



2016 Implementation Strategy Report for Community Health Needs

Kaiser Foundation Hospital Manteca and Modesto
License #030000393

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 Hospitals (KFH) – Manteca

License #030000393
1777 W. Yosemite Avenue
Manteca, CA 95337

I. General Information

Contact Person:	Deborah R. Pitts, Public Affairs Director
Date of Written Plan:	December 16, 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 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

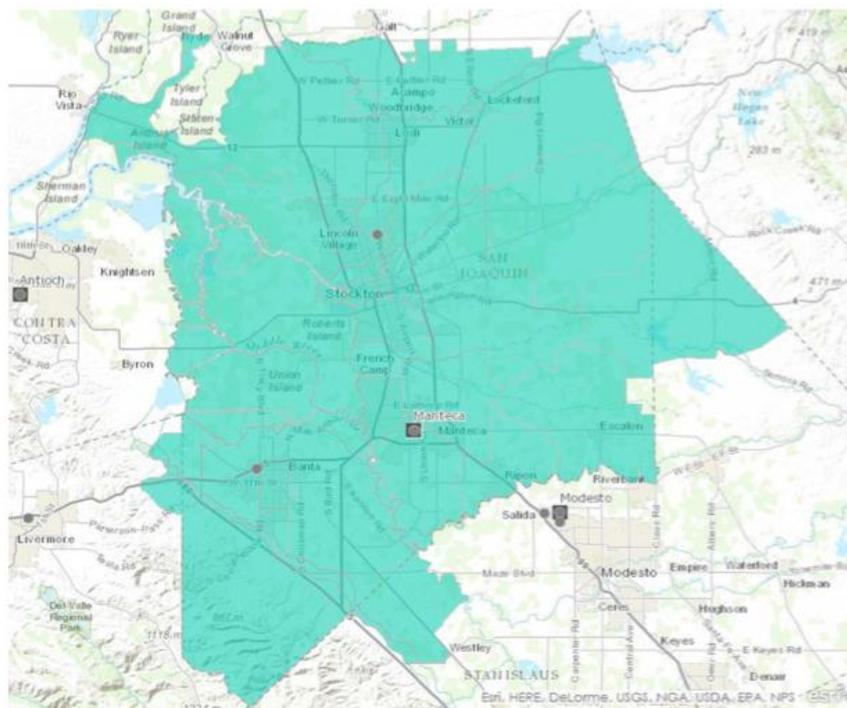
We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor's office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate 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 – Manteca Service Area

The KFH Manteca service area covers a large portion of San Joaquin County and includes the cities of Escalon, Farmington, French Camp, Lathrop, Lockeford, Lodi, Manteca, Patterson, Ripon, Stockton, and Tracy.



KFH Manteca Demographic Data	
Total Population	701,631
White	57.86%
Black	7.19%
Asian	14.61%
Native American/ Alaskan Native	0.86%
Pacific Islander/ Native Hawaiian	0.57%
Some Other Race	11.47%
Multiple Races	7.45%
Hispanic/Latino	39.73%

KFH Manteca Socio-economic Data	
Living in Poverty (<200% FPL)	42.18%
Children in Poverty	26.39%
Unemployed	12.4%
Uninsured	16.11%
No High School Diploma	22.3%

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 Manteca's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH Manteca'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 health needs identified for the KFH Manteca service area through the 2016 Community Health Needs Assessment process.

- Obesity and diabetes
- Education
- Youth growth and development
- Economic security
- Violence and injury
- Substance use
- Access to housing
- Access to medical care
- Mental health
- Oral health
- Asthma/air quality

VII. Who was Involved in the Implementation Strategy Development

a. Partner Organizations

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

b. Community Engagement Strategy

While not required by Federal CHNA regulations, Kaiser Permanente 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 Manteca engaged community input in the Implementation Strategy through meeting with representatives from local government and community-based organizations working with the service area's highest need populations. Community stakeholders participating in the Implementation Strategy planning meeting included:

- Associate Director, San Joaquin County Public Health
- Executive Director, St. Mary's Dining Room
- Chief Operating Officer, Give Every Child A Chance
- Fund Development, Boys & Girls Club of Tracy
- Health Education Director, Community Medical Centers, Inc.
- Program Manager Grant Development, San Joaquin County Office of Education
- Chief Executive Officer, Give Every Child A Chance
- Field Representative for Assembly Member 13th District

At the community input meeting, community stakeholders reviewed the KFH Manteca's needs selected to address and provided input on the most important interventions that have the greatest, most sustainable impact; the sub-populations (age, ethnicity, geographic area) in the KFH Fresno service area most in need of intervention; and the sectors and/or institutions (i.e. schools, workplaces, community health clinics) that should implement the interventions.

