



2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Health Plan of Georgia

Approved by KFH Board of Directors
March 16, 2017

To provide feedback about this Implementation Strategy Report,
email chna-communications@kp.org

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

Kaiser Foundation Health Plan of Georgia
3495 Piedmont Rd. NE
Atlanta, GA 30305-1736

I. General Information

Contact Person:	Madelyn Adams, Director, Community Benefit
Date of Written Plan:	January 5, 2017
Date Written Plan Was Adopted by Authorized Governing Body:	March 16, 2017
Date Written Plan Was Required to Be Adopted:	May 15, 2017
Authorized Governing Body that Adopted the Written Plan:	Kaiser Foundation Hospital/Health Plan Boards of Directors
Was the Written Plan Adopted by Authorized Governing Body On or Before the 15 th Day of the Fifth Month After the End of the Taxable Year the CHNA was Completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body:	December 4, 2013
Name and EIN of Hospital Organization Operating Hospital Facility:	Kaiser Foundation Hospitals, 94-1105628
Address of Hospital Organization:	One Kaiser Plaza, Oakland, CA 94612

II. About Kaiser Permanente

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

III. About Kaiser Permanente Community Benefit

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

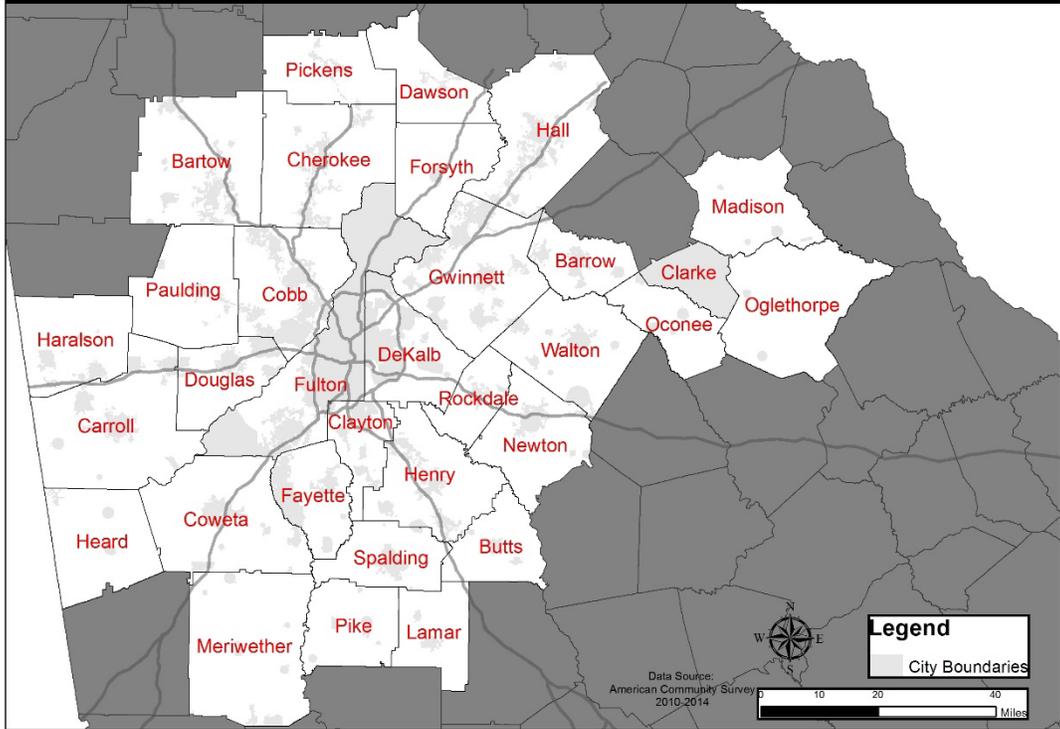
For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted Community Health Needs Assessments (CHNA) to better understand each community's unique needs and resources. The CHNA process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

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

IV. Kaiser Foundation Hospitals – KP Georgia Service Area

The KPGA service region is geographically comprised of 32 counties within an area just under 9,400 square miles. The five counties that make up the metro-Atlanta area—Clayton, Cobb, DeKalb, Fulton, and Gwinnett—are included in the service area and are the most densely populated counties in the state. Much of the service area is dissected by the primary interstate network (i.e. I-75 and I-85 run north to south and I-20 runs east to west). The outer extent of the service region is generally more rural than the core of the region and some communities in the north/northeast sectors are part of the Appalachian foothills. Below is a map of counties within the KPGA service area.

