



2019 Implementation Strategy Report

Kaiser Foundation Hospital: Honolulu

License number: #31-H

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

March 18, 2020



Kaiser Permanente Hawaii Region Community Health IS Report for KFH Honolulu

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I. General information

Contact Person:	Joy Barua, MBA, MA-OC, Senior Director, Community Health, Government and Community Relations
Date of written plan:	December 16, 2019
Date written plan was adopted by authorized governing body:	March 18, 2020
Date written plan was required to be adopted:	May 15, 2020
Authorized governing body that adopted the written plan:	Kaiser Foundation Hospitals Board of Directors' Community Health Committee
Was the written plan adopted by the 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:	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 been dedicated to providing 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:

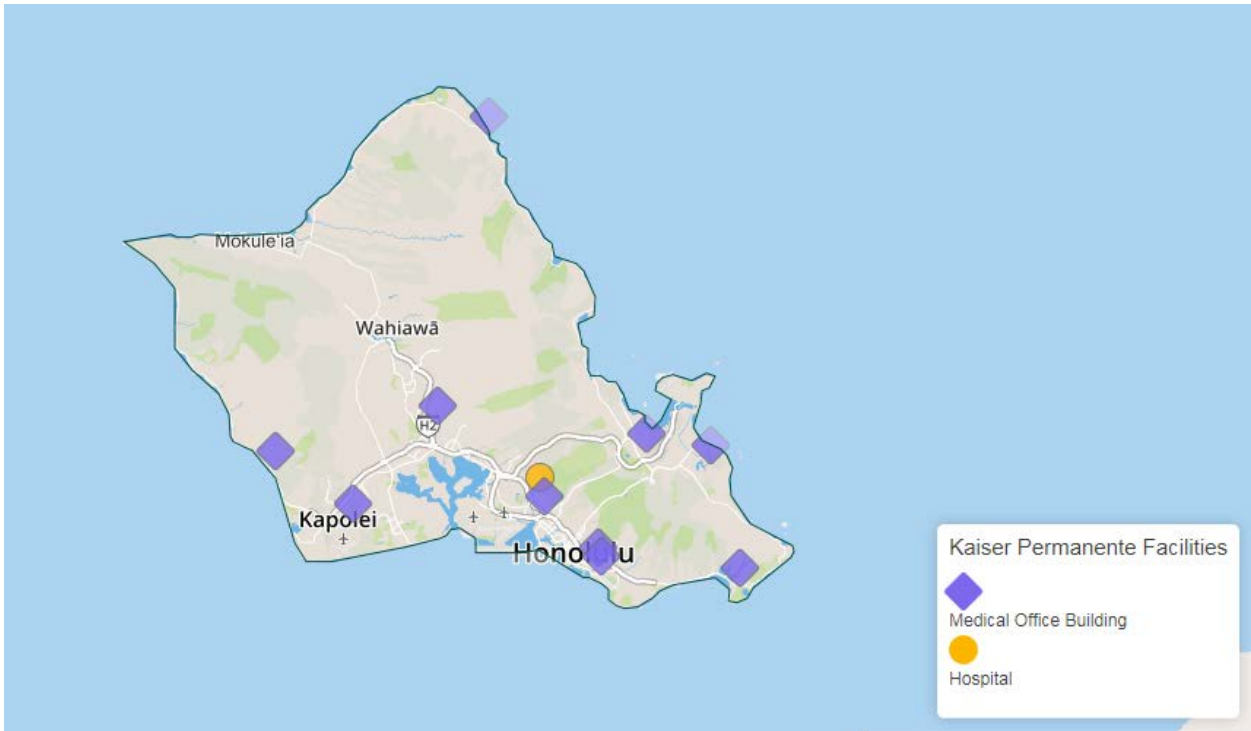
- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community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

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've 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.

IV. Kaiser Foundation Hospitals – Honolulu Service Area/Region

A. Map of facility service area



B. Geographic description of the community served (towns, counties, and/or zip codes)

KFH Honolulu is located at 3288 Moanalua Road Honolulu, HI 96819. Honolulu County is a city-county located in the U.S. State of Hawaii. The City and County include both the urban district of Honolulu (the State’s capital) and the rest of the island of Oahu. The total island area is 600 square miles. Honolulu County has 71 zip codes.

