix	
A. Secondary data sources	25
B. Community input	27
C. Community resources	28

Kaiser Permanente Kern County 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Kern County conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Kern County has identified the following significant health needs, in priority order:

1. Access to care
2. Housing
3. Income & employment
4. Mental & behavioral health

To address those needs, Kaiser Permanente Kern County has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

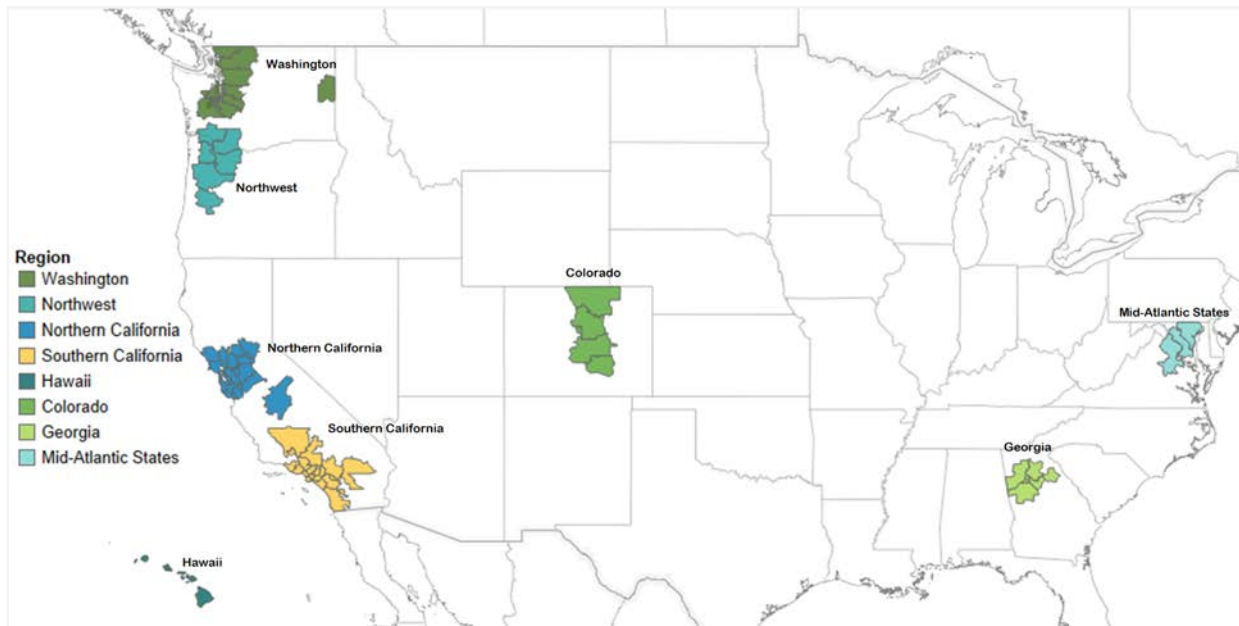
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group 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.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

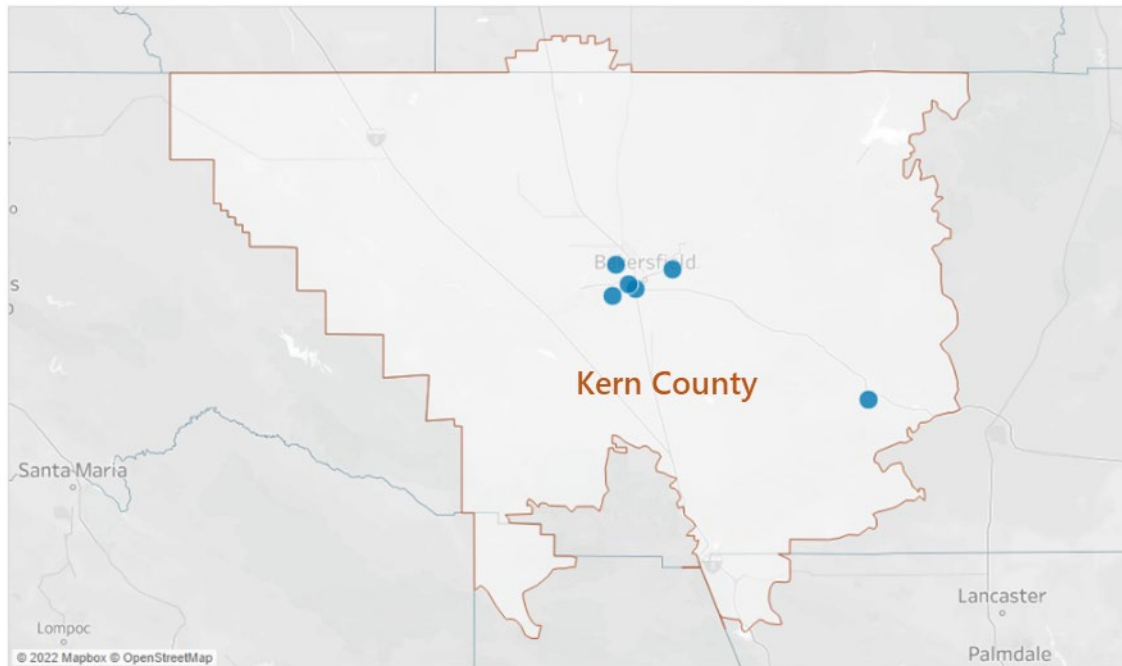
The Kaiser Permanente Kern County 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>.

