Implementation Strategy Report
for Community Health Needs
Kaiser Foundation Hospital – SUNNYSIDE
License #SMC 1073
I. General Information

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Dan Field, Director of Community Benefit and External Affairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Written Plan:</td>
<td>September 23, 2013</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>
</table>

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 – Sunnyside Medical Center Service Area

Kaiser Foundation Hospital (KFH) Sunnyside Medical Center’s service area is defined geographically by a four-county grouping, referred to as the Metro Area. In the 9-month period from January through September 2012, eighty-five percent (85%) of KSMC inpatient discharges lived in the Metro Area. The Metro Area is KFH Sunnyside Medical Center’s primary service area.

Kaiser Permanente Northwest Region (KPNW), of which KFH Sunnyside Medical Center is a part, provides services, has membership, and supports community health in two other areas outside the Metro Area, referred to as SW Washington and Mid-Willamette Valley (referred to as Mid-Valley in this report). SW Washington and Mid-Valley make up KFH Sunnyside Medical Center’s secondary service area.

KFH Sunnyside Medical Center, referred to in this report at KFH Sunnyside, serves seven counties in Oregon: Clackamas, Columbia, Marion, Multnomah, Polk, Washington, and Yamhill; and four counties in Southwest Washington: Clark, Cowlitz, Skamania, and Wahkiakum. All of these (11) counties were included in the Community Health Needs Assessment (CHNA).

To align with community collaborative work and to better understand and address need across the entire KFH Sunnyside service area, these eleven (11) counties have been logically grouped into three (3) services areas:

- **Primary KFH Sunnyside service area:** Metro Area (Clackamas, Clark, Multnomah, Washington counties)
- **Secondary KFH Sunnyside service area:** SW Washington (Cowlitz, Columbia, Skamania, Wahkiakum counties) and Mid-Valley (Marion, Polk, Yamhill counties)
*Note that Clark County, Washington, is included in the Metro Area/Primary KFH Sunnyside service area instead of the SW Washington service area because Clark County is a member of the Metro Area collaborative group, Healthy Columbia Willamette.

The total population of the KFH Sunnyside service area is approximately 2.66 million people. The Metro Area is the population hub, with just over 2 million people. The SW Washington service area has approximately 165,000 residents, and Mid-Valley has just under 490,000 residents. The following map displays population density of the entire KFH Sunnyside service area. The darker orange shaded areas indicate areas with higher population density. The red lines in each map show KFH Sunnyside primary and secondary service area boundaries.

For the purpose of the CHNA report and to understand the general population profile of the KPNW region, KPNW staff utilized the Kaiser Permanente CHNA platform to query demographic data on race, ethnicity, and three “Key Drivers” of health indicators: poverty, educational attainment, and health insurance coverage. The three Key Driver indicators are determined to be the most powerful predictors of population health.

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 Sunnyside’s planned response to the needs identified through the 2013 Community Health Needs Assessment.
(CHNA) process. For information about KFH Sunnyside’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 – Fresno’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 Sunnyside service area through the 2013 Community Health Needs Assessment process.

- Nutrition and Physical Activity related Chronic Disease
- Maternal and Infant Health
- Access to Health Care
- Oral Health
- Mental Health
- Economic Security
- Tobacco Use
- Cancer
- Sexually Transmitted Disease
- Injury

VII. Who was Involved in the Implementation Strategy Development

The Implementation Strategy development team at KFH Sunnyside included the following stakeholders representing both Kaiser Foundation Hospitals/Health Plan and the Permanente Medical Group. The process was led by Community Benefit staff.

