



2019 Implementation Strategy Report

Kaiser Foundation Hospital: Fresno

License number: 040000384

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 Fresno Service Area

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I. General information

Contact Person:	Rob S. Veneski, 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.

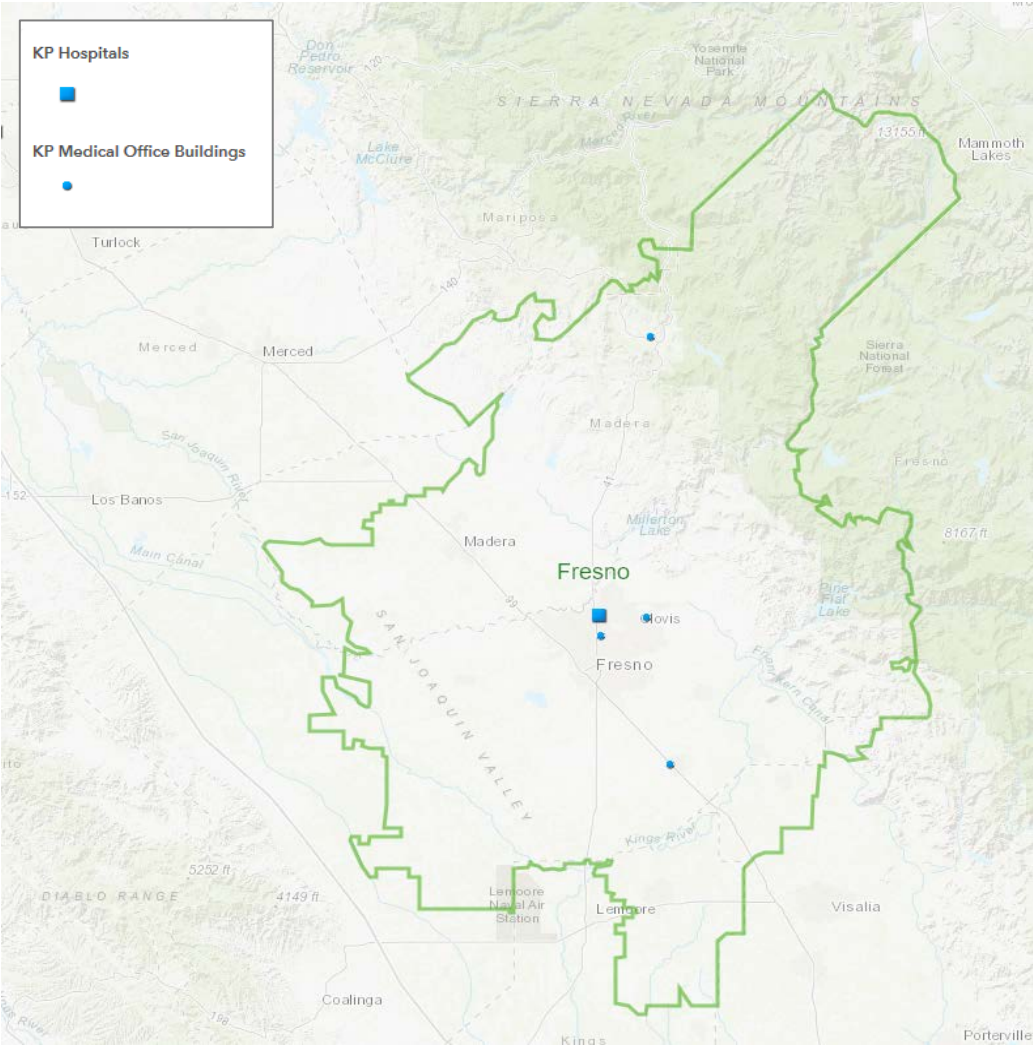
Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician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

A. Map of KFH Fresno Service Area



B. Geographic description of the community served

KFH Fresno is located at 7300 North Fresno Street, Fresno, CA 93720 and its service area includes eastern Fresno County, most of Madera County, northeast Kings County, and northwest Tulare County, including Ahwahnee, Auberry, Bass Lake, Biola, Burrel, Caruthers, Clovis, Coarsegold, Del

Rey, Dinuba, Five Points, Fresno, Fowler, Friant, Hanford, Helm, Kerman, Kingsburg, Laton, Madera, North Fork, Oakhurst, O’Neals, Orange Cove, Parlier, Piedra, Prather, Raisin City, Reedley, Riverdale, San Joaquin, Sanger, Selma, Squaw Valley, Sultana, Tollhouse, Tranquillity, Traver, and Wishon.

