Kaiser Permanente: Building Thriving Communities Through Community Health Initiatives

Pamela Schwartz, MPH
Senior Director, Community Health Impact and Learning
Kaiser Permanente’s Community Health Initiative

Our Approach

Our Communities
60+ CHI sites and counting

Our Strategies

Policy
School nutrition policies; BMI screening; School PE standards; Worksite wellness policies

Environment
Complete streets, Healthy corner stores

Programs
Breastfeeding & BMI counseling; Nutrition education, Safe Routes to School

Capacity building
Physician advocates; School wellness teams; Resident mobilization; Worksite promotion

Our Impact

Reach: 715,000 residents, 209,000 school-age kids, 337 HEAL Cities

Behavior Change: Diet, physical activity, fitness levels

Field Building
Using dose for planning & program improvement across sectors

Healthy Eating
- 50% healthy vending slots
- Vending ban
- Whole school reform
- School + corner stores

Active Living
- Walk to school day
- Walk to school year
- Complete streets
- Streets + school PA

Shaping the Future of Health
Other community strengthening strategies include:

- Community organizing in support of HEAL policy change
- Training resident lay leaders and promotoras
- Creating coalitions to bring about HEAL environmental changes
- Building new relationships among community organizations to address HEAL and other health issues

“A lot of people say that the younger generation is the future generation. But the younger generation is actually the NOW generation ... We need to get started moving —for our future and our economy and our health and wellness.”

- Demilade Adebayo, Blandensburg High School, Maryland
We saw strategy-level impacts in communities: active transport in Loveland, CO

**Intervention**
Active transport strategies in 12 Loveland schools (N=5500) included adding sidewalks and crosswalks, walking school bus programs, and media/promotion

**Impacts**
- 7% increase in students walking or biking to school in Loveland was sustained 3 years later
- 8 out of 11 Colorado communities with strategy level evaluation showed sustained increase in active transport

**Students actively transporting to school**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23%</td>
<td>31%</td>
<td>33%</td>
<td>30%***</td>
</tr>
</tbody>
</table>

***p<.01 comparing Year 3 to baseline

**Data source:** Hand tallies of student’s actively transporting to/from school
We saw strategy-level impacts in communities: church congregants in Bayview, CA

**Intervention**

- Increased availability of water and prohibited sugar sweetened beverages
- Reduced the quantity of high calorie snacks
- Promoted HEAL in sermons, breaks, events, food tastings and demos

**Impacts**

- Soda consumption decreased from 4.8 to 2.9 per day
- **19%** increase in vegetable/green salad consumption at church
- **14%** decrease in fried chicken or fish consumption at church

**Consumed at church:**

<table>
<thead>
<tr>
<th></th>
<th>Number of sodas</th>
<th>Vegetables/green salad</th>
<th>Fried fish/chicken</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre</strong></td>
<td>4.8</td>
<td>54%</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Post</strong></td>
<td>2.9*</td>
<td>73%***</td>
<td>9%***</td>
</tr>
</tbody>
</table>

**Data source:** Pre/post member surveys of self-reported HEAL behaviors in one church in Bayview

**Exercise classes at church**

**Nutrition demos and tastings**
Greatest pop health impacts were in schools and in PA: aerobic capacity of youth in schools in Santa Rosa & Modesto

**Intervention**
After the first 5 years, the South Santa Rosa HEAL-CHI Collaborative improved physical activity in schools. The strategies included:
- Strengthening PE standards
- After-school physical activity programs
- Safe Routes to School
- Community infrastructure enhancements

**Impacts**
Significant increase in the percent of children in the “healthy fitness zone” for aerobic capacity—from 54% to 70%

**Data source:** Fitnessgram testing among 5th grade youth in schools

---

**Children in “healthy fitness zone”**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Rosa</td>
<td>54%</td>
<td>70%</td>
</tr>
<tr>
<td>Modesto</td>
<td>43%</td>
<td>64%</td>
</tr>
<tr>
<td>Control</td>
<td>22%</td>
<td>22%</td>
</tr>
</tbody>
</table>

