



2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital South San Francisco
License # 220000022

Approved by KFH Board of Directors
March 16, 2017

To provide feedback about this Implementation Strategy Report,
email chna-communications@kp.org

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

Kaiser Foundation Hospitals – South San Francisco
License #220000022
1200 El Camino Real, South San Francisco, CA 94080

I. General Information

Contact Person: Randy Wittorp, Public Affairs Director, Greater San Francisco

Date of Written Plan: December 8, 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 15th Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed? Yes No

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.

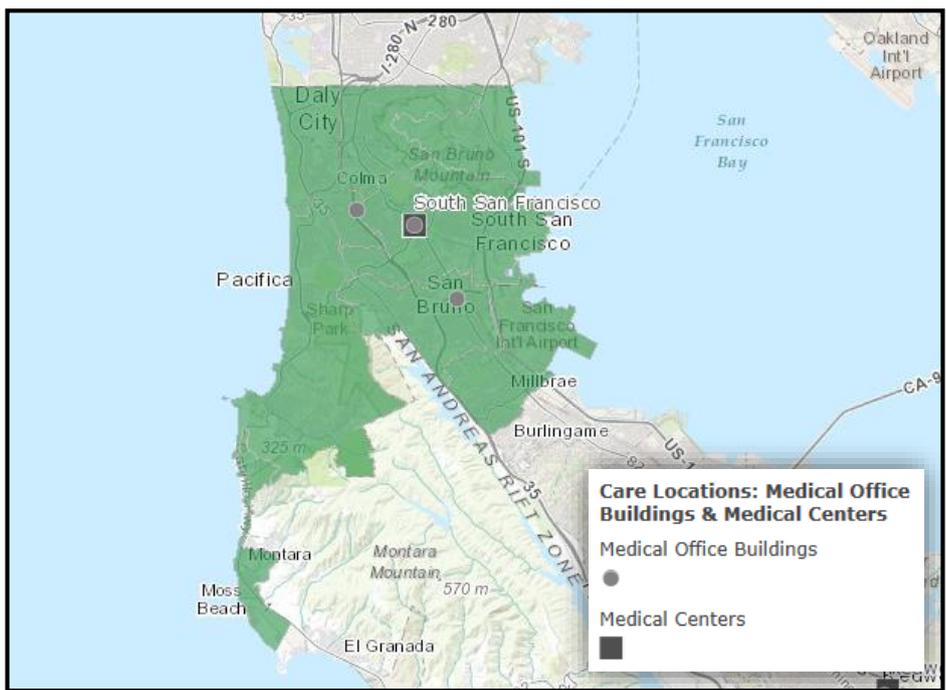
In addition, Kaiser Permanente seeks to promote community health upstream by leveraging its assets to positively influence social determinants of health – social, economic, environmental – in the communities we serve.

IV. Kaiser Foundation Hospitals – South San Francisco Service Area

The Kaiser Foundation Hospital (KFH) South San Francisco service area covers portions of northern San Mateo County. This includes, but is not limited to, the cities of Brisbane, Daly City, Pacifica, Montara, Moss Beach, San Bruno, and South San Francisco.

| KFH South San Francisco Demographic Data | |
|--|---------|
| Total Population | 289,268 |
| White | 39.56% |
| Black | 2.47% |
| Asian | 41.24% |
| Native American/ Alaskan Native | 0.32% |
| Pacific Islander/ Native Hawaiian | 1.23% |
| Some Other Race | 9.89% |
| Multiple Races | 5.29% |
| Hispanic/Latino Ethnicity | 25.22% |

| KFH South San Francisco Socio-economic Data | |
|---|--------|
| Living in Poverty (<200% FPL) | 20.51% |
| Children in Poverty | 9.66% |
| Unemployed | 4.70% |
| Uninsured | 10.95% |
| No High School Diploma | 12.50% |



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 South San Francisco's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH South San Francisco's 2016 CHNA process and for a copy of the report please visit 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 South San Francisco service area through the 2016 Community Health Needs Assessment process. The health needs are listed in priority order from highest (#1) to lowest (#14).

1. Behavioral health
2. Healthy eating, active living
3. Economic security
4. Health care access and delivery
5. Cancer
6. Cardiovascular
7. Communicable diseases
8. Transportation and traffic
9. Violence and abuse
10. Respiratory conditions
11. Birth outcomes
12. Alzheimer's disease and dementia
13. Climate change
14. Unintentional injuries

VII. Who was Involved in the Implementation Strategy Development

Kaiser Permanente (KP) Northern California Regional Community Benefit worked with Community Benefit staff from each local KFH facility as well as internal experts to develop a menu of strategies for each selected health need. KFH South San Francisco's Community Benefit Manager, in partnership with the hospital's consultants and in collaboration with the hospital's Community Benefit Advisory Committee (see below), then selected certain strategies from the region-wide menu and developed local approaches to those strategies. These local approaches were combined with Regional investments, KP Programs, and in-kind assets of the organization to make up the full Implementation Strategy for the hospital.

