The California Health Care Foundation (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

**Mission**

**Goals**

**Ensuring High-Value Care**
CHCF aims to improve outcomes for populations receiving unwanted, expensive, and ineffective care.

**Improving Access to Coverage and Care**
CHCF aims to advance state policy reforms and delivery system transformation to improve coverage and care.

**Laying the Foundation**
CHCF aims to build a strong foundation for delivering meaningful change in California’s health care system by providing timely research, supporting health care journalism, training leaders, and developing cross-sector networks.

**FY 19–20 Grants**

**By Population**

- **Safety Net**
  - Not at All: $0.9 (3%)
  - Inclusive of Safety Net (and other payer types): $15.6 (51%)
  - Exclusively: $14.3 (46%)

**By Region**

- **National** $1.7 (6%)
- **Sub-state** $8.1 (26%)
- **Statewide** $20.8 (67%)

**By Sub-State**

- **Northern and Sierra** $319 (4%)
- **Sacramento** $1008 (12%)
- **San Joaquin** $655 (8%)
- **Los Angeles** $1,219 (15%)
- **Bay Area** $1,589 (20%)
- **Central Coast** $478 (6%)
- **Other Southern CA** $2,850 (35%)

*By population coding under construction

**Total: $30.9**

(budget = $30.4)
Three-Year Dashboard Trends

**Trended Spending by Goal in Millions**
- **High-Value Care**
  - 2017-18: $26.2
  - 2018-19: $29.0
  - 2019-20: $30.9

  - Improving Access
    - 2017-18: $8.2
    - 2018-19: $10.5
    - 2019-20: $9.3

  - Laying the Foundation
    - 2017-18: $8.5
    - 2019-20: $12.1

**Trended Spending by Primary Lever in Millions**
- **Delivery system interventions**
  - 2019-20: $12.6

- **Payment/financing**
  - 2019-20: $2.0

- **Transparency/monitoring/data**
  - 2019-20: $4.7

- **Public policy**
  - 2019-20: $4.5

- **Consumer engagement**
  - 2019-20: $1.2

- **Conference support**
  - 2019-20: $0.6

- **Evaluation**
  - 2019-20: $2.0

- **Media**
  - 2019-20: $2.9

- **Other**
  - 2019-20: $0.4

* Data labels for 19-20 values only

**Trended Spending by Region in Millions**
- **Central Coast**
  - 2017-18: $7.9
  - 2018-19: $6.3
  - 2019-20: $8.1

- **Greater Bay Area**
  - 2017-18: $16.1
  - 2018-19: $19.4
  - 2019-20: $20.8

- **Los Angeles**
  - 2017-18: $478
  - 2018-19: $1,589
  - 2019-20: $2,850

- **Northern/Sierra**
  - 2017-18: $1,219
  - 2018-19: $319
  - 2019-20: $655

- **Other Southern CA**
  - 2017-18: $478
  - 2018-19: $1,589
  - 2019-20: $2,850

- **San Joaquin**
  - 2017-18: $655
  - 2018-19: $655
  - 2019-20: $1,008

- **Sacramento**
  - 2017-18: $1,008
  - 2018-19: $1,008
  - 2019-20: $1,008

* Data labels for 19-20 values only

**Trended Sub-State Spending in Thousands**
- **Central Coast**
  - 2017-18: $1.7
  - 2018-19: $1.7
  - 2019-20: $1.7

- **Greater Bay Area**
  - 2017-18: $2.3
  - 2018-19: $2.3
  - 2019-20: $2.3

- **Los Angeles**
  - 2017-18: $0.3
  - 2018-19: $0.3
  - 2019-20: $0.3

- **Northern/Sierra**
  - 2017-18: $8.1
  - 2018-19: $8.1
  - 2019-20: $8.1

- **Other Southern CA**
  - 2017-18: $0.4
  - 2018-19: $0.4
  - 2019-20: $0.4

- **San Joaquin**
  - 2017-18: $0.4
  - 2018-19: $0.4
  - 2019-20: $0.4

- **Sacramento**
  - 2017-18: $0.4
  - 2018-19: $0.4
  - 2019-20: $0.4

* Data labels for 19-20 values only
The care many patients receive does not reflect what they want, what we know works, and what provides value. CHCF aims to improve outcomes for populations receiving unwanted, expensive, and ineffective care.

