Expand Medicaid and Private Insurer Coverage of Community Prevention Programs

Current Status:
Public and private insurers have traditionally focused on reimbursing activities that happen directly within health-care settings. However, there is growing evidence that Americans cannot achieve health goals without support to follow advice from their doctor in their daily lives — in neighborhoods, workplaces and schools. Examples of community-based prevention programs include diabetes prevention initiatives that help promote physical activity and good nutrition and smoking cessation support groups. A number of public and private insurers have started to cover evidence-based prevention programs in communities, but currently these efforts are limited and have been constrained by legacy systems that focus on individual beneficiaries and fee-for-service models. For instance, current authority enables states to support prevention, health education and counseling when these services are delivered by Medicaid-participating providers directly to Medicaid beneficiaries in the traditional Medicaid program, regardless of where the services are delivered. However, states are more constrained in their ability to offer services that have not traditionally been covered, such as counselors at the YMCA or community health workers.

Why Expanding Medicaid and Private Insurer Coverage of Community Prevention Programs Matters:

- Two-thirds of Americans are overweight or obese and around 20 percent of adults smoke. Chronic conditions, many of which are related to obesity, lack of physical activity and tobacco, are among the biggest drivers of both public and private health care costs. Limiting support to care provided in health care settings has proven unsuccessful in reducing these disease rates.

- Within Medicaid, 78 percent of program spending on non-institutionalized beneficiaries is spent on the 40 percent of individuals who have chronic health conditions.¹

- Currently, Medicaid reimbursement cannot be provided for a program if that program helps a community or group that has both Medicaid beneficiaries and those not eligible for Medicaid as members.

- Many states do not currently support or authorize using Medicaid funds for community-based prevention programs. While some states have supported community-based prevention initiatives through managed care arrangements or disease management programs under existing authority, the scope and use of this authority has not been emphasized or made clear to all states.
Recommendations:

▲ Expand Medicaid coverage of community prevention programs.

Clarify states’ ability to reimburse a broader array of health providers and pay for additional covered services. The Medicaid program should formally recognize, in direct communication with the states, the importance of community-based providers, services and programs in preventing disease and delaying progression of chronic diseases. First, they should allow services from different practitioners — including nutritionists and health educators — to be covered. Under the regulation for optional preventive services, the phrase “physician or other licensed practitioners” should include any practitioner who has gone through a state-approved certification program. Second, they should clarify that states are allowed to pay for group health education classes as part of their care.

• Examples of community prevention programs that states should be explicitly permitted to fund through their Medicaid programs: Establish group wellness programs through a community-based organization, such as a YMCA or a community center, that includes exercise classes, wellness classes and individualized coaching on lifestyle behavior changes; develop a workplace wellness initiative targeting small businesses with low-wage workers — some of whom will be Medicaid beneficiaries, while others will not qualify for coverage under current program rules; create a partnership between a children’s hospital and a youth-serving organization to develop an education and coaching program for parents of premature infants, regardless of insurance status; develop a public health department-led community prevention and coaching initiative on healthy eating, exercise, parenting and other aspects of wellness that targets low-income neighborhoods, where many, but not all, residents would be Medicaid beneficiaries; and allow a community-based asthma management initiative to purchase items (such as heap filters and high-powered vacuum cleaners) and services that are not traditionally covered by Medicaid, but are needed to manage a child’s indoor environment, or allowing the family to purchase these items and services themselves.2

Expand states’ ability to reimburse additional entities. Centers for Medicare and Medicaid Services (CMS) should clarify that states may reimburse community-based organizations, public health departments and other entities (such as schools) for community-based prevention, health education and counseling activities.

Identify and disseminate community prevention best practices by Medicaid programs. CMS should document and provide information to every state about the best practices, implementation tools, and health and cost saving outcomes of community prevention activities currently supported by Medicaid programs.