A robust discussion among the community stakeholders reaffirmed the health needs that KFH had selected and produced the following recommendations for strategies to address the needs. These recommendations capture the perspective of the KFH Manteca communities experiencing the greatest health inequities and assure that this viewpoint is included in the final Implementation Strategy Plan.

Healthy Eating, Active Living

- Expand afterschool programs to provide community based physical activity opportunities for low-income youth.
- Expand afterschool and school gardening programs to increase access to fresh produce and healthy cooking activities for youth and their families.
- Lift up after school wellness policies as models for comprehensive approaches for creating healthy eating and physical activity environments.
- Implement strategies to increase access to healthy foods through food banks and congregate meal programs.
 - Link schools, restaurants, food banks and meal programs to develop coordinated strategies for addressing food waste.
- Include healthy food access goals in general plan to facilitate zoning and permitting for grocery store and farmers market development in areas with poor access to healthy foods.
- Expand healthy retail project that incentivizes (marketing and food storage support) convenience stores in low-income areas to offer healthier foods.

Access to Care

- Develop strategies to retain qualified, culturally competent community health center/FQHC workforce to increase access to health care providers in community based settings for the most vulnerable populations.
- Raise the visibility of community health services to encourage utilization by residents.
- Develop strategies to educate residents on accessing the appropriate level of care for their needs, e.g. primary care versus urgent or emergency care.
- Address urgent non-medical health needs of residents (e.g. food insecurity) to reduce barriers to utilization of preventive and disease management health services.

- Expand transportation services to facilitate access to health care and behavioral/mental health services.

Behavioral Health

- Develop strategies to increase the supply of residential substance abuse facilities and outpatient behavioral health services in San Joaquin County.
- Educate parents on the benefits of mental health services to reduce the stigma surrounding mental health services for youth.
- Increase access to mental/behavioral health services for the most vulnerable populations (low-income residents, homeless population and children) through the following strategies:
 - Co-locating mental/behavioral health services in environments frequented by these groups, e.g. schools, shelters, community health centers, and family resource centers.
 - Expanding home visiting for struggling new parents and families.
 - Coordinating mental/behavioral health screening in community based organizations and governmental agencies to identify individuals/family in highest need for mental/behavioral health supports and case management.
- Expand childcare, preschool and early childhood development services for low-income families to support child psychological and emotional development.

The key recommendations emerging from the community stakeholder discussion were presented to the KFH Manteca leadership and integrated into the final set of strategies planned to address the needs selected. Community stakeholders perceived access to fresh foods as a barrier to healthy eating; as a result the IS workplan includes strategies to fund food banks to provide fresh fruits and vegetables in community and after school settings. The lack of access to health insurance and appropriate levels of culturally competent care described by community stakeholders will be addressed by collaborating with hospitals and community based health centers to increase access to care and by funding the promotora model to increase insurance enrollment. Community stakeholders pointed to a variety of barriers to behavioral/mental health services particularly for the most vulnerable populations. KFH Modesto will collaborate with the Healthier Communities Coalition and the South Stockton California Accountable Communities for Health Initiative to conduct a landscape analysis of available behavioral/mental services policies, systems, regulations and coverage to inform strategy implementation.

c. Consultant Used

The process was led by the Community Benefit Manager for KFH Manteca and facilitated by Ad Lucem Consulting. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation. Ad Lucem Consulting has developed CHNA reports and Implementation Plans for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

VIII. Health Needs that KFH Manteca Plans to Address

a. Process and Criteria Used to Select Health Needs

The health needs prioritized in the CHNA were examined in order to identify a smaller set of health needs that KFH Manteca would address in its Implementation Strategy. A robust set of criteria was identified to determine the priority health needs on which KFH Manteca could have the greatest impact and to justify the needs that the service area chose not to address. The criteria were applied to the health needs based on a discussion with the KFH Manteca Community Benefit Manager.

Points were assigned to the CHNA health needs based on the criteria described below. A scale of zero to two points was used for general criteria (highlighted below in blue), 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 specific expertise or resources (highlighted in green) were weighted 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.

Criteria	Definition
CHNA prioritization	How the health need ranked in the CHNA (takes into account severity, scale, and community prioritization).
Health disparities and equity	The health need disproportionately impacts the health status of one or more vulnerable population groups.
Kaiser Permanente expertise	Kaiser Permanente 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.
Ability to leverage organizational assets	Opportunity to deploy Kaiser Permanente Regional Community Benefit funding due to alignment with region wide needs as well as opportunity to draw down other assets of the organization.
Feasibility	Kaiser Permanente has the ability to have an impact given the resources available.
Existing or promising approaches	There are effective or promising strategies, preferably evidence-based, that could be applied to address the need.
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.

