Community Health Needs Assessment (CHNA)

Jennifer Resch-Silvestri, Sr. Director
Public Affairs and Brand Communications

KAISER PERMANENTE®

Kaiser Permanente San Bernardino County Area

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IMPROVING HEALTH FOR ALL

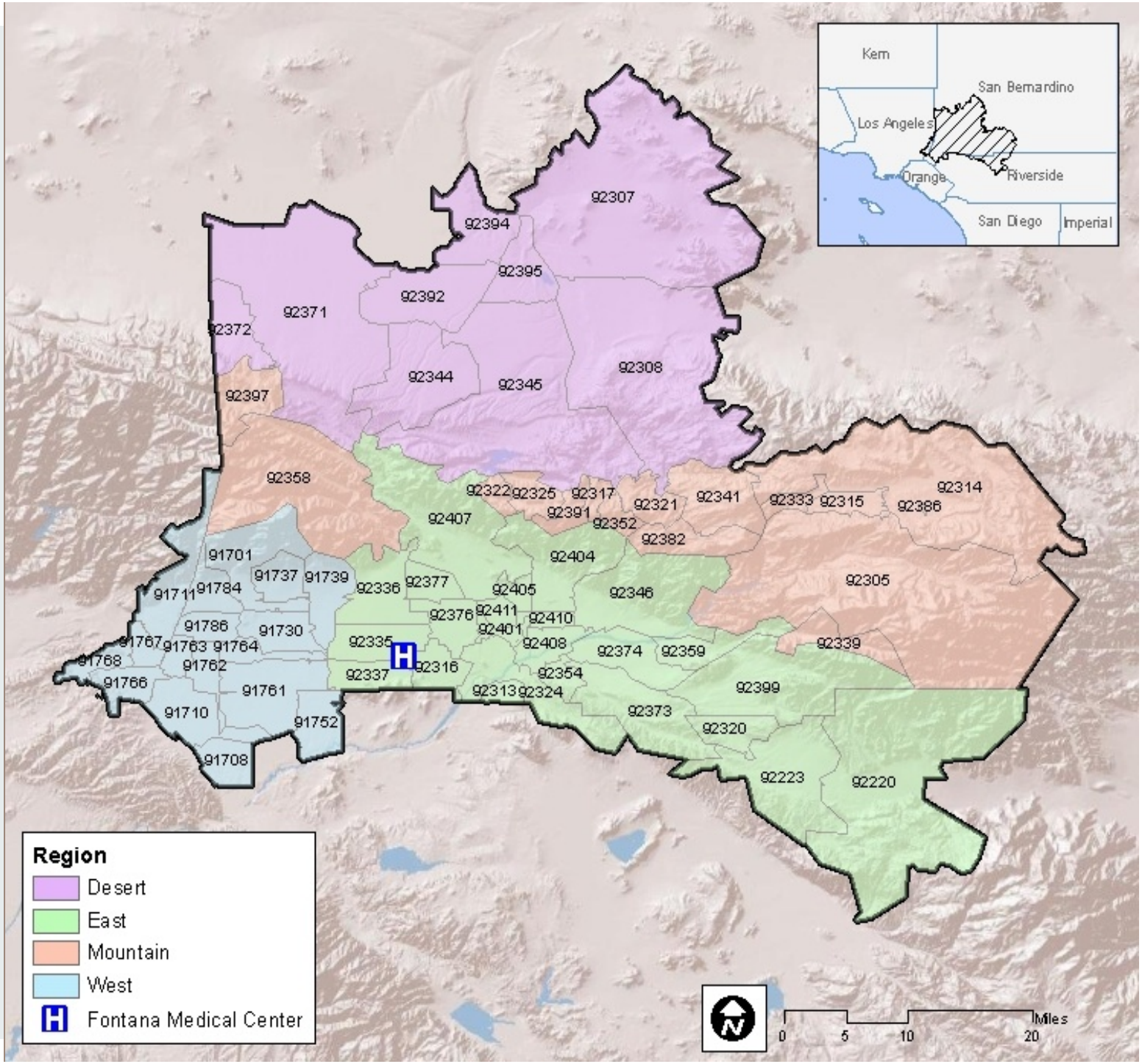
- For more than 70 years, Kaiser Permanente has been dedicated to creating and maintaining healthy communities.
- Kaiser Permanente's social mission is to improve the health of communities we serve.
- We deliver high-quality health care to our members and patients, and through our community partnerships.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) BACKGROUND