Communities Served by the Kaiser Foundation Health Plan of Georgia, 2016



The population of the KPGA service region is diverse and relatively young; 1 in 4 residents is less than 18 years old. Nearly 6 million people live within the region, approximately one third identify as African American, and there is a growing number of Latino residents. Because counties in the KPGA service region are rather large, there is great variability within each county and many subpopulations are clustered by race and socioeconomic status. Therefore, county-level data—especially in more urban and diverse counties—do not necessarily represent the nuanced picture of health for all county residents.

Kaiser Foundation Health Plan of Georgia Demographic Data	
Total Population	5,805,115
Race	
White	57.4%
Black	31.7%
Asian	5.0%
Native American/ Alaskan Native	0.27%
Pacific Islander/ Native Hawaiian	<0.1%
Some Other Race	3.5%
Multiple Races	2.2%
Ethnicity	
Hispanic/Latino	10.9%

Kaiser Foundation Health Plan of Georgia Socio-Economic Data	
Living in Poverty (<200% FPL)	34.6%
Children in Poverty	21.9%
Unemployed	6.1%
Uninsured	18.9%
No High School Diploma	12.8%

Regionally, a third of the population lives below 200% of the federal poverty level (FPL), with approximately one in five children living in poverty. In densely populated urban and rural communities across the region, these rates are sometimes significantly higher. Since the passage of the Affordable Care Act (ACA), the uninsured rate for the region has remained the same (just under 19%), although in a few counties the rate has increased (i.e., Barrow, Clarke, Coweta, Dawson, DeKalb, Gwinnett, Hall, Haralson, Madison, Meriwether, Paulding, Spalding, and Walton Counties).

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 the Kaiser Foundation Health Plan of Georgia's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information Kaiser Foundation Health Plan of Georgia's 2016 CHNA process and for a copy of the report please visit www.kp.org/chna.

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

The list below summarizes the ten health needs identified for the KPGA service area through the 2016 Community Health Needs Assessment process.

- Obesity/Healthy Eating and Active Living
- Access to Care
- Cardiovascular Conditions
- Educational Attainment
- Cancer
- HIV/AIDS/STIs

- Diabetes
- Poverty
- Mental Health Conditions
- Transportation

VII. Who was Involved in the Implementation Strategy Development

A cross-departmental team of KP Georgia staff and leaders and selected members of various partner organizations were involved in developing this implementation strategy.

Members of the Community Benefit CHNA team led the process, beginning with a two-phase narrowing and prioritization of the ten CHNA Health Needs listed above. During the first phase, the ten community health needs were reviewed and ranked by the KP Georgia Cross-Departmental team. This team was asked to rank needs based on their specific expertise, the potential for population impact, and relative impact on health drivers and outcomes. Members of the KP Georgia Cross-Departmental team included:

- Bett Potazek, Supervisor, Educational Theater Program
- Elizabeth Spinning, Market Strategy, Operations, Charitable Health Care & Coverage
- Emily Kimble, Market Strategy, Charitable Health Care & Coverage
- Gloria Kemp, Grant Manager, Community Benefit
- Jill George, Sr. Consultant, HealthWorks
- Kakia Prasad, Consultant, Government Line of Business
- Karen Jenkins, Director, Marketing & Communications
- Kathryn Harrison, Director, Employee Wellness
- Larry Davis, Performance, Educational Theater Program
- Madelyn Adams, Director, Community Benefit
- Marca Gurule, Research Manager, Regional Research Grants
- Mary Schramm, Sr. Financial Analyst, Finance
- Quintez Gurndy, Manager, Community Health
- Ruth Thompson, Educational Outreach, Educational Theater Program
- Sharon Getties, Program Manager, Public Relations
- Renata Hilson, Manager, Strategy & Evaluation, Community Benefit
- Beverly Thomas, VP, Communication & Public Affairs
- Keisha Williams, Program Specialist, Community Benefit

After the ten needs were ranked, phase two of the prioritization process began. During phase two, a small group of the KPGA Community Benefit team was convened to further prioritize needs. They were instructed to consider current resources, health disparities in the communities served, and current/future programming. This process resulted in a refined list of seven Health Priority Areas categorized into High Priority or Medium Priority buckets. Members of the KP Georgia Community Benefit team involved in the final prioritization process included:

- Madelyn Adams (Director, Community Benefit)
- Quintez Gurndy (Program Manager, Community Health)
- Renata Hilson (Manager, Community Benefit Strategy and Evaluation)
- Gloria Kemp (Manager, Community Benefit Grants)
- Keisha Williams (Specialist, Community Benefit Programs)

a. Partner Organizations

The 2016 Implementation Strategy was reviewed by six partner organizations participating on the Atlanta Regional Collaborative for Health Improvement (ARCHI) Steering Committee. In addition to ARCHI, representatives that reviewed the Implementation Strategy included:

- The Atlanta Regional Commission
- Grady Health System
- Georgia Health Policy Center
- Mercy Care
- United Way of Greater Atlanta

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.