Final review and approval was secured by a Kaiser Permanente Leadership Group, whose membership (e.g. the Area Compliance Officer and the Public Affairs Director) could draw on their experience working and/or living in San Joaquin County, knowledge of health assets and deficits in the county, experience with community residents, and vision for how Kaiser Permanente can promote healthy communities.

b. Health Needs that KFH Manteca Plans to Address

Access to Care and Coverage: In order to align with language across other KFH facilities, Access to Healthcare from the Manteca CHNA was renamed Access to Care and Coverage in the IS. The content/meaning of the need did not change. Access to comprehensive, affordable, quality care is critical to the prevention, early intervention, and treatment of health conditions. San Joaquin County (a

good proxy for the KFH Manteca service area) has been successful in enrolling residents in Expanded Medi-Cal under the Affordable Care Act; however, learning how to use services, retention of coverage, and the shortage of primary care providers that will accept new Medi-Cal patients remain challenges. The fact that the KFH Manteca service area's many undocumented adult residents are without insurance also remains a barrier to care.

Healthy Eating Active Living: In order to align with language across other KFH facilities, Obesity and Diabetes from the Manteca CHNA was renamed Healthy Eating Active Living in the IS. The content/meaning of the need did not change. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. These chronic diseases represent leading causes of death nationwide, as well as among residents of the KFH Manteca service area. Primary and secondary data indicate that there are many risk factors in common, such as unhealthy eating and lack of physical activity. Community residents recognized that access to affordable healthy foods is limited in at-risk neighborhoods, and there are not enough safe places to enjoy everyday physical activity. Diabetes is of particular concern as San Joaquin County has one of the highest rates in California for diabetes mortality.

Behavioral Health: In order to align with language across other KFH facilities, Mental Health and Substance Use from the Manteca CHNA were combined and renamed Behavioral Health in the IS. The content/meaning of the need did not change. In addition to severe mental health disorders, mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or Post-Traumatic Stress Disorder (PTSD) and substance abuse have profound consequences on health behavior choices and physical health. While some mental health outcomes in the KFH Manteca service area are similar to California benchmarks, mental health was a key concern among surveyed community members. Interviewees noted that the psychology of poverty, including living day-to-day and struggling to provide basic needs, can negatively impact one's ability to make long-term plans, and can interfere with parenting abilities. In addition, poor mental health frequently co-occurs with substance use disorders. Youth, notably foster youth and lesbian, gay, bisexual, transgender and queer and/or questioning (LGBTQ) youth, and residents experiencing homelessness, were noted as particularly high risk populations for mental/behavioral health concerns.

IX. KFH Manteca's Implementation Strategies

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

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

KFH Manteca is committed to enhancing its understanding about how best to develop and implement effective strategies to address community health needs and recognizes that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders. As such, KFH Manteca welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

KFH Manteca will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as 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 and Coverage

Long-term Goal

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

Intermediate Goals

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

Strategies

Access

- 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 Kaiser Permanente 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 and Health Systems Management

- 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 Services

- 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

- 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:

- Participate in Medi-Cal Managed Care and Medi-Cal Fee for Service
- Partner with Healthier Communities Coalition (HCC), San Joaquin Hospital, and Community Medical Centers to increase access to quality care for Medi-Cal recipients, particularly for migrant and Pacific Islander populations. Support targeted outreach and enrollment for specific populations for programs for which they are eligible.
- Collaborate with Catholic Charities on disseminating promotoras model in San Joaquin County.
- Partner with California School Based Health Alliance to support school based health center model dissemination to provide access to services on school campuses.
- Support organizations that provide navigation to free and reduced cost services for specialty care.

- Support population health management approaches that improve health outcomes for safety net patients with diabetes and hypertension.
- Provide access to Kaiser Permanente expertise related to population health management via trainings and consultation.
- Fund promotoras to improve health care system navigation.
- Support increased Adverse Childhood Experiences (ACES) screening in schools, and connect students with local safety net and behavioral health providers.
- Partner with South Stockton California Accountable Communities for Health Initiative (CACHI) grant partners to enhance access to ACES screening in schools, connect students with local safety net and behavioral health providers.
- Fund 211 for information about and referral to non-medical services.
- Provide workforce training programs to train current and future health care providers, including physicians, mental health practitioners, physical therapy, pharmacy, nurses, and allied health professionals, with the skills and linguistic and cultural competence to meet the health care needs of diverse communities.
- Support successful recruitment and retention efforts to address workforce shortages in the health care safety net.
- Support rotation of residents and trainees in community health centers.

