



# 2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital—San Rafael  
License #110000357

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 Hospital – San Rafael  
License # 110000357  
99 Montecillo Road, San Rafael, CA 94903

**I. General Information**

Contact Person:	Carl Campbell, Public Affairs Director	
Date of Written Plan:	December 13, 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**

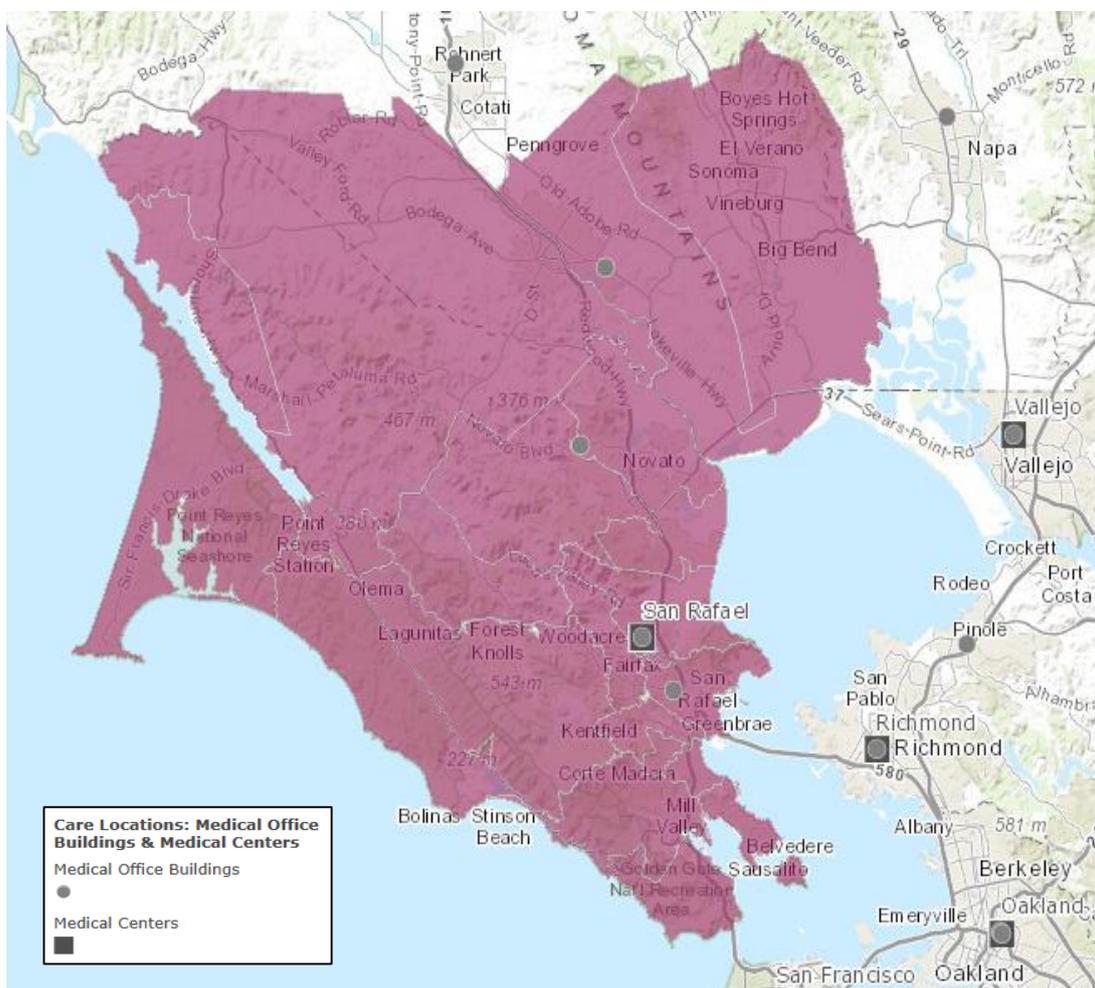
We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor’s office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate 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 – San Rafael Service Area**

The map below depicts the KFH San Rafael service area.



