2013 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital – IRVINE
License #060000091
### I. General Information

| Contact Person: | John E. Stratman Jr., Senior Director, Public Affairs & Brand Communications |
| Date of Written Plan: | September 20, 2013 |
| Date Written Plan Was Adopted by Authorized Governing Body: | December 4, 2013 |
| Date Written Plan Was Required to Be Adopted: | December 31, 2013 |
| 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 by End of Tax Year in Which CHNA was Made Available to the Public? | Yes ☒ No ☐ |
| Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body: | N/A |
| Name and EIN of Hospital Organization Operating Hospital Facility: | Kaiser Foundation Hospitals, 94-1105628 |
| Address of Hospital Organization: | One Kaiser Plaza, Oakland, CA 94612 |

### II. About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals and Kaiser Foundation Health Plan (both California nonprofit public benefit corporations and exempt organizations under Section 501(c)(3) of the Internal Revenue Code), and a separate Permanente Medical Group in each region in which Kaiser Permanente operates. 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 9 million members in eight states and the District of Columbia. Kaiser Permanente is dedicated to improving the health of our communities through broad coverage, high quality care and continuous quality improvement and innovation in the care we deliver, clinical research, workforce development, health education and the support of community health interventions.
III. About Kaiser Permanente Community Benefit

Community Benefit is central to our mission. We believe good health is a fundamental aspiration of all people. We recognize that promotion of 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. To be healthy, people need access to healthy and nutritious food in their neighborhood stores, clean air, successful schools, and safe parks and playgrounds. Good health for the entire community also requires a focus on equity as well as social and economic well-being.

We focus our work on three broad areas:

• Providing access to high-quality care for low-income, underserved people
• Creating safe, healthy communities and environments where people live, work, and play
• Developing important new medical knowledge and sharing it widely with others and training a culturally competent health care workforce of the future.

Across these areas, we work to inspire and support people to be healthier in all aspects of their lives, and build stronger, healthier communities.

In pursuit of our mission we go beyond traditional corporate philanthropy and grant-making to leverage our financial resources with medical research, physician expertise, and clinical practices. In addition to dedicating resources through Community Benefit, we also leverage substantial additional assets that improve community health, including our purchasing practices, our environmental stewardship efforts and workforce volunteerism.

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.

IV. Kaiser Foundation Hospital – Irvine Service Area

The KFH-Irvine service area primarily encompasses the southern portion of Orange County, a densely populated coastal county. The Irvine service area includes 26 cities, the most populous of which are Santa Ana, Irvine, Huntington Beach, and Costa Mesa. The map included below details the boundaries of KFH-Irvine.

In 2010, the total population of KFH-Irvine was 1,425,540. The race/ethnicity of the Irvine service area is comprised of the following: White- 70.2%, Black- 1.3%, Asian- 16.6%, Native American /Alaska Native- 0.4%, Native Hawaiian /Pacific Islander- 0.3%, Some Other Race- 8.4%, Multiple Races 2.9%. In the Irvine service area, indicators for low educational attainment and poverty are lower than California averages; 9.9% of the population aged 25 and above lacks a high school diploma, 8.24% of the population lives below 100% of the Federal Poverty Level (FPL), and 20.09% lives below 200% of the FPL. Among children aged 0-17, 9.4% were living under 100% of the FPL, which is also lower than the California average. However, despite these optimistic numbers, there exist deep pockets of inequity in the Irvine service area, and Orange County itself.
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 proposed regulations released April 2013. This implementation strategy describes KFH-Irvine’s planned response to the needs identified through the 2013 Community Health Needs Assessment (CHNA) process. For information about KFH-Irvine’s 2013 CHNA process and for a copy of the report please visit http://share.kaiserpermanente.org/article/community-health-needs-assessments-3/.

This Implementation Strategy also serves as a foundation for further alignment and connection of other Kaiser Permanente initiatives that may not be described herein, but which together advance KFH – Irvine’s commitment to improving the health of the communities it serves. Such other initiatives include but are not limited to our Supplier Diversity Program to promote the socio-economic vitality that correlates with the health of our communities, our environmental stewardship to reduce waste and pollution, and organized matching of the altruism of our workforce with community volunteer opportunities that promote health.

VI. List of Community Health Needs Identified in CHNA Report

The list below summarizes the health needs identified for the KFH-Irvine service area through the 2013 Community Health Needs Assessment process.

