



2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital – Santa Clara
License #070000661

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 – Santa Clara
License # 070000661
710 Lawrence Expressway, Santa Clara, CA 95051

I. General Information

Contact Person:	Stacey Wagner, Interim Public Affairs Director
Date of Written Plan:	December 13, 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 15 th Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.

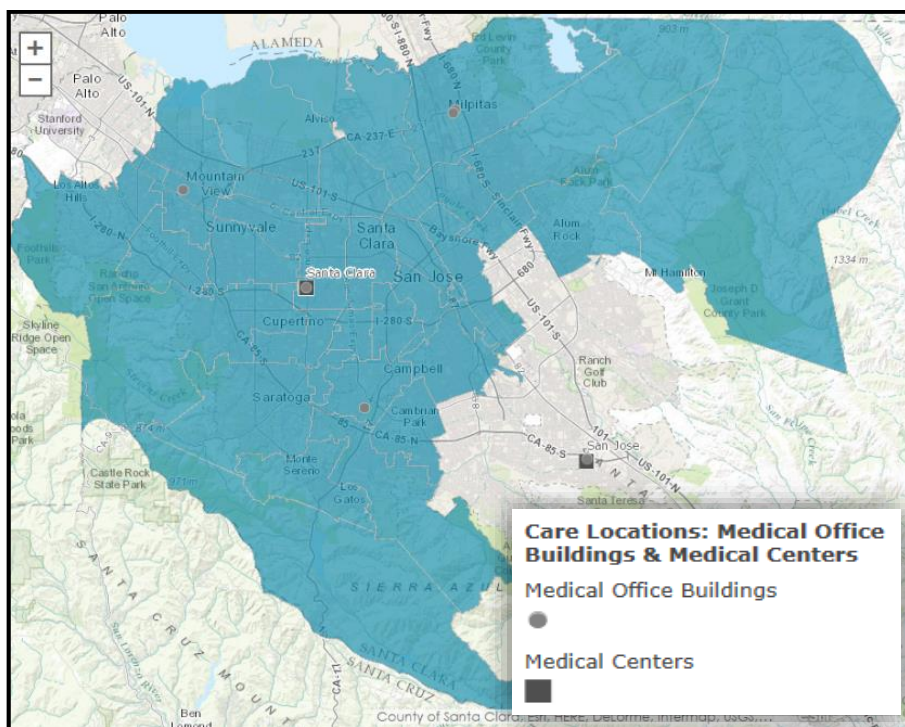
In addition, Kaiser Permanente seeks to promote community health upstream by leveraging its assets to positively influence social determinants of health – social, economic, environmental – in the communities we serve.

IV. Kaiser Foundation Hospitals – Santa Clara Service Area

The Kaiser Foundation Hospital (KFH) Santa Clara service area comprises roughly the northwest half of Santa Clara County. Major cities in this area include Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San José, Santa Clara, Saratoga, and Sunnyvale.

KFH Santa Clara Demographic Data	
Total Population	1,157,280
White	47.82%
Black	2.61%
Asian	35.7%
Native American/ Alaskan Native	0.48%
Pacific Islander/ Native Hawaiian	0.34%
Some Other Race	8.59%
Multiple Races	4.47%
Hispanic/Latino Ethnicity	22.1%

KFH Santa Clara Socio-economic Data	
Living in Poverty (<200% FPL)	21.52%
Children in Poverty	9.89%
Unemployed	5.80%
Uninsured	9.75%
No High School Diploma	10.70%



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 Santa Clara's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH Santa Clara'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 Santa Clara service area through the 2016 Community Health Needs Assessment process. The health needs are listed in priority order from highest (#1) to lowest (#14); when two or more needs have equal priority, they are numbered the same.

