

TOGETHER

There's only so much you can do on your own. But together, we can do more. Together we can speak louder and sing stronger. Together we can stand taller and climb higher. Together we can live healthier and make tomorrow better than today. We can do all this and more.



2007 COMMUNITY BENEFIT REPORT







Raymond J. Baxter, PhD

Kaiser Permanente
invested more than \$1 billion
in Community Benefit spending
in 2007 to drive improvements
in community health, reduce health disparities,
strengthen our partnerships, and extend our reach.

Dear Colleagues:

I invite you to review this report on Kaiser Permanente's Community Benefit activities and performance in 2007. Kaiser Permanente invested more than \$1 billion in Community Benefit spending in 2007 to drive improvements in community health, reduce health disparities, strengthen our partnerships, and extend our reach.

A few highlights: Our Charitable Coverage program grew by 25 percent, serving more people than ever before, and we played an active role in the effort for health reform and universal coverage in California and in the nation. We provided funding to launch two national quality improvement centers for public hospitals and community health centers. Our Healthy Eating/Active Living (HEAL) initiatives addressed childhood obesity in 27 communities across the country. And Kaiser Permanente researchers engaged in nearly 1,500 studies.

We also escalated our environmental stewardship work: our National Facilities Services and Procurement and Supply divisions worked with other health systems to launch the Global Health and Safety Initiative.

These are but a few examples of our evolving Community Benefit vision to help everyone get the care they need, take on the social, economic, and environmental determinants of health, end disparities, and make better health a reality for all people.

We thank the Kaiser Foundation Health Plan and Hospitals Boards of Directors and especially the Community Benefit Committee, chaired by Cynthia A. Telles, PhD, for their guidance and support.

Sincerely,



Raymond J. Baxter, PhD
Senior Vice President, Community Benefit, Research and Health Policy
Kaiser Foundation Health Plan, Inc.
Kaiser Foundation Hospitals

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Executive Summary



Each of our four streams of work saw significant progress and growth in 2007, with expansion in new areas, particularly in environmental stewardship. We strengthened infrastructure to ensure the most effective use of Kaiser Permanente's assets, improved evaluation of our programs, advanced national and regional dialogue on health care reform, and engaged in important partnerships that encourage others to adopt and extend our work.

Our Community Benefit expenditures in 2007 were \$1.05 billion, an increase of 30 percent over 2006. Most Kaiser Permanente regions achieved or exceeded the historical Community Benefit spending targets of 50 percent of operating income.

2007 saw successes in fulfilling and expanding our charitable mission: our Charitable Coverage program membership grew by 25 percent, and our State Children's Health Insurance Program (S-CHIP) membership increased by 13 percent. Kaiser Permanente committed to a new performance improvement strategy for Medicaid, increasing our capacity to engage in public programs. Through our continued partnership with the Center for Health Care Strategies (CHCS), we launched the Medicaid Learning Initiative to improve care to vulnerable populations with multiple chronic diseases. Results of the Medicaid Value Program evaluation were also released in 2007, which CHCS disseminated to policymakers and stakeholders around the country.

Investing in the quality of the "safety net"—community health centers, public hospitals, and local health departments—Kaiser Permanente initiated two new national quality centers through grants of \$175,000 each to the National Association of Public Hospitals and Health Systems and the National Association of Community Health Centers.

We gave 347 grants totaling more than \$45.2 million for safety net hospitals and partners, including more than \$3 million in planning grants for the development of improved access to specialty care. More than 200 clinical leaders in safety net organizations across the country received Kaiser Permanente's Institute for Health Improvement training scholarships, equipping them with cutting-edge approaches for improved quality and safety. We also began evaluating our Safety Net Partnerships to identify and document changes in and access to care that can be attributed to our investments.

We made a measurable impact on community health in a number of ways. We invested \$52.6 million for 1,146 grants in Community Health Initiatives. The majority of these are our Healthy Eating/Active Living (HEAL) programs. In 27 communities across our regions, these programs address America's obesity crisis through community-based programs, public policy activity, and effective partnerships. Our farmers' markets and local produce programs expanded in 2007, not only bringing fresh fruits and vegetables to communities, but at the same time reducing Kaiser Permanente's carbon footprint and providing economic opportunity to small, low-resource farmers. Last year's evaluation of the HEAL program is now being adapted as an evaluation model for other Community Benefit programs, yielding a better understanding of both the challenges we face in community health and the impacts of our work.

2007 was a year of milestones in our research and policy work. Kaiser Permanente's Northern California Division of Research launched one of the largest research projects in the world to examine the genetic, environmental, and behavioral factors influencing health—the Research Program on Genes, Environment, and Health.



We also helped form the Cardiovascular Research Network, a national partnership of 14 HMOs, in which Kaiser Permanente researchers hold leadership positions. Kaiser Permanente continued its active role in health care reform at the state and national level, helping to shape the state's efforts for universal coverage in California and moving dialogue nationally through numerous publications, roundtables, and outreach to policymakers and key stakeholders.

Striving to make our communities healthier also requires a commitment to environmental health. Because we believe our impact on the environment is our responsibility, we restructured our Environmental Stewardship Council in 2007 to focus not only on our own environmental performance, but also that of the entire health care sector. Kaiser Permanente led the establishment of the Global Health and Safety Initiative in 2007, a collaboration of major health systems and nongovernmental organizations aiming to transform building, purchasing, and operating practices in the interest of patient and worker safety and environmental sustainability.

Our tradition of employee engagement in community benefit continued, with thousands of Kaiser Permanente staff members volunteering their time in 2007 to improve community health. We improved our infrastructure to support volunteerism, including a new National Volunteer Policy and enhancements of the volunteer Web site, www.kpcares.org.

Our work was recognized by others. Our use of the KP CheckUp Web-based tool to qualify low-income Medicare members for special subsidies received the National Council on Aging President's Award in December 2007. And our environmental stewardship programs received a number of awards, including Green Electronics Champion recognition from the U.S. Environmental Protection Agency and the distinction of Climate Action Leader by the California Climate Action Registry.

We are on our way to becoming a benchmark for community benefit. We are seeing replication of our programs and models throughout the field, as with the Healthy Eating Active Living Convergence Partnerships, a collaboration of major foundations and the Centers for Disease Control and Prevention. In all of this work, we have kept a sturdy grip on our commitment to compliance, transparency, and accountability.

We are evolving and extending the impact of Community Benefit. Work that began in one stream takes on a new life in another, and our successes are informing other initiatives. As we become more deeply involved in our communities, our programs adapt to the unique assets, needs, and circumstances of each one, and we begin to apply the tools that we know work well to new issues. While we keep working to mitigate the lack of access to quality care among vulnerable populations, we are starting to address the complex web of social, economic, and environmental determinants of health that affect communities.

Our Community Benefit expenditures in 2007 were \$1.05 billion, an increase of more than 30 percent over 2006.

A HERITAGE OF CARING

Now, as in our
past, Kaiser Permanente
takes the lead in supporting
the dissemination of
knowledge, volunteerism,
employee initiatives,
and individual efforts
in the communities
we serve.

1942	Charitable Care, Oakland Medical Center's Public Health Committee
1945	Open enrollment
1960–1970	Medicaid, resident training, medical research
1980	Educational Theatre, community partnerships
1990	Charitable Coverage Program (Dues Subsidy)
1992	Safety net partnerships, environmental stewardship
1996	Target set at 3% of revenue
2001	Board redesign of Community Benefit
2003	Community Health Initiative, Healthy Eating/Active Living (HEAL)
2007	Addressing the social, economic, and environmental determinants of health

The Evolution of Community Benefit

Kaiser Permanente's commitment to research, individual initiative, and volunteerism has been part of our heritage for more than 60 years. Clifford Kuh, MD, a physician in the Kaiser Shipyards during World War II, noticed disabled workers were not being hired for jobs they were qualified for, even though there was a critical wartime labor shortage. Dr. Kuh proposed a study of the physical effort required in 500 shipyard jobs in order to best match each worker's capacity with the activity demanded by each job. Permanente physician leaders, including founding physician Sidney Garfield, MD, shipyard medicine Chief of Staff Cecil C. Cutting, MD, and the editor of Kaiser Permanente's first research journal, Morris F. Collen, MD, enthusiastically supported Dr. Kuh's idea. His study, published in 1944, was cosponsored by the War Manpower Commission. Dr. Kuh's findings focused on what a person could do—not what he or she was unable to do. This pioneering change in perception of disabled people acknowledged their role in the workplace and their ability to support themselves independently. Kaiser Permanente funded publication of the study's results realizing they could be invaluable in placing disabled veterans in jobs after the war.

Now, as then, Kaiser Permanente takes the lead in supporting the dissemination of knowledge, volunteerism, employee initiatives, and individual efforts in the communities we serve.

Kaiser Permanente's tradition of social mission and Community Benefit activities provides a solid foundation for meeting the complex health care challenges we face today. Unlike most health organizations, Kaiser Permanente has a diverse portfolio of Community Benefit investments, ranging from research and education, to participation in public and private programs for the uninsured and underserved, to grant support for community-based organizations. We focus our Community Benefit services, partnerships, and funding on four core areas, which we call "streams of work." These four streams of work have evolved from our Board of Directors' four original focus areas, established in 2001.

Today, our streams of work are increasingly integrated with one another and able to adapt to different community circumstances. They provide the framework for Community

1

Care and Coverage for Low-Income People

Kaiser Permanente believes everyone has the right to quality care and coverage. We create and support programs that lower financial barriers so that the uninsured and underinsured can gain access to the care we provide. We accomplish this through the provision of charity care, free or subsidized coverage, and enrollment in Medicaid, S-CHIP, and other public programs (e.g., Medicare Limited-Income Subsidy).

2

Safety Net Partnerships

Kaiser Permanente is committed to building partnerships with community clinics, local health departments, and public hospitals. Through funding, technical assistance, influencing public policy, training and volunteering, and dissemination of care-management and quality-improvement technologies, we help these vital health care providers improve care and expand treatment capacity for the communities and vulnerable populations they serve.

3

Community Health Initiatives

Kaiser Permanente's Community Health Initiatives (CHI) seek to measurably improve the health of the communities that we serve. As an innovator in health, we design, deliver, and sustain long-term programs that engage communities in work to improve the conditions in their neighborhoods, workplaces, and schools that can support good health, particularly Healthy Eating/Active Living (HEAL).

4

Developing and Disseminating Knowledge

Kaiser Permanente is dedicated to advancing health through research, education, and training. We aim to improve health care by sharing our knowledge, educating practitioners, advancing research, empowering consumers, and informing policymakers about the evidence base for care and health.

Engaging Employees and Physicians for Community Benefit

The story of Dr. Kuh's research during World War II illustrates Kaiser Permanente's early history of scientific research and dedication to end social and health disparities.

Over 60 years later, that caring, "can-do" spirit, and the social conscience rooted in our history infuse all the work that the people of Kaiser Permanente do today. In 2007, we put new tools in place to support this commitment among our employees and physicians. We initiated the volunteer Web site, www.kpcares.org, to connect skilled volunteers with opportunities for community service and to facilitate humanitarian response to natural disasters, which launched officially in early 2008.