Community served

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

Kern County service area

● Kaiser Permanente medical offices



Kern County service area demographic profile

Total population:	823,630
American Indian/Alaska Native	0.6%
Asian	4.7%
Black	4.8%
Hispanic	58.1%
Multiracial	1.8%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.2%
White	29.7%
Under age 18	29.3%
Age 65 and over	10.3%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

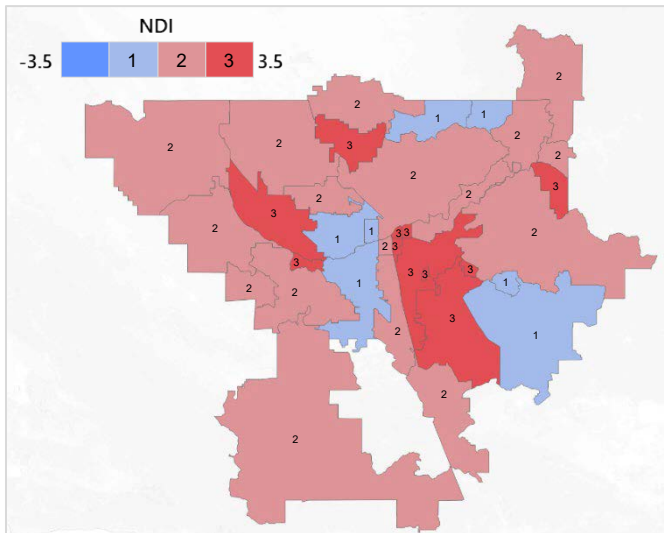
Neighborhood disparities in the Kern County service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

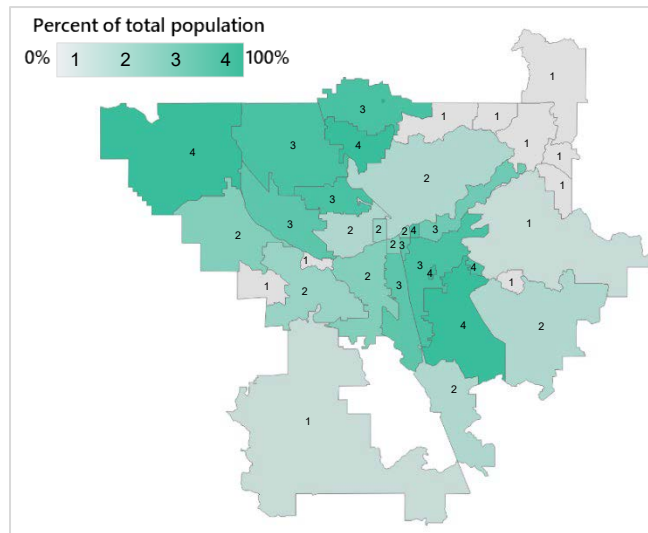
The map on the left shows the NDI for ZIP codes in the Kern County service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the smaller map on the right.

KERN COUNTY SERVICE AREA

Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

No other hospitals or partner organizations collaborated on this assessment.

Consultants who were involved in completing the CHNA

EVALCORP Research and Consulting was used to conduct the assessment within the Kern service area. This consulting group was selected for its expertise and capacity to conduct large scale needs assessments and prioritization processes. All of EVALCORP's evaluation staff have master's or Ph.D. level degrees in applied research, providing the firm with the necessary skill set and training to conduct this type of process that requires a need for both qualitative and quantitative data collection, coding, and analysis expertise.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the CHNA Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Kern County Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente Kern County Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente Kern County Medical Center staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Kern County has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community's health needs

Process for identifying community needs in the Kern County service area

Before beginning the prioritization process, Kaiser Permanente Kern County Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified,

clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Kern County Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the four significant health needs.

Description of prioritized significant health needs in the Kern County service area

1. Access to care: The Kern service area faces several challenges related to access to care, including a shortage of primary care physicians and inequalities in the proportion of people insured. These shortfalls may cause some downstream problems with health outcomes, such as a high infant mortality rate. Local experts in Kern suggest that cross-service collaboration, cross-provider collaboration, outreach services, and mobile services would help in addressing this health need.

2. Housing: Housing conditions in the Kern service area are difficult for many residents. Issues identified using national datasets include overcrowding and high housing cost. Homelessness in Kern appears to be rising steeply in recent years according to annual point-in-time counts. Black residents in particular are overrepresented among those without housing in Kern. Many key informants confirmed that lack of affordable housing is a major health need in Kern, and suggested that a significant increase in funding, combined more partnership and collaboration among providers of services for the homeless, could help knit together disjointed systems to provide better care and create more affordable housing.

