BUSINESS CASE STUDY:
Kaiser Permanente’s Community Health Initiative (CHI)

Company Overview

**Sector:** Healthcare and Social Assistance (provider and insurer)

**Number of Employees:** 240,125 nationwide (includes employees, nurses & physicians)

**Headquarters:** Oakland, California

**2014 Total Revenues:** $56.4 billion

Initiative Overview: Community Health Initiatives

**Department:** Community Benefit

**Budget:** Since the inception of the program in 2004, more than $58 million has been invested in funding CHI place-based and multisector collaborative efforts

**Geography:** 50+ grantee communities in Colorado, California, Maryland, Georgia, Oregon and Washington
Background

Kaiser Permanente is one of the nation’s largest not-for-profit health plans, serving approximately 9.6 million members. Kaiser Permanente’s Community Benefit efforts focus on expanding access to healthcare, improving community environments, and shaping health knowledge. Community Health Initiatives (CHI) is part of the Community Benefit strategy, and is a prevention-driven approach to supporting policies and environmental changes that increase access to nutritious foods, physical activity, economic vitality, safety and well-being in local schools, workplaces and neighborhoods.

Assessing Risk & Disease Burden Via The Community Health Needs Assessment

- **Community Health Needs Assessments (CHNA):** As part of its broader community benefit strategy, Kaiser Permanente uses primary and secondary health data (over 100 indicators) to identify health needs in each community it serves. Kaiser Permanente’s CHNA is driven by a population health approach and includes information on demographics, areas of greatest health need, health outcomes, and key drivers of health.

- **Benchmarking:** Kaiser Permanente’s online CHNA Data Platform is pre-loaded with benchmarks for each Kaiser Permanente indicator. These include state- and national-level benchmarks, as well as Healthy People (HP) 2020 targets. Local data is flagged according to whether the area is performing better or worse against the benchmark, allowing users to identify areas of greatest concern.

Vision & Goals

CHI works to improve the health of individuals, families, and communities by addressing the social, economic, and environmental determinants of health. CHI lifts up the role of communities as vital settings that create the conditions of health as well as the importance of non-medical resources in communities that promote well-being and prevent disease. This work is foundational to Kaiser Permanente’s mission and commitment to health equity and total health, and it enables the organization to deliver on its strategic imperatives, including affordability and transforming care.

“Over the past decade, through our CHI work, we have learned an immense amount about the evidence base and about which interventions work in a community and under what conditions. Our findings underscore that if you want to improve the health of the community, you need to create strong, aligned health interventions aimed at behavior change across a community. You need to surround people with health through their day, every day. At the end of the day, we all want healthier communities. By rigorously measuring the impact of our work and making adjustments from the data we gather, together we can achieve that.” – Pamela Schwartz, director of evaluation for Community Benefit at Kaiser Permanente

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3 [http://share.kaiserpermanente.org/article/community-health-initiatives-3/](http://share.kaiserpermanente.org/article/community-health-initiatives-3/)
4 [http://assessment.communitycommons.org/KP/Background.aspx](http://assessment.communitycommons.org/KP/Background.aspx)
5 CHI 3.0 Framework Document
Beyond the Four Walls
Why Community is Critical to Workforce Health

CHI Supports Collective Impact Through Strategic Philanthropy

CHI focuses on a wide range of community health improvement efforts, from place-based initiatives in more than 50 communities in Kaiser Permanente service areas to larger-scale regional and national partnerships that lift up community-driven priorities and help accelerate and sustain community change. Along with financial support from Kaiser Permanente Community Benefit, local community health efforts also benefit from a variety of other Kaiser Permanente assets including the expertise and advocacy of Kaiser Permanente physicians, clinicians and health professionals; various forms of in-kind support; and the engagement of the broader Kaiser Permanente workforce.

CHI’s Thematic Focus Areas Include:6

- **Healthy Eating Active Living (HEAL):** Place-based initiatives and population health interventions in neighborhoods (e.g., refurbishment of parks, corner store improvements), schools (e.g., cafeteria reforms, programs to increase physical activity), workplaces (e.g., campaigns to promote stairwell use), and the health sector (e.g., body mass index screenings in community clinics).

- **Community Safety and Violence Prevention:** Improving the built environment to make residents feel safer about using public spaces. Includes using permitting and code enforcement strategies to limit or raze liquor stores, motels, and other establishments that attract crime, support for youth development/resiliency, improving the understanding and commitment of schools to support healing and harm reduction, and intensified collaboration with safety/police organizations. Supports communities to connect residents with clinical resources via collaborations with Safety Net Partnerships.

