

Community Health Grant Workshop

Lindsey Wright, Community Health Manager

April 11, 2022

Overview and Community Health

Overview of Kaiser Permanente

Community Health Needs Assessment

Review of Local Grant Process

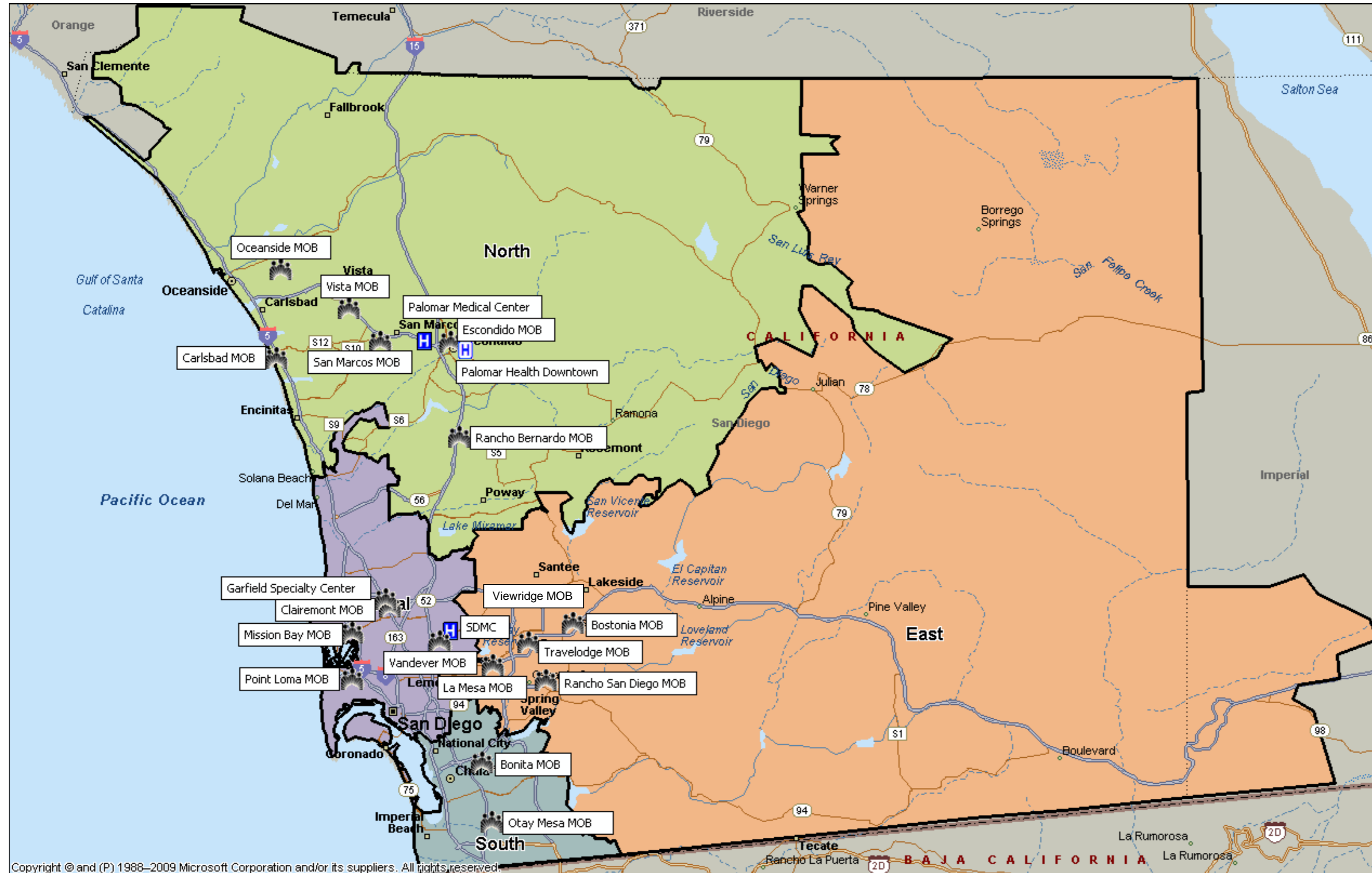
Q & A

Kaiser Permanente Overview

- 8 regions serving 8 states and the District of Columbia
- More than 12.5 million members
- More than 23,656 physicians and 217,277 employees (including 65,005 nurses)
- 39 hospitals (co-located with medical offices)
- 734 medical offices and other outpatient facilities
- Over 75 years of providing care



