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Building and Implementing a Social Health Research Infrastructure in an Integrated Health Care System

Meagan Brown, PhD, MPH

Morgan Clennin, PhD, MPH

Teaniese “Tina” Davis, PhD, MPH

Maile Tauali‘i, PhD, MPH

Health Care Systems Research Network (HCSRN) 2025 Annual Conference

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sonnet.kp.org

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Introductions and overview

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SONNET is Kaiser Permanente's Social Needs Network for Evaluation and Translation

A network of researchers and operational leaders who work together to advance Kaiser Permanente's Social Health Practice (SHP) objectives and improve our members' social health.

- Established in 2017
- Funded by the Kaiser Permanente Office of Community Health
- Brings together partners from Kaiser Permanente National and the organization's 8 regional markets and research centers



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Introductions and overview

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What SONNET will share with you today

1. Learning health system approaches for evaluating social health
2. Using internal data to understand health utilization and outcomes
3. Patient perspectives on social health screening
4. Provider training to support social health screening

Q&A

Who you'll hear from



Meagan Brown, PhD, MPH
SONNET Director and Assistant Investigator,
KP Washington Health Research Institute



Morgan Clennin, PhD, MPH
SONNET Researcher and Assistant Investigator,
KP Colorado Institute of Health Research



Teaneise "Tina" Davis, PhD, MPH
SONNET Researcher and Investigator,
KP Georgia Center for Research and Evaluation



Maile Tauali'i, PhD, MPH
SONNET Researcher and Collaborative Investigator, Center for Integrated Health Care Research, Hawai'i Permanente Medical Group

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SECTION 1

Learning health system approaches for evaluating social health

Learning objective

Describe the benefits of a learning health system approach for designing, implementing, and evaluating social health initiatives — and share examples of how to build a content-specific learning health system

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Why learning health system approaches are valuable for social health

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Collecting **social health data** and using it for evaluation is challenging.



We need to honor our **patients' concerns and preferences** related to social health screening.



We need to **provide care teams with tools and trainings** to help them navigate social health integration.



Making an impact depends on being able to deliver **rapid, actionable insights** health systems can use to:

- Inform their overall social health strategy
- Make timely decisions about which initiatives and interventions to prioritize

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SONNET's 4 core capabilities

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Research & evaluation

We design and lead research studies and evaluations that **inform key decisions** and help SHP achieve its strategic priorities.



Just-in-time review & analysis

We help **answer SHP's pressing questions** using advanced analytics and rapid evidence reviews.



External grant development

We bring together teams to apply for grant funding that **provides external resources** in support of SHP's goals.



Leadership in the field

We disseminate our findings so that other health systems can learn from our efforts to advance social health.

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SONNET's model before 2025

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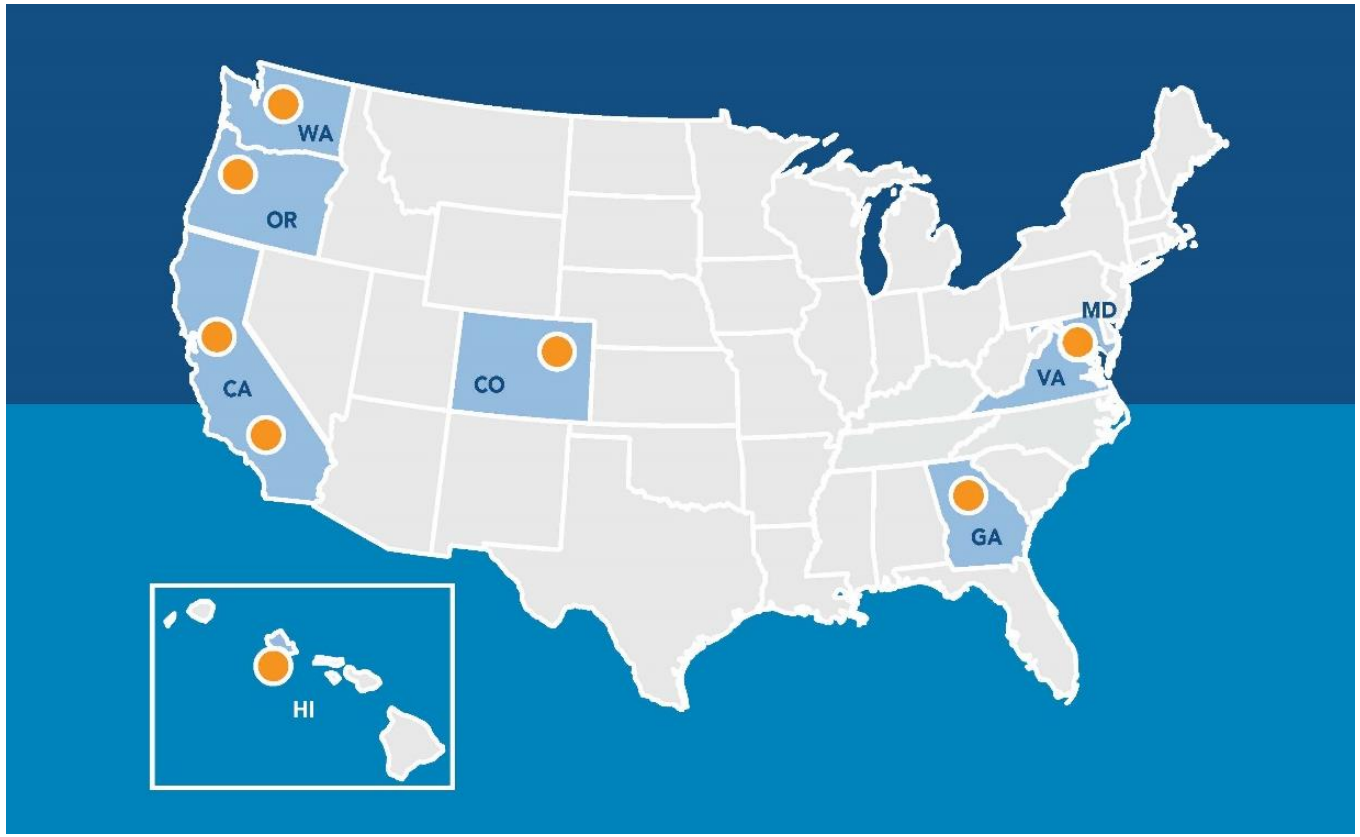
Evaluation & Research Committee spanning each of Kaiser Permanente's 8 regional research centers



