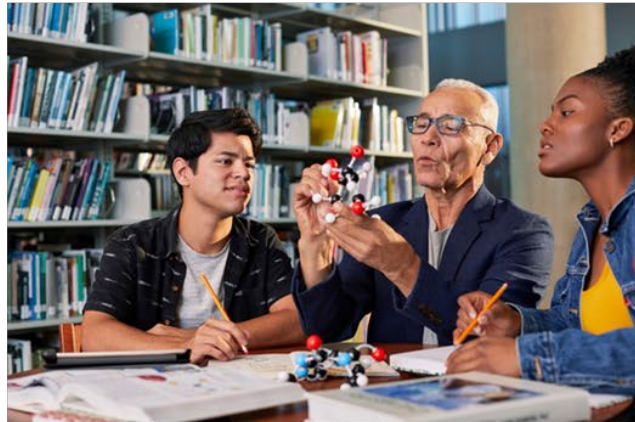


2022 Implementation Strategy



Kaiser Permanente Sacramento Medical Center

License number: 030000052

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

September 27, 2022



Kaiser Permanente Sacramento Medical Center 2022 IMPLEMENTATION STRATEGY

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General information

| | |
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| Contact Person | Richard Robinson, Public Affairs Director |
| Date of written plan | May 11, 2022 |
| Date written plan was adopted by authorized governing body | September 27, 2022 |
| Date written plan was required to be adopted | May 15, 2023 |
| Authorized governing body that adopted the written plan | Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, Board of Directors, Community Health Committee |
| Was the written plan adopted by the authorized governing body on or before the 15 th day of the fifth month after the end of the taxable year the CHNA was completed? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Date facility's prior written plan was adopted by organization's governing body | March 18, 2020 |
| Name and EIN of hospital organization operating hospital facility | Kaiser Foundation Hospitals, 94-1105628 |
| Address of hospital organization | One Kaiser Plaza, Oakland, CA 94612 |

Kaiser Permanente Sacramento Medical Center 2022 Implementation Strategy

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Sacramento Medical Center conducts a community health needs assessment (CHNA) and identifies significant health needs. To address those needs, Kaiser Permanente Sacramento Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA-IS process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative.

For the 2023-2025 IS, Kaiser Permanente Sacramento Medical Center has identified the following significant health needs to be addressed in the IS, in priority order:

1. Housing
2. Access to care
3. Mental & behavioral health
4. Income & employment

Kaiser Permanente Sacramento Medical Center's CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

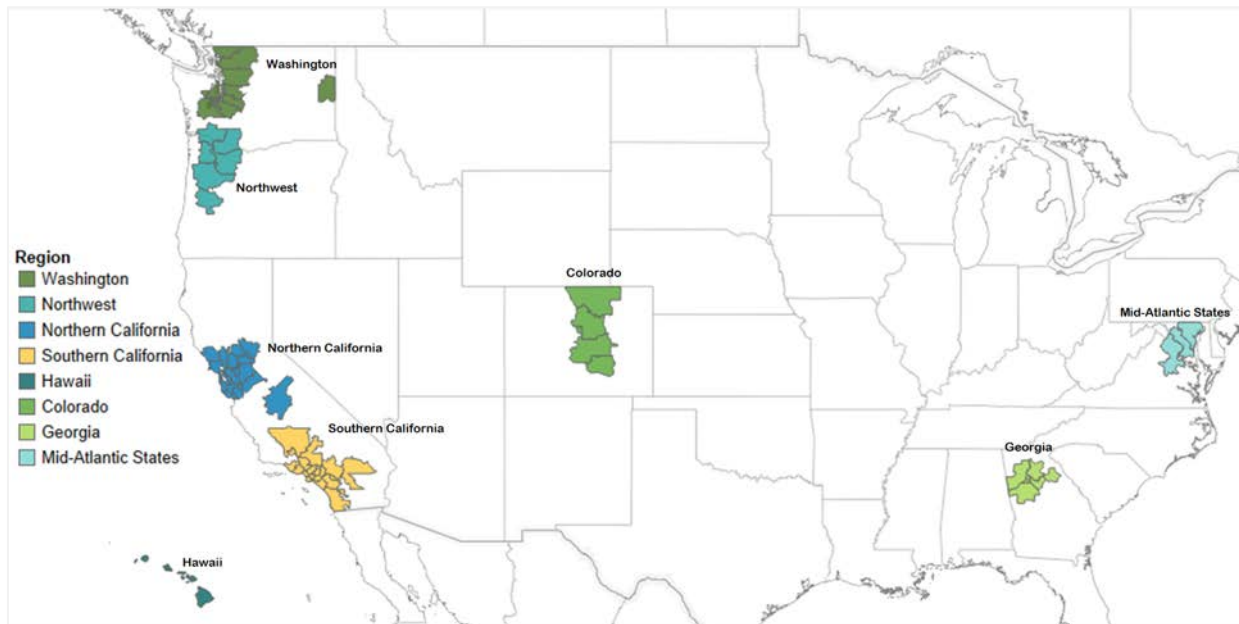
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals, and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each KP service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

