2016 Implementation Strategy Report
for Community Health Needs

Kaiser Foundation Hospitals Sunnyside and Westside
License #1073 and #14-1472

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)
Joint Implementation Strategy Report
2016

Kaiser Foundation Hospitals:

Sunnyside	**Westside**
License #1073	License #14-1472
10180 SE Sunnyside Road	2875 NW Stucki Avenue
Clackamas, OR 97015	Hillsboro, OR 97124

I. General Information

Contact Person:	Dan Field, Executive Director, Community Benefit and External Affairs
Date of Written Plan:	December 5, 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.

In the Northwest, Kaiser Permanente provides care for 552,000 medical and 259,000 dental members and patients in two licensed hospital locations, 32 medical offices, and 18 dental offices located throughout the region. KFH Sunnyside opened in 1975 in Clackamas County, Oregon. KFH Westside opened in July 2013 in Washington County, Oregon.

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.

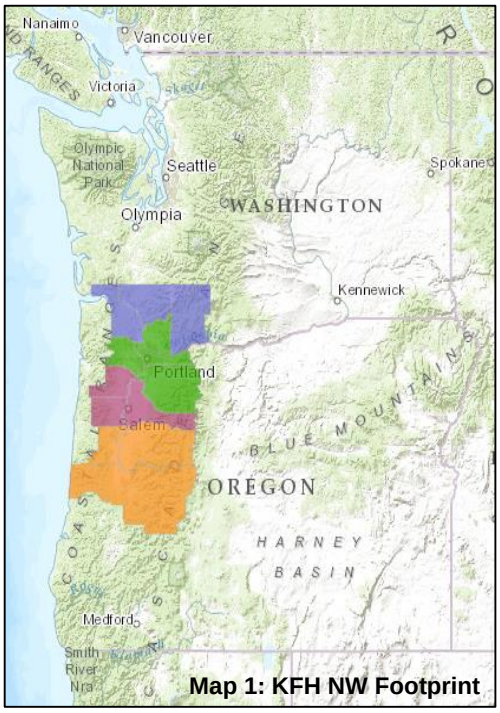
For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted Community Health Needs Assessments (CHNA) to better understand each community's unique needs and resources. The CHNA process 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.

This Implementation Strategy Report serves as a joint report for KFH Sunnyside and KFH Westside (KFH NW). The two hospitals define their community served by a shared service area, and share the same centralized Community Benefit department. This structure promotes a single, comprehensive, region-wide approach to addressing community health needs. A detailed explanation of the joint service area for KFH NW is outlined in the following section (IV) of this report.

IV. Kaiser Foundation Hospitals – KFH NW Service Area

KFH Sunnyside and KFH Westside hospitals (referred to as KFH NW) defines its shared service area by a four-county grouping, referred to as the Metro service area. 88.4% of inpatient discharges from KFH NW lived in the Metro area in 2015. The Metro area is the KFH NW **Primary** service area. The majority of the KFH NW community benefit activities are focused in the Primary service area.



Map 1: KFH NW Footprint

KFH NW also provides non-hospital services, has membership, and supports community health in a **Secondary** service area. The Secondary service area comprises three separate geographically defined areas known as Southwest Washington (referred to as SW WA in this report), Mid-Willamette Valley (referred to as Mid-Valley in this report), and South Valley. The Primary and Secondary service areas include counties in two Pacific Northwest states: Washington and Oregon (see Map 1: KFH NW Footprint). Table 1 and Maps 1 (left) and 2 (below) show the Primary and Secondary service areas.

KFH Sunnyside, located off the major Interstate 205, is in Clackamas, Oregon. KFH Westside, located off major Highway 26, is in Hillsboro, Oregon (see street map below). The Portland metropolitan region includes Portland, the largest urban area in Oregon, and Vancouver, Washington, the third largest urban area in Washington. The KFH NW region covers many jurisdictional boundaries, including:

- 108 public school districts
- 8 community college systems
- 4 campuses of public higher education
- 7 educational service districts
- 5 regional councils of government
- 14 counties
- 127 incorporated cities
- 8 regional and coordinated health care organizations

Table 1: Counties by Primary and Secondary Service Areas in KFH NW

PRIMARY SERVICE AREA	SECONDARY SERVICE AREA		
Metro	**Southwest Washington**	**Mid-Willamette Valley**	**South Valley**
Clackamas County (OR)	Cowlitz County (WA)	Marion County (OR)	Benton County (OR)
Clark County (WA)	Columbia County (OR)	Polk County (OR)	Lane County (OR)
Multnomah County (OR)	Skamania County (WA)	Yamhill County (OR)	Linn County (OR)
Washington County (OR)	Wahkiakum County (WA)		