▲ Use new Medicaid health homes to improve coordination of health and other services for low-income Americans. The Affordable Care Act’s (ACA) Medicaid health homes provision offers states a new opportunity to provide a point of coordinated care of not only health care and public health services but also a range of other support services, such as housing and food assistance, to lower-income and vulnerable Americans. The Medicaid health home option allows states to incentivize providers to offer a range of care management and coordination services for Medicaid beneficiaries with two chronic conditions, or with one chronic condition and at risk of another. When states begin the ACA Medicaid expansion in 2014, another 11 million low-income beneficiaries will be potentially eligible for these Medicaid health home services. Public health departments can partner with a range of government and community groups to ensure improved delivery of the range of services available to help individuals enrolled in Medicaid health homes. Many of these supportive services can make a big difference in both improving quality outcomes and reducing cost.

▲ Expand private insurance coverage of community prevention programs. Private insurers must also increase support for community-based prevention programs so their beneficiaries and the larger community they serve have the opportunity to take part in effective, evidence-based programs to support them where they live, learn, work and play.
HOW IT’S WORKING

Public Partners:

- The National Diabetes Prevention Program (DPP) is a 16-week lifestyle improvement program for individuals at high-risk for diabetes. This program engages individuals in group education with a trained lifestyle coach, focusing on improved eating habits, increased physical activity, and other behavior modifications. UnitedHealth Group began partnering with the YMCA in 2010 to replicate this program in additional settings, working with pharmacist-led education and behavioral intervention initiatives within the pharmacy setting at Walgreens. Some states help support DPP via public-private partnerships with Medicaid.

- The Asthma Network of West Michigan provides intensive home-based case management to low-income children and adults with moderate to severe asthma, which includes support from state Medicaid. This program encompasses 12 months of home visits by trained professionals, which cover environmental assessments, patient and caregiver education on asthma management and trigger avoidance. The Network estimates that the case management program generates net per child savings of $800 per year.³ The Network also sponsors a week-long Asthma Camp that educates children in asthma management techniques in addition to engaging them in regular summer camp activities.

Private Partners:

- Blue Cross and Blue Shield (BCBS) companies are using their resources, including hundreds of employee volunteers, to promote wellness and the prevention of disease through programs tailored to meet the needs of rural, urban, and targeted ethnic and cultural communities. They have partnered with the First Lady’s Partnership for a Healthier America to sponsor 40 new Play Streets — roads closed to traffic and open to the community to encourage physical activity. They also partnered with community organizations to launch Healthy Kids, Healthy Families, focusing on nutrition education, physical activity, managing and preventing disease, and supporting safe environments with the goal of improving the health and wellness of at least one million children over three years across its health plans in Illinois, New Mexico, Oklahoma and Texas. In Iowa, they support the Blue Zones Project, targeting Iowa communities to implement systematic environmental changes that optimize the healthy choices in places where people live, work and play. In North Carolina, they launched Nourishing North Carolina, a statewide community gardening program that makes locally grown, healthy food more accessible to communities across the state. In Nebraska, they partnered with community organizations to launch Omaha B-cycle, the first large-scale municipal bike sharing system in Omaha. And, they are working to address healthcare disparities in low-income and ethnically diverse communities by funding 12 safety net health care center programs in Maryland, Virginia and D.C. that provide health care services for low-income, medically underserved communities.

- Kaiser Permanente funds community health initiatives (CHI) that take a preventive approach to health care through targeted grant-making and convening and partnering with community organizations. Their CHIs focus on policies and programs that promote healthy eating and active living — HEAL — where people live, work and play. Their approach is to assess a community’s health, make investments in their needs, and track outcomes, with a minimum of a seven year to 10 year investment to ensure behavior and health changes.

<table>
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<tr>
<th>Opportunities for Prevention Savings in Medicare and Medicaid</th>
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<tr>
<td><strong>Number of beneficiaries, 2012</strong></td>
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<td>Medicare⁶</td>
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Nationally and in Seattle and King County, health care reform is accelerating the work to better deliver both clinical services and population-based prevention, and there is much talk about the integration of public health and the health care delivery system. As we do this, however, we need to concurrently build out the third leg of this stool—the integration of human services—to more effectively tackle the underlying causes of poor health.