- **Economic Stability/Viability:** Investments in healthy food financing initiatives that create local jobs and increased access to healthy foods in low-income communities, grants supporting active transportation projects that train and employ residents from local communities to work on public transit projects, career pathway and bridge programs that help low-skilled adults successfully participate in postsecondary education and the labor market.

- **Mental Health and Social and Emotional Well-Being:** Creating community settings that support building human well-being (mental, emotional, spiritual factors) and social capital (trust, reciprocity and cohesion). Includes policies, systems, and environmental changes to create safe and walkable communities and working with school staff to implement stress reduction and mindfulness practices.

CHI Community Choice (For Place-Based Efforts) Driven By:

- **Request for Proposal Process:** CHI place-based efforts receive initial funding for 3-8 years, including support for a planning and evaluation. Communities develop and tailor based on prioritized needs articulated by community members.

- **Geography of Clinical Locations:** Kaiser Permanente defines the “communities it serves” as those within its hospital service area, which includes all residents in a defined geographic area surrounding the hospital with particular focus on low-income or underserved populations.7

CHI Program Reach (For Place-Based Efforts)8

- Colorado (32 communities)
- Northern California (7 communities)
- Southern California (9 communities)
- Mid-Atlantic States (1 community)
- Georgia (1 community)
- Northwest Region (place-based partnerships in Oregon/Washington)

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6 CHI 3.0 Framework
8 CHI Summary Report, slide 7
Engaging Stakeholders

- **Local Community Partners**: Partner organizations in each of the 50 place-based partner communities are drawn from sectors involved in promoting policy and environmental change and offering programs supporting obesity prevention efforts, including schools, local government agencies, businesses, and nonprofit health care safety net organizations.

- **Broader Partnerships**: Local place-based efforts are supported through coalitions and funder/convergence collaboratives (public and private organizations partnering to promote and leverage work across multiple fields and sectors for the healthy people in healthy places movement) focused on field/movement building.

Strategies for Implementing Community Health Initiatives

- **Place-Based Initiatives**: policy, systems, and environmental change.

- **Public Policy/Advocacy**: strategic investments, media engagement, dialogue with decision makers, etc.

- **Partnerships/Collaborations**: Engaging with partners or formal collaboratives to address shared objectives.

- **Capacity Building**: Supporting the development of community-based organizations, leaders and networks.

- **Championship for Kaiser Permanente Organizational Practice Change**: Improving Kaiser Permanente’s own policies and practices around HEAL and other thematic focus areas to achieve organizational credibility (e.g. “walking the talk”) and to help drive improvements in the health of Kaiser Permanente’s own workforce and the health of the communities they serve.

- **Leverage of Kaiser Permanente Assets**: Dedicating Kaiser Permanente expertise and/or resources to address one or more community health needs, acknowledging role as an anchor institution in which organizational well-being is linked to that of communities.

- **Clinic-Community Integration**: Integrating Kaiser Permanente and community-based programs to support member health.

- **Programs & Services**: Supporting efforts that primarily target individuals, such as engagement and educational programs and services.

- **Learning & Evaluation**: Actively investing in, shaping, and/or participating in evaluations of grant-funded projects to understand impact, and promoting organizational learning.

- **Communications**: Leveraging Kaiser Permanente’s existing brand marketing and communications efforts to influence social norms and public discourse on community health, provide support for policy change, and to help build the field.

CHI Evaluation Framework

**Grant Resource Allocation for Evaluation**

- Each community grant recipient identifies explicit outcome goals and how it will measure progress and impact in the following areas: community conditions, behaviors at the population level, organizational practices, sustainability (of effort/impact), and health equity.

- It is suggested that 10-15% of grant dollars are set aside to assess and document outcomes where evaluation is warranted (using a set of criteria). For grants or grant initiatives of over $100,000, internal regional evaluation teams are consulted on the development of a formal evaluation plan (at a minimum, this identifies desired outcomes and methods for tracking progress). For grants over $500,000, the national internal evaluation team should also be consulted.

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9 [http://share.kaiserpermanente.org/static/cbsnapshot2013/](http://share.kaiserpermanente.org/static/cbsnapshot2013/)

10 CHI 3.0 Framework pg. 11 mentions collective impact is applied to each region

11 CHI 3.0 Framework

12 CHI 3.0 Framework
• Leveraging Internal and External Support: The Center for Community Health and Evaluation (CCHE) at Group Health Research Institute, in partnership with the Atkins Center for Weight and Health at University of California, Berkeley, the Kaiser Permanente Institute for Health Research in Colorado, and Kaiser Permanente national and regional Community Benefit program staff are evaluating the CHI place-based efforts.

