2019 Implementation Strategy Report

Kaiser Foundation Hospital: San Diego and Zion

License number: 080000062

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

March 18, 2020

KAISER PERMANENTE®

Kaiser Permanente Southern California Region Community Health

Implementation Strategy Report for KFH-San Diego and Zion

Contents

I. General information

Contact Person:	Rodger W. Dougherty, Senior Director, Public Affairs & Brand Communications
Date of written plan:	November 12, 2019
Date written plan was adopted by authorized governing body:	March 18, 2020
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Date facility's prior written plan was adopted by organization's governing body:	March 16, 2017
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 (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of healthcare. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in eight states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

III. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has provided high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. 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 pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we have worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. In addition, we have conducted Community Health Needs Assessments 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.

IV. Kaiser Foundation Hospitals – San Diego and Zion

A. Map of facility service area
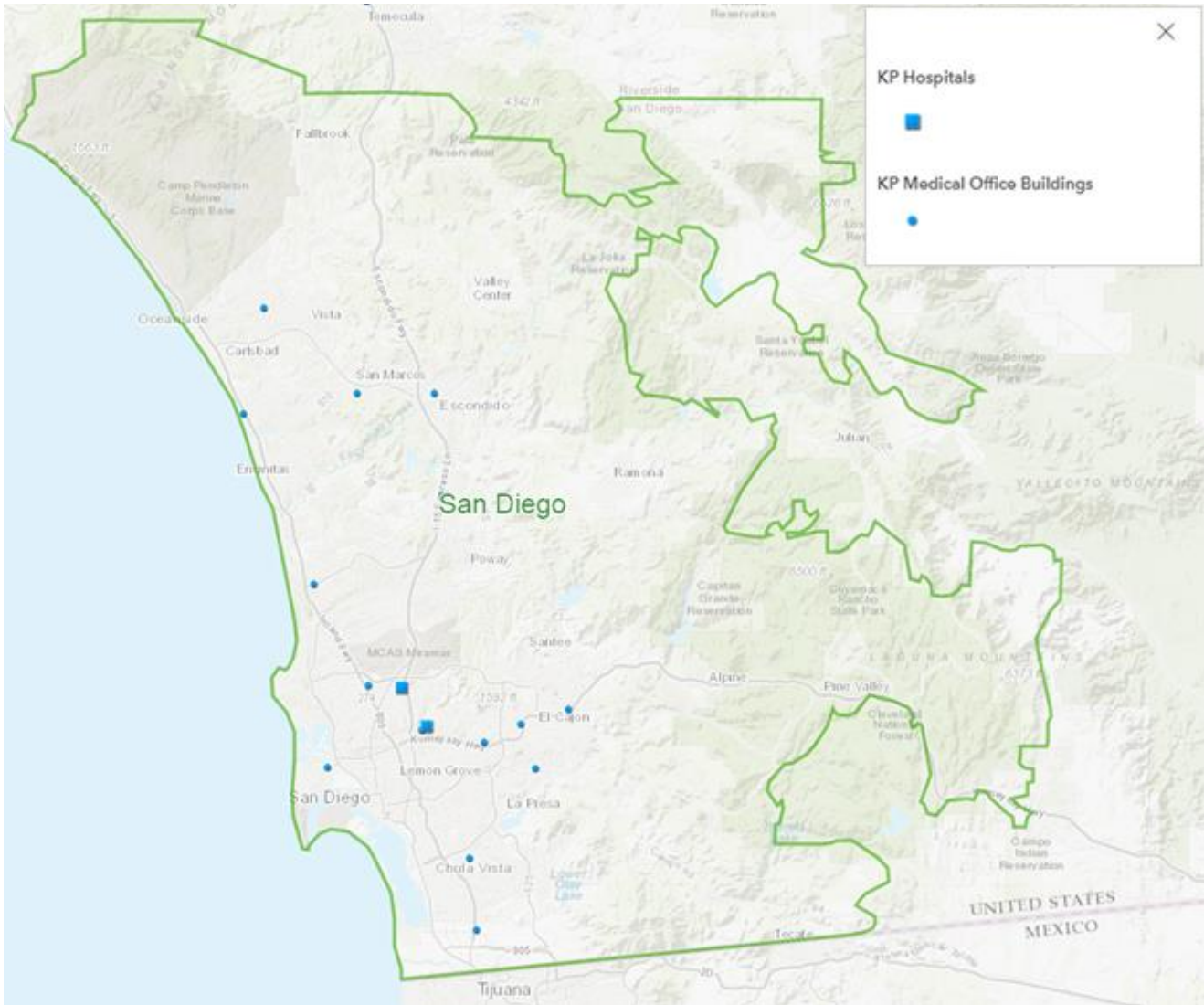
B. Geographic description of the community served (towns, counties, and/or zip codes)

The KFH-San Diego and Zion service area comprises a large part of San Diego County, including the following cities and communities: Bonita, Chula Vista, Coronado, Del Mar, Descanso, Dulzura, El Cajon, Encinitas, Leucadia, Olivenhain, Escondido, Fallbrook, Rainbow, Guatay, Imperial Beach,

Jamul, La Jolla, La Mesa, Lakeside, Lemon Grove, Lincoln Acres, Mount Laguna, National City, Oceanside, Pala, Palomar Mountain, Pauma Valley, Pine Valley, Potrero, Poway, Ramona, Rancho Santa Fe, San Diego, San Luis Rey, San Marcos, San Ysidro, Santee, Solana Beach, Spring Valley, Tecate, Valley Center, Vista, and Warner Springs.

