



# 2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital- San Francisco  
License #220000188

Approved by KFH Board of Directors  
March 16, 2017

To provide feedback about this Implementation Strategy Report,  
email [chna-communications@kp.org](mailto:chna-communications@kp.org)

**Kaiser Foundation Hospitals  
Community Health Needs Assessment (CHNA)  
Implementation Strategy Report  
2016**

Kaiser Foundation Hospitals – San Francisco  
License #220000188  
2425 Geary Boulevard  
San Francisco, CA 94115-33358

**I. General Information**

Contact Person:	Randy Wittorp, Public Affairs Director
Date of Written Plan:	December 8, 2016
Date Written Plan Was Adopted by Authorized Governing Body:	March 16, 2017
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by Authorized Governing Body On or Before the 15 <sup>th</sup> Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body:	December 4, 2013
Name and EIN of Hospital Organization Operating Hospital Facility:	Kaiser Foundation Hospitals, 94-1105628
Address of Hospital Organization:	One Kaiser Plaza, Oakland, CA 94612

**II. About Kaiser Permanente**

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

**III. About Kaiser Permanente Community Benefit**

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

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

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

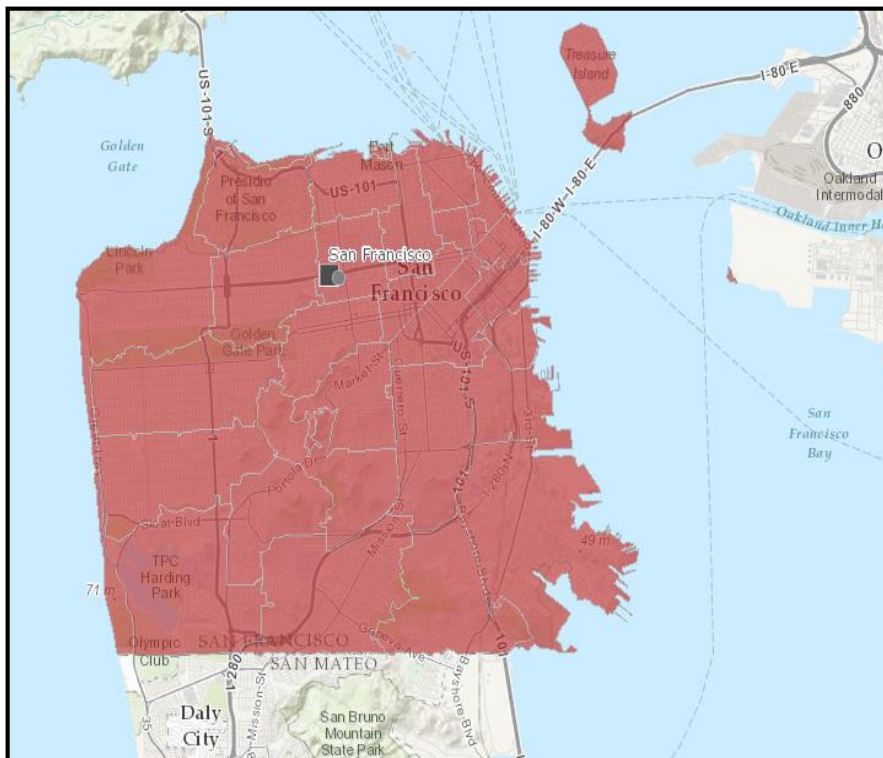
#### IV. Kaiser Foundation Hospitals – San Francisco Service Area

##### A. Kaiser Permanente’s Definition of Community Served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

##### B. Map and Description of Community Served

The community served includes the City and County of San Francisco. The primary focus of KFH San Francisco’s Community Benefit Programs is on the needs of vulnerable populations, which include low-income residents with health disparities and significant barriers to care.



