



# 2017 Annual Report





## MISSION

To enhance the well-being of Californians through innovation, interprofessional leadership and nursing excellence

## VISION

Transforming nursing to advance the health of Californians

## VALUES

Authentic leaders committed to inclusivity, collaboration and stewardship

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# Table of Contents

Letter from the Board Chair ..... 2

2017 Board of Directors..... 2

Letter from the Chief Executive Officer ..... 3

California Action Coalition ..... 4

California Simulation Alliance ..... 5

Centralized Clinical Placement System..... 6

Diversity / Inclusiveness Program..... 7

Employment of Newly Licensed RNs in California ..... 8

Multidisciplinary Crosswalk ..... 9

Preparing RNs for Practice in High-Demand Hospital Specialty Areas ... 10

Teaching Nursing Students from Underrepresented Groups..... 11

The Transition from APIN to NEPIN ..... 12

Financial Information ..... 12

2017 Financial Partners ..... 13

2017 Advisory Committee ..... 13

# Letter from the Board Chair



Dear Colleagues & *HealthImpact* Supporters:

Nurses are a constant across an increasingly complex healthcare landscape, but the steadiness of that presence is challenged by a host of forces at the organizational, community, and state levels, not to mention the ongoing turmoil in Washington. Fully aware of those challenges, *HealthImpact* continues to focus on its core mission of increasing nurses' capabilities throughout the workforce, leveraging innovation, and advancing interprofessional leadership.

This 2017 Annual Report reflects a remarkable number of activities and achievements by *HealthImpact* staff, its Advisory Committee, and its many allies. On behalf of the *HealthImpact* Board of Directors, I thank you for your contributions to this collective effort. The nursing profession and the health of California depend upon it.

Sincerely,

Terry Hill, MD

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The Partida Group



# Letter from the Chief Executive Officer



Dear Colleagues,

We are pleased to share the activities of *HealthImpact* over the past year with you. As you review this report, please be thinking about how you can engage around important ongoing nursing workforce initiatives in the year ahead. We continue to be grateful for the strong support of various stakeholders throughout California, and as you will see, some of this work is also now influencing national nursing workforce initiatives.

Maintaining financial sustainability and seeking funding for operational and program support continue to be important activities for the organization. As you can see from our financial report, our funding comes from three main sources: contributions from organizations and individuals; foundation grants; and earned income. Our business model is directing us to grow the percentage of earned income in order to have more predictable funding for program work, although contributions and grants remain critical elements of support. We are very appreciative of our financial partners and to the following foundations that have supported program work over the past year:

- California Health Care Foundation
- Gordon and Betty More Foundation
- Kaiser Permanente Northern California Health Education Fund at the East Bay Community Foundation
- Robert Wood Johnson Foundation

Priorities for 2018 include transitioning the California Action Coalition to a volunteer-based initiative; exploring the usefulness of nursing diagnoses in communicating the value of nursing; continuing to build out a regional model to prepare nurses to work in difficult-to-fill specialty positions; expanding education progression through leadership of the National Education Progression in Nursing collaborative and exploring additional concurrent enrollment options; concluding a pilot of an online clinical faculty development course and disseminating the course throughout the state; implementing a new version of the Centralized Clinical Placement System; exploring the acquisition of knowledge, skills, and aptitudes of nurses working in primary care settings; exploring curriculum revisions to align with a culture of wellness and prevention; identifying experiences and best practices of students and nurses in team-based care models; and continued support for aligning the diversity of the nursing workforce with the populations served.

We are excited to share this annual report on the program work that *HealthImpact* is leading as we work with our colleagues and partners to build and strengthen California's nursing workforce. Additional information is available on the website at [www.healthimpact.org](http://www.healthimpact.org). Thank you for your continued support of this important work.

Warm regards,

A handwritten signature in blue ink that reads "Judith G. Berg". The signature is fluid and cursive.

Judith G Berg, MS, RN, FACHE  
Chief Executive Officer, *HealthImpact*

## IMPROVING ACCESS TO CARE

Members of the Advanced Practice Nurse Coalition continue to serve as advocates and champions as we explore scope-of-practice legislation in the state. There is a concerted effort to build partnerships and explore innovative pathways to foster this important work.

## BUILDING HEALTHIER COMMUNITIES

Creating healthier communities in California remains a high priority for the Action Coalition and partner organizations with a goal to seek out projects that address innovative solutions to improve health and well-being.

Some of this work has been featured on the [campaignforaction.org](http://campaignforaction.org) website. California has been awarded three Culture of Health Prizes for initiatives in Santa Cruz, Santa Monica and San Pablo.

The Action Coalition was responsible for making the connection between the Future of Nursing Campaign for Action and the Culture of Health Campaign.