C. Demographic profile of community served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-San Diego and Zion service area. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latino" indicates total population percentage reporting as Hispanic/Latino.

Demographic profile: KFH-San Diego and Zion

Race/Ethnicity		*Socioeconomic*	
Total Population	*3,240,176*	*Living in Poverty (<100% federal poverty level)*	*13.98%*
Asian	*11.38%*	*Children in Poverty*	*17.98%*
Black	*4.75%*	*Unemployment*	*3.30%*
Hispanic/Latino	*33.12%*	*Uninsured Population*	*12.23%*
Native American/Alaska Native	*0.34%*	*Adults with No High School Diploma*	*13.60%*
Pacific Islander/Native Hawaiian	*0.43%*		
Some Other Race	*0.17%*		
Multiple Races	*3.16%*		
White	*46.64%*		

Source: American Community Survey, 2012-2016

V. Purpose of Implementation Strategy

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

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes KFH-San Diego and Zion planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH-San Diego and Zion 2019 CHNA process and for a copy of the report please visit www.kp.org/chna.

List of Community Health Needs Identified in 2019 CHNA Report

Below is the list of health needs identified for the KFH-San Diego and Zion service area through the 2019 Community Health Needs Assessment process:

1. Access to health care
2. Diabetes
3. Economic security
4. Mental health and wellness
5. Substance and opioid misuse

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

In collaboration with the Hospital Association of San Diego & Imperial Counties (HASD&IC), KFH-San Diego and Zion gathered extensive community input and feedback during the Community Health Needs Assessment (CHNA) that informed this plan. HASD&IC is comprised of seven partnering hospitals and healthcare systems. These partners represent multiple sub-populations in the community allowing for multiple perspectives on health needs and strategies to address those needs. All HASD&IC partners participated in the needs assessment and in the early discussions of the Implementation Strategies for hospitals. Below is a list of the hospitals and healthcare systems:

-   Kaiser Foundation Hospital – San Diego and Zion
-   Palomar Health
-   Rady Children's Hospital – San Diego
-   Scripps Health
-   Sharp HealthCare
-   Tri City Medical Center
-   University of California San Diego Health

In addition, several community and governmental organizations engaged with HASD&IC to review the CHNA results and offer feedback. These included:

-   Community Health Improvement Partners (CHIP) Public Policy Committee
-   Health Center Partners Executive Team
-   San Diego County Health and Human Services, Behavioral Health Services
-   Health Center Partners, Grant Writers Work-group

B. Community engagement strategy

While not required by Federal CHNA regulations, Kaiser Permanente requires all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. 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.

Community Engagement: As part of KFH-San Diego and Zion's commitment to community engagement, KFH-San Diego and Zion partnered with the Hospital Association of San Diego and Imperial Counties (HASD&IC) to present and discuss the results of the community health needs assessment to the community. These presentations were targeted, but not limited, to stakeholders who participated in needs assessment events. This was an ongoing process that ensures that the CHNA findings resonate with the community and that the community has a voice in how to best address the priority health needs. Feedback from the presentations helps inform planning for the next CHNA and help lead into the IS plan development. Comments from the initial set of presentations were reviewed to ensure that the KFH-San Diego and Zion implementation plan aligns with the community's ideas for and opinions about how to best address the priority health needs. This information supported discussions with internal Kaiser Permanente stakeholders, as listed in Table 1.

Initial presentations were made to four groups of stakeholders, representing both nonprofit organizations and governmental entities in San Diego: (1) Community Health Improvement Partners Public Policy Committee, which advocates to improve health for all San Diegans; (2) Health Center Partners Executive Team, which advocates for health care policies to improve the services of community health centers; (3) San Diego County Behavioral Health Services, which provides prevention, treatment, and intervention services related to mental health and substance use; and (4) Health Center Partners Grant Writers workgroup, which works to advance the mission of community health centers. These groups indicated that the presentations were valuable to them, that the CHNA findings aligned with their perceptions of priority health needs, and that the groups they serve were well-represented in the CHNA. Please see Table 1 below for more information.