20+ individually funded projects

- Investigator initiated
- Often focused on region-specific interventions
- Results were sometimes not relevant to the SHP team's high-priority questions

Limited capacity for real-time consultations

Ad hoc collaborations to seek new grant funding

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Now: A learning health system (LHS) approach

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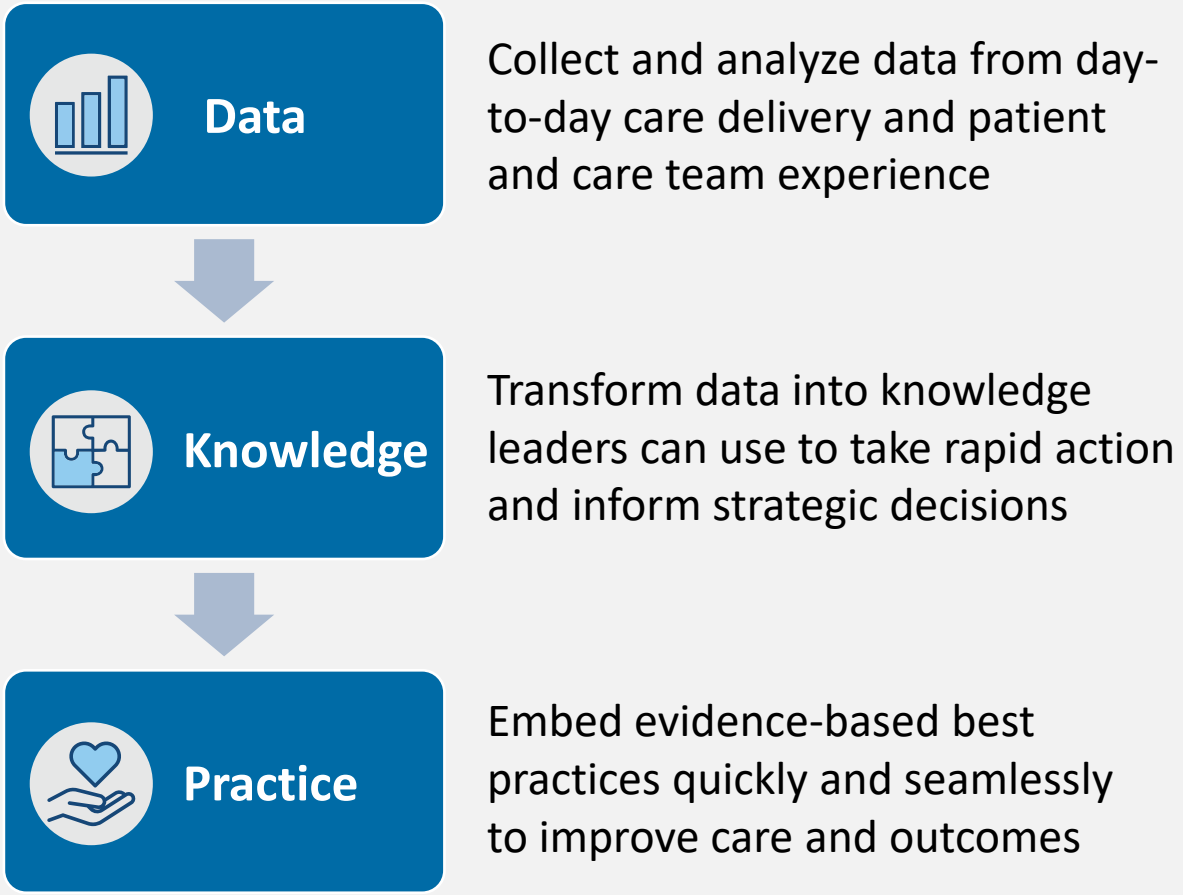
One dedicated research project

- Provide more real-time insights and guidance on SHP's high-priority questions

Expanded leadership group

- Closer **alignment** with SHP
- Greater **consultative capacity**
- SONNET programmer to provide **rapid analyses** using SHP operational data
- **Dedicated FTE** to develop grant proposals
- **Operational Advisory Board** to advise on SONNET strategy

What does it mean to use an LHS approach?



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Opportunities to improve outcomes for members who use the Community Support Hub

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Project objective: Collaborate with SHP to produce high-priority, actionable research insights that can demonstrate impact and opportunities for Kaiser Permanente's social health investment.

- Begin with call center to test out plan and solidify access to high-quality data
- Eventually extend to government program enrollment support and community resource directory and referrals



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Project aims

Aim 1: Generate and evaluate **member segments to describe experiences with the Community Support Hub** based on combinations of region, line of business, gender, race and ethnicity, and age.

Aim 2: **Identify near-term process and outcome measures** that are modifiable, available, and feasible, and incorporate for use in the Community Support Hub.

Example member segments



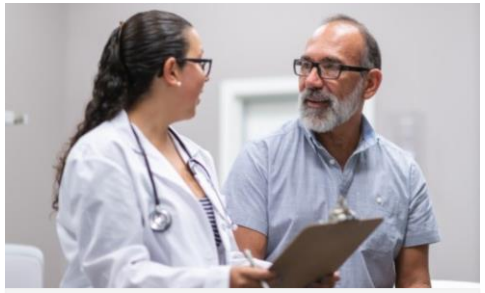
Older members with Medicaid coverage



Younger members with high risk scores



Employed members with specific social needs



Members with high risk scores and high utilization

How did we get from the old model to the new one?

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- Defined our capabilities more specifically and identified our strengths
- Had iterative conversations with various SHP partners and leaders to:
  - Better explain what we can do with our strengths
  - Ask where they thought we should we spend our time and what they would most like to get out of our partnership
- Drafted a plan and continued to iterate – using an LHS process to design our scope of work
- Still figuring it out and evolving *with them.* Example: Forthcoming Operational Advisory Board

Key takeaways



Be **intentional and strategic** about how you partner with operations for research and evaluation.



Consider your **strengths and capabilities** and focus on what you do best.

For us, a **learning health system (LHS) approach** made sense.

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SECTION 2

Using social health data to understand health utilization and outcomes

Learning objective

Illustrate data sources utilized to evaluate feasibility of social health initiatives and linkage to outcomes

- HEDIS metrics
- Screening implementation
- Health-related outcomes (utilization, cost, health)

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Kaiser Permanente social health strategy

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IDENTIFY
- Data prevalence
- Predictive modeling

CONNECT
- Inform
- Adjust
- Implement

SUPPORT
- Follow up
- Program evaluation
- Performance monitoring

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Social health screening: What we're trying to achieve across all 8 Kaiser Permanente regions

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Universal approach to screening everyone, not just certain populations

Standardizing screening questions

Increasing settings and modes for screening to create choice, ensure convenience, accessibility and privacy.

