2016 Implementation Strategy Report
for Community Health Needs

Kaiser Foundation Hospital – Roseville
License #550001681

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 – Roseville
License # 50001681
1600 Eureka Road
Roseville, CA 95661

I.	**General Information**

Contact Person:	Richard Robinson, Public Affairs Director
Date of Written Plan:	December 13, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	March 16, 2017
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by Authorized Governing Body On or Before the 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 (KP) 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 – Roseville Service Area

The Kaiser Foundation Hospital (KFH)-Roseville service area extends into parts of seven counties: Amador, El Dorado, Nevada, Placer, Sacramento, Sutter, and Yuba, with the highest concentration of the population residing in the Sacramento Valley. Geographically, the service area principally includes Placer and El Dorado counties. The service area has a very diverse geography: from urban cities such as North Highlands/Foothill Farms and Citrus Heights to suburban cities such as El Dorado Hills, Roseville, Lincoln and Auburn to more rural cities and towns such as Placerville and Olivehurst as well as numerous small communities throughout the Sierra foothills.
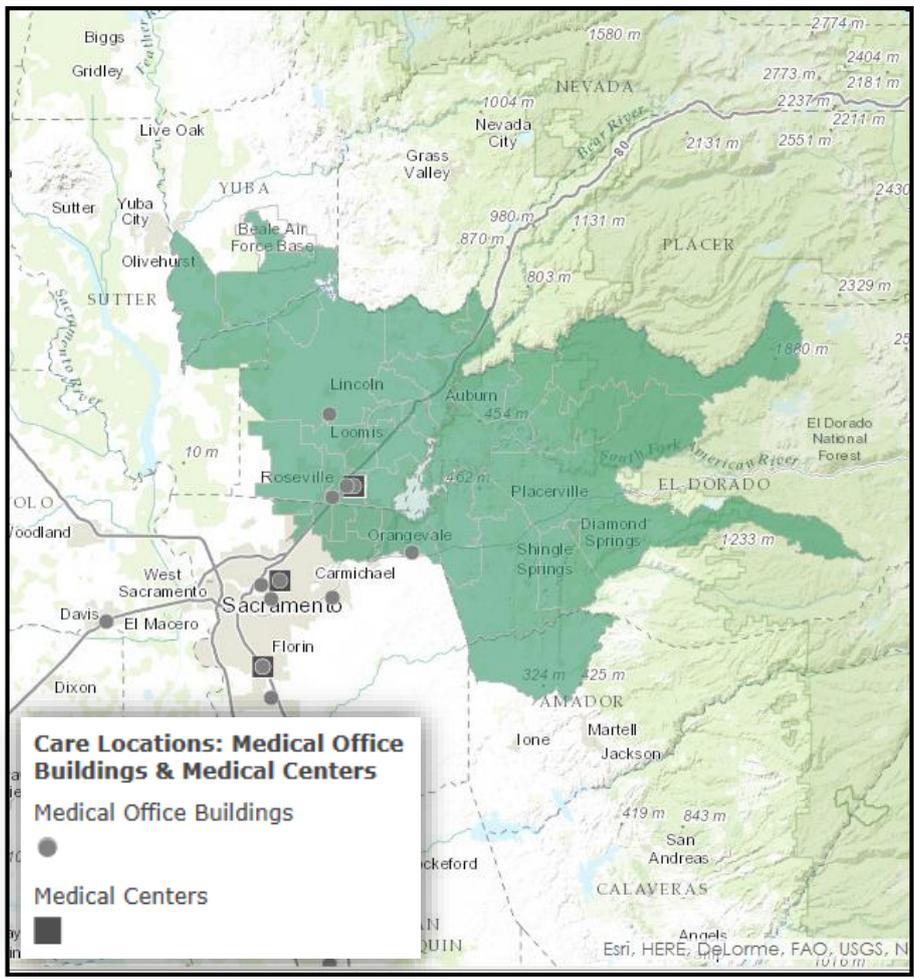
KFH Roseville Demographic Data			KFH Roseville Socio-economic Data	
Total Population	817,737		Living in Poverty (<200% FPL)	25.32%
White	80.74%		Children in Poverty	13.72%
Black	2.77%		Unemployed	7.9
Asian	6.5%		Uninsured	10.29%
Native American/ Alaskan Native	0.82%		No High School Diploma	7.9%
Pacific Islander/ Native Hawaiian	0.28%			
Some Other Race	3.99%			
Multiple Races	4.9%			
Hispanic/Latino	13.8%			

V. Purpose of Implementation Strategy

This Implementation Strategy (IS) 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 Roseville's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH Roseville'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 Roseville service area through the 2016 Community Health Needs Assessment process.

