



# 2019 Implementation Strategy Report

Kaiser Foundation Health Plan of Washington

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Approved by Kaiser Foundation Health Plan of Washington Board of Directors

June 24, 2019

Kaiser Permanente Washington Region Community Health  
IS Report for Kaiser Foundation Health Plan of Washington

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## I. General information

Contact Person:	Kim Wicklund, Community Health Director
Date of written plan:	June 24, 2019
Date written plan was adopted by authorized governing body:	June 24, 2019
Date written plan was required to be adopted:	May 15, 2020
Authorized governing body that adopted the written plan:	Kaiser Foundation Health Plan of Washington Board of Directors
Was the written plan adopted by the authorized governing body on or before the 15 <sup>th</sup> day of the fifth month after the end of the taxable year the CHNA was completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date facility's prior written plan was adopted by organization's governing body:	September 20, 2016
Name and EIN of hospital organization operating hospital facility:	Kaiser Foundation Health Plan of Washington EIN 91-0511770
Address of hospital organization:	1300 SW 27th Street, Renton, WA 98057

## II. About Kaiser Permanente (KP)

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

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

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

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

## III. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

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

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

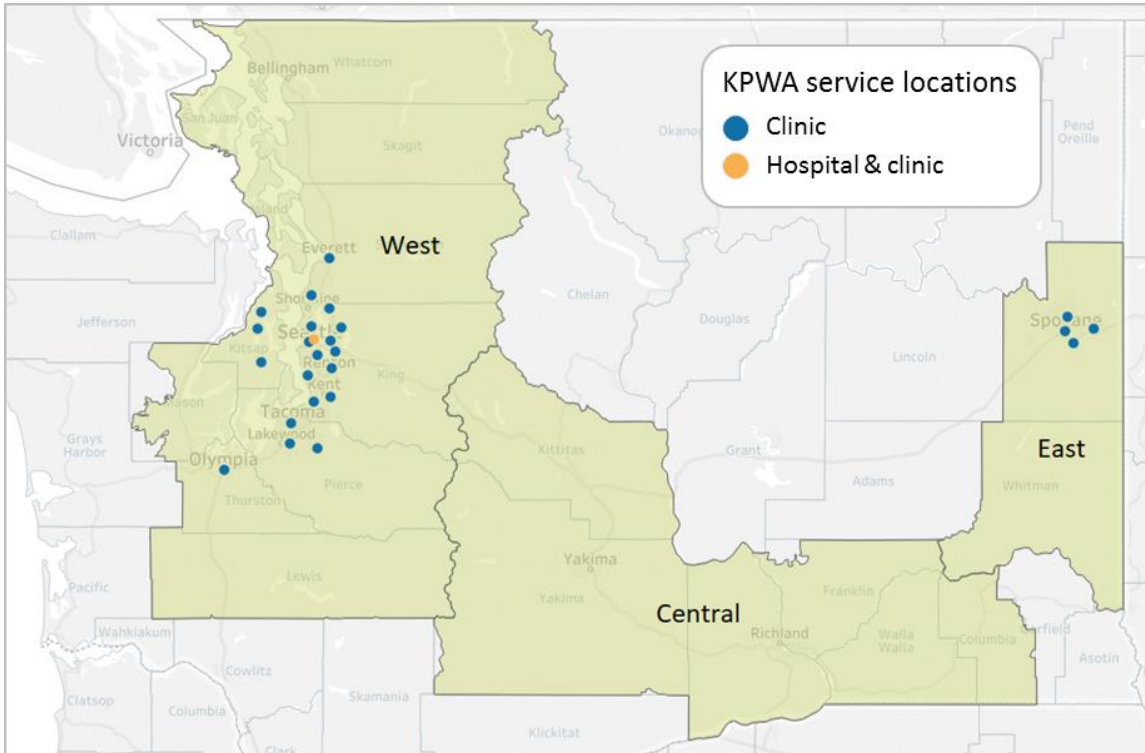
For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs

Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

#### IV. Kaiser Permanente Washington region

##### A. Map of the service area

###### KPWA service areas and locations



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

The Kaiser Permanente Washington (KPWA) region includes 19 of the state's 39 counties in three service areas:

- West service area: Island, King, Kitsap, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Thurston, and Whatcom counties
- Central service area: Benton, Columbia, Franklin, Kittitas, Walla Walla, and Yakima counties
- East service area: Spokane and Whitman counties

With most counties lying along the I-5 corridor, the West service area is the most urban and densely populated. The Central and East service areas are more rural, with several population centers. Major cities are Seattle, Tacoma, Bellevue, Kent, and Everett in the West service area, Yakima and the Tri-Cities (Kennewick, Pasco, and Richland) in the Central service area, and Spokane, Spokane Valley, and Pullman in the East service area.

The total population of the KPWA region is 6,103,015, which is 86 percent of the state's total population. Around three-quarters of the region's population is white. The Central service area has

proportionately the largest Hispanic population; it is also the youngest service area. The East service area has the highest white population and is the oldest, and the West service area is the most racially diverse.

### C. Demographic profile of community served

**Demographic profile:** Kaiser Permanente Washington region

<b>Race/ethnicity</b>		<b>Socioeconomic data</b>	
Total Population	6,103,015	Living in poverty (<100% federal poverty level)	12.6%
<b>Race</b>		Children in poverty	16.2%
Asian	8.6%	Unemployment	4.3%
Black	4.0%	Adults with no high school diploma	8.9%
Native American/Alaska Native	1.2%		
Pacific Islander/Native Hawaiian	0.7%		
Some other race	3.6%		
Multiple races	5.5%		
White	76.4%		
<b>Ethnicity</b>			
Hispanic	11.5%		
Non-Hispanic	88.5%		

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

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

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

1. Economic security
2. Mental health
3. Access to care
4. Healthy eating and active living
5. Unhealthy substance use
6. Climate and health

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

### A. Partner organizations

Kaiser Permanente Washington conducted this Implementation Strategy independently. However, KPWA takes into consideration priorities identified by King County Hospitals for a Healthier Community, a hospital/public health coalition of which KPWA is a member.

In addition, KPWA staff participated in priority setting exercises with three collaboratives in the KPWA region: Healthy King County Coalition and Thurston Thrives in the West service area and Priority Spokane in the East service area.

### B. Community engagement strategy

While not required by Federal CHNA regulations, Kaiser Permanente requires all KFH facilities and regions 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 and regions 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.

**Kaiser Permanente Washington internal stakeholder survey:** The KPWA Community Health team invited over 600 KPWA staff and clinicians to participate in an online survey to answer the question: *Of the 6 health needs that emerged from the community health assessment, which 3 do you believe KP Washington is able to impact by leveraging our organizational assets?* Stakeholders were selected to participate because of their connection with the communities KPWA serves, either through their professional roles or participation on a related KPWA interest group. More than half responded (336 individuals) and rated their *first, second, and third* choice health needs. Each selection was given up to 3 points: *first choice* = 3 points; *second choice* = 2 points; *third choice* = 1 point. Points were added together in each health need area. The higher the point total, the higher the health need ranked as an area that KPWA is able to impact.

Stakeholders clearly ranked *access to care* and *mental health* as the top areas where KPWA could have an impact by leveraging organizational assets—these two health needs were awarded nearly 60% of the available points. *Healthy eating & active living* and *economic security* followed, receiving scores similar to one another. *Unhealthy substance use* and *climate & health* ranked at the bottom and together received just 10% of the available points.

**Community conversations:** The KPWA Community Health team collaborated with three county coalitions to convene community conversations with local organizations, city and county governments, and community residents. The conversations were held in King, Spokane, and Thurston counties. They explored alignment between KPWA's and the communities' health-related priorities and current work, potential strategies to address the priority areas, and existing and prospective partnerships to

support the work. The conversations engaged 78 individuals and focused on mental health and mitigating trauma, improving equity and economic opportunity, increasing access and opportunity for careers, and ensuring community vitality and equity in the areas surrounding KPWA facilities.

