



2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital—Vallejo
License #11000026

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 – Vallejo
License # 110000026
975 Sereno Drive, Vallejo, CA 94589

I. General Information

Contact Person:	Shiyama Clunie, Public Affairs Director
Date of Written Plan:	December 16, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	March 16, 2017
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by Authorized Governing Body On or Before the 15 th Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body:	December 4, 2013
Name and EIN of Hospital Organization Operating Hospital Facility:	Kaiser Foundation Hospitals, 94-1105628
Address of Hospital Organization:	One Kaiser Plaza, Oakland, CA 94612

II. About Kaiser Permanente

Kaiser Permanente is a not for profit, integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and The Permanente Medical Groups. For more than 65 years, Kaiser Permanente has been dedicated to providing high quality, affordable health care services and to improving the health of our members and the communities we serve. Today we serve more than 10.2 million members in eight states and the District of Columbia. Since our beginnings, we have been committed to helping shape the future of health care. Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health.

III. About Kaiser Permanente Community Benefit

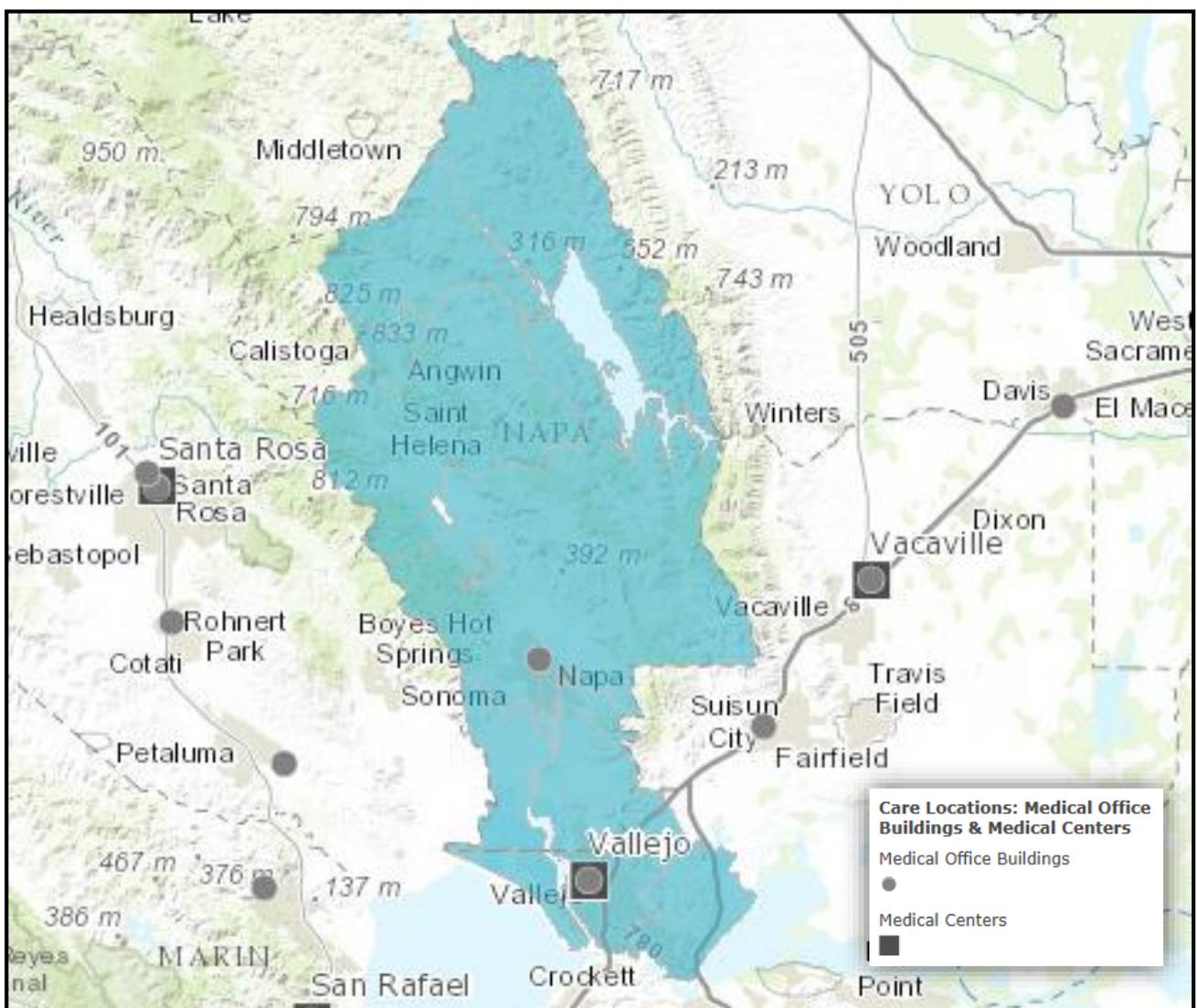
We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor's office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant-making to leverage financial resources with medical research, physician expertise, and clinical practices. Historically, we have focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted Community Health Needs Assessments (CHNA) to better understand each community’s unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

