

Kaiser Permanente: Building Thriving Communities Through Community Health Initiatives

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Kaiser Permanente's Community Health Initiative

Our Approach

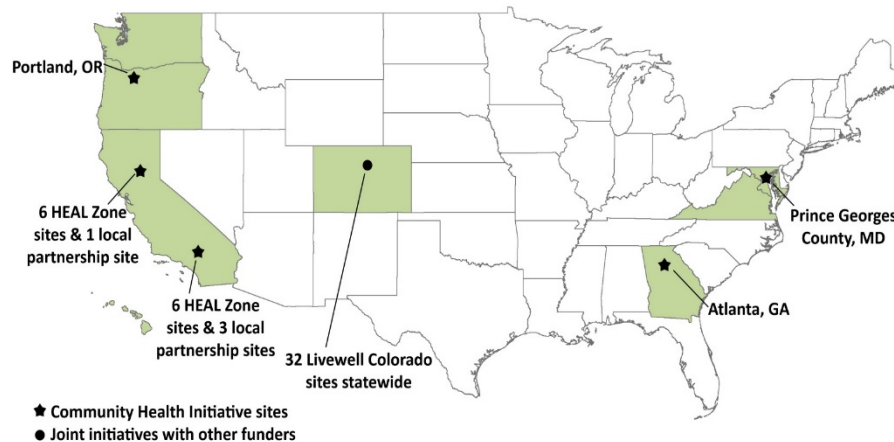


Our Strategies

	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 Communities

60+ CHI sites and counting



Our Impact

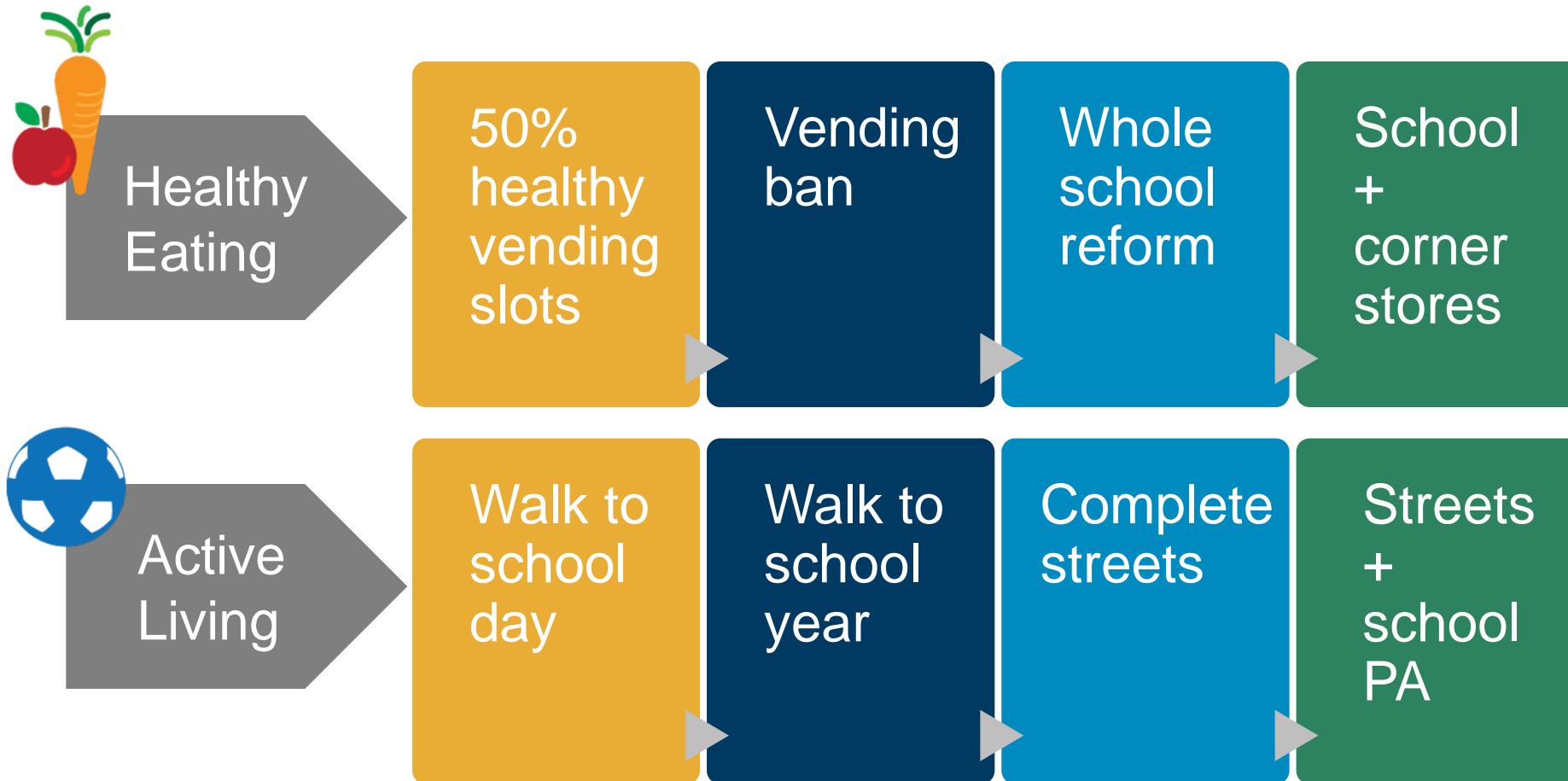
Reach: 715,000 residents, 209,000 school-age kids, 337 HEAL Cities