C. Consultant(s) used

For the 2019 Implementation Strategy, KFH-San Diego and Zion contracted with the Institute for Public Health (IPH) at San Diego State University (SDSU). In the last 20 years, the IPH has partnered with over 70 local, state, national and international public and private community-based agencies and organizations representing more than 120 multiple-year contracts with a wide variety of needs and methodologies. The IPH has expertise in qualitative and quantitative community-based research methods. In addition, the IPH has extensive experience in conducting successful community engagement with diverse groups, including non-English speakers. The IPH has been working across cultures and with vulnerable populations for 25 years, including programs with Asian and Pacific Islander communities, African-American communities, East African communities, Latino communities, Native American communities, low-income communities, gay, bisexual, transgender individuals, people living with HIV/AIDS, people who are homeless, adolescents who are pregnant or parenting, and survivors of domestic violence and sexual assault, among others. IPH staff has special expertise in conducting culturally competent work and exploring sensitive issues. IPH community engagement efforts have included performing key informant interviews, leading focus groups, facilitating town hall meetings, and conducting patient and provider interviews.

VII. Health needs that KFH-San Diego and Zion plan to address

A. Process and criteria used

Before beginning the Implementation Strategy health need prioritization process, KFH-San Diego and Zion chose a set of criteria to use in selecting the list of health needs including the severity and magnitude of the need, the extent to which disparities in the need exists across race or place, if there has been change over time of the health need, and the extent which Kaiser Permanente is positioned to meaningfully contribute to addressing the need (e.g. relevant expertise, existing commitments to meet community health needs, unique business assets, etc.). The extent to which community voice spoke to the urgency of the health need through the CHNA and the existence of other community resources dedicated to the need were important additional criteria in making final health need selections. Definitions for criteria used in the health need selection process are presented below:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Leveraging KP assets:** KP can make a meaningful contribution to addressing the need because of its relevant expertise, existing strategies, and/or unique business assets as an integrated health system and because of an organizational commitment to improving community health.
- **Change over time**: Trends in improvement or worsening of the health need over time.

Stakeholder Engagement:

A number of stakeholders throughout the KFH-San Diego and Zion organization participated in the development of the implementation strategy. Leading the effort, the Implementation Strategy Executive Team (ISET) provided insights about organizational structure, capacity, and resources and made key decisions about the potential efficacy and feasibility of each proposed strategy and intervention. The ISET was comprised of 11 KFH-San Diego and Zion leaders, including the: Department Administrator for Psychiatry, Senior Director of Public Affairs, Senior VP and Area Medical Director, Chief Nurse Executive, Public Affairs Representative, Area Operations Administrator - South County, Assistant Department Administrator, KFH Plan SD Chief Financial Officer, Chief Operating Officer, North County Chief Operating Officer, Primary Care Doctor and Area Manager for East County.

In addition, the Medical Center Leadership Team, including the Senior VP and Area Medical Director, the Community Benefit Manager, the Chief Nurse Executive, the Chief Operating Officer, and the North County Chief Operating Officer, provided input about potential strategies and interventions to address the priorities identified for the implementation strategy plan. Their expertise regarding best practices to improve access to health care, mental health and wellness, and economic security helped guide the development of strategies, interventions, and expected outcomes.

Finally, the Cultivate Committee, an internal group dedicated to strengthening community health upstream by improving the social, economic and environmental conditions in our community, also

provided invaluable feedback about strategies and interventions most likely to create positive outcomes for the community related to the identified priority health needs. This committee included the Senior VP and Area Medical Director, Chief Nurse Executive, Public Affairs Representative, Chief Operating Officer, North County Chief Operating Officer, and Assistant Medical Group Administrator.

Table 1. KFH – San Diego and Zion Stakeholder and Community Engagement Data Collection

Method of Data Collection	Job Title	# of People	Notes on Input
KP Stakeholders			
1. Presentation/focus group - Medical Center Leadership Team	Senior VP and Area Medical Director, Community Benefit Manager, Chief Nurse Executive, Chief Operating Officer, North County Chief Operating Officer	5	Recommended interventions for access to health care, mental health and wellness, and economic security
2. Focus Group - Cultivate Committee	Senior VP and Area Medical Director, Chief Nurse Executive, Public Affairs Representative, Chief Operating Officer, North County Chief Operating Officer, Assistant Medical Group Administrator	6	Recommended interventions for access to health care, mental health and wellness, and economic security
3. Strategic Meetings (3) - Implementation Strategy Executive Team	Department Administrator for Psychiatry, Senior Director of Public Affairs, Senior VP and Area Medical Director, Chief Nurse Executive, Public Affairs Representative, Area Operations Administrator - South County, Assistant Department Administrator, KFH Plan SD Chief Financial Officer, Chief Operating Officer, North County Chief Operating Officer, Primary Care Doctor and Area Manager for East County	11	Information about organizational structure, capacity, and resources. Insights about potential efficacy and feasibility of proposed strategies and interventions. Final decision-makers about the implementation strategy plan
Organizations*			
1. Presentation	Community Health Improvement Partners (CHIP) Public Policy Committee	12	Shared findings from the collaborative 2019 CHNA, received feedback on CHNA process and findings, and solicited suggestions for interventions
2. Presentation	Health Center Partners Executive Team (Strategic Planning)	5	Shared findings from the collaborative 2019 CHNA, received feedback on CHNA process and findings, and solicited suggestions for interventions

