



2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital Antioch
License #550000614

Approved by KFH Board of Directors
March 16, 2017

To provide feedback about this Implementation Strategy Report,
email chna-communications@kp.org

**Kaiser Foundation Hospitals
Community Health Needs Assessment (CHNA)
Implementation Strategy Report
2016**

Kaiser Foundation Hospitals – Antioch
License #550000614
4501 Sand Creek Road, Antioch, CA 94531

I. General Information

Contact Person: Deneen Wohlford, Public Affairs Director

Date of Written Plan: December 15, 2016

Date Written Plan Was Adopted by Authorized Governing Body: March 16, 2017

Date Written Plan Was Required to Be Adopted: May 15, 2017

Authorized Governing Body that Adopted the Written Plan: Kaiser Foundation Hospital/Health Plan Boards of Directors

Was the Written Plan Adopted by Authorized Governing Body On or Before the 15th Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed? Yes No

Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body: December 4, 2013

Name and EIN of Hospital Organization Operating Hospital Facility: Kaiser Foundation Hospitals, 94-1105628

Address of Hospital Organization: One Kaiser Plaza, Oakland, CA 94612

II. About Kaiser Permanente

Kaiser Permanente is a not for profit, integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and The Permanente Medical Groups. For more than 65 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. Today we serve more than 10.2 million members in eight states and the District of Columbia. Since our beginnings, we have been committed to helping shape the future of health care. Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health.

III. About Kaiser Permanente Community Benefit

We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor’s office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant-making to leverage financial resources with medical research, physician expertise, and clinical practices. Historically, we have focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted Community Health Needs Assessments (CHNA) to better understand each community’s unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

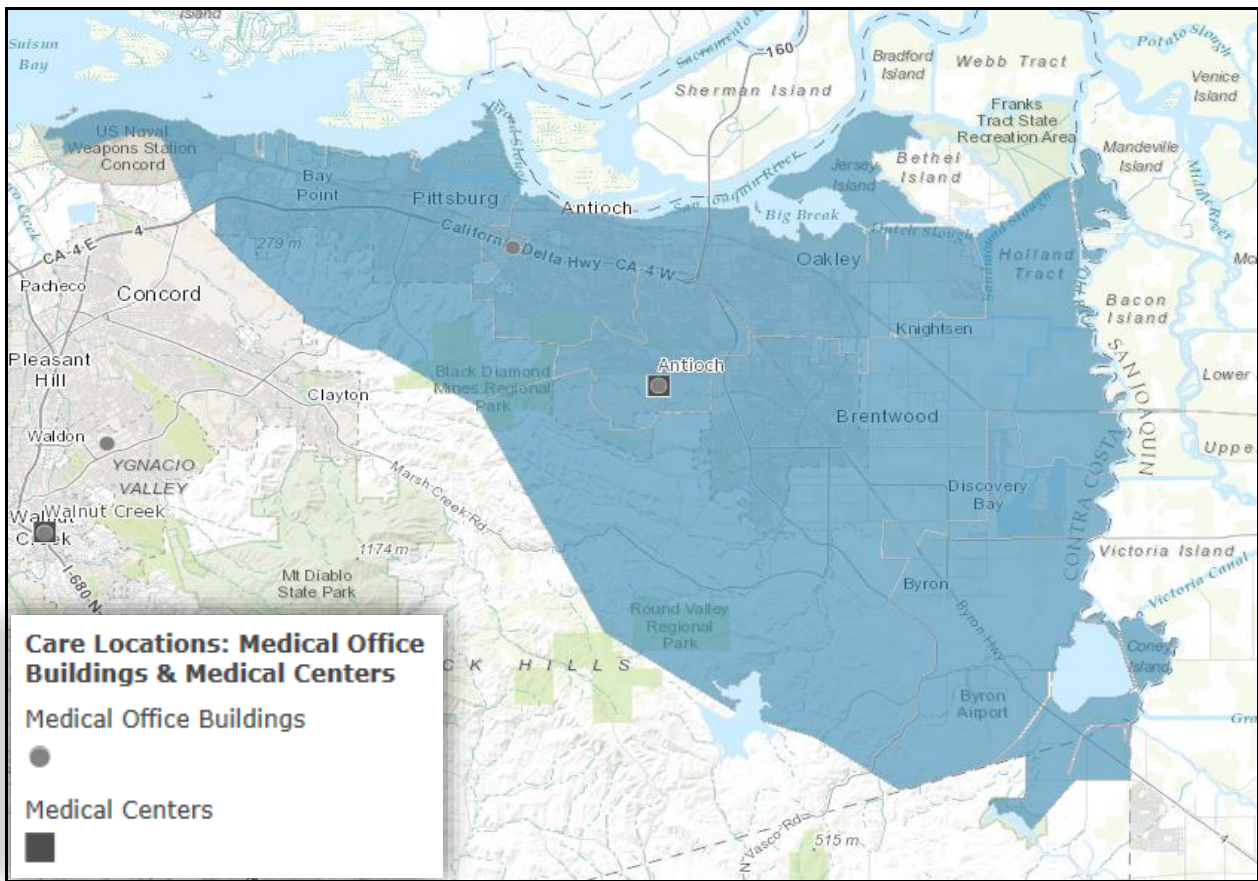
In addition, Kaiser Permanente seeks to promote community health upstream by leveraging its assets to positively influence social determinants of health – social, economic, environmental – in the communities we serve.