- A data driven process to identify and prioritize health needs
- CA SB697 and Affordable Care Act (ACA) requirements
  - Conduct a CHNA every three years
  - CHNA for KFH Fontana and KFH Ontario
- **Key new ACA requirements:**
  - Prioritize needs with community input
  - Explain a rationale for priority needs that will not be addressed
  - Describe CHNA methodology and make widely available to public
  - Adopt a hospital "**Implementation Strategy,**" (a written plan), to meet community health needs identified through the CHNA
    - Formally adopted by KFH Board of Directors
    - Attached to the KFH Form 990 federal tax filing

Kaiser Permanente Service Area (San Bernardino County)

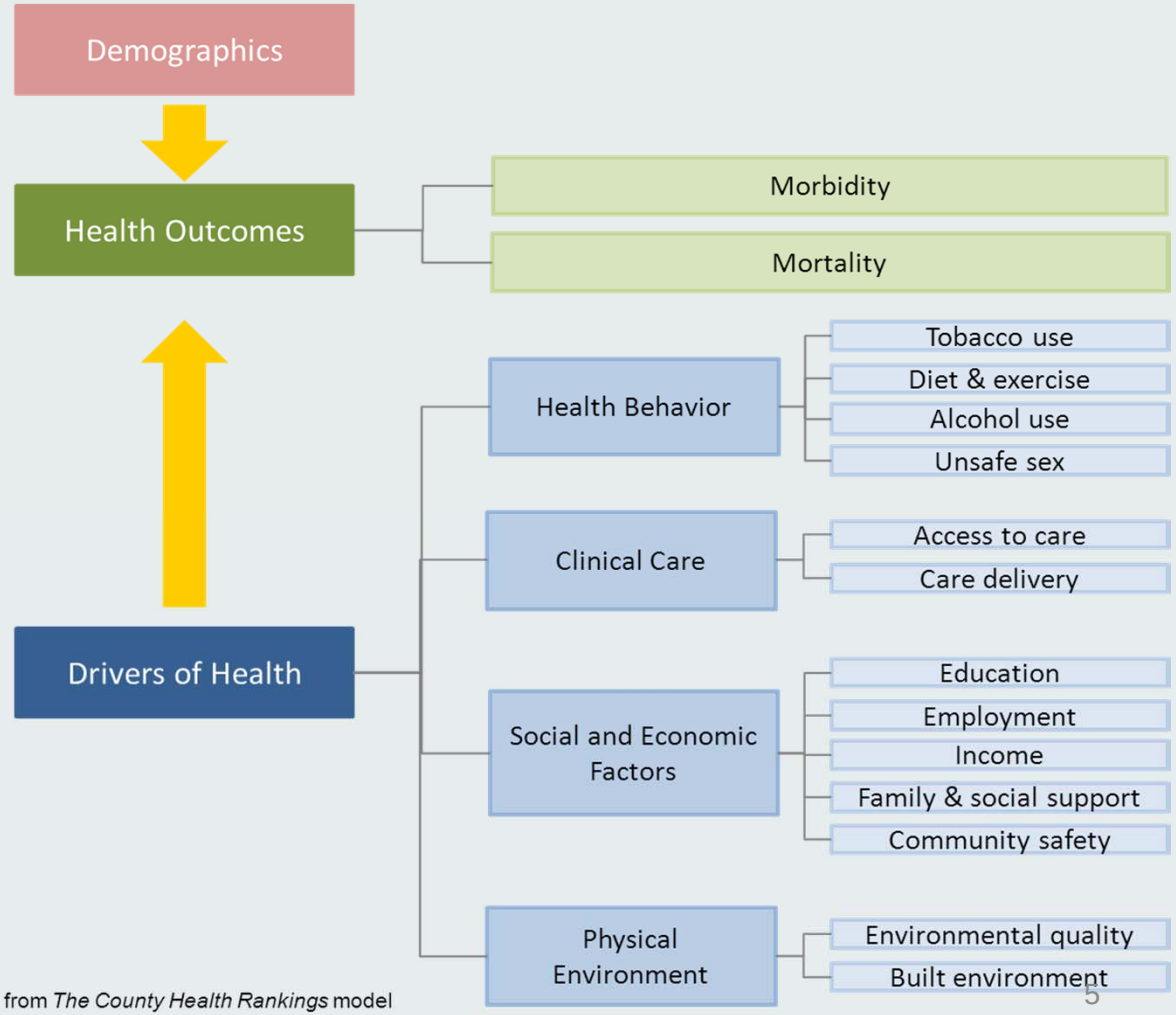
High Desert
East
Mountain
West



CHNA PROCESS
POPULATION HEALTH FRAMEWORK

"It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change."

-- Institute of Medicine, 2003



* Adapted from *The County Health Rankings* model

DATA COLLECTION PROCESS AND IDENTIFYING HEALTH NEEDS

Quantitative (Secondary) Data

- Kaiser Permanente data platform and additional data sources: Local, County, State and national data for **121** health indicators and drivers from data sources that include Claritas, U.S. Bureau of Census, U.S. Department of Health, Healthy City, and LA County Department of Health Services and Public Health

Qualitative Data

- **Six** focus groups and **15** interviews with residents, academic and health experts, local government officials, CBO's, and other key stakeholders.

KEY FINDINGS
DEMOGRAPHIC AND SOCIO-ECONOMIC

Socio- Economic Factors

- Below 100% FPL: 17.74%
- Below 200% FPL: 43.34%
- Children in Poverty: 25.43%
- Uninsured: 21.20%
- No High School Diploma: 24.59%

Family and Social Support

- Grandparents responsible for own grandchildren under 18 yrs
  - 33.40%
- Families headed by single mothers with children under 18 yrs
  - 22.90% (24% in High Desert)

Medically Underserved

- 64.27% Population Living in a Health Professional Shortage Area

PERSONAL WELL-BEING IMPACTED BY NEIGHBORHOOD (ENVIRONMENT)

Community	Life Expectancy	Distance Apart
East Fontana	82.7	6 miles
West San Bernardino	76.4	

COMMUTING

United States

- 86% of U.S. workers commuted to work (American Community Survey, 2013)