Method of Data Collection	Job Title	# of People	Notes on Input
3. Presentation	County Behavioral Health	2	Shared findings from the collaborative 2019 CHNA, received feedback on CHNA process and findings, and solicited suggestions for interventions
4. Webinar presentation	Health Center Partners, Grant Writers work-group	~8	Shared findings from the collaborative 2019 CHNA, received feedback on CHNA process and findings, and solicited suggestions for interventions

*Completed in collaboration with the Hospital Association of San Diego and Imperial Counties

B. Health needs that KFH-San Diego and Zion plan to address

Access to health care (including primary, specialty, and mental health care)

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of life for everyone. Limited access to health care can affect people's ability to reach their full potential, negatively affecting their quality of life. In San Diego County, individuals who belong to some racial/ethnic minority groups have more limited access to health care. For example, those who identify as Hispanic, Native American/Alaskan Native and "other" are disproportionately without health insurance (20.8%, 23.6%, and 24.8% respectively), compared to the overall rate of 12.2%. In addition, Black individuals experience more "preventable hospital events" (44.8 per 1,000) than the general population (31.5 per 1,000) suggesting that these individuals may have more difficulty accessing primary care resources. Medicare beneficiaries, a group made up primarily of people 65 years old and older, are also less likely to receive regular care from a primary care physician (PCP). Of this group, only 67.4% have seen a PCP in the last year, compared to the 71.8% of the general population. Access to care was a frequent theme of conversations during the community engagement process. Participants detailed barriers to care for low income individuals, for people living in certain geographic regions, for people from minority racial/ethnic backgrounds, for immigrants, for sexual minorities, and for homeless individuals. Access to behavioral health services – for mental health services and for substance use disorders -- was described as particularly problematic.

Access to health care was chosen as a priority health need for the KFH-San Diego and Zion for several reasons. First, throughout the community engagement process, community residents were clear that for many members of the community, particularly those from minority groups, access to high-quality, affordable health care and to health insurance is particularly challenging. For people with chronic diseases, such as diabetes or cardiovascular disease, this access is critical to the management of their health, and the inability to access care can be severely detrimental or, in some cases, fatal. In addition, access to care met several of the stated criteria for inclusion as a priority health need. In terms of severity, the inability to access care can lead to severe outcomes, including

increased rates of chronic disease and death. The magnitude of the issue is also large: across several measures, including health insurance coverage, visits to a primary care health care provider, and preventable hospital events the problem affects a significant percentage of the population. In addition, the disparities in access to care are clear, as evidence both by quantitative data and by community feedback. Finally, KFH-San Diego and Zion are in a unique position to increase awareness about how to access care and to increase health insurance coverage across the service area.

Economic security

The term "economic security" refers to educational attainment, employment, housing insecurity, and food insecurity. Research has increasingly shown that social and economic conditions are among the strongest determinants of population health and health disparities. In San Diego County, census tracts reporting lower income also report more poor mental health days, more visits to emergency departments for heart attacks, and higher rates of asthma, obesity, diabetes, stroke, cancer, low birth weight babies, smoking, and pedestrian injuries. Many San Diego County residents are economically insecure. In the KFH-San Diego and Zion service area, 18% of children live in poverty ($25,100 for a family of 4). For children of color, the situation is far worse: 41.1% of multiracial, 40.1% of Hispanic, 32.7% of Black, 32.3% of Native American/Alaska Natives, and 39.3% of children who identify as "other" races live in poverty. In addition, a third of working-age families cannot cover their basic expenses, 13.3% of residents are food insecure at some point during the year, and 43.9% of San Diegans live in cost-burdened households – spending more than 30% of their income on housing alone. Across the community engagement events, residents described pervasive economic insecurity in San Diego County that impacts "every aspect" of people's daily lives. They emphasized the link between the chronic stress of economic insecurity and mental health and detailed the impact of economic insecurity on physical well-being and on a community's sense of hope.

Economic security was chosen as a priority need for the KFH-San Diego and Zion Implementation Strategy Plan because of the strong links between being economically secure and maintaining good health. These links were illustrated in the data about health indicators in the service area and through the community engagement process. Participants throughout the community engagement process emphasized that economic security is one of the most pressing needs in the service area. In addition, a large portion of people in the service area live in poverty, and the disparities in poverty levels across racial/ethnic groups are clear. KFH-San Diego and Zion are also in a unique position to support efforts to improve the economic security of people in its service area, particularly in regard to decreasing the prevalence of food insecurity among community members.

