

2022 Community Health Needs Assessment



Kaiser Permanente Baldwin Park Medical Center

License number: 930000920

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

September 27, 2022



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Kaiser Permanente Baldwin Park Medical Center 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 Baldwin Park Medical Center 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 Baldwin Park Medical Center identified the following significant health needs, in priority order:

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

To address those needs, Kaiser Permanente Baldwin Park Medical Center 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>.

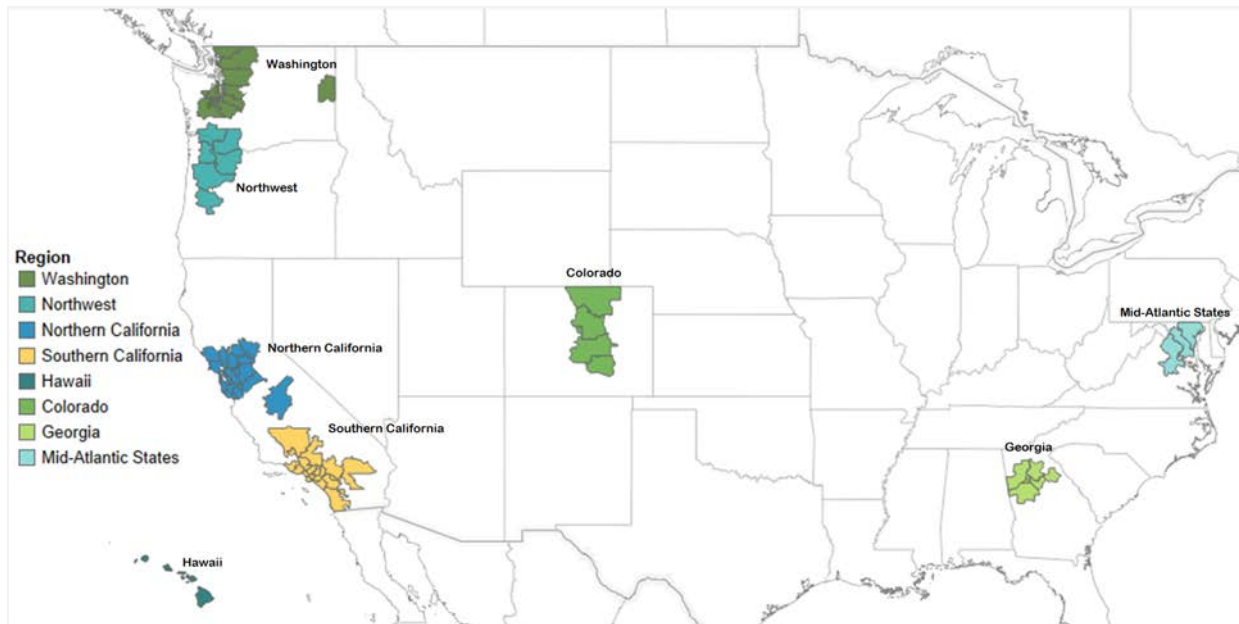
Introduction/background

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.

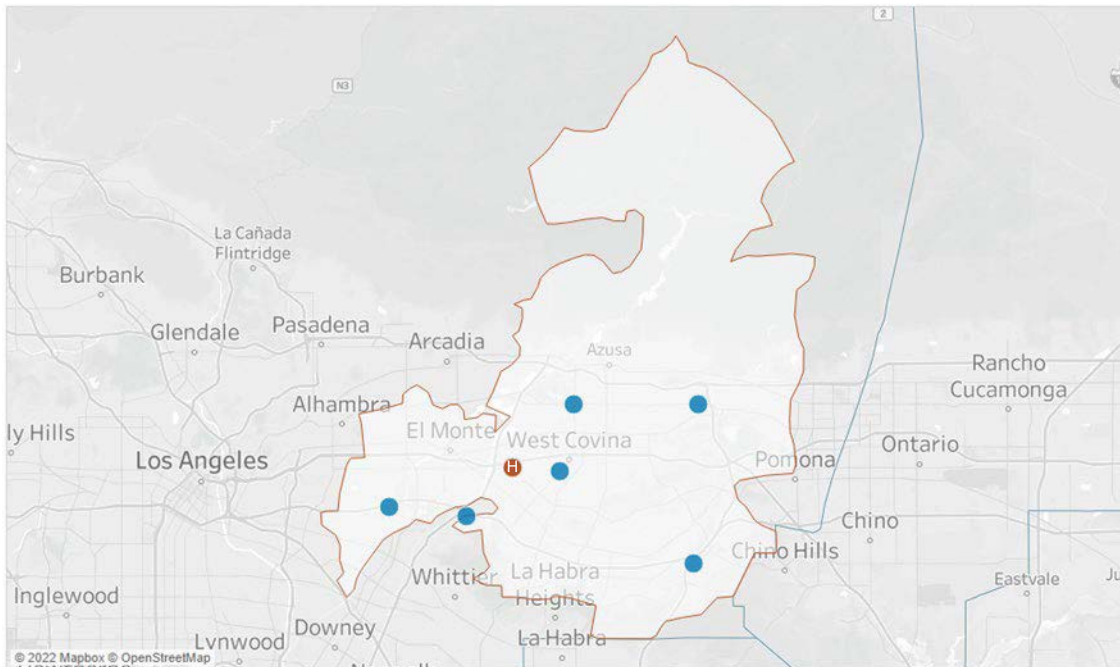
The Kaiser Permanente Baldwin Park Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

Baldwin Park service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



Baldwin Park service area demographic profile

Total population:	1,199,753
American Indian/Alaska Native	0.2%
Asian	27.8%
Black	1.9%
Hispanic	54.0%
Multiracial	1.4%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.1%
White	14.5%
Under age 18	21.3%
Age 65 and over	15.2%

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.

