



# 2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital Fresno  
License #040000384

Approved by KFH Board of Directors  
March 16, 2017

To provide feedback about this Implementation Strategy Report,  
email [chna-communications@kp.org](mailto:chna-communications@kp.org)

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

Kaiser Foundation Hospitals – Fresno  
License #040000384  
7300 N. Fresno St, Fresno, CA 93720

**I. General Information**

Contact Person:	Rob S. Veneski, Public Affairs Director
Date of Written Plan:	December 14, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	March 16, 2017
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by Authorized Governing Body On or Before the 15 <sup>th</sup> Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body:	December 4, 2013
Name and EIN of Hospital Organization Operating Hospital Facility:	Kaiser Foundation Hospitals, 94-1105628
Address of Hospital Organization:	One Kaiser Plaza, Oakland, CA 94612

**II. About Kaiser Permanente**

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

**III. About Kaiser Permanente Community Benefit**

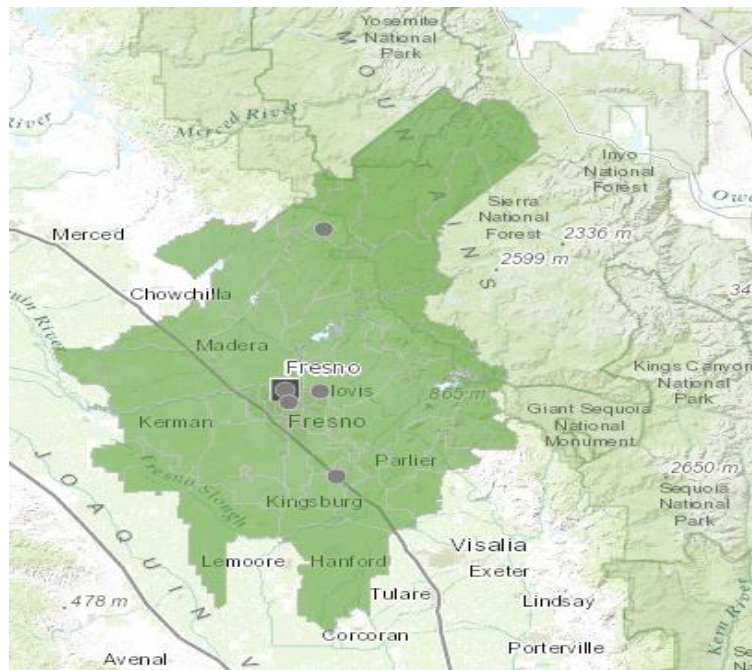
We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor's office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant-making to leverage financial resources with medical research, physician expertise, and clinical practices. Historically, we have focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted Community Health Needs Assessments (CHNA) to better understand each community’s unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

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

**IV. Kaiser Foundation Hospitals – Fresno Service Area**

The KFH-Fresno service area includes eastern Fresno County, most of Madera County, northeast Kings County, and northwest Tulare County, and the cities and towns of Ahwahnee, Auberry, Bass Lake, Biola, Burrel, Caruthers, Clovis, Coarsegold, Del Rey, Dinuba, Five Points, Fresno, Fowler, Friant, Hanford, Helm, Kerman, Kingsburg, Laton, Madera, North Fork, Oakhurst, O’Neals, Orange Cove, Parlier, Piedra, Prather, Raisin City, Reedley, Riverdale, San Joaquin, Sanger, Selma, Squaw Valley, Sultana, Tollhouse, Tranquility, Traver, and Wishon.



KFH Fresno Demographic Data	
Total Population	1,127,410
White	62.86%
Black	4.65%
Asian	8.64%
Native American/ Alaskan Native	1.06%
Pacific Islander/ Native Hawaiian	0.15%
Some Other Race	18.59%
Multiple Races	4.04%
Hispanic/Latino	51.49%

KFH Fresno Socio-economic Data	
Living in Poverty (<200% FPL)	50.28%
Children in Poverty	37.42%
Unemployed	11.3%
Uninsured	18.16%
No High School Diploma	26.3%

## V. Purpose of Implementation Strategy

This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes KFH Fresno's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH Fresno's 2016 CHNA process and for a copy of the report please visit [www.kp.org/chna](http://www.kp.org/chna).

