



# 2019 Implementation Strategy Report

Kaiser Permanente: Kern County

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

March 18, 2020

Kaiser Permanente Southern California Region Community Health  
Implementation Strategy Report for KP-Kern County

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I. General information

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Date of written plan:	December 16, 2019
Date written plan was adopted by authorized governing body:	March 18, 2020
Date written plan was required to be adopted:	May 15, 2020
Authorized governing body that adopted the written plan:	Kaiser Foundation Hospitals Board of Directors' Community Health Committee
Was the written plan adopted by the authorized governing body on or before the 15 <sup>th</sup> 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:	March 16, 2017
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 (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of healthcare. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in eight states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical

teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

### III. About Kaiser Permanente Community Health

For more than 70 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. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

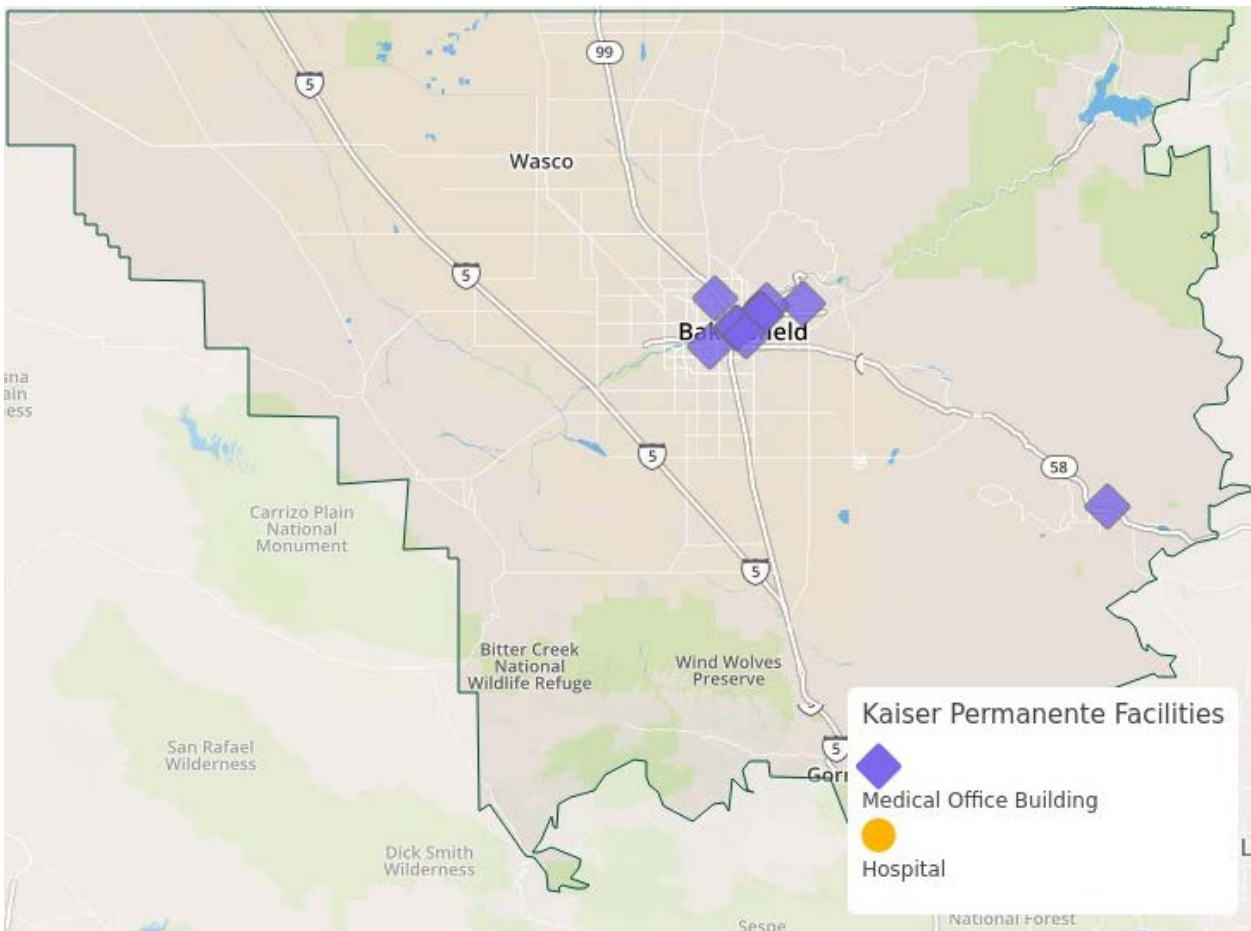
Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments 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.