The hospital's Community Benefit Advisory Committee consists of individuals in the following positions:

Transitions RN Case Manager
Community & Government Relations Manager
Assistant Medical Group Administrator

Area Pharmacy Director
Health Education Director
Area Director of Revenue Cycle
Pediatrician
Home Health Physical Therapist
Assistant Physician in Chief

a. Partner Organizations

KFH South San Francisco worked independently on the development of its 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 South San Francisco held a community engagement event at its facility on September 22, 2016. Invitees included nonprofit service providers who received an invitation to apply for KFH grant funding in 2015, representatives from local school districts, and staff of local elected leaders. A total of 25 people attended.

During the event, staff from Actionable Insights, KFH South San Francisco’s consultant, explained the CHNA and Implementation Strategy development processes that the hospital followed, presented the 2016 CHNA findings and the health needs the hospital selected, and facilitated small group discussions among the event participants. The discussions focused on how best to address the selected health needs. Participant feedback was collected through note-taking by event staff and provided to the hospital’s Community Benefit Manager.

Important insights from participants included identifying the best access points for behavioral health screening, expressions of interest in reducing competitive attitudes/structure between providers, addressing the public’s misconceptions about use of CalFresh and similar benefits, and increasing the use of mobile health/dental vans, “one-stop shop” models, and multigenerational nutrition education programs. KFH South San Francisco’s Community Benefit Manager considered this community feedback in refining local approaches to the Implementation Strategies outlined in Section IX of this report, for example, by adding to its strategies grants for more-defined behavioral health screening access points.

c. Consultant Used

KFH South San Francisco consulted with Actionable Insights, LLC. Actionable Insights is a consulting firm that helps organizations discover and act on data-driven insights to achieve better outcomes. Melanie Espino and Jennifer van Stelle, Ph.D., the co-founders and principals of Actionable Insights, have experience conducting CHNAs and providing expertise on Implementation Strategy development and IRS reporting for hospitals. Actionable Insights’ principals had worked with the San Mateo County Healthy Community Collaborative and the Public Health Department to complete the county’s 2016

CHNA, and then worked with KFH South San Francisco to review the findings of its 2016 CHNA, facilitate selection of certain health needs, elicit community input into the Implementation Strategy development process, assist in developing the Implementation Strategy, and document the process in this Implementation Strategy Report.

VIII. Health Needs that KFH South San Francisco Plans to Address

a. Process and Criteria Used to Select Health Needs

The Implementation Strategy development process began when KFH South San Francisco's Community Benefit Manager discussed with the consultants the criteria that the hospital's Community Benefit Advisory Committee (CBAC) would be asked to consider in the selection of health needs to address. The Community Benefit Manager directed the consultants to merge two criteria (expertise and Regional assets) into one, resulting in five criteria in total (see list below).

1. **CHNA prioritization:** How did the health need rank in the CHNA (takes into account severity, scale, health disparities/equity and community prioritization).
2. **Ability to leverage local community assets:** Opportunity exists to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or other community assets.
3. **Existing or promising approaches exist:** There are effective or promising strategies, preferably evidence-based, that could be applied to address the need.
4. **KP expertise and ability to leverage KP-Regional assets:** 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. Opportunity exists to have Regional CB funding deployed due to alignment with region-wide needs as well as opportunity to draw down other assets of the organization.
5. **Feasibility:** Kaiser Permanente has the ability to have an impact given the community benefit resources available.

The first criterion was scored based on the health need's overall prioritization score obtained during the 2016 CHNA process.

The scores for the second criterion were based on the number of countywide community partner investments/assets listed for the need in the 2016 CHNA report. A score of 1 = 0-2 assets, a score of 2 = 3-5 assets, and a score of 3 = 6 or more assets.

The scores for the third criterion were based on the number of evidence-based strategies (EBS) listed for related topics on the website of the U.S. Office of Disease Prevention and Health Promotion, Healthy People 2020 (<https://www.healthypeople.gov/>), as of May 2016. A score of 1 = 0-10 EBS listed, a score of 2 = 11-45 EBS listed, and a score of 3 = 46 or more EBS listed.