Extensive community engagement occurred throughout the CHNA process preceding the Implementation Strategy. This process included more than 70 in-person interviews and 20 focus groups and listening sessions conducted in various neighborhoods across in the service region. A streamlined community engagement approach was taken during the Implementation Strategy period whereby we engaged healthcare organizations and leaders to provide us with feedback on our plan. The Implementation Strategy was presented during a steering committee meeting for the Atlanta Regional Collaborative for Health Improvement (ARCHI). In this meeting, a total of 12 representatives from 6 organizations provided feedback via an "Implementation Strategy Feedback Documentation" form. This form was designed to allow space for open-ended feedback by Health Priority area. None of the stakeholders recommended a change in our intended strategies; rather, several partners immediately identified connections with their ongoing work and suggested ways to partner and strengthen our approach. Below is a list of partners who provided feedback and a summary of their comments and recommendations by health need.

- Kim Addie (Senior Director, Health, United Way of Greater Atlanta)
- Leigh Alderman (Senior Advisor, Georgia Health Policy Center)
- Tom Andrews (President, Mercy Care)
- Cathie Berger (ARCHI Community Volunteer)
- Mary Blumberg (Manager, Strategic Planning & Development, Atlanta Regional Commission)
- Robyn Bussey (Research Associate, Georgia Health Policy Center)
- Kristi Fuller (Senior Research Associate, Georgia Health Policy Center)
- Kathryn Lawler (Manager, Aging & Health Resources, Atlanta Regional Commission)
- Karen Minyard (Director, Georgia Health Policy Center)
- Shannon Sale (Senior VP, Planning & Business Development, Grady Health System)

- Coleman Tanner (Georgia Health Policy Center)
- Evonne Yancey (Interim Executive Director, ARCHI)

Access to Care:

Partners emphasized the need for an ongoing dialogue around Access to Care via expansion of Medicaid and other programs. They also suggested that we focus on recruiting medical providers in low access areas and that we consider a focus on specific high-need populations such as individuals being released from correctional institutions. In general, partners were positive and excited about our approach to Access to Care—one wrote:

“Love what Kaiser is doing and happy to be a partner!”

Chronic Disease Prevention and Management (Diabetes, Cardiovascular Conditions, and Hypertension):

Because our CHNA was completed in collaboration with other Health Systems, we have the unique opportunity to create and implement a strategy that is mutually beneficial. Our Atlanta Regional Commission partners were most excited to hear about intended collaboration with other health plans to address the issue of diabetes in the service region. They wanted to know how other community organizations would be included and/or if there will be a focus on shared measurement.

Educational Attainment:

Partners expressed general excitement about our Educational Attainment approach, particularly as it is a key social determinant of health.

HIV/AIDS Prevention and Treatment:

Partners suggested that we take a data-informed approach to HIV/AIDS prevention. For example, one respondent suggested using the Health Information Exchange (HIE) to inform planning. A second recommendation suggested that we consider the role of technology (via social media) in our approach to prevention. It is clear that KP Strategies are in alignment with strategies of other health systems in this area and there was a specific request to identify ways in which health systems could share data. Sharing data could potentially improve care coordination for residents with any infectious disease, including HIV and other STIs.

Behavioral Health:

Overall, partners were glad that KPGA sees behavioral/mental health as a health priority and they have requested that we begin to identify ways to share data in this area. Based on feedback, there was a point of clarification to confirm whether KPGA’s broad category of “Behavioral Health” includes substance abuse conditions. Also, two recommendations alluded to a misunderstanding that this specific health need includes Access to Care for behavioral health conditions. These two recommendations were:

- “Consider outsourcing services to the county and to encourage an integration of Behavioral Health into Primary Care”
- “Explore opportunities for state waivers for the continuum of mental health services.”

Based on this feedback, there is a demonstrated need for KPGA to define the Behavioral Health need more clearly when engaging non-KP audiences and to use language that clearly distinguishes it from Access to Care.

General Feedback and Summary of Community Engagement:

A general question about the role of Safety Net Partnerships (SNPs) in the KPGA Implementation Strategy had to do with whether the region plans to engage SNPs in the goal areas where they best fit. Our plan is to utilize a streamlined and strategic grantmaking approach to address various health needs and this is inclusive of our support of Safety Net Organizations. Ultimately, some SNPs may provide support to address one health need while others may target multiple health needs. Inasmuch as a SNP is funded to

address work in these areas, they will be engaged and we will share information on our specific goals and objectives.