1. Healthcare Access and Delivery
1. Behavioral Health
1. Healthy Eating/Active Living
1. Violence & Abuse
5. Cancer
6. Cardiovascular (Heart & Stroke)
6. Communicable Diseases (not Sexually-Transmitted Infections)
8. Economic Security
9. Dementia & Alzheimer's Disease
9. Respiratory Conditions
11. Learning Disabilities
12. Birth Outcomes
12. Sexual Health
14. Unintended Injuries

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 Santa Clara'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:

- Senior Vice President and Area Manager, Santa Clara
- Senior Vice President and Area Manager, San José
- Area Quality Leader
- Area Finance Officer

Assistant Physician-in-Chief, Health Promotion and Member Services
Assistant Physician-in-Chief, Health Promotion and Technology
Chief of Health Promotion and Patient Education
Chief of Patient Education
Public Affairs Director
Senior Public Affairs Representative
Community Benefit Manager

a. Partner Organizations

KFH San José and KFH Santa Clara 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 San José and KFH Santa Clara together held a community engagement event in Santa Clara, California on October 7, 2016. Invitees included community leaders, representatives from the Department of Public Health, local clinicians, representatives of community-based organizations and non-profits including other non-profit hospitals and clinics, and elected officials. A total of 60 people attended.

During the event, staff from Actionable Insights, KFH Santa Clara's consultant, explained the CHNA and Implementation Strategy development processes that each hospital followed, presented the 2016 CHNA findings and the health needs each hospital selected, and facilitated small group discussions among the event participants. The discussions focused on "Total Health," defined as a holistic approach to health that includes physical, mental, spiritual dimensions as well as social determinants of health that include the environment, and how best to address the selected health needs from a "Total Health" perspective. Participant feedback was collected through note-taking by event staff and provided to KFH Santa Clara's Community Benefit Manager.

Important insights from participants included the need for more collaboration, ranging from sharing information about resources to making cross-referrals, to making shared decisions about goals. Competition was a topic that came up in nearly every discussion group, and some expressed that applying for funding together could remedy the fears about that. Discussion groups also uniformly recognized the need to identify strong leadership to promote and support collaboration and collective impact, and the need for dedicated funding to continue such work. KFH Santa Clara's Community Benefit Manager considered this community feedback in refining the Implementation Strategies outlined in Section IX of this report by, for example, adding to its strategies efforts to help CBOs collaborate & partner better.

c. Consultant Used

KFH Santa Clara 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 Santa Clara 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 Santa Clara Plans to Address

a. Process and Criteria Used to Select Health Needs

The following criteria were used to select the health needs that KFH Santa Clara plans to address:

1. **CHNA prioritization:** How did the health need rank in the CHNA (takes into account magnitude/scale, health disparities/equity, prevention opportunity, and community prioritization).
2. **Ability to leverage local community assets:** Opportunity 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 and ability to leverage KP-Regional assets:** Kaiser Permanente 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. There is also an opportunity to have Kaiser Permanente Regional CB funding deployed due to alignment with region-wide needs as well as opportunity to draw down other assets of the organization (Total Health).
5. **Feasibility:** Kaiser Permanente has the ability to have an impact given the community benefit resources available.

To score the first criterion, each health need was assigned its overall prioritization score obtained during the 2016 CHNA process.

The second criterion was scored based on the number of countywide community partner investments/assets listed for the need in the 2016 CHNA report. A score of 1 = 0-2 assets, a score of 2 = 3-5 assets, and a score of 3 = 6 or more assets.

The scores for the third criterion were based on the number of evidence-based strategies (EBS) listed for related topics on the website of the U.S. Office of Disease Prevention and Health Promotion, Healthy People 2020 (<https://www.healthypeople.gov/>), as of May 2016. A score of 1 = 0-24 EBS listed, a score of 2 = 25-49 EBS listed, and a score of 3 = 50 or more EBS listed.

The fourth and fifth criteria were based on the informed and considered opinions of the members of the Kaiser Permanente South Bay Area Contributions Committee (representing both KFH San José and

KFH Santa Clara). 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 health needs selection scoring worksheet for use by the Contributions Committee that included definitions of all five criteria, the scoring rubric for each criterion, and pre-assigned scores to each health need for each of the first three criteria.