In King County, some 79,000 additional people are expected to enter the Medicaid program in 2014, and another 117,000 people with low and moderate incomes will be eligible for tax credits and cost sharing assistance to encourage coverage under plans sold in the Exchange marketplace, Washington Healthplanfinder. While they are a varied group, their profile includes those who are expected to experience challenging social circumstances such as unemployment, housing problems, abusive relationships, substance abuse, or food instability—circumstances which in turn affect their health.

Today, many of these uninsured low-income adults in King County connect with health and human service systems on an intermittent basis. They engage during times of need and crisis, and then may “drop out” when the issues stabilize—too often only to find that those issues resurface later because the underlying conditions were not addressed. With health care reform, low-income residents are expected to have health care coverage that allows for ongoing attachment to a “medical home,” replacing what had been intermittent contact with a more stable, ongoing connection. We’re working to leverage this system change into a platform for providing more efficient, stable connections to human services. As local government—and a major funder of these services—we’re in a good position to make a difference.

As part of our pathway to accomplish this, we convened and continue to work with the King County Health Reform Planning Team, a group of representatives from across the health, behavioral health and human services fields, that emerged following the 2011 kick-off dialogue. They work with us to identify tactics that will drive more linkage and coordination between human services and the health care systems.

We recently worked with our King County Executive and the King County Council on successful legislation that calls for the development of “a plan for an accountable and integrated system of health, human services and community-based prevention in King County… in collaboration with the departments of public health and community and human services, and a community stakeholder panel informed by local and national expertise.” The plan must include recommendations on investment strategies and financing options, a positive sign that local elected officials are engaged and recognize the larger benefits to our community’s well-being that could be realized.

Our efforts extend as well into the depths of the Medicaid program, where we are actively influencing Medicaid transformations being rolled out at the state level. When Washington State began its design of a managed care demonstration to integrate care for people dually eligible for Medicaid and Medicare—our poorest, most vulnerable...
residents with extensive human service needs and involvement—county human service leaders advocated for a state legislative provision that assured the demonstration could only go forward in a geographic area with county government approved terms and conditions of participation. Because we share responsibility for the well-being of this population, the alignment between the state, the managed care organizations and local entities was important to us.

In our County, we’ve chosen to place ourselves right in the middle of this complex project. Quite simply, for the demonstration project to achieve its goals, local human services expertise and relationships must be involved. In the latter half of 2012, King County’s Department of Community and Human Services, Public Health-seattle & King County, and our Area Agency on Aging worked with state Medicaid program staff to design the terms of our county’s participation in the demonstration, with one of the critical provisions being a commitment to work together in an implementation team to share information, monitor impacts and make course corrections.

We are also engaged with state Medicaid program partners and managed care plans in shaping the design and standards for “health home” services, a provision under section 2703 of the Affordable Care Act that provides enhanced federal match levels for care management of Medicaid beneficiaries with chronic health conditions. Linkage to social services and health promotion are among the required services, and we believe it’s here at the local level where we can best arrange for a systematic approach to making these connections, and negotiate with the payers who stand to benefit financially from the benefits of those services.

Like many states, Washington is increasingly turning to managed care in the Medicaid program to advance integration as well as better manage costs. As managed care works to serve its growing volume of members with more complex social issues, our health department is already initiating contracts with them in our relevant areas of expertise, such as case management of children with highly complex health issues, and a post-hospital recuperation program for homeless adults.

Through these activities, we are intersecting with the health care system and payers around what’s most on their minds today — controlling costs while improving health—to shape their roles in supporting that critical third leg of the stool, a robust and much-needed integration with human services.
The Blue Cross and Blue Shield Association: Creating a Healthier America, One Community at a Time

Dr. Allan Korn, Senior Vice President and Chief Medical Officer (Ret), Blue Cross and Blue Shield Association

The Blue Cross and Blue Shield System is made up of the Blue Cross and Blue Shield Association (BCBSA) and 38 independent Blue Cross and Blue Shield (BCBS) companies that provide health insurance coverage to more than 100 million people—one in three Americans. For more than eight decades, The Blues® have viewed their responsibility and commitment to the communities that they serve as reaching far beyond insurance coverage.