Mental health and wellness

Mental health issues affect nearly 1 in 5 people, and when left untreated, are a leading cause of disability, are associated with chronic disease, and may lead to premature mortality. In San Diego County, 12.4 people per every 100,000 die from suicide annually, and approximately 10% of all adults seriously consider committing suicide. While the rate of suicide decreased slightly (1.3%) from 2014-2016, the rates of suicide for people who identify as Asian/Pacific Islander, Black, and "other," increased in those same years (13.3%, 47.2%, 93.0%). In addition, more people are being discharged from emergency departments for anxiety than in the past – rates increased by 4% from 2014-2016, with an 84% increase in discharge rates for the youngest San Diegans -- those 0-10 years old. In the community engagement process, residents described the desperation of people who need but cannot

get quality, timely mental health services; they emphasized that while accessing services is hard for everyone, for people who may be at the highest risk for trauma related mental illness – like veterans, refugees, and the LGBTQ community, and for those who are uninsured, access to this care seems nearly impossible.

One important component of mental health and wellness is the prevention and treatment of substance and opioid misuse. In the KFH-San Diego and Zion service area, substance use, particularly opioid misuse, is a health crisis that has reached epidemic proportions. In San Diego County, the rate of discharge from emergency departments for chronic substance abuse increased by 559% from 2014-2016; rates for those 65 years and older increased the most – by 714%. The rate of discharge for opioid misuse for this age group was even more startling – it rose by 1,734% over this two-year period. Rates of discharge from emergency departments for acute substance abuse also rose. Rates increased for people of all racial and ethnic backgrounds; however, the most substantial increase (177%) was for Blacks. Heavy alcohol consumption is also problematic in San Diego County. Nearly 20% of adults ages 18 and older self-report excessive alcohol use. Participants in the community engagement process discussed the link between mental health and substance misuse, arguing that the failure to provide preventive and acute mental health services often leads to self-medicating with drugs and alcohol. They also report an insufficient supply of substance use disorder out-patient and in-patient drug treatment programs as a critical need in San Diego County.

Mental health and wellness, was chosen as a priority health need for the KFH-San Diego and Zion Implementation Strategy Plan because of its clear importance to the community and because of the devastating impacts of poor mental health on so many people in the service area. Mental health issues can lead to severe health problems and premature mortality, and they affect a large proportion of the population in the service area. In addition, particularly among minority groups, rates of suicide, discharges for mental health issues and for chronic substance abuse, acute substance abuse, and opioid misuse have increased at startling rates over the past few years.

VIII. KFH-San Diego and Zion Implementation Strategies

A. About Kaiser Permanente's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH-San Diego and Zion has a long history of working internally with Kaiser Foundation Health Plan, the Southern California 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
- Are informed by evidence
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems
- Address federal, state, or local public health priorities
- Leverage or enhance public health department activities
- Advance increased general knowledge through education or research that benefits the public
- Otherwise would *not* become the responsibility of government or another tax-exempt organization

KFH-San Diego and Zion are committed to enhancing its understanding about how best to develop and implement effective strategies to address community health needs and recognizes that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders. As such, KFH-San Diego and Zion welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH-San Diego and Zion will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as grant making, leveraged assets, collaborations and partnerships, as well as several internal KFH programs. The goals, strategic priorities, strategies (including examples of interventions), and expected outcomes are described below for each selected health need.

B. 2019 Implementation Strategies by selected health need

Health Need #1: Access to Health Care (including primary, specialty, and mental health care)

Long Term Goal	All community members have access to high quality health care services from a trained and diverse workforce in a coordinated delivery system.
Strategic priorities (intermediate goals)	1. Increase coverage, access, and utilization of health care services for populations that are underserved, uninsured, and/or underinsured. 2. Improve and build the current and emerging workforce to meet the primary care needs of the community. 3. Improve the capacity of healthcare systems to provide quality healthcare, including interventions to address social determinants of health.
Strategies & Sample Interventions	1.1 Provide access and comprehensive health care to low-income individuals and families who do not have access to public or private health coverage. • The Kaiser Permanente Medicaid program provides high-quality medical care services to Medicaid eligible participants who would otherwise struggle to access care. • The Kaiser Permanente Medical Financial Assistance program provides temporary financial assistance to low-income individuals who receive care at Kaiser Permanente facilities and who cannot afford medical expenses and/or cost sharing. • The Kaiser Permanente Charitable Health Coverage program provides access to comprehensive health care to low-income individuals and families who do not have access to public or private health coverage. 1.2 Support access to care for patients through supporting programs that develop community based organizations, leaders and networks and build their capacity to advance equity and that enhance collaboration among community clinics, clinic networks, and other safety net providers • With support of grant funding, Regional Associations of California (Essential Access Health) strengthen the capacity of California's community clinics and

health centers and to advance local health delivery system transformation through statewide policy.
- With support of grant funding, the California Primary Care Association supports building capacity for the primary care workforce by developing a comprehensive curriculum and training program for health centers desiring to implement or sustain residency training programs and partnerships
- KFH-San Diego and Zion financially supports local Community Based Organizations (CBO's) to participate in 2-1-1 San Diego's Community Information Exchange (CIE). The CIE is an ecosystem comprised of multidisciplinary network partners that use a shared language, a resource database, and an integrated technology platform to deliver enhanced community care planning. Care planning tools enable partners to integrate data from multiple sources and make bi-directional referrals to create a shared longitudinal record. By focusing on these core components, a CIE enables communities to shift away from a reactive approach to providing care toward proactive, holistic, person-centered care.