The Contributions Committee, which represents both KFH San José and KFH Santa Clara, 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 on-line (WebEx) meeting on July 21, 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. Through discussion, verbal polling, and iterative decision-making, the Contributions Committee came to consensus on its recommendations for selection and provided justifications for the needs it did not recommend for selection.

b. Health Needs that KFH Santa Clara Plans to Address

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 Santa Clara to address 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 how many evidence-based strategies were listed for related topics on the website of the U.S. Office of Disease Prevention and Health Promotion, Healthy People 2020 (<https://www.healthypeople.gov/>), as of May 2016, there are many evidence-based or promising approaches to address behavioral health needs. 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:

- Many adults in the county report having poor mental health, especially those who are LGBTQ.
- While tobacco use in Santa Clara County is less prevalent than in California overall, data suggest:
 - Groups who are disproportionately more likely to smoke include men and Blacks.
 - Specifically among men, Vietnamese and Filipinos are more likely to smoke than men of other ethnicities.
 - Latino and Black adolescents are disproportionately more likely to smoke than teens overall. Smoking among both these groups as well as Asian and Pacific Islander youth rose in the past five years.
- Service area residents are spending a larger proportion of their household budgets on alcohol than Californians generally.
- Community input indicates:
 - Stigma persists for those who experience mental illness.
 - Concern about older adults, LGBTQ residents, and those of particular ethnic cultures.
 - There is a lack of health insurance benefits for those who do not have formal diagnoses and insufficient services for those who do.
 - Concerns with the documented high rates of youth marijuana use and about rising youth methamphetamine use.
 - Providers of behavioral health services cited poor access to such services when funding does not address the co-occurring conditions of addiction and mental illness.

Community and family safety

Description/definition:

Lack of community and family safety – violence and intentional injury – contributes to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization’s “World Report on Violence and Health.” Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one international study, individuals who reported feeling unsafe to go out in the day were 64% more likely to be in the lowest quartile of mental health. Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.

Rationale:

The Contributions Committee feels it is very feasible for KFH Santa Clara to address the need for community and family safety in the community. There are quite a few local community assets and Kaiser Permanente regional assets that can be leveraged in support of this need. Also, based on how many evidence-based strategies were listed for related topics on the website of the U.S. Office of Disease Prevention and Health Promotion, Healthy People 2020 (<https://www.healthypeople.gov/>), as of May 2016, there are many evidence-based or promising approaches to address community and family safety needs. 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:

- The majority of youth (of every race/ethnicity) in Santa Clara County reported having been victims of bullying at school.
- There are ethnic disparities in adult homicide mortality and domestic violence deaths in Santa Clara County.
- The rate of rape in the county is no better than the state average.
- Rates of school suspensions and expulsions are higher in the KFH Santa Clara service area than Santa Clara County and the state.
- Community input indicates:
 - Violence is underreported by victims, possibly due to stigma and/or cultural norms.
 - Concern about bullying.
 - Concern about the populations most vulnerable to violence and abuse:
 - Homeless women and youth
 - Immigrant children who experience physical and mental trauma during their journey to the U.S.
 - Community input from the previous CHNA indicated that the health need is also affected by the following factors:
 - The cost and/or lack of activity options for youth
 - Financial stress
 - Poor family models
 - Unaddressed mental and/or behavioral health issues among perpetrators
 - Cultural/societal acceptance of violence
 - Linguistic isolation
 - Lack of awareness of support and services for victims

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 Santa Clara to address the need for health care access and delivery in the community. There are substantial Kaiser Permanente regional assets and local assets that can be leveraged in support of this need, and Kaiser Permanente also has strong expertise in the subject. Also, based on how many evidence-based strategies were listed for related topics on the website of the U.S. Office of Disease Prevention and Health Promotion, Healthy People 2020 (<https://www.healthypeople.gov/>), as of May 2016, there are many evidence-based or promising approaches to addressing the need for health care access and delivery. 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:

- Compared to California overall, in Santa Clara County, Latinos are less likely to be insured, less likely to see a primary care physician, and more likely to go without healthcare due to cost.