As community leaders with a presence in every zip code, Blue Cross and Blue Shield companies are positioned to offer an array of programs and services that address both the national and local health concerns of American families. Because Blue Cross and Blue Shield companies are locally operated, they have an ability to create programs that meet each community’s specific needs. Yet this nationwide network also enables the Blues to take the best of what works at the local level and replicate or adapt it to work in other communities across the country.

Blue Cross and Blue Shield companies are using their resources, including hundreds of employee volunteers, to promote wellness and the prevention of disease, with many of these programs focused on increasing physical activity and promoting healthier nutrition choices. These activities can help reduce obesity, which leads to heart disease, diabetes and other chronic illnesses that take a terrible toll on patients and their families and lead to higher healthcare costs for everyone.

Programs are tailored to meet the needs of rural and urban communities, as well as the particular needs of diverse ethnic and cultural communities where access to care and prevention information often is lacking. Successful programs are expanded statewide and in some cases, nationwide. They are already showing concrete results:

Individual Cities

In 2011, Blue Cross and Blue Shield of Nebraska partnered with Live Well Omaha, a long-term collaborative partner for improving the overall health of area residents and positioning Omaha as a thriving community, and Community Bike Project Omaha, which works to improve access to bicycles for everyone. Together they launched Omaha B-cycle, the first large-scale municipal bike sharing system in Omaha. The goal of Omaha B-cycle is to provide a cost-effective, environmentally friendly, and healthy way for riders to make quick trips or enjoy the city’s riding trails. B-cycle riders also help keep pounds of pollutants out of the air, conserve fuel, and burn calories.

To use B-cycle, participants select a bike, swipe a membership card or credit card, ride the bike and then return it to one of the five stations located throughout the city. Since its start, 850+ members burned an estimated 606,972 calories during an impressive 2,389 trips on B-cycle bikes.

Diverse Racial and Ethnic Communities

Blue Cross and Blue Shield companies are working to address healthcare disparities in low-income and ethnically diverse communities by tailoring approaches for the local communities they serve.

In Western Pennsylvania, Highmark Inc. became the first Blue Cross and Blue Shield company to receive a Distinction in Multicultural Health Care by the National Committee for Quality Assurance (NCQA). The award specifically recognizes Highmark’s commercial HMO and Medicare Advantage HMO products offered under the Keystone Health Plan West subsidiary. Clinical interventions targeting minority patients have improved hypertension medication adherence, blood pressure control, colorectal cancer screening rates and diabetes care.

Statewide Initiatives

North Carolina

Blue Cross and Blue Shield of North Carolina’s Nourishing North Carolina is a statewide community gardening program that makes locally grown, healthy food more accessible to communities across the state. The program, which began in 2011, provides resources to create or enhance community gardens in each of North Carolina’s 100 counties. This innovative program involves collaboration between the community, the local public school system, health department and parks and recreation departments. Community residents and elementary school students volunteer weekly to maintain the garden, sharing both in the work and rewards that come from home grown food. Gardens located in food deserts or areas
that will be providing fresh produce to underserved/at-risk-populations are given higher consideration over other applicants. A food desert is any area where healthy, affordable food is difficult to obtain.

Last year, Nourishing North Carolina supported 25 community gardens across 19 counties. More than two tons of produce from these gardens was donated to food shelter and rescue organizations. To date, Nourishing North Carolina supports a total of 55 community gardens across 41 counties. In addition, the gardens have also offered hundreds of hours of physical activity to community volunteers. Blue Cross and Blue Shield of North Carolina also established its own community garden, maintained by employees, on its office campus. All of the garden's produce is donated to a local organization that provides food to the needy.