2.1 Support and implement physician and other pipeline and training programs, using evidence-based, culturally competent and patient-centered population management modules.
- The Kaiser Permanente Graduate Medical Education (GME) recruits and prepares the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within Kaiser Permanente's integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. See program description for more details.
- Kaiser Permanente provides Professional Workforce Development Programs for non-physician emerging leaders.
- KFH-San Diego and Zion established the High School Health Care Career Pathway Program to help develop the future health care work force.

3.1 Design, pilot and implement systems for screening community members with social (non-medical) needs and refer to community-based programs.
- The Kaiser Permanente Thrive Local initiative integrates the social determinants of health into ongoing care plans by screening and connecting low-income individuals and families to community and government resources.
- Implement food insecurity screening in hospital departments and partner with 2-1-1 San Diego for referrals and navigation support.

3.2 Strengthen the capacity and infrastructure of community clinics to effectively prevent and manage chronic disease, including cardiovascular health and diabetes.
- KFH-San Diego and Zion Family Medicine residents volunteer their time to work at community based organizations, community clinics, and Federally Qualified Health Centers (FQHC) in San Diego County to reach underserved community members

Health Need #1: Access to Health Care (including primary, specialty, and mental health care)

Expected outcomes	KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in s set of expected outcomes, such as: • Sustained and/or enhanced availability of services and financial resources to support coverage and access to quality healthcare for uninsured and underinsured community members. • Reduced barriers to access healthcare through the provision of transportation options, language services, and/or other supportive services. • Sustained and/or enhanced training and residency programs in primary healthcare. • Improved healthcare provider capacity to screen their members and patients for non-medical social needs. • Improved referral and coordination between healthcare and community-based providers to address the social needs of communities

Health Need #2: Economic Security

Long Term Goal	All community members experience improved economic security and access to social services, including affordable housing, educational attainment, training and employment, and healthy foods.
Strategic priorities (intermediate goals)	1. Reduce food insecurity in the community and improve access to healthy foods. 2. Preserve and improve the availability of affordable housing and improve care coordination to serve individuals experiencing homelessness and to prevent displacement. 3. Improve educational attainment and employment opportunities.
Strategies & Sample Interventions	1.1 Design, pilot and implement programs and systems for promoting, screening and/or enrolling community members in food benefit programs. • The Kaiser Permanente Food for Life initiative delivers a multi-pronged approach to improve food security, such as the CalFresh enrollment campaign, which utilizes multi-modal outreach to increase CalFresh enrollment for eligible community members. • KFH-San Diego and Zion partners with 2-1-1 San Diego and refers patients to be screened through the CalFresh Initiative. 2-1-1 San Diego/Imperial is a phone-based outreach and application assistance. 2-1-1 can complete the entire CalFresh application over the phone and submit it to the County electronically on the individual's behalf. They then help guide the next steps to send necessary documentation directly to the County without having to physically go into the office. • KFH-San Diego and Zion partners with 2-1-1 San Diego's Health Navigation team to offer comprehensive needs assessments for clients to determine the

services that are needed including; health education, case planning, advocacy, connection to resources, and ongoing care coordination.

1.2 Support programs that procure, recover, and/or redistribute food to food insecure communities.

- The Kaiser Permanente Food Recovery and Food Redistribution program envisions food services as the source of nutritious meals for patients, staff and the broader community by distributing food to food insecure communities
- With support of grant funding, the California Association of Food Banks Farm to Family utilizes advocacy and outreach efforts to procure and provide fresh produce to food banks serving individuals and families who are food insecure.

1.3 Support the capacity of communities and anchor organizations to adopt and implement policies and programs to ensure access to healthy foods

- The Kaiser Permanente Thriving Schools Healthy Eating Active Living (HEAL) Initiative, in partnership with Alliance for a Healthier Generation, supports Title 1 schools with the adoption and implementation of policies and practices to continuously improve the school's culture and practices around health.

2.1 Support for programs that expand efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency.

- With support of grant funding, the Regional Task Force on the Homeless, Inc. is upgrading the Homeless Management Information System Redesign and Implementation
- With support of grant funding, Step Up on Second Street's safety net services focus on permanent supportive housing, vocational training and placement, and supportive services for individuals experiencing mental health conditions and homelessness

2.2 Support and participate in collaboratives that support coordination and funding of resources (such as health services and housing) for individuals at risk or experiencing homelessness.