- Mental Health
- Substance Use
- Health Care Access
- Economic Instability
- Diabetes
- Oral Health
- Community Violence
- Cardiovascular Disease
- Prenatal Care
- Obesity/Overweight
- Domestic Violence
- Teen Pregnancy
- HIV/AIDS and other STDs
- Breast Cancer
- Asthma
VII. Who was Involved in the Implementation Strategy Development

The implementation strategy development team at KFH-Irvine worked in collaboration with Implementation Strategy Engagement (ISET) team members, sources of Kaiser Permanente Orange County (KPOC) institutional knowledge and expertise, and external stakeholders. The process was led by staff from KPOC Community Benefit and supported by Eric Wat, Director of the Special Service for Groups (SSG) Research and Evaluation Team, and SSG Research Intern Willetta Waisath, who served as consultants.

ISET Members
Dr. Nancy Gin, Area Medical Director, Orange County
Julie Miller-Phipps, Senior Vice President and Executive Director, Orange County
John E. Stratman Jr., Senior Director, Public Affairs & Brand Communications, Orange County
Karen Tejcka, Area Chief Administrative Officer, Orange County
Cheryl Vargo, Senior Community Benefit Health Specialist, Orange County

Internal Stakeholders
Dr. Hana Kim, Community Medicine Fellow, Orange County
Dr. Sofia Meraz, Administrative Faculty, Family Medicine Residency Program, Orange County
Colleen Weeks, Prenatal Education Manager, Orange County
Damian Zavala, Director of Psychiatry/Addition Medicine, Orange County
Dr. Natasha West, Pediatrician, KPOC Pediatric Weight Management Team
Linda Busa, Department Administrator, Health Education, Pediatric Weight Management Team
Dr. Crispina Chong-Han, Assistant Area Medical Director, Pediatric Weight Management Team
Dr. Nassim Murray, Family Medicine, Pediatric Weight Management Team
Dr. Ray Nanda, Family Medicine, Pediatric Weight Management Team

External Stakeholders
Amy Buch, Division Manager, Health Promotion Division, Orange County Health Care Agency
Dr. Marc Lerner, Pediatrician, Medical Director for the Orange County Department of Education
Chris Corliss, Program Manager, Center for Healthy Kids and Schools.

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 team used the criteria listed below, with a particular focus on choosing needs that Kaiser Permanente 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.

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 service areas, was assessed in order to rate each health need using a 1-5 rating system for each of the three criteria. The criteria scores were summed to create unique ‘Need’ scores and rankings for each health need.
“Feasibility” scores were comprised of two criteria: KP assets (relevant organization commitment or expertise) and leveraging opportunities (existing community partnerships working to address the need). Internal assets and opportunities for partnerships in both KFH-Anaheim and KFH-Irvine were assessed in order to rate each health need using a 1-5 rating system for each of the two criteria. The criteria scores were summed to create unique ‘Feasibility’ scores and rankings for each health need. Resulting ‘Need’ and ‘Feasibility’ scores cumulatively represent Orange County.

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 9 or higher, the health need was categorized as “High need.” If an aggregate ‘Feasibility’ score was 7 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:” Access to Care, Economic Instability, Mental Health, and Obesity/Overweight.

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. Substance Use was the only health need categorized as “High need/low feasibility.” 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-Irvine Plans to Address

1. **Access to Care**

   Increasing access to appropriate and effective health care services addresses a wide range of specific health needs. Limited access to health care impacts people’s ability to reach their full potential and negatively affects their overall health and quality of life. Achieving the goal of increased access to care requires reducing barriers to preventive screening, primary care, and specialty care through deploying a wide range of strategies encompassing programs, outreach, training, and policies.

   In the Irvine service area, 13.3% of the total civilian, non-institutionalized population lacks health insurance coverage. People who are uninsured are less likely to receive medical care, and more likely to experience poor health status and premature death. Lack of insurance in the Irvine service area is highest among young adults and immigrants (especially those who are undocumented).

   Barriers to health care access in the Irvine service area include the financial cost of care, lack of culturally competent providers who speak languages other than English, and fragmented health care systems. Geography also serves as a challenge within the Irvine service area, as half of the population (50.1%) lives in a geographic area designated as a “Health Professional Shortage Area,” and many existing providers do not accept Medi-Cal. This issue will be compounded by the influx of newly insured population as a result of implementation of the Affordable Care Act.