***p<.01

---

Crosswalk and stoplight near school in Modesto
And we also saw some pop health impact in nutrition:
Fruit and vegetables in Routt County school cafeterias

Multiple Strategies
- Increased servings of F&V in cafeteria entrées
- Addition of salad bars
- Nutrition/garden education
- Summer food program
- HEAL promotion (5-2-1-0 campaign)

Combined dose = 4.6%

Measured Impact (2011-2014)
- 4.1% increase in F&V consumption

National YRBSS data shows a 0.1% decline in fruits and vegetable consumption from 2011 to 2013
Key takeaways: what have we learned?

Community engagement & capacity building are vital (and really hard to do well, authentically)

School strategies most promising
- captive audience increases reach, strength
- greater ability to change long-term behavior

Most promising strategies
- schools (physical activity & sugar sweetened beverages)
- communities (programmatic strategies like Zumba classes)

Least promising strategies (mixed results)
- corner stores
- school garden education
- media campaigns in isolation

Changes take time (more improvements in longest-running sites)

Combined impact of strategies is vital for synergy, mutual reinforcement
Our Community Health Strategic Framework

Community HEALTH

Advancing our mission to improve the health of our members and the communities we serve.

Ensure health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services.

Serve

Improve conditions for health and equity by engaging members, communities, and KP people and assets.

Engage

Advance the future of community health by innovating with technology and social solutions.

Innovate
How equitable our communities: Measuring health equity

• **Definition:** Everyone has a fair and just opportunity to be as healthy as possible

• **Challenges:**
  • Operational measure of “opportunity”
  • “Healthy as possible” different for each person

• **Measure:** “Opportunity Index” - derived from the Neighborhood Deprivation Index**:
  • Income/poverty: public assistance, income<$30K, poverty, female-headed households with children
  • Education: adults with less than a high school education
  • Employment: unemployment, males in management
  • Housing: crowding


Two measures using the Opportunity index
• **Average** – Overall level across everyone in the geography – high for Alameda County
• **Inequality** – How much disparity within the geography, by census tract – high disparity for Alameda
Incorporating an equity lens into our processes

**Grantmaking with an Equity Lens**

**Applying an Equity Lens to Kaiser Permanente Community Benefit Grantmaking**

A TOOLBOX FOR GUIDING EQUITABLE, DIVERSE, AND INCLUSIVE GRANTMAKING STRATEGY DEVELOPMENT AND IMPLEMENTATION

WORKING DOCUMENT
UPDATED MAY 19, 2017

**Authentically engaging communities through CHNA**

Emerging approaches to authentic community engagement in community health needs assessments

*McNika Sanchez, Jesse Goliwala, Melissa Remm, Emily Bourder
Center for Community Health and Evaluation, Kaiser Permanente Northwest Community Health, Kaiser Permanente National Program Office

**Case study: KP Northwest**
Making the case that focusing is healthcare
KP was in the midst of a housing crisis that not only impacted their communities, but was also affecting their patients. By focusing on community health needs assessments (CHNA), KP was able to identify areas of need and develop strategies to address them.

**Community engagement across Kaiser Permanente (KP) regions**

- **Inform**: Provide the public with information on community health needs, resources, and opportunities (e.g., workshops).
- **Educate**: Engage residents in goal setting and development of community health needs assessments (e.g., participatory action planning).
- **Collaborate**: Partner with the public to develop and implement community health needs assessments (e.g., patient-centered medical homes).

**Authentic community engagement**

KP engaged with communities across the country to inform and empower them in the development and implementation of their community health needs assessments.

**Considerations & lessons learned**

- **Engage key stakeholders**: Ensure that community health needs assessments are inclusive and representative of all communities.
- **Prioritize needs**: Focus on addressing the most pressing community health needs in the region.
- **Monitor progress**: Regularly assess the impact of community health needs assessments on community health outcomes.
Our communities continue to inform our work and the field