Kaiser Permanente Los Angeles Medical Center
Community Benefit Grant Workshop
Community Health Needs Assessment
Welcome -

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Today’s Objectives

Learn about:
• Community Benefit Mission & Why
• Community Health Needs Assessment
• LAMC Community – Service Area
• Community Health Needs
• LAMC Prioritization Process
• LAMC Priority Areas
• Online 2-Stage Grant Process

Learn about each other – network!

“This is an opportunity to partner and leverage our organizations’ services and resources.” – previous workshop attendee
Kaiser Permanente's mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.
What is Community Benefit and why do we do it?

• Good health extends beyond the doctor’s office or the walls of our hospital

• Driven by our commitment to prevention and health promotion to reduce health disparities and improve the overall health of our members and the communities we serve

• More than grant funding – its collective efforts and partnerships

• Share our assets & expertise – research, physicians and clinical practices and our employees
• A community health needs assessment is conducted every three years (SB 697 and ACA)

• Nonprofit hospitals are responsible for developing and adopting a community benefit plan based on the results of the community needs assessment

• 2013 Community Health Needs Assessment was used to establish all of LAMC’s Community Benefit priorities for 2014–2016
LAMC’s service area includes communities such as: Alhambra, Altadena, Arcadia, Burbank, Glendale, La Cañada Flintridge, La Crescenta, Los Angeles (primarily SPA 4), Monrovia, Monterey Park, Montrose, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena, and West Hollywood (East).

LAMC Geography
KAISER PERMANENTE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS MAP

Data Collection & Interpretation

- KP CHNA Data Platform
  - Demographics
  - Key Driver Data
  - Health Outcomes Data
  - Drivers of Health Data

Identification, Prioritization & Selection of Health Needs

- Community Assets & Resources
- Other Secondary Data
- Community Input
- Public health expert input

Implementation Strategy Development

- Implementation Strategy Report
- Measures
- Implementation Strategy
  - Applying Evidence, Leveraging KP Resources
- Needs that KP will address
- Prioritized Community Health Needs
  - Selection of Needs
- CHNA Report
  - Needs that KP will not address
Community Health Needs Assessment Summary and Findings
LAMC Service Area

- In 2010, LAMC’s total population was over **2.2 million** – close to **23%** of the population in Los Angeles County (U.S. Census, 2010, U.S. Census Bureau Decennial Census, 2010).

- Nearly half (**43.1%**) of the population in the LAMC’s service area resides in **SPA 4**. Over a quarter (**27.9%**) resides in SPA 3 (U.S. Census Bureau Decennial Census, 2010).

- LAMC’s service area is nearly **280 square miles** and has a high population density of **7,842.97** persons per square mile, compared to 235.19 in California.
LAMC’s focus is on areas of high need and limited resources, not just zip codes.

Refer zip codes carefully on LAMC CHNA Report.
Race/Ethnicity

Race *

- White: 27.80%
- Black: 8.30%
- Asian/PI: 13.70%
- NA/AN: 0.20%
- Other: 0.30%
- Mult.: 2.00%

Hispanic Ethnicity

- Hispanic: 47.70%
- Non-Hispanic: 52.30%
Socio-Economic Factors

**Income**
- Below 100% FPL: 19.5%
- Below 200% FPL: 42.8%
- Children in Poverty: 28.1%

**Health Insurance**
- Uninsured: 23.4%

**Educational Attainment**
- No High School Diploma: 13.7%
Multiple Health Needs

Community Priorities

1. **Mental health**
2. Obesity/overweight
3. Oral health
4. Diabetes
5. Disability
6. Cardiovascular disease
7. Hypertension
8. Cholesterol
9. Alcohol and substance abuse
10. Intentional injury
11. Cancer, in general
12. Breast cancer
13. Alzheimer’s disease
14. Asthma
15. Cervical cancer
16. Hepatitis
17. HIV/AIDS
18. Colorectal cancer
19. Unintentional injury
20. Arthritis
21. Allergies
22. Infant mortality
### Methodology LAMC Prioritization