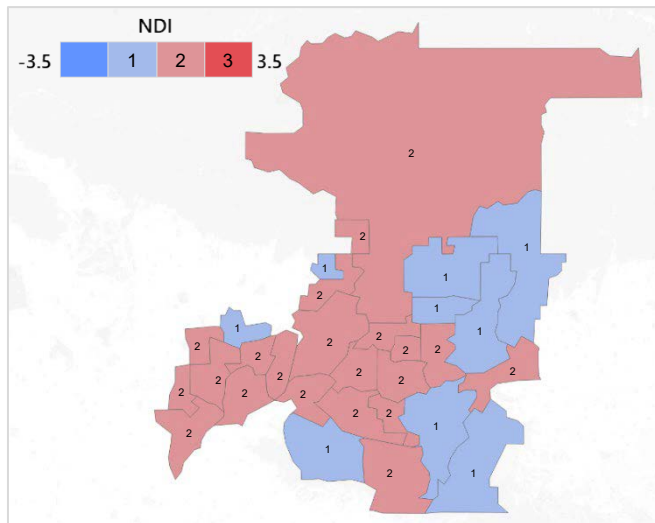
Neighborhood disparities in the Baldwin Park service area

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.

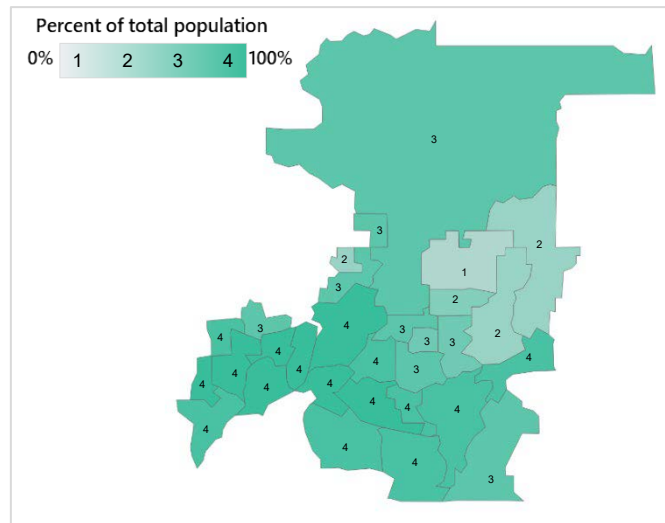
The map on the left shows the NDI for ZIP codes in the Baldwin Park service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the smaller map on the right.

BALDWIN PARK 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

Other organizations

Health Consortium of San Gabriel Valley: City of Hope, Huntington Hospital, Methodist Hospital of Southern California, Pomona Valley Hospital Medical Center

Consultants who were involved in completing the CHNA

EVALCORP Research and Consulting was used to conduct the assessment within the Baldwin Park 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 Baldwin Park Medical Center 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 Baldwin Park 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 Baldwin Park 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 Baldwin Park Medical Center 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 Baldwin Park service area

Before beginning the prioritization process, Kaiser Permanente Baldwin Park Medical Center 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 Baldwin Park Medical Center 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 five significant health needs.

Description of prioritized significant health needs in the Baldwin Park service area

1. Income & employment: Residents in the Baldwin Park service area are poorer than average Californians. Median household income is over 10 percent lower than the California state average. Additionally, more than one in ten residents in the Baldwin Park service area are living below the poverty line. This level of poverty is not directly related to local income inequality, which is within the typical range for the state, but may reflect a higher unemployment rate – which is over 16 percent. Many of the local experts mentioned that organizations within the Baldwin Park service area are collaborating to offer free or subsidized resources (e.g., free transportation and discounted telehealth devices).

2. Access to care: Approximately 8.6 percent of residents in the Baldwin Park service area are uninsured, compared to only 7.5 percent at the state level. Additionally, the Baldwin Park service area has fewer primary care physicians per 100,000 population than the state. In key informant interviews, access to care was acknowledged as a key health need for the Baldwin Park service area. When asked to consider how health care organizations should invest to meet the needs identified in the CHNA, investments involving access to care were common – including improving navigation of services and resources, addressing provider shortages, and increasing the availability of telehealth care/virtual health care.

3. Housing: Of the seven Housing indicators assembled in the Kaiser Permanente Community Health Needs Dashboard, all show that housing conditions in the Baldwin Park service area are worse than the national average; furthermore, six of the seven housing indicators are more than 20 percent worse than the national benchmark. Both rental and mortgage costs exceed the national average. The median rental cost is \$1,600, much higher than the national average. Residents of the Baldwin Park service area who have a mortgage, spend roughly twice as much of their income on their mortgages as the national average. There was a general sense of urgency among the key informant interviewees that local jurisdictions throughout the Baldwin Park service area need to follow through with their plans to build affordable housing.

4. Mental & behavioral health: The Baldwin Park service area has fewer mental health providers per 100,000 population than the state. In key informant interviews, Mental & Behavioral Health was acknowledged as a key health need for the Baldwin Park service area. When asked to consider how health care organizations should invest to meet the needs identified in the CHNA, investments involving mental & behavioral health were common. These proposed investments included destigmatizing mental health issues – especially among some subgroups of the population, addressing mental health service shortages, and decreasing the costs of mental health care.

5. Education: Nearly one in four of the adult residents in the Baldwin Park service area do not have a high school diploma, which is higher than both the California and national averages. However, when considering the other five education indicators assembled in the Kaiser Permanente Community Health Needs Dashboard, the residents of the Baldwin Park service area have educational attainment that is typical for United States residents. Although, this average may conceal some equity issues in education. ZIP codes that have a higher proportion people of color tend to have fewer adults with a high school diploma and fewer adults with some college education on average. Local experts provided many suggestions on how health care organizations should invest to meet the educational needs identified in the CHNA, including investments in vaccine education, nutritional education (e.g., how to read a food label, cooking healthy food), labs and vitals education (e.g., understanding blood work), chronic disease education (e.g., how to prevent and manage diabetes), and general navigation of the health care system.

Health need profiles

Detailed descriptions of the significant health needs in the Baldwin Park service area follow.

