



Cal Healthcare Compare Board of Directors Meeting

TUESDAY, DECEMBER 13, 2022

10:00AM PT

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Proposed Agenda

- Welcome, Announcements & Introductions
- General Updates
- Operations
- Cal Hospital Compare
- Cal Long Term Care Compare
- Wrap Up



Cal Healthcare Compare
Board of Directors Meeting Agenda
Tuesday, December 13, 2022, 10:00am PST

Virtual Meeting

Participant Dial In Information

Webinar link: <https://zoom.us/j/4437895416> | Phone: 1-669-900-6833

Access code: Code: 443 789 5416 | Passcode: **cyno**#

Time	Agenda Item	Presenters
10:00 - 10:15 15 min.	Welcome and call to order <ul style="list-style-type: none">- Announcements- Introductions- Approval of past meeting minutes- General Updates	<ul style="list-style-type: none">- Ken Stuart Board Chair, Cal Healthcare Compare- Bruce Spurlock Executive Director, Cal Healthcare Compare
10:15 – 11:15 1 hour	Cal Healthcare Compare Operations <ul style="list-style-type: none">- HPI naming convention<ul style="list-style-type: none">o BOD vote- Board composition and expansion<ul style="list-style-type: none">o Proposed changeso Review candidateso Nominate new members- BOD Executive Committee<ul style="list-style-type: none">o strategy and focus- Financials	<ul style="list-style-type: none">- Bruce Spurlock Executive Director
11:15 – 11:35 20 min.	Cal Hospital Compare <ul style="list-style-type: none">- Opioid Risk Score as a Surveillance Tool- Scaling / Trending<ul style="list-style-type: none">o BOD feedback	<ul style="list-style-type: none">- Jack Jordan Principal Researcher AIR
11:35 – 12:00 25 min.	Cal Long Term Care Compare <ul style="list-style-type: none">- Measures & TAC Feedback<ul style="list-style-type: none">o HAI measureo Staffing & Turnover measureo Additional measures- Data Update for Better Staffing Recognition Award	<ul style="list-style-type: none">- Deb Bakerjian Clinical Professor, UC Davis Health
12:00 – close 5 min.	Adjourn <ul style="list-style-type: none">- Next virtual meeting: February 7, 2023 at 12pm PT- 2023 Meeting Cadence	<ul style="list-style-type: none">- Ken Stuart Board Chair

Announcements

Welcome Jesualdo Barbosa

AIR Analytic Partner



Jesualdo Barbosa, MPS (University of Maryland) is a Business Analyst at AIR. Mr. Barbosa has expertise in statistical analysis and has supported a variety of projects establishing and maintaining databases. He also assists project managers with data collection and coding tasks using multiple computer programs including SAS and SQL. His technical competencies include quantitative and qualitative data analysis; data collection and management; report writing, preparation and information dissemination of complex research findings for both policy-focused audiences and the general public. Jesualdo holds a Masters in Professional Studies from the University of Maryland, with emphasis in Applied Economics.



Welcome New LTAC Member, Sandra Black

Sandra is an assistant to the Director at the California Department of Aging. She has over 15 years of experience in the fields of mental health and suicide prevention. Sandra has worked within community-based organizations and public agencies at the county, state, and Federal levels. She managed California's first Office of Suicide Prevention and served as a consultant on the Know the Signs suicide prevention campaign for several years before joining the California Department of Aging. Sandra is also a certified yoga instructor and lives in Davis, California with her husband and two young sons. She holds an MSW from the University of California, Berkeley and a BS from Cornell University.



Introductions

Cal Healthcare Compare
Board of Directors Meeting Minutes
 Tuesday, September 13, 2022, 10:00am PST
 Virtual Meeting

Participants

Board Members: Bruce Spurlock, Ken Stuart, Gretchen Alkema, Ash Amarnath, Jamie Chan, Terry Hill, Libby Hoy, Helen Macfie, Kevin Worth

CHC Staff: Alex Stack, Tracy Fisk

UC Davis Team: Deb Bakerjian, Kristen Bettega, Dominique Ritley

AIR Team: Jack Jordan, Shreya Shetty Atmakuri

Agenda Item	Discussion
Welcome and call to order	<ul style="list-style-type: none"> The meeting was called to order at 10:03am PST. CHC introduced the new AIR data analytic partners Jack Jordan and Shreya Shetty Atmakuri. The minutes from the June 21, 2022, meeting were moved, motioned, seconded and approved as written.
General Updates	<ul style="list-style-type: none"> The Department of Aging approved \$1M funding to expand the Cal Long Term Care Compare website. The expansion will occur in phases over a three-year period beginning in Q12023 with home health and hospice providers. A joint press release recognizing all three CHC hospital honor rolls was issued on August 23, 2022. CY 2021/Q2 2022 maternity data is now published on the CHC website.
Operations <ul style="list-style-type: none"> - Board Expansion <ul style="list-style-type: none"> o BOD approval for proposed composition - 2023 Data Use Fees - HPI website <ul style="list-style-type: none"> o BOD approval for HPI subscription fees 	<p>CHC proposed to expand Board representation by nine members for CY2023, totaling 26 voting and non-voting members.</p> <p>Action: The Board motioned, moved, seconded and approved the new BOD composition. The Board will formally review the candidates and nominate the new members at the December meeting.</p> <p>The 2023 data use fees will remain the same as 2022. The fee structure will increase in 2024 with consideration to adding home health, hospice, and other post-acute care quality measures to the CLTCC website in 2023.</p> <p>HPI Website – Subscription Plans and Pricing</p> <p>CHC will solicit feedback from local health departments and other stakeholders via interviews and free access to the new site for select groups. Bruce will facilitate a HPI website demo session via Zoom for interested BOD members.</p> <p>Action: The Board moved, motioned, seconded and approved of the HPI subscription plan options and associated fees.</p>

Agenda Item	Discussion
<p>Cal Hospital Compare</p> <ul style="list-style-type: none"> - Opioid Risk Score <ul style="list-style-type: none"> o Potential straw proposal <ul style="list-style-type: none"> ▪ Insights & TAC feedback 	<p>CHC will explore the impact of palliative care patients relative to opioid prescriptions and data. There are also unintended consequences - i.e., prescribers who are refusing to prescribe any opioids, inappropriate tapering.</p> <p>The creation of the opioid risk score is to explicitly assist with identifying needs in the community and not intended as a scoring or quality-based measure.</p> <p>The TAC concurred that creating an opioid risk score is a credible approach that hospitals will find useful. It may also benefit hospitals to stratify the data by race & ethnicity to help further identify opportunities for improvement.</p>
<p>Cal Long Term Care Compare</p> <ul style="list-style-type: none"> - CLTCC website refresh - Current analyses - Website expansion and design - BOD feedback 	<p>The UC Davis Team presented a high-level overview of the Cal Long Term Care Compare mid-year data refresh, explaining the newly added measures and scoring methodology.</p> <p>The BOD recommended changing the title “Quality of Facility” to something less technical/more generic. Will bring this topic back to the TAC for feedback.</p> <p>There is an opportunity to conduct A/B testing to solicit website consumer input. It is important for the technical language to be clear and understandable to the user. CHC will connect with web developers Hyper Arts and research different options to conduct this testing.</p> <p>PDPM Data – UCD is making progress to obtain patient driven measures and have the ability to score staffing. This will support the effort to create a fair SNF staffing recognition award. UCD expects to have access to this data in time for the next bi-annual refresh.</p> <p>CMS Abuse Citations – UCD will perform additional analysis of CMS abuse icon assignments and bring back to the TAC. Will seek the TAC’s opinion about adding a hyperlink to the CMS website to include additional information pertaining to citations.</p> <p>UCD is performing an evaluation of a new CMS measure, Healthcare Associated Infections (HAI). This measure will be published on the CLTCC website pending analysis for the state of CA. Will further consider breaking out SNF HAIs requiring hospitalization rates by facility size/bed capacity.</p>

Agenda Item	Discussion
	<p>Website Expansion – the website expansion will entail a three-phase approach over an 18 month to two-year period beginning in Summer 2023. The initial expansion will include ratings for home health and hospice providers followed by long term care hospitals / adult residential care centers. The TAC suggested to at a high level, capture lessons learned through the website expansion process in an effort to enhance consumer education in the long-term care space.</p> <p>CHC presented year to date Google Analytics which provided an overall snapshot of website activity. CHC will refer to the current analytics as a means to better interpret patterns in website traffic and make modifications to the site. Can leverage the 80/20 rule. Will expand targeted promotional outreach to include ombudsman groups, switchers, and other knowledge experts.</p>
Next Meeting/Meeting Adjournment	<p>Next meeting: Tuesday, December 13, 2022, at 10:00am PST via Zoom. The BOD meeting cadence for the 2023 calendar year is established and calendar invitations sent to the Board members. The Board meeting on April 26th will convene in person in Oakland, CA.</p> <p>The meeting adjourned at 12:22pm PST.</p>

General Updates

CLTCC Website Expansion

Full funding received from the
Department of Aging

Initial expansion will include
ratings for home health and
hospice providers in Summer
2023 followed by long-term
care hospitals and inpatient
rehabilitation facilities in the
Fall

2023 Opioid Care Honor Roll

Activities for the 2023 Opioid Care Honor Roll Program have officially launched!



The self-assessment application period for the 2023 Opioid Care Honor Roll opens **January 1, 2023** and closes **March 31, 2023**.



Open office hours will be held **February 8th** and **March 8th**



Additional information including valuable resources and the link to the Opioid Management Hospital Self Assessment are posted on the website [Programs](#) page



Website will officially launch in January 2023 with targeted outreach to hospitals and health plans



Web developers are completing the construction of the staging site



Per recommendation from the Public Health Alliance of Southern CA, the Board of Directors will vote on a new naming convention



Communications and marketing materials are forthcoming

Hospital Healthy Places Index (HPI) 3.0 Website

Operations

HPI Website Naming Convention

REQUEST FROM PUBLIC HEALTH ALLIANCE OF SOUTHERN CA
BOARD VOTE

A blue stethoscope is visible in the background, partially obscured by the text and a dark blue gradient overlay.

Hospital Healthy Communities Index
Hospital Community Needs Index
Hospital Social Drivers of Health Score

Board Composition

PROPOSED CHANGES

CANDIDATES & NOMINATIONS

Draft Bylaws Amendments

1. Effective December 13, 2022, the Board shall be an odd number of voting Members with a minimum of 11 and a maximum of 25. The composition and representation of the Board shall be determined by the Board to support the goals of the organization.
2. The Board may also create an “Associate Member” role. An Associate Member may attend and participate in Board meetings and deliberations and shall be a non-voting member. The qualifications and characteristics of the Associate Member role shall be determined by the Board.
3. Associate Members shall have similar terms of 3 years, without limits, and subject to the same replacement, responsibility and other requirements as specified for other Members in the Bylaws.

Proposed BOD Changes (CY2023)			
Board Member	BOD Position	Current	Proposed
Voting Members			
<ul style="list-style-type: none"> Libby Hoy, PFCCpartners Joan Maxwell, PFA Kristof Stremikis, CHCF Nicole Howell 	Consumers	3	4
<ul style="list-style-type: none"> Rochelle Eremán 	County public health department	0	1
<ul style="list-style-type: none"> Bruce Spurlock, Cal Healthcare Compare 	Executive Director	1	1
<ul style="list-style-type: none"> Robert Imhoff, HQI Helen Macfie, MemorialCare Patty Atkins, Sharp Amber Theel, Adventist Health 	Hospitals	2	4
<ul style="list-style-type: none"> Jamie Chan, Blue Shield - open for representation 	Health plans	2	2
<ul style="list-style-type: none"> Kevin Worth, Kaiser 	Kaiser (hospital/health plan)	1	1
<ul style="list-style-type: none"> Gretchen Alkema Terry Hill Albert Lam, CALCTM Kathryn Kietzman, UCLA 	LTC representation	2	4
<ul style="list-style-type: none"> Rachel Brodie, PBGH Ken Stuart, CHCC 	Purchasers	2	2
Non-Voting BOD Members			
<ul style="list-style-type: none"> Chris Krawczyk, HCAI Ash Amarnath, Covered CA Julia Logan, CalPERS Sandra Black, CA Department of Aging 	State agencies	3	5
<ul style="list-style-type: none"> David Hopkins, Stanford University 	Associate director	1	2
	Total Voting Members	13	19
	Total Non-Voting Members	4	7
	TOTAL BOD Members	17	26



Consumer Representation

NICOLE HOWELL



County Public Health Department Representation

ROCHELLE EREMAN



Hospital Representation

PATTY ATKINS



Hospital Representation

AMBER THEEL



Long Term Care Representation

ALBERT LAM



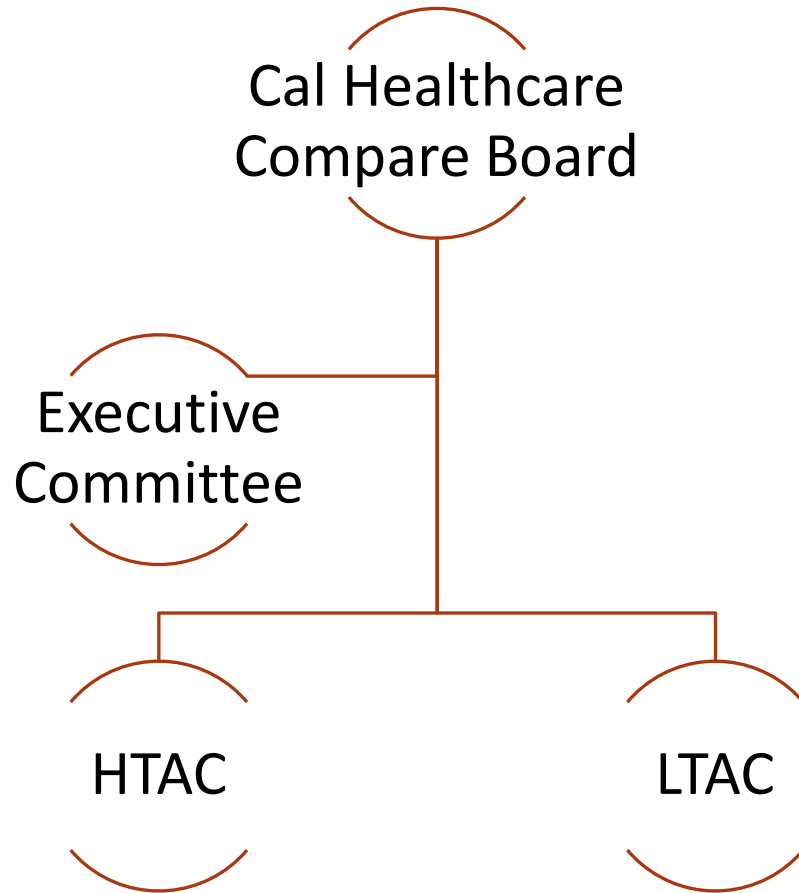
Long Term Care Representation

KATHRYN KIETZMAN

Other Bylaws Changes

EXECUTIVE COMMITTEE

Draft - Create an Executive Committee of the Board



An Executive Committee of the Board is created to meet on an ad hoc basis to provide oversight and governance on time-sensitive issues

Members

- Board Chair
- Hospital Representative
- LTC Representative
- Consumer Representative
- Plan or Integrated Representative

All Executive Committee actions are reported, reviewed, and approved at the subsequent Board meeting

Cal Hospital Compare

Opioid Risk Score as a Surveillance Tool

Buprenorphine starts per 100 Opioid ED visits

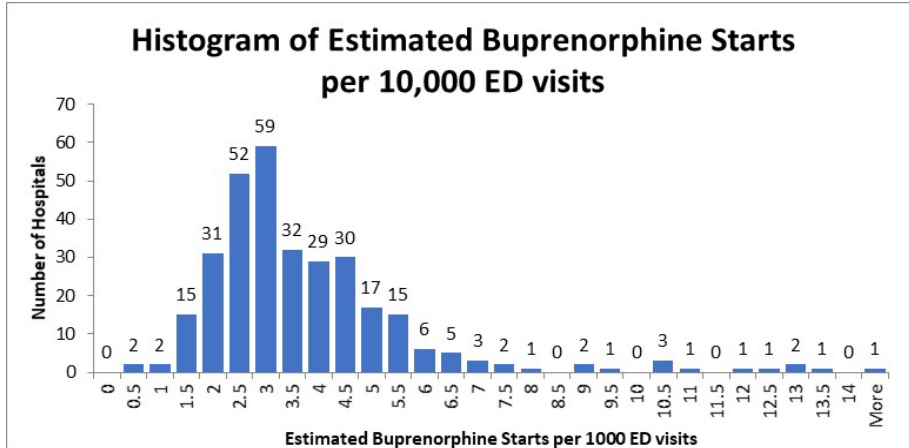
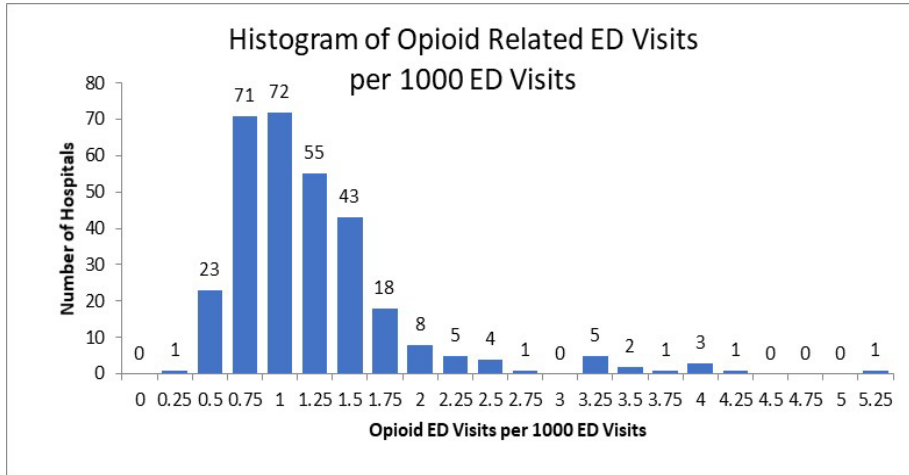
Buprenorphine Use Benchmarking

Hospitals have very different amounts of opioid related encounters.

Hospitals also have very different amounts of Buprenorphine use in their catchment areas.

Proposed Method

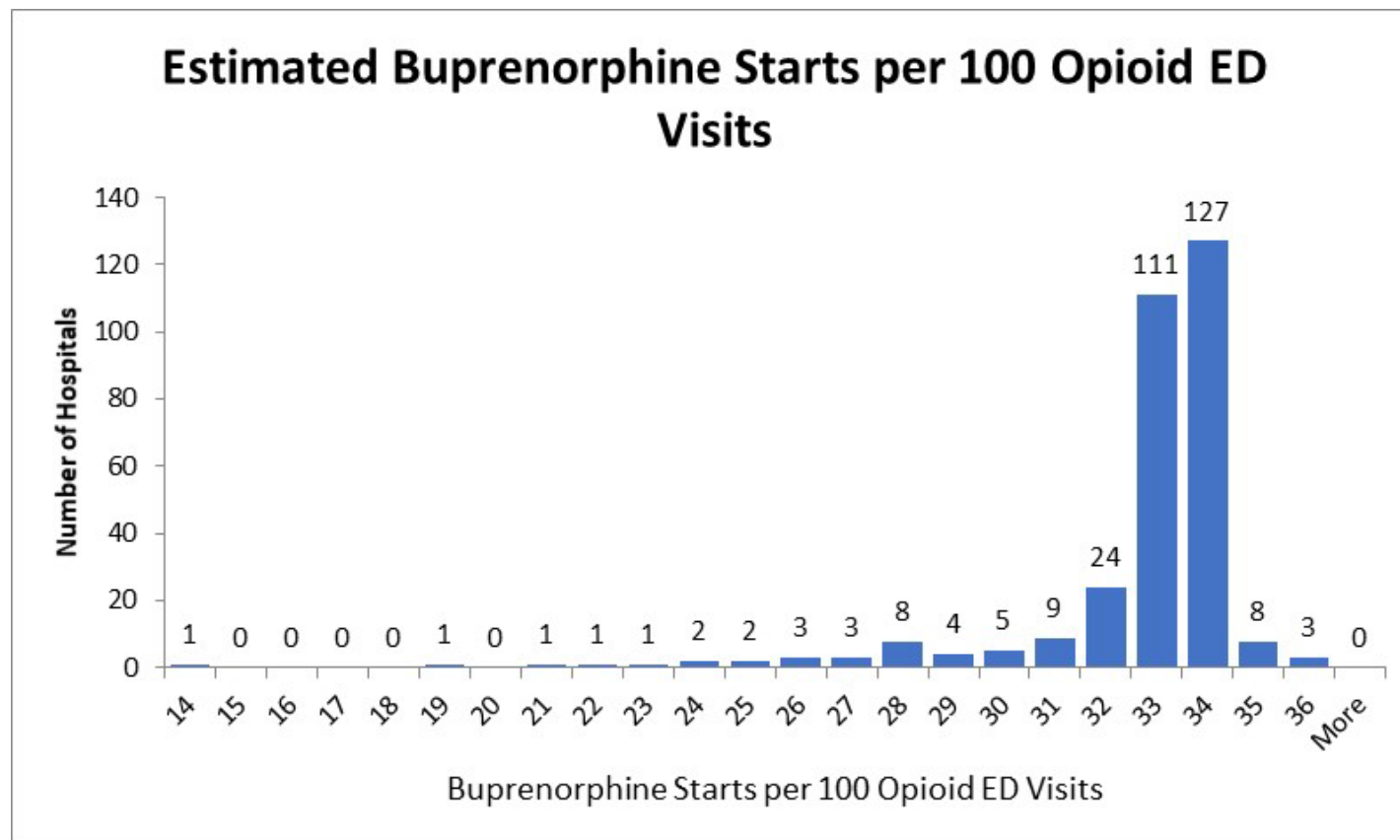
Weighting Buprenorphine use in hospital catchment area by the opioid related emergency room visits.



