



Your Health and Wellness Partner

PIH Health Whittier Hospital

**IMPLEMENTATION
STRATEGY**

2023-2025

Contents

Introduction	4
Report Adoption, Availability and Comments	4
Definition of the Community Served	5
Community Assessment and Significant Community Health Needs	6
Prioritized Health Needs the Hospital Will Address	7
Strategies to Address Prioritized Health Needs	8-13
Evaluation of Impact	14
Health Needs the Hospital Will Not Address	14

Introduction

PIH Health is a nonprofit, regional healthcare network with three hospitals – PIH Health Downey Hospital, PIH Health Good Samaritan Hospital and PIH Health Whittier Hospital, numerous outpatient medical offices, a multispecialty medical (physician) group, home health care services and hospice care, as well as multiple urgent care centers and emergency services.

PIH Health Whittier Hospital is a nonprofit, 523-bed hospital that has been serving the community of Whittier and surrounding areas for more than 60 years.

Our Mission

Our mission is to provide high-quality healthcare, without discrimination, and contribute to the health and well-being of our communities in an ethical, safe and fiscally prudent manner, in recognition of our charitable purpose.

Report Adoption, Availability and Comments

This Implementation Strategy was adopted by the Board of Directors on in September 2022. The Community Health Needs Assessment (CHNA) and Implementation Strategy are available on the PIH Health website at PIHHealth.org/CHNA. Public comment on the CHNA and Implementation Strategy is encouraged as community input is used to inform and influence this work. Written comments can be submitted to Community.Benefit@PIHHealth.org.

Definition of the Community Served

PIH Health Whittier Hospital is located at 12401 Washington Blvd., Whittier, CA 90602. The hospital's service area encompasses 13 ZIP Codes in 9 cities/communities. The service area is served by the Los Angeles County 4th Supervisorial District and the majority of the cities/communities fall within the Los Angeles County Service Planning Area (SPA) 7. A section of La Habra ZIP Code 90631 is in Orange County.

PIH Health Whittier Hospital Service Area

Geographic Area	ZIP Code	Service Planning Area
Hacienda Heights	91745	3
La Habra/La Habra Heights	90631	7
La Mirada	90638	7
Montebello	90640	7
Norwalk	90650	7
Pico Rivera	90660	7
Santa Fe Springs	90670	7
Whittier	90601, 90602, 90603, 90604, 90605, 90606	7

The population of the PIH Health Whittier Hospital service area is 616,536. Children and youth, ages 0-17, are 22.5% of the population, 63.1% are adults, ages 18-64, and 14.4% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as Hispanic/Latino (68%). Whites make up 16.1% of the population. Asians comprise 12.3% of the population, and Black/African Americans are 1.7% of the population. Native Americans, Hawaiians/Pacific Islanders, and other races combined total 1.9% of the population.

Among the residents in the service area, 10.3% are at or below 100% of the federal poverty level (FPL) and 29% are at 200% of FPL or below. Educational attainment is a key driver of health. In the hospital service area, 19.2% of adults, ages 25 and older, lack a high school diploma. 23% of area adults have a Bachelor's or graduate/professional degree.

Community Assessment and Significant Community Health Needs

PIH Health Whittier Hospital conducted a Community Health Needs Assessment (CHNA), which was adopted in September 2022. The CHNA complied with state and federal regulations guiding tax-exempt hospitals, assessing the significant health needs for the hospital's service area. California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to identified community needs. The CHNA and Implementation Strategy help guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with organizations that share a mission to improve health.

The CHNA incorporated demographic and health data collected from a variety of local, county and state sources to present community demographics, social determinants of health, as well as a broad range of health indicators. Initially, significant health needs were identified through a review of this secondary health data. Analysis of secondary data included an examination and reporting of health disparities for some health indicators.

The identified significant needs include:

- Access to healthcare
- Chronic disease
- COVID-19
- Dental care
- Housing and homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices (vaccines and screenings)
- Substance use

Prioritized Health Needs the Hospital Will Address

This Implementation Strategy details how PIH Health Whittier Hospital plans to address the significant health needs identified in the 2022 CHNA. The hospital will build on previous CHNA efforts and existing initiatives, while also considering new strategies and efforts to improve health. The hospital examined the identified significant health needs and prioritized them with community stakeholder input through interviews with representatives from community-based organizations and agencies. These stakeholders provided input on the issues and needs in the communities served by the hospital.