Behavior Change: Diet, physical activity, fitness levels

Field Building



Using dose for planning & program improvement across sectors



Building Capacity: our communities are growing stronger

Youth advocacy in action



“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



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

We saw strategy-level impacts in communities: active transport in Loveland, CO

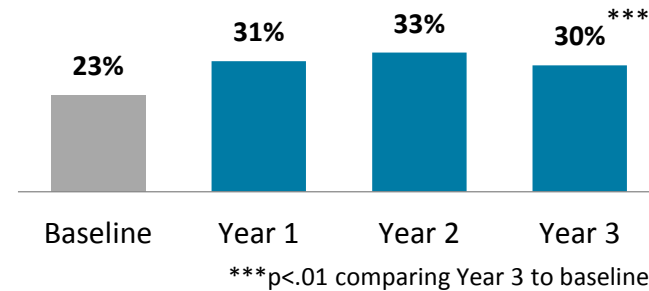
Intervention

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



Data source: Hand tallies of student's actively transporting to/from school



We saw strategy-level impacts in communities: church congregants in Bayview, CA

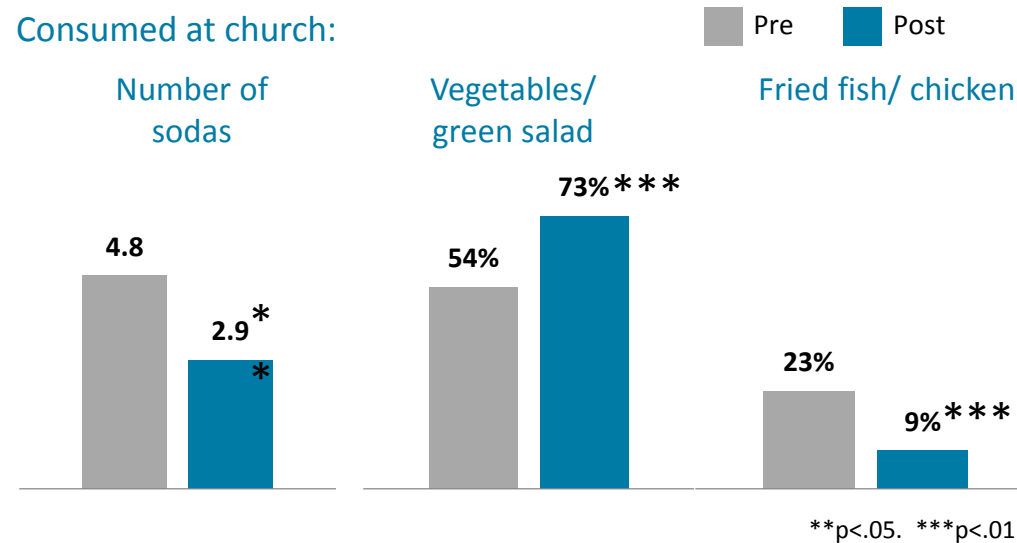
Intervention

- 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:



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



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

Intervention

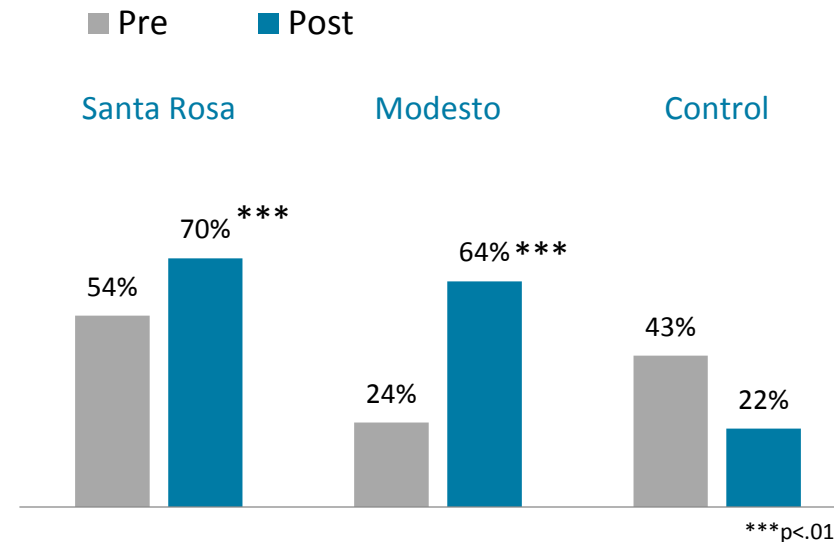
After the first 5 years, the South Santa Rosa HEAL-CHI Collaborative improved physical activity in schools. The strategies included:

- Strengthening PE standards
- After-school physical activity programs
- Safe Routes to School
- Community infrastructure enhancements

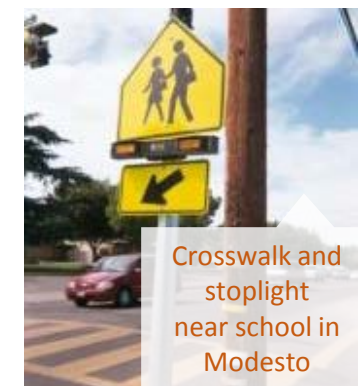
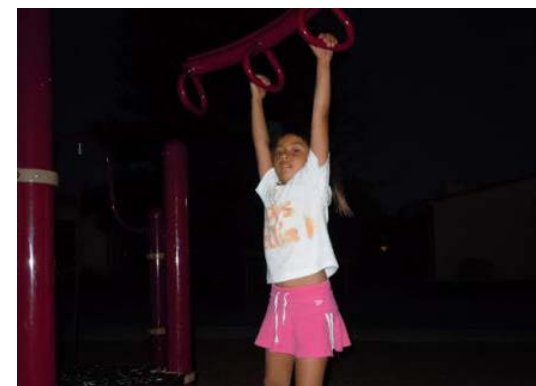
Impacts

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

Children in “healthy fitness zone”



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



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%**

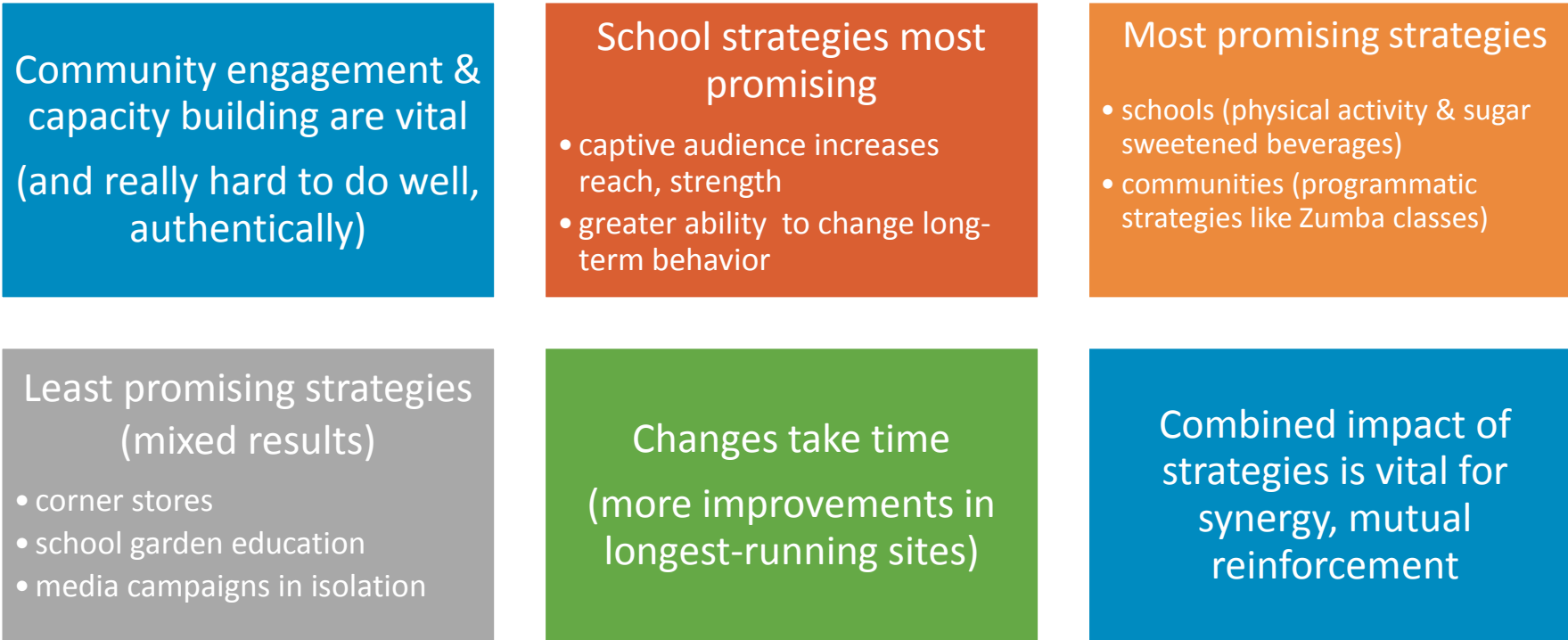
Measured Impact (2011-2014)