Reweighting changes the Picture

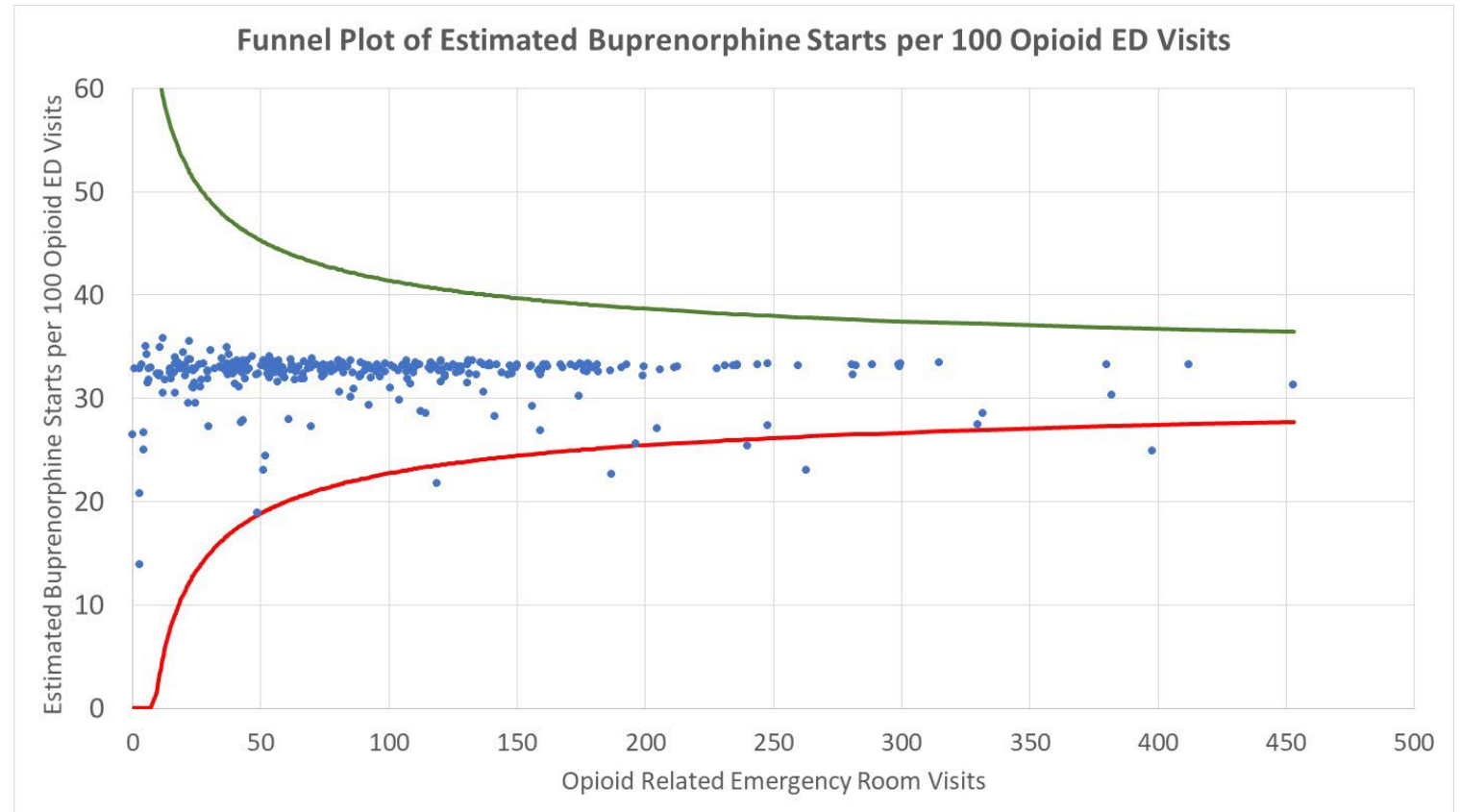
Most hospitals have very similar rates with a few outliers.

Opioid visits seems to better capture exposure for the hospital.



Funnel Plots can identify Opportunities

Funnel plots are a graphical method to display statistical test for hospitals that are different than the mean.

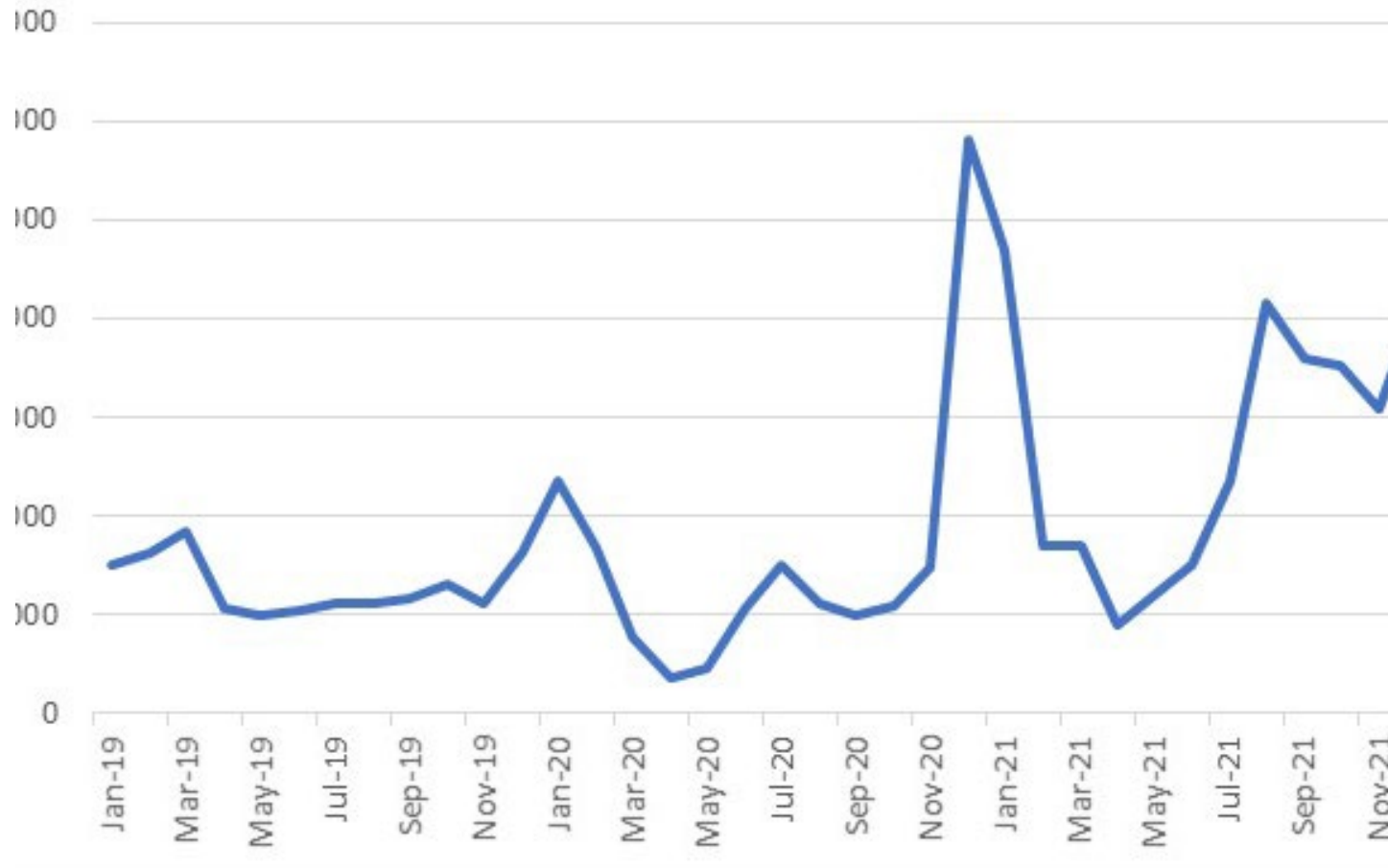


Challenges with the Methodology

- Opioid emergency department visits are estimated by assigning visits in a zip code based on a hospital's emergency room market share.
 - *Method assumes zip codes for opioid visits align with overall visits*
- Buprenorphine prescriptions in zip codes are assigned to hospitals based on a hospital's market share of patients in the zip code.
- Strong trends in opioid overdoses can make data change drastically from year to year.
- Special causes like rash of fentanyl overdoses in a zip code can skew results for a period.

Impact of Volume Related Changes from COVID

Total Hours of Emergency Department Diversion All California Hospitals

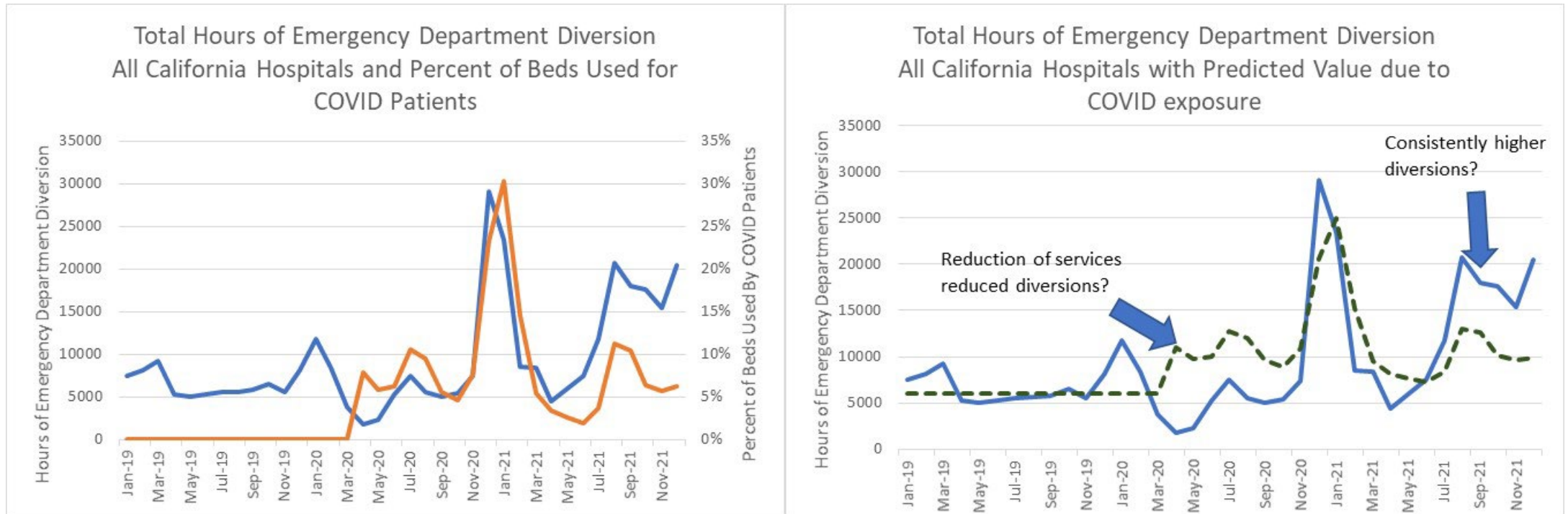


Emergency Room Diversion Rates

Large spike during December 2020
COVID wave and late 2021

Does COVID explain the increase
or is something else driving the
issue?

Impact of COVID



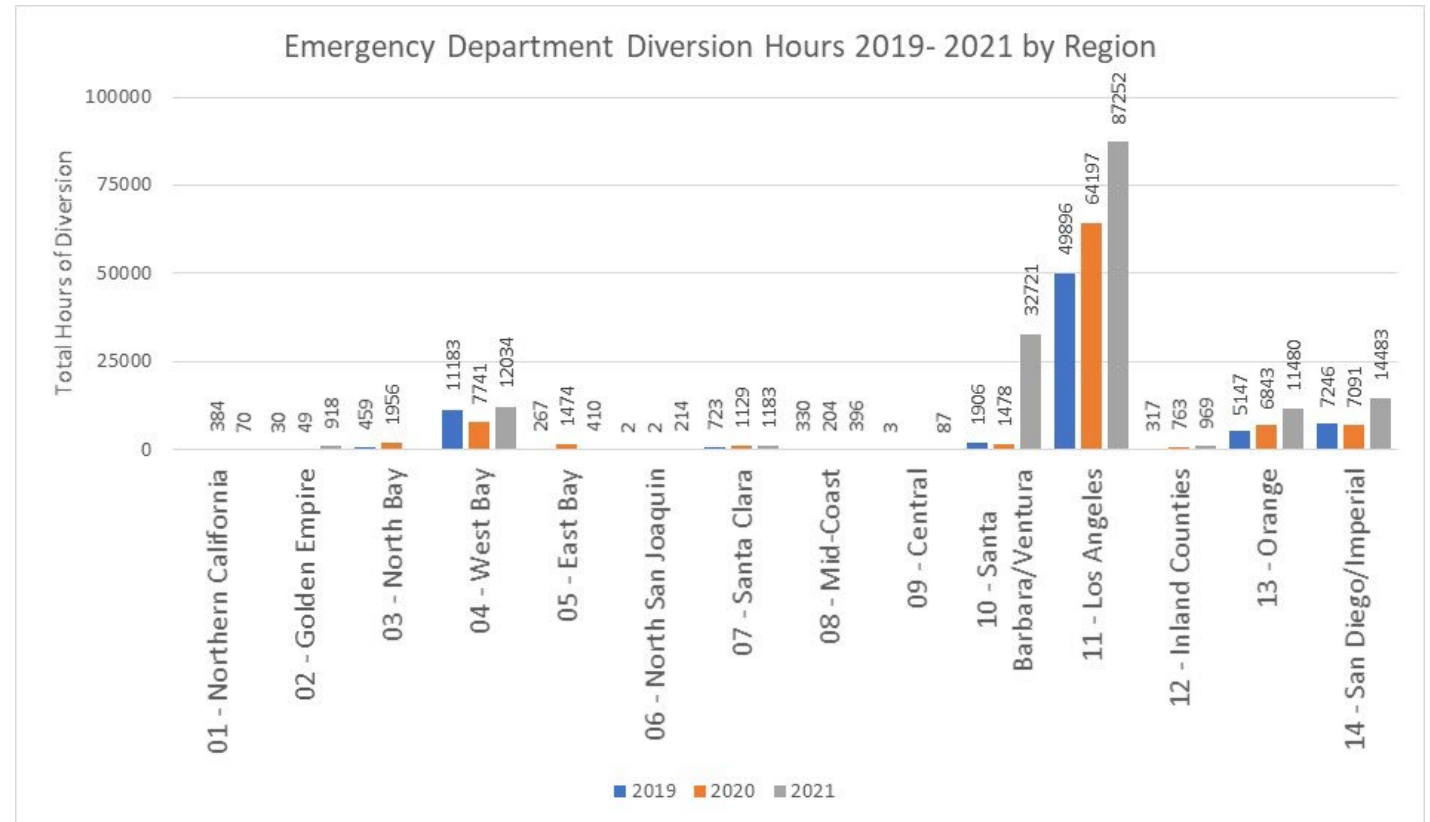
Are diversions regional or consistent across the state?

Diversion Across Regions

Four regions driving the growth in diversions.

Santa Barbara / Ventura region show 20+ fold increase in 2021

Los Angeles region showing year on year growth



Hospital	2019	2020	2021
ADVENTIST HEALTH SIMI VALLEY	112	280	8304
AURORA VISTA DEL MAR HOSPITAL	0	0	0
COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	306	296	2160
COTTAGE REHABILITATION HOSPITAL	0	0	0
GOLETA VALLEY COTTAGE HOSPITAL	0	0	0
LOMPOC VALLEY MEDICAL CENTER	0	0	0
LOS ROBLES HOSPITAL & MEDICAL CENTER	20	350	9438
LOS ROBLES HOSPITAL & MEDICAL CENTER - EAST CAMPUS	0	0	0
MARIAN REGIONAL MEDICAL CENTER	0	0	0
OJAI VALLEY COMMUNITY HOSPITAL	5	19	3976
SANTA BARBARA COTTAGE HOSPITAL	0	0	0
SANTA BARBARA PSYCHIATRIC HEALTH FACILITY	0	0	0
SANTA YNEZ VALLEY COTTAGE HOSPITAL	0	0	0
ST. JOHN'S PLEASANT VALLEY HOSPITAL	32	104	264
ST. JOHN'S REGIONAL MEDICAL CENTER	74	73	197
THOUSAND OAKS SURGICAL HOSPITAL	0	0	0
VENTURA COUNTY MEDICAL CENTER	707	226	4273
VENTURA COUNTY MEDICAL CENTER - SANTA PAULA HOSPIT	650	130	4109

Detail on Santa Barbara / Ventura Diversions

NOT DRIVEN BY A SINGLE HOSPITAL BUT MULTIPLE HOSPITALS ACROSS THE REGION

Cal Long Term Care Compare

SNF Healthcare Acquired Infection Measure

1. HAI LABEL MODIFICATION
2. SCORING METHOD FOR LOW VOLUME SNF

HAI: Label Modification

Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalization Quality Measure

- Estimates the risk-standardized rate of HAIs that are acquired during SNF care and result in hospitalizations
 - Hospitalization must occur during the period **beginning on day four after SNF admission** and **within three days after SNF discharge**.
-

CMS Care Compare Definition:

Percentage of infections patients got during their SNF stay that resulted in hospitalization

Proposed CLTCC Definition/Label:

Percent of short-stay residents with a nursing home-acquired infection requiring hospitalization

HAI: Scoring Method

Reporting CMS HAI Label (3 levels)

- worse than the national rate
- no different than the national rate
- better than the national rate

Pros: Consistent with CMS

Cons: Less differentiation among SNFs

Inconsistent with CLTCC and CHC rating scheme

Low volume SNFs can only be rated “Worse”

Reporting CLTCC HAI Label (5 levels)

- poor
- below average
- average
- above average
- superior

Pros: Consistent with other CLTCC/CHC measures

Categorization of low volume SNFs remains skewed, but less so than CMS method

Cons: Inconsistent with CMS

Very few "poor" and "superior" facilities

Alternative Option: Reporting rate with no score

HAI: Scoring Method (continued)

Low Volume SNFs

- 428 (71%) of 605 NHs can be scored
 - CMS rated 19 “worse than national rate”
 - CLTCC rated 3 “below average”
- None were “better than national rate”

High Volume SNFs

- All could be scored
- CMS rated 76 “worse than national rate” while
- CLTCC rated those 76:
 - 19 average
 - 54 below average
 - 3 poor
- CMS rated 10 “better than national rate” while CLTCC rated 4 “above average”, 6 “superior”
- CLTCC rated 33 additional “above average” where CMS rated them “no different than average”

HAI: Scoring Method Next Steps

- LTAC requested further analysis to examine correlation of hospitalization rates and nursing turnover/retention rates for low volume SNFs.
- Based on those forthcoming results, LTAC and Board can consider options such as:
 - a. Assign “Above Average” for all low volume SNFs with “0” HAI
 - b. Report “NA” (not available) for low or very low volume SNFs
 - c. Use CLTCC method but combine "superior" and "above average" (6+37=43), combine "poor" and "below average" (3+57=60)

Goal: To be as fair and accurate as possible



Nursing Home Staff Turnover and Retention

1. CHOOSING CLTCC OR CMS NURSE STAFF TURNOVER METHOD
2. ADJUSTING CLTCC METHOD
3. REPORTING NEW CMS NURSING HOME ADMINISTRATOR TURNOVER MEASURE

Turnover: Different Reporting Methods

CLTCC

Staffing ?

	Current	State Average
Nursing Hours per Resident per Day		
Nursing staff turnover	 67.2% (lower is better)	57.2% (lower is better)
Nursing staff retention	 39.4% (higher is better)	67.0% (higher is better)
Physical therapist staff minutes per resident per day	5.55 (higher is better)	5.22 (higher is better)

CMS

Total nursing staff turnover

↓ Lower numbers are better

50%

National average: 53.5%

California average: 47.2%

Registered Nurse turnover

↓ Lower numbers are better

66.7%

National average: 52.3%

California average: 51.4%

Turnover Method: LTAC Recommendation

Benefits of using CLTCC method outweigh the CMS method(but can be revisited in 2023)

Pros:

- Numerator and denominator are available to score CLTCC (but not CMS rates)
- Can continue to report turnover AND retention using consistent method
- CMS method is convoluted with notable exclusions
- More resident-centric measure than CMS (e.g., allows for >100% turnover)

Cons:

- Turnover numbers will be different from CMS Care Compare
- Rating system may be “less generous” for tighter local labor markets

Does the Board support the LTAC recommendation to continue with the CLTCC nursing staff turnover and retention measure?
(May explore a comparison with the CMS PBJ data set in 2023)

New CMS NHA Turnover Measure

- 36% (424) SNFs did not submit data
- 50% (375) of reporting SNFs had no administrator turnover
- 46% (377) of reporting SNFs lost at least one administrator

Nursing Home Administrator Turnover Rate

- (+) direct report from the CMS site
- (-) different methodology from the CLTCC nurse staff turnover and retention measures.
 - (+) we can describe the different sources and reasoning in the website text, if you want to keep the CLTCC method for nurse staff turnover and retention.

Does the Board support the LTAC recommendation to report the CMS NH Administrator Turnover measure?

Additional Measures

FAMILY & RESIDENT COUNCIL

FIRE SAFETY AND EMERGENCY PREPAREDNESS CITATIONS

Add Resident-centered Councils to CLTCC?

CMS Care Compare reports the presence of resident (and family) councils; there are no data available about frequency or quality of council activity.

Frequency* of Councils reported by SNFs

- **Resident** Councils: 947
- **Family** Councils: 7
- Both: 142
- None: 142

Does the Board support reporting in the Facility Description domain whether resident and family councils are available?

Health Inspections Domain*

Fire safety inspections & emergency preparedness



Print

Fire safety specialists inspect nursing homes to determine if a nursing home meets Life Safety Code (LSC) standards, which are based on codes established by the...