- Settings: Home, inpatient, outpatient, mobile
- Modes: Staff administered, kp.org, tablet in waiting room, phone/interactive voice response

Since 2022…

More than 5.2 million members have completed screening

~43% of total membership (varies by region)

~1.1 million positive screens (about 1 in 5)

Increased utilization of standard screeners during implementation (from ~35% to 70% use of standardized tool)

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Building data infrastructure: Where do the data come from?

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Kaiser Permanente National Social Health Surveys in 2020 and 2022

Foundation for understanding our members' social risks and social needs in a representative way





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Kaiser Permanente National Social Health Surveys

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2020 Survey

44,000 Surveys sent to members **across KP's 8 markets in English and Spanish**

- Online, by phone, or on paper
- Oversampling for groups at higher risk

10,274 Surveys completed, with **similar response rates across KP markets**



Survey questions added in to **assess COVID's impact** on social health



Nationally representative group of members across race, ethnicity, income, education, and other demographics

2020 survey social health domains

- Financial strain
- Social connection
- Food/nutrition insecurity
- Housing instability
- Transportation

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Kaiser Permanente National Social Health Surveys

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2020 Survey

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Nationally representative group of members across race, ethnicity, income, education, and other demographics.

2022 survey social need domains

- Financial strain
- Social connection
- Food/nutrition insecurity
- Housing instability
- Transportation
- Digital equity *NEW!*

2022 Survey

10,119 Surveys sent to all **living members and former members** who responded in 2020

6,317 Surveys completed, **exceeding target response rate** of 50%

View final reports

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Building data infrastructure: Where do the data come from (cont.)?

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Integrated Data Repository (IDR)

Dashboard for real-time monitoring of social health screening implementation

Inform QI

Kaiser Permanente National Social Health Surveys in 2020 and 2022

Data on prevalence of social risk and social need over time among members in all 8 KP regions

Virtual Data Warehouse (VDW)

Build out social health tables

Generate new knowledge

Test interventions



For operational purposes



For research purposes

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Building data infrastructure: How do we integrate and use the data we collect?

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Integrated Data Repository (IDR)

National Social Health Surveys

Virtual Data Warehouse (VDW)



NCQA HEDIS SDoH Measurements

Integration into EHR tools (EPIC)

Linkage to outcome data

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Using available data to explore links between social health and health-related outcomes

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Types of outcomes

- Cost
- Utilization
  - Desirable and undesirable
- Health conditions & outcomes
  - Disease control
  - Medication adherence

Examples



ED encounters **33% more likely** with any social risk and **51% more likely** with any severe social risk

Social Risk and Acute Healthcare Utilization Among Insured Adults. Clennin, et al., *JAMA Network Open*, in press



Odds of severe obesity **nearly double** among adults exposed to severe housing instability

Association of Housing Instability with Obesity Status Among Insured Adults, Clennin, et al., *AJPM*, 2024

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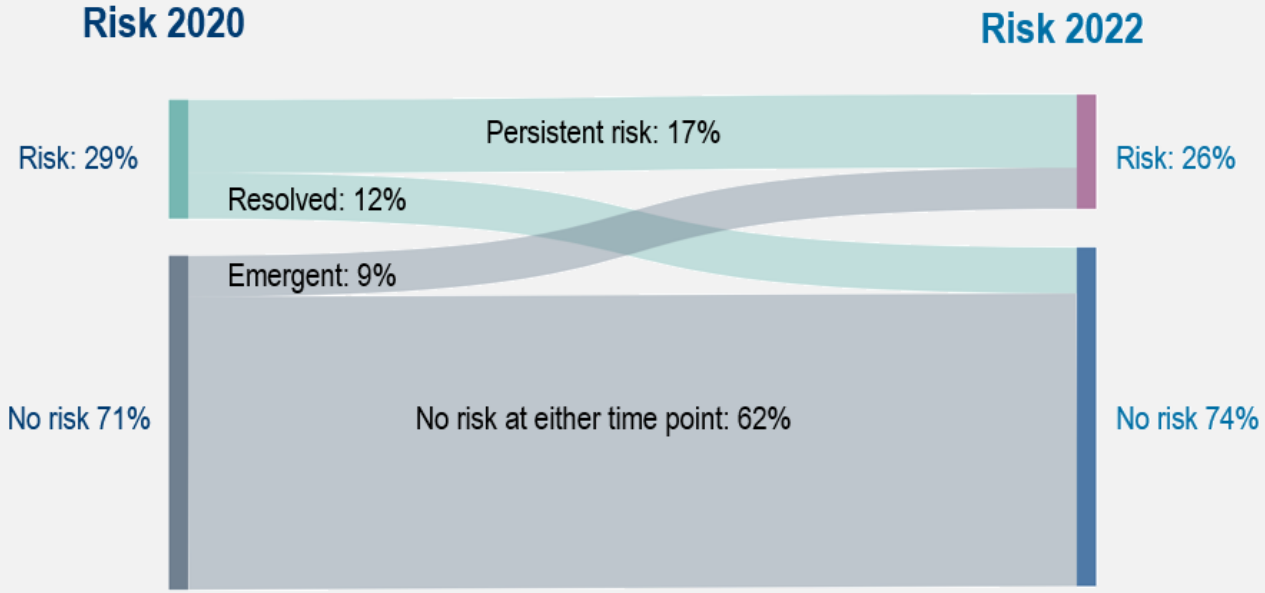
Practical considerations when working with social health data

- Social risks/needs change over time



17% Persistent risk

12% Resolved risk

9% Emerging risk

62% No risk at either time point

Practical considerations when working with social health data

- Social risks/needs change over time
- Strong study designs are essential
  - Examine associations between social risk and outcomes (lag time, acute vs chronic exposure, combinations of risk)
  - Relationships may vary across subpopulations and disease categories





Intersectional analysis using 2020 SHS data:

Lower-income, older-age adults who are Black, Pacific Islander, or multi-racial had **higher risk and need.**

