



2019 Implementation Strategy Report

Kaiser Foundation Hospital: Walnut Creek

License number: 140000290

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-Walnut Creek

Contents

- I. General information..... 3
- II. About Kaiser Permanente (KP) 4
- III. About Kaiser Permanente Community Health 4
- IV. Kaiser Foundation Hospitals—Walnut Creek Service Area 5
 - A. Map of facility service area 5
 - B. Geographic description of the community served (towns, counties, and/or zip codes) 5
 - C. Demographic profile of community served..... 6
- V. Purpose of Implementation Strategy 6
 - List of Community Health Needs Identified in 2019 CHNA Report..... 6
- VI. Who was involved in the Implementation Strategy development..... 7
 - A. Partner organizations..... 7
 - B. Community engagement strategy 7
 - C. Consultant(s) used 11
- VII. Health needs that KFH-Walnut Creek plans to address 12
 - A. Process and criteria used 12
 - B. Health needs that KFH-Walnut Creek plans to address 13
- VIII. KFH-Walnut Creek’s Implementation Strategies 13
 - A. About Kaiser Permanente’s Implementation Strategies 14
 - B. 2019 Implementation Strategies by selected health need 14
 - C. Our commitment to Community Health 17
- IX. Evaluation plans 18
- X. Health needs KFH-Walnut Creek does not intend to address 19

I. General information

Contact Person:	Deneen Wohlford, 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:

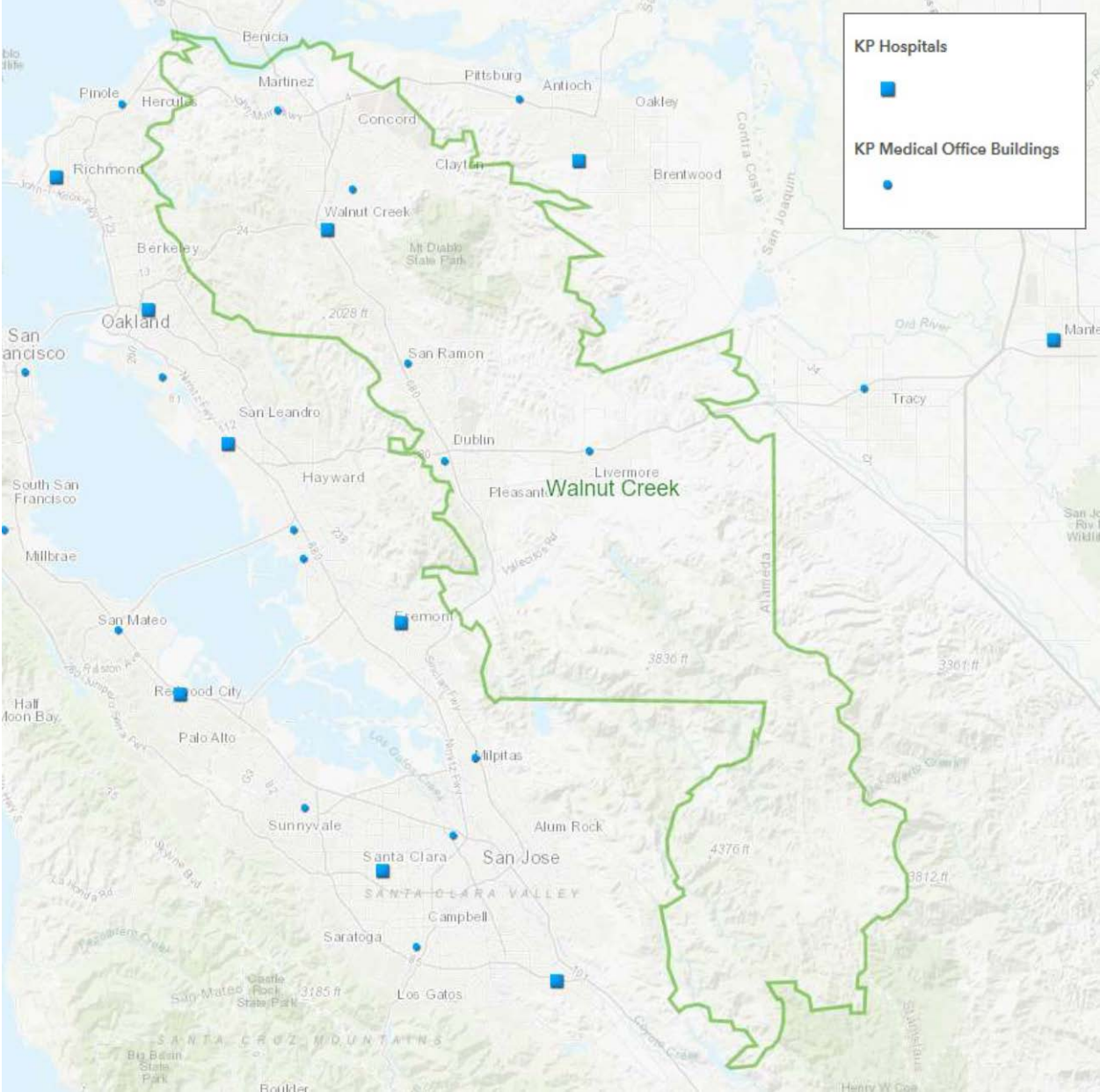
- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community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