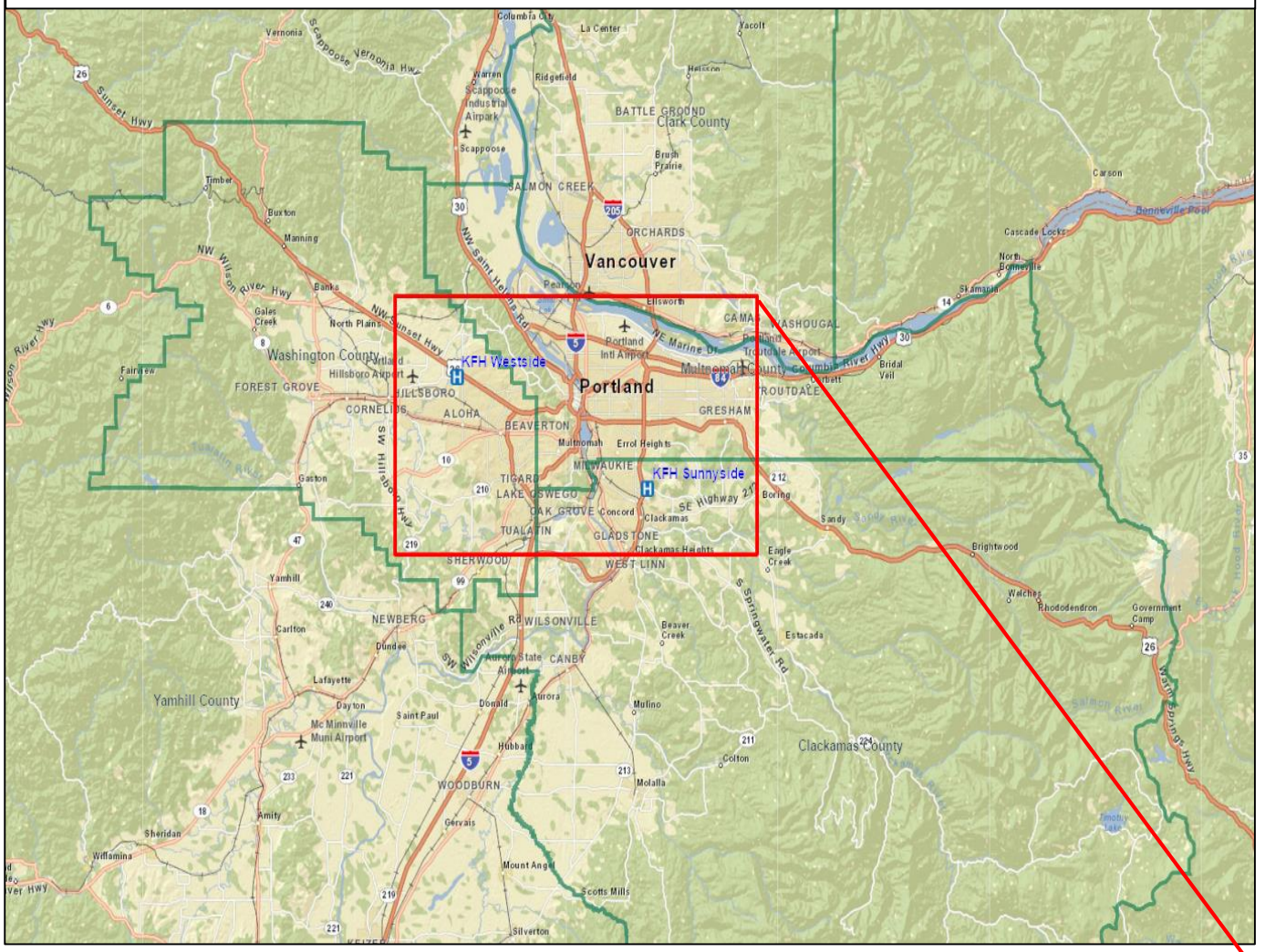
Table 2: KFH NW Demographic Data from 2016 CHNA

Race and Ethnicity	
Total Population: 3,350,864	
White	77.01%
Black	2.11%
Asian	4.66%
Native American/ Alaskan Native	0.71%
Pacific Islander/ Native Hawaiian	0.45%
Some Other Race	0.17%
Multiple Races	3.23%
Hispanic/Latino	11.65%

Socio-economic	
Total Population: 3,350,864	
Living in Poverty (<200% FPL)	34.6%
Children in Poverty (<100% FPL)	20.34%
Unemployed	6.1%
Uninsured	13.51%
No High School Diploma	10.0%

Map 2: KFH NW Primary Service Area and KFH Locations

Street map



Above: KFH NW Primary service area (counties outlined in green) with two KFH locations labeled with blue "H".

Right: Zoom-in view of city of Portland and surrounding areas, including green lines for county boundaries, and KFH locations.

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 NW's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH NW'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 NW service area through the 2016 Community Health Needs Assessment process.

Access to Care
Economic Opportunity
Chronic Disease
Behavioral Health
Maternal and Infant Health
Asthma
Oral Health
Sexually Transmitted Infections
Climate and Health

VII. Who was Involved in the Implementation Strategy Development

Key KFH NW leaders and staff with the support of an external consultant were involved in developing the Implementation Strategy (IS). Community leaders and stakeholders were engaged as part of the community health needs assessment (CHNA) and IS planning process and as a practice, KFH NW gathers stakeholder input on an ongoing basis to inform initiative level planning and investments. More detail of who was involved is outlined below.