[Read more](#)

[Learn more about fire safety & emergency preparedness inspections](#)

Automatic sprinkler systems in all required areas	Yes	▼
Date of most recent standard fire safety inspection	11/05/2019	
Total number of fire safety & emergency preparedness citations ↓ Lower is better	15	▼
	Average number of fire safety & emergency preparedness citations in the U.S.: 4.4	
	Average number of fire safety & emergency preparedness citations in California: 7	

Does the Board support reporting LTAC recommended CMS measures”

1. Date of most recent standard fire safety inspection” and
2. Total number of fire safety and emergency preparedness citations”?

PDPM Case Mix Adjustment Update

BETTER STAFFING RECOGNITION

SCORING LONG TERM CARE QUALITY MEASURE

Website Expansion

2023 – 2024 TIMELINE

Timeline for Expansion

	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Home Health Agencies†			June/July	Nov./Dec.		May		Nov.
Hospice Agencies†			June/July	Nov./Dec.		May		Nov.
Adult Residential Care Programs (ARCP)†				Nov./Dec.				Nov.
Adult Day Health Centers (ADHC)				Nov./Dec.				Nov.
Other** Licensed LTC Providers								
<p>**Selection "Other" LTC providers to be determined.</p> <p>†The first round of reporting will occur June/July 2023 followed thereafter by a May-November refresh cadence.</p>								

Cal Healthcare Compare BOD Meeting Schedule - 2023

(all times are Pacific Time Zone)

- **Tues. February 7** **12:00 to 2:00pm - virtual**
- Wed. April 26 10:00am to 2:00pm – in person in Oakland
- Tues. July 25 12:00 to 2:00pm –virtual
- Tues. October 24 12:00 to 2:00pm – virtual

2023 Meeting Cadence

[illegible]

Thank you!

Appendix



NICOLE HOWELL

howell.nicole@gmail.com | 925-980-4621

Summary

High-performing, common sense leader, specializing in developing innovative policy and programmatic solutions to today's most pressing healthcare challenges. A proven track record of understanding and driving meaningful policy change for Medicare and Medicaid beneficiaries related to long-term care improvement, home and community bases services and workforce development driven by a strong commitment to cross sector collaborations to drive meaningful systematic change.

Experience

Committee on Ways and Means
Health Subcommittee | Washington, DC
Health and Aging Policy Fellow
October 2021 – Present

- Identified key operational goals and objectives to support the work of the Committee on Ways and Means, Health Subcommittee focusing on Medicare Part A (hospital, home health, long-term care, mental health, and hospice care) and the Elder Justice Act.
- Led a fact-finding initiative to facilitate the committee's deeper understanding of the issues, challenges, and opportunities to support innovative direct care and nurse pipeline programs.
- Prepared bill language for Legislative Counsel.
- Worked with various down dais members and their staff to gain a clearer understanding of the regulatory framework governing long-term care and its impact on their communities.
- Collaborated with committee staff to create two substantive reports on the following topics: Disability and Mental Illness and Climate Crisis and Healthcare.
- Briefed committee staff weekly on issues related to elder abuse in congregate care settings and the impact of federal regulation and enforcement.
- Created and edited talking points, memos, and letters to federal agencies on behalf of Chairman Neal.
- Assisted committee staff in managing hearings and mark-ups.
- Met with constituent organizations and stakeholders to discuss relevant policy. Partner organizations include; National Consumer Voice, California Advocates for Nursing Home Reform, American Health Care Association, Center for Medicare & Medicaid Services, LeadingAge and others to address issues impacted by Medicare Part A funding.

Empowered Aging, formerly Ombudsman
Services | Pleasant Hill, CA
Executive Director
March 2015 – June 2022

- Led multiple program innovations resulting in a **600%** increase in the annual budget through:
 - Groundbreaking medical/legal partnership with Contra Costa Senior Legal Services, facilitating the completion of end-of-life documents for residents of long-term care. Preventing the

proliferation of “unrepresented adults”.

- County-wide initiative to reduce the over-reliance on anti-psychotics in long-term care, leading to a **10%** change in skilled nursing facilities the region.
- Expanded services and geographic area served to include three diverse Bay Area counties.
- Collaborated with the Board of Directors and staff to manage and sustain day-to-day organizational objectives while achieving long-term strategic organizational goals.
- A recognized national leader related to aging and long-term care services. Skilled at developing collaborative solutions to challenging problems faced by today’s seniors through:
 - Respected and repeated expert witness for the California Assembly and Senate informational hearings related to long-term care
 - Led local and statewide efforts to successfully pass budget and policy legislation in California.
 - Chaired the Policy Committee of the California Elder Justice Coalition charged with tracking, monitoring, and acting on relevant legislative impacting abuse and neglect of older adults.

Ombudsman Services of San Mateo
Redwood City, CA

Director of Operations

July 2010 – March 2015

- Managed and oversaw all organizational financial management and practices.
- Led organizational wide technology, re-branding, and mission/vision update.
- Launched a county-wide training program to improve direct care workers knowledge of person-centered care practices.
- Created an online training program, resulting in a 15% increase in volunteer retention.

Education and Training

University Nevada, Reno | Reno, NV

Bachelor of Arts in Political Science

Northeastern University | Boston, MA

Master of Public Policy, expected Winter 2024

Career Highlights

Accomplishments

- Created and led the Healthcare Career Pathway (HCP), an innovative workforce development initiative designed to meet the critical shortage of qualified, certified nursing assistants (CNA). HCP provides a supported pathway into the allied healthcare field for students with addressable barriers, recognized in the California Master Plan on Aging, Local Playbook. One of ten advocate proposals prioritized for expansion by Assembly Member Adrin Nazarian, the Assembly Aging & Long-Term Care Committee chair.
- Launched monthly free Elder Justice Lunch and Learn webinar series reaching more than 8,000 participants in 46 states and four countries

Activities & Honors

- Woman of the Year – Congressman Garamendi (D-CA) (October 2020)
- Inaugural Member, Walnut Creek Police Community Advisory Board (January 2020 –August 2021)
- Member, Alameda County Age Friendly Council (2019 – June 2022)
- Member, California Elder Justice Coalition, Steering Committee (2018- 2022 Chair, Policy Committee July 2020 - August 2021)
- Member, Rotary - Walnut Creek Sunrise - February 2020-Present
- Member, Solano Partnership Against Violence – Appointed by Solano County Board of Supervisors (2019 - 2021)
- Member, Contra Costa Alliance to End Abuse – Core Project Team (2019 - 2022)
- Member, Board of Directors Trinity Center: Walnut Creek (2017 - 2020)
- Member, California Long-term Care Ombudsman Association – Board of Directors – 2016-2018

Expert Testimony & Advocacy

Expert Testimony

- California Assembly Committees: Budget Subcommittee #1 Health and Human Services and Assembly Health Informational Hearing (October 2020)
- Committee on Ways and Means “Examining the Covid-19 Nursing Home Crisis” (June 2020)
- Senator Glazer's (SD-7) Coronavirus Town hall “Are Nursing Homes Safe” (April 2020)

Advocacy

- Panelist, KQED Forum - “A Year of Pandemic for Seniors” (March 2021)
- Panelist, Kaiser Family Foundation “A Shot in the Arm for Long-Term Care Facilities? Early Lessons from the Vaccine Rollout to High Priority Populations” (January 2021)
- Quoted in multiple national publications, most notably the New York Times, Vaccination Campaign at Nursing Homes Faces Obstacles and Confusion(<https://www.nytimes.com/2020/12/16/business/covid-coronavirus-vaccine-nursing-homes.html>), December 2020

ROCHELLE EREMAN MS, MPH

CONTACT INFORMATION

415-279-3056;
Rochelle.ereman@dominican.edu or eremanrochelle@gmail.com

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
University of California, Davis	B.S.	1985	Community / Clinical Nutrition
University of California, Davis	PhD Candidate M.S., R.D.	1989	Nutrition Science
University of California, Berkeley	M.P.H.	1996	Public Health

POSITIONS AND HONORS

1988 Associate Lecturer, Nutrition Department, University of California at Davis. Davis, CA.
1987-1988 Nutrition Interventionist, Department of Community Health, University of California at Davis, CA
1986-1994 Supervising Nutritionist, Davis Community Clinic, prenatal clinics in Woodland, Davis and West Sacramento, CA
1994-1995 Clinic Manager-Prenatal Program, The Community Clinics-Davis, Woodland and West Sacramento
1996-1998 Health and Human Services Planner/Evaluator, County of Marin Department of Health and Human Services, Maternal, Child and Adolescent Health Division, San Rafael
1998-2001 Maternal Child Health Program Coordinator, County of Marin Department of Health and Human Services, Maternal, Child and Adolescent Health Division
2001-2022 Epidemiology Program Director, County of Marin Department of Health and Human Services, Division of Public Health, San Rafael, CA
2012 – 2022 Mentor, CSTE Fellowship Program (Council for State and Territorial Epidemiologists)
2013 - Adjunct Professor, Biologic Sciences / Global Public Health, Dominican University, San Rafael, CA
2021 - Associate, Celia Allen Consultants

HONORS

1989 *Phi Sigma Biological Honor Society*. University of California, Davis.
1996 *Maternal, Child, Adolescent Health and Nutrition Leadership Program Scholarship Awardee*, UC Berkeley
1995-96 *University Fellowship*, University of California Berkeley

BOARDS/ COLLABORATIVE PARTNERSHIPS

Zero Breast Cancer, Scientific Advisory Board 2005 – current
Dominican University of San Rafael, Institutional Review Board
Healthy Marin Partnership, 2001-2022

PUBLICATIONS

Ereman, RR., Lonnerdal, B., and Dewey, KG. Maternal sodium intake does not affect post prandial sodium concentration in human milk. *J Nutrition* 1987; 117: 1154-1157.

Donovan SM, Ereman, RR, Dewey, KG, Lonnerdal B. Postprandial changes in the non-protein nitrogen content and composition of human milk. *American J Clin Nutr* 1991, V54 N6:1017-1023.

Ereman, RR., Lonnerdal, B., and Dewey, KG. Relationship of breast milk composition to milk volume during initiation and termination of lactation. *American J Clin Nutr* 1993, v65: 994-1011.

Clark, CA, West, DW, Glaser, SL, Ereman, RR, Erdmann, CA, Barlow, JM, Wrensch, MR. Breast cancer incidence and mortality trends in an affluent population: Marin County, California, USA, 1990–1999 *Breast Cancer Research*, 2002; 4(6): July 26 2002 DOI:10.1186/bcr458

Amanda I. Phipps, MPH, Christina A. Clarke, PhD, Rochelle R. Ereman, MS, MPH. Impact of Intercensal Population Projections and Error of Closure on Breast Cancer Surveillance: Examples from Ten California Counties, *Breast Cancer Research* 2005, 7:R655-R660.

C Suzanne Lea, Nancy P Gordon, Lee Ann Prebil, Rochelle Ereman, Connie S Uratsu, and Mark Powell Differences in reproductive risk factors for breast cancer in middle-aged women in Marin County, California and a sociodemographically similar area of Northern California, *BMC Womens Health*. 2009; 9: 6.

Ereman Rochelle R, Prebil LeeAnn, Mockus M, et. al. Recent trends in hormone therapy utilization and breast cancer incidence rates in the high incidence population of Marin County, California, *BMC Public Health*. 2010;10(228).

LA Prebil, R. Ereman, M. Powell, K. Kerlikowske, J. Shepherd, M. Hurlbert, RL Puckett, CC. Benz Abstract P3-11-16: First Pregnancy Events Determine Future Breast Density Independent of Systemic Sex Steroid Levels; *Cancer Research* 04/2011; 70(24 Supplement):P3-11-16-P3-11-16. DOI:10.1158/00085472.SABCS10-P3-11-16

Powell M, Jamshidian F, Cheyne K, Nititham J, Prebil LP, Ereman R. Assessing Breast Cancer Risk Models in Marin County, a Population With High Rates of Delayed Childbirth; *Clinical Breast Cancer* 01/2013; 14(3). DOI:10.1016/j.clbc.2013.11.003

Mary Mockus, LeeAnn Prebil, Rochelle Ereman, Charles Dollbaum, Mark Powell, Christina Yau, Christopher C. Benz; First Pregnancy Characteristics, Postmenopausal Breast Density, and Salivary Sex Hormone Levels in a Population at High Risk for Breast Cancer; 02/2015; 38. DOI:10.1016/j.bbacli.2015.02.003

Assessing breast cancer risk models in Marin County, a population with high rates of delayed childbirth. Powell M, Jamshidian F, Cheyne K, Nititham J, Prebil LA, Ereman R. *Clin Breast Cancer*. 2014 Jun;14(3):212-220.e1. doi: 10.1016/j.clbc.2013.11.003. Epub 2013 Nov 22. PMID: 24461459

COVID-19 PUBLICATIONS

Paff S Q, Ereman R, Santora L, et al. (November 22, 2021) Phased Return of Students to 77 Transitional Kindergarten-8th Grade Schools With Cohesive Mitigation Strategies Serving as Protective Factors Against the Increase of COVID-19 Cases in Marin County: September 2020-January 2021. *Cureus* 13(11): e19821. doi:10.7759/cureus.19821

O'Connor A W, Hannah H A, Burnor E A, et al. (November 21, 2021) Emergency Medical Service Utilization and Response Following COVID-19 Emergency and Stay-at-Home Policies: An Interrupted Time-Series Analysis. *Cureus* 13(11): e19794. doi:10.7759/cureus.19794

Janssen JM, McGrath A, Ereman R, Moonan PK, Oetlmann JE, Willis M, McCurdy SA; Use of SMS-linked electronic surveys for COVID-19 case investigation and contact tracing — Marin County, CA, USA: *Public Health in Practice*, v2, November 2021, 100170; <https://www.sciencedirect.com/science/article/pii/S2666535221000951>

CONFERENCE PAPERS, SELECTED

Patterns of mortality disparities by race/ethnicity and area poverty level across places: The equity gap

Matt Beyers, Sandra Witt, Steve Sidney, Randy Reiter, Rochelle Ereman, Bob Prentice
138st APHA Annual Meeting and Exposition 2010; 11/2010

Applying social determinant of health indicators in local health department efforts to address health inequities

Brad Jacobson, Matt Beyers, Amy Smith, Neil Maizlish, Pamela Stoddard, Abigail Kroch, Jennifer Henn, Randy Reiter, Sandi Galvez, Rochelle Ereman 141st APHA Annual Meeting and Exposition 2013; 11/2013

Assessing Breast Cancer Risk Models in Marin County, a Population with High Rates of Delayed Childbirth

Mark Powell, Farid Jamshidian, Kate Cheyne, Joanne Nititham, LeeAnn Prebil, Rochelle Ereman *Clinical Breast Cancer* 01/2013; 14(3). DOI:10.1016/j.clbc.2013.11.003

ABSTRACTS AND CONFERENCE PRESENTATIONS, SELECTED CSTE FELLOWS

Evaluation of a Local Reportable Disease Surveillance System Marin County, California, 2012-2013

Jasmine Carver, Jessica Cunningham, Karina Arambula, Rochelle Ereman, Matthew Willis; 2014 Council of State and Territorial Epidemiologists Annual Conference; 06/2014

Vaccine decision making in a vaccine-hesitant community: Marin County, California

Jasmine Carver, Karina Arambula, Jessica Cunningham, Sharayn Forkel, Rochelle Ereman, Matthew Willis 142nd APHA Annual Meeting and Exposition 2014; 11/2014

Practices among Primary Care Providers Prescribing Opioids for Chronic Non-Cancer Pain – Marin County, CA,

2015. Oral Presentation. Hannah, Haylea, Karina Arambula, Jessica Cunningham-Krahl, Rochelle Ereman, Matthew Willis. CSTE 2016 Annual Conference. June 19-22, 2016. Anchorage, Alaska.

An Evaluation of Drug Poisoning Mortality Surveillance – Marin County, CA, 2007-2013. Hannah, Haylea, Karina

Arambula, Jessica Cunningham-Krahl, Rochelle Ereman, Matthew Willis. Poster. CSTE 2016 Annual Conference. June 19-22, 2016. Anchorage, Alaska.

Food insecurity among older adults living at or below versus above the Elder Economic Security Index – results from a community survey in Marin County, CA. Hannah, Haylea, Angela Chu, Amy Dietz, Rochelle Ereman, Jessica

Cunningham-Krahl, Karina Arambula, Matthew Willis. Oral Presentation. APHA 2016 Annual Meeting. Oct 29-Nov 2, 2016. Denver, Colorado. Accepted. Finalist for the James G. Zimmer New Investigator Research Award.

Using Local Toxicology Data for Drug Overdose Mortality Surveillance. Haylea Hannah, Karina Arambula, Rochelle

Ereman, Darrell Harris, Alexandra Torres, Matt Willis. Oral. International Society for Disease Surveillance 2016 Annual Conference. December 6-8, 2016. Atlanta, GA.

<http://ojphi.org/ojs/index.php/ojphi/article/view/7733/6248>

PATRICIA J. ATKINS, MS, RN, FACHE

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HEALTHCARE EXECUTIVE

***Quality and Patient Safety • Patient-Centered Care • Performance Improvement
Clinical Analytics • Cultural and Digital Transformation • Diversity, Equity & Inclusion***



Patricia has 30+ years of health care leadership experience including: clinical and regulatory risk management, strategic planning, Lean Six Sigma, physician and employee engagement, data governance, contract negotiations, and implementation of large-scale cultural and digital transformation initiatives across an integrated health care system.

With a passion and purpose for improving health outcomes and preventing patient harm, she leads synergistic strategies that drive organizational value in quality, patient safety, and patient experience providing her the insights to ask the right questions regarding healthcare consumer value, and how to anticipate and prepare for the future.

She serves as the VP of Quality, Safety, and Performance Improvement at Sharp HealthCare, the largest integrated healthcare system in San Diego. She has led teams to achieve top performance in external quality and patient safety rankings, embed a high reliability cultural transformation, and receive the National Malcom Baldrige Quality Award®, the highest level of national recognition for performance excellence that a U.S. organization can receive. Patricia is the recipient of the prestigious Press-Ganey *Kerry Johnson Patient Safety Champion Award* for her achievement of stellar patient safety results and her commitment to collaboration with organizations across the United States.

Patricia is a strong advocate for excellence in geriatric care programs (ACEP, IHI, ACS) and promotes programs that support positive end-of-life experiences. As a mother of four young adults, she is also attuned to the perspectives, issues and challenges that young generations are facing. Her concerns for the future of healthcare, climate change, maternity care, and child development stir her motivation to contribute to impactful solutions that will make a positive difference in the lives of people across California. With an unwavering commitment to excellence in service and quality while maintaining a healthy bottom line, her success is built on the values of integrity, teamwork, caring, accountability, and respect.

State and National Advisory Groups

- **CHA Medi-Cal Hospital Fee Program;** Value Based Payment Workgroup; 2022-present
- **Press-Ganey Associates;** Performance Improvement Advisory Group; 2017-present
- **Hospital Services Advisory Group;** Opioid Stewardship Workgroup; 2021-present
- **CalHospital Compare;** Technical Advisory Committee; 2015-present
- **CMS;** eCQM Technical Advisory Panel; 2017-18

Previous Board of Directors Experience

- **California Hospital Association, Hospital Quality Institute 2012-2015**

In her free time, she is a wellness and longevity podcast and fitness fanatic. She is a lifelong golfer and a former LPGA Class A Teaching Instructor.

Amber K. Theel BSN, MBA, NEA-BC, CPHQ
Roseville, CA 95747 || 208-440-0485

Executive Profile

Versatile senior quality leader with two decades experience in developing strategy, plan, principles, and processes in quality and patient safety in complex healthcare systems. Passionate about creating better outcomes across the continuum of care in support of value-based care. Able to connect to stakeholders and work successfully within highly matrixed organizations. Focused, results oriented, and consistently executes on plans. Committed to building sustainable and scalable metrics, processes and results aligned with population health strategy.

Skill Highlights

- Leadership/communication
- PDSA/Lean/Six Sigma - Greenbelt
- High Reliability Principles
- Care Redesign
- Risk Management – CPHRM
- Patient Safety
- Nurse Executive Advanced Board Certified – NEA-BC
- Enterprise IT/ Tableau
- Cerner/Epic
- Quality management - CPHQ

Experience

System Vice President of Quality – Adventist Health

Roseville, California

6/2018 to Present

A \$4.5B health system with 22 hospitals, 290+ clinics, and post-acute care services in California, Hawaii, and Oregon. Reports to the System Chief Clinical Officer. Team of thirteen, including the system director of quality, system director of performance improvement and quality outcomes, director of ambulatory quality, system director of infection prevention, system employee health manager, manager of clinical analytics, two mortality review specialists, core measure shared services team, two senior analysts and system director for clinical risk. Led the strategic development, implementation, and integration of the Quality Management program, which includes compliance with all the Joint Commission, NCQA, Federal, State, and local reporting requirements. Lead, collaborate and consult at all levels of the organization, including system-level executive leaders, physicians, nursing and quality leaders, and staff.

- Co-lead for the Health Equity strategy responsible for ensuring compliance with new regulatory requirements and next steps for identified populations.
- Led multidisciplinary team developed system toolkit – SSKIN, which reduced Hospital-Acquired Pressure Injuries (HAPI) by 69% in stage three/four HAPIs in the pilot facilities and a 29% reduction system-wide. The reduction in events is a total cost savings of **1.8 million dollars**.
- Led multidisciplinary team in deploying system-wide initiatives including sepsis bundle-1, system-wide sepsis dashboard, automated alerts and standard order sets that have improved sepsis bundle performance by 24% from Fall 2018 to present. System results currently at 78% compliance with sepsis bundle.

