

# Hospital and health system role and accountability toward population health in the context of the Affordable Care Act

**American Public Health Association (APHA) Conference**  
***November 18, 2014***

# Kaiser Permanente's process and tools for examining community health needs

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**American Public Health Association (APHA) Conference**

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# Presenter Disclosures

**Pamela Schwartz**

**(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months: No commercial interests relevant to this presentation. Employed by Kaiser Permanente and sponsor of the public and free community health data platform demonstrated in this presentation.**

# Kaiser Permanente Overview and Mission

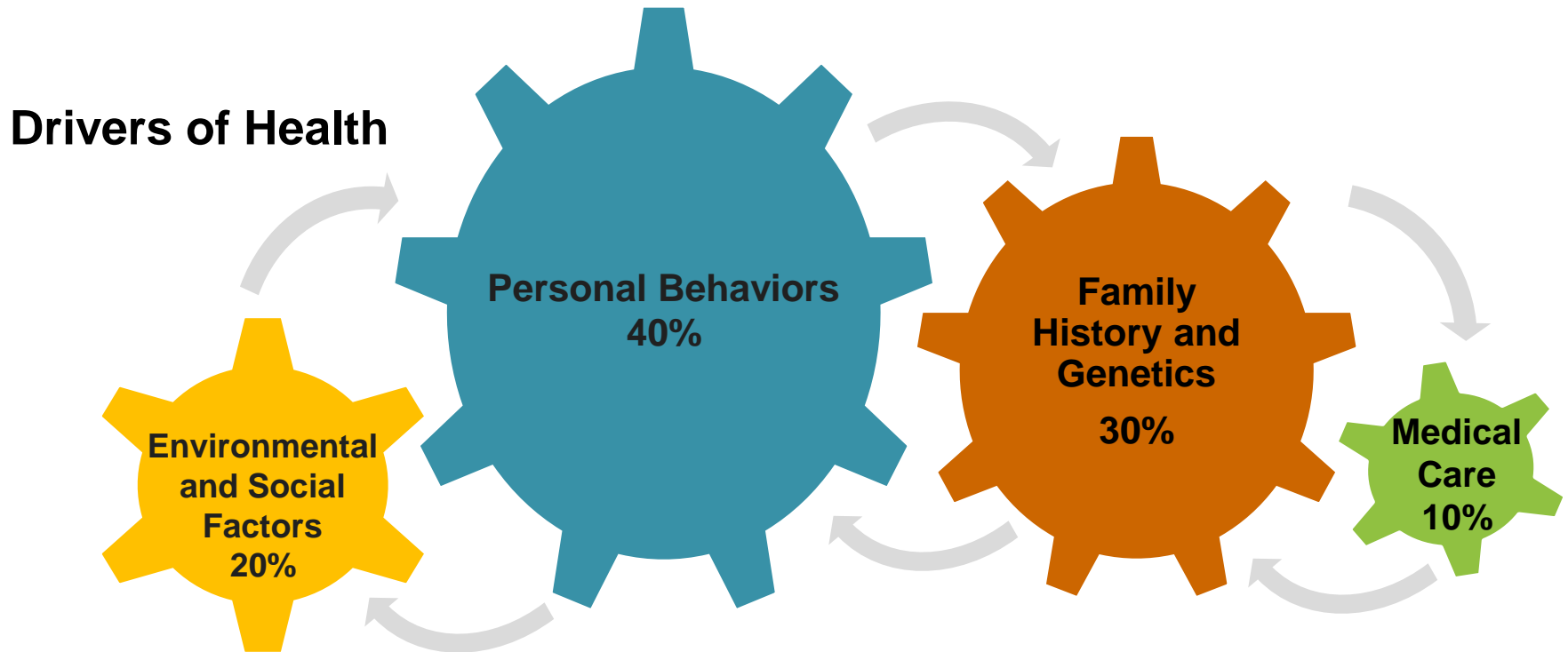
- Founded in 1945
- America's oldest and largest private, nonprofit healthcare organization
- 16,942 physicians representing all specialties
- 223,402 employees
- 9.3 million members
- Operations in 8 states and Washington, D.C. with 38 medical centers and 618 medical offices