A. Map of facility service area



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

The KFHWalnut Creek area includes communities in Contra Costa and Alameda counties. The major cities and communities are Dublin, Livermore, and Pleasanton in Alameda County and Alamo, Concord, Danville, Lafayette, Martinez, Moraga, Orinda, Pacheco, Pleasant Hill, San Ramon, and

Walnut Creek in Contra Costa County. The map above shows the service area, which also includes unincorporated areas.

C. Demographic profile of community served

The KFH-Walnut Creek service area is relatively diverse. Approximately 18% of residents are Asian. Nearly 15% of residents have Latinx heritage. Over 5% of the population is of two or more races. About 70% of the population is White alone.

Race/ethnicity		Socioeconomic Data	
Total Population	750,746	Living in poverty (<100% federal poverty level)	6.2%
Asian	18.4%	Children in poverty	6.3%
Black	2.5%	Unemployment	3.0%
Hispanic/Latino	14.5%	Uninsured population	5.5%
Native American/Alaska Native	0.3%	Adults with no high school diploma	5.8%
Pacific Islander/Native Hawaiian	0.4%		
Some other race	3.3%		
Multiple races	5.4%		
White	69.6%		

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-Walnut Creek’s planned response to the needs identified through the 2019 CHNA process. For information about KFH-Walnut Creek’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-Walnut Creek service area through the 2019 CHNA process.

1. Behavioral Health
2. (Tie) Economic Security
2. (Tie) Housing and Homelessness
4. Health Care Access and Delivery
5. (Tie) Education and Literacy
5. (Tie) Health Eating/Active Living

7. Community and Family Safety
8. Transportation and Traffic
9. Climate/Natural Environment

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

KFH-Antioch and KFH-Walnut Creek worked together to develop their Implementation Strategy. The hospitals share a Community Benefit Manager and Community Health Investment Committee, as well as additional partners who collaborated with Kaiser Permanente on both the CHNA and Implementation Strategy processes. They include John Muir Health, Sutter Health, and Contra Costa Health Services. KFH-Walnut Creek partners include John Muir Health, Stanford Health Care—Valley Care and the Alameda County Public Health Department.

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.

KFH-Walnut Creek sought input from community partners in both Contra Costa and Alameda counties. On August 6, 2019, over 80 partners of KFH-Antioch, KFH-Walnut Creek, Contra Costa Health Services, and other Contra Costa hospital and health system partners gathered at John Muir Health's Walnut Creek Medical Center. A similar meeting was held in San Leandro on August 29, 2019, co-sponsored with the Alameda County Public Health Department and other Alameda County hospital and health system partners. The Alameda County session drew 110 participants active in a range of health need topic areas across the county, including the Tri-Valley area served by KFH-Walnut Creek.

During both meetings, partners received a brief overview of the CHNA process and how the health needs had been prioritized, 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 in part from an outcomes menu developed by Kaiser Permanente's Northern California Region Community Benefit team to guide investments and strategies from 2020-22.

