2019 Implementation Strategy Report

Kaiser Permanente Colorado

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

March 18, 2020

KAISER PERMANENTE®

Kaiser Permanente Colorado Region Community Health

IS Report for Kaiser Permanente Colorado

Contents

I. General information

Contact Person:	Amy Whited, Executive Director of Marketing, Communications, Community Health & Engagement
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 15th day of the fifth month after the end of the taxable year the CHNA was completed?	Yes ☒ No ☐
Date facility's prior written plan was adopted by organization's governing body:	March 16, 2017
Name and EIN of hospital organization operating hospital facility:	Kaiser Foundation Hospitals, 94-1105628
Address of hospital organization:	One Kaiser Plaza, Oakland, CA 94612

II. About Kaiser Permanente (KP)

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

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

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

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

III. About Kaiser Permanente Community Health

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

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

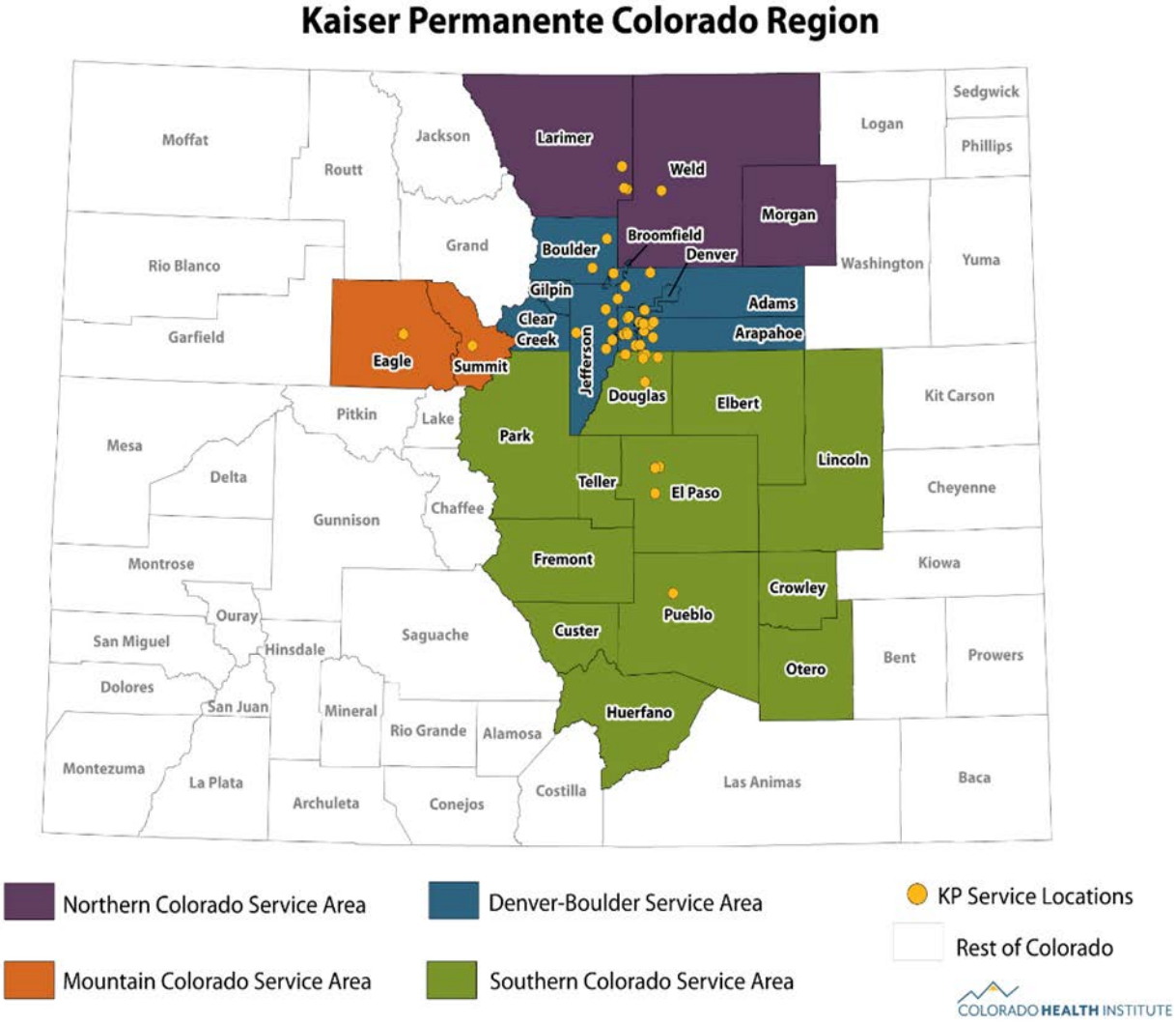
- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community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

