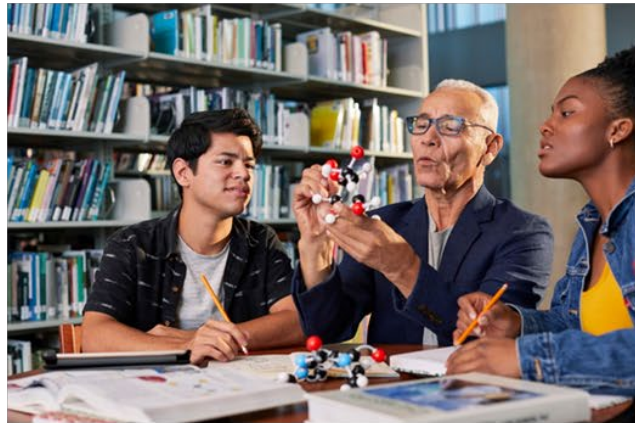


2022 Implementation Strategy



Kaiser Permanente of the Mid-Atlantic States

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

September 27, 2022

Kaiser Permanente of the Mid-Atlantic States 2022 IMPLEMENTATION STRATEGY

CONTENTS

| | |
|--|----|
| General information | 2 |
| Summary | 3 |
| Introduction/background | 4 |
| Community served | 6 |
| Significant health needs identified in the 2022 CHNA report | 7 |
| Kaiser Permanente's IS process | 8 |
| Health needs Kaiser Permanente of the Mid-Atlantic States plans to address | 8 |
| Kaiser Permanente of the Mid-Atlantic States implementation strategies | 10 |
| Health needs Kaiser Permanente of the Mid-Atlantic States does not plan to address | 16 |

General information

| | |
|--|--|
| Contact Person | Cynthia L. Cifuentes, Vice President, Marketing, Communications, & Community Relations |
| Date of written plan | July 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, 52-0954463 |
| Address of hospital organization | One Kaiser Plaza, Oakland, CA 94612 |

Kaiser Permanente of the Mid-Atlantic States 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 of the Mid-Atlantic States conducts a community health needs assessment (CHNA) and identifies significant health needs. To address those needs, Kaiser Permanente of the Mid-Atlantic States 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 of the Mid-Atlantic States has identified the following significant health needs to be addressed in the IS, in priority order:

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

Kaiser Permanente of the Mid-Atlantic States' CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

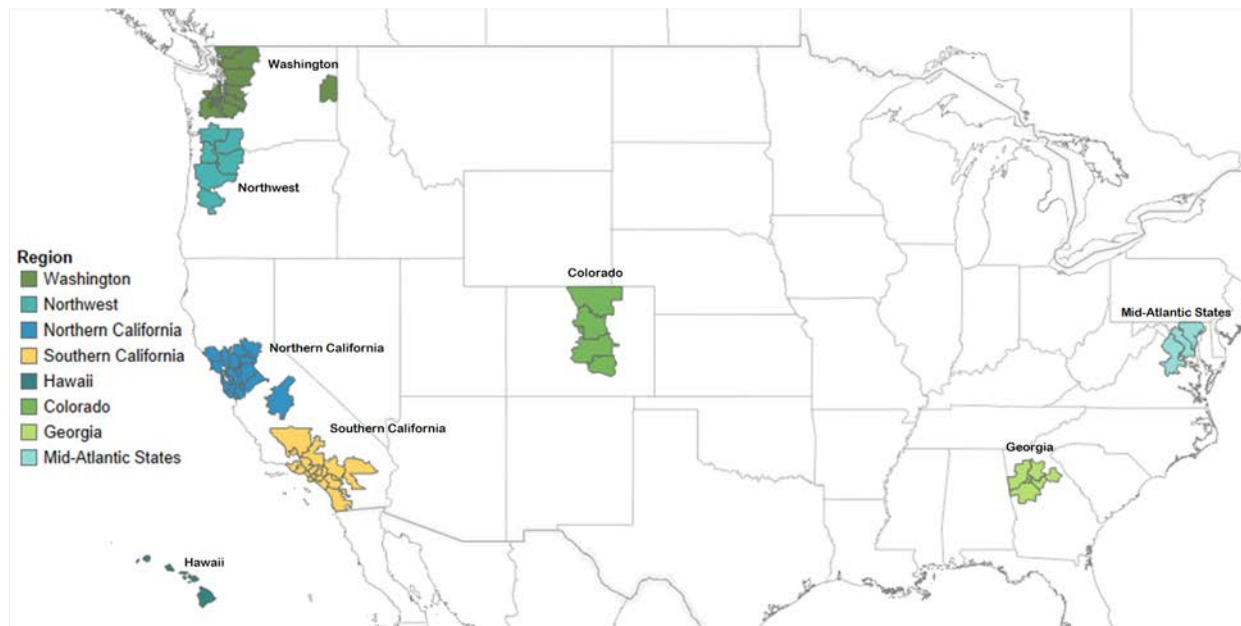
Introduction/background

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.