C. Demographic profile of the community served

Race/ethnicity		Socioeconomic Data	
Total Population	1,144,573	Living in poverty (<100% federal poverty level)	25.6%
Asian	8.9%	Children in poverty	36.6%
Black	4.7%	Unemployment	7.6%
Hispanic/Latino	52.2%	Uninsured population	13.8%
Native American/Alaska Native	1.1%	Adults with no high school diploma	25.4%
Pacific Islander/Native Hawaiian	0.2%		
Some other race	16.2%		
Multiple races	3.9%		
White	65.2%		

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 Fresno’s planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about KFH Fresno’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 Fresno Service Area through the 2019 Community Health Needs Assessment process.

- Highest Priority
 - Mental Health
 - Economic Security
 - Access to Care
 - Violence/Injury Prevention
- Medium Priority
 - Substance Abuse/Tobacco

- Obesity/Health Eating Active Living (HEAL)/Diabetes
- Climate and Health
- Lower Priority
 - Asthma
 - Oral Health

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

KFH Fresno 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 Fresno engaged community input in the Implementation Strategy Plan through a meeting attended by 15 participants representing community residents, community organizations, public agencies, and local elected officials. Meeting participants work with and/or have in depth knowledge of the KFH Fresno Service Area's highest need populations.

At the Implementation Strategy Input meeting, community stakeholders reviewed the needs that KFH Fresno 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 Fresno 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 Fresno plans to address as well as the intervention strategies identified, and produced recommendations capturing the perspective of the KFH Fresno 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 Fresno Implementation Strategy Plan include:

- Supporting community-based organizations to assist homeless, migrant and immigrant populations with obtaining health care coverage
- Providing wrap around services in community settings to the KFH Fresno Service Area's underserved, lowest-income and immigrant populations
- Supporting CBOs and school districts to provide services (e.g. counseling, support groups) for children, youth and families experiencing ACEs and provide referrals to supportive services

	Data collection method	Title/name	Number	Notes
Organizations				
1	Meeting	Community Stakeholder Meeting	15	Attendees included: Community residents (6), public agency representatives (3), community organization representatives (4), local elected officials/representatives (2)

C. Consultant(s) used

The process was led by the Community Benefit Manager for KFH Fresno 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 Fresno plans to address

A. Process and criteria used

Criteria:

Before beginning the Implementation Strategy health need prioritization process, KFH Fresno 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 Fresno would address in its Implementation Strategy. The robust set of criteria listed above were used to determine the health needs on which KFH Fresno 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 KFH Fresno Leadership Team. At this meeting, 8 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 Fresno 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 Fresno 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 morbidities and increases quality of life, especially for the most vulnerable. In the KFH Fresno Service Area, residents are more likely to be enrolled in Medi-Cal or other public insurance than the state average, which is a factor related to overall rates of poverty. Latino, Native American/Alaskan Native and residents identifying as “other” ethnicities are most likely to be uninsured. When describing issues in accessing care locally, focus groups and interviewees described language barriers, high costs and limited health insurance coverage, limited culturally sensitive services, and a lack of care for seniors. Access to Care received the second highest number of points during scoring to select the health needs to address. KFH Fresno can leverage significant organizational assets for this health need due to its high levels of charitable health coverage and medical financial assistance, participation in Medi-Cal Managed care and long-term experience increasing access to high quality, coordinated, and culturally/linguistically appropriate health care for high need populations.
- **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. The KFH Fresno Service Area residents say they have more days with poor mental health compared to the state and service area non-Hispanic Whites have a higher rate of suicide deaths than other ethnic groups. CHNA Primary data described prejudice and stigma around mental health as barriers to care and noted that children’s trauma in the home contributes to poor mental health. Mental Health was identified during the CHNA as a high priority health need and received the third highest number of points during scoring to select the health needs to address. KFH Fresno can deploy significant organizational assets and leverage a variety of community partnerships/assets to address this need.
- **Economic Security:** 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. Economic security contributes to good health. It facilitates access to healthcare services, healthy eating, and other factors that play a role in overall wellbeing. The KFH Fresno Service Area benchmarks poorly compared to the state on many economic security indicators and there are a number of ethnic/racial disparities within the county. Unemployment in the service area is high relative to the state, as is the number of children living in poverty. Black, Pacific Islander and “other” ethnicity children are among those most impacted by poverty. Homelessness, lack of affordable housing, transportation and a lack of professionals/graduates and jobs were mentioned as important issues by key informants and focus group participants. Economic Security was identified as a high priority during the CHNA and received the fourth highest number of points during scoring to select the health needs to address. KFH Fresno has the ability to draw on strong partnerships with community organizations/groups to address this need, which lays the foundation for good health.