IV. Kaiser Foundation Hospital – Antioch Service Area

The Kaiser Foundation Hospital (KFH)-Antioch service area comprises the eastern portion of Contra Costa County, which includes the major cities of Antioch, Bay Point, Brentwood, Knightsen, Oakley, and Pittsburg, as well as unincorporated areas shown in the map below.

KFH Antioch Demographic Data	
Total Population	307,600
White	56.19%
Black	13.01%
Asian	10.4%
Native American/ Alaskan Native	0.73%
Pacific Islander/ Native Hawaiian	0.75%
Some Other Race	11.86%
Multiple Races	7.05%
Hispanic/Latino Ethnicity	34.4%

KFH Antioch Socio-economic Data	
Living in Poverty (<200% FPL)	31.78%
Children in Poverty	18.38%
Unemployed	6.9%
Uninsured	12.79%
No High School Diploma	15%



V. Purpose of Implementation Strategy

This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes KFH Antioch’s planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH Antioch’s 2016 CHNA process and for a copy of the report please visit www.kp.org/chna.

VI. List of Community Health Needs Identified in 2016 CHNA Report

The list below summarizes the health needs identified for the KFH Antioch service area through the 2016 Community Health Needs Assessment process. The health needs are listed in priority order from highest (#1) to lowest (#8); when two or more needs have equal priority, they are numbered the same.

1. Economic Security
2. Obesity, Diabetes, Healthy Eating/Active Living
3. Healthcare Access and Delivery, Including Primary and Specialty Care
4. Oral/Dental Health
5. Mental Health

6. Unintentional Injuries
7. Violence/Injury Prevention
8. Substance Abuse (Alcohol, Tobacco, and Other Drugs)

VII. Who was Involved in the Implementation Strategy Development

Kaiser Permanente (KP) Northern California Regional Community Benefit worked with Community Benefit staff from each local KFH facility as well as internal experts to develop a menu of strategies for each selected health need. KFH Antioch's Community Benefit Manager, in partnership with the hospital's consultants and in collaboration with the hospital's Contributions Committee (see below), then selected certain strategies from the region-wide menu and developed local approaches to those strategies. These local approaches were combined with Regional investments, KP Programs, and in-kind assets of the organization to make up the full Implementation Strategy for the hospital.

