



2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital Anaheim & Irvine
License #060000091

Approved by KFH Board of Directors
March 16, 2017

To provide feedback about this Implementation Strategy Report,
email chna-communications@kp.org

**Kaiser Foundation Hospitals
Community Health Needs Assessment (CHNA)
Implementation Strategy Report
2016**

Kaiser Foundation Hospitals – Anaheim
License #060000091
3440 E. La Palma Avenue, Anaheim, CA 92806

I. General Information

Contact Person:	John E. Stratman Jr., KFH-Anaheim and KFH-Irvine Medical Center Area Senior Director, Public Affairs & Brand Communications
Date of Written Plan:	December 8, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	December 8, 2016
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by 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:	December 4, 2013
Name and EIN of Hospital Organization Operating Hospital Facility:	Kaiser Foundation Hospitals, 94-1105628
Address of Hospital Organization:	One Kaiser Plaza, Oakland, CA 94612 Please note that KFH - Anaheim shares a hospital license with KFH - Irvine. This report presents the findings for KFH – Anaheim hospital service area.

II. About Kaiser Permanente

Kaiser Permanente is a not for profit, integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and The Permanente Medical Groups. For more than 65 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. Today we serve more than 10.2 million members in eight states and the District of Columbia. Since our beginnings, we have been committed to helping shape the future of health care. Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health.

III. About Kaiser Permanente Community Benefit

We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor's office and the hospital. 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 leverage financial resources with medical research, physician expertise, and clinical practices. Historically, we have focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted Community Health Needs Assessments (CHNA) 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.

In addition, Kaiser Permanente seeks to promote community health upstream by leveraging its assets to positively influence social determinants of health – social, economic, environmental – in the communities we serve.

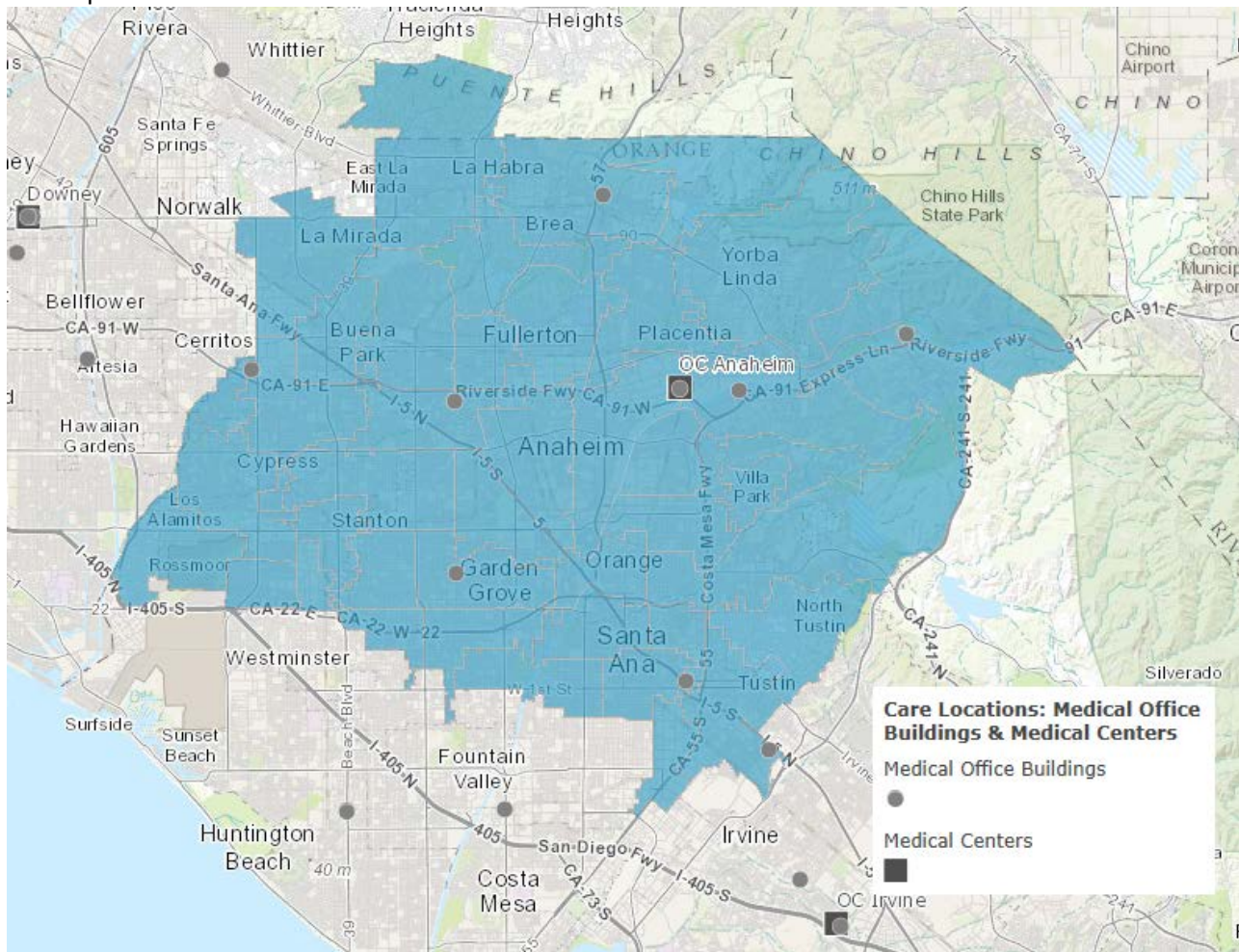
IV. Kaiser Foundation Hospitals – Anaheim Service Area

The KFH-Anaheim Medical Center Area (MCA) primarily encompasses the northern portion of Orange County, a densely populated coastal county. The Anaheim service area includes 43 zip codes and 17 cities, the most populous of which are Anaheim, Santa Ana, Orange, and Garden Grove. The communities served by KFH-Anaheim are: Brea, Euclid, Garden Grove, La Palma, Lakeview, Tustin, Santa Ana, and Yorba Linda.

Cities and Zip Codes Included in the KFH-Anaheim Medical Center Area	
City	Zip Codes
Anaheim	92801, 92802, 92804, 92805, 92806, 92807, 92808, 92809, 29899
Brea	92821, 92823
Buena Park	90620, 90621
Cypress	90630
Fullerton	92831, 92832, 92833, 92835
Garden Grove	92840, 92841, 92843, 92844, 92845
La Habra	90631
La Mirada	90638
La Palma	90623
Los Alamitos	90720

Orange	92862, 92865, 92866, 92867, 92868, 92869
Placentia	92870
Santa Ana	92701, 92703, 92705, 92706
Stanton	90680
Tustin	92780
Villa Park	92861
Yorba Linda	92886, 92887

The map included below details the boundaries of the KFH-Anaheim MCA.



KFH-Anaheim Demographic Data	
Total Population	1,537,257
Race	
White	59%
Black	2%
Asian	19%
Native American/ Alaskan Native	<1%
Pacific Islander/ Native Hawaiian	<1%

KFH-Anaheim Socio-economic Data	
Living in Poverty (<200% FPL)	35%
Children in Poverty	22%
Unemployed	6%
Uninsured	19%
No High School Diploma	21%

Updated 4/21/2016

Some Other Race	15%
Multiple Races	3%%
Ethnicity	
Hispanic or Latino	45%
Non-Hispanic	55%

Note: *Percentages were pulled from the CHNA Data Platform in May 2016 (<http://www.communitycommons.org/groups/community-health-needs-assessment-chna/>)

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-Anaheim’s planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH-Anaheim’s 2016 CHNA process and for a copy of the report please visit www.kp.org/chna.

VI. List of Community Health Needs Identified in 2016 CHNA Report

The list below summarizes the health needs identified for the KFH-Anaheim service area through the 2016 Community Health Needs Assessment process.