Demographic profile of community served:

KFH San Francisco Demographic Data	
Total Population	829,268
White	49.48%
Black	5.74%
Asian	33.57%
Native American/ Alaskan Native	0.38%
Pacific Islander/ Native Hawaiian	0.43%
Some Other Race	5.98%
Multiple Races	4.43%
Hispanic/Latino	15.26%

KFH San Francisco Socio-economic Data	
Living in Poverty (<200% FPL)	28.25%
Children in Poverty	12.75%
Unemployed	5%
Uninsured	10.01%
No High School Diploma	13.3%

**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 San Francisco’s planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH San Francisco’s 2016 CHNA process and for a copy of the report please visit [www.kp.org/chna](http://www.kp.org/chna).

**VI. List of Community Health Needs Identified in 2016 CHNA Report**

The list below summarizes the health needs identified for the KFH San Francisco service area through the 2016 Community Health Needs Assessment process. Based on extensive data review, the results of 11 community input meetings and two key informant interviews, the San Francisco Health Improvement Partnership (SFHIP) collaborative, which includes many public health experts in its membership, identified health needs, in ranked order based on pre-established criteria:

1. Psychosocial health
2. Healthy eating
3. Safety and crime prevention
4. Access to coordinated, culturally and linguistically appropriate care across the continuum
5. Housing stability
6. Substance abuse
7. Physical activity

**VII. Who was Involved in the Implementation Strategy Development**

**a. Partner Organizations**

KFH San Francisco worked independently on the development of its Implementation Strategy. The hospital’s internal Community Benefit Advisory Committee (CBAC), which represents a broad cross-section of the organization and diverse areas of expertise, provided input. They are active in the grant application review and meet with grantees during the course of the year, which keeps them in touch with local health needs and successful programs. CBAC members include:

- Spanish Module Physician, Chief of Diversity
- Area Community Benefit Manager
- Contributions Operations Specialist
- Manager of Employee & Physician Wellness
- Pediatrician
- Area Compliance Officer
- Physician Chief of Chemical Dependency & Recovery Program
- Gynecological Surgeon
- Area Finance Officer
- Health Education Dietician
- Manager of Electronic Health Record Site Support
- Director of Allergy, Asthma & Chronic Pain Programs
- Hospital Social Worker
- Area Communications Manager
- Allergy Dept. Administrative Specialist
- Geriatric Clinical Nurse Specialist
- Manager of Member Services
- Resident Physician
- Area Community & Government Relations Manager
- Behavioral Health Manager
- Assistant Physician in Chief
- Manager of Cultural & Linguistic Services
- Physician Chief of Allergy & Asthma
- Physician Chief of Oncology

Members are also very active in the community and brought varied perspectives to the Implementation Strategy development.

#### **b. Community Engagement Strategy**

While not required by Federal CHNA regulations, Kaiser Permanente encourages all KFH facilities developing Implementation Strategy plans to elicit community input throughout the plan development process. Voluntary community member and stakeholder engagement in the implementation strategy development process is intended to enable:

- KFH facilities to develop a deeper understanding of community perspective in developing Implementation Strategies, allowing opportunities for increased collaboration, potential impact, and sustainability
- Opportunities to engage community members beyond organizations and leaders with whom facilities may typically collaborate
- Transparency throughout the implementation strategy development process
- Opportunities to inform community leaders about Kaiser Permanente's unique structure and resources to effectively foster meaningful partnerships.

KFH San Francisco engaged over 30 leaders from community-based service organizations that serve low-income residents and address the health needs selected by KFH San Francisco. KFH San Francisco invited community organization leaders to a meeting to provide input on the implementation strategies they felt would have the most positive impact in San Francisco for the health needs selected by KFH San Francisco. Participants were asked to provide input on which strategies would have the most positive impact on residents of San Francisco. The strategies identified as most likely to have a positive impact were:

- **Healthy Eating Active Living:** Increase access to healthy, affordable foods, including fresh produce, and decrease access to unhealthy food.
- **Access to Care and Coverage:** Increase and systematize access to needed social non-medical services.
- **Behavioral Health:** Provide screening and identification related to behavioral health needs among low income, vulnerable and uninsured populations and connect them with the appropriate services or support.