As part of Kaiser Permanente's long-term commitment to the recovery of the Gulf Coast following Hurricane Katrina, 30 volunteers went to New Orleans, Louisiana, and Biloxi, Mississippi, in January 2007 to help demolish and rebuild mold-infested homes, restore parks and schools, and paint

a mural in the pediatric waiting room of the Gulf Coast Family Clinic. In 2005, immediately after Hurricanes Katrina and Rita, Kaiser Permanente deployed medical teams to assist with medical and humanitarian relief efforts at the invitation of the U.S. Surgeon General. The 2007 and subsequent Gulf Coast general volunteer teams are continuing the Kaiser Permanente employee and physician involvement in relief and recovery of the region.

On Martin Luther King Day, more than 4,000 Kaiser Permanente employees and physicians participated in a wide range of activities, including serving meals to those in need; painting and refurbishing schools, youth centers and day care facilities; participating in urban park restoration projects; providing dental and health care to uninsured and homeless patients; and donating, sorting, and/or packaging food at food banks and community agencies.



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2007 DAVID LAWRENCE COMMUNITY SERVICE AWARDS— FIVE YEARS OF GREATNESS

Each year, the David Lawrence Community Service Awards recognize individuals and groups that have demonstrated extraordinary efforts to improve the health of our communities. In its fifth year, four groups and eight individual winners out of 129 nominations received the 2007 recognition. Named after David M. Lawrence, MD, former Chairman and CEO of Kaiser Foundation Health Plan and Hospitals, the award provides \$10,000 to the nonprofit organization of each winner's choice.

The exemplary efforts and impacts of the following Kaiser Permanente physicians and employees illustrate our organization's dedication to improving community health.

The Chinese American Coalition for Compassionate Care, a multidisciplinary group of Kaiser Permanente employees and physicians in Northern California, developed a culturally sensitive end-of-life program for the Chinese American community that has trained 500 people from more than 40 organizations.

KPKIDS—or Kids in Dynamic Shape—is the brainchild of physicians, health educators, nutritionists, and physiologists working together to develop a program to help kids adopt healthy lifestyle choices. After sweeping through Kaiser Permanente, the program is now also in use by schools, clinics, and park and recreation departments.

Operation Access has provided free, low-risk outpatient surgeries for uninsured patients for 14 years, performing more than 1,400 such surgeries at no cost to the recipients. Cofounded by Kaiser Permanente physician Doug Grey, this initiative serves unemployed people in Northern California.

The Skid Row Program, operated by a team of dedicated radiologists at Kaiser Permanente in Los Angeles, has provided timely radiology services to the homeless population for two years. Last year, the team voluntarily read more than 3,000 X-rays for Skid Row's homeless people, screening for tuberculosis to help them qualify to stay in shelters.

Harvey Bograd, MD, has become Kaiser Permanente's "go-to doc" for community service and safety net support in Denver. The originator of KP Helps Charitable Fund, which provides assistance to low-income Kaiser Permanente members, and bilingual in Spanish, Harvey coordinates

Kaiser Permanente's involvement with several Federally Qualified Health Centers as well as grassroots health centers in the Denver area.

Donna Ching, RN, Pediatric Nurse Practitioner, Kaiser Permanente Northwest Region, has logged more hours than any other volunteer at the Oregon Food Bank. She has mentored children in a gardening program and educated community members about nutrition.

Ruth Conley, Social Work Associate, Kaiser Permanente Southern California Region, has spent 34 years speaking out for social services in the Watts neighborhood of Los Angeles. Recently, she established a weekly farmers' market in this low-income community, helping to make fresh, healthy, nutritious food more available.

Jeannie Hickey, RN, CDE, Diabetes Care/Insulin Pump Nurse, Kaiser Permanente Northern California Region, has volunteered many hours to the Diabetic Youth Foundation (DYF) to help children and young adults learn about their condition. Ms. Hickey is also cofounder of Dogs4Diabetics, which trains and places service dogs for diabetics.

Vickie Johnson, Appointment Clerk, Kaiser Permanente Southern California Region, has been a volunteer coach, mentor, and surrogate mother for more than 23 years, helping almost 1,000 at-risk African American teens. In 1984, she established a drill team for teens from single-parent families that incorporates life skills into the training.

Brigid McCaw, MD, MPH, Medical Director, Family Violence Prevention Program, Kaiser Permanente Northern California Region, for ten years has helped draw attention to domestic violence. Dr. McCaw's efforts have reached almost 20,000 people, making her a nationally recognized leader in this field.

Tammy Sabad, BSN, RN, Pediatric Nurse Manager, Kaiser Permanente Colorado Region, serves the homeless, uninsured population of Denver through extensive volunteer work for eleven different community charities.

Carolyn Rose, LVN, Ob/Gyn, Kaiser Permanente Southern California Region, cofounded MEND (Meet Each Need with Dignity) in her garage 37 years ago and built it into the state's ninth largest food bank and a regional multiservice center.

A close-up photograph of two people holding hands. The person on the left is wearing a bright orange long-sleeved shirt and blue jeans. The person on the right is wearing a light green long-sleeved shirt with the cuffs rolled up and a light-colored ribbed sock. The background is a soft, out-of-focus warm tone. The text '2007 Community Benefit Performance' is overlaid in white at the top left.

2007 Community Benefit Performance

In 2007, Kaiser Permanente invested \$1.05 billion in Community Benefit activities. Community Benefit spending amounted to approximately 2.7 percent of total revenue, 64 percent of operating income, and 50 percent of net income. For the sixth year in a row, Kaiser Permanente Community Benefit spending exceeded 50 percent of operating income, and we increased our investment to improve community health in nearly every Community Benefit category.

Care and Coverage for Low-Income People



2007 Highlights

In 2007, Kaiser Permanente continued its long-term commitment to provide low-income, vulnerable populations with charitable care and coverage and expanded our capacity and role in health care reform. Highlights include:

- Continued growth of 25 percent in our Charitable Coverage membership.
- Committed to a new performance improvement strategy for Medicaid.
- Launched the Medicaid Learning Initiative with care management pilot programs for members with multiple chronic diseases through our partnership with the Center for Health Care Strategies.
- Released results of the Medicaid Value Program evaluation, also with CHCS.
- Played a significant role in the efforts to promote universal health coverage in California.

Introduction

Improving health care access for vulnerable populations is fundamental to Kaiser Permanente's mission as a nonprofit organization. We believe everyone—regardless of income—deserves quality health care, and we know that healthy people create stronger communities. We provided care to many in 2007: the Charitable Coverage membership was 89,837 patients and the Medicaid and the State Children's Health Insurance Plans (S-CHIP) membership was 276,628 patients.

Transforming Our Capacity

2007 was a significant year of capacity-building in our Care and Coverage efforts. Among other developments, we committed to a new performance improvement strategy for Medicaid, grew our Charitable Coverage membership by 25 percent, improved our performance tracking, planned care management programs for members with multiple chronic diseases, continued our strategic partnership with the Center for Health Care Strategies (CHCS), and played a significant role in the effort for universal health coverage in California.

Across our Charitable Coverage, Medicaid, and S-CHIP programs, we expanded metrics for evaluating members' experiences. This enhanced set of information will allow us to design initiatives to improve how best to serve our low-income members. Finding practices that are successful in Medicaid and Charitable Coverage is important not only for Kaiser Permanente, but also for states and all providers as they struggle to expand coverage and provide high quality care for vulnerable populations.

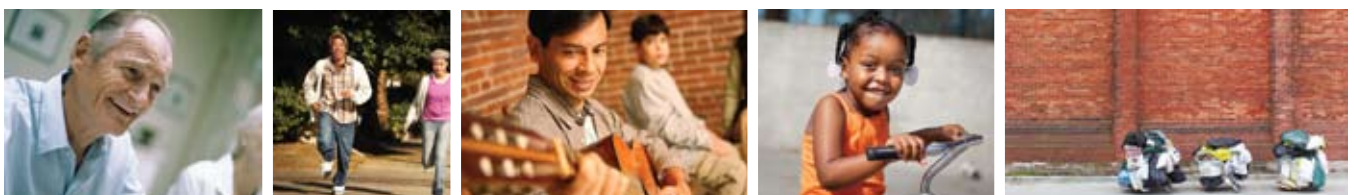
Charitable Coverage

Uninsured, low-income individuals and families who are not eligible for public programs often have to rely on traditional charity care. Frequently, they wait to seek medical care until their conditions become critical, and end up in hospital emergency rooms for treatment of conditions that are preventable or easily treatable in earlier stages.

To improve on this inconsistent, episodic care, our Charitable Coverage program provides continuous access to a more consistent and personal approach at Kaiser Permanente, where patients can receive regular preventive and primary care in our facilities over extended periods of time. Charitable Coverage members receive a Kaiser Permanente card, entitling them to the care and services provided to all Kaiser Permanente members. With 11 innovative programs across the country, Charitable Coverage provides the care people need and subsidizes 90 to 100 percent of the cost for a minimum of two years—giving low-income individuals a “medical home” where they can receive continued, comprehensive services.

These programs are making a real difference in the lives of many. In 2007, Kaiser Permanente provided comprehensive care through our charitable coverage programs to a membership of 89,837 low-income children and adults in our communities, with expenditures totaling more than \$165 million.

The quality of care provided to this population, who typically lack a regular source of care, is comparable to or exceeds the national benchmarks for preventive care services.



COMPARING SUCCESSFULLY TO NATIONAL STANDARDS

The performance of our Charitable Coverage program compared to national standards was noteworthy in 2007. Since 2006, our Charitable Coverage plans for previously uninsured individuals scored an average of 11 percentage points higher than a national Medicaid benchmark and consistently matched or exceeded national benchmarks for commercial coverage.

This experience challenges preconceived notions about caring for uninsured populations. It demonstrates that uninsured populations are able to participate fully in proactive care, once access is provided, and that an integrated delivery system like Kaiser Permanente's can overcome health care disparities for the uninsured and underserved.

Building a Foundation for Self-Care in Baltimore

In Baltimore County, Maryland, Kaiser Permanente partnered with the County Department of Public Health in 2006 to provide two years of subsidized Bridge Program coverage and medical care to low-income residents. Baltimore's Partnership Program screens applicants for Bridge eligibility and provides ongoing case management and in-program follow up.

When Baltimore County evaluated the first clients to go through the Bridge program, they found a shift in their attitude toward health care. Before the Bridge Program, they routinely used the local emergency room for primary care when they became ill. After going through Bridge, clients have come to understand the importance of maintaining their own health, taking their medications, and having the safety of coverage in case they become ill again.



Kaiser Permanente Charitable Coverage Plans— HEDIS-Like* Quality Measures

Measure	KP Charitable Coverage Plans	KP Regionally Adjusted Benchmark†	2007 NCQA Medicaid 75th Percentile	2007 NCQA Commercial 75th Percentile
Childhood Immunizations	85	86.2	80.1	84.9
Breast Cancer Screening	86.6	83.2	55.1	73.4
Cervical Cancer Screening	87.0	82.5	72	83.9
Diabetic Screening – Hemoglobin A1C	91.3	87.9	84.3	90.8
Diabetic Eye Exams	67.5	64.9	62.7	63.3
Asthma – Appropriate Meds Use	94.4	94.6	90.3	93.2

12-Month Measurement Period Ending December 31, 2006

* Health Plan Employer Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure overall Health Plan population performance on important dimensions of care and service. The displayed "HEDIS-like" measures are an approximation of the performance on very similar measures adapted for payor-defined populations and based on available Kaiser Permanente data.

