



2019 Implementation Strategy Report

Kaiser Foundation Hospital: South San Francisco

License number: 220000022

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

March 18, 2020



Kaiser Permanente Northern California Region Community Health IS Report for KFH-South San Francisco

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I. General information

Contact Person:	Kurt Kleinschmidt, Interim Public Affairs Director
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 th day of the fifth month after the end of the taxable year the CHNA was completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date facility's prior written plan was adopted by organization's governing body:	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:

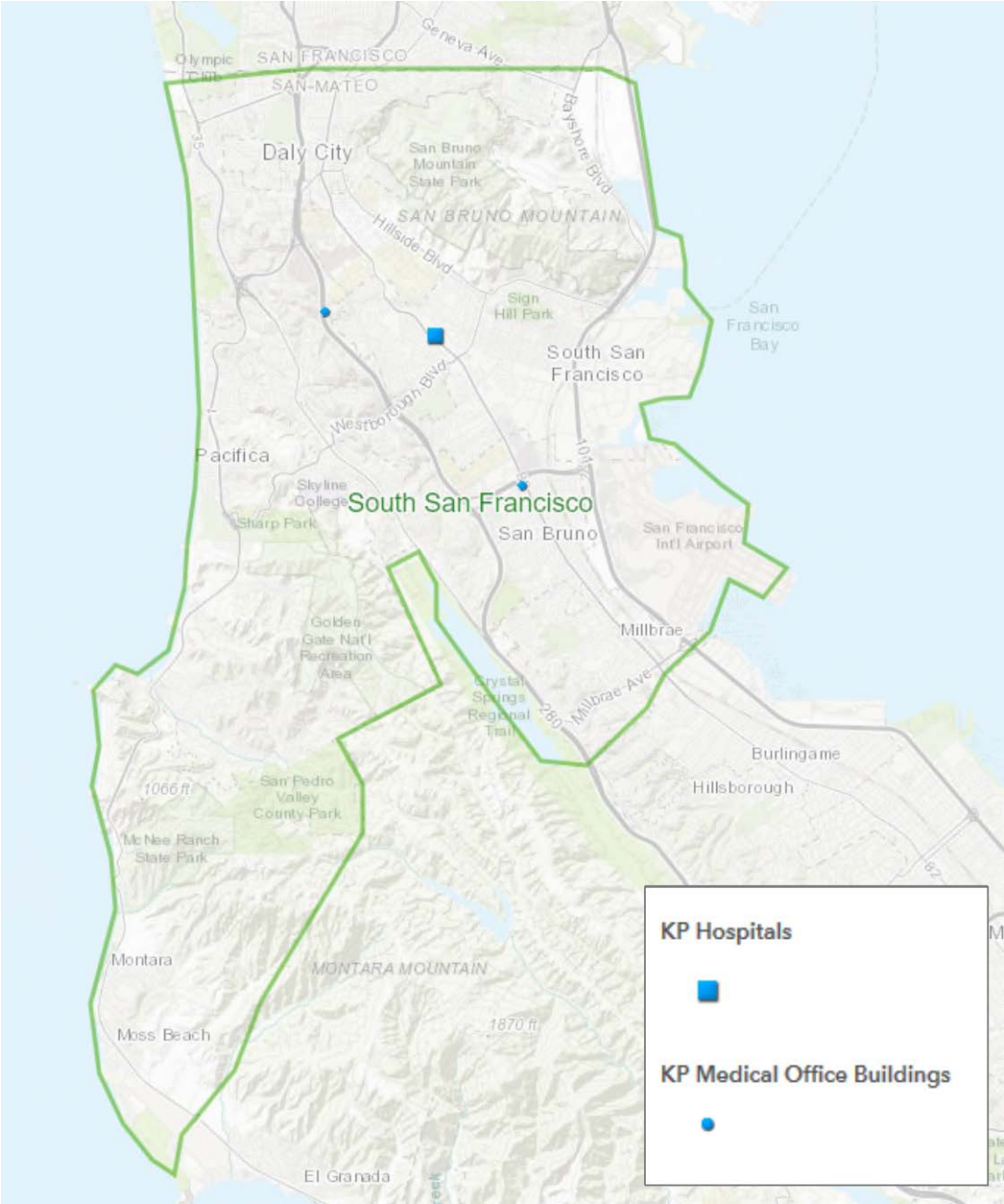
- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community 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 (CHNAs) 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—South San Francisco Service Area

A. Map of facility service area



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

The KFH-South San Francisco service area includes portions of northern San Mateo County, including the cities of Brisbane, Daly City, Montara, Moss Beach, Pacifica, San Bruno, and South San Francisco.

