



**KAISER PERMANENTE®**

**FUNDING PRIORITIES: 2019**

KAISER FOUNDATION HEALTH PLAN OF GEORGIA  
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## **1. INTRODUCTION**

The mission of the Kaiser Foundation Health Plan of Georgia (Kaiser Permanente or KPGA) is to improve the health of Kaiser Permanente members and the communities we serve through the provision of high quality, affordable healthcare and evidence-informed or evidence-based health and community health initiatives. Through our Community Health Department, KPGA invests in programs and policies that facilitate wellness, prevent chronic disease, and improve the community-level conditions that contribute to health and wellbeing.

Every three years, KPGA engages in a Community Health Needs Assessment (CHNA) process during which data from multiple sources are analyzed and leveraged against diverse community feedback. In 2016, the CHNA process resulted in the identification of seven Health Priority Areas. Through grant cycles throughout the year, we seek to fund programs that address at least one of the following:

- Access to Care
- Behavioral Health
- Cardiovascular Conditions
- Diabetes Prevention & Management
- Educational Attainment
- HIV/AIDS Prevention & Treatment
- Obesity/HEAL

The purpose of this document is to outline expectations for grant applications in the above Health Priority Areas and to provide support for organizations seeking to apply for funding. All applications will be evaluated based on criteria listed herein. Applications demonstrating the greatest potential for impact will be considered for funding during an open cycle.

**CHECK THE WEBSITE ([kpgagives.org/grants](http://kpgagives.org/grants)) FOR INFORMATION ON GRANT CYCLES AND THE HEALTH PRIORITIES TO BE FUNDED IN A GIVEN CYCLE.**

## GRANT FUNDING DETAILS

**To receive support from KPGA, applicants must meet the following criteria:**

- Be a tax exempt, nonprofit 501(c)(3) public charity or governmental entity and have a 509(a) designation
- Be incorporated in and request funding for a project where participants reside in at least one county in the KPGA service area, which includes: Barrow, Bartow, Butts, Carroll, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Haralson, Heard, Henry, Lamar, Madison, Meriwether, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Rockdale, Spalding or Walton
- Have submitted all Kaiser Permanente project reports, if a previous grantee
- Be able to provide required supporting documents if selected for grant application (e.g., 990 tax return, audit, strategic plan executive summary, etc.)

Please note, KPGA does not fund:

- Private foundations
- Organizations whose incorporation is outside of the KPGA service area
- Organizations that discriminate based on race, color, religious creed, national origin, age, sex, marital status, sexual orientation, gender identity, disability, medical condition, or veteran status
- Political candidates or organizations
- Faith-based organizations that will use funds to teach or advance a religious ideology or solely provide programs to its own congregation, membership, or students
- Sports teams/events, student enrichment trips, or school yearbooks

## 2. FUNDING PRIORITIES

KPGA seeks to fund programs that engage our core strategies and are highly likely to result in specific outcomes. The targeted KPGA health priority areas are defined in the following sections. Along with each defined health priority area is a set of **core strategies** and the related **desired outcomes** of interest. Although additional program strategies and outcomes may be implemented and reported on, the minimum requirements for successful applicants are outlined in the tables below. Applicants must show that their program will address at least one of our core strategies, and that it will demonstrate measurable impact on at least one desired outcome related to the selected strategy.



**CONTEXT: Access to Care**

Having access to primary care and specialty health services helps individuals prevent disease, manage conditions, and learn skills for healthy living. Culturally competent care provided in a medical home can address patients’ health needs and connect them with other resources and supports, but access is dependent on many factors, including: having a medical home in your community, having reliable and affordable transportation to medical visits, sharing a primary language with the medical provider, and being able to afford medical services through health insurance or other means. In the Georgia region, the supply of primary and mental health care providers is not proportionately dispersed around the region, so access can also be an issue of provider availability. When individuals don’t have regular access to primary and specialty care, they often present at the emergency department, which is the most expensive way to receive health care. Increasing access to affordable, quality healthcare is a primary focus for Kaiser Permanente because it is associated with reduced costs for the healthcare system and optimal health outcomes for individuals.

**Measurement Approach:**

Applicants are required to provide data on at least one of the KPGA Desired Outcomes as it relates to the core strategy.