Rachel Burdon, MPH, Community Health Initiative Coordinator (lead)
Keith Bachman, MD, Permanente Quality Ambassador
Lynn Barker, RN, Manager, Medicaid Care Delivery
Heather Block, Prevention Services Manager
Kathryn Clift, Utility for Care Data Analysis
Tracy Dannen-Grace, Manager, Community Initiatives
Karley Dutra, Intern, Care Delivery & Community Benefit
Elizabeth Engberg, NW Program Manager, Thriving Schools
Dan Field, JD, Director, Community Benefit and External Affairs
Ellie Godfrey, Vice President, Quality & Service
Molly Haynes, MPH, Manager Community Health Initiative
Jhon Kuppens, Community Benefit Business Program Manager
Nancy Louie-Lee, RPh, Director, Clinical Pharmacy Service and CQSS
Susan Mullaney, Vice President, Hospital Operations
Catherine Potter, MA, Safety Net Partnerships Coordinator
Ryan Rushing, Quality Improvement Program Manager
VIII. Health Needs that KFH Sunnyside Medical Center Plans to Address

a. Process and Criteria Used

In order to select the health needs that KFH Sunnyside will address, the Implementation Strategy Development team used the criteria listed below, which built on the criteria used in the CHNA prioritization process. In addition, we considered the ability for KFH Sunnyside to have a significant and meaningful impact on the needs given our expertise, our resources and the evidence base. KFH Sunnyside 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.

In order to select the needs that KFH Sunnyside will address from the broader list of community health needs identified during the 2013 CHNA, the Implementation Strategy Development team applied a list of criteria (listed below). Using a scale 1-3 for each health need, Community Benefit staff and a supporting data analyst scored criteria 1-6; members of the project team were asked to score criteria 7-9. Scores were tallied and the health needs receiving the highest overall scores were selected as needs that KFH Sunnyside would address. The team limited the selected health needs to five given the mix of resources and assets available and the health needs that rose to the top. The criteria used are as follows:

1. **Severity of Problem**: the health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected
2. **Magnitude/Scale of the Problem**: the health need affects a large number of people within the community
3. **Health Disparities**: the health need disproportionately impacts the health status of one or more vulnerable population groups
4. **Community Prioritization**: the community prioritizes the health need over other health needs
5. **Exists across more than one service area**: The health issue was seen in multiple service areas within the KPNW region
6. **Data gap present**: during the assessment process there was inadequate data or lack of data source to fully understand the health need
7. **Kaiser Permanente Assets**: Kaiser Permanente has relevant expertise and/or unique assets as an integrated health system to make a meaningful contribution
8. **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
9. **Existing or Promising Approaches**: there are effective or promising strategies to address the need

b. Health Needs that KFH Sunnyside Medical Center Plans to Address

1. **Nutrition and Physical Activity-related Chronic Disease**
   Poor nutrition and lack of physical activity are driving an epidemic of obesity and concomitant chronic illness in adults. Just over one quarter of adults in the KFH Sunnyside service area is obese, exceeding Healthy People 2020 targets and non-White, Hispanic adult populations are disproportionately affected by obesity. There is a lack of comprehensive surveillance for childhood obesity and overweight in both Oregon and Washington, however a 2012 CDC report indicates that approximately 33% of Oregon 2-5 year olds are overweight or obese and approximately 26% of Washington 8th, 10th, and 12 graders are overweight or obese.
Chronic illness such as cardiovascular disease, many cancers, and poor mental health are all significant issues across the KFH Sunnyside service area that can be improved through good nutrition, recommended amounts of physical activity, and access to quality care with a focus on prevention and disease management. Again, chronic disease disparities exist for non-White populations across the region. Kaiser Permanente has a long history of developing and deploying care, educational resources, conducting research, and supporting community-based efforts to improve poor health outcomes related to chronic disease.

2. Maternal and Infant Health
   Improving the well-being of mothers, infants, and children is an important public health goal and crucial to the health of KFH Sunnyside communities. The well-being of mothers and children determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system.

   The perinatal period can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children, including both acute and chronic illness as well as healthy/unhealthy behaviors. In the KFH Sunnyside service area, nearly one-fifth of mothers receive no or later prenatal care. Prenatal care is important because it decreases the risk of poor health outcomes for both mother and baby, in the short and long term. Most notably, teen births, particularly in Latina youth, are a substantial health issue throughout the entire KFH Sunnyside service area. Teen pregnancy is considered and treated in the health care system as a high risk condition because teen parents have unique social, economic, and health support needs. Additionally, teen parents are less likely to complete high school, leaving them and their child vulnerable to lack of economic stability.