3. Income & employment: Put simply, residents of the Kern service area are poorer than average Americans. The proportion of those living below the poverty line is nearly 50 percent greater than the national average. Poverty in Kern patterns geographically, with areas outside of Bakersfield having higher poverty rates. Median household income is nearly 20 percent lower than the national average. Poverty in the Kern service area affects children as well. The child poverty rate is more than 50 percent higher than the national average; children are more likely than adults to experience poverty. Local experts were frank about the reality that many residents, including members of the large agricultural workforce, cannot afford healthcare.

4. Mental & behavioral health: In addition to a shortage of primary health care providers, the Kern service area also faces a shortage of mental health providers. One important outcome metric for Kern County is the rate of deaths of despair, which are nearly 20 percent higher than the national average. Kern is the exception to the Southern California norm of average to above-average indicators for mental health. In key informant interviews, stakeholders emphasized the importance of integrating mental and behavioral health services with other forms of healthcare. Building up a culturally-competent workforce of mental health professionals will require long term investments in training and education.

Health need profiles

Detailed descriptions of the significant health needs in the Kern County service area follow.

Health need profile: Access to care



Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

National benchmarks were used to identify areas in which Kern County experiences shortfalls in Access to Care. Kern has 33 percent more infant deaths per capita than the US average. It lags 35 percent behind the US average in per capita number of primary care physicians and 28 percent behind in number of dentists. In the Kern service area, challenges in access to care are geographically associated with communities in which a larger proportion of people of color live. Specifically, residents in those communities experience higher rates of uninsured adults and children.

Thus, while Kern residents are more likely than the national average to be publicly insured, these benefits are unlikely to be evenly distributed to all residents.

We actually don't have a good system of care. As a patient, you have to be your own system of care. You have to manage your own scheduling, tests, phone calls, and so on. You have to be on top of your own service. For someone experiencing homelessness, they aren't able to do that.

– Homeless advocate

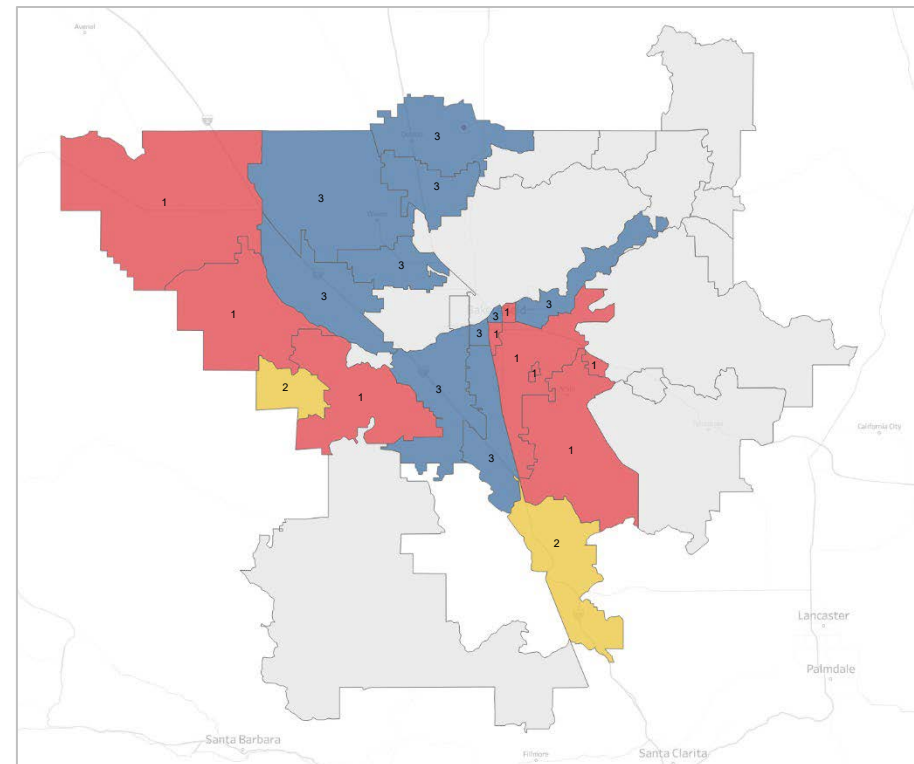
In key informant interviews, access to care was acknowledged as a key health need for the Kern County service area. Access to Care was also identified as a health need in the prior CHNA, and the vast majority of the 2021 interviewees agreed that it remained a concern. When asked to consider how health care organization should invest to meet the needs identified in the CHNA, investments involving access to care were common. These proposed investments included cross-service collaboration, cross-provider collaboration, outreach services, and mobile services. Addressing poverty and geographic disparities were highlighted as key requirements for improving Access to Care.

Limited transportation is an issue. Some health plans have worked through that in connecting people to Uber or other transportation. For other people, they may be closer to services that are actually outside of our county, which causes them to have to travel further to get services. I don't know if this is something on the horizon for Kaiser, but actually looking at what is nearest and most accessible rather than just within the county borders would be helpful.

– Public health professional

PERCENT UNINSURED, KERN COUNTY SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and higher rate of uninsurance.