**Focus Areas**
- Maternity Care
- Serious Illness and End-of-Life Care
- People with Complex Needs
- PRI - People with Complex Needs

**Trended Data — Paid or Committed by Focus Area**

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>20/21</th>
<th>21/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Care</td>
<td>$2.0</td>
<td>$2.5</td>
<td>$1.2</td>
<td>$1.9</td>
<td>$1.3</td>
</tr>
<tr>
<td>People with Complex Needs</td>
<td>$5.3</td>
<td>$4.3</td>
<td>$4.3</td>
<td>$5.3</td>
<td>$5.3</td>
</tr>
<tr>
<td>Serious Illness and End-of-Life Care</td>
<td>$1.6</td>
<td>$1.1</td>
<td>$0.3</td>
<td>$0.9</td>
<td>$0.9</td>
</tr>
<tr>
<td>PRI - People with Complex Needs</td>
<td>$0.3</td>
<td>$5.0</td>
<td>$1.3</td>
<td>$0.3</td>
<td>$0.3</td>
</tr>
</tbody>
</table>

**FY 18–19 Grants by Lever**

<table>
<thead>
<tr>
<th>Lever</th>
<th>Primary Lever</th>
<th>Secondary Lever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery system interventions</td>
<td>$5,194</td>
<td></td>
</tr>
<tr>
<td>Payment/financing</td>
<td>$2,453</td>
<td>$1,623</td>
</tr>
<tr>
<td>Transparency/monitoring/data</td>
<td>$1,116</td>
<td>$805</td>
</tr>
<tr>
<td>Public policy</td>
<td>$725</td>
<td>$717</td>
</tr>
<tr>
<td>Consumer engagement</td>
<td>$376</td>
<td>$1,005</td>
</tr>
<tr>
<td>Conference support</td>
<td>$184</td>
<td>$64</td>
</tr>
<tr>
<td>Evaluation</td>
<td>$651</td>
<td>$1,052</td>
</tr>
<tr>
<td>Media</td>
<td>$125</td>
<td>$48</td>
</tr>
<tr>
<td>Other / NA</td>
<td>$0</td>
<td>$1,752</td>
</tr>
</tbody>
</table>
Ensuring High-Value Care: How Are We Doing?

Care for People with Complex Needs

People with serious mental health and/or substance use disorders rarely receive high-quality, integrated medical and behavioral health care. As a result, they suffer from early mortality and poor quality of life, with unnecessarily high costs to the health care system and society. **CHCF aims to develop, evaluate, and spread effective models which improve care outcomes for people with low incomes who have complex needs.**

We do this by building data and policy infrastructure, supporting delivery system transformation, and engaging payers to ensure that models are sustainable.

Maternity Care

Giving birth is the primary reason for hospitalizations in the US and California. Annually, 500,000 babies are born in the state, with half paid for by Medi-Cal. There are significant, unwarranted variations in maternity care quality, alarming disparities, and wasted resources. **CHCF aims to improve quality and lower the costs of maternity care in California, especially for women with low incomes, by ensuring appropriate care and reducing disparities in outcomes.**

We do this by building a solid data infrastructure, driving the delivery system to improve, aligning payment with desired outcomes, and engaging consumers.

Serious Illness and End-of-Life Care

People approaching the end of life often experience burdensome, ineffective, high-cost care that is not aligned with their goals. Each year, 250,000 Californians die (one-third are Medi-Cal beneficiaries); three-fourths would benefit from access to palliative care (PC). **CHCF aims to expand statewide PC capacity by 20% and to understand the end-of-life experiences and outcomes of Californians with low incomes to drive improvements in the safety net.**

We do this by improving access to palliative care and increased use of Physician Orders for Life-Sustaining Treatment (POLST) forms.

*Implementation Impact*  
- CHCF funded research on implementation of behavioral health (BH) integration in Medi-Cal, and had success in partnerships with advocates and in bringing consumer voice into our work.  
- COVID-19 will slow the progress of CalAIM, and reform of Medi-Cal’s BH system through those channels.  
- CHCF’s funding of opioid safety has nearly ended, with government funds supporting medication-assisted treatment (MAT) expansion projects. CHCF is defining a broader approach to substance use disorder, focused more on consumer experience and equity issues.  
- Launching this year is work on health and homelessness, beginning with a learning collaborative.