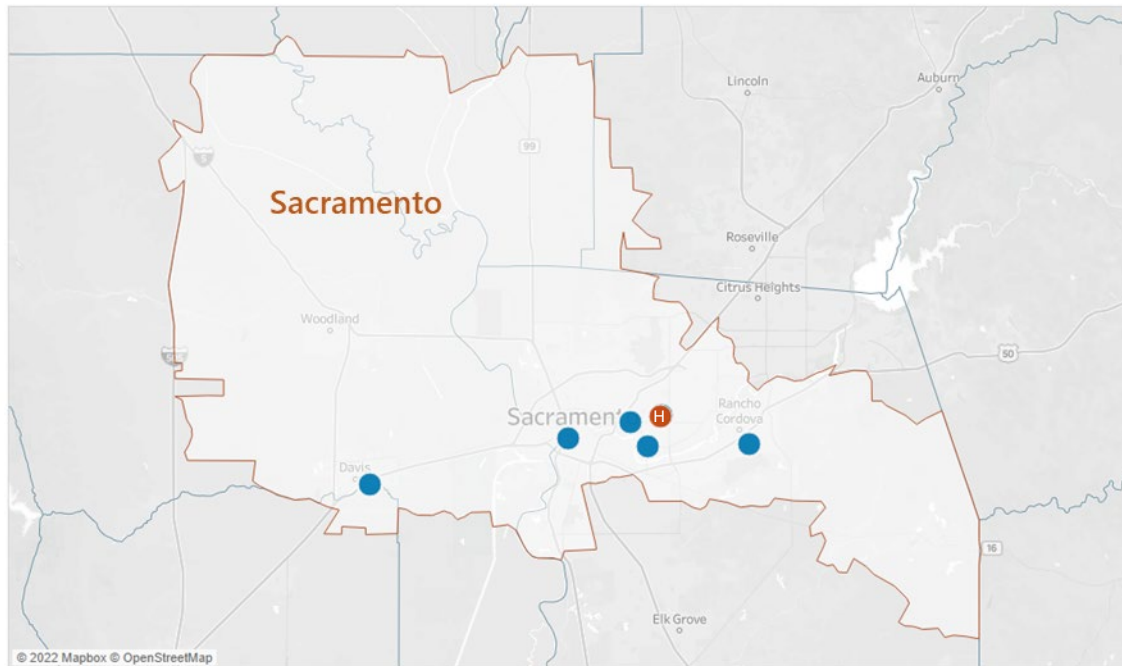
The Kaiser Permanente Sacramento Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

Sacramento service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



Sacramento service area demographic profile

| | |
|--|---------|
| Total population: | 937,139 |
| American Indian/Alaska Native | 0.5% |
| Asian | 14.3% |
| Black | 8.6% |
| Hispanic | 25.4% |
| Multiracial | 5.2% |
| Native Hawaiian/other Pacific Islander | 0.9% |
| Other race/ethnicity | 0.2% |
| White | 44.9% |
| Under age 18 | 22.0% |
| Age 65 and over | 13.9% |

Community health needs

Significant health needs identified in the Kaiser Permanente Sacramento Medical Center 2022 CHNA report

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data to determine what constitutes a health need in the community. Once all the community health needs were identified they were prioritized, resulting in a list of significant community health needs in the Sacramento service area listed below.