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at

making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

IV. Kaiser Foundation Hospitals – Kaiser Permanente Colorado (KPCO) Service Area

A. Map of facility service area



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

KPCO's community is made up of 25 counties encompassing four service areas, including Northern Colorado (Larimer, Morgan, and Weld counties), Southern Colorado (Crowley, Custer, El Paso, Elbert, Fremont, Huerfano, Lincoln, Otero, Park, Pueblo, and Teller counties), Mountain Colorado (Eagle and Summit counties) and Denver-Boulder (Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson counties). Note: Some census tracts in Douglas County are in the Southern Colorado service area, some are in the Denver-Boulder service area. See Appendix G for a list of all KPCO office/service locations.[1]

[1] The Community Health Needs Assessment was completed at a time when KPCO was expanding to Eagle and Summit counties (Mountain Colorado Service Area). As of January 2020, these counties are no longer part of KPCO's service area; therefore, the IS plan will not be implemented in Mountain Colorado.

KPCO serves a geographically diverse area, including the state's most populous urban counties along the Front Range, the mountain rural communities southwest of Denver, the alpine counties west of the Continental Divide, and the plains to the east.

According to the Colorado Department of Public Health and Environment, 16 counties in KPCO's community are classified as urban, six as rural, and three as frontier. The rural counties are on the western slope of the Continental Divide and on the Eastern Plains. Two counties, Custer and Lincoln, are classified as frontier, with a population density of six or fewer persons per square mile. Urban counties fall along the urban Front Range corridor.

Major cities in the region include Aurora, Boulder, Colorado Springs, Denver, Fort Collins, Frisco, Greeley, Loveland, Longmont, and Vail.

KPCO's community includes approximately 87 percent of the population of Colorado. As seen in the demographic profile table below, a majority of residents within the KPCO region (83 percent) identify primarily as White. Nearly 11% of residents identify as Hispanic or Latino; most of these residents live in Adams, Crowley, Denver, Eagle, Otero, Pueblo, and Weld counties.

Other racial and ethnic groups, such as Black and Asian residents, make up less than one to five percent of the remaining population respectively. The majority of the population identifying as people of color or "multiple races" reside in Adams, Arapahoe, Denver, El Paso, Pueblo, and Summit counties.

Approximately 23.5 percent of the population is under 18 years of age, and 12 percent are 65 years of age and older. The county with the youngest median age is Adams, at 32.6 years. The oldest median age is in Custer County, at 54.6 years.

C. Demographic profile: KPCO

Race/ethnicity		**Socioeconomic data**	
Total Population	4,633,008	Living in poverty (<100% federal poverty level)	11.8%
Race		Children in poverty	15.1%
Asian	3.3%	Unemployment	2.9%
Black	4.6%	Adults with no high school diploma	8.8%
Native American/Alaska Native	0.8%		
Pacific Islander/Native Hawaiian	0.1%		
Some other race	4.4%		
Multiple races	3.6%		
White	83.2%		
Ethnicity			
Hispanic	10.9%		
Non-Hispanic	89.1%		

Source: American Community Survey, 2012-2016

V. Purpose of Implementation Strategy

This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes KFH Kaiser Permanente Colorado's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH Kaiser Permanente Colorado'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 KPCO's service area through the 2019 Community Health Needs Assessment process.

