



2019 Implementation Strategy Report

Kaiser Foundation Hospital: Manteca

License number: 030000393

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

March 18, 2020

Kaiser Permanente Northern California Region Community Health
IS Report for KFH Manteca Service Area

Contents

- I. General information..... 3
- II. About Kaiser Permanente (KP) 4
- III. About Kaiser Permanente Community Health 4
- IV. Kaiser Foundation Hospitals – KFH Manteca Service Area 5
 - A. Map of KFH Manteca Service Area..... 5
 - B. Geographic description of the community served..... 5
 - Demographic profile of the community served..... 6
- V. Purpose of Implementation Strategy 6
 - List of Community Health Needs Identified in 2019 CHNA Report..... 6
- VI. Who was involved in the Implementation Strategy development..... 7
 - A. Partner organizations..... 7
 - B. Community engagement strategy 7
 - C. Consultant(s) used 9
- VII. Health needs that KFH Manteca plans to address 9
 - A. Process and criteria used 9
 - B. Health needs that KFH Manteca plans to address 10
- VIII. KFH Manteca’s Implementation Strategies 11
 - A. About Kaiser Permanente’s Implementation Strategies 11
 - B. 2019 Implementation Strategies by selected health need 12
 - C. Our commitment to Community Health 15
- IX. Evaluation plans 16
- X. Health needs KFH Manteca does not intend to address 17

I. General information

Contact Person:	Deborah R. Pitts, Public Affairs Director
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.

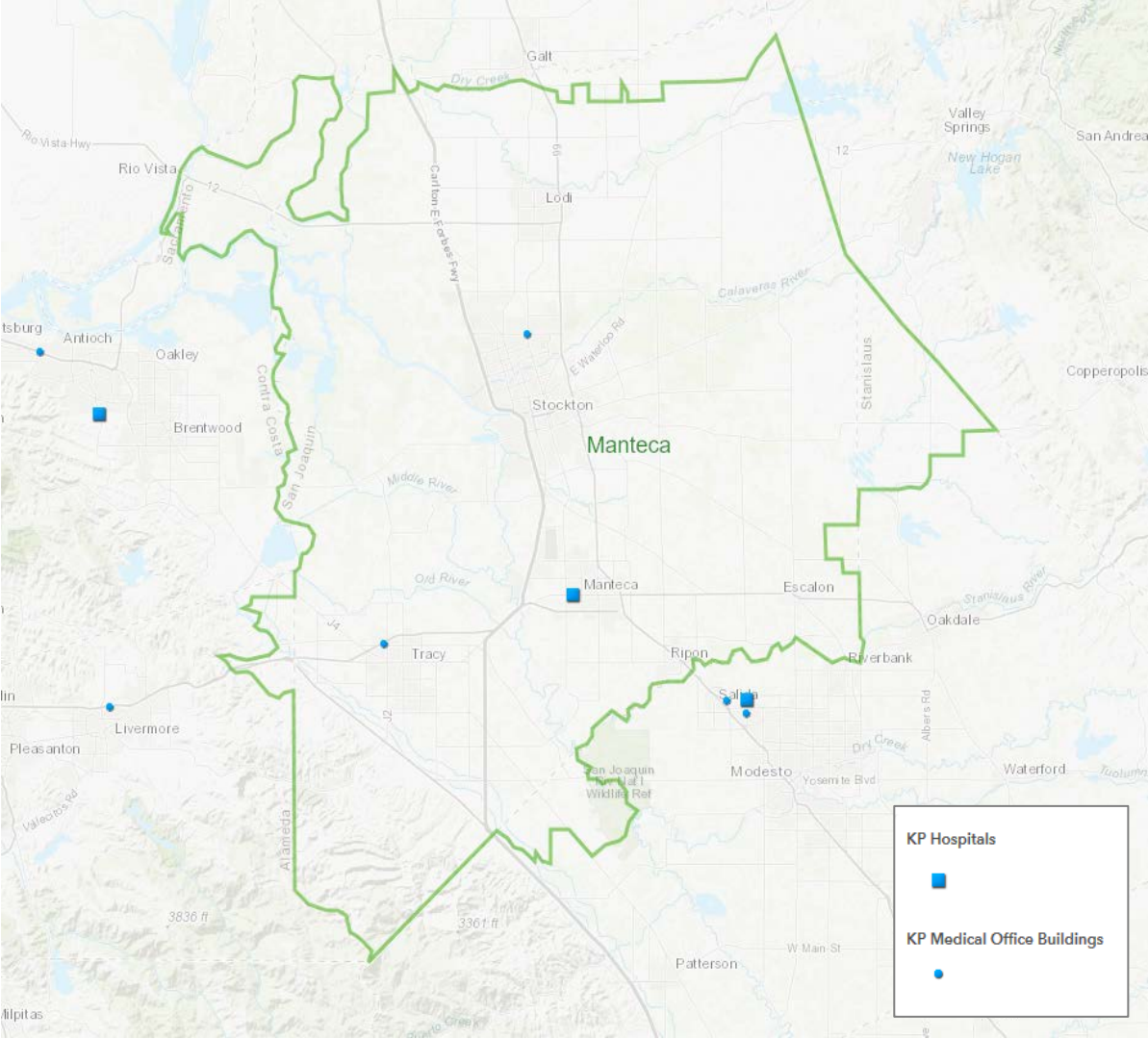
Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician 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 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 – KFH Manteca Service Area