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

IV. Kaiser Foundation Hospitals – Vallejo Service Area

The map below depicts the KFH Vallejo service area, the geographic region assessed in this CHNA.



KFH Vallejo Demographic Data ¹	
Total Population	281,059
White	61.8%
Black	10.2%
Asian	14.6%
Native American/ Alaskan Native	0.7%
Pacific Islander/ Native Hawaiian	0.6%
Some Other Race	6.3%
Multiple Races	5.9%
Hispanic/Latino	27.4%

KFH Vallejo Socio-economic Data ²	
Living in Poverty (<200% FPL)	30.4%
Children in Poverty	18.2%
Unemployed ³	6.1%
Uninsured	14.2%
No High School Diploma	14.1%

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

1. Education
2. Economic and Housing Insecurity
3. Violence and Injury (*Community and Family Safety*)
4. Mental Health (*Behavioral Health*)
5. Obesity and Diabetes (*Healthy Eating/Active Living*)
6. Access to Primary and Oral Health Care (*Access to Care and Coverage*)
7. Substance Use (*Behavioral Health*)
8. Cancers

In order to align language with other Kaiser Foundation Hospital facilities in Northern California, KFH Vallejo has adopted the language noted in parentheses for several health needs. This language will be used moving forward as KFH Vallejo addresses health needs through the identified implementation strategies. The content of the needs remains the same as identified through the CHNA process.

¹ Unless noted otherwise, all data presented in this table is from the US Census Bureau, 2010-14 American Community Survey 5-Year Estimate. Data is calculated for hospital service area by algorithm on the Kaiser Permanente CHNA Data Platform.
² Unless noted otherwise, all data presented in this table is from the US Census Bureau, 2010-14 American Community Survey 5-Year Estimate. Data is calculated for hospital service area by algorithm on the Kaiser Permanente CHNA Data Platform.
³ US Department of Labor, Bureau of Labor Statistics, December 2015.

VII. Who was Involved in the Implementation Strategy Development

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

a. Partner Organizations

KFH Vallejo, with support from Harder+Company Community Research and Raimi + Associates, developed its implementation strategies (IS) in alignment with other Kaiser Foundation Hospital facilities in Northern California. Strategy selection was conducted by the KFV Vallejo community benefit manager with input from the Contributions Committee. In addition, selected health needs may be addressed through other organizational community benefits and in-kind investments.

b. Community Engagement Strategy

While not required by Federal CHNA regulations, Kaiser Permanente encourages all KFV 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:

- KFV facilities to develop a deeper understanding of community perspectives 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; and
- Opportunities to inform community leaders about Kaiser Permanente's unique structure and resources to effectively foster meaningful partnerships.