PIH Health Whittier Hospital engaged hospital leaders and the Community Benefit Oversight Committee to examine the identified health needs. The following criteria were used to determine the significant health needs the hospital will address in the Implementation Strategy:

Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.

Established Relationships: There are established relationships with community partners to address the issue.

Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.

Focus Area: The hospital has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

The CHNA served as the resource document for the review of health needs as it provided data on the scope and severity of issues and also included community input on the health needs. As well, the community prioritization of needs was taken into consideration. As a result of the review of needs and application of the above criteria, PIH Health Whittier Hospital will address the following health needs:



Strategies to Address Prioritized Health Needs

For each health need the hospital plans to address, the Implementation Strategy describes the following: actions the hospital intends to take, including programs and resources it plans to commit; anticipated impacts of these actions; and planned collaboration between the hospital and other organizations.

Health Need: Access to Healthcare (Including Primary Care, Dental Care and Mental Health Care)

Goals	Anticipated Impact	Strategy or Program	Planned Partnerships and Collaborators
<ul style="list-style-type: none"> • Increase access to healthcare, dental care and mental health care to improve the health of medically underserved individuals in the community • Increase the capacity of healthcare provider partners to meet the needs of the medically underserved 	<ul style="list-style-type: none"> • Increase access to healthcare, dental care and mental health care to reduce barriers to care • Provide financial assistance to qualified patients • Support access to healthcare services by providing transportation assistance and prescription medications • Increase the availability of primary healthcare, dental care and mental health in community settings through collaboration with community partners 	<p>Financial Assistance for the Uninsured or Underinsured</p> <ul style="list-style-type: none"> • Provide financial assistance through free and discounted care and government health programs for low-income patients for healthcare services, consistent with the hospital's financial assistance policy <p>Insurance Enrollment Assistance</p> <ul style="list-style-type: none"> • Offer health insurance information and enrollment assistance • Convene community organizations to identify strategies to enroll low-income residents in affordable health insurance plans and assist them to obtain a medical home <p>Transportation</p> <ul style="list-style-type: none"> • Provide transportation support for patients who cannot access health services because of lack of transportation <p>Healthcare Support Services</p> <ul style="list-style-type: none"> • Provide case management, resources and health information and provide funding for outpatient psychiatric care, recuperative care and skilled nursing facilities for the medically indigent <p>Community Support</p> <ul style="list-style-type: none"> • Provide cash and in-kind donations to nonprofit community organizations dedicated to increasing access to healthcare, including primary healthcare, dental care and mental health care 	<ul style="list-style-type: none"> • Community health centers • Community-based organizations • Faith-based organizations • Mental health care organizations • Schools and school districts • Senior centers

Health Need: Chronic Disease (Including Overweight and Obesity)

Goals	Anticipated Impact	Strategy or Program	Planned Partnerships and Collaborators
<ul style="list-style-type: none"> • Reduce the impact of chronic diseases on health and increase the focus on chronic disease prevention and treatment education • Reduce overweight and obesity as a result of increased healthy eating and physical activity 	<ul style="list-style-type: none"> • Improve screening, prevention, and treatment of chronic diseases • Increase compliance with chronic disease prevention and management recommendations • Increase access to affordable, healthy food and physical activity in the community 	<p>Partnership for Healthy Communities Coalition</p> <ul style="list-style-type: none"> • Support the Partnership for Healthy Communities coalition comprised of 10 community partners addressing local overweight/obesity community health needs <p>Diabetes Education Center</p> <ul style="list-style-type: none"> • Offer education programs, screenings and resources to those looking for help with managing their diabetes and living a healthy lifestyle <p>Cancer Program</p> <ul style="list-style-type: none"> • Present community health education seminars that focus on cancer survivorship <p>Community Outreach and Health Education</p> <ul style="list-style-type: none"> • Conduct community outreach programs to provide information, education and resources, and raise awareness about chronic disease prevention and management <p>Support Groups</p> <ul style="list-style-type: none"> • Provide support groups for persons with chronic disease and their families/caregivers <p>Community Support</p> <ul style="list-style-type: none"> • Provide cash and in-kind donations to nonprofit community organizations dedicated to address chronic diseases and increase access to healthy eating and active living 	<ul style="list-style-type: none"> • Community health centers • Community-based organizations • Faith-based organizations • Farmers markets • LA County agencies, including public health • Schools and school districts • Senior centers