C. Demographic profile of community served

The KFH-South San Francisco service area is diverse, with over 40 percent of the population identifying as Asian, 25 percent identifying as Hispanic or Latinx, and multiple other ethnicities represented (see table below). Across the larger county, over a third (35%) of residents are foreign-born.

Race/ethnicity		Socioeconomic Data	
Total Population	296,007	Living in poverty (<100% federal poverty level)	7.3%
Asian	41.5%	Children in poverty	8.8%
Black	2.3%	Unemployment	2.1%
Hispanic/Latino	25.0%	Uninsured population	7.6%
Native American/Alaska Native	0.3%	Adults with no high school diploma	12.1%
Pacific Islander/Native Hawaiian	1.4%		
Some other race	10.8%		
Multiple races	5.1%		
White	38.6%		

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 CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA.

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-South San Francisco's planned response to the needs identified through the 2019 CHNA process. For information about KFH-South San Francisco'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-South San Francisco service area through the 2019 CHNA process.

Highest Priority:

- Mental Health and Well-being
- Housing and Homelessness (including Economic Security)
- Health Eating/Active Living
- Health Care Access and Delivery

Medium Priority:
Oral/Dental Health

Lower Priority:
Cancer
Environment

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

No other hospitals or partner organizations participated in 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.

In addition to the individuals and organizations that participated in interviews and focus groups as part of the CHNA process, KFH-South San Francisco convened a group of past and potential grantees to provide feedback. The 12 participants represented agencies working across the priority health needs, including healthy eating and active living, behavioral health, housing and homelessness, economic security, education and literacy, and access to care. In addition, the organizations served people of all ages, races, and ethnicities living in North San Mateo County.

During the meeting, participants received a brief overview of the CHNA process and how the health needs had been selected, as well as highlights from the community concerns that had emerged from focus groups and interviews conducted in 2018. They also learned about specific implementation strategies to achieve outcomes related to each health need, drawn from an outcomes menu developed by Kaiser Permanente's Northern California Region Community Benefit team to guide investments and strategies from 2020-22. The health needs, outcomes, and strategies helped to provide a framework and focus for the partner input discussions.

For each priority health need, participants were asked to reflect on four questions:

1. **What work is already happening** in North San Mateo County to achieve the intended outcomes?

2. **How's it going?** What's working well (e.g., best practices and approaches? What could be improved)?
3. **What's possible to achieve together?** What are emerging opportunities, collaborative strategies, collection action, etc. that could contribute to these outcomes in the future?
4. **How will we know we've made progress?** What are the indicators and metrics to track as we move forward?

Highlights from their responses are provided below. Focusing on case management, outreach, stigma reduction, specific populations (e.g., seniors), and increasing access to training about the effects of trauma were all aspects of the discussions that are reflected in Implementation Strategies.

Health Care Access and Delivery

- Resources to meet social, non-medical needs (and to connect clients to them through case management and other referrals) are limited, leaving many clients unaware of or unable to access the support they need.
- Transportation was noted as a key obstacle.

Mental Health and Well-being

- In addition to focusing on children and youth in terms of Adverse Childhood Experiences (ACEs) and trauma, seek out opportunities to draw in their parents—e.g., by opening up youth-oriented programs in the evenings for family events, in addition to working with youth during the day.
- Include younger, newer staff (e.g., in after-school activities and those who work outside formal but who still interact closely with children) in trauma-informed care training.
- Adolescent suicide prevention—both suicides and ideation—are a concern, with implications for engaging with school systems and providing training (such as Mental Health First Aid).

Healthy Eating/Active Living

- Seniors are often overlooked by healthy eating initiatives; poor nutrition has particular consequences for them. Training case managers and home visitors on how to promote and emphasize healthy eating is one way to address this gap.
- Stigma still prevents people from enrolling in CalFresh (or even realizing they are eligible).
- For older and/or disabled adults, include activities that could be done from wheelchairs or chairs, which could still offer health benefits even if the person is not ambulatory.

Economic Security (Including Housing and Homelessness)

- Support tenant protection measures to prevent homelessness.
- Reduce the stigma of seeking help.
- Focus outreach on specific populations—such as seniors who need simple home repairs to stay in their homes, or couch-surfing youth who fear engagement with Child Protective Services.
- Offer services to restore some dignity to the daily lives of people experiencing homelessness, such as offering showers or safe parking.
- Support case management to address complex needs and/or co-occurring conditions.