Kaiser Permanente in San Diego County



- More than 631,000 members
- 1,430 physicians
- 9,600 employees
- 30 facilities 5 Target Clinics
 - Zion Medical Center
 - San Diego Medical Center
 - 5 Target Clinics

San Marcos Medical Center
Grand Opening Date: Spring
2023



Community Health Investment

In 2021, Kaiser Permanente:

- Awarded 24 grants totaling \$822,523 in support of the 2019 Community Health Needs Assessment
- SCAL awarded over \$1.4 million in grant support to San Diego FQHCs, school districts, food banks and CBOs in response to COVID-19

2019

SAN DIEGO



COMMUNITY HEALTH
NEEDS ASSESSMENT

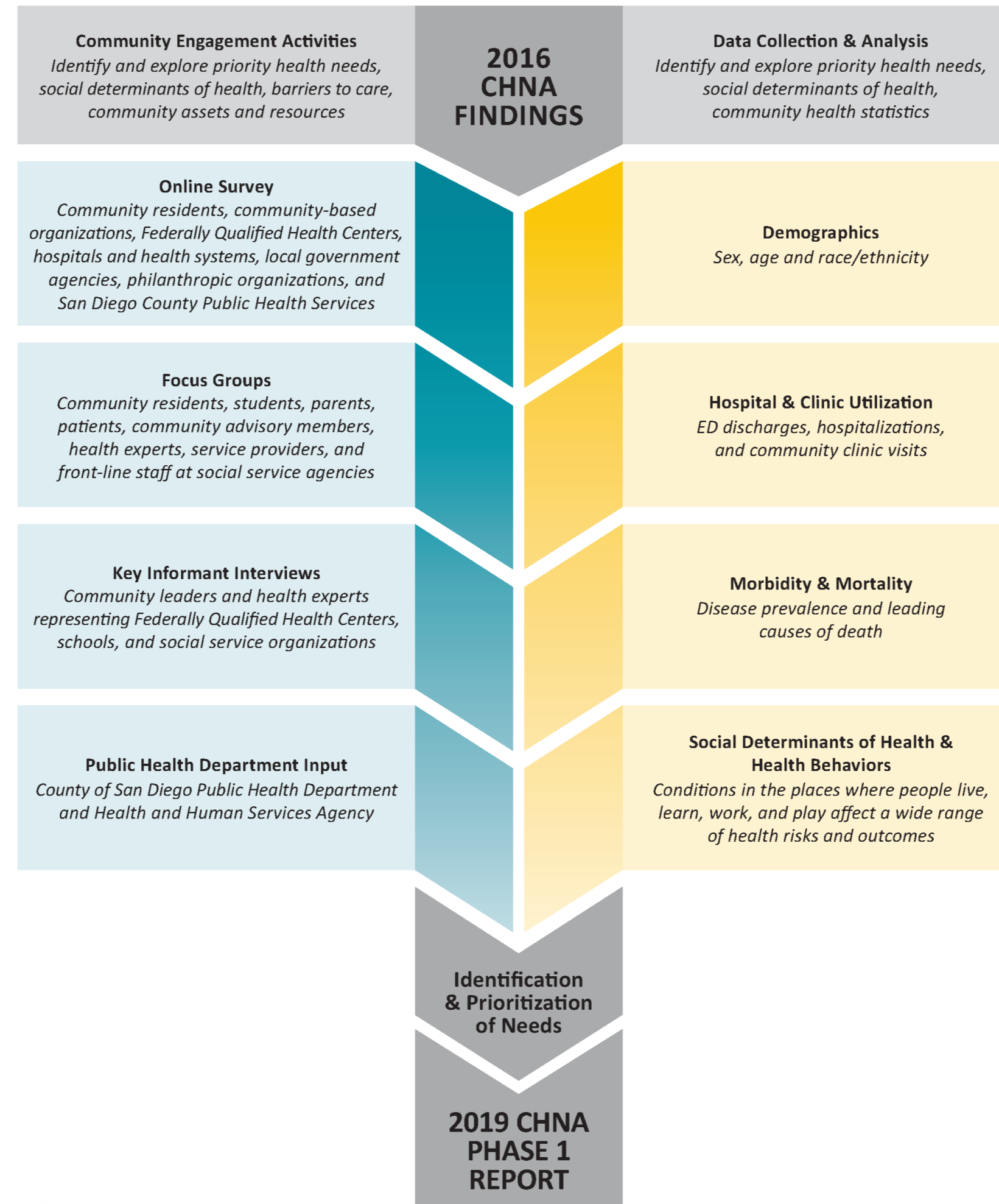


Summary of the Kaiser Foundation Hospital 2020 Community Health Needs Assessment

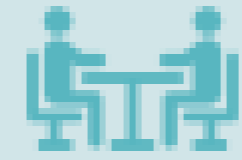
Community Health Needs Assessment (CHNA)

- A data driven process to identify unmet health needs, conducted in collaboration with the Hospital Association of San Diego and Imperial Counties and Institute for Public Health, San Diego State University.
- CA SB697 and Affordable Care Act (ACA) requirements
 - Conduct a CHNA every three years
- Key new ACA requirements
 - Prioritize needs with community input
 - Adopt a hospital "Implementation Strategy," (a written workplan), to meet community health needs identified through the CHNA
 - Explain a rationale for priority needs that will not be addressed
 - Other prescriptions for CHNA methodology and public distribution
 - KFH/HP Board of Directors approval for Implementation Strategy

2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP

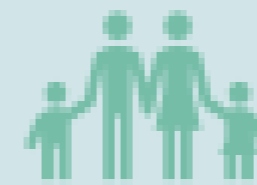


OVERVIEW: COMMUNITY ENGAGEMENT ACTIVITIES



12

Key
Informant
Interviews



214

(18 focus groups)