1. Access to behavioral health services (mental health and substance abuse)
2. Healthy eating and active living (HEAL)
3. Disease prevention, management and treatment
4. Safe, violence-free communities
5. Affordable and accessible transportation
6. Access to high quality health care and services
7. Pollution free living and work environments
8. Basic Needs (food, housing, employment and education)

VII. Who was Involved in the Implementation Strategy Development

The IS process was led by Carol Serre, Community Benefit Manager for KFH Roseville and facilitated by Laura Rubin, independent consultant. Internal and external stakeholders were engaged in the process.

Below is a list of Kaiser Permanente staff and physicians and external stakeholders serving the greater Sacramento area that participated in the process.

Internal Stakeholders (Contributions Committee)	
Title	**Affiliation**
Physician in Chief	The Permanente Medical Group, Sacramento Medical Center
Physician in Chief	The Permanente Medical Group, Roseville Medical Center
Medical Group Administrator	The Permanente Medical Group
SVP/Area Manager	Kaiser Foundation Hospital, Sacramento Medical Center
SVP/Area Manager	Kaiser Foundation Hospital, Roseville Medical Center
Public Affairs Director	Kaiser Foundation Hospital
Area Financial Officer	Kaiser Foundation Hospital, Sacramento Medical Center
Area Financial Officer	Kaiser Foundation Hospital, Roseville Medical Center

a. **Partner Organizations**
KFH Roseville worked independently on the development of its IS Report.

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 Roseville, in partnership with KFH Sacramento and KFH South Sacramento, held one community engagement convening that brought together 33 individuals and 29 organizations working in the greater Sacramento region. Below are the individuals and organizations that participated.

External Stakeholders	
Title	**Organization**
Executive Director	Mack Road Partnership / ReIMAGINE Mack Road Foundation
Development Associate	Sacramento Food Bank & Family Services
Director, Family Engagement & Support Services	Folsom Cordova Unified School District
Communications and Development Specialist	Opening Doors
Executive Director	Women's Empowerment
Developmental & Proposal Coordinator	Stand Up Placer
Executive Director	Mutual Assistance Network
Executive Director	Wind Youth Services
Executive Director	Insights Counseling Group

External Stakeholders	
Title	**Organization**
Director, Student Support & Health Services	Sacramento City Unified School District
Grants & Contracts Manager	Yolo County Children's Alliance
Executive Director	Community Against Sexual Harm
Community Partnership Director	Food Literacy Center
CEO	Soil Born Farms
CEO	WEAVE
Business Development	Latino Leadership Council
School Nurse	Folsom Cordova Unified School District
CEO	Always Knocking, Inc.
Grant Writer	KidsFirst
Development Director	Roberts Family Development Center
Deputy Director	Community Recovery Resources
Deputy Friend Manager	Sheriff's Community Impact Program
Executive Director	Health Education Council
Manager, Social Work Services	Kaiser Permanente
PBIS Regional Trainer	Placer County Office of Education
Program Specialist	Elk Grove Unified School District Student Support and Health Services
Facilitator/Trainer	My Sisters House
Injury Prevention Coordinator	KP Trauma Services
Executive Director	Food Literacy Center
CEO	Breathe California
Executive Director	My Sister's House
Executive Director	Yolo County Children's Alliance
Director	International Rescue Committee

The purposes of the convening were to 1. share the findings from the Community Health Needs Assessment; 2. share the long term and intermediate goals identified for the IS plan; and 3. gather input on local assets and resources, evidence-based practices, and opportunities for synergy between strategies and health needs. The information gathered at the convening was used to inform how the IS strategies will be implemented throughout the greater Sacramento region.

Participants agreed that the selected needs were important to address and that the long-term and intermediate goals appropriately addressed the needs. Participations identified certain demographic groups in need of attention, including the homeless, refugee community and youth in schools. Additionally, a focus on the cultural appropriateness of care and services was identified as a priority. In particular with the HEAL need, there was discussion around how multiple approaches to a strategy (e.g. fruit and vegetable access, education, price incentives) can be layered for maximum impact. Some individuals expressed the desire to have common measures to track success over time.

