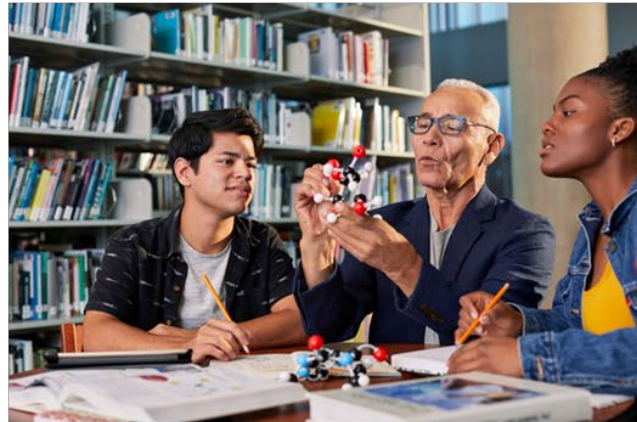


2022 Implementation Strategy



Kaiser Permanente San Rafael Medical Center

License number: 110000357

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

September 27, 2022



Kaiser Permanente San Rafael Medical Center 2022 IMPLEMENTATION STRATEGY

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General information

Contact Person	Shiyama Clunie, 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 San Rafael 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 San Rafael Medical Center conducts a community health needs assessment (CHNA) and identifies significant health needs. To address those needs, Kaiser Permanente San Rafael 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 San Rafael Medical Center has identified the following significant health needs to be addressed in the IS, in priority order:

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

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

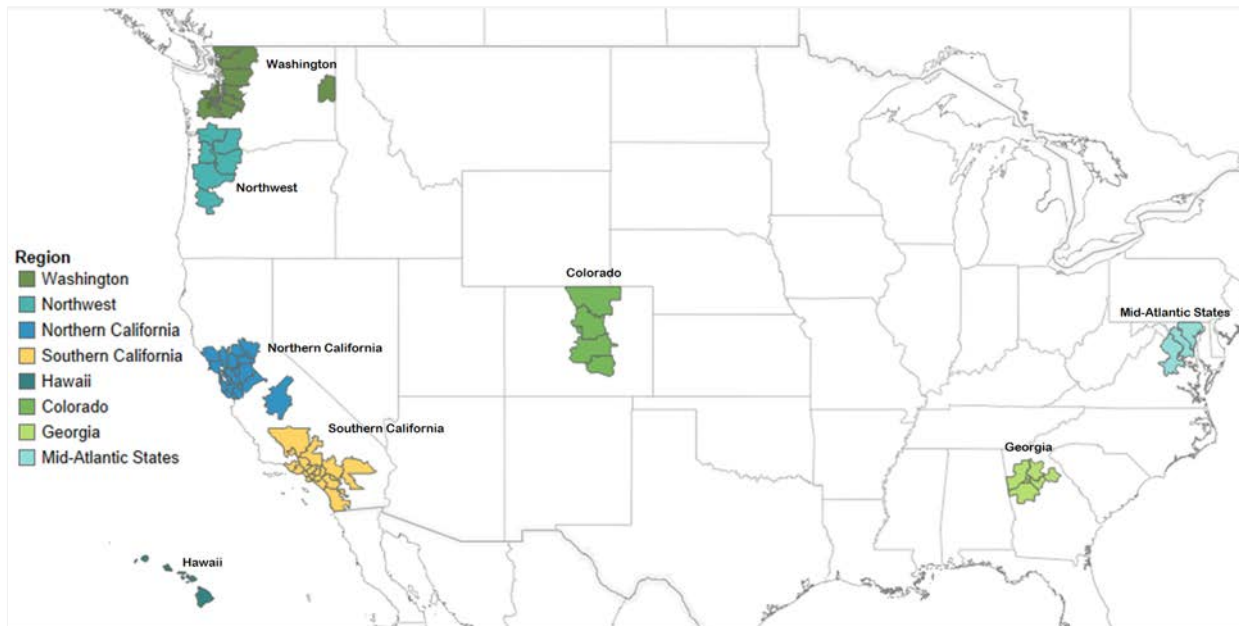
Introduction/background

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.