#### Methodology Used to Identify and Prioritize Needs

<table>
<thead>
<tr>
<th>Methodology used to ID health needs</th>
<th>Criteria used to ID health needs</th>
<th>Process used to prioritize health needs</th>
<th>Criteria used to prioritize health needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of input from community stakeholder focus groups and key informant interviews</td>
<td>Comparison of health data with HP2020, Los Angeles County and/or CA average</td>
<td>Modified Simplex Method</td>
<td>Average ranking from stakeholder surveys using:</td>
</tr>
<tr>
<td>Review of KP common indicator health data</td>
<td>Comparison of health data with HP2020</td>
<td>Community forums consisting of: health data review, group discussion, individual survey and ranking</td>
<td>Severity of need</td>
</tr>
<tr>
<td>Comparison of health data with HP2020, Los Angeles County and/or CA average, and historic trends (including previous CHNA)</td>
<td>Repeated identification in primary data</td>
<td></td>
<td>Change over time (i.e.: trend)</td>
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<tr>
<td>Identification of health disparities of smaller geographic areas or vulnerable communities</td>
<td>Represents a health outcome, not a health driver</td>
<td></td>
<td>Availability of resources to address health need</td>
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<tr>
<td>Review of health drivers</td>
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</table>
Online Access Is Here!

For access to the
Kaiser Permanente Los Angeles Medical Center

Community Health Needs Assessment
http://share.kaiserpermanente.org/article/community-health-needs-assessments-3/

CHNA Data Platform
http://assessment.communitycommons.org/kp/
2014 – 2016
Community Benefit Priorities
Access to Care

**Long-term Goal**
Increase access to health care for the un/underinsured and at-risk populations in the LAMC service area

**Intermediate Goals**

- Increase health care coverage to low-income individuals and the underserved.
- Increase access to preventive primary care and specialty care services for the un/underinsured and at-risk populations (e.g. homeless, immigrants, underserved youth, elderly adults).
- Help improve capacity and sustainability of community clinics to more adequately serve medically uninsured or underinsured individuals.
- Leverage and collaborate with diverse entities to increase access to health care by the un/underinsured and vulnerable populations.
- Provide technical assistance whenever possible to local community clinics to achieve FQHC status.
Long-term Goal

Increase access to programs and services focusing on the prevention and management of pediatric obesity/overweight and diabetes among un/underinsured, at-risk youth (under the age of 18) in the LAMC Service Area.

Intermediate Goals

• Increase awareness and access to preventive obesity/overweight and diabetes services targeting un/underinsured, at-risk youth (under 18 years) living in communities of high need.
• Improve community clinic capacity to address and prevent pediatric obesity/overweight and diabetes.
• Leverage and collaborate with diverse entities to increase access to obesity/overweight, hypertension, cholesterol, and cardiovascular disease education.
Prevent Adult Hypertension, Cholesterol, Cardiovascular Disease

Long-term Goal
Prevent and manage hypertension, cholesterol, and cardiovascular disease among the un/underinsured adults in the LAMC Service Area.

Intermediate Goals
• Increase awareness and access to preventive hypertension, cholesterol and cardiovascular services for un/underinsured adults (age 18 and over) living in communities of high need within LAMC service area.
• Improve community clinic capacity to prevent and manage adult obesity/overweight, hypertension, cholesterol, and cardiovascular disease.
• Leverage and collaborate with diverse entities to increase access to obesity/overweight, hypertension, cholesterol, and cardiovascular disease prevention programs and services.
Early Detection, Prevention, Management of Mental Health Illness

Long-term Goal
Increase access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations in the LAMC Service Area.