   Although, KFH Sunnyside service area provides high quality perinatal and pediatric care to its members, the KFH Sunnyside has not explicitly focused resources outside of the member population to improve maternal and infant health. KFH Sunnyside service area now has an opportunity to contribute to existing community-based efforts and to leverage organizational assets aimed at improving maternal and infant health outcomes.

3. Access to Health Care
   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.

   Lack of insurance is the primary barrier to health care access in the KFH Sunnyside service area with significant disparities in the Hispanic and non-White populations. With implementation of the Affordable Care Act in January 2014, 15.4% of the KFH Sunnyside’s population, currently uninsured, will have new options for coverage and access to health care. However, some low-income populations, because of their immigration status are ineligible for coverage under the new plans and others may find the required premiums beyond their reach. For these groups, access barriers will continue.

   Access to primary care as evidenced by low rates of preventive screenings (for most cancers, dental caries, prenatal health, and sexually transmitted disease) and disease management (for diabetes) is an issue across the KFH Sunnyside service area that can lead to cascading health issues if serious and costly illnesses are not detected early. As an integrated health system Kaiser Permanente has a unique set of care delivery assets and community connections to help bridge the care gaps for those individuals and communities in need of quality health care.
4. **Oral Health**

Good oral health is essential to overall health. Poor oral health can threaten the health and healthy development of young children and compromise the health and wellbeing of adults. Conditions of the mouth, teeth, gums and throat, from dental caries to cancer, cause pain and disability for millions of Americans each year. Very poor oral health in adults as indicated by rampant caries (6 or more) is a substantial health issue across the KFH Sunnyside service area. A recently released statewide child oral health survey in Oregon (SMILE Survey) indicates that tooth decay rates for school-age children in Oregon remain above the Healthy People 2020 goals. There is a gap in understanding the true oral health crisis in the KFH Sunnyside service area due to lack of comprehensive surveillance and monitoring, particularly for youth.

Oral disease is largely preventable with timely assessment and preventive care. Just over one quarter of our service area’s adults report that they have not had dental care in the past year with substantially higher rates in some areas of the KFH Sunnyside service area. In addition, fluoridated drinking water has proven to be an effective public health measure for prevention of dental caries, yet the public water supply in the most populated part of the KFH Sunnyside service area (Metro Area) is not fluoridated. Among the municipalities in Oregon, approximately 23% have fluoridated water, whereas in Washington State just over 58% of municipalities have water fluoridation.

Kaiser Permanente has tremendous assets, including a dental care delivery system as well as workforce capacity building initiatives and support of community oral health initiatives to contribute toward a collective region-wide effort to improve oral health.

5. **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. Prevention, early detection, assessment, and links with treatment and supports can help prevent mental health problems from worsening. Additionally, lack of an integrated approach to mental health within the health care system can lead to missed opportunities for early problem identification and prevention.

Many individuals in the KFH Sunnyside service area with mental health concerns do not have access to the social supports or treatment they need. Nearly one-fifth (19.9%) of adults 18-59 report having needed social/emotional support and similar numbers of adults also lack a consistent source of primary care. Most notably with respect to the spectrum of mental health issues, the suicide rate across the service area is nearly 14% and all of the counties in the KFH Sunnyside service area exceed Healthy People 2020 targets (10.2%).

Kaiser Permanente like many health systems in the KFH Sunnyside service area recognize the enormity of the behavioral health issues, including substance abuse that our communities face. Collaborative approaches are accepted as the most promising approach in the region to make improvements in mental health. To this end KFH Sunnyside is well-positioned to work with multiple partners, including other health systems, government, and community-based organizations, to tackle the community's behavioral health needs.