A. Map of KFH Manteca Service Area



B. Geographic description of the community served

KFH Manteca is located at 1777 W. Yosemite Avenue, Manteca, CA 95337 and the service area includes Ceres, Escalon, Farmington, French Camp, Hughson, Lathrop, Lockeford, Lodi, Manteca, Oakdale, Patterson, Ripon, Riverbank, Stockton, Tracy, and Waterford. The service area includes

primarily San Joaquin County, making San Joaquin County a good proxy for data for the KFH Manteca Service Area.

Demographic profile of the community served

Race/ethnicity		Socioeconomic Data	
Total Population	715,653	Living in poverty (<100% federal poverty level)	17.8%
Asian	14.9%	Children in poverty	23.7%
Black	7.0%	Unemployment	6.2%
Hispanic/Latino	40.5%	Uninsured population	11.7%
Native American/Alaska Native	1.1%	Adults with no high school diploma	22.0%
Pacific Islander/Native Hawaiian	0.5%		
Some other race	11.6%		
Multiple races	8.9%		
White	56.4%		

Source: American Community Survey, 2012-2016

V. Purpose of Implementation Strategy

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

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes KFH Manteca's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH Manteca'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 Manteca Service Area through the 2019 Community Health Needs Assessment process.

- Highest Priority
 - Mental Health
 - Economic Security
 - Obesity/Healthy Eating Active Living (HEAL)/Diabetes
- Medium Priority
 - Violence/Injury Prevention
 - Access to Care
 - Substance Abuse/Tobacco
- Lower Priority
 - Asthma
 - Oral Health
 - Climate and Health

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

KFH Manteca worked independently on the development of the hospital's Implementation Strategy.

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 Manteca engaged community input in the Implementation Strategy Plan through a meeting attended by 16 participants representing community organizations, public agencies, education organizations, community clinics and local elected officials. Meeting participants work with and have in depth knowledge of the KFH Manteca Service Area's highest need populations.

At the Implementation Strategy Input meeting, community stakeholders reviewed the needs that KFH Manteca plans to address as well as the initial strategies identified by Kaiser Permanente to address the needs. Facilitated discussion at the meeting elicited stakeholder input on the following:

- The interventions needed to achieve a sustainable impact
- The KFH Manteca Service Area sub-populations (age, ethnicity, geographic area) most in need of intervention
- The organizations and/or public agencies (i.e. school districts, community based organizations, community health clinics) that are essential partners for implementing effective interventions

A robust discussion among the community stakeholders affirmed the priority health needs that KFH Manteca plans to address as well as the intervention strategies identified, and produced recommendations capturing the perspective of the KFH Manteca communities experiencing the greatest health inequities, ensuring that this viewpoint is included in the final Implementation Strategy Plan. Community stakeholders' recommendations included additional strategies to address the selected needs, specific geographic areas or population groups on which to focus interventions, and partner agencies best positioned to lead work to address the selected health needs due to their capacity and/or experience reaching specific populations. Examples of community stakeholder recommendations included in the KFH Manteca Implementation Strategy Plan include:

- Expanding the capacity of community organizations to provide case management services to meet the non-medical social needs of populations experiencing homelessness.
- Supporting community organizations and clinics to provide culturally relevant mental health services to low income families of diverse ethnicities.
- Using mobile units to expand free food distribution to reach rural and migrant food insecure populations.

