

Policy Extract

[Kaiser Permanente Community Health Initiative: Final Evaluation Report](#)

This report describes one organization's response to one such crisis – Kaiser Permanente's (KP's) Community Health Initiative (CHI) addressing the obesity epidemic. This report uses the evaluation findings to answer several key questions relevant to the initiative itself: What was the impact? What was the return on investment? But also, importantly, what are the learnings that can be applied to future work in obesity and to work addressing other current and future crises.

Several new ideas about how to intervene effectively at a population-level were emerging at the same time obesity became a top public health priority, including:

- **Comprehensive, community-level approaches** involving synergistic combinations of strategies and systems approaches. The idea of a “multi-level, multi-sector” approach emerged, using the levels of the socio-ecologic model (e.g., individual, family, community) applied to different community sectors (e.g., school, worksite, neighborhood). This more comprehensive approach recognized that problems such as obesity are driven by many complex and interrelated factors: cultural, economic, social, genetic, and environmental influences that are hard to disentangle and address separately.
- **Policy and environmental change.** System-level interventions focused on policy change (e.g., comprehensive school health policies) and changing food and physical activity environments (e.g., grocery stores, restaurants, built environment). After decades of education and promotion strategies, it was clear that a supportive environment and consistent practices making “the healthy choice the easy choice” was gaining momentum.

The KP Community Health Initiative

In 2003, KP recognized the importance of joining the fight against obesity and became one of the early adopters of these new intervention ideas in creating its Community Health Initiative (CHI). Key CHI components included:

- **Work in individual communities.** The core of CHI was a place-based initiative designed to promote healthy eating and active living (HEAL) in 60+ communities across KP's regions. The CHI communities were low-income areas with defined neighborhood boundaries and populations ranging from 10,000 to 50,000 people. The first sites began planning and organizing multi-sector collaboratives as early as 2005. The CHI framework included a focus on practice, policy, and environmental changes; strategies that employed both community and KP's own assets as a health care provider; long-term partnerships and investments; and a commitment to using evidence where it was available and building the evidence base where it was lacking, particularly around the new policy and environmental change strategies.
- **Broader national and state-level partnerships.** Surrounding and supporting the place-based CHI work, KP actively engaged with policymakers, funders and community partners to help promote coordination, bring about policy change, and

share learnings to build the field. These partnerships occurred at all levels – national, state, regional, and local.

- **Changes within KP.** Over a decade, CHI launched a number of projects and campaigns consistent with the CHI focus areas within KP, reaching both KP members and staff. These efforts to “walk the talk” included several internal policy and practice changes at KP medical facilities and other parts of the organization.
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What was the impact of the CHI?

What were changes in communities?

Strategies were implemented widely. A total of 730 policy, programmatic and environmental strategies have been implemented, reaching a total of 715,000 people across all the CHI communities. Examples of strategies included implementing new physical education curricula in schools, enhancing the quality of food served in school cafeterias, installing a lighted walking trail to provide access to safe physical activity, and working to pass health-promoting policies (e.g., complete streets, sugar-sweetened beverage taxes). The majority of strategies focused on policy and environmental change, following the initiative design.

Strategies impacted individual behavior. The evaluation team evaluated the impact of many of the strategies on the health behaviors of people touched by them. The majority of strategies evaluated showed some positive impact; of 143 individual strategies evaluated, 98 (69%) resulted in positive impacts on individual health behavior. Impact was greatest in schools, especially in physical activity; more successful strategies included physical education curriculum, active recess, and Safe Routes to School. Impactful community strategies included physical activity programs and park improvements.

Population-level change occurred where the “dose” was strong enough. A “population dose” approach was developed to create and assess the potential impact of the CHI strategies and help determine whether CHI was responsible for observed population-level changes. One-half of the cases where high dose strategies were implemented (i.e., those reaching a large number of people, with more significant impact per person) showed positive population-level improvement. All the observed population health changes related to the presence of strong interventions (high dose) took place in schools, as opposed to community settings. And most of those school changes were in physical activity – nearly 40% of communities where the evaluation team measured population change showed increases in minutes of physical activity among school-age youth that were accompanied by strong interventions.

Community capacity building and moving into areas beyond HEAL. In addition to the strategies designed to directly impact healthy eating and active living, there were also increases in community capacity through the CHI community collaboratives that are hard to quantify, but potentially significant. The collaboratives contributed to relationship building that facilitated the implementation of the policy, environmental, and programmatic strategies. Several KAISER PERMANENTE COMMUNITY HEALTH INITIATIVE Final Evaluation Report | 5 collaboratives moved into other content areas beyond HEAL where there were identified community health needs, leveraging the intersectoral relationships created by CHI.