6. **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 from 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 Sunnyside Medical Center’s Implementation Strategies**

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

- Are available broadly to the public and serve low-income 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
- Otherwise would not become the responsibility of government or another tax-exempt organization

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

**Nutrition and Physical Activity-related Chronic Disease**

**Long-term Goal**
Reduce obesity and concomitant chronic disease in the KFH Sunnyside service area with a focus on vulnerable populations

**Intermediate Goals**
- Increase healthy eating, including breastfeeding opportunities in community and institutional settings
- Increase physical activity opportunities in community and institutional settings
- Expand policies regulating healthy/unhealthy foods and accessing physical activity
- Reduce morbidity and mortality from chronic disease in high risk populations
Strategies

- Provide grants to backbone organization to support development of a place-based initiative which will impact healthy eating and active living in a high-need, high-capacity neighborhood or school within the KFH service area
- Provide grants in collaboration with other funders to increase access to healthy foods, for communities with lack of access and increase economic opportunities for local growers
- Provide grants to community organizations that support physical activity and/or active transportation in schools and neighborhoods
- Provide Educational Theatre programming with HEAL-related focus for K-12 students in schools and other community settings
- Collaborate with agencies and/or coalitions to support policies and programs that promote healthy eating, active living, and breastfeeding
- Support research through the Center for Health Research that identifies effective and culturally appropriate interventions for prevention and treatment of chronic disease
- Improve chronic disease quality care measures in Kaiser Permanente member population, including low-income members, through primary and secondary patient intervention (e.g. Kaiser Permanente Chronic Care Program, NCQA and Medicare Five Star quality improvement initiatives)

Expected Outcomes

- Increased access to healthy foods and opportunities for physical activity
- Increased awareness of the importance of healthy eating and active living
- Progress toward new or enhanced policies that support healthy eating and active living
- Improved care delivery and management of populations with chronic disease

Maternal and Infant Health
Long-term Goal
Reduce risk factors for poor birth outcomes and adverse childhood events with a focus on vulnerable populations in the KFH Sunnyside service area

Intermediate Goals

- Increase services and support to improve perinatal and early childhood health in vulnerable populations
- Reduce risk factors for teen pregnancy with a focus on the Latina population
- Increase opportunities for breastfeeding initiation and duration per national recommendations

Strategies

- Leverage Kaiser Permanente assets to support a Healthy Beginnings Community of Practice to share knowledge/best practices in breastfeeding, pediatric, and obstetric care and advocate for a perinatal health policies/programs across the KFH Sunnyside service area
- Provide grants and collaborate with community partners to offer teen sexual health and pregnancy prevention programming and resources in school and community settings
- Provide grants to support community and clinical initiatives that support perinatal health and early childhood screening/ prevention service
- Provide prenatal care to uninsured mothers via Kaiser Permanente Community Access Program

Expected Outcomes

- Increased community capacity and effort to improve perinatal and early childhood health
- Decreased risk factors for teen pregnancy
- Increased support for breastfeeding
- Increased access to prenatal care
Access to Health Care

Long-term Goal
Increase number of individuals who have access to and receive appropriate health care services in the KFH Sunnyside service area

Intermediate Goals
➢ Reduce barriers to enrollment and increase the number of low-income people who maintain health care coverage (e.g. Community Medical Financial Assistance Program and Chronic Care Program)
➢ Increase access to high quality culturally competent health care services for low-income un/under-insured individuals via community access programs like Project Access.
➢ Increase capacity of healthcare workforce

Strategies
➢ Participate in government sponsored programs for low income individuals
➢ Provide and/or coordinate access to a primary care home and access to specialty care (i.e. vision, dental, oncology, obstetric) via Kaiser Permanente programs for under and uninsured individuals
➢ Provide needed primary, specialty, and dental care via community clinic days where Kaiser Permanente clinicians and employees volunteer time and resources
➢ Provide medical and dental financial assistance
➢ Provide grants to safety net partners to improve clinical quality improvement efforts
➢ Provide grants to contracted hospitals and community care access organizations for provision of charity care (e.g. Salem Hospital and Project Access)
➢ Provide grants and leverage internal Kaiser Permanente assets to support and learn from a robust infrastructure of community health workers
➢ Train new physicians and dentists via the Graduate Medical and Dental Education programs
➢ Provide health professional programs (i.e. High School Scholarship, dental residency) to students throughout the KFH Sunnyside service area
➢ Support bi-directional learning and increased capacity to utilize best practices in prevention, information technology, quality improvement, and community outreach among Kaiser Permanente and other care delivery partners