- New birth equity work launched, much of it with new partners and Black-led teams and an emphasis on incorporating lived experiences. An advisory group to CHCF was formed but the initial meeting delayed due to COVID-19.  
- A learning collaborative to educate hospital staff on maternal mental health (requirement of AB 3032) was launched, with over 50% of birthing hospitals participating. New delivery system work in LA County is being explored, with progress slowed due to COVID-19.  
- After surpassing the statewide c-section rate goal of 23.9%, CHCF’s funding of c-section work has officially ended.

- Volume of Medi-Cal enrollees receiving home-based palliative care in 2019 estimated to be 70%-100% higher than 2018; continued variation among Medi-Cal managed care plans (MCPs). Planning cross-organization collaboration effort to increase referrals (in Sacramento).  
- Received approval from state to conduct end-of-life metrics analysis with three MCP partners to improve understanding of strengths and gaps.  
- Generalist PC initiative launched in nine public hospitals; aim is to integrate PC skills in diverse service lines (e.g., ED, cardiology).  
- As POLST stakeholders produce recommendations for future, CHCF considers steps for responsible exit from POLST Body of Work.
Millions of Californians with low incomes have difficulty getting care that is timely, affordable, and meets their needs.

CHCF aims to advance state policy reforms and delivery system transformation to improve coverage and care.
### Improving Access to Coverage and Care: How Are We Doing?

#### Access to Affordable Coverage

Despite enormous coverage gains under the Affordable Care Act (ACA), millions of Californians are uninsured, and many of Medi-Cal’s 14 million enrollees have difficulty getting the care they need. Moreover, federal policy proposals threaten to erode California’s gains. **CHCF aims to advance state policies and practices that ensure that all Californians with low incomes have affordable coverage and that Medi-Cal enrollees can get the care they need, when they need it.**

We do this by shining a light on the experiences of Californians with low incomes and bringing timely analysis of policy barriers and potential solutions to decisionmakers.

<table>
<thead>
<tr>
<th>Implementation</th>
<th>Impact</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieving the aim</td>
<td>Making progress, challenges identified</td>
<td>Challenges present</td>
</tr>
</tbody>
</table>

- California policymakers took several steps in 2019 that bring the state closer to universal coverage. Research and analysis published or commissioned by CHCF was widely used to inform policy discussions.
- Meanwhile, federal immigration policies continued to deter many immigrants from using public benefits for which they are eligible. CHCF invested in information and analysis, tools, and outreach to inform and educate consumers.
- Following the release of new research from CHCF and the state auditor, DHCS announced several actions to improve quality for Medi-Cal enrollees, including investments to expand the Medi-Cal workforce and new managed care plan penalties tied to performance. With support from its new director, DHCS is partnering with CHCF to develop a new approach to managing quality in Medi-Cal managed care.

#### Safety-Net Capacity

Even for those with coverage, access to care can be a significant challenge. Barriers to timely access to care for Californians with low incomes contribute to wide disparities in care, poor health outcomes, and wasteful spending. **CHCF aims to foster delivery system transformation and workforce solutions that expand the capacity of safety-net organizations to provide timely, high-quality, and patient-centered care to Californians with low incomes.**

We do this by engaging the delivery system in identifying, adopting, and scaling improvements, and promoting state policies that support innovation.

<table>
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</tr>
</tbody>
</table>

- DHCS launched CalAIM to improve quality and outcomes for Medi-Cal enrollees. The proposal had strong support, but many were disappointed that it does not address poor access to care, stagnant quality across all populations, or racial and ethnic disparities. COVID-19 is expected to have a significant impact on the ambitions and timing of CalAIM.
- Several significant steps taken to expand access to telehealth in 2019. In March, the pandemic put telehealth at the forefront. Federal and state policymakers took quick action to expand coverage and payment for telehealth. CHCF policy partners have been "go to" resources for information, analysis and policy recommendations.
- Although response to the California Future Health Workforce Commission remains positive, several follow up efforts (e.g., related to UC psychiatric mental health practitioners and community health workers) are temporarily on hold due to COVID-19 and other factors.
- Approved PRIs and initiated work with: (1) Unite Us, a closed-loop referral platform between medical and social services organizations, and (2) Concert Health, supporting PCPs to care for patients’ behavioral health conditions.
A high-performing health care system requires constant innovation and educated leaders who can make informed, evidence-based decisions.