The KFH Manteca Implementation Strategy Plan was also informed by the San Joaquin County Community Health Improvement Plan (SJC CHIP). The CHIP is a systematic plan to address the health needs emerging from the CHNA process; it serves as a guide for collaborators county-wide to align efforts on agreed upon intervention objectives and strategies. The SJC CHIP was developed through a collaborative effort that engaged thousands of individuals from diverse sectors and perspectives throughout San Joaquin County via meetings and a community resident survey; this input focused the CHIP on one priority health need and a select list of key strategies.

To support and align with the SJC CHIP, KFH Manteca’s Implementation Strategy Plan integrates the CHIP goal, **Increased access to safe parks and public spaces**, under the Physical Activity focus area, and includes the CHIP strategies for park activation and safety: 1) promotion of joint use policies, 2) expanded park programming, 3) subsidized enrollments in park programming, 4) park improvements, and 5) outreach to increase awareness of available parks/programming. KFH Manteca will align investments with other funders supporting CHIP implementation by focusing park support in the high need priority neighborhoods selected by the SJC partners implementing the CHIP.

	Data collection method	Title/name	Number	Notes
Organizations				
1	Meeting	Community Stakeholder Meeting	16	Attendees included: public agency representative (1), community organization representatives (8), community clinic representative (1), education organization representatives (3), local elected officials/representatives (3)
2	Meeting	SJC CHIP Steering Committee	50	Attendees included: SJC CBOs (23), public agencies (10), local elected officials/representatives (3), education organization representatives (4), and health care organizations (10)

	Data collection method	Title/name	Number	Notes
Community Residents				
3	Survey	2019 Community Health Improvement Plan Community Resident Survey	2546	Residents from the County's lowest income and highest need geographies and populations including: neighborhoods in Stockton, Lodi, Manteca; Latinos, African Americans and Asian Pacific Islanders

C. Consultant(s) used

The process was led by the Community Benefit Manager for KFH Manteca and facilitated by Ad Lucem Consulting.

Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation. Ad Lucem Consulting has developed CHNA reports and Implementation Plans for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies. To learn more about Ad Lucem Consulting visit www.adlucemconsulting.com.

VII. Health needs that KFH Manteca plans to address

A. Process and criteria used

Criteria:

Before beginning the Implementation Strategy health need prioritization process, KFH Manteca chose a set of criteria to use in selecting the list of health needs. The 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.
- **Community prioritizes the issue over other issues:** The health need emerged as a priority during the CHNA process.

- **Existing attention/resources dedicated to the issue:** Opportunity to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging opportunities, or other community assets.
- **Effective and feasible interventions exist:** There are effective or promising strategies, preferably evidence-based, that could be applied to address the need.

The health needs prioritized in the CHNA were examined to identify a smaller set of health needs that KFH Manteca would address in its Implementation Strategy. The robust set of criteria listed above were used to determine the health needs on which KFH Manteca could have the greatest impact and to justify the needs that the service area chose not to address.

The criteria were applied to the health needs during a meeting of the Manteca/Modesto Kaiser Foundation Hospitals/Health Plan Leadership Team. At this meeting, 16 Leadership Team participants broke into small groups, reviewed the CHNA prioritized health needs and corresponding data, and assigned points to the health needs based on the criteria above. Leadership Team members applied the criteria based on their experience working and/or living in the KFH Manteca Service Area, knowledge of health assets and deficits in the service area, experience serving community residents, and vision for Kaiser Permanente's role in promoting healthy communities.

A scale of zero to two points was used for criteria external to Kaiser Permanente (high CHNA data score and high priority in the CHNA overall ranking, existing/promising approaches to address the need), with two points assigned to health needs meeting the criteria well, one point for health needs somewhat meeting the criteria, and zero points for health needs not meeting the criteria. Criteria that describe Kaiser Permanente's specific expertise and ability to leverage internal and community assets or resources were scored as follows: four points assigned to health needs meeting the criteria well, two points for health needs somewhat meeting the criteria, and zero points for health needs not meeting the criteria.