- 1 Higher need and higher proportion of people of color
- 2 Higher need
- 3 Higher proportion of people of color
- Lower need and lower proportion of people of color

Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

The indicators assembled in the Kaiser Permanente dashboard reveal that housing conditions in the Kern service area are difficult for many residents. First, Kern residents are nearly 200 percent more likely to live in overcrowded housing than the average American. Second, the severe housing cost burden for Kern County is 24 percent worse than the US average. Other housing indicators in the Kern County service area, such as median rental cost, are fairly typical for the US. However, this average likely conceals some equity issues in housing. Overcrowded housing conditions in Kern County are more severe in areas with a higher proportion of people of color. Residents in these communities experience higher rates of overcrowded housing, lower homeownership rates, and more severe housing cost burden.

Homelessness in Bakersfield, the largest city in Kern, appears to have increased by 27 percent since 2020, according to annual point-in-time counts. Blacks, who constitute 7 percent of the Bakersfield population (ACS,2019), were overrepresented in the homeless count, at 22 percent.

While Kern is more affordable in housing than some other areas in California, there is still a housing shortage. There was a study done recently that identified that we were 26 thousand housing units short, and there were only a hundred units were in development. There was another study last week that showed in Kern County you need over \$18 an hour to afford a two-bedroom unit.

– Housing Expert

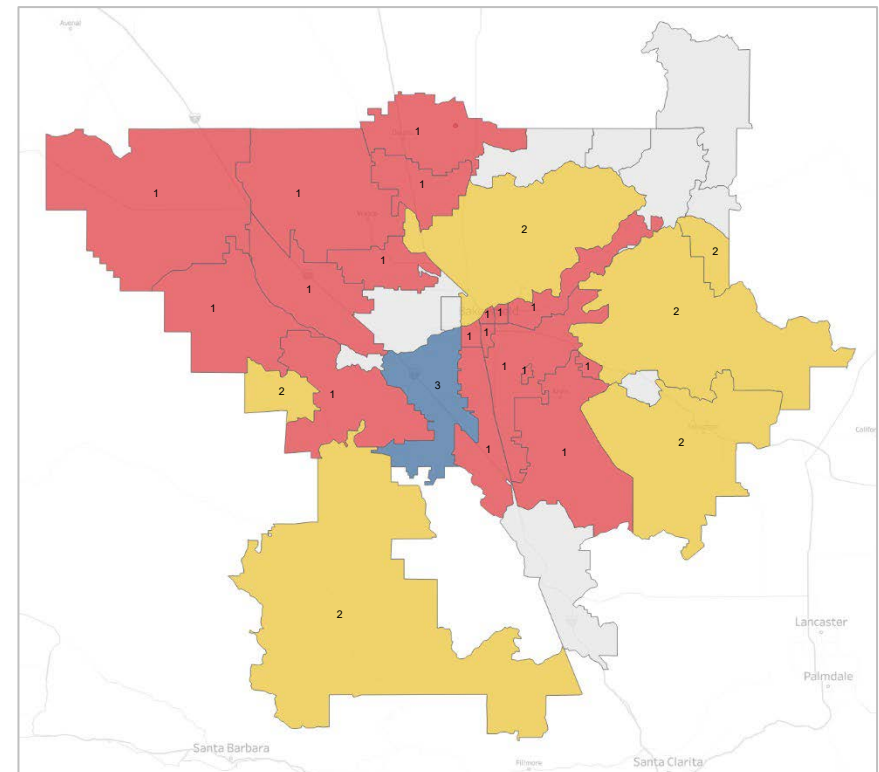
Key informant interviews revealed that problems with housing and homelessness resulted in downstream health effects in the Kern service area, some of which were exacerbated by the COVID-19 pandemic. Residents seeking public housing are placed on an eight-year waiting list behind more than 18,000 others. Those seeking private sector housing through vouchers are likely to be turned away, particularly African Americans. Meanwhile, in congregate homeless shelters in 2021, COVID-19 spread rapidly among clients and staff.

We need partnership and collaboration. Homeless providers aren't necessarily going to be experts on the health side and healthcare experts may not know how to work on housing. It illuminates a gap in an area like hospital discharge. It's often assumed that you will have someone like family to help navigate recovery after discharge. Who is your surrogate family when you're homeless? ... Once you're discharged from the hospital there is no one to do a handoff too. This illuminates the need for our community to take on the position of care.

– Homeless advocate

OVERCROWDED HOUSING, KERN COUNTY SERVICE AREA

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and higher rate of overcrowding.



- 1 Higher need and higher proportion of people of color
- 2 Higher need
- 3 Higher proportion of people of color
- Grey Lower need and lower proportion of people of color

Source: [Kaiser Permanente Community Health Data Platform](#)

Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, and American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Residents of the Kern County service area are poorer than average Americans. Nearly one in five residents of the Kern County service area live below the poverty line, 48 percent more than the national average. This level of poverty is not directly related to local income inequality, which is within the typical range for the US, but is more likely a reflection of a high nominal unemployment rate, which stands at nearly 16 percent. Median household income is nearly 20 percent lower than the national average.

Poverty in the Kern service area affects children as well:

- Nearly two-thirds of school age children in Kern County are eligible for free and reduced-price lunch, a figure 80 percent higher than the national average.
- With a child poverty more than 50 percent higher than the national average, children are more likely than adults to live below the poverty line.