The fourth and fifth criteria were scored by the KFH South San Francisco CBAC, who were asked to consider how well they thought the criteria met each health need. 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.

The consultants developed a health needs selection scoring worksheet for use by the CBAC that included definitions of all five criteria, the scoring rubric for each criterion, and pre-assigned scores to each health need for each of the first three criteria.

The CBAC was then asked to participate in a process to select health needs for the hospital to address in FY2017–FY2019. The consultants provided a summary of the 2016 CHNA health needs to the CBAC at an in-person meeting on June 9, 2016. During the meeting, the consultants explained the criteria that the CBAC was being asked to consider, the scoring rubrics developed, and facilitated a discussion about the identified health needs.

CBAC members reviewed the list of needs and discussed each identified health need, keeping in mind the selection criteria. CBAC members scored criteria #4 and #5 for each health need, and individual CBAC members' ratings were then averaged by the consultants to generate one score on each of criteria #4 and #5 for each need. Each need achieved a final score that was the sum of its five selection criteria scores.

The KFH South San Francisco Community Benefit Manager recommended that the three highest-scoring needs be selected, and the CBAC concurred.

b. Health Needs that KFH South San Francisco Plans to Address

Healthy eating, active living

Description/definition:

Healthy diets and achievement and maintenance of healthy body weights reduce the risk of chronic diseases, including diabetes and obesity. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities. For example, having healthy food available and affordable in food retail and food service settings allows people to make healthier food choices. When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value. Similarly, having access to appropriate, safe, and free or low-cost physical activity options in their local community allows people to engage in more active living. When such opportunities are not available locally, people are likely to be less physically active. Creating and supporting healthy environments allow people to make healthier choices and live healthier lives.

Rationale:

The CBAC feels it is very feasible for KFH South San Francisco to address the need for healthy eating and active living in the community. There are substantial local community assets and Kaiser Permanente regional assets that can be leveraged in support of this need, and Kaiser Permanente also has strong expertise in the subject. Also, based on scoring of the selection criteria, there are many evidence-based or promising approaches to addressing the need for healthy eating and active living. Finally, the need is of extremely high priority to the community, as described below.

The CHNA data supporting the health need may be summarized as follows:

- The level of fruit and vegetable consumption among county residents is not much better than the state average.
- Fitness among county adults improved between 2001 and 2013 but is still far from optimal.
- Data on diabetes and obesity in the local area are concerning:

- Diabetes is the eighth leading cause of death in the county, and there was a rise between 1998 and 2013 in the proportion of adults who reported that they have diabetes. Disparities based on ethnicity and income are evident.
- Regarding obesity, the adult obesity rate in the county is higher than the Healthy People 2020 target, and the percentage of adults in the county who reported that they are obese rose significantly between 1998 and 2013. In the KFH SSF service area, there is a slightly larger percentage of youth (grade 5, 7, 9) who are overweight compared to the state.
- Of greatest concern to the community were the complications that can result from diabetes, the magnitude of the problem (e.g., more people living with and dying from chronic conditions such as diabetes than from acute conditions), and the relative lack of doctors and caregivers available to treat chronic diseases such as diabetes. Community members noted that there is an increased need for education about chronic health conditions such as diabetes and access to appropriate care to manage them. Youth in the KFH SSF area felt that there was a lack of access to healthy food for vegetarians and vegans.

Health care access and delivery

Description/definition:

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Components of access to care include: insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include: quality, transparency, and cultural competence. Limited access to health care and compromised health care delivery impact people's ability to reach their full potential, negatively affecting their quality of life.

Rationale:

The CBAC feels it is very feasible for KFH South San Francisco to address the need for health care access and delivery in the community. Eighty percent of the Community Benefit resources provided by KFH-SSF in 2015 supported charity care, medical financial assistance, and Medi-Cal shortfall for persons who received care from KFH-SSF. There are substantial local community assets and Kaiser Permanente regional assets that can be leveraged in support of this need, and Kaiser Permanente also has considerable expertise in the subject. Based on scoring of the selection criteria, there are many evidence-based or promising approaches to addressing the need for health care access and delivery. Finally, the need is of high priority to the community, as described below.

The CHNA data supporting the health need may be summarized as follows:

- There are disproportionalities in health care access across different populations in the community. For example, low-income residents were the most likely of any county population to have been without health insurance coverage for more than five years, and in the KFH South San Francisco service area, the percentages of Hispanic/Latinos and those of an unspecified race are worse or no better than the state.
- The proportion of county residents who reported visiting a doctor for a routine check-up has been trending down. Providers felt that more individuals are enrolled in health insurance, but do not use it and instead, continue to visit the ER or community clinics due to issues such as affordability, a dearth of primary and specialty practitioners who accept their insurance, and long wait times to obtain an appointment.
- Residents and providers both indicated that patients need help navigating the health care system. They both also described how discrimination and lack of cultural competence in the health care system affect minority populations in the county.