B. Health needs that KFH Manteca plans to address

- **Access to Care:** Access to high quality, culturally competent, affordable healthcare and health services is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. In KFH Manteca Service Area, poor access to affordable health insurance and the lack of high-quality providers, including urgent care and mental health, impact access to care. Language and cultural barriers, including limited access to care in languages other than English, were discussed by key informants and focus groups during the CHNA process. Access to care received the third highest points during scoring to select the health needs to address as KFH Manteca can leverage significant organizational assets for this need, particularly their high levels of charitable health coverage and medical financial assistance as well as participation in Medical Managed care.
- **Mental Health:** Mental health and well-being is essential to living a meaningful and productive life. Mental health and well-being provide 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. Community residents and community organization/public agency leaders perceived limited access to

mental health providers (especially for low-income and immigrant populations), stigma around mental health care and a lack of culturally competent services as key factors contributing to poor mental health. Mental Health was identified during the CHNA as one of the highest priority needs and received the fourth highest number of points during the scoring process used to select the health needs to address; KFH Manteca will leverage the momentum and attention building to address mental health within the service area.

- **Economic Security:** Economic security and stability lays the foundation for good health. Having adequate income and financial resources facilitates access to education, healthcare, healthy foods, safe housing, and other necessities and services that are requisite for overall wellbeing. KFH Manteca Service Area benchmarks poorly compared to the state on many economic security indicators and there are a significant number of ethnic/racial disparities within the service area. Homelessness and housing instability, lack of employment, poor recovery post-recession, transportation access and substance abuse are connected with economic security and were mentioned as important issues by key informants and focus groups during the CHNA process. Economic Security was identified during the CHNA as one of the highest priority needs and received the second highest number of points during the scoring process used to select the health needs to address. As one of the service area's larger employers and organizations, Kaiser Permanente has the ability to leverage organizational business practices and workforce development initiatives to address this need.
- **Obesity/HEAL/Diabetes:** A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly and life-threatening health outcomes such as obesity and diabetes. These chronic diseases represent leading causes of death nationwide, and obesity rates and diabetes prevalence are higher in the KFH Manteca Service Area as compared to the California average. Community residents identified their lack of access to safe, appealing parks and opportunities for everyday physical activity as their top priority health need and recognized that food security and access to affordable healthy foods is limited in at-risk priority neighborhoods. Obesity/HEAL/Diabetes received the highest points during the scoring process used to select the health needs to address, in part due to Kaiser Permanente's deep experience, expertise and organizational assets to address this need. In addition, this health need was selected as the focus of the San Joaquin County CHIP.

VIII. KFH Manteca's Implementation Strategies

A. About Kaiser Permanente's Implementation Strategies

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

KFH Manteca 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: 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 goal(s)	<ul style="list-style-type: none"> ● Increase access to comprehensive health care coverage for low income individuals. ● Increase access to subsidized care for those facing financial barriers to health care. ● Increase access to social non-medical services for low income and vulnerable populations. ● Increase access to a diverse, culturally competent health care workforce. ● Improve the capacity of health care systems to provide quality health care services.
Strategies	<ul style="list-style-type: none"> ● Deploy KP resources to provide high-quality medical care to Medi-Cal participants who would otherwise struggle to access care. ● Deploy KP resources to provide access and comprehensive health care to low-income individuals and families without access to public or private health coverage. ● Deploy KP resources to provide financial assistance to low-income individuals who receive care at KP facilities and can't afford medical expenses and/or cost sharing. ● Support screening for social non-medical service needs and connect low-income individuals and families to community and government resources. ● Implement health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers. ● Support development and implementation of programs and policies that improve access to quality health care for low income populations.

Expected outcomes	<ul style="list-style-type: none"> • Low income populations have improved access to comprehensive health care coverage. • Low income/underserved populations access subsidized care to meet health needs. • Low income/vulnerable populations have improved access to social non-medical services. • Health care workforce reflects the cultural diversity of the service area population. • Policies and programs in place that improve the capacity of health care systems to provide quality services to low income populations.
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Health need #2: Mental 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 goal(s)	<ul style="list-style-type: none"> • Increase capacity of organizations and institutions to provide trauma-informed services and programs. • Enhance community supports to mitigate impact of ACEs. • Increase access to behavioral health care services for low-income and vulnerable populations. • Develop a diverse, well trained behavioral health care workforce that provides culturally competent care. • Prevent and reduce misuse of drugs and alcohol.
Strategies	<ul style="list-style-type: none"> • Train school staff on responding to youth experiencing trauma and support schools/districts/SBHCs to infuse resilience strategies into the school day. • Expand screening services, counseling, support groups for students experiencing trauma or with documented ACEs. • Deploy KP resources to provide access to mental health services for Medi-Cal participants and low-income individuals and families without access to public or private health coverage who would otherwise struggle to access mental health care. • Implement the Public Good Projects' Action Minded campaign, a digital community health intervention using education, social engagement and multi-media tools to engage the general public, issue-advocates and community partners, and KP employees as partners in reducing stigma towards mental health conditions. • Provide workforce training programs to train current and future mental health practitioners with the skills and linguistic and cultural competence to meet the health care needs of diverse communities. • Support FQHCs to expand current or initiate new services and programs addressing and preventing use of drugs, tobacco and alcohol. • Advance City Health policies including: control the amount of alcohol sales, raise the legal age for the sale of tobacco products to 21, smoke free indoor air policies
Expected outcomes	<ul style="list-style-type: none"> • Capacity of organizations/institutions to provide trauma-informed services and programs increased.

