2019 Implementation Strategy Report

Kaiser Foundation Hospital: Sacramento

License number: 030000052

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

March 18, 2020

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Kaiser Permanente Northern California Region Community Health

IS Report for KFH-Sacramento

Contents

I. General information

Contact Person:	Richard J. Robinson
Date of written plan:	November 10, 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 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:	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.
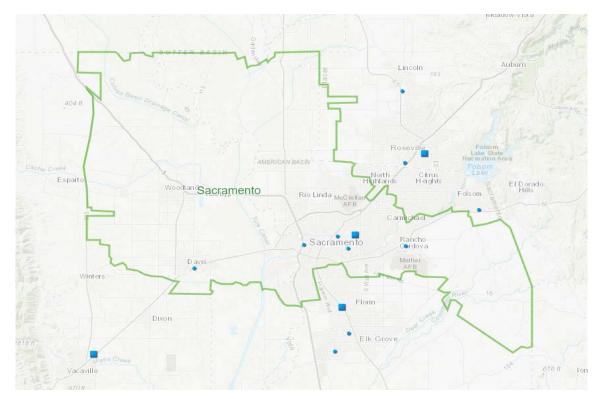
Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician 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 Foundation Hospitals – Sacramento Service Area/Region

A. Map of facility service area

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

The KFH-Sacramento service area comprises parts of Sacramento and Yolo counties. Cities in this area include Citrus Heights, Davis, Rancho Cordova, Sacramento, West Sacramento, and Woodland.

C. Demographic profile of community served

Race/ethnicity		Socioeconomic Data	
Total Population	897,528	Living in poverty (<100% federal poverty level)	19.4%
Asian	12.8%	Children in poverty	25.1%
Black	8.8%	Unemployment	3.9%
Hispanic/Latino	24.3%	Uninsured population	10.2%
Native American/Alaska Native	0.7%	Adults with no high school diploma	12.1%
Pacific Islander/Native Hawaiian	0.7%		
Some other race	8.0%		
Multiple races	6.5%		
White	62.5%		

Source: American Community Survey, 2012-2016

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-Sacramento's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH-Sacramento's 2019 CHNA process and for a copy of the report please visit www.kp.org/chna.

List of Community Health Needs Identified in 2019 CHNA Report

The list below summarizes the health needs identified for the KFH-Sacramento service area through the 2019 Community Health Needs Assessment process.

1. Mental and Behavioral Health
2. Economic Security
3. Women and Children's Wellbeing
4. Violence and Injury
5. Access to Care
6. Healthy Eating and Active Living (HEAL)
7. Environmental Health

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

KFH-Sacramento did not collaborate with any other hospitals on this implementation strategy report. Through the community engagement process described below, local community stakeholders contributed to the development of the implementation strategy report.

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.

The identification of the implementation strategies included input from a broad range of residents through a community engagement meeting. Individuals with knowledge, information, and expertise

relevant to the health needs of the community were consulted (see table below for additional details on attendees). These individuals included representatives from health departments, school districts, local non-profits, and other regional public and private organizations, as well as community leaders, clients of local service providers, and other individuals representing medically underserved, low-income, and sub-populations that face unique barriers to health (e.g., communities of color, individuals experiencing homelessness).

In order to identify diverse perspectives and experiences in the community engagement meeting, Harder+Company staff reviewed the participant lists from the interviews and focus groups conducted for the KFH-Sacramento service area 2019 CHNA health need identification process, as participants were selected due to their expertise and deep involvement in the community. The Community Benefit Manager for the KFH-Sacramento service area provided additional suggestions for key stakeholders to include.

The two-hour community engagement meeting was scheduled at a central location in the service area. One primary goal of the meeting was to elevate the current community efforts underway to address disparate health outcomes and to achieve health equity. The consulting team developed facilitation guides designed to inquire about the following: which community organizations and initiatives were engaging in significant efforts to advance progress in the selected health needs; and which populations or geographic regions within the community would need additional support to reduce disparities in the health needs. Attendees reflected on CHNA data presented during the meeting, and were then asked to provide their expertise related to question prompts.