   Health care reform promises new options for coverage and access to health care, however, some low-income populations, due to their immigration status, are ineligible for coverage under the new plans
and others may find the required premiums beyond their reach. It’s estimated that 13% of Orange County will remain uninsured after health care reform, over half of which are projected to be Hispanic/Latino. For these groups, access barriers will continue.

2. **Economic Instability**
   Poverty is a primary social determinant of health, and has been linked to increased risk of chronic diseases, mental health problems, deprived child development, and premature death. Economic instability creates barriers to resources for daily living such as healthy food, safe space for physical activity, and health services. Indicators of poverty include lack of education, unemployment, low income, housing instability, and public program utilization.

In Orange County between 2010 and 2011, there was an overall increase in rent burden and enrollment in CalWroks, CalFresh, Medi-Cal, and the free/reduced price lunch program. In the Irvine service area, 9.4% of children live in poverty, and 8.24% of the population lives below 100% of the FPL. The rate of poverty is highest among Hispanic/Latino populations, as well as Native American/Alaska Native, and Native Hawaiian/Pacific Islander communities.

Within the Irvine service area, 9.9% of the population aged 25 and above lacks a high school diploma and 6.8% are unemployed. Barriers to affordable opportunities for education and professional training contribute to economic instability and associated health inequity.

3. **Mental Health**
   Good mental health plays a crucial role in the health and wellbeing of individuals and their communities. Mental health disorders can interfere with healthy social functioning and create significant burdens on individuals, families, and communities. The resulting burden of mental illness is among the highest of all diseases. In 2009, there was a suicide incidence of 11.9 per 100,000 people in the Irvine service area; suicide incidence is a major indicator of mental illness. The Irvine service area's suicide incidence is higher than California’s average rate, and has seen steady increase. Additionally, approximately 13% of the adult population has been diagnosed with clinical depression, and there has been an observed rise in prescription drug abuse. Mental health is closely connected to physical health and substance abuse, as mental illnesses affects one’s ability to participate in health-promoting and coping behaviors.

   Early detection, assessment, and treatment can help prevent mental health problems from worsening, particularly among individuals who have been exposed to violence and trauma or social isolation and stigma. However, many individuals with mental health concerns do not have access to the treatment they need based on income and lack of available services. The County’s mental health program serves about 34% of Orange County residents with a serious mental health illness, leaving about two-thirds with private care or no care. Insufficient private insurance coverage for behavioral health services and insufficient availability of publicly funded treatment services are significant barriers for many who seek mental health services and supports.

Mental illness and substance abuse share many similar risk factors. Missed opportunities for early problem identification and prevention are of particular concern among older adults, as they are the fastest growing age group in Orange County. Dementia, Alzheimer’s, and depression are common in this age group. Veterans and ex-offenders are two other growing populations who are significantly affected by mental illness.
4. **Obesity/Overweight**
   Over half of the adults in the Irvine service area, and over a third of children, are overweight or obese. While obesity is a problem across subgroups, rates of overweight/obesity are highest among Hispanic/Latino individuals, older adults, and lower-income families. Relative to individuals at a healthy weight, those who are overweight or obese are more likely to develop chronic disease risk factors and chronic disease (such as cardiovascular disease, diabetes and mental illness), experience complications during pregnancy, and die at an earlier age.

   Lack of life-long healthy eating, active living and weight management skills result in elevated rates of obesity/overweight and diabetes, particularly among economically and socially vulnerable populations. Poverty is correlated with access to healthy food and safe parks for all ages.

5. **Broader Health Care Delivery System Needs in Our Communities**

   Kaiser Foundation Hospitals, which includes 37 licensed hospital facilities as of 2013, has identified a number of significant needs in addition to those identified above through the CHNA process which we are committed to addressing as part of an integrated healthcare delivery system. These needs, which are manifest in each of the communities we serve, include: 1) health care workforce shortages and the need to increase linguistic and cultural diversity in the health care workforce, and 2) access to and availability of robust public health and clinical care data and research.

   Supporting a well-trained, culturally competent and diverse health care workforce helps ensure access to high quality care; this activity is also essential to making progress in the reduction of healthcare disparities which persist in most of our communities. Individuals trained through these workforce training programs are able to seek employment through Kaiser entities or at other health care providers in our communities.

   Deploying a wide range of research methods contribute 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 findings from it, increases awareness of the changing health needs of diverse communities, addresses health disparities and improves effective health care delivery and health outcomes.