The hospital's Contributions Committee consists of individuals in the following positions:

Public Affairs Director
Continuum Administrator
Director, Strategy & Performance Improvement
Dermatologist
Assistant Medical Group Administrator

a. Partner Organizations

KFH Antioch and KFH Walnut Creek worked together at every step in the development of their Implementation Strategy. The hospitals share the same Community Benefit Manager and Contributions Committee.

b. Community Engagement Strategy

While not required by Federal CHNA regulations, Kaiser Permanente encourages all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. Voluntary community member and stakeholder engagement in the implementation strategy development process is intended to enable:

- KFH facilities to develop a deeper understanding of community perspective in developing Implementation Strategies, allowing opportunities for increased collaboration, potential impact, and sustainability
- Opportunities to engage community members beyond organizations and leaders with whom facilities may typically collaborate
- Transparency throughout the implementation strategy development process
- Opportunities to inform community leaders about Kaiser Permanente's unique structure and resources to effectively foster meaningful partnerships.

KFH Antioch held a community engagement event in collaboration with KFH Walnut Creek and John Muir Health at the Marina Event Center in Pittsburg, California on August 31, 2016. Invitees included community leaders, representatives from Contra Costa Health Services, representatives of community-based organizations and non-profits including other non-profit hospitals and clinics, and elected officials. A total of 60 people attended from East and Central Contra Costa.

During the event, staff from Actionable Insights, KFH Antioch and KFH Walnut Creek's consultant, explained the CHNA and Implementation Strategy development processes that each hospital followed,

presented the 2016 CHNA findings for East and Central Contra Costa and the health needs each hospital selected, and facilitated small group discussions among the event participants. The discussions focused on how best to address the selected health needs. Participant feedback was collected through note-taking by event staff and provided to each hospital's Community Benefit Manager.

Key insights from participants included many common themes across health needs, such as the need for a collaborative approach to addressing health needs, the need to address health needs with a holistic approach, and the importance of sharing and leveraging nonprofit expertise. Specifically, partnerships that include institutions, schools, and city and county government are needed. In some cases, improved policies and joint planning were credited with successful interventions, but more is needed. Geographically isolated populations who have long commutes to work were also of concern to participants. Finally, participants expressed the need for a larger workforce and a stronger focus on prevention efforts for healthy eating/active living, behavioral health, and access to healthcare, including more integration of behavioral health with primary care. KFH Antioch's Community Benefit Manager considered this community feedback in refining the Implementation Strategies outlined in Section IX of this report, for example, by adding to its strategies grants for specific actions related to the integration of primary care and behavioral health, and retaining grants for built environment support, including advocacy, that were validated by community members' discussion.

c. Consultant Used

KFH Antioch consulted with Actionable Insights, LLC. Actionable Insights is a consulting firm that helps organizations discover and act on data-driven insights to achieve better outcomes. Melanie Espino and Jennifer van Stelle, Ph.D., the co-founders and principals of Actionable Insights, have experience conducting CHNAs and providing expertise on Implementation Strategy development and IRS reporting for hospitals. Actionable Insights worked with KFH Antioch to review the findings of the hospital's 2016 CHNA, facilitate selection of certain health needs, present the 2016 CHNA findings and selected health needs to the community, elicit community input into the Implementation Strategy development process, assist in developing the Implementation Strategy, and document the process in this Implementation Strategy Report.

VIII. Health Needs that KFH Antioch Plans to Address

a. Process and Criteria Used to Select Health Needs

The Implementation Strategy development process began when KFH Antioch's Community Benefit Manager decided, with the consultants, the criteria (listed below) that the hospital's Contributions Committee would be asked to consider in the selection of health needs to address.

1. **CHNA prioritization:** How did the health need rank in the CHNA (takes into account severity, scale, health disparities/equity and community prioritization).
2. **Ability to leverage local community assets:** Opportunity exists to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or other community assets.
3. **Existing or promising approaches exist:** There are effective or promising strategies, preferably evidence-based, that could be applied to address the need.