Focus
Group
Participants



353

Survey
Participants



579

Total
Participants

Prioritization Criteria

Severity of need

Magnitude/scale
of the need

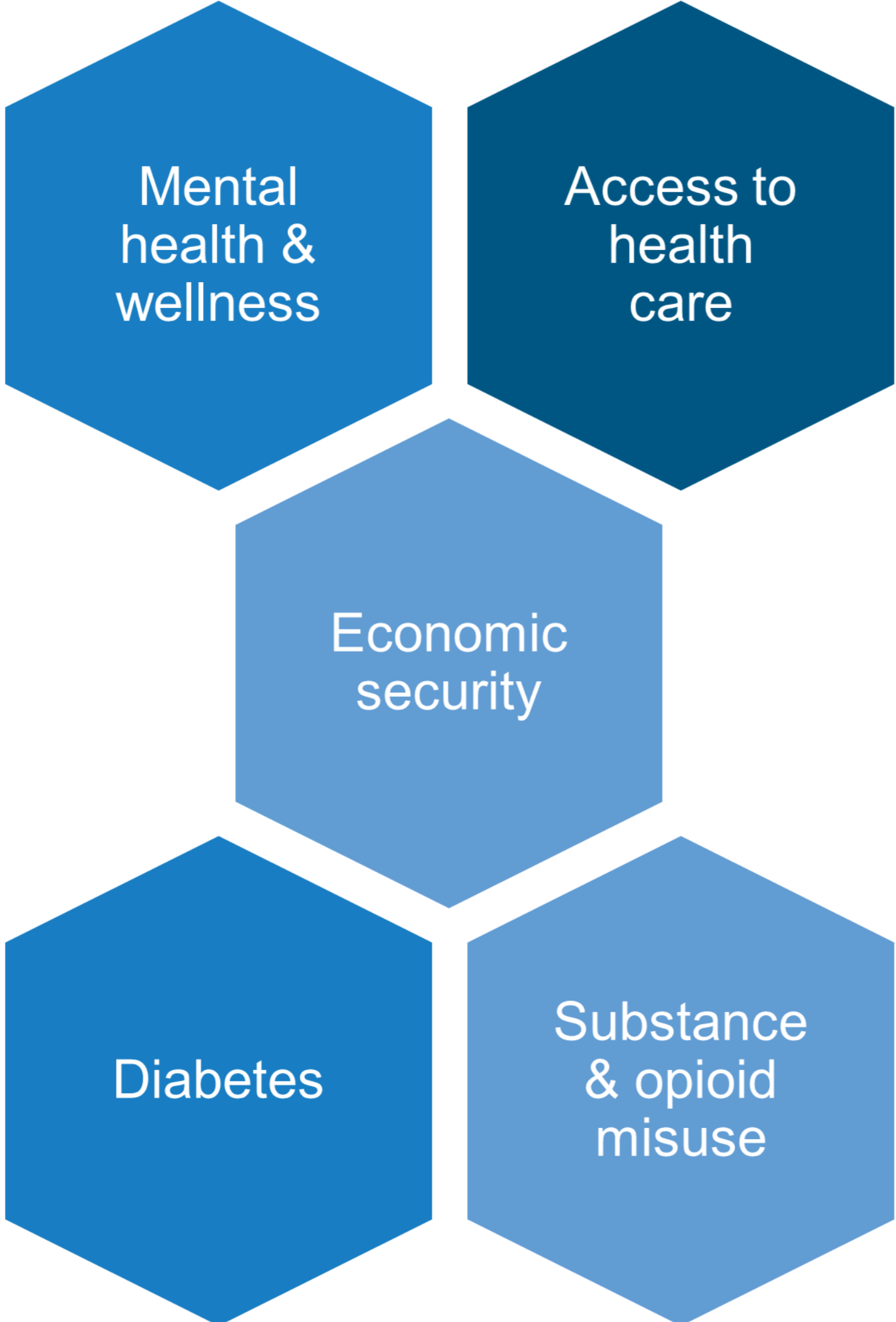
Clear disparities
or inequities

Community
input

Change over
time

Existing
resources,
expertise, and
partnerships

Findings: Priority Health Needs in San Diego County



Access to Care

- **12.2%** of people in San Diego are uninsured
- Lack of health insurance drives several health conditions
- Barriers to care include:
 - Fears about immigration status
 - Lack of transportation
 - Difficulty finding culturally and linguistically competent care

“There’s a new, national narrative of anti-immigrant sentiment”

- Community resident, focus group participant

“I’m the only one in my family that can translate during appointments for my family. It’s a lot of responsibility.”

- College student, focus group participant



Access to Health Care in San Diego County: *Fears over immigration force families to make agonizing choices*

Camila and Mateo have lived in the United States for 12 years; after receiving employment-based work visas, they immigrated when their children were 2 and 4 years old. They have worked in rural San Diego on farms since then, but they did not keep their visas up to date. Recently, their 14 year old son, Caio, needed a physical in order to play school sports – his last physical was many years ago. Because they are uninsured, Camila and Mateo

“I am the only one in my family that can translate during appointments for everybody in my family. It’s a lot of responsibility.” – College student, focus group participant

searched for a health clinic that provides medical care on a sliding scale – and took a two hour trip on public transportation to get Caio there. Caio is active and seems healthy, so it was a shock when, during the exam, the physician noted that Caio had high blood pressure