1. Substance Use
2. Mental Health
3. Economic Security
4. Access to Primary and Specialty Care
5. Physical Environment to Promote Healthy Eating and Active Living

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

KPCO did not use a partner organization to develop the 2019 IS plan. While KPCO developed their is plan independently, we still value the partnership external community organizations who have helped facilitate our IS plan development in the past.

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.

Community Health staff outreached to trusted partners of KPCO and requested their assistance reviewing and providing feedback on suggested strategies and outcomes for the Implementation

Strategy. Partners were given a document of the KPCO proposed implementation strategies to review and asked to respond to the questions below:

- Based on the strategies included, are there certain populations or geographic areas of Colorado Kaiser Permanente should focus on?
- What will make us more successful in implementing the included strategies?
- Is your organization currently doing anything around these strategies?
- Are you aware of other organizations or groups currently doing work around these strategies?

Feedback demonstrated that the proposed strategies align well with the direction our community partners are headed and where they think KPCO can have an impact. For example, partners recognized KPCO's strength in working with youth and families on mental health and resiliency and want us to continue providing programming and resources to help build the capacity of clinics, schools, and community-based organizations around mental health. Community partners asked us to ensure the community is involved in developing messages. For example, implementation of strategies that are focused on youth would be most powerful if youth are included in creating the messaging. They also encouraged us to focus on populations experiencing the highest health disparities. For example, one partner recommended disaggregating data by race and focusing on areas with highest concentrations of people of color who are at highest risk for disease and have lower access to the kinds of services and supports like self-sufficiency levels of employment, adequate and affordable housing options, and quality educational opportunities. All partners were enthusiastic about continuing to work together to address these critical public health challenges in Colorado.

	Data collection method	Title/name	Number	Notes (e.g., input gained or role in IS process)
Partner Organizations				
1	*Email request for feedback*	*Co-Founder/Resilient Futures*	*1*	*Supportive of plan and suggestions for strengthening Mental Health strategy.*
2	*Email request for feedback*	*Diversity, Health Equity & Inclusion Program Manager, Executive Director of Medicaid Health Strategy and Community Health, Manager of Community Health/Children's Hospital Colorado*	*3*	*Suggestions around community involvement and person-first language in the plan. There are opportunities to partner and program synergies with KPCO.*
3	*Email request for feedback*	*Vice-President of Clinical Services, Vice-President of Human Resources/Clinica Family Health*	*2*	*Supportive of plan specifically mental health and substance use strategies*
4	*Email request for feedback*	*Vice-President of Community Impact, Senior Program Officer The Denver Foundation*	*2*	*Suggestions to focus on areas with high risk populations and continuous evaluation of all strategies*

	Data collection method	Title/name	Number	Notes (e.g., input gained or role in IS process)
Partner Organizations				
5	*Email request for feedback*	*Social Emotional Learning Specialist/Colorado Ed Initiative*	*1*	*Suggestions specific to student populations best to target with the strategies*
6	*Email request for feedback*	*Personalized Learning Officer/Douglas County School District*	*1*	*Pleased with current partnership and supportive of plan*
7	*Email request for feedback*	*Project Director/Early Milestones*	*1*	*Suggestions to look at screening and clinic capacity in mental health*
8	*Email request for feedback*	*Chief Executive Officer/Hunger Free Colorado*	*1*	*Suggestion to target specific populations*
9	*Email request for feedback*	*Executive Director/Mile High Health Alliance*	*1*	*Suggestion to be aware of political climate*
10	*Email request for feedback*	*Director of Health Care Innovation/Project Angel Heart*	*1*	*Supportive of plan*
11	*Email request for feedback*	*Chief Executive Officer/Family Tree, Inc.*	*1*	*Suggestion to focus on marginalized communities*
12	*Email request for feedback*	*Instructor/Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences, University of Colorado, Colorado Springs*	*1*	*Suggestion to partner with community agencies*

C. Consultant(s) used

KPCO did not engage an outside consultant. Instead, our Institute for Health Research provided assistance to the Community Health team as they developed the strategies, received community engagement, and wrote the report.

VII. Health needs that KPCO plans to address

A. Process and criteria used

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

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.

- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Leveraging KP Assets:** KP can make a meaningful contribution to addressing the need because of its relevant expertise, existing strategies, and/or unique business assets as an integrated health system and because of an organizational commitment to improving community health.

Additionally, consideration was given to the national community health strategy and how KPCO could align with that strategy. Based on these criteria, the Community Health and Engagement leadership team decided that all 5 health needs that are prioritized should be included in KPCO's IS plan.

B. Health needs that KPCO plans to address

1. **Substance Use**
    - Substance use scored as the highest health need for communities served by KPCO. Legal marijuana and state alcohol licensure laws make these substances readily available in many KPCO communities, raising concerns about access for underage youth.
    - Excessive drinking for both adults and youth surpassed national benchmarks, as did the rate of beer, wine, and liquor stores – which were more than double the national average. Marijuana use for adults remains higher than the national average while tobacco (cigarette) use among youth 12 to 17 years of age remains low, but electronic cigarette/vapor use among high school youth is more than double the national value KPCO records a higher percentage of Medicare prescription claims for opioids compared to nationally.
    - Because of these high rates and because substance use is a public health priority identified by a majority of local public health agencies, substance was prioritized in the Implementation Strategy.

2. **Mental Health**
    - Mental health scored as the second highest priority health need for KPCO communities.
    - Suicide deaths remain significantly higher for communities served by KPCO compared to the national rate.
    - Because of these high rates of suicide and feedback from all KPCO service area representatives emphasized the need to address access to mental health services and treatment it was prioritized in the Implementation Strategy.

3. **Economic Security**
    - Economic security ranked as the third highest priority health need for communities served by KPCO.
    - Educational attainment has continued to drop among residents in the KPCO region and remains significantly below the national average for on-time high school graduation rates. Housing insecurity fared better for KPCO compared to the national average, but the Mountain Colorado service area recorded a significantly higher percentage of residents reporting housing problems.

- Feedback from most service area representatives emphasized the need to address housing insecurity, especially in the Mountain Colorado service area, therefore it was prioritized in the Implementation Strategy.

4. **Access to Primary and Specialty Care**
    - Access to Care was identified as the fourth highest health need for communities served by KPCO.
    - While access to primary care physicians, dentists, and mental health providers increased since the 2016 CHNA, and KPCO rates are better than national averages for each, certain pockets of the region fare worse. The Southern Colorado service area reported lower access to primary care physicians than the national average and Park County reported KPCO's lowest rate — more than four times worse than the national average. Access to mental health providers is an issue that was voiced by service area representatives in Mountain Colorado, and this observation aligned with the data.
    - Because of access to care is core to Kaiser Permanente's mission, it was prioritized in the Implementation Strategy.

5. **Physical Environment to Promote Healthy Eating and Active Living**
    - The percentage of youth ages 10 to 17 who are obese, or overweight is relatively high but close to the national average. Rates of grocery stores/produce vendors fall short of the national average. While stroke death rates were overall lower for KPCO compared to the rest of the country, Black Coloradans had significantly higher rates.
    - Because of our commitment to health equity and the significant disparity in health outcomes related to healthy eating and active living, this need was prioritized in the Implementation Strategy.

VIII. KPCO's Implementation Strategies

A. About Kaiser Permanente's Implementation Strategies

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

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

KPCO 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: Substance Use

Long term goal	All community members have access to high quality substance use care services when needed
Intermediate goal(s)	• Expand substance abuse and behavioral health knowledge, skills, and support services for low-income and uninsured populations. • Low-income and underserved individuals living in KP communities have increased access to health-promoting environments, programs, and services related to substance abuse and behavioral health.
Strategies	• **Thrive Local**. Deploy Thrive Local at priority sites, 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.