A presentation at the National Forum of State Nursing Workforce Centers convention prompted several other Action Coalitions to ask for the CA materials to replicate in their states.

The Preparing the Future Public Health Workforce project continues to show success, with presentations at both the state and national level. The focus for the coming year is on investing in pilot projects to implement curriculum changes.

## PROMOTING NURSING LEADERSHIP

The Life Moxie program continues to grow and benefit the next generation of nurse leaders. Our partnership with ACNL has resulted in 439 mentor/mentees pairings to date. Quote from one participant: "I am gleaning great things from this experience, so thank you for that tenfold!"

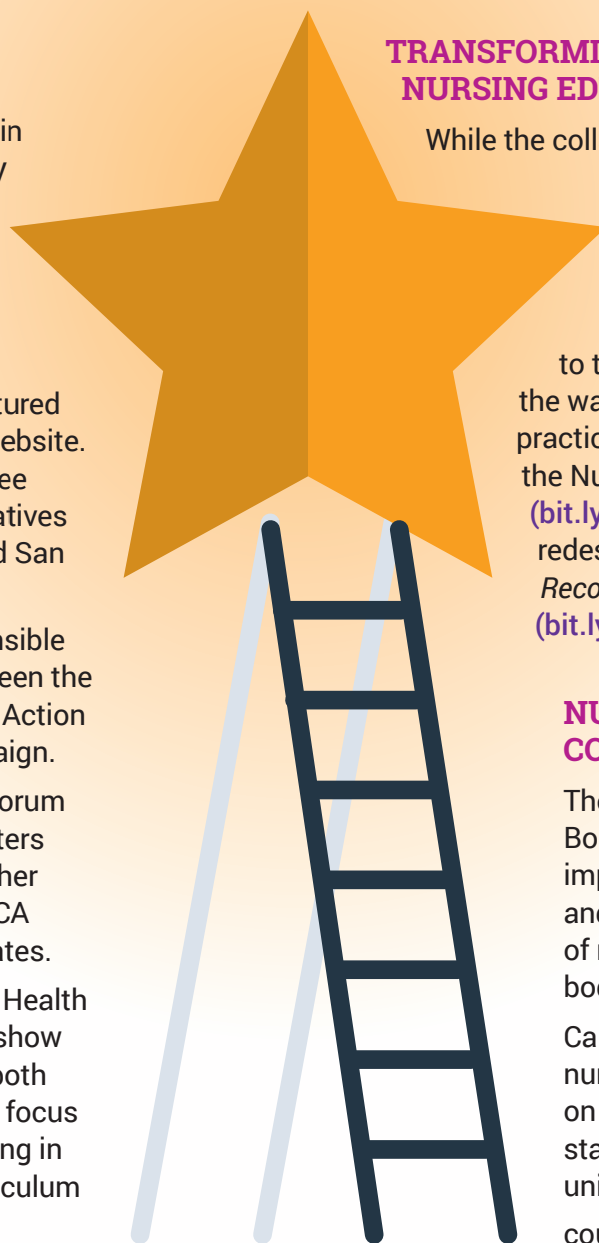
## TRANSFORMING NURSING EDUCATION

While the collaborative models across California continue to grow and allow for seamless progression, the Action Coalition is focusing on *HealthImpact's* new work to transform curricula and the ways nurses are prepared for practice. This work is influenced by the Nurse Role Exploration Project ([bit.ly/NurseRolesEP](http://bit.ly/NurseRolesEP)) and the redesigned *Nursing Education Plan Recommendations for California* ([bit.ly/NEPWhitePaper](http://bit.ly/NEPWhitePaper))

## NURSES ON BOARDS COALITION

The mission of the Nurses on Boards Coalition (NOBC) is to improve the health of communities and the nation through the service of nurses on boards and other bodies.

California's goal is to have 1,000 nurses registered on the site, based on the percentage of RNs in our state. Boards benefit from the unique perspective of nurses—be counted! [bit.ly/NOBCBC](http://bit.ly/NOBCBC)



# California Simulation Alliance (CSA)

## PRESENTATIONS

CSA Director KT Waxman and CSA faculty members presented at:

1. International Meeting on Simulation in Healthcare (IMSH) in Orlando, FL
2. International Nursing Association for Clinical Simulation and Learning (INACSL) in Washington, DC
3. Waxman was also invited to present as keynote speaker at Simulation User Network (SUN) Conferences sponsored by Laerdal Medical in San Antonio, TX and San Diego, CA

## CALIFORNIA COLLABORATIVES

Rural Northern Area • Capital Area (recently revived!) • Bay Area • Central Valley • Southern CA • Inland Empire • San Diego

## TRAININGS

The CSA held 6 training classes in 2017, with 74 participants, in San Marcos, San Rafael, Torrance, and Walnut Creek, California and in Kaneohe, Hawaii

