

## **Obesity Prevention and National Health Reform: Insights and Perspectives from the Field**

**Weight of the Nation Conference  
Washington, D.C.  
July 2009**

Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division

## **Faculty**

**Loel Solomon, PhD  
National Director  
Community Health Initiatives and  
Evaluation  
Kaiser Permanente**

## **About Kaiser Permanente**

- **Founded in 1945**
- **America's oldest and largest private, nonprofit health care organization**
- **8.6 million members**
- **Over 14,000 physicians representing all specialties and 160,000+ additional employees**
- **Operations in 9 states and Washington, DC, with 36 hospitals and 423 clinics**

## **A Heritage of Prevention**

- **Origins in construction sites: workplace safety a priority**
- **Prevention as a central tenet: "We are a health plan, not a sick plan"**
- **Early work with health assessment, preventive screenings and immunizations**



## **A Heritage of Prevention**

- **Public health roles**
- **Today: from clinical prevention to community health**
  - \_ **Raising the bar on screenings**
  - \_ **Healthy Eating/Active Living (HEAL) community health interventions**
  - \_ **Environmental, organizational and policy change**

## **Our Approach: Creating Healthy Communities for Our People**

- **Access to quality care is critical, but it is not enough**
- **Care must be safe, effective and organized around medical home**
- **Build on heritage of prevention and population health**

## Our Approach: Creating Healthy Communities for Our People

- Address social, economic and environmental determinants, and disparities
- Unite evidence-based integrated care and research, with public health and safety net partners and civic activism

## Our Approach: Creating Healthy Communities for Our People

- Build strong community partnerships, policies and practices that improve health
- Concentrate investments for scale, visibility and impact.
- Invest large-scale, long-term, in communities' health
- Evaluate, report publicly, be

## Our Clinical Priority Areas

### Clinical Area

#### Prevalence/Incidence

• Overweight and Obesity	4,400,000
• Asthma	95,000
• Cancer	25,000 new cases/yr
• Chronic Pain	250,000
• Coronary Artery Disease	165,000
• Depression	415,000
• Diabetes	450,000
• Heart Failure	80,000

## Obesity-Related Health Care Costs

### Nationally

- Health care costs 36% ↑ total cost
- Medications 77% ↑ total cost

### Kaiser Permanente Northern California

- BMI 30-34.9 24% ↑ total cost
- BMI ≥ 35 44% ↑ total cost

Health Affairs; Vol. 21: Number 2Arch Intern Med; 1998; 158: 466-472

## Our Comprehensive Approach to Obesity Prevention

- Evidence-based clinical strategies for KP members
- Healthier communities through HEAL Initiative
- A healthier workplace for KP employees



## Clinical Prevention and Treatment Strategies

- Office based strategies
  - BMI as a vital sign
  - Brief negotiation
  - Office support tools
- Internet-based programs
  - KP.org



## Clinical Prevention and Treatment Strategies

- Healthy Lifestyles Programs (e.g., *Balance*)
- 10,000 Steps
- Weight management classes
- Pharmacotherapy
- Surgery

## Evidence-Based Prevention for Members

- BMI as a vital sign
  - Successfully integrated into Kaiser Permanente's EMR system
  - Facility-level champions driving increased capture rates
- Advice and counseling

## Evidence-Based Prevention for Members

- KP has trained more than 1,000 community-based providers in brief negotiation
- Integrated into health sector T/A for HEAC

## Evidence-Based Prevention for Members

- Internet-based programs
  - *Balance* made available to more than 50,000 members
  - Evaluations show significant impact on outcomes

## A Healthier Workplace for Employees

- Kaiser Permanente farmers markets
  - 30 farmers markets now in place
  - Farm box pilot programs
- Health Picks cafeteria reforms
  - Menu labeling in KP cafeterias
  - Healthy vending machines
  - Elimination of trans fats

## A Healthier Workplace for Employees

- 10,000 Steps program
- Weight Watchers at Work
- Health Risk Assessment via My Health Manager on kp.org