The community conversations in Olympia, Spokane and Seattle highlighted the unique challenges each community is facing and the different approaches in how stakeholders are working together to address needs with the resources available. For example, some partner more with city and county services, others with community-based organizations. There was a resounding emphasis to focus on prevention and the upstream determinants that adversely impact vulnerable populations such as low-income residents, trauma-affected youth and adults, and the many who face health inequities. The community conversations led KPWA to recharacterize one of the health needs it will address in this Implementation Strategy, from “healthy eating and active living” to “equitable access to healthy food and physical activity.”

Participants also encouraged KPWA to scale or strengthen capacity in programs and systems that are working well, build out more wraparound support services, “commit to the long haul” in communities, and consider supporting the most influential change agents—movement builders, social media, and advocacy efforts. As a result, KPWA will aim to understand the landscape of services and spheres of influence in each community, as well as which access points will be receptive and supportive for KPWA partnership.



	<b>Data collection method</b>	<b>Title/name</b>	<b>Number</b>	<b>Notes (e.g., input gained or role in IS process)</b>
<b>KPWA staff &amp; clinicians</b>				
1	<i>Kaiser Permanente internal stakeholder survey</i>	<i>Business Resource Groups, Clinical Operations, Community Health Governance Council, Community Health Team, Community Resource Specialists, Economic Opportunity Steering Committee, Health Equity Action Team, Human Resources, Kaiser Permanente Washington Health Research Institute's Social Determinants of Health Workgroup, Marketing, Marketing, Sales and Business Development, Quality, Thriving Schools Advisory Group, Kaiser Permanente Medical Group Community Benefit Committee</i>	336	<i>Conducted February 2019</i>
<b>Community organizations &amp; residents</b>				
2	<i>Community conversation – Thurston County</i>	<i>CHOICE/Cascade Pacific Action Alliance Accountable Community of Health; CIELO; City of Lacey; City of Olympia; City of Tumwater; City of Yelm; Community Foundation of South Puget Sound; ESD 113; Family Education and Support Services; Homes First; Olympia Farmers Market; Olympia Master Builders; Olympia Safe Streets; Partners for Children, Youth &amp; Families; Providence St. Peter Foundation; Puget Sound Energy; Senior Services for South Sound; South Sound Food System Network; South Sound YMCA; The Evergreen State College; Thurston County; Thurston County Chamber of Commerce; Thurston County Commissioners Office; Thurston County Food Bank; Thurston County Prosecuting Attorney; Thurston County Public Health &amp; Social Services; Thurston Economic Development Council; Thurston Mason Behavioral Health Organization; Thurston Transit Oriented Development; Timberland Regional Library; United Way of Thurston County; YWCA of Olympia</i>	39	<i>Hosted by Thurston Thrives, 4/15/19</i>
3	<i>Community conversation – Spokane County</i>	<i>Catholic Charities of Eastern Washington; Central Valley High School; City of Spokane; City of Spokane, City Council; Community Indicators Project of Eastern Washington University; Excelsior Youth Center; Giving Back Packs; Innovia Foundation; Kalispel Tribe of Indians; Numerica Credit Union; Priority Spokane; Providence Health Care; Spokane Fatherhood Initiative; Spokane Housing Authority; Spokane Regional Health District; Spokane Youth 'N Action; St. Margaret's Shelter; Vanessa Behan Crisis Nursery; Volunteers of America; World Relief</i>	21	<i>Hosted by Priority Spokane, 4/23/19</i>
4	<i>Community conversation – King County</i>	<i>Beacon Business Alliance; Beechers Foundation; Center for Multicultural Health; El Centro De La Raza; Healthy King County Coalition; Prevention Coalition; Seattle Children's Hospital; Seattle Parks Foundation; Sustainable Seattle; and community residents</i>	18	<i>Hosted by Healthy King County Coalition, 4/25/19</i>

## C. Consultant(s) used

The Center for Community Health and Evaluation (CCHE) provided support with stakeholder engagement, data analysis and synthesis, and the writing of this report. For over 25 years CCHE has provided evaluation, assessment, and strategic consulting services to foundations and health organizations to improve community health. CCHE brings experience conducting tailored needs assessments and engaging stakeholders to conduct planning and to prioritize strategies based on data. CCHE is part of Kaiser Permanente Washington Health Research Institute.