In order to inform the local grant solicitation process, the participants were asked to identify both evidence-based programs as well as barriers to the success of identified strategies. For example:

1. Local grants that support healthy retail and cooking classes may address several identified barriers to healthy eating:
  - Food location and distribution
  - Cultural sensitivity
  - Education
2. Local grants that support provision of screening and early intervention services in schools and community-based organizations address several identified barriers to behavioral health:
  - Cultural sensitivity
  - Availability of community services
3. Local grants that support provision of community-based case management and support services will address several barriers to access to coordinated, culturally and linguistically appropriate care across the continuum:
  - Lack of social, non-medical services
  - Fragmented care/bureaucracy
  - Culturally competent care

The Community Benefit Advisory Committee reviewed the community engagement discussion summary and used the community input to inform its Implementation Strategy. The most significant barriers will be considered when deciding how to focus specific grant application requests.

#### **c. Consultant Used**

Lynn Basket, MBA, has worked with health and social service organizations to increase their impact on the communities they serve since fall of 2012. Clients include Kaiser Permanente, Marin General Hospital, California Tobacco Education and Research Oversight Committee, Hospital Council of Northern and Central California and Monument Impact. Recent projects include community health needs assessments, implementation strategies, master plan facilitation and writing, and project management.

In 2012-2013 she was the consultant for the Kaiser Foundation Hospital - San Rafael community health needs assessment and implementation strategy development process as well as the Kaiser Foundation Hospital - Fresno implementation strategy development process.

Previously, she was the VP/Executive Director of John Muir Health, Community Health Alliance. At John Muir Health Ms. Baskett coordinated the community needs assessments and reporting for California's SB 697 non-profit hospital compliance from 2000-2012 as well as community health program implementation, community partnership facilitation, and government affairs. Prior to working at John Muir Health, Ms. Baskett was a regional vice president for Hospital Council of Northern and Central California, a hospital trade association. Ms. Baskett received her MBA in health care administration from Cornell University, S.C Johnson Graduate School of Management.

### **VIII. Health Needs that KFH San Francisco Plans to Address**

#### **a. Process and Criteria Used to Select Health Needs**

Building on the collaborative work with San Francisco Health Improvement Partnership (SFHIP), the KFH San Francisco Community Benefit Advisory Committee (CBAC) identified the following criteria to select priority health needs to address during 2017-2019. The consultant and Community Benefit Manager ranked the community identified health needs from the CHNA using the first three criteria below and the CBAC ranked the health needs based on the fourth and fifth criteria below.

1. *CHNA Prioritization*: Ranking from the KFH San Francisco CHNA process, which reflects community input on the severity of the need, health disparities, community priority and availability of effective and feasible interventions. Scale of 1-3 (High=3; Medium=2; Low=1)
2. *Ability to Leverage Community Assets*: Opportunity to collaborate with existing community partnerships working to address the need, or to build on current programs, emerging

opportunities, or other community assets. Number of countywide community partner investments/assets based on CHNA listings, grantee experience and SFHIP partnerships. Scale of 1-3 (1=few; 2=some; 3=many)

3. *Existing or Promising Approaches*: There are effective or promising strategies, preferably evidence-based, that could be applied to address the need. Number of evidence-based strategies listed for topics on Healthy People 2020 as of May 2016. Scale of 1-3 (1= 0-23 EBS listed; 2= 24-45 EBS listed; 3= 46 or more EBS listed)
4. *KP Expertise and Ability to Leverage Organizational Assets*: KP can make a meaningful contribution to addressing the need because of its relevant expertise as an integrated health system and because of an organizational commitment to addressing the need. Opportunity to have Regional CB funding deployed due to alignment with region wide needs as well as opportunity to draw down other assets of the organization (Total Health). Ranked by the KFH San Francisco CBAC. Scale of 1-3 (High=3; Medium=2; Low=1)
5. *Feasibility*: KP has the ability to have an impact given the resources available. Ranked by the KFH San Francisco CBAC. Scale of 1-3 (High=3; Medium=2; Low=1)