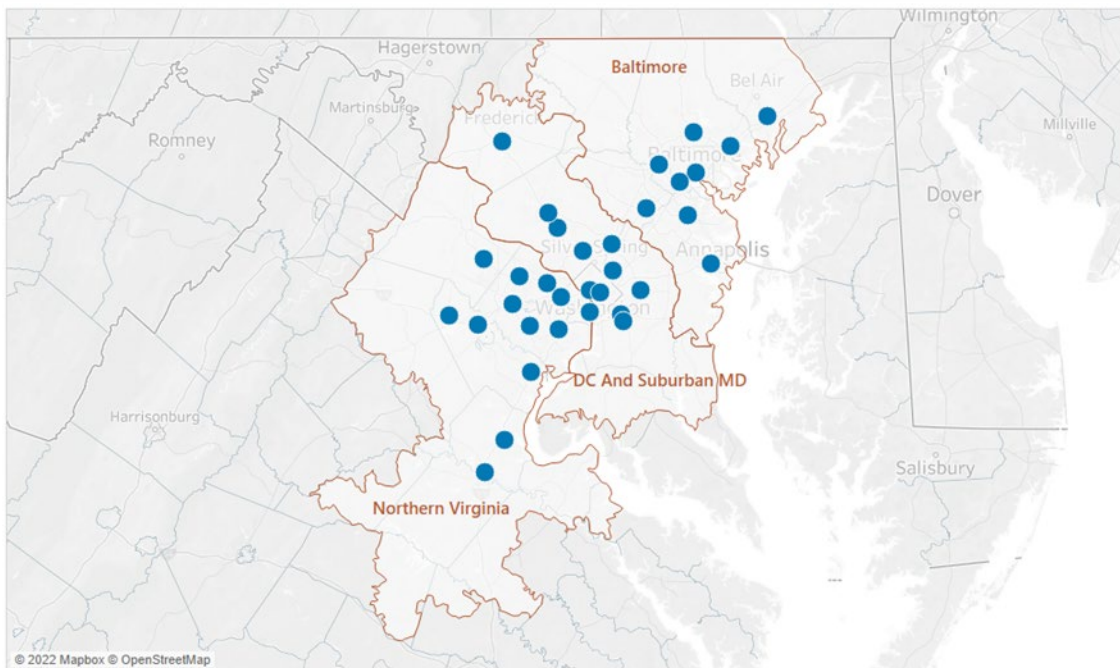
The Kaiser Permanente of the Mid-Atlantic States 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

Kaiser Permanente defines the community served as those individuals residing within its service area. The Kaiser Permanente of the Mid-Atlantic States service area includes all residents in a defined geographic area surrounding its medical facilities and does not exclude low-income or underserved populations.

Mid-Atlantic States region and service areas

● Kaiser Permanente medical offices



Mid-Atlantic States region demographic profile

| | |
|--|-----------|
| Total population: | 8,913,622 |
| American Indian/Alaska Native | 0.2% |
| Asian | 9.5% |
| Black | 26.7% |
| Hispanic | 13.9% |
| Multiracial | 3.0% |
| Native Hawaiian/other Pacific Islander | 0.1% |
| Other race/ethnicity | 0.2% |
| White | 46.4% |
| Under age 18 | 22.6% |
| Age 65 and over | 13.4% |

Community health needs

Significant health needs identified in the Kaiser Permanente of the Mid-Atlantic States 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. Kaiser Permanente of the Mid-Atlantic States first identified health needs, by service area, in priority order:

| Baltimore service area | DC and Suburban Maryland service area | Northern Virginia service area |
|---|--|---|
| <ol style="list-style-type: none"> 1. Access to care 2. Mental & behavioral health (including substance use) 3. Community safety 4. Cancer 5. Sexual health (tie) Transportation (tie) | <ol style="list-style-type: none"> 1. Access to care 2. Sexual health 3. Community safety 4. Cancer 5. Mental & behavioral health (including substance use) (tie) Housing (tie) Income & employment (tie) | <ol style="list-style-type: none"> 1. Income & employment 2. Healthy Eating Active Living opportunities 3. Community safety (tie) Housing (tie) Sexual health (tie) 4. Mental & behavioral health (including substance use) |

Once all the community health needs were identified they were prioritized, resulting in a list of significant community health needs in the Mid-Atlantic States region, listed below.

