I. General Information

Contact Person: Carl Campbell, Public Affairs Director
Date of Written Plan: September 15, 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 – San Rafael Service Area

The Kaiser Foundation Hospital (KFH) San Rafael service area comprises Marin County and the southern portion of Sonoma County, including the cities of Petaluma and Sonoma. Cities in Marin County include Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael, Sausalito, and Tiburon and the coastal towns of Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales. The hospital is located at 99 Montecillo Road, San Rafael, CA 94903.
KFH SAN RAFAEL COMMUNITY SNAPSHOT

White: 81.94%
Latino: 16.68%
African American: 2.38%
Asian and Pacific: 5.33%
Native American: 0.36%
Other or Multiple: 10.29%

<table>
<thead>
<tr>
<th>KFH San Rafael Data</th>
<th>California Data</th>
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<tbody>
<tr>
<td>Total Population</td>
<td>352,544</td>
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<tr>
<td>352,544</td>
<td>36,627,288</td>
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<tr>
<td>Linguistically isolated</td>
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<tr>
<td>Children living in poverty</td>
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<tr>
<td>Income less than 200% FPL</td>
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<tr>
<td>No high school diploma</td>
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<td>Medi-Cal/Medicaid recipients</td>
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### Unemployment rate

<table>
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<th>6.16%</th>
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<tbody>
<tr>
<td>Uninsured</td>
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<td>17.92%</td>
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### 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 San Rafael’s planned response to the needs identified through the 2013 Community Health Needs Assessment (CHNA) process. For information about KFH San Rafael’s 2013 CHNA process and for a copy of the report please visit [http://share.kaiserpermanente.org/article/community-health-needs-assessments-3/](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 – San Rafael’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 San Rafael service area through the 2013 Community Health Needs Assessment process.

- Mental Health
- Substance Abuse
- Access to Health Care/Medical Homes/Health Care Coverage
- Socioeconomic Status
- Healthy Eating and Active Living
- Social Supports
- Cancer
- Heart Disease

### VII. Who was Involved in the Implementation Strategy Development

The implementation strategy development team at KFH San Rafael included the following stakeholders representing both Kaiser Foundation Hospital/Health Plan and the Permanente Medical Group.

Carl Campbell, Public Affairs Director, Chairperson, Community Investment Team  
Judy Coffey, Senior Vice President, Marin Sonoma Area Manager  
Jeannie Dulberg, Community Benefit, Community Health Manager  
David Ebright, Communication Manager, Marin Sonoma  
John Groesbeck, Area Finance Officer  
Carol Harris, Community and Government Relations  
Diane Hernandez, Finance Manager  
Patricia Kendall, Medical Group Administrator  
Shan Magnuson, Community Benefit, Health Specialist  
Sandie McCreary, Area Quality Leader
Andrea Michelsen, Community Benefit, Community Health Manager (retired)
Nan Moon, Community Worksite and Employee Wellness Manager

Additional participants:
Theresa Rockas, Project Manager, Health Education & Promotion, Member Outreach, Kaiser Permanente

The process was led by staff from KFH San Rafael Community Benefit and facilitated by Lynn H. Baskett, a consultant.

VIII. Health Needs that KFH San Rafael Plans to Address

a. Process and Criteria Used

In order to select the health needs that KFH San Rafael will address, the KFH San Rafael Community Investment Team (CIT) used the criteria listed below, which built on the criteria used in the CHNA prioritization process. In addition, we considered the ability for KFH San Rafael to have a significant and meaningful impact on the needs given our expertise, our resources and the evidence base. KFH San Rafael 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 KFH San Rafael CIT was responsible for reviewing the CHNA data and community-identified health needs and prioritizing them to determine which health needs would be addressed by the hospital. The CIT used a numerical ranking process to identify the community needs where KFH San Rafael could build on its past community benefit work and other community resources while addressing the community priorities. The criteria used to rank the community priorities are listed below.

- Level of community concern regarding the need
- Ability to leverage established, or promote/encourage new community partnerships to address the need
- Ability to build community capacity and available community expertise/resources to address the need
- Ability to have a meaningful impact on community health through prevention/early intervention or contributions of Kaiser Permanente resources, staff expertise, technical assistance or in-kind support
- Availability of effective or promising strategies, preferably evidence-based, that could be applied to address the need
- Degree of racial/ethnic/socioeconomic status inequity in the prevalence/severity of the need
- Prevalence/severity of the need

b. Health Needs that KFH San Rafael Plans to Address

1. **Access to Health Care/Medical Homes/Health Care Coverage (shortened to Access to Care)** is a health need because 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. Selection criteria ranked highly include: magnitude, severity, ability to make a meaningful contribution, disparities in health outcomes, ability to leverage existing relationships and programs, availability of effective strategies, high community priority and prevention opportunity.