KFH San Rafael Demographic Data <sup>1</sup>	
Total Population	254,643
White	79.4%
Black	2.9%
Asian	5.6%
Native American/ Alaskan Native	0.3%
Pacific Islander/ Native Hawaiian	0.2%
Some Other Race	7.9%
Multiple Races	3.7%
Hispanic/Latino	15.5%

KFH San Rafael Socio-economic Data <sup>1</sup>	
Living in Poverty (<200% FPL)	19.4%
Children in Poverty	17.8%
Unemployed <sup>2</sup>	4.2%
Uninsured	8.9%
No High School Diploma	7.6%

## 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 San Rafael's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH San Rafael'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 San Rafael service area through the 2016 Community Health Needs Assessment process.

1. Obesity and Diabetes (*Healthy Eating/Active Living*)
2. Education
3. Economic and Housing Insecurity
4. Access to Health Care (*Access to Care and Coverage*)
5. Mental Health (*Behavioral Health*)
6. Substance Use (*Behavioral Health*)
7. Oral Health
8. Violence and Injury

In order to align with regional Kaiser Permanente health needs and develop shared language among KFH facilities in Northern California, KFH San Rafael has adopted the language noted in parentheses for several health needs. This language will be used moving forward as KFH San Rafael addresses health needs for the purposes of implementation strategy development. The content of the needs remains the same as identified through the CHNA process.

<sup>1</sup> Unless noted otherwise, all data presented in this table is from the US Census Bureau, 2010-14 American Community Survey 5-Year Estimate. Data is calculated for hospital service area by algorithm on the Kaiser Permanente CHNA Data Platform.

<sup>2</sup> US Department of Labor, Bureau of Labor Statistics, December 2015.

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

The implementation strategies were developed with input from Kaiser Permanente staff, KFH San Rafael's Contributions Committee, community members, and collaborating consultants. The hospital's Contributions Committee consists of the following positions:

- Public Affairs Director
- Senior Vice President/Area Manager
- Medical Group Administrator
- Chief Operating Officer/Chief Nursing Officer
- Area Finance Officer
- Manager, Community, Worksite & Employee Health Promotion
- Manager, Family Medicine

### a. Partner Organizations

KFH San Rafael, with support from Harder+Company Community Research, developed its implementation strategies (IS) in alignment with other Kaiser Foundation Hospital facilities in Northern California. Strategy selection was conducted in part by the KFH Santa Rosa community benefit manager with input from the Contributions Committee. In addition, selected health needs may be addressed through other organizational community benefits and in-kind investments.

### 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 San Rafael is an active community partner and is deeply connected to Healthy Marin Partnership, a cross-sector collaborative working to address community health needs. The Community Benefit Manager and one of the members of the Contributions Committee are members of the Healthy Marin Partnership, which has enabled ongoing coordination to ensure that KFH San Rafael's strategies are aligned with the strategic decisions of the collaborative. Because of these strong relationships, KFH San Rafael has had opportunities to solicit strategy-level feedback from external partners throughout the assessment process.

### c. Consultant Used

**Harder+Company Community Research:** Harder+Company Community Research is a comprehensive social research and planning firm with offices in San Francisco, Sacramento, Los Angeles, and San Diego. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to provide high-quality, culturally-based evaluation, planning, and consulting services. Harder+Company Community Research has deep experience conducting CHNAs throughout California, and worked with several Kaiser Permanente facilities to complete 2016 CHNAs and Implementation Strategies.

## VIII. Health Needs that KFH San Rafael Plans to Address

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

In order to select health needs that KFH San Rafael will address in the 2017-2019 implementation plans, the KFH San Rafael Contributions Committee convened for discussion and input. 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. Meeting participants considered the following criteria while making recommendations about which health needs to select:

Criteria	Definition
1. CHNA prioritization	How did the health need rank in the CHNA (takes into account severity, scale & community prioritization)
2. Health disparities/equity	The health need disproportionately impacts the health status of one or more vulnerable population groups.
3. KP expertise	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.
4. Ability to leverage organizational assets	Opportunity to have Regional Community Benefit funding be deployed due to alignment with region-wide needs as well as opportunity to draw down other assets of the organization (Total Health)
5. Feasibility	Kaiser Permanente has the ability to have an impact given the resources available
6. Leverage County-wide Funding	Opportunity to leverage county-wide funding by supporting county-wide or cross-county projects
7. Existing or promising approaches	There are effective or promising strategies, preferably evidence-based, that could be applied to address the need.
8. Ability to leverage community assets	Opportunity to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or other community assets.