In order to obtain input on the process of selecting strategies for implementation, KFV Vallejo convened 10 representatives from select partner organizations for a two hour meeting on September 30, 2016 to obtain input about strategy selection. The purpose of this meeting was to provide an overview of health priorities and proposed strategies to promote discussion and information sharing with partners. For each selected health need, community partners provided recommendations regarding which key strategies to focus on, and highlighted existing local efforts that align with these strategies and key populations. The community engagement session included representatives from the following organizations:

- Vallejo Alumnae Chapter DST
- Queen of the Valley Medical Center
- Area Agency on Aging
- City of Vallejo Mayor
- Vallejo City Unified School District
- Fighting Back Partnership

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

c. Consultant Used

Harder+Company Community Research: Harder+Company Community Research is a comprehensive social research and planning firm with offices in San Francisco, Sacramento, Los Angeles, and San Diego. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to provide

high quality, culturally-based evaluation, planning, and consulting services. Harder+Company Community Research has deep experience conducting CHNAs throughout California, and worked with several Kaiser Permanente facilities to complete 2016 CHNAs and Implementation Strategies.

Raimi + Associates: Raimi + Associates is a community planning, research, and evaluation firm with offices in Berkeley, Los Angeles, and Riverside. Raimi + Associates’ mission is to provide consulting services that support healthy, equitable, and sustainable communities.

VIII. Health Needs that KFV Vallejo Plans to Address

a. Process and Criteria Used to Select Health Needs

In order to select health needs that KFV Vacaville will address in the 2017-2019 implementation plans, the KFV Vacaville and KFV Vallejo Contribution’s Committee convened for discussion and input. KFV Vallejo selected a smaller number of needs from a broader list of significant health needs identified during the CHNA process in order to maximize the hospital’s ability to focus resources and have meaningful impact. Meeting participants considered the following criteria while making recommendations about which health needs to select:

Criteria	Definition
1. CHNA prioritization	How the health need ranked in the CHNA (takes into account severity, scale & community prioritization).
2. Health disparities/equity	The health need disproportionately impacts the health status of one or more vulnerable population groups.
3. KP expertise	KP can make a meaningful contribution to addressing the need because of its relevant expertise as an integrated health system and because of an organizational commitment to addressing the need.
4. Ability to leverage organizational assets	There is an opportunity to have Regional CB funding be deployed due to alignment with region wide needs as well as opportunity to draw down other assets of the organization (Total Health).
5. Feasibility	Kaiser Permanente has the ability to have an impact given the resources available.
6. Leverage County-wide Funding	There is an opportunity to leverage county-wide funding by supporting county-wide or cross-county projects.
7. Existing or promising approaches	There are effective or promising strategies, preferably evidence-based, that could be applied to address the need.
8. Ability to leverage community assets	There is an opportunity to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or other community assets.

Each meeting participant ranked the health needs on a scale of 1-3 for each criteria presented above. KP expertise, ability to leverage county-wide assets, and feasibility scores were weighted as 2 times the score of other criteria. The final results of this scoring were discussed by participating members, and in subsequent meetings with the Public Affairs Director. Considering the scores and discussion as input, along with the desire to align with other regional KFV hospitals, KFV Vacaville selected the final set of health needs to be addressed by the 2017-19 Implementation Strategies.

b. Health Needs that KFV Vallejo Plans to Address

- 1. Healthy Eating/Active Living:** In the KFV Vallejo service area, an estimated 26.7% of adults are obese,⁴ and 38.4% are overweight.⁵ Among youth, 18.4% are obese and 20.7% are overweight.⁶ Access to affordable healthy food was identified as a concern, particularly in specific areas of Napa County including American Canyon and rural communities. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes.

This health need was recommended for selection by the Contribution's Committee because it received a high score across all selection criteria, most notably *KP expertise, feasibility, ability to leverage organizational assets, and existing or promising practices*. It also aligns directly with Kaiser Permanente regional priorities.

- 2. Access to Care and Coverage:** Ability to utilize and pay for comprehensive, affordable, quality health care is essential in order to maximize the prevention, early intervention, and treatment of health conditions. With the implementation of the ACA, many adults have access to insurance coverage and regular healthcare. However, disparities persist. Premiums for health insurance remain high, and many providers do not accept Medi-Cal or have long waiting lists.

KFV Vallejo has prioritized this health need because it received a high score with respect to *KP expertise*, although it did not receive a high score with respect to some other criteria. Subsequent discussion among the Contribution's Committee members and reflection from KFV Vallejo leadership emphasized the need to leverage organizational assets and align with Kaiser Permanente regional priorities. For these reasons, this health need was ultimately included.