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

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

- Economic Security
- Asthma
- Diabetes
- Access to Healthcare
- Obesity
- Mental Health
- Substance Abuse

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

### a. Partner Organizations

KFH Fresno worked independently on the development of the hospital's Implementation Strategy.

### b. Community Engagement Strategy

While not required by Federal CHNA regulations, Kaiser Permanente encourages all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. Voluntary community member and stakeholder engagement in the implementation strategy development process is intended to enable:

- KFH facilities to develop a deeper understanding of community perspective in developing Implementation Strategies, allowing opportunities for increased collaboration, potential impact, and sustainability
- Opportunities to engage community members beyond organizations and leaders with whom facilities may typically collaborate
- Transparency throughout the implementation strategy development process
- Opportunities to inform community leaders about Kaiser Permanente's unique structure and resources to effectively foster meaningful partnerships.

KFH Fresno engaged community input in the Implementation Strategy through meeting with representatives from six community-based organizations working with the service area's highest need populations. Community stakeholders participating in the Implementation Strategy planning meeting included:



- Project Manager, Boys & Girls Club of Fresno
- Administrator for Mobile Clinic, Buddhist Tzu Chi Medical Foundation
- Council Member, Fresno City Council
- Director of Program Development, Poverello House
- Project Director, California School Based Health Centers
- Director of Health Services, Fresno Unified School District

At the community input meeting, community stakeholders reviewed KFH Fresno’s selected health needs and provided input on the most important interventions that have the greatest, most sustainable impact; the sub-populations (age, ethnicity, geographic area) in the KFH Fresno service area most in need of intervention; and the sectors and/or institutions (i.e. schools, workplaces, community health clinics) that should implement the interventions.

A robust discussion among the community stakeholders reaffirmed the health needs that KFH had selected and produced the following recommendations for strategies to address the needs. These recommendations capture the perspective of the KFH Fresno communities experiencing the greatest health inequities and assure that this viewpoint is included in the final Implementation Strategy.

### **Healthy Eating, Active Living**

- Support partnership between school based health centers (SBHC) and local service providers to address healthy eating, active living for students, families and school staff.
- Expand afterschool feeding programs to provide more children and youth with healthy meals.
- Institute community gardens and kitchens in a variety of community gathering places (such as parks) to give children and youth without transportation access to convenient locations for garden and cooking activities.
- Explore partnerships with faith-based organizations as channels for nutrition education.
- Expand efforts to provide nutrition education to families, focusing on using food assistance dollars to purchase and prepare healthy meals.
- Implement efforts to make fresh fruits and vegetables grown in the Fresno area more affordable and accessible for low-income families.
- Implement place based strategies tailored to meet the specific food and physical activity needs of particular neighborhoods.

### **Access to Care**

- Institute transportation mechanisms to link residents in rural communities to health care and mental health services.
- Expand mobile clinic services to overcome transportation barriers and reach additional rural communities more frequently and with more services (dental, vision and medical).
- Scale approaches to educate low income residents on using health insurance, particularly for preventive, rather than emergency care.
- Develop strategies to address access barriers posed by the county-based MediCal program that requires residents to obtain health care services in their county of residence. A state-based MediCal system would allow residents to obtain care across county lines, at the most convenient service access point.
- Elevate the visibility of community health and mental health resources to encourage increased referral by community organizations and health care providers and increased utilization by residents.

## Behavioral Health

- Support schools to put trauma informed practice into place, including institutionalizing practices through policy.
- Support strategies that extend the trauma informed care approach to the whole school, including classroom interventions and teacher training on working with students with social emotional challenges.
- Reduce the stigma of accessing mental health services by including mental health in mobile health units.
- Utilize mobile health units to facilitate follow up for mental health, including adherence to medication or treatment plans.
- Assure that mental health resources are available for referral once residents are screened as needing support or intervention.
- Address the infrastructure gap for mental health services for youth, including the absence of pediatric mental health beds in the Fresno area.
- Develop an intentional intervention approach to protect vulnerable girls from trafficking.