Each meeting participant ranked the health needs on a scale of 1-3 for each criteria presented above. A score of 1 = the need does not meet the criterion, a score of 2 = the need somewhat meets the criterion, and a score of 3 = the need meets the criterion well. KP expertise, ability to leverage county-wide assets, and feasibility scores were weighted as 2x the score of other criteria. The final results of this scoring were discussed by participating members. Considering the scores and discussion as input, along with the desire to align with other regional KFH hospitals, KFH San Rafael selected the health needs with the highest scores to be addressed by the 2017-19 Implementation Strategies.

### b. Health Needs that KFH San Rafael Plans to Address

- 1. Healthy Eating/Active Living:** Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese.<sup>3</sup> Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes.

In Marin County, an estimated 17.5% of adults are obese (compared to 22.3% of adults in

<sup>3</sup> <http://www.cdc.gov/obesity/adult/defining.html>

California),<sup>4</sup> and 30.8% are overweight (compared to 35.9% in California overall).<sup>5</sup> Among youth, 8.7% are obese (compared to 19.0% in California overall) and 16.3% are overweight (compared to 19.3% in California overall).<sup>6</sup> Access to healthy food was identified as a concern, particularly in specific areas of the county. Since economic disadvantage is strongly linked to barriers that inhibit healthy consumption of foods and an active lifestyle, low-income residents, as well as youth and older adults, are disproportionately affected by this health need. Interviewees and focus group participants noted that older adults are disproportionately impacted by this health issue. Access to healthy food and the ability to maintain a healthy lifestyle are more limited for older adults, particularly those living on a fixed and low income.

Certain populations in Marin are disproportionately at risk for health issues related to healthy eating and active living. For instance, while only 18.2% of non-Hispanic white youth and 19.2% of Asian youth are physically inactive, 37.9% of non-Hispanic black youth and 41.4% of Hispanic/Latino youth are physically inactive.<sup>7</sup> Interviewees noted that children and adolescents are a particularly vulnerable population because developing healthy habits during youth sets the foundation for healthy eating and active living during adulthood.

This health need was recommended for selection by the Contributions Committee because it received a high score across all selection criteria, most notably *KP expertise* and the *ability to leverage organizational assets*, and because it aligned with Kaiser Permanente regional priorities.

2. **Access to Care and Coverage:** Ability to utilize and pay for comprehensive, affordable, quality health care is essential in order to maximize the prevention, early intervention, and treatment of health conditions.

With the implementation of the ACA, a majority of adults in Marin County have access to insurance coverage and regular healthcare. However, disparities persist. Specifically, lower-income residents have difficulty accessing specialty care services and mental health services, particularly outpatient services, and public insurance is not accepted by many physicians in the county. Additionally, many providers who see low-income patients are at capacity. In addition to barriers in obtaining affordable care, Marin residents have notably low utilization rates for childhood vaccinations. Only 84.2% of kindergarteners in the county enter school with all required immunizations (compared to 90.4% in California overall).<sup>8</sup>

KFH San Rafael has selected to address this health need because it received a high score across all selection criteria, most notably with respect to *CHNA prioritization*, *ability to leverage organizational assets*, *feasibility*, and, *existing or promising practices*. Selecting this health need also ensured alignment with Kaiser Permanente regional priorities.

3. **Behavioral Health:** Behavioral health includes mental health and substance use concerns. 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, has profound consequences on health behavior choices and physical health. Mental health and substance abuse are often co-occurring problems, and as such are grouped together under the larger umbrella term “behavioral health.” Mental health was raised as a high concern for all residents, especially youth and older adults. Most notably, Marin residents have a high risk of suicide. 12.8 per 100,000 county residents die by committing suicide (compared to 9.8

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<sup>4</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.

<sup>5</sup> Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2011-12.

<sup>6</sup> California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.

<sup>7</sup> California Healthy Kids Survey, 2013-2014.

<sup>8</sup> California Department of Public Health Immunization Branch, Immunization Branch, Kindergarten Assessment Results, 2014-15.

per 100,000 in California overall),<sup>9</sup> and 18% of eleventh grade students report having seriously considered suicide in the past month.<sup>10</sup> Residents and stakeholders noted challenges in obtaining mental health care, including that the spectrum of services is limited and that stigma may prevent individuals from seeking professional treatment. Populations that were disproportionately affected by behavioral health issues included children 0-5 and older adults, and Latino residents, residents of geographically isolated communities, and residents of Canal.

Substance use, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In Marin County, substance abuse was identified as a concern, particularly with respect to misuse of prescription drugs. Among RxSafe Marin<sup>11</sup> Survey respondents, 48.1% report that they feel it would be very or somewhat easy to obtain prescription pain, sleep, or calming medication from a doctor in their community.<sup>12</sup> Among eleventh grade students, 48.7% self-report ever having been “high” from drug use (compared to 38.3% in California overall), and 16% report having used prescription painkillers for non-medical reasons (compared to 19% in California overall).<sup>13</sup>

KFH San Rafael has selected to address this health need at the recommendation of the Contributions Committee, who ranked this need high with respect to *disparities/equity* and *ability to leverage organizational assets*. This health need also aligns with regional Kaiser Permanente priorities.

4. **Education:** Educational attainment is strongly correlated with health: people with low levels of education are prone to experience poor health outcomes and stress, whereas people with more education are more likely to live longer, practice healthy behaviors, experience better health outcomes, and raise healthier children.

In Marin County, English Language Learners are a population of particularly high concern with respect to educational attainment. Only 26% of tenth grade English Language Learners passed the California High School Exit Exam in English Language Arts (compared to 89% among all students in Marin County); only 37% passed in Mathematics (compared to 90% among all students in Marin County).<sup>14</sup> For all students in the county, pressure to succeed academically and bullying in schools were also raised as issues of high concern.

KFH San Rafael has selected to address this health need at the recommendation of the Contributions Committee, who emphasized the importance of this need with respect to *disparities/equity* and *existing or promising practices*. In discussion, the Contributions Committee also emphasize that this need was highlighted in community data collected during the CHNA, and thus was important to address through implementation strategies in order to responsive to the needs and priorities of community residents.

## 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 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.

<sup>9</sup> University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, Death Public Use Data, 2010-12.

<sup>10</sup> California Healthy Kids Survey, 2013-2014.

<sup>11</sup> Disclosure: KFH San Rafael provides funding to RxSafe Marin.

<sup>12</sup> RxSafe Marin County Survey, 2015.

<sup>13</sup> California Healthy Kids Survey, 2011-13.

<sup>14</sup> California Department of Education, 2013-14.

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

KFH San Rafael 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. Strategies in bold are those recommended by the Contributions Committee to direct community benefit support and investments.

### **Healthy Eating Active Living**

#### **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 strategies

- 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 strategies

- 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**

- Grant funding for countywide food recovery and distribution in Marin; healthy eating education programs; and wellness policy and program implementation in schools.
- Partner with Healthy Marin Partnership, HEAL Zone 2.0, and the Community Health Initiative of the Petaluma Area to collaboratively address healthy eating active living.
- Grant funding for school-based physical activity programs and wellness policy and program implementation in schools.
- Participate in Marin County of Education’s County-wide Wellness Initiative.
- Provide KP’s Educational Theater, programming that provides education in schools on health and wellness.
- Support sustainable food distributors by purchasing locally produced fruits and vegetables.

- Support local restaurants and caterers that meet healthy food guidelines.
- Host farmers markets at KP facilities.