1. Community safety
2. Access to care
3. Housing
4. Income & employment
5. Mental & behavioral health
6. Climate & environment

Kaiser Permanente's implementation strategy process

Identifying the highest priority needs with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health.

To identify the significant health needs that Kaiser Permanente Sacramento Medical Center will address in the 2022 three-year Implementation Strategy, Kaiser Permanente Sacramento Medical Center Community Health considered a set of criteria that includes:

- Severity and magnitude of need: How health measures compare to national or state benchmarks, the relative number of people affected, impact of COVID-19 on the need
- Community priority: The community prioritizes the issue over other issues
- Clear disparities or inequities: Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors
- Leveraging Kaiser Permanente assets: Kaiser Permanente can make a meaningful contribution to addressing the need
- Potential to collaborate with community partners
- Degree of acuteness or disparity of the need

Health needs Kaiser Permanente Sacramento Medical Center plans to address

The health needs in the Sacramento service area that will be addressed during 2023-2025 are:

1. Housing: Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latinx/o/a renters in particular are more likely to live in cost-burdened households and face housing instability. In the Sacramento service area, 18 percent spend more than 30 percent of their income on housing, compared to 17 percent nationally. An additional 20 percent of individuals pay more than 50 percent of their income on housing, compared to 14 percent nationwide. Additionally, there are disparities related to housing issues such as, while 64 percent of white residents in Sacramento County are homeowners, only 47 percent of Native American, 46 percent of Latinx/o/a, and 33 percent of Black residents are homeowners. Interviewed community leaders shared that many immigrant families earn wages that are too low to afford rent and have unstable job prospects that make property ownership unlikely, in addition to the COVID-19 pandemic exacerbating the rate of homelessness in the area. They also identified strategies to address housing needs such as coordination between business associations, local governments, housing authorities, managed care organizations, and continuum of care providers.

2. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the Sacramento service area, 14 percent of adults reported delaying or having difficulty accessing health care that they felt they needed. Furthermore, access to regular care varies by population: 89 percent of white, 85 percent of Asian, 85 percent of Black/African American, and 80 percent of Latinx/o/a residents have a usual source of health care. Interviewed community leaders shared that the lack of adequate translation and interpretation services continue to be an issue for residents whose primary language is not English. They also identified strategies to address access to care issues such as adapting services to be trauma-informed and culturally responsive.

3. Mental & behavioral Health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx/o/a Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the Sacramento service area, the rates of suicide deaths are higher than the state average (12.5 compared to 10.5), and rates for deaths of despair are similarly performing worse than the state (38.7 compared to 34.3). Additionally, there are disparities related to mental and behavioral health issues, such as disproportionate rates of LGBTQ+ students in Sacramento County (85 percent) considering attempting suicide. Interviewed community leaders shared that the mental/behavioral health of adults and seniors has also been impacted by the pandemic, particularly for parents who balance jobs with their child's distance learning, frontline workers who risk their own safety and health, and seniors who are stressed and isolated from their loved ones. They also identified strategies to address mental and behavioral health needs such as developing career pathways for students to enter the mental health field and help meet the increasing need, while also promoting an influx of practitioners who are a part of, and can relate to, communities most in need.

4. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. In the Sacramento service area, the median household income of \$68,808 leaves many unable to afford a home or pay medical bills. Further, there are significant racial disparities in per capita income, with Black residents in the county earning \$15,000 less than white residents, and Latinx/o/a residents earning \$20,000 less. Interviewed community leaders consistently emphasized that the same communities of color that have been historically impacted by redlining and poor job prospects are further disadvantaged during the COVID-19 pandemic. They also identified strategies to address income and employment issues including better promotion and awareness of existing income supplement and food programs, since many sources of help are already available but underutilized.