- There is a considerable minority who are linguistically isolated in the county, which also impacts healthcare access.
- With regard to access to oral health specifically, nearly two-thirds (64%) of adults lack dental insurance.
- Community input indicates:
 - Affordability of insurance is an issue for those who do not qualify for Covered California subsidies.
 - The lack of general and specialty practitioners, especially in community clinics, results in long wait times for appointments.
 - Lack of access to dental care was a concern. Specifically, community members were concerned about the proportion of adults who lack dental insurance, the lack of providers who accept Denti-Cal, and the costs of dental care for those who do not have it.
 - The community lacks health system literacy.
 - The community is in need of patient navigators and advocates (especially for immigrants).
 - Access to healthcare for those experiencing homelessness was a concern, especially behavioral health treatment and treatment for conditions that require rehabilitation and follow-up care.
 - The LGBTQ and Black communities cited a lack of culturally competent providers as an access barrier.

Healthy eating, active living

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 Santa Clara to address 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 how many evidence-based strategies were listed for related topics on the website of the U.S. Office of Disease Prevention and Health Promotion, Healthy People 2020 (<https://www.healthypeople.gov/>), as of May 2016, 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:

- The proportion of obese children younger than six in Santa Clara County is higher than the state and Healthy People 2020 targets.

- Santa Clara County’s Latino and Black adolescents are more likely to be overweight and obese than those of other ethnicities, and these rates fail Healthy People 2020 targets.
- While overall adult obesity is less grave in the county than in the state, Latino and Black adult obesity rates fail Healthy People 2020 targets.
- The health need is likely being impacted by health behaviors such as low fruit and vegetable consumption and high soda consumption, as well as environmental factors of proximity of fast food establishments, a lack of grocery stores, and a lack of WIC-authorized food sources (all of which are worse in the county than in the state overall).
- Community input:
 - There was a perception that childhood diabetes diagnoses are increasing (which could not be confirmed with extant data).

IX. KFH Santa Clara’s Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH Santa Clara 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 Santa Clara 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 Santa Clara welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH Santa Clara 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.

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 for programs providing early childhood screening for developmental delays and behavioral problems.
- Provide grants to addiction education or programs for youth to prevent and reduce the misuse of alcohol, tobacco, and marijuana use.
- Provide grants to support substance abuse prevention and treatment programs for youth and families and aggression-reducing programs focused on skill-building.
- Provide grants for behavioral health programs for homeless families.
- Partner with community-based organizations to support behavioral health programs, services, and environments that reduce stress, anxiety, and/or depression.
- Partner with Santa Clara County Public Health Department on trauma & violence.
- Support community health workers who assist community members with obtaining appropriate services.
- 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.

COMMUNITY AND FAMILY SAFETY

Long-term Goal

All community members live in safe environments and individuals who are victims or at-risk of violence have the support they need.

Intermediate Goals

- Improve safety in communities with high rates of violence.
- Support prevention and early intervention efforts targeting youth that promote positive youth development and that focus on youth assets and resilience.
- Improve safety in families through family violence prevention, screening and treatment efforts.
- Improve the quality of responsive care and services for youth and families experiencing violence and/or trauma to break the cycle of violence.

Strategies

Community safety strategies:

- Increase availability of safe parks and public spaces.
- Build social cohesion in neighborhoods and community.
- Improve law enforcement and community relations.
- Promote public understanding of violence as a public health issue.

Prevention and early intervention strategies:

- Increase availability of education, job training and enrichment programs for youth.
- Support programs that promote non-violent solutions to conflict and alternatives to punitive responses.

Healthy family strategy:

- Support programs that prevent and address family violence through reducing risk factors, enhancing protective (resilience) factors and linking to appropriate resources.

Responsive care and service strategies:

- Support targeted gang/offender outreach and case management.
- Increase the capacity to respond appropriately to individuals and/or communities that have experienced trauma and/or violence.
- Provide victims of violence with services needed for recovery and resilience.
- Support integration of health care with community-based programs and services that address violence-related issues among patients and the community.

Examples:

- Provide grants for programs that create caring school climates that discourage bullying and reduce violence.
- Partner with community-based organizations in their efforts to build community cohesion.