The community engagement approach described has given KPGA an opportunity to share the proposed plan with experts in the field of healthcare and health policy. The overwhelmingly positive feedback from partners suggests that we are moving in the right direction overall. However, there were specific recommendations that we plan to further explore. As a result of the Implementation Strategy engagement process, we are beginning to explore opportunities for shared measurement with the Atlanta Regional Commission (specifically in the areas of HIV prevention, Chronic Disease Management, and Behavioral health). Also, we are exploring the feasibility of developing a shared strategy to prevent diabetes with other Health Systems in the region.

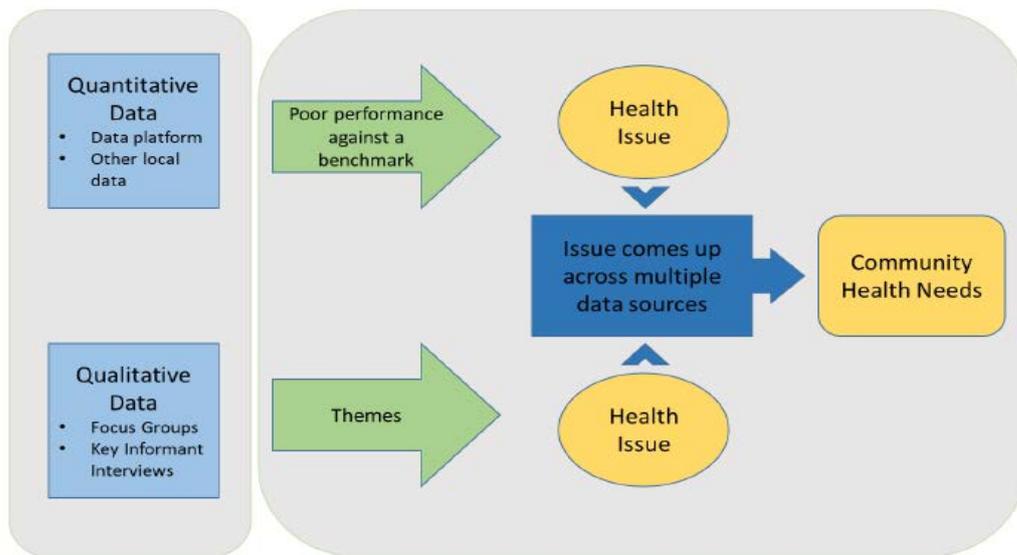
c. Consultant Used

The Georgia Health Policy Center (GHPC) has been engaged in the KPGA Community Health Needs Assessment and Implementation Strategy processes since 2009. Established in 1995, GHPC is housed within Georgia State University's Andrew Young School of Policy Studies and serves to provide evidence-based research, program development and policy guidance locally, statewide, and nationally to improve community health. The external CHNA consultant team is led by Dr. Chris Parker, GHPC Associate Project Director. As a trained physician having worked with underserved communities and faith-based organizations, he brings a wealth of significant clinical and community engagement experiences. Supporting Dr. Parker on this project are GHPC team members who have expertise in: health impact assessments, built environment analysis, health disparities, health system evaluation, obesity, physical activity and nutrition interventions, epidemiology and geographical information systems. The 2016 CHNA was supported by this knowledgeable team, led internally by the KPGA Manager for Strategy and Evaluation, Renata Hilson, and was completed in collaboration with other leading healthcare organizations in the Atlanta area (i.e., Grady Health System, Piedmont Healthcare, and WellStar Health System).

VIII. Health Needs that KP Georgia Plans to Address

a. Process and Criteria Used to Select Health Needs

Prioritization tools were used to rationalize all primary and secondary data and information sources from the CHNA. A list of ten health needs was generated using a simple culling method that focused on the intersection of findings from secondary data and the information from the primary data. As previously mentioned, phase one of the prioritization process included a cross-departmental group of KPGA staff and leaders. This group used predefined criteria and a voting process that valued the ranked feedback from the community to initially prioritize the health needs.



During phase two of the prioritization process, the KPGA Community Benefit (CB) team convened to further refine priorities. First, the KPGA CB team reviewed the ten ranked CHNA needs from phase one. A discussion was facilitated using a prioritization handout found in appendix A. The team was asked to consider the nature of the need, any health disparities that exist, the potential for population impact, available KPGA resources and current work, and potential partnerships that might be strengthened or leveraged to address each need. This second wave of refinement resulted in the final list of seven Health Priority Areas, which were then organized into two categories: high priority and medium priority. High priority needs are those in which most KPGA resources and assets will be invested over the next three years. Medium priority needs include those focus areas where KPGA may invest some resources, but will primarily work on developing and strengthening partnerships.

b. Health Needs that the Kaiser Foundation Health Plan of Georgia Plans to Address

A list of the Health Needs that KPGA plans to address—along with our standard definition of each need and a specific rationale—is provided below:

High Priority Health Needs

Access to Care

Primary and specialty health care helps individuals prevent disease, manage conditions, and learn skills for healthy living. Culturally competent care provided in a medical home can address patients’ health needs and connect them with other resources and supports. Health insurance reforms led to record enrollment and eliminated patient cost-sharing for preventive services, making it more economical to obtain screenings and counseling in some states. In the Georgia region, however, the supply of primary and mental health care providers is not proportionately dispersed around the region. In rural communities, there aren’t enough providers to meet population needs and specialized care may be cost prohibitive due to insurance restrictions. Health insurance status and household income are key factors contributing to Access to Care.