The key recommendations emerging from the community stakeholder discussion were presented to the KFH Fresno leadership and integrated into the final set of strategies planned to address the needs selected. The community stakeholders perceived access to fresh produce as a barrier to healthy eating so one of the strategies included in the IS plan is to fund food banks to provide fresh fruits and vegetables. The community stakeholders discussed the need for access to health and behavioral services in rural communities. These barriers will be addressed by providing mobile health services, improved referral systems, and School Based Health Centers to promote access to services on school campuses. The stakeholders expressed the need to address stigma surrounding mental/behavioral health services and lack of services. Partnering with the California School Based Health Alliance will support availability of behavioral/mental health services at School Based Health Centers, a setting comfortable to students and families.

### c. Consultant Used

The process was led by the Community Benefit Manager for KFH Fresno and facilitated by Ad Lucem Consulting. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation. Ad Lucem Consulting has developed CHNA reports and Implementation Plans for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

## VIII. Health Needs that KFH Fresno Plans to Address

### a. Process and Criteria Used to Select Health Needs

The health needs prioritized for the CHNA were examined in order to identify a smaller set of health needs that KFH Fresno would address in its Implementation Strategy. A robust set of criteria was identified to determine the priority health needs on which KFH Fresno could have the greatest impact and to justify the needs that the service area chose not to address. The criteria were applied to the health needs based on a discussion with the KFH Fresno Community Benefit Manager.

Points were assigned to the CHNA health needs based on the criteria described below. A scale of zero to two points was used for general criteria (highlighted below in blue), with two points assigned to health needs meeting the criteria well, one point for health needs somewhat meeting the criteria, and zero points for health needs not meeting the criteria. Criteria that describe Kaiser Permanente specific expertise or resources (highlighted in green) were weighted as follows: four points assigned to health needs meeting the criteria well, two points for health needs somewhat meeting the criteria, and zero points for health needs not meeting the criteria.

Criteria	Definition
<b>CHNA prioritization</b>	How the health need ranked in the CHNA (takes into account severity, scale, and community prioritization).
<b>Health disparities and equity</b>	The health need disproportionately impacts the health status of one or more vulnerable population groups.
<b>KP expertise</b>	KP can make a meaningful contribution to addressing the need because of its relevant expertise as an integrated health system and because of an organizational commitment to addressing the need.
<b>Ability to leverage organizational assets</b>	Opportunity to deploy Kaiser Permanente Regional Community Benefit funding due to alignment with region wide needs as well as opportunity to draw down other assets of the organization.
<b>Feasibility</b>	Kaiser Permanente has the ability to have an impact given the resources available.
<b>Existing or promising approaches</b>	There are effective or promising strategies, preferably evidence-based, that could be applied to address the need.
<b>Ability to leverage community assets</b>	Opportunity to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or other community assets.

Final review and approval was secured by a Kaiser Permanente Leadership Group, whose membership (e.g. the Compliance Privacy Officer and the Public Affairs Director) could draw on their experience working and/or living in Fresno County, knowledge of health assets and deficits in the county, experience with community residents, and vision for how Kaiser Permanente can promote healthy communities.

#### **b. Health Needs that KFH Fresno Plans to Address**

**Access to Care and Coverage:** In order to align with language across other KFH facilities, Access to Healthcare from the Fresno CHNA was renamed Access to Care and Coverage in the IS. The content/meaning of the need did not change. Access to comprehensive, affordable, quality health care is critical to the prevention, early intervention, and treatment of health conditions. Healthcare access is a particular concern for low-income populations and those without health insurance. Residents of Fresno, Kings, Madera and Tulare counties have less access to dentists, primary care providers and mental health providers compared to the state. Lack of access to care was frequently cited as a top health issue in primary data. Barriers to care cited in stakeholder interviews and focus groups included lack of transportation, long wait times, difficulty scheduling appointments, paying for co-payments and medications, language issues, and difficulties navigating the health care system.

**Healthy Eating Active Living (HEAL):** In order to align with language across other KFH facilities, Obesity and Diabetes from the Fresno CHNA were combined into one health need for the IS. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. Diabetes hospitalizations are higher in the four county KFH service area when compared to the state. In Fresno, Kings, and Madera counties, diabetes prevalence is higher compared to the state. Obesity was one of the most frequently cited health concerns among stakeholders and focus groups and attributed to lack of access to affordable healthy food and physical activity. The four counties have high rates of adults and children who are obese or overweight as compared to the state. American Indian, Black, Pacific Islander and Latino adults are more likely to be obese than adults from other ethnic groups.