- Community supports to mitigate impact of ACEs enhanced.
- Behavioral health care services more accessible for low-income and vulnerable populations.
- Systems in place to develop a diverse, well trained behavioral health care workforce that provides culturally competent care.
- Misuse of drugs and alcohol reduced.

Health need #3: Economic Security

Long term goal	All community members are economically secure in order to thrive.
Intermediate goal(s)	<ul style="list-style-type: none"> • Improve economic vitality of local and diverse businesses. • Increase enrollment and participation in public benefit programs. • Improve job readiness for people with barriers to employment. • Increase connections to supportive services for individuals experiencing homelessness. • Increase and enhance transitional housing and shelter availability. • Support exposure to career paths for underserved and underrepresented youth.
Strategies	<ul style="list-style-type: none"> • Provide training, education and mentorship to small, diverse businesses seeking to increase their capacity and access new sources of funding. • Increase baseline spend for local and diverse businesses. • Support outreach and enrollment campaigns to increase CalFresh enrollment for eligible community members. • Support job readiness training for very low income and homeless populations. • Enhance community organization capacity to provide comprehensive and integrated support services, including case management for individuals experiencing homelessness. • Funding to strengthen local homeless system of care through the Housing and Health Initiative. • Implement health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers (KP LAUNCH).
Expected outcomes	<ul style="list-style-type: none"> • Local, diverse businesses have improved economic stability. • Enrollment and participation in public benefit programs increased. • Individuals with employment barriers are better prepared to enter the work force. • Individuals experiencing/at risk for homelessness have increased access to supportive services. • Transitional/temporary housing access improved. • Underserved/underrepresented youth have increased awareness of mental health career paths.

Health need #4: Obesity/HEAL/Diabetes

Long term goal	All community members eat better and move more as part of daily life.
Intermediate goal(s)	<ul style="list-style-type: none"> • Reduce food insecurity among low-income families and individuals. • Improve access to healthy food in schools. • Increase access to safe parks and public spaces. • Increase opportunities for physical activity in schools.
Strategies	<ul style="list-style-type: none"> • Support food distribution organizations to expand amount of food provided as well as locations for distribution. • Support outreach and enrollment campaigns to increase CalFresh enrollment for eligible community members. • Use mobile food distribution to reach rural and migrant communities. • Support fresh produce access at school sites for students and families, complemented by healthy eating/cooking education. • Support high need schools to adopt policies and practices that promote HEAL. • Support park activation in selected neighborhoods to increase park safety and encourage increased use. • Support schools/after school programs to increase student participation in physical activities. • Advance complete streets policies
Expected outcomes	<ul style="list-style-type: none"> • Low-income families and individuals have improved food security. • Schools provide access to fresh produce. • Low income community residents have increased access to and increased utilization of safe, appealing parks. • Expanded opportunities for physical activity during the school day and in after school programs.

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. 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.
- **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 Manteca 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 Manteca tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs KFH Manteca does not intend to address

- **Violence/Injury Prevention:** This need received the lowest number of points during the scoring process to select needs to address; KP leadership perceived that organizational assets to address this need were not as strong as those available for other needs.
- **Substance Abuse/Tobacco:** Substance abuse/tobacco received the second lowest number of points during the scoring process to select the health needs to address. This need will be addressed in part by strategies conducted under Mental Health.
- **Asthma:** This health need was identified as a lower priority during the CHNA, with few focus groups and no key informants identifying asthma as a top health need for the KFH Manteca Service Area.
- **Oral Health:** This health need was identified as a lower priority during the CHNA. KFH Manteca does not offer dental services and does not have oral health expertise in house.
- **Climate and Health:** Climate and health was identified as a lower priority during the CHNA, scoring lowest of all health needs in the CHNA analysis based on secondary data (in terms of severity, disparities) and qualitative data from focus groups and interviews.