Based on the combined ranking criteria described above, the health needs were prioritized as follows:

1. Substance Abuse
2. Access to coordinated, culturally and linguistically appropriate care across the continuum
3. Healthy Eating
4. Psychosocial Health
5. Physical Activity
6. Housing Stability
7. Safety and Crime Prevention

The CBAC recognized the interconnection of all the health needs. Consistent with the SFHIP prioritization process, Behavioral Health was used to encompass both Psychosocial Health and Substance Abuse. Healthy Eating and Physical Activity were combined under Health Eating Active Living (HEAL) because of their correlated impact on health outcomes and to build on the deep commitment and expertise of KP through its HEAL initiatives.

KFH San Francisco will address the following health needs:

- 1 Behavioral Health
- 2 Access to coordinated, culturally and linguistically appropriate care across the continuum (Access to Care)
- 3 HEAL

While Housing Stability and Safety and Crime Prevention scored significantly lower than the other health needs, KFH San Francisco recognizes that they are related to Behavioral Health, Physical Activity and Access. As such, these needs will be addressed, in part, through the implementation strategies under the three selected priority health needs.

## **b. Health Needs that KFH San Francisco Plans to Address**

*Behavioral Health includes both Psychosocial Health and Substance Abuse*

*Psychosocial Health*: Psychosocial or mental health and well-being is crucial to supporting, maintaining, and optimizing life quality.<sup>1</sup> A state of mental disorder or stress can adversely impact one's ability to perform across various facets of life: at work, at home, and socially, and also affect the families, caregivers, and communities of those afflicted.<sup>2</sup> Poorer mental health status is associated with greater participation in risky health behaviors (e.g., smoking, low physical activity, insufficient sleep, excessive drinking) that can in turn promote chronic disease.<sup>3</sup> In San Francisco 23.2 percent of residents reported

needing mental health care compared to 16.6 percent of Californians. In addition, 35 percent of African Americans, 29.9 percent of Whites and 27 percent of Latinos reported needing mental health care. During the community conversations, residents expressed concern about complete access to medical care, including dental, and especially mental health services. Participants believed that mental health services could help ameliorate domestic abuse and suicide issues in their communities. Some cultures feel stigma associated with accessing mental health services.

*Substance Abuse:* The effects of substance abuse include poor academic performance, cognitive functioning deficits, unintended pregnancy, HIV and other sexually transmitted diseases, motor vehicle crashes, violence, child abuse, crime, homicide, chronic diseases including liver disease and certain cancers (e.g. colon and rectal, liver, breast cancer, prostate cancer), and mental and behavioral disorders (unipolar depressive disorders, epilepsy, suicide).<sup>4</sup> Alcohol use is associated with 22% of all traffic related fatalities.<sup>25</sup> Cigarette smoking increases risk of heart disease; chronic obstructive pulmonary disease; acute respiratory illness; stroke; and cancers of the lung, larynx, oral cavity, pharynx, pancreas, breast, and cervix.<sup>6,7,8</sup> There is growing concern that electronic cigarettes may cause addiction among non-smokers and reverse decades of work to de-normalize smoking.<sup>9,10</sup> In San Francisco, more than 40% of white, black and Latino students have used marijuana. Binge drinking is highest among White and Latino high school students. Twenty percent of San Francisco callers to the California Smoker's Helpline in 2014 were LGBTQ.<sup>11</sup>