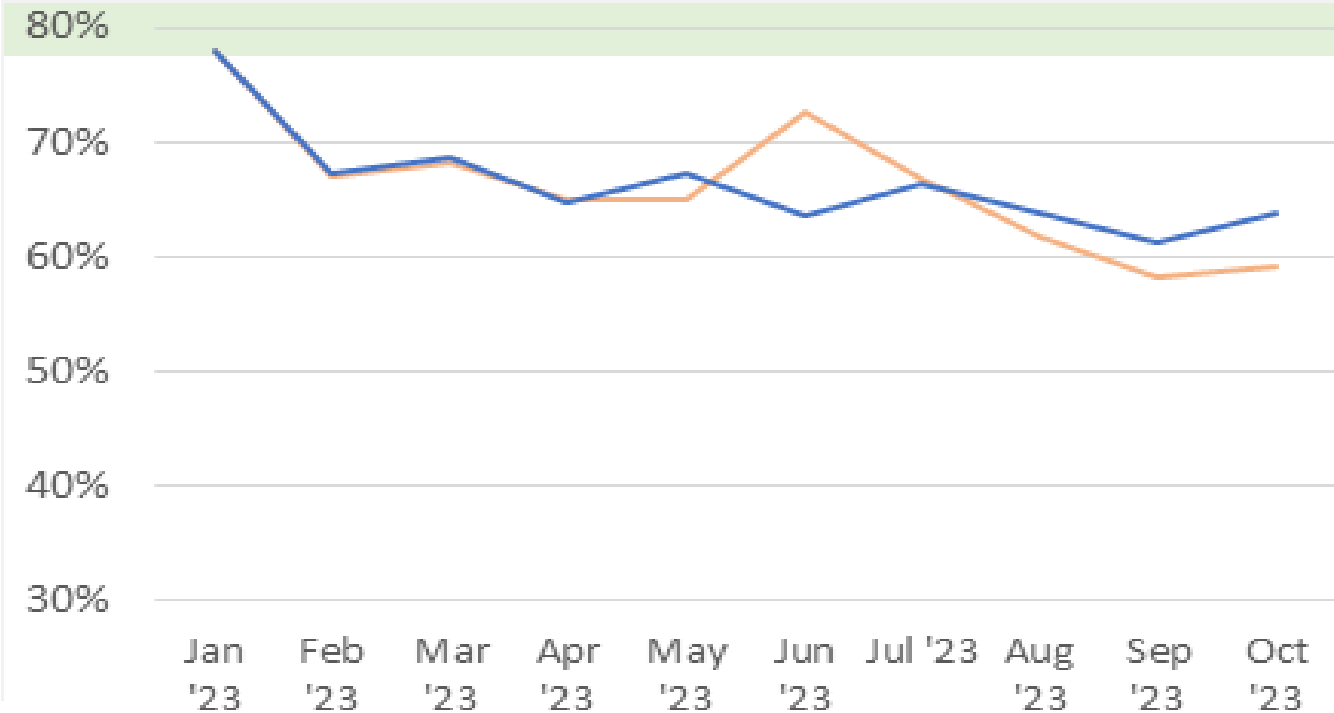
Intersectional Analysis of Social Risk and Need Among a Large Representative Sample of Adults From an Integrated Health System in the U.S. Brown, et al., *AJPM Focus*, 2025

Practical considerations when working with social health data

- Social risks/needs change over time
- Strong study designs are essential
  - Examine associations between social risk and outcomes (lag time, acute vs chronic exposure, combinations of risk)
  - Relationships may vary across subpopulations and disease categories
- Screening data vs. survey data
  - Screening depends on implementation and engagement, so using screening data to draw conclusions about prevalence won't provide the full picture.

Implementing universal screening is difficult

Social Health Integration Pilot in WA: Screening rates fell after active implementation support ended.



Other challenges and limitations

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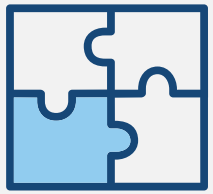
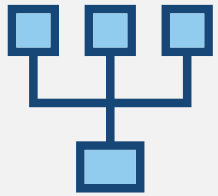
Selection bias

Members reporting **greater social risk** had significantly shorter enrollment



Data completeness

External utilization among members for whom Kaiser Permanente is not primary payer (Medicaid) presents **potential data gap**



Data harmonization

Comon data models help, but it's essential to consider **variation** in social health screening implementation and data availability

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SECTION 3

Patient perspectives on social health screening

Learning objective

Summarize patient engagement in and preferences for social health screening in health care settings and by health care systems

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Digital screening for social needs

Top three modalities for receiving the social health needs questionnaire are: Email/secure message, conversation with physician, and paper form.



Ages 65+	1st choice	2nd choice
Conversation with physician	●●	
Conversation with medical assistant		●●●
Paper form in waiting room		●●●●
Tablet in waiting room		●
Email/secure message (in advance of scheduled apt)	●●●●●	
Text inquiry (no scheduled apt)	●	
Self-service on kp.org (e.g. chatbot)		

Ages 35-65	1st choice	2nd choice
Conversation with physician	●●●●	●
Conversation with medical assistant		●●
Paper form in waiting room		●●
Tablet in waiting room		
Email/secure message (in advance of scheduled apt)	●●●	●
Text inquiry (no scheduled apt)		●
Self-service on kp.org (e.g. chatbot)		

Ages 25-35	1st choice	2nd choice
Conversation with physician		
Conversation with medical assistant		
Paper form in waiting room		●
Tablet in waiting room		
Email/secure message (in advance of scheduled apt)	●●	
Text inquiry (no scheduled apt)		
Self-service on kp.org (e.g. chatbot)		●

Data collected from 17 KP members who responded to a short survey.

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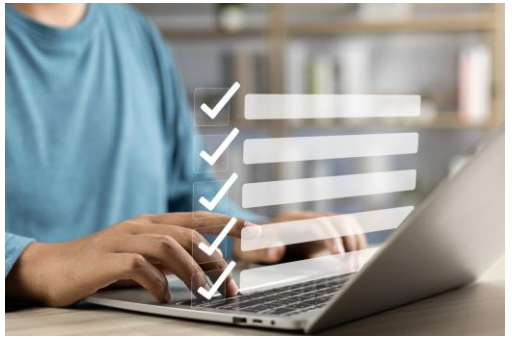
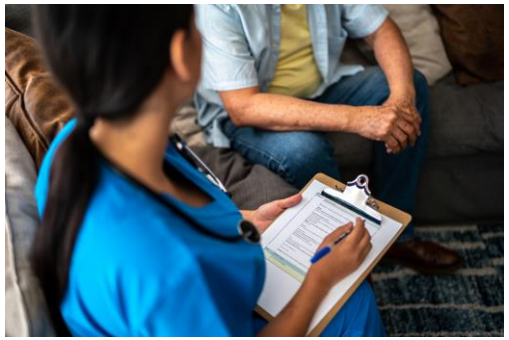
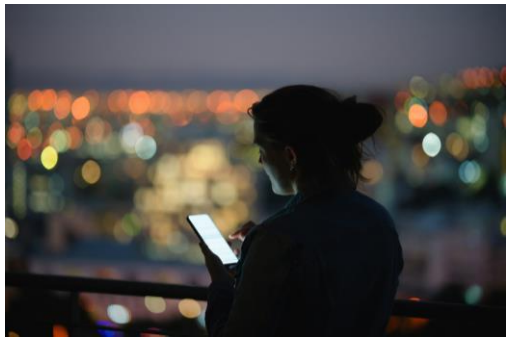
Modality matters