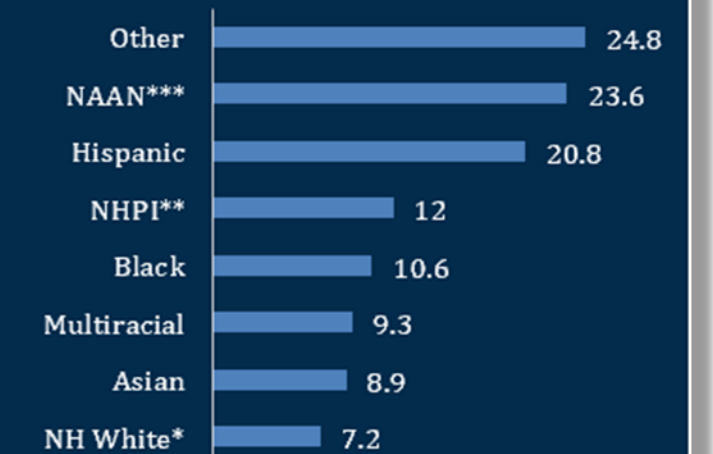
and a heart murmur. Using Caio and his sister Maria as interpreters, the physician explained that Caio needed further cardiac testing to determine whether he had an underlying heart condition. Caio is likely eligible for MediCal but his parents are scared that if they apply for MediCal for Caio, they will be deported. Now Camila and Mateo are facing an agonizing decision – should they risk deportation to get medical testing for their son who seems so healthy? And if so, how will they get him to the appointments on public transportation and without losing their jobs?

UNINSURED IN SAN DIEGO COUNTY

12.2% of people in San Diego County are uninsured.

- Those who identify as Hispanic, Native American/Alaskan Native and “other” are disproportionately without health insurance
- A lack of health insurance is a driver of several health conditions, including more poor mental health days, more heart attack emergency department visits, higher asthma prevalence, higher obesity prevalence, a higher percentage of babies born with low birth weight, and a higher prevalence of smoking.

% of San Diegans Uninsured



*non-Hispanic White, **Native Hawaiian & Pacific Islander, ***Native American & Alaskan Native

Community Strengths

- Several local nonprofits and senior centers offer transportation services for seniors to medical appointments, including Jewish Family Services, and Elderhelp.
- Mountain Health serves people regardless of their ability to pay and has locations in rural areas where healthcare can be harder to access. Mountain Health offers medical care, Behavioral Health Services, Dental Services, optometry, pharmacy, and x-ray.

Economic Security

- San Diegans are struggling:
 - **13%** of San Diegans experience food insecurity at some point in the year
 - **18%** of children live below the federal poverty level (\$25,100 for a family of 4)
 - **33%** of families can't cover their basic expenses
- Housing costs are a primary cause of economic insecurity:
 - **44%** of San Diegans live in cost burdened households
- Poverty, the high cost of living, low wages, and rent increases disproportionate to income significantly impact the health of the community

“If I was living alone, I wouldn’t feel so bad, but I have kids, and that makes it so much harder.

I don’t feel safe about keeping my home. What if I can’t provide for my children?”

- Community resident, environmental activist
focus group participant

“At my children’s school, we sometimes give out food to families. Sometimes moms go through the line twice – it feels horrible to see moms begging for food”

- Community resident,
focus group participant

Mental Health & Wellness

- Obtaining mental health care is especially challenging
- People in San Diego are struggling:
 - Rates of ED discharge for anxiety have increased, especially for children 11-17 years old
 - Almost 15% of Medicare beneficiaries suffer from depression
 - 12.4 people per 100,000 commit suicide every year
 - Suicide rates increased from 2014-2016 among:
 - People of Asian/Pacific Islander descent
 - Black individuals
 - People who identify as “other”
 - Trauma and resulting PTSD are common among certain populations



“Finding a therapist who has immediate availability is extremely challenging...for people without insurance, it’s impossible.”
- Community resident, environmental activist
focus group participant

Substance and Opioid Misuse

- From 2014-2016 in San Diego County:
 - ED discharges for chronic substance abuse rose by 559%
 - For those 65+, the rates rose 714%
 - ED discharges for opioid misuse rose by 1,734% for people 65+
 - ED discharges for acute substance abuse rose for people of all racial and ethnic backgrounds
 - The most substantial increase (177%) was among Black individuals
- Community members feel that drug addiction treatment options are inadequate



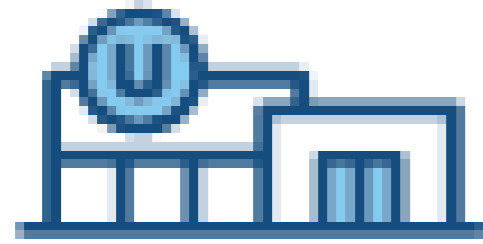
“The real crisis with drugs isn’t at the border. It’s the opioid crisis, not the drug cartels.”