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

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 of the Mid-Atlantic States will address in the 2022 three-year Implementation Strategy, Kaiser Permanente of the Mid-Atlantic States Community Health considered a set of criteria that includes:

- Severity and magnitude of need: Includes how measures compare to national or state benchmarks, 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.
- Service area priorities: The region generated a list of top health needs in each of the three service areas, then aggregated the findings to develop the list of regional priorities.
- Leveraging Kaiser Permanente assets: Kaiser Permanente can make a meaningful contribution to addressing the need

Health needs Kaiser Permanente of the Mid-Atlantic States plans to address

The health needs in the Mid-Atlantic States region that will be addressed during 2023-2025 are:

- 1. Access to care:** All key informants shared that access to care is a high need. They shared concerns around the availability of preventative services such as blood pressure, diabetes, and cholesterol screening. Key informants noted that a barrier for those with limited English proficiency was lack of health care staff who speak their language. They cited the importance of a culturally reflective and competent health care workforce.
- 2. Housing:** All key informant shared that housing is a need in the Mid-Atlantic States region. In March 2022, the average price of a typical single-family residence in the Baltimore metropolitan area was \$374,000, in the D.C. metropolitan area it exceeded \$570,000, and in Northern Virginia ranged from \$464,900 in Spotsylvania County to \$654,656 in Loudoun County. Key informants noted that disinvestment, racism, and constant barriers to accessing supports makes owning a safe affordable home out of reach for many. Some organizations are exploring group housing models that feel less institutional and more communal, working with residents to co-create spaces that meet their needs.
- 3. Mental & behavioral health:** Mental and behavioral health is a top concern in the Mid-Atlantic States region. One key informant noted “mental health issues are huge and that we have to continue to invest in it.” Mental health workforce capacity was repeatedly mentioned, especially the lack of adequate culturally appropriate resources. Key informants shared that Black and Latino/a communities especially experience barriers to caring for their mental health including racism, stigma, and mistrust. Other areas of need include addressing youth violence and substance misuse.

4. Income & employment: There are disparities in economic security across the Mid-Atlantic States region. Income inequality is higher in urban cores as well as further out suburban areas. Income varies considerably across the region. For example, 2015–2019 median household income in the DC and Suburban MD service area ranged from under \$40,000 in some DC neighborhoods located in Ward 8 with a majority population of people of color to over \$200,000 in the Maryland and Virginia suburbs that have a majority white population. In Northern Virginia “islands of disadvantage” — clusters of census tracts where residents face multiple challenges, including poverty, poor education, unaffordable housing, and lack of health insurance — are often located near areas of influence. In the region, median household income for Black residents is less than that of white residents. Residents in the region who experience economic insecurity must make choices between putting food on the table, paying rent or accessing healthcare. Some key informants shared that across the region the food safety net strengthened. Noting that “through myriad partners, food, banks, churches, and community centers” millions of pounds of food were distributed across the region.

5. Sexual health: In the District of Columbia and Maryland rates of chlamydia and primary and secondary syphilis are worse than the national benchmark. This is a reminder that taking action to reduce sexually transmitted infections (STIs) is still a need and an area of focus. Key informants shared that STIs are a concern for the LGBTQ+ and homeless populations. Interviewees also identified that those who use substances may also be at a higher risk for STIs. HIV/AIDS prevalence and HIV/AIDS deaths are more than 20 percent worse than the national benchmark in the Baltimore and DC and Suburban MD service areas. Key informants noted the importance of increasing the capacity of the health care workforce to provide gender affirming care and that this especially important for youth and young adults.

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 of the Mid-Atlantic States implementation strategies

Kaiser Permanente of the Mid-Atlantic States 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 of the Mid-Atlantic States will draw on a broad array of organizational resources, such as grantmaking and leveraged assets, as well as internal Kaiser Permanente programs. Kaiser Permanente of the Mid-Atlantic States 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. Access to care | Increased access to care for low-income at-risk populations | Medicaid & Charity Care | 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 |
| | | | 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 |
| | | | 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) |
| | | Increased access to care | Provide no-cost clinical health outreach and screenings in under-insured communities, communities with low health center access, and communities with health disparities |
| All people have access to safe, affordable, and stable housing and homelessness becomes a rare, brief occurrence | Transform Care | Support improved access and quality of medical care for persons experiencing homelessness | |

| Priority health need | Expected impact | Focus | Strategy |
|------------------------------------|---|---|--|
| 2. Housing | Vibrant, equitable cities in which everyone lives longer, healthier lives | CityHealth: Policy advancement | Support coalitions or other organizations that advance policies that are part of the CityHealth menu: Affordable housing trusts, healthy rental housing, legal support for renters |
| | 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 | | |

