



Building the Evidence Base for Policy and Environmental Approaches to Obesity Prevention

Kaiser Permanente's Community Health Initiative

Group Health Center for Community Health and Evaluation





KP Cross-site Evaluation strategy: overview

Evaluation Goals

- Program improvement
- Impact assessment
- Build the field of evaluation

General Strategy

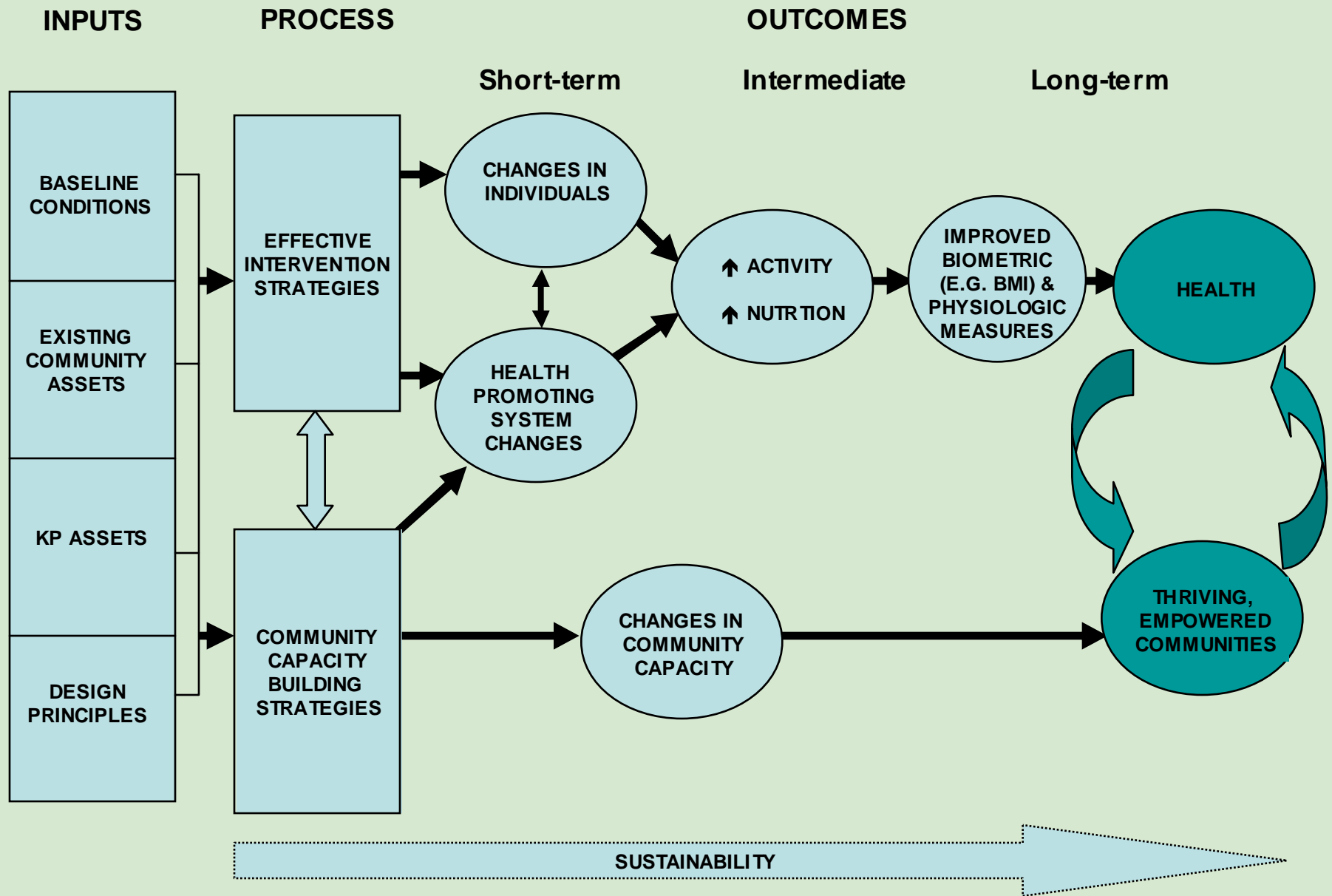
- Collaborative approach
- Local evaluators working in each community
- Focus on intermediate outcomes
- Sustainable behavioral surveillance



Cross-site data collection activities

- Documentation of Community Change database (DOCC)
- Youth Survey and BMI (school based)
- Automated Telephone Survey of Adult Residents (IVR)
- KP member data
- Photovoice
- Key Informant Interviews
- Partnership Functioning Survey

Kaiser Permanente's initiative-level CHI logic model





Intervention examples

- Modifying school policies to include healthier items in vending machines
- Changing zoning requirements to encourage dense development, walkable neighborhoods
- Creating community gardens, encouraging farmers' markets



Why focus on intermediate outcomes?