Health need profile: Income & employment

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, or 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.

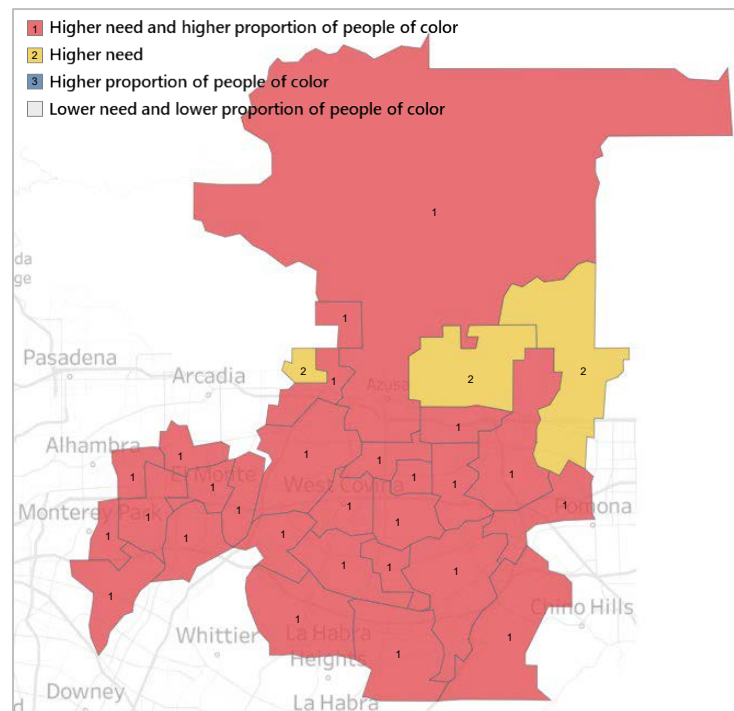
Residents in the Baldwin Park service area are poorer than average Californians. Median household income is over 10 percent lower than the California state average. Additionally, more than one in ten residents in the Baldwin Park service area are living below the poverty line. This level of poverty is not directly related to local income inequality, which is within the typical range for the state, but may reflect a higher unemployment rate – which is over 16 percent.

Health disparities

In the Baldwin Park service area, people of color are more likely to earn less and be unemployed. Baldwin Park ZIP codes that have a higher proportion of people of color tend to have lower median household income, and higher poverty rates, and higher child poverty rates.

UNEMPLOYMENT RATE, BALDWIN PARK SERVICE AREA, 2020

Areas shaded **red (1)** are ZIP codes with a relatively **higher proportion of people of color and higher unemployment rates**.



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

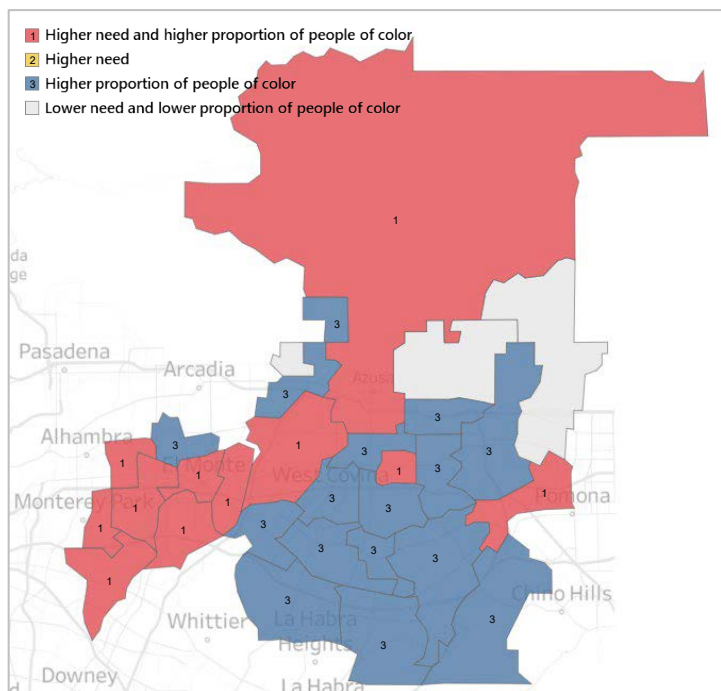
Interviews with key informants in the Baldwin Park service area revealed that low wages are a major driver of both barriers to care and increased housing insecurity. Many of the interviewees mentioned that organizations within the Baldwin Park service area are collaborating to offer free or subsidized resources in order to improve access to health care (e.g., free transportation and discounted telehealth devices). Nearly all of the key informant interviewees mentioned how wages have not kept pace with the housing and living costs in the Baldwin Park service area. Many of the residents are no longer able to afford their housing costs because they have not seen their wages increase at the same rate as their housing and other living expenses.

Even though there may seem like there are a lot of jobs available right now, the wages of these jobs are not high enough to enable people to be able to afford to remain living in their homes.

– Housing sector leader

MEDIAN HOUSEHOLD INCOME, BALDWIN PARK SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and lower median household incomes.



The Baldwin Park service area has a lot of people that are living on the edge. Their income is low, and they are just scraping by.

– Food security leader

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

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.

California state benchmarks were used to identify areas in which the Baldwin Park service area experience shortfalls in Access to Care. Approximately 8.6 percent of residents in the Baldwin Park service area are uninsured, compared to only 7.5 percent at the state level. Additionally, the Baldwin Park service area has fewer primary care physicians per 100,000 population than the state benchmark (73.8 versus 79.8 primary care physicians per 100,000 population).

Within El Monte, roughly 43.5 percent of individuals 18 years of age or older do not have dental insurance (compared to 39.2 percent of individuals in Los Angeles County, and 34.5 percent of individuals in the state of California). Similarly, in West Covina, 39.4 percent of individuals 18 years of age or older do not have dental insurance (CHIS 2018).

A big challenge is having enough providers that are geographically close to the people in their neighborhoods. Most people either do not have their own transportation or they don't feel safe utilizing public transportation because they don't want to expose themselves.