Inland Empire

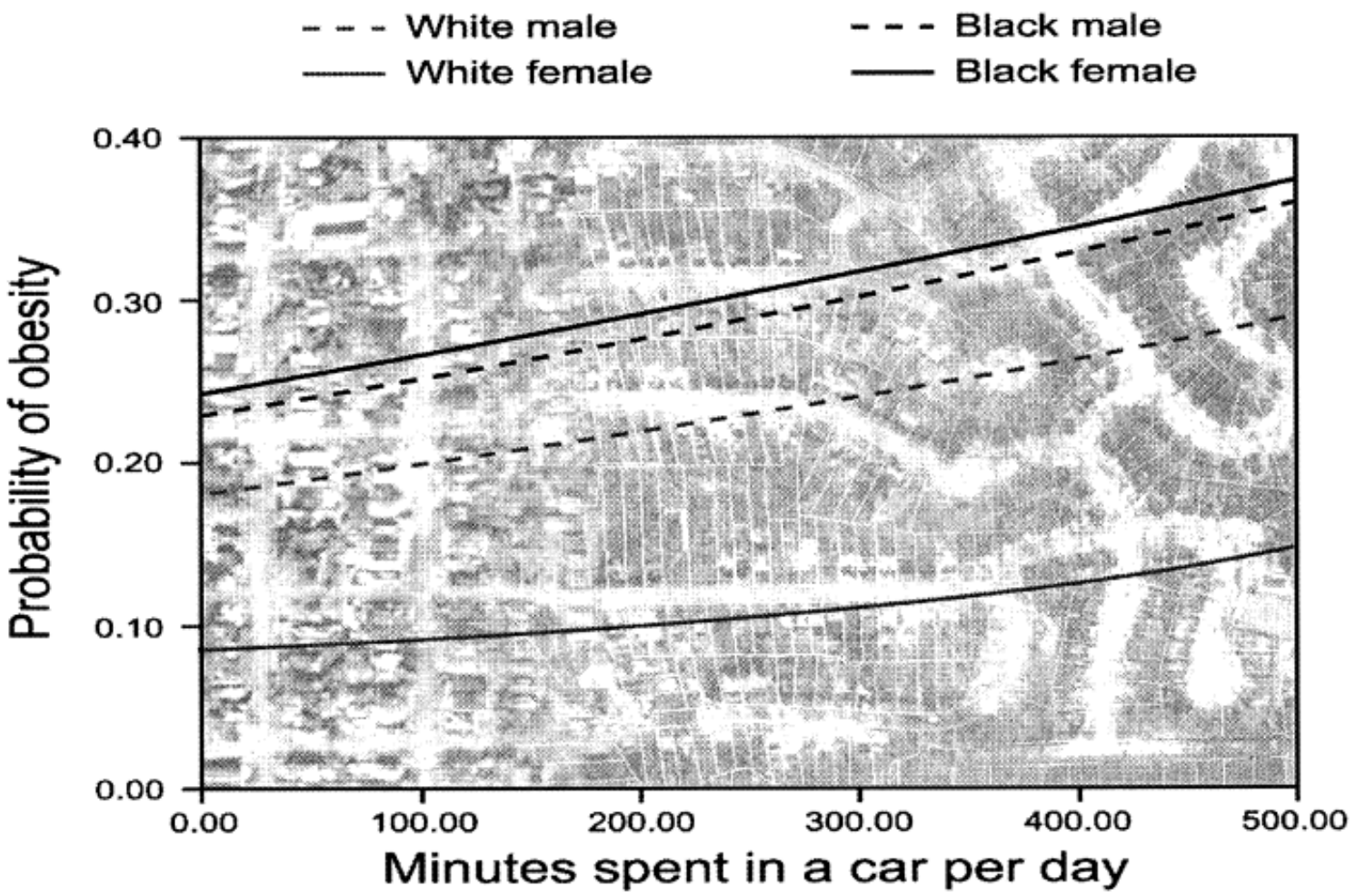
- 40% commute outside IE (Beacon Economics, report for UC Riverside School of Business Administration)