- **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?



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

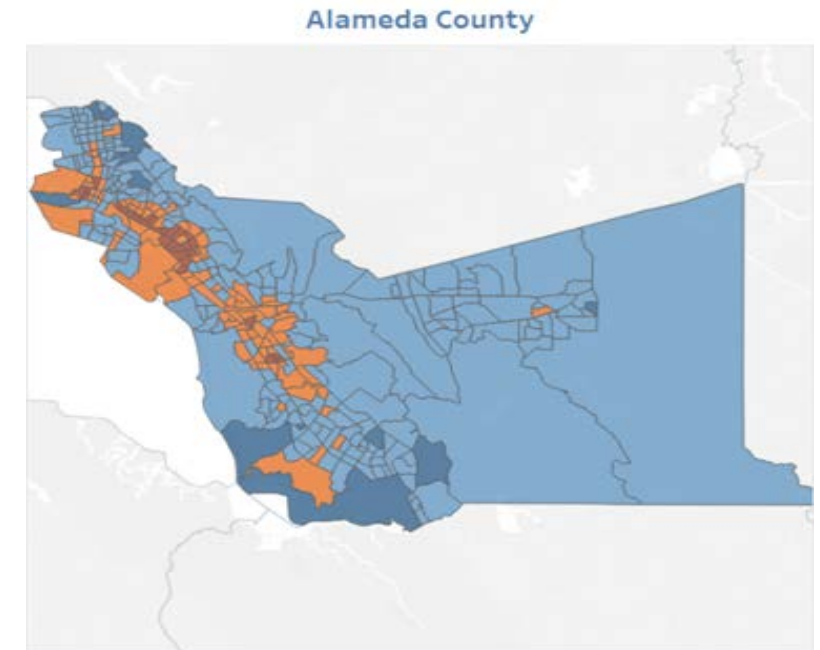


Advance the future of community health
by innovating with technology and social solutions.

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

** Messer LC, Laraia BA, et al. The Development of a Standardized Neighborhood Deprivation Index. Journal of Urban Health 2006 83(6):1041-1062.

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

Equity Workgroup
KAISER PERMANENTE COMMUNITY BENEFIT PROGRAMS

Authentically engaging communities through CHNA

Emerging approaches to authentic community engagement in community health needs assessments

Monika Sanchez, Jesse Gelwicks, Melissa Ramos, Emily Bourcier

Center for Community Health and Evaluation, Kaiser Permanente Northwest Community Health, Kaiser Permanente National Program Office

Context

Every three years, nonprofit hospitals in the U.S. conduct community health needs assessments (CHNAs) to identify local health needs and develop strategies that address the highest priorities. CHNAs must include input from community stakeholders, but are not required to solicit direct resident input to identify needs or develop strategies. Hospitals wishing to engage with community members as experts and partners in addressing community health must go beyond the regulations toward more authentic community engagement along the spectrum of engagement.

Spectrum of Engagement (adapted from IAP2)



International Association for Public Participation, (2007). IAP2 Public Participation Spectrum.

- Inform:** Provide information to the public to understand the problem, alternatives, opportunities, and/or solutions (e.g., fact sheets, web sites)
- Consult:** Obtain public feedback on analysis, alternatives, and/or decisions (e.g., surveys, focus groups)
- Involve:** Work directly with the public to ensure concerns and aspirations are consistently understood and considered (e.g., workshops)
- Collaborate:** Partner with the public in decision-making, including developing alternatives and identifying solutions (e.g., participatory decision making)
- Empower:** Place final decision-making in the hands of the public (e.g., citizen juries, ballots)

Authentic community engagement is typically characterized by a collaborative and asset-based attitude, placing value in the community's expertise, and using that expertise to inform decision-making, among other attributes.