The Giving Practice, an initiative of Philanthropy Northwest, helps foundations, giving programs and other organizations navigate the changing landscape of today's philanthropy. The Giving Practice provided facilitation for community conversations to inform the Implementation Strategy with a process designed to deepen trust, encourage healthy debate, and benefit from the combined experience of participants. The sessions allowed opportunities for small group discussions, individual reflection and input, and inviting the collective wisdom of the room as KPWA considers its approach and areas for impact in each of the communities.

## VII. Health needs that Kaiser Permanente Washington plans to address

### A. Process and criteria used

#### Required criteria:

Before beginning the Implementation Strategy health need prioritization process, KPWA chose a set of criteria to use in selecting the list of health needs. The criteria were:

- **Severity of need:** How severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark
- **Magnitude/scale of the need:** The number of people affected by the health need
- **Clear disparities or inequities:** Differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others
- **Leveraging KP Assets:** KP can make a meaningful contribution to addressing the need because of its relevant expertise, existing strategies, and/or unique business assets as an integrated health system and because of an organizational commitment to improving community health
- **Community prioritizes the issue over other issues:** The frequency with which the community expressed concern about certain health outcomes over others during the CHNA primary data collection
- **Existing attention/resources dedicated to the issue:** The presence of current efforts in the local community devoted to addressing the particular health need
- **Potential for partnering and collaborating with local organizations:** The existence of local organizations working toward addressing particular health needs in the community

KPWA Community Health selected a subset of four health needs to address from the six that were identified in the 2019 Community Health Needs Assessment (CHNA). Through the CHNA process, KPWA used primary and secondary data to rank health needs into high, medium, and low categories based on performance against a state benchmark, presence of disparities in the data, and community priorities. (For more detail on the CHNA process, refer to the KPWA 2019 CHNA report at

[www.kp.org/chna](http://www.kp.org/chna).) The CHNA health needs were then narrowed by internal stakeholders' assessment of KPWA's ability to leverage our assets to address the need (process described above in section VI.B). Community conversations corroborated the four health needs that internal stakeholders chose as the highest priorities. Community members identified local efforts addressing those needs as well as opportunities for KPWA to form partnerships with groups that have local knowledge and expertise.

## B. Health needs that KPWA plans to address

**Access to care.** Access to comprehensive, quality health care services—including having insurance, local care options, and a usual source of care—is important for ensuring quality of life for everyone. In the KPWA region, 9.6 percent of the population is uninsured. The uninsurance rate is highest in the Central service area—14.6 percent (percentages are for a five-year period that includes years before the ACA was fully implemented). Native American, Hispanic, Native Hawaiian/Pacific Islander, and black residents are more likely to lack coverage than whites or Asians. All of the KPWA region has been designated a primary care Health Professional Shortage Area by the Health Resources and Services Administration, except for the urban areas along the I-5 corridor in King, Pierce, and Snohomish counties. Transportation is another barrier to access, especially as people seeking affordable housing move further away from services. Access to care was selected because it received a high ranking in the CHNA prioritization and was identified in the stakeholder survey as a top area of leveraging KPWA assets for impact.

**Economic security.** Social and economic conditions are strongly associated with health, including income, education, food security, and stable housing in good condition. In the KPWA region there is a critical shortage of affordable rental housing, especially in the Puget Sound area, and homelessness is on the rise, with more people unsheltered in 2018 than in 2017.

Persistent economic disparities are evident in numerous communities and neighborhoods in the KPWA region, including poverty, low levels of education, and paying a high percentage of income on housing. People of color face the greatest economic challenges, especially blacks, American Indians and Alaska Natives, Hispanics, and Native Hawaiians and Pacific Islanders.