Core Strategy	KPGA Desired Outcomes
Reduce barriers to accessing care by: <ul style="list-style-type: none"> <li>• increasing the capacity of existing facilities to become a medical home for local residents;</li> <li>• providing or subsidizing costs for transportation services for medical appointments;</li> <li>• providing language translation services for culturally competent care;</li> <li>• assisting with health insurance sign-up, particularly for low-income populations; or</li> <li>• providing affordable healthcare and/or specialty services to uninsured and underinsured populations</li> </ul>	Increased percentage of eligible individuals accessing primary and specialty healthcare services, identifying and utilizing a medical home, or transitioning from “uninsured” to “insured” status during the grant period.



**CONTEXT: Behavioral Health**

Mental health can be affected by biological, social, sensory, and environmental factors. Behavioral health is an important domain of health that encompasses aspects of mental wellbeing and emphasizes a reduction of health behaviors that might contribute to poor health, mental illness, and reduced productivity (e.g., substance use, disordered eating behaviors, self-harming behaviors, etc.). In the KPGA Service Region, mental illness is one of the leading causes of hospital and ER utilization and self-harm/suicide is a challenge in many communities. KPGA is interested in investing in current regional assets and programs to improve mental health symptoms and behavioral health among residents in the KPGA service region.

**Measurement Approach:**

Applicants are required to provide data on at least one of the KPGA Desired Outcomes as it relates to the core strategy.

<b>Core Strategy</b>	<b>KPGA Desired Outcomes</b>
Increase access to prevention, screening, treatment, and/or supportive services for individuals diagnosed with mental illness and/or substance use disorders	Improvement in functioning as measured by a validated tool (e.g., scores on the PHQ-9 assessment, making progress toward goals on a treatment plan, etc.)
	Improved access to behavioral healthcare in areas where people don't typically have access (e.g., schools, rural areas, etc.) or via the use of innovative technologies such as telemedicine
	Increased access to intensive support services that reduce barriers to mental health service utilization among vulnerable populations (e.g., long-term or transitional housing)



**CONTEXT: Cardiovascular Conditions**

Cardiovascular Conditions include hypertension, stroke, and heart disease. Obstructive heart and vascular outcomes, including heart attack, congestive heart failure, and stroke, are a predominant cause of morbidity and mortality in the KPGA region. Health disparities exist in this area as obstructive disorders tend to be more prevalent in white individuals and hypertensive disorders are more prevalent for black individuals. Both obstructive and hypertensive conditions have similar contributing factors, including poor diet, lack of physical activity, and tobacco use. Lower income, non-immigrant, older, lower-resourced, low population density, and geographically isolated areas tend to show higher rates of cardiovascular conditions in general. Preventing cardiovascular conditions is a primary focus, but secondary prevention—via educating individuals to manage their symptoms—is also an important strategy to prevent longer-term, often irreversible outcomes from uncontrolled symptoms.

**Measurement Approach:**

Applicants are required to provide data on at least one of the KPGA Desired Outcomes as it relates to the core strategy.

<b>Core Strategy</b>	<b>KPGA Desired Outcomes</b>
Increase knowledge around the risk factors for cardiovascular conditions and improve conditions so that individuals can make sustained changes	Participants demonstrate improvement in the behavioral risk factors related to cardiovascular conditions, such as following a guided nutrition plan, sustained increase in physical activity, and completion of an evidence-based smoking cessation program.
Increase access to screening among at-risk individuals and improved medication compliance among individuals diagnosed with hypertension.	Increased percentage of individuals who have controlled hypertension (among a previously uncontrolled population)



**CONTEXT: Diabetes Prevention and Management**

Type II Diabetes is associated with diet quality, low physical activity, and other risk factors including genetics. Untreated or uncontrolled, it can lead to severe complications, such as amputations, loss of eyesight, and organ damage or failure. Thus, there are disease management, disability, and mortality implications to the heavy burden of diabetes in the KPGA region. Like other chronic conditions, diabetes tends to trend with economic disadvantage, rural residency, and non-immigrant status. KPGA is working to prevent new cases of diabetes and to help those who are already diagnosed to manage their chronic illness in efforts to minimize the likelihood of diabetes complications in the communities we serve.

**Measurement Approach:**

Applicants are required to provide data on at least one of the KPGA Desired Outcomes as it relates to the core strategy.