	• **CityHealth.** Implement/participate in the CityHealth initiative to support cities to adopt and implement evidence-based policies to advance health, prosperity, and equity. Advocate for the passage of Tobacco 21 (raising minimum age to purchase tobacco products to 21) in Denver and build relationships with additional large Colorado cities. • **Youth Tobacco Use.** Advance policies to protect youth from growing e-cigarette epidemic (e.g. Tobacco 21 and tobacco retail licensing). • Serve as a partner on coalitions and with organizations advocating for tobacco control policies • Collaborate with health care, behavioral health and public health partners to continue advocating for sound, evidence-based substance use-related policies. • Share best practices, identified through KP Colorado's internal research and clinical programs, for screening, pain management and substance use disorder treatment with safety net providers and other partners.
Expected outcomes	• Increase screening & identification of substance abuse and behavioral health needs among low-income and uninsured populations. • Increase capacity of clinics to refer patients for social, non-medical needs and to understand the impact of that referral on health behaviors and health outcomes (i.e., referral and receipt of services in one database). • Increase the number of Colorado cities that pass tobacco control policies such as Tobacco 21 and tobacco retail licensing.

Health need #2: 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)	• Expand behavioral health knowledge, skills, and support services for low-income and uninsured populations and for children and young adults. • Low-income and underserved individuals living in KP communities have increased access to health-promoting environments, programs, and services related to substance abuse and behavioral health.
Strategies	• **Thrive Local.** Deploy Thrive Local at priority sites, 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. • **Thriving Schools.** Implement/participate in the KP Thriving Schools Resilience in School Environments (RISE) initiative to build student and staff resilience to address trauma and adverse childhood experiences. • **Thriving Schools.** Continue grantmaking to Colorado school districts to support the development and implementation of school-based, trauma-informed policies, procedures and practices and social/emotional wellness programs. • Continue internal programs including Arts Integrated Resources and worksite wellness programs that promote social/emotional wellness and address anxiety, depression, and suicide through stress management, conflict resolution techniques, and the use of humor (e.g., Ghosted, RISE UP, Laughaceuticals). • Collaborate with communities, school districts, home health agencies, safety net providers and local public health agencies to reduce the stigma that can accompany mental health care as well as increase appropriate screening and improve referrals to treatment and supports. • Provide school districts with professional development opportunities and tools addressing resiliency, trauma-informed care, social and emotional wellness, and staff self-care and burnout (e.g., convenings, summits, RISE Index). • Partner with other organizations working to improve mental health supports in early childhood and among students and improve student safety (e.g., Healthy Schools Leadership Council, Behavioral Health Taskforce, Funders Learning Network on Early Childhood, LAUNCH Together).
Expected outcomes	• Increase screening & identification of mental health needs among low-income and uninsured populations. • Increase capacity of clinics to refer patients for social, non-medical needs and to understand the impact of that referral on health behaviors and health outcomes (i.e., referral and receipt of services in one database). • Increased number of schools that have policies and practices to create trauma-sensitive and culturally responsive classrooms and schools. • Increased participation among teachers and school staff in social/emotional wellness programs. • Increased sense of belonging/connectedness among students and their families, teachers, and staff participating in social and emotional

	wellness programs at schools. • Improved teacher and staff social/emotional wellness competencies through professional development. • Positive, sustainable system change to support early childhood mental health through screening and assessment, mental health consultation, behavioral health integration into primary care, enhanced home visitation, and family strengthening

Health need #3: Economic Security

Long term goal	All community members experience improved economic security, including access to employment, education and housing, and other factors that influence health
Intermediate goal(s)	• Increase access to safe, quality affordable housing and support services for populations affected by homelessness and housing displacement. • People in KP communities experience improved economic and educational opportunities, improved family and social support, and other social and economic factors that influence health.
Strategies	• **Thrive Local**. Deploy Thrive Local at priority sites, 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. • **Food for Life**. Deliver a multi-pronged approach to transform economic, social and policy environments to improve food security for the communities we serve. • **CityHealth.** 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 universal pre-kindergarten, and affordable housing/inclusionary zoning. Work with Denver and other large cities to prioritize a policy and advocate for passage of policy. • **Housing/Homelessness.** Support efforts to reduce homelessness and increase housing stability by transforming health care and housing and strengthening systems to reduce/end homelessness, increase affordable housing supply, shape policy and catalyze innovations • **Housing/Homelessness.** Partner with Community Solutions' Built for Zero that supports efforts to end chronic and veteran