Expected Outcomes

Access

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

Capacity of health systems

- Increase in the quality of care provided by safety net providers through PHASE protocol.
- Improved 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 between healthcare providers and social non-medical services.
- Increased enrollment and participation in public benefit programs.

Workforce

- Increase in the number of people from underrepresented groups enrolling in 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

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

Strategies

Healthy Eating

- 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.

Physical Activity

- 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:

- Fund food bank to purchase fresh fruits and vegetables to distribute to clients.
- Support institutional healthy food and beverage policies.
- Support local restaurants and caterers that meet healthy food guidelines.
- Encourage school districts to install water stations.
- Partner with Public Health Institute and HCC on policies to remove sugar sweetened beverages from school vending machines.
- Provide Kaiser Permanente’s Educational Theater programming that provides education in schools on health and wellness.
- Engage in the County Hunger Taskforce to increase awareness of federal food program availability in low-income communities.
- Support efforts to increase park/public space access through joint use agreements, Safe Routes to School, and Community Health Improvement Plan (CHIP) strategy implementation.
- Support programs that encourage walking and biking.
- Support community-based programs to increase youth physical activity.
- Fund program to deploy physical therapy students to train school and after school program teachers on safe physical activities for children and youth.
- Support programs and policies in schools that maximize opportunities for physical activity throughout the day, including through our Thriving Schools initiative.
- Support physical activity opportunities in school linked to after school programs.

Expected Outcomes

Healthy Eating

- Increased consumption of fruits and vegetables.
- Increased consumption of water.
- Decreased consumption of sugar sweetened beverages.
- 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.

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

- Expand prevention and support services for mild to moderate behavioral health conditions.
- Decrease stigma associated with seeking behavioral health services among vulnerable and diverse populations.
- Develop a diverse, well-trained behavioral health care workforce that provides culturally sensitive behavioral health care.

- 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 or environments that evidence suggests improve overall social/emotional wellness.

Destigmatization

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

Workforce

- 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

- Provide high-quality behavioral health 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:

- Support ACES screening and identification through promotora programs, particularly in South Stockton.
- Support access to drug and alcohol prevention services through the School Based Health Center (SBHC) model.
- Support programs that promote social and emotional wellness in community-based organizations and schools.
- Provide Kaiser Permanente's Educational Theater, programming that provides education in schools on health and wellness.
- Mental health training program participants rotate through community clinics and other community based organizations to provide behavioral health services and training.
- Partner with HCC on designing a campaign to reduce stigma among youth about accessing behavioral health services.
- Support programs that reduce stigma for mental health in schools and community settings.
- Conduct outreach to underrepresented populations to support entering behavioral health professions.
- Mental Health Training Program – provide training to future mental health providers.
- Partner with HCC, San Joaquin Hospital, and Community Medical Centers to explore strategies for increasing primary/behavioral health integration.
- Support mental/behavioral care integration into primary care setting through SBHC model implementation.
- Support promotoras to address health care navigation.

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 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.

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 Manteca 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, KFHManteca 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

Education

While there is an important relationship between education and health, this need was not selected to address as KFH Manteca does not have the experience or organizational assets to leverage to make a meaningful contribution to addressing education. Furthermore, other organizations in the community are working to address this need.

Youth growth and development

Youth growth and development refers to the healthy physical, social, and emotional development of young people and lays a foundation for physical and mental/behavioral health and chronic disease prevention. KFH Manteca has limited organizational expertise or resources to leverage in this area and other agencies in the service area are addressing this need.

Economic Security

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. KFH Manteca did not select this need locally because the facility alone does not have the resources to make a meaningful contribution to address economic security. While KFH Manteca did not select this need, 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 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.

Violence and injury

This need will be addressed in part by strategies conducted under Behavioral Health. KFH Manteca does not have the same expertise as it has in the other selected health need areas and other agencies are implementing strategies to prevent violence and injury.

Access to housing

While access to housing is important to overall health and well being, access to housing was ranked as a moderate priority in the CHNA report. KFH Manteca does not have sufficient local resources or to leverage in this area. Housing is a component of overall economic security and will likely be addressed by Kaiser Permanente's overall commitment as an organization to addressing this important need.