**Mission:** To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

# Many Factors Drive and Shape Health

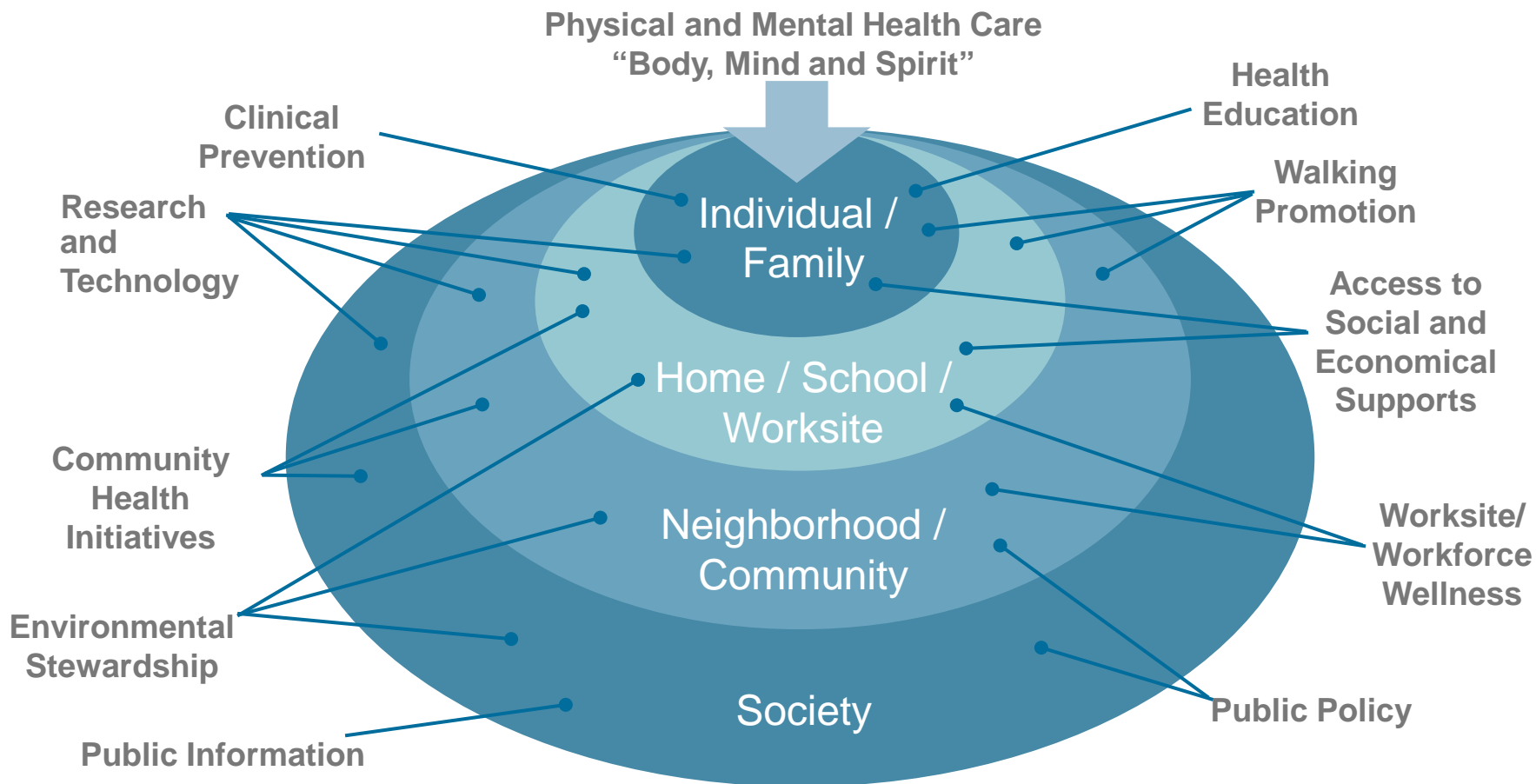
Health is driven by multiple factors that are intricately linked