Community engagement across Kaiser Permanente (KP) regions

All KP regions and facilities engaged communities during the CHNA and Implementation Strategy (IS) processes. This is one way to demonstrate KP's commitment to equity and authentic engagement with KP's diverse communities.



Along with other data sources, information from community stakeholders:

- Refined and deepened understanding of health needs
- Helped identify emerging health needs
- Generated ideas for implementation strategy design
- Identified resources to address the needs
- Identified potential partners for implementing strategies

Case study: KP Northwest

Making the case that housing is healthcare

In 2015, Portland, OR was in the midst of a housing crisis. Anyone walking through the neighborhoods could see dramatic increases in construction, traffic, and people experiencing homelessness.

However, KPNW had previously never identified housing as a need or strategy, and it was adequately reflected in the community data platform, which tracked cost burden, substandard housing, and vacancy rate. Key metrics were missing, such as homelessness, displacement, evictions, and rent increases. Additionally, the natural lag in available monitoring data was not capturing the rapidly escalating situation.

Through its participation in a regional collaborative among seven health systems, four local public health agencies, and one coordinated care organization, KPNW partnered with community-based organizations to conduct 29 listening sessions across the four-county metro region as one part of its community engagement process.

What KPNW does differently after community engagement

Members of KPNW are now embedded in housing related task forces and committees, partnering with community based organizations and individuals to communicate the link between housing and health, and figure out what is the appropriate role for healthcare in housing.

KP community engagement by the numbers



* Number of participants; ** Number of focus groups

The listening sessions revealed that housing was a top need across communities, although the type of housing each population needed varied, including:

- Emergency shelter
- Supportive behavioral health services
- Subsidies
- Rent control
- Safe space to recuperate

By listening to the community, KPNW was able to immediately:

- Collaborate with 5 other health systems
- to build 362 new housing units
- and fund 7 CBOs to help people find & maintain safe housing

This led to:

- Piloting a medical-legal partnership to prevent evictions
- Formally supporting legislation to fund affordable housing
- Establishing a tri-county coordinated supportive housing impact fund

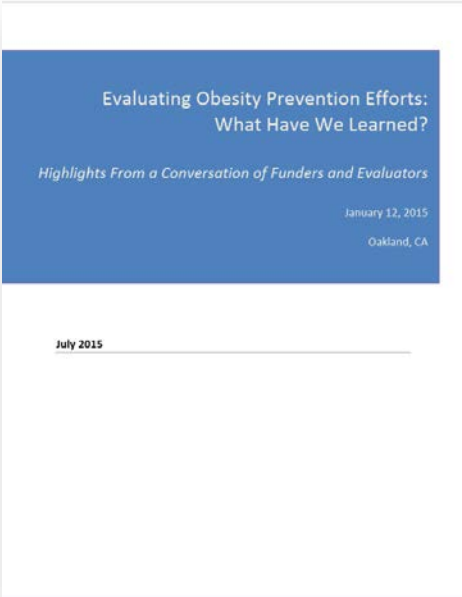
Considerations & lessons learned

- Engaging stakeholders to identify health needs (i.e., problems) is just as important as engaging them in identifying implementation strategies (i.e., solutions).
- Conducting community engagement processes in collaboration with other health systems can reduce burden and redundancy on stakeholders.
- Transparency is key—KP is upfront about how stakeholder input will and will not be used. KP is clear that community voice is considered alongside other data sources.
- Community voice is necessary in bringing attention to significant and urgent health concerns and identifying needed solutions.

Our communities continue to inform our work and the field



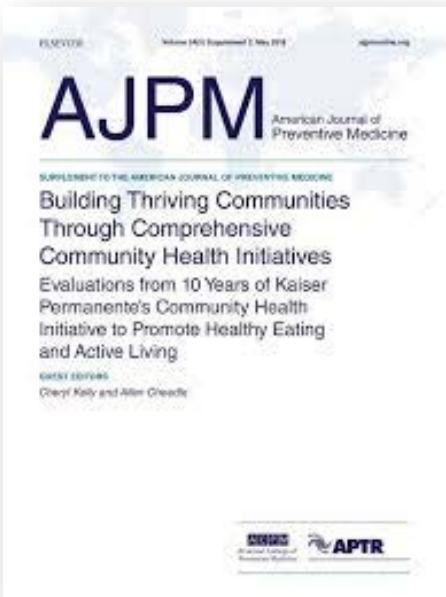
American Journal of Public Health, November 2010



Evaluation Best Practices July 2015



National Academy of Medicine August 2015



American Journal of Preventive Medicine, May 2018