List of health needs in priority order (KFH-Anaheim)

1. Economic Insecurity
2. Housing
3. Diabetes
4. Obesity/Overweight
5. Mental & Behavioral Health
6. Community Violence
7. Healthcare Access
8. Physical Activity
9. Cardiovascular Disease
10. Language Barriers
11. Cancer
12. Oral/Dental Health
13. Maternal & Child Health
14. Alzheimer’s
15. HIV/AIDS

VII. Who was Involved in the Implementation Strategy Development

The implementation strategy was developed through a process that involved the KFH-Anaheim hospital operational leadership and community partners. The core planning team consisted of the KFH-Anaheim

service area's Operations Leadership Team (OLT), comprised of stakeholders representing both Kaiser Foundation Hospital/Health Plan and the Southern California Permanente Medical Group (SCPMG) and included:

1. Mark Costa, Senior Vice President, Area Manager
2. Nancy Gin, M.D., Medical Director
3. Rich Raynes, Chief Administrative Officer
4. Margie Harrier, Chief Operating Officer
5. Sam VanWagner, Assistant Administrator, Operations Support, Medical Center Administration
6. John E. Stratman, Jr., Senior Director, Public Affairs and Brand Communications

The following key organizational stakeholders were engaged as part of the strategy development process. A total of 17 individuals were engaged. Representatives from these groups are individuals who have expertise in institutional knowledge, who are knowledgeable about community health needs, and who can provide a broader perspective on the strategies and organizational assets that can be implemented to address the selected health needs.

- CULTIVATE Meeting
 - Michelle Datwyler, Project Manager III, Improvement Advisor
 - Sheldon Lewin, Assistant Department Administrator, Continuing Care
 - Erin Espinoza, Service Line Leader, Clinical Support & Behavioral Health
 - Afif El-Hasan, M.D., Pediatrician, Physician-in-Charge, San Juan Capistrano Medical Office Building
 - Brenda Steffensen, M.D., Pediatrician
 - Michelle Faddoul, MSW, Social Medicine, La Palma MOB
 - Helen Kim-Whitehouse, MSW
 - Mary-Jo Mursa, Assistant Medical Group Administrator, Women and Children's Services
 - John E. Stratman, Jr., Senior Director, Public Affairs and Brand Communications
 - Margie Harrier, Chief Operating Officer
- Center for Healthy Living (Health Education)
 - Ruth Pereira, Worksite Wellness Consultant
 - Rachel Allen, Program Manager, Customer Engagement, Worksite and Community
- Recruitment Services
 - Mary Ellen Blair, Area Recruitment Manager

In addition, KFH-Anaheim and KFH-Irvine engaged community partners as outlined in sections a. and b. below.

a. Partner Organizations

The following community stakeholders collaborated with KFH-Anaheim and KFH-Irvine in developing the Implementation Strategy (IS) Report. These partners represent multiple sub-populations in the KFH-Anaheim and KFH-Irvine community and provided multiple perspectives on developing a strategy to address health needs.

- Orange County Health Care Agency
- Hospital Systems (Subcommittee of Health Improvement Partnership)
- Health Funders Partnership of Orange County

b. Community Engagement Strategy

While not required by Federal CHNA regulations, Kaiser Permanente encourages all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development

process. Voluntary Community members and stakeholders' 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-Anaheim and KFH-Irvine created a process by which community partners were engaged in the strategy development process. KFH-Anaheim and KFH-Irvine identified a list of four (4) priority health needs through a process outlined in Section VIII. KFH-Anaheim and KFH-Irvine engaged a total of 20 individuals in three community partner meetings between August 25-September 22, 2016. Participants included a combination of community organization staff (16 individuals), as well as four county representatives (see Table 2 below).

During all meetings, community partners were given an opportunity to provide their feedback and ideas regarding the draft strategies for the four (4) prioritized health needs. To facilitate these conversations, community partners were asked to identify their areas of expertise and were given an opportunity to provide input on the selected draft strategies. Community partners shared the assets that they had to contribute, as well as the trends that they were noticing within their own systems. Furthermore, the parties discussed potential partnership opportunities for future obesity and mental health strategies. The community partner engagement process was valuable for the KFH-Anaheim and KFH-Irvine core planning team in ensuring that the strategies are aligned with other strategies key community partners are developing and/or implementing and have resulted in new collaborative opportunities.

The group also provided insight into areas of overlap and potential assets that can be leveraged in the future. The Orange County Health Care Agency (OCHCA) shared that their Health Improvement Plan (OCHIP) is currently being updated (from 2014 to 2016) to be more inclusive of social determinants of health, ensuring that economic security is addressed. These county representatives helped identify and select strategies for each of the four (4) priority health needs that most strongly align with OCHIP and were particularly interested in better aligning OCHIP with economic security, therefore allowing for increased alignment with the Kaiser Permanente health need of Economic Security.

Furthermore, OCHCA was a key partner in terms of sharing data reports and information on countless indicators and health needs. In addition, through meetings and email communications in August 2016, the OCHCA staff provided valuable insights into the draft list of strategies, helping to fine-tune them based on their insights about where resources could best be leveraged. They also provided insights regarding what data is available for outcome measurement.

	DATA COLLECTION METHOD	TYPE	PARTICIPANTS			
	Meeting, focus group, interview, survey, written correspondence, etc.	Respondent's title/role and organization or focus group name	Total number of participants	Number of residents	Number of organizational reps	Number of county reps
1	Meeting: Orange County Health Care Agency	County reps. incl. Public Health Projects Manager at OC Health Care Agency; Research Analyst IV from Health Promotion Division at Public Health Services at County of Orange	2	0	0	2
2	Meeting: Hospital Systems (Subcommittee of Health Improvement Partnership)	Community orgs. incl. St. Jude Medical Center, St. Joseph Health System, MemorialCare Health System, Saddleback Memorial Medical	4	0	4	0
3	Meeting: Health Funders Partnership of Orange County	Community orgs. incl. Health Funders Partnership of OC, St. Joseph Health, Sisters of St. Joseph Orange, Hoag Hospital, OC United Way, OC Community Foundation, National CORE, Samueli Foundation, CalOptima. County reps. incl. Public Health Services at County of Orange, Children & Families Commission of OC.	14	0	12	2

c. Consultant Used

Ersoylu Consulting was contracted to support the CHNA process for the KFH-Anaheim and KFH-Irvine Medical Center Service Areas. Ersoylu Consulting is a woman-owned Very Small Business Enterprise (VSBE) located in Costa Mesa, CA. Founded in 2007, Ersoylu Consulting provides project support to public agencies, nonprofit organizations and private ventures or other partners interested in meaningful social change. Their Planning, Research & Evaluation Services help clients accurately research and evaluate issues, make effective policy decisions, and attain their program goals through effective project management. They work to ensure full participation of diverse stakeholders in program design, and specialize in the interpretation of research and evaluation findings as well as policy analysis in economically and culturally diverse communities.

Their experience with both qualitative and quantitative methods includes: focus group facilitation, direct observation, survey data analysis, process and outcome evaluation, community assessments, movement and coalition building, and general technical support for advocacy efforts. Ersoylu Consulting works closely with collaborative partners and clients to provide formative feedback in a timely manner. Through their combination of research and administrative and technical expertise, they ensure that projects are completed on time, meeting the desired objectives and using appropriate resources.

VIII. Health Needs that KFH-Anaheim Plans to Address

a. Process and Criteria Used

In order to select the health needs that KFH-Anaheim will address, the core planning team used the criteria listed below, with a particular focus on choosing needs that KFH-Anaheim would have the ability to have a significant and meaningful impact on given our expertise, our resources and the evidence. In addition, KFH-Anaheim limited the number of needs selected to only a few in order to maximize the hospital's ability to have an impact and not spread resources too thinly across many needs.

The process began with the list of 10 identified health needs for Anaheim. From that list, given that Anaheim is one of two Medical Center Areas (MCAs) in Orange County, it was important that there was convergence between the health needs of Anaheim and of Irvine. Therefore, the first step taken was to identify health needs that were ranked as priorities in both communities. This list is below.

1. Cardiovascular Disease
2. Diabetes
3. Economic Insecurity
4. Healthcare Access
5. Housing
6. Mental & Behavioral Health
7. Obesity/Overweight

From this list of seven health needs, we drilled down and identified any overlap within the list. For example, as the KP framework categorizes diabetes/obesity as one health need, diabetes and obesity were merged into a single health need. Similarly, as the KP Strategies Playbook considers housing as a component of economic security, economic insecurity and housing were merged into a single health need. This narrowed the list of seven shared priority healthy needs to five:

1. Obesity/HEAL/Diabetes
2. Economic Security
3. Mental and Behavioral health
4. Cardiovascular Disease
5. Access to Care

A strategy grid methodology focused on 'Need' and 'Feasibility' scores was employed in order to select the health needs to be addressed by KFH-Anaheim.