The community engagement process validated the needs that were selected and increased our knowledge of the assets in the community. A significant amount of time at the convening was used to gather information about successful approaches to address the needs. This input was used to inform how the IS strategies will be implemented throughout the greater Sacramento region.

c. **Consultant Used**

Laura Rubin is an independent consultant with a master's degree in public health and 10 years of experience working in government, university and community settings implementing and evaluating

community based interventions. Her focus has been on using evaluation findings to inform strategy design and program improvement.

VIII. Health Needs that KFH Roseville Plans to Address

a. Process and Criteria Used to Select Health Needs

In order to select the health needs that KFH Roseville will address the following criteria were used:

Criteria	Definition
1. CHNA prioritization	How did the health need rank in the CHNA (takes into account severity, scale, health disparities/equity & community prioritization).
2. KP expertise	KP can make a meaningful contribution to addressing the need because of its relevant expertise as an integrated health system and because of an organizational commitment to addressing the need.
3. Ability to leverage organizational assets	Opportunity to have KP Regional CB funding be deployed due to alignment with regionwide needs as well as opportunity to draw down other assets of the organization.
4. Feasibility	Kaiser Permanente has the ability to have an impact given the resources available.
5. Existing or promising approaches	There are effective or promising strategies, preferably evidence-based, that could be applied to address the need.
6. Ability to leverage community assets	Opportunity to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or other community assets.

The consultant, in collaboration with the KFH Roseville Community Benefit Manager, developed a scoring matrix using the criteria outline above to help identify which needs would be addressed in the IS. Each health need was scored according to the six criteria. A point value of 1-3 was applied to each criterion for each health need:

- 3 = health need meets criterion well
- 2 = health need meets criterion somewhat
- 1 = health need does not meet criterion

To come up with the actual point value for each criterion a variety of methods were used. For example, the CHNA prioritization point assignment was determined by how a health need was prioritized in the CHNA, with the top three prioritized needs receiving a three, the middle three needs receiving a two and the last two needs receiving a one. The point value assignment for KP expertise, ability to leverage organizational assets and feasibility were determined by the Community Benefit Manager's understanding of KP and it's internal strengths and assets. The point value assignment for ability to leverage community assets was determined by the resource list included in the CHNA report, which

identified community resources and providers for each health need. A weight of two was applied to three of the criteria (KP expertise, ability to leverage organizational assets and feasibility) because they were considered particularly important when considering potential to have impact during implementation.

The results of the scoring are noted below:

Criteria	Health Need							
	Behavioral Health	HEAL	Disease Prevention and Mgmt	Safe communities	Transportation	Access to Care	Basic Needs	Pollution free environments
CHNA prioritization	3	3	3	2	2	2	1	1
KP expertise*	4	6	6	4	2	6	2	2
Ability to leverage organizational assets*	6	6	4	6	2	6	4	2
Feasibility*	6	6	4	6	2	6	2	2
Existing or promising approaches	3	3	3	3	1	3	2	2
Ability to leverage community assets	3	2	2	3	1	3	3	1
Total Score	25	26	22	24	10	26	14	10

*indicates criterion that received a weighting of "2"

Based on the results of the scoring, a recommendation was made to the Contributions Committee, a group of KFH Roseville leaders, to approve the top four health needs. The Committee reviewed the scoring matrix and approved the top four health needs.

b. **Health Needs that KFH-Roseville Plans to Address**

Some health needs were renamed during the IS to allow for consistency with other KFH facilities in the KP Northern California Region. The renaming of health needs did not change how a need was defined and described. The name changes are noted below.

Access to Care

The health need, *Access to high quality health care and services* was renamed to *Access to Care* for the IS. Access to high quality, affordable health care and health services that provide a coordinated system of community care is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. Essential components of access to care include health insurance coverage, access to a primary care physician and clinical preventive services, timely access to and administration of health services, and a robust health care workforce. Culturally and linguistically appropriate health services are necessary to decrease disparities for diverse populations, including racial and ethnic minorities, LBGTQ populations and older adults.