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 members 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 NW conducted the community engagement process in partnership with Healthy Columbia Willamette Collaborative (HCWC). KFH NW was a founding member of the HCWC, a public–private partnership of 15 hospitals, four health departments, and two Coordinated Care Organizations (CCOs) in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington. HCWC was founded in 2010 with the intention of building stronger relationships between communities, CCOs, hospitals, and public health departments. Through these relationships, HCWC works on strengthening CHNA that leads to meaningful impact, and results in a platform for collaboration around health improvement plans and activities that leverage collective resources to improve the health and well-being of the communities HCWC member organizations serve. As a member organization, KFH NW incorporated HCWC's assessment into the CHNA report, and further utilized the assessment to develop implementation strategies.

KFH NW informed Implementation Strategy planning by directly engaging community members in the CHNA through community listening sessions, an online and paper survey, and a meta-analysis of health-related community assessment projects conducted between 2012 and 2015. A total of 29 community listening sessions were held, nine of which were conducted in languages other than English (Somali, Vietnamese, Tongan, Russian, and Spanish) and four of which were conducted with community health workers in partnership with the Oregon Community Health Workers Association (3 sessions) and the Healthy Living Collaborative of Southwest Washington (1 session). 298 total community members participated in the listening sessions. Participants were asked about their vision for a healthy community, needs in their community, and existing strengths and solutions. The community survey received over 3,000 responses. Survey questions were designed to elicit community responses around four topics: (1) important characteristics of a healthy community, (2) challenges affecting community health, (3) risky behaviors affecting health, and (4) a rating of community health. Additionally, themes from 55 community assessment projects that included data collected directly from individuals in the community and focused on health-related topics or social determinants of health were also analyzed

In addition, KFH NW elicits community and stakeholder input in a variety of ongoing strategic planning efforts that also serve to inform this Implementation Strategy plan. During large grant initiative planning processes, KFH NW interviews key stakeholders at community and partner organizations as one component of an environmental scan. Additionally, KFH NW partners in collaborative efforts with community-based organizations and community members to grow and share expertise and optimize impact in addressing community health needs.

Consultant Used
KFH NW Community Benefit staff worked with an external consultant, Hayley Pickus, to support the CHNA and Implementation Strategy plan. Hayley Pickus has a master's degree in public health and urban and regional planning from Portland State University and brings four years of public health research experience. She formerly worked with the Kaiser Permanente Utility for Care Data Analysis group as a spatial data analyst and continues to support other regional evaluation efforts in KPNW.

VIII. Health Needs that KFH NW Plans to Address

Process and Criteria Used
KFH NW selected five health needs to address from a list of nine health needs previously identified and prioritized in the 2016 Community Health Needs Assessment (CHNA). To select these needs, KFH NW staff applied a set of criteria to prioritized health needs. The five health needs that met the selection criteria were selected for implementation strategy planning.

The first set of criteria was built in to the selection process. In the KFH NW CHNA, identified health needs were prioritized into a high, medium, or lower priority ranking based on nine criteria. These criteria and associated scoring indicated the severity of the health need in KFH NW. The nine criteria considered the presence of the need in the Primary and Secondary service areas, the saturation of the need across Primary service area counties, if health inequities existed in

communities of color and low-income populations, and if the community identified the need as high priority. Each were scored based on a pre-defined logic, and health needs were placed into rank order. For more detail on prioritization criteria and scoring, refer to the KFH NW 2016 CHNA report at www.kp.org/chna.

This rank order was then considered along with four selection criteria. KFH NW staff applied the criteria to the health needs in a series of exercises and the five health needs with the most votes were selected for Implementation Strategy planning. The selection criteria included:

- **Community Benefit Assets:** Current and former initiatives, staff expertise, and an established track record exist to address this health need.
- **KFH NW Organizational Assets:** Unique regional efforts, resources, and expertise exist to address this health need.
- **Community Partnership and Collaboration**: Opportunities exist for KFH NW to work with key/desired partners in addressing this health need, and there seems to be a movement/surge of community activity to address the issue(s) related to this health need.
- **Synergistic Impact**: Addressing this health need will lead to improvement in other health need areas (e.g. is upstream of other health needs, has similar drivers of other health needs, etc.).

Health Needs that KFH NW Plans to Address

Access to Care — High Priority Ranking in 2016 CHNA

Access to Care is defined as access to high-quality, affordable, holistic, and culturally specific care. While access to health insurance has increased because of expanded coverage under the Oregon Health Plan and Washington Apple Health (Oregon and Washington State Medicaid), there are still barriers to accessing care in KFH NW, especially for communities of color. Difficulty navigating the complex systems, lack of holistic health care providers including mental health providers, and a need for more culturally specific care were highlighted in the community listening sessions and survey, and cost of care is still a barrier to many. This health need was selected because it received a high priority ranking in the CHNA, and high number of votes for several selection criteria. These include the combined assets that exist in the Kaiser Permanente care delivery system and through Community Benefit partnerships and programming with safety net clinics, and other care delivery partnerships and collaborations.