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

1. **What work is already happening** in Contra Costa/Alameda 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?

In the Contra Costa partner input session, participants were divided into eight smaller groups for guided discussions, with a hospital/health system table leader/facilitator and notetaker staffing each group.

The eight groups included:

- Health Care Access and Delivery (2 groups)
- Behavioral Health (2 groups)
- Economic Security (2 groups)
- Housing and Homelessness
- Community and Family Safety

In Alameda County, participants divided into 10 groups, including:

- Health Care Access and Delivery (2 groups)
- Behavioral Health (2 groups)
- Economic Security (2 groups)
- Healthy Eating / Active Living
- Housing and Homelessness
- Education and Literacy
- Community and Family Safety

Each group reported highlights from the table discussions to the larger group; notes from each group discussion also were shared with the partners to develop their own Implementation Strategies. Highlights from the discussions most relevant to the KFH-Antioch and KFH-Walnut Creek health needs are provided below.

Access to Care and Coverage. Two groups in Contra Costa County addressed a range of topics related to access to care, including Medi-Cal outreach, uninsured populations, navigating care, health homes, non-medical social services, and the capacity of community clinics. Participants noted that a great deal of effective work is already in place in Contra Costa among community-based organizations (CBOs) and Federally Qualified Health Centers, including access to *promotoras*, navigators, and volunteers who help patients find their way to and through complex systems and referral networks. However, some subpopulations and subgeographies within the county remain hard to reach and do not have access to the resources available to others. More infrastructure is needed, along with increased outreach to populations such as those not eligible for insurance or isolated by language and cultural barriers.

Similar themes were raised in the Alameda County session. Participants were concerned about many subpopulations within Alameda County who are particularly vulnerable and lack access to care. Many programs are responding to these needs with targeted outreach and bilingual/bicultural staff but

recognize that more is needed. Suggestions to improve access to care include sharing data about different services (especially non-medical services) to better coordinate care, increasing the social work and case management workforce (e.g., with loan forgiveness, stipend, and pipeline programs), and strengthening existing partnerships and identifying opportunities for more interaction among local partners.

These concerns are addressed through strategies that increase the capacity of organizations to conduct effective outreach and navigation to connect vulnerable populations to care; capacity support for free clinics and those serving hard-to-reach populations; and increased capacity to screen and refer clients to social, non-medical services.

Behavioral Health. As with the broader Access to Care discussions, participants in the Contra Costa groups noted that significant work is already in place to improve access to behavioral health services, but that more is needed—particularly in terms of outreach to those who need services the most and are least likely to stay engaged and connected with service systems over time. Participants noted that schools are not always engaged with the systems around them and could be conduits for helping people understand and access behavioral health support. Finally, participants suggested more public-private partnerships to increase capacity across the county.

The second behavioral health group focused on Adverse Childhood Experiences (ACEs), trauma (especially within the K-12 system), and resilience. Although the topic areas appear to focus on children, participants noted that trauma needs to be addressed across the lifespan, including helping adults heal from trauma they may have experienced as children. Gaps included finding ways to change systems (e.g., by addressing trauma more comprehensively within and across systems) and especially changing mindsets embedded in structures and systems (e.g., institutional racism) that are perpetuated and reinforced, adversely affecting children of color.

In Alameda County, participants noted that trauma-informed approaches have extended to many systems and agencies, but additional training (both for initial awareness of these approaches and deeper practice topics) is needed. Community partners and groups see great potential in initiatives such as screening for ACEs in pediatric settings and increased funding for home visiting programs, as well as behavioral health partnerships with school systems. Partners also are interested in how technology could advance both practice (via online training) and access (via telehealth options).

These concerns are addressed by strategies that increase access to trauma-informed services and training in school systems and for organizations serving vulnerable populations (such as re-entry, foster care, transition aged youth, and survivors of domestic violence) and support expanded telehealth services.

Economic Security. While some helpful workforce development and job training programs and initiatives are in place in Contra Costa County, participants in this group discussion found them to be scattered and difficult to access. To increase access to food in general and healthier foods in particular, participants discussed expanding mobile food and vegetable distribution sites, training all related organizations as entry points for wraparound services, and disseminating more information to employers to build awareness.