Cardiovascular Conditions

Cardiovascular Conditions include hypertension, stroke, and heart disease. Obstructive heart and vascular diseases, including heart attack, congestive heart failure, and stroke, are a predominant cause of morbidity and mortality in the region. Health disparities exist in this area as obstructive disorders tend to be more prevalent in white individuals and hypertensive disorders are more prevalent for black individuals. Both obstructive and hypertensive conditions have similar contributing factors, including poor diet, lack of physical activity, and tobacco use. Lower income, non-immigrant, older, lower-resourced, low population

density, and geographically isolated areas tend to show higher rates of cardiovascular conditions in general.

Obesity/HEAL

In the region, there is wide variation in access to healthy foods, consumption of healthy foods, and active living. Wealthier areas generally have greater access to food retailers and exercise space and have higher rates of fruit and vegetable consumption and physical activity overall compared to more economically distressed areas. Obesity is closely related to healthy eating and active living. In the CHNA region, obesity is most prevalent in low-income and exurban/rural communities and people of color. Unfortunately, obesity is not well reported, especially in children. However, obesity and childhood obesity are concerns of the communities we serve.

Diabetes

Type II Diabetes is associated with diet quality, physical activity, and other risk factors including genetics and depression. It can lead to severe complications, such as amputations, loss of eyesight, and organ damage or failure. Thus, there are disease management, disability, and mortality implications to the heavy burden of Diabetes in the region. Like other chronic conditions, diabetes tends to trend with economic disadvantage, rural residency, and non-immigrant status.

Educational Attainment

Educational attainment is one of the strongest predictors of life expectancy and lifetime health status. Low levels of educational attainment are associated with poverty, unemployment, lack of insurance, and poor health outcomes. In the CHNA region, there is wide variation in educational attainment and school quality is not equitably distributed. Nearly 13% of the population is without a High School diploma. Increasing educational attainment and related opportunities will ultimately improve the socioeconomic status of residents in the KPGA service region and will positively affect health outcomes.

Medium Priority Health Needs

HIV/AIDS Prevention and Treatment

HIV prevalence varies greatly by county, age, gender, and racial/ethnic identity in the KPGA region. For example, the rate for non-Hispanic Black residents is nearly five times higher than that of non-Hispanic White residents. Also, HIV prevalence in Fulton, Clayton, and DeKalb Counties are among the highest in the nation. While KPGA does not offer direct programming for HIV prevention and treatment, there is continued commitment to developing partnerships and strengthening networks to support prevention and management efforts, particularly in counties where HIV rates are the highest.

Behavioral Health

Mental wellbeing can be affected by biological, social, sensory, and environmental factors. Behavioral health encompasses aspects of mental wellbeing and emphasizes a reduction of health behaviors that might contribute to poor health and mental health outcomes (e.g., substance abuse, disordered eating behaviors, self-harming behaviors, etc.). Behavioral Health is an important domain of health that allows individuals to maintain their physical health and overall productivity. In the CHNA region, mental health needs are one of the leading causes of hospital and ER utilization and self-harm/suicide is a challenge in some communities. KPGA is interested in building upon the current assets and programs in order to improve mental health symptoms in the KPGA service region.

IX. KP Georgia's Implementation Strategies

As part of the Kaiser Permanente integrated health system, the Kaiser Foundation Health Plan of Georgia 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

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

KP Georgia 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.

Access to Care

Long-term Goal

Increase the number of low-income individuals within KP Georgia's service area who receive high-quality, affordable preventive care and screening services, resulting in improved health through early diagnosis and comprehensive treatment of health and behavioral health conditions.