The participating community stakeholders (n=24) provided rich information on organizations engaged in deep work in the community to address the prioritized health needs for the implementation strategies. Furthermore, as the community stakeholders reflected on the selected impact outcomes, they provided valuable feedback around which seemed to be most achievable. They also shared insights on what outcomes were missing, or where some outcomes overlapped. Collectively this information and feedback refined the outcomes and strategies selected for the KFH-Sacramento service area.

The community engagement meeting provided important insight into the KFH-Sacramento approach to identifying the implementation strategies for the 2020-2022. In addition to confirming the prioritized health needs and many of the identified intermediate goals and expected outcomes, participants' insight helped to shape the goals and strategies selected. Two additional intermediate goals were also added: improving the vitality of local businesses and pathways for living-wage jobs. Further the community engagement reinforced the KFH-Sacramento commitment to ensure an emphasis on lower-income communities of color in both the grantmaking and internal workforce development strategies.

	Data collection method	Title/name	Number	Notes (e.g., input gained or role in IS process)
Community Stakeholders				
1	*Community Engagement Event*	Community partners and service providers (e.g., mental and behavioral health, physical health, education, county representatives)	*24*	*Community partners reviewed CHNA data and shared insights on existing efforts underway in the service area. Through this process, community partners shared the importance of supporting local businesses and of establishing pathways for living wage jobs. Community partners also identified the importance of supporting low income community members of color.*

C. Consultant(s) used

Harder+Company Community Research (Harder+Company) is a social research and planning firm with offices in San Francisco, Sacramento, Los Angeles, and San Diego. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-responsive evaluation, planning, and consulting services, Harder+Company helps organizations translate data into meaningful action. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. The firm's staff offer deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts including conducting needs assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation, which is essential to both health care reform and the CHNA process in particular. Harder+Company is the consultant on several CHNAs throughout the state, including other Kaiser Foundation Hospital service areas in Sacramento, San Bernardino, San Rafael, Santa Rosa, South Sacramento, Vacaville, and Vallejo.

VII. Health needs that KFH-Sacramento plans to address

A. Process and criteria used

In order to select health needs that KFH-Sacramento will address in the 2020-2022 implementation plans, the KFH-Sacramento Community Health Investment Committee (CHIC) convened for discussion and input. KFH-Sacramento selected a smaller number of needs from the broader list identified as significant during the CHNA process in order to maximize the hospital's ability to focus resources and have a meaningful impact on these significant and complex health needs.

Harder+Company staff presented CHIC members with quantitative and qualitative data from the KFH-Sacramento CHNA; information related to existing national and regional Kaiser Permanente

initiatives, as well as local community efforts related to the 2019 CHNA health needs; and existing Community Benefit projects. CHIC members engaged in a dialogue about the health needs and information presented and ranked the health needs on the criteria described below.

Meeting participants considered the following criteria (these build upon the required criteria and include additional considerations) while making recommendations about which health needs to select:

Criteria	Definition
1. CHNA prioritization	How the health need ranked in the CHNA (takes into account <u>community prioritization</u> as well as the following three criteria employed at the prioritization event: severity, scale, health disparities/equity, ability to impact change based on community assets)
2. Health disparities/equity	Health need disproportionately impacts the health status of community members
3. Ability to leverage organizational assets	Opportunity to have KP Regional CB funding deployed to address health needs in NSA, as well as opportunity to draw down other KP organizational assets
4. Feasibility	Kaiser Permanente has the ability to have an impact given the local CB budget
5. Ability to leverage community assets	Opportunity to collaborate, partner, or build on existing community efforts

Participants ranked criteria two through five (i.e., disparities/equity; ability to leverage organizational assets; feasibility; ability to leverage community assets) with a 3-point scale: 3 = *meets criteria well*; 2 = *meets criteria somewhat*; and 1 = *doesn't meet criteria*. For the first criteria, the three health needs with the highest scores in the CHNA process received a "3" and the remaining two health needs received a "2".

Through the ranking process, four health needs emerged: Community and Family Safety, Economic Security, Access to Care, and Mental and Behavioral Health.

B. Health needs that KFH-Sacramento plans to address
   1. Mental and Behavioral Health: Mental and behavioral health are foundations for healthy living, and encompass rates of mental illness, challenging behaviors (e.g., school suspensions), substance abuse, access to social and emotional support, and access to providers for preventive care and treatment. CHIC members prioritized this issue given the 2019 CHNA data and the recognition that mental and behavioral health are often associated with other health needs, as either contributing or resulting factors. Community members engaged in the CHNA process also identified mental and behavioral health as an increasing need, with a specific focus on culturally and linguistically competent mental health care providers. As noted in both the qualitative and quantitative CHNA data, this need is already met with insufficient providers to address the existing and growing mental health needs within the community. CHIC members discussed the importance of KFH-Sacramento's role in addressing this health need.

2. Economic Security: Economic security means having the financial resources, public supports, career and educational opportunities, and housing accommodations necessary to live one's fullest life. This is the first year that Economic Security was identified as a priority health need for the KFH-Sacramento service area. This health need was prioritized by the CHIC given the large disparities and inequity in the community around economic security and recognition that these disparities continue to grow. For example, increasing numbers of homeless individuals and the lack of job pathways for marginalized communities (e.g., youth, formerly incarcerated) were highlighted in the CHNA qualitative and quantitative data. The CHIC identified opportunities for KFH-Sacramento to engage in efforts to improve economic security in the community, including increasing purchasing and hiring from local businesses as new Kaiser Permanente infrastructure in built in the community. CHIC members also discussed the importance of a collaborative approach to addressing this heath need, and partnering with other stakeholders to address this need.

3. Access to Care: This health need includes access to quality health care, such as affordable health insurance and utilization of preventive care, with the ultimate goal of reducing the risk of unnecessary disability and premature death. In addition, this health need includes increasing health literacy and community awareness of health care resources. The CHIC prioritized this health need as a result of identifying access to care at the core of Kaiser Permanente's work and the opportunity to leverage organizational assets to address this need in the community. As a result of data reflected in the 2019 CHNA, the CHIC identified the importance of training current and future health care providers in cultural competency and to hire a more diverse workforce.

4. Community and Family Safety: This health need was referred to as Violence and Injury Prevention in the 2019 KFH-Sacramento CHNA report. It includes, direct and indirect exposure to violence and injury, such as domestic and community violence, which have significant effects on well-being and health. The CHIC prioritized this health need as it emerged as a top health need within the quantitative and qualitative data in the 2019 CHNA report. Violence experienced by women and children emerged as a specific concern. As a result, Community and Family Safety aims to support women and children as a target population. The CHNA process also identified the need for safe and violence-free spaces was identified as an emerging need by the community. The CHIC discussed the communities' insight and acknowledged the importance of increasing access to safe spaces to help improve community and individual wellbeing.

VIII. KFH-Sacramento's Implementation Strategies

A. About Kaiser Permanente's Implementation Strategies
As part of the Kaiser Permanente integrated health system, KFH-Sacramento 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
- 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

KFH-Sacramento 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-Sacramento welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH-Sacramento 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, outcomes, strategies, and examples of resources planned are described below for each selected health need.

B. 2019 Implementation Strategies by selected health need

Health need #1: Mental and Behavioral Health

Long term goal	• All community members experience social emotional health and wellbeing and have access to high quality behavioral health care services when needed
Intermediate goal(s)	• Increase the capacity of organizations and institutions to provide trauma-informed services and programs • Enhance community supports to mitigate impact of ACEs • Increase access to mental and behavioral health care services for low-income and vulnerable populations • Develop a diverse, well trained behavioral health care workforce that provides culturally competent care • Prevent and reduce misuse of drugs and alcohol
Strategies	• Provide KP's Education Theater program, Resilience Squad • Support local efforts to improve the community, school, and social support systems' knowledge, attitudes, beliefs, and perceptions about mental health, trauma, and resilience across the lifespan • Increase quality and effectiveness of mental health services in local schools • Support the capacity of clinics, schools, or other community-based organizations to provide trauma-informed care to youth • Reduce stigma in the workplace for accessing mental health care • Enhance community supports and leverage Kaiser Permanente clinical expertise to mitigate impact of adverse childhood experiences

| | • Train and support community health workers and promotoras, including those with lived experience, to help people navigate the mental health care system and use evidence-based tools
• Implement the Public Good Projects' Action Minded campaign, a digital community health intervention using education, social engagement and multi-media tools to engage the general public, issue-advocates and community partners, and KP employees as partners in reducing stigma towards mental health conditions
• Integrate mental health care, case management, and navigation services into clinical care and community settings (e.g., schools, faith-based, restaurants, other organizations)
• Participate in Medi-Cal Managed care
• Provide Charitable Health Coverage
• Create partnerships to place mental health post-doctoral residents in local schools and with CBO partners
• Provide workforce training programs to train current and future mental health practitioners with the skills and linguistic and cultural competence to meet the health care needs of diverse communities
• Develop or strengthen local mental health professions pipeline and training programs to increase the number of licensed and diverse mental health professionals
• Advance city policies related to tobacco sales |
| Expected outcomes | • Increased trauma-informed services, policies, and systems
• Increased organizational capacity to provide adverse childhood experiences screenings
• Increased enrollment in programs to improve social/emotional wellness.
• Increased screening for behavioral health needs
• Increased integration of primary and behavioral health care services
• Strengthened network of support services as a result of strategic partnerships to promote mental and behavioral health
• Increased number of mental and behavioral health training programs with modules addressing linguistic and cultural competency
• Increased number of providers trained in addressing linguistic and cultural competency
• Increased control of tobacco sales
• Increased legal age of tobacco products to age 21 |

Health need #2: Economic Security

Long term goal	• All community members are economically secure in order to thrive
Intermediate	• Improve economic vitality of local and diverse businesses

goal(s)	• Increase in enrollment and participation in public benefit programs • Reduce food insecurity among low-income families and individuals • Improve job readiness for people with barriers to employment • Increase access to living-wage jobs for people with barriers to employment • Increase high school graduation for underrepresented youth • Increase availability of affordable housing • Increase and enhance transitional housing and shelter availability • Increase connections to supportive services for individuals experiencing homelessness or at risk of homelessness
Strategies	• Provide training, education and mentorship to small, diverse businesses seeking to increase their capacity and access new sources of funding • Increase baseline spending for local and diverse businesses through procurement, hiring and workforce development, and/or small business development impact purchasing • Support outreach and enrollment campaigns to increase CalFresh enrollment for eligible community members (Food For Life) • Promote use of CalFresh and WIC benefits for purchasing fresh fruits and vegetables, including at farmer's markets or prescription programs • Develop job pipelines for "hard to employ" populations for construction of new health facilities • Implement health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers (KP LAUNCH) • Support adult and young adult vocational training; programs may include job search assistance, personal development resources, and other comprehensive support services (e.g., child care) during training • Support the development of transitional jobs (time-limited, subsidized, paid jobs intended to provide a bridge to unsubsidized employment) • Leverage the construction of new health facilities to extend job pathways to 'hard to employ' populations such as formerly incarcerated individuals • Provide educational attainment and pathway programs for youth focused on increasing high school graduation rates, college readiness, preparation for careers in Science, Technology, Engineering, and Mathematics (STEM), or health care workforce training • Support impact investing strategies to preserve, rehabilitate, and/or expand affordable housing • Partner with other health systems on interim and respite care for homeless individuals • Support efforts to expand shelter availability and number of overall shelter beds • Funding to strengthen local homeless system of care through the Housing and Health Initiative

	• Enhance the infrastructure and capacity of service providers to serve individuals at risk or experiencing homelessness • Support Community Solutions "Built for Zero" initiative to participate and help drive collaboratives that support coordination and funding of resources (such as health services and housing) for individuals at risk or experiencing homelessness
Expected outcomes	• Increased hospital spending in local and diverse businesses • Increased in enrollment and participation in public benefit programs • Reduction in food insecurity • Increased job pipelines for individuals with barriers to employment • Increased enrollment in training and education programs for living wage employment for individuals • Increased availability of affordable housing • Greater infrastructure for supporting individuals who are at risk of or experiencing homelessness • Strengthened network of support services, as well as coordinated efforts and funding for individuals who are homeless or at risk of homelessness as a result of strategic partnerships

Health need #3: Access to Care

Long term goal	• All community members have access to high quality, culturally and linguistically appropriate health care services in coordinated delivery systems
Intermediate goal(s)	• Increase access to comprehensive health care coverage for low income individuals • Increase access to subsidized care for those facing financial barriers to health care • Increase access to social non-medical services for low income and vulnerable populations • Increase access to a diverse, culturally competent health care workforce • Improve the capacity of health care systems to provide quality health care services • Increase literacy and practice of healthy behaviors proven to reduce downstream chronic conditions
Strategies	• Support access to care for patients through collaboration among community clinics, clinic networks, and other safety net providers • Support school-based health centers • Increase access to health care coverage and access for underserved communities (e.g., low-income, Latinx/Hispanic), including targeted outreach, enrollment, and retention strategies • Train and support community health workers and promotoras, including those with lived experience, to help people navigate the system and use evidence-based tools • Participate in Medi-Cal Managed care • Provide Charitable Health Coverage