Kaiser Permanente's approach to implementation strategies

As the nation's largest nonprofit integrated health care organization, Kaiser Permanente is mission-driven to improve health and well-being in the communities we serve. The COVID-19 pandemic has underscored deep-seated inequities in health care for communities of color and amplified the social and economic disparities that contribute to poor health outcomes.

We will continue to work to improve the conditions for health and equity by addressing the root causes of health, such as economic opportunity, affordable housing, health and wellness in schools, and a healthy environment. We carry out work in our focus areas through a lens that includes deepening our commitment to equity and inclusion.

Kaiser Permanente strategic focus areas include:

Increasing health access

- **Charity care:** Transforming Charitable Health Coverage and Medical Financial Assistance approaches to continue supporting coverage and care needs for our communities and patients
- **Medicaid:** Growing our Medicaid participation in a financially sustainable way through innovative operating models that support whole person care and coverage
- **Safety Net Partnerships:** Ensuring that communities have access to a strong safety net that can equitably meet patients' needs and improve health outcomes

Social health needs

- **Thrive Local:** Establishing bi-directional electronic community networks that enable health care providers, safety net clinics, social service agencies, government programs, and other participants to make, receive, and track patient and client referrals
- **Food for Life:** Transforming the economic, social, and policy environments to improve health and food security for the communities we serve
- **Intergenerational healing and trauma:** Acknowledging and addressing trauma across the life course, including trauma related to exposure to racism

Improving community conditions

- **Economic opportunity:** Increasing income, improving financial security, and reducing economic inequities through our business operations and community partnerships
- **Housing for Health:** Transforming housing and homelessness systems to improve housing stability for the communities we serve
- **Thriving Schools:** Fostering healthier school environments for students, staff, and teachers
- **CityHealth:** Advancing local policies that improve conditions for health
- **Environmental stewardship:** Reducing and eliminating environmental contributors to disease and illness

Kaiser Permanente Sacramento Medical Center implementation strategies

Kaiser Permanente Sacramento Medical Center has identified the strategic focus, strategies, and expected impact for each priority health need, described in the table below. While we recognize that IS strategies can address multiple health needs, each strategy in the table is associated with the needs where we expect to see the greatest impact.

To implement the strategies identified, Kaiser Permanente Sacramento Medical Center will draw on a broad array of organizational resources, such as grantmaking and leveraged assets, as well as internal Kaiser Permanente programs. Kaiser Permanente Sacramento Medical Center Community Health also recognizes the importance of joint planning and collaboration with community stakeholders and leaders and welcomes opportunities to build on the strong partnerships we currently have in place.

| Priority health need | Expected impact | Focus | Strategy |
|----------------------|---|---|---|
| 1. Housing | All people have access to safe, affordable, and stable housing and homelessness becomes a rare, brief occurrence | Housing for Health: Increase Affordable Housing Supply | Provide resources for preserving or enhancing the supply of affordable housing |
| | | Housing for Health: Prevent Homelessness | Support evidence-based housing stabilization assistance |
| | | | Support expansion of housing-related legal support for at-risk tenants |
| | | Housing for Health: Strengthen Homeless Systems of Care | Support system-level approaches to reducing homelessness (e.g., achieving quality data) |
| | | Housing for Health: Transform Care | Support improved coordination among Continuum of Care programs, social service organizations, and housing providers |
| 2. Access to care | Increased access to care for low-income at-risk populations | Medicaid & Charity Care | Charitable Health Coverage: Provide access to comprehensive health care and to coverage for low-income individuals and families who do not have access to public or private health coverage |
| | | | Medicaid: Provide high-quality medical care services to Medicaid participants who would otherwise struggle to access care |
| | | | Medical Financial Assistance: Provide temporary financial assistance to low-income individuals who receive care at KP facilities and can't afford medical expenses and/or cost sharing |
| | | | Support organizations that build capacity, provide information about coverage options, assist with eligibility screening, application and enrollment, and advocate for increasing coverage options for low-income individuals |
| | All community members have access to high-quality and culturally appropriate health care services in coordinated delivery systems | Access to Care | Increase access to a diverse, culturally competent, and linguistically appropriate health care workforce |