'Need' scores were comprised of three criteria: magnitude (number of people affected), severity (consequences of those affected), and disparities (to what degree vulnerable groups are disproportionately impacted). Relevant information identified during the CHNA processes for both the KFH-Anaheim and KFH-Irvine Medical Center Areas (MCAs), was assessed in order to rate each health need using a 1-5 rating system for each of the seven criteria. The criteria scores were summed to create unique 'Need' scores and rankings for each health need.

"Feasibility" scores were comprised of four criteria: KP assets (relevant organization commitment or

expertise), leveraging opportunities (existing community partnerships working to address the need), alignment with County Health Improvement Plan, and trend in CB grant proposal applications. Internal assets and opportunities for partnerships in both the KFH-Anaheim and KFH-Irvine MCAs were assessed in order to rate each health need using a 1-5 rating system for each of the four criteria. The criteria 5 scores were summed to create unique 'Feasibility' scores and rankings for each health need.

Thresholds were established for both 'Need' and 'Feasibility' scores in order to develop a framework for categorization of health needs. If an aggregate 'Need' score was 10 or higher, the health need was categorized as "High need." If an aggregate 'Feasibility' score was 12 or higher, the health need was categorized as "High feasibility." Determination of these thresholds created four quadrants: Low need/high feasibility, Low need/low feasibility, High need/high feasibility, and High need/low feasibility. According to both their 'Need' and 'Feasibility' score, each of the health needs were plotted on a single strategy grid with these predefined quadrants. Four health needs were categorized as "High need/high feasibility:"

1. Mental and Behavioral Health
2. Obesity/HEAL/Diabetes
3. Economic Security
4. Access to Care

During ISET Meeting 2, the ISET elected to focus strategic efforts on the four needs identified as "High need/high feasibility." This concentrated focus will enable meaningful progress on health issues of high magnitude and severity among vulnerable populations. The ISET additionally agreed to address Substance Use as appropriate within the Mental Health strategy. A group discussion focused on the similar risk and protective factors for mental illness and substance abuse guided the decision to incorporate Substance Use into the larger Mental Health workplan.

b. Health Needs that KFH-Anaheim Plans to Address

Mental and Behavioral Health

Mental and behavioral health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, and is able to contribute to his or her community. Mental health includes not only the absence of negative mental health states (e.g., anxiety, depression, etc.) but also the presence of positive mental health states (e.g., satisfaction, self-worth, etc.). Mental and behavioral health issues are closely related to other issues such as smoking, and alcohol and substance abuse and dependence. Indicators of mental health in the KFH-Irvine and KFH-Anaheim service areas include rates of suicide and rising hospitalizations for self-inflicted injuries. Suicide rates are much higher in the KFH-Irvine service area than in the state of California (13.68 versus 9.8 suicides per 100,000 population). Additionally, hospitalization rates for children with self-inflicted injury increased from 11.3 in 2008 to 18.8 per 10,000 children in 2013. This health need was selected as focus group interviews revealed the increasing need for adequate behavioral health services in Orange County, and for its alignment with the Orange County Health Improvement Plan (CHIP), thus maximizing the potential for KFH-Anaheim and KFH-Irvine's collaboration with public health and community health partners in order to best address this health need.

Obesity/HEAL/Diabetes

Unhealthy weight, physical inactivity, and poor eating habits all contribute to the risk of developing Type II diabetes. If untreated, diabetes can result in serious and potentially fatal health complications that include heart disease, blindness, kidney failure, and amputation of the legs. Both the worsening weight status among children and adults, and increasing rates of diabetes indicate the need to address Obesity/HEAL/Diabetes in this area. The rate of overweight (BMI of 25.0 to <30) youth has increased in both the KFH-Anaheim (from 14.8% to 18.84%) and KFH-Irvine (from 12.5% to 15.53%) MCAs. Weight

status also worsened among adults, decreasing from 50% with a healthy weight (BMI of 18.5 to <25) in 2001 to only 43% in 2011/12.

From 2004-2011, the rate of diabetes in Orange County has steadily increased. The disparities in different demographic groups illustrates the importance of addressing this health need; those 65 years and older, 45-65 years old, Hispanics/Latinos, African-Americans, and Asian-Americans have higher rates of diabetes than the nation. Moreover, diabetes is the third leading cause of death for subgroups of the Asian-American communities in OC. Obesity/HEAL/Diabetes was selected because diabetes was prioritized by community members as a health need in the CHNA, because of its alignment with the Orange County Health Improvement Plan, and because Orange County's existing partnerships can be used to address this issue.

Economic Security

Economic security is the condition of having stable income or other resources to support a standard of living now and in the foreseeable future. It is a primary social determinant of health, as economic insecurity has been linked to increased risk of chronic disease, mental health problems, deprived child development, and premature death. Indicators of economic security include rates of poverty, unemployment, lack of education, low income, housing instability, and public program utilization. In the KFH-Anaheim and KFH-Irvine service areas, growing rates of income inequality, low-paying wages combined with unaffordable housing, and housing insecurity present significant barriers to economic security.

There is a growing economic and demographic divide; in Orange County, the top 20% of households take home over 50% of all the income earned, with the top 5% taking over 22% of total income. Orange County is also one of the top 10 least affordable metropolitan areas in the nation; it is "job rich and housing poor". While rent and housing costs (57%) have increased, minimum wage in Orange County has increased by only 18% since 1990. A disproportionately high number of jobs in the area are in low wage industries. Moreover, housing insecurity has increased by 700%. Over the last two years, there has been a 45% increase in the homeless population in Costa Mesa alone. Additionally, the proportion of individuals and families in *unstable* housing has increased; housing insecurity for children increased from .07% in 2004/05 to 6.5% in 2013/14. This health need was chosen as it was prioritized by community members in the CHNA, and as KFH-Anaheim and KFH-Irvine have a wealth of existing partnerships that can help attend to this issue.

Access to Care

The ability to access medical care is a complex construct that includes factors such as the presence of health insurance, the affordability of seeking treatment, and the availability of providers who can provide treatment, among other accessibility issues. While access to health insurance has increased due largely in part to expanded coverage under the Affordable Care Act, there are still significant barriers to accessing care in Orange County, particularly for communities of color. Indicators of access to care in the KFH-Anaheim and KFH-Irvine service areas include lack of health and dental insurance, as well as low access to mental health professionals. A significant amount of the population in the KFH-Anaheim MCA is uninsured, and Native American/Alaskan Natives and Hispanics comprise the greatest proportion of the population that is uninsured in both KFH-Anaheim and KFH-Irvine service areas. The lack of dental insurance, coupled with the high expense of dental care, also makes it difficult for many residents to access dental care. Lastly, there is a shortage of mental health professionals in the KFH-Anaheim and KFH-Irvine MCAs (123.6 and 122.9 mental health providers per 100,000 population, relative to 157 per 100,000 in California), making it difficult to access necessary services. This health need was selected as it received a high 'need' and 'feasibility' ranking, and due to KFH-Anaheim and KFH-Irvine's existing partnerships and collaborations that can help address this health need.

IX. KFH-Anaheim's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH-Anaheim has a long history of working internally with Kaiser Foundation Health Plan, The Permanente Medical Group, and other Kaiser Foundation Hospitals, as well as externally with multiple stakeholders, to identify, develop and implement strategies to address the health needs in the community. These strategies are developed so that they:

- ✓ Are available broadly to the public and serve low-income individuals
- ✓ 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

The following represents the goals, strategies and expected outcomes for each of the health needs KFH-Anaheim plans to address for the 2017-2019 Implementation Strategy (IS) timeline. KFH-Anaheim will draw on a broad array of organizational resources to implement these strategies, such as grant-making, in-kind resources, collaborations and partnerships, as well as several internal KFH programs. For the purpose of this report, examples of resources are provided to illustrate how KFH-Anaheim plans to implement the strategies. For examples of how these resources have been deployed to date, please visit the 2016 Community Health Needs Assessment Report www.kp.org/chna under the chapter: Implementation Strategy Evaluation of Impact.