#### IV. Kaiser Permanente – Kern County

##### A. Map of facility service area



##### B. Geographic description of the community served (towns, counties, and/or zip codes)

**The KP-Kern County** medical care service area includes Arvin, Bakersfield, Bodfish, Buttonwillow, Caliente, Delano, Fellows, Glennville, Keene, Kernville, Lake Isabella, Lamont, Lebec, Lost Hills, Maricopa, McKittrick, McFarland, Shafter, Taft, Tehachapi, Wasco, and Wofford Heights



### C. Demographic profile of community served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-Kern County service area. Please note that “race” categories indicate “non-Hispanic” population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. “Hispanic/Latino” indicates total population percentage reporting as Hispanic/Latino.

<b>Race/ethnicity</b>		<b>Socioeconomic Data</b>	
Total Population	788,068	Living in poverty (<100% federal poverty level)	23.47 %
Asian	4.56%	Children in poverty	32.63 %
Black	4.73%	Unemployment	7.4%
Hispanic/Latino	54.51%	Uninsured population	13.81 %
Native American/Alaska Native	0.49%	Adults with no high school diploma	27.70 %
Pacific Islander/Native Hawaiian	0.11%		
Some other race	0.10%		
Multiple races	1.71%		
White	33.80%		

## 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 KP Kern County's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KP Kern County's 2019 CHNA process and for a copy of the report please visit [www.kp.org/chna](http://www.kp.org/chna).

### List of Community Health Needs Identified in 2019 CHNA Report

Below is the list of health needs identified for the KP Kern County Medical service area through the 2019 Community Health Needs Assessment process:

1. Access to Healthcare
2. HIV/AIDS/STDs
3. Mental Health
4. Obesity and Diabetes
5. Violence

## VI. Who was involved in the Implementation Strategy Development

### A. Partner organizations

The following partner organizations were engaged during the development of the plan. These partners represent multiple sub-populations in the community and were able to provide multiple perspectives on developing a strategy to address health needs.

- Dignity Health Bakersfield
- Adventist Health Bakersfield
- Kern Medical Center
- Kern County Department of Public Health
- CSU Bakersfield
- Bakersfield College
- Kern County Homeless Collaborative
- The Center for Sexuality & Gender Diversity

### B. Community engagement strategy

While not required by Federal CHNA regulations, Kaiser Permanente requires all KFH facilities developing Implementation Strategy plans to elicit community input throughout the

plan development process. 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.

During the IS process, key stakeholders, collaboratives, and community organizations were engaged to provide input on strategies and interventions to address the four identified community health needs in the Kern County service area. Engagement consisted of key informant interviews and focus groups. Topics discussed included current and proposed strategies, existing resources, efforts, and assets, existing and potential partnerships, gaps and barriers, and opportunities for expansion. Across engagements, the focus was on where community benefit could be integrated and enhanced using existing operational and community efforts.

	<b>Method of Data Collection</b>	<b>Job Title</b>	<b>Number of People</b>	<b>Notes on Input</b>
<b>KP Stakeholders</b>				
1	Focus Group Discussion	Assistant Department Administrator  Manager, Outpatient Records	2	Recommended organizational strategies and practices to implement for community and member benefit in the area of access to health



	<b>Method of Data Collection</b>	<b>Job Title</b>	<b>Number of People</b>	<b>Notes on Input</b>
2	Focus Group Discussion	Physician Pharmacy Director Infections Disease Case Manager	3	Recommended organizational strategies and practices to implement for community and member benefit in the area of STIs/HIV/AIDS
3	Focus Group Discussion	Physician Manager, Health Education Manager, Population Care Management	3	Recommended organizational strategies and practices to implement for community and member benefit in the areas of diabetes, obesity, and healthy eating and active living
4	Focus Group Discussion	LCSW Physician Director Physician Leader for IPV Physician Leader for Child Abuse Prevention Project Manager for Women's Health & Trauma Informed Care Service Lead	6	Recommended organizational strategies and practices to implement for community and member benefit in the area of mental health and domestic violence/intimate partner violence
<b>Community Organizations</b>				