- 3. Behavioral Health:** Behavioral health includes mental health and substance use concerns. Mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or Post-Traumatic Stress Disorder, has profound consequences on health behavior choices and physical health. Mental health was raised as a high concern in the 2016 CHNA. Most notably, KFV Vallejo service area residents have an increased risk of suicide compared to Californians on average. The suicide rate in the service area is 11.8 per 100,000 residents.⁷ Older adults, transition age youth, LGBTQ youth, and Latinos were noted as populations of high concern for mental health issues. Social stigma and the geographic distribution of treatment facilities were considered as barriers to receiving appropriate mental health services.

Substance use, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In the KFV Vallejo service area, substance abuse was identified as a concern in the 2016 CHNA, particularly with respect to alcohol consumption. Among adults, 20.9% of residents report heavy alcohol consumption.⁸ Youth were noted as a high risk population, and data indicates that in the prior 30 days 11.8% of 11th grade students in Napa County reported using cigarettes, 22.8% reported binge drinking, and 24.9% reported using marijuana.⁹

KFV Vallejo has prioritized this health need at the recommendation of the Contribution's Committee, which ranked this health need high with respect to *CHNA prioritization, disparities/equity, KP expertise, feasibility, and the ability to leverage organization assets*.

⁴ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.

⁵ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2011-12.

⁶ California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.

⁷ University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data, 2010-12.

⁸ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse, 2006-12.

⁹ California Healthy Kids Survey, 2011-13.

4. Community and Family Safety: Community and family safety includes violence by community members or law enforcement, as well as domestic violence and abuse. In the KFH Vallejo service area, in recent years, there were 10.2 non-fatal emergency room visits due to domestic violence per 100,000 females (age 10+).¹⁰ The area also experiences a high rate of violent crime, with a 308.5 per 100,000 population assault rate,¹¹ and a 7.1 per 100,000 population homicide rate.¹²

KFH Vallejo has selected this health need as part of the implementation strategy at the recommendation of the Contribution's Committee, which ranked this health need high with respect to *CHNA prioritization, KP expertise, and disparities/equity*. This health need was also strongly emphasized in the data collected during the CHNA process reflecting an important need for the community.

I. KFH Vallejo's Implementation Strategies

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

KFH Vallejo 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 are described below for each selected health need. Strategies in bold are those recommended by the Contributions Committee to direct community benefit support and investments.

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.

¹⁰ California Department of Public Health, EpiCenter Overall Injury Surveillance, 2011-13.

¹¹ Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research, 2010-12.

¹² University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data, 2010-12.

Strategies

Healthy eating strategies

- Increase access to healthy, affordable foods, including fresh produce, and decrease access to unhealthy food.
- Increase access to free, safe drinking water.
- Reduce access to and appeal of sugar sweetened beverages.
- Increase enrollment in and use of federal food programs.

Physical activity strategies

- Increase access to safe parks and public spaces.
- Increase opportunities for active transportation.
- Increase access to physical activity opportunities in the community.
- Increase access to physical activity opportunities in schools, and utilize schools as forums for educational sessions (e.g. convening assemblies).

For example:

- Provide grants for food banks, nutritious cooking classes for youth and healthy eating programs for seniors
- Provide grants for advocacy effort and education about the health risks of sugar-sweetened beverages.
- Provide grants for programs that support physical activity among youth.
- Deploy physicians and clinicians to speak/educate community members on nutrition and physical activity.
- Participate in Live Healthy Napa County (LHNC), a public-private partnership that provides Napa County residents with education and resources to drive health and wellness.
- Support local restaurants and caterers that meet healthy food guidelines.
- Provide Kaiser Permanente's Educational Theater, programming that provides education in schools on health and wellness.

Expected Outcomes

Healthy eating

- Increased consumption of fruits and vegetables.
- Increased consumption of water.
- Decreased consumption of sugar sweetened beverages (SSBs).
- Increased enrollment and participation in federal food programs.

Physical activity

- Increased use of parks and public spaces.
- Increased walking and biking to school and work.
- Increased physical activity.

Access to Health Care Services

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.

Strategies

Access strategies

- Provide high quality medical care to Medi-Cal participants.