Expected Outcomes
➢ Increased access to high quality culturally competent care
➢ Increased enrollment/healthcare coverage
➢ Increased capacity of safety net
➢ Increased number of prepared clinicians

Oral Health

Long-term Goal
Improve oral health among high-risk populations in the KFH Sunnyside service area

Intermediate Goals
➢ Increase proportion of children and adults reached by dental treatment and prevention efforts
➢ Increase capacity of oral health system infrastructure

Strategies
➢ Provide grants and other support to community clinics and service providers to expand the availability of dental services for low income individuals
➢ Administer dental care and education programs (i.e. Dental Financial Assistance, Direct Dental Care) and expand throughout the KFH Sunnyside service area
Provide needed dental care in underserved areas expanding throughout the KFH Sunnyside service area (i.e. community volunteer dental clinics and initial planning of Kaiser Permanente-sponsored community dental clinic)

Collaborate with regional and national partners to advocate for policies and practices that prevent dental caries (i.e. water fluoridation roll-back, reduce consumption of sugary beverages; oral health education campaign)

Support oral health education and training including the integration of oral health into medical care and dental pilots

Collaborate with other partners via the Oral Health Funders Collaborative to strengthen the current oral health surveillance system

**Expected Outcomes**

- Increased access to dental care
- Increased participation in preventative oral health services/programs
- Adoption of supportive practices/policies that prevent caries
- Increased knowledge within dental care workforce
- Improved data sources for oral health of children and mild/moderate caries in adults.

**Mental Health**

**Long-term Goal**

Improve mental health among high-risk populations in the KFH Sunnyside service area

**Intermediate Goals**

- Increase understanding of mental health and substance abuse as health issues
- Improve management of mental health symptoms in high-risk populations
- Minimize risks for mental, emotional, and behavior disorders in vulnerable populations

**Strategies**

- Collaborate with other health systems, funders, and other community partners assess behavioral health morbidity and mortality (suicide) using health system/hospital data and case fatality reports
- Collaborate with community partners to develop integrated systems of medical and behavioral health care focusing on populations with co-morbidities
- Collaborate with other health systems and community partners to strengthen the current behavioral health data surveillance system
- Provide grants in collaboration with community partners to improve the coordination and integration of addiction, mental health and primary care services
- Provide grants to support school and community-based prevention-focused behavioral health interventions and services
- Implement early clinical intervention depression screening and follow-up in the Kaiser Permanente member population
- Support research investigating innovative approaches to screening and management of behavioral health issues and connect research findings to community service providers
- Collaborate with health care system stakeholders in adopting a uniform opiate prescribing policy in the Metro Area and align with state-wide efforts for mandatory participation

**Expected Outcomes**

- Increased awareness of behavioral health issues, burden of disease, and prevention/intervention tools
- Improved care provision for at-risk and high-risk populations in Kaiser Permanente and community clinic settings
- Decreased risk factors for behavioral health disorders
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 care 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 Sunnyside 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 Sunnyside 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 will not be addressed by KFH Sunnyside because using the criteria described previously, they were not ranked as highly as Nutrition and Physical Activity-related Chronic Disease, Maternal and Infant Health, Access to Health Care, Oral Health, and Mental Health. KFH Sunnyside has a unique set of resources and capacity to dedicate to the five chosen health needs. In addition, there are other strong community partners and networks who are currently addressing the needs below. The needs that will not be addressed are:

- Economic security
- Cancer
- Tobacco use
- Sexually transmitted disease
- Injury

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 Sunnyside will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs.