



# 2016 Implementation Strategy Report for Community Health Needs

**Kaiser Foundation Hospital—Santa  
Rosa License # 110000213**

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 – Santa Rosa  
License # 110000213  
420 Bicentennial Way, Santa Rosa, CA 95403

**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**

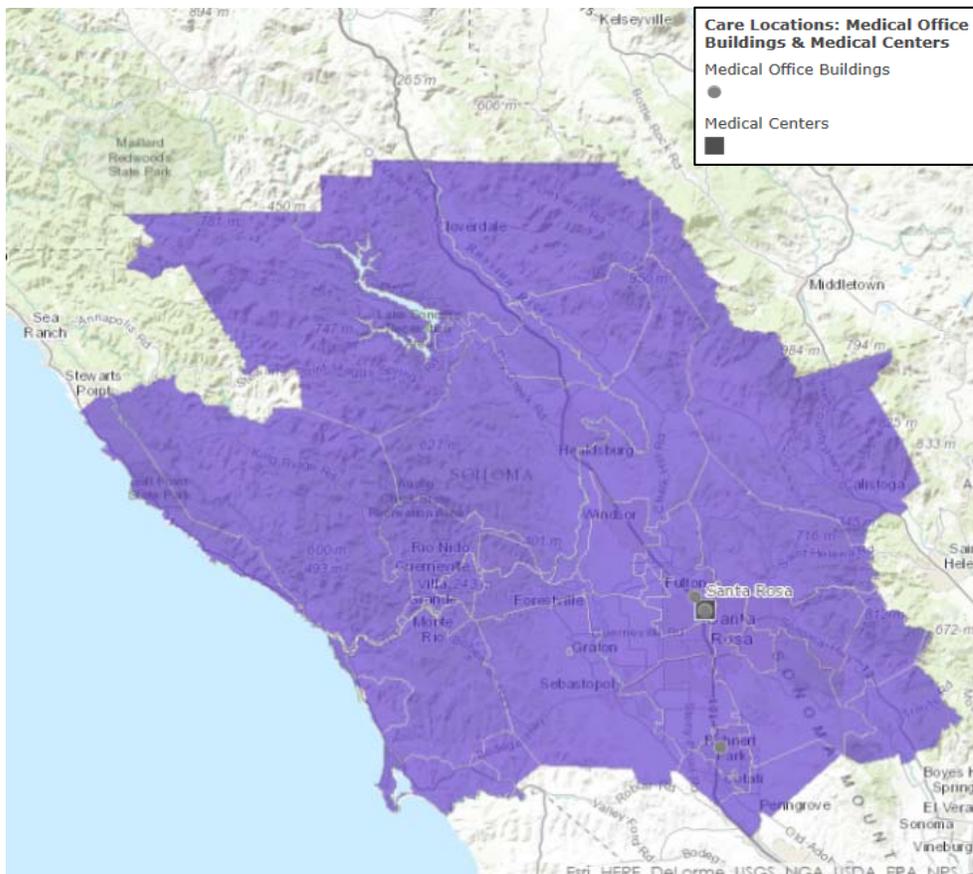
We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor's office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate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

The map below depicts the KFH Santa Rosa service area.



KFH Santa Rosa Demographic Data <sup>1</sup>	
Total Population	487,469
White	80.0%
Black	1.6%
Asian	4.0%
Native American/ Alaskan Native	1.3%
Pacific Islander/ Native Hawaiian	0.4%
Some Other Race	9.2%
Multiple Races	3.6%
Hispanic/Latino	25.2%

KFH Santa Rosa Socio-economic Data <sup>2</sup>	
Living in Poverty (<200% FPL)	29.3%
Children in Poverty	12.8%
Unemployed <sup>3</sup>	5.0%
Uninsured	14.1%
No High School Diploma	13.2%

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

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

In order to align with regional Kaiser Permanente health needs and develop shared language among KFH facilities in Northern California, KFH Santa Rosa has adopted the language noted in parentheses for several 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> 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>3</sup> US Department of Labor, Bureau of Labor Statistics, December 2015.

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

The KFH Santa Rosa implementation strategies were developed with input from Kaiser Permanente staff, community members, and collaborating consultants.

### a. Partner Organizations

KFH Santa Rosa, 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.