† The Kaiser Permanente Regionally Adjusted Benchmark values were based on the weighted average of the purchaser's distribution of members across the Kaiser Permanente regions for the time period being measured.

Partnerships: Reaching Out to California's Uninsured Children

An important part of our dedication to children's health is support of local outreach efforts to enroll children and their families in affordable health insurance, including California's public programs, such as MediCal and Healthy Families, and county initiatives. Kaiser Permanente also has its own program for low-income uninsured children, Kaiser Permanente Child Health Plan (KPCHP), one of the only subsidized private health insurance options available for low-income families who do not qualify for either Medi-Cal or Healthy Families.

Kaiser Permanente provided new "Expanding Health Care Coverage to Children" grants in 2007—18 in Northern California and 13 in Southern California totaling \$1.2 million. These grants provide training, materials, outreach events, staff retention/expansion, assessments, and needed equipment for local programs.

By the end of 2007, there were 64,171 children enrolled in KPCHP coverage, including more than 11,800 children in Los Angeles County and nearly 6,690 children in Sacramento County. KPCHP added 10,846 more California children to the program who would have otherwise been uninsured.

Charity Care/Medical Financial Assistance Program (MFA)

Kaiser Permanente's Medical Financial Assistance Program (MFA) provides temporary financial assistance to patients who receive health care services from our providers. MFA is generally available to those patients in greatest financial need, and covers those earning below 400 percent of the Federal Poverty Level. The MFA Program also contributes to community health through strategic community partnerships such as Operation Access in Northern California and the Dental Smiles program in the Northwest. In 2007, Kaiser Permanente expended more than \$37.8 million for subsidized medical care through MFA and discounts for the uninsured.

Kaiser Permanente Charity Care Policy

Charity Care is one way Kaiser Permanente helps low income uninsured and underserved members of our community receive care, and our program is among the most generous in the health care industry. Our Charity Care policy commits that Kaiser Permanente:

- Will provide free care for medically necessary services to low-income individuals in our regions at 200 percent (in some places 350 percent) of the federal poverty guidelines—a family of four earning \$42,400 (in some places \$64,000) would be eligible for Kaiser Permanente’s Medical Financial Assistance Program (MFA). However, families with higher incomes may qualify on a case-by-case basis at any income level. In the event the person or family does not qualify for free care, they may be offered a discount if their income is at or below 400 percent of the federal poverty guideline.
- Will discount charges for medically necessary services to a level comparable to either Medicare rates or the rates paid by Kaiser Permanente members, for uninsured individuals whose income is at or below 400 percent of the federal poverty guidelines—an uninsured family of four earning \$80,000 or below, and not eligible for MFAP, could qualify for up to a 70 percent discount.
- Will not take legal action for nonpayment of medical bills against any person who is unemployed and without other significant income.
- Will offer financial counseling to determine if a patient is eligible for public assistance or Kaiser Permanente financial assistance.
- Will not place a lien on any patient’s primary home.



Strengthening Our Participation in Public Programs

Kaiser Permanente also supports access by offering care through Medicaid and the State Children’s Health Insurance Program (S-CHIP). Through this participation we are able to bring the best of Kaiser Permanente—high quality, easy access, and continuity of care—to some of the most vulnerable populations, especially those with multiple chronic conditions. Last year, we served more than 276,000 Medicaid and S-CHIP members, representing a 5 percent growth in membership over 2006. The performance of Kaiser Permanente’s Medicaid and S-CHIP programs on key clinical measures generally exceeds the national benchmarks for preventive care services.

In 2007, Kaiser Permanente’s continued strategic partnership with the Center for Health Care Strategies (CHCS), a highly regarded Medicaid policy organization, resulted in the launch of the Medicaid Learning Initiative, including care management pilot programs and the release of the Medicaid Value Program (MVP) evaluation results.

Last year, Kaiser Permanente also reaffirmed its participation in Medicaid and S-CHIP, stimulating expansion of these programs. The Board approved a new performance improvement strategy for Medicaid to enhance the way we participate in these programs.

TACKLING THE COMPLEXITY OF THE CHRONICALLY ILL

Approximately five percent of Medicaid beneficiaries drive up to 50 percent of total Medicaid spending across the country. More than 80 percent of these high-cost beneficiaries have three or more chronic conditions, yet the majority of these patients receive fragmented and uncoordinated care, often leading to unnecessary and costly hospitalizations. These patients with multiple chronic conditions make up a significant proportion of Kaiser Permanente’s Medicaid members. Since 2005, our partnership with CHCS has addressed this challenge facing Medicaid—the quality and costs of care for Medicaid patients with multiple comorbidities.

In 2007, Kaiser Permanente and CHCS developed the Medicaid Learning Initiative to transfer best practices

Kaiser Permanente Medicaid and S-CHIP Plans— HEDIS-Like* Quality Measures

Measure	KP Medicaid Plans	KP S-CHIP Plans	KP Regionally Adjusted Benchmark†	2007 NCQA Medicaid 75th Percentile	2007 NCQA Commercial 75th Percentile
Childhood Immunizations	85	90.7	85.8	80.1	84.9
Breast Cancer Screening	77.9	n/a	83.2	55.1	73.4
Cervical Cancer Screening	78	n/a	82.4	72	83.9
Diabetic Screening – Hemoglobin A1C	88.3	Insufficient Sample Size	89	84.3	90.8
Diabetic Eye Exams	72.9	Insufficient Sample Size	65.2	62.7	63.3
Asthma – Appropriate Meds Use	93.7	96.6	94.4	90.3	93.2

12-Month Measurement Period Ending December 31, 2006

* Health Plan Employer Data and Information Set (HEDIS) is a tool used by more than 90 percent of America’s health plans to measure overall Health Plan population performance on important dimensions of care and service. The displayed “HEDIS-like” measures are an approximation of the performance on very similar measures adapted for payor-defined populations and based on available Kaiser Permanente data.

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For Medicaid patients with multiple chronic conditions, health care providers have been enthusiastic about innovating new care methodologies and treatments.

through multiregional programs, focusing on targeted care management interventions for Medicaid members with multiple chronic conditions. These care management programs will begin as regional pilot programs in 2008, centered on circumstances most relevant to their communities:

- Northern and Southern California will both focus on high-risk members, such as those with complex chronic conditions, seniors, and people with disabilities, to help ensure they follow through on their doctor's recommendations.
- Northwest region will work to integrate care for Kaiser Permanente members with serious mental illness who are treated at county facilities.
- Colorado will focus on high-risk members transitioning from fee-for-service Medicaid.
- Hawaii will focus on high-risk members and those using the emergency department frequently, rather than receiving routine care in a physician's office.

RESULTS OF THE MEDICAID VALUE PROGRAM EVALUATION

Effectively addressing the needs of high-need Medicaid recipients was the focus of CHCS's study, MVP: Health Supports for Consumers with Chronic Conditions, funded by Kaiser Permanente and released in 2007. Ten sites across the country tested best practices believed to have a positive impact on the health of members with multiple chronic illnesses as well as reduction of costs over time. Results were shared with the participants and with policy makers at a roundtable conference sponsored by Kaiser Permanente in Washington, D.C., in October 2007. Key findings include:

- For Medicaid patients with multiple chronic conditions, health care providers have been enthusiastic about innovating new care methodologies and treatments.
- Analysis and reporting of new treatments and condition management programs is recommended for assessing their effectiveness and disseminating successful new treatment models.
- Combining high-risk Medicaid patients' services, including treatment for physical, behavioral, and substance abuse and long-term care, shows promise of increased improvement for patients as well as reduction in hospital stays.

Promoting Universal Coverage in California

Kaiser Permanente is committed to health care reform at the state and federal level, and played a significant role in advancing legislation and dialogue on universal coverage in California in 2007. Following a groundbreaking article in the December 2006 issue of *Health Affairs* by George Halvorson, Chairman and CEO of the Kaiser Foundation Health Plan and Hospitals, Jay Crosson, then Executive Director of the Permanente Federation, and Steve Zatkan, Senior Vice President and General Counsel, Kaiser Foundation Health Plan, Kaiser Permanente made health care reform in California a top legislative priority for 2007.

The article proposed a state-based approach leveraging existing systems to create near-universal coverage within two years.

Throughout the year, Kaiser Permanente worked with Governor Schwarzenegger and legislative leaders to develop a proposal for a statewide coverage plan. Working closely

with major stakeholders across the state—purchasers, providers, consumers, and labor—we convened meetings and elicited strong support for the proposal. We worked with other health plans to develop market rules relating to guaranteed issue, rating, and a transition period. We also worked with the California Hospital Association for the bill, which included a tax on hospitals to help finance the reforms. While stakeholders disagreed on some major issues, agreement on the following principles was reached: universal coverage, shared responsibility, stable financing, and affordability.

Although the proposal ultimately did not pass in the legislature in early 2008, significant progress was made over the course of 2007 in advancing the statewide dialogue, generating stakeholder buy-in, and developing detailed plans for future consideration.

Using Technology to Link People with Care and Coverage

There is strong evidence that low-income individuals often do not access public and private benefits for which they are eligible. The National Council on Aging (NCOA) projects that as few as 53 percent of eligible low-income seniors are currently enrolled in need-based programs, such as SSI for the elderly, food stamps, and Medicaid programs. Emerging technologies have increased the ability to access eligibility criteria for programs, coordinate data collection, and even streamline the application processes for individuals. Kaiser Permanente is increasing its capacity to link people with needed benefits through two distinct efforts, in partnership with innovators in the field.

As part of our vision to link vulnerable members with needed health care, Kaiser Permanente

developed a highly successful outreach program that enables low-income Medicare members to save substantially on medication costs. We use a Web-based tool called “KP CheckUp,” which screens and enrolls members in Medicare’s Limited Income Subsidy (LIS). LIS provides financial support to supplement the Medicare Part D prescription drug benefit. KP CheckUp also provides information about additional Kaiser Permanente and community programs for which members may be eligible. This program was recognized as a model by the National Council on Aging, receiving their President’s Award in December 2007.

Supporting a second Web-based tool, Kaiser Permanente Northern California funded the expansion of One-e-App in Fresno County in 2007. One-e-App is a one-step eligibility tool that supports families applying for a range of health and social services programs. Administered by the Fresno Healthy Communities Access Partners, this initiative links 10 Fresno community-based agencies. Between now and 2009, Kaiser Permanente will fund an additional 11 agencies, including hospitals, to apply the One-e-App technology.

In 2007, Kaiser Permanente also funded the Fresno Healthy Communities Access Partners to integrate Kaiser Permanente’s own charitable coverage program, the Kaiser Permanente Child Health Plan, into the scope of One-e-App. The initial pilot program will be implemented in Fresno County, with an additional five counties rolling out in 2008. This project will enhance Kaiser Permanente’s ability to screen for and electronically submit applications for our Child Health Program, greatly reducing errors, improving the quality of the application process, and streamlining enrollment.