2. **Healthy Eating and Active Living** is a health need because of its potential positive impact on health outcomes such as obesity, cancer, heart disease, mental health and diabetes. Selection criteria ranked highly include: magnitude, severity, ability to make a meaningful contribution, disparities in health outcomes, ability to leverage existing relationships and programs, availability of effective strategies, high community priority and prevention opportunity.
3. **Mental Health** is a health need with a greater percentage of adults reporting poor mental health and higher suicide rates than California and Healthy People 2020, and alarming rates of teen suicide. Possible causes, among others, include the high cost of living, disparities in income, lack of access to health insurance coverage, health care and mental health services. Selection criteria ranked highly include: magnitude, severity, disparities in health outcomes, high community priority and prevention opportunity.

4. **Substance Abuse** (alcohol and other drugs) is a health need possibly due to easy access to alcohol and other drugs; prevailing social norms, prevalence of youth who drink alcohol, use drugs and smoke; adults with poor mental health; income disparities; high cost of living; and lack of access to health care and coverage. Selection criteria ranked highly include: magnitude, severity, disparities in health outcomes, ability to leverage existing relationships and programs, availability of effective strategies, high community priority and prevention opportunity.

5. **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-San Rafael’s Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH San Rafael 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 San Rafael 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 San
Rafael 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 individuals who have access to and receive appropriate health care services in the KFH San Rafael service area.

Intermediate Goals
- Increase the number of low-income people who enroll in or maintain health care coverage.
- Increase access (insurance coverage, a medical home, and regular preventive appointments) to culturally competent, high quality health care services for low income, uninsured individuals.

Strategies
- Provide Medical Financial Assistance, which assists patients in need by subsidizing all or a portion of their KP medical expenses for a period of time. Eligibility is based on prescribed level of income, expenses and assets.
- 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.
- Participate in Medi-Cal Fee-For-Service which provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members.
- Provide subsidized health care coverage (i.e., Kaiser Permanente Child Health Plan).
- Provide grants to expand use of patient navigators, promotores or community application assisters to provide culturally sensitive assistance and care coordination in guiding patients through available medical, insurance and social support systems.
- Provide grants and/or in-kind services to support community health centers or free clinics to strengthen coordinated care for low income individuals.

Expected Outcomes
- Increase the number of low income individuals who are enrolled in or maintain health insurance coverage.
- Increase the number of patients seen and/or the range of services offered at community health clinics.
- Increased access to care.
- Increased coordination with the County and City services.

Healthy Eating and Active Living

Long-term Goal
Increase healthy eating and physical activity among youth in the Canal area of San Rafael, Marin City, southern Novato, and low-income communities of Petaluma and Sonoma Valley.

Intermediate Goals
- Increase healthy eating among youth in the Canal area of San Rafael, Marin City, southern Novato, and low-income communities of Petaluma and Sonoma Valley.
- Increase youth physical activity in community and institutional settings (e.g., safe walking and biking routes, parks and hiking trails, joint use of school recreational facilities).
Strategies

- Grant making to support development and implementation of healthy eating policies and practices in schools and community settings serving low-income youth, e.g. strengthening wellness policies related to food in schools and community settings.
- Decrease youth access to unhealthy foods such as soda/sugar-sweetened beverages, excessive portion sizes, etc. by providing grants and collaborating with policy makers and community partners.
- Grant making and collaborative efforts to replicate lessons learned from HEAL, e.g. youth advocacy programs, built environment policy change efforts, healthy school food, Harvest of the Month, farm to institution, etc. to low-income neighborhoods to increase youth knowledge about and consumption of healthy food.
- Support peer programs, e.g. Promotores, youth peer-to-peer education, to increase knowledge and awareness about access to healthy foods and food choices in low-income neighborhoods through grants to organizations that provide education and/or offer built environment advocacy programs.
- Grant making to replicate lessons learned from HEAL work, e.g. youth advocacy programs, safe routes to schools programs, classroom based physical activity, organized recess etc., in low-income neighborhoods to increase physical activity.
- Provide Educational Theater Program’s The Best Me, a live theatre program designed to inspire children, teens, and adults to make healthier choices and better decisions about their well-being, to schools in low-income areas.
- Collaborate with policy makers and community partners and provide grants to increase the number and use of safe places to walk, bike and play in low-income neighborhoods with a focus on youth.
- Collaborate with and provide grants to programs to promote environmental changes that increase physical activity in schools (before, during and after school programs) and childcare settings to improve the health of low-income youth.
- Leverage internal KP resources and provide grants to support youth-driven advocacy efforts to influence policies related to healthy eating and physical activity.
- Collaborate with agencies and/or coalitions such as Healthy Marin Partnership and the Marin HEAL Zone to support policies that promote healthy eating and physical activity such as policies reducing overconsumption of sugar-sweetened beverages, increasing availability of lower-calorie and healthier food and beverage options for children in restaurants, and improving nutritional standards for all foods and beverages sold or provided through schools, land use policies to promote safe places to walk and bike, or policies to improve or expand parks and recreation areas.