Iowa
Iowa ranks as the 16th healthiest state in the nation and in August 2011, Iowa Governor Terry Branstad issued a statewide challenge to make Iowa the Healthiest State in the nation by 2016 as measured by the Gallup Healthways Well-Being Index®.

Wellmark Blue Cross and Blue Shield of Iowa is playing a major role toward achieving this goal through their support of the Blue Zones Project™. “Blue Zones” is a phrase coined by Dan Buettner, National Geographic author and researcher, and refers to areas in the world where people are not only living longer, but are also living healthier and happier. The research has been used to develop tools and programs that are being applied through a community-by-community movement to improve the well-being of all Iowans. By encouraging systematic environmental change that optimizes the places where we live, work and play, the healthy choice will become the easy choice.

Four Iowa communities — Mason City, Waterloo, Cedar Falls and Spencer — were selected as the initial demonstration sites in May of 2012. Six additional Iowa communities with populations of more than 10,000 will be announced in January 2013, for a total of 10 Blue Zones Project demonstration sites of this size. Additional demonstration sites with populations of less than 10,000 citizens will be selected and the first round of those will be announced in October 2012.

Multi-State Initiatives
Last year, Health Care Service Corporation (HCSC) launched the Healthy Kids, Healthy Families initiative with the goal of improving the health and wellness of at least one million children over three years across its health plans at Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas. Healthy Kids, Healthy Families focuses its efforts in four areas: nutrition education, physical activity, managing and preventing disease, and supporting safe environments.

Key 2011 partners included: OrganWise Guys, a school-based program that encourages children to take charge of their health; KaBOOM!, which builds safe, new playgrounds to encourage physical activity; and the Care Van program, which provides preventive care to the uninsured and medically underserved. In 2011, the Healthy Kids, Healthy Families initiative provided funding in 49 schools, helping to improve nutrition education for approximately 24,500 students. It also helped build nine new playgrounds that served more than 23,000 children and provided more than 145,000 immunizations to kids in need.

National Programming
In addition to the Blues® projects in local communities, BCBSA also has national programming and sponsorships that encourage healthier living for all Americans. For example, BCBSA recently joined with the First Lady’s Partnership for a Healthier America (PHA) to sponsor 40 new Play Streets — roads closed to traffic and open to the community to encourage physical activity. Cities and towns across the U.S. are invited to apply for funding that will create at least four Play Streets per locality. Ten cities are to be chosen based on their on-going commitment to increasing physical activity among kids; health education and programming; sustainability of the program concept; and community development. They will receive funds and support from PHA and BCBSA for the events in their city or town.

Cities that already have begun participating have seen an immediate impact. In New York City, 64 percent of the kids using Play Streets reported that, if not for the local Play Street, they would have been engaged in a sedentary activity. Seventy-one percent reported that they walked to their Play Street, an added benefit. The same survey also underscored the promise that Play Streets holds for local economic development. Area businesses reported that foot traffic around the Play Streets increased greatly. BCBSA is committed to maintaining and expanding these initiatives and others like them to help people live healthier lives. This effort will also help transform our nation’s healthcare system from one that focuses on treating chronic, preventable disease at great expense to one that helps prevent illnesses and thus helps to curb costs.

For more information on how BCBSA and the Blue Cross and Blue Shield companies, please visit www.BCBS.com.
The burden of preventable chronic disease is placing significant strain on the physical and fiscal health of our nation. Nothing less than the long term well-being of the country is at stake. It is therefore incumbent on the health care sector to not only deliver the best patient outcomes at the lowest possible cost, but also to reduce demand on the healthcare system overall, and contribute to the health of our population by embracing prevention as a central element of providing value.

In everything we do at Kaiser Permanente, our aim is to measurably improve the health of our members and the communities we serve. As an integrated health care system serving more than nine million members in nine states and the District of Columbia, primary community prevention is a top priority.