Oral health

KFH Manteca does not offer dental services and does not have oral health expertise in house. Oral health scored next to last in the CHNA analysis of secondary data (in terms of severity, disparities, impact, and ability to intervene on a prevention level).

Asthma/air quality

Asthma/air quality scored lowest of all health needs in the CHNA analysis of secondary data (in terms of severity, disparities, impact, and ability to intervene on prevention level). KFH Manteca perceives limited ability to leverage organizational assets to address asthma.

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

License #030000393
4601 Dale Road
Modesto, CA 95356

I. General Information

Contact Person:	Deborah R. Pitts, Public Affairs Director	
Date of Written Plan:	December 16, 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 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

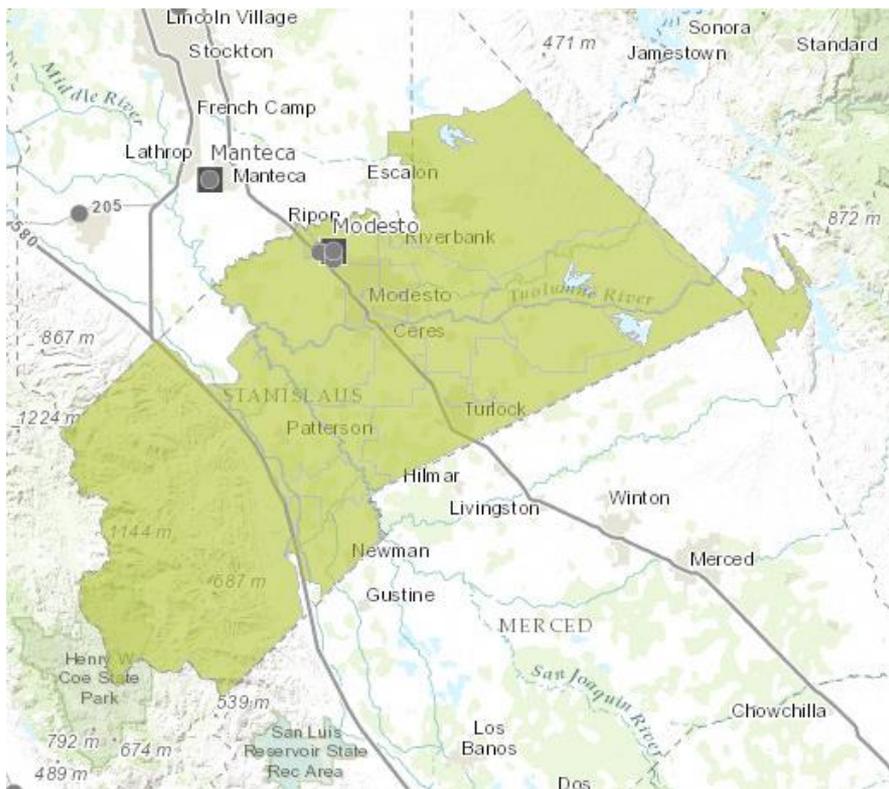
We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor's office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate 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 – Modesto Service Area

The KFH Modesto service area covers a large portion of Stanislaus County and includes the cities of Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock, and Waterford.



KFH Modesto Demographic Data	
Total Population	524,919
White	75.91%
Black	2.75%
Asian	5.26%
Native American/ Alaskan Native	0.81%
Pacific Islander/ Native Hawaiian	0.74%
Some Other Race	10.04%
Multiple Races	4.5%
Hispanic/Latino	42.93%

KFH Modesto Socio-economic Data	
Living in Poverty (<200% FPL)	44.15%
Children in Poverty	28.28%
Unemployed	13%
Uninsured	16.46%
No High School Diploma	22.8%

V. Purpose of Implementation Strategy

This Implementation Strategy (IS) 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 Modesto's planned response to the needs identified through the 2016 Community Health Needs Assessment (CHNA) process. For information about KFH Modesto'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 health needs identified for the KFH Modesto service area through the 2016 Community Health Needs Assessment process.