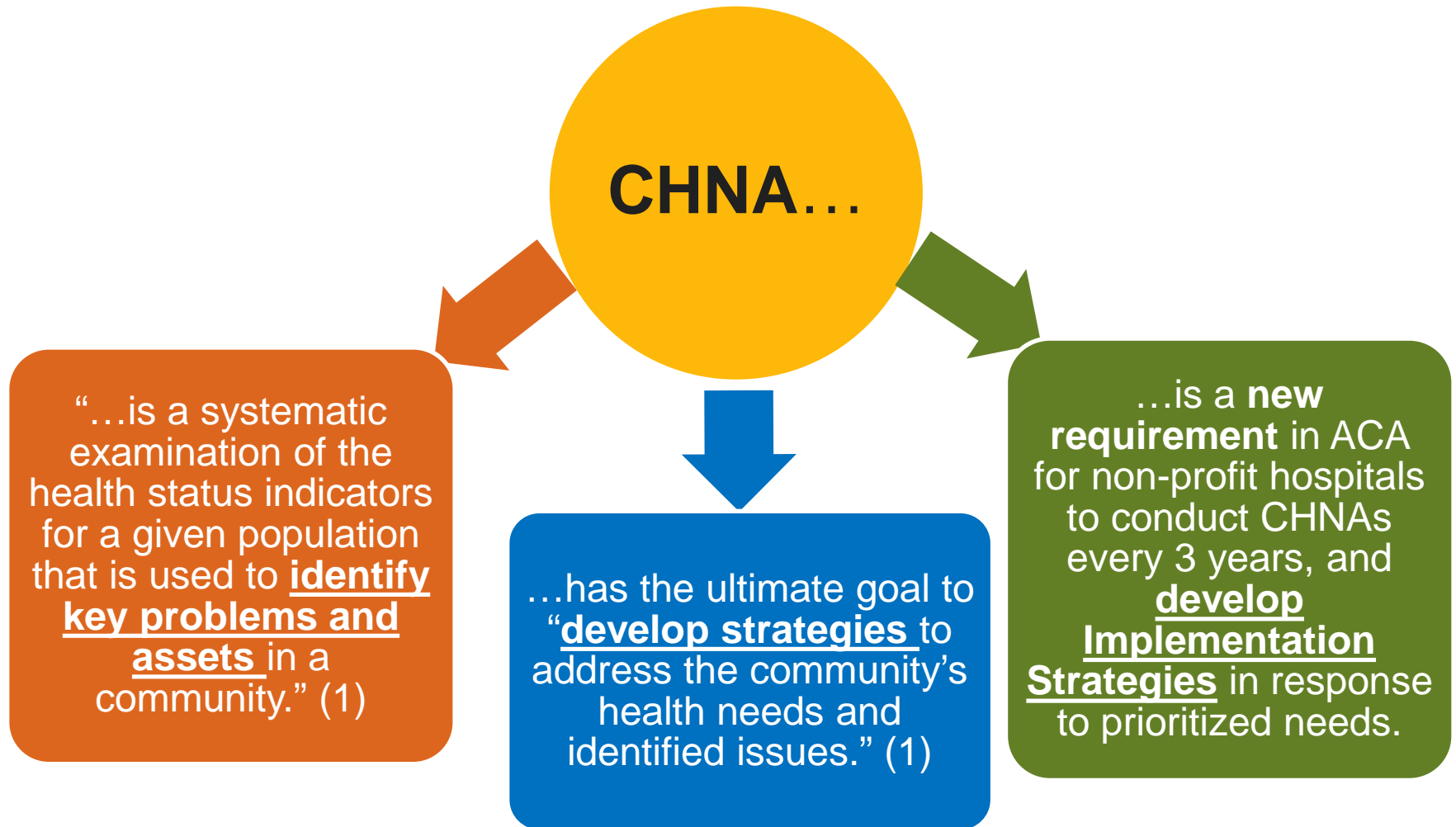
Source: McGinnis et al, Health Affairs, 2002



# Deploying Kaiser Permanente Assets for Total Health



# What is Community Health Needs Assessment (CHNA)?



(1) Source: Public Health Accreditation Board’s (PHAB) Definition from the PHAB Glossary of Terms Version 1.0. Turnock, B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009.



# CHNA Driving Meaningful Change

## Meet Federal Regulations

- ACA requires CHNA and Implementation Strategies (IS) responding to needs for all non-profit hospitals, every three years
- IS must be adopted by Board and filed with IRS as part of Form 990
- \$50,000 fine per hospital if requirements not met