**Behavioral Health:** Mental Health and Substance Abuse from the Fresno CHNA were combined and renamed Behavioral Health for the IS. The content/meaning of the need did not change. In addition to severe mental health disorders, mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as

anxiety, depression or Post-Traumatic Stress Disorder (PTSD) and substance abuse have profound consequences for health behavior choices and physical health. In Fresno, Kings and Tulare counties, adults 18 years and older self-report they receive insufficient social and emotional support “all or most of the time” which is higher than the state. Focus groups and stakeholder interviews revealed that mental health is viewed as a top concern in all four counties. In the KFH Fresno service area few options exist for those seeking behavioral health professionals or services related to acute care.

## **IX. KFH Fresno’s Implementation Strategies**

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

- ✓ Are available broadly to the public and serve low-income individuals.
- ✓ Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems.
- ✓ Address federal, state, or local public health priorities
- ✓ Leverage or enhance public health department activities
- ✓ Advance increased general knowledge through education or research that benefits the public
- ✓ Otherwise would *not* become the responsibility of government or another tax-exempt organization

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

KFH Fresno will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs. The goals, outcomes, strategies, and examples of resources planned are described below for each selected health need.

### **Access to Care and Coverage**

#### **Long-term Goal**

All community members have access to high quality, culturally and linguistically appropriate health care services in coordinated delivery systems.

#### **Intermediate Goals**

- Increase access to comprehensive health care services for low income and vulnerable populations.
- Improve the capacity of health care systems to provide quality health care services.
- Increase access to social non-medical services that support health for low income and vulnerable populations.
- Develop a diverse, well-trained health care workforce that provides culturally sensitive health care.

#### **Strategies**

##### **Access**

- Provide high quality medical care to Medi-Cal participants.
- Provide access to comprehensive health care coverage to low-income individuals and families.
- Provide financial assistance to low-income individuals who receive care at Kaiser Permanente facilities and can’t afford medical expenses and/or cost sharing.
- Support outreach, enrollment, retention and appropriate utilization of health care coverage programs.
- Increase access to primary and specialty care.



### Capacity and Health Systems Management

- Increase capacity of systems and individuals to adopt population health management.
- Increase capacity of systems to participate in value-based care.
- Improve navigation to obtain access to appropriate care within the health care system.
- Promote integration of care between primary and specialty care, including behavioral health care.

### Social Non-medical Services

- Increase and systematize access to needed social non-medical services.
- Provide support to increase enrollment in public benefit programs (including federal food programs) among vulnerable and low-income populations.

### Workforce

- Increase access to training and education for diverse populations currently underrepresented in the health care workforce.
- Support the recruitment, hiring and retention of a diverse, culturally competent health care workforce in the clinical and community based settings.

### **For example:**

- Participate in Medi-Cal Managed Care and Medi-Cal Fee for Service
- Provide subsidized health care coverage to children (18 & under) in low –income families (up to 300% FPL) who lack access to other sources of coverage.
- Support targeted outreach and enrollment for specific populations for programs for which they are eligible.
- Fund community-based organization to assist homeless people with obtaining health care coverage.
- Partner with California School Based Health Alliance to support school based health center model dissemination to provide access to services on school campuses.
- Support organizations that provide navigation to free and reduced cost services for specialty care.
- Provide physician and Kaiser Permanente staff volunteers at events that provide surgical, specialty, and diagnostic services to low-income, uninsured people.
- Support population health management approaches that Improve health outcomes for safety net patients with diabetes and hypertension.
- Provide access to Kaiser Permanente expertise related to population health management via trainings and consultation.
- Support community health workers who assist community members with obtaining appropriate services.
- Fund school based health center model to link students to non-medical services.
- Fund program to provide internships for low-income youth at local health centers, medical centers and hospitals.
- Partner with UCSF Fresno Doctors Academy and UCSF/CSU Fresno Health Care Opportunities program to expand participation of Kaiser Permanente providers.
- Provide workforce training programs to train current and future health care providers, including physicians, mental health practitioners, physical therapy, pharmacy, nurses, and allied health professionals, with the skills and linguistic and cultural competence to meet the health care needs of diverse communities.
- Support rotation of residents and trainees in community health centers.