- Kaiser Permanente provides a grant to support the Home Loan RX Program. San Diego is investing to preserve affordable housing in the City Heights area that houses low- and moderate-income families. The developer Housing Innovation Partners plans to keep the rents for this housing stable for residents. Supporting such housing developments that preserve existing affordable housing helps communities prevent more people from falling into homelessness.

3.1 Support policies and programs that increase economic security for individuals and families by expanding opportunities for employment and increasing workers income, especially programs for populations and geographic areas experiencing high levels of unemployment.

- The Kaiser Permanente Inner City Capital Connections (ICCC) provides training, education and mentorship to small businesses helping to grow

	revenue, increase jobs, and improve their capacity and access to new sources of capital. • The Kaiser Permanente Social Enterprises strategy works with competitive, revenue-generating businesses with the social mission to hire and provide training to people who are striving to overcome employment barriers, including homelessness, incarceration, substance abuse, mental illness, and limited education • The Kaiser Permanente High Impact Hiring is a talent-sourcing strategy that aligns business needs with positive community impact. High Impact Hiring creates career opportunities for people with employment barriers, focusing on specific populations of disadvantaged people or specific geographic areas.
Expected outcomes	KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in s set of expected outcomes, such as: *Food insecurity* • Increased number of community members screened for food insecurity and enrolled in food benefit programs. • Improved availability of free and healthy food for food insecure individuals and families. • Reduced food waste. • Improved policies and practices that create healthy school environments for students, staff and their families. *Housing and Homelessness* • Improved coordination of housing resources and services for individuals experiencing and/or at risk of homelessness. *Employment* • Improved employment opportunities for hard to hire community members. • Improved access to training and workforce development opportunities underserved community members.

Health Need #3: Mental Health and Wellness

Long Term Goal	All community members have optimal levels of mental health and well-being through improved equitable access to evidence-based, high-quality, appropriate care and reduced effects of stigma.
Strategic priorities (intermediate goals)	1. Improve access and connection to mental healthcare and substance use disorder treatment in clinical and community settings. 2. Improve and build the current and emerging mental health workforce to meet community needs. 3. Reduce mental health stigma and improve knowledge, capacity and resilience in individuals, communities, and organizations.
Strategies & Sample Interventions	1.1 Support the infrastructure and capacity building of community organizations and clinics to improve access to quality mental health care. • With the support of grant funding, Children Now Improving California Students' Readiness to Learn will map the current state and district school-based health policy efforts and develop a list of policy options to improve school-based mental health services. Partner organizations will receive resources and technical assistance on best policies/practices related to school discipline, teacher credentialing, mental health, school attendance, and Local Control Funding Formula 1.2 Support the integration of mental health care, case management, and navigation services into clinical care and community settings. • With support of grant funding, the Cajon Valley Union School District (CVUSD) The Mental Health Therapy for Refugee Children in El Cajon Project seeks to improve access and connection to mental health care in the school setting by providing expanded mental health therapy for refugee students fleeing war and persecution, who are victims of trauma. CVUSD will partner with Survivors of Torture, an international, non-profit organization dedicated to supporting torture survivors for these services. 1.3 Support school and youth development organizations in learning about and addressing mental and behavioral health, including suicide prevention and trauma-informed care. • KFH-San Diego and Zion partners with community based organizations that focus on increasing awareness, promoting conversations and creating connections to prevent suicides within the school age population. 1.4 Enhance access to high quality substance abuse treatment including medication-assisted treatments to decrease the burden of addiction and promote resiliency and recovery. • With support of grant funding, promote community safety net services. 2.1 Support the education and training of licensed mental health professionals including cultural competency. • With the support of grant funding, Hathaway-Sycamores Child and Family Services provides training for group home foster care providers in Southern California so that they can become certified as Short Term Residential Therapeutic Programs.

	• With support of grant funding, Health Professions Education Foundation Retaining Health Professionals in Areas of Need will grant educational loan repayment awards to qualified health professionals providing direct patient care in medically underserved areas in Southern California. 2.2 Support efforts to improve the community and social support system's knowledge, attitudes, beliefs and perceptions about mental health, trauma and resilience. • Kaiser Permanente's Public Good Projects' Action Minded campaign, a digital community health intervention using education, social engagement and multi-media tools to engage the general public, issue-advocates and community partners in reducing stigma towards mental health conditions
Expected outcomes	KP aims to achieve its strategic priorities through interventions, that if successfully implemented, could result in s set of expected outcomes, such as: *Access Related* • Enhanced capacity in clinical and community-based settings to address community mental health needs. *Workforce Related* • Increased number and diversity of individuals in the mental health workforce. • Increased number of culturally competent individuals in the mental health workforce. *Stigma Related* • Improved understanding of and attitudes toward mental health care among individuals and organizations. • Improved help-seeking behavior among those in need of mental health care.