Expected Outcomes

Nutrition

- Increased access to and consumption of healthy foods and decreased access to and consumption of less healthy foods
- Changes in policies, practices or in the built environment to promote the healthy choice being the easy choice.
- Increased awareness and knowledge about healthy eating and about access to healthy food among low-income youth.

Physical Activity

- Increased youth physical activity.
- Changes in policies, practices or built environment to promote the healthy choice being the easy choice.
- Progress towards new or enhanced policies that encourage physical activity in schools, workplaces, parks, and other community settings

Mental Health

Long-term Goal

Improve mental health outcomes among high-risk populations in the KFH-San Rafael service area.

Intermediate Goals

- Improve management of mental health symptoms among high-risk populations.
- Decrease risks for mental, emotional and behavioral disorders among high-risk populations
- Improve integration of primary care and behavioral health for high-risk populations.

**Strategies**
- Increase access to culturally competent case management and ongoing mental health treatment services for low income, at-risk individuals through grant making and in-kind support.
- Grant making and/or in kind support to organizations to provide training and support for mental health service providers for such conditions as addressing compassion fatigue, secondary PTSD and other identified training needs.
- Grant making for prevention and upstream mental health services for low-income, high risk individuals, such as peer based and resiliency programs, e.g. bullying prevention.
- Grant making and leveraging of internal KP resources to promote multicomponent health care system level interventions to link primary care providers, patients and mental health specialists serving low income, high-risk populations.

**Expected Outcomes**
- Increased access to/participation in preventive mental health services among high-risk populations.
- Increased support to mental health providers including ED staff.
- Increased ability of participating clients to achieve some of the following: manage risk, choose healthy risks, resolve conflicts and problem solve.
- Increased self-esteem among high risk participants
- Decreased bullying incidents among youth.
- Increased awareness among low-income students about conflict resolution, anti-bullying, and healthy relationships.
- Increased care coordination for low-income high-risk individuals.

**Substance Abuse**

**Long-term Goal**
Decrease number of youth who use tobacco or abuse alcohol and drugs.

**Intermediate Goals**
- Increase access to culturally competent substance abuse prevention and treatment services for low income, at-risk youth.
- Increase access to resiliency programs for low-income youth at-risk for alcohol and substance abuse or DUls.
- Increase policies, and their enforcement, to decrease youth use of tobacco, alcohol and other drugs.

**Strategies**
- Grant making to reduce initiation (eg: education and interventions grants) and restrict access (eg: retail education and product placement guidelines) to tobacco by at-risk youth.
- Grant making to improve access to culturally competent substance abuse prevention and treatment services for low-income, at-risk youth.
- Grant making for resiliency programs serving low-income, at-risk youth focused on substance abuse prevention.
- Collaborate with local coalitions and community advocacy groups to advocate for:
  - New public policies focused on efforts to decrease teen smoking, drinking and use of other drugs
  - Effective enforcement of existing laws, regulations and policies.

**Expected Outcomes**
- Decreased tobacco, alcohol and drug use among youth.
- Increased access to culturally competent substance abuse treatment and prevention services.
- Decreased youth alcohol-impaired driving.
Increased policy enforcement.
Progress toward new or enhanced policies to decrease teen smoking, drinking and use of other drugs.

**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 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 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 disproportionately impacted by health disparities
- Increase the availability of research and publications to inform clinical practices and guidelines

### X. Evaluation Plans

KFH San Rafael 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 San Rafael 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 community-prioritized health needs for Marin County will not be addressed by KFH San Rafael because, using the following criteria, they were not ranked as highly as Access to Care, Healthy Eating and Physical Fitness, Mental Health and Substance Abuse.

The criteria used were:

- Level of community concern regarding the need
- Ability to leverage established, or promote/encourage new community partnerships to address the need
- Build community capacity and available community expertise/resources to address the need
- Ability to have a meaningful impact on community health through prevention/early intervention or contributions of Kaiser Permanente resources, staff expertise, technical assistance or in-kind support
- Availability of effective or promising strategies, preferably evidence-based, that could be applied to address the need
- Degree of racial/ethnic/socioeconomic status inequity in the prevalence/severity of the need
- Prevalence/severity of the need

KFH San Rafael has unique resources and capacity to dedicate to the four chosen health needs. In addition, the selection committee recognized there are other strong community partners who are currently addressing or are better suited to address the needs below. 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 San Rafael will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs. The needs that will not be addressed are:

- Heart Disease
- Cancer
- Socioeconomic Status
- Social Supports