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**IX. KFH-Irvine’s Implementation Strategies**

As part of the Kaiser Permanente integrated health system, KFH-Irvine has a long history of working with Kaiser Foundation Health Plan, The Permanente Medical Group, and other Kaiser Foundation Hospitals, as well as external 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 consumers.
- 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
- Address needs that would otherwise become the responsibility of government or another tax-exempt organization
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 will continue to work in partnership to refine its goals and strategies over time so that they most effectively address the needs identified.

**Access to Care**

**Long-term Goal**
Increase the number of Orange County residents who have access to appropriate, high-quality health care services

**Intermediate Goals**
- Increased access to and capacity of the overall system of safety-net care in Orange County
- Increased access to quality, culturally competent clinical care among underserved populations
- Increased number of underserved individuals who have access to a medical home

**Strategies**
- Partner with the Community Medicine Fellow and Kaiser Permanente Family Medicine resident program to train new physicians and provide direct care and ongoing guidance to community members through the Illumination Foundation, the Lestonnac Free Clinic, and the Latino Health Access Diabetes Self-Management Program
- Provide grants to community-based organizations to fund new or existing programs to expand access to preventive services
- Improve internal volunteer infrastructure to expand opportunities for Kaiser Permanente physician volunteers at community clinics
- Support Kaiser Permanente’s Southern California Safety Net Partnership in the provision of funds and in-kind donations to the Coalition of Orange County Community Clinics and other community clinics
- Fill gaps in community clinic capacity by maintaining provision of community access programs (e.g. Surgery Day and Pathology Reading Program)
- Participate in KFH’s Regional Building Clinic Capacity for Quality (BCCQ) efforts in planning, executing and/or augmenting quality-focused adoption of health information technology (IT)
- Expand symposium access to community clinic staff
- Support the long-term initiative focused on partnering with a Federally Qualified Health Center (FQHC)
- Provide Medical Financial Assistance (MFA) by supporting Regional’s Charity Care strategies
- Provide care to low income children under 19 in families at or below 300% of FPL who lack access to employer-subsidized coverage and do not qualify for public programs pursuant to a program that provides these children with heavily subsidized health care coverage
- Participate in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care & Medi-Cal Fee-For-Service)

**Expected Outcomes**
- Increased access to and utilization of primary and preventive care by low-income individuals
- Increased capacity of community clinics to maintain core operating and programmatic services
- Increased use of health information technology at community clinics to improve coordination and delivery of patient care
- Improved capacity of community clinic staff to implement best practices for better patient care
- Improved integration of mental and behavioral health services in the primary care setting
Increased access to Kaiser Permanente services by low-income and previously uninsured populations

Economic Instability

Long-term Goals
- Reduce health inequity by ensuring more residents have an equal opportunity to reach their full potential
- Relieve burden of poverty by decreasing food insecurity and associated health risk factors among vulnerable populations
- Prevent homelessness and improve access to affordable housing among low-income individuals

Intermediate Goals
- Increased educational attainment and training opportunities among underserved populations
- Increased awareness and utilization of existing food assistance resources among low-income individuals
- Maintain and expand availability of existing resources for individuals in crisis relying on short-term housing solutions

Strategies
- Maintain and expand existing KP workforce development and youth pipeline programs (e.g. Summer Youth)
- Partner with an educational institution to provide scholarships to underserved students pursuing Science, Technology, Engineering, & Mathematics (STEM) degrees (e.g. Cal State Fullerton)
- Provide funds for early child education programs to increase capacity, affordability, and quality
- Provide funds for career pathway and bridge programs for low-skill adults and veterans
- Partner with a Physician Champion to educate community clinic staff about food assistance resources and their health benefits
- Provide funds to community-based food distribution programs to increase access and the capacity to serve home-bound individuals
- Kaiser Permanente employees donate time and organizational expertise to food assistance program
- Provide funds to community-based shelters and service providers to provide/expand emergency housing services
- Community Benefits staff participates in and supports Implementation Groups associated with the Orange County Commission to End Homelessness

Expected Outcomes
- Increased number of individuals who enter Science, Technology, Engineering, & Mathematics (STEM) professions
- Increased number of students who have access to quality early-child education
- Increased access to post-secondary education and professional training opportunities among unemployed and underemployed adults
- Increased education and outreach regarding food assistance programs (e.g. CalFresh and Women Infants and Children (WIC)) at community clinics
- Increased access to food resources for low-income individuals and people with transportation barriers
- Increased identification and provision of supportive services to families at risk of homelessness
- Increased access to affordable, permanent housing to underserved individuals