	<b>Method of Data Collection</b>	<b>Job Title</b>	<b>Number of People</b>	<b>Notes on Input</b>
1	Informal Discussion & Review of Identified Needs	Kern County Department of Public Health (STI Branch)  Center for Sexuality & Gender Diversity (Executive Director)  CSUB office of University Advancement  Bakersfield College, Office of the President  Dignity Health, Department of Special Needs & Community Outreach  Adventist Health Bakersfield, Community Engagement  Kern Medical, Administrative Operations  Kern County Homeless Collaborative, Built for Zero Committee	9	Discussed implementation strategies to address the identified health needs, gathered feedback on feasibility, and determined partnership opportunities

C. Consultant(s) used

Kaiser Permanente contracted with EVALCORP Research and Consulting to prepare the Implementation Strategy Report for the Kern County service area. All EVALCORP staff hold advanced degrees and have completed graduate level courses in program evaluation, applied research methods, data collection tool development, data analysis, and advanced statistics. Staff working on the project have a cumulative total of over 50 years of evaluation

and research experience and have engaged in over 20 strategic planning and needs assessment projects.

## VII. Health needs that KP Kern County plans to address

### A. Process and criteria used

Before beginning the Implementation Strategy health need prioritization process, KP-Kern County chose a set of criteria to use in selecting the list of health needs including the severity and magnitude of the need, the extent to which disparities in the need exist across race or place, and the extent which Kaiser Permanente is positioned to meaningfully contribute to addressing the need (e.g. relevant expertise, existing commitments to meet community health needs, unique business assets, etc.). The extent to which community voice spoke to the urgency of the health need through the CHNA and the existence of other community resources dedicated to the need were important additional criteria in making final health need selections. Definitions for criteria used in the health need selection process are presented below:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Leveraging KP Assets:** KP can make a meaningful contribution to addressing the need because of its relevant expertise, existing strategies, and/or unique business assets as an integrated health system and because of an organizational commitment to improving community health.

### B. Health needs that KP Kern County plans to address

As a result of the application of criteria and stakeholder input, the following health needs were identified that KP Kern County plans to address in the Implementation Strategy:

- Access to Care
- STDs/HIV/AIDS
- Mental Health
- Economic Security

**Access to Care.** Access to comprehensive quality health care is important for the achievement of health equity and for increasing the quality of life. Limited access can dramatically impact health outcomes. Through the community engagement process, the following barriers and challenges were identified by community residents: lack and high cost

of health insurance, transportation limitations in being able to access health care, constraints in obtaining childcare to be able seek medical attention, and lack of awareness of available resources. This health need was selected in order to remove barriers to primary and preventative care and health screenings, particularly in populations with low health care access and utilization, in order to improve the overall health of the community.

**STDs/HIV/AIDS.** Sexual health can be easily maintained through safe sex practices and access to reproductive health care services, but in the Kern service area, the prevalence of an easily treatable STI, chlamydia, has proliferated. Chlamydia prevalence among service area residents (734 per 100,000) is roughly 50% higher than both state (460 per 100,000) and regional (483 per 100,000) rates. Other STIs, like congenital syphilis, are also increasing in prevalence and, though easily curable, impact infant health and mortality if left untreated. Through the community engagement process, residents indicated that the dearth in preventative education, both in schools and the general population, is partially to blame for rising STI rates, including HIV. This health need was selected to be addressed so that these preventable diseases can be reduced among residents and access to diagnosis to discrete screening and treatment can be expanded in the community.

**Mental Health.** Mental health is an important component of a person's overall health and well-being. In fact, poor mental health can result in a 61% reduction in life expectancy when left untreated. In Kern County, 14% of residents report experiencing a mental health problem. White residents in the Kern service area are disproportionately impacted, as they die by suicide at rates 60% above the service area average, when compared to other ethnic and racial groups. Additionally, community residents and subject matter experts noted that mental health needs for youth and young adults, especially those from minority and LGBTQ communities, are not being met, but that school-based services could be a solution. Moreover, experiences with intimate partner violence and domestic violence have substantial impacts on both physical and mental well-being. Kern service area residents are hospitalized for domestic violence (9.8 per 100,000) twice as often as state residents (4.9 per 100,000) and at an even higher rate than other Southern Californian residents (4 per 100,000). Additionally, survivors of domestic violence who participated in the community engagement process expressed their concern about the lack of shelter beds and inadequate legal and financial aid, as well as lasting mental health effects of experiencing violence. This health need was selected to be addressed in order to alleviate the suffering of those with mental health challenges, address trauma, and improve the overall health of residents.