- Create shelter space for specific populations—particularly women who often do not feel safe in shelters and are fleeing a violent situation, transition-age youth, or people still actively using methamphetamines or other substances.
- Provide closer monitoring/tracking of formerly homeless people who obtain housing to make sure they don't “relapse” again into homelessness.

	Data collection method	Title/name	Number	Notes (e.g., input gained or role in IS process)
Organizations				
1	Group Discussion	Partner Input Session	12	<p>Community organizations focused on these health needs (some on more than one):</p> <ul style="list-style-type: none"> • Healthy Eating / Active Living (5) • Youth (5) • Seniors (2) • Health Care (3) • Housing/Homelessness (2) • Education/Literacy (1)

C. Consultants used

The Implementation Strategy process and report were prepared with support from Nicole Lezin of Cole Communications, Inc. and Jane Conklin of Jane Conklin Consulting.

Cole Communications, Inc. is a public health planning and communications consulting practice founded by Nicole Lezin in 1999. Cole Communications’ consulting services include qualitative evaluation, strategic planning, writing and editing, and facilitation for public and nonprofit agencies. Over the past 20 years, consulting assignments have covered a wide range of public health topics, including arthritis, Alzheimer’s disease, children’s health and development, reproductive health, immunizations, diabetes, obesity, injury and violence prevention, and oral health, among many others.

Jane Conklin brings 20 years of experience in public health grants and program management, including program planning and implementation, grants administration, training and capacity development, and program monitoring and evaluation. As key staff for nonprofit organizations, a foundation, and a state health department, Conklin has worked with a diverse set of community groups, non-profit organizations, and public health agencies. Since launching her consulting practice, she has continued to support the implementation of high-quality programming at local, national, and international levels.

VII. Health needs that KFH-South San Francisco plans to address

A. Process and criteria used

In May 2019, the KFH-South San Francisco Community Benefit Advisory Committee (CBAC) met to review the results of the CHNA and select priority health needs. Committee members included KFH-South San Francisco staff in the following roles:

- Area Director of Revenue Cycle
- Area Pharmacy Director

- Assistant Medical Group Administrator
- Community & Government Relations Manager
- Director of Health Education
- Licensed Clinical Social Worker, Psychiatry
- Physician, Assistant Physician in Chief
- Physician, Occupational Medicine
- Physician, Pediatrics
- Registered Nurse Case Manager, Continuum

As noted above, the CHNA process had identified priority health needs according to the severity of the need, magnitude/scale of need, presence of clear disparities or inequities, and alignment with community priorities. CBAC members completed a health needs scoring sheet that was pre-populated with the high/medium/low rankings from the CHNA, recording their rankings on the following dimensions (3 for high, 2 for medium, and 1 for low):

Leveraging Community Assets	Are there opportunities to: <ul style="list-style-type: none"> • collaborate with existing community-wide partnerships working to address the need • build on current programs or emerging opportunities, and/or • partner with other community assets?
Evidence-based or Promising Approaches	Are there effective or promising strategies (preferably evidence-based) that could be applied to address the health need?
Leveraging Kaiser Permanente Expertise/Assets	Can Kaiser Permanente can make a meaningful contribution to addressing the need because of its integrated health system model, organizational commitment, ability to deploy regional community benefit funding, and/or draw down other assets (e.g., Total Health)?
Feasibility	Does Kaiser Permanente have the ability to make an impact , given the resources available?

B. Health needs that KFH-South San Francisco plans to address

The four health needs that emerged from this scoring process (in order from highest ranking to lowest) are listed below.

Health Care Access and Delivery. Health care access and delivery were prioritized by the KFH-South San Francisco community. As reflected in statistical and qualitative data, barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage, transportation barriers, and lack of cultural competence on the part of providers. While the service area has high rates of available primary care, dental, and mental health providers overall, community input suggests that health care is often unaffordable. Community input also included

concerns about how few primary, dental, and specialty care providers accept Medi-Cal. The community indicated that undocumented immigrants are accessing health care less often in recent years due to the political climate. Access to care and coverage was a top concern in both the CHNA process and CBAC scoring processes and offered many opportunities to leverage Kaiser Permanente assets.

Mental Health and Well-being. KFH-South San Francisco residents and representatives of various vulnerable groups (e.g., LGBTQI, Pacific Islanders) expressed a greater need for behavioral health care. Economic insecurity (including housing instability) was discussed as a driver of poor mental health and substance use. Statistical data suggest that there are significantly⁴ fewer social associations (e.g., civic organizations, recreational clubs, and the like) per capita in the service area (4.5 per 10,000 people) compared to the state average (6.5); social associations contribute to personal well-being. A common theme in community input was the co-occurrence of poor mental health and substance use. Committee members agreed that this health need, also a top priority in both the CHNA and Committee scoring processes, offers many opportunities to leverage both Kaiser Permanente and community assets.