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

Mental and Behavioral Health

KFH-Anaheim's **long-term goal** for addressing social and mental and behavioral health is that all community members have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals)**:

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health.
- Promote positive mental health by fostering community cohesion and social and emotional support.

These priorities have guided the development of the following core **strategies** to address mental health in the community. A large sub-set of these strategies are aligned with the Orange County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support school and youth development organizations in learning about and addressing (through sharing of teen assessment tool) mental and behavioral health, including suicide prevention and trauma-informed care. KFH-Anaheim intends to share teen assessment tool as a partnership between Kaiser Permanente and the Coalition of Community Health Centers, Orange County

Department of Education and other community based organizations to better address teen mental and behavioral health.

- Support policies and programs that address early child development and toxic stress, including positive parenting and violence-free homes (Raise, OCDE, Thriving Schools, OC FJF youth violence prevention). KFH-Anaheim intends to address mental health by collaborating with Cal State Fullerton's Center for Healthy Neighborhoods and other nonprofit organizations through participation on the advisory board to provide expertise regarding parenting classes, early childhood education and teen mental health concerns.
- Support the development of community-based organizations, leaders, and networks, and build their capacity to advance equity and reduce stigma surrounding mental and behavioral health. KFH-Anaheim community benefit liaison is a member of the behavioral health work group of the Health Improvement Partnership of Orange County. The goal of this work group is to increase the proportion of residents who experience emotional and mental wellbeing and reducing alcohol and drug misuse in Orange County.
- Leverage KP assets to drive community health and champion organizational practice changes within KP that promote mental and behavioral health.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Increased access (availability and affordability) of mental and behavioral health services in healthcare and community settings.
- Improved screening and identification of mental and behavioral needs among patient.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address mental and behavioral health.
- Improved community cohesion, networks and social support.

Obesity/HEAL/Diabetes

KFH-Anaheim's **long-term goal** for addressing healthy eating active living is that all community members eat healthy and move more as a part of daily life. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals)**:

- Improve access to opportunities for physical activity in the community.
- Improve linkages between health care services and community-level services.
- Improve access to healthy food options in the community.

These priorities have guided the development of the following core **strategies** to address Obesity/HEAL/Diabetes in the community. A large sub-set of these strategies are aligned with the Orange County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support new and improved policies and environments that support active transportation and physical activity (e.g. safe pedestrian bicycle routes).
- Support multi-level, multi-component initiatives in community settings to support access to healthy, affordable food and activity-promoting environments. An example of an initiative for this strategy is the Healthy Eating Active Living (HEAL) Zones. HEAL Zones are multi-year, place-based investments that support policy, advocacy and/or system changes in communities. This initiative

- aims to lower the prevalence of obesity and overweight by increasing access to fresh fruit, vegetables, and healthy beverages and increasing safe places to play and be physically active.
- Support multi-level, multi component initiatives in school settings to produce a significant and measurable impact on the health of students, staff and teachers in K-12 schools within communities. An example for this strategy is the Thriving Schools Initiative, a community based effort to improve healthy eating, physical activity and school climate in K-12 schools in Kaiser Permanente’s service areas, primarily through a focus on policy, systems and environmental changes that support healthy choices and a positive school climate.
 - Support new and improved policies and environments that support active transportation and physical activity (e.g. safe pedestrian bicycle routes). KFH-Anaheim Community Benefit liaison is a member of the active transportation subcommittee of the Alliance for a Healthy Orange County. The goal of this work is to identify and build support for active transportation and find sources of funding at the local, state and federal level for Orange County’s active transportation projects and programs to promote healthy communities.
 - Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living.
 - Leverage KP assets to drive community health, including healthy eating and active living and champion organizational practice changes within KP that promote health. KFH-Anaheim community medicine fellow and Orange County Family Medicine Residents provide direct and guidance for the diabetes self-management program run by Latino Health Access.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Adoption and implementation of policies and environments that increase availability and enable access to physical activity.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to collaborate and to promote policy, system and environmental change.
- Adoption and implementation of policies and environments that increase availability and enable access to healthy food (including fresh produce and safe drinking water) and/or physical activity.

Economic Security

KFH-Anaheim’s **long-term goal** for addressing economic security is that all community members experience improved economic security, including access to employment, educational and housing opportunities and other factors that influence health, including access to affordable fresh food. It aims to visualize this goal by organizing its’ strategies around the following **strategic priorities (or intermediate goals)**:

- Prevent displacement and homelessness.
- Improve employment opportunities.
- Reduce food insecurity in the community.

These priorities have guided the development of the following core **strategies** to address financial well-being in the community.

- Expand efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency.
- Support local governments, schools and/or community based organizations that increase economic security for individuals and families by expanding opportunities for employment, education and workforce pipeline. An example of this is KFH-Anaheim recruitment services liaison will continue to serve as a member of the City of Anaheim workforce investment board to share knowledge

regarding healthcare jobs of the future, participate on focus groups and serve on the workforce evaluation subcommittee. In addition, KFH-Anaheim recruitment services liaison will continue to partner with Vital Link to coordinate an expert panel and review of Orange County MA and LVN programs (ROP, private and community college) curriculum as well as provide expert speakers at large events.

- Support local governments, schools and/or community based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Leverage KP assets to drive community health and champion organizational practice changes within Kaiser Permanent that improve economic security. This will be accomplished by contributing toward supplier diversity in the community to address economic security 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/service providers; working with community-based workforce development programs to support a pipeline for diverse suppliers/service provides; and building the capacity of target neighborhoods/populations.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Increase access to education opportunities.
- Increase access to employment opportunities and workforce training.

Access to Care

KFH-Anaheim's **long-term goal** for addressing access to care is that all community members have access to timely, coordinated, high quality health care from a trained and diverse workforce. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals)**:

- Improve the capacity of the primary care workforce to meet community needs.
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.

These priorities have guided the development of the following core **strategies** to address access to care in the community.

- Provide training for medical professionals to improve the delivery care infrastructure and/or implement new models of care provision to improve the capacity of the primary care workforce.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved. An example of this is Health Funders Partnership of Orange County's Health and Wellness Committee, a collaborative between KFH-Anaheim and Irvine and other health care organizations in Orange County. The aim of this partnership is to support local community health centers with health and wellness programs, such as Integrative Medicine, which will improve access to mental and behavioral health services for low-income patients.
- Participate in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-for-Service).
- Provide heavily subsidized health care coverage.
- Provide Medical Financial Assistance (i.e. Charity Care).
- Leverage KP assets to drive coverage and access to healthcare for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of healthcare services.
- Support the provision of high quality health care (including preventive services and specialty care) for underserved populations. As part of the largest non-profit health system, KFH – Anaheim participates in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed

Care and Medi-Cal Fee-For-Service), provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage through charitable health coverage, and provide financial assistance to low-income individuals who receive care at KFH facilities and can't afford medical expenses and/or cost sharing.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Enhanced care integration of clinical, mental, dental, vision and complementary health strategies.
- Safety net partners are engaged in a public policy agenda to create conditions that support the health of low-income and underserved individuals and that advance equity.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address access to healthcare.

In addition to addressing the selected health needs described above, Kaiser Permanente, as an integrated health care delivery system, dedicates resources that target broader health system needs and upstream determinants of health.

Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. 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 clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice.

Our Commitment to Total Health

Kaiser Permanente is aware of the significant impact that our organization has on the health of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. In addition to the direct community investments we make through our grant-making, collaborations and partnerships, we have explored opportunities to align our hiring practices, our purchasing, our building and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. The following strategies are illustrations of the types of continual organizational business practices we implement that can address priority health needs and contribute to community health and well-being. The following strategies are intended to be an illustrative, not exhaustive list of our efforts:

- **Implement green business practices and building standards to address climate and health**, such as purchasing clean wind and solar energy; and renovating all buildings to meet “KP brand” expectations around environmental stewardship and the built environment.
- **Implement healthy food policies to address obesity/overweight**, such as practices around food distribution that reduce food waste and green waste.