**Economic Security.** Although economic security was not one of the health needs selected in the CHNA, it is included in the IS plan as it is correlated with a number of health needs. Specifically, strategies to address economic security issues related to obesity/diabetes and violence, which were identified as health needs, are shared in later sections of this report. Economic insecurity is a significant issue in the Kern service area. Secondary data indicates that the experience of economic insecurity impacts health needs locally, including poor mental health, obesity, diabetes, stroke, and cancer. In the Kern service area for example, on average, 24% of the population lives below the poverty level. Some subgroups in the service

area, such as Native Hawaiian/Pacific Islanders, experience even higher levels of poverty (46%). This health need was selected to be addressed in the Implementation Strategy to improve conditions of food, housing, and employment insecurity that impacts residents' lives and health in countless ways.

## VIII. KP Kern County's Implementation Strategies

### A. About Kaiser Permanente's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KP Kern County has a long history of working internally with Kaiser Foundation Health Plan, the Southern California 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
- Are informed by evidence
- 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

KP Kern County 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, KP Kern County welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KP Kern County will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as grant making, leveraged assets, collaborations and partnerships, as well as several internal KFH programs. The goals, strategic priorities, strategies (including examples of interventions), and expected outcomes are described below for each selected health need.

### B. 2019 Implementation Strategies by selected health need

#### *Health Need #1: Access to Care*

Long Term Goal

All community members have access to high quality health care services from a trained and diverse workforce in a coordinated delivery system.

<p>Strategic priorities (intermediate goals)</p>	<ol style="list-style-type: none"> <li>1. Increase coverage, access, and utilization of health care services for populations that are underserved, uninsured, and/or underinsured.</li> <li>2. Improve and build the current and emerging workforce to meet the primary care needs of the community.</li> <li>3. Improve the capacity of healthcare systems to provide quality healthcare, including interventions to address the social determinants of health.</li> </ol>
<p>Strategies &amp; Sample Interventions</p>	<ol style="list-style-type: none"> <li>1.1 Provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage. <ul style="list-style-type: none"> <li>• The Kaiser Permanente Medicaid program provides high-quality medical care services to Medicaid eligible participants who would otherwise struggle to access care.</li> <li>• The Kaiser Permanente Medical Financial Assistance program provides temporary financial assistance to low-income individuals who receive care at Kaiser Permanente facilities and who can't afford medical expenses and/or cost sharing.</li> <li>• The Kaiser Permanente Charitable Health Coverage program provides access to comprehensive health care to low-income individuals and families who do not have access to public or private health coverage.</li> </ul> </li> <li>1.2 Support access to care for patients through collaboration among community clinics, clinic networks, and other safety net providers. <ul style="list-style-type: none"> <li>• With support of grant funding, Regional Associations of California (Essential Access Health) strengthen the capacity of California's community clinics and health centers and to advance local health delivery system transformation through statewide policy.</li> <li>• In partnership with businesses/CBOs/employer groups, deploy the Kaiser Permanente Kern County Mobile Health Vehicle to deliver healthcare services where people live and work.</li> </ul> </li> <li>2.1 Support and implement physician and other pipeline and training programs, using evidence-based, culturally competent and patient-centered population management modules. <ul style="list-style-type: none"> <li>• Share cultural competency best practices with community providers &amp; community-based organizations.</li> <li>• Work with educational partners at CSU Bakersfield, Bakersfield College, and the Kern High School District to educate and inspire the next generation of healthcare workers and develop opportunities for workforce development and future pipeline programs.</li> </ul> </li> </ol>



3.1 Design, pilot, and implement systems for screening community members with social (non-medical) needs and refer to community-based programs.

- The Kaiser Permanente Thrive Local initiative integrates the social determinants of health into ongoing care plans by screening and connecting low-income individuals and families to community and government resources.

