

SAFETY NET PARTNERSHIP LEADERSHIP PROGRAM



The need for innovative leaders trained in system transformation issues and performance improvement has never been greater. Safety net institutions are coping with unprecedented demands for services, in addition to adapting to ongoing changes in health care.

Between 2014 & 2016, Kaiser Permanente provided **171** scholarships or other forms of support for safety net clinicians and leaders to participate in **31** trainings, conferences or leadership development opportunities. Through this program, we supported the development and health of **39** organizations in the Northwest Region (Oregon and Southwest Washington).

Opportunities included quality improvement seminars, forums, and summits, as well as national and regional conferences on oral health, safety net innovation, school-based health centers, and migrant and community health.

Monetary donations for this program totaled nearly **\$200,000** over this 3-year period.

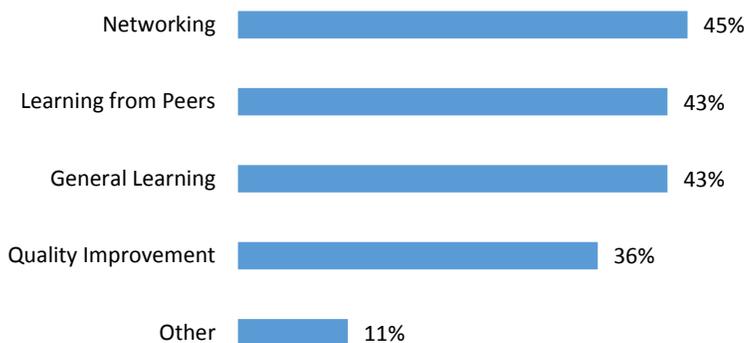
In 2016, Kaiser Permanente surveyed participants to find out what they were getting out of the experience.

SURVEY RESULTS

90%

Found the training valuable or very valuable.

Respondents valued networking and peer learning



92%

Thought the content was applicable or very applicable to their job

What they said was most valuable

“**Networking** and the opportunity to see and learn what other similar agencies are doing **to improve patient care.**”

“Hearing the progressive ideas, the vision for **health equity**, and having time to talk to thoughtful individuals doing similar work.”

“**Small discussion groups** with experts from around the world focused on aspects of delivering health care more effectively.”

“Getting specific ideas from others in the nation on the subject of **medical dental integration.**”

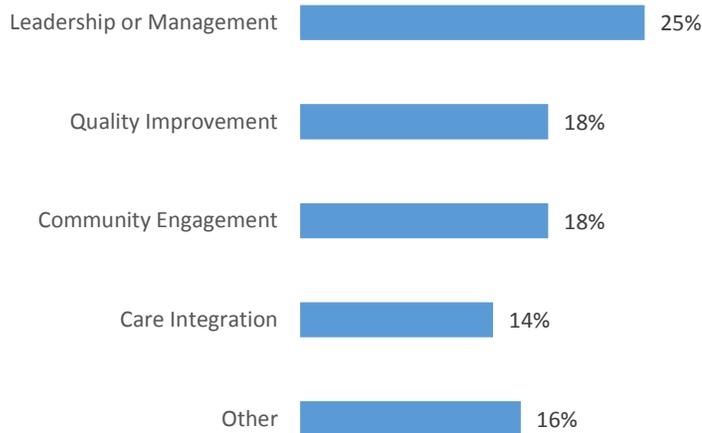
“It was incredibly satisfying to have a room full of Safety Net clinic staff facing many of the same **struggles** and relating to those areas of primary care.”

“**Collaborating** with other professionals in efforts to achieve the **triple aim.**”

85%

Were immediately able to apply something they learned

Participants made changes to four main areas after the trainings



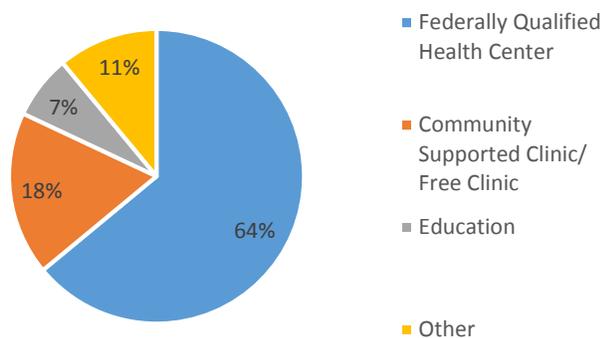
73%

Felt the training contributed to their professional growth

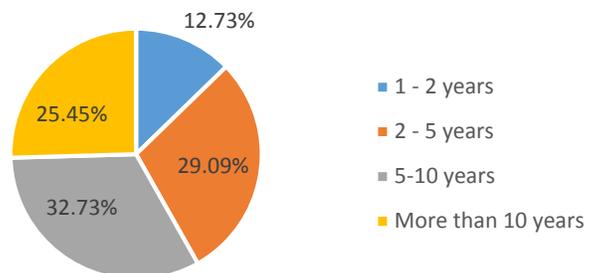
61%

Felt the conference contributed to their organization's ability to carry out its mission

64% of respondents work at FQHCs



58% of respondents have worked at their clinic for 5+ years



What they said they applied

"We have identified strategies for achieving greater **health equity** for our low income, disadvantaged patients."

"The training has given me more confidence in my ability to lead **quality improvement**. In addition, we have been able to incorporate some voice of the customer into our project ... and have plans to form a patient advisory group."

"Created an **integrated space** so that school nurse, medical providers, and mental health staff all worked together."

"To continue to **involve the community** in designing and supporting our school based health centers."

"Applied additional focus on **making community connections** and assisting primary care teams in managing **social determinants of health**."

"I was inspired to develop a novel use of **community health workers** to help people experiencing homelessness successfully connect to primary care."

"We expanded our work for **oral health integration** for adults - especially those with diabetes and chronic diseases."

SURVEY METHODOLOGY

The survey was emailed to 116 participants, who attended 31 trainings and conferences. Nine emails bounced back. Fifty-two participants completed the survey for a response rate of 48%. * The survey consisted of 15 multiple choice and open-ended questions designed to inform improvements to the program. Thematic analysis was conducted on open ended questions. Highlights from the survey are presented in this two-page report.