Intervention dose compared to size of the population

Attribution of distal outcomes difficult:

- Behaviors with complex causes
- Many parallel intervention efforts, no “control” communities



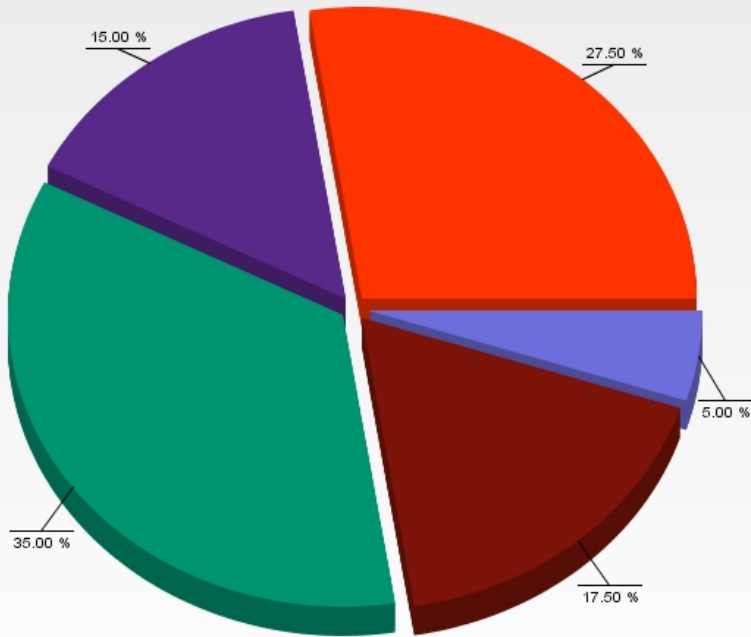
DOCC – measuring intermediate outcomes

- Documentation of Community Change (DOCC)
- Modification of Community Tool Box – online database
- Unit of analysis = “strategy”
- Qualitative elements – strategy description, status, challenges, lessons learned
- Quantitative elements – reach and intensity



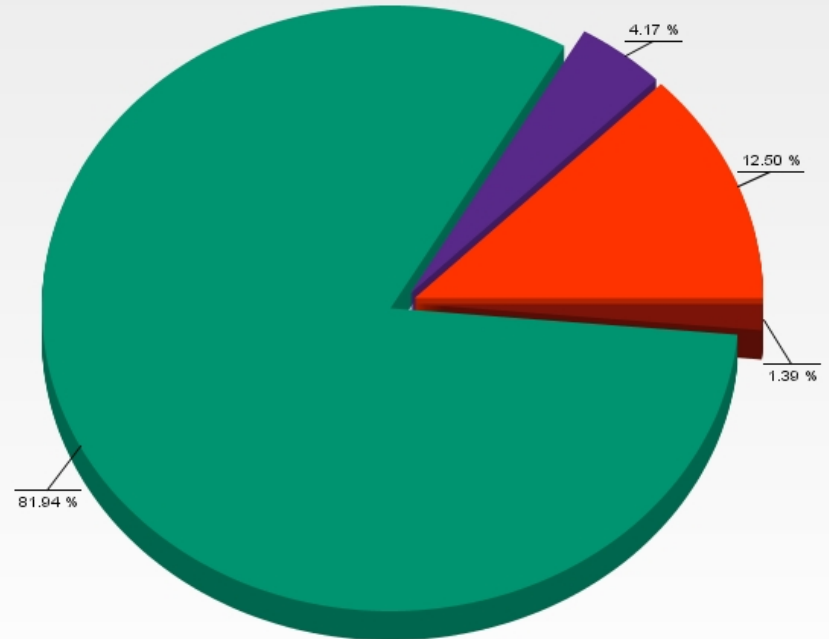
2 Regions: strategies by sector

Code Count vs. Sector



01. Schools/Education 02. Worksites
03. Neighborhood/Community 04. Health Care
05. Multiple sectors

Code Count vs. Sector



01. Schools/Education 02. Worksites
03. Neighborhood/Community 05. Multiple sectors



Youth data

- Middle and high school students
- School surveys
- BMI/FitnessGram
- School consent issues



Interactive Voice Response (IVR)

- Low-cost, automated phone surveys of adults
- Consistent over time, but..
- Response rates/representativeness



KP member clinical data

- Clinical indicators:
 - BMI
 - Obesity-related conditions (e.g. diabetes)
- Control data available
- Penetration/representativeness



Sample Baseline Results from Northern CA

- 38% adults doing recommended PA level (53% BRFSS)
- 34% adults classified as obese; 34% overweight
- 55% adults reported problem with food access/food security
- 35% 9th graders getting at least 30 minutes of vigorous exercise
- 69% 9th graders sometimes/never like to go to neighborhood places where PA offered
- 46% 7th graders sometimes/never feel safe outdoors in neighborhood



18-year Park Hill resident 2006

Where are the fruits, vegetables, and fresh baked bread on these shelves? Neighbors in this part of the community need some affordable and healthy choices in their local convenience store.



Summary

- Evaluation of CHI focused on capturing community changes resulting from partnership activities, AND
- Setting up sustainable approaches to measuring long-term outcomes



For more information

<http://xnet.kp.org/communitybenefit/chi>

Pamela Schwartz
Kaiser Permanente
Pamela.M.Schwartz@kp.org
510-271-5630

Allen Cheadle
University of Washington
cheadle@u.washington.edu
206-543-3736

Bill Beery
Group Health Center for Community Health and Evaluation
beery.b@ghc.org
206-287-4390