Mental Health

Long-term Goals
- Prevent and treat mental illness and associated substance abuse among vulnerable populations in Orange County
Minimize the risk of mental illness and initiation of controlled substance use
Prevent and treat mental illness and associated substance abuse among those exposed to violence or trauma

Intermediate Goals
- Improved detection and management of mental health symptoms among elderly adults
- Improved social supports and connection to community-based mental health services for members of the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) population experiencing mental health disorders
- Strengthen the resilience of youth in the context of their family and learning environments
- Decreased risk for prescription drug addiction as an increased number of community clinic patients access appropriate pain treatment
- Reduce the harmful mental health impacts of violence and trauma among victims of domestic violence and child maltreatment as well as veterans and the formerly incarcerated population

Strategies
- Partner with community-based organizations to address physician outreach and education
- Partner with the Council on Aging to provide educational courses and support groups for elderly adults and their caregivers on Kaiser Permanente campuses
- Partner with the Kaiser Permanente Depression Care Management team to provide support and expertise to community clinic staff
- Provide funds to community-based organizations to build capacity of and outreach related to behavioral health services for members of the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) community
- Provide funds and space to expand ongoing, free-of-charge parenting education (e.g. Child Abuse Prevention Center of Orange County)
- Partner with the Orange County Department of Education to provide teachers with training that builds capacity for positive behavioral interventions
- Provide funds to school-based clinics to build capacity and increase number of schools served
- Provide funds to increase access to school-based substance-abuse prevention education (e.g. Drug Use is Life Abuse program)
- Connect Kaiser Permanente Physician Champion to community clinic staff to advocate for evidence-based prescription protocols and medication alternatives
- Provide funds to community-based groups to support families in trauma (e.g. Trauma Intervention Programs)
- Kaiser Permanente employees donate time and organizational expertise through board placements on community-based organizations focused on domestic violence services
- Connect Physician Champions to clinic staff to disseminate best practices
- Provide clinics with Kaiser Permanente health education materials focused on mental health
- Provide funds to community-based organizations to provide individual and group cognitive-behavioral therapy

Expected Outcomes
- Increased access to screening and early interventions for Alzheimer’s and related dementias
- Increased social supports and connection to community-based services for elderly adults diagnosed with dementia and depression as well as their caregivers
- Increased screening and treatment for depressed elderly adults with concurrent alcohol and substance abuse issues
Increased access to resources and support for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) residents suffering from poor mental or emotional health
Enhanced parental capacity for nurturing and family management
Increased number of supportive, pro-social classroom environments
Increased access to mental health care at school-based clinics
Decreased number of youth who initiate use of alcohol or controlled substances
Increased number of community clinics adhere to national standards for prescription of pain medication
Increased access to intervention and support services for victims of domestic violence
Increased capacity of community clinics for patient population management through accurate diagnosis and promotion of mental health behaviors
Increased resilience and coping capacity of individuals with physiological symptoms associated with exposure to traumatic events

Obesity/Overweight Prevention

Long-term Goals
Reduce obesity/overweight among vulnerable Orange County residents

Intermediate Goals
- Increase healthy eating among youth and economically vulnerable residents
- Increase active living among youth and economically vulnerable residents
- Improve weight management skills for overweight/obese and diabetic patients