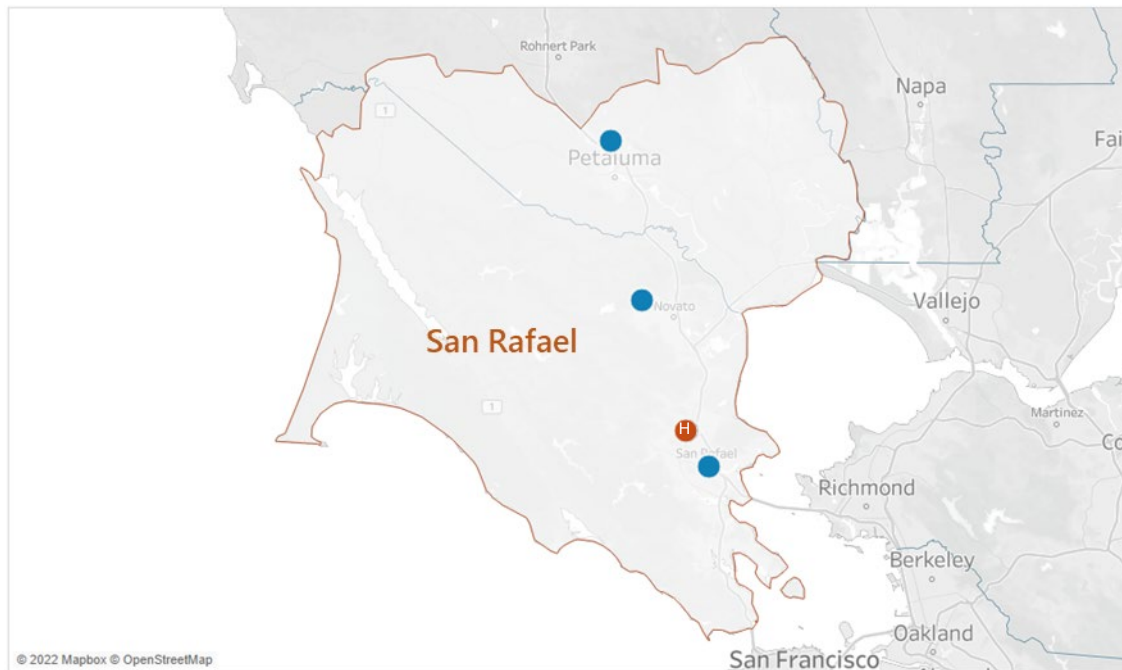
The Kaiser Permanente San Rafael Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

San Rafael service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



San Rafael service area demographic profile

Total population:	364,577
American Indian/Alaska Native	0.2 %
Asian	5.6 %
Black	2.0 %
Hispanic (Latinx)	19.3 %
Multiracial	3.3 %
Native Hawaiian/other Pacific Islander	0.2 %
Other race/ethnicity	0.3 %
White	69.1 %
Under age 18	19.9 %
Age 65 and over	21.4 %

Community health needs

Significant health needs identified in the Kaiser Permanente San Rafael 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 San Rafael service area, listed below.

1. Access to care
2. Income & employment
3. Housing
4. Mental & behavioral health
5. Education
6. Structural racism
7. Substance use

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 the Kaiser Permanente San Rafael Medical Center will address in the 2022 three-year Implementation Strategy, Kaiser Permanente San Rafael 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 improve health equity/disparities
- Degree of acuteness or disparity of the need

Health needs Kaiser Permanente San Rafael Medical Center plans to address

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

1. 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. Although the San Rafael service area is among the wealthiest in California, income, access to employment, and the ability to generate long-term wealth varies greatly throughout the service area. The median household income for white families is twice as high as the median household income of Black and Latinx families. Additionally, 25 percent of Latinx children in Marin County live below the federal poverty level, compared to 6 percent of white, 8 percent of Asian, and 14 percent Black children. This inequity is due to many factors related to the high cost of living and access to good paying jobs in the county. Interviewed community leaders shared that these challenges were furthered by the COVID-19 pandemic, illness, and public health orders limiting which business and services were open to the public, negatively impacting employment and wages – especially for those working in the service sector. To address income inequality in the service area, key informants recommended employers get more creative with salaries, benefits, retention strategies, and recruitment strategies for jobs within Marin County.

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 San Rafael service area, although only 4 percent of the population is uninsured, 13 percent of adults reported delaying or having difficulty accessing health care that they felt they needed. This is in part due to rising health care costs and lack of adequate transportation for those living in rural areas. Additionally, access to regular care varies by population: 94 percent of Asian, 93 percent of white, 80 percent of Latinx, and 52 percent of Black residents have a usual source of health care. Interviewed community leaders shared there is a lack of culturally responsive providers and providers focused on the specific care needs of communities of color, LGBTQ+ individuals, as well as a lack of understanding of the intersectionality of multiple identities. They also identified strategies to address access to care such as expanding health education and outreach; emphasizing the role of Promotores as key health care advocates and trusted messengers in local communities; and working with leaders in multiple sectors in order to create an integrated health care system.