### **Expected Outcomes**

#### Access

- Increase in the number of low-income patients who receive health care services/coverage.
- Increase in the number of low-income patients that enroll in health care coverage programs.

#### Capacity of Health Systems

- Increase in the quality of care provided by safety net providers through PHASE protocol.
- Improved capacity of health systems to provide population health management.
- Increased integration of primary and specialty health care services.
- Improved capacity of safety net providers to assuming capitated risk.

#### Social non-medical Services

- Increase in referrals and coordination to non-medical social services.
- Increased enrollment and participation in public benefit programs.

#### Workforce

- Increase in the number of people from underrepresented groups enrolling in education and job training programs.
- Increase in the number of culturally and linguistically competent and skilled healthcare providers.

### **Healthy Eating and Active Living (HEAL)**

#### **Long-term Goal**

All community members eat better and move more as part of daily life in order to prevent and reduce the impact of chronic conditions (e.g. obesity, diabetes, CVD).

#### **Intermediate Goals**

- Improve healthy eating among residents in low income, under-resourced communities.
- Increase physical activity among residents in low income, under-resourced communities.

#### **Strategies**

##### Healthy Eating

- Increase access to healthy, affordable foods, including fresh produce, and decrease access to unhealthy food.
- Increase access to free, safe drinking water.
- Reduce access to and appeal of sugar sweetened beverages.
- Increase enrollment in and use of federal food programs.

##### Physical Activity

- Increase access to safe parks and public spaces.
- Increase opportunities for active transportation.
- Increase access to physical activity opportunities in the community.
- Increase access to physical activity opportunities in schools.

#### **For example:**

- Fund food bank to provide fresh fruits and vegetables in food baskets and meal programs.
- Support institutional healthy food and beverage policies.
- Support local restaurants and caterers that meet healthy food guidelines.
- Support promotion of water including making it more accessible through hydration stations.
- Provide Kaiser Permanente's Educational Theater programming that provides education in schools on health and wellness.
- Collaborate with local leaders to impact general plan update to include park placement.
- Partner with community organizations to conduct local park needs surveys.
- Provide Kaiser Permanente volunteers for park build projects.
- Support mobile bike repair program in rural areas, especially in South Fresno.
- Support programs that encourage walking and biking.
- Fund swimming lessons and youth junior lifeguard programs for low-income youth in partnership with community-based organizations.

- Participate in Every Neighborhood Partnership to recruit faith-based organizations to offer physical activity opportunities through joint use agreement.
- Fund training on physical education activities for new elementary school teachers.
- Support programs and policies in schools that maximize opportunities for physical activity throughout the day, including through our Thriving Schools initiative.
- Support physical activity opportunities in school linked to after school programs.

### **Expected Outcomes**

#### **Healthy Eating**

- Increased consumption of fruits and vegetables.
- Increased consumption of water.
- Decreased consumption of sugar sweetened beverages (SSBs).
- Increased enrollment and participation in federal food programs.

#### **Physical Activity**

- Increased use of parks and public spaces.
- Increased walking and biking to school and work.
- Increased physical activity.

### **Behavioral Health**

#### **Long-term Goal**

All community members experience social emotional health and wellbeing and have access to high quality behavioral health care services when needed.

#### **Intermediate Goals**

- Expand prevention and support services for mild to moderate behavioral health conditions.
- Decrease stigma associated with seeking behavioral health services among vulnerable and diverse populations.
- Develop a diverse, well-trained behavioral health care workforce that provides culturally sensitive behavioral health care.
- Increase access to culturally and linguistically appropriate behavioral health services for vulnerable and low income populations.

### **Strategies**

#### **Prevention Strategies**

- Provide screening and identification related to behavioral health needs among low income, vulnerable and uninsured populations and connect them with the appropriate services or support.
- Support opportunities to prevent and reduce the misuse of drugs and alcohol.
- Provide access to programs, services or environments that evidence suggests improve overall social/emotional wellness.