The National Committee for Quality Assurance recently published its annual 2012 report ranking health plans in three categories: Medicare, Medicaid and Private (Commercial). For the second year in a row, Kaiser Permanente’s three largest regions, totaling nearly seven million members, had the top three Medicare health plans in the nation. Our success demonstrates the dedication of our physicians and care teams working collaboratively to create a better, safer patient experience. But it also reflects our commitment to work with local, state, and national partners to prevent disease, improve population health status, and address the underlying determinants of health and drivers of disparities. We are committed to helping our members, our workforce, their families, and our communities achieve Total Health through the services we provide, and by promoting clinical, educational, environmental, and social actions that improve the health of all people.

Total Health

To accomplish our aim of making lives better, we bring four primary resources to bear:

1. Clinical Quality: We have 17,000 physicians. In addition to providing high quality care, our physicians are responsible for making primary prevention in the clinical environment a major component of care. Further, they bring a valuable medical voice to local, state and national initiatives working on priorities such as increasing regular physical activity, and providing access to healthy affordable foods.

2. Behavior Change: We work closely with our members and corporate customers to employ strategies that help people eat more nutritious foods, be more physically active, quit tobacco, and use alcohol only in moderation. These are the four primary risk factors that lead to the big-four killers: cardio-vascular disease, diabetes, some cancers, and chronic respiratory disease. These are the primary chronic diseases which are the leading driver of the spiraling demand for, and cost of health care in our nation.

3. Healthy Environments: When we talk about environments, we include built, food and beverage environments, as well as social, cultural and natural environments. To support the guidance we provide to patients in the clinical setting, it is vital to help support healthy behavior choices where people live, learn, work, pray and play. We work collaboratively with our community partners to ensure that the healthier choices are the easier choices.

4. Community Engagement and Grantmaking: In addition to providing extensive charity care and coverage to low income/high need residents of the communities we serve, we are also investing in over 40 long-term community health initiatives that employ evidence-informed best practices derived from decades of learning. We do this via targeted grantmaking, convening, and partnering with trusted community organizations such as community health centers, schools and after school programs, farmers markets, YMCA’s, and faith based programs.

MAZON: Healthy food in hard times

Kaiser Permanente is proud to partner with MAZON: A Jewish Response to Hunger, in Healthy Options, Healthy Meals, a groundbreaking national initiative to make healthy and nutritious food more accessible for low-income families. Feeding America food banks in the eight Kaiser Permanente regions were invited to participate in this two-and-a-half year initiative, which aims to strengthen their capacity to achieve their healthy food goals, wherever they may be along the healthy eating continuum. Healthy Options, Healthy Meals is designed to be collaborative not prescriptive; together, MAZON and participating food bank partners will co-create a process for change and help shape how the food bank community conducts this type of work. MAZON will provide a framework for approaching this important work, as well as technical resources and a peer-to-peer network. MAZON will also provide individualized support, assisting each food bank in customizing a plan that is tailored to its needs and strategic goals on its path to becoming a stronger change agent and community resource for healthy eating.

Farmers Market

Each year, more than 30,000 people attend Green Market — a Farmers market held every Saturday from May through October in Piedmont Park, Atlanta, Georgia — which offers a variety of organic fruits, vegetables, fresh cut flowers, baked goods and more. In addition to the marketplace, the event offers healthy cooking demonstrations and fitness classes to encourage everyone to get healthy and stay healthy.
**Obesity Prevention and Treatment: Exercise as a Vital Sign**

There is no equivocating: obesity is driving multiple chronic conditions that are seriously damaging the health status of our nation, while concurrently driving up medical care costs.

Underlying obesity is the epidemic of physical inactivity which places inactive individuals at risk of disease at every weight.