## Inform CB Investments

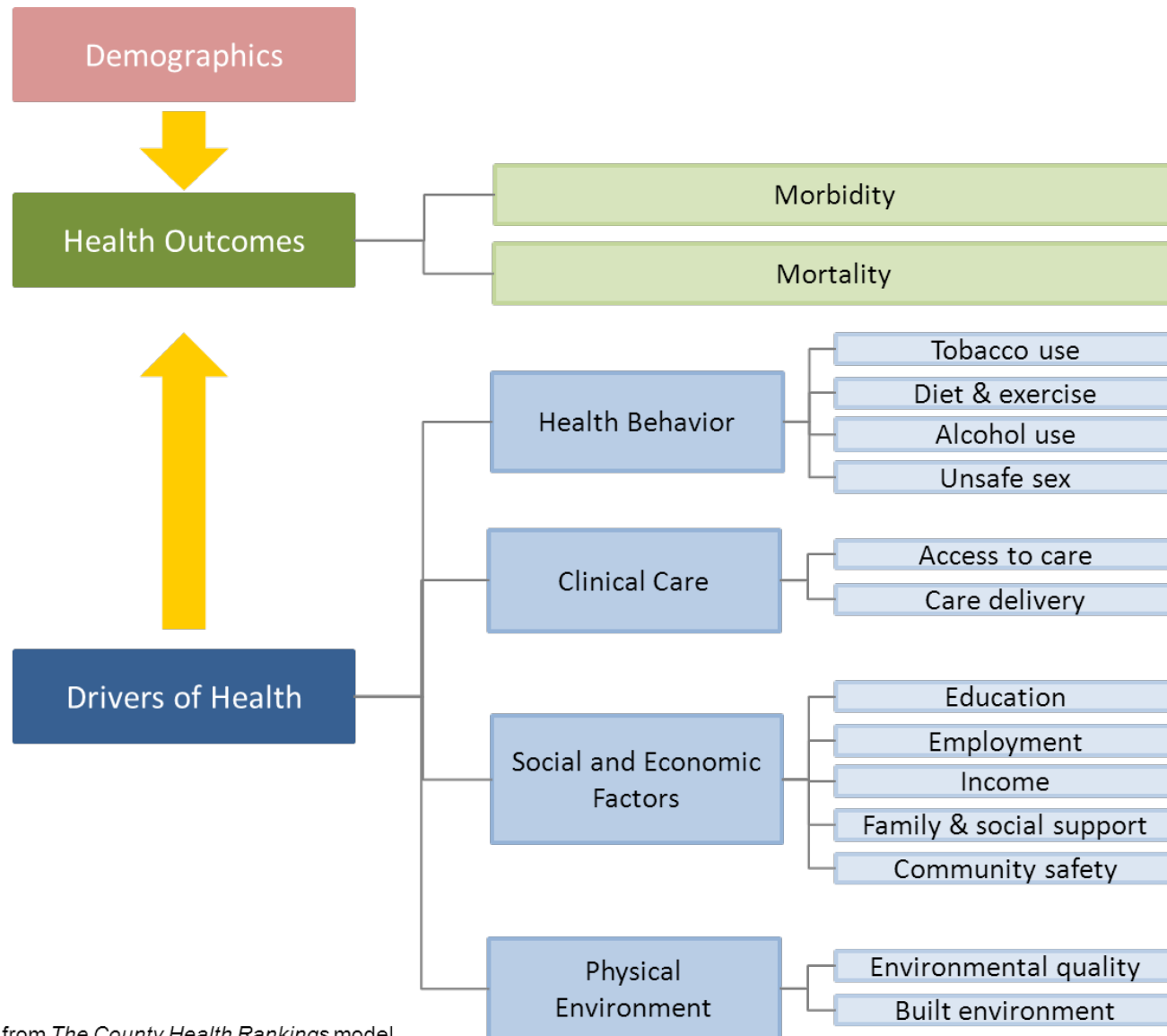
- Robust set of data to understand health needs program wide
- Assessment data and process will inform Community Benefit portfolio
- Continue to impact community health through *collaborative* relationships

## Seize Opportunities

- Opportunity to strengthen KP leadership and impact in population health
- Leverage all KP assets
- Explore new community based collaborations