#### **Destigmatization**

- Support opportunities to reduce stigma through education and outreach in school, community and workforce settings.

#### **Workforce**

- Support the recruitment, hiring and retention of a diverse, culturally competent behavioral health care workforce in the clinical and community based settings.
- Increase access to training and education for diverse populations currently underrepresented in the behavioral health care workforce.

#### **Access**

- Provide high-quality behavioral health care to Medi-Cal participants.

- Promote integration of care between primary and behavioral health care.
- Improve navigation to appropriate care within the health care system and support services in the community.
- Increase the capacity to respond appropriately to individuals and/or communities that have experienced trauma and/or violence.

**For example:**

- Collaborate with multi-sector Healthcare Partnership to understand behavioral health needs of Fresno Unified School District students.
- Support depression screening and follow-up as part of population health management initiatives.
- Explore partnerships to leverage Kaiser Permanente alcohol/drug abuse resources and expertise.
- Support programs that promote social and emotional wellness in community-based organizations and schools.
- Provide Kaiser Permanente’s Educational Theater, programming that provides education in schools on health and wellness.
- Mental health training program participants rotate through community clinics and other community based organizations to provide behavioral health services and training.
- Partner with California School Based Health Alliance to support school based health center model dissemination to make behavioral health services available in a setting comfortable to students and families.
- Collaborate with multi-sector Healthcare Partnership to reduce behavioral health services stigma among young people.
- Conduct outreach to underrepresented populations to support entering behavioral health professions.
- Collaborate to explore introducing behavioral health into health career pathways programs for high school students.
- Mental Health Training Program – provide training to future mental health providers.
- In partnership with National Alliance on Mental Illness (NAMI) and County Behavioral Health, assess available behavioral health resources to understand needs, gaps in services, and identify priority intervention strategies.
- Fund School Based Health Center model to increase access to integrated health services on school campuses.
- Support extension of the School Based Health Center model to families.
- Support community health workers to assist community members with obtaining appropriate services.

**Expected Outcomes**

Prevention

- Increased enrollment in programs to improve social/emotional wellness.
- Increased screening for behavioral health needs.
- Increased participation in drug and alcohol prevention programs.

Destigmatization

- Increase in help seeking behavior for accessing behavioral health care.

Workforce

- Increase in the number of culturally and linguistically competent and skilled behavioral healthcare providers.
- Increase in the number of people from underrepresented groups enrolling in education and job training programs.

Access

- Increased number of low-income patients who receive behavioral health care services.

- Increased integration of primary and behavioral health care services.
- Improved access to quality care for youth, families and communities experiencing violence.

**Additional Community Benefit Priorities**

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

Kaiser Permanente deploys dedicated research expertise to conduct, publish, and disseminate high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes in diverse populations disproportionately impacted by health disparities. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health, women's health, health care delivery, health care disparities, pharmaco-epidemiology, and studies of the impact of changing health care policy and practice.

In addition to our significant Community Benefit investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. We will explore opportunities to align our hiring practices, our purchasing, our building and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities.

**X. Evaluation Plans**

KFH Fresno will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, KFH Fresno 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**

Economic Security

Economic Security, defined principally by community residents as deep concerns about housing costs, the need for good paying jobs, and affordable public transportation, was identified in each of the communities served by Kaiser Foundation Hospitals. KFH Fresno did not select this need because the facility alone does not have the resources to make a meaningful contribution to address economic security. While KFH Fresno did not select this need, we understand that the causes are broad, and the solutions extend beyond specific communities across the Region, and State. Investments into community infrastructure and solving the crisis of affordable housing requires many non-traditional partners, beyond health care providers. Kaiser Permanente intends to explore opportunities to support innovative solutions to promote affordable



housing, prepare community residents to be successful in seeking jobs and careers, and support effective connections to social services, to address both the causes and impact of economic security.

#### Asthma

Although asthma was categorized as a high priority during the CHNA prioritization process, KFH Fresno perceives limited ability to leverage organizational assets to address asthma. Asthma will be addressed in part through strategies implemented under Access to Care and Coverage.