As an integrated delivery system, Kaiser Permanente is applying its full array of resources to prevent our members from becoming obese and/or developing chronic conditions such as type-2 diabetes and hypertension. In the clinical environment, we now we routinely ask patients about their physical activity. We call this Exercise as a Vital Sign. For many years, our doctors have asked patients whether they smoke, and then guided users of tobacco products to the means to quit. Now, we ask how active you are, and then provide an array of means to support recommended physical activity. Physical inactivity, even in people who appear to be fit or skinny, is a significant predictor of long-term chronic disease. If people say they aren’t physically active, or get less than the recommended 30 minutes of moderate to vigorous physical activity a day, five days a week our doctors make recommendations, increasingly linking to our community partners, to encourage activity. For example, a pre-diabetic patient might be referred to a YMCA Diabetes Prevention Program or the programmatic offerings of a faith-based partnership or community recreation center.

We have to go beyond saying “you need to walk more, or be more physically active.” So, our physicians write walking prescriptions for patients. In turn, we are beginning to connect patients with safe, convenient, affordable community resources that support walking and physical activity.

There is no simpler, more powerful, more enjoyable thing we can do for our health than taking a brisk walk 30 minutes a day, five days a week! The health benefits for body, mind, and spirit are proven and well documented. Walk with your family and friends. Walk the kids to school. Have a walking meeting. Walk the dog!

In short, we may offer the highest quality health care in the nation, but, if our members leave the doctor’s office, and go back into their daily lives and community settings where there are inadequate supports to healthier lifestyles — we miss the opportunity to optimize our individual and collective health potential. At a time when health care costs are rising we all need to do what we can to improve prevention and keep people out of the care delivery system to start with.

**Going Into Our Communities**

Many health-related organizations and foundations provide funding for community efforts. We’re a bit different in our grantmaking and community partnership work — as we are not a philanthropy, rather a not-for-profit integrated health system, with a long-term stake in the communities we serve and the health of the nation.

We regularly engage in community benefit activity by assessing community health needs, making investments in priority areas, and tracking outcomes over time. Our employees and members are with us for the long term, and our facilities and investments are rooted in place. In short, we’re not going anywhere. So we don’t simply make short-term grants and then move on. As a nonprofit mission-driven organization, we invest in our communities over the long term, to encourage and support changes that go beyond what we can do in our clinical settings alone.

Consequently, when engaging in community partnerships, we typically engage for a minimum of seven to ten years. To affect measurable population level behavior and health changes, you can’t make a grant, and then expect lasting change in just two to three years. We take a longer view, focusing on community assets and environments, and help build the long-term capacity of community partners. The latter is vital so that communities build the collective efficacy that is requisite to effecting measurable impact, at scale, with sufficient reach and intensity, over time. The stronger community bonds and assets we help forge, the better our clinical offerings can integrate with community supports in a way that assures total health and well-being.

We also practice what we preach and apply the “power of the white coat.” Our physicians often volunteer with community partnerships. Over the years, they have stepped up to educate on the health benefits of Safe Routes to School, Complete Streets, and the importance of neighborhood safety and affordable access to healthy foods.

**Every Body Walk!**

Walking is central to everything we do at Kaiser Permanente. Every Body Walk!, a national public health campaign, powered by Kaiser Permanente, aims to get adult Americans walking 30 minutes a day, five days a week (60 minutes for children). The online walking hub at everybodywalk.org contains all that’s needed to begin a walking routine — maps, tips, medical advice, partner resources, inspiring videos, and a free mobile application.

We know that walking can cut the rate of diabetes and heart disease and even Alzheimer’s. It’s fun, easy and free and has amazing health benefits. That’s why our doctors are advocating the benefits of walking and getting out to walk with their patients.

**Community Health Initiatives**

Our Community Health Initiatives take a preventive approach to health care, focusing on policies and programs that promote healthy eating and active living where we live, learn, work, and play. Community health improves in an environment that promotes health and well-being and the creation of that environment is accomplished through providing the best medicine combined with education and vital public health activities that support an informed and empowered population.
Total Health CONTINUED

Educational Theatre
Kaiser Permanente created Educational Theatre Programs (ETPs) to inspire children, teens and adults to make informed decisions about their health, to build stronger, healthier neighborhoods, and to improve public health by using the arts, creative education and youth advocacy.