Intermediate Goals
• Increase community-based services to prevent, reduce, and manage mental health symptoms and illness among underserved and vulnerable populations, particularly those at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty and/or homelessness.
• Increase stress-management and emotional and behavioral stability among underserved and vulnerable populations, particularly those at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty and/or homelessness.
• Increase access to counseling services aimed at alcohol and substance abuse prevention and treatment for at-risk populations (e.g. low-income individuals and families, homeless, immigrants, underserved youth).
• Improve capacity and resources of community-based mental health providers and counseling service organizations.
• Leverage and collaborate with diverse entities to increase access to preventive mental health services.
LAMC Impact

- Large Residency Program to respond to future healthcare workforce needs, not just for KP but whole system, including safety net clinics.
- Community Medicine Fellows embedded in key community clinics.
- Offering of our Medical Center’s knowledge and expertise to nonprofits and community clinic association.
- Engagement of our leaders and physicians in nonprofit organizations and academic institutions.
- Sharing of our research studies and findings.
- Key partnerships with community clinics around planned community access programs.
New Grant Selection Process

Step 1: Submission of a Online Grant Inquiry

- Review of all Online Grant Inquiries

Step 2: Submission of a Full Online Grant Application (By Invitation Only)

- Review of all invited Grant Applicants
- Due diligence

✓ Selection of Grantees on or before July 31st.
Online Grant Inquiry
Online Grant Inquiry

Important Information.
For all online application technical support
Email: KP-Community@kp.org
Partnership Grants

- Highest funding consideration will be given to grant requests submitted by two or more nonprofit organizations partnering to address the same priority need and to provide direct complementary services to the target population.
- Services provided by the partnership organizations should not be duplicative or overlapping and must demonstrate a continuum of care addressing the selected priority need.
- The partnership should identify a single organization to function as the Lead Agency through established Memorandum of Understanding (MOU) agreements. A completed Grant Partnership Form must be submitted with the online grant application.

**Note:** Organizations applying as part of a Partnership Grant cannot submit a separate application as an individual organization.
2\textsuperscript{nd} Year Funding

\textit{By selection only:}

At the sole discretion of Kaiser Permanente Los Angeles Medical Center Community Benefit, a successful grantee may be selected for an additional year of funding contingent upon funds availability and that the grantee organization is in “good standing”.

Being a selected grantee does NOT mean your organization will be funded a 2\textsuperscript{nd} year.
Dear Sir or Madam:

This is in response to your request of May 24, 2005, regarding your organization’s tax-exempt status.

In September 1972 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.
• Most of the full grant application information will be prepopulated from the submitted grant inquiry
• Audited financials required for $25,000 and over
• Grant Period: July 1 – June 30
  • Funding is not limited to programs just operating within the July 1st to June 30th period. On-going programs are eligible for funding; however, the proposed grant objectives must be met within this period of time.

Reminder:
• CURRENT Board of Directors with Professional Affiliations
• Cover letter on letterhead must show physical mailing address (No PO boxes)
Community Benefit does NOT fund:

- Golf tournaments
- Walks, Runs, Bike events
- Professional Associations/affiliations events
- Sorority or Fraternity Community events
- Capital campaigns
- Community health fairs
- Re-granting purposes
- Sports teams
- Individuals
- Academic research
- Endowments
- Political organizations
- Annual fund drives/event sponsorships (i.e. conferences, dinners, luncheons, walks or sporting events)

Or any organization that discriminates on the basis of sex, color, age, religion, disability or sexual orientation
Release Dates and Deadlines

**Stage I – Grant Inquiry**
- Online grant release date: March 2, 2015
- Grant Inquiry deadline 2:00 pm on April 6, 2015

**Stage 2 – Full Grant Application (By Invitation Only)**
- Invitation to submit full online grant application by May 4, 2015 (target date)
- Grant Application Deadline 2:00 pm on June 8, 2015

- Every required document must be completely submitted online by the due dates.
- Late or Incomplete applications in either Stage will **NOT** be eligible for funding consideration. No exceptions.
- All submitted grant proposals and supplemental documents become the property of Kaiser Permanente.
Actually only one…. Don’t wait to the last day!