3.2 Strengthen the capacity and infrastructure of community clinics to effectively prevent and manage chronic disease, including cardiovascular health and diabetes.

- Partner with The Center for Sexuality & Gender Diversity to provide LGBTQ cultural competency trainings to improve health outcomes of this community.
- In partnership with businesses/CBOs/employer groups, deploy the Kaiser Permanente Kern County Mobile Health Vehicle to deliver screening services where people live and work, such as for diabetes and cardiovascular disease.

Expected outcomes

KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:

- Sustained and/or enhanced availability of services and financial resources to support coverage and access to quality healthcare for uninsured, underinsured, rural, and cultural minority community members.
- Reduced barriers in accessing healthcare, among underserved populations, through the provision of mobile health screening.
- Improved training opportunities in the field of primary healthcare for underserved populations (such as African Americans, Latinos, and Sikhs).

*Health Need #2: STDs/HIV/AIDS*

Long Term Goal

All community members have access to high quality health care services and preventive education to eliminate and/or reduce exposure to HIV/AIDS/STDs.

Strategic priorities (intermediate goals)

1. Improve health and quality of life through prevention, detection, and treatment of risk factors for STDs/HIV/AIDS

Strategies & Sample Interventions	<p>1.1 Support programs that improve referral of patients to evidence-based health promotion programs that teach self-management and empowerment techniques</p> <ul style="list-style-type: none"> <li>• Partnership with the Kern High School District through the “What Goes Around” program to provide education and strategies to reduce high-risk behavior for sexually transmitted infections among youth.</li> <li>• Identify and implement protocols or best practices that expand internal and external access points available for testing and treatment of STD/HIV/AIDS, such as PDPT (patient delivered partner therapy) and HIV pre-exposure prophylaxis (PREP) to be implemented countywide.</li> </ul> <p>2.1 Support the development of community-based organizations, leaders and networks and build their capacity to advance equity and reduce stigma</p> <ul style="list-style-type: none"> <li>• Support innovative models and culturally competent practices in healthcare and social service delivery systems to better reach LGBTQ, teens and transition-age youth, and undocumented/migrant workers, such as “promotoras” or peer-to-peer educators.</li> </ul>
Expected outcomes	<p>KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:</p> <ul style="list-style-type: none"> <li>• Sustained and/or enhanced availability of services and financial resources to support coverage and access to STI prevention, screening, diagnosis, and quality healthcare for uninsured and underinsured community members.</li> <li>• Improved healthcare provider capacity to discreetly screen their members and patients for STIs.</li> <li>• Enhanced knowledge of STIs and prevention strategies among youth.</li> <li>• Improved referral and coordination between healthcare and community-based providers to address the spread of STIs.</li> </ul>

*Health Need #3: Mental Health*

Long Term Goal	All community members have optimal levels of mental health and well-being through improved equitable access to evidence-based, high quality, appropriate care and reduced effects of stigma.
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Strategic priorities (intermediate goals)

1. Improve access and connection to mental healthcare in clinical and community settings.
2. Improve and build the current and emerging mental health workforce to meet community needs.
3. Reduce mental health stigma and improve knowledge, capacity and resilience in individuals, communities, and organizations.

Strategies & Sample Interventions

- 1.1 Support the infrastructure and capacity building of community organizations and clinics to improve access to quality mental health care.
  - Expand awareness in community organizations and clinics around low mental health access and high rates of death by suicide among middle-age White males to help inform prevention strategies.
- 1.2 Support the integration of mental health care, case management, and navigation services into clinical care and community settings.
  - Focus on trauma-informed practices and the health outcomes of Adverse Childhood Experiences (ACEs) by developing train-the-trainer models for community-wide education on ACEs and violence prevention and increase awareness on use of ACEs screening tools in clinical practice.
- 2.1 Support the education and training of licensed mental health professionals to be culturally competent.
  - Engage community partners and mental health field trainees on culturally competent mental health care for the LGBTQ, Sikh, and Latino populations, and other populations with limited access to quality mental health care.
- 2.2 Support the utilization of pipeline and training programs to increase the number of licensed and diverse mental health professionals.
  - Work with educational partners at California State University Bakersfield, Bakersfield College, and Kern High School District to educate young adults on the mental health field and elevate its importance and impact on community.
- 3.1 Support efforts to improve the community and social support system's knowledge, attitudes, beliefs and perceptions about mental health, trauma and resilience.
  - Support community education and messaging around mental health stigma reduction, including: current local data, affected populations, and strategies to build resilience and coping skills.