Our ETPs are presented free of charge to schools and community organizations and performed in school and community settings. Over the past 25 years, the Program has reached 15 million children.

Kaiser Permanente’s ETPs use live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. ETP’s live, interactive performances enable students to identify and emotionally engage with characters onstage, as well as learn information in a dynamic way. ETP productions are offered free of charge to eligible schools and community groups.

National Partnerships:
Nationally, Kaiser Permanente engages in a wide array of partnerships including:

- The Convergence Partnership supports healthy policy change at all levels, promoting and supporting partnerships among organizations and entities in multiple fields. www.convergencepartnership.org
- The Weight of the Nation™ documentary series and public health campaign presents a unique opportunity to spotlight the severity of the obesity epidemic, to showcase strategies that work and, most importantly, to catalyze action to end obesity. http://theweightofthenation.hbo.com/ and www.kp.org/weightofthenation
- The Community Commons is an interactive GIS mapping, networking, and learning utility for the healthy, sustainable, and livable communities’ movement. www.communitycommons.org
- CHNA.org is a free web-based platform designed to assist critical access hospitals, non-profit organizations, state and local health departments, financial institutions, and other organizations seeking to better understand the needs and assets of their communities — to make measurable improvements in community health and well-being. www.chna.org

Everywhere Kaiser Permanente operates, our mission remains the same: to provide high-quality affordable health care and to improve the health of our members and the communities we serve. This means making the communities safer, healthier places to live, learn, work and play. We do this via:

- Providing access to affordable high quality care and coverage;
- Helping public hospitals and community clinics improve the care they deliver and expand their treatment capacity;
- Supporting research, education and training;
- Promoting health through better diet, physical activity, and vibrant neighborhoods; and

Live Well Colorado
Back in 2005, Kaiser Permanente Colorado introduced our Thriving Communities initiative. This effort sought to mobilize and partner with Colorado communities to develop programs, environmental strategies, and policies that will work best in their respective neighborhoods to promote healthy eating and active living. Eleven community organizations were provided funding and resources through the Thriving Communities initiative to collaborate with local health organizations, businesses, neighborhood associations, faith-based organizations, local government, and parks and recreation departments in assessing needs and developing plans towards reaching their goals. Each of the 11 communities developed unique programs aimed at improving healthy eating and increasing active living. The activities ranged from teaching nutrition through growing and maintaining gardens to improving local roads and infrastructure for better walking accessibility. Kaiser Permanente Colorado continued to develop partnerships to support the Thriving Communities initiative, including working with the Colorado Department of Public Health and Environment, The Colorado Health Foundation, Governor Bill Ritter, and Lt. Gov. Barbara O’Brien. Through these partnerships, Thriving Communities evolved into the statewide initiative now called LiveWell Colorado.

Today, LiveWell Colorado provides support to 17 community organizations serving about 750,000 people in 11 Colorado counties (Adams, Alamosa, Broomfield, Denver, Eagle, El Paso, Jefferson, La Plata, Larimer, Prowers, and Summit). Its goal: to initiate policy, environmental, and lifestyle changes that remove barriers and encourage healthy behaviors among all Coloradans.

- Leveraging the power of the white coat to promote prevention and ensure people who want to can get and remain healthy.

A nations’ health is it also its wealth. To assure a strong 3rd American Century, it is incumbent on providers, payers, purchasers, employers, labor, government agencies, community organizations and residents of all types to do their part. Health is not simply a private good — it is a strategic asset for the well-being and security of our nation. With wise private and public sector investments in prevention and public health, we can concurrently improve our nation’s health, while lowering the preventable demand-driven costs of care over time. This is good for people, good for our communities, and good for our nation.

Kaiser Permanente at a Glance:
- 9 million members
- 9 states and the District of Columbia served
- 17,000 physicians
- 35 million office visits
- 170,000 employees
- $1.8 billion in community investment in 2011
ENDNOTES


