

ANAHEIM

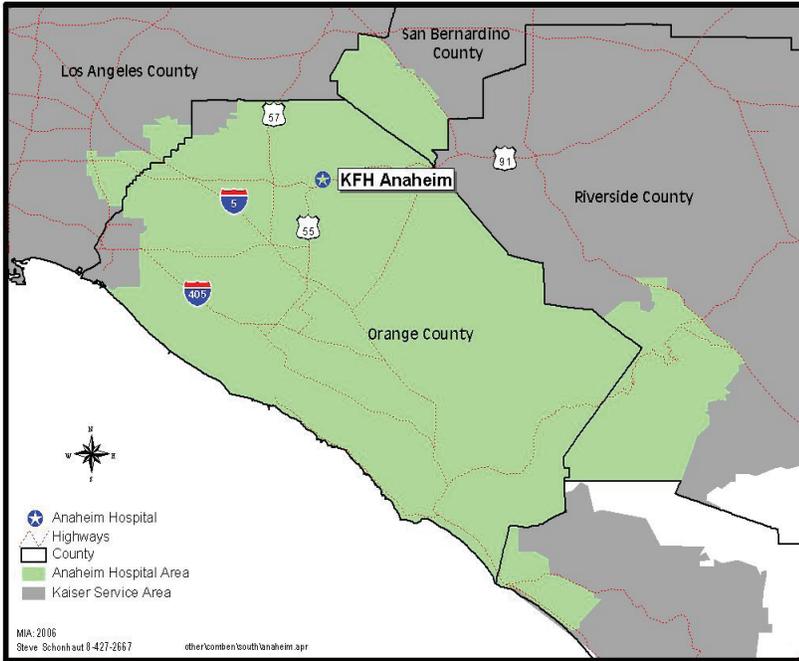
ANAHEIM

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# KAISER FOUNDATION HOSPITAL (KFH)-ANAHEIM

411 North Lakeview Avenue  
 Anaheim, CA 92807  
 (714) 279-4000



The KFH-Anaheim service area includes the communities of Anaheim, Brea, Buena Park, Chino Hills, Cowan Heights, Cypress, El Modena, Fullerton, Garden Grove, La Habra, La Mirada, La Palma, Los Alamitos, Modjeska, Modjeska Canyon, North Tustin, Orange, Placentia, Santa Ana, Silverado, Stanton, Tustin, Villa Park, and Yorba Linda.

## COMMUNITY SNAPSHOT (2010 Community Health Needs Assessment for KFH-Anaheim)

Total population:	3,091,673	White:	45%
Median age:	36.8	Latino:	33%
Median household income:	\$101,692	Asian and Pacific Islander:	16%
Percentage living in poverty:	10.7%	Other:	3%
Percentage unemployed:	9.3%	African American:	2%
Percentage uninsured:	17.8%	Native American:	0.3%

## KEY FACILITY STATISTICS

Year opened:	1974	Total licensed beds:	200
KFH full-time equivalent personnel:	1,003	Inpatient days:	47,913
KFHP members in KFH service area:	275,795	Emergency room visits:	42,164

## KEY LEADERSHIP AT KFH-ANAHEIM

Julie Miller-Phipps	Senior Vice President and Executive Director
Nancy Gin, MD	Area Medical Director
Karen Tejcka	Medical Group Administrator
John E. Stratman, Jr.	Public Affairs Director
Cheryl Vargo	Senior Community Benefit Health Specialist