| Priority health need | Expected impact | Focus | Strategy |
|---|--|---|---|
| <p>3. Mental & behavioral health</p> | <p>Safe, healthy, and supportive learning environments for all students, staff, and teachers</p> | <p>Thriving Schools: Intensive support: Partner with select schools and districts</p> | <p>Provide funding to schools and districts to fill gaps identified in a Healthier Generation assessment or to implement the Healthier Generation Thriving Schools Integrated Approach</p> |
| | <p>A systemwide approach to preventing and mitigating the negative impacts of trauma</p> | <p>Intergenerational Trauma and Healing</p> | <p>Support Black, Indigenous, People of Color (BIPOC)-led organizations that advance best practices for preventing and/or mitigating the impacts of ACEs, toxic stress, and trauma for communities disproportionately experiencing inequities</p> |
| | <p>All community members experience social emotional health and well-being and have access to high quality mental health care services when needed</p> | <p>Mental Health & Wellness</p> | <p>Contribute to the mitigation of the effects of trauma related to gun violence, community violence, family violence and other ACEs related traumatic events for populations living in adverse environments</p> |
| | | | <p>Develop a diverse, well trained mental and behavioral health care workforce that provides linguistically and culturally competent care (including peer-to-peer models and a LGBTQ-inclusive workforce)</p> |
| | | | <p>Increase access to mental and behavioral health care services for low-income and vulnerable populations</p> |
| <p>Support community capacity-building for alternative 'first response' approaches to mental health crisis interventions (for example, mental health providers or social workers as first responders, and/or law enforcement training for mental health crisis awareness & sensitivity)</p> | | | |

| Priority health need | Expected impact | Focus | Strategy |
|------------------------|--|--|---|
| 4. Income & employment | Reduced structural barriers and improved opportunities for inclusive economic mobility | Economic Opportunity: College & Career Readiness | Support programs that improve high school attendance, achievement, and/or graduation for students of color in low-income areas |
| | | Economic Opportunity: Diverse Small Business | Support organizations that provide culturally and linguistically relevant training and technical assistance to small businesses and entrepreneurs of color |
| | | Economic Opportunity: Quality Jobs & Careers | Enhance career pathways by partnering with workforce development organizations to develop and implement job training and placement programs, including pre-apprenticeship programs |
| | All people have consistent access to affordable healthy food | Food for Life: Increasing Purchasing Power | Support organizations that increase enrollment in programs that extend food dollars such as in the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and federal school meal programs |
| | | Food for Life: Meal/Nutrition Distribution | Support organizations that distribute food such as medical tailored meals, prepared food, produce, or other food and meals to school children, families, and those in underserved communities |

Kaiser Permanente Sacramento Medical Center will monitor and evaluate the strategies listed above to track implementation and document the impact of those strategies in addressing significant health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of community-based organizations supported, and the number of people reached/served.

In addition to the strategies developed as part of the CHNA/IS process, many health needs are addressed by Kaiser Permanente business practices that contribute to community well-being, including environmentally responsible purchasing, waste reduction, and purchase of clean energy for facilities. We procure supplies and services from a diverse set of providers and partner with workforce development programs to support a pipeline for diverse suppliers, and we build the capacity of local small businesses through training on business fundamentals. We also conduct high-quality health research and disseminate findings intended to increase awareness of the changing health needs of diverse communities, address health disparities, and improve effective health care delivery and health outcomes.

Health needs Kaiser Permanente Sacramento Medical Center does not plan to address

The significant health needs identified in the 2022 CHNA that Kaiser Permanente Sacramento Medical Center does not plan to address are shown in the table below, along with the reasons for not addressing those needs.

| Reason | Community safety | Climate & environment |
|---|------------------|-----------------------|
| Community does not prioritize this need over other issues | | x |
| Less feasibility to make an impact on this need | | x |
| Less ability for Kaiser Permanente to leverage expertise or assets to address this need | x | x |
| Less ability to leverage community assets to address this need | x | x |
| Aspects of this need will be addressed in strategies for other needs | x | |