In order to obtain input on the process of selecting strategies for implementation, KFH Santa Rosa convened 12 representatives from select partner organizations for a two hour meeting on September 23, 2016. The purpose of this meeting was to provide an overview of health priorities and proposed strategies to promote discussion and information sharing with partners. For each selected health need, community partners provided recommendations regarding which key strategies to focus on, as well as highlighted existing local efforts that align with these strategies and key populations to focus on. The community engagement session included representatives from the following organizations:

- First 5 Sonoma County
- Kaiser Permanente
- Latino Service Providers
- Petaluma Health Care District
- Santa Rosa Community Health Centers
- St. Joseph Health
- United Way of Wine Country

Among other criteria, participants considered the broader community prioritization of health needs that was a part of the CHNA process as they discussed each health need. Discussion during this session also identified existing and potential partnerships in the community. Input also helped to inform which strategies the facility should focus on in order to best align with existing efforts in the community, and helped to identify priority populations for each strategy of interest.

### 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 Santa Rosa Plans to Address**

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

In order to select health needs that KFH Santa Rosa will address in the 2017-2019 implementation plans, the KFH Santa Rosa Contributions Committee convened for discussion and input. KFH Santa Rosa 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:

<b>Criteria</b>	<b>Definition</b>
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 regionwide 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.

For each prioritized health need, meeting participants provided a score between 1 and 3 to indicate how well the health need fit each of the eight criteria, where 1="Meets the criteria well", 2="Meets the criteria somewhat," and 3="Does not meet criteria." Participants' scores for each health need were aggregated, averaged, and multiplied by a weighting value to determine an overall score for each health need. Four criteria, including KP expertise, ability to leverage organizational assets, feasibility, and existing or promising approaches, were weighted more heavily than other criteria. Seven voting participants scored each health need based on the above criteria. The results are shown below.

<b>Health Need</b>	<b>Total Weighted Score</b>
Obesity/Diabetes	<b>200</b>
Access to Health Care	<b>192</b>
Behavioral Health	<b>186</b>
Violence and Unintentional Injury	<b>159</b>
Early Childhood Development	<b>149</b>
Oral Health	<b>148</b>
Access to Education	<b>120</b>
Economic and Housing Insecurity	<b>116</b>

The following key points arose from group discussion of the results:

- The top three health needs in this voting process aligned with the top three health needs regional Kaiser Permanente recommended: Healthy Eating/Active Living; Behavioral Health; Access to Health Care.
- Strategies related to Oral Health could be included in Access to Health Care, especially given the momentum in Sonoma County to integrate oral health in primary care.
- Participants discussed that selecting fewer needs to focus on would allow them to more effectively utilize their community benefits dollars.
- Because Early Childhood Development was considered to be the top health need in the CHNA prioritization process, voting members felt it was important to be responsive to the needs and desires of the county. As part of a broader collaborative, KFH-Santa Rosa hopes to work in alignment with other groups in the county to address this health need.
- Participants discussed the need to examine existing strategies and programs in order to collaborate with groups who are doing work already to look across issues.

After discussion, the group decided to select the following four health needs:

- Healthy Eating/Active Living;
- Access to Health Care;
- Behavioral Health; and
- Early Childhood Development.

## b. Health Needs that KFH Santa Rosa Plans to Address

1. **Healthy Eating/Active Living:** Weight that is higher than what is considered a healthy weight for a given height is described as overweight or obese.<sup>4</sup> Overweight and obesity are strongly related to stroke, heart disease, some cancers, and Type 2 diabetes.

In Sonoma County, an estimated 25.4% of adults are obese,<sup>5</sup> and 37.9% are overweight.<sup>6</sup> Among youth, 17.5% are obese and 20.0% are overweight.<sup>7</sup> Busy lifestyles and the high cost of living compete with purchasing and cooking healthy food. Lack of physical activity was also noted as a driver of obesity and diabetes, in part due to a lack of affordable exercise options.

Certain populations in Sonoma County are disproportionately affected by overweight/obesity and by lack of access to healthy food. For instance, while 59.9% of non-Hispanic white and 13.5% of Asian residents are overweight or obese, 82.4% of Hispanic/Latino residents are overweight or obese.<sup>8</sup> In addition, interviewees noted a high prevalence of diabetes among Hispanic/Latino populations. Interviewees and focus group participants noted that healthy food options are lacking particularly south of Santa Rosa and in the city of Sebastopol.