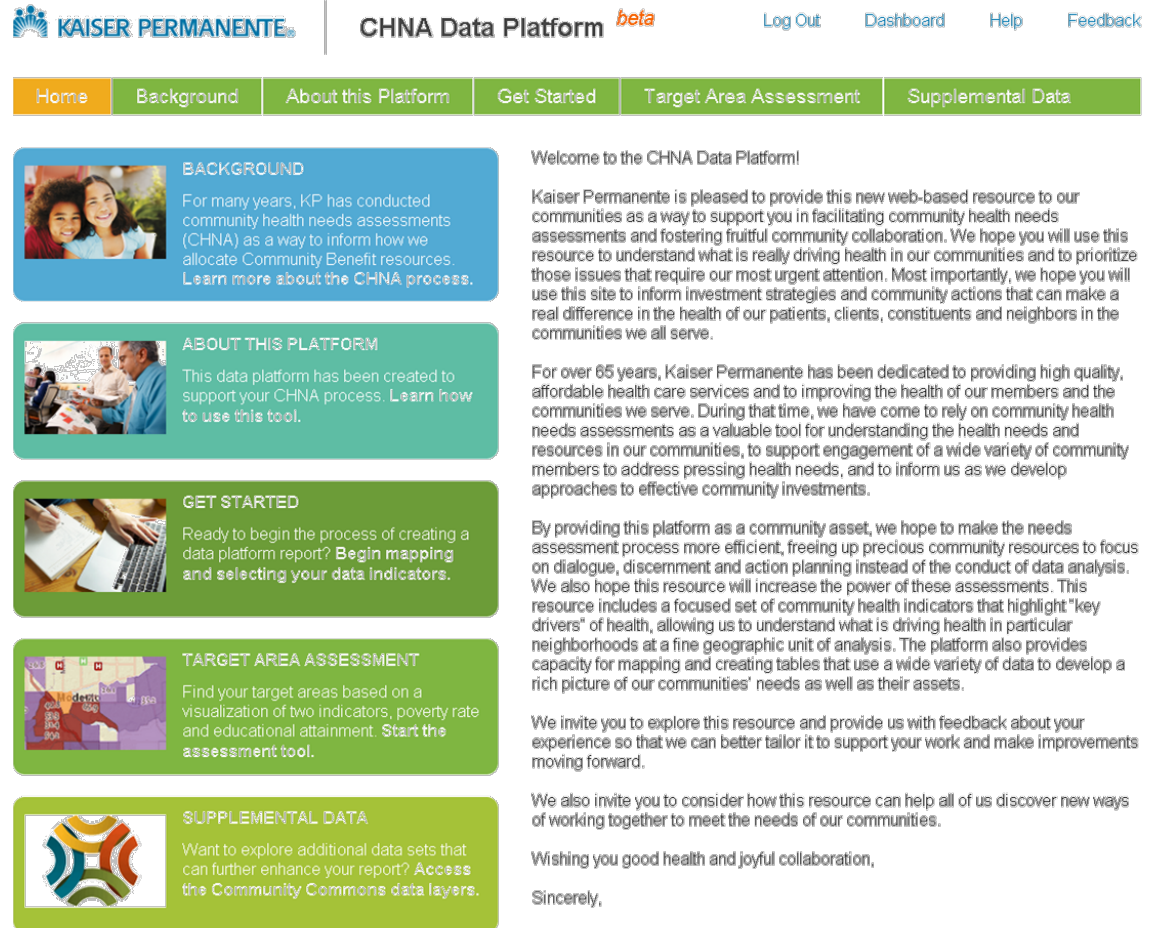
# Kaiser Permanente's Approach to Common Indicators



\* Adapted from *The County Health Rankings* model

# Understanding Community Health Using KP Community Health Needs Assessment Data Platform

- [www.chna.org/kp](http://www.chna.org/kp)
- Aggregation and comparison of needs across regions/service areas
- Improved efficiency
- Valuable to internal and external partners
- Sharing our assets with our communities and the field
- Available at no cost



The screenshot shows the Kaiser Permanente CHNA Data Platform website. At the top, there is a navigation bar with the Kaiser Permanente logo, the text "CHNA Data Platform beta", and links for "Log Out", "Dashboard", "Help", and "Feedback". Below this is a secondary navigation bar with tabs for "Home", "Background", "About this Platform", "Get Started", "Target Area Assessment", and "Supplemental Data". The main content area is divided into five colored boxes, each representing a section of the platform:

- BACKGROUND** (blue box): Includes an image of two women and text stating that KP has conducted CHNA for many years to inform resource allocation. It includes a link to "Learn more about the CHNA process."
- ABOUT THIS PLATFORM** (teal box): Includes an image of people at a table and text explaining the platform's purpose to support the CHNA process. It includes a link to "Learn how to use this tool."
- GET STARTED** (green box): Includes an image of hands on a laptop and text encouraging users to begin mapping and selecting data indicators.
- TARGET AREA ASSESSMENT** (purple box): Includes an image of a map and text explaining how to find target areas based on poverty rate and educational attainment. It includes a link to "Start the assessment tool."
- SUPPLEMENTAL DATA** (light green box): Includes an image of a data visualization and text explaining how to access Community Commons data layers.