- Chaired workgroups focused on reducing hospital acquired infection (HAI) through focused pilots then deployed system wide with adoption rate exceeding 65%.
- Led multiple teams that partnered with physicians, coding teams and facility quality leaders to reduce Hospital Acquired Conditions (HAC) and Patient Safety Indicators (PSI) events by 83% from 2018 to 2020.
- Harm events: Developed education programs for metric definition, processes for reviewing each event and subsequent recommendations for care redesign for VTE, Aspiration Pneumonia and Post-op Respiratory Failure.
- Led multidisciplinary team in the creation of a standardized mortality tool providing 80% automation of 90 key trigger events. Deployed system wide in March 2020. Presented at the National Quest Conference and we have reviewed as of early 2021 over 6000 cases using this tool.
- Designed and implemented shared service core measure service support team creating efficiencies and efficacies in data collection, improving accuracy, and achieving both labor and vendor savings.
- Created tools for real-time ambulatory metrics availability. The new process provided an evidence-based solution allowing providers timely access to their performance on regulatory metrics and system goals.
- Current member of the California Department of Public Health (CDPH) Hospital Acquired Infection (HAI) Advisory Council – 2 years.
- Participated in the California Hospital Association (CHA) and CDPH advisory group for COVID reporting design and metric development.
- Developed system wide daily COVID data submission of over 100 data elements.
- Quality executive for the Quality Committee and Utilization committee for Adventist Health Plan.
- Dyad Executive Lead and coordinator of the weekly system Safety Huddle that includes senior medical officers and the system chief nursing officer.
- Current member of California Hospital Association Certification and Licensing Committee.
- New board of director member for Cal Healthcare Compare.

System Director Quality Outcomes – MultiCare Health System

Tacoma, Washington

8/2015 to 6/2018

MultiCare (MHS) is a \$3.2B health system with 7-hospitals, 11,000 employees, more than 200 clinics, 700 employed providers and an Accountable Care Organization. The System Director of Quality Outcomes reported to the System Vice President of Quality. Direct reports included 3 Registered Nurse (RN) Outcomes Project Managers, 3 Quality Analysts, Abstracting Manager and 6 abstractors. This role led the system inpatient and outpatient data submission and quality improvement initiatives related to regulatory requirements, value-based purchasing, and the system public profile.

- Led team of providers, clinical documentation and coding that was able to decrease Post-op Acute Respiratory Failure through improved documentation and coding practices by 60% in the first year.
- Increased Leapfrog Patient Safety Grades by full letter last year in 4/5 facilities.

- Implemented a new quality coding committee that resulted in 31% reduction in 5 patient safety indicators that equaled 88% of PSI 90 across the system.
- Optimized the submission for multiple programs including OBCOAP, SCOAP and OPED metrics by leveraging auto-loaded designs. This reduced abstraction time for OBCOAP from 3 months' lead time to 5 weeks. This is a complex program with more than 75 different data points for abstraction
- Redesigned the process for creating and implementing the QI and RU metrics for the system's quality strategy.
- Designed over 100 metrics for provider's compensation programs including specialty providers while ensuring alignment with system strategy, automation, and improved access.
- Deployed the Obstetrical Outcomes Assessment Program (OBCOAP) which measures more the 50 different obstetrical outcomes across 6 facilities.
- Reduced *Clostridium difficile* infections by 49% through optimization of testing practices.
- Increased compliance with the Sepsis Care Bundle for Severe Sepsis and Septic shock from 30% to 60% from 2016 to 2018.

Executive Director Patient Safety - Washington State Hospital Association Seattle, Washington

4/2012 to 8/2015

Reported to the Senior Vice President of Quality. Directed the work of 5 program directors on content, tactics, and goals with dotted line to 3 data analysts. Lead the hospital association patient safety program including planning and oversight of monthly statewide Safe Table Collaboratives. The collaboratives usually had 150 participants, national and local speakers, educational and technical materials for improving safety across the state.

Operations lead for the Partnership for Patients and Leading-Edge Advanced Practice Topics (LEAPT) - two CMS contracts with a combined budget of \$20 million. Lead 97 hospitals and staff in ten complex performance improvement projects simultaneously achieving high goals in just two years.

Results included:

- 88.4% reduction in ventilator-associated pneumonia – one fewer VAP/week, \$1.9 million.
- 52.2% reduction in adverse anticoagulant drug events
- 47.5% reduction in stage II, III and IV (or unstageable) pressure ulcers – two fewer pressure ulcers/ week, saving \$6 million
- 41.2% reduction in mortality for severe sepsis or septic shock – 12 fewer deaths per week, \$87.8 million
- 29.0% reduction in adverse opioid drug events
- 27.0% reduction in readmissions – 11,700 fewer readmissions, saving \$112 million.
- 21.8% reduction in falls – resulting in two falls with injury each week, saving \$2.7 million
- 15.8% reduction in surgical site infections – three fewer SSI/month, saving \$2.3 million

LEAPT – Lead 47 hospitals in 12 innovative topics. Developed measures, created list of practices that are effective, and demonstrated impressive results:

- 39% reduction in mortality for severe sepsis and septic shock, saving 159 lives, \$5.6 million
- 24% reduction in central line-associated bloodstream infections in the non-ICU
- 18% reduction in *Clostridium difficile*, resulting in 40 fewer infections
- 13% reduction in catheter-associated urinary tract infections in the non-ICU

- 12% reduction in skilled nursing facility (SNF) readmissions, 67 fewer readmissions.
- 9% reduction in employee injury

Chief Quality Officer - Capital Medical Center

Olympia, Washington

6/2009-4/2012

120 bed hospital that was a part of a small multi-state Healthcare System, Capella Health. The Chief Quality Officer reported directly to the local Chief Executive Officer with a dotted line to the System Chief Quality Officer. Direct reports included 2 quality analysts, manager of clinical education and infection control manager. Lead and directed all quality management and patient safety activities for the hospital. Responsibilities included oversight of Joint Commission compliance, Centers for Medicare and Medicaid Regulatory Compliance, Value Based Purchasing, monitoring, and educational activities, local, regional, and corporate- wide risk management and safety, performance improvement, clinical education, and infection control activities.

- Facility Ethics and Compliance Officer (ECO)
- Achieved measurable improvement in all areas of core measures.
- Established board approved dashboard with quality indicators and links to benchmarking, KPI, and action plans.
- Redesigned the infection control program from a contracted service to on-site program that was able to better meet the needs of the organization.
- Studor Champion and Implementation Director in charge Service Excellence Program.

Director of Quality, Risk, and Infection Control - West Valley Medical

Center Caldwell, Idaho

6/2006 to 6/ 2009

Interim Director of Cath Lab Services

9/ 2007 to 6/2009

As the Director of Cath Lab Services was responsible for the daily operations of the Cath lab including all administrative, clinical, and financial functions of the department. Primary task was to increase the service line and productivity.

- 7% growth in productivity in first year of leadership
- Implemented 13 new procedures in the Cath lab in two years including interventional radiology

Interim Director of Case Management

3/2007 to 3/2008

Rebuilt case management department while managing daily operations

Inpatient Nurse Manager - HealthSouth Treasure Valley Hospital

Boise, Idaho

3/2002 to 6/2006

Responsible for daily operations, regulatory compliance, staffing, policies, patient safety and case management for 18 bed medical surgical unit.

Education

Rush University	Doctorate in Nursing – in process	2021 - current
University of Phoenix	MBA/Healthcare Administration Program	2004-2006
Boise State University	Bachelor's Degree in Nursing Science	1999-2002
Treasure Valley Community College	Associate Degree in Nursing Science	1992-1995

Amber Theel RN BSN MBA NEA-BC CPHQ joined Adventist Health System in June 2018 and is now the system's Patient Safety and Quality Executive. In the recent past, she has been Director of Quality Outcomes and Metrics for a seven-hospital system and the Executive Director of Patient Safety at the Washington State Hospital Association. Amber is extremely passionate about improving sepsis outcomes. Leveraging technology and executive commitment has helped her organization achieve a system-wide CMS SEP-1 Bundle compliance rate of 80%, with 40% of the hospitals in the system achieving above 85%.

Ms. Theel developed her expertise over two decades working at hospitals in varied roles from the bedside to the c-suite. Serving as Chief Quality Officer, she oversaw quality, patient safety, regulatory compliance, infection control, risk management, and patient satisfaction. She holds a bachelor's degree in nursing and a Master of Business Administration. She is a certified professional in health care quality and holds a Greenbelt in Six Sigma.

ALBERT H. LAM, M.D.

EXECUTIVE OVERVIEW

Creative and results-driven executive with consistent record of success in Value Based Care engaging post-acute and transitional care as tactical entry points for care transformation. Adept at building and motivating health care organizations to deliver exceptional outcomes both inter and intra-organizationally.

EXPERIENCE HIGHLIGHTS

Executive Leadership Experience

- Founding leader of a top performing post-acute care delivery organization in Sutter Health
- Founding leader of a top performing home health organization in Northern California
- Provided leadership to align work silos to a caring, mission-driven culture of cross-regional teamwork, trust, and cooperation
- Managed annual budget including financial statements and Medicare Cost Reporting for home health organization and multiregional budgeting for medical group
- Strategic planning and budget forecasting for midlevel provider positions in post-acute care
- Skilled in mobilizing grassroots engagement to achieve high level goals
- Mobilized strategy shift through post-acute care redesign experience due to changing organizational realities

Executive Board Experience

- Lead statewide non-profit board as part of Executive Team and Director of high functioning board
- Developed statewide strategy, education, and rollout of COVID-19 Vaccine within an interprofessional team convened by Governor Gavin Newsom
- Led successful education and policy review relationship with the California Department of Public Health (CDPH) and the California Department of Social Services (CDSS) for COVID-19
- Brokered valuable cooperative relationships with industry leaders in areas of advocacy, quality improvement and strategic realignment

Managed Care Experience

- Led creation of health plan sponsored program to reduce unnecessary rehospitalizations in three Cal MediConnect counties in California over 15 months achieving a 70.8% relative reduction in readmissions compared to untrained SNFs
- Post-acute network development and training for a Major Multisite Metropolitan University Practice and Large Health Plan with over 200,000 Medicare Advantage members
- Partnered with Medicare QIO in meeting CMS quality measures

RECENT EMPLOYMENT HISTORY

Founding Chair, SNF Specialist, and Consulting Physician, Geriatric Medicine, Palo Alto Foundation Medical Group	2011 – Present
Founded clinical and operational vision, strategy and foundation of top performing post-acute care department in Sutter Health.	
Board of Directors, California Association for Long Term Care Medicine	2014 – Present
Provided strategic vision and operational execution for mitigating both short and medium term financial shortfalls. Organized interprofessional board to execute on performance goals including successful creation of California Assembly Bill that will impact quality care and accountability in all California nursing facilities.	
Chief Executive Officer, Founder, Grace Community Home Health	2013 – Present
Developed vision and culture of high performing, faith-based Joint Commission Accredited organization delivering on Value Based Care.	
Chief Medical Officer, Founder, TriageTRACE Digital SNF 2.0	2015 – 2017
Led international team to develop mHealth HIPAA-compliant asynchronous telehealth platform for delivery of value based care in nursing facilities.	

Principal Investigator, Founder, SNF 2.0® Developed transformative nursing facility program to meet critical challenge of poor care for value based care saving est. \$990,000 in hospitalizations on \$40,000 budget.	2012 – 2017
Assistant Clinical Professor (WOC), University of California Los Angeles School of Nursing Teaching and supervision of nurse practitioner students in post-acute care.	2009 – 2011
SNF Specialist, HealthCare Partners Medical Group (now Optum) Leader for Quality Improvement, GRACE Program Implementation, and POLST education workshop	2009 – 2011
Hospitalist, Kaiser Permanente Medical Group	2007 – 2011
Clinician Educator, Liaoning International General Health Trainers Family Practice Residency Program	2007 – 2012

EDUCATION

Fellowship, Geriatrics. University of California in Los Angeles, Los Angeles, CA	2008 – 2009
Residency, Internal Medicine. Kaiser Permanente – Los Angeles Medical Center, Los Angeles, CA	2004 – 2007
Doctor of Medicine, University of Southern California-Keck School of Medicine, Los Angeles, CA	2000 – 2004
Bachelor of Science, Gerontology (Major), Bioethics (Minor). University of Southern California, Los Angeles, CA	1996 – 2000

CERTIFICATIONS & LICENSURE

Board Certified , American Board of Internal Medicine	2007, 2017
Board Certified , American Board of Internal Medicine in Hospice and Palliative Medicine	2012
Board Certified , American Board of Internal Medicine in Geriatrics	2009, 2019

OTHER PROFESSIONAL LEADERSHIP/ACTIVITIES

Steering Committee Member. Ventura County Hospital Alliance	2020 – 2022
Planning Committee Member. California Association of Long Term Care Medicine Weekly COVID-19 Webinars	2020 – Present
Advisor. Center for the Advancement of Geriatrics and Palliative Care Planning Committee	2014

SELECTED PRESENTATIONS/PUBLICATIONS

Wasserman, M., Ouslander, J.G., Lam, A. et al. Diagnostic Testing for SARS-Coronavirus-2 in the Nursing Facility: Recommendations of a Delphi Panel of Long-Term Care Clinicians. J Nutr Health Aging (2020). <https://doi.org/10.1007/s12603-020-1401-9>

M. Wasserman ; A.G. Wolk ; A. Lam (2020): An Aspirational Approach to Nursing Home Operations During the COVID-19 Pandemic. The Journal of Nursing Home Research Science (JNHRS). <http://dx.doi.org/10.14283/jnhrs.2020.6>

"CALTCM SNF 2.0: Modernizing SNF Care for the 21st Century - Lessons from 2012-2018." (September 2018) UCLA Care Transitions Bootcamp Preconference.

"Readmission Review Committees." (May 2018) Health Services Advisory Group (HSAG), in partnership with the California Association Long Term Care Medicine (CALTCM). Lindsay Holland, Tracie Murray JD, Albert Lam presenting. 300+ attendees.

"HCC Coding – A Geriatrician's Point of View." (December 2015) Sutter Health RAF Champions Committee. Speaker.

"Implementation and Stakes of Cal MediConnect in Santa Clara County." (November 2014) New American Media Ethnic Media News Briefing and Roundtable for Launch of Cal MediConnect for Dual Eligibles in Santa Clara County. Panel Presenter.

SELECTED RESEARCH ACTIVITIES

"Functional Outcomes of a Multi-component Geriatric Trauma Intervention." (2009) University of California, Los Angeles; *Project planning*; Principle Investigator: Lillian Min, M.D.

"New Variables to Predict Severity of Illness and Probability of Rehabilitation in Stroke Patients." (1999) Alzheimer's Disease Research Center at Rancho Los Amigos Medical Center; *Unpublished data*; Advisor: Freddi Segal-Gidan, PA, Ph.D.

HONORS & AWARDS

Professional

- California Health Care Foundation Grant Recipient: Nursing Home and Health Plan Partnership. 2016 – 2018
- American Geriatric Society Presidential Poster Session Selection: SNF 2.0: INTERACT-ing Beyond 6 Months. May 2015
- American Geriatric Society Presidential Poster Session Selection: SNF 2.0: INTERACT-ing with the Unengaged. May 2014
- California Health Care Foundation Grant Recipient: SNF 2.0: Modernizing Skilled Nursing Care for the 21st Century. February 2013 – January 2015
- Tender Loving Care Recognition for "going the extra mile" to provide care: August 2009

Innovation/Consulting

- 1st Place. Health 2.0 California Health Care Foundation "Delivering Actionable Data" Design-a-Thon: Healthbeats County Health Assessment Dashboard to Decisions. September 2013
- 2nd Place. Health 2.0 San Francisco "Power to the Patient" Code-a-Thon: Congestive Heart Failure Post Discharge Monitoring Dashboard. September 2013

Medical School

- Medical Student Research Fellowship Award: Summer 2001

Undergraduate

- *Magna Cum Laude*
- USC Trustee Scholar (Full Scholarship)
- Dean's List
- Member, Golden Key National Honor Society

Other

- Eagle Scout

HOBBIES & INTERESTS

- Medical Missions, Hiking, Reading, Football, Foosball, Archery, Volunteering

REFERENCES

- Excellent references provided upon request

Kathryn G. Kietzman, PhD, MSW, is director of the Health Equity Program and a senior research scientist at the UCLA Center for Health Policy Research. She is also an associate researcher in the Department of Community Health Sciences at the UCLA Fielding School of Public Health. Her research agenda focuses primarily on the long-term health and social care needs of physically, socially, and financially vulnerable populations, including older adults and people with disabilities who rely on public programs and other informal supports to maintain their independence.

Kietzman currently leads a California Health Interview Survey study to assess population-level need for, and access to, long-term services and supports in California. Other recent work includes projects conducted for the California Department of Aging: one to assist with the selection and visualization of long-term services and supports and caregiver indicators on the Master Plan for Aging Data Dashboard on Aging; the other project assessed the current and future demand for two Medi-Cal funded aging services programs in California. Previous research includes an evaluation of how older adults with serious mental illness are served through California's public mental health delivery system, and an investigation of how dual eligible health care consumers (i.e., those insured by both Medicare and Medi-Cal) access and use information to make decisions about their health care options. Kietzman has also evaluated efforts to increase the use of clinical preventive services among the underserved 50+ population in South Los Angeles through multi-sectoral collaboration and enhanced linkages between community and clinical settings.

Kietzman currently serves on the Executive Board of the Center for Health Care Rights (the Health Insurance Counseling and Advocacy Program for the City and County of Los Angeles), the Advisory Board of the California Social Work Education Center (CalSWEC), and is a member of the California Aging and Disability Research Partnership, which evolved from California's Master Plan for Aging. Prior to joining the UCLA Center for Health Policy Research, Kietzman was a Health and Aging Policy Fellow in the office of United States Senator Debbie Stabenow of Michigan. She has previously served as a member of the Board of Directors for the American Society on Aging and as Chair of the Commission for the Senior Community in the City of Santa Monica,

Kietzman earned her doctorate in social welfare from the UCLA Luskin School of Public Affairs where her dissertation research was supported by the John A. Hartford Foundation and the Agency for Healthcare Research and Quality. She completed both bachelor and master degrees in social welfare at UC Berkeley.

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EDUCATION

Ph.D. 2008, **University of California, Los Angeles**
School of Public Affairs, Department of Social Welfare

M.S.W. 2002, **University of California, Berkeley**
School of Social Welfare
Concentration: Management and Planning

B.A. 1982, **University of California, Berkeley**
School of Social Welfare

RESEARCH AND POLICY INTERESTS

Health and aging policy; Home and community-based care for older adults and adults with disabilities; Long-term services and supports; Preventive health and wellness; Older adults and mental health services; Consumer direction and self-determination; Geriatric workforce; Translating research to policy

PROFESSIONAL EXPERIENCE

2021-present **Director, Health Equity Program**
UCLA Center for Health Policy Research
UCLA Fielding School of Public Health
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2020-present **Associate Researcher**
Department of Community Health Sciences
UCLA Fielding School of Public Health
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2012-2020 **Assistant Researcher**
Department of Community Health Sciences
UCLA Fielding School of Public Health
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2020-present **Senior Research Scientist**
UCLA Center for Health Policy Research
UCLA Fielding School of Public Health
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2010-20 **Research Scientist**
UCLA Center for Health Policy Research
UCLA Fielding School of Public Health
Los Angeles, CA

2010-11 **Research Consultant**
Institute for Change, Partners in Care Foundation
San Fernando, CA

FELLOWSHIPS

2008-10 **Health and Aging Policy Fellow**
United States Congress, Office of Senator Debbie Stabenow
Funded by the Atlantic Philanthropies, Administered by the Department of Psychiatry
at Columbia University in collaboration with the American Political Science Association.

2007-08 **R36 Health Services Research Dissertation Grant**
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services

2006-08 **Hartford Doctoral Fellowship in Geriatric Social Work**
Funded by the John A. Hartford Foundation and administered by the Gerontological
Society of America. Part of the Geriatric Social Work Initiative.

2006-07 **Dissertation Year Fellowship**
University of California, Los Angeles: Graduate Division.

2005-06 **Dr. Ursula Mandel Scholarship, UCLA Graduate Division Special Fellowship**
2004-05 **David and Marianna Fisher Fellowship, UCLA School of Public Affairs**
2003-04 **Advisory Board Fellowship, UCLA School of Public Affairs**
2003-04 **UC Regents Conference and Travel Award**
2002-03 **UC Regents Stipend and Tuition Award**

OTHER AWARDS

2018 **Gerontological Society of America**
Fellow, Gerontological Society of America
Social Research, Policy, and Practice Section

2013 **National Institute on Aging**
Butler-Williams Scholars Program (formerly NIA Summer Research Institute)
July 14 -19, 2013

2005 **Gerontological Society of America Student Research Award, Doctoral Level**
Honorable mention for empirical research paper entitled: *Family, Friends, and Strangers: Caregiving Work Satisfaction across Three Types of Paid Caregivers*.
Presented by the Social Research, Policy, and Practice Section.

PUBLICATIONS

In Development

Padilla-Frausto, I. & Kietzman, K. G. Economic insecurity and health: Using the California Elder Index to assess oral health outcomes among the “hidden poor”. (Target journal: *Journal of Aging and Health*)

Under Review

Miller, L. M. & **Kietzman, K. G.** (under review). Advancing age-friendly communities for low-income older adults: An adaptation of the WHO age-friendly community framework.

Chen, L., Young, M.E.D.T., **Kietzman, K.**, Rodriguez, A. M. (under review). Immigrants' exclusion experiences of law enforcement and public charge in California. *Journal of Immigrant and Minority Health*.

Peer-Reviewed Articles

Young, M.E.D.T., Chen, L., Sudhinaraset, M., Saadi, A., **Kietzman, K.** Wallace, S.P. (2022). Cumulative experiences of immigration enforcement policy and the physical and mental health outcomes of Asian and Latinx immigrants. *International Migration Review*.

Nakphong, M. K., Young, M. E. D. T., Morales, B., Guzman-Ruiz, I. Y., Chen, L., & **Kietzman, K. G.** (2022). Social exclusion at the intersections of immigration, employment, and healthcare policy: A qualitative study of Mexican and Chinese immigrants in California. *Social Science & Medicine*, 298, 114833.