This health need was recommended for selection by the Contribution's Committee because it received a high score across all selection criteria, most notably with respect to *KP expertise, feasibility, and the ability to leverage organizational assets*. Further, selecting this health need ensures alignments 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 Affordable Care Act (ACA), many adults in Sonoma County are able to obtain insurance coverage and access regular healthcare. However, disparities persist. Specifically, lower income residents have difficulty accessing care, as many remain uninsured due to high premium costs, and those with public insurance face barriers to finding providers who accept MediCal. Foreign-born residents who are not U.S. citizens also face stark barriers in obtaining insurance coverage and accessing care. While only 10.0% of Sonoma County residents are uninsured, 18.7% of residents earning below 138% of the Federal Poverty Level and 34.2% of foreign-born residents who are not U.S. citizens do not have insurance coverage.<sup>9</sup> Among those who do have insurance coverage, primary data identified other barriers to accessing care including that there are not enough primary healthcare providers in Sonoma County to meet the high demand. Others noted difficulties in navigating the care delivery system in an efficient way.

KFH Santa Rosa has selected to address this health need because it received a high score from the Contributions Committee across all selection criteria, most notably with respect to *existing or promising practices, ability to leverage organization assets and ability to leverage community assets*. Selecting this health need also aligned 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 was raised as a high concern in the 2016 CHNA. Most notably, Sonoma

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<sup>4</sup> Centers for Medicare and Medicaid Services, 2012.

<sup>5</sup> California Health Interview Survey, 2014.

<sup>6</sup> Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2011-12.

<sup>7</sup> California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.

<sup>8</sup> California Health Interview Survey, 2014.

<sup>9</sup> US Census Bureau, American Community Survey, 2014.

residents have a high risk of suicide. 12.3 per 100,000 county residents die by committing suicide, compared to 9.8 per 100,000 residents on average in California.<sup>10</sup> Depression is also a concern, as 31.3% of youth<sup>11</sup> and 14.1% of Medicare beneficiaries<sup>12</sup> are depressed. Residents and stakeholders noted challenges in obtaining mental health care, including that preventative mental health care and screening is limited and that stigma may prevent individuals from seeking professional treatment. Youth and residents experiencing homelessness were noted as particularly high-risk populations for mental health concerns.

Substance use, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In Sonoma County, substance abuse was identified as a concern, particularly with respect to alcohol consumption. Among adults, 21.3% of residents report heavy alcohol consumption.<sup>13</sup> Youth were noted as a high risk population, and data indicates that in the prior 30 days 13.8% of 11<sup>th</sup> grade students reported using cigarettes, and 28.0% reported using marijuana.<sup>14</sup> Additionally, 24.4% of 11<sup>th</sup> grade students reported ever having driven after drinking.<sup>15</sup> In addition to youth, residents experiencing homelessness were noted as particularly high-risk populations for mental health concerns.

KFH Santa Rosa has selected to address this health need at the recommendation of the Contributions Committee, which ranked this need high with respect to *KP expertise, ability to leverage organization assets, and feasibility*.

4. **Early Childhood Development:** Child development includes the rapid emotional, social, and mental growth that occurs during gestation and early years of life. Adversities experienced in early life threaten appropriate development, and may include exposure to poverty; abuse or violence in the home; limited access to appropriate learning materials and a safe, responsive environment in which to learn; or parental stress due to depression or inadequate social support.

Exposure to early adversity is pervasive in Sonoma County. Among adults in Sonoma and Napa County (combined for stability), 22.0% report having experienced four or more unique early childhood experiences (ACEs) before age 18 which may include childhood abuse (emotional, physical, and sexual), neglect (emotional and physical), witnessing domestic violence, parental marital discord, and living with substance abusing, mentally ill, or criminal household members.<sup>16</sup> Key themes among residents and stakeholders included the high cost of living and high cost of child care in Sonoma County, as well as the importance of quality early education and home stability on development among young children.