High Desert Impact

- 350, 000 residents= 140, 000 commuters

CARING FOR OUR COMMUNITIES

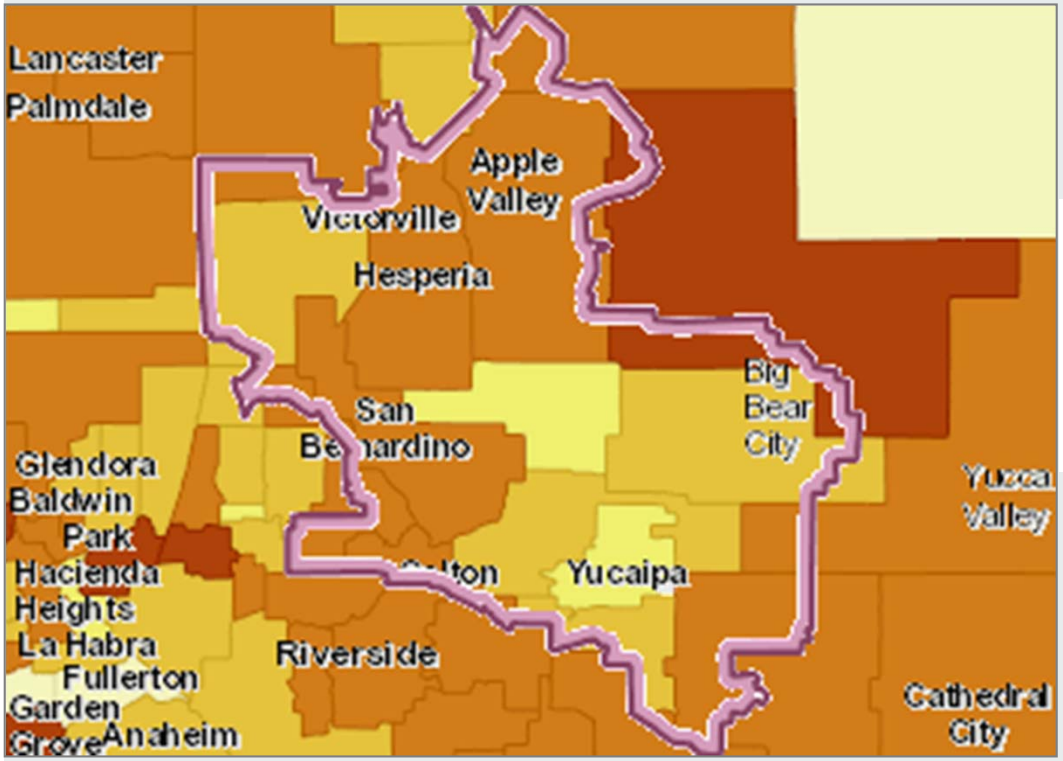
WHAT WE ARE UP AGAINST



ADULT OVERWEIGHT AND OBESITY
KEY FINDINGS

	San Bernardino County	California
Obese	27.80%	23.25%
Overweight	36.18%	36.20%

KEY FINDINGS
GEOGRAPHIC AREAS OF GREATEST IMPACT (DISPARITIES)
OBESITY AMONG YOUTH



APPLE VALLEY
VICTORVILLE = 30-40% STUDENTS OBESE
HESPERIA "HIGH RISK" FITNESS ZONE

PCT. OF STUDENTS IN 'AT HIGH RISK' BODY COMPOSITION ZONE, BY ELEMENTARY SCHOOL DISTRICT, CA DEPT. OF EDUCATION, 2011 (SOURCE: CALIFORNIA DEPARTMENT OF EDUCATION, FITNESSGRAM PHYSICAL FITNESS TESTING RESULTS, 2011)

OVER 40.0% | 30.1 - 40.0% | 20.1 - 30.0% | 10.1 - 20.0% | UNDER 10.1%

KEY FINDINGS
ASSOCIATED WITH OVERWEIGHT AND OBESITY
IN THE COMMUNITY