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Project Final Reports

Kietzman KG, Haile M, Chen X, Pourat N. 2022. Multipurpose Senior Services Program (MSSP) and Community-Based Adult Services (CBAS) Needs Assessment Final Report: Deliverable #5. Los Angeles, CA: UCLA Center for Health Policy Research.
<https://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=2345>

Kietzman, K. G., Palimaru, A., Bacong, A. M., Gutierrez, B., Miao, E., & Pourat, N. (2018). *Housing for Health: Assessing the Cross-Sector Impacts of Providing Permanent Supportive Housing to Homeless High Utilizers of Health Care Services. Findings from Key Informant Interviews and Focus Groups*. Funded by the Robert Wood Johnson Foundation through the Systems for Action National Coordinating Center. Final Report submitted to Los Angeles County Department of Public Health. December 5, 2018.

Kietzman, K. G., Bacong, A. M., Gutierrez, B., Pourat, N. (2018). *Addressing Social Determinants of Health in Stockton: Abbott Fund's Strategic Plan*. Los Angeles, CA: UCLA Center for Health Policy Research. October 31, 2018.

Kietzman, K.G. (2017). *Fee-For-Service or Managed Care? An Investigation of Dual Eligible Consumer Preferences for Health Care Delivery (aka, The CHOICE Study)*. Final Narrative Report with Bibliography. Robert Wood Johnson Foundation Grant Award ID #73052. Optimizing Value in Health Care: Consumer-Focused Trends from the Field. October 31, 2017.

Frank J. C., **Kietzman, K.,** Damron-Rodriguez J., & Dupuy, D. (2017). *Focus Groups*. California Mental Health Older Adult System of Care Project: Deliverable #4. Los Angeles, CA: UCLA Center for Health Policy Research. June 20, 2017.

Frank J. C., **Kietzman, K.,** Damron-Rodriguez J., & Dupuy, D. (2017). *Secondary Data Analyses and Key Informant Interviews*. California Mental Health Older Adult System of Care Project: Deliverable #3. Los Angeles, CA: UCLA Center for Health Policy Research. February 28, 2017.

Frank J. C., **Kietzman, K.,** Damron-Rodriguez J., & Dupuy, D. (2016). *Proposed Outcomes and Indicators for Older Adult Public Mental Health Services*. California Mental Health Older Adult System of Care Project: Deliverable #2. Los Angeles, CA: UCLA Center for Health Policy Research. June 30, 2016.

Wallace, S., **Kietzman, K.,** Padilla-Frausto, I., Gutierrez, A. (2016). *Pre-Pilot Testing of a Universal Assessment for California's Home- and Community-Based Services: Universal Assessment Tool Focus Group Report*. Prepared for the Adult Programs Division, In-Home Supportive Services, Department of Social Services, State of California—Health and Human Services Agency. June 30, 2016.

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Kietzman, K. G., Torres, J., Chang, C., & Wallace, S. P. (2012). **Helping Older adults Maintain independence To Optimize Options (HOME TOO) Study**. Final Evaluation Report to The SCAN Foundation. August 30th, 2014.

Wallace, S. P., & **Kietzman, K. G.** (2014). *Increasing Clinical Preventive Service Use by Older Adults and Reducing Health Disparities*. Special Interest Project. Final Report to the Centers for Disease Control and Prevention. April 15, 2014.

Kietzman, K. G., Durazo, E. M., Torres, J., & Wallace, S. P. (2012). **Helping Older adults Maintain independence (HOME) Study**. Final Evaluation Report to The SCAN Foundation. February 1st, 2012.

GRANTS

California Collaborative for Long Term Services and Supports (CCLTSS). \$33,000. Local MPA Implementation Tracking. (Kathryn G. Kietzman, Principal Investigator). 07/01/22 – 12/31/23

Molina Health Care Charitable Foundation. \$100,000 Health Equity Challenge II. (Kathryn G. Kietzman, Principal Investigator). 10/01/ 22 - 09/30/23

California Health Care Foundation. \$100,000. Health Equity Challenge II. (Kathryn G. Kietzman, Principal Investigator). 11/15/22 – 09/30/23

Molina Health Care Charitable Foundation. \$125,000 Health Equity Challenge. (Kathryn G. Kietzman, Principal Investigator). 12/01/21 - 09/30/22

NIH/National Institute for Minority Health and Health Disparities. \$480,252. Linking State Policies to Latino and Asian American Immigrant Health Care Access. (Kathryn G. Kietzman, Principal Investigator). 05/01/21-04/30/23. 5R01MD012292-05

NIH/National Institute for Minority Health and Health Disparities. \$1,878,055. Social Determinants of Health Care Use by Youth in Latino Immigrant Families (Alexander Ortega, Co-Principal Investigator, Ninez Ponce, Co- Principal Investigator, Kathryn G. Kietzman, Co-Investigator). 04/01/21 – 03/31/26. 1R01MD014146-01A1

State of California, Department of Aging. \$126,000. Master Plan for Aging Data Dashboard. (Kathryn G. Kietzman, Principal Investigator). 08/15/21 – 07/31/22.

State of California, Department of Aging. \$170,000. Needs Assessment of Multipurpose Senior Services Program (MSSP) and Community-Based Adult Services (CBAS) in California. (Kathryn G. Kietzman, Principal Investigator, Nadereh Pourat, Co-Investigator). 10/01/21 – 09/30/22.

Metta Fund. \$100,000. Economic Security for Older Adults in San Francisco and California: Assuring the Elder Index as a Benchmark. (Kathryn G. Kietzman, Principal Investigator, Imelda Padilla-Frausto, Co-Investigator). 7/1/21 – 6/30/23.

Abbott Fund. \$100,000. Evaluation Design Plan for Programs in Stockton, California (Nadereh Pourat, Principal Investigator, Kathryn G. Kietzman, Co-Principal Investigator). 4/1/19 – 12/31/19. Abbott Fund Contract #20183662

State of California, Department of Health Care Services. \$3,000,000. California Health Interview Survey: Long-Term Services and Supports Study. (Kathryn G. Kietzman, Principal Investigator; Ninez A. Ponce, Co-Investigator). 7/1/18 – 6/30/26. DHCS Contract #18-95340

Archstone Foundation. \$55,000. Older Adult Health Services: Future Recommendation for Workforce Education and Training. (Janet C. Frank, Principal Investigator; Kathryn Kietzman, Co-Principal Investigator). 10/1/17 – 6/30/19. Archstone Foundation Grant #18-01-07

Abbott Fund. \$303,819. Assessing Health and Social Service Needs of Stockton, California (Nadereh Pourat, Principal Investigator, Kathryn G. Kietzman, Co-Principal Investigator). 5/15/18 – 12/31/18. Abbott Fund Contract #20183662

Robert Wood Johnson Foundation. \$100,000. Housing for Health: Assessing the Cross-Sector Impacts of Providing Permanent Supportive Housing to Homeless High Utilizers of Health Care Services (Ricardo Basurto-Davilla, Principal Investigator at County of Los Angeles Department of Public Health; Nadereh Pourat, Principal Investigator, Kathryn G. Kietzman, Co-Principal Investigator subcontract at UCLA). 7/1/17 – 6/30/18. Systems for Action National Coordinating Center, Grant Award ID #73693

Robert Wood Johnson Foundation. \$399,129. Fee-For-Service or Managed Care? An Investigation of Dual Eligible Consumer Preferences for Health Care Delivery (The CHOICE study). (Kathryn G. Kietzman, Principal Investigator; Steven P. Wallace, Co- Principal Investigator). 10/1/15 – 9/30/17. Robert Wood Johnson Foundation Grant Award ID #73052

State of California, Mental Health Services Oversight and Accountability Commission. \$469,000 California Mental Health Older Adult System of Care Project. (Janet C. Frank, Principal Investigator; Kathryn Kietzman, Co-Principal Investigator). 7/1/15 – 6/30/18. Agreement # 14MHSOAC016

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health. \$1,500,000. Healthy Aging Partnerships in Prevention Initiative (HAPPI). (Steven P. Wallace, Principal Investigator, Kathryn G Kietzman, Evaluation Director). 9/1/14 – 8/31/18. U.S. DHHS Office of the Assistant Secretary for Health, Mobilization for Health: National Prevention Partnership Awards Program Grant No. 1 PAWOS000015-01-00

UCLA Clinical and Translational Science Institute. \$50,000. Healthy Aging Partnerships in Prevention Initiative (HAPPI) Formative Evaluation. (Steven P. Wallace; Principal Investigator, Kathryn G. Kietzman, Project Director). 7/1/14 – 12/31/14. NIH/NCATS UCLA CTSI Grant No. UL1TR000124 and SC CTSI Grant Number UL1TR000130

State of California, Department of Social Services. \$70,421. Pre-Pilot Testing of a Universal Assessment Tool for California’s Home- and Community- Based Services. (Debra Saliba, Principal Investigator at UCLA Borun Center; Steven Wallace, Principal Investigator; Kathryn G. Kietzman, Co-Investigator subcontract at UCLA Center for Health Policy Research). March – June 2016. Agreement #15-IA-00039

The SCAN Foundation. \$166,313. The Dignity Project. (Steven P. Wallace, Principal Investigator; Kathryn G. Kietzman, Co-Investigator/Project Director). July 2013 – Dec 2014.

United States Centers for Disease Control and Prevention/National Center for Chronic Disease Prevention and Health Promotion. \$199,998. Community Health Innovations in Prevention for Seniors (CHIPS) (Steven P. Wallace, Principal Investigator; Kathryn G. Kietzman, Project Director). October 1, 2011 – March 29, 2014. Special Interest Project (SIP): 11-045 Cooperative Agreement Number: U48DP001934-05S1

United States Centers for Disease Control and Prevention, National Association of Chronic Disease Directors, Michigan Public Health Institute. \$90,753. Opportunity Knocks: Increasing the Uptake of Clinical Preventive Services among Older Adults. (Steven P. Wallace, Principal Investigator; Kathryn G. Kietzman, Project Director). 7/1/11 – 12/31/11.

The SCAN Foundation. \$275,000. Helping Older-adults Maintain independence Through Optimizing Options (HOME TOO). (Steven P. Wallace, Principal Investigator; Kathryn G. Kietzman, Project Director). 7/1/12 – 6/30/14. The SCAN Foundation Grant # 12-012

The SCAN Foundation. \$190,333. Helping Older-adults Maintain independence (HOME) (Steven P. Wallace, Principal Investigator; Kathryn G. Kietzman, Project Director). 7/1/10 – 8/31/11. The SCAN Foundation Grant # 20100669

The California Endowment. California Health Interview Survey (CHIS) “Use and Impact” Study (E. Richard Brown, Principal Investigator; Ninez A. Ponce, Principal Investigator; Kathryn G. Kietzman, Investigator). 2010 – present.

OTHER RESEARCH EXPERIENCE

- 2016 – 2019 **Evaluation Consultant –
Personal Assistance Services Council** Los Angeles, CA.
Assessing the needs and experiences of consumers and providers of In-Home Supportive Services in Los Angeles County. (Kathryn G. Kietzman, Principal Consultant)
- 2017 **Research Consultant -
Applied Aging Research.** Manhattan Beach, CA.
Archstone Foundation Fall Prevention Legacy Publication. (Janet C. Frank, DrPH, Principal Investigator)
- 2011 **Evaluation Consultant -
John A. Hartford Foundation.** New York, NY.
Served as a consultant to evaluate the Eldercare Workforce Alliance, a grantee of the Foundation.
- 2010 -11 **Research Consultant -
Institute for Change, Partners in Care Foundation.** San Fernando, CA.
Evaluating the implementation of evidence-based dementia caregiver interventions among diverse populations (i.e., Asian/Pacific Islanders, Latinos/Hispanics, and African Americans) across the State of California.
- 2006-08 **Principal Investigator – Paid Family Caregiver Motivation (Dissertation)
Department of Social Welfare,** UCLA School of Public Affairs
Designed and administered a mixed methods study concerned with the reasons family and friend caregivers of low-income disabled adults and frail elderly assume paid caregiving roles, and how these motivations are related to caregiver well-being. *Funded by: John A. Hartford Foundation Doctoral Fellows Program in Geriatric Social Work and U.S. DHHS, Agency for Healthcare Research and Quality*
- 2003-05 **Research Assistant – Labor Force Expansion through Retention of Related Caregivers
Lewis Center for Regional Policy Studies,** UCLA School of Public Affairs
Assisted in all phases of a *Better Jobs, Better Care* research project, including survey and interview guide development and administration, and quantitative and qualitative data analysis. *Principal Investigator: A.E. Benjamin, Ph.D., Project Director: Ruth Matthias, Ph.D. Funded by: Robert Wood Johnson Foundation and Atlantic Philanthropies*
- 2003 **Graduate Student Researcher – Participatory Action Research in Homecare
California Homecare Research Working Group,** UCLA Center for Labor and
Employment
Developed case studies of Participatory Action Research (PAR) in the homecare arena through qualitative interviews of academic scholars, union organizers, and homecare workers. Assisted in the preparation of a successful collaborative and interdisciplinary grant proposal funded by the California Policy Research Center.
- 2001-02 **Graduate Student Researcher – National Family Caregiver Support Program Evaluation
Center for the Advanced Study of Aging Services,** University of California, Berkeley
Member of a research team which evaluated the implementation of the National Family Caregiver Support Program in the State of California. Analyzed the caregiver needs assessment process used by 33 Area Agencies on Aging; surveyed the current needs of family caregivers; developed conceptual models of caregiver service utilization; compiled a report of innovative caregiver programs.
Principal Investigator: Andrew E. Scharlach, Ph.D. Funded by: California Department of Aging

2001-02 **Research and Policy MSW Intern**

Family Caregiver Alliance/National Center on Caregiving, San Francisco, CA

Projects included compiling a resource inventory of caregiver measures for dissemination to practitioners nationwide, and analyzing the implementation of the National Family Caregiver Support Program and its effect on California's eleven regional Caregiver Resource Centers.

2001-02 **Research Interviewer**

Benjamin Rose Institute, Cleveland, OH / **Family Caregiver Alliance**, San Francisco, CA

Conducted in-person interviews as part of a longitudinal study investigating the decision-making processes of caregiver and cognitively impaired care recipient dyads.

Principal Investigators: Carol J. Whitlatch, Ph.D., Lynn Friss Feinberg, M.S.W.

2001 **Graduate Student Researcher**

CalSWEC (California Social Work Education Center), University of California, Berkeley

Assisted in the development of a standardized core curriculum for supervisors and workers in county child welfare services. Participated in the implementation of a statewide pilot county child welfare worker training project and evaluation series, as well as planning and implementing the 4th Annual Human Services Training Evaluation Symposium.

2000-01 **Planning and Administrative MSW Intern**

Area Agency on Aging, Alameda County, Oakland, CA

Participated in the developing plans and policies related to the delivery of services to the elderly in Alameda County. Conducted needs assessments, analyzed county demographic data, reviewed and evaluated contract bidders' proposals.

2000 **Enumerator**

United States Bureau of the Census, San Diego, CA

Conducted census interviews of persons in special group quarter living situations, including nursing homes, assisted living, and board and care facilities.

TEACHING EXPERIENCE

Fall **Teaching Assistant**

2007 UCLA School of Public Affairs, Department of Social Welfare
Social Welfare M221A: *Foundations of Social Welfare Policy*
Professor: Rosina Becerra, Ph.D.

2005-06 **Instructor & Teaching Assistant**

UCLA Undergraduate General Education Cluster 80A, B:
Frontiers in Human Aging: Biomedical, Social and Policy Perspectives
Professor: JoAnn Damron-Rodriguez, Ph.D.

Summer **Teaching Assistant**

2004 UCLA School of Public Affairs, Department of Social Welfare
Social Welfare 102: *Social Welfare Organizations and Community Systems*
Professor: Jorja Leap, Ph.D.

INVITED LECTURES

Jan, 2019 UCLA Center for Health Policy Research
Health Policy Seminar Series
Title: *Future Workforce Plans Need to Support the Mental Health Needs of California's*

Older Adults

Los Angeles, California (January 23rd, 2019)

- Jan, 2019 University of California, Los Angeles School of Nursing
Title: *Community Resources for the Care of Older Adults*
Audience: Nurse Practitioner Students
Professor: Jan Mentes, PhD (January 16th, 2019)
- Apr, 2018 Orange County Aging Services Collaborative
4th Annual Leadership Forum on Aging
Title: *California Mental Health Older Adult System of Care Project*
Garden Grove, CA (April 12, 2018)
- Apr, 2018 Alameda County Health Care Agency
Department of Behavioral Health Care Services
Title: *California Mental Health Older Adult System of Care Project*
San Leandro, California (April 10, 2018)
- Jan, 2018 UCLA Center for Health Policy Research
Health Policy Seminar Series
Title: *Older Californians and the Mental Health Services Act: Is an Older Adult System of Care Supported?* (January 25, 2018)
- Sep, 2017 UCLA Center for Health Policy Research
Health Policy Seminar Series
Title: *Hard CHOICE? Why aren't more Angelenos enrolling in Cal Mediconnect?*
(September 27, 2017)
- Sep, 2017 Department of Social Services, Community Care Licensing Division
Mental Health Symposium, Statewide Adult and Senior Care Program Office
Title: *California Mental Health Older Adult System of Care Project*
Sacramento, California (September 14, 2017).
- Jun, 2017 California Mental Health Planning Council, Community Dialogue on Behavioral Health
Needs Within The Older Adult And Aging Population
Title: *UCLA California Mental Health Older Adult System Of Care Project*
Atrium Hotel. Irvine, California. (June 16, 2017)
- Jun, 2017 California Behavioral Health Directors Association
Mental Health Services Act (MHSA) Coordinators Meeting
Title: *California Mental Health Older Adult System of Care Project*
Sacramento, California (June 5, 2017)
- Feb, 2017 University of California, Los Angeles Fielding School of Public Health
Title: *Clinical Preventive Services*
Community Health Sciences 283: Evidence Based Health Promotion Programs
for Older Adults
Audience: Graduate and Undergraduate Students
Professor: Janet C. Frank, DrPH (February 16th, 2017)

- Feb, 2017 University of California, Los Angeles Fielding School of Public Health
 Title: *Aging Policy, Community-Based Programs, and the Affordable Care Act*
 Community Health Sciences 291: Health Policy and the Aged
 Audience: Graduate and Undergraduate Students
 Professor: Steven P. Wallace, PhD (February 9th, 2017)
- Feb, 2017 University of California, Los Angeles Luskin School of Public Affairs
 Title: *Older Adults and the Affordable Care Act*
 Gerontology & Social Welfare M108:
 Biomedical, Social and Policy Frontiers in Human Aging
 Audience: Undergraduate Students
 Professor: Lené Levy-Storms, PhD (February 2nd, 2017)
- Jun, 2016 5th Annual Southern California Mobile Health Clinics Coalition Meeting
 Title: *Integrating Clinical Preventive Services on your Mobile Health Unit*
 Audience: Mobile Health Clinic providers and administrators
 The California Endowment: Los Angeles, CA. (June 17, 2016)
- Apr, 2016 University of California, Los Angeles Luskin School of Public Affairs
 Title: *Older Adults and the Affordable Care Act*
 Gerontology & Social Welfare M108:
 Biomedical, Social and Policy Frontiers in Human Aging
 Audience: Undergraduate Students
 Professor: Scott Kaiser, MD (April 21st, 2016)
- Feb, 2016 AARP Learning Collaborative on Managed Long-Term Services and Supports and
 Family Caregivers – presentation of the CHOICE study (February 25th, 2016)
- Feb, 2016 University of California, Los Angeles Fielding School of Public Health
 Title: *Clinical Preventive Services*
 Community Health Sciences 283: Evidence Based Health Promotion Programs
 for Older Adults
 Audience: Graduate and Undergraduate Students
 Professor: Janet C. Frank, DrPH (February 18th, 2016)
- Jan, 2016 University of California, Los Angeles School of Nursing
 Title: *Community Resources for the Care of Older Adults*
 Audience: Nurse Practitioner Students
 Professor: Jan Menten, PhD (January 20th, 2016)
- Dec, 2015 Ben Gurion University, Beersheba, Israel
 Title: *Public-Private Mix in the Delivery of Care to Older Adults and Persons with
 Disabilities in the United States*
 International Workshop: Rethinking Private-Public Mix in Healthcare: US, Europe and
 Israel (December 16-17, 2015)
- Sep, 2015 UCLA Center for Health Policy Research
 Health Policy Seminar Series
 Promoting Preventive Health Care in the Community: The Healthy Aging Partnerships in
 Prevention Initiative
 (September 22, 2015)

- Apr, 2015 Azusa Pacific University
 Title: *Community Resources for the Care of Older Adults*
 Audience: Nurse Practitioner Students
 Professor: Diana Lynn Woods, PhD, MN (Azusa campus: April 13th, 2015)
- Feb, 2015 University of California, Los Angeles Fielding School of Public Health
 Title: *Clinical Preventive Services*
 Community Health Sciences 283: Evidence Based Health Promotion Programs for Older Adults
 Audience: Graduate and Undergraduate Students
 Professor: Janet C. Frank, DrPH (February 26th, 2015)
- Feb, 2015 University of California, Los Angeles Luskin School of Public Affairs
 Title: *Older Adults and the Affordable Care Act*
 Gerontology & Social Welfare M108:
 Biomedical, Social and Policy Frontiers in Human Aging
 Audience: Undergraduate Students
 Professor: Lené Levy-Storms, PhD (February 2nd, 2015)
- Dec, 2014 Azusa Pacific University
 Title: *Community Resources for the Care of Older Adults*
 GNRS 729: Population Health and Epidemiology
 Audience: Nursing Doctoral Students
 Professor: Diana Lynn Woods, PhD, MN (Monrovia campus: December 11th, 2014)
- Dec, 2014 Hartford Change AGENTS conference
 Workshop: *Connecting, Moving Change Through Stories*
 Co-presented with Louise Aronson, MD
 Title: *Storytelling for Policy Change*
 Philadelphia, PA. December 3 – 4, 2014
- Oct, 2014 University of California, Los Angeles School of Nursing
 Title: *Community Resources for the Care of Older Adults*
 Audience: Nurse Practitioner Students
 Professor: Mary Cadogan, DrPH, RN, CGNP (October 22nd, 2014)
- Jul, 2014 The SCAN Foundation
 Title: *Cal MediConnect: Opportunities and Concerns for Low Income Older Californians*
 Audience: New America Media panel of journalists
 Long Beach, CA. (July 10, 2014)
- May, 2014 University of California, Los Angeles, Honors Cluster Course on Aging
 Title: *The Safety Net for Older Adults: Informal and Formal Caregiving*
 GE80: Social Networks: Determinants of Health. (May 20, 2014)
 Professor: Daphna Gans, PhD
- Mar, 2014 University of California, Los Angeles Fielding School of Public Health
 Title: *Clinical Preventive Services*
 Community Health Sciences 283: Evidence Based Health Promotion Programs for Older Adults (March 31, 2014)
 Professor: Janet C. Frank, Dr.PH.