- Provide access to comprehensive health care coverage to low-income individuals and families.
- Provide financial assistance to low-income individuals who receive care at KP facilities and cannot afford medical expenses and/or cost sharing.
- Support outreach, enrollment, retention and appropriate utilization of health care coverage programs.
- Increase access to primary and specialty care.

Capacity of health system strategies

- Increase capacity of systems and individuals to adopt population health management, addressing socio-economic, ethnic and cultural needs, as well as barriers like housing and transportation.
- Increase capacity of systems to participate in value-based care.
- Improve navigation to obtain access to appropriate care within the health care system.
- Promote integration of care between primary and specialty care, including behavioral health care.

Social non-medical service strategies

- Increase and systematize access to needed social non-medical services.
- Provide support to increase enrollment in public benefit programs (including federal food programs) among vulnerable and low-income populations.

Workforce strategies

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

For example:

- Provide 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 grants for programs that support children’s enrollment in and use of health insurance coverage.
- Provide grants for programs that support promotores and/or community health workers to help patients navigate the health care system.
- Partner with local community colleges on programs to improve access to training and education for diverse populations underrepresented in the healthcare workforce
- Provide access to KP expertise related to population health management via trainings and consultation
- Provide access to Regional Health Education classes and materials for community partners

Expected Outcomes

Access

- Increased number of low-income patients who receive health care services/coverage provided by KP.
- Increased number of low-income patients that enroll in health care coverage programs.
- Increased use of preventative medical services by low utilizers.

Capacity of healthy systems

- Increased quality of care provided by safety net providers through PHASE protocol.
- Improved capacity of health systems to provide population health management.
- Increased integration of primary and specialty health care services.
- Improved capacity of safety net providers to assuming capitated risk.

Social non-medical services

- Increased referrals and coordination between healthcare providers and social non-medical services.
- Increased enrollment and participation in public benefit programs.

Workforce

- Increased number of people from underrepresented groups enrolling in job training programs.

- Increased number of culturally and linguistically competent and skilled healthcare providers.

Behavioral Health

Long-term Goal

All community members experience social emotional health and wellbeing and have access to high quality behavioral health care services when needed.

Intermediate Goals

- Expand prevention and support services for mild to moderate behavioral health conditions.
- Decrease stigma associated with seeking behavioral health services among vulnerable and diverse populations.
- Develop a diverse, well-trained behavioral health care workforce that provides culturally sensitive behavioral health care.
- Increase access to culturally and linguistically appropriate behavioral health services for vulnerable and low-income populations.

Strategies

Prevention strategies

- Provide screening and identification related to behavioral health needs among low-income, vulnerable and uninsured populations and connect them with the appropriate services or support.
- Support opportunities to prevent and reduce the misuse of drugs and alcohol.
- Provide access to programs, services or environments that evidence suggests improves overall social/emotional wellness.

Destigmatization strategies

- Support opportunities to reduce stigma through education and outreach in school, community and workforce settings.

Workforce strategies

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

Access strategies

- Provide high quality medical care to Medi-Cal participants.
- Promote integration of care between primary and behavioral health care.
- Improve navigation to appropriate care within the health care system and support services in the community.
- Increase the capacity to respond appropriately to individuals and/or communities that have experienced trauma and/or violence.

For example:

- Provide grants for programs that support women seeking support and treatment as a result of domestic violence and sexual abuse.
- Provide grants for programs that support reduction of drug and alcohol use among children and families.
- Provide grants to family resource centers to provide mental health and wellness resources to their clients.
- Provide grants to organizations that provide respite care and case management services
- Partner with the CA Department of Education, Student Mental Health Policy Workgroup

- KP Mental Health Training Program participants rotate through community clinics and other community based organizations to provide behavioral health services

Expected Outcomes

Prevention

- Increase enrollment in programs to improve social/emotional wellness.
- Increase screening for behavioral health needs.
- Increase participation in drug and alcohol prevention programs.

Destigmatization

- Increase help seeking behavior for accessing behavioral health care.

Workforce

- Increase number of culturally and linguistically competent and skilled behavioral healthcare providers.
- Increase number of people from underrepresented groups enrolling in education and job training programs.