KFH Santa Rosa has selected to address this health need at the recommendation of the Contributions Committee, which highlighted the importance of this health need with respect to *disparities/equity*. As this was the most highly prioritized health need during the CHNA process, and was strongly emphasized as an important need in data collected during the CHNA process, the Contributions Committee and KFH Santa Rosa leadership selected this need in order to be responsive to community resident needs and community partners' input.

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<sup>10</sup> University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, Death Public Use Data, 2010-12.

<sup>11</sup> California Healthy Kids Survey, 2011-13.

<sup>12</sup> Centers for Medicare and Medicaid Services, 2012.

<sup>13</sup> Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse, 2006-12.

<sup>14</sup> California Healthy Kids Survey, 2011-13.

<sup>15</sup> California Healthy Kids Survey, 2011-13. Survey asks question about "respondent or a friend."

<sup>16</sup> A Hidden Crisis: Findings on Adverse Childhood Experiences in California, Center for Youth Wellness, 2008-13.

## IX. KFH Santa Rosa's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH Santa Rosa 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 Santa Rosa 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 Santa Rosa welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH Santa Rosa 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.

### **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 food distribution programs.
- Grant funding for physical activity programs in parks and the community.

- Support programs that promote school-based physical activity as well as school wellness policy development and implementation.
- Participate in collaborative with health care and educational institutions to procure healthy food
- 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:**

- Provide grant funding for community health centers, clinics, and coalitions.
- Support programs that expand use of patient navigators, promotores or community application assisters.
- Provide grant funding for pathway programs to increase the diversity of the healthcare workforce by providing mentorship, academic enrichment, leadership development, and career exposure to disadvantaged and minority youth.
- 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.
- Partner with existing organizations and collaboratives focused on access to care, such as Sonoma Health Action, Sonoma County Health Department, and Sonoma County Funders Circle

### **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**

- Support programs for parents of young children that promote social and emotional wellness and community-based organizations that offer mental health counseling, including peer counseling.
- Provide grant funding for out-posting of behavioral health staff to primary care community clinics.
- Provide KP's Educational Theater, programming that provides education in schools on health and wellness.
- Provide KP volunteers for park build projects

## **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.

### **Early Childhood Development**

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

All community members are able to achieve healthy development in early childhood.

#### **Intermediate Goals**

- Ensure all families have access to high quality early care and education regardless of income.
- Support healthy parenting strategies.
- Increase access to employment opportunities among parents with young children.

#### **Strategies**

##### Early Childhood Education strategies

- Support early childhood workforce development.

##### High School graduation strategies

- Provide parents with information, support, and training regarding child health, development, and care.

#### **For Example**

- Support programs that focus on improving the quality of early childhood workforce such as through staff development and training.
- Provide grant funding for home visiting programs, group-based parenting programs, and father involvement programs.
- Partner with organizations such as First 5 Sonoma County

#### **Expected Outcomes**

- Increase access to affordable high quality early learning.
- Increase parent knowledge of healthy child development.
- Increase economic security of families with young children.

### **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 Santa Rosa 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 Santa Rosa 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 Santa Rosa 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 Santa Rosa 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 Santa Rosa 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. Access to Education: Access to Education is an important issue in Sonoma County, particularly in early childhood. In selecting to focus on Early Childhood Development, KFH Santa Rosa intends to support innovative solutions to providing increased access to education in early childhood, such as increasing access to high quality early learning opportunities and supporting early childhood workforce development. Therefore, KFH Santa Rosa chose not to address Access to Education separately.
2. 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. Although the Contributions Committee ranked Economic and Housing Security high with respect to criteria such as *disparities/equity* and *CHNA prioritization*, this health need was ranked low with respect to *KP expertise, feasibility, and existing or promising practices*. Ultimately, KFH Santa Rosa 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.
3. Oral Health: In Sonoma County, oral health is an important issue that is driven in part by lack of access to dental insurance coverage or inadequate utilization of dental care. KFH Santa Rosa does not have extensive expertise in the field of oral health, and instead 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. Therefore, KFH Santa Rosa chose not to address Oral Health as a separate priority area.

4. Violence and Unintentional Injury: Violence and Unintentional Injury, while a concern in Sonoma County, was the lowest ranked health need in the CHNA prioritization process. 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 Santa Rosa chose to address higher-priority health needs. KFH Santa Rosa 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.