#### *Access to Coordinated, Culturally and Linguistically Appropriate Care Across the Continuum:*

Access to quality health care and services affects physical, social, and mental health status. Health care utilization prevents disease and disability, detects and treats health conditions, maintains quality of life, delays death, and extends life expectancy. Effective, inclusive access to health care and services will also reduce the economic barriers to care and cost to the entire delivery system. In the community conversations held during the CHNA culturally and linguistically appropriate care and services; connection to health care services and a medical home; and integration and coordination of services across the continuum were brought up repeatedly. Community input clearly indicated residents were not uniformly benefiting from the services available through commercial, Covered California subsidized insurance or the Healthy San Francisco access program

#### *Healthy Eating and Active Living*

*Healthy Eating:* Good nutrition provides key building blocks for growth, repair and maintenance of our bodies. Breastfeeding protects against infant illness and death and is associated with improved life-long health outcomes. Good nutrition can alleviate stress, depression, pollution and lack of stamina and sexual vitality. It can prevent and help remedy obesity, acute illness, and the leading causes of preventable hospitalization and early death. Drinking water instead of caloric beverages, such as soda, is recommended as the best way to hydrate without consuming excess calories.<sup>12</sup> In San Francisco:

- 44% of low-income adults report food insecurity.
- 33% of adults report consuming at least one soda each day.
- 10% of high school students drink one or more sodas per day.
- 33% of middle and high school students are overweight or obese; 35% of male high school students and 59% of female high school students report trying to lose weight.

*Physical Activity:* Regular physical activity helps improve overall health and fitness, and reduces risk for many chronic health conditions including obesity, cardiovascular disease, type 2 diabetes and metabolic syndrome and cancer (breast and colon). It also helps with strengthening bones and muscles and improving mental health, mobility and longevity.<sup>13</sup> In San Francisco public schools, one third of middle and high school students are overweight or obese. Latino and African American adults and youth are disproportionately overweight or obese and the youth are less active than other populations and the City as a whole.



## IX. KFH San Francisco's Implementation Strategies

As part of the Kaiser Permanente integrated health system, KFH San Francisco has a long history of working internally with Kaiser Foundation Health Plan, The Permanente Medical Group, and other Kaiser Foundation Hospitals, as well as externally with multiple stakeholders, to identify, develop and implement strategies to address the health needs in the community. These strategies are developed so that they:

- ✓ Are available broadly to the public and serve low-income individuals.
- ✓ Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems.
- ✓ Address federal, state, or local public health priorities
- ✓ Leverage or enhance public health department activities
- ✓ Advance increased general knowledge through education or research that benefits the public
- ✓ Otherwise would *not* become the responsibility of government or another tax-exempt organization

KFH San Francisco 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 San Francisco welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH San Francisco will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs. The goals, outcomes, strategies, and examples of resources planned are described below for each selected health need.

### **Behavioral Health**

#### **Long-term Goal**

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

#### **Intermediate Goals**

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

#### **Strategies**

Prevention strategies:

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

Destigmatization strategies:

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

Workforce strategies:

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

Access strategies:

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

**For example:**

- Provide grants to programs at schools and community-based organizations that identify behavioral health needs and connect individuals to services, including programs to help people avoid and recover from substance abuse; programs that support mindfulness, stress reduction, peer support, and a trauma-informed approach to care; and programs that increase access to and from primary and behavioral health care.
- Partner with the San Francisco Unified School District, the San Francisco Department of Public Health, and the San Francisco Human Services Network to identify persons with behavioral health needs and the best services to address those needs.
- Support depression screening and follow-up as part of population health management initiatives.
- Support the use and adoption of screening tools for risk of exposure to trauma
- Conduct outreach to underrepresented populations to support entering behavioral health professions.
- Support the capacity of clinics, schools and other community-based organizations to provide trauma-informed care.

**Expected Outcomes**

Prevention

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

Destigmatization

- Increase in help seeking behavior for accessing behavioral health care.

Workforce

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

Access

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

Improved access to quality care for youth, families and communities experiencing violence.