We believe everyone—regardless of income—deserves quality health care, and we know that healthy people create stronger communities.

Safety Net Partnership



2007 Highlights

- Two grants of \$175,000 each for the establishment of a quality improvement center at the National Association of Public Hospitals and Health Systems and another at the National Association of Community Health Centers.
- 347 grants totaling approximately \$45.2 million for safety net clinics, hospitals, and health departments.
- Of the \$45.2 million, more than \$3 million in planning grants was given to develop access to specialty care.
- More than 200 clinical leaders in safety net organizations across the country received Kaiser Permanente scholarships to the Institute for Healthcare Improvement.
- A new evaluation began to identify and document changes in health care quality and access attributable to our Safety Net Partnerships.

Introduction

For decades, community health centers, public hospitals, and local health departments—collectively known as the “safety net”—have worked on the front lines to provide medical care for the uninsured and underserved. As the number of uninsured Americans increases, so do the pressures on these organizations to provide quality care in the face of cutbacks in public financing. Kaiser Permanente continues to foster strategic partnerships with the safety net, offering our financial, technical, and clinical support. Providing grants, training doctors and nurses who work in community health centers, and investing in information technology are just a few of the ways we support the safety net. A cadre of Kaiser Permanente physicians also provides thousands of clinical hours, delivering medical care in both primary and specialty care. With one of every seven Americans medically uninsured, our Safety Net Partnerships are more critical than ever.

Evaluating Our Impact in Our Communities

In 2007, we began a formal evaluation of our partnerships and where and how we are succeeding. As a result, we are beginning to identify changes in health care and to understand how patients are achieving better outcomes as a result of our partnerships and investments.

Our partnerships are built on the assets and strengths of all those involved. In California, where Kaiser Permanente has long-standing relationships with groups representing the collective interests of community health centers, data collected in 2007 affirmed that these partnerships have improved the capacity of community health centers to provide chronic disease management and to improve the quality of care. Eighty percent of community health center respondents in California said their ability to improve chronic disease management and promote prevention was very much or significantly improved as a result of Kaiser Permanente’s engagement.

REDUCING HEART ATTACKS AND STROKES AMONG THE UNINSURED

Heart attacks and strokes remain the leading causes of death among Americans. Yet for Kaiser Permanente members in Northern California, the chance of dying of a heart attack or stroke is 30 percent lower than other Californians. Part of the success of this impressive reduction is ALL—an acronym for the generic drug triad aspirin, lisinopril, and lovastatin—a Kaiser Permanente–derived treatment protocol provided to at-risk members with diabetes.

Our 2007 evaluation verified that once patients are placed on the ALL treatment, they stay on the therapy at impressive rates—upwards of 95 percent—far exceeding Kaiser Permanente’s experience with its membership. These patients now have a 40 percent lower risk of heart attacks and strokes when projected over the course of two years. This treatment improves the overall management of their diabetes, including decreases in blood sugar levels and routine preventive care. These results show how our Safety Net Partnerships are improving the health of uninsured and underserved patients.

ALL treatment is now available in seven underserved communities through Kaiser Permanente Community Benefit programs in Northern and Southern California. In 2007, we provided grants to safety net organizations for the immediate implementation of an ALL-based behavior remediation program, “PHASE” (preventing heart attacks and strokes everyday) for approximately 1,500 low-income, uninsured, and diabetic patients, adding to the 800 patients already in the program. Of these, 85 percent were either Latino or African American—groups twice as likely to have diabetes as the general population.



Supporting Quality Improvement in a Georgia Public Hospital

As Atlanta's only public hospital and the city's only Level 1 trauma center, Grady Health System has faced significant financial hardship over the last several years, absorbing millions of dollars in uncompensated care. In 2007, Kaiser Permanente contributed \$500,000 to support an ultrasound unit, a mobile X-ray unit, and eight specialty beds in the hospital's Trauma Center, which treats 4,000 patients a year. Kaiser Permanente's Georgia region also conducted an assessment of safety net clinics in the seven-county metropolitan Atlanta area to identify challenges and possible opportunities. It revealed the safety net's fragility, unmet needs and lack of room for expansion. The assessment is guiding decision-making in our work to address the uninsured and underserved in this service area.

Granting Diabetes Patients More Control

Kaiser Permanente provided a 2007 grant of \$100,000 for a two-year trial of the Treat to Target program at the Family Health Center at San Francisco General Hospital. Treat to Target seeks to improve care of uninsured and underserved patients with chronic health problems by helping patients become active members of the therapeutic team, along with their primary care physicians and a trained bilingual, bicultural medical assistant. With a thorough understanding of their drug therapy, expert coaching, and supervision, patients are able to adjust their own medication and hit the "target" for their therapy—improved diabetes, blood pressure, and lipid control in patients with diabetes, hypertension, and hyperlipidemia.

Treat to Target was developed by the Center for Excellence in Primary Care, a collaboration between the University of California San Francisco Department of Family and Community Medicine and Kaiser Permanente. Successful implementation of this program will involve patients in decision making, and influence the way all physicians, not just those in the safety net, work with patients to improve their lives.

Enhancing Quality of Care for Vulnerable Populations

In 2007, Kaiser Permanente provided initial planning grants of \$175,000 each for two new quality improvement centers—one at the National Association of Public Hospitals and Health Systems (NAPH), the other at the National Association of Community Health Centers (NACHC). Kaiser Permanente was proud to be the inaugural supporter of these centers' work to improve patient care and safety.

We believe these important organizations will foster continuous quality improvement in the safety net, and take a leading role in the effort to improve quality in our nation's health care system.

SUPPORTING QUALITY IMPROVEMENT INITIATIVES IN THE SAFETY NET

With more than 18 percent of Californians uninsured or underserved, many receive care from safety net organizations. In an ongoing effort to improve the care provided to the most vulnerable members of our communities, Kaiser Permanente approved 347 grants totaling \$45.2 million for community clinics, public hospitals, and local health departments in 2007.

Among these grants, Kaiser Permanente is providing \$4.5 million over two years to 26 Northern California safety net organizations to facilitate strong clinical quality improvement (QI) programs. In Southern California, in addition to our QI efforts, we are giving \$2.85 million over two years to 18 safety net organizations. In 2007, grants were awarded to five public hospitals, four clinic consortia, and 17 community clinics.

ADDRESSING THE SPECIALTY CARE CRISIS

With the continuing deterioration of Medicaid reimbursement for physician services, patients served by the safety net face a critical lack of specialists for their more complex medical conditions. Too many patients are receiving delayed diagnoses and treatment due to the lack of physicians who provide specialty care. In 2007, Kaiser Permanente stepped forward to address this crisis.

The Kaiser Permanente Specialty Care Access Initiative funds 10 Northern California and 11 Southern California coalitions. This provides more

With more than 18 percent of Californians uninsured or underinsured, many receive care from safety net organizations.





than \$3 million in planning grants to develop models for improving access to specialty care at community clinics and public hospitals serving uninsured and Medi-Cal populations. We are also sharing approaches we have used to improve Kaiser Permanente members' access to specialty care, which might be adapted to the needs of the safety net.

In California, we are partnering with the California Healthcare Foundation to cofund a two-year statewide effort to examine the challenges in providing specialty care services to vulnerable populations. In convening public hospital and community health center stakeholders, we hope to identify multitiered approaches that can be deployed on a system-wide basis to help close this widening gap in the nation's safety net.

Investing in Health Information Technology (HIT)

There is consensus among health care leaders that information technology is critical to improving the quality of health care, but it comes at a high price. The significant startup costs are well beyond the resources of most of the providers in the safety net. Kaiser Permanente is completing the implementation of our own electronic medical records system, HealthConnect™, the largest civilian electronic health record system in the United States. This system allows our clinicians to access electronic health records, decision-support tools, and evidence-based protocols in real-time as

they treat patients. This makes Kaiser Permanente a unique resource to organizations seeking to adopt an electronic health record and utilize tools like patient registries.

Kaiser Permanente is working closely with safety net organizations to achieve the potential of HIT to help vulnerable populations. We have committed more than \$10 million in HIT-related investments to safety net organizations.

In 2007, we worked with other health care funders to advance strategic investments in information systems that will enhance the quality of care in the safety net. As an active founding member of Funders Fostering Technology for Quality, comprised of philanthropic and health care funders in California, we have identified the best ways to invest dollars in health information technology. For example, in Southern California, we worked closely with the UniHealth Foundation, L.A. Care, and the California Health Care Foundation to help community health centers leverage technology for patients with complex conditions and to support clinicians in making clinical decisions and referrals. This work paved the way for the clinics to seek additional health information technology funding, and for further support in the deployment of technology to improve clinical quality. This important work followed the systematic review of dozens of community health centers to be certain our information system investments are well-aligned with the needs of their clinicians and patients.

In our Pacific Northwest region in 2007, Kaiser Permanente Health Plan's Donor Advised Fund and the Northwest Health Foundation provided nearly \$100,000 to the Multnomah County Health District to support six primary clinics to build and enhance use of their EPIC electronic health record system, the same system used

by Kaiser Permanente. The grant enabled the centers to customize the use of EPIC for the unique requirements of federally qualified health centers, providing them with information for more efficient billing, reporting, and clinic management.



As part of our HIT investment, nearly \$5 million in grants in Northern California were awarded in 2007 through Kaiser Permanente's Health Information Technology initiative. The HIT initiative enables clinics and public hospitals to take advantage of new technologies, such as automated mammogram reminders for earlier detection of breast cancer and immunization checks to ensure infant and child wellness.

Institute for Healthcare Improvement (IHI) Endowment Program

The Institute for Healthcare Improvement (IHI) is the nation's leader in patient safety initiatives and training. Kaiser Permanente has partnered with IHI to provide more than \$1 million in scholarship funds to safety net health care teams participating in IHI training since the program's inception in 2005. In 2007, 203 participants received these scholarships for training, representing safety net organizations from 12 states and the District of Columbia. Teams learned skills that are resulting in safer and more efficient care for patients. Since the program began, more than 500 clinical leaders have received scholarship support, representing the most successful program of its kind.

IHI Training Saves Lives in Contra Costa County, California

In 2007, 12 caregivers at Contra Costa Regional Medical Center in Northern California received scholarships for training in IHI quality improvement

methods. Subsequently, the emergency department improved its time for delivery of aspirin to chest pain patients from 67 minutes to just eight minutes by redesigning its triage processes. The hospital also improved processes to increase the percentage of patients with completely reconciled medications from 53 percent to 93 percent, and reduced the incidence of ventilator-associated pneumonia from 20 cases per 1,000 patients to only 1.3 cases per 1,000.

Building Strength on the Frontlines of Health Care

The San Antonio neighborhood of Oakland, California, has been designated as a federal medically underserved area. Here, La Clinica de la Raza offers community-based primary health care services to the neighborhood's non-English-speaking, primarily Latino and Asian low-income population. In 2007, Kaiser Permanente provided a grant of \$500,000, to La Clinica's capital fund.

This will help La Clinica expand its health care center's ability to provide 23,000 more patient visits per year. Expansion plans include the creation of a health education center that will offer nutrition classes for chronic disease management, childhood obesity education, HIV counseling and services, prenatal classes, classes for low-income women with children 0-5 years old, and space for "Promotores" to conduct community outreach.