In Alameda County, participants are encouraged by workforce development and job training initiatives, but fear these advances are quickly outpaced by high housing costs that make it difficult to

maintain livable wages in the Bay Area and contribute to the risk of homelessness. Participants see potential for stronger connections to community colleges, providing more wraparound services for students and their families, focusing on literacy, collaborating across counties (youth and families move across county lines), and incorporating more workforce development into school curricula. Connecting food security to economic security, participants recommended closer partnerships between agencies that offer support and services (such as clothing, immigration, legal aid, and more) to food pantries, food banks, and farmers' markets, noting that many at risk for food insecurity may not see themselves in that category (e.g., eligible for CalFresh).

These concerns are addressed by strategies that support training and employment assistance for those re-entering the workforce, and food distribution programs for low-income families and individuals.

Housing and Homelessness. Early reports on implementation of the Coordinated Entry system (which customizes different housing options based on the acuity of needs) are positive, although again the demand for services and support far exceeds the supply. Participants are concerned about increasing demand for shelters and support as housing prices continue to rise, expressing particular concern about seniors and transition-aged youth graduating from the child welfare system. Flexible and emergency funding were cited as effective solutions that may prevent evictions and homelessness for relatively small amounts of funding.

To prevent homelessness and/or support those living in their cars or on the streets in Alameda County, participants recommended supporting non-profit partners (such as churches) to open their parking lots as safe places to park overnight, and providing services such as mobile showers. Working with specific populations at risk—such as frail seniors—could help them remain in their homes while providing housing for roommates. Participants noted the role of domestic violence in placing women at risk for homelessness; this is particularly acute for recent immigrants who are isolated by language and culture. In addition, while Coordinated Entry programs have helped identify those at greatest risk, participants were concerned about those still at risk who did not meet the Coordinated Entry thresholds.

These concerns are addressed with strategies that support outreach, navigation, and case management to connect individuals to Coordinated Entry services, as well as training and employment assistance for people experiencing homelessness.

	Data collection method	Title/name	Number	Notes (e.g., input gained or role in IS process)
Organizations				
1	Group Discussion	Partner Input Session for Contra Costa County partners	80	Community organizations focused on these health needs (some on more than one): <ul style="list-style-type: none"> • Behavioral Health (16) • Healthy Eating / Active Living (10) • Access to Care (11) • Housing/Homelessness (4) • Economic/Food Security (9) • Education/Literacy (10) • Community/Family Safety (7)
1	Group Discussion	Partner Input Session for Alameda County partners	110	Community organizations focused on these health needs (some on more than one): <ul style="list-style-type: none"> • Behavioral Health (19) • Healthy Eating / Active Living (18) • Health Care (23) • Housing/Homelessness (9) • Economic/Food Security (6) • Education/Literacy (20) • Community/Family Safety (12)
4	Webinars	Partner Input via online Webinar	6	Representatives of Economic/Food Security, Education/Literacy, Behavioral Health, Healthy Eating / Active Living, Housing/Homelessness, and Community/Family Safety organizations

C. Consultant(s) used

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.

Nicole Young is the sole proprietor and principal of **Optimal Solutions Consulting (OSC)**, a management consulting firm based in Santa Cruz County that provides training, coaching, facilitation, and strategic planning to increase organizational effectiveness and systems-level impacts.

Both consultants, individually and together, have served a range of local, state, and national clients including government agencies, First 5 Commissions, educational entities, community foundations, professional associations, and many small and large nonprofits and coalitions in the health, human services, and early education sectors.