Rushed grant submissions are quite obvious. Just a few examples:

- Request is not clearly responsive to the priority needs and type of direct programs or services funding will be available.
- Requested budget doesn’t align to the programs and services being proposed.
- Forms or required documents are not correctly completed or submitted.
- Grammatical errors and typos
- Desperate emails for simple, avoidable issues

For all online grant application IT technical assistance please send an e-mail to KP-Community@kp.org.

Emails to Mario Ceballos regarding online technical issues will only delay the support you need.
Highly Competitive

• LAMC is one of the medical centers with highest number of grant requests – average close to 100 in each grant cycle.
• In 2014 over $2.7 million were requested by grant applicants.
• LAMC’s service area is nonprofit rich, but we recognize the density of population and high need – sadly, LAMC cannot meet every organizations request.
• LAMC will only be able to meet one-third of the amount requested – just over $500,000.
• LAMC supports organizations whose mission, programs, services and communities of need are well-aligned to our funding priorities.
• Grantees must be committed to evidence-based strategies and accountable to proposed outcomes, objectives, and evaluation methods.
• Partnerships matter to LAMC.
Expected Outcomes and Evaluation Methods

In this competitive process, expected outcomes and evaluation methods will be key.

Weak Examples:
65% of the program participants will see significant improvements in their health.
1,000 community members will receive information about available health services.

Strong Examples:
200 uninsured children in Boyle Heights will receive oral health screenings, fluoride varnish, preventative care, education, oral health kits and referrals by May 30th.
85% of 700 diabetic case managed patients will maintain or reduce their HbA1c levels to less than 7 and their blood pressure to less than 130/80 by June 1st.
Key Factors Considered

- Program impact and sustainability
- Responsiveness to funding priorities
- Impact to targeted populations
- Use of evidenced-based strategies
- Magnitude - number of individuals served, community transformation
- Innovation – new, innovative, evidence-based strategies
- Alignment of organization’s core programs to funding priorities and LAMC local communities

Not automatic disqualifiers by weigh heavy in consideration

- Current or previous funding support from Kaiser Permanente Regional or other Medical Centers
- Consecutive years of funding – after 3 consecutive years chances diminish.
- Significant indirect Kaiser Permanente support through the grant applicant’s parent organization (chapters, affiliates, partners)
- Capacity and/or established support (revenue streams, endowment, institutional)
In addition to grant-making, Kaiser Permanente Los Angeles Medical Center is able to assist community partners with:

- Health education materials
- Educational Theatre [www.kp.org/etp/scal](http://www.kp.org/etp/scal)
- Health Sciences Library e-mail: [lamc-library-services.scal@kp.org](mailto:lamc-library-services.scal@kp.org)
Breastfeeding Toolkit: Visit kpcmi.org/how-we-work/breastfeeding-support/

Health Encyclopedia: Visit kp.org/health (English), kp.org/enciclopedia (Spanish).

Drug Encyclopedia: Visit kp.org/medications

Featured Health Topics: Visit kp.org

Interactive Tools: Visit kp.org/calculators and kpwidgets.com

Video Games: Visit kp.org/amazingfooddetective and kp.org/kidwisdom

Videos: Visit kp.org/watch

Podcasts: Visit kp.org/listen

YouTube Videos: Visit youtube.com/playlist?list=PL69D032C702F0F182
Prevention Resources

Kaiser Permanente’s Thriving Schools: (kp.org/thrivingschools)

Weight of the Nation: (www.share.kaiserpermanente.org/static/weightofthenation/index)

Fire Up Your Feet: (www.fireupyourfeet.org)

Safe Routes to School: (www.saferoutesinfo.org)

Alliance for a Healthier Generation: (www.healthiergeneration.org)

Smarter Lunchrooms Movement: (www.smarterlunchrooms.org)
Thank you for joining us.