	<ul style="list-style-type: none"> <li>Continued use of Kaiser Permanente’s “Public Good Projects’ Action Minded” campaign; a digital community health education intervention that uses social engagement and multi-media tools to mobilize issue-advocates, partner agencies, and community members in reducing stigma towards mental health.</li> </ul> <p>3.2 Support the enhancement of organizational culture, practices and policies in schools and other institutions to be trauma-informed.</p> <ul style="list-style-type: none"> <li>Work with educational partners at California State University Bakersfield, Bakersfield College, and Kern High School District to educate the next generation of healthcare workers on the relationship between trauma and health and better promote “wraparound or whole person” care.</li> <li>Work with law enforcement agencies to improve competency for addressing domestic violence and mental illness calls for service and scenarios, such as providing empathy skill development.</li> </ul>
Expected outcomes	<p>KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:</p> <ul style="list-style-type: none"> <li>Improved use of screening tools in clinical settings to identify mental health issues and connect individuals to appropriate resources.</li> <li>Increased number of culturally competent individuals in the mental health workforce.</li> <li>Improved understanding of and decreased stigma toward mental health care and domestic violence among individuals and organizations.</li> </ul>

*Health Need #4: Economic Security*

Long Term Goal	All community members experience improved economic security and access to social services, including affordable housing, educational attainment, training and employment, and healthy foods.
Strategic priorities (intermediate goals)	<ol style="list-style-type: none"> <li>Reduce food insecurity in the community and improve access to healthy foods.</li> <li>Preserve and improve the availability of affordable housing and improve care coordination to serve individuals experiencing homelessness and to prevent displacement.</li> <li>Improve educational attainment and employment opportunities.</li> </ol>
Strategies & Sample	1.1 Design, pilot and implement programs and systems for promoting, screening and/or enrolling community members in food benefit programs.

## Interventions

- The Kaiser Permanente Food for Life initiative delivers a multi-pronged approach to improve food security, such as the CalFresh enrollment campaign, which utilizes multi-modal outreach to increase CalFresh enrollment for eligible community members.

1.2 Support programs that procure, recover and/or redistribute food to food insecure communities.

- With support of grant funding, the California Association of Food Banks Farm to Family utilizes advocacy and outreach efforts to procure and provide fresh produce to food banks serving individuals and families who are food insecure.
- Collaborate with schools and churches to assess readiness and expand their capacity to provide free healthy food distribution on their sites.

1.3 Support the capacity of communities and anchor organizations to adopt and implement policies and programs to ensure access to healthy foods.

- Improve access to healthy food among low income communities in culturally relevant ways through activities such as community gardens or farmers' markets.
- Provide education on balanced food preparation, in culturally relevant ways through activities, such as healthy food preparation demonstrations or classes tailored to specific cultures within the community (i.e., Hispanic, Sikh, Pacific Islander, etc.).

2.1 Enhance the infrastructure and capacity of service providers to serve individuals at risk of or experiencing homelessness.

- Provide training(s) in process improvement to organizations working in homelessness prevention or wraparound supports.

2.2 Support and participate in collaboratives that support coordination and funding of resources (such as health services and housing) for individuals at risk or experiencing homelessness.

- The Kaiser Permanente Community Solutions Built for Zero (BFZ) initiative uses data-driven and technology enabled solutions to help city/county leaders, service providers, health care agencies, developers and other community leaders focus their efforts on multiple pathways needed to end homelessness.

3.1 Support the long-term economic vitality of communities through procurement, hiring and workforce development, and/or small business development impact investing.