- Mar, 2014 UCLA Center for Health Policy Research Seminar/Webinar
Co-presented with Jacqueline M. Torres, CHS doctoral student
Title: *Promise or Peril?: How low income older Californians are faring in the face of major health care delivery changes.* (March 19, 2014)
- May, 2013 California Assembly Aging and Long Term Care Committee
Informational Hearing: Aging and Mental Health: A Toolkit for the 21st Century Workforce
Title: *Aging California in the 21st Century & Behavioral Health Needs*
Sacramento, CA. (May 21, 2013)
- May, 2013 University of California, Los Angeles, Honors Cluster Course on Aging
Title: *The Safety Net for Older Adults: Informal and Formal Caregiving*
GE80: Social Networks: Determinants of Health. (May 14, 2013)
- Feb, 2013 University of Southern California, School of Social Work
Title: *Pathways and Bridges to Policy Practice: Opportunities in Social Work.*
Social Work 534: Structure and Operation of Current American Social Welfare Programs
Professor: Karra Bikson, Ph.D.
- Dec, 2012 University of California, Los Angeles School of Nursing
Title: *Community Resources for the Care of Older Adults.*
Nursing 232F: Human Responses to Aging and Chronic Illness
Professor: Janet Mentes, Ph.D., APRN
- Oct, 2012 Hartford Foundation Public Policy Leadership Institute
Title: *Advice on Communicating with Staff and Members of Congress.*
Oct 18 -19, 2012: Washington, DC.
- Jun, 2012 UCLA 17th Annual Research Conference on Aging.
Title: *There's No Place Like Home: A Year in the Lives of Older Adults who Depend on a Fragile Network of Long-Term Services and Supports.*
UCLA Neuroscience Research Conference Room.
- May, 2012 Southern California CARE Congress: Caring across generations: Changing the way we care
Title: *Independence at Risk: Older Californians with Disabilities Hold on as Public Supports Shrink.* California State University, Los Angeles
- April, 2012 University of California, Los Angeles School of Public Health
Title: *Qualitative approaches to program evaluation.*
Community Health Sciences 211B: Program planning, research, and evaluation.
Professors: Steven P. Wallace, Ph.D., Chandra Ford, Ph.D.
- Apr, 2012 St. Barnabas Senior Services of Los Angeles, Board of Directors Meeting
Title: *The Affordable Care Act: Implications and Opportunities for the Delivery of Senior Services in California.*
- Mar, 2012 Olmstead Advisory Committee, Quarterly Meeting
Title: *Independence at Risk: Older Californians with Disabilities Hold on as Public Supports Shrink.*
Department of Rehabilitation. Sacramento, California

- Mar, 2011 The California Wellness Foundation.
Title: *Elder Advocacy in California: Challenges and Opportunities for 2011*.
2011 Conference on Healthy Aging, San Francisco, CA.
- May, 2007 University of California, Los Angeles
Title: *The Safety Net for Older Adults: Home and Community-based Care*
General Education 80CW: The Safety Net for Older Adults.
Instructor: Gawon Chung, MSW
- May, 2005 California State University, Los Angeles, Department of Social Work
Title: *Caregiving: The "Unexpected Career"*
Social Work 510C: Human Behavior and the Social Environment.
Instructor: Sofya Bagdasaryan, Ph.D.
- Apr, 2005 University of California, Los Angeles
Title: *Long-Term Care Policy in the U.S. and California: Impact on Caregivers*
General Education 80CW: Caregiving for the Aged: Practice, Policy, & Research
Perspectives.
Instructor: Kayoko Nakao, MSW, MSG.
- Apr, 2004 University of California, Los Angeles
Title: *Evaluation of Medicaid Home and Community Based Waivers*
Social Welfare M290P: Aging Policy, Elderly and Families.
Professor: JoAnn Damron-Rodriguez, Ph.D.

CONFERENCE PRESENTATIONS (peer reviewed)

Chen, L. Allen, R., **Kietzman, K.** (2021, November). Disparities in financial strain for older adults and people with disabilities in California. Oral presentation at the 2021 Gerontological Society of America (GSA) Annual Scientific Meeting (Virtual meeting).

Chen, L. Young, M.E.D.T., **Kietzman, K.**, Rodriguez, M.A. (2021, October). Exclusionary experiences of law enforcement and the avoidance of public benefits among immigrants in California. Virtual Oral presentation at the 2021 American Public Health Association (APHA) Annual Meeting and Expo, Denver and Online.

Kietzman, K., Chen, L., & Allen, R. (2021). Using Population-Level Data to Assess Need for and Use of Long-Term Services and Supports in California. *Innovation in Aging*, 5(Suppl 1), 501.

Chen, L. Allen, R., **Kietzman, K.** (2021, October). Disability index and unmet needs for long-term services and supports in California. Poster presentation at the 2021 American Public Health Association (APHA) Annual Meeting and Expo, Denver and Online.

Guzman-Ruiz, I., Young, M. E., Nakphong, M., Chen, L. E. I., Morales, B., Campos, R., **Kietzman, K. G.**, & Wallace, S. P. (2020, October). The influence of intersecting institutional policies on the lived experiences of Mexican and Chinese immigrants in California: Impacts on health. Poster presentation at the virtual American Public Health Association Annual Meeting, October 25, 2020.

Nakphong MK, Morales B, Guzman IY, Chen L, **Kietzman K**, Wallace SP. Experiences of exclusion in employment and impacts on health care access among Latino and Asian immigrants in California. Virtual Poster presentation, American Public Health Association Annual Meeting, October 25, 2020.

Rodriguez, M., Sudhinaraset, M., **Kietzman, K. G.**, & Wallace, S. P. (2020, October). Immigrant fears related to use of government benefits: Implications of the “public charge” and its impact on access to care. In *APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24-28)*. APHA.

Kietzman, K. G., Alkema, G., Troy, L. M., Hollister, B., & Kaskie, B. (2019). *Shaping Aging Policy through the Development and Delivery of Effective Policy Narratives*. Symposium Presentation: American Society on Aging, 2019 Aging in America Conference. New Orleans, LA.

Kietzman, K. G., Palamaru, A., & Frank, J. C. (2019, November). Building the behavioral health workforce to better serve older adults: Needs and opportunities. In *APHA's 2019 Annual Meeting and Expo (Nov. 2-Nov. 6)*. APHA.

Kietzman, K. G., Bacong, A., Gutierrez, B., & Pourat, N. (2019, November). Using a social determinants of health framework to assess the needs and capacity of a community to reduce diabetes. In *APHA's 2019 Annual Meeting and Expo (Nov. 2-Nov. 6)*. APHA.

Frank, J. C., **Kietzman, K. G.**, Damron-Rodriguez, J., Palamaru, A. I., del Pino, H., & Regos-Stewart, D. H. (2018). *California's Mental Health Services Act: Does It Support an Older Adult System of Care?* Poster presentation. Gerontological Society of America's 70th Annual Conference. Boston, MA.

Kietzman, K. G., Dupuy, D., Palamaru, A., del Pino, H., Damron-Rodriguez, J., & Frank, J.C. (2018). *Transforming Public Mental Health Care for Older Adults with Serious Mental Illness*. Paper presentation: American Public Health Association's 146th Annual Meeting and Exposition. San Diego, CA.

Kietzman, K. G., Palamaru, A., Bacong, A. M., Gutierrez, B., Miao, E., Caesar, E., Nicholas, W., Lawrence, W., Shimkhada, L., & Basurto-Davila, R. (2018). *Housing for Health: Perspectives of Multiple Stakeholders*. Paper presentation: American Public Health Association's 146th Annual Meeting and Exposition. San Diego, CA.

del Pino, H., Heinritz-Canterbury, J., **Kietzman, K.**, & Kim, O. (2018). *Representing the Voices and Self-Determination of Diverse Older Adult Consumers*. Symposium Presentation: American Society on Aging, 2018 Aging in America Conference. San Francisco, CA.

del Pino, H., & **Kietzman, K.** (2018). *California Mental Health and Older Adult Study*. Workshop: American Society on Aging, 2018 Aging in America Conference. San Francisco, CA.

Frank, J. C., & **Kietzman, K. G.** (2018) *California Mental Health Older Adult System of Care Project*. 12th Annual San Fernando Valley Promising Practices Conference: Shaping the Future for Mental Health and Aging in Los Angeles. The California Endowment, Los Angeles, CA (January 17, 2018)

Frank, J. C., & **Kietzman, K.** (2017). *Public Mental Health Services for Older Adults in California: Has the Mental Health Services Act Brought Improvements?* Workshop: C4A Annual Meeting and Allied Conference. Los Angeles, CA. (November

Bacong, A. M., McBride, K., Reynoso, A., Wallace, S. P., & **Kietzman, K. G.** (2017). *Healthcare Decision-Making among Older Dual-Eligible Immigrants: Implications from Cal MediConnect*. Poster presentation: American Public Health Association's 145th Annual Meeting and Exposition. Atlanta, GA.

Kietzman, K. G., McBride, K., Moon, M., Bacigalupo, A., Benjamin, A. E., Wallace, S. P., Bacong, A. (2017) *Fee-for-Service or Managed Care? Investigating Dual Eligible Consumer Preferences for Health Care*. Paper Presentation: 21st IAGG World Congress of Gerontology and Geriatrics. San Francisco, CA.

Kietzman, K. G. (2017). *Fee-for-Service or Managed Care? Investigating Dual Eligible Consumer Preferences for Health Care*. Roundtable Presentation: American Society on Aging, 2017 Aging in America Conference. Chicago, IL.

Kietzman, K. G. (2016). *Advancing Aging Policy Pathways across Academic, Practice, and Virtual Settings*. Symposium Chair and Paper presentation. Gerontological Society of America's 69th Annual Conference. New Orleans, LA.

Kietzman, K. G. (2016). *Voices of Experience: The Value of Qualitative Methods in Addressing Health Policy Issues*. Discussant for qualitative interest group symposium. Gerontological Society of America's 69th Annual Conference. New Orleans, LA.

McBride, K., **Kietzman, K. G.,** & Wallace, S. P. (2016). *CHOICE study*. Round table presentation: American Public Health Association's 144th Annual Meeting and Exposition. Denver, CO.

Kietzman, K. G., Frank, J. C., Duru, O., Toy, P., Vaccaro, N., Leos, R., Kuo, T., Louis, A., & Wallace, S. P. (2016). *Healthy Aging Partnerships in Prevention Initiative (HAPPI)*. Poster presentation: American Public Health Association's 144th Annual Meeting and Exposition. Denver, CO.

Kietzman, K. G. (2016). *Messaging Geriatrics: Lessons from the Frameworks Institute reports on Aging -- Effective New Ways to Talk to Patients, the Public, Colleagues, Trainees, and System Leaders*. Workshop Facilitator: 2016 Annual Scientific Meeting of the American Geriatrics Society. Long Beach, CA. (May 21, 2016)

Kietzman, K. G. (2016). *Innovative Approaches to Providing Preventive and Health Services to Older Adults in the Community*. Symposium Presentation: American Society on Aging, 2016 Aging in America Conference. Washington, DC.

Kietzman, K. G. (2015). *Using Qualitative Methods to Assess Person-Centered Health Care Decision Making*. Paper presentation for symposium. Gerontological Society of America's 68th Annual Conference. Orlando, FL.

Kietzman, K. G., Frank, J. C., Duru, O., Toy, P., & Wallace, S. P. (2015). *Healthy Aging Partnerships in Prevention Initiative (HAPPI)*. Poster presentation. Gerontological Society of America's 68th Annual Conference. Orlando, FL.

Leos, R., **Kietzman, K. G.,** & Wallace, S. P. (2015). *Understanding Medical Care Decision-Making among Ethnically Diverse Older Adults with Multiple Chronic Conditions*. Paper presentation: American Public Health Association's 143rd Annual Meeting and Exposition. Chicago, IL.

Kietzman, K. G. & Duru, O. (2015) *Promoting Preventive Health Care in the Community: The Healthy Aging Partnerships in Prevention Initiative*. September 22, 2015. UCLA Center for Health Policy Research, Health Policy Seminar/Webinar.

Kietzman, K. G., Frank, J. C., Duru, O., Toy, P., & Wallace, S. P. (2015). *Helping Older Adults Live Healthier Lives: Improving the Delivery of Clinical and Community Preventive Services for Adults*. Panel Presentation: 2015 Healthy Aging Summit sponsored by Office of Disease Prevention and Health Promotion

(ODPHP), in the U.S. Department of Health and Human Services and the American College of Preventive Medicine. July 27-28, 2015. Washington, DC.

Duru, O., Frank, J. C., **Kietzman, K.G.**, Toy, P., & Wallace, S. P. (2015). *Healthy Aging Partnerships in Prevention Initiative (HAPPI)*. UCLA Research Conference on Aging: July 9, 2015.

Kietzman, K. G. (2015). *Dual eligible perspectives on care coordination and continuity: Lessons from the HOME project*. Paper presentation for symposium: *Tools and Resources for Policy Change*. Alkema, G., Boller, V., Burke, M., Doddi, D., Kassner, E. Kietzman, K., Reinhard, S. American Society on Aging, 2015 Aging in America Conference. Chicago, IL.

Heinritz-Canterbury, J., & **Kietzman, K. G.** (2015). *Empowering dual eligible consumers through information exchange: Early lessons from Cal MediConnect*. Workshop Presentation. American Society on Aging, 2015 Aging in America Conference. Chicago, IL.

Kietzman, K. G., Frank, J. C., Leos, R., Molina, C., & Wallace, S. P. (2014). *Engagement, delivery and follow up: Community-based interventions to increase the use of clinical preventive services by older adults*. Round table presentation: American Public Health Association's 142nd Annual Meeting and Exposition. New Orleans, LA.

Kietzman, K. G. (2014). *Care coordination for older adult "dual eligibles": Early lessons from Cal MediConnect*. Paper presentation: American Public Health Association's 142nd Annual Meeting and Exposition. New Orleans, LA.

Kietzman, K. G. (2014). *The promise of care coordination for older adult dual eligibles: Lessons from Cal MediConnect*. Session chair and paper presentation. Gerontological Society of America's 67th Annual Scientific Meeting. Washington, DC.

Kietzman, K. G., & Torres, J. M. (2014). *Caregiver and Care Recipient Need in a Time of Socioeconomic Change*. Workshop Presentation: American Society on Aging 2014 Aging in America Conference. San Diego, CA.

Troy, L. M., **Kietzman, K. G.**, Green, C. R., & Wallace, S. P. (2013). *Setting the stage for aging policy research: Challenges and emerging opportunities for early career academics*. Poster Presentation: Gerontological Society of America's 66th Annual Scientific Meeting. New Orleans, LA.

Kietzman, K. G., Wallace, S. P., Torres, J. M., Chang, C., Choi, A. S., Mendez-Luck, C. A., & Benjamin, A. E. (2013). *Using case studies to make the case for policy change: Lessons from the HOME project*. Paper presentation as part of a Qualitative Interest Group symposium entitled: "Using Qualitative Data to Inform Public Policy". Gerontological Society of America's 66th Annual Scientific Meeting. New Orleans, LA.

Kietzman, K. G., Wallace, S. P., Torres, J. M., Chang, C., Choi, A. S., Mendez-Luck, C. A., & Benjamin, A. E. (2013). *Managing complex systems to maintain independence: The perspective of home care consumers*. Paper presentation submitted as part of a Systems Research in Long Term Care symposium entitled: "Building Capacity for High Quality Long-term Care: Using Systems-level Frameworks". Gerontological Society of America's 66th Annual Scientific Meeting. New Orleans, LA.

Frank, J. C., **Kietzman, K. G.**, Leos, R., Molina, L. C., & Wallace, S. P. (2013). *Effective and accessible community-based clinical preventive services for older adults: A systematic review*. Poster Presentation: Gerontological Society of America's 66th Annual Scientific Meeting. New Orleans, LA.

Choi, A. S., **Kietzman, K. G.**, Wallace, S. P., Mendez-Luck, C. A., Benjamin, A. E., Torres, J. M., Chang, C. (2013). *The limits of aging in place for low-income older adults: Unmet needs for community dwelling older adults*. Paper Presentation: Gerontological Society of America's 66th Annual Scientific Meeting. New Orleans, LA.

Kietzman, K. G., Wallace, S. P., Torres, J. M., Choi, A. S., Chang, C., Mendez-Luck, C. A., & Benjamin, A. E. (2013). *Improving the delivery of health and social care to dual eligible older adults in the community: Lessons from the HOME study*. Paper presentation: American Public Health Association's 141st Annual Meeting and Exposition. Boston, MA.

Troy, L. M., **Kietzman, K. G.**, Green, C. R., Wallace, S. P. (2013). *Traditional academic institutions and aging policy research: Identified challenges and emerging opportunities*. Poster presentation: American Public Health Association's 141st Annual Meeting and Exposition. Boston, MA.

Choi, A. S., **Kietzman, K. G.**, Wallace, S. P., Torres, J. M., Chang, C., Mendez-Luck, C. A., & Benjamin, A. E. (2013). *Staying at home no matter what": unmet needs for community-dwelling older adults*. Paper presentation: American Public Health Association's 141st Annual Meeting and Exposition. Boston, MA.

Frank, J. C., **Kietzman, K. G.**, Leos, R., Molina, L. C., & Wallace, S. P. (2013). *Effective and accessible community-based clinical preventive services for older adults: A systematic review*. Poster presentation: American Public Health Association's 141st Annual Meeting and Exposition. Boston, MA.

Aydin, M., & **Kietzman, K. G.** (2013). *Public surveillance: A tool to ensure the prosperity of vulnerable older adults in the region*. International Istanbul Initiative on Ageing Congress, International Federation on Ageing. Istanbul, Turkey.

Kietzman, K. G., Wallace, S. P., & Leos, R. (2012). *Promoting clinical and community preventive services in socially disadvantaged populations*. Invited Panel Presentation: NIMHD 2012 Summit on the Science of Eliminating Health Disparities. National Harbor, MD.

Kietzman, K. G., Wallace, S. P., & Leos, R. (2012). *Strategies for reducing disparities in the use of clinical preventive services among older adults in community settings*. Poster Presentation: NIMHD 2012 Summit on the Science of Eliminating Health Disparities. National Harbor, MD.

Kietzman, K. G., Leos, R. Wallace, S. P., Sadegh-Nobari, T., & Parks, A. (2012). *Community-based innovations to increase the uptake of clinical preventive services by older adults and reduce health disparities*. Paper Presentation: Gerontological Society of America's 65th Annual Scientific Meeting. San Diego, CA.

Kietzman, K. G., Wallace, S. P., Durazo, E. M., Torres, J. M., Choi, A. S., Mendez-Luck, C., & Benjamin, A. E. (2012). *Rediscovering the person in the delivery of "person-centered" long-term services and supports*. Paper Presentation: Gerontological Society of America's 65th Annual Scientific Meeting. San Diego, CA.

Kietzman, K. G., Wallace, S. P., & Leos, R. (2012). *Increasing the uptake of clinical preventive services among older adults in community settings to improve health and reduce disparities*. Paper Presentation: American Public Health Association's 140th Annual Meeting and Exposition. San Francisco, CA.

Kietzman, K. G., Wallace, S. P., Durazo, E. M., Torres, J. M., Choi, A. S., Mendez-Luck, C., & Benjamin, A. E. (2012). *"Person-centered" care in home care: A view from the ground up*. Paper Presentation: American Public Health Association's 140th Annual Meeting and Exposition. San Francisco, CA.