Economic Opportunity — High Priority Ranking in 2016 CHNA

Economic opportunity is the ability to meet basic needs, including access to housing, jobs, education, and healthy foods. This health need is one of the most critical issues facing our community. Cities across KFH NW have declared states of emergency to address an ongoing “housing crisis” as the number of homeless individuals and families rise. KFH NW reflects nationwide trends of stagnant wages and growing income inequality, which has spurred legislation around minimum wage increases in both Washington and Oregon. Economic opportunity is a key community concern, as the ability to meet basic needs is critical to living a full, healthy life. Additionally, inequities in key indicators among racial and ethnic minority groups make this a critical health equity need across the KFH NW service area and for these reasons it received a high priority ranking in the CHNA. The health need was selected based on its ranking as well as the clear synergistic impact that enhancing economic opportunity has on other selected health need areas. Education, employment, and housing are social determinants of health that are addressed in the economic opportunity strategies outlined in section IX. Additionally, this health need is pressing in the KFH NW community, and great potential for community collaboration exists and in many places is already occurring.

Chronic Disease — High Priority Ranking in 2016 CHNA

Chronic Disease is defined as nutrition-, physical activity-, tobacco-, and environment-related chronic diseases and conditions such as obesity, type 2 diabetes, hypertension, heart disease, stroke, and cancer. Obesity- and tobacco-related chronic diseases are the most preventable in KFH NW. Key indicators such as overweight and obesity benchmark poorly compared to the best

state average in the Primary and Secondary service areas, as do many drivers of these chronic diseases, including tobacco use. The community frequently mentioned the need for healthy food access and safer neighborhoods for physical activity, including the need for exercise-related infrastructure. Oregon and Washington both see racial and economic inequities in obesity and related chronic diseases. Given the magnitude of the need and potential for prevention, this health need was ranked as high priority in the CHNA. It was selected for IS planning due to it's ranking, and the many assets and initiatives that exist in the region to address chronic diseases.

Behavioral Health — High Priority Ranking in 2016 CHNA

Behavioral health is defined as access to mental health care integrated with primary care and substance abuse treatment and care, as well as community safety and violence prevention. There are many issues related to behavioral health in the KFH NW region, including a lack of access to mental health providers and a housing crisis that has created a growing homeless population. Mental health, substance abuse (including alcohol and tobacco), and community safety were issues that rose to the top in both primary data collection and in looking at secondary data. Behavioral health was selected as a health need because it received a high priority ranking in the CHNA and the potential synergistic impact of addressing behavioral health on other health needs is high. Additionally, the community recognition of the need to address behavioral health in this region promises potential opportunities to collaborate for greater impact.

Oral Health — Medium Priority Ranking in 2016 CHNA

Oral health includes conditions of the mouth, teeth, gums, and throat, from dental caries to cancer, that cause pain and disability leading to poor overall general health and an array of other health problems. In the KFH NW Primary and Secondary service areas, there is a gap in understanding the true oral health crisis due to lack of comprehensive surveillance and monitoring. Tooth decay is a significant public health concern and causes needless pain and suffering for many children in Oregon and Washington. Very poor oral health in adults as indicated by rampant caries (6 or more) is a substantial health issue across KFH NW — especially in the Secondary service area where there is also an up to 100% shortage of dental health professionals. The community survey, listening sessions, and meta-analysis all indicated the need for improved health care, including oral health. Oral health received a medium priority ranking in the CHNA, and was selected due to the many organizational and regional assets that exist to continue to address this health need.

IX. KFH NW's Implementation Strategies

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

KFH NW 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.

ACCESS TO CARE

Long-Term Goal:

Increase the number of low-income and underserved individuals in Kaiser Permanente communities who receive the right care, at the right times, in the right settings, from a diverse workforce that meets their, their family's, and their community's needs.

Intermediate Goals & Strategies:

Goal 1: Increase access to high quality, culturally appropriate health care and coverage for low-income and underserved (un- and under-insured) populations within Kaiser Permanente.

Strategies:

A. Provide high-quality care to Medicaid participants including aged, blind, disabled individuals and foster children who would otherwise struggle to access care.

B. Provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage through charitable health coverage.

C. Provide financial assistance to low-income individuals who receive care at Kaiser Permanente facilities and can't afford medical expenses and/or cost sharing.

D. Provide access to a primary care home and access to specialty care via Community Access Programs.

E. Provide charity care in the Mid-Valley service area/Salem.

Goal 2: Foster coordination between Safety Net Partners, Kaiser Permanente and community-based programs so that communities benefit from integrated care and services that meet social non-medical needs.

Strategies:

A. Support the development of new School Based Health Centers (SBHCs) in the NW region and increase the ability of existing SBHCs to provide high quality and comprehensive health services to adolescents.

B. Support organizations that help individuals with behavioral health challenges to secure and maintain safe, stable housing by involving peer or community health workers and collaboration between housing, health care, and community based organizations.

C. Provide Kaiser Permanente clinician expertise to provide needed primary and specialty care during community service clinics and Kaiser Permanente medical office clinics through MLK Days and Staff Service.

D. Provide resources to support and learn from a robust infrastructure of community health workers with a focus on supporting community/clinic integration, addressing health disparities, and connecting individuals to needed health services.

E. Support bi-directional learning and increased capacity to utilize best practices in prevention, social medicine, information technology, quality improvement, integration, health equity and community outreach among care delivery partners.

Goal 3: Enhance the ability of the Safety Net to provide care for low income, diverse populations and contribute toward the health of our community.

Strategies:

A. Support the development of health care leaders and build their capacity to advance health equity, including through Community Health Worker[1] and Safety Net Partners Leadership Program.