Healthy Eating/Active Living. Healthy eating, together with active living, was prioritized by as a health need in the KFH-South San Francisco service area by the community. This need includes concerns about diabetes, obesity, fitness, diet, and nutrition, and access to food and recreation. The KFH-South San Francisco community expressed concern about the rising number of children and youth being diagnosed with diabetes. They also identified diabetes as an issue disproportionately affecting individuals experiencing homelessness. Committee members agreed this is both a priority health need and one where Kaiser Permanente can leverage its own and community assets to have an impact.

Economic Security (Including Housing and Homelessness). Economic security, as well as housing and homelessness, were of chief concern to the KFH-South San Francisco community. The community emphasized the relative lack of affordable housing and the poor quality of the affordable housing that is available in the county. Community members also described stress about the high costs of housing and lack of affordable rent as another major priority; the community linked housing instability with mental health. Moreover, the community shared how economic instability and stress were increasing for those with middle incomes; community members described the growing call for help with basic needs among those with middle incomes for whom services are lacking as they do not qualify for most assistance programs. Although Committee members have not always felt that Kaiser Permanente could have make a significant impact on this complex problem, they were persuaded by its placement among the community's priorities emerging from the CHNA process and by the ability to leverage multiple Kaiser Permanente assets (beyond local grant-making).

VIII. KFH-South San Francisco's Implementation Strategies

A. About Kaiser Permanente's Implementation Strategies

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

KFH-South San Francisco 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: Health Care Access and Delivery

Long term goal	All community members have access to high quality, culturally and linguistically appropriate health care services in coordinated delivery systems
Intermediate goal(s)	<ul style="list-style-type: none"> ● 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
Strategies	<ul style="list-style-type: none"> ● Address transportation barriers (e.g., ride-share partnerships with providers and non-profits to reach appointments), especially for low-income seniors

- Support access to oral health care (e.g., mobile vans, Denti-Cal providers, access to dentures) for low-income residents
- Increase capacity of organizations to conduct effective outreach and navigation to vulnerable populations to connect them to care
- Provide subsidies/ support for non-Medi-Cal eligible patients
- Promote systems for resource-sharing among providers to enhance and integrate referral networks
- Increase FQHC and health system capacity to screen and refer clients to social, non-medical services (e.g., food, housing, employment) by providing training and information-sharing opportunities
- Support partnerships with food banks for CalFresh enrollment and food pharmacy programs
- Support training/ recruitment of diverse health and social system navigators who match patients' demographics
- Support screening for social non-medical service needs and connect low-income individuals and families to community and government resources (Thrive Local)
- 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
- Participate in Medi-Cal Managed care
- Provide Charitable Health Coverage
- Provide Medical Financial Assistance
- 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)
- School for Allied Health expanding access to training and certificate programs for underrepresented individuals

Expected outcomes

- Increased outreach to vulnerable populations that helps them access comprehensive health care coverage
- Increased outreach to vulnerable populations that helps them navigate and connect to subsidized care
- Increased enrollment in CalFresh
- Reduced financial barriers to care by increasing access to Medical Financial Assistance
- Increased access to trained navigators and community health workers that connect low-income and vulnerable populations to social non-medical services

- Increased opportunities for diverse, culturally competent workers to enter the health care workforce

Health need #2: Mental Health and Well-being

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)	<ul style="list-style-type: none"> • Increase capacity of organizations and institutions to provide trauma-informed services and programs • Increase access to 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	<ul style="list-style-type: none"> • Provide training in culturally appropriate trauma-informed care (e.g., younger staff; staff in after-school programs) • Support programs/initiatives that reduce stigma associated with seeking help for behavioral health/substance use problems • Support programs that address adolescent suicide and suicide ideation • Support programs that use Evidence-Based Programs (EBPs) to address substance use/ addiction (e.g., among methamphetamine users) • Support the capacity of clinics, schools or other community-based organizations to provide trauma-informed care to youth • 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 Kaiser Permanente employees as partners in reducing stigma towards mental health conditions • Provide KP's Education Theater program, Resilience Squad • Participate in Medi-Cal Managed care • Provide Charitable Health Coverage • 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
Expected outcomes	<ul style="list-style-type: none"> • Increased scope and availability of trauma-informed services and programs available through programs serving vulnerable populations • Increased screening and referrals to behavioral health care services for low-income and vulnerable populations, especially youth (in settings such as FQHCs)