Strategies
- Support Regional Healthy Eating Active Living (HEAL) Zone schools and community organizations to address access to and availability of fresh fruits and vegetables
- Connect Healthy Eating Active Living (HEAL) Zone physician champions to school boards to advocate for school food policies with strong nutritional standards (e.g. minimize availability of sugar-sweetened drinks)
- Continue to offer our Farmer’s Market program on the hospital campus to provide access to largely locally produced fresh fruits and vegetables and to educate the public on the benefits of healthy eating and active living
- Partner with the Educational Theater Program to inspire healthier choices
- Partner with the Pediatric Weight Management Team to provide presentations focused on childhood obesity prevention in schools and community settings
- Partner with the Alliance for a Healthy Orange County to provide community-based organizations funds for breastfeeding supportive services
- Through the Kaiser Permanente Care Management Institute, provide community clinics with Breastfeeding Support Implementation Toolkits
- Partner with the Perinatal Education staff to provide Kaiser Permanente Breastfeeding with Success classes conducted by Certified Lactation Educators for the community (e.g. Babies “R” Us)
- Provide grants to food banks, pantries, and soup kitchens to expand access to fresh produce among elderly and low-income residents
- Provide grants to community organizations to expand and promote Supplemental Nutrition Assistance Program (SNAP) access at farmers markets
- Community Benefit staff provides time and organization expertise to the Orange County Food Access Coalition
- Provide grants to community organizations to expand and promote after-school activity opportunities
- Provide funds to the Orange County Department of Education’s Center for Healthy Kids & Schools to expand school-based opportunities for physical activity
Through the Regional Fit Cities Initiative, provide funds to cities and community outreach efforts to strategically incorporate health into city planning processes
Through the Alliance for a Healthy Orange County, Community Benefits staff builds support for Active Transportation and participation in Healthy Eating Active Living (HEAL) or Let’s Move campaigns
Partner with Community Medicine Fellow to provide direct care and guidance for overweight/obese and diabetic patients at community clinics
Partner with Kaiser Permanente Family Medicine residents to provide diabetes self-management skills to community clinic patients.

**Expected Outcomes**
- Increase access to healthy food choices on school campuses and in community settings
- Decreased access to unhealthy food options in schools
- Increased food literacy and awareness regarding life-long nutrition and healthy eating among youth and their families
- Increased awareness of the long-term protective effects of exclusive breastfeeding on obesity and diabetes risk among new and expectant mothers
- Improved nutritional quality of food available through food assistance programs
- Increased availability of after-school physical activity opportunities
- Orange County’s built environment is enhanced to encourage Active Transportation and physical activity in low-income areas
- Increased availability of weight management services for overweight/obese residents in community clinics

**Broader Health Care Delivery System Needs in Our Communities**

**Workforce**

**Long-term Goals**
To address health care workforce shortages and cultural and linguistic disparities in the health care workforce

**Intermediate Goals**
- Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality culturally relevant care

**Strategies**
- Implement health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers
- Provide 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
- Disseminate knowledge to educational and community partners to inform curricula, training and health career ladder/pipeline programs
- To leverage CB funded programs to develop strategies to increase access to allied health, clinical training and residency programs for linguistic and culturally diverse candidates
- Increase capacity in allied health, clinical training and residency programs to address health care workforce shortages through the provision of clinical training and residency programs
- Leverage KP resources to support organizations and research institutions to collect, standardize and improve access to workforce data to enhance planning and coordination of workforce training and residency training programs
Expected Outcomes
- Increase the number of diverse youth entering health care workforce educational, training programs and health careers
- Increase the number of culturally and linguistically competent and skilled providers
- Increase awareness among academia of what is required to adequately train current and future allied health, clinical and physician residents on how to address the health care needs of our diverse communities
- Increase the participation of diverse professionals in allied health, clinical training and residency programs
- Improve access to relevant workforce data to inform health care workforce planning and academic curricula

Research
Long-term Goals
- To increase awareness of the changing health needs of diverse communities

Intermediate Goals
- Increase access to, and the availability of, relevant public health and clinical care data and research

Strategies
- Disseminate knowledge and expertise to providers to increase awareness of the changing health needs of diverse communities to improve health outcomes and care delivery models
- Translate clinical data and practices to disseminate findings to safety net providers to increase quality in care delivery and to improve health outcomes
- Conduct, publish and disseminate high-quality health services research to the broader community to address health disparities, and to improve effective health care delivery and health outcomes
- Leverage KP resources to support organizations and research institutions to collect, analyze and publish data to inform public and clinical health policy, organizational practices and community health interventions to improve health outcomes and to address health disparities

Expected Outcomes
- Improve health care delivery in community clinics and public hospitals
- Improve health outcomes in diverse populations disproportionally impacted by health disparities
- Increase the availability of research and publications to inform clinical practices and guidelines

X. Evaluation Plans

KFH-Irvine 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, number of people reached/served, number and role of volunteers, and volunteer hours. 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 service area 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 (Access to Care, Economic Instability, Mental Health, and Obesity/Overweight) 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. As previously described, issues related to Substance Abuse were incorporated in the Mental Health workplan. The needs that will not be addressed are:

1. Asthma
2. Breast Cancer
3. Cardiovascular Disease
4. Community Violence
5. Diabetes
6. Domestic Violence
7. HIV/AIDS and other STDs
8. Oral Health
9. Prenatal Care
10. Teen Pregnancy

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.