### **A Healthier Workplace for Employees**

- 71% KP farmers market patrons reported eating more fruits and vegetables because of the markets
- Kaiser Permanente Farmers Market Patron Survey, 2005*

### **The Impetus for Community-Based Approaches to Obesity Prevention**

- Excellent medical care alone is necessary, but insufficient
- Major drivers of the obesity epidemic are environmental:
  - A built environment and economy that promote physical inactivity

### **The Impetus for Community-Based Approaches to Obesity Prevention**

- Increased access to and marketing of cheap, calorie dense food
- Biological evolution
- Consensus: Comprehensive environmental and social changes are required to turn down the epidemic

### **The Impetus for Community-Based Approaches to Obesity Prevention**

*Our Members Can't be Healthy  
if they Live and Work  
in Unhealthy Communities*

### **We Must Address the Conditions of Health**

“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*

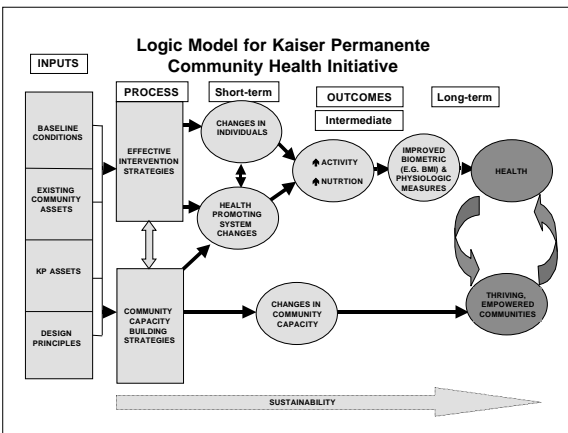
### **Kaiser Permanente's Community Health Initiatives**

- Healthy Eating Active Living (HEAL)
  - A geographic, place-based focus
  - Multi-level interventions including environmental and policy changes
  - Multi-sectoral collaboration
  - Community engagement and ownership

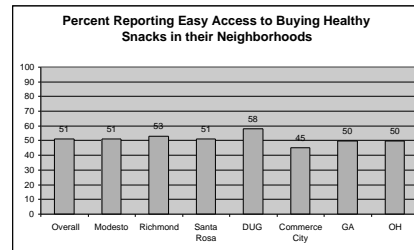
## Kaiser Permanente's Community Health Initiatives

- Leverage the assets and strengths of communities and our own organization
- Long-term partnerships (7-10 years)
- Evaluation and evidence-informed public health
- A focus on racial and ethnic health disparities

## Kaiser Permanente HEAL Communities

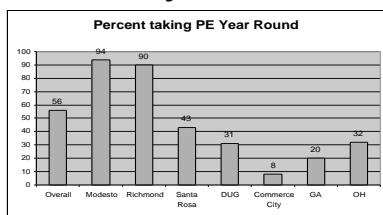


## What We Are Learning about Access to Healthy Food



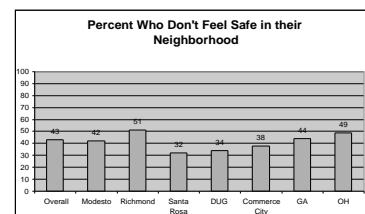
Source: Community Health Initiatives Youth Survey, 2008

## What We Are Learning about Access to Physical Activity for Youth



Source: Community Health Initiatives Youth Survey, 2008

## What We Are Learning About Other Barriers: Safety is a Big Issue for Kids



Source: Community Health Initiatives Youth Survey, 2008

## Early Successes in Kaiser Permanente HEAL Sites

- Increased access to healthy food
  - More farmers markets and farms stands
  - Corner stores that now carry fresh fruit and vegetables
  - Implementation of school food standards for competitive food, vending machines

## Early Successes in Kaiser Permanente HEAL Sites

- Increased access to safe physical activity
  - Safer parks with more equipment and more kids playing
  - Multiple interventions increasing community walkability and bikability, including: Complete Streets, Safe Routes to School programs,

## Early Successes in Kaiser Permanente HEAL Sites

- Other fundamental issues being addressed:
  - Violence
  - Jobs/economic development
  - Climate change

## Change Story: Corner Store Conversions



Modesto, Calif. store owner who now offers fresh produce for sale at the checkout counter.