- Senior community resident
focus group participant

Strategic Priorities and 2022 Grant Program



Access to Care Grant Strategies

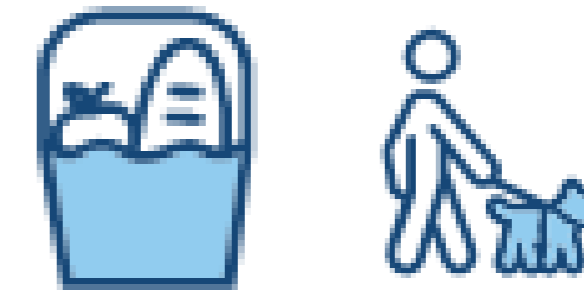


Improve coverage, access, and utilization of health care services for populations that are underserved, uninsured, and/or underinsured.

Support will be considered for programs that develop community-based organizations, leaders and networks and build capacity to advance equity and enhance collaboration among community clinics, clinic networks, and other safety net providers.



Improve and build the current and emerging workforce to meet the primary care needs of the community.



Improve the capacity of healthcare systems to provide quality healthcare, including interventions to address social unmet needs.

Support will be considered for programs that strengthen the capacity and infrastructure of community clinics to effectively prevent and manage chronic disease, including cardiovascular health and diabetes.

Economic Opportunity: Housing and Homelessness Grant Strategies



Transform Care: Whole Person Approaches

Strategies that strengthen the **connectivity and provision of care** within health care and social services safety net for people experiencing homelessness or formerly homeless.



Prevent Homelessness

Cross-sector interventions that **address individual, community and system level indicators** of housing instability and homelessness.



Strengthen Homeless Systems of Care

System-level approaches to **improve long-term housing placements** and drive towards population level goals.



Increase Affordable Housing Supply

Strategies that **preserve, stimulate and/or enhance affordable housing units** in service of reaching population level goals.

Economic Opportunity: Quality Jobs and Workforce Grant Strategies

Diverse Business Growth

- Expand access to training and technical assistance to small businesses.
- Strengthen credible sources of lending for businesses for small business recovery and growth.
- Support access to resources and timely information, particularly for COVID-19 related relief.
- Support policy and advocacy to support small businesses' access to affordable capital, strengthen infrastructure and address systematic financial inequalities.

Quality Jobs & Careers

- Support workforce development partners to develop and implement job training and placement programs, including pre-apprenticeship programs.
- Support wrap around services to support job seekers who face socio-economic barriers to securing and maintaining jobs (eg transportation, childcare)
- Support connecting people to quality jobs or support organizations connecting people to transitional employment paired with support services to better position them for future long-term employment

College & Career Readiness

- Enterprise approach in development: Support young people of color to graduate high school and pursue higher education in healthcare related fields.
- Programs may address career exposure, especially healthcare; mentorship; social emotional supports for students and families; and educational policy advocacy.

Economic Opportunity: Food Security

The Food for Life grant strategy enhances access to healthy, affordable food by supporting community partners assisting with purchasing power of food, providing meal and nutrition distribution, and driving essential change in food system policy and research. This work aims to meet the growing needs of our members and communities with an emphasis on the importance of equity.

Purchasing Power

Ensure eligible individuals in Kaiser Permanente communities have access to governmental nutrition programs like Supplemental Nutrition Assistance Program (SNAP), SNAP for Women, Infants, and Children (WIC), school nutrition for students and families.