Health Need: Preventive Practices

Goals	Anticipated Impact	Strategy or Program	Planned Partnerships and Collaborators
<ul style="list-style-type: none"> Increase access to preventive care to improve the health of medically underserved individuals in the community 	<ul style="list-style-type: none"> Improve screening, prevention, and treatment of disease and disability Increase compliance with preventive practices recommendations 	<p>Vaccines</p> <ul style="list-style-type: none"> Provide flu vaccines, COVID-19 vaccines and pneumonia vaccines <p>Screenings</p> <ul style="list-style-type: none"> Perform preventive screenings at low or no cost <p>Community Outreach and Health Education</p> <ul style="list-style-type: none"> Conduct community outreach programs to provide information, education and resources, and raise awareness about preventive care practices <p>Community Support</p> <ul style="list-style-type: none"> Provide cash and in-kind donations to nonprofit community organizations dedicated to providing preventive care services 	<ul style="list-style-type: none"> Community health centers Community-based organizations Faith-based organizations LA County agencies, including public health Schools and school districts Senior centers

Health Need: Substance Use

Goals	Anticipated Impact	Strategy or Program	Planned Partnerships and Collaborators
<ul style="list-style-type: none"> • Increase access to substance use services in the community 	<ul style="list-style-type: none"> • Improve screening and identification of substance use needs • Provide a primary access point for the treatment of substance use disorders 	<p>Behavioral Health Navigator Program</p> <ul style="list-style-type: none"> • Support the emergency department as a primary access point for the treatment of substance use disorders and co-occurring mental health conditions • Utilize trained navigators to identify patients who would benefit from initiating medication assisted treatment (MAT) <p>Community Support</p> <ul style="list-style-type: none"> • Provide cash and in-kind donations to nonprofit community organizations dedicated to providing substance use services 	<ul style="list-style-type: none"> • Community health centers • Community-based organizations • Faith-based organizations • LA County agencies, including public health • Schools and school districts • Substance use treatment organizations

Health Need: Social Determinants of Care (Including Food Insecurity and Housing and Homelessness)

Goals	Anticipated Impact	Strategy or Program	Planned Partnerships and Collaborators
<ul style="list-style-type: none"> • Increase needed resources to address the social determinants of health • Build strategies to improve the health and housing stability of persons experiencing homelessness 	<ul style="list-style-type: none"> • Improve the health of persons experiencing homelessness • Connect persons experiencing homelessness and/or food insecurity to community-based programs and services 	<p>Food Insecurity</p> <ul style="list-style-type: none"> • Provide community resources that address food insecurity <p>Care Navigation</p> <ul style="list-style-type: none"> • Emergency department community navigator will assist vulnerable populations, including persons who were experiencing homelessness <p>Community Support</p> <ul style="list-style-type: none"> • Provide cash and in-kind donations to nonprofit community organizations dedicated to address the social determinants of health 	<ul style="list-style-type: none"> • Community-based organizations • Faith-based organizations • Farmers markets • Food banks • Homeless and housing agencies • Integrated community health coalition • LA County agencies • Schools and school districts • Senior agencies • Youth organizations

Evaluation of Impact

PIH Health Whittier Hospital is committed to monitoring and evaluating key initiatives to assess the programs and activities outlined in this Implementation Strategy. We have implemented a system for the collection and documentation of tracking measures, such as the number of people reached/served, and collaborative efforts to address health needs. An evaluation of the impact of the hospital's actions to address these significant health needs will be reported in the next scheduled CHNA.

Health Needs the Hospital Will Not Address

Since PIH Health Whittier Hospital cannot directly address all the health needs present in the community, we will concentrate on those health needs that can most effectively be addressed given our areas of focus and expertise. Taking existing hospital and community resources into consideration, PIH Health Whittier Hospital will not directly address the remaining health needs identified in the CHNA, including: COVID-19. While the hospital does not intend to emphasize community COVID-19 interventions at this point in the pandemic, PIH Health Whittier Hospital will continue to deliver vaccines, testing and acute medical care to address COVID-19.



Your Health and Wellness Partner

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