Below the "GET STARTED" section, there is a welcome message: "Welcome to the CHNA Data Platform!" followed by a paragraph from Kaiser Permanente expressing its commitment to supporting community health needs assessments. This is followed by another paragraph about the organization's 65-year history and its dedication to high-quality care. A third paragraph explains how the platform serves as a community asset to make the assessment process more efficient. A fourth paragraph invites users to explore the resource and provide feedback. A fifth paragraph invites users to consider how the resource can help discover new ways of working together. The message concludes with "Wishing you good health and joyful collaboration," and "Sincerely," followed by the name and title of Loel Solomon, Ph.D., Vice President, Community Health.

# CHNA Data Platform Overview Video

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<http://assessment.communitycommons.org/KP/Tutorials.aspx>

4 minutes; 18 seconds

# Most Frequently Prioritized Program-wide Community Health Needs



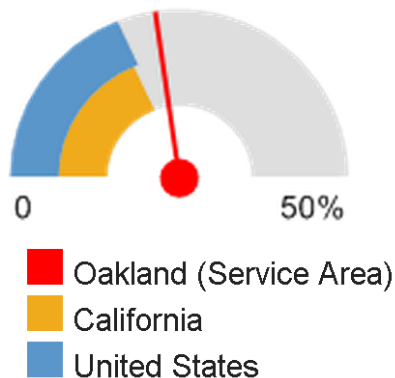
KAISER PERMANENTE®

1. **Obesity/HEAL/Diabetes (identified by all facilities/regions)**
2. **Mental Health**
3. **Access to Care**
4. **Asthma**
5. **Oral Health**
6. **(tie) Cardiovascular Disease/Stroke**
7. **(tie) Substance Abuse/Tobacco**
8. **Violence/Injury Prevention**
9. **Cancers**
10. **(tie) HIV/AIDS/Sexually Transmitted Diseases**
11. **(tie) Maternal and Infant Health**
12. **Economic Security**

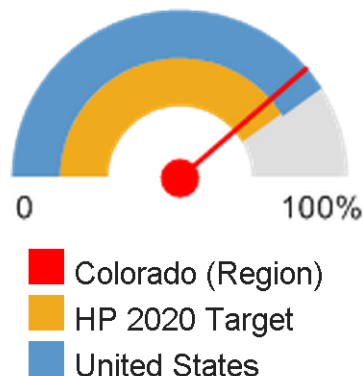


# Exploring a Health Need: Economic Security

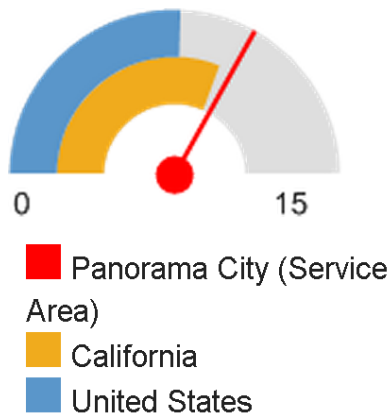
### Percent Children in Poverty



### High School Graduation Rate



### Unemployment Rate



Families are under too much financial stress. Parents are struggling to keep above water economically and do not have enough support to also be good parents (*Antioch, CA*)

“When people are out of work or they are financially struggling, taking care of health drops down the priority list. And so how can you expect people, even if they are able to access care, to access care if they are just trying to make ends meet and they are trying to keep their lights on and get food on the table?” (*Moreno Valley, CA*)

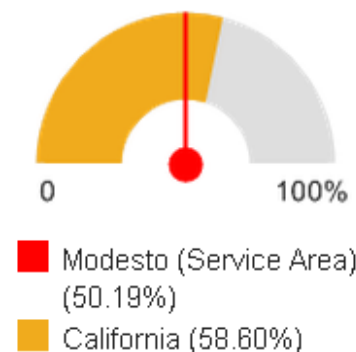


# Exploring a Health Need: Obesity

CHNA participants mentioned parks as places where they do not feel safe. In these communities people “stay inside their house”. Some communities do not have sidewalks or street lights for people to safely walk around the neighborhood.  
*(Modesto, CA)*

