I. General Information

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Melanie Hatchel, Public Affairs Director</td>
</tr>
<tr>
<td>Date of Written Plan:</td>
<td>09/13/13</td>
</tr>
<tr>
<td>Date Written Plan Was Adopted by Authorized Governing Body:</td>
<td>December 4, 2013</td>
</tr>
<tr>
<td>Date Written Plan Was Required to Be Adopted:</td>
<td>December 31, 2013</td>
</tr>
<tr>
<td>Authorized Governing Body that Adopted the Written Plan:</td>
<td>Kaiser Foundation Hospital/Health Plan Boards of Directors</td>
</tr>
<tr>
<td>Was the Written Plan Adopted by Authorized Governing Body by End of Tax Year in Which CHNA was Made Available to the Public?</td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td>Date Facility’s Prior Written Plan Was Adopted by Organization’s Governing Body:</td>
<td>N/A</td>
</tr>
<tr>
<td>Name and EIN of Hospital Organization Operating Hospital Facility:</td>
<td>Kaiser Foundation Hospitals, 94-1105628</td>
</tr>
<tr>
<td>Address of Hospital Organization:</td>
<td>One Kaiser Plaza, Oakland, CA 94612</td>
</tr>
</tbody>
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II. About Kaiser Permanente

Kaiser Permanente (KP) 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 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 – Modesto

Kaiser Foundation Hospital (KFH) Modesto is located at 4601 Dale Road, Modesto, CA 95356 and its service area includes the cities of Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford. The service area includes a large portion of Stanislaus County.

The KFH Modesto service area has a population (for whom poverty status is determined) of 531,152. In the service area, 75.8% of the population are white, 2.86% are Black, 5.02% Asian, 0.96% are Native American/Alaska Native, 0.65% are Native Hawaiian/Pacific Islander, 10.75% are some other race, and 3.91% are multiple races.

Over 16% of the population lives in poverty (< 100% Federal Poverty Level), which is higher than both the California and U. S. rates. Over 77% of the population lives in areas designated as health professional shortage areas. The rate of obesity among adults in the service area is 30.17%, which is higher than rates in both California and the U.S. 17.87% insured and 24.61% without a high school diploma.
Sources: Kaiser Foundation Hospital/Health Plan, U.S. Census Bureau, Census 2010 TIGER/Line.
Maps Produced by; the Institute for People, Place & Possibility (IP3) and the Center for Applied Research and Environmental Systems (CARES). March 2013.
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 – Modesto’s planned response to the needs identified through the 2013 Community Health Needs Assessment (CHNA) process. For information about KFH – Modesto’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 – Modesto’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 KFH Modesto’s service area through the 2013 Community Health Needs Assessment process.

- Obesity
- Diabetes
- Asthma
- Oral health
- Health access
- Mental health
- Tobacco usage
- Hypertension
- Cancer
- Alcohol and drug abuse

VII. Who was Involved in the Implementation Strategy Development

The Implementation Strategy (IS) development process involved stakeholders internal to Kaiser Permanente.

KP Central Valley Area (CVA) Implementation Strategy Planning (ISP) Workgroup
Jerry Grandon, Quality Leader
Pat McKeldin, Human Resources Business Partner
Veronica Napier, Compliance Officer
Cynthia Mitchel, Director of Sales and Account Management Marketing
Scott Nariyoshi, Communications Manager
Wendy Geluz, Associate Community Benefit Specialist
Annah Jarin Bratton, Public Affairs Representative
VIII. Health Needs that KFH Modesto Plans to Address

a. Process and Criteria Used
In order to select the health needs that KFH Modesto will address, KP CVA’s Implementation Strategy Planning workgroup used the criteria listed below, which built on the criteria used in the CHNA prioritization process. In addition, we considered the ability for KFH Modesto to have a significant and meaningful impact on the needs given our expertise, our resources and the evidence base. KFH Modesto selected a smaller number of needs from the broader list identified as significant during the CHNA process in order to maximize the hospital’s ability to focus resources and have a meaningful impact on these significant and complex health needs.

The health needs prioritized in the CHNA were examined to identify a smaller set of health needs that KFH Modesto would address in its CHNA Implementation Strategy. A robust set of criteria was identified to determine the priority health needs on which KFH Modesto could have the greatest impact and to justify the needs that the service area chose not to address. The criteria were developed based on a set of criteria that all KP regions were required to weigh when deciding which health needs to address with the addition of criteria to reflect KFH Modesto’s strategic community health initiatives. The criteria were applied to the health needs via a facilitated discussion with KP CVA’s Implementation Strategy Planning workgroup. In applying the criteria to select the health needs to address, the ISP workgroup drew on their experience working and/or living in Stanislaus, knowledge of health assets and deficits in the county, experience with community residents and vision for how KP can promote healthy communities. Points were assigned to the CHNA health needs based on the criteria described below.