- **Contribute toward supplier diversity in the community to address economic security** 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/service providers; working with community-based workforce development programs to support a pipeline for diverse suppliers/service providers; and building the capacity of target neighborhoods/populations.
- **Develop the health care workforce to address access to care and economic security** by implementing health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers; partnering with local vocational schools, community colleges, workforce investment boards, local hiring halls or community-based workforce development programs to create pipelines from target communities; and providing workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities.

X. Evaluation Plans

KFH-Anaheim will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, KFH-Anaheim will require grantees to propose, track and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

XI. Health Needs Facility Does Not Intend to Address

The remaining prioritized health needs for the Anaheim MCA will not be addressed by KFH-Anaheim because they demonstrated lower 'Need,' and 'Feasibility' than the selected health needs using the aforementioned strategy grid methodology. The selected health needs (Obesity/HEAL/Diabetes, Economic Security, Mental and Behavioral Health, Access to Care) demonstrate relatively higher levels of magnitude, severity, and disproportionate impact among vulnerable populations. There are strong community partners mobilizing around these issues and KFH-Anaheim has unique resources and capacity to dedicate to work focused on these health needs.

The needs that will not be addressed for Anaheim are:

1. Housing
2. Community Violence
3. Physical Activity
4. Cardiovascular Disease
5. Language Barriers
6. Cancer
7. Oral/Dental Health
8. Maternal & Child Health
9. Alzheimer's
10. HIV/AIDS

As discussed in section VIII, Cardiovascular Disease was not selected as it earned a low feasibility score. Furthermore, Community violence, Language Barriers, Cancer, Maternal & Child Health, Alzheimer's, and HIV/AIDS were not selected as health needs to address, as they did not pass the primary criteria of being

prioritized common needs in both KFH-Anaheim and KFH-Irvine. Additionally, though not selected as individual health needs, Housing was folded into the selected need of Economic Security, Physical Activity was folded into the selected need of Obesity/HEAL/Diabetes, and Oral/Dental Health was folded into the selected need of Access to Care.

While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH-Anaheim will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs, or where needs align with current strategy and priorities.

**Kaiser Foundation Hospitals
Community Health Needs Assessment (CHNA)
Implementation Strategy Report
2016**

Kaiser Foundation Hospitals – Irvine
License #060000091
6640 Alton Parkway, Irvine, CA 92618

I. General Information

Contact Person:	John E. Stratman Jr., KFH-Anaheim and KFH-Irvine Medical Center Area Senior Director, Public Affairs & Brand Communications
Date of Written Plan:	December 8, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	December 8, 2016
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by 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:	December 4, 2013
Name and EIN of Hospital Organization Operating Hospital Facility:	Kaiser Foundation Hospitals, 94-1105628
Address of Hospital Organization:	One Kaiser Plaza, Oakland, CA 94612 Please note that KFH - Irvine shares a hospital license with KFH - Anaheim. This report presents the findings for KFH – Irvine hospital service area.

II. About Kaiser Permanente

Kaiser Permanente is a not for profit, integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and The Permanente Medical Groups. For more than 65 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. Today we serve more than 10.2 million members in eight states and the District of Columbia. Since our beginnings, we have been committed to helping shape the future of health care. Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health.

III. About Kaiser Permanente Community Benefit

We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor's office and the hospital. 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 leverage financial resources with medical research, physician expertise, and clinical practices. Historically, we have focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted Community Health Needs Assessments (CHNA) 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.

In addition, Kaiser Permanente seeks to promote community health upstream by leveraging its assets to positively influence social determinants of health – social, economic, environmental – in the communities we serve.

IV. Kaiser Foundation Hospitals – Irvine Service Area

The KFH-Irvine Medical Center Area (MCA) primarily encompasses the southern portion of Orange County, a densely populated coastal county. The Irvine service area includes 47 zip codes and 28 cities, the most populous of which are Irvine, Huntington Beach, and Costa Mesa. The communities served by KFH-Irvine are: Aliso Viejo, Barranca, Foothill Ranch, Harbor/McArthur, Huntington Beach, Mission Viejo, San Juan Capistrano and Tustin Ranch.

Cities and Zip Codes Included in the KFH-Irvine Medical Center Area	
City	Zip Codes
Aliso Viejo	92656
Capistrano Beach	92624
Corona Del Mar	92625
Costa Mesa	92626, 92627
Dana Point	92629
Foothill Ranch	92610
Fountain Valley	92708
Huntington Beach	92646, 92647, 92648, 92649
Irvine	92602, 92603, 92604, 92606, 92612, 92614, 92617, 92618, 92620

Ladera Ranch	92694
Laguna Beach	92651
Laguna Hills	92653
Laguna Niguel	92677
Laguna Woods	92637
Lake Forest	92630
Midway City	92655
Mission Viejo	92691, 92692
Newport Beach	92660, 92661, 92662, 92663
Newport Coast	92657
Rancho Santa Margarita	92688
San Clemente	92672, 92673
San Juan Capistrano	92675
Santa Ana	92704, 92707, 92799
Seal Beach	90740
Silverado	92676
Trabuco Canyon	92679
Tustin	92782
Westminster	92683

The map included below details the boundaries of the KFH-Irvine MCA.



Updated 4/21/2016

KFH-Irvine Demographic Data	
Total Population	1,535,473
Race	
White	67%
Black	1%
Asian	18%
Native American/ Alaskan Native	<1%
Pacific Islander/ Native Hawaiian	<1%
Some Other Race	10%
Multiple Races	4%
Ethnicity	
Hispanic or Latino	23%
Non-Hispanic	77%

KFH-Irvine Socio-economic Data	
Living in Poverty (<200% FPL)	24%
Children in Poverty	12%
Unemployed	6%
Uninsured	13%
No High School Diploma	11%

Note: *Percentages were pulled from the CHNA Data Platform in May 2016
 (<http://www.communitycommons.org/groups/community-health-needs-assessment-chna/>)

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-Irvine’s planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH-Irvine’s 2016 CHNA process and for a copy of the report please visit www.kp.org/chna.

VI. List of Community Health Needs Identified in 2016 CHNA Report

The list below summarizes the health needs identified for the KFH-Irvine service area through the 2016 Community Health Needs Assessment process.

List of health needs in priority order (KFH-Irvine)

1. Housing
2. Mental & Behavioral Health
3. Obesity/Overweight
4. Economic Insecurity
5. Diabetes
6. Substance Abuse/Use
7. Healthcare Access
8. Oral/Dental Health
9. Cancer
10. Cardiovascular Disease

11. Alzheimer's
12. Suicide
13. Maternal & Child Health
14. HIV/AIDS

VII. Who was Involved in the Implementation Strategy Development

The implementation strategy was developed through a process that involved the KFH-Irvine hospital operational leadership and community partners. The core planning team consisted of the KFH-Irvine service area's Operations Leadership Team (OLT), comprised of stakeholders representing both Kaiser Foundation Hospital/Health Plan and the Southern California Permanente Medical Group (SCPMG) and included:

1. Mark Costa, Senior Vice President, Area Manager
2. Nancy Gin, M.D., Medical Director
3. Rich Raynes, Chief Administrative Officer
4. Margie Harrier, Chief Operating Officer
5. Sam VanWagner, Assistant Administrator, Operations Support, Medical Center Administration
6. John E. Stratman, Jr. Senior Director, Public Affairs and Brand Communications

The following key organizational stakeholders were engaged as part of the strategy development process. A total of 17 individuals were engaged. Representatives from these groups are individuals who have expertise in institutional knowledge, who are knowledgeable about community health needs, and who can provide a broader perspective on the strategies and organizational assets that can be implemented to address the selected health needs.