- Oral health is also essential to overall health:
 - Data show that access to dental insurance is getting worse in the county, and there was a decrease in the percentage of surveyed adults who visited a dentist for a routine check-up in the past year.
 - Low-income county residents more often lack dental insurance, are less likely to get a routine dental check-up, and are less likely to bring their child for a routine dental check-up.
 - Community feedback indicated that there are few dental providers in the county who take Denti-Cal insurance. Community members stated that even when dental insurance is available, it often does not cover anything but the basics (i.e., extractions). Thus, preventive dental care is lacking for many residents

Behavioral health

Description/definition:

Mental health (including sub-clinical stress, anxiety, and depression in addition to diagnosed mental health disorders) and substance abuse are often co-occurring problems, and as such are grouped together under the larger umbrella term “behavioral health.” Substance abuse is related to mental health because many cope with mental health issues by using drugs or abusing alcohol.

Mental health is a state of successful performance of mental function resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Good mental health is essential to personal wellbeing, family and interpersonal relationships, and the ability to contribute to the community or society. It also plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The abuse of substances, including alcohol, tobacco, and other drugs, has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases. The effects of substance abuse contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to: teenage pregnancy, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime and suicide. Advances in research have led to the development of effective evidence-based strategies to address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have shifted the research community’s perspective on substance abuse. Substance abuse is now understood as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Rationale:

The CBAC feels it is very feasible for KFH South San Francisco to address the need for behavioral health in the community. There are substantial local community assets and Kaiser Permanente regional assets that can be leveraged in support of this need. Also, based on scoring of the selection criteria, there are many evidence-based or promising approaches to address behavioral health needs. Finally, the need is of extremely high priority to the community, as described below.

The CHNA data supporting the health need may be summarized as follows:

- There was a rise between 1998 and 2013 in the percentage of self-reported mental and emotional problems among county adults.

- Rates of depression indicate disparities based on ethnicity, income, and education.
- Suicide was the tenth leading cause of death in the county.
- With regard to alcohol and substance use, the level of binge drinking among young adult males in the county rose between 1998 and 2013.
- In the KFH South San Francisco service area, self-reported excessive consumption of alcohol and alcohol expenditures are higher than the state.
- Community input includes the following:
 - There is a limited supply of mental health care providers and substance abuse treatment options, as well as inadequate insurance coverage for behavioral health care.
 - There were concerns about behavioral health for populations of all ages, from teens to adults and older adults.
 - Community members also noted that the level of stigma associated with behavioral health issues may make it harder for individuals to seek and obtain help, and that these individuals are often discriminated against in their communities and in health care settings.

IX. KFH South San Francisco's Implementation Strategies

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

KFH South San Francisco 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, cardiovascular disease).

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:

- Provide grants to programs that support access to healthy food through home-delivered meals, healthy retail projects, farmers markets, and garden-based education; and to programs that support physical activity in the community and at schools.
- Provide grants to programs that encourage walking and biking, physical activity for older adults, and increase the percentage of students who meet Healthy Fitness Zone standards for aerobic capacity.
- Participate in collaborative with health care and educational institutions to procure healthy food
- Provide grants to support the development of active transportation policies and practices.
- Provide KP's Educational Theater, programming that provides education in schools on health and wellness.

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 systems 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 services 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 grants to programs that help low-income communities with health disparities prevent and manage cancer and chronic diseases, provide culturally-appropriate care navigation and connection to medical homes, and provide community-based case management and support services for homeless residents.
- Partner with the San Mateo Healthy Communities Collaborative, a coalition of the county's nonprofit hospitals and public health department, to coordinate efforts to address the identified health needs of vulnerable residents.
- Provide grants that support 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.
- Provide access to KP expertise related to population health management via trainings and consultation.
- 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

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.

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 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:

- Provide grants to programs at schools and community-based organizations that identify behavioral health needs and connect to services, including programs to help people avoid and recover from substance abuse, programs that support mindfulness, stress reduction, peer support, and a trauma-informed approach to care, and increase access to primary and behavioral health care.
- Provide grants to north county behavioral health providers to link their services with primary and specialty care for their clients.
- Provide grants to support programs that promote social and emotional wellness in community-based organizations and schools.
- 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:

- Increase in the 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 South San Francisco 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, KFHS South San Francisco will require grantees to propose, track and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

XI. Health Needs Facility Does Not Intend to Address

The CBAC chose a set of health needs to address that best met all of the selection criteria and for which KFHS South San Francisco could make an impact in the community. The CBAC thought it was feasible to address a total of three health needs given its local community benefit resources, understanding that many of the remaining health needs could be addressed through strategies of the top three needs. The remaining health needs did not meet the criteria to the same extent as the chosen needs did. They are listed below in priority order.