C. Demographic profile of community served

Demographic profile: KFH Honolulu

Race/ethnicity		Socioeconomic data	
Total Population	985,313	Living in poverty (<100% federal poverty level)	9.5%
Race		Children in poverty	12.2%
Asian	42.9%	Unemployment	1.9%
Black	2.4%	Adults with no high school diploma	8.9%
Native American/Alaska Native	0.1%		
Pacific Islander/Native Hawaiian	9.4%		
Some other race	0.9%		
Multiple races	23.2%		
White	21.1%		
Ethnicity			
Hispanic	9.4%		
Non-Hispanic	90.6%		

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 Honolulu's planned response to the needs identified through the 2019 CHNA process. For information about KFH Honolulu's 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

The list below summarizes the health needs identified for the KFH Honolulu service area through the 2019 Community Health Needs Assessment process.

1. Economic security
2. Obesity/HEAL/Diabetes
3. Access to care

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

The implementation strategy development process involved the following Kaiser Permanente stakeholders:

1. Joy Barua, Senior Director, Community Health, Government and Community Relations
2. David Tumilowicz, VP, Public Relations, Communications & Brand Management
3. Frank Richardson, VP & Regional Counsel, Legal, Government Relations, & Community Health
4. Garret Sugai, VP, Health Plan Service & Administration
5. Maria Borje-Bonkowski, Regional Compliance Officer
6. Michael (Mike) Hasselle, Director, Supply Chain Management
7. Dr. Anthea Wang, AMD, Government Programs & Population Health Solutions
8. Dr. Daryl Kurozawa, AMD, Sales & Marketing, Service Delivery Planning, & Community Benefit
9. Richele Thornburg, VP Strategy, Leadership, & Communications

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.

KFH Honolulu engaged community input in the Implementation Strategy through interviews with three representatives from community-based organizations working with the service area's highest need populations (see table below). During interviews, community stakeholders reviewed the KFH Honolulu needs selected to address and provided input on the following:

- The most important interventions/strategies that have the greatest, most sustainable impact on the health needs
- The sub-populations (age, ethnicity, geographic area) in the KFH Honolulu service area most in need of intervention
- Community strengths and assets that exist to address the health needs
- The gaps or challenges that exist in the community that impact the ability to address the needs
- Sectors and/or institutions (i.e. schools, workplaces, CHCs) that should implement interventions to address the needs
- Opportunities for partnership between KFH Honolulu and community-based organizations

Community members provided deeper information about the impact that the selected health needs have on the community. They mentioned that while Hawaii has low rates of un-insurance, access remains a challenge especially for those in Medicaid plans; Medicaid does not offer adult dental benefits, and there is a growing concern that providers are refusing to see Medicaid patients in need of mental health care services. They voiced concern for the impact diabetes has on the Native Hawaiian/Pacific Islander and Filipino populations. In addition, interviewees expressed concern over the issue of homelessness, as well as the increasing cost of living, which impacts the working poor and threatens their ability to remain housed. Interviewees advocated for an approach that focuses on addressing 'upstream' issues through policy/systems/environmental changes; For example, advocating for living wage jobs; implementing evidence-based approaches to health in schools and in community health clinics; and advocating for changes to health insurance coverage to fill existing gaps. They suggested that KP continue to play a strong partnership role in local and statewide coalition as a way to advance this work. The input gained through these interviews may be used to inform how strategies are implemented in the community and/or sub-populations that should be prioritized.

	Data collection method	Name/title
1	Key Informant Interview	Robert Hirokawa , Chief Executive Officer, Hawai'i Primary Care Association
2	Key Informant Interview	Jessica Yamauchi , Executive Director, Hawai'i Public Health Institute
3	Key Informant Interview	Trisha Kajimura , Executive Director, Mental Health America of Hawaii

C. Consultant(s) used

The Implementation Strategy process was led by the Senior Director of Community Health, Government and Community Relations for KP Hawaii, in consultation with the Center for Community Health and Evaluation (CCHE), who conducted the community stakeholder interviews and drafted this report. CCHE, part of Kaiser Permanente Washington Health Research Institute was engaged in the drafting of this report. For over 25 years the CCHE has provided evaluation, assessment, and strategic consulting services to foundations and health organizations to improve community health. CCHE brings experience conducting tailored needs assessments and engaging stakeholders to conduct planning and to prioritize strategies based on data.