- CULTIVATE Meeting
 - Michelle Datwyler, Project Manager III, Improvement Advisor
 - Sheldon Lewin, Assistant Department Administrator, Continuing Care
 - Erin Espinoza, Service Line Leader, Clinical Support & Behavioral Health
 - Afif El-Hasan, M.D., Pediatrician, Physician-in-Charge, San Juan Capistrano Medical Office Building
 - Brenda Steffensen, M.D., Pediatrician
 - Michelle Faddoul, MSW, Social Medicine, La Palma MOB
 - Helen Kim-Whitehouse, MSW
 - Mary-Jo Mursa, Assistant Medical Group Administrator, Women and Children's Services
 - John E. Stratman, Jr., Senior Director, Public Affairs and Brand Communications
 - Margie Harrier, Chief Operating Officer
- Center for Healthy Living (Health Education)
 - Ruth Pereira, Worksite Wellness Consultant
 - Rachel Allen, Program Manager, Customer Engagement, Worksite and Community
- Recruitment Services
 - Mary Ellen Blair, Area Recruitment Manager

a. Partner Organizations

The following community stakeholders collaborated with KFH-Anaheim and KFH-Irvine in developing the Implementation Strategy (IS) Report. These partners represent multiple sub-populations in the KFH-Anaheim and KFH-Irvine community and were able to provide multiple perspectives on developing a strategy to address health needs.

- Orange County Health Care Agency
- Hospital Systems (Subcommittee of Health Improvement Partnership)

- Health Funders Partnership of Orange County

b. Community Engagement Strategy

While not required by Federal CHNA regulations, Kaiser Permanente encourages all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. Voluntary Community members 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-Anaheim and KFH-Irvine created a process by which community partners were engaged in the strategy development process. KFH-Anaheim and KFH-Irvine identified a list of four (4) priority health needs through a process outlined in Section VIII. KFH-Anaheim and KFH-Irvine engaged a total of 20 individuals in three community partner meetings between August 25-September 22, 2016. Participants included a combination of community organization staff (16 individuals), as well as four county representatives (see Table 2 below).

During all meetings, community partners were given an opportunity to provide their feedback and ideas regarding the draft strategies for the four (4) prioritized health needs. To facilitate these conversations, community partners were asked to identify their areas of expertise and were given an opportunity to weigh in on the selected draft strategies. Community partners shared the assets that they had to contribute, as well as the trends that they were noticing within their own systems. Furthermore, the parties discussed opportunities for potential partnerships in the future regarding obesity and mental health strategies. The community partner engagement process was valuable for the KFH-Anaheim and KFH-Irvine core planning team in ensuring that the strategies are aligned with other strategies key community partners are developing and/or implementing and have resulted in new collaborative opportunities.

The group also provided insight into areas of overlap and potential assets that can be leveraged in the future. The Orange County Health Care Agency (OCHCA) shared that their Health Improvement Plan (OCHIP) is currently being updated (from 2014 to 2016) to be more inclusive of social determinants of health, ensuring that economic security is addressed. These county representatives helped identify and select strategies for each of the four (4) priority health needs that most strongly align with OCHIP and were particularly interested in better aligning OCHIP with economic security, therefore allowing for increased alignment with the Kaiser Permanente health need of Economic Security.

Furthermore, OCHCA was a key partner in terms of sharing data reports and information on countless indicators and health needs. In addition, through meetings and email communications in August 2016, the OCHCA staff provided valuable insights into the draft list of strategies, helping to fine-tune them based on their insights about where resources could best be leveraged. They also provided insights regarding what data is available for outcome measurement.

	DATA COLLECTION METHOD	TYPE	PARTICIPANTS			
	Meeting, focus group, interview, survey, written correspondence, etc.	Respondent's title/role and organization or focus group name	Total number of participants	Number of residents	Number of organizational reps	Number of county reps
1	Meeting: Orange County Health Care Agency	County reps. incl. Public Health Projects Manager at OC Health Care Agency; Research Analyst IV from Health Promotion Division at Public Health Services at County of Orange	2	0	0	2
2	Meeting: Hospital Systems (Subcommittee of Health Improvement Partnership)	Community orgs. incl. St. Jude Medical Center, St. Joseph Health System, MemorialCare Health System, Saddleback Memorial Medical	4	0	4	0
3	Meeting: Health Funders Partnership of Orange County	Community orgs. incl. Health Funders Partnership of OC, St. Joseph Health, Sisters of St. Joseph Orange, Hoag Hospital, OC United Way, OC Community Foundation, National CORE, Samueli Foundation, CalOptima. County reps. incl. Public Health Services at County of Orange, Children & Families Commission of OC.	14	0	12	2

c. Consultant Used

Ersoylu Consulting was contracted to support the CHNA process for the KFH-Anaheim and KFH-Irvine Medical Center Service Areas. Ersoylu Consulting is a woman-owned Very Small Business Enterprise (VSBE) located in Costa Mesa, CA. Founded in 2007, Ersoylu Consulting provides project support to public agencies, nonprofit organizations and private ventures or other partners interested in meaningful social change. Their Planning, Research & Evaluation Services help clients accurately research and evaluate issues, make effective policy decisions, and attain their program goals through effective project management. They work to ensure full participation of diverse stakeholders in program design, and specialize in the interpretation of research and evaluation findings as well as policy analysis in economically and culturally diverse communities.

Their experience with both qualitative and quantitative methods includes: focus group facilitation, direct observation, survey data analysis, process and outcome evaluation, community assessments, movement and coalition building, and general technical support for advocacy efforts. Ersoylu Consulting works closely with collaborative partners and clients to provide formative feedback in a timely manner. Through their combination of research and administrative and technical expertise, they ensure that projects are completed on time, meeting the desired objectives and using appropriate resources.

VIII. Health Needs that KFH-Irvine Plans to Address

a. Process and Criteria Used

In order to select the health needs that KFH-Irvine will address, the core planning team used the criteria listed below, with a particular focus on choosing needs that KFH-Irvine would have the ability to have a significant and meaningful impact on given our expertise, our resources and the evidence. In addition, KFH-Irvine limited the number of needs selected to only a few in order to maximize the hospital's ability to have an impact and not spread resources too thinly across many needs.

The process began with the list of 10 identified health needs for Irvine. From that list, given that Irvine is one of two Medical Center Areas (MCAs) in Orange County, it was important that there was convergence between the health needs of Anaheim and of Irvine. Therefore, the first step taken was to identify health needs that were ranked as priorities in both communities. This list is below.

1. Cardiovascular Disease
2. Diabetes
3. Economic Insecurity
4. Healthcare Access
5. Housing
6. Mental & Behavioral Health
7. Obesity/Overweight

From this list of seven health needs, we drilled down and identified any overlap within the list. For example, as the KP framework categorizes diabetes/obesity as one health need, diabetes and obesity were merged into a single health need. Similarly, as the KP Strategies Playbook considers housing as a component of economic security, economic insecurity and housing were merged into a single health need. This narrowed the list of seven shared priority healthy needs to five:

1. Obesity/HEAL/Diabetes
2. Economic Security
3. Mental and Behavioral Health
4. Cardiovascular Disease
5. Access to Care

A strategy grid methodology focused on 'Need' and 'Feasibility' scores was employed in order to select the health needs to be addressed by KFH-Irvine.

'Need' scores were comprised of three criteria: magnitude (number of people affected), severity (consequences of those affected), and disparities (to what degree vulnerable groups are disproportionately impacted). Relevant information identified during the CHNA processes for both the KFH-Anaheim and KFH-Irvine Medical Center Areas (MCAs), was assessed in order to rate each health need using a 1-5 rating system for each of the seven criteria. The criteria scores were summed to create unique 'Need' scores and rankings for each health need.

"Feasibility" scores were comprised of four criteria: KP assets (relevant organization commitment or expertise), leveraging opportunities (existing community partnerships working to address the need), alignment with County Health Improvement Plan, and trend in CB grant proposal applications. Internal assets and opportunities for partnerships in both the KFH-Anaheim and KFH-Irvine MCAs were assessed in order to rate each health need using a 1-5 rating system for each of the four criteria. The criteria 5 scores were summed to create unique 'Feasibility' scores and rankings for each health need.