### COMPLETED

New Train-the-Trainer instructor manual

### COMING IN 2018

New partnership with Laerdal, offering Sim Level 1 courses in their Simulation Educational Solutions for Nursing (SESN) Program

## CSA SUBSCRIBERS

Benefits include access to:

- ✓ New mentorship program
- ✓ Statewide pricing agreements with Laerdal, EMS, Limbs & Things, etc.
- ✓ More than 75 scenarios (new: Interprofessional and Leadership)
- ✓ Statewide simulation survey
- ✓ Simulation coordinators listing
- ✓ Discounts on sim courses (new: Sim Evaluation & Assessment)
- ✓ CHSE-certified CSA faculty available to expand training capacity
- ✓ Consulting services

## CONSULTATIONS

UC Davis—development of 10 interprofessional education (IPE) scenarios

Alameda Health System—development of new sim lab; Train-the-Trainer courses

## INDUSTRY PARTNERS

Education Management Solutions  
CAE Healthcare  
Kyoto Kagaku Co., Ltd.  
Laerdal Medical  
Limbs & Things, Inc.  
Medical Shipment  
Pocket Nurse  
Vosaic

# Centralized Clinical Placement System

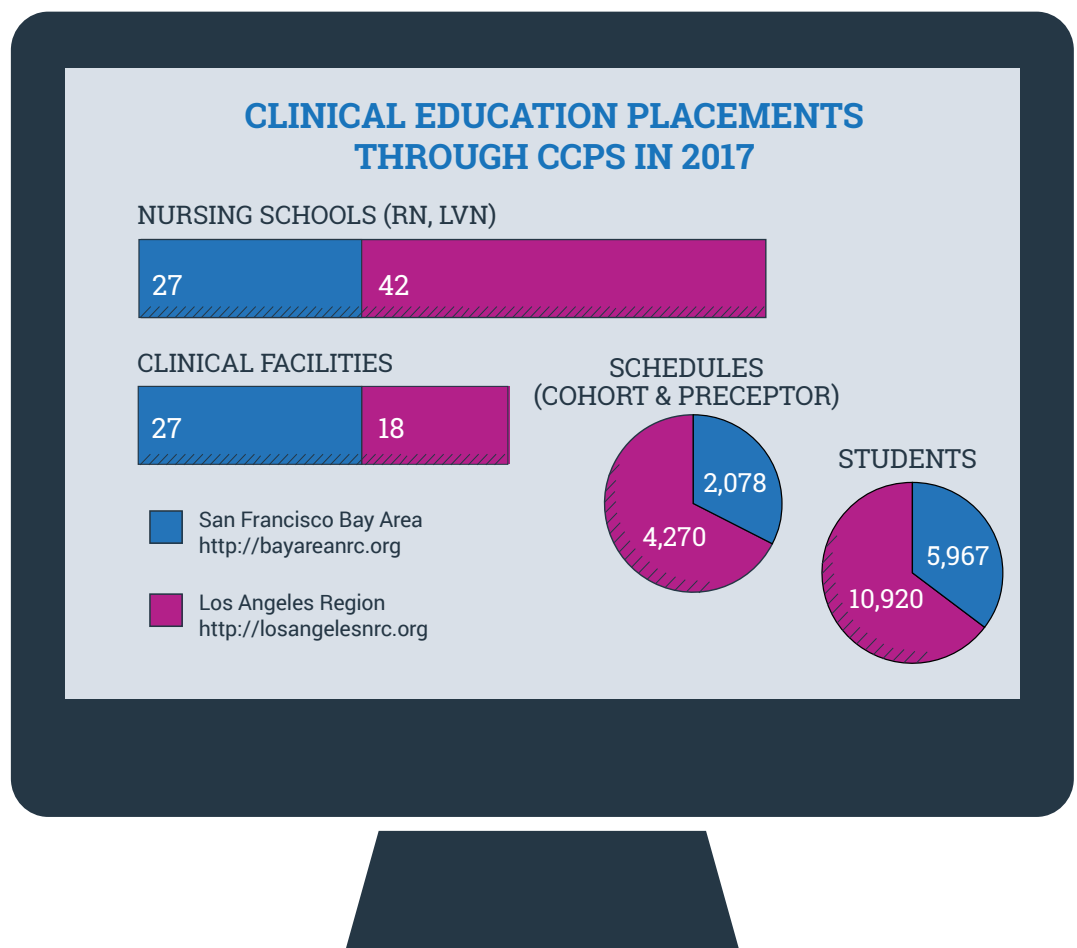
The Centralized Clinical Placement System (CCPS) is an online scheduling tool designed to support nursing schools in finding clinical education options and streamline the clinical placement process with the affiliated clinical agencies. The system brings nursing school and clinical agency information together in a centralized, online format. Schools rapidly match their clinical placement needs to the availability listed by provider sites, and agencies are able to effectively manage placement decisions through an integrated database.