VII. Health needs that KFH Honolulu plans to address

A. Process and criteria used

Required criteria:

Before beginning the Implementation Strategy health need prioritization process, KFH Honolulu chose a set of criteria to use in selecting the list of health needs. The required criteria were:

- **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

Participants were instructed that they could also consider the following optional criteria:

- Issue is getting worse over time/not improving
- Community prioritizes the issue over other issues
- Existing attention/resources dedicated to the issue
- Effective and feasible interventions exist

- A successful solution has the potential to solve multiple problems
- Opportunity to intervene at the prevention level
- Specify any other criteria used

B. Health needs that KFH Honolulu plans to address

1. Economic security. Social and economic conditions are strongly associated with health: the higher an individual's income and wealth, the more likely that person is to have better health. Families with lower incomes are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. Education is also a strong predictor of health. While Oahu enjoys the highest median household income and house values of all the Hawaiian Islands, as well as relatively low levels of poverty, there is a sense among its residents of growing inequality, housing issues, and food insecurity. In fact, Oahu has a much higher percentage of the population that are food insecure but not SNAP eligible than any of the other Hawaiian Islands. Nearly half of Oahu residents (46%) have a household income of less than \$75,000, whereas the "average 4-person household survival budget in the City and County of Honolulu" is \$85,200. The largest concerns voiced by community members were the impacts of gentrification, the growing income gap, and the lack of affordable housing created by tourism industry development. Residents expressed concern that the tourism industry's focus on this type of development reduces the availability of affordable housing, which has worsened the houseless situation.

2. Obesity/HEAL/Diabetes. A lifestyle that includes healthy eating and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly and life-threatening health outcomes such as obesity, diabetes, cardiovascular disease, and strokes. In the United States, cardiovascular disease is the leading and strokes are the third leading cause of death. A healthy lifestyle is important for preventing and/or managing the risks associated with these diseases. Compared to the state of Hawaii, Oahu residents lead more sedentary lives and have lower fruit/vegetable consumption. In particular, only 14% of teens report getting the recommended servings of fruit and vegetables per day compared to 22% of American teens overall. Oahu residents also have slightly higher rates of prediabetes and stroke. Issues of food insecurity may impact the ability for families to make healthy food choices. Nearly half (46%) of Oahu's residents are food insecure but live above the 200% Federal Poverty Line (FPL) and thus are not eligible for SNAP benefits. Community members talked about food as a "common connector in peoples' experience of health," but lamented that cooking healthy meals isn't always possible.

3. Access to care. Access to comprehensive, quality health care services—including having insurance, local care options, and a usual source of care—is important for ensuring quality of life for everyone. Only 75% of Oahu residents say they've had a recent primary care visit, so they may be less likely to get routine checkups and screenings. Oahu slightly trails the state in the management of diabetes and hospital readmissions among Medicare patients, and has relatively high rates of stroke hospitalization, which may indicate need for improved management of cardiovascular conditions. In addition, nearly a quarter of residents have not seen a dentist in the past year. Several areas of Oahu have been designated by the Health Resources & Services Administration (HRSA) as medically underserved areas, and primary care professionals have reported a need for greater access to specialty care. A 2017 report also highlighted the growing issue of a shortage of psychiatrists willing to

see patients with public insurance like Medicaid, which further exacerbates access issues for low income residents. Community residents voiced concern over inadequate specialty care, the lack of culturally appropriate services, and the barriers rural residents face in accessing care.

VIII. KFH Honolulu’s Implementation Strategies

A. About Kaiser Permanente’s Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH Honolulu has a long history of working internally with Kaiser Foundation Health Plan, the Hawaii 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 Honolulu 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 Honolulu welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH Honolulu 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, outcomes, strategies, and examples of resources planned are described below for each selected health need.

B. 2019 Implementation Strategies by selected health need

Health need #1: Economic Security

Long term goal	<i>All community members experience improved economic security, including access to employment, education, and housing opportunities, and other factors that influence health.</i>
Intermediate goal(s)	<ul style="list-style-type: none"> ● Increase economic opportunity by how we hire, purchase, invest, build our facilities, and partner with local businesses and communities. ● Increase opportunities for local and diverse hiring and entrepreneurship. ● Increase access to safe, quality affordable housing and support services for populations affected by homelessness and housing displacement. ● Increase opportunities for education, training, and employment for vulnerable and low-income populations.