Thresholds were established for both 'Need' and 'Feasibility' scores to develop a framework for categorization of health needs. If an aggregate 'Need' score was 10 or higher, the health need was categorized as "High need." If an aggregate 'Feasibility' score was 12 or higher, the health need was categorized as "High feasibility." Determination of these thresholds created four quadrants: Low need/high feasibility, Low need/low feasibility, High need/high feasibility, and High need/low feasibility. According to both their 'Need' and 'Feasibility' score, each of the health needs were plotted on a single strategy grid with these predefined quadrants. Four health needs were categorized as "High need/high feasibility:"

1. Mental and Behavioral Health
2. Obesity/HEAL/Diabetes
3. Economic Security
4. Access to Care

b. Health Needs that KFH-Irvine Plans to Address

Mental and Behavioral Health

Mental and behavioral health is the state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life and can contribute to his or her community. Mental health includes not only the absence of negative mental health states (e.g., anxiety, depression, etc.) but also the presence of positive mental health states (e.g., satisfaction, self-worth, etc.). Mental and behavioral health issues are closely related to other issues such as smoking, and alcohol and substance abuse and dependence. Indicators of mental health in the KFH-Irvine and KFH-Anaheim service areas include rates of suicide and rising hospitalizations for self-inflicted injuries. Suicide rates are much higher in the KFH-Irvine service area than in the state of California (13.68 versus 9.8 suicides per 100,00 population). Additionally, hospitalization rates for children with self-inflicted injury increased from 11.3 in 2008 to 18.8 per 10,000 children in 2013. This health need was selected as focus group interviews revealed the increasing need for adequate behavioral health services in Orange County, and for its alignment with the Orange County Health Improvement Plan (CHIP), thus maximizing the potential for KFH-Anaheim and KFH-Irvine's collaboration with public health and community health partners to best address this health need.

Obesity/HEAL/Diabetes

Unhealthy weight, physical inactivity, and poor eating habits all contribute to the risk of developing Type II diabetes. If untreated, diabetes can result in serious and potentially fatal health complications that include heart disease, blindness, kidney failure, and amputation of the legs. Both the worsening weight status among children and adults, and increasing rates of diabetes indicate the need to address Obesity/HEAL/Diabetes in this area. The rate of overweight (BMI of 25.0 to <30) youth has increased in both the KFH-Anaheim (from 14.8% to 18.84%) and KFH-Irvine (from 12.5% to 15.53%) MCAs. Weight status also worsened among adults, decreasing from 50% with a healthy weight (BMI of 18.5 to <25) in 2001 to only 43% in 2011/12.

From 2004-2011, the rate of diabetes in Orange County has steadily increased. The disparities in different demographic groups illustrates the importance of addressing this health need; those 65 years and older, 45-65 years old, Hispanics/Latinos, African-Americans, and Asian-Americans have higher rates of diabetes than the nation. Moreover, diabetes is the third leading cause of death for subgroups of the Asian-American communities in OC. Obesity/HEAL/Diabetes was selected because diabetes was prioritized by community members as a health need in the CHNA, because of its alignment with the Orange County Health Improvement Plan, and because Orange County's existing partnerships can be used to address this issue.

Economic Security

Economic security is the condition of having stable income or other resources to support a standard of living now and in the foreseeable future. It is a primary social determinant of health, as economic insecurity has been linked to increased risk of chronic disease, mental health problems, deprived child development, and premature death. Indicators of economic security include rates of poverty, unemployment, lack of education, low income, housing instability, and public program utilization. In the KFH-Anaheim and KFH-Irvine service areas, growing rates of income inequality, low-paying wages combined with unaffordable housing, and housing insecurity present significant barriers to economic security.

There is a growing economic and demographic divide; in Orange County, the top 20% of households take home over 50% of all the income earned, with the top 5% taking over 22% of total income. Orange County is also one of the top 10 least affordable metropolitan areas in the nation; it is "job rich and housing poor". While rent and housing costs (57%) have increased, minimum wage in Orange County has increased by only 18% since 1990. A disproportionately high number of jobs in the area are in low wage industries. Moreover, housing insecurity has increased by 700%. Over the last two years, there has been a 45% increase in the homeless population in Costa Mesa alone. Additionally, the proportion of individuals and families in *unstable* housing has increased; housing insecurity for children increased from .07% in 2004/05 to 6.5% in 2013/14. This health need was chosen as it was prioritized by community members in the CHNA, and as KFH-Anaheim and KFH-Irvine have a wealth of existing partnerships that can help attend to this issue.

Access to Care

The ability to access medical care is a complex construct that includes factors such as the presence of health insurance, the affordability of seeking treatment, and the availability of providers who can provide treatment, among other accessibility issues. While access to health insurance has increased due largely in part to expanded coverage under the Affordable Care Act, there are still significant barriers to accessing care in Orange County, particularly for communities of color. Indicators of access to care in the KFH-Anaheim and KFH-Irvine service areas include lack of health and dental insurance, as well as low access to mental health professionals. A significant amount of the population in the KFH-Anaheim MCA is uninsured, and Native American/Alaskan Natives and Hispanics comprise the greatest proportion of the population that is uninsured in both KFH-Anaheim and KFH-Irvine service areas. The lack of dental insurance, coupled with the high expense of dental care, also makes it difficult for many residents to access dental care.

Lastly, there is a shortage of mental health professionals in the KFH-Anaheim and KFH-Irvine MCAs (123.6 and 122.9 mental health providers per 100,000 population, relative to 157 per 100,000 in California), making it difficult to access necessary services. This health need was selected as it received a high 'need' and 'feasibility' ranking, and due to KFH-Anaheim and KFH-Irvine's existing partnerships and collaborations that can help address this health need.

IX. KFH-Irvine's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH-Irvine has a long history of working internally with Kaiser Foundation Health Plan, The Permanente Medical Group, and other Kaiser Foundation Hospitals, as well as externally with multiple stakeholders, to identify, develop and implement strategies to address the health needs in the community. These strategies are developed so that they:

- ✓ Are available broadly to the public and serve low-income individuals
- ✓ 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

The following represents the goals, strategies and expected outcomes for each of the health needs KFH-Irvine plans to address for the 2017-2019 Implementation Strategy (IS) timeline. KFH-Irvine will draw on a broad array of organizational resources to implement these strategies, such as grant-making, in-kind resources, collaborations and partnerships, as well as several internal KFH programs. For the purpose of this report, examples of resources are provided to illustrate how KFH-Irvine plans to implement the strategies. For examples of how these resources have been deployed to date, please visit the 2016 Community Health Needs Assessment Report www.kp.org/chna under the chapter: Implementation Strategy Evaluation of Impact.

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

Mental and Behavioral Health

KFH-Irvine's **long-term goal** for addressing social and mental and behavioral health is that all community members have optimal levels of mental health and well-being and access to high quality mental and behavioral health care services when needed. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals)**:

- Improve the knowledge, capacity and infrastructure of health care, organizations and communities to address mental and behavioral health.
- Promote positive mental health by fostering community cohesion and social and emotional support.

These priorities have guided the development of the following core **strategies** to address mental health in the community. A large sub-set of these strategies are aligned with the Orange County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support school and youth development organizations in learning about and addressing (through sharing of teen assessment tool) mental and behavioral health, including suicide prevention and trauma-informed care. KFH-Irvine intends to share teen assessment tool as a partnership between Kaiser Permanente and the Coalition of Community Health Centers, Orange County Department of Education and other community based organizations to better address teen mental and behavioral health.
- Support policies and programs that address early child development and toxic stress, including positive parenting and violence-free homes (Raise, OCDE, Thriving Schools, OC FJF youth violence prevention).
- Support the development of community-based organizations, leaders, and networks, and build their capacity to advance equity and reduce stigma surrounding mental and behavioral health. KFH-Irvine community benefit liaison is a member of the behavioral health work group of the Health Improvement Partnership of Orange County. The goal of this work group is to increase the proportion of residents who experience emotional and mental wellbeing and reducing alcohol and drug misuse in Orange County.
- Leverage KP assets to drive community health and champion organizational practice changes within KP that promote mental and behavioral health.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving behavioral and mental health and to build the field.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Increased access (availability and affordability) of mental and behavioral health services in healthcare and community settings.
- Improved screening and identification of mental and behavioral needs among patients.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address mental and behavioral health.
- Improved community cohesion, networks and social support.

Obesity/HEAL/Diabetes

KFH-Irvine's **long-term goal** for addressing healthy eating active living is that all community members eat healthy and move more as a part of daily life. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals)**:

- Improve access to opportunities for physical activity in the community.
- Improve linkages between health care services and community-level services.