B. Partner to provide funding to assist community-supported clinics in expanding access to care for more individuals and families and building sustainable organizational infrastructures through the Community Supported Clinic Grant Initiative.

C. Provide health professional programming to students participating in health-related academic or technical training programs, train new physicians and dentists, and offer continuing medical education credits to existing safety net providers.

D. Provide scholarships to diverse and low-income high school graduates to pursue degrees in health care through the Health Care Career Scholarship Program.

E. Provide opportunities for diverse and low-income students to gain experience and exposure in health care through internships, externships, shadowing, and residency programs.

F. Propel new ideas and research, and bring an equity lens to the growing knowledge base about care for the underserved.

G. Fund organizations working to improve access to health care in KFH NW.

Goal 4: Advocate for community health policies and systems development that support access to care goals.

Strategies:

A. Leverage intellectual capital and develop engaged leaders around areas for policy change, including support for health care for all kids regardless of eligibility in Oregon.

B. Provide resources and support to help develop payment models for Community Health Workers in care settings and prevention work.

C. Partner with community, government, and health system partners and build capacity to collaboratively advocate for policies that advance affordable housing and Community Health Workers issues to support access to care.

Expected Outcomes:

- Increased number of low-income individuals have access to primary and specialty care services through a variety of programs and coverage options, including those who are uninsured.
- Decreased number of individuals and families experience financial strain due to medical expenses.
- Increased number of individuals with severe mental illness and substance use disorders are able to secure and maintain housing and access supportive health services and care.
- Community clinics adapt to and respond to the changing needs of patient populations due to healthcare reform, Medicaid expansion, and increasing pressure on the safety net for access to care.
- The health care field is diversified and pathways to health care careers are more accessible for diverse and low-income candidates.
- Increased activities to champion public policy efforts that advance health equity and create conditions that support the health of low income and underserved individuals and their communities.

[1] Traditional Health Workers is the umbrella term used in the state of Oregon to include Community Health Workers, Patient Navigators, Peer Support Specialists, Peer Wellness Specialists, and Doulas. We are using the term Community Health Workers to include all of the above throughout this document.

ECONOMIC OPPORTUNITY

Long-Term Goal:

Increase economic opportunity for vulnerable populations in the KFH NW service area with a focus on educational attainment, skilled employment, and stable housing.

Intermediate Goals & Strategies:

Goal 1: Increase the number of diverse and low-income children who are developmentally ready to start kindergarten.

Strategies:

A. Fund the exploration of and interventions that address the nexus of health and education through a field of interest fund partnering with other foundations, community organizations, employers, health plans and the educational system.

B. Explore the feasibility of leveraging pediatric resources and supporting Kaiser Permanente organizational infrastructure to Implement the Reach Out and Read program.

C. Leverage Kaiser Permanente care delivery system and implement an early kindergarten registration campaign to Kaiser Permanente member care givers of 4-5 year olds.

D. Collaborate with existing community networks and leverage Kaiser Permanente assets to improve capacity of organizations working on community maternal and infant health programming.

Goal 2: Increase the number of diverse and low-income students in the K-12 system who are healthy, doing well in school, and college/career ready.

Strategies:

A. Explore the feasibility of starting college savings accounts for babies born to low-income families at KFH NW through the Children's Saving Program.

B. Fund organizations that help diverse and/or low-income students prepare for college and career.

C. Implement health care career learning programs in partnership with non-profits, schools, and Kaiser Permanente divisions and departments for K-12 students.

D. Fund community partners who work to improve school environments and integrate physical activity and healthy eating into the school day so that students are healthier at school and better able to learn.

E. Fund community partners who work to improve staff and student social and emotional wellness so that staff and students are happier at school teaching and students are better able to learn.

F. Align and leverage Kaiser Permanente partners, engage union leaders, and, encourage Kaiser Permanente workforce volunteerism to improve health for students and educators in public schools.

G. Explore options to leverage the Kaiser Permanente health care delivery system to support schools in reducing student chronic absenteeism.

Goal 3: Increase opportunities for individuals from diverse and low-income backgrounds to complete postsecondary education or training and secure skilled jobs, especially in health care.

Strategies:

A. Provide scholarships and other supports to diverse and low-income graduating high school seniors and university students interested in or currently pursuing degrees in health care.

B. Fund organizations that help diverse and/or low-income individuals complete postsecondary education and secure skilled jobs in the workforce, including those working to improve workforce development and diversity, increase transportation and childcare options, and job training programs.

C. Recruit students from diverse and low-income backgrounds for the KPNW Paid Summer internship program, leveraging human resources to funnel Kaiser Permanente scholarship recipients into the program.

D. Increase access to clinical training (e.g. nursing, etc.) and residency programs (GME) for candidates from diverse and low-income backgrounds.

E. Partner with the Oregon Community Health Workers Organization (ORCHWA) and Healthy Living Collaborative (HLC) to strengthen the professional identity of and increase training and employment opportunities for Community Health Workers in KFH NW.

Goal 4: Increase access to high-quality, affordable housing units and supportive services for housing insecure individuals and families.

Strategies:

A. Collaborate with six local hospital/health systems to combine affordable housing with transformational integrated healthcare and provide substance use disorder treatment, primary/recuperative care integrated with housing, and behavioral health care.