– Health care leader

In key informant interviews, access to care was acknowledged as a key health need for the Baldwin Park service area. Access to care was also identified as a health need in the prior CHNA, and all but one of the 2021 interviewees agreed that it remained a concern. When asked to consider how health care organizations should invest to meet the needs identified in the CHNA, investments involving access to care were common. These proposed investments included improving the navigation of services and resources, addressing provider shortages, and increasing the availability of telehealth care/virtual health care. Addressing geographic disparities were highlighted as key requirements for improving access to care.

The quick and broad acceptance of telehealth and virtual telehealth visits is a promising strategy that can help reduce health disparities and inequities because it removes huge barriers of accessing care: transportation and the location of the patient versus the location of the care and provider.

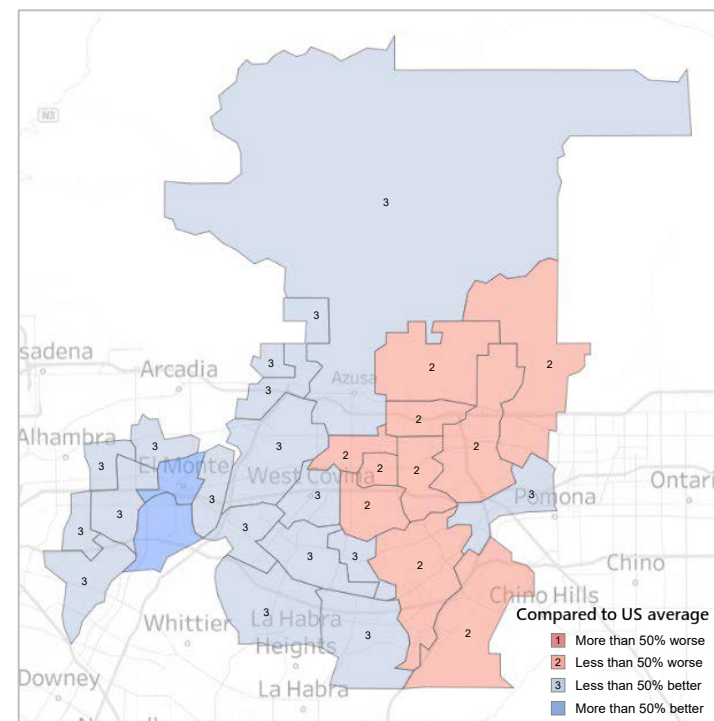
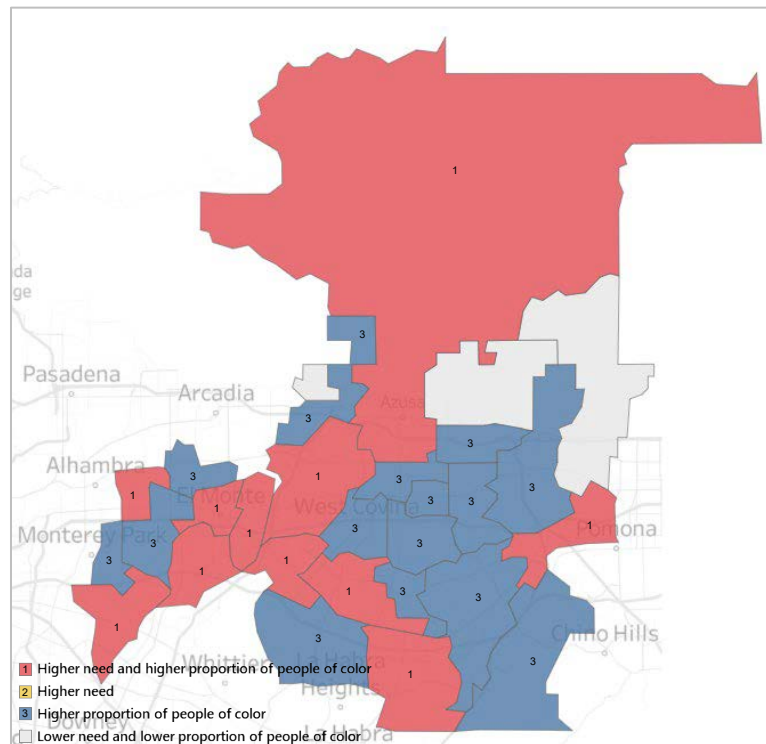
– Health care leader

UNINSURED ADULTS, BALDWIN PARK SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and more uninsured adults.

MEDICAID/PUBLIC INSURANCE ENROLLMENT, BALDWIN PARK SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a lower percent of individuals enrolled in public insurance (compared to the national average).



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

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.

Of the seven Housing indicators assembled in the Kaiser Permanente Community Health Needs Dashboard, all show that housing conditions in the Baldwin Park service area are worse than the national average; furthermore, six of the seven Housing indicators are more than 20 percent worse than the national benchmark.

Both rental and mortgage costs exceed the national average, in absolute terms and as a proportion of income. The median rental cost is \$1,600, 42 percent higher than the national average. Residents of the Baldwin Park service area who have a mortgage spend 34 percent of their income on their mortgages, roughly twice as large a proportion than the national average. The housing affordability index places the Baldwin Park service area at 50 percent less affordable than the national average.

Health disparities

Overcrowded housing conditions in the Baldwin Park service area are more severe in areas with a higher proportion of people of color. Among the ZIP codes in which 80 percent or more residents are people of color, all but two had housing overcrowding rates affecting more than 5 percent of residents.

There is not enough low-income housing or housing with affordable rents. The areas that are being gentrified are pushing people out of their housing, and people are being displaced out of their communities.