4. **KP expertise:** KP can make a meaningful contribution to addressing the need because of its relevant expertise as an integrated health system and because of an organizational commitment to addressing the need.
5. **Ability to leverage KP-Regional assets:** Opportunity exists to have Regional CB funding deployed due to alignment with region-wide needs as well as opportunity to draw down other assets of the organization.
6. **Feasibility:** Kaiser Permanente has the ability to have an impact given the community benefit resources available.

To score the first criterion, the Community Benefit Manager directed the consultants to assign to each health need its overall prioritization score obtained during the 2016 CHNA process. The Kaiser Permanente Diablo Area Contributions Committee (representing both KFH Antioch and KFH Walnut Creek) were asked to score the other five criteria. A score of 1 = the need does not meet the criterion, a score of 2 = the need somewhat meets the criterion, and a score of 3 = the need meets the criterion well.

The consultants developed a combined health needs selection scoring worksheet for use by the Contributions Committee that included definitions of all six criteria, the scoring rubric for each criterion, and pre-assigned scores to each health need for the first criterion for each of KFH Antioch and KFH Walnut Creek, separately.

The Contributions Committee, which represents both KFH Antioch and KFH Walnut Creek, was then asked to participate in a process to select health needs for the hospitals to address in FY2017–FY2019. The consultants provided a summary of the 2016 CHNA health needs to the Contributions Committee at an in-person meeting on June 6, 2016. During the meeting, the consultants explained the criteria that the Committee was being asked to consider and facilitated a discussion about the identified health needs in each hospital's area.

Contributions Committee members reviewed each hospital's list of needs and discussed each identified health need, keeping in mind the selection criteria. Each health need was then rated by Committee Members on how well it met each of criteria #2-#6. The scores for the criteria of KP expertise and ability to leverage regional assets were both weighted (2x). Each health need achieved two final scores, one for each hospital area; each health need's final score was the sum of its six selection criteria scores. After scoring, the Contributions Committee decided to merge the separate needs of Mental Health and Substance Abuse (ranked third and fourth respectively, based on the final selection scores) into the larger need of Behavioral Health. The Contributions Committee then selected the three highest-scoring needs for each hospital area.

b. Health Needs that KFH Antioch Plans to Address

Health care access and delivery

Description/definition:

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Components of access to care include: insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include: quality, transparency, and cultural competence. Limited access to health care and compromised health care delivery impact people's ability to reach their full potential, negatively affecting their quality of life.

Rationale:

The Contributions Committee feels it is very feasible for KFH Antioch to contribute to addressing the need for health care access and delivery in the community. There are substantial Kaiser Permanente regional assets and quite a few local assets that can be leveraged in support of this need, and Kaiser Permanente also has considerable expertise in the subject. Based on scoring of the selection criteria, there are many evidence-based or promising approaches to addressing the need for health care access and delivery. Finally, the need is of relatively high priority to the community, as described below.

The CHNA data supporting the health need may be summarized as follows:

- There are ethnic disparities in the proportion of residents who are uninsured.
- Contra Costa County falls short of the benchmark in the rate of Federally Qualified Health Centers (FQHCs). The rate of FQHCs is 0.5 per 100,000, well below the state average of 2.0.
- There are high rates of preventable hospital events compared to the state average. In the service area overall, there are 14% uninsured.
- Community input indicates:
 - Insurance premiums and co-payments are too high.
 - Wait times for appointments are too long.
 - There is a fear among some community members of accessing care because of previous bad experiences and a lack of information about where and how to obtain health insurance.

Obesity, Diabetes, Healthy Eating, Active Living (renamed “Healthy Eating, Active Living” for brevity)

Description/definition:

Healthy diets and achievement and maintenance of healthy body weights reduce the risk of chronic diseases, including diabetes and obesity. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities. For example, having healthy food available and affordable in food retail and food service settings allows people to make healthier food choices. When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value. Similarly, having access to appropriate, safe, and free or low-cost physical activity options in their local community allows people to engage in more active living. When such opportunities are not available locally, people are likely to be less physically active. Creating and supporting healthy environments allow people to make healthier choices and live healthier lives.