	<ul style="list-style-type: none"> Strengthen capacity and sustainability of community coalitions and non-profits working to advance equity, economic opportunity, and improved built environments.
Strategies	<p>Economic Opportunity. Support long-term economic vitality of communities through procurement, hiring and workforce development, small business development, impact investing, public policy, and improvements in the built environment.</p> <ul style="list-style-type: none"> Inner City Capital Connections (ICCC): Provide training education and mentorship to small businesses seeking to increase their capacity and access to new sources of funding. Deploy KP assets and support community-based organizations and non-profits that promote capacity building and mentorship for local small businesses. <p>Thrive Local. Participate in Thrive Local or use of similar tools and technology at priority sites, that connects low-income individuals and families to community and government resources, confirms that their needs have been addressed, and incorporates that information into ongoing care plans.</p> <p>Food for Life. Deliver a multi-pronged approach to transform economic, social, and policy environments to improve food security for the communities we serve.</p> <p>CityHealth. Align health policy work with the CityHealth initiative by supporting community-based organizations to advocate for cities, counties, and the state to adopt and implement evidence-based policies to advance health, prosperity, and equity. Policy priorities include earned sick leave, universal pre-kindergarten, and affordable housing/inclusionary zoning, complete streets, alcohol sales control, tobacco 21, smoke-free indoor air, food safety/restaurant inspection rating, and healthy food procurement.</p> <ul style="list-style-type: none"> Collaborate with multi-sector and coalition partners such as the Hawaii Public Health Institute and other advocacy groups to advance policies in alignment with the CityHealth policy agenda. <p>Housing/Homelessness. Support efforts to reduce homelessness and increase housing stability by transforming health care and housing and strengthening systems to reduce/end homelessness, increase affordable housing supply, shape policy, and catalyze innovations.</p> <ul style="list-style-type: none"> Community Solutions' Built for Zero: Support efforts to end chronic and veteran homelessness through data-driven and technology-enabled solutions. Support community-based organizations and non-profits to increase access to affordable housing and complementary support services; provide direct services to homeless individuals and housing insecure families. <p>Workforce. Leverage KP assets to support K-12 and non-profit STEM programs and pre-apprenticeships and apprenticeships to strengthen education and career pathways for under-represented communities and individuals.</p> <ul style="list-style-type: none"> Partner with high schools, local vocational schools, community colleges, workforce investment boards, local hiring halls, or community-based workforce development programs to create pipelines for youth and under-represented communities.
Expected outcomes	<ul style="list-style-type: none"> Healthy social and economic conditions. People in KP communities experience improved economic and educational opportunities, improved family and social support, and other social and economic factors that influence health. Policy Change. Our partners advance a public policy agenda to create conditions that support the health of low-income and underserved individuals and that advance equity.

Health need #2: Obesity/HEAL/Diabetes

Long term goal	<i>All community members eat better and move more as part of daily life.</i>
Intermediate goal(s)	<ul style="list-style-type: none"> • Improve healthy eating among residents in low income, under-resourced communities. • Increase physical activity among residents in low income, under-resourced communities. • Improve prevention, treatment, and management of obesity, diabetes, and/or heart disease.
Strategies	<p>Thrive Local. Participate in Thrive Local or use of similar tools and technology at priority sites, that connects low-income individuals and families to community and government resources, confirms that their needs have been addressed, and incorporates that information into ongoing care plans.</p> <p>Food for Life. Deliver a multi-pronged approach to transform economic, social, and policy environments to improve food security for the communities we serve.</p> <ul style="list-style-type: none"> • Increase access and availability of healthy school meals. • Collaborate with the Department of Education and other partners to enhance enrollment and utilization of federal food programs. <p>CityHealth. Align health policy work with the CityHealth initiative by supporting cities, counties, and the state to adopt and implement evidence-based policies to advance health, prosperity, and equity. Policy priorities related to obesity/HEAL/diabetes include complete streets, food safety/restaurant inspection rating, and healthy food procurement. Support specific policy campaigns to advance health, prosperity and equity for a priority city.</p> <ul style="list-style-type: none"> • Collaborate with multi-sector and coalition partners such as the Hawaii Public Health Institute and other advocacy groups to advance policies to improve and increase access to healthy food and opportunities for physical activity. <p>Thriving Schools. Support KP Thriving Schools HEAL initiatives through grants and partnerships to advance the adoption and implementation of HEAL policies and practices.</p> <ul style="list-style-type: none"> • Deploy the Educational Theater Program to educate the community on healthy eating and physical activity behaviors. • Fund water stations in schools to reduce sugar sweetened beverage consumption in schools and support school wellness policies. <p>Community Vitality. Build spaces that are open to the public, blurring the lines between community and facility, including gardens, picnic & public event areas, outdoor group meeting spaces, farmers markets & educational gardens, exercise & bicycle paths, and children’s play areas, whenever possible.</p> <p>Transportation. Support active transportation policies and practices (e.g., walking trails around facilities, bike-sharing programs, traffic calming measures, and location of transit stops near facilities).</p>