Meal / Nutrition Distribution

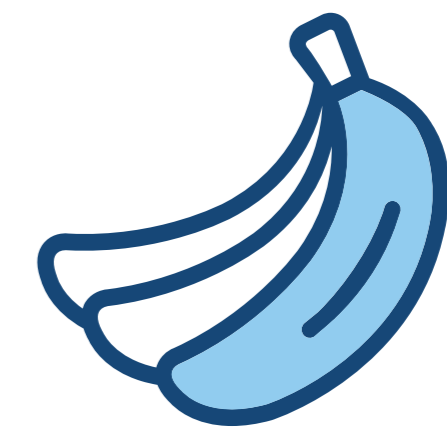
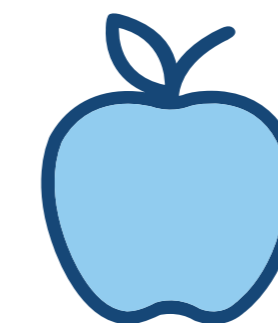
Build the infrastructure to support the safety, scale and capacity of meal and food providers.

Support produce and healthy food prescriptions.

Distribute healthy food to vulnerable populations through local partners.

Policy and Research

Support policy, research, and advocacy organizations.



Mental Health and Wellness Strategic Priorities

Improve access and connection to mental healthcare and substance use disorder treatment in clinical and community settings.

- Infrastructure and capacity building of community organizations and clinics to improve access to quality mental health care,
- Integration of mental health care, case management, and navigation services into clinical care and community settings,
- School and youth development organizations in learning about and addressing mental and behavioral health, including suicide prevention and trauma-informed care,
- Access to high quality substance abuse treatment including medication-assisted treatments to decrease the burden of addiction and promote resiliency and recovery.

Improve and build the current and emerging mental health workforce to meet community needs.

- Education and training of licensed mental health professionals including cultural competency,
- Efforts to improve the community and social support system's knowledge, attitudes, beliefs and perceptions about mental health, trauma and resilience.

Reduce stigma and build resilience in individuals, communities and organizations.

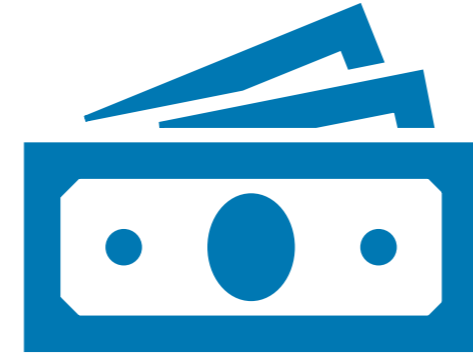
- Improve knowledge and care of individuals
- Increase community support systems
- Improve organizational culture, practice and policies



2023 Grant Program



Length: 12-Month Grant Cycle



Amount: \$822,523



Amounts: \$70,000, \$60,000, \$50,000
and \$40,000



Type of Grant: Individual or
Partnership



Area to Apply Under

Economic Security: a) Improve employment opportunities and workforce development, b) increase equitable small business growth, c) college and career readiness.

Housing and Homelessness: a) Prevent displacement and homelessness, b) improve the availability and quality of affordable housing, c) strengthen homeless systems of care.

Access to Care: a) Improve the capacity of health care systems, b) improve the capacity of the primary care workforce, c) increase coverage and access to comprehensive, quality health care services, and d) enhance individuals' utilization of the community-based health delivery system.

Food Insecurity: a) Increase purchasing power of individuals, b) enhance the infrastructure to support the safety, scale and capacity of meal and food providers, c) support policy, research, and advocacy CBOs leading efforts that have a direct impact on community food security strategies.

Mental Health and Wellness: a) Improve the knowledge, capacity and infrastructure of health care, CBOs and communities to address mental and behavioral health.