**Access to Care**

**Long-term Goal**

All community members have access to high quality, culturally and linguistically appropriate health care services in coordinated delivery systems.

## Intermediate Goals

1. Increase access to comprehensive health care services for low income and vulnerable populations.
2. Improve the capacity of health care systems to provide quality health care services.
3. Increase access to social non-medical services that support health for low income and vulnerable populations.
4. Develop a diverse, well-trained health care workforce that provides culturally sensitive health care.

## Strategies

### Access strategies:

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

### Capacity of health system strategies:

- Increase capacity of systems and individuals to adopt population health management.
- Increase capacity of systems to participate in value-based care.
- Improve navigation to obtain access to appropriate care within the health care system.
- Promote integration of care between primary and specialty care, including behavioral health care.

### Social non-medical service strategies:

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

### Workforce strategies:

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

### For example:

- Provide grants to programs that help low income communities with health disparities prevent and manage cancer and chronic diseases, provide culturally appropriate care navigation and connection to medical homes, and provide community-based case management and support services for homeless and transitionally housed residents.
- Partner with the San Francisco Health Plan to provide comprehensive, subsidized healthcare through the Healthy San Francisco program; with Operation Access and the San Francisco Community Clinic Consortium to increase access to primary and specialty care; and with the new San Francisco Department of Homelessness and Supportive Housing to address the social non-medical needs of these vulnerable residents.
- Participate in Medi-Cal Managed Care and Medi-Cal Fee for Service programs.
- Provide subsidized health care coverage to children (18 & under) in low –income families (up to 300 percent of Federal Poverty Limit (FPL)) who lack access to other sources of coverage.
- Support organizations that provide navigation to free and reduced cost services for specialty care.
- Support pathway programs to increase the diversity of the healthcare workforce by providing mentorship, academic enrichment, leadership development, and career exposure to disadvantaged and minority youth

## Expected Outcomes

### Access

- Increase in the number of low-income patients who receive health care services/coverage.
- Increase in the number of low-income patients that enroll in health care coverage programs.

### Capacity of healthy systems

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

### Social non-medical services

- Increase in referrals and coordination to non-medical social services.
- Increased enrollment and participation in public benefit programs.

### Workforce

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

## Healthy Eating Active Living (HEAL)

### Long-term Goal

All community members eat better and move more as part of daily life in order to prevent and reduce the impact of chronic conditions (e.g. obesity, diabetes, CVD).

### Intermediate Goals

1. Improve healthy eating among residents in low income, under-resourced communities.
2. Increase physical activity among residents in low income, under-resourced communities.

### Strategies

#### Healthy eating strategies:

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

#### Active living strategies:

- Increase access to safe parks and public spaces.
- Increase opportunities for active transportation.
- Increase access to physical activity opportunities in the community.
- Increase access to physical activity opportunities in schools.

#### For example:

- Provide grants to programs that support access to healthy food through home-delivered meals, healthy retail projects, farmers markets, and garden-based education; and to programs that support physical activity in the community and at schools.
- Partner with Shape Up San Francisco and the San Francisco Health Improvement Partnership to develop policies and systems to increase access to healthy food and recreational opportunities to reduce health disparities, and continue to support the work of Healthy Southeast (successor to the Bayview HEAL Zone) and HOPE-SF to transform low income communities to reduce the impact of chronic health conditions.
- Provide KP's Educational Theater, programming that provides education in schools on health and wellness.

- Support local restaurants and caterers that meet healthy food guidelines and support the development.
- Support use of innovative technology to decrease barriers to enrollment in CalFresh.