CHCF aims to build a strong foundation for delivering meaningful change in California’s health care system.

**Focus Areas**
- **Market Analysis and Insight**
- **Supporting High-Quality Health Journalism**
- **Building Leadership Capacity**
- **Bridging the Innovation Gap**
- **PRI - Bridging the Innovation Gap**

**Trended Data — Paid or Committed by Focus Area**

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<th>Focus Area</th>
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<th>20/21</th>
<th>21/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid or Committed by Focus Area</td>
<td>$1.6M</td>
<td>$2.6M</td>
<td>$2.8M</td>
<td>$1.9M</td>
<td>$1.4M</td>
</tr>
<tr>
<td>Market Analysis and Insight</td>
<td>$0.1M</td>
<td>$0.9M</td>
<td>$1.6M</td>
<td>$0.1M</td>
<td>$0.8M</td>
</tr>
<tr>
<td>Supporting High-Quality Health Journalism</td>
<td>$0.1M</td>
<td>$0.1M</td>
<td>$2.3M</td>
<td>$2.8M</td>
<td>$2.0M</td>
</tr>
<tr>
<td>Building Leadership Capacity</td>
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<td>$3.1M</td>
<td>$3.0M</td>
<td>$2.7M</td>
<td>$2.8M</td>
</tr>
<tr>
<td>Bridging the Innovation Gap</td>
<td>$3.0M</td>
<td>$10.5M</td>
<td>$9.3M</td>
<td>$3.9M</td>
<td>$1.8M</td>
</tr>
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**FY 18–19 Grants by Lever**

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<th>19/20</th>
<th>20/21</th>
<th>21/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery system interventions</td>
<td>$794K</td>
<td>$730K</td>
<td>$2,111K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payment/financing</td>
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<td>$429K</td>
<td>$2,111K</td>
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</tr>
<tr>
<td>Transparency/monitoring/data</td>
<td>$685K</td>
<td>$1,584K</td>
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<tr>
<td>Public policy</td>
<td>$168K</td>
<td>$535K</td>
<td>$1,159K</td>
<td>$1,339K</td>
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<tr>
<td>Consumer engagement</td>
<td>$300K</td>
<td>$160K</td>
<td>$300K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference support</td>
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<td>$439K</td>
<td>$2,730K</td>
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<tr>
<td>Evaluation</td>
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<td>Media</td>
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<tr>
<td>Other / NA</td>
<td>$285K</td>
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**FY 18–19 — Paid by Focus Area**

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<td>$2.3M</td>
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<td>$2.0M</td>
</tr>
<tr>
<td>Building Leadership Capacity</td>
<td>$2.5M</td>
<td>$3.1M</td>
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<td>$2.8M</td>
</tr>
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<td>$10.5M</td>
<td>$9.3M</td>
<td>$3.9M</td>
<td>$1.8M</td>
</tr>
</tbody>
</table>

**Total Paid $9.3M**
Without access to objective, actionable information, policymakers and industry leaders are less able to spur positive, well-informed change in California's large and complex health care system. **CHCF aims to provide research and analysis that gives a market-wide view of the complex health care ecosystem and supports informed decisions about California's health care market.** We do this by supporting analysis and sharing insights to inform stakeholders on the key issues.

**Supporting High-Quality Health Journalism**

A robust health care media is needed to identify and maintain focus on health care challenges and solutions in our state and nationally. **CHCF aims to support health care journalism so that CHCF's audiences have access to timely, relevant information about the most pressing issues related to the health care and policy landscape.**

**Building Leadership**

Transforming California’s health care system requires highly skilled leaders and collaborative networks to share knowledge and expertise. **CHCF aims to support leadership training and skill-building for California's health care professionals and state policy partners, as well as learning opportunities for organizations improving care delivery in the safety net.**