	homelessness through data-driven and technology-enabled solutions. • Continue to partner with high schools, local vocational schools, community colleges, workforce investment boards, local hiring halls or community-based workforce development programs to support workforce pipeline programs for diverse and under-represented youth and college students interested in healthcare careers. • Serve on boards and committees and partner with organizations working to end homelessness, preserve affordable housing, and decrease food insecurity (e.g., United Way, Chamber of Commerce, Colorado Coalition for Homeless, Colorado Blueprint to End Hunger, Growhaus). • Sponsor volunteer opportunities and deploy in-kind resources for KP Colorado employees and community members that promote economic stability and vitality (e.g., packing boxes of food for a local foodbank, youth mentoring programs). • Explore opportunities to improve KP Colorado's internal policies and practices to enhance economic stability and vitality for workers of all levels, including living wages and benefits, promoting work-family balance, purchasing and procuring supplies and services from diverse suppliers/providers and work with vendors to support sub-contracting with diverse and/or local suppliers and providers.
Expected outcomes	• Increase screening & identification of economic needs (e.g., housing, food insecurity) among low-income and uninsured populations. • Increase capacity of clinics to refer patients for social, non-medical needs and to understand the impact of that referral on health behaviors and health outcomes (i.e., referral and receipt of services in one database). • Increase access to safe, quality affordable housing and support services for populations affected by homelessness and housing displacement. • Decrease food insecurity among low-income and uninsured populations. • Increase opportunities for education, training and employment for vulnerable and low-income population.

Health need #4: Access to Primary & Specialty Care

Long term goal	All community members have access to high quality health care services in coordinated delivery systems
Intermediate goal(s)	• Increase coverage and access to comprehensive, quality health care services for low-income and uninsured populations. • Improve health care services & delivery systems for low-income and uninsured populations. • Increase access to social services for vulnerable and low-income populations.
Strategies	• **Medicaid**. Deploy KP resources to provide high-quality medical care services to Medicaid participants who would otherwise struggle to access care. • **Medical Financial Assistance**. Deploy KP resources to provide temporary financial assistance to low-income individuals who receive care at KP facilities and can't afford medical expenses and/or cost sharing. • **Charitable Health Coverage**. Deploy KP resources to provide comprehensive health care coverage to low-income individuals and families who do not have access to public or private health coverage. • **Thrive Local**. Deploy Thrive Local at priority sites, 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. • Conduct research on the relationship between presence of social needs (e.g., food, housing, transportation) and access to care (e.g., missed appointments) • Continue grantmaking to safety net partners and other nonprofit organizations working to improve access to specialty care for low-income adults. • Continue the Safety Net Specialty Care Program that allows safety net primary care providers to electronically request advice with select Kaiser Permanente specialists, provide specific face-to-face specialty care visits with Kaiser Permanente specialists, and offer opportunities for medical education to safety net providers. • Continue offering Institute for Healthcare Improvement (IHI) scholarships to safety-net clinic staff to promote the capacity building of our community health partners. • Leverage KP Colorado's in-kind resources including medical education opportunities for safety net providers; clinicians who

	provide clinical services at safety net clinics; staff serving on committees and alliances that address access to care issues (e.g., Mile High Health Alliance, Aurora Health Alliance, Northern Colorado Health Alliance); and internships and preceptorships. • Continue the Care Equity Project where the Arts Integrated Resources team provides workshops to safety net partners to assist care providers in understanding the health needs and challenges of people living with limited financial resources (e.g., experiential activities addressing bias, culture, and social determinants of health to develop skills and promote equitable and empathetic health care delivery). • Continue to partner with high schools, local vocational schools, community colleges, workforce investment boards, local hiring halls or community-based workforce development programs to support workforce pipeline programs for diverse and under-represented youth and college students interested in healthcare careers.
Expected outcomes	• Increase number of low-income and/or uninsured individuals receiving timely primary and specialty care services. • Increase screening & identification of non-medical, social needs (e.g., housing, food insecurity) among low-income and uninsured populations. • Increase capacity of clinics to refer patients for social, non-medical needs and to understand the impact of that referral on health behaviors and health outcomes (i.e., referral and receipt of services in one database). • Increased capacity of safety net clinic staff around patient safety, quality improvement, and leadership.