- and schools)
- Reduced adolescent suicide/ideation
- Increased access for vulnerable populations to a diverse, well-trained behavioral health care workforce that provides culturally competent care
- Increased help-seeking for behavioral health issues and misuse of drugs and alcohol prompted by stigma reduction campaigns

Health need #3: Healthy Eating / Active Living

Long term goal	All community members eat better and move more as part of daily life
Intermediate goal(s)	<ul style="list-style-type: none"> • Reduce food insecurity among low-income families and individuals • Increase access to safe parks and public spaces • Increase variety of physical activity programming to meet needs of specific populations (e.g., seniors)
Strategies	<ul style="list-style-type: none"> • Increase regular access to healthy foods to reduce food insecurity among vulnerable populations • Support partnerships between food security agencies and other services (e.g., housing, employment) to connect low-income individuals to resources that reduce food insecurity • Increase number and accessibility of safe parks and public spaces (e.g., within walking distance of low-income neighborhoods that lack outdoor play/recreational spaces) • Promote variety of physical activity among specific populations (e.g., seniors or others with disabilities who are chair-bound; culturally appropriate activities) • Support outreach and enrollment campaigns to increase CalFresh enrollment for eligible community members (Food for Life)
Expected outcomes	<ul style="list-style-type: none"> • Reduced food insecurity among low-income clients of community agencies in new partnerships food security agencies • Increased number of safe parks and public spaces within walking distance of low-income neighborhoods lacking outdoor play/recreational space • Increased access for seniors and people with disabilities to physical activity programming

Health need #4: Economic Security (Including Housing & Homelessness)

Long term	All community members have access to quality, affordable, and stable housing
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goal	
Intermediate goal(s)	<ul style="list-style-type: none"> • Prevent individuals and families from falling into homelessness • Increase connections to supportive services for individuals experiencing homelessness
Strategies	<ul style="list-style-type: none"> • Support programs that aim to keep people in their homes (e.g., frail elderly) • Improve follow-up/support for newly housed (to prevent homelessness “relapse”) • Support individualized case management and advocacy for people experiencing homelessness • Support programs that decrease indignities of living rough (on streets, in cars) — e.g., shower access, safe parking for people living in cars/vans • Partnership with KP Division of Research to develop a predictive model for housing instability • Funding to strengthen local homeless system of care through the Housing and Health Initiative
Expected outcomes	<ul style="list-style-type: none"> • Reduced homelessness among vulnerable populations (e.g., frail elderly) • Increased access to individualized case management to connect people experiencing homelessness to supportive services • Increased access to services for unhoused populations (e.g., people living in cars/vans)

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 CHNAs, to improve the effectiveness of our work and demonstrate our impact. The CHNAs 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-South San Francisco 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-South San Francisco tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs KFH-South San Francisco does not intend to address

In considering which health needs to address, the KFH-South San Francisco CBAC members recognized that many health needs overlap and that a strong case could be made for addressing any of those that emerged from the CHNA process. The four selected priority health needs took into account community and partner input as well as the criteria of feasibility of intervening, leveraging both community and Kaiser Permanente assets, and the availability of evidence-based programs and practices.

The health needs below did not score as highly as the four priority health needs described above and will not be addressed directly by the recommended strategies.

- **Economic Security.** The main driver of economic insecurity in the South San Francisco area (and in the Bay Area and California overall) is high housing costs that consume excessive proportions of family income, making it difficult for working families to afford basic necessities. KFH-South San Francisco agreed that by addressing housing and homelessness specifically, the main component of economic security is being addressed. In addition, food security issues are partially addressed within the Healthy Eating / Active Living priority health need.
- **Oral/dental health.** Oral health did not emerge as a priority health need through the CHNA process. However, it was raised during the Implementation Strategy process by partner agencies, who suggested including oral health access under the Access to Care health need and focusing on specific populations with gaps in care (e.g., seniors).
- **Cancer.** Cancer also did not emerge as a priority health need through the CHNA process. As a result, it was not selected as one of the priority health needs by KFH-South San Francisco. However, some of the risk factors that are correlated with many cancers—particularly unhealthy diets and lack of physical activity—are the focus of the Healthy Eating / Active Living priority health need. Strategies for that health need address lifelong health habits for children and youth, as well as healthier eating habits and increased mobility for people of all ages. In addition, the Access to Care health need supports access to ongoing care that could lead to regular screening, which in turn supports early detection of common cancers.
- **Environment.** Environmental interventions were viewed as less feasible than others, requiring resources and a scale of intervention beyond the scope of community grant-making.