3. Education: The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration. Access to early learning opportunities is limited for some children in Marin County; 35 percent of Marin County 3-to-5-year-olds are not enrolled in preschool. Additionally, the high school drop out rate of Marin County students increased over the past few years, from 1 percent of students in the 2014-15 school year to 6 percent in the 2016-17 school year. Only 68 percent of Latinx residents have obtained at least a high school diploma, compared to 98 percent of white, 93 percent of Asian, and 85 percent of Black residents. Interviewed community leaders emphasized learning losses for children during school closures due to COVID-19. They noted that remote learning options were very limited for students without reliable internet access. They also emphasized the lack of adequate staff for education positions, particularly preschool teachers and school psychologists.

4. 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 suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In Marin County the age adjusted rate of death due to suicide, alcohol related disease, and drug overdoses per 100,000 population is only slightly better than California as a whole (32.0 compared to 34.3 per 100,000). However, the age adjusted rate of death due to intentional self-harm specifically is higher: 13.2 per 100,000 in Marin County compared to 10.5 per 100,000 statewide. Additionally, there are disparities related to mental and behavioral health. For example, 61 percent of students who are gay, lesbian, or bisexual reported feeling sad or hopeless almost every day compared to 23 percent of students who are straight. Interviewed community leaders noted the need for ongoing support, particularly to address the mental health impacts of recent wildfires and the COVID-19 pandemic. They noted that specific communities such as Latinx and Black residents may be particularly hesitant to utilize mental health or substance use services due to a lack of culturally competent care options. They also identified strategies to address mental and behavioral health such as peer support and drop-in centers.

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 San Rafael Medical Center implementation strategies

Kaiser Permanente San Rafael Medical Center Community Health 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 San Rafael 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 San Rafael 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. 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: 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
	All people have access to safe, affordable, and stable housing and homelessness becomes a rare, brief occurrence	Housing for Health: Prevent Homelessness	Support evidence-based housing stabilization assistance
		Housing for Health: Transform Care	Support improved coordination among Continuum of Care programs, social service organizations, and housing providers

Priority health need	Expected impact	Focus	Strategy
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
	Improved quality of care for patients of safety net organizations	Safety Net Partnerships	Provide core support to safety net organizations, allowing these organizations to implement initiatives appropriate for the needs of their population (e.g., expansion of specialty care, providing more virtual care for nonsurgical specialties)
	All people have access to a robust network of community organizations to meet their social health needs	Thrive Local: CBO Capacity Development	Support community-based organization capacity building, including but not limited to, staffing, training, leadership development, and policy advocacy
			Thrive Local: Community Network Development
Thrive Local: Maximize Value of the Network			Strengthen community networks by supporting community or navigation centers, community advisory councils, and interoperability with other systems

Priority health need	Expected impact	Focus	Strategy
3. Education	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
	Improved school readiness for children entering kindergarten	Academic Attainment	Expand subsidized preschool slots for low- and moderate-income families (focus on Latinx/Black African American pop)
			Support programs that improve the quality of early childhood workforce, such as through staff development and training
Increased access to educational and social health resources	Academic Attainment	Support organizations implementing digital equity policies, programs and/or tools for households with school-age children (e.g., affordable, robust broadband internet service, internet-enabled devices, digital literacy training)	
4. Mental & behavioral health	All community members experience social emotional health and wellbeing and have access to high quality behavioral health care services when needed	Mental Health & Wellness	Increase access to behavioral health care services for low-income and vulnerable populations
			Contribute to the mitigation of the effects of trauma related to gun violence, community violence, family violence and other ACEs related to traumatic events for populations living in adverse environments
			Unhealthy substance use: Prevent and reduce misuse of drugs and alcohol
			Prevent and support healing from toxic stressors, ACEs and intergenerational trauma associated with systemic racism

Kaiser Permanente San Rafael 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 San Rafael Medical Center does not plan to address

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

Reason	Housing	Structural racism	Unhealthy substance use
Significant Kaiser Permanente investments already have been made to address this need	X		
This need is incorporated into other needs selected	X	X	X
Aspects of this need will be addressed in strategies for other needs	X		