## Reform Goal #1

- Promote wellness and prevention by addressing the social determinants of health and by strengthening of the social, cultural, and physical environments that influence behavior

## Reform Goal #1

- The nation should establish a comprehensive strategy for prevention that
  - Prioritizes prevention opportunities based on their potential to improve population health status and reduce healthcare costs
  - Ensures adequate funding for those activities

### **Reform Goal #1**

- Promotes evidence-based practices for both clinical and community-based prevention
- Provides a role for private health plans and organized delivery systems that can demonstrate an ability to deliver effective community-based and clinical preventive services

### **Reform Goal #1**

- Improving social equity & eliminating health disparities should be explicit goals of health reform
- Community-based prevention & public health efforts, including community grants, should focus on social determinants of health & conditions in social, physical & cultural environment influencing behavior

### **Reform Goal #1**

- Governmental and non-governmental health organizations should be consulted and use their skills and resources to bring a health perspective to decisions made in other sectors that have important health implications
  - e.g., transportation, land use, community economic development, agriculture; federal agencies should promote “health in all policies”

### **Reform Goal #1**

- Addressing the acute shortage of community health workers must be addressed as an urgent national priority
  - This workforce must be trained to develop, deploy and deliver community-based prevention strategies that have the attributes described above

### **Reform Goal #1**

- Community-based prevention efforts must be culturally competent and tailored to the needs of individuals
- In addition to national goal setting, public health goals and resource decisions must reflect local priorities, needs and solutions

### **Reform Goal #1**

- Healthcare organizations can lead by example by adopting organizational practice changes that demonstrate a commitment to creating healthy food and physical activity environments and tobacco free campuses

### **Reform Goal #2**

- Ensure that funding for community-based prevention and public health more generally reflect the value of these strategies in alleviating disease burden and improving quality of life

### **Reform Goal #2**

- Prevention spending as a share of total national healthcare expenditures should be commensurate with its potential to alleviate disease burden and improve quality of life. Investments in prevention research as a share of total federal health research spending should be increased similarly.

### **Reform Goal #2**

- Funding streams for community-based prevention and other public health efforts should be consistent over time, sustained and dedicated.
  - Federal funding streams for public health and prevention should be focused on the factors and conditions that contribute to health

### **Reform Goal #2**

- State and local entities should be able to consolidate funding streams in order to increase flexibility, innovation and impact on the factors and conditions that contribute to health

### **Reform Goal #3**

- Recognize and support the vital role of healthcare delivery systems in promoting community health, and facilitate maximal integration of public health and healthcare delivery systems

### **Reform Goal #3**

- Public hospitals and community health centers, and other parts of the healthcare safety net, are critical to community health and must be sufficiently resourced and supported
- Health reform must harness and integrate the unique capabilities and assets of delivery organizations to allow for the sharing of best practices



### **Reform Goal #3**

- Health information technology incorporating personal health record portability is essential to the coordination of services between the public health and healthcare delivery systems, and to the safe and efficient delivery of care
  - Health reform should support and facilitate the adoption of these systems

### **Reform Goal #3**

- Essential clinical preventive services should be covered in all federally supported health plans including Medicare, Medicaid, CHIP, and any new government subsidized plans

### **We Have to Put “Health” Back in Health Reform**

- Don't stop at coverage and access
- Address disparities explicitly
- Look at the economics of prevention
- Take a multi-sectoral approach to health (“Health in all policies”)

### **For More Information**

- <http://www.kp.org/communitybenefit>
- <http://convergencepartnership.org>
- <http://www.policylink.org>
- <http://www.preventioninstitute.org>