Access to care is a significant health need in the KFH Roseville service area. Nine of 32 indicators (28%) pertaining to access to care perform poorly compared to state benchmarks, particularly for racial/ethnic minorities in the service area. A higher percentage of Blacks and Hispanic/Latinos experience a lack of a consistent source of primary care and a higher percentage of Blacks, Hispanic/Latinos and Native Hawaiian/Pacific Islanders lack health insurance coverage compared to other racial/ethnic groups and

the service area as a whole. Input from service providers and community members indicate that access to primary care services and specialty care providers is a challenge, particularly for patients with Medi-Cal coverage.

While Access to Care was ranked 6th during the CHNA prioritization process, it strongly met the other criteria used in the IS selection process. Kaiser Permanente has many internal assets, resources and expertise to address access to care.

<u>Healthy Eating Active Living (HEAL)</u>

A lifestyle that includes eating healthy and physical activity improves overall health, mental health and cardiovascular health. A healthful diet and regular physical activity help individuals to maintain a healthy weight and reduce the risk for many health conditions including obesity, type 2 diabetes, heart disease, osteoporosis and some cancers. Access to and availability of healthier foods can help people follow healthful diets and may also have an impact on weight. Access to recreational opportunities and a physical environment conducive to exercise can encourage physical activity that improves health and quality of life.

HEAL is a significant health need in the KFH Roseville service area, with 17 of 30 indicators (57%) performing poorly compared to state benchmarks or demonstrating racial/ethnic disparities related to HEAL. The rate of obesity among adults is slightly higher as compared to the state, and there are higher rates of overweight and obesity for Black and Hispanic/Latino youth compared to other racial/ethnic groups and the overall rate for the service area. A higher percentage of residents in the KFH Roseville service area live in areas designated as food deserts as compared to the state, making it difficult to access healthy food. Input from service providers and community members indicate that there is a need for affordable and accessible options for healthy eating and active living.

Healthy Eating Active Living strongly met nearly all of the criteria used in the IS selection process.

<u>Behavioral Health</u>

The health need, *Access to behavioral health services* was renamed to *Behavioral Health* for the IS. Behavioral health encompasses both mental health and substance abuse.

Mental health and well-being is essential to living a meaningful and productive life. The burden of mental illness in the United States is among the highest of all diseases, and people with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including substance abuse and suicide. Mental health and well-being provides people with the necessary skills to cope with and move on from daily stressors and life's difficulties allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society.

Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Substance abuse is linked with community violence and mental health issues. Access to treatment for substance abuse and co-occurring disorders will improve the health, safety and quality of life of individuals with substance use disorders as well as their children and families.

Behavioral Health is a significant health need in the KFH Roseville service area. Ten of 13 indicators (77%) pertaining to mental health and eight of 12 indicators (67%) pertaining to substance abuse compare unfavorably to state benchmarks or demonstrate racial/ethnic disparities in health status. There is a high suicide rate, lack of mental health providers, high rates of emergency department visits for mental health conditions and self-inflicted injury, and high hospitalization rates for mental health conditions. Additionally, compared to the state, there is a high percentage of alcohol consumption and

expenditures, high rates of tobacco usage for teens and adults, and high emergency department and hospitalization rates for substance abuse and Chronic Obstructive Pulmonary Disease in the KFH Roseville service area. Input from service providers and community members indicate that the need for behavioral health services far outweighs the resources currently available in the service area.

Behavioral Health was the number one prioritized health need in the CHNA. With the exception of KP expertise, behavioral health strongly met all the criteria used in the IS selection process.

Community and Family Safety

The health need, *Safe, crime and violence-free communities* was renamed to *Community and Family Safety* for the IS. Community and family safety contributes to overall health and well-being. Injuries and violence contribute to premature death, disability, poor mental health, high medical costs and loss of productivity. Individual behaviors such as substance use and aspects of the social environment such as peer group associations can affect the risk of injury and violence. The physical environment may also affect the rate of injuries related to falls, motor vehicle accidents and violent crime. Safe communities promote community cohesion and economic development, provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries.

Community and Family Safety is a significant health need in the KFH Roseville service area. Fifteen of 26 indicators (58%) pertaining to violence and safety perform poorly compared to state benchmarks, particularly for racial/ethnic minorities in the service area. The service area crime statistics for major crimes (violence crimes, property crimes and arson) and domestic violence are elevated compared to the state. Additionally, there is a high percentage of alcohol consumption and expenditures, a high rate of school suspensions for youth, and high emergency department and hospitalization rates for substance abuse compared to the state. Input from service providers and community members indicate that substance abuse is a major contributor to violence and lack of real and perceived safety in neighborhoods.