Within Kern County, there are geographic disparities in poverty levels. The poverty rate in most of Kern County is more than 50 percent worse than the US average, while in some ZIP codes in Bakersfield it is 50 percent better than the US average. Unemployment rates pattern similarly, with most of the geographical areas of Kern County having a higher unemployment rate than the national average.

Of the 900,000 people who live in Kern County, 52 percent of people do not make enough money to live on their own, they rely on the social safety net. Two thirds of those are working, getting up, trying to make a difference. The jobs are minimum wage. ... The reason why our health outcomes are so low is because it's so hard to make a living.

– Education expert

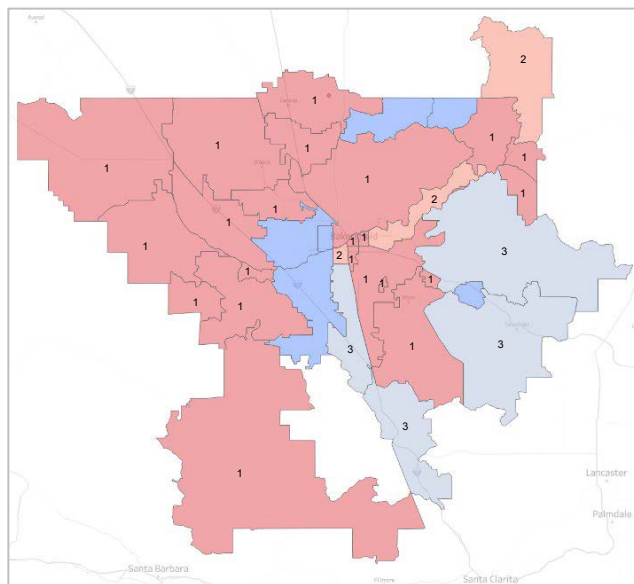
Interviews with key informants in the Kern service area reveal that poverty is a major driver of both health issues and barriers to care. With many Kern residents living in rural areas and unable to afford transportation, outreach, mobile clinics, and free transit services have become a strategy for bridging care gaps. Stakeholders emphasized the need for increased funding to local community-based organizations and also suggested increased accountability for that funding. Several participants pointed to the importance of job training efforts in the healthcare pipeline and in the broader economy. Educational institutions focus heavily on building career skills so that residents can take part in burgeoning industries such as green energy and information technology. However, several participants were frank about the underlying reality that many residents, including members of the large agricultural workforce, simply cannot afford health care.

I think about the farm laborers that we serve. They can't miss a day of work, so they don't go to the doctor unless something terrible happens. Pay is directly tied to being at work, so we see their conditions worsen significantly before they seek treatment.

– Housing expert

POVERTY RATE, KERN COUNTY SERVICE AREA

The poverty rate in most of Kern County service area is 50 percent worse than the U.S. average.



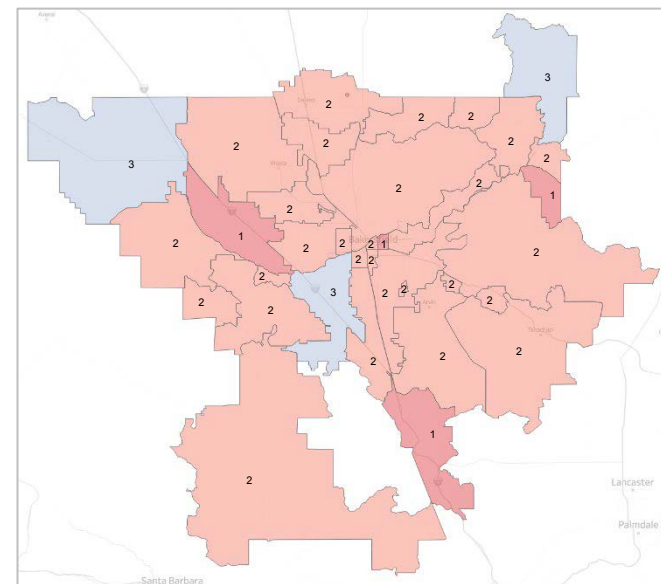
Compared to US average

- 1 More than 50% worse
- 2 Less than 50% worse
- 3 Less than 50% better
- More than 50% better

Source: [Kaiser Permanente Community Health Data Platform](#)

UNEMPLOYMENT RATE, KERN COUNTY SERVICE AREA

The unemployment rate exceeds the U.S. average in most of Kern County.



Compared to US average

- 1 More than 50% worse
- 2 Less than 50% worse
- 3 Less than 50% better
- More than 50% better

Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Mental & behavioral health

Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Kern residents face more mental health challenges than the national average. Both of the following statistics exceed the values for any Kaiser Permanente service area in Southern California:

- Deaths of despair in the Kern County service area are 19 percent more common than the national average. "Deaths of despair" include deaths due to suicide, drug overdose, and alcohol-related diseases.
- The proportion of mental health providers per capita is 23 percent lower than the national average.

Kern County differs from the pattern of other counties in the Southern California region in terms of deaths of despair, mental health care providers, poor mental health days per month, and suicide deaths. While these indicators are all better than the national average in Southern California in general, they are worse than the national average in Kern.