VII. Health needs that KFH-Walnut Creek plans to address

A. Process and criteria used

In July 2019, members of the Diablo Area Community Health Investment Committee met to select priority health needs from among those that had emerged from the CHNA process. The following Kaiser Permanente positions were represented:

- Assistant Medical Group Administrator
- Continuum of Care Director
- Dermatologist
- Interim Senior Vice President and Area Manager
- Public Affairs Director

The group reviewed the results of the CHNA, demographic data, and indicators and community concerns (especially those related to health disparities). The group then used individual worksheets to apply a rating scale (with a score of 3 for high priority, 2 for medium, and 1 for low) to assess each health need in terms of the following criteria:

- **CHNA priority for each health need** (pre-assigned as high, medium, or low)
- **Leveraging community assets** (i.e., whether there are opportunities to collaborate with existing community-wide partnerships, build on current programs or emerging opportunities, or partner with other community assets)
- **Evidence-based or promising approaches** (i.e., whether there are effective, evidence-based or promising strategies to be applied to address the health need)
- **Leveraging KP expertise and/or assets** (i.e., whether Diablo Area hospitals could make a meaningful contribution to addressing the need), and
- **Feasibility** (whether Diablo Area hospitals have the ability to make an impact, given the resources available).

As noted above, in the scoring process, the priorities emerging from the CHNA were pre-scored. The “leveraging KP expertise and/or assets” rating was given double weight compared to the others because it was considered the single most relevant criterion for selecting local strategies to emphasize in the service area. Members engaged in a discussion about where Kaiser Permanente could reasonably expect to have an impact and how (and even whether) feasibility could be determined.

The voting process yielded two top priorities: Behavioral Health and Health Care Access and Delivery. The next tier of votes yielded a tie between Education and Literacy and Health Eating/Active Living. The group discussed the overlap across the health needs of Economic Security, Healthy Eating/Active Living, Education and Literacy, and Housing and Homelessness. With subsequent discussion, the group agreed to focus Implementation Strategies on Behavioral Health, Health Care Access and Delivery, and Economic Security (with elements of food security, housing, and education strategies incorporated within it, based on input from the community engagement/partner input session described above).

B. Health needs that KFH-Walnut Creek plans to address

Behavioral Health

The community emphasized depression and stress, as well as the co-occurrence of mental health and substance use. KFH-Walnut Creek community members also identified trauma and adverse childhood experiences (ACEs) as other drivers of behavioral health problems. Moreover, the community described the impact of discrimination and institutionalized racism as generational trauma, which has contributed to health disparities.

Behavioral Health was the top priority to emerge from the CHNA process and also received the highest overall score from the KFH-Antioch and KFH-Walnut Creek Community Health Investment Committee. Committee members also gave this health need the highest scores for the potential of leveraging community assets, evidence-based or promising practices, ability to leverage Kaiser Permanente expertise, and feasibility of making an impact.

Health Care Access and Delivery

Too often, common medical conditions that could be controlled through preventive care and proper management—such as asthma, cancer, and heart disease/stroke—are instead exacerbated by barriers to access, which can lead to premature death. While the service area has high rates of available primary care, dental, and mental health providers compared to the state, community experts voiced a concern that low reimbursement rates for clinicians prevent them from offering services to Medi-Cal patients. This was identified as an issue especially with respect to dental services in the KFH-Walnut Creek service area. With regard to health care delivery, many focus group participants and key informants in the KFH-Walnut Creek service area expressed alarm about health care access barriers faced by immigrants who are either ineligible for Medi-Cal due to their immigration status, or fearful of being deported if they should access services for which they are eligible.

Health Care Access and Delivery received the second highest overall score from the CHIC and was fourth among the CHNA priorities. Committee members scored this health need almost identically to the scores for Behavioral Health, with a marginally lower score for the existence of evidence-based and promising practices.

Economic Security

Key informants and focus group participants in the service area discussed food insecurity, risk of homelessness, and employment. Residents emphasized that while there may be plenty of jobs in the local area, they do not pay enough considering the high cost of living. Key informants and focus group participants also suggested that individuals with lower incomes may have a harder time accessing care and cited the stress of economic instability as one of the most pressing drivers of poor mental health.

Although Economic Security was not a top priority in the Committee's scoring and voting results, upon discussion, Committee members noted that other health needs overlap significantly with Economic Security and that it is a key driver of health. Investing in upstream prevention to improve economic security can have lasting, significant health impacts. A focus on healthy food security, job training, and supporting the homeless system of care are specific strategies that can improve economic security in the KFH-Walnut Creek area.