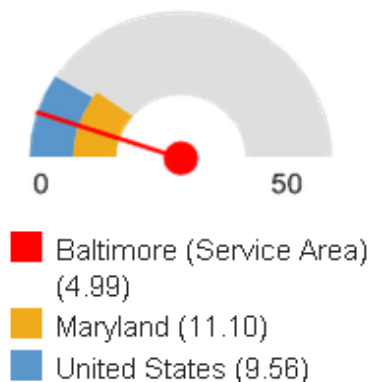
## Park Access

Percent Within 1/2 Mile



## Recreation and Fitness Facility Access

Establishment Rate per 100,000 Population

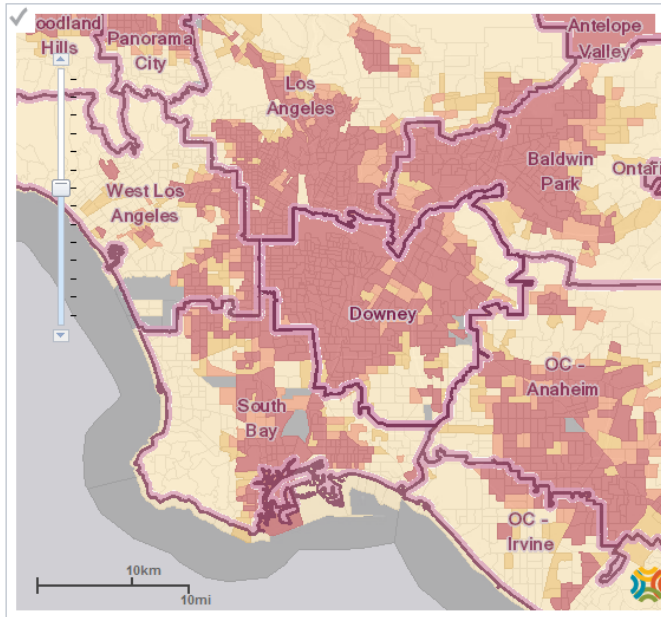
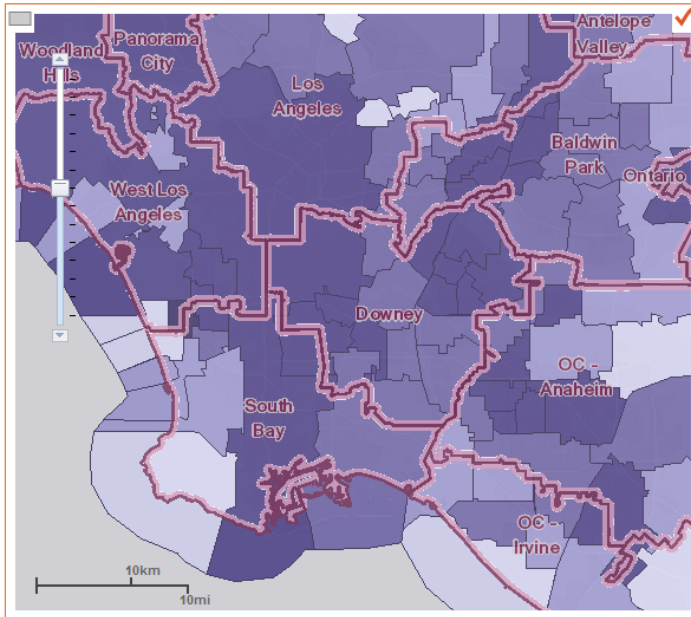


“With how our county is laid out (with 7,000 square miles, being very spread out, being dependent upon cars, not having an optimal public transportation infrastructure), our community does not lend itself to walking and biking. We have not had many planned areas where people, can walk and access all the things they need.” *(Moreno Valley, CA)*

# Exploring Childhood Obesity

Add Data

Export



Enter a location

**Map Layers**

**Students Overweight or Obese / Not in Healthy Fitness Zone for Body Composition, Percent by School District (Elementary), FITNESSGRAM 2012-13**

- Over 60.0%
- 50.1 - 60.0%
- 40.1 - 50.0%
- 30.1 - 40.0%
- Under 30.1%
- No Data or Data Suppressed

Data Geog: School District (Elementary)