Since 2019 we have gone through a massive pandemic that highlighted massive inequities among cultural subgroups, specifically the African American and Latinx populations. For the amount of beneficiaries we have for these groups, we are underserving these groups [in mental and behavioral health].

– Mental health leader

In key informant interviews, stakeholders emphasized the importance of integrating mental and behavioral health services with other forms of healthcare. When asked to indicate additional needs not highlighted in the prior CHNA, more than one pointed to mental health. The co-occurrence of mental health issues, substance use issues, and homelessness was a recurring theme in interviews. Societal disturbances related to COVID-19 have aggravated these issues in the Kern service area. Building up a culturally-competent workforce of mental health professionals will require long term investments in training and education.

Long term investments need to include looking at how we deliver safe and accessible services to the community... The integration of all of it, prevention, physical health, mental health – the opportunity to integrate services, communication, collaboration. We are realizing how integrated these problems are, so the more you can work on an integrated team the better outcomes you see overall.

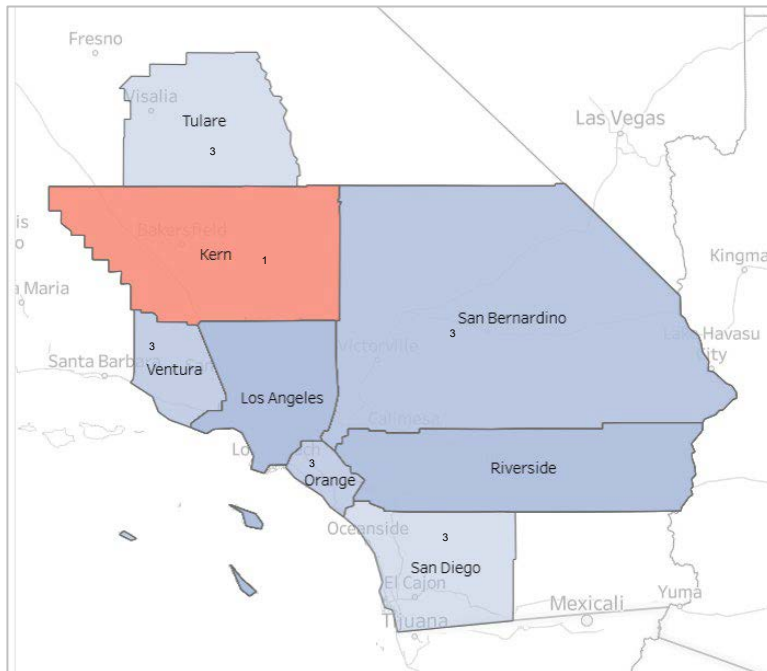
– Mental health leader

DEATHS OF DESPAIR COMPARED TO SURROUNDING COUNTIES, KERN COUNTY SERVICE AREA

There are higher rates of deaths of despair in Kern County compared to other counties in southern California.

POOR MENTAL HEALTH DAYS COMPARED TO SURROUNDING COUNTIES, KERN COUNTY SERVICE AREA

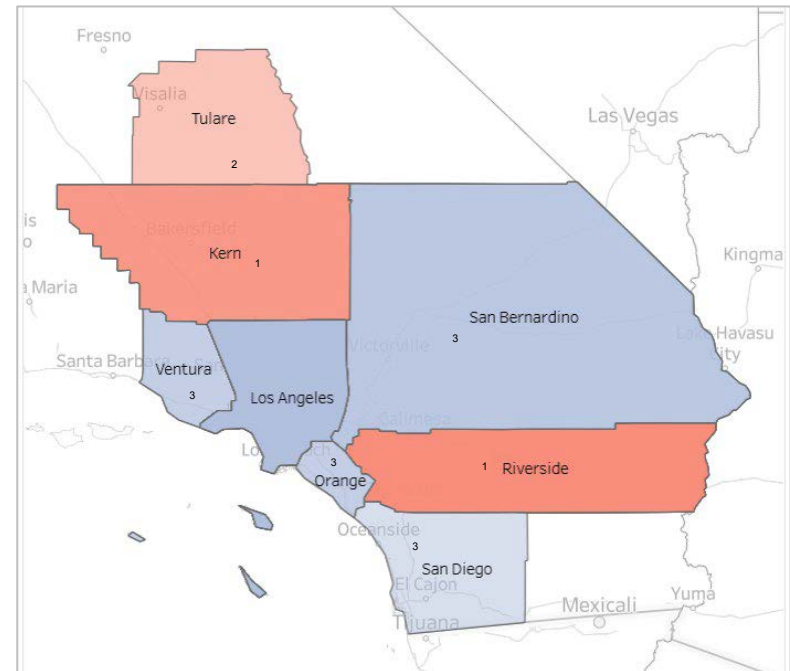
There are higher rates of poor mental health days per month in Kern County compared to other counties in southern California.