C. Our commitment to Community Health

At Kaiser Permanente, our scale and permanence in communities means we have the resources and relationships to make a real impact, and wherever possible, our regions and facilities collaborate with each other and with key institutions in our communities, such as schools, health departments, and city/county governments to create greater impact. The CHNA/IS process presents the opportunity to reinforce and scale national and regional strategies to address health needs that impact all of our communities, even if those health needs are not prioritized locally. The following strategies illustrate the types of organizational business practices as well as regional efforts that we implement to address multiple health needs and contribute to overall community health and well-being:

• **Reduce our negative environmental impact and contribute to health at every opportunity.** We have optimized the ways in which we manage our buildings; purchase food, medical supplies and equipment; serve our members; consume energy; and process waste. The following strategies illustrate several of our practices that enable us to operate effectively while creating a healthier environment for everyone. Our Environmentally Preferable Purchasing Standard prioritizes the procurement of products with fewer chemicals of concern and less resource intensity, thus encouraging suppliers to increase the availability of healthier products. We are

building renewable energy programs into our operations, with plans to be carbon neutral in 2020. We recognize that mitigating the impacts of climate change and pollution is a collective effort, and we are therefore proud to work with like-minded organizations and individuals, including the United Nations, Health Care Without Harm, government entities, as well as other influencers that advocate for environmental stewardship in the healthcare industry and beyond.

- **Deploy research expertise to conduct, publish, and disseminate epidemiological and health services research.** 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. Kaiser Permanente's Department of Research and Evaluation, Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

- **Implement healthy food policies to address obesity/overweight**, such as purchasing sustainable, locally produced fruits and vegetables; supporting local restaurants and caterers that meet KP's Healthy Picks and to make more available healthier food options in our communities; and supporting vendors that hire under/unemployed residents (with living wages and benefits) in the food production/distribution process. We also partner with school districts and city governments to support them in adopting and implementing healthy food procurement policies.

- **Contribute toward workforce development, supplier diversity, and affordable housing to address economic security.** We support supplier diversity by implementing policies and standards to procure supplies and services from a diverse set of providers; working with vendors to support sub-contracting with diverse suppliers; partnering with community-based workforce development programs to support a pipeline for diverse suppliers; and building the capacity of local small businesses through training on business fundamentals. We also seek to reduce homelessness and increase the supply of affordable housing by strengthening systems to end homelessness and shaping policies to preserve and stimulate the supply of affordable housing.

- **Support community members directly through ongoing engagement and direct services.** The Kaiser Permanente Educational Theater (KPET) uses live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being around topics such as: reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. KPET is provided free of charge to schools and the general community.

- **Support cities to adopt and implement evidence-based policies that advance health prosperity and equity.** The CityHealth initiative works with cities to enhance their capacity to advance policy priorities, such as earned sick leave, universal pre-kindergarten, affordable housing/inclusionary zoning, complete streets, alcohol sales control, tobacco 21, smoke-free indoor air, food safety and restaurant inspection ratings, and healthy food procurement.

IX. Evaluation plans

Kaiser Permanente has a comprehensive measurement strategy for Community Health. Our vision at Kaiser Permanente is for our communities to be the healthiest in the nation. To that end, we are

committed to pursuing a deep and rigorous understanding of the impact of our community health efforts. We monitor the health status of our communities and track the impact of our many initiatives on an ongoing basis. And we use our measurement and evaluation data, and information gathered through our Community Health Needs Assessments, to improve the effectiveness of our work and demonstrate our impact. The Community Health Needs Assessments can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

In addition, KFH San Diego and Zion will monitor and evaluate the strategies listed above for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and metrics specific to KFH leveraged assets. In addition, KFH San Diego and Zion tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs KFH-San Diego and Zion does not intend to address

While all the health needs prioritized in the 2019 Community Health Needs Assessment process are important to address, the implementation strategy planning process requires KFH-San Diego and Zion to conduct a selection process based on critical criteria including health need severity, magnitude, inequity, and the extent to which KFH-San Diego and Zion is in a position to meaningfully address the need (see Section VII.A for a full description of selection criteria). Health needs that were not elevated across these critical criteria were not selected for the implementation strategy plan. Health needs not selected include diabetes and substance use and opioid misuse.

The members of the implementation strategy team acknowledged the prevalence of diabetes in the community and the potential for severe impact on the health of community members. The committee determined, however, that more emphasis should be placed on the broader issue of access to care so that support could be given to programs and resources addressing multiple chronic health conditions, including, but not limited to, diabetes.

In addition, in discussions about how best to address substance use and opioid misuse, the implementation strategy team felt that this issue should be included under the umbrella of "mental health and wellness." This decision was based in large part on community feedback that substance use and mental health are inextricably linked. The implementation strategy team concluded that the prevention and treatment of substance use disorders, including opioid misuse, are a key component of well-being, and therefore, should be addressed under this strategy.