Modality of screener influences patient understanding, perception, trust, and willingness

- Self-paced screening
- Electronic screening
- Electronic referrals
- Get more context than paper forms
- Patients want choice in how they answer

Understanding social health needs

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Social health is critical to physical and mental health.

63% of people sometimes need help with the basic needs of social health.

Let us connect you to the help you need.

Important: If you think you or someone you're caring for is having a medical or mental health emergency, call 911 or go to the nearest hospital. Do not attempt to access emergency care through this website.

Cancel | Get started

Notes:

- For non-urgent medical care needs or questions, send a secure message to your doctor or call the Advice Call Center phone number on the back of your membership card.
- To speak to someone directly, call a Community Resource Specialist at 1-800-443-6328 (TTY 711) Monday through Friday, 8 a.m. to 5 p.m. (Outside these hours, call 211.)
- Would you rather have a member of your care team reach out to you to help you find resources within 48 hours?



Digital screener on KP.org

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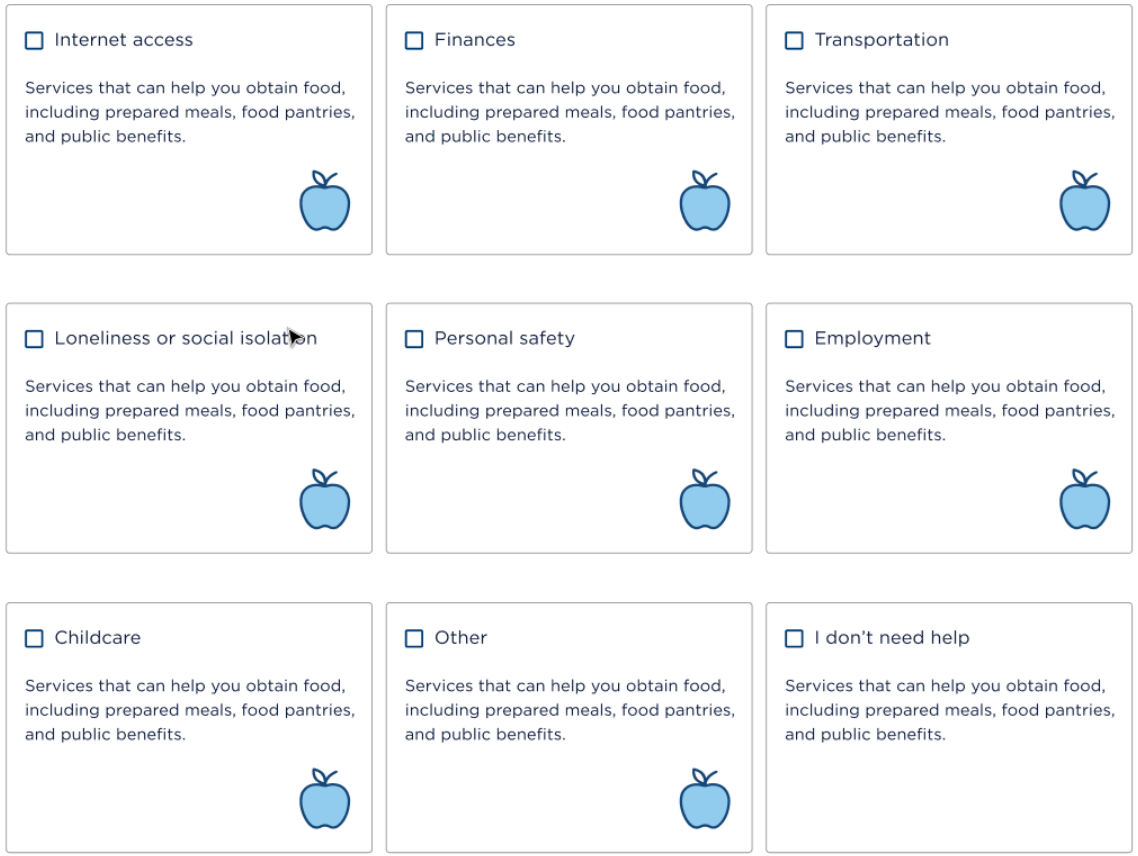
Do you need help with any of the following at this time?

This information is confidential and will become part of your protected medical record. It can be updated at any time.
You must choose one or more options to continue.

If you'd rather speak to someone directly, call a Community Resource Specialist at 1-800-443-6328 (TTY 711)
Monday through Friday, 8 a.m. to 5 p.m. (Outside these hours, call 211.)

Would you rather have a member of your care team reach out to you to help you find resources within 48 hours?