Grant Program Partnership Grants

- Understand each partner's expertise, relationships and success
- Define what each partner will do and how they will do it to ensure a collective impact
- Highlight the resources, staff, facilities and expertise of each partner and identify which will need to be funded by the grant and which will be in-kind
- Define how each partner will spend the grant budget
- Define the process for making decisions and managing joint efforts
- Develop draft MOU's between the organizations to define roles and contributions

Grant Program Partnership Grants

How to find the right partners in a collaborative grant:

- **NO ARRANGED MARRIAGES**
- Does the partner have a positive or neutral track record? Do they have a positive reputation in the community?
- Does the partner complement the work that you do based on scope of service or geography that would make a stronger proposal?
- Do you have a positive working relationship with key staff of the partnering organization?
- Will the partner have a stronger application than yours if you do it separately and only one may be awarded?

Community Health Grant Program Eligibility

To be eligible for a Kaiser Permanente San Diego Medical Center Community Benefit grant, an applicant organization (or fiscal agent), must currently operate as one of the following types of organizations:

- 501 (c)(3) tax-exempt organization with a 509 (a) designation indicating that the organization is not a private foundation
- 501 (c)(19)
- 501 (c)(8) or 501 (c)(10) operating under a lodge system and only if used solely for charitable purposes and serving the general community
- A local, state, or federal government agency, including any of its subdivisions that perform substantial governmental functions

Community Health Grant Program Eligibility

In addition, organizations must:

- **Provide direct services to disadvantaged and/or underserved populations** that address funding priorities identified in the Kaiser Permanente San Diego Medical Center Community Health Needs Assessment
- Provide services within the geographic boundaries of Kaiser Permanente San Diego Medical Center's service area, which includes communities within the **County of San Diego**.
- Must be in “**Good Standing**” by submitting all required documents, progress (if required), and/or final reports in a timely manner for all previous Kaiser Permanente grants.
- Must not request support related to health care reform related activities.

Community Health Grant Program Restrictions

Kaiser Permanente San Diego Medical Center Community Benefit will generally not consider funding requests from: international, social or recreational clubs, or for the following:

- Sports teams and tournaments (e.g., golf, tennis, walks, and runs)
- Individuals
- Religious purposes
- Partisan political activities
- Endowments or memorials
- Capital building
- Core operating support (except for community health centers)
- Re-granting purposes to other organizations
- Community Benefit grants will not be awarded for activities, events, or programs organized or solely sponsored by alcohol, tobacco, or pharmaceutical companies.

Survey Monkey Grant Concept – Due May 12 COB

https://www.surveymonkey.com/r/KPCH_GrantConceptPaper

Information Needed

- Contact person
- Priority Need
- Title of Program
- Type of Grant
- Funding Request Amount
- Total Project Budget
- Population Served (300 characters)
- Need Statement (400 characters)
- Project Description (400 characters)
- Objectives
- Evaluation (400 characters)
- Budget Narrative (600 characters)



Tips...

Specific, measurable, action-oriented and time-defined objectives

Make sure it is aligned with one of the priority areas and strategies

Partnership grants are preferred

We do not fund the same project more than 3 years in a row

Be clear and concise

Do not apply for funding for an event

You can apply for funding to increase the training of your own staff

Community Health Grant Program Dates

- April 12, 2022: Survey Monkey Release

https://www.surveymonkey.com/r/KPCH_GrantConceptPaper

May 12, 2022, COB: Survey Monkey Responses Due

- June: CH Grant Committee Meeting
- July: Concepts Submitted to SCAL and PO
- **August: 2023 Grant Invitations Sent Out**
 - October: Grant applications Due
 - 12/1/2022 - 11/30/23: Grant Term

2023 Community Relations Event Sponsorships

For 2023 events occurring January 1, 2023, through June 30, 2023:

- Application portal opens July 1, 2022
- Application portal closes July 30, 2022
- Notification of award or declination will be sent by September 30, 2022

For 2023 events occurring July 1, 2023, through December 31, 2023:

- Application portal opens February 1, 2023
- Application portal closes February 28, 2023
- Notification of award or declination will be sent by April 30, 2023

Things to remember:

- Organizations need to submit a separate application for membership dues
- One application per event
- 2023 Sponsorship menu is mandatory
- Organization Board of Directors and their company affiliations is mandatory

[Kaiser Permanente San Diego Community Relations Event Sponsorship Website](#)

Questions?