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- SERVICE**
- 2022 – **Member,** California Aging and Disability Research Partnership
- 2021 **Peer Reviewer,** Frontiers in Aging and Public Health
- 2019-21 **Member,** California Master Plan for Aging Research Subcommittee

2021 **Peer Reviewer**, The Gerontologist

2019 **Peer Reviewer**, Journal of Gerontology and Social Sciences, Health Affairs, The Gerontologist, Journal of Racial and Ethnic Health Disparities

2019 **Abstract Reviewer**, Gerontological Society of America Annual Conference

2018- **Advisory Board**, California Social Work Education Center (CalSWEC)

2018 **Research Mentor**, UCLA undergraduates, gerontology minor independent study

2018 **Abstract Reviewer**, Gerontological Society of America Annual Conference, American Society on Aging, Aging in America Annual Conference

2017- **Steering Committee**, California Behavioral Health Planning Council, Mental Health Services Act, Workforce and Education and Training

2017-18 **Research Internship Mentor**, MPH student, California State University at Fullerton

2017 **Mentor**, UCLA Center for Community Learning, Institute for Society & Genetics, 1 undergraduate intern

2017 **Peer Reviewer**, Preventing Chronic Disease; Journal of Gerontological Social Work

2016-17 **Event Planning Committee**, Justice in Aging 45th Anniversary and Fundraising Gala

2016 **Peer Reviewer**, Public Policy Institute of California

2016 **Peer Reviewer**, The Gerontologist

2016 **Mentor**, UCLA Center for Community Learning, Institute for Society & Genetics, 3 undergraduate interns

2016 **Research Mentor**, UCLA undergraduate gerontology minor internship

2016 **Abstract Reviewer**, Gerontological Society of America Annual Conference

2016 **Abstract Reviewer**, American Society on Aging, Aging in America Annual Conference

2016 **Peer Reviewer**, Preventing Chronic Disease

2015 **Abstract Reviewer**, American Society on Aging, Aging in America Annual Conference

2015 **Peer Reviewer**, Public Policy Institute of California

2015 **Peer Reviewer**, Supportive Care in Cancer

2014- **Commissioner**, City of Santa Monica, Commission for the Senior Community (Chair: 2017-18; Vice Chair: 2018-19)

2014 **Abstract Reviewer**, American Society on Aging, Aging in America Annual Conference

2014 **Abstract Reviewer**, Society for Social Work and Research Annual Conference

2014 **Peer Reviewer**, Administration for Community Living/Administration on Aging: Senior Medicare Patrol and State Health Insurance Assistance Program Grants

2014 **Peer Reviewer**, Preventing Chronic Disease; Canadian Journal on Aging; Journal of Gerontological Social Work

2013 **Research Mentor**, Undergraduate gerontology internship

2013-2017 **Board of Directors**, At Large Director, American Society on Aging

2013 **Peer Reviewer**, Preventing Chronic Disease; Journal of Comparative Family Studies; Journal of Gerontological Social Work; Chronic Illness

2012- **Editorial Board**, Public Policy and Aging Report, National Academy on an Aging Society

2012 **Peer Reviewer**, Administration for Community Living/Administration on Aging: Elder Abuse Prevention Grants

2012 **Peer Reviewer**, California Department of Public Health, Alzheimer's Disease Research Awards

2012 **Peer Reviewer**, Health Affairs

2012 **Abstract Reviewer**, Gerontological Society of America Annual Conference

2011- **Board of Directors**, *Secretary, Executive Committee*, Center for Health Care Rights, Los Angeles, California

2011-12 **Abstract Reviewer**, Society for Social Work and Research Annual Conference

2011- **Peer Reviewer**, The Gerontologist

2009 **Abstract Reviewer**, Society for Social Work and Research Annual Conference

2009- **Peer Reviewer**, Supportive Care in Cancer

2007-08 **Volunteer**, WISE Adult Day Service Center, Santa Monica, California

2006-07 ***Facilitator***, ATLAS.ti Qualitative Research Peer and Debriefing Group
2004-05 ***Student Representative***, Doctoral Committee, UCLA Department of Social Welfare
2004 ***Member***, Student Activities Committee, National Council on Aging-American Society on
Aging Joint Conference
2001-02 ***Treasurer***, Social Welfare Graduate Assembly, UC Berkeley School of Social Welfare

PROFESSIONAL AFFILIATIONS

2013-14 Mixed Methods International Research Association
2010- American Public Health Association
2004- Gerontological Society of America
2003-2020 American Society on Aging
2007-2009 AcademyHealth
2006-2009 Society for Social Work and Research

REFERENCES AVAILABLE UPON REQUEST

BYLAWS
OF
CALIFORNIA HOSPITAL ASSESSMENT AND
REPORTING TASK FORCE (CHART)

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**BYLAWS
OF
CALIFORNIA HOSPITAL ASSESSMENT AND
REPORTING TASK FORCE (CHART)**

**ARTICLE I
Purposes**

The corporation is organized for the public and educational purposes as specified in its Articles of Incorporation.

**ARTICLE II
Offices**

Section 1. Principal Office.

The Board of Trustees (“Board” or “Governing Board”) is granted full power and authority to change the principal office from one location to another within California.

Section 2. Other Offices.

Branch or subordinate offices may at any time be established by the Board at any place or places where the corporation is qualified to do business.

**ARTICLE III
Membership**

Section 1. No Members.

Unless and until these Bylaws are amended to provide otherwise, this corporation shall have no statutory members, as the term “member” is defined in Section 5056 of the California Nonprofit Corporation Law. Any action which would otherwise by law require approval by a majority of all members or approval by the members shall require only approval of the Board. All rights which would otherwise by law vest in the members shall rest in the Board.

Section 2. Associates.

Nothing in this Article shall be construed to limit the corporation’s right to refer to persons associated with it as “members” even though such persons are not members, and no such reference by the corporation shall render anyone a member within the meaning of Section 5056 of the California Nonprofit Corporation Law. Such individuals may originate and take part in the discussion of any subject that may properly come before any meeting of the Board, but may not vote. The corporation may confer, by amendment of its Articles of Incorporation or of these Bylaws, some or all of a member’s rights, set forth in the California Nonprofit Corporation Law, upon any person who does not have the right to vote for the election of trustees/directors, on a disposition of substantially all of the assets of the corporation, on a

merger, on a dissolution, or on changes to the corporation's Articles of Incorporation or Bylaws, but no such person shall be a member within the meaning of said Section 5056.

ARTICLE IV Board of Trustees

Section 1. Powers.

Subject to the limitations of the California Nonprofit Public Benefit Corporation Law, the corporation's Articles of Incorporation and these Bylaws, the activities and affairs of the corporation shall be conducted and all corporate powers shall be exercised by or under the direction of the Board. The Board may delegate the management of the corporation's activities to any person(s), management company or committees, however composed, provided that the activities and affairs of the corporation shall be managed and all corporate powers shall be exercised under the ultimate direction of the Board. No assignment, referral or delegation of authority by the Board or anyone acting under such delegation shall preclude the Board from exercising full authority over the conduct of the corporation's activities, and the Board may rescind any such assignment, referral or delegation at any time.

Without prejudice to its general powers, but subject to the same limitations set forth above, the Board shall have the following powers in addition to any other powers enumerated in these Bylaws and permitted by law:

To select and remove all of the officers, agents and employees of the corporation; to prescribe powers and duties for them which are not inconsistent with law, the corporation's Articles of Incorporation or these Bylaws; to fix their compensation; and to require security from them for faithful service;

To conduct, manage and control the affairs and activities of the corporation and to make such rules and regulations therefore which are not inconsistent with law, the corporation's Articles of Incorporation or these Bylaws;

To adopt, make and use a corporate seal and to alter the form of the seal from time to time;

To borrow money and incur indebtedness for the purposes of the corporation, and to cause to be executed and delivered therefore, in the corporate name, promissory notes, bonds, debentures, deeds of trust, mortgages, pledges, hypothecations and other evidences of debt and securities therefore;

To carry on a business and apply any revenues in excess of expenses that results from the business activity to any activity in which it may lawfully engage;

To act as trustee under any trust incidental to the principal object of the corporation, and receive, hold, administer, exchange and expend funds and property subject to such trust;

To acquire by purchase, exchange, lease, gift, devise, bequest, or otherwise, and to hold, improve, lease, sublease, mortgage, transfer in trust, encumber, convey or otherwise dispose of real and personal property; and

To assume any obligations, enter into any contracts or other instruments, and do any and all other things incidental or expedient to the attainment of any corporate purpose.

Section 2. Number and Qualifications of Trustees.

i. The authorized number of trustees shall be not less than three (3) or more than twenty-one (21), unless changed by a duly adopted amendment to this provision. The exact number of trustees shall be fixed within these limits by a resolution of the Board.

ii. The initial Board of Trustees shall be appointed by the incorporator. Of the nineteen (19) initial Board members, four (4) shall be representatives of health plans providing healthcare coverage to subscribers or enrollees, four (4) shall be representatives of acute care hospitals licensed under Section 1250(a) or (b) of the California Health and Safety Code, four (4) shall represent consumers of health care, four (4) shall represent purchasers of healthcare, i.e., employees or organizations representing employers, one (1) representative of the Association of California Nurse Leaders (“ACNL”), one (1) representative from the California Medical Association (“CMA”), and one representative from the California Healthcare Foundation (“CHCF”). The ratio of four health plans, four hospital, four consumers, four purchasers, one ACNL, one CMA and one CHCF member shall remain after appointment of the initial Board until changed by the Board.

Section 3. Appointment and Term of Office.

Trustees shall be selected at an annual meeting of the Board by the trustees holding office as of the date of such meeting. Representatives from the participating health plans, hospitals, purchasers and consumers will nominate candidates for selection for their specific stakeholder group prior to the annual meeting.

Trustees shall hold office for a term of three (3) years, or until a successor has been elected. The members of the Board shall stagger their terms by dividing the number of members of the Board into three groups of unequal or equal number and then labeling the groups 1, 2, and 3. Thereafter, by lot, the name of a trustee shall be assigned to one of the three groups. The terms for each of the trustees in Group 1 shall expire after one year; the terms for each of the trustees in Group 2 shall expire after the second year; and, the terms for each of the trustees in Group 3 shall expire after the third year. After these initial terms, each trustee shall hold office for three (3) years. The trustees representing health plans, hospitals, consumers and purchasers should be staggered within their respective groups to assure that all members of the group are not up for election at the same time.

Section 4. Trustee Approval of Certain Corporate Actions.

The Board must approve the following actions:

- i. the annual budget of the corporation;
- ii. any non-budgeted expenditures of the corporation over \$25,000;
- iii. the removal of trustees/directors without cause pursuant to Section 5222 of the California Corporations Code;
- iv. the approval of the sale, lease, conveyance, exchange, transfer, or other disposition of all or substantially all of the assets of the corporation;
- v. the approval of the principal terms of a merger of the corporation with another organization;
- vi. the approval of the filing of a petition for the involuntary dissolution of the corporation if statutory grounds for such a dissolution exist;
- vii. the approval of the voluntary dissolution of the corporation or the revocation of such an election to dissolve it; and
- viii. the approval of any borrowing of money.

Section 5. Resignation and Removal.

Subject to the provisions of Section 5226 of the California Nonprofit Public Benefit Corporation Law, any trustee may resign effective upon giving written notice to the president, the secretary, or the Board, unless the notice specifies a later effective time. If the resignation is effective at a future time, a successor may be selected before such time, to take office when the resignation becomes effective.

Section 6. Vacancies.

A Board vacancy or vacancies shall be deemed to exist if any trustee dies, resigns, or is removed, or if the authorized number of trustees is increased.

Notwithstanding Section 5 of this Article, the Board may declare vacant the office of any trustee who has been convicted of a felony, or has been found to have breached any duty arising under Article 3 of Chapter 2 of the California Nonprofit Public Benefit Corporation Law or to be of unsound mind by any court of competent jurisdiction.

A vacancy on the Board shall be filled only by resolution of the Board. Each trustee so elected, appointed, or designated shall hold office until the expiration of the term of the replaced trustee and continue to hold office until a qualified successor has been elected, appointed, or designated.

No reduction of the authorized number of trustees shall have the effect of removing any trustee prior to the expiration of the trustee's term of office.

Section 7. Place of Meeting.

Meetings of the Board shall be held at the principal office of the corporation or at any other place within or without the State of California which has been designated in the notice of the meeting or, if there is no notice, by resolution of the Board.

Section 8. Annual Meeting.

Annually the Board shall meet for the purpose of organization, appointment of officers and the transaction of such other business as may properly be brought before the meeting. This meeting shall be held at a time, date and place as may be specified and noticed by resolution of the Board.

Section 9. Regular Meetings.

Regular meetings of the Board, including annual meetings, shall be held without call or notice at such times and places as may from time to time be fixed by the Board.

Section 10. Special Meetings.

Special meetings of the Board for any purpose may be called at any time by the president, the secretary or any two trustees. The party calling such special meeting shall determine the place, date and time thereof.

Section 11. Notice of Special Meetings.

Special meetings of the Board may be held only after each trustee has received four (4) days' prior notice by first-class mail or forty-eight (48) hours' notice given personally or by telephone, including a voice messaging system or other system or technology designed to record and communicate messages, telegraph, facsimile, electronic mail, or other electronic means.

Any such notice shall be addressed or delivered to each trustee at the trustee's address as it is shown on the records of the corporation or as may have been given to the corporation by the trustee for purposes of notice or, if an address is not shown on the corporation's records or is not readily ascertainable, at the place at which the meetings of the trustees are regularly held.

Notice by mail shall be deemed received at the time a properly addressed written notice is deposited in the United States mail, postage prepaid. Any other written notice shall be deemed received at the time it is personally delivered to the recipient or is delivered to a common carrier for transmission, or is actually transmitted by the person giving the notice by electronic means to the recipient. Oral notice shall be deemed received at the time it is communicated, in person or by telephone or wireless, to the recipient or to a person at the office

of the recipient whom the person giving the notice has reason to believe will promptly communicate it to the receiver.

The notice of special meeting shall state the time of the meeting, and the place if the place is other than the principal office of the corporation, and the general nature of the business proposed to be transacted at the meeting. No business, other than the business the general nature of which was set forth in the notice of the meeting, may be transacted at a special meeting.

Section 12. Quorum.

A majority of the trustees then in office shall constitute a quorum. Every act or decision done or made by a majority of the trustees present at a meeting duly held at which a quorum is present is an act of the Board. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of trustees, if any action taken is approved by at least a majority of the required quorum for such meeting. trustees may not vote by proxy.

Section 13. Consent to Meetings.

The transactions of the Board at any meeting, however called and noticed or wherever held, shall be as valid as though done at a meeting duly held after regular call and notice if a quorum be present, and if, either before or after the meeting, each trustee entitled to vote, not present in person signs a written waiver of notice, or a consent to the holding of such meeting, or approval of the minutes thereof. All such waivers, consents or approvals shall be filed with the corporate records and made a part of the minutes of the meeting. Notice of a meeting need not be given to any trustee who attends the meeting without protesting prior to or at the commencement of the meeting, the lack of notice to such trustee.

Section 14. Action Without Meeting.

Any action required or permitted to be taken by the Board under any provision of the Nonprofit Public Benefit Corporation Law may be taken without a meeting if all members of the Board shall individually or collectively consent in writing to such action. Such consent(s) shall be filed with the minutes of the proceedings of the Board and shall have the same force and effect as a unanimous vote of such trustees.

Section 15. Telephonic and Electronic Video Meetings.

Members of the Board may participate in a meeting through the use of conference telephone, electronic video screen communication, or other communications equipment. Participation in a meeting through use of conference telephone constitutes presence in person at that meeting as long as all members participating in the meeting are able to hear one another. Participation in a meeting through use of electronic video screen communication or other communications equipment (other than conference telephone) constitutes presence in person at that meeting if (i) each member participating can communicate with all other members concurrently, (ii) each member is provided the means of participating in all matters before the Board including, without limitation, the capacity to propose, or to interpose an objection to,

specific action to be taken, and (iii) the corporation has adopted and implemented some means of verifying both that the person participating in the meeting is a trustee or other person entitled to participate in the meeting and that all actions of, or votes by, the Board are taken or cast only by the trustees and not by persons who are not trustees.

Section 16. Adjournment.

A majority of the trustees present, whether or not a quorum is present, may adjourn any trustees meeting to another time or place. If a meeting is adjourned for more than twenty-four (24) hours, notice of such adjournment to another time or place shall be given, prior to the time schedule for the continuation of the meeting, to the trustees who were not present at the time of the adjournment.

Section 17. Rights of Inspection.

Subject to applicable federal and state laws regarding pupil confidentiality, every trustee has the absolute right at any reasonable time to inspect and copy all books, records, and documents of every kind and to inspect the physical properties of the corporation.

Section 18. Board Committees.

(i) Board may appoint an executive committee and one or more other committees each consisting of two (2) or more trustees to serve at the pleasure of the Board, and delegate to such committee any of the authority of the Board, except with respect to:

a. The filling of vacancies on the Board or on any committee which has the authority of the Board;

b. The fixing of compensation of the trustees for serving on the Board or on any committee;

c. The amendment or repeal of Bylaws or the adoption of new Bylaws;

d. The amendment or repeal of any resolution of the Board which by its express terms is not so amendable or repealable;

e. The appointment of other committees having the authority of the Board;

f. The expenditure of corporate funds to support a nominee for trustee after there are more people nominated for trustee than can be elected; or

g. The approval of any self-dealing transaction as such transactions are defined in Section 5233(a) of the California Nonprofit Public Benefit Corporation Law, except as permitted under Section 25 of this Article.

Any such committee must be created, and the members thereof appointed, by resolution adopted by a majority of the number of trustees then in office, and any such committee may be designated as an executive committee or by such other name as the Board shall specify. The Board will make every reasonable attempt to place a representative from the hospital, health plan, purchaser and consumer stakeholder group, unless the Board waives this requirement by resolution. The Board may appoint, in the same manner, alternate members to a committee who may replace any absent member at any meeting of the committee. The Board shall have the power to prescribe the manner in which proceedings of any such committee shall be conducted. In the absence of any such prescription, such committee shall have the power to prescribe the manner in which its proceedings shall be conducted. Unless the Board, such committee, or these Bylaws shall otherwise provide, the regular and special meetings and other actions of any such committee shall be governed by the provisions of this Article IV applicable to meetings and actions of the Board. Minutes shall be kept of each meeting of each committee.

(ii) Executive Committee. If an executive committee is approved by the Board, it shall consist of one trustee representing health plans, one representing hospitals, one representing consumers and one representing purchasers. The trustee representing CHCF shall also be on the committee. The executive director shall staff the committee. The purpose of the Executive Committee is to act when the full Board is unavailable. It shall also act as a nominating committee for the Board and make its recommendation at least two weeks prior to the meeting of the Board for the election of officers and trustees. The Executive Committee shall have all the authority of the Board in the management of the business and affairs of the corporation, except those powers that under these Bylaws or by law cannot be delegated by the Board. Every action properly taken by the Executive Committee shall be reported to the Board at the next regular or special meeting of the Board occurring after the action was taken by the Executive Committee.

Section 19. Audit Committee.

a. Appointment. An audit committee shall be appointed for any fiscal year in which the corporation is required to file an Audited Financial Report (as such term is defined in Section 31 of this Article).

b. Members. The Board shall appoint one (1) or more individuals to serve as the corporation's audit committee. The corporation's audit committee may include persons who are not trustees, but may not include any member of the staff of the corporation, including, without limitation, its president or its chief financial officer. If the corporation has a finance committee, it must be separate from the audit committee. Members of the finance committee may serve on the audit committee; however, the chairperson of the audit committee may not be a member of the finance committee and members of the finance committee shall constitute less than one-half of the membership of the audit committee.

c. Compensation. Members of the audit committee shall not receive any compensation from the corporation and shall not have a material financial interest in any entity doing business with the corporation.

d. Responsibilities. Subject to the supervision of the Board, the audit committee shall be responsible for recommending to the Board the retention and termination of the corporation's independent auditor, to prepare the Audited Financial Report, and may negotiate the independent auditor's compensation on behalf of the Board. The audit committee shall confer with the auditor to satisfy its members that the financial affairs of the corporation are in order, shall review and determine whether to accept the Audited Financial Report, shall assure that any nonaudit services performed by the auditing firm conform with standards for auditor independence referred to in Section 12586(e)(1) of the California Government Code, and shall approve the performance of nonaudit services by the auditing firm.

Section 20. Other Committees.

a. The president, subject to the limitations imposed by the Board, or the Board, may create other committees, either standing or special, to serve the Board which do not have the powers of the Board. The president, with the approval of the Board, shall appoint members to serve on such committees, and shall designate the committee chair. If a trustee is on a committee, he or she shall be the chair. Each member of a committee shall continue as such until the next annual election of officers and until his or her successor is appointed, unless the member sooner resigns or is removed from the committee.

b. Meetings of a committee may be called by the president, the chair of the committee or a majority of the committee's voting members. Each committee shall meet as often as is necessary to perform its duties. Notice of a meeting of a committee may be given at any time and in any manner reasonably designed to inform the committee members of the time and place of the meeting. A majority of the voting members of a committee shall constitute a quorum for the transaction of business at any meeting of the committee. Each committee may keep minutes of its proceedings and shall report periodically to the Board. A committee may take action by majority vote.

c. Any member of a committee may resign at any time by giving written notice to the president. Such resignation, which may or may not be made contingent upon formal acceptance, shall take effect upon the date of receipt or at any later time specified in the notice. The president may, with prior approval of the Board, remove any appointed member of a committee. The president, with the Board's approval, shall appoint a member to fill a vacancy in any committee or any position created by an increase in the membership for the unexpired portion of the term.

Section 21. Fees and Compensation.

Trustees and members of committees shall not receive any compensation for their services; however, the Board may approve reimbursement of a trustee's actual and necessary expenses incurred in the conduct of the corporation's business.

Section 22. Nonliability of Trustees.

No trustee shall be personally liable for the debts, liabilities or other obligations of this corporation.

Section 23. Interested Persons.

Not more than forty-nine percent (49%) of the trustees serving on the Board may be “interested persons.” An “interested person” is (i) any person compensated by the corporation for services rendered to it within the previous twelve (12) months whether as a full- or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a trustee as trustee, and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law or father-in-law of any such person. However, any violation of the provisions of this Section shall not affect the validity or enforceability of any transaction entered into by the corporation.

Section 24. Standard of Care.

A trustee shall perform the duties of a trustee, including duties as a member of any committee of the Board upon which the trustee may serve, in good faith, in a manner such trustee believes to be in the best interests of the corporation and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances. In performing the duties of a trustee, a trustee shall be entitled to rely on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by:

One or more officers or employees of the corporation whom the trustee believes to be reliable and competent in the matters presented;

Counsel, independent accountants or other persons as to matters which the trustee believes to be within such person's professional or expert competence; or

A committee of the Board upon which the trustee does not serve as to matters within its designated authority, provided the trustee believes merits confidence and the trustee acts in good faith, after reasonable inquiry when the need therefore is indicated by the circumstances and without knowledge that would cause such reliance to be unwarranted.

Section 25. Self-Dealing Transactions.