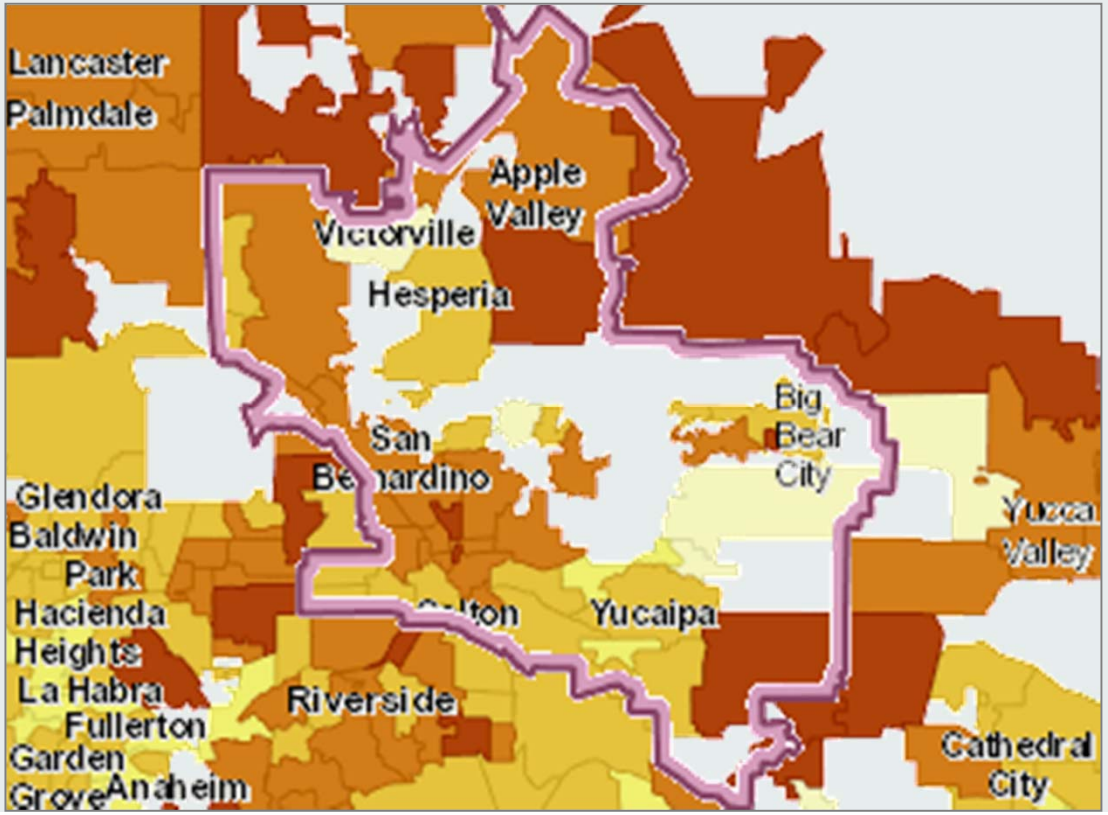
Associated Health Outcomes	Environment	Socioeconomic Factors
Health Outcomes	**Physical Environment**	**Poverty**
Overweight Overweight (adult) * Overweight (youth) Obesity Obesity (adult) * Obesity (youth) *	Nutrition access (Built environment) Fast food restaurant access Grocery store access * WIC Authorized food store access * Food distributed by local food service agencies Population living in food deserts * **Physical activity access (Built environment)** **Park Access *** **Walkability** **Recreation and Fitness Facility Access *** **Transportation** **Poor Air Quality (Particulate Matter 2.5)**	Adults in Poverty Population Below 100% of Poverty Level * Population Below 200% of Poverty Level * Children in Poverty Population Below 100% of Poverty Level *