Developed by the Foundation for California Community Colleges (FCCC) in partnership with *HealthImpact*, CCPS was piloted in the San Francisco Bay Area in 2004 and has since been expanded and licensed in multiple states across the country. System benefits:

- Online and real-time
- Visible clinical availability
- Ability to expand capacity
- Easy-to-manage placement requests
- Automatic email notifications
- Data controlled by coordinators
- Web-based (no software needed)

Competition for limited clinical education capacity remains the most frequently reported challenge faced by RN pre-licensure schools. (California Board of Nursing Annual School Report, 2017). Utilizing CCPS is making a difference in sourcing availability, effectively requesting and confirming placements, and coordinating scheduling to maximize clinical education access.

A CCPS system redesign led by the technical team at the FCCC was completed in fall 2017 and scheduled for implementation in February 2018. In addition to RN and LVN students, the new CCPS 2.0 system now includes capability for scheduling various allied health professions.





# Diversity/Inclusiveness Program

In September 2017 over 150 attended another highly successful Diversity Summit in Fresno, California. Students made up a large proportion of the participants. The event focused on the impact minority nurses have on the state's changing healthcare landscape. Also highlighted: the value of minority nurses; the most recent state and national workforce data and trends; current barriers and obstacles minority students and nurses encounter in nursing school and the workplace. Nursing students and newly licensed/newly hired nurses prepared a panel presentation that will serve as a model for the summits scheduled for Oakland and San Diego in 2018. Student participation in these summits is critically important, since the most effective path toward increasing the representation of underrepresented minorities in the

nursing workforce is to work with, listen to, and support the students from those populations.

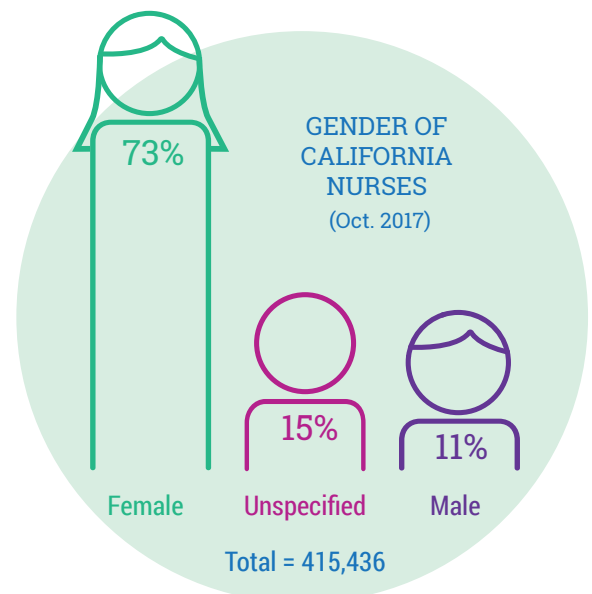
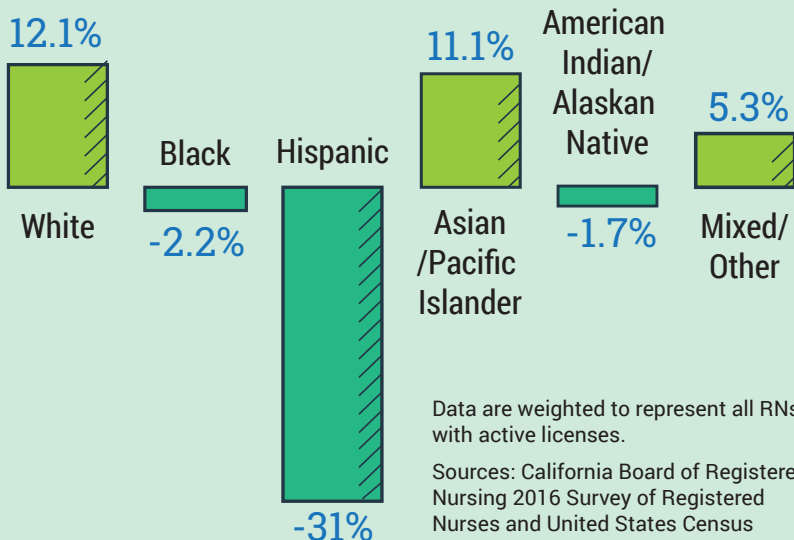
*HealthImpact's* 21-member Diversity Network continues bimonthly meetings to discuss strategies and initiatives toward its goals of:

- increasing the diversity of the CA RN workforce so that it is more closely aligned with the demographics of the communities it serves
- improving educational access for underrepresented students
- fostering retention of newly graduated nurses
- identifying minority nurse leaders who can serve as role models and mentors