VIII. KFH-Walnut Creek’s Implementation Strategies

A. About Kaiser Permanente’s Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH-Walnut Creek has a long history of working internally with Kaiser Foundation Health Plan, the 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-Walnut Creek 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-Walnut Creek welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH-Walnut Creek 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: 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)	<ul style="list-style-type: none"> ● Increase capacity of organizations and institutions to provide trauma-informed services and programs ● Enhance community supports to mitigate impact of ACEs ● 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

Strategies	<ul style="list-style-type: none"> • Increase access to trauma-informed services and training within (and around) school systems and organizations serving vulnerable populations (re-entry, foster care, transition aged youth, domestic violence) • Support programs providing trauma and ACEs training for school staff and/or self-care for teachers • 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 KP employees as partners in reducing stigma towards mental health conditions • Provide KP's Education Theater program, Resilience Squad • 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) • 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 prompted by stigma reduction campaigns

Health need #2: 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)	<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"> • Increase capacity of organizations to conduct effective outreach and navigation to vulnerable populations to connect them to care • Provide capacity support for free clinics and those serving hard-to-reach populations • Increase FQHC and health system capacity to screen and refer clients to social, non-medical services (e.g., food, housing, employment) • Support screening for social non-medical service needs and connect low-income individuals and families to community and government resources • Participate in Medi-Cal Managed care • Provide Charitable Health Coverage • Provide Medical Financial Assistance
Expected outcomes	<ul style="list-style-type: none"> • 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 • 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 #3: Economic Security

Long term goal	All community members are economically secure in order to thrive
Intermediate goal(s)	<ul style="list-style-type: none"> • Improve economic vitality of local and diverse businesses • Increase in enrollment and participation in public benefit programs • Improve job readiness for people with barriers to employment • Increase connections to supportive services for individuals experiencing homelessness or at-risk of homelessness • Reduce food insecurity among low-income families and individuals
Strategies	<ul style="list-style-type: none"> • Provide support for programs that offer training and employment assistance to re-entry and homeless populations • Support outreach, navigation, and case management that connects individuals to coordinated entry services • Support food distribution programs that provide nutritious foods to low-income families and individuals

	<ul style="list-style-type: none"> • Support outreach and enrollment campaigns to increase CalFresh enrollment for eligible community members (Food For Life) • Funding to strengthen local homeless system of care through the Housing and Health Initiative • Implement health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers (KP LAUNCH) • Increase baseline spend for local and diverse businesses
Expected outcomes	<ul style="list-style-type: none"> • Increased use of local and diverse businesses as suppliers • Increased enrollment and participation in public benefit programs (e.g., CalFresh) • Improved job readiness for people with barriers to employment (especially due to re-entry, domestic violence, immigration status, homelessness) • Increased connections to supportive services (e.g., Coordinated Entry) for individuals experiencing homelessness • Reduced food insecurity among low-income families and individuals through access to nutritious foods via school, health, and community partner settings

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-Walnut Creek 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-Walnut Creek tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs KFH-Walnut Creek does not intend to address

Elements of Education and Literacy, Housing and Homelessness, and Healthy Eating / Active Living were incorporated into the Economic Security health need, particularly food security, job readiness, employment assistance, and navigation/case management services for people at risk for or experiencing homelessness.

Health needs identified in the CHNA but not addressed in the Implementation Strategy include Community and Family Safety, Transportation and Traffic, and Climate/Natural Environment.

Community and Family Safety received lower scores in terms of evidence-based or promising approaches, leveraging Kaiser Permanente expertise or organizational assets, and the feasibility of making an impact. Elements of the Access to Care and Behavioral Health strategies address the needs of survivors of violence, such as addressing trauma through the educational and behavioral health systems and connecting people to social, non-medical services. This is also the case with job training strategies under Economic Security.

Transportation and Traffic and Climate/Natural Environment were both lowest on the list of CHNA priorities and on the CHIC rankings, receiving the lowest scores for feasibility, as well as for evidence-based/promising practices. Even though both affect health outcomes, CHIC members were concerned that they would not be able to make much of an impact. However, some of the improvements in health care access and delivery (such as connecting low-income children and families to care for asthma) offer potential ways to address the effects of poor air quality and pollution within the service area.