- Utilize Kaiser Permanente's hiring programs/strategies that align business needs with positive community impacts. These

	programs/strategies create career opportunities for people with employment barriers, focusing on underserved populations or specific geographic areas.
Expected outcomes	<p>KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in a set of expected outcomes, such as:</p> <ul style="list-style-type: none"> <li>• Improved availability of free and healthy food for food insecure individuals and families.</li> <li>• Improved coordination of housing resources and services for individuals experiencing and/or at risk of homelessness.</li> <li>• Improved access to training and workforce development opportunities among underserved community members.</li> </ul>

### C. Our commitment to Community Health

At Kaiser Permanente, our scale and permanence in communities mean we have the resources and relationships to make a real impact, and wherever possible, our regions and facilities collaborate with each other and with key institutions in our communities, such as schools, health departments, and city/county governments to create greater impact. The CHNA/IS process presents the opportunity to reinforce and scale national and regional strategies to address health needs that impact all of our communities, even if those health needs are not prioritized locally. The following strategies illustrate the types of organizational business practices as well as regional efforts that we implement to address multiple health needs and contribute to overall community health and well-being:

- **Reduce our negative environmental impacts and contribute to health at every opportunity.** We have optimized the ways in which we manage our buildings; purchase food, medical supplies and equipment; serve our members; consume energy; and process waste. The following strategies illustrate several of our practices that enable us to operate effectively while creating a healthier environment for everyone. Our Environmentally Preferable Purchasing Standard prioritizes the procurement of products with fewer chemicals of concern and less resource intensity, thus encouraging suppliers to increase the availability of healthier products. We are building renewable energy programs into our operations, with plans to be carbon neutral in 2020. We recognize that mitigating the impacts of climate change and pollution is a collective effort, and we are therefore proud to work with like-minded organizations and individuals, including the United Nations, Health Care Without Harm, government entities, as well as other influencers that advocate for environmental stewardship in the healthcare industry and beyond.



- **Deploy research expertise to conduct, publish, and disseminate epidemiological and health services research.** 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. Kaiser Permanente’s Department of Research and Evaluation, Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.
- **Implement healthy food policies to address obesity/diabetes,** such as purchasing sustainable, locally produced fruits and vegetables; supporting local restaurants and caterers that meet KP’s Healthy Picks and to make more available healthier food options in our communities; and supporting vendors that hire under/unemployed residents (with living wages and benefits) in the food production/distribution process. We also partner with school districts and city governments to support them in adopting and implementing healthy food procurement policies.
- **Contribute toward workforce development, supplier diversity, and affordable housing to address economic security.** We support supplier diversity 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; partnering with community-based workforce development programs to support a pipeline for diverse suppliers; and building the capacity of local small businesses through training on business fundamentals. We also seek to reduce homelessness and increase the supply of affordable housing by strengthening systems to end homelessness and shaping policies to preserve and stimulate the supply of affordable housing.
- **Support community members directly through ongoing engagement and direct services.** The Kaiser Permanente Educational Theater (KPET) uses live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being around topics such as: reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. KPET is provided free of charge to schools and the general community.
- **Support cities to adopt and implement evidence-based policies that advance health prosperity and equity.** The CityHealth initiative works with cities to enhance their capacity to advance policy priorities, such as earned sick leave, universal pre-kindergarten, affordable housing/inclusionary zoning, complete streets, alcohol sales

control, tobacco 21, smoke-free indoor air, food safety and restaurant inspection ratings, and healthy food procurement.

#### IX. Evaluation plans

Kaiser Permanente has a comprehensive measurement strategy for Community Health. Our vision at Kaiser Permanente is for our communities to be the healthiest in the nation. To that end, we are committed to pursuing a deep and rigorous understanding of the impact of our community health efforts. We monitor the health status of our communities and track the impact of our many initiatives on an ongoing basis. And we use our measurement and evaluation data, and information gathered through our Community Health Needs Assessments, to improve the effectiveness of our work and demonstrate our impact. The Community Health Needs Assessments can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

In addition, KP-Kern County will monitor and evaluate the strategies listed above for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and metrics specific to KFH leveraged assets. In addition, KP-Kern County tracks outcomes, including behavior and health outcomes, as appropriate and where available.

#### X. Health needs KP-Kern County does not intend to address

While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KP-Kern County to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KP-Kern County is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). Health needs that were not elevated across these critical criteria were not selected for the implementation strategy plan. Health needs not selected include: Violence and Obesity/Diabetes. These health needs were not selected as standalone health needs for the purposes of this report, but KP-Kern County will address these health needs through strategies related to Mental Health and Economic Security (see Section VIII for a full description of strategies).