<b>Core Strategy</b>	<b>KPGA Desired Outcomes</b>
Increase knowledge around the risk factors for diabetes and improve conditions so that individuals can make sustained changes	Participants demonstrate improvement in the behavioral risk factors related to diabetes, such as following a guided nutrition plan and sustained increase in physical activity.
Increase access to evidence-based diabetes prevention interventions among at-risk individuals	Decreased percentage of individuals classified as “pre-diabetic” being subsequently diagnosed with diabetes
Increase access to evidence-based diabetes management interventions among individuals diagnosed with diabetes	Improved knowledge about diabetes self-management among individuals with diabetes;
	Decreased percentage of individuals utilizing the emergency department for treatment of complications from diabetes
	Decreased percentage of individuals presenting with longer-term consequences of untreated diabetes, such as diabetic neuropathy, amputations, vision issues, etc.



**CONTEXT: Educational Attainment**

Educational attainment is one of the strongest predictors of life expectancy and lifetime health status. Low levels of educational attainment are associated with poverty, unemployment, lack of insurance, and poor health outcomes. In the KPGA region, there is wide variation in educational attainment and school quality is not equitably distributed. Nearly 13% of the population is without a High School diploma. Increasing educational attainment and related opportunities will ultimately improve the economic wellbeing of residents in the KPGA service region, which will positively affect health outcomes over time.

**Measurement Approach:**

Applicants are required to provide data on at least one of the KPGA Desired Outcomes as it relates to the core strategy.

<b>Core Strategy</b>	<b>KPGA Desired Outcomes</b>
Increase access to and effectiveness of early childhood learning programs	Increased percentage of children achieving early childhood education standards (as measured by the Georgia Early Learning and Development Standards or other validated guidelines)
Increase access to/opportunities for extra reading instruction for children who are identified as “at-risk” for falling below grade-level	Increased percentage of children reading on or above grade level by grade 3 and/or grade 5 (as measured by standardized examinations)
Increase access to mentorship and guidance on post-secondary education preparation, application, and enrollment among low-income youth	Increased percentage of high school seniors graduating on time
	Increased percentage of high school seniors applying for and enrolling in post-secondary learning opportunities (e.g., training programs, technical college, two-year degree programs, or four-year degree programs)



**CONTEXT: HIV/AIDS Prevention and Treatment**

HIV prevalence varies greatly by county, age, gender, and racial/ethnic identity in the KPGA region. For example, the prevalence rate for non-Hispanic Black residents is nearly five times higher than that of non-Hispanic White residents and HIV prevalence in Fulton, Clayton, and DeKalb Counties are among the highest in the nation. While KPGA Community Health does not offer direct programming for HIV prevention and treatment, there is continued commitment to developing partnerships and strengthening networks to support prevention, treatment, and management (i.e. “treatment as prevention”) efforts, particularly in counties where HIV rates are the highest.

**Measurement Approach:**

Applicants are required to provide data on at least one of the KPGA Desired Outcomes as it relates to the core strategy.

<b>Core Strategy</b>	<b>KPGA Desired Outcomes</b>
Increase access to testing and linkage to care	At-risk individuals demonstrate increased understanding of their HIV status and how to access long-term HIV care (i.e., via obtaining a medical home)
Increase adherence to medication and treatment plans for HIV+ individuals	Improvement in health status as measured by a decrease in viral load
Increase access to prevention education for at-risk populations	Increase in knowledge around the prevention of HIV transmission, as measured by a knowledge assessment tool



**CONTEXT: Obesity/HEAL**

In the KPGA region, there is wide variation in access to healthy foods, consumption of healthy foods, and regular physical activity or active living. Wealthier areas generally have greater access to food retailers and exercise space and have higher rates of fruit and vegetable consumption and physical activity overall compared to more economically distressed areas. Obesity is closely related to healthy eating and active living. In the KPGA region, obesity is most prevalent in low-income and rural communities and among people of color. Unfortunately, obesity is not well reported, especially in children. However, obesity and childhood obesity are concerns of the communities we serve.

**Measurement Approach:**

Applicants are required to provide data on at least one of the KPGA Desired Outcomes as it relates to the core strategy.

<b>Core Strategy</b>	<b>KPGA Desired Outcomes</b>
Increase knowledge around the risk factors for obesity and improve conditions so that individuals can make sustained changes	Participants demonstrate improvement in the behavioral risk factors related to obesity and healthy eating/active living, such as following a guided nutrition plan, a sustained increase in fruit and vegetable intake, or a sustained increase in physical activity.
	Increase the capacity of individuals to engage in healthy eating/active living activities by enhancing the physical environment to improve access to exercise space and/or fresh fruits and vegetables
Increase access to evidence-based obesity prevention interventions among at-risk individuals	Decreased percentage of individuals classified as “overweight” being subsequently classified as “obese”; or increased percentage of obese individuals moving closer to the “overweight” category