Rationale:

The Contributions Committee feels it is very feasible for KFH Antioch to contribute to addressing the need for healthy eating and active living in the community. There are substantial local community assets and Kaiser Permanente regional assets that can be leveraged in support of this need, and Kaiser Permanente also has strong expertise in the subject. Also, based on scoring of the selection criteria, there are many evidence-based or promising approaches to addressing the need for healthy eating and active living. Finally, the need is of extremely high priority to the community, as described below.

The CHNA data supporting the health need may be summarized as follows:

- There are high rates of overweight among adults. In addition, 44% of Latinos in Contra Costa County are overweight as compared to 32% of Whites, a more than ten percentage point difference.
- There are higher rates of diabetes prevalence, and lower percentages of Medicare enrollees with diabetes who have an annual diabetes test compared to the state averages.

- A full 20% of residents in the KFH Antioch service area live in areas designated as a food desert, which is well above the state average (14%).
- Community input:
 - Community concern about these needs was strong, and expressed the connection between obesity, diabetes, and related health behaviors such as poor nutrition and lack of physical activity.
 - There is a lack of education around linking mental health and healthy living, and that healthy food is often less affordable than the unhealthy food options.

Behavioral health

Description/definition:

Mental health (including sub-clinical stress, anxiety, and depression in addition to diagnosed mental health disorders) and substance abuse are often co-occurring problems, and as such are grouped together under the larger umbrella term “behavioral health.” Substance abuse is related to mental health because many cope with mental health issues by using drugs or abusing alcohol.

Mental health is a state of successful performance of mental function resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Good mental health is essential to personal wellbeing, family and interpersonal relationships, and the ability to contribute to the community or society. It also plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The abuse of substances, including alcohol, tobacco, and other drugs, has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases. The effects of substance abuse contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to: teenage pregnancy, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime and suicide. Advances in research have led to the development of effective evidence-based strategies to address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have shifted the research community’s perspective on substance abuse. Substance abuse is now understood as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Rationale:

The Contributions Committee feels it is very feasible for KFH Antioch to contribute to addressing the need for behavioral health in the community. There are substantial local community assets and Kaiser Permanente regional assets that can be leveraged in support of this need. Also, based on scoring of the selection criteria, there are many evidence-based or promising approaches to address behavioral health needs. Finally, the need is of relatively high priority to the community, as described below.

The CHNA data supporting the health need may be summarized as follows:

- The rate of suicide in Contra Costa County is higher than the Healthy People 2020 target.
- Levels of excessive alcohol consumption among adults in the Diablo Area are higher than the state average. In addition, Diablo Area residents’ total household expenditures towards alcohol are slightly higher than the state average of 13%.
- The youth intentional injury rate (non-fatal ER visits) in the KFH Antioch service area is higher than the state average (779.3 per 100,000 population age 13-20 as compared to 738.7).

- In the KFH Antioch service area, Black adults are much more likely to report a need for mental health care as compared to other racial and ethnic groups: 16% of Blacks reported a need for mental health care during the past 12 months as compared to 15% of Whites and 11% of Latinos.
- Community input indicates:
 - Residents use substances to help them cope and sleep.
 - Cultural barriers make it harder to access mental health care.
 - It is felt that primary care physicians are not educating patients about the link between well-being and disease prevention, and that primary care physicians are not making mental health referrals.