Several key informants mentioned institutional and structural racism as a key factor that affects the ability of all members of a community to lead a healthy life, describing it as “a catalyst for the poverty that limits other opportunities related to health.” Economic security was selected because of its ranking in the CHNA prioritization and stakeholder survey, as well as a high degree of partnership potential for KPWA to address gaps in existing community efforts and build on community assets.

**Equitable access to healthy food and physical activity.** The physical environment of a community—such as availability of affordable, fresh food and safe places to be physically active—affects residents' ability to exercise, eat a healthy diet, and maintain a healthy body weight. In the KPWA region, approximately a quarter of adults are obese. In general, rural areas in the region have fewer walkable destinations or convenient parks and recreational facilities. People in these areas also live further away from grocery stores and supermarkets that stock healthy foods. Some urban neighborhoods lack convenient food access as well, especially where there are more low-income residents and communities of color. This health need was selected because it received a high ranking in the CHNA prioritization and stakeholder survey processes, along with its close alignment with existing work happening in local communities and the potential for KPWA to partner and collaborate.

Based on input received at the community conversations, the title for this health need was modified to focus on equitable access to healthy food and physical activity.

**Mental health.** Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school, and ability to participate fully in family and community activities. In Washington state, income and poverty are related to mental health—people with higher incomes report better mental health and higher levels of social support. Statewide there is a gap between need for mental health care and resources to meet that need. Except for King, Pierce, and southwest Snohomish counties, the entire KPWA region has been designated a Health Professional Shortage Area for mental health by the Health Resources and Services Administration.

Suicide is the 8th leading cause of death in the KPWA region. Depression and other mental health issues are leading suicide factors, and over a third of those who commit suicide in Washington also have issues with unhealthy substance use. Suicide prevention is seen as a severe need among youth and in tribal communities. Mental health was selected because it received a high ranking in the CHNA prioritization and was identified as a top area of impact in the stakeholder survey. Communities identified numerous partners with whom KPWA could collaborate to address gaps in existing community efforts and build on community strengths.

## VIII. KPWA’s Implementation Strategies

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

As part of the Kaiser Permanente integrated health system, Kaiser Permanente Washington has a long history of working internally with Kaiser Foundation Health Plan, the Washington Permanente Medical Group, 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

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

KPWA 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 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: Access to care**

Long term goal	All community members have access to high quality health care services in coordinated delivery systems.
Intermediate goal(s)	<ul style="list-style-type: none"> <li>• Increase access to comprehensive, quality health care services for low income and uninsured populations.</li> <li>• Improve health care services and delivery systems for low-income and uninsured populations.</li> <li>• Increase access to social non-medical services for vulnerable and low-income populations.</li> <li>• Equitably increase the number of students in KPWA service area who have access to school-based health services, including mental health support.</li> <li>• Improve the health status of students, teachers and staff in schools.</li> </ul>
Strategies	<ul style="list-style-type: none"> <li>• <i>Medicaid</i>. Deploy KPWA resources to provide high-quality medical care to Medicaid participants who would otherwise struggle to access care.</li> <li>• <i>Medical financial assistance</i>. Deploy KPWA resources to provide financial assistance to low-income individuals who receive care at KPWA facilities and can't afford medical expenses and/or cost sharing.</li> <li>• <i>Thrive Local</i>. Deploy a social services resource locator that connects low-income individuals and families to community and government resources, confirms that their needs have been addressed, and incorporates that information into ongoing care plans</li> <li>• <i>Safety net</i>. Strengthen the capacity and sustainability of safety net organizations that address essential medical and social/non-medical needs.</li> <li>• <i>Improved access</i>. Leverage KPWA assets to improve access to healthcare for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of healthcare services.</li> <li>• <i>Transportation</i>. Engage community partners to promote safe transportation, encourage active transportation and address barriers to health access.</li> <li>• <i>School-based health</i>. Support efforts to sustain and expand school-based health centers by leveraging KPWA assets and investing in state and local partnerships.</li> <li>• <i>Equity</i>. Support community-driven efforts to improve structural factors that contribute to poverty and oppression, including family violence, youth detention and institutionalized racism.</li> </ul>
Expected outcomes	<ul style="list-style-type: none"> <li>• Increased access. Low-income and underserved individuals in KPWA communities receive the right care, at the right times, in the right settings.</li> <li>• Improved experience. Low-income and underserved individuals who are served by safety net partners and KPWA are treated with dignity and have their unique needs met.</li> </ul>

- Policy change. KPWA and safety net partners advance a public policy agenda to create conditions that support the health of low-income and underserved individuals and that advance equity.