- **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. Obesity rates and diabetes prevalence were higher in the KFH Fresno Service Area as compared to the state average. Physical inactivity and soft drink consumption are higher in the service area, and disparities in obesity are highest among Latinos and Blacks. The lack of access to healthy food and safe places for physical activity were frequently mentioned as barriers in primary data, and overweight and obesity were mentioned as risk factors for chronic diseases. Obesity/HEAL/Diabetes received the highest number of points during scoring to select the health needs to address. KFH Fresno leadership perceives a strong opportunity to make meaningful contributions to reducing obesity and diabetes and increasing health eating and active living based on organizational expertise and experience. KP's long-term commitment to Obesity/HEAL/Diabetes and strong prevention focus are additional assets that will be brought to bear on this health need.

VIII. KFH Fresno's Implementation Strategies

A. About Kaiser Permanente's Implementation Strategies

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

KFH Fresno 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 and non-medical service needs and connect low-income individuals and families to community and government resources. • Provide workforce training programs that develop the skills and linguistic and cultural competence of health care providers to meet the health care needs of diverse communities. • Partner with high schools and colleges, particularly those serving low income communities of color, to expose students to health careers. • Support community based organizations to provide services/supports that facilitate health care access and utilization. • Build the capacity of SBHCs and community coalitions to strengthen population health management/systems of care for improved health outcomes.
Expected outcomes	<ul style="list-style-type: none"> • Low income populations have improved access to comprehensive health care coverage. • Low income/underserved populations have access to subsidized care to meet health needs. • Low income/vulnerable populations have improved access to social non-medical services. • Healthcare 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.

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 and support groups for students and families 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 provide 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 prepare current and future mental health practitioners with the skills and linguistic and cultural competence to meet the health care needs of diverse communities. • Participate in CityHealth Initiative to advance alcohol sales, tobacco sale legal age and 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. • Policies in place to regulate tobacco and alcohol sales and indoor air quality.

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.
Strategies	<ul style="list-style-type: none"> • Provide training, education and mentorship to small, diverse businesses seeking to increase their capacity and access to new sources of funding. • Increase baseline spend for local and diverse businesses. • Support local businesses through training, mentoring, capital improvement projects and local vendor preferences. • Support CalFresh enrollment and recertification, including through direct assistance and outreach campaigns (Food for Life). • Implement health care workforce pipeline programs to introduce diverse, underrepresented school age youth and college students to health careers (KP LAUNCH). • Support community based organizations and systems of care to provide case management for homeless populations. • Strengthen local homeless system of care through the Housing and Health Initiative.
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.

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 variety and amount of food provided, complemented by healthy cooking education. • Support healthy food and water access at school sites. • Support high need schools to adopt policies and practices that promote HEAL. • Support park activation to increase park safety and encourage increased use. • Advance complete streets policies (CityHealth) • Support schools to increase student participation in physical education/physical activities.
Expected outcomes	<ul style="list-style-type: none"> • Low-income families and individuals have improved food security. • Schools provide access to healthy foods and beverages. • Low income community residents have increased access to and increased utilization of safe, appealing parks. • Expanded opportunities for physical activity in schools.

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

X. Health needs KFH Fresno does not intend to address

- **Violence/Injury Prevention:** This health need received the third lowest number of points during the scoring process to select health needs to address. Leadership perceived that KFH Fresno cannot contribute sufficient expertise to have a substantial impact on this need. Violence prevention will be addressed in part under strategies conducted for Mental Health.
- **Substance Abuse/Tobacco:** This health need received the second lowest number of points during the scoring process to select the health needs to address. KFH Fresno leadership saw limited opportunities for leverage community assets to address this need. Substance Abuse/Tobacco will be addressed in part by strategies conducted under Mental Health.
- **Climate and Health:** Climate and Health was identified as a medium priority during the CHNA but received the lowest number of points (along with Asthma and Oral Health) during the scoring process to select the health needs to address. KFH Fresno leadership perceived a limited ability to make an impact on Climate and Health due to limited organizational assets or opportunities to leverage community assets.
- **Asthma:** The overall score for this health need was in the lowest tertile during the CHNA and it received the lowest number of points during the scoring process to select the health needs to address. Asthma will be addressed in part through strategies conducted under Access to Care.
- **Oral Health:** Just ten percent of key informant interviewees/focus group participants discussed Oral Health, indicating this is not a high priority need for the service area, and it received the lowest number of points during the process to select the health needs to address. KFH Fresno does not offer dental services.