IX. KFH Antioch's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH Antioch has a long history of working internally with Kaiser Foundation Health Plan, The Permanente Medical Group, and other Kaiser Foundation Hospitals, as well as externally with multiple stakeholders, to identify, develop and implement strategies to address the health needs in the community. These strategies are developed so that they:

- ✓ Are available broadly to the public and serve low-income individuals.
- ✓ Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems.
- ✓ Address federal, state, or local public health priorities.
- ✓ Leverage or enhance public health department activities.
- ✓ Advance increased general knowledge through education or research that benefits the public.
- ✓ Otherwise would *not* become the responsibility of government or another tax-exempt organization.

KFH Antioch is committed to enhancing its understanding about how best to develop and implement effective strategies to address community health needs and recognizes that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders. As such, KFH Antioch welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH Antioch will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs. The goals, outcomes, strategies, and examples of resources planned are described below for each selected health need.

HEALTH CARE ACCESS AND DELIVERY

Long-term Goal

All community members have access to high quality, culturally and linguistically appropriate health care services in coordinated delivery systems.

Intermediate Goals

- Increase access to comprehensive health care services for low-income and vulnerable populations.
- Improve the capacity of health care systems to provide quality health care services.
- Increase access to social non-medical services that support health for low-income and vulnerable populations.
- Develop a diverse, well-trained health care workforce that provides culturally sensitive health care.

Strategies

Access strategies:

- Provide high-quality medical care to Medi-Cal participants.

- Provide access to comprehensive health care coverage to low-income individuals and families.
- Provide financial assistance to low-income individuals who receive care at KP facilities and can't afford medical expenses and/or cost sharing.
- Support outreach, enrollment, retention and appropriate utilization of health care coverage programs.
- Increase access to primary and specialty care.

Capacity of health system strategies:

- Increase capacity of systems and individuals to adopt population health management.
- Increase capacity of systems to participate in value-based care.
- Improve navigation to obtain access to appropriate care within the health care system.
- Promote integration of care between primary and specialty care, including behavioral health care.

Social non-medical service strategies:

- Increase and systematize access to needed social non-medical services.
- Provide support to increase enrollment in public benefit programs (including federal food programs) among vulnerable and low-income populations.

Workforce strategies:

- Increase access to training and education for diverse populations currently underrepresented in the health care workforce.
- Support the recruitment, hiring and retention of a diverse, culturally competent health care workforce in the clinical and community based settings.

Examples:

- Provide grants for promotores/peer educator programs to connect monolingual non-English-speaking community members to healthcare.
- Provide grants to connect low-income families and individuals to healthcare via free clinics.
- Provide grants that support integration via the out-posting of behavioral health staff to primary care community clinics.
- Collaborate with the East and Central County Access Action Team and the Access to Care Stakeholders group on issues of healthcare access in the community.
- Participate in Medi-Cal Managed Care and Medi-Cal Fee for Service.
- Provide subsidized health care coverage to children (18 & under) in low-income families (up to 300% FPL) who lack access to other sources of coverage.
- Provide Medical Financial Assistance.
- Provide physician and KP staff volunteers at events that provide surgical, specialty, and diagnostic services to low-income, uninsured people.
- Support rotation of residents and trainees in community health centers.

Expected Outcomes

Access:

- Increase in the number of low-income patients who receive health care services/coverage.
- Increase in the number of low-income patients that enroll in health care coverage programs.

Capacity of health systems:

- Increase in the quality of care provided by safety net providers through PHASE protocol.
- Improved capacity of health systems to provide population health management.
- Increased integration of primary and specialty health care services.
- Improved capacity of safety net providers to assuming capitated risk.

Social non-medical services:

- Increase in referrals and coordination to non-medical social services.
- Increased enrollment and participation in public benefit programs.

Workforce:

- Increase in the number of people from underrepresented groups enrolling in education and job training programs.
- Increase in the number of culturally and linguistically competent and skilled healthcare providers.

HEALTHY EATING ACTIVE LIVING

Long-term Goal

All community members eat better and move more as part of daily life in order to prevent and reduce the impact of chronic conditions (e.g., obesity, diabetes, cardiovascular disease).