## DIVERSITY WORK GROUP MEMBERS

Katherine Abriam-Yago  
Kupiri Ackerman-Barger  
Phillip Bautista  
Josie Clevenger  
Judee Berg  
Pilar De La Cruz-Reyes  
Mary Dickow  
Leah Ferrier  
Paloma Garza  
Linda Gregory  
Nancy Hoff  
Letty James  
Angie Millan  
Austin Nation  
Merlie Ramira  
Howard Rho  
Robert Robledo  
Ebere Ume  
Ethel Weekly  
Emeline Yabut

## RACE/ETHNICITY OF NURSE POPULATION COMPARED TO GENERAL POPULATION



Source: The Henry J. Kaiser Family Foundation

# Employment of Newly Licensed RNs in California

Annual *HealthImpact* statewide study, fall 2017. Random sample of 50% (4,549) of RNs newly licensed in the 12 months between Sep 2016-Aug 2017 invited to participate. 1,262 nurses completed the survey (27.9%)

## KEY FINDINGS:

- 81.1% working in 1st RN job, 3.6% less than prior year
- 75% of employed RNs working within 3 months of licensure, 96.4% within 6 months
- 72.9% of RNs report lack of experience to be the primary reason jobs were not offered
- 58.9% participated in a new graduate transition to practice program, 11.3% increase from prior year
- Percent employed by nursing degree:  
80.2% ADN, 83.2% BSN, 73.3% Masters Entry

Employment settings reported:

Hospital inpatient (64.9%),

Emergency Department (10.8%),

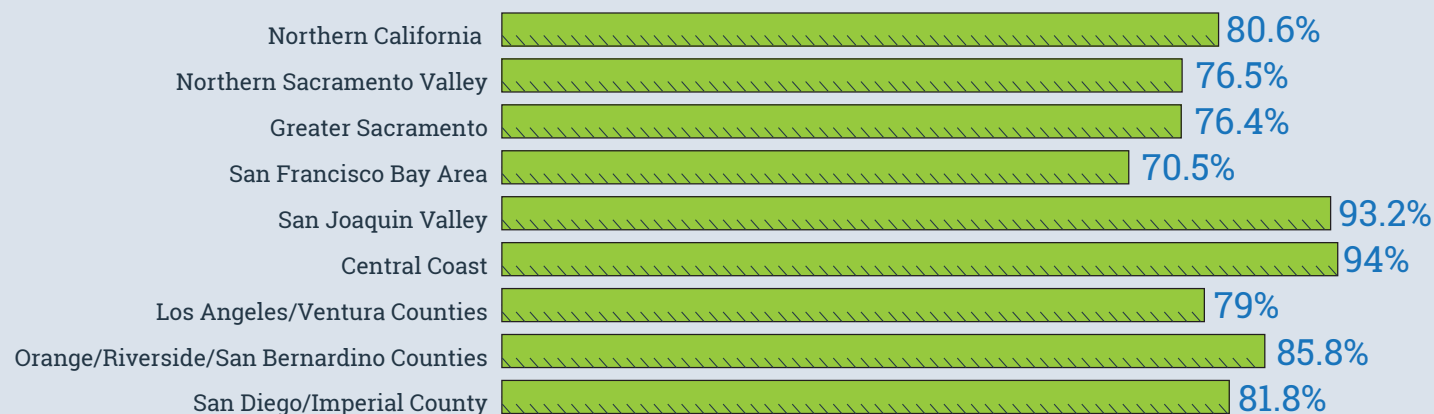
Nursing Home/Extended Care/Skilled Nursing/Group Home (3.5%),

Rehabilitation/Long-Term Acute Care (3.4%), and Home Health/Hospice (1.9%)

## EMPLOYED IN FIRST RN POSITION



## EMPLOYED RNS BY GEOGRAPHIC REGION

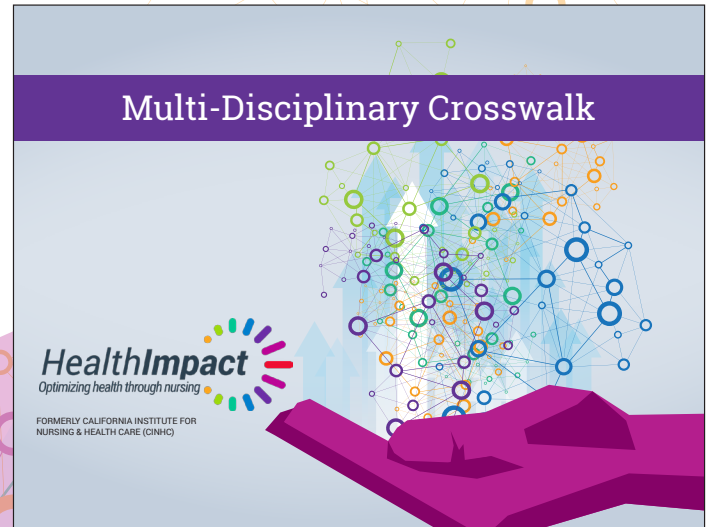


The complete report can be viewed at: [bit.ly/NewRNSurvey](http://bit.ly/NewRNSurvey)