– Health care leader

Interviews with key informants in the Baldwin Park service area revealed that housing insecurity has significant downstream health impacts on residents. Many of the interviewees noted that they are no longer in touch with a large proportion of their clients because they needed to relocate due to the extreme increase in their housing costs. Nearly all of the key informant interviewees mentioned that there is not enough housing being developed for lower- or middle-income people in the Baldwin Park service area. Only a tiny fraction of the housing that has been recently developed is classified as ‘affordable housing.’ There was a general sense of urgency among the key informant interviewees that local jurisdictions throughout the Baldwin Park service area need to follow through with their plans to build affordable housing.

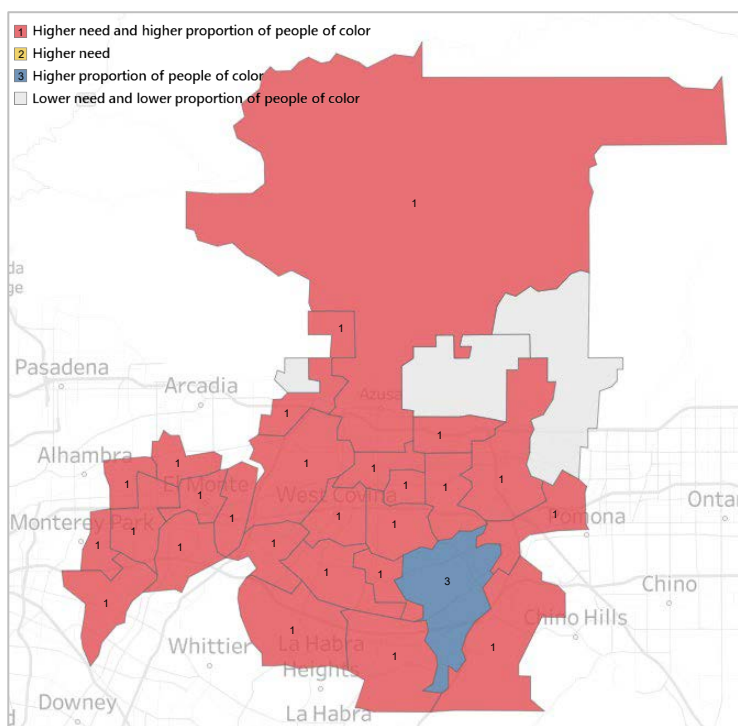
There are staggering waitlists for housing programs. There has been a large reliance on emergency shelters recently.
 – Health care leader

OVERCROWDED HOUSING, BALDWIN PARK SERVICE AREA, 2015-2019

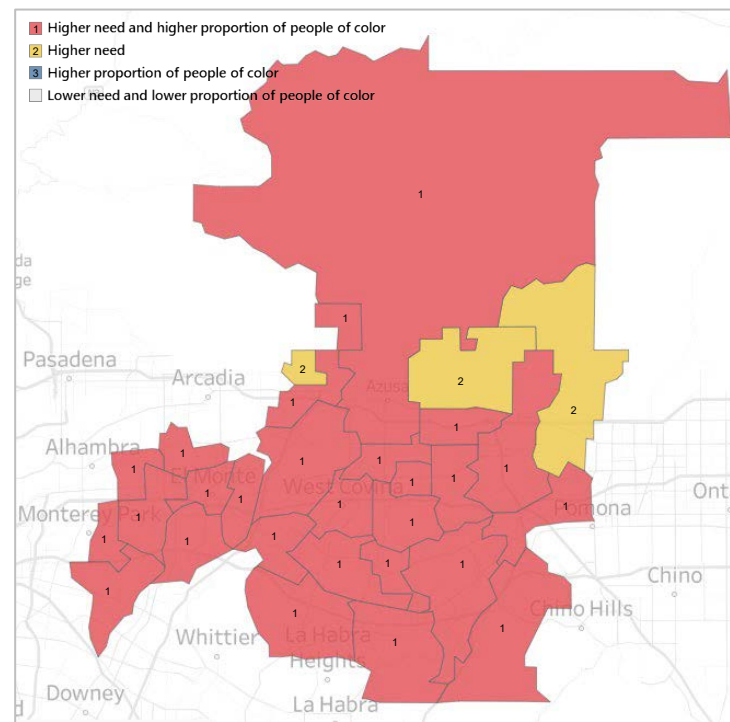
Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and more overcrowded housing.

PERCENT OF INCOME FOR MORTGAGE, BALDWIN PARK SERVICE AREA, 2020

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and higher percent of income spent on mortgages.



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



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.

California state benchmarks were used to identify areas in which the Baldwin Park service area experience shortfalls in Mental/Behavioral Health. The Baldwin Park service area has fewer mental health providers per 100,000 population than the state benchmark (341.6 versus 352.3 mental health providers per 100,000 population).

Also, within El Monte and West Covina (two cities within the Baldwin Park service area), individuals reported higher rates of needing help for mental health problems and higher rates of serious psychological distress compared to Los Angeles County or the state of California (CHIS, 2018).

Different groups of people experience life differently. For example, some of our Black clients have expressed that it is difficult for them to reach out for mental health help because they are afraid of what their family might think, or how law enforcement personnel may perceive them.

– Mental health leader

In key informant interviews, mental and behavioral health was acknowledged as a key health need for the Baldwin Park service area. Mental and behavioral health was also identified as a health need in the prior CHNA, and all but one of the 2021 interviewees agreed that it remained a concern. When asked to consider how health care organizations should invest to meet the needs identified in the CHNA, investments involving mental and behavioral health were common. These proposed investments included de-stigmatizing mental health issues – especially among some subgroups of the population, addressing mental health service shortages, and decreasing the costs of mental health care.

There is a difficulty with accessing mental health services, especially for those experiencing homelessness. There is a very low supply of mental health providers and services when you compare it to the demand.

– Housing sector leader

INDIVIDUALS REPORTING SERIOUS PSYCHOLOGICAL DISTRESS IN THE PAST YEAR, 2018

Individuals in El Monte and West Covina reported slightly higher rates of serious psychological distress in the past year compared to the county and state average.

	El Monte	West Covina	Los Angeles (county)	California
Serious psychological distress (18+)	10.9%	11.1%	10.5%	10.4%

Source: CHIS (2018)

Health need profile: Education

The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer.

Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

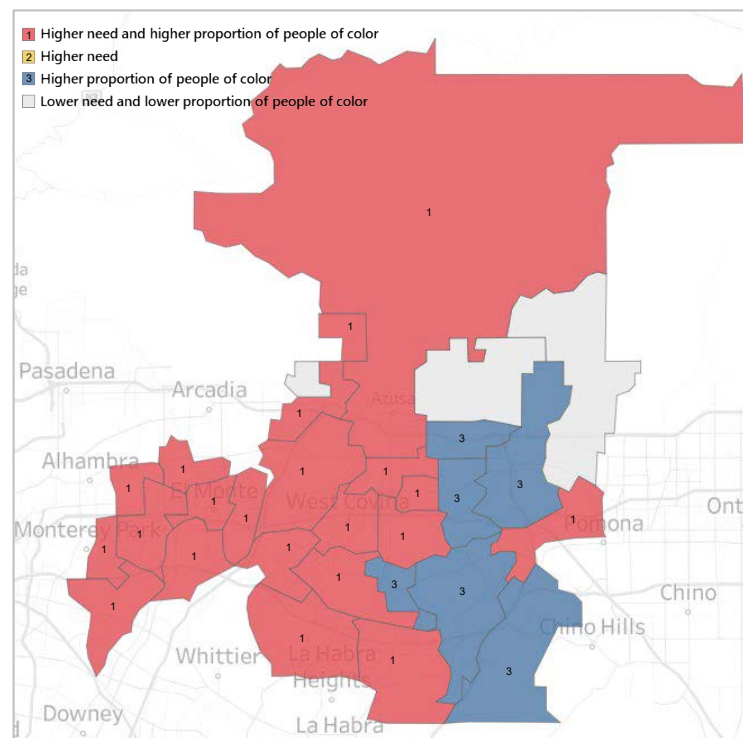
Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of low income children do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Hispanic students and those from low income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

Nearly one in four of the adult residents in the Baldwin Park service area do not have a high school diploma, which is 5 percent higher than the California and 10 percent higher than the national averages. However, when considering the other five education indicators assembled in the Kaiser Permanente Community Health Needs Dashboard, the residents of the Baldwin Park service area have educational attainment that is typical for United States residents. Although, this average may conceal some equity issues in education. Communities of color tend to have fewer adults with a high school diploma on average. Likewise, ZIP codes that have a higher proportion of people of color tend to have fewer adults with some college education on average.

ADULTS WITH NO HIGH SCHOOL DIPLOMA, BALDWIN PARK SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and more adults with no high school diploma.



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

In key informant interviews, education was acknowledged as a key health need for the Baldwin Park service area. Education was also identified as a health need in the prior CHNA, and all but one of the interviewees agreed that it remained a concern. When asked to consider how health care organizations should invest to meet the educational needs identified in the CHNA, investments involving community education on broad health topics was mentioned several times. The proposed topics included vaccine education, nutritional education (i.e., how to read a food label, cooking healthy food, etc.), labs and vitals education (i.e., understanding blood work), chronic disease education (i.e., how to prevent and manage diabetes), and general navigation of the health care system.

I believe that people are delaying their education because their wages are so low, they are at-risk of losing their housing if they stop working or reduce the number of hours they are working to get an education.

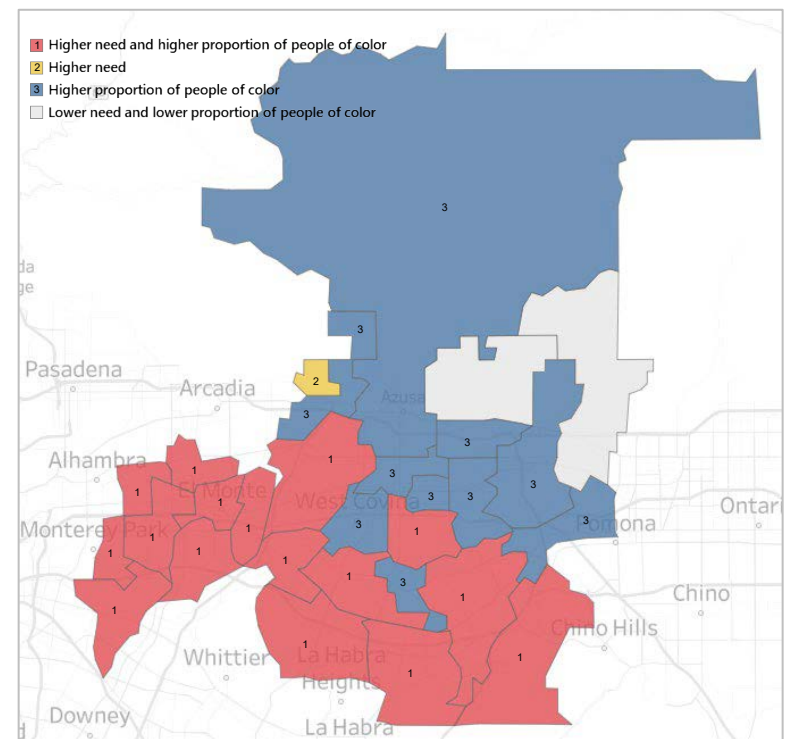
– Health care leader

Any type of education to the broader community would be helpful, but we should be investing in programs that educate the general public on healthy eating and general health. Adults need to understand how their choices impact their children.

– Food security leader

ADULTS WITH SOME COLLEGE EDUCATION, BALDWIN PARK SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a relatively higher proportion of people of color and fewer adults with some college education.



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 Baldwin Park 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 Baldwin Park Medical Center 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 Baldwin Park Medical Center'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 Baldwin Park Medical Center 2019 Implementation Strategy priority health needs

1. Access to care
2. Economic opportunity
3. Mental and behavioral health

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 Baldwin Park Medical Center 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 Baldwin Park Medical Center 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 43 grants totaling \$3,136,081 in service of 2019 IS health in the Baldwin Park service area.