1. **Magnitude/Scale of the Problem**: The health need affects a large number of people within the community.
2. **Severity of Problem**: The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
3. **Kaiser Permanente Assets**: KP can make a meaningful contribution to addressing the need because of its relevant expertise and/or unique assets as an integrated health system and because of an organizational commitment to addressing the need. Includes alignment with current CB grant making focus areas.
4. **Existing or Promising Approaches**: There are effective or promising strategies, preferably evidence-based, that could be applied to address the need.
5. **Health Disparities**: The health need disproportionately impacts the health status of one or more vulnerable population groups.
6. **Ability to Leverage**: Opportunity to collaborate with existing community partners working to address the need, or to build on current programs, emerging opportunities, or other assets. Includes existing structures or collaborations that KP is a part of.
7. **Community Prioritization**: The community prioritizes the health need over other health needs.
8. **Prevention Opportunity**: The health need presents an opportunity to improve the community’s health status using prevention-focused approaches.
9. **Policy Change Opportunity**: Opportunities for addressing the health need through legislative, local or organizational policy change exist.
10. Place-based Strategies Underway: Opportunities to address the health need through placed-based strategies are present.

b. Health Needs that KFH Modesto Plans to Address

**Obesity/Diabetes**
Although Obesity and Diabetes were not combined in the CHNA, they were combined during the implementation strategy development phase because of their relatedness – strategies to address healthy eating and physical activity have an impact on both obesity and diabetes.

A lack of access to healthy, affordable foods and physical inactivity, due to lack of opportunities to safely engage in physical activity (such as access to parks and recreational facilities) were particular contributors to obesity. Rates of overweight and obesity are high in the KFH Modesto service area. For adults, obesity rates are much higher than state and national averages and youth also have a much higher rate of obesity (34.7%) than the state average. There are many factors and indicators within the KFH Modesto service area that may contribute to these high rates of obesity for community residents. Adults in the KFH Modesto service area are consuming too few fruits and vegetables (71.3%), are physically inactive (25.9%), live in food deserts (7.65%), have limited access to parks (50.2%), and have limited access to recreation and fitness facilities (8.8 facilities per 100,000 people).

Lack of access to healthy, affordable foods, lack of access to primary care, lack of health insurance for service coverage, physical inactivity due to lack of opportunities to safely engage in physical activity (such as access to parks and recreational facilities) were particular contributors to diabetes in the KFH Modesto service area. Diabetes is prevalent with 8.2% of adults who have been told by a doctor that they have diabetes, higher than the average for California. Hospitalizations for diabetes related complications are also higher in the Modesto service area than the average for California.

**Health Access**
Increasing access to appropriate and effective health care services addresses a wide range of specific health needs. 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. Seventy-five percent of the population in the Modesto service area lives in a community that is deemed a health professional shortage area, considerably higher than both state and national averages. A lack of access to health care for Modesto is also seen in the low rate of primary care providers and the high rates of preventable hospitalizations. The high rates of poverty, lack of health insurance, and unemployment are all additional factors that contribute to residents’ inability to have the financial means to access health care.

**Broader Health Care 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.

IX. KFH Modesto’s Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH Modesto 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 Modesto 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 Modesto will continue to work in partnership to refine its goals and strategies over time so that they most effectively address the needs identified.

**Obesity/Diabetes**

**Long-term Goal**
Reduce obesity/diabetes among at-risk population particularly among low income youth and families

**Intermediate Goals**
- Increase food security and access to healthy food and decrease access to unhealthy food
- Increase nutrition awareness and knowledge and adoption of healthy eating practices
- Increase access to physical activity environments and opportunities in schools
- Increase knowledge and adoption of physical behavior

**Strategies**
- Provide technical assistance and mini grants to community based organizations to conduct advocacy to develop and adopt city/county policies to ensure healthy beverage options are available in public places
- Leverage KP assets to support youth engagement in growing and selling fresh fruits and vegetables to increase access to healthy foods; may include adopting KP Healthy Picks program nutritional guidelines to increase awareness of healthy choices
- Implement Thriving Schools, a national initiative of KP that targets resources to schools in low income neighborhoods to improve the health and wellness of students and employees through improved nutrition, increased physical activity, and access to health care
- Make grants to CBOs to increase access to healthy foods and provide nutrition education in after school programs
Make grants to low-income schools to provide nutrition education/literacy to students to promote healthy eating and active living. To be inclusive but not limited to implementing joint use policies to make physical activity spaces more accessible during non-school hours