Access

- Increase number of low-income patients who receive behavioral health care services.
- Increase integration of primary and behavioral health care services.
- Improve 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

Community safety 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.

Prevention and early intervention strategies

- 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.

Healthy family strategy

- Support programs that prevent and address family violence through reducing risk factors, enhancing protective (resilience) factors and linking to appropriate resources.

Responsive care and service strategies

- 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:

- Provide grants for programs that promote youth training, development, and leadership.
- Provide grants for programs that support artistic development of youth, such as STEAM programs.
- Provide grants for trauma informed care programs.
- Partner with the Children’s Network – Solano Youth Employment Initiative
- Partner with local police department to improve relations between law enforcement and the community
- Provide Kaiser Permanente’s Educational Theater, programming that provides education in schools on health and wellness.

Expected Outcomes

Community safety strategies

- Increase use of parks and public spaces.
- Increase community perception of safety.
- Increase trust between law enforcement and community members.
- Increase community perception that violence is a preventative public health issue.

Prevention and early intervention strategies

- Increase 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 strategy

- Increase participation in prevention programs and support services for those at risk of family violence.

Responsive care and service strategies

- Decrease recidivism.
- Increase organizational capacity to offer quality services to individuals and communities experiencing trauma/violence.
- Increase 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 disproportionately impacted by health disparities. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child

health, women's health, health care delivery, health care disparities, pharmaco-epidemiology, and studies of the impact of changing health care policy and practice.

In addition to our significant Community Benefit investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, and environmental stewardship. We will explore opportunities to align our hiring practices, our purchasing, our building and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities.

II. Evaluation Plans

KFH Vallejo 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 this work 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, KFV Vallejo 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.

III. Health Needs Facility Does Not Intend to Address

KFH Vallejo has unique resources, expertise, and capacity to dedicate to the four chosen health needs. The remaining health needs prioritized in the 2016 CHNA will not be addressed by KFV Vallejo because the facility has chosen to concentrate resources in health need areas where Kaiser Permanente can align with existing local and regional efforts, and maximize the impact of organizational resources. A number of community partners have undertaken initiatives to address the additional health needs as outlined below. While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. KFV Vallejo will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs. The needs that will not be addressed are:

Cancers

Cancers will not be directly addressed by KFV Vallejo through implementation strategies because the Contributions Committee assigned this health need a low score with respect with to *CHNA prioritization, existing county funding, and ability to leverage community assets*. However, KFV Vallejo anticipates indirectly addressing this need through strategies aimed to address Access to Care and Coverage and Healthy Eating/Active Living, as these health needs are interrelated. For example, providing high quality medical care to Medi-Cal participants and supporting outreach, enrollment, retention and appropriate utilization of health care coverage programs will increase access to preventative care and screenings, as well as treatment for individuals with cancer. Because healthy eating and an active lifestyle are directly correlated with a decreased risk of cancer, KFV Vallejo also intends to address cancer prevention by increasing access to healthy, affordable foods, decreasing access to unhealthy food and sugar-sweetened beverages, and increasing opportunities for physical activity in the community and in schools.

Education

While KFV Vallejo did not select this need, we understand that the causes are broad, and the solutions extend beyond specific communities across the region, and state. Progress in educational attainment and education quality requires partnering with non-traditional partners, beyond health care providers. To achieve the greatest impact and maximize use of its resources, KFV Vallejo chose to address other health needs in this implementation plan.

Economic and Housing Security

Economic and Housing Security, defined principally by community residents as deep concerns about housing costs, the need for well-paying jobs, and affordable public transportation, was identified in each of the communities served by Kaiser Foundation Hospitals. Although the Contributions Committee ranked Economic and Housing Security high with respect to criteria such as *disparities/equity* and *CHNA prioritization*, this health need was ranked low with respect to *KP expertise, feasibility, and ability to leverage community assets*. Ultimately, KFV Vacaville did not select this need because our expertise is stronger in other areas and thus we may be better positioned to leverage our resources to affect positive change towards other health needs. However, we understand that the causes of poverty and housing instability are complex, and collaborative partnerships are needed to address this health need. 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.