Except as provided in subsection a. below, a self-dealing transactions means transactions to which the corporation is a party and in which one or more of the trustees (“interested trustee(s)”) has a material financial interest and which does *not* meet the requirements of subsection b.(A), (B), or (C) below.

a. A self-dealing transaction does not include:

An action by the Board fixing the compensation of a trustee as a trustee or officer of the corporation.

A transaction which is part of a public or charitable program of the corporation if the transaction is (A) approved or authorized by the corporation in good faith and without unjustified favoritism, and (B) results in a benefit to one or more trustees or their families because they are in a class of persons intended to be benefited by the public or charitable program.

A transaction of which the interested trustees have no actual knowledge, and which does not exceed the lesser of one percent (1%) of the corporation's gross receipts for the preceding fiscal year or One Hundred Thousand Dollars (\$100,000).

b. None of the remedies available under Section 5233(h) of the California Nonprofit Public Benefit Corporation Law will be granted to a party permitted to bring an action under Section 5233(c) of the California Nonprofit Public Benefit Corporation Law (with respect to a self-dealing transaction), if:

The Attorney General, or the court in an action in which the Attorney General is an indispensable party, has approved the transaction before or after it was consummated;
or

The following facts are established:

(A) The corporation entered into the transaction for its own benefit;

(B) The transaction was fair and reasonable as to the corporation at the time the corporation entered into the transaction;

(C) Prior to consummating the transaction or any part thereof, the Board authorized or approved the transaction in good faith by vote of a majority of the trustees then in office without counting the vote of the interested trustee(s), and with knowledge of the material facts concerning the transaction and the interested trustee's interest in the transaction. Except as provided in subsection b.iii. below, action by a committee of the Board will not satisfy this requirement; and

(D) (I) Prior to authorizing or approving the transaction, the Board considered and in good faith determined after reasonable investigation under the circumstances that the corporation could not have obtained a more advantageous arrangement with reasonable effort under the circumstances, or (II) the corporation in fact could not have obtained a more advantageous arrangement with reasonable effort under the circumstances; *or*

The following facts are established:

(E) A committee or person authorized by the Board approved the transaction in a manner consistent with the standards prescribed for approval by the Board under subsection b.(B) above;

(F) It was not reasonably practical to obtain approval of the Board prior to entering into the transaction; and

(G) The Board, after determining in good faith that the conditions set forth in subparagraphs (A) and (B) of this subsection b. were satisfied, ratified the transaction at its next meeting by a vote of a majority of the trustees then in office without counting the vote of the interested trustee(s).

Section 26. Interested Trustee's Vote.

In determining whether the Board validly met to authorize or approve a self-dealing transaction, interested trustees may be counted to determine the presence of a quorum, but an interested trustee's vote may not be counted toward the required majority for such authorization, approval or ratification.

Section 27. Persons Liable and Extent of Liability.

If a self-dealing transaction has not been approved as provided in Section 25 of this Article, the interested trustee(s) may be required to do such things and pay such damages as a court may provide as an equitable and fair remedy to the corporation, considering any benefit received by it and whether or not the interested trustee(s) acted in good faith and with the intent to further the best interests of the corporation.

Section 28. Contracts or Transactions With Mutual Trustees.

No contract or other transaction between the corporation and any domestic or foreign corporation, firm or association of which one or more of the corporation's trustees are trustees is either void or voidable because such trustee(s) are present at the meeting of the Board or committee thereof which authorizes, approves or ratifies the contract or transaction if:

The material facts as to the transaction and as to such trustee's other directorship are fully disclosed or known to the Board or committee, and the Board or committee authorizes, approves or ratifies the contract or transaction in good faith by a vote sufficient without counting the vote of the common trustee(s); or

As to contracts or transactions not approved as provided in subsection i. of this Section, the contract or transaction is just and reasonable as to the corporation at the time it is authorized, approved or ratified.

Notwithstanding the foregoing, this Section shall not apply to self-dealing transactions described in Section 25 of this Article above.

Section 29. Corporate Loans and Advances.

The corporation shall not make any loan of money or property to or guarantee the obligation of any trustee or officer, unless approved by the Attorney General; provided, however, that the corporation may advance money to a trustee or officer of the corporation or any subsidiary for expenses reasonably anticipated to be incurred in the performance of the duties of such officer or trustee, if, in the absence of such advance, such trustee or officer would be entitled to be reimbursed for such expenses by the corporation, its parent or any subsidiary.

Section 30. Annual Report.

Pursuant to Section 6321 of the California Nonprofit Public Benefit Corporation Law, the chief financial officer shall cause an annual report to be prepared and sent to each trustee not later than 120 days after the close of the fiscal year. Such annual report shall be prepared in conformity with the requirements of the California Nonprofit Public Benefit Corporation Law as it may be in effect from time to time.

Section 31. Reports to the Attorney General.

(i) Registration and Renewal. The corporation shall file a registration fee, a copy of its Articles of Incorporation and a copy of these Bylaws and such other materials as may be required with the California Attorney General's Registry of Charitable Trusts within 30 days after receipt of any assets. Thereafter, the corporation shall annually file with the Attorney General, Form RRF-1, a written report, setting forth information as to its assets held for charitable purposes and the administration thereof, within four months and fifteen days after the close of the corporation's fiscal year. Form RRF-1 shall be accompanied by the applicable renewal fee and, if the corporation's total gross revenue or assets in the preceding fiscal year equaled \$25,000 or more, a copy of IRS Form 990, 990-EZ, or 990PF and attachments.

(ii) Audited Financial Report.

a. Preparation of Report. For any fiscal year that the corporation receives or accrues gross revenue of two million dollars (\$2,000,000) or more, (exclusive of grants from, and contracts for services with governmental entities for which the governmental entity requires an accounting of the funds received), the corporation shall prepare annual financial statements using generally accepted accounting principles that are audited by an independent certified public accountant in conformity with generally accepted auditing standards ("Audited Financial Report").

b. Inspection. For any year the corporation prepares an Audited Financial Report (whether or not required), it shall be available for inspection by the Attorney General and by members of the public no later than nine months after the close of the fiscal year to which it relates. The corporation shall make its Audited Financial Report available to the public in the same manner that is prescribed for IRS Form 990 by

the latest revision of Section 6104(d) of the Internal Revenue Code and associated regulations.

Section 32. Annual Statement of Certain Transactions and Indemnifications.

Pursuant to Section 6322 of the California Nonprofit Public Benefit Corporation Law, the corporation shall furnish an annual statement of certain transactions and indemnifications to each of the trustees no later than 120 days after the close of the fiscal year. If the corporation issues an annual report as set forth in Section 30 of this Article above, this requirement shall be satisfied by including the required information, as set forth below, in such report. Such annual statement shall describe:

Any “covered transaction” (defined below) during the previous fiscal year of the corporation involving (a) more than Fifty Thousand Dollars (\$50,000) or, (b) which was one of a number of “covered transactions” in which the same “interested person” (defined below) had a direct or indirect material financial interest, and which transactions in the aggregate involved more than Fifty Thousand Dollars (\$50,000). The statement shall describe the names of any “interested persons” involved in such covered transactions, including such “interested persons” relationship to the transaction, and, where practicable, the amount of such interest; provided, that in the case of a transaction with a partnership of which the “interested person” is only a partner, only the interest of the partnership need be stated.

For the purposes of this Section, a “covered transaction” is a transaction in which the corporation, its parent or its subsidiary, was a party, and in which either of the following had a direct or indirect material financial interest:

(a) Any trustee or officer of the corporation, or its parent or subsidiary; or

(b) Any holder of more than ten percent (10%) of the voting power of the corporation, its parent or its subsidiary.

The amount and circumstances of any indemnifications or advances aggregating more than Ten Thousand Dollars (\$10,000) paid during the fiscal year of the corporation to any officer or trustee of the corporation.

For purposes of this Section, any person described in either paragraph (a) or (b) of subsection ii. above is an “interested person.”

Section 33. Property Rights.

No trustee shall have any right or interest in any of the corporation’s property or assets.

ARTICLE V Officers

Section 1. Officers.

The officers of this corporation shall be a president, one or more vice presidents, a secretary, and a chief financial officer. The corporation may also have an executive director. The corporation may also have, at the discretion of the Board, one or more assistant secretaries, one or more assistant treasurers, and such other officers as may be elected or appointed by the Board. Any number of offices may be held by the same person, except that neither the secretary nor the treasurer may serve concurrently as the president.

Section 2. Appointment of Officers.

Except as otherwise specified in Sections 3 and 9 of this Article, the officers of the corporation shall be chosen annually by the Board and each shall hold office until he or she shall resign or shall be removed or otherwise disqualified to serve, or his or her successor shall be elected and qualified.

Section 3. Subordinate Officers.

The Board may appoint and may empower the president to appoint such other officers as the business of the corporation may require, each of whom shall hold office for such period, have such authority, and perform such duties as are provided in the Bylaws or as the Board may from time to time determine.

Section 4. President.

The president is the chief executive officer of the corporation and has general supervision, direction and control of the business and affairs of the corporation. The president has the general management powers and duties usually vested in the office of president of a corporation, as well as such other powers and duties as may be prescribed from time to time by the Board. The president shall be an ex officio voting member of each Board committee.

Section 5. Vice President.

In the absence or disability of the president, vice president (or if more than one (1) vice president is appointed, in order of their rank as fixed by the Board or if not ranked, the vice president designated by the Board) shall perform all the duties of the president and when so acting shall have all the powers of, and be subject to all of the restrictions upon, the president. The vice presidents shall have such other powers and perform such other duties as the Board may prescribe from time to time.

Section 6. Secretary.

The secretary shall keep or cause to be kept, at the principal office of the corporation the State of California, the original or a copy of the corporation's Articles of Incorporation and Bylaws, as amended to date, and a register showing the names of all trustees

and their respective addresses. The secretary shall keep the seal of the corporation and shall affix the same on such papers and instruments as may be required in the regular course of business, but failure to affix it shall not affect the validity of any instrument. The secretary also shall keep or cause to be kept at the principal office, or at such other place as the Board may order, a book of minutes of all meetings of the Board and its committees, with the time and place of holding; whether regular or special; if special how authorized; the notice thereof given; the names of those present and absent; and the proceedings thereof. The secretary shall give or cause to be given notice of all the meetings of the Board required by these Bylaws or by law to be given; shall keep the seal of the corporation in safe custody; shall see that all reports, statements and other documents required by law are properly kept or filed, except to the extent the same are to be kept or filed by the treasurer; and shall have such other powers and perform such other duties as may be prescribed from time to time by the Board.

Section 7. Chief Financial Officer.

The chief financial officer shall keep and maintain or cause to be kept and maintained adequate and correct accounts of the properties and business transactions of the corporation, including accounts of its assets, liabilities, receipts, disbursements, gains and losses. The books of account shall at all times be open to inspection by any trustee. The chief financial officer shall deposit or cause to be deposited all monies and other valuables in the name and to the credit of the corporation in such depositories as may be designated by the Board. The chief financial officer shall disburse the funds of the corporation as shall be ordered by the Board, shall render to the president and the trustees, upon request, an account of all transactions as chief financial officer. The chief financial officer shall present an operating statement and report, since the last preceding Board meeting, to the Board at all regular meetings. The chief financial officer shall have such other powers and perform such other duties as may be prescribed from time to time by the Board.

Section 8. Executive Director.

Subject to the authority of the president and the control of the Board, the executive director of the corporation shall have general supervision, direction and control of the administrative business and the administrative officers of the corporation, if any, and exercise the general powers and perform the duties of administration and management of the day-to-day operations of the business of the corporation and shall have such other powers and duties as may be prescribed by the Board or these Bylaws.

Section 9. Removal and Resignation.

Any officer may be removed, either with or without cause, by the Board at any time. In the case of an officer appointed by the president, the president shall also have the power of removal. Any such removal shall be without prejudice to the rights, if any, of the officer under any contract of employment. Any officer may resign at any time by giving written notice to the corporation, but without prejudice to the rights, if any, of the corporation under any contract to which the officer is a party. Any such resignation shall take effect at the date of the receipt of such notice or at any later time specified therein, and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

Section 10. Vacancies.

A vacancy in any office because of death, resignation, removal, disqualification, or any other cause, shall be filled in the manner prescribed in the Bylaws for regular election or appointment to such office, provided that such vacancies shall be filled as they occur and not on an annual basis.

ARTICLE VI Indemnification

Section 1. Definitions.

For the purposes of this Article, “agent” means any person who is or was a trustee, director, officer, or employee of this corporation, or is or was serving at the request of the corporation as a trustee, director, officer, employee or agent of another foreign or domestic corporation, partnership, joint venture, trust or other enterprise, or was a trustee, director, officer, employee or agent of a foreign or domestic corporation which was a predecessor corporation of this corporation or of another enterprise at the request of such predecessor corporation; and “proceeding” means any threatened, pending completed action or proceeding, whether civil, criminal, administrative or investigative; and “expenses” includes, without limitation, attorneys’ fees and any expenses of establishing a right to indemnification under Sections 4 or 5b. of this Article.

Section 2. Indemnification in Actions by Third Parties.

This corporation may indemnify any person who was or is a party or is threatened to be made a party to any proceeding (other than an action by or in the right of this corporation to procure a judgment in its favor, an action brought under Section 5233 of the California Nonprofit Public Benefit Corporation Law, or an action brought by the Attorney General or a person granted relator status by the Attorney General for any breach of duty relating to assets held in charitable trust) by reason of the fact that such person is or was an agent of this corporation, against expenses, judgments, fines, settlements and other amounts actually and reasonably incurred in connection with such proceeding if such person acted in good faith and in a manner such person reasonably believed to be in the best interests of this corporation, and, in the case of a criminal proceeding, had no reasonable cause to believe the conduct of such person was unlawful. The termination of any proceeding by judgment, order, settlement, conviction or upon a plea of *nolo contendere* or its equivalent shall not, of itself, create a presumption that the person did not act in good faith and in a manner which the person reasonably believed to be in the best interests of this corporation or that the person had reasonable cause to believe that the person's conduct was unlawful.

Section 3. Indemnification in Actions by or in the Right of the Corporation.

This corporation may indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action by or in the right of this corporation, or brought under Section 5233 of the California Nonprofit Public Benefit Corporation Law, or brought by the Attorney General or a person granted regulator status by the Attorney General for breach of duty relating to assets held in charitable trust, to procure a

judgment in its favor by reason of the fact that such person is or was an agent of the corporation, against expenses actually and reasonably incurred by such person in connection with the defense or settlement of such action if such person acted in good faith, in a manner such person believed to be in the best interests of the corporation and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances. No indemnification shall be made under this Section:

In respect of any claim, issue or matter as to which such person shall have been adjudged to be liable to this corporation in the performance of such person's duty to the corporation, unless and only to the extent that the court in which such proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the expenses which such court shall determine;

Of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval; or

Of expenses incurred in defending a threatened or pending action which is settled or otherwise disposed of without court approval, unless it is settled with the approval of the Attorney General.

Section 4. Indemnification Against Expenses.

To the extent that an agent of this corporation has been successful on the merits in defense of any proceeding referred to in Sections 2 or 3 of this Article or in defense of any claim, issue or matter therein, the agent shall be indemnified against expenses actually and reasonably incurred by the agent in connection therewith.

Section 5. Required Determinations.

Except as provided in Section 4 of this Article, any indemnification under this Article shall be made by this corporation only if authorized in the specific case, upon a determination that indemnification of the agent is proper in the circumstances because the agent has met the applicable standard of conduct set forth in Sections 2 or 3 of this Article by:

a. A majority vote of a quorum consisting of trustees who are not parties to such proceeding; or

b. The court in which such proceeding is or was pending upon application made by this corporation or the agent or the attorney or other person rendering services in connection with the defense, whether or not such application by the agent, attorney or other person is opposed by this corporation.

Section 6. Advance of Expenses.

Expenses incurred in defending any proceeding may be advanced by this corporation prior to the final disposition of such proceeding upon receipt of an undertaking by or

on behalf of the agent to repay such amount unless it shall be determined ultimately that the agent is entitled to be indemnified as authorized in this Article.

Section 7. Other Indemnification.

No provision made by this corporation to indemnify its or its subsidiary's trustees, directors or officers for the defense of any proceeding, whether contained in the Articles of Incorporation, Bylaws, a resolution of members or trustees/directors, an agreement, or otherwise, shall be valid unless consistent with this Article. Nothing contained in this Article shall affect any right to indemnification to which persons other than such trustees/directors and officers may be entitled by contract or otherwise.

Section 8. Forms of Indemnification Not Permitted.

No indemnification or advance shall be made under this Article, except as provided in Sections 4 or 5b. of this Article, in any circumstances where it appears:

a. That it would be inconsistent with a provision of the Articles of Incorporation, these Bylaws, or an agreement in effect at the time of the accrual of the alleged cause of action asserted in the proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification; or

b. That it would be inconsistent with any condition expressly imposed by a court in approving a settlement.

Section 9. Insurance.

The corporation shall have the power to purchase and maintain insurance on behalf of any agent of this corporation against any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as such whether or not this corporation would have the power to indemnify the agent against such liability under the provisions of this Article; provided, however, that this corporation shall have no power to purchase and maintain such insurance to indemnify any agent of the corporation for a violation of Section 5233 of the California Nonprofit Public Benefit Corporation Law.

Section 10. Nonapplicability to Fiduciaries of Employee Benefit Plans.

This Article does not apply to any proceeding against any trustee, investment manager or other fiduciary of an employee benefit plan in such person's capacity as such, even though such person may also be an agent of the corporation as defined in Section 1 of this Article. The corporation shall have power to indemnify such trustee, investment manager or other fiduciary to the extent permitted by subdivision (f) of Section 207 of the California General Corporation Law.

ARTICLE VII Miscellaneous

Section 1. Fiscal Year.

The fiscal year of the corporation shall be a fiscal year ending December 31.

Section 2. Inspection of Corporate Records.

The books of account and minutes of the proceedings of the Board, and of any executive committee or other committees of the trustees, shall be open to inspection at any reasonable time upon the written demand of any member of the Board. Such inspection may be made in person or by an agent or attorney, and shall include the right to make photocopies and extracts.

Section 3. Checks, Drafts, Etc.

All checks, drafts or other orders for payment of money, notes or other evidences of indebtedness issued in the name of or payable to the corporation and any and all securities owned by or held by the corporation requiring signature for transfer shall be signed or endorsed by such person or persons and in such manner as from time to time shall be determined by the Board or the executive committee, if any, or by the president.

Section 4. Endorsement or Execution of Documents and Contracts.

Subject to the provisions of applicable law, any note, mortgage, evidence of indebtedness, contract, conveyance or other instrument in writing and any assignment or endorsement thereof executed or entered into between the corporation and any other person, when signed by the president, certain designated vice-presidents, the secretary or the chief financial officer of the corporation, shall be valid and binding on the corporation in the absence of actual knowledge on the part of the other person that the signing officer(s) had no authority to execute the same. Additionally, by resolution of the Board, general signatory authority may be granted and delegated to other persons on behalf of the corporation. Any such instruments may be signed by any other person or persons and in such manner as from time to time shall be determined by the Board or the president. Unless so authorized, no officer, agent or employee shall have any power or authority to bind the corporation to any contract or engagement or to pledge its credit or to render it liable for any purpose or amount.

ARTICLE VIII Effective Date and Amendments

Section 1. Effective Date.

These Bylaws shall become effective immediately upon their adoption by the vote of a majority of the Board. Amendments to these Bylaws shall become effective immediately upon their adoption, unless the Board directs otherwise.

Section 2. Amendments.

These Bylaws may be amended or repealed and new Bylaws adopted only by the vote of a majority of trustees/directors then in office.

CERTIFICATE OF ADOPTION

I, the undersigned, do hereby certify that I am the Secretary of California Hospital Assessment and Reporting Task Force (CHART), and that the foregoing Bylaws constitute the Bylaws of such corporation as duly adopted by the corporation's Board of Trustees on _____, 2007.

Date: _____, 2007

_____, Secretary

Bylaws Amendment for Cal Hospital Compare

June 9, 2021

Section 1. Number and Qualifications of Trustees.

i. The authorized number of trustees shall be not less than three (3) or more than twenty-one (21), unless changed by a duly adopted amendment to this provision. The exact number of trustees shall be fixed within these limits by a resolution of the Board.

ii. The initial Board of Trustees shall be appointed by the incorporator. Of the nineteen (19) initial Board members, four (4) shall be representatives of health plans providing healthcare coverage to subscribers or enrollees, four (4) shall be representatives of acute care hospitals licensed under Section 1250(a) or (b) of the California Health and Safety Code, four (4) shall represent consumers of health care, four (4) shall represent purchasers of healthcare, i.e., employers or organizations representing employers, one (1) representative of the Association of California Nurse Leaders (“ACNL”), one (1) representative from the California Medical Association (“CMA”), and one representative from the California Healthcare Foundation (“CHCF”). The ratio of four health plans, four hospital, four consumers, four purchasers, one ACNL, one CMA and one CHCF member shall remain after appointment of the initial Board until changed by the Board.

iii. Effective March 17, 2015, the Board shall be eleven (11) members. The existing Board shall elect from its members or from new candidates, two (2) representatives of health plans providing healthcare coverage to subscribers or enrollees, two (2) representatives of acute care hospitals licensed under Section 1250(a) or (b) of the California Healthcare Safety Code, three (3) representatives of consumers of health care, one of which may be from the California Healthcare Foundation, two (2) representatives of purchasers of healthcare, i.e., employers or organizations representing employers which purchase healthcare coverage, one (1) representative of the an integrated health entity and the Executive Director of the corporation.

iv. Effective July 1, 2021, the Board shall be thirteen (13) members. Along with the members identified in Section 2 subsection iii above, the Board shall elect two (2) representatives involved in the Long-Term Services & Supports in California.

v. The Board at its discretion may invite representatives from state or federal agencies as ex officio members of the Board.

Board of Directors

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