## **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.

## **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 strategies

- 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 KP 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 of health system strategies

- 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 service strategies

- 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 strategies

- 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.
- Provide grant funding for: programs that expand the use of patient navigators, promotores or community application assisters, in clinic and community settings.
- Provide physician and KP staff volunteers at events that provide surgical, specialty, and diagnostic services to low-income, uninsured people.
- National Facility Services in-kind consultation on design and construction for safety net capital projects.
- Provide input and expertise to education and community partners to inform curricula, training and health career ladder/pipeline programs.
- Partner with organizations such as Marin Access to Care Collaborative and Redwood Community Health Coalition to support integration efforts.
- School for Allied Health expanding access to training and certificate programs for underrepresented individuals.
- Implement health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers.

### **Expected Outcomes**

#### Access

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

#### Capacity of healthy systems

- Increase in the quality of care provided by safety net providers through PHASE protocol.
- Improve 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 between healthcare providers and social non-medical services.
- Increased enrollment and participation in public benefit programs.

#### Workforce

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

### **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 improves overall social/emotional wellness.

### Destigmatization strategies

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

### Workforce strategies

- 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 strategies

- Provide high-quality medical 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**

- Provide grant funding for: behavioral health programs that focus on vulnerable populations and programs that support suicide prevention and counseling.
- Provide grant funding for: programs that prevent prescription drug abuse; programs that aim to decrease teen smoking, drinking and use of other drugs and for effective enforcement of existing laws, regulations and policies.
- Partner with County of Marin Mental Health Services, Psychiatric Emergency Services, and Healthy Marin Partnership to collaboratively address issues around behavioral health services.
- Participate in Medi-Cal Managed care and Fee for Service.
- Provide KP's Educational Theater, programming that provides education in schools on health and wellness.
- For any new buildings, consider designing spaces that promote physical activity and wellness.
- Mental health training program participants rotate through community clinics and other community based organizations to provide behavioral health services and training.

## **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 in 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.

## Education

### **Long-term Goal**

All community members have access to high quality education to achieve their employment and learning goals.

### **Intermediate Goals**

- Ensure youth have access to social and emotional supports to ensure a safe school environment.
- Increase high school graduation rates.
- Ensure all families have access to high quality preschool regardless of income.
- Increase youth prepared for college and employment opportunities.

## **Strategies**

### Early Childhood Education strategies

- Support early childhood workforce development.

### High School graduation strategies

- Support youth development programs that provide support such as counseling to help underrepresented students prepare academically for college.

### **For Example**

- Provide sponsorship dollars to support early childhood workforce development efforts.
- Provide grant funding for: helping vulnerable youth access the supports needed to graduate from high school and prepare them for college.

### **Expected Outcomes**

- Increased access to affordable high quality early learning
- Reduced high school dropout rate among low income and vulnerable youth
- Increased college access among low income and vulnerable youth

### **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 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, and number of people reached/served. 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**

KFH San Rafael has unique resources, expertise, and capacity to dedicate to the four chosen health needs. The remaining health needs prioritized in the 2016 CHNA will not be addressed by KFH San Rafael because the facility has chosen to concentrate resources in health need areas where Kaiser Permanente can align with existing local and regional efforts, and maximize impact of organizational resources. A number of community partners have undertaken initiatives 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:

1. Economic and Housing Insecurity: Economic and Housing Insecurity, 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 San Rafael did not select this need because our expertise is stronger in other areas and thus we may be better positioned to leverage our resources to affect positive change towards other health needs. However, 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.
2. Oral Health: Oral Health, while a concern in Marin County, was the second-lowest ranked health need.

Further, KFH San Rafael does not have extensive expertise in the field of oral health. To achieve the greatest impact and maximize use of its resources, KFH San Rafael chose to address higher-priority health needs. KFH San Rafael intends to explore opportunities to increase residents' access to health insurance, which in turn may increase access to dental health care, as well as support residents in eating healthier diets, which addresses some of the causes and impact of poor oral health outcomes.

3. Violence and Injury: Violence and Injury, while a concern in Marin County, was the lowest ranked health need. Further, the causes of violence and injury are broad, and the solutions extend beyond specific communities across the Region, and State. To achieve the greatest impact and maximize use of its resources, KFH San Rafael chose to address higher-priority health needs. KFH San Rafael intends to explore opportunities to support residents in accessing behavioral health resources, support effective connections to social services, and help prepare community residents to be successful in seeking jobs and careers, in order to address both the causes and impact of violence and injury.