*Draft images of Digital Screener Interface from KP Digital

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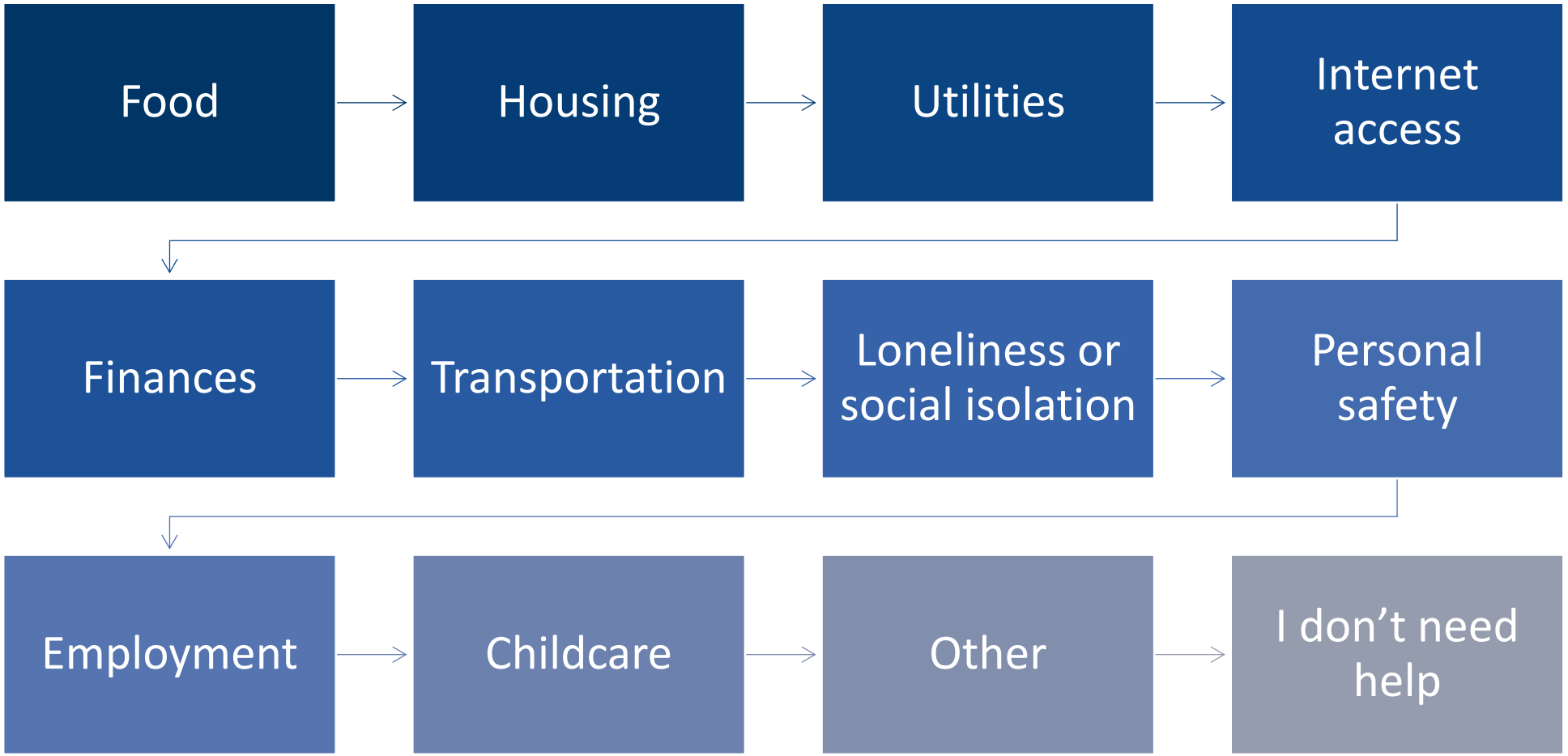
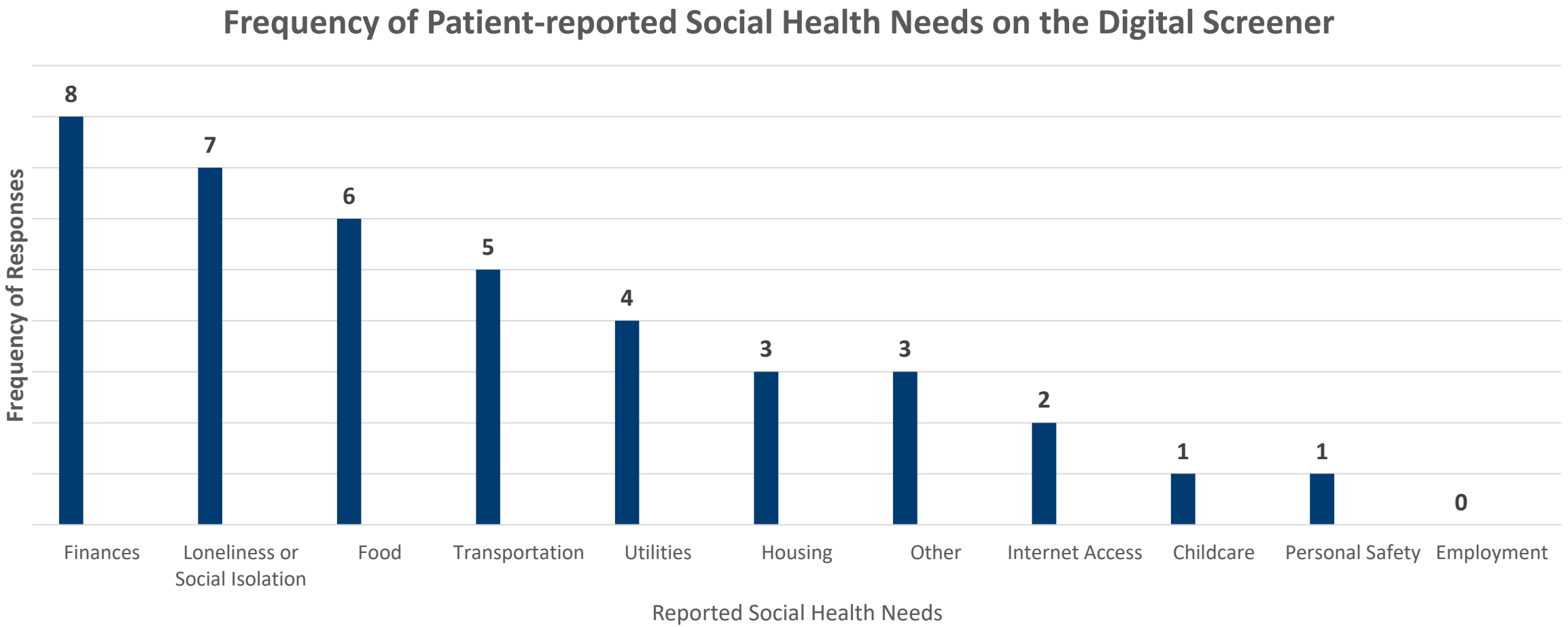
Digital screener response options



Digital screener responses



Interview results

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Communication Preferences



Member definition of social health



Technological engagement



Social health needs



Digital screener experience

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Member reflection

Healthcare's role in social health

"I've gotten a number of emails and stuff. And, I don't know if I really follow all that stuff, I've **never really used the public resources**. I've always just **tried to do things myself**. But uh, I have seen where… I guess they've **given numbers or at least hints of where to go for things like food banks** and stuff like that. I've **never really…pursued** those sorts of things. But uh, I guess **I do know they exist** out there."