Using Population Dose to Evaluate the Impact of CHI
Population dose (or “Dose”) is an approach used to measure the combined impact of a set of community health interventions on population-level health behaviors. Dose is defined as the product of “reach” (the number of people touched by a community intervention) and “strength” (the estimated effect of the change on each person reached). The dose of a set of interventions targeting the same health behavior (e.g., minutes of physical activity) is calculated by adding up the dose of each individual intervention. By comparing the observed population-level behavior change (measured through surveys) with the expected change from the dose calculations, the CHI team can better determine whether the CHI interventions are responsible for observed population-level changes.

Data Collection
CHI gathers evidence about strategy strength from the literature and from its own strategy-level evaluations. Data sources include:14
• Pre/post surveys of people exposed to different strategies
• Observational techniques (such as the SOPLAY tool to capture activity levels in schools)
• Institutional sales or offerings of food items (e.g., the number of students choosing healthier vs. less healthy meals)

2014 Impact: Policy Change & Population Health Improvement (Place-Based Efforts)
• Reached 1.1 million people15 in 50+ communities with 600 policy, environmental, and programmatic strategies.
• In the CHI community of Modesto, there was a 6% point increase in the percentage of children doing at least 20 minutes of vigorous physical activity per day after an evidence-based physical education (PE) curriculum was implemented district-wide.16
• In the Santa Rosa community, there was a 16% point increase in the percent of children in the “healthy fitness zone” as measured by Fitnessgram data after an after school program was revised to include 20 minutes of exercise.
• In Northwest Colorado, a LiveWell Colorado Community, there was a statistically significant 2% increase in minutes of physical activity among children resulting from school based interventions that included a revised PE Curriculum, after school physical activity, active transport to school, and Action Based Learning in classrooms.

Building Evidence for Health Promotion17
• Several peer-reviewed papers from CHI evaluation and other Kaiser Permanente research units describe the methods and results of the initiative and promote the policies, systems and environmental approach to obesity prevention.
• The dose concept is becoming widely disseminated applied to research and evaluation projects in the field. Examples include: The Center for Disease Control and Prevention (CDC) Community Transformation Grants, California Department of Public Health’s Nutrition Education and Obesity Prevention Branch, the Institute of Medicine and A National Institutes of Health study at UCLA: The impact of natural experiments on child obesity: A systems science approach. A dose toolkit is being developed to be disseminated in the field later this year.

14 CHI Summary Report, September 2014, Slide 16
15 CHI Summary Report, September 2014, slide 12
16 CHI Summary Report, September 2014, slide 32
17 CHI Summary Report, September 2014, slide 49
Looking to the Future: Scaling Impact

Community Impact
A network of regional and national partnerships support the local impact of CHI. These efforts include Kaiser Permanente being a founding partner of the Partnership for Healthier America (PHA) (initiative devoted to ensuring the health of our nation’s youth by solving the obesity crisis) and the Convergence Partnership (a collaborative of funders working on policy and environmental changes to support healthy people in healthy places). Kaiser Permanente also partners with cities and municipalities to invest in the HEAL Cities Campaign in five regions, encouraging cities to pass obesity prevention policies and resolutions related to land use, access to healthy food, and employee well-being.18

CHI Informs Kaiser Permanente’s Overall Business Strategy
- CHI aligns with Kaiser Permanente’s broader Total Health strategy, an effort to deploy Kaiser Permanente assets – its health care system, its workforce, its business operations – to create health for its members, workforce and the broader community. The Total Health strategy recognizes that, to truly impact health, it is essential to align Kaiser Permanente’s existing clinical, behavioral, environmental and social initiatives to improve health.
- CHI includes workforce health efforts that support making changes in workplace environments to create “optimal behavioral defaults,” changing the social norms in these environments to support healthier lifestyles.

“We know that our members can’t be healthy if they live and work in unhealthy communities. Through our Community Health Initiatives, we’re addressing the community conditions that shape the health of our members and the communities we serve. In the process, we’ve informed and energized a broader enterprise-wide approach to Total Health. This strategy includes a major initiative in K-12 schools called Thriving Schools, a major effort to improve the health of our own workforce that features workplace food and physical activity environments and a comprehensive look at the ways we can deploy our business assets like our procurement and supply operation and our facilities investments to improve community health.” – Loel Solomon, PhD, vice president for Community Health at Kaiser Permanente

This case study was adopted from a semi-structured qualitative interview and publicly available information. To learn more about the link between workforce and community health and the strategies businesses are implementing to invest in community health, read the Vitality Institute’s report “Beyond the Four Walls: Why Community is Critical to Workforce Health”.

To access the report and additional case studies, visit www.thevitalityinstitute.org/communityhealth or look us up on social media @VitalityInst #Beyond4Walls.

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