| Priority health need | Expected impact | Focus | Strategy |
|-------------------------------|--|--|--|
| 3. Mental & behavioral health | Safe, healthy, and supportive learning environments for all students, staff, and teachers | Thriving Schools: Broad reach: Provide resources and support for all | Extend school and district adoption and integration of Kaiser Permanente Thriving Schools initiatives, tools, and resources related to supportive environments |
| | | Thriving Schools: Intensive support: Partner with select schools and districts | 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 |
| | | Thriving Schools: Movement building: Strengthen the field | Support organizations that promote and/or activate the 10-year roadmap created by the National Healthy Schools Collaborative related to supportive environments |
| | | Partner with schools | Provide mini-grants and supplementary training to schools and districts to promote supportive learning environments for all students, staff, and teachers |
| | A systemwide approach to preventing and mitigating the negative impacts of trauma | Intergenerational Trauma and Healing | 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 |
| | Vibrant, equitable cities in which everyone lives longer, healthier lives | CityHealth: Policy advancement | Support policy coalitions or other organizations that advance policies that are part of the CityHealth menu: Safer alcohol sales and smoke-free indoor air, flavored tobacco restrictions |
| | Improve and build the current and emerging mental health workforce to meet community needs | Strengthen mental and behavioral health field: Strengthen mental and behavioral health field | Support organizations advancing policies or research in mental and behavioral health including substance use |
| | Culturally responsive mental health workforce to meet the needs of the community | Quality mental health jobs and careers | Support workforce development partners to develop and implement job training and placement programs for a culturally responsive mental health workforce, including pre-apprenticeship programs |

| 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 |
| | | | Support the Kaiser Permanente Health Equity Scholars program |
| | | Economic Opportunity: Diverse Small Business | Strengthen credible sources of lending for businesses for small business recovery and growth, including loan guarantee pools |
| | | | Support organizations that provide culturally and linguistically relevant training and technical assistance to small businesses and entrepreneurs of color |
| | | | Support organizations advocating for policies to increase small businesses' access to affordable capital, strengthen infrastructure, and address systemic financial inequities |
| | | Economic Opportunity: Individual Financial Health | Improve individual financial health by supporting housing, workforce development, or other organizations that embed or enhance financial coaching services |
| | | 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 |
| | | | |

| Priority health need | Expected impact | Focus | Strategy |
|--|--|--|--|
| 5. Sexual health | Culturally responsive work force to meet the needs of the LGBTQ+ community | Culturally competent care | Provide culturally responsive educational and training opportunities for health care and community health workers to increase their ability to serve the LGBTQ+ communities (in particular educating about what transgender and non-binary means, the needs of the LGBTQ+ community, and the importance of using correct pronouns, etc.) |
| | Improved health and quality of life through prevention, detection, and treatment of STIs/HIV and the associated risk factors | Promote Sexual Health | Build capacity for organizations to expand their offering of evidence-based programs addressing STI/HIV prevention and management, and behavioral and mental health services to BIPOC, LGBTQ+, homeless and other at risk for or with STIs/HIV |
| | Increased access to care | Promote Sexual Health | Provide comprehensive care for individuals needing gender-affirming services including hormone therapy, sexual and reproductive health care, mental health services, and surgical evaluations and procedures, void of any form of discrimination |
| | | | Provide culturally sensitive access to comprehensive healthcare, delivered by providers who are sufficiently knowledgeable on LGBTQ+ care and WPATH clinical guidelines (to include STI and HIV screening and/or care and/or access to LARCs: long-acting reversible contraception) for low-income individuals and families who do not have access to public or private health coverage) |
| | | | Provide no-cost clinical health outreach and screenings in under-insured communities, communities with low health center access, and communities with health disparities |
| | | Provide support to safety net organizations that offer STI and HIV screening and/or care and/or access to LARCs (long-acting reversible contraception) | |
| | | Provide the full range of comprehensive, integrated reproductive health services, including prenatal, maternity, family planning, contraception, and pregnancy termination services. | |
| Increased support for LGBTQ+ initiatives | Promote Sexual Health | Visibly identify with local opportunities to support LGBTQ+ Pride and emphasize high quality care for LGBTQ+ Community promotion of work done by Kaiser Permanente to deliver culturally sensitive health care in a safe, non-discriminatory environment | |

Kaiser Permanente of the Mid-Atlantic States 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 of the Mid-Atlantic States does not plan to address

Kaiser Permanente of the Mid-Atlantic States is addressing all of the significant needs identified in the 2022 CHNA.