Expected outcomes

- **Healthy Places.** The physical and institutional environments in communities support healthy behaviors and reduce environmental contributors of disease.
- **Healthy Behaviors.** People make health-promoting behavior changes related to healthy eating and active living, and people develop the knowledge, skills, and attitudes that support healthy behaviors related to healthy eating and active living.
- **Policy Change.** Our partners advance a public policy agenda to create conditions that support the health of low-income and underserved individuals and that advance equity.

Health need #3: Access to care

Long term goal	<i>All community members have access to high quality, culturally and linguistically appropriate health care services in coordinated delivery systems.</i>
Intermediate goal(s)	<ul style="list-style-type: none"> • Increase coverage and access to comprehensive, quality health care services for low-income and uninsured populations. • Improve health care services & delivery systems for low-income and uninsured populations. • Increase access to social services for vulnerable and low-income populations. • Equitably increase the number of students who have access to school-based health services, including mental health support.
Strategies	<ul style="list-style-type: none"> • Medicaid. Deploy KP resources to provide high-quality medical care services to Medicaid participants who would otherwise struggle to access care. • Medical Financial Assistance.* Deploy KP resources to provide temporary financial assistance to low-income individuals who receive care at KP facilities and can't afford medical expenses and/or cost sharing. • Thrive Local. Participate in Thrive Local or use of similar tools and technology at priority sites, that connects low-income individuals and families to community and government resources, confirms that their needs have been addressed, and incorporates that information into ongoing care plans. • Housing/Homelessness. Support efforts to reduce homelessness and increase housing stability by transforming health care and housing and strengthening systems to reduce/end homelessness, increase affordable housing supply, shape policy, and catalyze innovations. <ul style="list-style-type: none"> • Community Solutions' Built for Zero: Support efforts to end chronic and veteran homelessness through data-driven and technology-enabled solutions. • Support community-based organizations and non-profits to increase access to affordable housing and complementary support services; provide direct services to homeless individuals and housing insecure families. • Safety Net. Strengthen the capacity and sustainability of safety net organizations that address essential medical and social/non-social needs. • Improved Access. Leverage KP assets to improve access to healthcare for underserved, build capacity of the primary care workforce, and improve appropriate utilization of healthcare services.

	<ul style="list-style-type: none"> • Transportation. Engage community partners to promote safe transportation, encourage active transportation, and address barriers to health access. • School-based Health. Support community-driven efforts to sustain and expand school-based health centers by leveraging KP assets.
Expected outcomes	<ul style="list-style-type: none"> • Increased access. Low-income and underserved individuals in KP communities receive the right care, at the right times, in the right settings. • Improved experience. Low-income and underserved individuals who are served by safety net partners and KP are treated with dignity and have their unique needs met. • Policy change. Safety net partners advance a public policy agenda to create conditions that support the health of low-income and underserved individuals and that advance equity.

C. Our commitment to Community Health

At Kaiser Permanente, our scale and permanence in communities mean 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 also presents the opportunity to reinforce and scale national 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 we implement to address health needs and contribute to community health and well-being:

- **Reduce our negative environmental impacts 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. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations.

- **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.

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 Honolulu 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 Honolulu tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs facility/region name does not intend to address

Based on the prioritization criteria described in section VII A. above, the health needs identified through the CHNA that KFH Honolulu does not plan to address at this time include:

1. Mental health
2. Climate and health

While these health needs are not the focus of this Implementation Strategy, KFH Honolulu may consider investing resources in these areas as appropriate, depending on opportunities for KFH

Honolulu to leverage its assets in partnership with local communities. This report does not encompass a complete inventory of everything KFH Honolulu does to support the health of our communities, including our commitment to environmental stewardship.