**Expected Outcomes**

Health eating

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

Physical activity

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

**Additional Community Benefit Priorities**

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

Kaiser Permanente deploys dedicated research expertise to conduct, publish, and disseminate high-quality epidemiological and health services research to improve the health and medical care throughout our communities. Access to reliable data is a significant need of the overall health care system and can also be implemented in service of the identified health needs. Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes in diverse populations disproportionately impacted by health disparities. Research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. They cover a wide range of topics including cardiovascular disease, cancer, diabetes, substance abuse, mental health, maternal and child health, women's health, health care delivery, health care disparities, pharmaco-epidemiology, and studies of the impact of changing health care policy and practice.

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

**X. Evaluation Plans**

KFH San Francisco will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, KFHSan Francisco will require grantees to propose, track and report outcomes, including behavior and health outcomes as appropriate. For example, outcome measures for a strategy that addresses obesity/overweight by increasing access to physical activity and healthy eating options might include number of students walking or biking to school, access to fresh locally grown fruits and vegetables at schools, or number of weekly physical activity minutes.

## XI. Health Needs Facility Does Not Intend to Address

### Housing Stability

Economic Security, defined principally by community residents as deep concerns about housing costs, the need for good paying jobs, and affordable public transportation, was identified in each of the communities served by Kaiser Foundation Hospitals. In San Francisco, the discussion focused on Housing Stability and Homelessness which are driven by housing costs and availability of good paying jobs. While KFH San Francisco did not select this need because of the challenges of addressing a need this large given limited resources, we understand that the causes are broad, and the solutions extend beyond specific communities across the Region, and State. Investments into community infrastructure, and solving the crisis of affordable housing requires many non-traditional partners, beyond health care providers. Kaiser Permanente intends to explore opportunities to support innovative solutions to transition the homeless to stable housing, promote affordable housing, prepare community residents to be successful in seeking jobs and careers, and support effective connections to social services, to address both the causes and impact of economic security.

### Safety and violence prevention

Safety and Violence Prevention was not ranked as highly as the selected needs. In addition, the CBAC recognized that there are other strong community partners who are currently addressing or are better suited to address Safety and Violence Prevention

While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements of the Affordable Care Act and IRS notices, it is not exhaustive of everything we do to enhance the health of our communities. KFH San Francisco will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs. In addition, as KFH San Francisco develops specific implementation strategies and grant criteria, it will acknowledge the connection of housing stability, safety and violence prevention to the selected priority health needs.

## XII. References

1. World Health Organization, Media Centre: Mental Health: Strengthening Our Response—Fact Sheet No. 220. August 2014.
2. World Health Organization, Media Centre: Mental Disorders—Fact Sheet No. 396. October 2014.
3. Centers for Disease Control and Prevention. Mental Health Basics. 2015.  
<http://www.cdc.gov/mentalhealth/basics.htm>
4. US Department of Health & Human Services. Oral Health In America: A Report Of The Surgeon General. US Department of Health & Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health. 2000.
5. Centers for Disease Control and Prevention. Mental Health Basics. 2015.  
<http://www.cdc.gov/mentalhealth/basics.htm>
6. Brickner PW, Scanlan BC, Conanan B et al. Homeless persons and health care. *Annals of Internal Medicine* 1986; 104: 405-409.
7. US Department of Health & Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2004.

8. US Department of Health & Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. US Department of Health & Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health. 2012.
9. Stanwick, R. E-cigarettes: Are We Renormalizing Public Smoking? Reversing Five Decades of Tobacco Control and Revitalizing Nicotine Dependency in Children and Youth in Canada. *Paediatrics and Child Health*. 2015. 20(2):101-105.
10. U.S. Food and Drug Admin. FDA and Public Health Experts Warn About Electronic Cigarettes (July 22, 2009). <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm173222.htm>
11. California Department of Public Health, CDPH – Birth Profiles by ZIP Code. 2011.
12. Centers for Disease Control and Prevention, Water & Nutrition. 2014.  
<http://www.cdc.gov/healthywater/drinking/nutrition>
13. Centers for Disease Control and Prevention, Benefits of Physical Activity. 2015  
<http://www.cdc.gov/basics/pa-health/index.htm>