Health need #5: Physical Environment to Promote Healthy Eating and Active Living

Long term goal	All community members eat better and move more as part of daily life
Intermediate goal(s)	• The physical and institutional environments in communities support healthy behaviors and reduce environmental contributors of disease. • People make health-promoting behavior changes related to healthy eating and active living, and develop the knowledge, skills, and attitudes that support those healthy behaviors.

	• Our partners advance a public policy agenda to create conditions that support the health of low-income and underserved individuals and that advance equity.
Strategies	• **Thrive Local**. Deploy Thrive Local at priority sites, 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. • **Food for Life**. Deliver a multi-pronged approach to transform economic, social and policy environments to improve food security for the communities we serve. • **CityHealth**. 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 obesity/HEAL/diabetes include complete streets, food safety/restaurant inspection rating, and healthy food procurement. Work with Denver and other large cities to prioritize a policy and advocate for passage of policy. • **Thriving Schools**. Implement/participate in the KP Thriving Schools 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. • 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 healthier food options more available in our communities; and supporting vendors that hire residents (with living wages and benefits) in the food production/distribution process. • Continue grantmaking to school districts, organizations and communities to support local and statewide healthy eating and active living initiatives for individuals of all ages. • Support action-oriented research into healthy eating and active living, including the connections between food insecurity and health and a scan of active transportation/transit-oriented development gaps and opportunities. • Collaborate with organizations to develop and promote policy, system, and environmental changes that increase equitable access to healthy eating and active living opportunities (e.g., Bike Fort Collins, Healthy Schools Collaborative, Colorado Fresh Food Financing, Jefferson County Food Policy Council, Denver Sustainable Food Policy Council).

	• Partner with organizations to improve integration of healthy eating and active living into primary care settings through screening for food insecurity and other social needs • Leverage KP Colorado's in-kind resources, including providing volunteers for organizations that promote healthy eating and/or active living.
Expected outcomes	• Increase screening & identification of food insecurity among low-income and uninsured populations. • Increase capacity of clinics to refer patients for social, non-medical needs and to understand the impact of that referral on health behaviors and health outcomes (i.e., referral and receipt of services in one database). • Increase enrollment and participation in public food assistance programs • Improve healthy eating among low-income, under-resourced communities. • Increase physical activity among residents in low-income, under-resourced communities.

C. Our commitment to Community Health

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

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

government entities, as well as other influencers that advocate for environmental stewardship in the healthcare industry and beyond.

- **Deploy research expertise to conduct, publish, and disseminate epidemiological and health services research.** Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes in diverse populations disproportionately impacted by health disparities. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health, women's health, health care delivery, health care disparities, pharmaco-epidemiology, and studies of the impact of changing health care policy and practice.
- **Implement healthy food policies to address obesity/overweight**, such as purchasing sustainable, locally produced fruits and vegetables; supporting local restaurants and caterers that meet KP's Healthy Picks and to make more available healthier food options in our communities; and supporting vendors that hire under/unemployed residents (with living wages and benefits) in the food production/distribution process. We also partner with school districts and city governments to support them in adopting and implementing healthy food procurement policies.
- **Contribute toward workforce development, supplier diversity, and affordable housing to address economic security.** We support supplier diversity by implementing policies and standards to procure supplies and services from a diverse set of providers; working with vendors to support sub-contracting with diverse suppliers; partnering with community-based workforce development programs to support a pipeline for diverse suppliers; and building the capacity of local small businesses through training on business fundamentals. We also seek to reduce homelessness and increase the supply of affordable housing by strengthening systems to end homelessness and shaping policies to preserve and stimulate the supply of affordable housing.

IX. Evaluation plans

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

In addition, KPCO 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, KPCO tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs facility/region name does not intend to address

- KPCO intends to address all of the health needs identified in our Community Health Needs Assessment.