Intermediate Goals and Strategies

➤ **Goal 1:**

Increase access to healthcare coverage, primary care services, and behavioral health services for low-income adults and children living in KP Georgia's service region

Strategies:

- Provide high-quality, coordinated care to pediatric Medicaid population who would not otherwise have access
- Provide high-quality, coordinated care to low-income adult population through charitable health program
- Reduce the financial burden of healthcare services by providing financial assistance to low-income individuals who receive care at KPGA facilities and can't afford medical costs

➤ **Goal 2:**

Enhance the capacity of KP Facilities, Safety Net partners, and local organizations to provide high-quality, affordable care to low income populations and to meet their non-medical needs

Strategies:

- Provide grants to safety net clinics and community-based organizations that seek to ensure access to care and services for low-income residents
- Partner with public health and local organizations to engage communities and create community-centered solutions to screen for and address non-medical needs among low-income residents

Expected Outcomes

- Increased number of low-income adults and children have access to primary care and behavioral health services through a variety of programs and coverage options
- Fewer families experience financial strain due to medical expenses
- Increased number of safety net partners reporting increased availability of healthcare services
- Improved access to care and screening services among high-need populations
- Increased identification and coordination of care for individuals in need of non-medical support

Cardiovascular Conditions

Long-term Goal

Decrease morbidity and mortality from heart attack and stroke in the KPGA service area through programming and early screening and intervention

Intermediate Goals and Strategies

- **Goal 1:**
Increase the percentage of adults with normal blood pressure and cholesterol through health education and access to early screening and intervention

Strategies:

- Increase access to education on hypertension control, stroke prevention, and cholesterol management among at-risk residents
- Provide grants and technical assistance to community organizations to increase health education and public awareness of hypertension, stroke, and high cholesterol risk factors, control, and management
- Provide point-of-care testing, on-site health education, and referral services to low-income individuals in the KPGA service area
- Leverage existing KP assets and programs to ensure access to preventive and cardiovascular specialty services for low-income residents

Expected Outcomes

- Residents know how to prevent cardiovascular conditions and are more aware of their risks for negative health outcomes due to high blood pressure and cholesterol
- Community organizations report increased capacity for providing services for those at risk for cardiovascular conditions
- Individual residents are more aware of their health status and have greater capacity to identify a medical home and receive treatment
- Reduction in financial barriers to seeking specialty cardiovascular services among low-income recipients of KP programs (e.g., Charitable Health Care and Medical Financial Assistance)

Obesity/HEAL

Long-term Goal

Reduced percentage of adults and children in the KPGA service area who are obese through the promotion and support of Healthy Eating and Active Living programs and activities.

Intermediate Goals and Strategies

- **Goal 1:**
Increase physical activity and access to and consumption of fresh fruits and vegetables among low-income adults and children in the KPGA service area

Strategies:

- Provide grants to support local healthy eating active living initiatives for youth and adults
- Fund collaboratives and organizations to implement policies and programs to improve healthy eating and active living in the school environment and throughout the school day
- Convene and collaborate with key stakeholders (e.g., YMCA, United Way, Open Hand, Atlanta Community Food Bank, etc.) to facilitate the development of policies and programs that provide social supports and promote behavior change
- Implement and encourage food security screenings to identify individuals in need of supportive food services and to link them with appropriate resources
- Support schools and organizations that provide healthy supplemental meals and snacks during weekends and school breaks for low-income, food insecure children
- Provide grants that support urban policy and environmental redesign of communities to increase access to safe spaces for physical activity
- Engage KP Assets (e.g., the Educational Theater Program) to assist in the development and implementation of Healthy Eating and Active Living productions and programs
- Leverage in-kind resources—such as employee volunteers—to support healthy eating active living initiatives in communities

Expected Outcomes

- Children and adults have a better understanding of what is required to live healthy lives
- Schools have increased capacity to support healthy eating and active living through programming, community gardens, and partnerships with local organizations
- Organizations support schools, and low-income food-insecure children, by providing healthy supplemental meals and snacks during weekends and school breaks
- Children and adults have access to safe environments in which to exercise
- KP employees are engaged in the communities we serve

Diabetes

Long-term Goal

Reduce the percentage of adults in the KPGA service region living with diabetes through programming and access to screening and intervention.

Intermediate Goals and Strategies

- **Goal 1:**
Increase the percentage of adults achieving glycemic control

Strategies:

- Increase access to education on diabetes prevention among at-risk residents
- Provide grants and technical assistance to community organizations to increase health education and public awareness of diabetes prevention and management
- Provide point-of-care testing, on-site health education, and referral services to low-income individuals in the KPGA service area
- Leverage existing KP assets and programs to ensure access to preventive and endocrine specialty services for low-income residents
- Explore opportunities for collaboration with other healthcare partners to decrease the burden of diabetes and its effects in low-income populations

Expected Outcomes

- Residents know how to prevent diabetes and are more aware of their risks for negative health outcomes due to uncontrolled high blood sugar