B. Support organizations that help individuals with behavioral health challenges to secure and maintain safe, stable housing by involving peer or community health workers and collaboration between housing, health care, and community based organizations.

C. Provide grants to organizations working to improve economic and housing security, including utility assistance, aging in place, transportation, and food security.

Goal 5: Advocate for educational and school health systems changes that support academic success, and lifelong health and well-being.

Strategies:

A. Collaborate with local educational coalitions who advocate to improve school environments and educational systems, including Oregon Active Schools, All Hands Raised, PE for All Kids Coalition, the Oregon School Based Health Alliance, and Outdoor School for All.

B. Leverage intellectual capital and develop engaged leaders in support of policy change.

Expected Outcomes:

- Increased number of youth are prepared for kindergarten through early registration and improved early literacy.
- Improved health (physical, social, and emotional) of students and staff in K-12 schools.
- Decreased chronic absenteeism.
- Increased number of students pursue college and health care careers.
- Improved compensation and industry understanding of community health workers as skilled healthcare professionals, and increased employment.
- Increased diversity in healthcare workforce.
- Increased number of affordable housing units with supportive services.

CHRONIC DISEASE

Long-Term Goal:

To improve health and prevent chronic disease in populations with disparate health outcomes. We seek to do this through strategies that create healthy places and policies, that are focused on community-based prevention, and that empower individuals and families to prevent, manage and treat their chronic disease(s).

Intermediate Goals & Strategies:

Goal 1: Decrease diet and activity-related chronic disease in targeted community and institutional settings where disparities exist.

Strategies:

A. Fund multi-sector collaboratives to improve healthy eating and active living in community and institutional settings focused on a specific population and/or place.

B. Leverage Kaiser Permanente assets to support multi-sector collaboratives implementing high-dose strategies focused on a specific population and/or place.

Goal 2: Improve healthy eating, physical activity, and social/emotional wellness in school settings.

Strategies:

A. Fund multi-sector collaboratives to improve healthy eating and active living in school settings.

B. Align and leverage Kaiser Permanente partners, engage union leaders, and encourage Kaiser Permanente workforce volunteerism to improve health for students and educators in public schools.

C. Fund and advocate for the integration of physical activity before, during, and after school through organizations and partnerships including Playworks, Safe Routes to School, and Oregon Active Schools.

D. Deliver performances, residencies, and workshops to students and staff in schools around healthy eating, physical activity, and social/emotional health through the Educational Theatre Program (ETP) in partnership with Oregon Children's Theatre.

E. Align and fund community based organizations to implement policies and programs that support healthy eating in the school environment in and around the school day.

F. Leverage Government Relations and Kaiser Permanente's influence as a health system to support and implement new mandates around physical activity in Oregon's public schools.

Goal 3: Improve policies, systems, and environments that support the prevention, treatment, and management of chronic disease.

Strategies:

A. Support municipalities in Oregon and Washington to adopt healthy eating and/or active living policies and programs through funding and partnership with the Oregon Public Health Institute.

B. Leverage Kaiser Permanente Workforce Health assets to support Oregon and Washington cities and partner organizations to adopt and implement healthy eating and active living (HEAL) policies.

C. Leverage internal resources and knowledge for advocacy and legislative work with Kaiser Permanente Government Relations around HEAL policy – including diabetes prevention, tobacco control, and other conditions related to chronic disease.

D. Build a movement around active transportation and active transportation policy to increase or improve physical activity before, during, and after school/work day.

E. Leverage Kaiser Permanente assets and resources to improve healthy food and physical activity environments that promote healthy choices for Kaiser Permanente staff and community:

- Purchase seasonal food that is grown or raised locally and sustainably without antibiotics.
- Support farmer's markets and farm stands at Kaiser Permanente hospitals and clinics.
- Support local restaurants and caterers that meet Kaiser Permanente Healthy Picks and that support healthier food in our communities.
- Promote and provide plant-based, vegan diets in Kaiser Permanente hospitals and clinics.
- Provide secure bike storage and showers at facilities to facilitate physical activity
- Build spaces that are open to the public, blurring the lines between community and facility, including gardens, picnic and public event areas, outdoor meeting space, and other green infrastructure.

F. Leverage Kaiser Permanente assets and resources at the Beaverton Health Hub. Support making Beaverton pedestrian and bicycle friendly and enhance local transit options; engage the community to utilize the Health Hub space to support neighborhood needs and promote health.

Goal 4: Improve connections and integration of health systems, community-based organizations, and individuals to better prevent and treat chronic disease.

Strategies:

A. Leverage internal Kaiser Permanente assets to improve chronic disease quality care measures in Kaiser Permanente member population, including low-income members, through primary and secondary intervention.

B. Support research through the Kaiser Permanente Center for Health Research that identifies effective and culturally appropriate interventions for prevention and treatment of chronic disease.

C. Collaborate with existing community networks and leverage Kaiser Permanente assets to improve connections between community resources and Kaiser Permanente medical offices in East Multnomah County.

D. Leverage Kaiser Permanente and community partner assets to implement policies and programs that promote healthy eating and food security, physical activity, and tobacco prevention – such as HEAL prescription programs and clinic-based food security screening.

E. Support the development and maintenance of chronic disease prevention and treatment services at school based health centers.