These priorities have guided the development of the following core **strategies** to address Obesity/HEAL/Diabetes in the community. A large sub-set of these strategies are aligned with the Orange County Community Health Improvement Plan (CHIP) and will enable greater collaboration with public health and community health partners in addressing this health need.

- Support new and improved policies and environments that support active transportation and physical activity (e.g. safe pedestrian bicycle routes). KFH-Irvine Community Benefit liaison is a member of the active transportation subcommittee of the Alliance for a Healthy Orange County. The goal of the active transportation subcommittee is to identify and build support for active transportation and find sources of funding at the local, state and federal level for Orange County's active transportation projects and programs to promote healthy communities.

- Support multi-level, multi-component initiatives in community settings to support access to healthy, affordable food and activity-promoting environments.
- Support multi-level, multi component initiatives in school settings to produce a significant and measurable impact on the health of students, staff and teachers in K-12 schools within communities served by Kaiser Permanente.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to build the field of healthy eating and active living.
- Leverage KP assets to drive community health, including healthy eating and active living and champion organizational practice changes within KP that promote health.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Adoption and implementation of policies and environments that increase availability and enable access to physical activity.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to collaborate and to promote policy, system and environmental change.

Economic Security

KFH-Irvine's **long-term goal** for addressing economic security is that all community members experience improved economic security, including access to employment, educational and housing opportunities and other factors that influence health, including access to affordable fresh food. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals)**:

- Prevent displacement and homelessness.
- Improve employment opportunities.
- Reduce food insecurity in the community.

These priorities have guided the development of the following core **strategies** to address financial well-being in the community.

- Expand efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency.
- Support local governments, schools and/or community based organizations that increase economic security for individuals and families by expanding opportunities for employment, education and workforce pipeline. An example of this is KFH-Irvine recruitment services liaison will continue to serve as a member of the Orange County Business Council workforce development committee to share knowledge regarding healthcare jobs of the future, participate on focus groups and participate as a guest speaker on work force development expert panels. KFH-Irvine liaison will continue to meet with community based organizations, such as Working Wardrobes, to provide expertise in mock interviews, resume writing and presentations such as the values of hiring a Veteran.
- Support local governments, schools and/or community based organizations to provide healthy food options (including accessible drinking water) and to adopt healthy food policies, including procurement practices.
- Leverage KP assets to drive community health and champion organizational practice changes within Kaiser Permanent that improve economic security.

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Increase access to education opportunities.

- Increase access to employment opportunities and workforce training.

Access to Care

KFH-Irvine's **long-term goal** for addressing access to care is that all community members have access to timely, coordinated, high quality health care from a trained and diverse workforce. It aims to visualize this goal by organizing its' strategies around the following **strategic priorities (or intermediate goals)**:

- Improve the capacity of the primary care workforce to meet community needs.
- Improve the capacity of healthcare systems to provide quality healthcare services, including the social and non-medical needs of their patients.

These priorities have guided the development of the following core **strategies** to address access to care in the community.

- Provide training for medical professionals to improve the delivery care infrastructure and/or implement new models of care provision to improve the capacity of the primary care workforce.
- Support partnerships and networks that sustain and scale change and lift up priorities, evidence and experience of communities, and to share information about what works in improving access to health care for the underserved. An example of this is Health Funders Partnership of Orange County's Health and Wellness Committee, a collaborative between KFH-Anaheim and Irvine and other health care organizations in Orange County. The aim of this partnership is to support local community health centers with health and wellness programs, such as Integrative Medicine, which will improve access to mental and behavioral health services for low-income patients. Kaiser Permanente liaison serves as a funder on the collaborative as well as providing community expertise in participating in formation of initiatives for community clinics to improve access to care. In addition, KFH-Irvine intends on addressing access to care by involving Kaiser Permanente service line leaders in the community to provide diversity training for community based organizations, specifically around health care equality and measures to address disparities in healthcare for African Americans.
- Leverage KP assets to drive coverage and access to healthcare for the underserved, build the capacity of the primary care workforce and improve appropriate utilization of healthcare services.
- Support the provision of high quality health care (including preventive services and specialty care) for underserved populations. As part of the largest non-profit health system, KFH – Irvine participates in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-For-Service), provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage through charitable health coverage, and provide financial assistance to low-income individuals who receive care at KFH facilities and cannot afford medical expenses and/or cost sharing.
- Participate in government-sponsored programs for low-income individuals (i.e. Medi-Cal Managed Care and Medi-Cal Fee-for-Service).
- Provide heavily subsidized health care coverage.
- Provide Medical Financial Assistance (i.e. Charity Care).

Successful implementation of these strategies is expected to contribute to the following set of **outcomes** in the community:

- Enhanced care integration of clinical, mental, dental, vision and complementary health strategies.
- Safety net partners are engaged in a public policy agenda to create conditions that support the health of low-income and underserved individuals and that advance equity.
- Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address access to healthcare.

In addition to addressing the selected health needs described above, Kaiser Permanente, as an integrated health care delivery system, dedicates resources that target broader health system needs and upstream determinants of health.

Research

In addition to addressing the selected health needs described above, Kaiser Permanente, as an integrated health care delivery system, dedicates resources that target broader health system needs and upstream determinants of health.

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. 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 clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice.

Our Commitment to Total Health

Kaiser Permanente is aware of the significant impact that our organization has on the health of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. In addition to the direct community investments we make through our grant-making, collaborations and partnerships, we have explored opportunities to align our hiring practices, our purchasing, our building and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. The following strategies are illustrations of the types of continual organizational business practices we implement that can address priority health needs and contribute to community health and well-being. The following strategies are intended to be an illustrative, not exhaustive list of our efforts:

- **Implement green business practices and building standards to address climate and health**, such as purchasing clean wind and solar energy; and renovating all buildings to meet “KP brand” expectations around environmental stewardship and the built environment.
- **Implement healthy food policies to address obesity/overweight**, such as practices around food distribution that reduce food waste and green waste.
- **Contribute toward supplier diversity in the community to address economic security** 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/service providers; working with community-based workforce development programs to support a pipeline for diverse suppliers/service providers; and building the capacity of target neighborhoods/populations.
- **Develop the health care workforce to address access to care and economic security** by implementing health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers; partnering with local vocational schools,

community colleges, workforce investment boards, local hiring halls or community-based workforce development programs to create pipelines from target communities; and providing workforce training programs to train current and future health care providers with the skills, linguistic, and cultural competence to meet the health care needs of diverse communities.

X. Evaluation Plans

KFH-Irvine will monitor and evaluate the strategies listed above for the purposes of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, KFH-Irvine will require grantees to propose, track and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

XI. Health Needs Facility Does Not Intend to Address

The remaining prioritized health needs for the Irvine-MCA will not be addressed by KFH-Irvine because they demonstrated lower 'Need,' and 'Feasibility' than the selected health needs using the aforementioned strategy grid methodology. The selected health needs (Obesity/HEAL/Diabetes, Economic Security, Mental and Behavioral Health, Access to Care) demonstrate relatively higher levels of magnitude, severity, and disproportionate impact among vulnerable populations. There are strong community partners mobilizing around these issues and KFH-Irvine has unique resources and capacity to dedicate to work focused on these health needs.

The needs that will not be addressed for Irvine are:

1. Housing
2. Substance Abuse/Use
3. Oral/Dental Health
4. Cancer
5. Cardiovascular Disease
6. Alzheimer's
7. Suicide
8. Maternal & Child Health
9. HIV/AIDS

As discussed in section VIII, Cardiovascular Disease was not selected as it earned a low feasibility score. Furthermore, Cancer, Alzheimer's, Maternal & Child Health, and HIV/AIDS were not selected as health needs to address as they did not pass the primary criteria of being prioritized common needs in both KFH-Anaheim and KFH-Irvine. Additionally, though not selected as individual health needs, Housing was folded into the selected need of Economic Security, Substance Use and Abuse was folded into the selected need of Mental and Behavioral Health, Oral/Dental Health was folded into the selected need of Access to Care, and Suicide was folded into the selected need of Mental and Behavioral Health.

While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH-Irvine will look for collaboration opportunities that address

needs not selected where it can appropriately contribute to addressing those needs, or where needs align with current strategy and priorities.