Community and Family Safety strongly met nearly all of the criteria used in the IS selection process.

IX.   KFH Roseville's Implementation Strategies

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

KFH Roseville 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.

Access to Care

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

➢ 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.
➢ 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.
➢ 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.
➢ Increase access to training and education for diverse populations currently underrepresented in the health care workforce.
➢ Support the recruitment, hiring and retention of a diverse, culturally competent health care workforce in the clinical and community based settings.

For Example,

• Participate in Medi-Cal Managed care.
• 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 Medical Financial Assistance.
• Participate in Placer Community Health Initiative to strengthen Placer County's public health system through conducting health assessments, developing improvement plans, and supporting strategic planning.
• Provide grants for transportation to medical appointments.
• Support organizations that provide navigation to free and reduced cost services for specialty care.
• Provide physician and KP staff volunteers at events that provide surgical, specialty, and diagnostic services to low-income, uninsured people.
• Support population health management approaches that Improve health outcomes for safety net patients with diabetes and hypertension.

- Support community health centers and public hospital organizations to participate successfully in waiver and demonstration programs moving from fee for service to capitation.
- Provide grants for a behavioral health navigation program to help clients access services.
- Provide grants for programs to connect frequent users of the Emergency Department with case management support services and community resources.
- Implement health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers.
- Support successful recruitment and retention efforts to address workforce shortages in the health care safety net.

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 healthy systems
  - Increase in the quality of care provided by safety net providers through PHASE protocol.
  - Improve capacity of health systems to provide population health management.
  - Increased integration of primary and specialty health care services.
  - Improved capacity of safety net providers to assuming capitated risk.
➢ Social non-medical services
  - Increase in referrals and coordination to social non-medical 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.

Healthy Eating Active Living
Long-term Goal
All community members eat better and move more as part of daily life in order to prevent and reduce the impact of chronic conditions (e.g. obesity, diabetes, CVD).

Intermediate Goals
➢ Improve healthy eating among residents in low income, under-resourced communities.
➢ Increase physical activity among residents in low income, under-resourced communities.

Strategies
➢ 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.
➢ 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 grant for after school program creating a multi-generational learning environment focused on nutrition and physical activity.

- Provide KP's Educational Theater, programming that provides education in schools on health and wellness.
- Support institutional healthy beverage policies.
- Support Market Match to provide incentives for CalFresh users to purchase produce at farmers markets.
- Participate in Invest Health, a partnership focused on addressing safe and walkable streets and access to healthy food.
- Provide local grant for place based HEAL program in Old Roseville.
- Support the development of active transportation policies and practices
- Support programs and policies in schools that maximize opportunities for physical activity throughout the day, including through our Thriving Schools initiative.

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.

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
- ➢ 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 social/emotional wellness
- ➢ Support opportunities to reduce stigma through education and outreach in school, community and workforce settings.
- ➢ 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.
- ➢ 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 for case management services and counseling for homeless women and youth.
- Provide grants for programs to reduce drug and alcohol use.
- Support programs that promote social and emotional wellness in community-based organizations and schools.
- Share PSAs about depression with community organizations.
- Participate in the Folsom Cordova Coordinated School Health Council and make recommendations that support behavioral health to the school board.
- Support programs that reduce stigma for mental health in schools and community settings.
- Conduct outreach to underrepresented populations to support entering behavioral health professions.
- Support health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers, including in behavioral health.
- Support programs to promote integration of care between primary and behavioral health care.
- Support programs that connect frequent users of the Emergency Department with case management support services and community resources.
- Provide grants for trauma informed therapy and case management.

Expected Outcomes
- Prevention
  - Increased enrollment in programs to improve social/emotional wellness.
  - Increased screening for behavioral health needs.
  - Increased participation in drug and alcohol prevention programs
- Destigmatization
  - Increase in help seeking behavior for accessing behavioral health care.
- Workforce
  - Increase in the number of culturally and linguistically competent and skilled behavioral healthcare providers.
  - Increase in the number of people from underrepresented groups enrolling in education and job training programs.
- Access
  - Increased in number of low-income patients who receive behavioral health care services.
  - Increased integration of primary and behavioral health care services.
  - Improved access to quality care for youth, families and communities experiencing violence.