# Multidisciplinary Crosswalk

The Multidisciplinary Crosswalk was developed as a tool to assist healthcare professionals understand the value each discipline can bring to the health care team, and is invaluable to aid in determining all possible combinations when creating new or strengthening existing care delivery models. The Crosswalk contains the following elements for 60 different positions found in California healthcare organizations:

- Licensure/certification information
- Responsible regulatory agency
- Locations of practice
- Summary scope and standards of practice
- Average California salary (2017)
- Potential areas of overlap with other positions



Marriage and Family Therapist						
<div> <div></div> LICENSE <div></div> CERTIFICATION </div>						
License/ Certification	Regulatory Agency	Location of Practice	Summary of Scope of Practice, Standard of Practice Services Provided	Average California Salary	Additional Roles This Profession May Serve	Specific Areas Where Profession Crosses Over to Another Scope of Practice
<b>EDUCATION:</b> Two-year Master's Degree from an accredited school in marriage, family, and child counseling, marriage and family therapy,  <b>PRACTICUM:</b> 150 hours of face-to-face experience counseling individuals, couples, families, or groups.	CA Board of Behavioral of Sciences (BBS)  916.574.7830  www.bbs.ca.gov	Private Practice  Non-Profit, Charitable Organization  County Agency  Licensed Health Care Facility  School	Social Work is defined as a service in which special knowledge of social resources, human capabilities, and motivation determines behavior.  The types of services provided are: (1) counseling using applied psychotherapy with individuals, families or groups, (2) providing information of referral services, (3) arranging for provision of services, (4) interpreting psychological aspects in various situations of individuals and groups, (5) helping communities to improve social or health services, and (6) research.	\$66,000 Annual	Case Management	In response to Dept. of Corrections and Rehabilitation (CDCR) to change title and broaden education and licensing qualifications of LMFT. This would allow LMFT to be considered in hiring process for CDCR.

Review the complete document at: <https://healthimpact.org/publication/mdc>

# Preparing RNs for Practice in High-Demand Hospital Specialty Areas

*HealthImpact* partnership with the Hospital Association of Southern California (HASC)

## THE GOAL

To address the increasing shortage of experienced specialty RNs in hospitals across the region.

## THE METHOD

Collaborative strategic nursing workforce initiative to build upon and extend academic-practice partnerships between nursing schools and hospitals

The focus areas:

- Perioperative
- Critical Care
- Emergency Services
- Labor and Delivery
- Neonatal Intensive Care

## THE MODEL

Address the shortage by developing the workforce needed

through education as pipeline to employment. Nursing schools develop and conduct specialty courses, including didactic education and supervised clinical components in partnership with affiliated hospitals as community based courses, or electives enrolling:

- RNs currently employed by hospital(s) who are moving to new specialty area(s)
- Experienced RNs recruited by hospital(s) interested in specialty practice, who do not have prior specialty experience
- RN students (senior year) interested in hospital specialty practice upon graduation

## THE OUTREACH

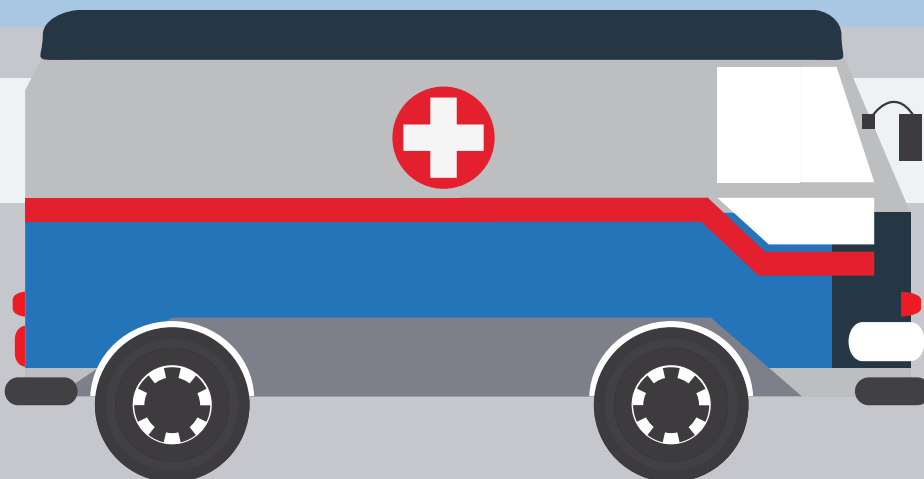
- Invitational meetings with nursing schools and hospitals to engage interest (spring 2017)
- Guidelines and methods for

course design, criteria for evaluation, and cost benefit analysis (summer 2017)