- Obesity/HEAL/Diabetes
- CVD/Stroke
- Mental Health
- Access to Care
- Economic Security
- Violence/Injury Prevention
- Asthma
- Cancers
- Substance Abuse/Tobacco

VII. Who was Involved in the Implementation Strategy Development

a. Partner Organizations

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

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 Modesto engaged community input in the Implementation Strategy through meeting with representatives from County government as well as seven community-based organizations working with the service area's highest need populations. Community stakeholders participating in the Implementation Strategy planning meeting included:

- Director, West Modesto King Kennedy Neighborhood Collaborative
- Executive Director, Center for Human Services
- Field Representative for Congressman, 10th District
- Executive Director, Healthy Aging Association

- CEO United Way of San Stanislaus County
- Health Promotion Manager, Stanislaus County Health Services Agency
- Director, Health & Wellness Healthy Aging Association
- Chief of Staff for Assembly Member, 12th District
- Community Development & Empowerment Manager for Stanislaus County

At the community input meeting, community stakeholders reviewed the KFH Modesto needs selected to address and provided input on the most important interventions that have the greatest, most sustainable impact; the sub-populations (age, ethnicity, geographic area) in the KFH Fresno service area most in need of intervention; and the sectors and/or institutions (i.e. schools, workplaces, community health clinics) that should implement the interventions.

A robust discussion among the community stakeholders reaffirmed the health needs that KFH had selected and produced the following recommendations for strategies to address the needs. These recommendations capture the perspective of the KFH Modesto communities experiencing the greatest health inequities and assure that this viewpoint is included in the final Implementation Strategy Plan.

Healthy Eating, Active Living

- Utilize family resource center promotoras to conduct healthy eating and physical activity promotion using techniques that build social connections by creating opportunities for residents to learn together, bring the learnings home, and spread the learnings to neighbors and friends.
 - This approach leverages Stanislaus County efforts to promote the 5 protective factors for strong families, one of which is building social connections.
- Conduct impactful, strategic, cost efficient campaigns (e.g. Rethink Your Drink) to increase diabetes prevention and healthy eating awareness in the general population.
- Implement strategies to increase access to healthy food accompanied by promotora-led cooking classes to ensure families know how to prepare healthy foods.
- Support schools, government agencies, and others in implementing and sustaining wellness policies.
- Take nutrition education out of the clinical setting. Particularly for older adults, nutrition education activities in community settings increase access and encourage attendees to bring friends and neighbors.
- Assure that messages for diabetes and obesity prevention are consistent and complimentary.
- Develop a county-wide policy, systems and environmental change approach to diabetes and obesity prevention:
 - Identify a consistent set of approaches that can be implemented in a variety of settings
 - Train organizations and stakeholders on environmental (versus individual) change strategies.
- Encourage community mobilization around healthy food and physical activity related policies as engagement in policy advocacy can encourage changes to individual health behaviors.

Access to Care

- Implement strategies that allow monolingual Spanish speakers to feel comfortable accessing health care, including:
 - Education on navigating the health care system
 - Providing a health home with prevention services
 - Increase the availability of health care providers with Spanish language capacity
- Scale existing Promotora services that help with health care navigation and provide education on the importance of prevention.
- Innovate to address challenges arising from the health care provider shortage. Develop approaches to shorten long wait times to see primary care providers, obstetricians, psychiatrists, and other provider types.

- Prepare to implement the Senior Services Coordinated Care Model that brings together health care, social services, health insurance, and person centered care.

Behavioral Health

- Expand mental health screening for children and adults.
- Work to reduce the stigma of accessing mental health services.
- Mental health services need to be focused on early intervention for the most effective and cost efficient approach.
 - Develop a shared definition for early intervention and build the capacity to provide the defined set of services.
- To effectively address mental health needs, clinical services providers need to link to community resources (e.g. family resource centers) for continued support beyond the care setting.
- Place mental health clinicians at school sites funded by dollars from school budgets through Local Control and Accountability Plans. Provide services to serve the entire school population (students and staff), not just those needing individual counseling.
- Despite expanded access to mental health services under the Affordable Care Act, Stanislaus County continues to have a mental health capacity deficit.
- Conduct a needs assessment to identify where Kaiser Permanente can make the greatest impact addressing mental health in Stanislaus County. Examples include:
 - Address the mental health workforce shortage by supporting expansion of existing programs to introduce students to mental health as a career pathway
 - Research and clarify the regulations on mental health covered services for MediCal managed care and disseminate findings to providers.

The key recommendations emerging from the community stakeholder discussion were presented to the KFH Modesto leadership and integrated into the final set of strategies planned to address the needs selected. The community stakeholders emphasized the need to develop policy, systems and environmental change approaches to healthy eating and active living; as a result, the IS plan contains strategies to promote environmental changes that increase access to healthy food and physical activity. Difficulty navigating health systems was identified by community stakeholders as a barrier to accessing care; the IS addresses this barrier by including strategies that support community-based organizations to assist with health insurance enrollment and retention as well as referral to primary and behavioral health care. Community stakeholders described how stigma negatively impacts utilization of behavioral health services; the IS plan includes a strategy to support access to behavioral health providers in schools, homeless shelters, and other community-based locations where individuals and families will feel comfortable accessing care.

c. Consultant Used

The process was led by the Community Benefit Manager for KFH Modesto 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.