Behavior	
Nutrition & Physical Activity	**Other Behavior**
Inadequate Fruit/vegetable consumption Fruit/vegetable expenditures Soft drink expenditures * Physical inactivity (adult) * Physical inactivity (youth) *	Breastfeeding (Any/Exclusive)

* Data indicators not meeting the CA State and/or Healthy People 2020 benchmark

KEY FINDINGS
GEOGRAPHIC AREAS OF GREATEST IMPACT (DISPARITIES)
HEART DISEASE MORTALITY RATE

Heart Disease Mortality Death Rate (Per 100, 000 population)		
San Bernardino County	California	Healthy People 2020 Target
175.28	131.34	100.8



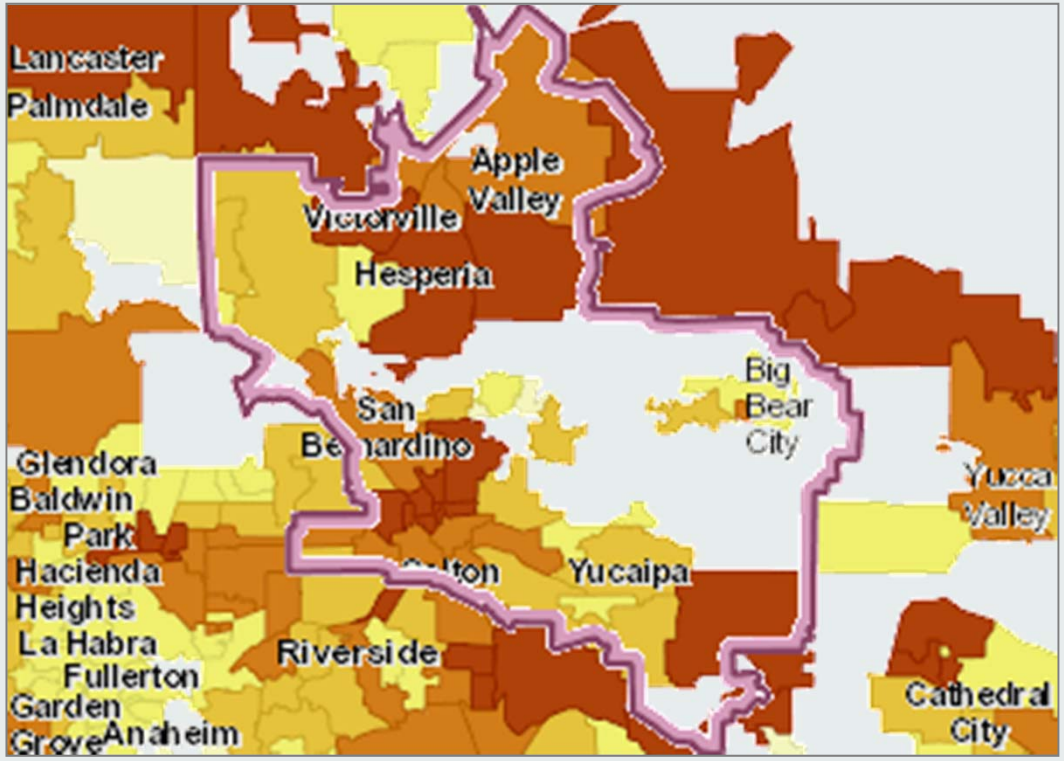
DEATH RATE (PER 100,000 POP.)
APPLE VALLEY= 160-200
HESPERIA= 120-160
VICTORVILLE= 80-120