**Expected Outcomes**
- Increased consumption of healthy beverages within schools/CBOs
- Cities/counties adopt healthy beverage policies
- Increased access to fresh fruits and vegetables in low income communities
- KP providers participate in advocating for healthy food access
- Community based organizations adopt and implement KP Healthy Picks
- Increased number of school policies that support healthy eating and improved food/beverage environments
- Nutrition education integrated into after school programming
- Increased awareness of healthy eating
- Improved weight management among low-income county residents
- Students more physically active during the school day
- Joint use policies adopted to make school space available for physical activity by community residents
- KP providers participate in advocating for physical activity opportunities and environments

**Health Access**

**Long-term Goal**
Increase the number of people who have access to health care and preventive services, particularly underinsured children, youth and families

**Intermediate Goals**
- Reduce barriers to health insurance enrollment and increase health care coverage for underinsured children, youth and families
- Develop systems that increase access to and utilization of available health care services
- Develop a trained and culturally competent workforce to provide preventive and primary care services

**Strategies**
- Partner with CBOs, family resource centers, local government institutions by participating in planning, providing IT expertise, and developing outreach strategies to assure that community residents have access to the technology that will facilitate learning about and enrolling in and participating in the health exchanges
- Participate in Medi-Cal Managed care, the State of California’s Medicaid Program, to provide comprehensive inpatient and outpatient care to Medi-Cal managed care members in California.
- Provide health education, materials/tools, and physician ambassadors to schools/colleges to increase utilization of preventative health services by low youth and young adults
- Make grants to community-based organizations to improve access to health services for homeless populations
- Provide technical assistance and training to safety net providers to increase their capacity to provide chronic disease preventive and management services for low-income populations
- Link safety net providers to telemedicine networks and technology to allow greater access to health services for Stanislaus county residents
- Provide subsidized health care coverage which provides comprehensive benefits to children (birth through age 18) in families with income up to 300% of the federal income guidelines who lack access to employer-subsidized coverage and do not qualify for public programs because of immigration status or family income
- Train safety net providers to use KP clinical practice guidelines for preventing and managing chronic disease by providing CME opportunities particularly around the challenges of practicing medicine in rural areas
Expected Outcomes

- Increased number of county residents enrolled in health insurance programs
- Increased enrollment in health insurance programs
- Increased enrollment in Medi-Cal Healthy Families
- Care provided to uninsured/underinsured children
- Decreased health insurance coverage lapses for low-income residents
- Health centers provide an expanded variety of preventive and clinical services
- Care provided to the uninsured/underinsured
- Increased utilization of health services among the homeless population
- Increased utilization of health services among low-income, uninsured Spanish-speaking and migrant populations
- Increased utilization of health services among low-income county residents
- Adult/general medicine physicians trained

Broader Health Care System Needs in Our Communities

Workforce

Long-term Goal

To address health care workforce shortages and cultural and linguistic disparities in the health care workforce

Intermediate Goal

- 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 linguistically 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 Goal**
To increase awareness of the changing health needs of diverse communities

**Intermediate Goal**
- 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

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**X. Evaluation Plans**

KFH Modesto 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 Modesto 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.

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**XI. Health Needs Facility Does Not Intend to Address**

The remaining health needs for Stanislaus County were not ranked as highly as Obesity/Diabetes and Health Access and will not be addressed by KFH Modesto based on the rationale described below. However, a number of the strategies developed to address Obesity/Diabetes and Health Access will impact the other health needs. For example, strategies to reduce obesity and diabetes promote healthy eating and physical activity, which will also contribute to preventing hypertension/high blood pressure and some types of cancer. Strategies implemented to increase access to health services by populations suffering disparities apply broadly to all of the health needs. For example, offering culturally competent care in community health clinics has the potential to improve health outcomes in many of the health needs areas. 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 Modesto will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs. Specific rationale for the health needs “not selected to address” are found below.
**Hypertension**: Not perceived as the highest priority by the community. Many of the Obesity/Diabetes strategies will address hypertension/high blood pressure prevention.

**Cancer**: There are limited opportunities to leverage existing internal and external efforts in this area. Prevention is addressed in part through KP’s strategies under Obesity/Diabetes and Health Access.

**Mental Health**: KP does not have a high level of expertise or resources to leverage in this area.

**Asthma**: According to data gathered for the CHNA, the magnitude of asthma prevalence is lower than that of other priority health needs.

**Oral Health**: KP does not offer dental services and does not have oral health expertise in-house.

**Tobacco Usage**: Not perceived as a high priority by the community. The magnitude of tobacco usage is lower than other priority health needs.

**Alcohol/Drug Abuse**: Alcohol/drug abuse was ranked as a low priority health need in the CHNA multi-voting process.