VIII. Health Needs that KFH Modesto Plans to Address

a. Process and Criteria Used to Select Health Needs

The health needs prioritized in the CHNA were examined in order to identify a smaller set of health needs that KFH Modesto would address in its Implementation Strategy. A robust set of criteria was identified to determine the priority health needs on which KFH Modesto 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 based on a discussion with the KFH Modesto Community Benefit Manager.

Points were assigned to the CHNA health needs based on the criteria described below. A scale of zero to two points was used for general criteria (highlighted below in blue), 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 specific expertise or resources (highlighted in green) were weighted 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.

Criteria	Definition
CHNA prioritization	How the health need ranked in the CHNA (takes into account severity, scale, and community prioritization).
Health disparities and equity	The health need disproportionately impacts the health status of one or more vulnerable population groups.
Kaiser Permanente expertise	Kaiser Permanente 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.
Ability to leverage organizational assets	Opportunity to deploy Kaiser Permanente Regional Community Benefit funding due to alignment with region wide needs as well as opportunity to draw down other assets of the organization.
Feasibility	Kaiser Permanente has the ability to have an impact given the resources available.
Existing or promising approaches	There are effective or promising strategies, preferably evidence-based, that could be applied to address the need.
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.

Final review and approval was secured by a Kaiser Permanente Leadership Group, whose membership (e.g. the Area Compliance Officer and the Public Affairs Area Director) could draw on their experience working and/or living in Stanislaus County, knowledge of health assets and deficits in the county, experience with community residents, and vision for how Kaiser Permanente can promote healthy communities.

b. Health Needs that KFH Modesto Plans to Address

Access to Care and Coverage: In order to align with language across other KFH facilities, Access to Healthcare from the Modesto CHNA was renamed Access to Care and Coverage in the IS. The content/meaning of the need did not change. Access to high quality, culturally competent, affordable healthcare and health services are essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. In Stanislaus County, residents have less access to dentists, primary care providers and mental health providers as compared to the state. Secondary data revealed that health care access is a particular concern for low-income populations and those without health insurance. Lack of transportation, long wait times, difficulty scheduling appointments, language issues, and poor quality of care were frequently discussed by stakeholders and in the focus groups.

Healthy Eating Active Living (HEAL): In order to align with language across other KFH facilities, Obesity/HEAL/Diabetes from the Modesto CHNA was renamed Healthy Eating Active Living (HEAL) for the IS. The content/meaning of the need did not change. 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, diabetes, cardiovascular disease, and strokes. Obesity rates, diabetes prevalence and related hospitalizations were higher in Stanislaus County as compared to the state. Obesity was the most frequently cited health concern among stakeholders and focus groups. Lack of access to healthy food and safe places for physical activity were frequently mentioned as barriers in primary data and confirmed by secondary data.

Behavioral Health: In order to align with language across other KFH facilities, Mental Health and Substance Abuse from the Modesto CHNA were combined and renamed Behavioral Health for the IS. The content/meaning of the need did not change. Mental health and well-being is essential to living a meaningful and productive life. Mental health and well-being provides 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. Access to mental health providers is limited in Stanislaus County. Compared to the state average of 157 mental health providers per 100,000 population, in Stanislaus County there are 61.9 providers per 100,000 population. Primary data described that low- income individuals are particularly impacted by high levels of stress due to lack of employment, education and housing opportunities. Non-Hispanic White, Asian, and Native Hawaiian/Pacific Islander populations in Stanislaus county are disproportionately affected by suicide.

IX. KFH Modesto’s Implementation Strategies

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

KFH Modesto 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 and Coverage

Long-term Goal

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

Intermediate Goals

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

Strategies

Access

- 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 Kaiser Permanente 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 and Health Systems Management

- 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 Services

- 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

- 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 subsidized health care coverage to children (18 & under) in low –income families (up to 300% FPL) who lack access to other sources of coverage.
- Provide Medical Financial Assistance.
- Fund community-based organizations to provide health care coverage outreach, enrollment and retention, especially for undocumented populations.
- Support diabetes prevention/management for adults and pregnant women.