- Regional convenings with nursing schools and hospitals interested in developing courses in Perioperative and Critical Care specialties as top priorities for action (fall 2017)

## THE BENEFITS

- Support transition to practice for RN students prepared with specialty knowledge, and immersive experience prior to graduation and hire
- Support transition in practice for developing current RNs with further knowledge and skills in new specialty areas, providing options for career advancement and strengthening retention
- Increase the supply of specialty RNs across the region
- Strengthen success of transferring RNs and hiring newly licensed RNs
- May reduce turnover during 1st year of employment
- Cost benefits to providing flexible, efficient and scalable programs as pipelines to employment





# Teaching Nursing Students from Underrepresented Groups

The California Wellness Foundation provided funds to *HealthImpact* to support a project designed to improve recruitment and retention and increase the success of underrepresented minority nursing students. In California, Latino/Hispanic and African American/Black are the ethnic groups most underrepresented in nursing.

## SURVEY FINDINGS

- 56% of nursing programs report utilizing a holistic admission process
- Areas of greatest program strength:
  - Nursing program initiatives address underrepresented student groups
  - Social determinants that impede student learning and success are identified
  - An institutional culture of inclusion pervades the academic environment
- Areas that need further development:
  - Establishing external partnerships between nursing programs and organizations/individuals in the community
  - Providing students access to and guidance from diverse mentors and role models
  - Adoption of varied teaching strategies that support different learning styles

## FOCUS GROUP THEMES AND RECOMMENDATIONS

### Students

- A growing multicultural student body reported across California
- Conduct early student assessments to determine challenges and develop individualized plans for academic success
- Provide strong mentors and role models

### Faculty

- Adopt initiatives to recruit and align faculty diversity with student body
- Imbed cultural diversity concepts and activities broadly in teaching methods
- Utilize a framework of inclusion to develop and expand cultural sensitivity education

### Programs and Institutions

- Adopt holistic admission processes
- Assure institutional goals and program objectives include diversity-focused priorities and strategies
- Provide and align institutional services to meet evolving needs that strengthen student success



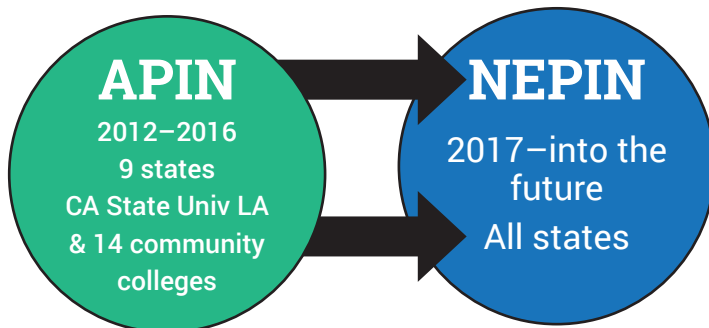
The full report can be found at [bit.ly/TEDNS](https://bit.ly/TEDNS)

# The Transition from APIN to NEPIN

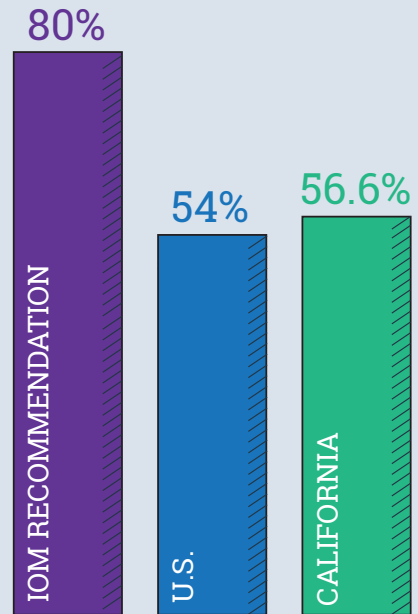
*HealthImpact's* commitment to academic progression for California nurses remains strong, and in 2017 we became one of the lead organizations to create a national organization to support nurses advancing their education, the National Education Progression in Nursing (NEPIN) collaborative. The focus of this new organization has expanded beyond APIN to embrace supporting all nurses who want to advance to higher degrees.



For more information, please visit [www.nepincollaborative.org](http://www.nepincollaborative.org).