- Community organizations report increased capacity for providing services for those at risk for diabetes and related complications
- Individual residents are more aware of their health status and have greater capacity to identify a medical home and receive treatment
- Reduction in financial barriers to seeking specialty endocrine specialty services among low-income recipients of KP programs (e.g., Charitable Health Care and Medical Financial Assistance)

Educational Attainment

Long-term Goal

Individuals in KP communities have greater potential for economic security due to increased educational attainment across various life stages

Intermediate Goals and Strategies

- **Goal 1:**
Improve readiness for next-level education among children and youth in the region

Strategies:

- Leverage pediatric resources and support Kaiser Permanente organizations infrastructure to implement the Reach Out and Read program
- Provide grants and other financial support to implement evidence- based interventions that improve school readiness by age five and achievement of state standards in reading among youth
- Foster partnerships with organizations that seek to provide access to mentorship and guidance on post-secondary education preparation, application, and enrollment for low-income youth

- **Goal 2:**
Decrease financial barriers for educational attainment in the region

Strategies:

- Provide grants and other financial support to reduce the financial burden of quality early childhood education on families
- Provide grants and supports to local post-secondary institutions for students who are at risk of graduating on time for financial reasons

Expected Outcomes

- Increased access to and effectiveness of early childhood learning programs, demonstrated by the increase in number of youth who are prepared for kindergarten
- Increased number of youth in elementary and middle school who are reading on or above grade level
- Increased availability of mentoring, job training, and other programs/services for youth and low-income individuals
- Increased high school graduation rate in targeted schools
- Increased number of students pursuing, enrolling in, and completing post-secondary education

HIV/AIDS Prevention and Treatment

Long-term Goal

Reduce the burden of HIV/AIDS in high-need KP communities through increased awareness, health education, and support of the safety net, which provides affordable access to high-quality HIV/AIDS screening, prevention, and treatment services.

Intermediate Goals

➤ **Goal 1:**

Increase capacity of safety net clinics to provide high-quality services to prevent the spread of HIV/AIDS and supports to individuals living with HIV/AIDS

Strategies:

- Provide grants to support safety net partners offering screening services in the community
- Leverage existing KP assets and programs (e.g., Charitable Health Coverage) to ensure access to screening and health education around HIV/AIDS

➤ **Goal 2:**

Increase awareness about HIV/AIDS prevention in the region, focusing on youth in communities with the highest burden

Strategies:

- Engage the Educational Theater Program—and other appropriate internal KP resources and classes—to assist in the development and implementation of HIV/AIDS prevention productions and programs
- Leverage existing KP assets and programs (e.g., Charitable Health Coverage, Medicaid) to ensure access to screening and health education around HIV/AIDS
- Provide grants to support organizations seeking to prevent HIV/AIDS in high-risk populations

Expected Outcomes

- Support organizations have increased capacity to provide screening services, referrals, and treatment for HIV/AIDS
- Communities are more knowledgeable about HIV/AIDS prevention, their unique risk factors, and resources for screening

Behavioral Health

Long-term Goal

Improve mental and behavioral health for youth and adults in the region through access to programs and services and decreased stigma around mental and behavioral health issues.

Foster and strengthen a culture that appreciates behavioral health as a component of overall health within KP, thereby Improve mental and behavioral health for youth and adults in the region through financial support and nurturing of a culture of embracing

Intermediate Goals

➤ **Goal 1:**

Increase resources targeted toward prevention, screening, and treatment of mental health and substance use problems in the KPGA region

Strategies:

- Support school-based health centers and other programs to improve school climate and increase access to mental/behavioral health services for youth
- Engage the Educational Theater Program to promote wellness and resiliency programming among low-income youth in underperforming schools
- Promote the role of school-based programs and health centers as essential to improving social and emotional health among students

- Mobilize resources toward crisis services and long-term social support, including housing, for individuals with behavioral health issues

Expected Outcomes

- Increased access to mental and behavioral health services, including supportive housing, for youth and low-income individuals
- Reduction in financial barriers to accessing mental health services
- Increased awareness about mental wellbeing and local services and resources
- Improved school environments to support mental and behavioral wellbeing for students, teachers, and staff

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.

Our Commitment to Total Health

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. The following strategies are illustrations of the types of organizational business practices we currently implement, or those under consideration for implementation, to address priority health needs and contribute to total health and wellbeing in the communities we serve:

Implement green business practices to address climate and health by purchasing clean wind and solar energy, supporting procurement of services and supplies from local vendors, donating excess medical supplies to community clinics (when appropriate), purchasing safe chemicals for cleaning, securing vendors that limit packaging materials and/or use recyclable materials in packing and shipping, and leveraging KP influence to increase demand (and therefore supply) of healthier products and practices.

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.