Intermediate Goals

- Improve healthy eating among residents in low-income, under-resourced communities.
- Increase physical activity among residents in low-income, under-resourced communities.

Strategies

Healthy eating strategies:

- Increase access to healthy, affordable foods, including fresh produce, and decrease access to unhealthy food.
- Increase access to free, safe drinking water.
- Reduce access to and appeal of sugar sweetened beverages.
- Increase enrollment in and use of federal food programs.

Physical activity strategies:

- Increase access to safe parks and public spaces.
- Increase opportunities for active transportation.
- Increase access to physical activity opportunities in the community.
- Increase access to physical activity opportunities in schools.

Examples:

- Provide grants supporting the provision of fresh produce to food banks and to low-income children in after school programs.
- Provide grants to support organizational policy change regarding food and physical activity in child care settings.
- Provide grants to support the development and implementation of school wellness policies.
- Provide grants for park development and improvement advocacy and for physical activity programs in parks.
- Provide grants for after-school sports and physical activity programs for youth.
- Provide local grants for school-based sports and physical activity programs.
- Support programs and policies in schools that maximize opportunities for physical activity throughout the day, including through our Thriving Schools initiative.
- Work with the Healthy & Livable Pittsburgh Collaborative on efforts to improve healthy eating and increase physical activity among community members in the Pittsburgh area.
- Work with Healthy & Active Before 5 on efforts to increase access to parks and public spaces for community members.
- Provide KP's Educational Theater, programming that provides education in schools on health and wellness.
- Support local restaurants and caterers that meet healthy food guidelines.

Expected Outcomes

Healthy eating:

- Increased consumption of fruits and vegetables.

- Increased consumption of water.
- Decreased consumption of sugar sweetened beverages (SSBs).
- Increased enrollment and participation in federal food programs.

Physical activity:

- Increased use of parks and public spaces.
- Increased walking and biking to school and work.
- Increased physical activity.

BEHAVIORAL HEALTH

Long-term Goal

All community members experience social/emotional health and wellbeing and have access to high-quality behavioral health care services when needed.

Intermediate Goals

- Expand prevention and support services for mild to moderate behavioral health conditions.
- Decrease stigma associated with seeking behavioral health services among vulnerable and diverse populations.
- Develop a diverse, well-trained behavioral health care workforce that provides culturally sensitive behavioral health care.
- Increase access to culturally and linguistically appropriate behavioral health services for vulnerable and low-income populations.

Strategies

Prevention strategies:

- Provide screening and identification related to behavioral health needs among low-income, vulnerable, and uninsured populations and connect them with the appropriate services or support.
- Support opportunities to prevent and reduce the misuse of drugs and alcohol.
- Provide access to programs, services or environments that evidence suggests improves overall social/emotional wellness.

Destigmatization strategies:

- Support opportunities to reduce stigma through education and outreach in school, community and workforce settings.

Workforce strategies:

- Support the recruitment, hiring and retention of a diverse, culturally competent behavioral health care workforce in the clinical and community-based settings.
- Increase access to training and education for diverse populations currently underrepresented in the behavioral health care workforce.

Access strategies:

- Provide high-quality behavioral health care to Medi-Cal participants.
- Promote integration of care between primary and behavioral health care.
- Improve navigation to appropriate care within the health care system and support services in the community.
- Increase the capacity to respond appropriately to individuals and/or communities that have experienced trauma and/or violence.

Examples:

- Provide grants to community-based organizations that offer mental health counseling, including peer counseling.

- Provide grants that support integration via the out-posting of behavioral health staff to primary care community clinics.
- Collaborate with the East and Central County Access Action Team on issues of care integration in the community.
- Partner with the Access to Care Stakeholders on issues of care integration in the community.
- Provide grants to programs that increase minority representation in the behavioral health field.
- Provide KP's Educational Theater, programming that provides education in schools on health and wellness.
- Mental health training program participants rotate through community clinics and other community based organizations to provide behavioral health services and training.