Increasing Access in Orange County[‡]

In May 2007, Access OC facilitated its first “Saturday Surgery Session.” Kaiser Permanente donated its outpatient center, along with nine surgeons and 40 staff to perform the surgeries. The program received 200 referrals from community clinics in Orange County for an initial 15 surgery slots, demonstrating the great need for specialty care in Orange County. By the end of the year, 29 surgeries had been performed. An additional 17 surgeries were performed in early 2008 and an estimated 55 additional surgery slots are planned for later in 2008. This activity has helped the Coalition of Orange County Community Clinics develop relationships with health funders, county government, local universities, the medical association, and community clinics. The process has raised awareness about the Coalition as well as the state-of-the-art clinics that fill a pressing need for primary and specialty care services.

Care Management Institute (CMI)

The Care Management Institute, in partnership with the Community Benefit Department, organized its third Community Forum in 2007. Held at the Sidney Garfield Innovation Center, the forum gathered nearly 200 participants from both Kaiser Permanente and the safety net to address issues in developing patient-centered care. Among the highlights were remarks provided by former U.S. Assistant Surgeon General Marilyn Gaston and Dr. Gayle Porter, previously of Johns Hopkins

School of Medicine. They described their work in organizing “Sister Circles,” peer-led wellness promotion groups focusing on the needs of African-American women. Enthusiastic conference participants developed ideas to replicate Sister Circles in their own communities. Additionally, workshops were held on the needs of patients with low health literacy, and how adult learners can contribute to the design of clearer patient support education and self management tools.

Kaiser Permanente Physicians and Medical Centers

In 2007, several regions increased their ongoing support for safety net organizations, including Southern California’s Raymond Kay Community Clinic Fellowship Program. Our physicians provided thousands of sorely-needed clinical hours to assist primary care facilities to diagnose and treat conditions requiring specialty services. In addition to individual volunteer arrangements, many Kaiser Permanente physicians also provided technical assistance in information technology, patient motivation and education, and diabetes management.

Through our Reach Out program in Colorado, we placed 11 Kaiser Permanente physicians in various community clinics to see patients. The physician specialties included OB/GYN, endocrinology, primary care, and pediatrics.

[‡]From “Building Capacity and Improving Care: The Impact of the Kaiser Permanente Community Clinic Partnership,” prepared by BTW *informing change*, December 2007.



REALIZING THE DREAM OF HEALTH

In January 2007, some 500 Kaiser Permanente colleagues and family members (including 95 physicians) provided medical care to approximately 485 uninsured patients in Largo, Maryland, and Springfield, Virginia. During the course of the day, we provided hundreds of free exams, lab tests, screenings, prescription medications, and lunches to local adults and children. A number of patients had not seen a doctor in years. Three patients at the Largo Medical Center were found to have blood pressure readings at stroke level and were transferred by ambulance to nearby hospital emergency departments.

LAUNCHING THE RAYMOND KAY COMMUNITY CLINIC FELLOWSHIP PROGRAM

In 2007, Southern California launched a unique program to place Kaiser Permanente nurse practitioners and physician assistants in community clinics for a year. These community service arrangements provide direct support to up to six community clinics that function as the health care safety net for low-income uninsured individuals and facilitate the growth of evidence-based practice in the community.

Named for one of the first Kaiser Permanente physicians and founder of the Registered Nurse Practitioner program, the Raymond Kay Community Clinic Fellowship allows these clinics to see more patients.

The program was launched with three Fellows who currently work at the Los Angeles Free Clinic and at two San Diego-area clinics—Vista Community Clinic and Neighborhood Healthcare. Plans for 2008 include adding three more Fellows to work in clinics in Los Angeles and Orange counties.

Community Health Initiatives



2007 Highlights

Our investment in Community Health Initiatives (CHI) is building healthier communities—and considerable momentum. 2007 highlights include:

- Investing \$52.6 million in 1,146 grants and related programs.
- CHI partnerships are now at work in 27 communities across the United States.
- Initial CHI sites are now building parks and bike paths, bringing healthier foods into schools and neighborhoods, and promoting health-oriented policies.
- The Healthy Eating/Active Living (HEAL) Convergence Partnership has become a national center for strategic thinking, coordinated antiobesity strategy, advocacy for public policy change, and a model for replication.

Introduction

Kaiser Permanente's Community Health Initiatives (CHI) seek to measurably improve the health of the communities we serve, using an approach that emphasizes public health interventions and changes in policy, organizational practices, and the community conditions that influence health. The thematic focus of Community Health Initiatives is Healthy Eating/Active Living (HEAL), Kaiser Permanente's multifaceted strategy to address the obesity epidemic and the myriad health issues that can be a byproduct of poor nutrition and inactivity.

Our CHI strategy combines evidence-based obesity prevention strategies with community engagement and mobilization to achieve significant and sustainable changes. Piloted in six neighborhoods in Colorado and Northern California, Kaiser Permanente now sponsors or cosponsors local CHI/HEAL initiatives in 27 local communities across our regions. This comprehensive, multisectoral approach to obesity prevention is being adopted by an increasing number of funders and public health agencies.

In 2007, Kaiser Permanente invested \$52.6 million in 1,146 community health grants and related programs. Regions also support CHI with extensive technical assistance, including obesity prevention expertise provided by Kaiser Permanente physicians and staff.

Delivering real benefits to our communities also requires evaluation—measuring what we are doing, identifying what is working best, and sharing these insights with our communities and stakeholders. In 2007, Kaiser Permanente achieved important milestones in its cross-site evaluation of CHIs by collecting baseline data on community conditions and health behaviors and by building local evaluation capacity in every CHI site.

Building Thought Leadership and a National Convergence Around HEAL

By working with a diverse array of coalitions and partnerships, Kaiser Permanente's HEAL effort has brought scale, visibility, and impact to our work, and influenced the national dialogue on what it will take to turn around the obesity epidemic.

Kaiser Permanente was a founding partner of the HEAL Convergence Partnership, comprised of several major foundations and the U.S. Centers for Disease Control and Prevention, which share a view of how to address the nation's obesity crisis. These foundations included The California Endowment, the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and Nemours Health and Prevention Services. In 2007, the Convergence Partnership formalized the partnership and the creation of a shared funding pool, prepared a toolkit for funders of HEAL-focused initiatives, and developed a Web-based portal for connecting funders and organizations active in this area.

In 2007, a number of Kaiser Permanente regions—including Colorado, Northern and Southern California, the Northwest, and the Mid-Atlantic States—advanced the deployment of regional or state-wide convergence efforts. These activities complement the national convergence effort by bringing together local and regional funders and community partners working on place-based obesity prevention initiatives. This increased coordination helps develop a critical mass for policy and environmental change.





INFORMING PUBLIC POLICY

Effecting changes in public policy and organizational practices is a core element of Kaiser Permanente's HEAL initiative and the action plans being adopted by our community partners, with significant regional—and increasingly national—impact. Kaiser Permanente sponsored a workshop on Safe Routes to Schools at the 2007 U.S. Conference of Mayors national meeting in Los Angeles, providing mayors and their staffs with an opportunity to hear about promising practices in this area. Kaiser Permanente also partnered with the nonprofit Local Government Commission as major sponsors of the 2007 New Partners for Smart Growth Conference for a third consecutive year, working to elevate health considerations on the agendas of elected public officials, city, and county planners, developers, and others directly affecting the design of America's communities. A large delegation from Kaiser Permanente's National Facilities Services played an active role in the conference proceedings.

In 2007, a number of Kaiser Permanente regions also played a direct role in HEAL policy advocacy. In the Northwest, Kaiser Permanente endorsed important school nutrition reforms in the Portland public schools and a landmark ballot initiative that will fund more than \$200 million worth of trails, parks, and other open spaces in the Portland metro area. In California, Kaiser Permanente endorsed a wide range of HEAL-related legislation, including bills that would help bring healthy food to corner stores and increase state funding for Safe Routes to Schools.

Community Health Initiatives in Action

To affect the deeply embedded social, cultural, and environmental factors that underlie obesity and other critical health issues, Community Health Initiatives reach beyond our clinical environments to engage and support health-focused collaborations of local community residents and organizations, health care providers, educational institutions, public health agencies, and businesses. Working with our community partners, we help create the critical mass necessary to achieve real and sustainable changes in public policy, organizational practices, and the community conditions that have an impact on people's health.

Kaiser Permanente's 27 community-based initiatives include sites in Colorado, Northern California, and the Northwest that are entering their first or second full year of implementation. Today, these CHI programs are at work, delivering tangible improvements in community access to healthy activity and good nutrition, and influencing changes in public policy. A second wave of CHI sites in Georgia, the Mid-Atlantic States, and Ohio are in the intensive planning phase, engaging a wide array of community stakeholders to develop comprehensive Community Action Plans based on data and dialogue on community needs, assets, and aspirations.

Community Health Initiatives reach out beyond our clinical environments to engage and support health-focused collaborations of local community residents and organizations, health care providers, educational institutions, public health agencies, and businesses.

Colorado

COLORADO'S COMMUNITY HEALTH INITIATIVES THRIVE STATEWIDE IN 2007

Kaiser Permanente's first Community Health Initiatives were developed in Colorado. Formerly called "Thriving Communities," they are now achieving successes with a wide range of programs, policies, and environmental changes that support HEAL goals. In 2007, funding was increased for these sites, six new sites were added, and comprehensive technical assistance and evaluation efforts were fully implemented. The model is so successful that it has been adopted as a statewide initiative, "LiveWell Colorado," officially launched on March 1, 2007, as a partnership between Kaiser Permanente, the Colorado Health Foundation, and the Colorado State Department of Public Health and Environment. Examples of LiveWell Colorado accomplishments in 2007 include:

- In the Derby District, the commercial area of Commerce City, a redevelopment Master Plan includes design guidelines and rezoning geared to more physical activity, including major improvements in pedestrian and biking safety for community residents. The Derby Master Plan's healthy changes were the result of a new alliance of residents, urban planners, public safety officials, businesses, and the public health department, formed with a grant from LiveWell.
- Park Hill, another CHI/LiveWell Colorado coalition, completed a project to provide low-income community residents with free bikes to expand their access to recreational resources. The Park Hill coalition renovated an easily accessible 1,800-square-

foot space near a community center as a bicycle reconditioning and distribution center called The Bike Depot.

- Residents in three adjoining, economically depressed Denver neighborhoods—Baker, La Alma/Lincoln Park, and Sun Valley—connected with Denver Urban Gardens (DUG), a local nonprofit with experience launching and sustaining community gardens throughout the city. With funding from Kaiser Permanente, DUG helped residents find space for urban gardens, which yield fresh produce for the gardeners and neighbors. A youth-operated mobile fruit and vegetable cart brings produce to customers with limited mobility.

Hawaii

FRESH DAYS AT KAISER PERMANENTE

Kaiser Permanente Hawaii began its Fresh Day Farmers' Market at the Honolulu Clinic in June 2004. Since then two other markets have opened: Fresh Wednesdays at the Waipio Clinic and Fresh Thursdays at the Moanalua Medical Center. Kaiser Permanente Hawaii Fresh Day Farmers' Markets also provide health promotion and education at each site—partnering with our Pediatrics department, and Tobacco Cessation and Senior Summit programs.