Contribute toward supplier diversity in the community to address economic security 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/service providers; working with community-based workforce development programs to support a pipeline for diverse suppliers/service providers; and building the capacity of local small businesses that can through training on business fundamentals (core competencies, finance, business plans, human resources, marketing, gaining access to equity/debt financing, etc.)

Diversify our workforce and make it easier for qualified individuals to enjoy employment at Kaiser Permanente. By reviewing and refining our hiring practices and policies (including—but not limited to—published minimum qualifications, recruiting methods, and diversity in advertising available positions), we hope to further diversify our workforce and employ locally. We will work with Human Resources to ensure quality and equity in our hiring process.

X. Evaluation Plans

KP Georgia 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, KP Georgia 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

Lower tier priorities identified through the implementation planning process (i.e., cancer, poverty, and transportation), while important, did not rise to the top of the needs to be addressed due to the already focused efforts of other state and local nonprofit agencies and organizations. For cancer, poverty, and transportation, state agencies and other coalitions and non-profit organizations are diligently working to address these concerns. KPGA must target the resources they steward in the areas where they can make an impact across the various populations they serve.

Cancer

Cancer is a concern for several of the counties served by Kaiser Permanente. However, there are institutions and organizations working to move the needle on cancer health outcomes and policies. The Georgia Comprehensive Cancer Control Consortium is working to address cancer rates in the state and they continue to exceed targets. Approximately 1,250 men and women in the 32-county area are impacted by breast, cervical, colon, lung and prostate cancers annually.

Poverty

Poverty has an overarching impact on health and health needs. While poverty is heavily concentrated in several areas across the KPGA service region, the issue is multifaceted and greater than resources allow any one health provider to move the needle on. It is important to note that KPGA is implementing a strategy to improve educational attainment across the KPGA service region. It is our hope that this strategy will ultimately impact poverty, among other outcomes, in the hardest-hit areas.

Transportation

Transportation needs identified in the CHNA were broadly focused on meeting day-to-day needs, such as getting to and from employment opportunities, grocery shopping, etc. These transportation needs are outside of the scope of KPGA services and partnerships.

APPENDIX A: Implementation Planning Prioritization Tool

**Grady Health System
Developing Action Areas for Implementation Strategies**

FOCUS AREA	HEALTH NEED				CRITERIA				ACTION AREA (Y/N)	
	Rank	Condition	KP Region	State	US	Disparities	Est. Pop. Impact	KP has key expertise in the area		Potential to address issue with other entities and/or organizations
Obesity/ Healthy Eating and Active Living		Obesity (P)	26.90%	28.70%	27.10%	AA and Hisp	1,119,070			
		Overweight	34.60%	35.10%	35.80%	AA and Hisp	1,168,884			
		Food Desert Population	36.51%	31.49%	23.61%		2,082,059			
Access to care		Uninsured	18.86%	19.0%	14.9%		1,077,922			
		PCP Rates	66.1	63.6	74.5		--			
		FQHC Rate	5.47	1.53	1.92		--			
Cardiovascular conditions		Heart Disease (P)	3.90%	4.40%	4.40%		136,008			
		Mortality - Ischemic Heart Disease	67.5	85.9	109.5	W	3,863			
		Mortality - Stroke	39.9	43.7	37.9	AA	2,284			
Educational Attainment		HS Educational Non-Attainment (P)	12.66%	15.26%	13.98%		465,708			
Cancer		Prostate Cancer (I)	159.5	150.1	131.7	AA	367			

Updated 12/16/2016

FOCUS AREA	HEALTH NEED				CRITERIA				ACTION AREA (Y/N)	
	Rank	Condition	KP Region	State	US	Disparities	Est. Pop. Impact	KP has key expertise in the area		Potential to address issue with other entities and/or organizations
		Breast Cancer	128.5	123.5	123.0	W	367			
		Mortality - Cancer	161.4	171.3	168.9	W, AA,	--			
HIV/AIDS/STD		STD/HIV (P)	499.8	481.8	353.2	AA, Fulton, Clayton	22,845			
		STD - Chlamydia	488.8	534	456.7		27,968			
Diabetes		Diabetes(P)	9.9%	10.5%	9.11%		410,718			
Poverty		Poverty – 100%	15.81%	18.2%	15.4%		888,413			
		Poverty – 200%	34.44%	38.73%	34.23%		1,935,290			
		Unemployed	6.1%	6.4%	5.6%		182,113			
Mental Health Conditions		Mental Health ER Rate		902.9	789		--			
		Mortality – Suicide	11.2	12.0		W	641			
Transportation		Households with No Vehicle	--	6.75%	9.07%		--			

P= Prevalence; D = Discharge; I = Incidence/new cases; HS = High School

Unless otherwise stated numbers are either % or per 100,000 pop.

Updated 12/16/2016