- Fund community clinics to provide behavioral health services (peer groups, promotoras), especially for Spanish speaking and Hmong populations.
- Support organizations that provide navigation to free and reduced cost services for specialty care.
- Support community-based organization staff to assist individuals/families with health system navigation.
- Fund 211 for information & referral on primary, specialty and behavioral health care services.
- Collaborate with Modesto City Schools, Stanislaus Union School District, and Modesto summer Youth Programs to provide exposure to health care career pathways.
- Provide workforce training programs to train current and future health care providers, including physicians, mental health practitioners, physical therapy, pharmacy, nurses, and allied health professionals, with the skills and linguistic and cultural competence to meet the health care needs of diverse communities.
- Support successful recruitment and retention efforts to address workforce shortages in the health care safety net.
- Support rotation of residents and trainees in community health centers.

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 Health 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

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

Strategies

Healthy Eating

- 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.

Physical Activity

- 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:

- Fund food banks to distribute fresh produce to students in after school programs.
- Support institutional healthy food policies.
- Support optimized supply chain for fresh local produce and small farmers.
- Support local restaurants and caterers that meet healthy food guidelines.
- Support promotion of water including making it more accessible through hydration stations.
- Provide Kaiser Permanente’s Educational Theater, programming that provides education in schools on health and wellness.
- Support Market Match to provide incentives for CalFresh users to purchase produce at farmers markets.
- Collaborate with Stanislaus Police Activities League and Boys and Girls Club to increase access and use of parks through programming.
- Support the creation and revitalization of park and playgroup spaces.
- Support community-based programs, promotora programs and schools to promote Safe Routes to School.
- Support programs that encourage walking and biking.
- Support physical activity programming for older adults.
- Support after school programs to increase access to physical activity.
- Support programs and policies in schools that maximize opportunities for physical activity throughout the day, including through our Thriving Schools initiative.

Expected Outcomes

Healthy 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.

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

- Expand prevention and support services for mild to moderate behavioral health conditions.
- Decrease stigma associated with seeking behavioral health services among vulnerable and diverse populations.
- Develop a diverse, well trained behavioral health care workforce that provides culturally sensitive behavioral health care.
- 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 or environments that evidence suggests improves overall social/emotional wellness.

Destigmatization

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

Workforce

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

Access

- Provide high-quality behavioral health 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:

- Collaborate with Focus on Prevention to promote behavioral health screening and identification in vulnerable populations.
- Collaborate with Focus on Prevention to enhance efforts to address drug and alcohol abuse prevention.
- Support programs that promote social and emotional wellness in community-based organizations and schools.
- Provide Kaiser Permanente's Educational Theater, programming that provides education in schools on health and wellness.
- Mental health training program participants rotate through community clinics and other community based organizations to provide behavioral health services and training.
- Partner with school districts, Boys and Girls Clubs, and the County Public Health Department to educate the community on the availability, need for and value of behavioral health services.
- Support programs that reduce stigma for mental health in schools and community settings.
- Conduct outreach to underrepresented populations to support entering behavioral health professions.
- Partner with schools to educate students on behavioral health careers; Kaiser Permanente behavioral health providers make presentations to students.
- Mental Health Training Program – provide training to future mental health providers.
- Collaborate with Focus On Prevention to enhance access to behavioral health providers in schools, homeless shelters, and other community-based locations.
- Collaborate with Golden Valley Health Centers to explore integrating behavioral health services into the primary care setting.
- Partner with Health Plan of San Joaquin to host a provider convening to discuss behavioral health regulations, reimbursement, and coordination.

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 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.

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 Modesto 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,

KFH Modesto 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

CVD/Stroke

CVD/Stroke was not perceived as a high priority by the community. Many of the Obesity/HEAL/Diabetes and Access to Care strategies will address cardiovascular disease and stroke prevention. In addition, there are many existing programs that address this need; KFH Modesto and other area hospitals conduct ongoing CVD/Stroke prevention, education and screening as part of their clinical and outreach activities.

Economic Security

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. KFH Modesto did not select this need because the facility alone does not have the resources to make a meaningful contribution to address economic security. While KFH Modesto did not select this need, we understand that the causes are broad, and the solutions extend beyond specific communities across the Region, and State. Investments in 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 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.

Violence/Injury Prevention

Violence/injury prevention was categorized as a low priority during the multi voting process conducted to prioritize health needs during the CHNA, and this need was not identified as a priority need during the CHNA community input process. This need will be addressed in part by strategies conducted under Behavioral Health.

Asthma

Asthma was categorized as low priority during the multi voting process conducted to prioritize health needs during the CHNA. KFH Modesto perceives limited ability to leverage organizational assets to address asthma.

Cancers

Cancers were categorized as a medium priority during the multi voting process conducted to prioritize health needs during the CHNA. Cancer prevention is addressed in part through Kaiser Permanente's strategies under Obesity/HEAL/Diabetes and Access to Care.