Community and Family Safety
Long-term Goal
All community members live in safe environments and individuals who are victims or at-risk of violence have the support they need.

Intermediate Goals
- Improve safety in communities with high rates of violence.
- Support prevention and early intervention efforts targeting youth that promote positive youth development and that focus on youth assets and resilience.
- Improve safety in families through family violence prevention, screening and treatment efforts.
- Improve the quality of responsive care and services for youth and families experiencing violence and/or trauma to break the cycle of violence.

Strategies

➢ Increase availability of safe parks and public spaces.
➢ Build social cohesion in neighborhoods and community.
➢ Improve law enforcement and community relations.
➢ Promote public understanding of violence as a public health issue.
➢ Increase availability of education, job training and enrichment programs for youth.
➢ Support programs that promote non-violent solutions to conflict and alternatives to punitive responses.
➢ Support programs that prevent and address family violence through reducing risk factors, enhancing protective (resilience) factors and linking to appropriate resources.
➢ Support targeted gang/offender outreach and case management.
➢ Increase the capacity to respond appropriately to individuals and/or communities that have experienced trauma and/or violence.
➢ Provide victims of violence with services needed for recovery and resilience.
➢ Support integration of health care with community based programs and services that address violence-related issues among patients and the community.

For example,

• Support increased capacity of park organizations to serve diverse users.
• Participate in Invest Health, a partnership focused on addressing safe and walkable streets and access to healthy food.
• For any new buildings, consider designing spaces that are open to the public, including gardens, public areas, outdoor group meeting spaces, and meditative spaces.
• Support law enforcement and community engagement and trust- building activities.
• Provide grants for violence prevention and targeted support services for at-risk youth and families.
• Provide grants for programs focused on youth empowerment.
• Provide KP's Educational Theater, programming that provides education in schools on health and wellness.
• Support programs and services that provide outreach and long-term skilled case management for gang affiliated and/or youth at high-risk for being engaged in violence.
• Provide grants to support survivors of domestic/sexual violence and their children address trauma.
• Support hospital-based, violence intervention programs that provide long-term support and case management services to youth, injured by violence starting at bedside, to reduce retaliation and improve outcomes.

Expected Outcomes

➢ Community safety
  • Increased use of parks and public spaces.
  • Increased community perception of safety.
  • Increased trust between law enforcement and community members.
  • Increase community perception that violence is a preventative public health issue.
➢ Prevention and early intervention
  • Increased enrollment and completion of education and job training programs for youth.
  • Improve capacity of systems or organizations to implement non-violent solutions to conflict and alternatives to punitive responses.
➢ Healthy family
  • Increased participation in prevention programs and support services for those at risk of family violence.
➢ Responsive care and service
  • Decreased recidivism.

- Increased organizational capacity to offer quality services to individuals and communities experiencing trauma/violence.
- Increased enrollment and completion of education and job training programs for youth.

Additional Community Benefit Priorities

In addition to addressing the selected health needs described above, Kaiser Permanente, as an integrated health care delivery system, dedicates resources that target broader health system needs and upstream determinants of health.

Kaiser Permanente deploys dedicated research expertise to conduct, publish, and disseminate high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes in diverse populations disproportionally impacted by heath 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 Roseville will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, KFH Roseville 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

Disease Prevention and Management

Disease Prevention and Management was a lower priority compared to other needs during the IS prioritization processes. It scored lower than the selected needs on ability to leverage organizational assets and feasibility. Some of the HEAL and Behavioral Health strategies will address disease prevention (obesity, heart disease, stroke, diabetes).

Pollution-free Environments

Pollution-free Environments was a low priority compared to other needs in both the CHNA and IS prioritization processes. It scored low on all criteria used during prioritization.

Affordable and accessible transportation

Transportation was a low priority compared to other needs in both the CHNA and IS prioritization processes. There is a lack of internal and external resources to leverage in this area. It scored low on all criteria used during prioritization.

Basic Needs (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. Economic security was a low priority compared to other needs in the IS prioritization process. It scored low in CHNA prioritization, KP expertise and feasibility and lower than the selected needs in existing or promising approaches and ability to leverage organizational assets. While KFH Roseville did not select this need, 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.