Compared to US average

- 1 More than 50% worse
- 2 Less than 50% worse
- 3 Less than 50% better
- More than 50% better

Source: [Kaiser Permanente Community Health Data Platform](#)



Compared to US average

- 1 More than 50% worse
- 2 Less than 50% worse
- 3 Less than 50% better
- More than 50% better

Source: [Kaiser Permanente Community Health Data Platform](#)

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Kern County service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente Kern County 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Kern County’s 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente Kern County 2019 Implementation Strategy priority health needs

1. Access to care
2. STDs/HIV/AIDS
3. Mental health
4. Economic security

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Kern County Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Kern County addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Southern California Region has funded significant contributions to the California Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 27 grants totaling \$1,694,749 in service of 2019 IS health in the Kern County service area.

One example of a key accomplishment in response to our 2019 IS includes the California State University Bakersfield (CSUB) Clinic Continuity of Care Grant to address mental health. The CSUB Clinic Continuity of Care project aims to provide continued low-cost individual, couple, and family therapy for Bakersfield community members in English and Spanish in our University Counselor Training Clinic (operated by the CSUB Master’s

Program in Counseling Psychology) under the School of Social Sciences and Education throughout the year. Funding from Kaiser Permanente would enable us to serve 205-225 individuals, couples, and/or families that cannot afford or do not have insurance for therapy services.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. Kaiser Permanente Kern County worked with our healthcare partners and community based organizations to equitably distribute COVID-19 vaccinations to over 50,000 individuals through our CSU Bakersfield Mass Vaccination site and our community outreach clinics.

Kaiser Permanente Kern County 2019 IS priority health needs and strategies

Access to care

Care and coverage: Kaiser Permanente Kern County ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	10,060	11,677	\$5,419,984	\$454,091
Charitable Health Coverage	27	25	\$1,946	\$1,855
Medical Financial Assistance			\$16,386	\$27,181
Total care & coverage	10,087	11,702	\$5,438,316	\$483,127

Other access to care strategies: During 2020-2021, 10 grants were awarded to community organizations, for a total investment of \$1,821,908 to address access to care in the Kern County service area.

Examples and outcomes of most impactful other strategies

Trauma-Informed Kern County

Kern County Medically Vulnerable Care Coordination Project was awarded \$20,000 over 15 months to expand the Trauma-Informed Kern County (TIKC) initiative by applying the knowledge gained during the first two years of cohort training. This program is expected to reach 300 individuals by conducting updated training for health care providers on how to help sustain trauma-informed changes within and across their organizations, as well as by training up to 30 additional diverse individuals as TIKC trainers.

Edible Schoolyard Kern County Mobile Kitchen Classroom

The Grimm Family Education Foundation was awarded \$20,000 to provide hands on education to instill healthy eating habits in adults and youth. The program is expected to serve approximately 2,500 people by delivering edible education lessons across Kern County.

CPCA Core Grant Proposal

California Primary Care Association has supported the organization’s core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders.

STDs/HIV/AIDS

During 2020-2021, 3 grants were awarded to community organizations, for a total investment of \$61,000 to address STDs/HIV/AIDS in the Kern County service area.

Examples and outcomes of most impactful strategies

HIV/STD Education and Outreach

The Gay & Lesbian Center of Bakersfield was awarded \$18,000 over 20 months to provide outreach and education events intended to reach Latinx men who have sex with men, ages 15-29, throughout Kern County, as this is the fastest growing demographic for HIV infections in the county. The program is expected to serve 300 individuals by providing them education about STD/HIV prevention, and services included PEP, PrEP, and/or HIV testing.

Mental health

During 2020-2021, 15 grants were awarded to community organizations, for a total investment of \$293,529 to address mental health in the Kern County service area.

Examples and outcomes of most impactful strategies

CSUB Clinic Continuity of Care Grant

California State University, Bakersfield Foundation was awarded \$30,000 over 12 months to provide continued low-cost individual, couple, and family therapy for Bakersfield community members in English and Spanish. This program is expected to serve 250 individuals, couples, and/or families by providing them with low cost therapy that they otherwise would not be able to afford. In addition, this program is expected to provide 40 student therapists with approximately 1,300 clinical training hours to assist with their requirements towards becoming Marriage and Family Therapists or Licensed Professional Clinical Counselors.

Child Behavioral Health Agenda

Children Now was awarded \$300,000 over two years to lead the development of California CBHA policies to improve children's behavioral health. The program is expected to develop a policy agenda to better serve children and youth exposed to poverty, racism, and adverse childhood experiences in California.

CASA of Kern County Mental Health Sustainability Project

The Court Appointed Special Advocates of Kern County was awarded \$20,000 to expand its mental health advocacy to more children and youth who are dependents in the foster care system. The program is expected to serve 175 youth by providing comprehensive support services.

Economic security

During 2020-2021, 14 grants were awarded to community organizations, for a total investment of \$226,467 to address economic security in the Kern County service area.

Examples and outcomes of most impactful strategies

Waste Hunger Not Food Kern County

Kern County Public Health Services department was awarded \$20,000 over 12 months to distribute edible surplus food from restaurants, schools, and markets that otherwise may be wasted and distributes it to those in need. This program is expected to serve 100,000 individuals by diverting 156,000 pounds of food from landfills, which will also reduce greenhouse gas emissions by 150 metric tons of CO₂.