KEY FINDINGS ASSOCIATED WITH CARDIOVASCULAR DISEASE IN THE COMMUNITY

Health outcomes	Environment		Behavior		Clinical Care
Overweight/Obesity Diabetes	Built environment	Physical activity access	Substance Use	Physical Activity	Care Delivery
Overweight Prevalence* Obesity Prevalence * Diabetes Prevalence* Diabetes Hospitalization*	Liquor Store Access	Park Access* Walkability Recreation and Fitness Facility*	Tobacco Expenditures* Alcohol Expenditures Tobacco Usage(Adult)* Heavy Alcohol Consumption*	Physical inactivity (youth)* Physical inactivity (adult)*	Access to Primary Care* Uninsured Population*

Socioeconomic Factors	
Poverty	Education
Poverty Rate (< 100% FPL)* Population Below 200% of Poverty Level* Children in Poverty*	Population with No High School Diploma* High School Graduation Rate* Student Reading Proficiency (4th Grade)*

KEY FINDINGS
GEOGRAPHIC AREAS OF GREATEST IMPACT (DISPARITIES)
ADULT DIABETES DISCHARGE RATE



ADULT DIABETES DISCHARGE RATE
APPLE VALLEY= 10-14
HESPERIA= OVER 14
VICTORVILLE= OVER 14

CA=9.66

Adult Diabetes Discharge Rate (Per 10,000 Hospitalization Events), By ZCTA, OSHPD, 2010-11

Over 14.00 | 10.01 - 14.00 | 6.01 - 10.00 | 2.01 - 6.00 | Under 2.01

KEY FINDINGS
ASSOCIATED WITH DIABETES IN THE COMMUNITY

Health outcomes	Environmental		Behavioral		Clinical Care
Overweight/Obesity	Nutrition access	Physical activity access	Nutrition	Physical Inactivity	Care Delivery
Overweight* Obesity *	**Fast food restaurant access** **Grocery store access** * WIC Authorized food store access* Population living in food deserts* Breastfeeding*	**Park Access*** **Walkability** **Recreation and Fitness Facility***	Inadequate Fruit/vegetable consumption (Adult)* Inadequate Fruit/Vegetable Consumption (Youth)* Fruit/vegetable expenditures Soft drink expenditures*	Physical inactivity (adult) * Physical inactivity (youth) *	Access to Primary Care * Diabetes Management (Hemoglobin A1c Test) * Uninsured Population *
Socioeconomic Factors					
Poverty					
Poverty Rate (< 100% FPL) * Population (< 200% FPL) *		Children in Poverty* Free and Reduced Price School Lunch Eligibility * Supplemental Nutrition Assistance Program (SNAP) Recipients *			

PRIORITIZED COMMUNITY HEALTH NEEDS (2014-2016)