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

Jointly funded by the Health Care Agency of Orange County, Children and Families Commission, CalOptima, and the nine-member Orange County Hospital Association of Southern California (HASC), the Orange County Health Needs Assessment (OCHNA) is a community-based, not-for-profit collaborative created and designed to meet SB 697 requirements. Owing to the economic downturn, county hospitals and government partners were unable to provide adequate funding to conduct the random digit-dial telephone survey of 5,000 households for the Orange County 2010 CHNA. A CHNA plan was developed that used a mixed-mode approach to data collection, including a trend analysis of four previous OCHNA health needs surveys (1998, 2001, 2004, and 2007), and additional primary data from the Census Bureau's American Community Survey (ACS) and California Health Interview Survey (CHIS). Population estimates for OCHNA 1998 and 2001 were updated with the state's latest Department of Finance estimates, so these new estimates will differ from county estimates provided in previous OCHNA reports. In addition, OCHNA incorporated objective/secondary data sources, demographics, and census data. As a source of qualitative data, OCHNA administered an online key informant survey of community-based organizations, foundations, health advocates, community clinics, local political/policy leaders, public health organizations, and other hospitals.

Objective/secondary data came from numerous sources cited within the report, including Department of Finance, 2010 Census estimates by Nielsen Claritas, Orange County Health Care Agency, and Healthy People 2020 (used as benchmarks).

## KEY FINDINGS FROM THE 2010 CHNA

Based on a careful review of the primary and secondary data collected for the 2010 CHNA, the key findings are as follows:

### *Health Care Access and Coverage:*

- Residents (of all ages) in Santa Ana were more than twice (36.1% vs. 17.8%) as likely not to have health care coverage as the general population of Orange County. [Source: U.S. Census Bureau, 2009 ACS]
- According to the 2009 ACS, the rate of uncovered children 0 to 17 was almost three times (3.5% vs. 10.4%) the 2007 OCHNA child estimate, and the adults 18 and older noncoverage rate was more than double (20.3% vs. 9.1%) the OCHNA 2007 estimate. [Sources: U.S. Census Bureau, 2009 ACS; and OCHNA 2007]
- Older adults 65 and older had the lowest rates of noncoverage (2.4%, or an estimated 8,260), while those 18 to 24 had the highest rate of noncoverage (31.8%, or an estimated 279,427). [Source: U.S. Census Bureau, 2009 ACS]
- Approximately one out of every three adults in the service area lacked dental, vision, and mental health care coverage. [Source: OCHNA 2007]
- 20.3% (43,710) of children 0 to 5 in the service area had public health care coverage, which may include Medi-Cal or Healthy Families. 54.5% (205,275) of older adults (65 and older) had Medicare coverage, while an additional 2.8% (10,619) had Medi-Cal coverage. [Source: U.S. Census Bureau, 2009 ACS]
- Access to health care when a child needs it is a topic of concern for parents who often find themselves in an ER when their regular source of care is not available. About one in three (33.4%, or an estimated 222,948) parents indicated that their child's health care provider *does not* offer evening or weekend hours; and 2.1% (46,828) of adults utilized the ER for routine health care. With regard to ER usage, there were no significant race/ethnicity differences. [Source: OCHNA 2007]
- 37.0% (658,420) of adults reported that their provider did not offer health care services in the evenings or on weekends. One in 10 adults (10.3%, or an estimated 76, 837) in the service area did not have a routine checkup in more than five years. [Source: OCHNA 2007]

### *Obesity, Nutrition, and Exercise:*

- In 2004, 51.8% of adults were overweight or obese in the service area. In 2007, the percent of overweight/obese adults in the service area grew to 53.5%, an increase of 3.3%. [Source: OCHNA 2001–2007]