Georgia

ENGAGEMENT: THE SECRET OF SUCCESS

In the Belvedere community of Atlanta, with a population of 7,000, the Healthy Belvedere Initiating committee has mobilized hundreds of neighbors,

local agencies, and organizations, enlisting them in activities to promote a healthier Belvedere. Illustrating our program's emphasis on engaging multiple stakeholders, County department heads involved in the effort say it has created the impetus for cross-agency strategic planning and coordination that has never occurred before. Early wins include an agreement to set aside a large tract of land on a main thoroughfare for HEAL-related uses, and the restoration of a basketball court in a local park.

Northwest

BLAZING THE TRAIL ON HEAL POLICY

In 2007, Kaiser Permanente endorsed and helped secure the passage of a landmark bond measure that will raise \$227 million for open space, parks, and trails in metro Portland. The decision was informed by the production of the Regional Equity Atlas, which was supported by a Kaiser Permanente HEAL grant. The Atlas depicts geographic disparities in health and access to healthy food and physical activity resources.

Northern California

HEALTH IS ON THE MENU IN BERKELEY

In Northern California, Kaiser Permanente teamed up with the City of Berkeley's Department of Public Health to launch the Eat Well Berkeley program, which promotes healthier choices in restaurants. To receive and display the Eat Well Berkeley certification, restaurants must meet specific nutritional standards for menu items, eliminating trans fats and offering choices with fewer calories and less fat. Eat Well Berkeley is now being expanded to corner stores near secondary schools to promote better nutrition for youth.

SUPPORTING CLINICAL PRACTICE CHANGE IN SANTA ROSA

Santa Rosa, one of three Community Health Initiative sites in Northern California, has institutionalized Body Mass Index (BMI) screening in its community health centers. Supported in large part by advocacy and intensive technical assistance provided by Kaiser Permanente, clinics have adopted routine BMI screening and questions about diet and physical activity for both adults and kids. At one participating clinic, clinicians went a step further, challenging one another to lose weight and improve their own diets so that they could serve as role models to their patients.



A railroad yard turned into a city park in the City of Maywood in southeast Los Angeles.

Southern California

LOS ANGELES: ZONING IN ON HEALTHY ACTIVITY

Southern California Community Benefit is partnering with community groups and the nonprofit Trust for Public Land to help underserved communities build or expand parks to promote healthy activity. A five-year, \$750,000 HEAL grant helps leverage state conservation funds for development of Fitness Zones; age-specific exercise paths and fitness equipment placed in existing Los Angeles County parks in low-income neighborhoods with high rates of obesity.

MAKING SCHOOL FOOD BETTER AND HEALTHIER

California Food Policy Advocates (CFPA) is working to expand the school breakfast program throughout the state, as well as to improve nutrition standards in childcare settings for children up to five years old. In collaboration with CFPA and the Center for Food and Justice, the Food Services Branch of the Los Angeles Unified School District has worked to make improvements to menus and aesthetics, and to increase staffing capacity in some cafeterias. Healthier menu changes effect more than 700,000 students, of which 80 percent are eligible for free meals.

Mid-Atlantic States

WASHINGTON, DC: FARMERS' MARKETS ARE NOW USDA PRIME

Our Mid-Atlantic region funded the DC area's re-establishment of the Farmers' Market Collaborative with a \$40,000 grant to help revitalize its market operations and keep fresh produce accessible in District neighborhoods with limited access to healthy food. The collaborative used the funds to apply for and win a USDA grant to purchase Electronic Benefit Transfer (EBT) machines, which process food stamps, and to provide critical training and outreach.



Ohio

CLEVELAND'S VEGGIEU EDUCATES CHILDREN ABOUT THEIR GREENS

In Ohio, Kaiser Permanente is a major sponsor of an innovative program called VeggieU, which targets 4th graders in the Cleveland Metropolitan School District. This district-wide, hands-on science program includes education about environmentally friendly sustainable agriculture and how to read and understand food labels. This five week curriculum also includes teaching kids how to grow their own vegetables and make smart food choices, all to combat childhood obesity.

Organizational Change: HEAL-ing Comes From Within

Kaiser Permanente medical centers, clinics, and offices are often among the largest employers and business facilities in their local communities. In 2007, we installed several walking paths around our medical office buildings to encourage physical activity, and built healing gardens in our hospitals. We have opened up stairwells and promoted their use with signs and posters. These features are becoming the standard for the design of new Kaiser Permanente facilities.

Kaiser Permanente has implemented food system reforms now emulated by other institutions and businesses throughout the United States. In 2007, more than 60 tons of produce served in our inpatient meals and cafeterias in Northern California were locally-sourced through the Community Alliance for Family Farmers (CAFF)—up from 24 tons in 2006. Local sourcing efforts also began in several Southern California medical centers. Fewer “food miles” associated with this shortened supply chain have reduced Kaiser Permanente’s carbon footprint and increased the economic viability of small, low-resource farmers in California’s Central Valley.

Kaiser Permanente launched its first farmers’ market in 2003, and by 2007 we sponsored over two dozen farmer’s markets in hospital lobbies, medical office buildings, parking lots, and community settings. In 2007, several regions also started to implement Community Supported Agriculture (CSA) programs in which employees receive weekly delivery of farm boxes on a subscription basis. These programs provide employees with healthy food and support local farmers with reliable and predictable demand.

CHI Evaluation

A rigorous evaluation is a core component of Kaiser Permanente’s CHIs—a model we are adapting for evaluations of other Community Benefit programs. In 2007, our CHI evaluation team collected baseline data, painting a powerful picture of our fight against obesity and obesity-related disease. For example, across Kaiser Permanente’s three Northern California CHI sites, nearly half of 7th graders reported feeling unsafe outdoors in their neighborhood some or all of the time. More than half of adults surveyed in those communities reported problems accessing healthy food in their neighborhoods. These data will inform the assessment of the impact of our work and are already being used by our community partners to prioritize their efforts and target community interventions.

Investigators in Colorado’s Institute for Health Research lead a local evaluation, working closely with community partners to analyze data that stimulate program improvement efforts. They are also using an automated phone survey to track changes in food and physical activity behavior across CHI sites. This phone survey was designed to evaluate the impact of Kaiser Permanente disease management programs and has been adapted for use as a population-based behavioral research tool. In Northern California, investigators in the Division of Research (DOR) are tracking organizational practice changes influenced by the HEAL effort. DOR investigators are using HealthConnect, Kaiser Permanente’s electronic health record system, to track changes in disease prevalence and BMI for Kaiser Permanente members in CHI communities, and to compare those trends to changes for comparison populations.

Over the next year, we expect a significant amount of evaluation time and resources to go into the capture and analysis of the specific community change strategies being implemented in each CHI site. The Documentation of Community Changes (DOCC) system allows investigators and end users to look at how these strategies are distributed by type of intervention (e.g., programs vs. policy change) and by sector (e.g., schools vs. neighborhood) as well as by other key characteristics. It also captures information on reach and per-person impact—key factors that will drive the ability of CHI to move the needle on community health outcomes.

The thematic focus of Community Health Initiatives is Healthy Eating/Active Living (HEAL), Kaiser Permanente's multifaceted strategy to address the obesity epidemic, and the myriad health issues that can be a byproduct of poor nutrition and inactivity.

Developing and Disseminating Knowledge



2007 Highlights

2007 saw considerable developments in research, knowledge dissemination, and policy work at Kaiser Permanente. Highlights include:

- Investigators participated in nearly 1,500 research and evaluation studies and published 571 studies.
- Kaiser Permanente's Northern California Division of Research launched one of the largest research projects in the world to examine the genetic, environmental, and behavioral factors influencing health: the Research Program on Genes, Environment, and Health.
- Formation of the Cardiovascular Research Network, a national partnership of 14 HMOs, in which Kaiser Permanente researchers hold leadership positions.
- Kaiser Permanente provided nearly \$750,000 to the UCLA Center for Health Policy Research to survey 48,000 California households about behaviors linked to obesity.
- In the Mid-Atlantic Region, Kaiser Permanente partnered with the Johns Hopkins Bloomberg School of Public Health in a trial of innovative care for the frail elderly.

Introduction

Kaiser Permanente seeks to improve the health of our members and the communities we serve by generating and actively disseminating information to a diverse array of stakeholders. Education and translating knowledge into practice are key aspects of how Kaiser Permanente fosters community health.

Kaiser Permanente's unique combination of resources is a major benefit for clinical and health services research—including a large, stable membership that is representative of diverse populations, a staff of highly experienced investigators, and access to state-of-the-art electronic health records. Studies showing the connection between lack of sleep and weight gain for new mothers, and the link between breast cancer and alcohol consumption, are recent examples of how Kaiser Permanente research teams are making a difference in the lives of people around the world.

We actively disseminate what we learn by partnering with a variety of influential, professional, and scientific organizations. We translate our knowledge for a variety of audiences, including health care and public health practitioners, policymakers, and the public at large. For instance, in the face of the current childhood obesity crisis, our Educational Theatre Program (ETP) has been a particularly effective way to reach young people and their families in our communities by incorporating powerful, evidence-based prevention messages.

Developing Knowledge

Kaiser Permanente Research Centers are located in all of our eight Regions, employing more than 750 researchers and staff members, including our new translational research center that opened in Colorado in 2007.

In 2007, Kaiser Permanente investigators participated in nearly 1,500 research and evaluation studies and published 571 studies. Our research in 2007 has far-reaching implications for public health—such as discovering a link between larger abdominal size at midlife and dementia; the relationship between treatment of gestational diabetes and reduced risk of childhood obesity; and a recommendation that colorectal cancer screening be changed from the widely used fecal occult blood test to the more sensitive and specific fecal immunochemical test.

2007 also saw Kaiser Permanente expand collaborations with major public health agencies, academic institutions, health foundations, and other research partners to launch large-scale studies. We helped form the Cardiovascular Research Network in 2007, a national partnership of 14 HMOs with Kaiser Permanente researchers in leadership positions. Our California regions jointly funded the UCLA Center for Health Policy Research with nearly \$750,000 to survey 48,000 California households on behaviors linked to obesity. In the Mid-Atlantic Region, we partnered with the Johns Hopkins Bloomberg School of Public Health in a trial of innovations to improve the assessment, treatment, and care coordination of the frail elderly. Both California regions have Oncology Trials Groups participating in national, multisite clinical trials of cancer treatments and prevention strategies—and in 2007, the Southern California group was honored for its success by the American Society of Clinical Oncology.

While clinical and health services research remains our principal focus, Kaiser Permanente's researchers also serve as advisors and provide vital analytics to a wide range of our clinical and community-based programs. In 2007, Kaiser Permanente implemented program-wide evaluation of our Community Health Initiative (CHI) programs.



Our researchers are conducting evaluations and providing real-time feedback to our CHI partners for quality improvement and program refinement, as well as enabling large-scale assessment of how complex interventions in communities work to improve health. This evaluation is leveraging HealthConnect and other sources of member data to target and track community interventions over time.