Data Types: Percent

Transparency:  30%

**Population with No High School Diploma, Percent by Tract, ACS 2008-12**

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%

Tools



# Evidence Base Snapshots

Health Need	Obesity/Overweight	
Long-term Goal	Evidence-Informed Intermediate Goals	Evidence to Inform Strategies
	Increase healthy eating	<p><u>Access and Availability</u></p> <ul style="list-style-type: none"> <li>• Adopt policies and implement practices to reduce overconsumption of sugar-sweetened beverages<sup>1</sup></li> <li>• Increase the availability of lower-calorie and healthier food and beverage options for children in restaurants<sup>4</sup></li> <li>• Utilize strong nutritional standards for all foods and beverages sold or provided through the government and ensure that these healthy options are available in all places frequented by the public<sup>4</sup></li> <li>• Ensure strong nutritional standards for all foods and beverages sold or provided through schools<sup>4</sup></li> <li>• Introduce, modify, and utilize health-promoting food and beverage retailing and distribution policies<sup>4</sup></li> </ul> <p><u>Knowledge/Attitudes/Skills</u></p>

## Evidence Base Snapshot – OBESITY and OVERWEIGHT

The goals and strategies were informed by the following sources:

<sup>1</sup> Accelerating Progress in Obesity Prevention: <http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>

<sup>2</sup> The Community Guide – Community Preventive Services: <http://www.thecommunityguide.org>

<sup>3</sup> County Health Rankings: <http://www.countyhealthrankings.org>

<sup>4</sup> The Community Guide: Guide to Clinical Preventive Services: <http://www.thecommunityguide.org/about/guide.html>

Health Need	Obesity/Overweight	
Long-term Goal	Evidence-Informed Intermediate Goals	Evidence to Inform Strategies
Reduce obesity / overweight among at risk population	Increase physical activity	<p><u>Access and Availability</u></p> <ul style="list-style-type: none"> <li>• Community design and land use policies<sup>4</sup></li> <li>• Require quality physical education and opportunities for physical activity in schools<sup>4</sup></li> <li>• Creating or enhancing places for physical activity combined with informational outreach activities<sup>3</sup></li> <li>• Improve streetscape design<sup>2</sup></li> <li>• Increase green space/parks<sup>2</sup></li> <li>• Joint Use Agreements<sup>3</sup></li> </ul> <p><u>Knowledge/Attitudes/Skills</u></p> <ul style="list-style-type: none"> <li>• Provide and support community programs designed to increase physical activity<sup>1</sup></li> <li>• Individually-adapted health behavior change programs that teach behavioral skills to help participants incorporate physical activity into their daily routines<sup>3</sup></li> <li>• Behavioral interventions to reduce screen time<sup>3</sup></li> <li>• Community-based social support interventions focus on changing physical activity behavior through building, strengthening, and maintaining social networks<sup>2</sup></li> <li>• Point-of-decision prompts: physical activity<sup>2</sup></li> </ul>

...ment in school<sup>1</sup>

...nutritious foods and beverages in school<sup>1</sup>

...es 6 years and older and offer them or refer them to comprehensive, ...  
 ...note improvement in weight status<sup>4</sup>

...sity and offer or refer patients management of with a body mass index (BMI) ...  
 ...omponent behavioral Obesity in adults interventions<sup>4</sup>

...ounseling in the primary care setting to promote a healthful diet and physical ...  
 ...ertension, diabetes, hyperlipidemia, or cardiovascular disease) is small<sup>4</sup>

...y weight gain during pregnancy and breastfeeding, and promote

...interventions to maintain or reduce weight loss<sup>3</sup>



# Achieving Greater Impact: Leveraging External Partnerships and Internal Assets for Impact

## External Partners



Improving food systems



Safe transportation and public spaces



ACCESS TO  
CARE &  
COVERAGE

Improving access and linkages to care systems

## KP Resources



Cultivating Physician Champions and Graduates



Supporting Community Access to Care



Improving Safety-Net Provider Capacity

# KP's Approach to Childhood Obesity in CO: Breadth of Policy and Programmatic



## Healthy People

- ▶ Hunger Free CO
- ▶ Por Tu Familia
- ▶ Weigh and Win
- ▶ Community Specialists



## Healthy Families

- ▶ Nurse Family Partnership
- ▶ MEND



## Healthy Environments

- ▶ Thriving Schools
- ▶ HEAL/LiveWell

← Comprehensive Approaches to Addressing Social Non-Medical Needs →

# Community Change Through High-Impact Partnerships



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## Community Health Initiatives

*Working Together to Improve Health*



Building Our Shared Vision



HEALTHY EATING  
ACTIVE LIVING  
**CITIES**  
CAMPAIGN



**THRIVING SCHOOLS**  
a partnership for healthy students, staff & teachers



# Achieving Greater Health

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