**Bridging the Innovation Gap**

Innovative products and services are not meeting the needs of safety-net patients, providers, or payers. Companies hesitate to enter the safety-net market, and have difficulty understanding and navigating it. **CHCF aims to support the development of information, networks, and communication platforms that enable safety-net players and entrepreneurs to work together to improve the delivery system.**

---

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<tr>
<th>Market Analysis and Insight</th>
<th>Implementation</th>
<th>Impact</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

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**Laying the Foundation: How Are We Doing?**

<table>
<thead>
<tr>
<th>Implementation</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Published 12 Almanacs, including first on racial disparities, and four Medi-Cal Explained documents, including waiver basics.</td>
<td></td>
</tr>
<tr>
<td>Six &quot;Insight&quot; papers published, including: cost containment work referenced by the Assembly Health Committee, All-Payer Claims Database papers referenced in an OSHPD Healthcare Payments Data report, consolidation paper covered in the New York Times.</td>
<td></td>
</tr>
<tr>
<td>Regional market report project launched, second health policy poll released and cited widely, rapid cycle polling on COVID-19 pandemic initiated and well received.</td>
<td></td>
</tr>
<tr>
<td>Portfolio evaluation revealed positive impacts and new strategic opportunities.</td>
<td></td>
</tr>
<tr>
<td>Renewals for core grants to public media, data fellowship, and California Healthline are complete or on track.</td>
<td></td>
</tr>
<tr>
<td>Bolstering grants due to COVID-19 and exploring new ethnic media partnership.</td>
<td></td>
</tr>
<tr>
<td>California Improvement Network Phase 7 launched in February with 20 organizations, including four new partners.</td>
<td></td>
</tr>
<tr>
<td>CHCF hosted six events for Sacramento policymakers and renewed its support for legislative staff site visits to learn about key health policy topics.</td>
<td></td>
</tr>
<tr>
<td>CHCF Health Care Leadership Program recruitment plan finalized in December. Goals include increasing program participant representation from Southern California.</td>
<td></td>
</tr>
<tr>
<td>Piloting support through Local Health Plans of California for Medi-Cal health plans interested in exploring technology-enabled solutions as a learning collaborative.</td>
<td></td>
</tr>
<tr>
<td>Statewide focus and activity around data exchange driven by new interoperability rules from CMS/ONC. Promising new partnership with USCF's Social Interventions Research and Evaluation Network enabling CHCF to expand work on data exchange to include social needs information.</td>
<td></td>
</tr>
</tbody>
</table>

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**Achieving the aim** | **Making progress, challenges identified** | **Challenges present** | **Too soon to comment**

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Glossary of Terms

IMPLEMENTATION: Were we successful in carrying out the work/projects we set out to do?

IMPACT: Did the work/projects make a difference? Did we achieve our aims?

GOAL: CHCF’s overreaching strategic goals (Ensuring High-Value Care, Improving Access to Coverage and Care, and Laying the Foundation).

FOCUS AREA: Sub-goals, areas, or themes within strategic goals where we are choosing to focus our attention, expertise, and dollars.

BODY OF WORK: Groups of grants or projects around a topic and under a focus area area.

LEVER: Tools, actions, or tactics deployed to effect change.

1. **Delivery system interventions**: Work aiming to make changes on the ground in delivery system; includes workforce
2. **Transparency/monitoring/data**: Work that is about helping systems or the policy environment understand facts/data of a given topic/situation
3. **Public policy**: Work aiming to change/inform laws, regulations, or government contracts, or to improve knowledge of health policy and politics, and/or to help; includes advocacy work
4. **Payment/financing (public or private)**: Work aiming to change how health care services are reimbursed (e.g., value-based payment)
5. **Consumer engagement**: Work aiming to engage consumers directly or focused on consumer behavior specifically
6. **Evaluation and learning**: Work to formally evaluate grants or whose purpose is to learn about/engage in the field of philanthropy
7. **Conference support**: Funding solely to support a conference
8. **Media**: General media grants (NPR, etc.); mostly External Engagement

Program-Related Investment (PRI): Investments in health care technology and service companies with the potential to significantly improve quality of care, lower the total cost of care, or improve access to care for Californians with low incomes.

*Rounding Disclaimer: Due to rounding, numbers presented throughout this dashboard may not add up precisely to the totals provided, and percentages may not precisely reflect the absolute figures.*