The Information Hub (IHUB): A Gold Mine for Research

One of Kaiser Permanente's information technology initiatives, the Information Hub (IHUB), promises to transform our understanding of health and health care. The IHUB is an ambitious effort to consolidate all of the transactional data from Kaiser Permanente's electronic medical record and other administrative data systems into a unified and consistent analytical database. In 2007, significant progress was made in the membership domain by integrating data from the different transactional membership systems used by Kaiser Permanente Regions. When complete, the IHUB will provide unprecedented opportunities for investigating the demographics and health status of Kaiser Permanente members, the care they receive, and the health outcomes they experience. The IHUB will also provide new insights into the impact that clinical information systems have on how medical care is delivered. The IHUB is being designed and implemented to deliver these benefits while rigorously protecting member/patient privacy and confidentiality. Kaiser Permanente's Utility for Care Data Analysis (UCDA), launched in 2005, is a focal point for analysts, clinicians, and researchers across Kaiser Permanente who are collaborating on the design and development of the IHUB. By developing standardized data definitions, testing algorithms

and advanced analytical tools, and fostering collaboration across our "analytical community," the UCDA is providing essential input to the development of the IHUB, and pointing the way towards medical breakthroughs and innovations in health care delivery.

Our Search for Probable Cause: The Influences of Genes, Environment, and Behavior

In 2007, Kaiser Permanente's Northern California Division of Research launched the Research Program on Genes, Environment, and Health (RPGEH) to examine the genetic and environmental factors that influence common diseases known to be linked to heredity. RPGEH seeks to gain a deeper understanding of the combinations of genes, behavior, and environmental factors that affect disease prevalence, severity, and outcomes.

In Phase 1, in 2007, we contacted all 2.1 million adult members in the Northern California Region by mail with educational material, asking them to participate in the study. More than 400,000 members completed and returned detailed surveys covering their family histories, lifestyles, behaviors, and other information. In Phase 2, in 2008, participating members are being asked to provide saliva samples via a mail-in kit. Their extracted DNA will be digitally recorded in the Kaiser Permanente RPGEH database with their survey data and medical history in registries keyed to specific diseases, then mapped to their community's existing demographic and environmental data.

If the interaction of inherited genetic predisposition to specific diseases and their environmental triggers can be identified and fully understood, this knowledge can lead to important advances in preventive care and treatment.



The RPGEH database is targeted to contain more than 500,000 participants, one of the largest and most detailed genetic repositories in the world. Extensive preplanning has been done in consultation with our 21-member Community Advisory Panel, representing a broad spectrum of medical, cultural, and faith-based interests. Our Executive Oversight and Ethics committees are working to ensure that the highest standards of data security, participant anonymity, and project oversight are enforced throughout the study.

The RPGEH study brings Kaiser Permanente research into the next era of biomedical discovery—knowledge we will share with health care organizations, policymakers, and communities worldwide.

Translating Research into Practice

Accelerating the dissemination of our discoveries has been a priority in 2007. Our dissemination strategies are targeted to three distinct audiences: 1) the broader fields of science, health care, and public health; 2) policymakers and other thought leaders; and 3) students, families, and communities.

As in the past, Kaiser Permanente researchers have reached these audiences directly through the established media. Kaiser Permanente researchers published more than 500 articles and scientific papers in peer-reviewed journals in 2007, including the *Journal of the American Medical Association (JAMA)*, the *New England Journal*

of Medicine (NEJM), *Lancet*, and many specialized publications. In addition, our researchers also presented their findings at national conferences and symposia, as well as local and regional medical society meetings.

Meanwhile, we've dedicated significant resources and talent to developing advanced and innovative strategies, processes, and technologies for translational projects. In 2007, our Institute of Health Research (IHR) in Colorado established a Center for Health Dissemination and Implementation Research. The Center's mission is to identify and promote practical tools for the integration of research and practice, and to support and evaluate how this can be accomplished most effectively.

We've greatly expanded our partnerships with professional, scientific, and academic organizations to actively translate research into practice. In a project for the U.S. Preventive Services Task Force (USPSTF) in the Northwest Region, a consortium of Oregon Health and Sciences University (OHSU) and Kaiser Permanente's Center for Health Research (CHR) completed assessments of the evidence base for 34 health issues. Our continuing work with the National Academy of Sciences' Institute of Medicine (IOM) in support of evidence-based medicine was expanded to a number of additional areas, including racial and ethnic disparities, community health interventions, health literacy, and the status of the health care safety net.

INSTITUTE FOR HEALTH POLICY ROUNDTABLE

In August 2007, a select group of senior health care delivery, policy, and research leaders from around the country participated in a Kaiser Permanente Institute for Health Policy (IHP) roundtable, entitled “Improving Health Care ‘Systemness’: A Look at the Evidence and Policy Implications.”

The roundtable was jointly sponsored by IHP, The Commonwealth Fund and its Commission on a High Performance Health System, and the Council of Accountable Physician Practices. Emerging themes included the urgent need for leadership in the cause of systemness, the need for payment reform to support necessary delivery system changes, and the importance of collaboration between the hospital and organized physician sectors.

Informing Public Policy

Kaiser Permanente’s Institute for Health Policy (IHP), established in 1999 to enhance our effectiveness in shaping the nation’s health policy agenda, continues to play a major role in convening policymakers and thought leaders. The Institute works in collaboration with foundations, policy institutes, research programs, federal and state policymakers, and other organizations to create opportunities for dialogue between those who study and practice health care and those who establish the policy context in which the delivery and health care financing systems operate.

In 2007, the Institute sponsored conferences, policy roundtables, and briefing papers on a range of subjects that leverage Kaiser Permanente’s expertise, experience, and interests, such as the following:

- **Delivery System Improvement**—An August 2007 roundtable examined the impact of health care “systemness” on quality and addressed the implications of policies to reduce fragmentation in America’s health care system.
- **Improving the Evidence Base**—IHP partnered with the Health Industry Forum at Brandeis University and America’s Health Insurance Plans to sponsor a series of forums and Congressional briefings. These explored policy options for expanding the nation’s capacity for research on comparative clinical and cost effectiveness to improve health care decision-making.
- **Health Information Exchange**—The Institute established a research fellowship to identify policy options for addressing the challenges and opportunities facing health care providers as they consider the operational, ethical, and political obstacles of health information exchange.

- **Disparities**—An issue brief published in 2007, “Racial and Ethnic Health Disparities: Influences, Actors, and Policy Opportunities,” has received widespread attention in policy circles and at the Institute of Medicine. IHP also convened a meeting that brought both health and non-health funders together to explore opportunities for collaboration in reducing disparities.
- **Improving Care in Medicaid**—With the Center for Health Care Strategy, the Institute cosponsored an invitational roundtable meeting on improving care for Medicaid consumers with multiple chronic conditions.

Advancing the National Discussion About Universal Health Care

Kaiser Permanente is committed to health care reform at the state and federal level, and played a significant role in advancing legislation and dialogue on universal coverage in California in 2007. *Health Care Reform Now! A Prescription for Change*, a new book by Chairman and CEO George Halvorson, was released in August and received a positive reception from policymakers, employers, community advocates, peer-reviewed journals like the *Journal of the American Medical Association*, and the news media.

Kaiser Permanente also called on employers to help create market incentives for reform before several important audiences in 2007, including the World Health Care Congress in Washington, the Health Affairs Policy Summit, and the Watson Wyatt Annual Client Conference. In this effort, Kaiser Permanente brings international perspectives into the national debate, suggesting analysis of other country’s models, as well as its own experience and expertise. Although the end of 2007 saw

hopes for immediate reform fade in California, Kaiser Permanente is dedicated to health care reform in California, as well as in other states where reform efforts are steadily evolving, and at the federal level.

Providing a Model of Health Care Delivery to Leaders Abroad

The efficiency and quality of care in Kaiser Permanente's integrated system has attracted attention, study, and praise around the world. Health professionals and high-level policymakers from other countries are interested in our integrated delivery system, our population care, chronic disease management, health information technology, research-based improvement, and other key attributes.

In 2007, we offered two three-day Integrated Health Care Experience seminars in Oakland, drawing together 122 visitors from 10 countries to attend workshops and facilities tours. We conferred directly with the Ministers and Ministries of Health from Denmark, Germany, Australia, New Zealand, the Netherlands, and Singapore. Special-focus tours and briefings were provided for groups from the United Kingdom, Belgium, France, the Netherlands, Finland, Sweden, Dubai, Sri Lanka, the former Soviet Union, China, South Korea, the Philippines, Colombia, and Chile.

Educational Theatre Plays to Strength

Kaiser Permanente's Educational Theatre Program (ETP) is a potent strategy for disseminating our experience and clinically-honed prevention messages to students, families, and their broader communities. ETP is free of charge to schools and the general community. It uses live theatre, music, comedy, and drama to engage kids, teens, and adults on a wide range of subjects,

including healthy eating, physical activity, diversity, conflict resolution, dealing with grief and loss, STDs, literacy awareness, alcohol, and tobacco. The program's goal is to inspire individuals and communities to make healthy choices.

In 2007, ETP expanded to all regions, with performances and workshops reaching 573,558 students and 115,668 adults in schools nationwide. 2007 also marked ETP's increasing emphasis on intensity as well as reach, with a growing number of productions incorporating follow-up workshops, community events, long-term residencies, and other strategies to reinforce and extend the messages delivered in performances.

ETP has become increasingly integrated with our HEAL campaign and other Community Health Initiatives in all Kaiser Permanente regions.

Teens Take It On is a long-term high school residency program developed by the Colorado Region's Educational Theatre Program, which provides high school students with the opportunity to become engaged in community efforts to improve nutrition and increase physical activity. Two accredited classes are taught by the actor-educators during the school day: an advocacy class and a theatre class. The theatre class then develops a performance to deliver four health messages to elementary or middle schools. The advocacy class creates a campaign to promote nutrition or activity in their school or community using surveys, focus groups, video documentaries, and commercials to promote their cause.

Since its inception in 2005, Teens Take It On has served four high school communities, six middle school communities, and nine elementary school communities, as well as making influential presentations to school and community leaders.