**Health need #2: Economic security**

Long term goal	All community members experience improved economic security, including access to employment, education and housing opportunities, and other factors that influence health.
Intermediate goal(s)	<ul style="list-style-type: none"> <li>• Increase economic opportunity by how we hire, purchase, invest, build our facilities and partner with communities. Strengthen economic vitality of small to medium sized inner-city businesses.</li> <li>• Increase access to employment and careers that provide a living wage for youth and young adults who face barriers to employment and economic security, focusing on youth of color.</li> <li>• Increase access to safe, affordable housing and support services for people who are homeless or at risk of displacement by leveraging KPWA assets.</li> <li>• Strengthen capacity and sustainability of community coalitions and non-profits working to advance equity, economic opportunity, and improved built environments</li> </ul>
Strategies	<ul style="list-style-type: none"> <li>• <i>Economic opportunity.</i> Support long-term economic vitality of communities near KPWA facilities through purchasing, hiring and workforce development, impact investing, and improvement of the built environment.</li> <li>• <i>Thrive Local.</i> Deploy a social services resource locator that connects low-income individuals and families to community and government resources, confirms that their needs have been addressed, and incorporates that information into ongoing care plans.</li> <li>• <i>CityHealth.</i> Implement/participate in the CityHealth initiative to support cities to adopt and implement evidence-based policies to advance health, prosperity, and equity. Policy priorities related to economic security include earned sick leave, universal pre-kindergarten, and affordable housing/inclusionary zoning. Support specific policy campaigns to advance health, prosperity and equity for a city in the KPWA region.</li> <li>• <i>Housing/homelessness.</i> Increase access to affordable housing and complementary support services; provide direct services to homeless youth and housing insecure families.</li> <li>• <i>Workforce.</i> Leverage KPWA assets to support K-12 and non-profit STEM programs, pre-apprenticeships and apprenticeships to strengthen education and career pathways for communities and individuals under-represented in health care and other STEM fields.</li> <li>• <i>Equity.</i> Support community-driven efforts to improve structural factors that contribute to poverty and oppression, including family violence, youth detention and institutionalized racism.</li> </ul>

Expected outcomes

- Healthy social and economic conditions. People in KPWA communities experience improved economic and educational opportunities, improved family and social support, and other social and economic factors that influence health.
- Policy change. KPWA and our partners advance a public policy agenda to create conditions that support the health of low-income and underserved individuals and that advance equity.

**Health need #3: Equitable access to healthy food and physical activity**

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"> <li>• Improve access to healthy food among low-income, under-resourced communities.</li> <li>• Increase physical activity access to and opportunities among residents in low-income, under-resourced communities.</li> </ul>
Strategies	<ul style="list-style-type: none"> <li>• <i>Thrive Local</i>. Deploy a social services resource locator that connects low-income individuals and families to community and government resources, confirms that their needs have been addressed, and incorporates that information into ongoing care plans.</li> <li>• <i>CityHealth</i>. Implement/participate in the CityHealth initiative to support cities to adopt and implement evidence-based policies to advance health, prosperity, and equity. Policy priorities related to healthy food and physical activity include complete streets, food safety/restaurant inspection rating, and healthy food procurement. Support specific policy campaigns to advance health, prosperity and equity for a priority city in the KPWA region.</li> <li>• <i>Thriving Schools</i>. Implement/participate in the KPWA Thriving Schools Healthy Eating/Active Living (HEAL) initiative to support high-need schools with the adoption and implementation of HEAL policies and practices, and continuously improve the school’s culture of health.</li> <li>• <i>Food for Life</i>. Where possible, deliver a multi-pronged strategy to transform economic, social and policy environments to improve food security for the communities we serve.</li> <li>• <i>Community vitality</i>. Build spaces that are open to the public and strengthen community vitality, blurring the lines between community and KPWA facilities, including gardens, picnic &amp; public event areas, outdoor group meeting spaces, farmers markets &amp; educational garden, exercise &amp; bicycle paths, and children’s play areas, whenever possible.</li> <li>• <i>Equity</i>. Support community-driven efforts to improve structural factors that contribute to poverty and oppression, including family violence, youth detention and institutionalized racism.</li> </ul>