Program engagement

"I have **taken advantage of transportation**. I really…needed that this year. And uh, Kaiser has given me access to **6 round trips this year**. I had two eye surgeries which uh… and also a colonoscopy which all those things are um… I **couldn't have hardly made it if I hadn't had access to that**. I used that up for this year you know, but that really came in handy, **it was kind of a life saver** to be honest with you."

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Understanding screening preferences among our members in Hawai’i

A little background on Hawai‘i

- Hawai’i has the **highest diversity** in the US
  - 77% of the state of Hawai`i are race minorities
  - 1st in the nation for mix race 25%
- **~269,100** Kaiser Permanente members
  - 77% are race minorities
- 1st in the nation for **highest cost of living**
- Impossible to assume someone's **background**
  - Race, income, education, housing, sexual orientation (all social determinants)



Source: Want to Be Less Racist? Move to Hawai‘i
The “aloha spirit” may hold a deep lesson for all of us.
June 28, 2019. By Moises Velasquez-Manoff
Photographs by Damon Winter

What are the barriers to social health screening?

- Not all people **feel safe** sharing that information
- Not all providers **feel they should/can ask** about patients' social health
- Social health **can change**
- "So much to do, **so little time**" (in the medical encounter)



Patient preferences for screening will differ

Mixed-methods study to understand preferences

Online survey to 1,940 adult members of Kaiser Permanente Hawai'i scheduled for a primary care visit in the next 2 months.



2-question survey asked how members prefer to share social needs and why they chose a particular method.



Results include **responses from 235 members** who answered both questions.

Interviews with 10 community leaders to learn from their expertise in helping people with social needs.



Included experts who work for organizations that **serve the Native Hawaiian community**.



Hearing from leaders who provide social services is helpful when reaching out to **communities who are underserved** by the health system.

Messaging matters

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“Asking about your social health….

Total health depends on having a safe place to live, nourishing meals to eat, and many other essentials. KP wants to do more to elevate social health alongside physical and mental health. To do that, we would like to include your social health information in your medical record. This will help us determine the best way to improve your health.

We would like to know how you would prefer to tell us about your social health.”

Key considerations

- Provide context for why we’re asking about social needs.
- Don’t describe social health as being about someone’s “ability” to meet their daily needs.
- Be clear about what will be done with the information provided.

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Survey results

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Most members said they prefer to share social needs online via a questionnaire in their electronic health record (EHR).

Among 235 members who answered both questions in the survey:

- **75%** prefer an online questionnaire in the EHR
- **15%** prefer a mailed paper questionnaire
- **6%** prefer to be asked by their MA, nurse, or primary care provider

Nearly all members said that either convenience or comfort level was the main reason for their preference.

Among 158 members who gave a single reason for their preference:

- **86%** said their preferred method is an easy way for them to respond
- **12%** said their preferred method is more comfortable

*Findings were independant of age, sex and race

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Key insights from interviews

- Having a relationship with a patient is necessary before asking social needs questions
- Trust is critical
- Cultural differences may impact responses
- Risk offending patients if not asked in a manner that meets their cultural values
- Providers who strive to be advocates want to know if their patients have social needs



"he mihi ka lā'au lapa'au, e ho'ola"

forgiveness is the medicine that shall heal







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SECTION 4

Provider training to support social health screening

Learning objective

Examine a model to train and engage providers in identifying unmet social need “red flags” and talking with patients in a culturally safe way

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How can we be informed about our member's social needs, if they don't want us to ask?

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1. Interview social workers, health coaches, providers: Recognizing unmet social needs	• Assess how providers recognize/sense when members have unmet social needs • Capture those techniques and share skills with other providers
2. Cultural safety training: Providing support to providers on how to build trust	• Develop/deliver training to help providers navigate cultural differences and nuances • Teach providers how to have respectful conversations, grounded in cultural humility • Give providers tips for talking with patients about social needs
3. Strengthen relationships with community service providers	• Better integration between health care system and enabling service providers

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Recognizing unmet social needs

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Learning from real-world expertise

5 virtual and in-person focus groups with 38 health care providers

- Social workers
- Lifestyle coaches
- Pharmacists
- Physicians
- Community Health Workers

1. Can you share some examples of how members might indicate that they have unmet social needs?



2. Have you noticed if the way members share depends on age, culture, gender?
3. Are there any “red flags” that might help someone else pick up on an unmet social need?
4. What information would you want providers to know about identifying unmet social needs and contextualizing care?

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Findings: Commonly mentioned red flags

- Poor hygiene, sleep deprived, disheveled
- Depression
- Arriving very early/late to appointments (indicative of transportation challenges)
- Drug use
- Carrying extra stuff, lots of things in pockets
- Accompanied by someone new
- Lashing out
- Changing contact information
- KP mail is returned
- Patient asks if a procedure or treatment is covered
- Using words like “things are hard” because admitting needing help may be difficult

Findings: Subtle indicators

- Elders will be in their best clothes and very excited to see the provider. Could indicate that seeking care is the only social outlet they have.
- May decline care or intervention because they are part of the undocumented community.
- Patient asking if there is a priority medication (e.g., trying to decide which medication they can afford to go without)
- Share differently when accompanied by a spouse or family member than when they are alone

> “For our folks in Lahaina, we know that they have incredible unmet needs. We don’t have solutions for folks. Instead of asking what are there needs, **ask them where they are staying.** It gets the conversation started.”



Findings: Messages for providers

- Know me first, treat me second
- Be present
- Show empathy and compassion, use active and reflective listening
- Deep breaths before next in-person appointment or call
- Destigmatize having needs
- Use humor where appropriate

> “PCPs only have a short block of time with members and families, but if they give them the time…it will **go a long way in their trusting relationship.** Relationships are essential to acquiring new members and retaining the loyal ones we have.”