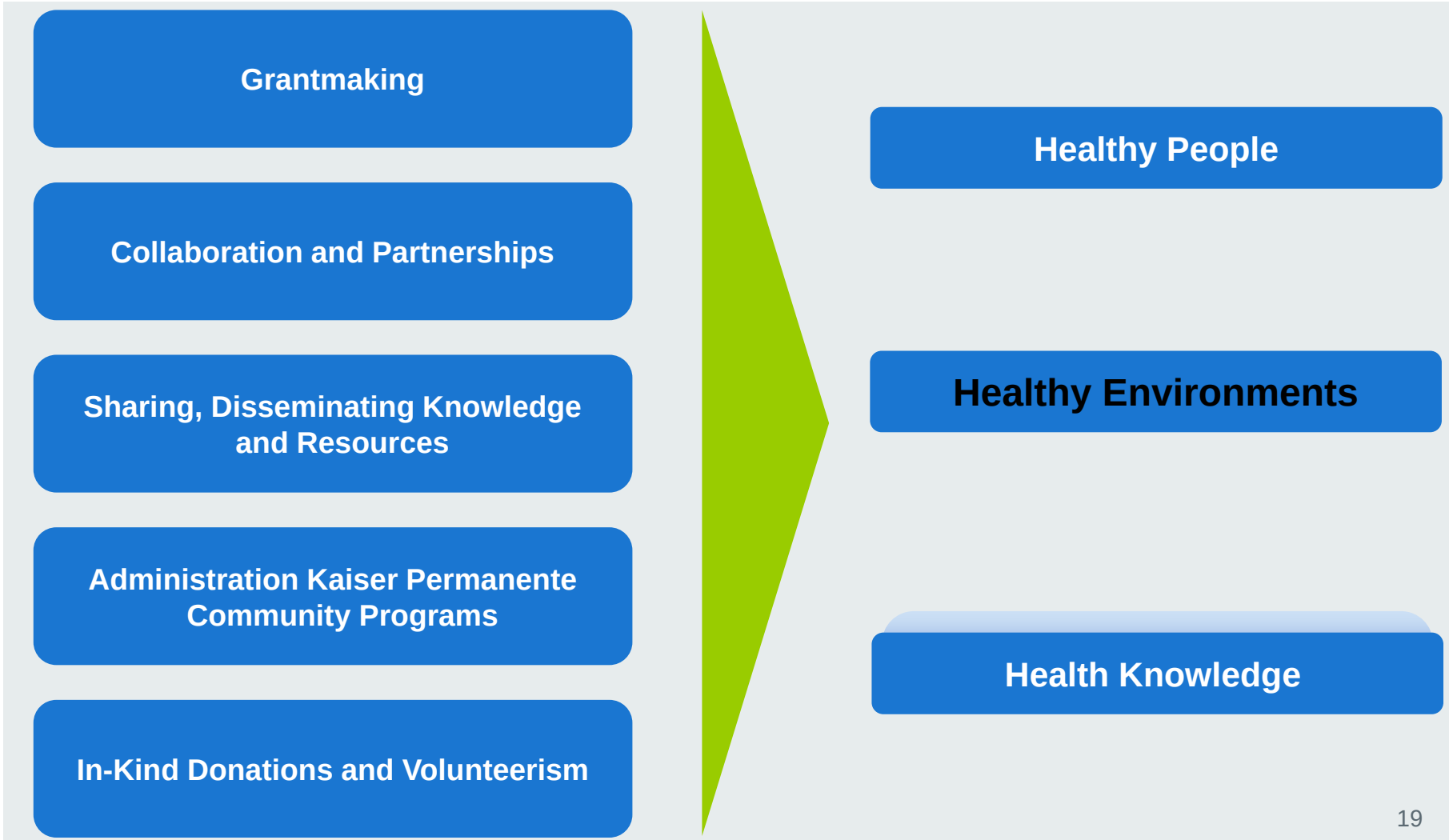
Need I: Health Care Utilization
- Oral Health

Need II: Chronic Conditions
- Overweight/Obesity*
- Diabetes*
- CVD*

Need III: Mental Health
- Substance Abuse

Need IV: Economic stability
- Food Security
- Education Attainment, Drop-Out Prevention and Reduction
- Employment Skills Development and Opportunities
- Housing Assistance to Prevent and Reduce Homelessness

IMPROVING HEALTH FOR ALL
COMMUNITY BENEFIT STRATEGY AREAS



KAISER PERMANENTE COMMUNITY BENEFIT INVESTMENTS

- **Our Approach**
- Leverages Kaiser Permanente's unique assets
- Addresses the needs of low-income, underserved communities
- Promotes prevention and population health
- Leverages external partnerships
- Includes strategic grant funding
- Is intentional, planned, budgeted, measurable, accountable
- Seeks to have an impact on the built environment

KAISER PERMANENTE CHNA AND STRATEGIES, GO TO: KP.ORG/CHNA