- Participate in Santa Clara County Public Health Department Injury and Violence Prevention Collaborative.
- Provide grants for mentoring programs for youth at risk of violence.
- Provide grants for parent classes on communication skills, positive discipline with focus on developmental stages of children and positive parent-child interactions.
- Partner with community-based organizations on work related to conflict resolution.
- Provide grants for life skills education to develop healthy relationships, coping and healthy response skills.
- Provide grants for intimate partner violence or family violence prevention programs.
- Support safe, free, youth-engagement programs and organizations in after-school and neighborhood settings particularly in low-income communities.
- Support programs and services that support disenfranchised and high-risk youth including foster and homeless youth, with a focus on safety and long-term health and stability for youth.
- Provide KP's Educational Theater, programming that provides education in schools on health and wellness.

Expected Outcomes

Community safety:

- Increased use of parks and public spaces.
- Increased community perception of safety.
- Increased trust between law enforcement and community members.
- Increased community perception that violence is a preventative public health issue.

Prevention and early intervention:

- Increased enrollment and completion of education and job training programs for youth.
- Improved capacity of systems or organizations to implement non-violent solutions to conflict and alternatives to punitive responses.

Healthy family:

- Increased participation in prevention programs and support services for those at risk of family violence.

Responsive care and service:

- Decreased recidivism.
- Increased organizational capacity to offer quality services to individuals and communities experiencing trauma/violence.
- Increased enrollment and completion of education and job training programs for youth.

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 colorectal cancer outreach and screening of low-income populations and diverse ethnic groups.
- Provide grants for programs or services that provide access to Oral Health specialty care.
- Participate in Community Benefit Hospital Coalition, which shares information on funding strategies and collaborates on projects that benefit the health of the community.
- Provide grants to expand use of community health workers or utilizing patient navigators to provide culturally sensitive assistance and care-coordination.
- Support programs to promote integration of care between primary and specialty care.
- Support pathway programs to increase the diversity of the healthcare workforce by providing mentorship, academic enrichment, leadership development, and career exposure to disadvantaged and minority youth.
- 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.
- Improve 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 related to implementing the Thriving Schools initiative that targets resources to schools in low income neighborhoods to improve the health and wellness of students and employees through improved nutrition, increased physical activity, and access to health care.
- Provide grants for farmers' markets that accept EBT for fresh fruits and vegetables.
- Provide grants for programs that offer nutrition education and/or make healthy food available to low-income children, youth, and/or adults, such as food banks, distribution sites, and CalFresh enrollment work.
- Partner with school districts on the adoption of policies and practices to restrict the availability of unhealthy foods, increase the availability of healthier foods.
- Partner with community-based organizations to increase accessibility to farmers' markets (new and/or existing) and to increase the use of EBT (Electronic Benefits Transfer) for SNAP (Supplemental Nutrition Assistance Program) for fresh fruits and vegetables.
- Partner with community-based organizations to implement nutrition access and advocacy programs.
- Participate in collaborative policy work that impacts the overconsumption of sugary beverages.
- Provide grants for programs that assist individuals in enrolling and/or using federal food programs.
- Provide grants for creating/enhancing places for physical activity and programs that increase physical activity.
- Partner with school districts on increasing opportunities for physical activity.

- 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.

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 Santa Clara 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 Santa Clara 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 recommend a set of health needs to address that could make an impact in the community: Behavioral Health, Community and Family Safety, Health Care Access and Delivery, and Healthy Eating, Active Living. Therefore, the remaining health needs for this area (listed below in alphabetical order) will not be addressed by KFH Santa Clara, because these needs did not meet the criteria to the same extent that the chosen needs did, and more specifically for the following reasons.

Birth Outcomes

Improving the well-being of mothers, infants, and children is an important public health goal. The topic area of birth outcomes addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Birth outcomes were not a high priority of the community (i.e., the prioritization score was much lower) compared to other needs. In addition, relatively few community resources were identified, providing fewer opportunities for leverage. KFH Santa Clara is better positioned to address this need from a prevention standpoint via healthcare access and delivery strategies and via strategies related to healthy eating and active living.