1. Violence and abuse

Violence and intentional injury contribute to poorer physical health for victims, perpetrators, and community members. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. Witnessing and experiencing violence in a community can cause long-term behavioral and emotional problems in youth. Although there are some ethnic disparities in county statistics on violence and abuse, by almost all measures these issues have been trending down in San Mateo County. KFHS South San Francisco did not select this need because it was of lower community priority than the selected health needs, and strategies under Behavioral Health can address the causes and consequences of violence and abuse.

2. Cardiovascular Disease

Nationally, more than one in three adults (81.1 million) lives with one or more types of cardiovascular disease. In addition to being the first and third leading causes of death in the U.S., heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. KFHS South San Francisco did not select this need because it was of somewhat lower community priority than the selected health needs, and the strategies under Healthy Eating / Active Living have been shown to prevent and reduce the risk of CVD/Stroke.

3. Birth outcomes

Improving the well-being of mothers, infants, and children is an important public health goal. Data indicators that measure progress in the topic area of birth outcomes include low birthweight, infant mortality, teen births, breastfeeding, and access to prenatal care. Overall, birth outcomes in San Mateo County meet Healthy People 2020 (HP2020) targets and are similar to California. KFHS South

San Francisco did not select this need because it was of lower community priority than the selected health needs, and the CBAC believed it was less feasible to address this need than the selected health needs.

4. Cancer

Cancer is the second most common cause of death in the United States. Behavioral and environmental factors play a large role in reducing the nation's cancer burden, along with the availability and accessibility of high-quality screening. KFH South San Francisco did not select this need because it was of somewhat lower community priority than the selected health needs, and some of the strategies under Access to Care can address it.

5. Communicable diseases

Communicable diseases remain a major cause of illness, disability, and death. Various public health agencies closely monitor communicable diseases to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and allocate resources effectively. KFH South San Francisco did not select this need because it was of lower community priority than the selected health needs, and strategies under Access to Care can address it.

6. Transportation and traffic

In the U.S. in 2010, 3.9 million motor vehicle crashes killed and injured nearly 33,000 people, at an estimated cost to the U.S. economy of \$242 billion. Vehicle exhaust is a known risk factor for heart disease, stroke, asthma, and cancer. KFH South San Francisco did not select this need because it was of lower community priority than the selected health needs, and the CBAC believed it was much less feasible to address this need than the selected health needs. Also, there are not many local community assets and very few Kaiser Permanente regional assets available to leverage for it, and Kaiser Permanente has little expertise in it.

7. 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. While KFH South San Francisco did not select this need because the CBAC believed it was much less feasible to address given the resources available, 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.

8. Alzheimer's disease and dementia

Alzheimer's disease is the most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Several factors determine the risk of developing dementia, including age and family history. KFH South San Francisco did not select this need because it was of much lower community priority than the selected health needs, and some of the strategies under Access to Care and Behavioral Health can address it.

9. Respiratory conditions

Respiratory conditions include asthma, chronic obstructive pulmonary disorder (COPD), and others. Asthma in particular is considered a significant public health burden and its prevalence has been rising since 1980. KFH South San Francisco did not select this need because it was of lower community priority than the selected health needs, and the CBAC believed it was less feasible to

address this need than the selected health needs. Also, strategies under Access to Care can focus on persons with these conditions.

10. Unintentional injuries

Unintended injuries are defined as those that are not purposely inflicted. The most common unintended injuries result from falls, motor vehicle crashes, poisonings, and drownings. Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability. KFH South San Francisco did not select this need because it was of much lower community priority than the selected health needs, and the CBAC believed it was much less feasible to address this need than the selected health needs. Also, there are few local community assets and very few Kaiser Permanente regional assets available to leverage for it, and Kaiser Permanente has only moderate expertise in it.

11. Climate change

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Globally, almost 25% of all deaths and the total disease burden can be attributed to environmental factors. KFH South San Francisco did not select this need because it was of much lower community priority than the selected health needs, and the CBAC believed it was much less feasible to address this need locally than the selected health needs. Kaiser Permanente is addressing environmental concerns through national policies focusing on energy use, water conservation, transportation, etc.