PART 2

Cultural safety training

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Examples from across Kaiser Permanente → Look for opportunities in your organization

Washington Permanente Medical Group	**Nā Momi Na‘auao** Tips for working with Native Hawaiians and Pacific Islander Patients
KP Northern California (CME)	**Strategies to Improve Health Outcomes for Pacific Islanders** Be deliberate about ethnic and cultural needs, acknowledging SDoH
KP School of Medicine	**Everyone’s Kuleana: Indigenous Health and Wellness** What is the formula for creating a climate for change?
KP Asian Pacific Islander Business Resource Group	**Strength of Pacific Islanders and Allyship** 13 things you can do right now to be a better advocate

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Example from Hawai'i: A 5-part series

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1. Serving Peoples of Hawai'i (onboarding)	Brief introduction to the beautiful and unique people of Hawai'i and how important it is to develop relationships with your patients and community
2. Cultural Safety	Introduction to the science and importance of learning about the cultural background and history of patients, to better understand their perspectives
3. Hawai'i's History – Impact on Health	Deeper dive into Hawai'i's history to assist with learning patient perspectives and barriers to care
4. Caring for Our Members, Local Style	Tips for successful communication with local patients
5. ʻŌlelo Hawaiʻi Basics – Hawaiian Pronunciation	Introduction to pronouncing words, especially ones used at KP, locations, names, commonly used

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Finding balance: Understanding cultural norms

Use Hawaiian time respectfully
Understand that things may not always happen on strict schedules. Be patient and respectful of this cultural difference.



Don’t assume familiarity
Avoid using overly familiar terms or behaviors with people you don’t know well.

Don’t interrupt ceremonies
Be respectful and quiet during traditional ceremonies, and don’t take photos unless given explicit permission.

PART 3

Strengthen relationships with community service providers

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Nā Pou Kihi: A Hawaiian Framework for Achieving Social & Health Equity

Indigenous Cultural Space

- Connection to cultural identity
- Language
- Cultural practices
- Protocol
- Values and beliefs
- Stories and traditions

Social Equity

- Education
- Addressing discrimination and cultural trauma
- Cultural humility
- Social-economic status
- Access and transportation

Environmental Stewardship

Achieving harmony among:

- kanaka (community, family, self)
- ʻāina and wai (land and water)
- akua (spirituality / ancestors)

Healthy Consumption

- Healthy eating (including ʻai pono Hawaiian foods)
- Healthy lifestyle choices
- Healthy use of technology

Adapted From: Look, Mele & Soong, S & Kaholokula, Joseph. (2020). Assessment and Priorities for Health and Well-Being in Native Hawaiians and Pacific Islanders.

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Kīpukaoha tactics



Indigenous Cultural Space

- Culturally appropriate blessings and protocols
- Use of Hawaiian language in signage, collateral
- Artists' gallery
- Kealahoʻolaupaʻi walking path
- Navigational compass



Social Equity

- Staff training on cultural safety, awareness
- Creating pipeline of NHPI physicians and health care workers
- Interpreter services
- Bus stop proximity
- COVID-19 vaccination and care



Environmental Stewardship

- Māla (healing gardens) cared for by volunteers
- KPHI Annual Day of Service – Hosted by HPMG



Healthy Consumption

- Permanente Medicine
- Māla with waʻa (canoe) plants (e.g., taro, breadfruit, etc.)

Community Benefit – Grants & Partnerships

Kīpukaoha Community Engagement Center



SENSE OF PLACE



COMMUNITY



MENTORSHIP



ALOHA ‘ĀINA

Executive leadership: Walking the talk



Presidents, Ed Chan (KPHI) and Dr. John Yang (HPMG) pounding poi



Community Leader and Traditional Food Expert, Tammy Smith and Dr. Yang sharing poi pounded by Dr. Yang



Dr. Yang sharing poi with staff and high school students



Thank you!

Questions & discussion

Email: sonnet@kp.org | Visit: sonnet.kp.org

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Detailed slides if needed

Cultural Safety Trainings – Some Examples

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Audience	Talk Title	Sharing About Social Needs
Washington Permanente Medical Group	**Nā Momi Na‘auao** Tips for working with Native Hawaiians and Pacific Islander Patients	Out of respect, a patient might not tell you that they don’t understand or that they are unable to follow medical advice.
KP Asian Pacific Islander Business Resource Group	Strength of Pacific Islanders and Allyship	13 Things You Can Do Right Now – to be a better advocate
NCalKP – Continuing Medical Education	Strategies to Improve Health Outcomes for Pacific Islanders	Social Determinants of health - 11% of an individual’s health is determined by the medical care they receive. Be deliberate about ethnic and cultural needs … acknowledging social determinants of health … and understand that as the health care system, we’re a very small part of the solution
KP School of Medicine	**Everyone’s Kuleana:** Indigenous Health and Wellness	What is the formula for creating a climate for change?

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Cultural Safety Trainings – A few more examples

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Audience	Talk Title	Sharing About Social Needs
Communication Skills Intensive	Keeping the Dialogue Open	• Seek more information from the patient and other sources • Explore beliefs and values • Discuss the patient's treatment preferences and expectations • Be aware of nonverbal communication
Onboarding	Equity, Inclusion & Diversity	• Hawaii 101 – Economy, Historical Injustices, Island Living Challenges • **Build trust** with a patient. Let them know that you get that it's not always easy to change your diet, especially when you aren't in control of meal preparation.
Professional Development	**Caring for Our Members, Local Style** Tips for Successful Communication with Local Patients	• A **Culturally Safe** environment is spiritually, socially, and emotionally safe, as well as physically safe for people; there is no assault challenge or denial of their identity, of who they are, and what they need. • Try not to say that patients are non-compliant – remember, they could have barriers that prevent access

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Overview of Cultural Trainings Available

Title	Brief Description	Time
1. Serving Peoples of Hawaii - ONBOARDING	Brief introduction into the beautiful and unique people of Hawaii and how important and helpful it is to develop relationships with your patients and community.	30 min
2. Cultural Safety	Introduction to the science and importance of learning about the cultural background and history of patients, to better understand their perspectives.	30 min
3. Hawaii's History – Impact on Health	Deeper dive into Hawai'i's history to assist with learning patient perspectives and barriers to care.	40 min
4. Caring for Our Members, Local Style	Tips for Successful Communication with Local Patients	40 min
5. ʻŌlelo Hawaiʻi Basics – Hawaiian Pronunciation	Introduction to pronouncing words, especially ones used at KP, locations, names, commonly used.	30 min

Possible Cadence of Offering Lunch and Learns

Title	**Candence Option 1** Monthly offering, 4 Months Wait to Join	**Candence Option 2** Cycle Starts over every two months Sept, Oct, Nov, Dec – I would offer 2 a month		
1. Serving Peoples of Hawaii	Onboarding every other Monday			
2. Cultural Safety	July	July (Offered to all new hires prior to July)	September (Offered to all new hires July – Sept)	November (Offered to all new hires Oct-Nov)
3. Hawaii's History – Impact on Health	August	August	October	December
4. Caring for Our Members, Local Style	September	September	November	January
5. ʻŌlelo Hawaiʻi Basics – Hawaiian Pronunciation	October	October	December	February