One example of a key accomplishment in response to our 2019 IS includes support for Foothill Family Services who provided child abuse treatment services, including comprehensive assessments, psychotherapy, parent education, and case management to children and youth victims in the San Gabriel Valley. In addition, this program will provide graduate-level interns with service placements at Foothill to work with Child Abuse

Treatment (CHAT) program clients. Through group and individual counseling offered in English and Spanish, the program is expected to increase children’s and youth’s social, emotional, and behavioral functioning; improved parenting skills; and improved ethical, problem-solving, and critical thinking skills for graduate interns.

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. To ensure greater access to the COVID-19 vaccine, the Kaiser Permanente Baldwin Park Medical Center established a partnership with the City of Baldwin Park and opened a vaccination center at the Esther Snyder Community Center. From April – July 2021, vaccines were provided to members and residents from throughout the San Gabriel Valley. Through this partnership, a total of 85,510 vaccines were administered – 61,489 KP members, and 24,021 to non-members.

Kaiser Permanente Baldwin Park Medical Center 2019 IS priority health needs and strategies

Access to care

Care and coverage: Kaiser Permanente Baldwin Park Medical Center 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	26,226	28,335	\$16,160,216	\$7,521,771
Charitable Health Coverage	65	59	\$4,632	\$5,804
Medical Financial Assistance	8,023	6,189	\$9,797,282	\$6,504,738
Total care & coverage	34,314	34,583	\$25,962,130	\$14,032,313

Other access to care strategies: During 2020-2021, 13 grants were awarded to community organizations, for a total investment of \$1,898,908 to address access to care in the Baldwin Park service area.

Examples and outcomes of most impactful other strategies

Connection to Care Program (Expansion)

Garfield Health Center was awarded \$20,000 to provide high quality cultural and linguistically appropriate medical, dental, behavioral, and enabling services for the most vulnerable and hard-to-reach populations in the San Gabriel Valley. This program is expected to reach 3,600 individuals by providing linkage to health care services, enrollment in appointments, clinical provider trainings, and addressing health care needs.

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.

Economic opportunity

During 2020-2021, 38 grants were awarded to community organizations, for a total investment of \$873,055 to address economic opportunity in the Baldwin Park service area.

Pomona Health Career Ladder (PHCL) Program

Western University of Health Sciences was awarded \$16,000 to provide children and their families from underserved and underrepresented communities with guidance and support to achieve careers in the health care field. This program is expected to reach 473 individuals by improving student assessment scores and expand students' familiarity with technology-based learning materials.

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.

Mental and behavioral health

During 2020-2021, 20 grants were awarded to community organizations, for a total investment of \$360,134 to address mental and behavioral health in the Baldwin Park service area.

Examples and outcomes of most impactful strategies

Child Abuse Treatment (CHAT) Program

Foothill Family Service was awarded \$20,000 to provide child abuse treatment services, including comprehensive assessments, psychotherapy, parent education, and case management to children and youth victims in the San Gabriel Valley. This program is expected to reach 80 individuals by increased children's and youth's social, emotional, and behavioral functioning; improved parenting skills; and improved ethical, problem-solving, and critical thinking skills for graduate interns.

Child Behavioral Health Agenda

Children Now was awarded \$300,000 over 2 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.

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. California Health Interview Survey (CHIS)	2018

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	San Gabriel Valley (SGV) Consortium on Homelessness	1	Persons experiencing homelessness	Leader	8/2/2021
2	Key informant interview	East Valley Community Health Center	1	Uninsured or underinsured	Leader	8/4/2021
3	Key informant interview	Planned Parenthood San Gabriel Valley (SGV)	1	Sexually active individuals, LGBTQ individuals	Leader	8/6/2021
4	Key informant interview	Shepherd's Pantry	1	Food insecure	Leader	8/2/2021
5	Key informant interview	Project Angel Food	1	Food insecure	Leader	8/24/2021
6	Key informant interview	Goodwill Industries	1	Unemployed and underemployed	Leader	8/4/2021
7	Key informant interview	San Gabriel Valley Economic Partnership	1	Unemployed and underemployed	Representative	8/5/2021
8	Key informant interview	NAMI Pomona Valley	1	Persons with mental illness	Leader	8/26/2021
9	Key informant interview	Foothill Family Services	1	Persons with mental illness, uninsured or underinsured	Leader	8/9/2021
10	Key informant interview	Los Angeles County Department of Public Health	1	Public health	Representative	8/5/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Foothill Family Services	Foothill Family’s programs support multiple stages of human development with a holistic approach to care. Dynamic and transformational services often intersect and overlap to provide a robust continuum of care for our clients within four key programmatic areas: early childhood development, mental health care, school-based services, and youth and family services. www.foothillfamily.org
	Health Consortium of Greater San Gabriel Valley	The Health Consortium of Greater San Gabriel Valley is a diverse community of health care organizations, providers, and agencies working collectively to build and strengthen networks and partnerships in their service area. The Health Consortium of Greater San Gabriel Valley is dedicated to serving vulnerable populations, supporting access to services, information sharing, promoting strategic partnerships, and increasing visibility for participants. The mission of the Health Consortium of Greater San Gabriel Valley is to strengthen the health care safety net and optimize seamless access to high quality care for physical health, mental health, and substance use disorder services in the Greater San Gabriel Valley. www.healthconsortiumsgv.org
Income & employment	Goodwill Industries	Goodwill Industries is one of the world’s leading nonprofit brands whose first priority is helping people in need find jobs. Goodwill Industries partners with companies, educators, community organizations, and government agencies to help match qualified talent with employers looking to hire. Goodwill Industries prepares and places those with the greatest barriers to employment including veterans, people experiencing homelessness, individuals with disabilities, at-risk youth, the formerly incarcerated, and many more. www.powerofwork.goodwillsocial.org
	San Gabriel Valley Economic Partnership	The mission of the San Gabriel Valley Economic Partnership is to advance the economic vitality and quality of life of the San Gabriel Valley. The San Gabriel Valley Economic Partnership fosters a business-friendly climate and the success of businesses; engages in political advocacy; markets the strengths of the San Gabriel Valley and the Partnership; facilitates workforce development; and connects cities, companies, and organizations. www.sgvpartnership.org
	Pomona Economic Opportunity Center (PEOC)	The PEOC is a non-profit day labor organization whose mission is to provide an opportunity for day laborers to find safe work at a fair wage, to obtain new trades and skills that improve their employability and quality of life, and to improve overall conditions for all immigrant workers. https://pomonadaylabor.org/
Access to care	East Valley Community Health Center	East Valley Community Health Center is a Federally Qualified Health Center that provides medical, dental, vision, and behavioral health services to individuals across the East San Gabriel Valley and Pomona communities. The East Valley Community Health Center practices patient-centered care by serving each patient with a personalized care plan that meets their individuals needs. The East Valley Community Health Center serves individuals and families seeking health care services. www.evchc.org