Expected Outcomes

Prevention:

- Increased enrollment in programs to improve social/emotional wellness.
- Increased screening for behavioral health needs.
- Increased participation in drug and alcohol prevention programs.

Destigmatization:

- Increase in help-seeking behavior for accessing behavioral health care.

Workforce:

- Increase in the number of culturally and linguistically competent and skilled behavioral healthcare providers.
- Increase in the number of people from underrepresented groups enrolling in education and job training programs.

Access:

- Increase in the number of low-income patients who receive behavioral health care services.
- Increased integration of primary and behavioral health care services.
- Improved access to quality care for youth, families and communities experiencing violence.

Additional Community Benefit Priorities

In addition to addressing the selected health needs described above, Kaiser Permanente, as an integrated health care delivery system, dedicates resources that target broader health system needs and upstream determinants of health.

Kaiser Permanente deploys dedicated research expertise to conduct, publish, and disseminate high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes in diverse populations disproportionately impacted by health disparities. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health, women's health, health care delivery, health care disparities, pharmaco-epidemiology, and studies of the impact of changing health care policy and practice.

In addition to our significant Community Benefit investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. We will explore opportunities to align our hiring practices, our purchasing, our building and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities.

X. Evaluation Plans

KFH Antioch will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, KFH Antioch will require grantees to propose, track and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

XI. Health Needs Facility Does Not Intend to Address

The Contributions Committee was careful to choose a set of health needs to address that best met all of the selection criteria and for which KFH Antioch could make an impact in the community. The Contributions Committee thought it was feasible to address a total of three health needs given its local Community Benefit resources. The remaining health needs did not meet the criteria to the same extent as the chosen needs did; therefore, KFH Antioch does not plan to address them at this time. They are listed below in alphabetical order.

Economic Security

Economic Security, defined principally by community residents as deep concerns about housing costs, the need for good paying jobs, and affordable public transportation, was identified in each of the communities served by Kaiser Foundation Hospitals. While KFH Antioch did not select this need because the Contributions Committee believed it was much less feasible to address given the resources available, we understand that the causes are broad, and the solutions extend beyond specific communities across the Region, and State. Investments into community infrastructure, and solving the crisis of affordable housing requires many non-traditional partners, beyond health care providers. Kaiser Permanente intends to explore opportunities to support innovative solutions to promote affordable housing, prepare community residents to be successful in seeking jobs and careers, and support effective connections to social services, to address both the causes and impact of economic security.

Oral health

Oral health is essential to overall health. Oral diseases, from cavities to oral cancer, cause pain and disability. Barriers that can limit a person's use of preventive oral health interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures. KFH Antioch did not select this need because the Contributions Committee believed it was somewhat less feasible to address this need than the selected health needs. Also, there are relatively few evidence-based practices that have been identified to ameliorate it, Kaiser Permanente has only moderate expertise in this topic, and there are relatively few Kaiser Permanente regional assets available to leverage for it.

Unintentional injuries

Unintended injuries are defined as those that are not purposely inflicted. The most common unintended injuries result from falls, motor vehicle crashes, poisonings, and drownings. Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability. KFH Antioch did not select this need because it was of lower community priority than the selected health needs, and the Contributions Committee believed it was much less feasible to address this need than the selected health needs. Also, there are few local community assets and very few Kaiser Permanente regional assets available to leverage for it.

Violence and abuse

Violence and intentional injury contribute to poorer physical health for victims, perpetrators, and community members. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. Witnessing and experiencing violence in a community can cause long-term behavioral and emotional problems in youth. KFH Antioch did not select this need because it was of much lower community priority than the selected health needs, and the Contributions Committee believed it was less feasible to address this need than the selected health needs. Also, there are not many evidence-based practices that have been identified to ameliorate it, Kaiser Permanente has only moderate expertise in this topic, and there are not many Kaiser Permanente regional assets available to leverage for it.