California Housing Services & Operating Subsidy Fund for Project Homekey

Enterprise Community Partners has established a public-private partnership fund to support operating costs and wraparound services for vulnerable populations. The partnership is expected to provide housing for about 1,500 individuals and technical assistance to 20 housing projects across California.

Inner City Capital Connections Program

Initiative for a Competitive Inner City, Inc. was awarded \$180,000 to support business owners in under-resourced communities to build capacity for sustainable growth. The initiative is expected to provide training and resources for 50-75 local businesses in the Kaiser Permanente Southern California Region.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data sources

Source	Dates
1. Bakersfield Regional Homeless Collaborative 2021 PIT Count Report	2021

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Housing Authority of Kern	1	Persons experiencing homelessness	Leader	8/16/2021
2	Key informant interview	Bakersfield Kern Regional Homeless Collaborative	1	Persons experiencing homelessness	Leader	8/9/2021
3	Key informant interview	California State University (CSU) Bakersfield	1	Young adults, students	Leader	7/22/2021
4	Key informant interview	Bitwise Bakersfield	1	Unemployed, underemployed	Leader	8/17/2021
5	Key informant interview	Kern County Public Health	1	Public health	Leader	8/20/2021
6	Key informant interview	Bakersfield College	1	Low income, unemployed, underemployed	Leader	8/23/2021
7	Key informant interview	Kern Behavioral Health & Recovery Services	1	Persons with mental illness	Leader	8/23/2021
8	Key informant interview	Apple Core	1	Food insecure individuals	Leader	8/17/2021
9	Key informant interview	Kern Health Systems	1	Uninsured, underinsured, health care providers	Leader	8/23/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Kern County Public Health	The Kern County Department of Public Health operates public health programs and enforces laws relating to public health, as prescribed in the State Health and Safety Code and the Kern County Ordinance Code. There are three departmental divisions, Emergency Medical Services, Environmental Health Services and Public Health Services. https://kernpublichealth.com/
	Community Action Partnership of Kern	Community Action Partnership of Kern is a non-profit that seeks to address underlying causes of poverty, alleviate the effects, and promote dignity and self-sufficiency in the communities they serve. https://www.capk.org/
Access to care	Clinica Sierra Vista	Clinica Sierra Vista is a comprehensive healthcare organization serving the primary medical, dental, and behavioral health needs of about 200,000 people in Kern and Fresno. A social justice organization, Clinica advocates for the needs of their patients, who include many farm workers and immigrants. https://www.clinicasierravista.org/
	Kern Health Systems – Kern Family Health Care	Kern Health Systems is a locally based health plan that serves the needs of the Kern community. https://www.kernfamilyhealthcare.com/
	Community Health Initiative	The Community Health Initiative of Kern County, a program of Dignity Health, is a community partnership working to provide uninsured individuals and families access to comprehensive health insurance. http://www.coveredkerncounty.org/
	Omni Health	Omni Family Health is a network of health centers providing primary and preventative healthcare to individuals and families throughout our communities, including comprehensive medical, dental, behavioral health, and pharmacy. https://omnifamilyhealth.org/
Housing	Housing Authority of Kern	The Housing Authority is an independent, local government agency providing safe, affordable housing to thousands of Kern County residents through special programs serving families, individuals, senior citizens, Veterans, the disabled, homeless persons, farm workers and emancipated foster youth. https://kernha.org/
	Bakersfield Kern Regional Homeless Collaborative	Bakersfield Kern Regional Homeless Collaborative is an Independent 501(C)3 nonprofit organization that works to reduce the impacts of homelessness in Kern County. https://bkrhc.org/
	City of Bakersfield – The Bakersfield Affordable Housing Strategy	The city of Bakersfield is the largest city in the Kern service area and is the County seat. The Bakersfield Affordable Housing Strategy is part of the city’s efforts to make sure everyone in their community has access to safe, secure, and affordable housing. https://www.bakersfieldcity.us/1040/The-Bakersfield-Affordable-Housing-Strat
	Bakersfield College	Bakersfield College is a community college serving 33,000 students across multiple campuses. https://www.bakersfieldcollege.edu/

Identified need	Resource provider name	Summary description
Income & employment	California State University (CSU) Bakersfield	California State University (CSU) Bakersfield is a public university serving 11,000 students across two campuses. https://www.csub.edu/
	Kern Economic Development Foundation	Kern Economic Development Foundation (KEDF) links business, education, and the community on projects relating to STEM education and local workforce and professional development. http://kedf.org/
Mental/behavioral health	Kern Behavioral Health & Recovery Services	Kern County Behavioral Health and Recovery Services provides mental health and substance use treatment services in Kern County. https://www.kernbhhs.org/
	Garden Pathways	Garden Pathways, a community-based nonprofit that provides mentoring services to at-risk individuals as well as childcare and education for young children. https://gardenpathways.org/
	Medically Vulnerable Care Coordination Program – Resilient Kern	MVCCP is a workgroup dedicated to increasing coordination across services to measurably improve outcomes for Kern County infants and children, 0 – 5 years of age, who are at risk of costly, lifelong medical and developmental issues. https://www.resilientkern.org/