Expected outcomes

- Healthy places. The physical and institutional environments in communities support healthy behaviors and reduce environmental contributors of disease.
- Healthy behaviors. People have greater access to community supports for health-promoting behavior changes and develop the knowledge, skills, and attitudes that support healthy eating and active living.
- Policy change. KPWA and our partners advance a local policy agenda to create conditions that support the health of low-income and underserved individuals and that advance equity.

**Health need #4: Mental health**

Long term goal	All community members experience social emotional health and wellbeing and have access to high quality mental health care services when needed.
Intermediate goal(s)	<ul style="list-style-type: none"> <li>• Increase screening &amp; identification related to mental health/illness among low-income and uninsured populations.</li> <li>• Expand mental health &amp; wellbeing knowledge, skills, and support services for low-income and uninsured populations.</li> <li>• Increase access to appropriate mental health services for vulnerable and low-income populations.</li> <li>• Increase access to social non-medical services for youth, vulnerable and low-income populations.</li> </ul>
Strategies	<ul style="list-style-type: none"> <li>• <i>Thrive Local</i>. Deploy a social services resource locator that connects low-income individuals and families to community and government resources, confirms that their needs have been addressed, and incorporates that information into ongoing care plans.</li> <li>• <i>Thriving Schools</i>. Implement/participate in the KPWA Thriving Schools Resilience in School Environments (RISE) initiative to build student and staff resilience to address trauma and adverse childhood experiences and partner with schools to build capacity to create and sustain multi-tiered systems of mental health supports.</li> <li>• <i>Educational Theatre Program</i>. Promote healthy choices through theatrical productions, experiential learning workshops, and youth engagement workshops.</li> <li>• <i>Community mental health</i>. Partner with community organizations to strengthen relationships, policies and environment to provide coordinated mental health support and trauma informed services.</li> <li>• <i>School-based health</i>. Equitably increase the number of students in KPWA service area who have access to school-based health services, including mental health support.</li> <li>• <i>Equity</i>. Support community-driven efforts to improve structural factors that contribute to poverty and oppression, including family violence, youth detention and institutionalized racism.</li> </ul>



Expected outcomes

- Low-income and underserved individuals living in KPWA communities have increased access to health-promoting systems, environments, programs, community supports, and services related to mental health.
- People develop knowledge, skills, and attitudes that support mental health.

### 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, and 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 preventive medicine, chronic illness management, cancer, mental health, women's health, aging and geriatrics, child and adolescent health, medication use and patient safety, health services and economics, and social determinants of health.
- **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, KPWA 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 Kaiser Permanente Washington leveraged assets. In addition, KPWA tracks outcomes, including behavior and health outcomes, as appropriate and where available.

## X. Health needs KPWA does not intend to address

Two health needs from the 2019 CHNA will not be addressed in this Implementation Strategy. These were not ranked as highly as the other four health needs in either the CHNA prioritization or stakeholder survey processes. Community conversations also did not emphasize these areas as ones where KPWA would have the most opportunity to make an impact. The needs that will not be addressed are:

- Unhealthy substance use
- Climate and health

While these health needs are not the focus of this Implementation Strategy, KPWA may consider investing resources in these areas as appropriate, depending on opportunities for KPWA to leverage its assets in partnership with local communities. This report does not encompass a complete inventory of everything KPWA does to support the health of our communities, including our commitment to environmental stewardship.