KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Health Promotion Action Plan and Referral Process				POLICY #: 18.08-P	
DEPARTMENT: Health Homes					
Effective Date: 08/14/2019	Review/Revised Date:	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

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PURPOSE:
The purpose of the Health Promotion Action Plan (HPAP) is to institute a structure by which the Kern Health Systems (KHS) Health Homes Program and contracted participating CB-CMEs will effectively meet strategic objectives of protecting, promoting and improving the health of the Health Homes population.

Health promotion is intended to increase the effective and efficient use of resources to promote the health of the population thus reducing the cost burden of chronic disease.

Health promotion includes services to encourage and support HHP members to make lifestyle choices based on healthy behavior, with the goal of motivating members to successfully monitor and manage their health. Members will develop skills that enable them to identify and access resources to assist them in managing their conditions and preventing other chronic conditions.

POLICY:

KHS, participating Health Homes CB-CMEs, and other contracted provider partners will facilitate member health promotion practices throughout the health service delivery continuum in congruence with standardized evidence based practices. This strategy will be supported by comprehensive multi-sectoral approaches and will address social determinants of health and health inequalities.

1. The Health Promotion Action Plan is based on focused approaches throughout multiple settings to include health services, community and education settings. Recognition is given to the fact that healthcare extends beyond the traditional healthcare settings and is more effective when extended into a wider community.

PROCEDURE:

1. **The key goals for health promotion of Health Homes Program members are:**
    a. Integrate and coordinate health promotion education and training for heath homes members with community and public service partners
    b. Create supportive environments for health
    c. Reduce health inequalities
    d. Improve health
    e. Prevent and reduce disease
    f. Reduce costs to the healthcare system.

2. **Health promotion services include, but are not limited to:**
    a. Encouraging and supporting health education for the member and family/support persons
    b. Assessing the member's and family/support persons' understanding of the member's health condition and motivation to engage in self-management
    c. Coaching members and family/support persons about chronic conditions and ways to manage health conditions based on the member's preferences
    d. Linking the member to resources for: smoking cessation; management of member chronic conditions;
    e. self-help recovery resources; and other services based on member needs and preferences
    f. Using evidence-based practices, such as motivational interviewing, to engage and help the member participate in and manage their care.

3. **Goal achievement** requires the development of multiple approaches and strategies to fully engage and support Health Homes Members through the availability of meaningful programs, enabling member accessibility to health promoting programs and facilitating audience specific programs that are culturally sensitive to meet a wide array of diverse members.

4. **Integrating and coordinating health promotion education** and training for heath homes members with community and public service partners.
    a. CB-CME will utilize its existing Disease Management and Health Education Programs available to all KHS members.

b. CB-CME will utilize structured onsite KHS or CB-CME member classes and group trainings.

c. CB-CME will collaborate with KHS Health education department in strategies to expand on HHM access to community health promotion services.

d. KHS and CB-CME designees such as the Health Homes Program Director will engage in meaningful partnerships which encourage the development of collaborative networks focusing on health promotion practices in order to reduce health inequalities and ensure maximum health gain.

5. **Creating supportive environments for health** through the use of multi-strand approaches to promote and enhance health and include a combination of medical, lifestyle, behavioral and social-environmental approaches.
    a. Coordinate planning processes that are needs-based and incorporate coordination between health care providers.
    b. Facilitate full engagement in collaborative partnerships which are adequately resourced and which are regularly reviewed in terms of structure, function and effectiveness. Such as:
        i. Kern County Health Care Coalition,
        ii. Kern County Public Health Services,
        iii. Kern Community Action Partnership.

6. **Reducing health inequalities** buy improving inter-agency cooperation to address the social determinants of health and health inequalities. Development of partnerships legislators, community leaders and health advocates for health which will result in integrated planning in areas such as:
        iv. Housing,
        v. Public spaces,
        vi. Transport, etc.
        vii. Identifying and addressing health needs and health inequalities.

7. **Improving Health** KHS and the CB-CMEs will provide training and education through access to classes, health fairs, group meetings, community engagements and other environments to HHMs to address the determinants of health and support healthy choices for example, through the:
    a. Development of personal skills to address health,
    b. Mechanisms to support improved health behavior and practices among individual population groups identified through particular settings, for example, children, adults, older people, special interest groups, etc.

8. **Preventing and reducing disease** through disease management strategies supported by meaningful health education materials and methodologies related to conditions and unhealthy habits.
    a. such how to make improvements in:
        i. Cardiovascular disease risk factors (for example, smoking, alcohol intake, salt consumption,

ii. Health-related behaviors (i.e. healthier eating, greater participation in physical activity, etc.),
iii. Modifications in risk-taking behaviors and improving risk factors for cancers
iv. Reduction in factors that contribute to mental ill-health through creating supportive environments for health,
v. Reducing stressful circumstances, developing supportive personal relationships and social networks,
vi. Reduction in sexually transmitted infections and negative outcomes in relation to unplanned and unwanted pregnancies
vii. Contribution to a reduction in unintentional injuries in the home environment, at work and on the road.

9. **Reducing costs to the healthcare system** through the implementation of screenings, education and training, support groups, health education classes. Such as:
    i. Smoking cessation
    ii. Reducing risk for falls and injuries in the elderly
    iii. Interventions for anxiety and depression
    iv. Interventions for substance abuse
    v. Preventative Health to reduce chronic illness

Health Promotion Referral Process

1. Facilitating a member referrals for health promotion education, training and other activities can occur through multiple entries to include:
    a. CB-CME ICT shall identify members who will benefit for health promotion and education through the following:
        i. Health profiles that include lab and diagnostic results,
        ii. Services utilized by the member i.e. emergency department utilization,
        iii. Non-compliance measures identified such as prescription usage non-participation in preventive health measures,
        iv. Onset of new illnesses or poor management of chronic diseases,
        v. Unhealthy life style choices such as substance abuse, smoking, poor nutrition, lack of physical activity,
        vi. Social determinants,
        vii. Poorly functioning family relationships,
        viii. Behavioral factors such as stress, anxiety or mental illness
        ix. and others.

2. Identified members will be referred to KHS and/or CB-CME health education programs as appropriate.

3. Health promoting activities are member centric and voluntary.

4. The Care Coordinator is the assigned designee to assist members with access to health promotion education and training activities.

The Care Coordinator shall provide the member with the necessary information to access health promotion activities. To include but not limited to:

a. A schedule of any onsite CB-CME training classes,
b. Schedules of community organization health promotion training classes or resources to acquire information about participating agencies,
c. Maintaining formal health promotion provider agency (s) directories,
d. Accessibility to onsite health education materials that are population and condition specific,
e. Referral forms for KHS Health Education and Disease Management,
f. CB-CME staff and care coordinator list of network health promotion contacts.

5. Care coordinator will document the following information in the members EMR:
   a. The training date and time
   b. The location of the agency where the training is to be held and any information needed on how to get there (i.e. directions, public transportation information, voucher, etc.)
   c. The training provider's name
   d. The telephone number of the training location.

6. All data collected and stored in the EMR is accessible to all members of the interdisciplinary care team for care planning and care coordination.

References:

- California Department of Health Care Services Medi-Cal Health Home Program Guide; http://www.dhcs.ca.gov/services/Pages/HealthHomesProgram

Revision: 2019-07: Policy created to comply with the Medi-Cal Health Home Program Guide. Previously approved by DHCS.