Identified need	Resource provider name	Summary description
	Planned Parenthood Pasadena and San Gabriel Valley	The mission of Planned Parenthood Pasadena and San Gabriel Valley is to ensure broad public access to family planning and reproductive health care through medical services, education, and advocacy. Planned Parenthood Pasadena and San Gabriel Valley provides on-the-ground reproductive health care, health education, and advocacy for local people across Pasadena and the San Gabriel Valley. Planned Parenthood Pasadena and San Gabriel Valley sees over 60,000 patient visits per year and delivers over 15,000 opportunities for sex and relationship education in schools and colleges. www.plannedparenthood.org/planned-parenthood-pasadena-san-gabriel-valley
	Garfield Health Center	Garfield Health Center is a clinic in Monterey Park that provides comprehensive services to low-income, underserved patients and families. Services provided include medical, dental, and mental health care; chiropractic care; family planning; women's health services; and chronic disease management. https://garfieldhealthcenter.org/
Housing	San Gabriel Valley (SGV) Consortium on Homelessness	The vision of the San Gabriel Valley Consortium on Homelessness is to educate, collaborate, and advocate to end homelessness in the San Gabriel Valley. The mission is to facilitate partnerships, educate the community and member agencies, and advocate for appropriate housing and services in the San Gabriel Valley. www.sgvc.org
	Union Station Homeless Services	Union Station Homeless Services is a nonprofit organization committed to helping homeless individuals and families rebuild their lives. Union Station Homeless Services has grown to be one of the pre-eminent homeless services agencies in the San Gabriel Valley due to the quality of service and practice of the Housing First model. This approach prioritizes providing permanent housing and then offering, but not mandating, wrap-around services to help people experiencing homelessness stabilize and improve their quality of life. www.unionstationhs.org
	Foothill Unity Center, Inc.	Foothill Unity Center is a non-profit organization and multi-service agency that works in the San Gabriel Valley to help individuals and families move out of poverty to reach economic stability. In addition to offering permanent and temporary housing placement services, the center offers crisis case management services, job development programs, health education services, and food services. https://foothillunitycenter.org/
Mental/behavioral health	National Alliance on Mental Illness (NAMI) Pomona Valley	The National Alliance on Mental Illness Pomona Valley is a nonprofit, grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. The mission of the National Alliance on Mental Illness Pomona Valley is to improve the quality of life for people affected by mental illness and their loved ones through support, education, and advocacy. www.namipv.org
	Los Angeles County Department of Mental Health	The Los Angeles County Department of Mental Health is the largest county mental health department in the country and directly operates more than 80 programs and contracts with more

Identified need	Resource provider name	Summary description
		<p>than 700 providers, including nongovernmental agencies and individual practitioners who provide a spectrum of mental health services to people of all ages to support hope, wellness, and recovery. www.dmh.lacounty.gov</p>
	Azusa Pacific University, Community Counseling Center	<p>The Community Counseling Center at Azusa Pacific University functions as a multidisciplinary mental health and training site housing student therapists from Azusa Pacific University's graduate psychology, marriage and family therapy, and social work programs. The Community Counseling Center is committed to providing state-of-the-art treatment for a full range of problems and symptoms. The mission and vision of the Community Counseling Center is to preserve a tradition of effective therapeutic and assessment services by advancing well-being through compassionate service and trusted leadership. www.apu.edu/ccc</p>
Education	Learning Centers at Fairplex	<p>The Learning Centers at Fairplex is a non-profit organization in Pomona that, in partnership with Fairplex, provides a wide spectrum of innovative and enriching educational experiences, including a child development services, a career and technical education center, an art center, and field trips. https://fairplex.com/tlcfairplex/home</p>
	Bright Prospect	<p>Bright Prospect is a non-profit organization based in Pomona that empowers low-income, first-generation students to gain admission, succeed and graduate from four-year colleges and universities by providing a comprehensive counseling and support system throughout their high school and college years. https://brightprospect.org/</p>
	Shepherd's Pantry	<p>The mission of Shepherd's Pantry is to provide food resources and services from a faith-based perspective to those in need. Shepherd's Pantry values the dignity of all individuals and strives to promote their independence. Shepherd's Pantry provides a wide array of services including walk-food services and home delivery; clothing services; haircut services; general support services; children's reading and math tutoring programs; and a community garden. www.shepherdspantry.com</p>
	City of San Gabriel's Community Services Department	<p>The City of San Gabriel's Community Services Department strives to make the community better now and in the future by providing quality recreation programs and parks to the residents. The Community Services Department enhances the San Gabriel community by providing innovative community events, leisure time activities, and services to meet the recreational needs of the residents. In partnership with the San Gabriel Unified School District and the Garvey School District, the Community Services Department provides after-school programs for youth. For older adults, the Community Services Department offers recreational programs, transportation, nutritional meals and education, and social service case management. www.sangabrielcity.com/96/Community-Services</p>