Cancer

Cancer the second most common cause of death in the United States. Behavioral and environmental factors play a large role in reducing the nation's cancer burden, along with the availability and accessibility of high-quality screening. KFH Santa Clara is better positioned to address drivers of cancer via strategies related to healthy eating and active living, and ethnic disparities in cancer incidence and mortality rates via healthcare access and delivery strategies.

Cardiovascular (Heart /Stroke)

Nationally, more than one in three adults (81.1 million) lives with one or more types of cardiovascular disease. In addition to being the first and third leading causes of death in the U.S., heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. KFH Santa Clara is better positioned to address drivers of these needs via strategies related to healthy eating and active living. Kaiser Permanente believes that strategies intended to address the community's healthy eating and active living needs have the potential to decrease cardiovascular disease and stroke in the community as well.

Communicable Diseases (Non-Sexually-Transmitted Infections)

Communicable diseases remain a major cause of illness, disability, and death. Various public health agencies closely monitor communicable diseases to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and allocate resources effectively. Relatively few community resources were identified to address communicable diseases, providing fewer opportunities for leverage. This need is already being monitored and addressed by the county public health department. KFH Santa Clara believes that certain healthcare access and delivery strategies, such as screenings and vaccinations, have the potential to decrease communicable diseases in the community as well.

Dementia & Alzheimer's Disease

Alzheimer's disease is the most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Several factors determine the risk of developing dementia, including age and family history. Dementia and Alzheimer's disease were not a high priority of the community (i.e., the prioritization score was much lower) compared to other needs. Also,

there were not many evidence-based strategies identified to address the need. In addition, relatively few community resources were identified, providing fewer opportunities for leverage. KFH Santa Clara is better positioned to address this need from an early intervention standpoint via healthcare access and delivery strategies.

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 Santa Clara 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. Additionally, health care providers such as KFH Santa Clara have no control over the cost of housing in a thriving economy. 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.

Learning Disabilities

Learning disabilities include attention deficit disorder (ADD) and attention deficit-hyperactivity disorder (ADHD), and identification on the autism spectrum. ADHD affects 3-7% of American children and often continues into adulthood, making it the most common developmental disorder. Learning disabilities were not a high priority of the community (i.e., the prioritization score was much lower) compared to other needs. Also, there were not many evidence-based strategies identified to address the need. In addition, relatively few community resources were identified, providing fewer opportunities for leverage. KFH Santa Clara is better positioned to address this need from an early intervention standpoint via healthcare and non-medical social services access strategies.

Respiratory Conditions

Respiratory conditions include asthma, chronic obstructive pulmonary disorder (COPD), and others. Asthma in particular is considered a significant public health burden and its prevalence has been rising since 1980. Respiratory conditions were not a high priority of the community (i.e., the prioritization score was much lower) compared to other needs. Also, there were not many evidence-based strategies identified to address the need. In addition, few evidence-based strategies were identified that could be applied to this health need. KFH Santa Clara is better positioned to address asthma management via healthcare access and delivery strategies.

Sexual Health

Data indicate that rates of sexually-transmitted infections (STIs) and teen births in Santa Clara County are similar to California. However, disparities are pervasive and screening rates for HIV and other STIs are lower than the state. Communicable diseases such as sexually transmitted infections are closely monitored by various public health agencies to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and allocate resources effectively. Sexual health was not a high priority of the community (i.e., the prioritization score was much lower) compared to other needs. In addition, relatively few community resources were identified, providing fewer opportunities for leverage. This need is already being monitored and addressed by the county public health department. KFH Santa Clara believes that certain healthcare access and delivery strategies, such as screenings and vaccinations, as well as increased cultural competency among providers, have the potential to improve sexual health in the community as well.

Unintentional Injuries

Unintentional injuries are defined as those that are not purposely inflicted. The most common unintentional injuries result from falls, motor vehicle crashes, poisonings, and drownings. Although most unintentional injuries are predictable and preventable, they are a major cause of premature death and lifelong disability.

Unintentional injuries were not a high priority of the community (i.e., the prioritization score was much lower) compared to other needs. In addition, relatively few community resources were identified, providing fewer opportunities for leverage. KFH Santa Clara is better positioned to address this need from a prevention standpoint via strategies related to active living.