Production

Region

KINDERGARTEN–FIFTH GRADE

The Amazing Food Detective.....	SCAL, HI, CO, OH, MAS
The Best Me	NCAL
Zip’s Great Day.....	NCAL, SCAL
Give Peas a Chance.....	GA
Peace Signs.....	NCAL
Arrsthma Asthma (age 4–6)	NCAL
Kids’ Zone Project, Mumferd’s Safety Tales, Uncle Gherkin’s Magical Show	GA, MAS
Professor Bodywise’s Traveling Menagerie	SCAL
Drummin’ Up Peace	SCAL
The Swashbuckling Adventures of Jamie, In the World of Red the Reading Pirate	SCAL
What Would You Do?	CO
Keys To Personal Power	CO

MIDDLE SCHOOL

Secrets	NCAL, OH, MAS
The “R” Files	MAS
Someone Like Me	SCAL
Nightmare on Puberty Street	NCAL
Keys to Personal Power	CO
What Would You Do?	CO
If	NW
Kaiser Arts Lab	SCAL
H2O	SCAL

HIGH SCHOOL

Secrets.....	NCAL, OH, MAS, GA
Teens Take it On— Healthy Eating and Active Living	CO
What Goes Around	SCAL

TEENS/ADULTS

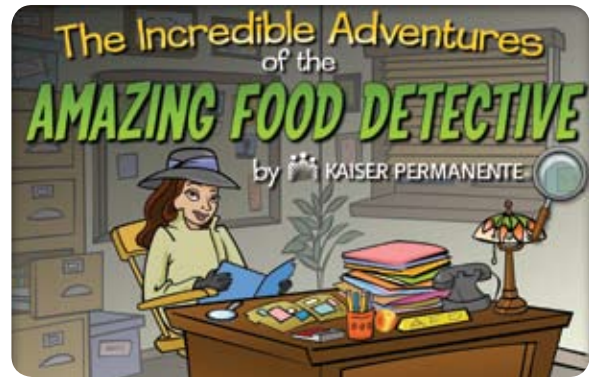
Fragments	GA
Creative Connections	CO

ADULTS

Accent on Stress	GA
Care Actors (physician and health care provider education)	SCAL, CO

ALL AGES

VOICES Project.....	CO
Community Troupe (offers several mini-shows for kids and families)	NCAL, SCAL
Physical Challenge Games.....	GA



Technology Reaches Out to Children and Families

In 2007, Kaiser Permanente partnered with an independent children’s game developer to produce an interactive game based on a popular ETP character, the Amazing Food Detective. Developed in close collaboration with Kaiser Permanente’s pediatric weight management experts, *The Incredible Adventures of the Amazing Food Detective* is the first video game designed to teach 8- to 10-year-old children about healthy food and exercise choices, extending the reach of our antiobesity messages.

Launched in September 2007, *The Incredible Adventures of the Amazing Food Detective (iAFD)* interactive video game, on CD-ROM with both English and Spanish versions along with lesson plans and take-home materials, was distributed free to 5,000 schools. Simultaneously, *iAFD* was launched online, free of charge, on the Kaiser Permanente Web site, with downloadable materials designed to help children and their families to put healthier eating and increased activity into practice. One key feature of the *iAFD* game is that it automatically turns off after 20 minutes and encourages children to get active, conforming to guidelines on limiting children’s screen time.

In just six months, *iAFD* was played by an estimated 200,000 children in classrooms, supporting teachers’ health curriculums. *iAFD* has been played online 50,000 times, with 30,000 families downloading its family nutrition and activity materials. Local community distribution and promotion continues through our partnerships with local organizations and public health organizations, including the CDC.

The program’s level of excellence is made evident by two recent awards: the iParenting Media Awards, Best Product Award and Best in Class, named by the Interactive Media Awards.

In the current childhood obesity crisis, our Educational Theatre Program (ETP) has been a particularly effective way to reach young people and their families in our communities by incorporating powerful, evidence-based prevention messages.



Building the Health Care Community of the Future

Kaiser Permanente invested approximately \$66 million to educate health care professionals in 2007. We trained approximately 2,700 residents and interns, and made significant investments to train nurses, pharmacists, and other allied health professionals. We provided scholarships, symposia, and mentoring opportunities to approximately 104,098 students.

Kaiser Permanente's first and largest Graduate Medical Education (GME) program began more than 60 years ago in Oakland, California, and there are now residency programs in Southern California, Hawaii, Colorado, and the Northwest. In 2007, these five regions provided training and education for 2,666 medical residents and interns.

In San Francisco, Kaiser Permanente's residency program offers a four-year program that combines internal medicine, public health, and preventive medicine, one of only six such combined programs in the United States. The residency program is a collaboration with the University of California

San Francisco Division of Preventive Medicine & Public Health and the University of California Berkeley School of Public Health. A similar combined residency program in Oakland offers residents involvement with Kaiser Permanente's Division of Research to increase skill and competencies in core public health areas, including biostatistics, epidemiology, and health policy management.

COMBINING MEDICAL TRAINING AND CARE FOR THE UNINSURED AND UNDERSERVED IN CALIFORNIA

A number of our training and education programs offer a unique community service rotation through community clinics to support safety net providers, deliver care for vulnerable populations, and provide training for Kaiser Permanente graduates in providing culturally responsive and competent care for diverse populations. Graduate Medical Education (GME) programs in Northern and Southern California rotate residents through local community health centers and clinics, providing comprehensive care for families, women's health evaluations, general gynecological care, and pediatric care.

ADDRESSING SHORTAGES IN HEALTH CARE STAFFING

In response to mounting concern about workforce shortages of nurses, pharmacists, and other health professionals, Kaiser Permanente has increased its commitment to educate health care professionals and support innovative solutions to looming shortages. In 2007, a number of Kaiser Permanente regions supported innovative upstream solutions to engage and mentor the workforce of tomorrow.

- **Nursing Education**—We provided more than \$5.4 million in grants and on-site training opportunities to expand the number of institutions and faculty and the pool of nursing students entering the workforce.
- **Pharmacy Postgraduate Residency Program in California**—There is a serious national shortage of pharmacists, and an even greater shortage of pharmacists who are trained and qualified to manage drug therapies for high-risk patients. Kaiser Permanente Community Benefit supports more than twenty nationally accredited pharmacist postgraduate residency programs in California alone. In 2007, approximately 40 pharmacy residents were trained in our pharmacies.

- **Physical Therapy Fellowship in Northern California**—The Kaiser Permanente Physical Therapy (PT) Fellowship Program in Advanced Orthopedic Manual Therapy at Hayward is the oldest physical therapy fellowship program in the United States and has been recognized nationally for its contributions to physical therapy postgraduate education. There are now 250 alumni practicing in 26 states, including five Kaiser Permanente regions. With their advanced specialty training, graduates of the PT Fellowship contribute to their communities by serving as faculty members for academic PT programs, clinical specialists, and mentors.
- **Oregon Healthcare Workforce Institute (OHWI)**—OHWI has helped draw attention to the health care workforce shortage and, in 2007, it directly influenced legislative increases in funding for more nursing faculty and expanded loan forgiveness. The group participated in many task forces, including the Behavioral Health Workforce Development task force, which addresses the disconnect between graduate training and industry needs. OHWI published *Partnerships and Investments in Oregon's Healthcare Workforce*, which describes private and federal contributions in health care workforce education from January 2005 through March 2007.



Expanding Horizons of Total Health

Our commitment to total community health includes making the environment healthier. We are already taking a leading role through sustainable design of our facilities, environmentally preferable purchasing and leveraging the supply chain, waste minimization, and our own on-site farmers' markets, but many more opportunities—and responsibilities—exist and lie ahead for real progress in environmental stewardship.

Kaiser Permanente's significant presence in communities around the nation means environmental health is part of our business. Energy consumption, water use, waste and greenhouse gas emissions, and use of toxic chemicals in the health care sector contribute to public health problems. Kaiser Permanente has been on the leading edge of identifying and addressing these issues, and we are stepping up efforts to improve environmental health and safety throughout our organization. We are joining forces with other organizations to build a movement within health care, and are continuing our long-standing collaboration with Health Care Without Harm, a nongovernmental organization that promotes sustainability in the health care sector.

In 2007, Kaiser Permanente's Environmental Stewardship program focused on reducing health risks associated with environmental factors. Our Environmental Stewardship Council is responsible for establishing Kaiser Permanente's overall strategy not only to advance our environmental performance but also to improve the performance of the entire health sector. Long-term goals include improving Kaiser Permanente's ecological footprint (balancing our consumption of resources with the earth's capacity to regenerate them), evaluating environmental links to health and ways to eliminate environmental hazards, educating the public, demonstrating the role of clinicians in

addressing health issues related to environmental causes, and developing metrics that focus on public health impacts of this work.

To improve the performance of the entire health care sector, Kaiser Permanente spearheaded the creation of the Global Health and Safety Initiative (GHSI) in 2007. This collaboration with other major health systems and leading nongovernmental organizations aims to transform the building, purchasing, and operational practices in health care to improve patient safety, worker safety, and environmental sustainability.

In October 2007, the U.S. Environmental Protection Agency and the Green Electronics Council recognized Kaiser Permanente as a Green Electronics Champion for its leadership in buying environmentally friendly computers. Kaiser Permanente was the first health care organization to receive this distinction.

With more than two dozen farmers' markets, Kaiser Permanente is reducing pollution and pesticide exposures while promoting healthy food choices. Kaiser Permanente also purchased 50 tons of local pesticide-free and sustainably farmed food for patients in Northern California, and has plans to expand the program.

In 2007, Kaiser Permanente earned the distinction of Climate Action Leader after submitting its certified inventory of greenhouse gas emissions to the California Climate Action Registry. Kaiser Permanente was the first health care organization to receive this recognition. Kaiser Permanente reduces emissions through energy efficiency programs that include solar power installations, reflective roofing, cogeneration systems that generate both electricity and heat, and lighting upgrades.



Kaiser Permanente's significant presence in communities around the nation means environmental health is part of our business.

Building a Better Tomorrow—Together

For more than 60 years Kaiser Permanente has helped people—and communities—be healthy. Our mission extends beyond our 8.7 million members. Our broad view of Community Benefit seeks to make every Kaiser Permanente asset an asset to the community, to reduce health disparities, and to recognize our accountability for the impacts of our operations. Kaiser Permanente is evolving as a leader in Community Benefit, and with this comes increased responsibility.

We must lend all the assets we have to help secure the conditions that support good health: the social, economic, and environmental determinants of health. At the same time we have to continue our efforts to mitigate the lack of access to quality care among vulnerable populations. The interrelationship between our streams of work is increasingly clear—addressing disparities in access to care and promoting community health.

We are moving beyond the boundaries of our four streams of Community Benefit work. Our work in health policy and research can influence the national dialogue on health reform. Our successes in serving uninsured and underserved populations can inform our delivery of care to all our members. Our learnings about how to influence the social, economic, and environmental determinants of health can offer new paradigms for how health care organizations can increase their reach and impact.

We must continue to deepen engagement with our mission across the entire organization. Social responsibility is not just about doing humanitarian work; it's about being accountable for all the impacts of our operation. By connecting all our assets to the pulse points of community health, Kaiser Permanente can mount a full spectrum campaign toward our ambitious mission of making total health a reality for everyone.



together





In Memoriam

Judith Zitter, A Community Benefit Hero

This year, Kaiser Permanente and communities throughout California lost one of the most talented, dedicated, and effective champions of health care equality—Judith Zitter. We honor our dear friend, whose legacy will live on through the work she accomplished and the many lives she touched.

As Community Health Manager for Kaiser Permanente in Southern California, Judith was a true pioneer and an agent for change who inspired those around her. She embodied the spirit of community collaboration and advocacy for uninsured and underserved populations that we aspire to in our Community Benefit work. She built critical partnerships with community health centers that paved the way for one of our most noteworthy programs—our Safety Net Partnerships. Over the course of more than a decade of service, Judith worked tirelessly to build capacity and advance support of our Safety Net Partnerships and Community Health Initiatives.

The positive impact of Judith's work will long endure and serve as an inspiration to us all. One of her colleagues put it best when he said, "She carried out her life vision quietly, softly, and with passion—never stopping, never giving up, and always believing."

Thank you, Judith.

Kaiser Permanente's Community Benefit Family



kp.org/communitybenefit