	- Provide Medical Financial Assistance - Support outreach and enrollment campaigns to increase CalFresh enrollment for eligible community members (Food For Life) - Support screening for social non-medical service needs and connect low-income individuals and families to community and government resources (Thrive Local) - Provide workforce training programs to train current and future health care providers, including physicians, mental health practitioners, physical therapy, pharmacy, nurses, and allied health professionals, with the skills and linguistic and cultural competence to meet the health care needs of diverse communities - Implement health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers (KP LAUNCH) - Support School for Allied Health expanding access to training and certificate programs for underrepresented individuals - Support population health management approaches that improve health outcomes for safety net patients with diabetes and hypertension (PHASE) - Support community clinic consortia to develop programs and advocate for policies that improve access to quality health care for low income individuals - Support collaborations and partner with local community-based organizations to promote healthy behaviors that mitigate chronic diseases - Educate and raise public awareness of healthy lifestyle resources
Expected outcomes	- Increased number of low income individuals who have comprehensive health care coverage - Increased access to and utilization of individuals with health care subsidies - Increased referrals and coordination between healthcare providers and social non-medical services - Increased number of culturally and linguistically competent health care providers - Increased number of health care career pipelines, training, and certificate programs - Improved capacity of health systems to provide population health management - Ongoing advocacy efforts of community clinic consortia to improve quality health care access for low income individuals - Evidence of increased management of chronic diseases (e.g., diabetes, hypertension) in priority populations

Health need #4: Community and Family Safety

Long term goal	- Cycles of violence are interrupted and toxic stress is alleviated
Intermediate goal(s)	- Decrease in rates of gun violence - Increase trust between law enforcement and community members of color

	• Increased access to safe parks and public spaces • Increase access to programs and support services for those experiencing or at risk of family violence
Strategies	• Expand existing partnerships with CBOs and city efforts to reduce community violence • Support efforts to increase crisis support and rapid response efforts to community violence • Support firearm injury prevention efforts • Support community-driven efforts to promote positive interactions between communities and law enforcement • Advance complete streets policies (CityHealth) • Support local efforts to screen and serve victims of intimate partner violence (including teens), elder abuse, and abuse of vulnerable adults
Expected outcomes	• Reduction in rates of gun violence • Increased crisis response to community violence • Stronger, positive relationship between communities and law enforcement • Complete streets policies introduced and implemented • Strengthened network of support services for community and family safety as a result of strategic partnerships • Increase participation in prevention programs and support services for those at risk of family violence

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 also presents the opportunity to reinforce and scale national 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 we implement to address health needs and contribute to 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. 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.

- **Implement healthy food policies to address obesity/overweight**, 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.

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, KFH-Sacramento 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, KFH-Sacramento tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs KFH-Sacramento does not intend to address

Several of the health needs prioritized in the 2019 KFH-Sacramento CHNA report will not be addressed with the 2020-2022 implementation strategies: Environmental Health, Healthy Eating and Active Living, and Women and Children's Well-being. Sacramento CHIC members ranked these lowest among the health needs as part of the Implementation Strategies prioritization process. However, although not selected as priority health needs, goals and strategies in health needs that were selected do reflect core components of Healthy Eating and Active Living and Women and Children's Well-being. For example, KFH-Sacramento and the Sacramento CHIC members decided that based on the 2019 CHNA data, there was ample evidence to indicate that women and children should be a focal population within each of the prioritized health needs. Similarly, strategies to address core components of Healthy Eating and Active Living were integrated into other health needs, including access to CalFresh into Economic Development and increasing access to healthy lifestyle resources into Access to Care. Environmental Health did not rise to the top in the CHIS prioritization process as the CHIC members felt there were fewer organizational assets that could be leveraged to make an impact in this domain. From as strategic point of view, the CHIC members wanted to ensure organization assets were used in ways that would be most beneficial to the community.