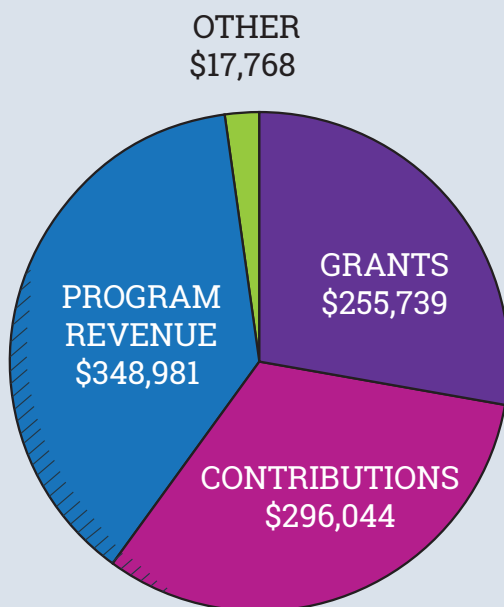


## RNS WITH BSN OR HIGHER DEGREE

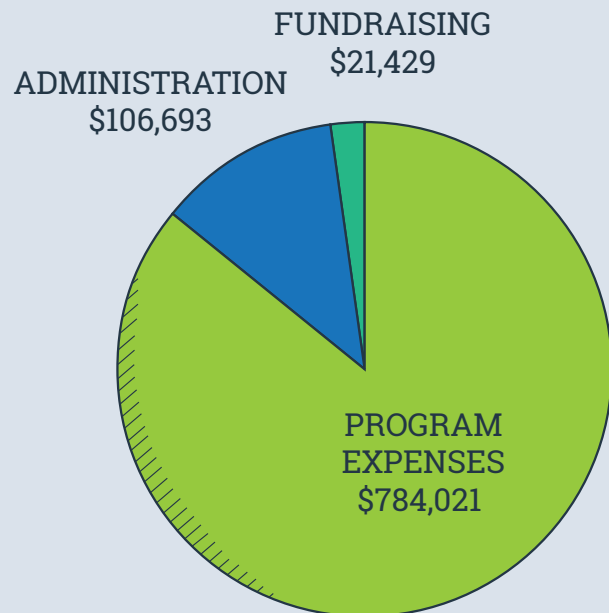


## *HealthImpact* FINANCIAL INFORMATION

### TOTAL REVENUE: \$918,532



### TOTAL EXPENSES: \$912,143



The financial information shown here was derived from *HealthImpact's* 2017 financial statements. Copies of audited financial statements may be obtained by contacting *HealthImpact*.

## 2017 FINANCIAL PARTNERS

### BENEFACTOR

Cedars-Sinai Medical Center  
California Health Care Foundation  
Gordon and Betty Moore Foundation  
Kaiser Permanente National Patient Care Services  
Kaiser Permanente Northern California Health Education Fund at the East Bay Community Foundation

### PATRON

California Hospital Association  
Laerdal Medical

### PARTNER

John Muir Health System  
Sharp HealthCare  
St. Joseph Health

### FRIEND

Adventist Health  
Dignity Health  
Henry Mayo Newhall Memorial Hospital  
Kaweah Delta Health Care District  
Robert Wood Johnson Foundation  
Santa Barbara Cottage Hospital  
Sierra View Medical Center  
Stanford Health Care  
The California Wellness Foundation  
UCLA Medical Center  
Valley Children's Hospital

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Debra Bakerjian  
Linda Burnes Bolton  
CA Association of Colleges of Nursing  
Children's Hospital Los Angeles  
Marilyn Chow  
Citrus Valley Health Partners  
CA Association of Associate Degree Nursing Programs—North  
CA Association of Associate Degree Nursing Programs—South  
CA Nursing Students' Association

Community Hospital of the Monterey Peninsula  
Ida Danzey  
Anne Dechairo-Marino  
Economic & Workforce Development Division of the CA Community Colleges Chancellor's Office and the Health Workforce Initiative  
Terry Hill Hospital Association of Southern California  
Huntington Memorial Hospital  
Limbs & Things  
NorthBay Healthcare  
Pomona Valley Hospital Medical Center

Providence Health & Services  
Ridgecrest Regional Hospital  
Torrance Memorial Medical Center  
UCLA Medical Center  
UC San Diego Medical Center

### DONOR

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Sharon Goldfarb  
Mary Dee Hacker  
Thomas Johnson  
Ruth Ann Terry  
Ukiah Valley Medical Center

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Linda Zorn  
**CO-CHAIR**



*HealthImpact* is devoted to improving the health of Californians by promoting a dynamic, well-prepared nursing workforce. In 2001, a group of nurse leaders across California saw the need for comprehensive planning in the field of nursing. They launched *HealthImpact*, formerly the California Institute for Nursing and Healthcare (CINHC), as a forum for cooperation and sharing best practices across the state. As health care undergoes major changes, nurses play an ever increasing role in providing care and keeping the public healthy. *HealthImpact* brings together leaders in nursing, academia and policy to ensure that nursing stays ahead of the changes in our profession. We are a catalyst for innovation and promote the collaboration of partners from all areas in the field.

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