Looking Ahead

2009: Meeting the Challenges. Maximizing the Opportunities.

As the economy continues its downward spiral, we’re witnessing firsthand its impact on our friends, our families, and our community. Our immediate challenge is to help those who have lost their jobs and health coverage, and to support our fragile community health programs. More broadly, we need to promote health reform—now more than ever.

Helping Our Communities Adjust to Economic Uncertainty

We want members of our communities to emerge from this economic crisis in good health. In 2009, we need to ensure that our Medicaid, Children’s Health Insurance Program, Charitable Health Coverage, and Medical Financial Assistance programs are available to our members and those who have lost their jobs and their health coverage. We’ll help them understand their options and find ways to gain continued access to health care if they lose their employer-based coverage.

Assuring access to high-quality health care for everyone is more than any single organization can accomplish alone. The decline in state revenues will mean cuts in programs at the same time rising unemployment also causes Medicaid and CHIP enrollment to rise and the number of uninsured to grow.

That’s why our safety net partnerships, grants to community-based organizations, and our Healthy Eating Active Living programs will continue to support important community-based efforts for individuals and organizations hardest hit by the economy.

Providing a Medical Home

As more people lose their jobs and health coverage, resources like Medicaid and CHIP have become more important than ever before. We will be evaluating the results we’ve received from the five regions that tested our Medicaid care management pilot for broader implementation. Also in 2009, the Georgia Region will begin to provide specialty care to people enrolled in fee-for-service Medicaid and the Mid-Atlantic States and Ohio regions will provide primary care services for local Medicaid plans.

If the states can find the required matching funds, federal reauthorization of the CHIP program could result in a major expansion of the program for children of low-income families. If the expansion happens, we’ll transition those who are newly eligible for CHIP out of our own charitable coverage programs in order to meet the needs of others who are uninsured. We will also work with community organizations to help match people with other benefits they are eligible for—food, energy, housing, and health care assistance.

As national health reform is articulated and, hopefully, enacted and phased in, we will continue to assess what gaps remain in access to care, and how our Charitable Health Coverage and other programs can meet these needs.

Partnering With Our Communities

Through our safety net partnerships, we will continue to support health care for low-income and vulnerable individuals who rely on the patchwork of government and community-supported programs. Because of the current economic crisis, safety net resources are overwhelmed by the needs of the newly uninsured. That’s why we’ll continue to support our partners who share our conviction that patients who receive care at community clinics, public hospitals, and local health departments should have the same expectations as everyone else—safe, efficient, patient-centered, culturally competent, and comprehensive health care provided by top-notch physicians and nurses. These are the elements of a health care system we are trying to build and support in our communities.
Balancing Basic Needs With Progress

These days, communities are struggling to maintain vital services as their needs swell. We’re retargeting our grant-making efforts to help address basic needs like food security, and to support fragile community health infrastructures. As private and public funding for community-based organizations decreases, demands for our support will grow. We have already seen corporate and foundation funding drop as the economy worsened. Now we are seeing public funding shrink as the economic crisis cascades to state and local government budgets.

In 2009, we anticipate that the recession could undermine the Healthy Eating Active Living agenda we have been pursuing in our communities. The allure of inexpensive fast food makes it more difficult to promote healthy eating. Concerns about safety and security undercut programs designed to get people out of their homes so that they can start walking, biking, and exercising in their communities. Our HEAL-community coalitions are adjusting their long-term environmental and policy-change goals to address the increased immediate needs for essential human services.

The economy is causing reductions in key public health programs and threatens the financial security of our community partners. It is also putting significant strain on the lives of community residents as seen in falling rates of health care coverage, increased demand for emergency food assistance, and pressure on the shelter system.

Yet, these challenging times also present new opportunities. The American Recovery and Reinvestment Act of 2009 and some state and local investments include significant funding for prevention programs and infrastructure projects that promote bicycling, walking, and eating healthy food.

Shaping the Health of Our Communities and Our Country

There are other ways we can have real impact on the health of our communities. These include training health care workers, sharing our research findings, eliminating health disparities, promoting environmental health and sustainability in health care, and engaging in the movement for national health care reform.

Strengthening Tomorrow’s Health Care Workforce

Training the health care workers of the future is integral to how we translate our experience into health policy and practice. But the looming shortages of primary care physicians and public health professionals have become obstacles in this effort. We have been developing programs with and providing funding for two institutions to specifically address these shortages. We look forward to launching these programs in 2009 and will be evaluating their effectiveness.

The School of Public Health at University of California, Berkeley will be expanding its entering class by 20 students, who will be recruited from underserved communities. Once this group of 20 students graduates, they will be placed in health departments and other public health organizations.

The University of California, Los Angeles David Geffen School of Medicine will help international, bilingual medical school graduates living in the United States to pass medical licensure exams so that they too can work in our underserved communities.

Leveraging and Expanding Our Research Capabilities

Research conducted at Kaiser Permanente also helps shape the way in which the field practices medicine, and informs people everywhere about how to improve their health. Many look to us to address the critical health questions.

As one of the nation’s largest research institutions, we offer a unique combination of assets—an integrated health care system with a large, stable, and diverse membership and a state-of-the-art electronic health record. These make us a natural resource for the comparative effectiveness research being called for in today’s health care reform debate. In 2009, we will be expanding our capacity to conduct comparative effectiveness and drug safety research, growing our participation in clinical trials, addressing critical operational questions, and enhancing collaboration among our research departments and analysts.

Alleviating Health Disparities

We are committed to identifying, measuring, and eliminating disparities in health and health care. One way we accomplish this is to provide equitable access and care to our members. In 2009, we will focus on building the base of information and the metrics to assess the degree to which race, ethnicity, and language account for disparities in the health of our members. That knowledge will be the foundation for an action agenda to address and eliminate these disparities, in our delivery system and beyond.

Creating Health in the Physical and Natural Environment

We are dedicated to environmental sustainability and social equity, as we believe these have direct, positive effects on individual and community health. The national focus on restoring the economy through green jobs gives us and our community partners a chance to champion a new model of sustainable thinking—the health of our people, our planet, and our economies can be aligned.

In 2009, we plan to track and report our greenhouse gas emissions, develop public education programs, and enhance waste minimization programs. We’ll also engage with public and industry stakeholders on topics like green chemistry, sustainable agriculture, and climate change.

Reducing the health risks associated with environmental factors, such as reducing exposure to harmful chemicals, will help lead the way toward safer hospitals and healthier communities. In doing so, we can exemplify how large organizations can prevent environmental harm that has direct health consequences.

We will also promote collaboration within the health care sector through the Global Health and Safety Initiative. This initiative aims to accelerate performance improvement in worker safety, patient safety, and environmental sustainability. We play a leadership role within GHSI and will help ensure the success of this collaboration of major health systems and nongovernmental organizations.

Being a Catalyst for Health Reform

National health reform is a possibility in 2009. There is great hope and momentum, and we are participating actively in helping to fashion it. We believe universal coverage is critical, but so is reform of the delivery system and the prevailing fee-for-service payment system. We must also develop the body of evidence for what is cost-effective care and expand comparative effectiveness research. At the same time, we must strengthen the ways our communities, schools, workplaces, and public policies can help keep us healthy. Prevention is critical.

Our community benefit work offers a real resource to policymakers designing national health reform: our programs for the uninsured, our partnership with the safety net to improve care and eliminate disparities, our work with communities to develop healthier environments, and our research on what truly works to heal patients and to keep people healthy.

We are committed to using our assets for concrete, measurable, and visible improvements in the health of our communities and the nation.