F. Leverage Kaiser Permanente and community partner assets to promote and implement screening and early detection for the prevention and management of chronic disease in the Safety Net.

Goal 5: Increase community capacity and cohesion in targeted areas to advance health equity and address chronic disease.

Strategies:

A. Support the Healthy Living Collaborative through funding, staff time, policy advocacy, and support of collaborative partners to improve health equity and wellness in SW Washington.

B. Collaborate/partner with existing community networks and leverage Kaiser Permanente assets to improve capacity with a focus in East Multnomah County through the BUILD Health Collaborative and other partners.

C. Partner with community, government, and health system partners through the Healthy Columbia Willamette Collaborative, and build capacity to collaboratively implement strategies and advocate for policies to advance health equity in KPNW.

Expected Outcomes:

- A decrease of diet and activity-related chronic diseases in communities disproportionately affected.
- Increased number of community settings, including schools, provide conditions for individuals to make healthier choices.
- Increased capacity, readiness, and effectiveness of community-based organizations and local jurisdictions to promote policy, systems, and environmental changes in support of chronic disease reduction.
- Kaiser Permanente and community organizations have improved infrastructure (e.g. technology systems, staff systems) to support integration and scaling of screening, referrals, and coordination between clinics and community resources and programs.
- Policies and practices (internal and external) that support chronic disease prevention (e.g. active transportation) are adopted institutionally, regionally, and state-wide.

BEHAVIORAL HEALTH

Long-Term Goal:

Improve the behavioral health and resiliency in our communities through trauma sensitive systems of care and prevention efforts, and integrating physical and behavioral health care in clinical and community settings.

Intermediate Goals & Strategies:

Goal 1: Improve accessibility to high quality integrated behavioral and physical health services for low-income and vulnerable individuals and families.

Strategies:

A. Support the development and maintenance of behavioral health services at school based health centers.

B. Support existing and new models for best practices in integrated care for behavioral and physical health services.

C. Promote culturally competent behavioral health care & health literacy.

Goal 2: Partner and invest to build a diverse, effective and well-supported behavioral health workforce, including Community Health Workers.

Strategies:

A. Provide opportunities for students to gain experience and exposure in the behavioral health care field at Kaiser Permanente clinics through internships, externships, shadowing, and residency programs.

B. Partner with the Oregon Community Health Workers Organization (ORCHWA) to strengthen the professional identity of and increase training and employment opportunities for Community Health Workers to support behavioral health in KFH NW.

C. Train and prepare existing workforce to meet the social and behavioral health needs of diverse populations.

Goal 3: Increase availability of crisis services and long-term social supports, including housing, for individuals with behavioral health challenges.

Strategies:

A. Support organizations that help individuals with behavioral health challenges to secure and maintain safe, stable housing by involving peer or community health workers and collaboration between housing, health care, and community based organizations.

B. Collaborate with local health systems to open the Unity Center for Behavioral Health and provide comprehensive behavioral health care in the Portland metropolitan area.

C. Collaborate with six local hospital and health systems to combine affordable housing with transformational integrated healthcare and provide substance use disorder treatment, primary/recuperative care integrated with housing, and behavioral health care.

Goal 4: Promote prevention and resiliency strategies in behavioral health and trauma informed care, including screening for early trauma and appropriate culturally informed interventions.

Strategies:

A. Promote and fund trauma and resiliency informed systems of care to support student, teacher, and staff social and emotional health.

B. Promote behavioral health screening in primary care settings.

C. Fund Playworks to create positive school climates through leveraging safe, fun, and healthy play at schools.

D. Build partnerships with school and community organizations to support mindfulness through Kaiser Permanente Workforce Health and community partners.

E. Expand the role of School Based Health Centers to serve as catalysts for changes in a school's climate and outlook on health, including to improve social and emotional health.

F. Deliver performances, residencies, and workshops to students and staff in schools around healthy eating, physical activity, and social/emotional health through the Educational Theatre Program (ETP) in partnership with Oregon Children's Theatre.

Goal 5: Advocate for community health policies and systems development that support behavioral health goals.

Strategies:

A. Leverage intellectual capital and develop engaged leaders in support of policy change, including in the areas of prescription-assisted treatment, housing, and violence prevention. Participate in legislative work group around behavioral health issues such as post-discharge follow-up.

B. Provide resources and support to use and develop payment models for Community Health Workers in behavioral health care settings and prevention work.

C. Partner with community, government, and health system partners and build capacity to collaboratively advocate for policies that advance affordable housing.

Expected Outcomes:

- Increased access to integrated behavioral health services in school, community, supportive housing, and clinic settings.
- Increased availability of crisis services and long-term social supports, including housing, for individuals with behavioral health challenges.
- Increased integration of peers and community health workers in health systems to improve behavioral health.
- Increased knowledge, awareness, and capacity to implement trauma informed systems within Kaiser Permanente and in school and community settings.
- Increased supports and improved school environments schools to support behavioral health for students, teachers, and staff in school settings.

ORAL HEALTH

Long-Term Goal:

Improve the quality and access to affordable, integrated oral health care in community and clinical settings.

Intermediate Goals & Strategies:

Goal 1: Ensure accessibility to high quality and equitable oral health services through direct care and support of community partners.

Strategies:

A. Provide high-quality dental care to Medicaid and Child Health Plan Plus participants who would otherwise struggle to access care.

B. Provide dental financial assistance to low-income individuals who receive care at Kaiser Permanente facilities and can't afford medical expenses and/or cost sharing.

C. Support dental community access programs in schools, clinics and in culturally specific settings such as during Bi-National Health Week.

D. Support the provision and coordination of oral health preventive services in alternative care settings to Medicaid eligible persons and other populations in need through partnerships between the Oregon Health Authority, Medicaid dental plans, coordinated care organizations, and community partners.

E. Provide grants and partnership support services to community clinics and other service providers to expand the availability of dental services for low income individuals in KPNW region.

F. Provide grants to community dental clinics in partnership with Oral Health Funders Collaborative through the Children's Dental Health Initiative.

Goal 2: Partner and invest to build a diverse, adequate and well-distributed oral health workforce.

Strategies:

A. Consult and engage with community partners around three different approaches to dental workforce pilots and statewide professional development.

B. Provide scholarships to diverse and low-income high school graduates to pursue degrees in dental health care through the Health Care Career Scholarship Program.

C. Provide opportunities for students to gain experience and exposure in the oral health care field at Kaiser Permanente dental offices through internships, externships, shadowing, and residency programs.

D. Share knowledge though teaching and other educational opportunities at universities and other settings.

Goal 3: Foster strong relationships between KPNW and community partners to reduce oral health disparities.

Strategies:

A. Support staff participation in community dental events through the Employee Volunteerism and MLK Days of Service.

B. Participate in coalition & partnership building in alignment with the Oregon Oral Health Coalition and the Oregon Health Authority strategic plan.

C. Support and promote the development and maintenance of oral health services at School-Based Health Centers (SBHCs).

Goal 4: Promote integrated care that includes oral health.

Strategies:

A. Pioneer integrated medical/dental records through the integration of Electronic Health Record systems EPIC and WISDOM in KFH NW.

B. Promote best practices with community partners, including coordinated care for diabetic patients, medical and dental care coordination, and oral health prevention.

Goal 5: Advocate for community health policies through KPNW intellectual and clinical leadership.

Strategies:

A. Leverage intellectual capital and develop engaged leaders around areas for policy change in oral health.

B. Track and support legislative agenda, convening dental leaders around selected agenda items such as tobacco prevention and oral health Medicaid benefits.

Expected Outcomes:

- Increased number of low-income individuals with access to oral health care and preventive services through a variety of programs and coverage options, including those who are uninsured.
- Decreased number of individuals and families experience financial strain due to oral health expenses.
- Increased access to oral health care and preventive services are available in school settings.
- The oral health care field is diversified and pathways to oral health care careers are more accessible for diverse candidates.
- Improved oral health monitoring within Kaiser Permanente and statewide.
- Oral health and dental care is integrated into safety net primary care clinics.
- Increased activities to champion public policy efforts that advance health equity and create conditions that support oral health for underserved individuals and their communities.

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 disproportionally impacted by heath 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.

Our Commitment to Total Health
Kaiser Permanente is aware of the significant impact that our organization has on the health of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. We have explored 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. The following strategies are illustrations of the types of organizational business practices we implement to address priority health needs and contribute to community health and well-being:

- Implement green business practices to address climate and health by purchasing clean wind and solar energy, supporting procurement of services and supplies from local vendors, donating excess medical supplies to community clinics (when appropriate), purchasing safe chemicals for cleaning, securing vendors that limit packaging materials and/or use recyclable materials in packing and shipping, and leveraging Kaiser Permanente influence to increase demand (and therefore supply) of healthier products and practices.
- Implement strategies to prevent chronic disease that also impact climate and health, including increasing opportunities and environments for active transportation and supporting the purchase of local, seasonal food, and plant-based, vegan diets in Kaiser Permanente facilities.
- Contribute toward supplier diversity in the community to address economic security by implementing policies and standards to procure supplies and services from a diverse set of providers; working with vendors to support sub-contracting with diverse suppliers/service providers; working with community-based workforce development programs to support a pipeline for diverse suppliers/service provides; and building the capacity of local small businesses that can offer training on business fundamentals (core competencies, finance, business plans, human resources, marketing, gaining access to equity/debt financing, etc.)
- Implement employee engagement strategies to leverage Kaiser Permanente executive, clinician, and staff expertise for culturally specific leadership groups (Multicultural Business Resource Groups), community service events, and non-profit board membership to improve culturally responsive business practices and community health.

X. Evaluation Plans

KFH NW 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 NW 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 four remaining prioritized health needs from the 2016 CHNA will not be addressed directly through KFH NW strategy. Using the criteria described previously, the following health needs were not ranked as areas where KFH NW had unique assets to deploy, where there was community momentum, and/or where there may be synergistic impact in addressing this health need over any others. KFH NW has a unique and limited set of resources and capacity to dedicate to the five chosen health needs. In addition, there are other strong community partners and networks who are currently addressing the needs below. The needs that will not be addressed are:

Maternal and Infant Health
Asthma
Sexually Transmitted Infections
Climate and Health

Although not selected, KFH NW will continue to integrate strategies that impact climate and health while also directly addressing the five selected health needs. While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH NW will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs, or where those needs align with current strategy and priorities.