- The service area *did not meet* the Healthy People 2020 objective of 14.6% of children and adolescents who are overweight ( $\geq 95$ th percentile on the BMI-for-age growth charts); 16.7% (88,814) were overweight in 2007, 2.1 percentage points *more* than the HP 2020 objective. [Source: OCHNA 2007]
- White and Hispanic/Latino are the two largest race/ethnic groups in the service area: 35.6% (83,175) of Hispanic/Latino children 2 to 17 were overweight or at risk of overweight, compared to 26.4% (52,490) of White children 2 to 17. 36.1% (9,010) of Vietnamese children were overweight ( $\geq 95$ th percentile) or at risk of overweight (85th to  $< 95$ th percentile), a higher percentage than other Asian/Pacific Islander children, 23.4% (9,752) of whom were overweight or at risk. [Source: OCHNA 2007]
- It was determined that 55.8% (586,890) of White adults and 60.6% (337,564) of Hispanic/Latino adults in the service area were overweight or obese. Vietnamese adults had higher rates of obesity than other Asian/Pacific Islander adults. 53.3% (30,963) of Vietnamese adults were overweight or obese, compared to only 30.3% (53,400) of non-Vietnamese Asian adults. [Source: OCHNA 2007]
- Public school students in grades 5, 7, and 9 are required to take the California Physical Fitness Test (PFT), which assesses students on six fitness standards: aerobic capacity, body composition, flexibility, abdominal, trunk, and upper body strength. PFT pass rates are determined for all Orange County school districts. In the 2008–2009 school year, 34.5% (12,355 students) of 5th graders, 43.7% (16,182 students) of 7th graders, and 45.0% (17,273 students) of 9th graders met all of the six fitness standards countywide. [Source: California Department of Education Dataquest]
- Among adults 18 and older in the service area, 46.1% (990,093) reported that they did not eat five servings of fruits and vegetables per day. Of this group, 5.3% (52,799) indicated that fruits and vegetables were too expensive, and 7.3% (72,688) indicated that they were not sure what a serving is or did not know how to select fruits and vegetables to eat. [Source: OCHNA 2007]

#### *Major and Chronic Diseases:*

- 27.9% (654,239) of adults in the service area indicated that they had an ongoing or a serious health problem, like heart disease, arthritis, or a mental health condition that requires frequent medical care, such as regular doctor visits and/or daily medications. [Source: OCHNA 2007]
- Heart disease was the leading cause of death in Orange County in 2008, followed by cancer. [Source: State of California, Department of Public Health, Vital Statistics Query System]
- Asthma is the leading type of chronic illness in children. In the service area, 9.4% (75,514) of children 0 to 17 had asthma in 2007. [Source: OCHNA 2007]
- Among children and adolescents with asthma, 46.4% were Hispanic/Latino and 31.4% were White. [Source: OCHNA 2007]
- The California Cancer Registry and American Cancer Society's *2010 California Cancer Facts and Figures* report estimated 11,000 new cases of cancer in Orange County during 2010. [Source: State of California, Department of Public Health, California Cancer Registry]
- In the OCHNA 2004 survey, 7.3% (161,025) of adults 18 and older in the service area reported that they had diabetes. According to CHIS 2009, 7.7% of adults 18 and older reported that they had diabetes.
- Higher percentages of diabetes are related to lower household income. While 4.5% (28,332) of adults with annual household income of \$75,000 or more have diabetes, 8.9% (23,477) of adults with less than \$25,000 annual household income have diabetes. [Source: OCHNA 2004] According to CHIS 2009, 9.5% of adults with annual household incomes of \$50,000 or below had diabetes, compared to 3.2% of adults with annual household incomes above \$50,000.
- Of adults in the service area who had diabetes in 2004, 9.5% (14,151) were normal weight, 47.5% (70,911) were overweight, and 43.0% (64,223) were obese. According to CHIS 2009, 17.4% of adults with diabetes were of normal weight, 48.4% of adults with diabetes were overweight, and 34.2% of adults with diabetes were obese.
- The *2008 OCHCA Health Indicators Report* presented a countywide HIV/AIDs incidence rate of 17.95 per 100,000 population from 2005 to 2007 (1,649 cases).

**PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-ANAHEIM SERVICE AREA**

1. Access to health care coverage and health care services
2. Reducing obesity and the onset and complications of diabetes management
3. Chronic disease prevention, education, and management

## 2011 YEAR-END RESULTS

### PRIORITIZED NEED I: ACCESS TO HEALTH CARE COVERAGE AND HEALTH CARE SERVICES

According to the 2010 OCHNA, ethnic/minority populations throughout Orange County experienced the largest health care coverage losses, with 15% of all Asians and almost one in three Latinos (32%) having no health care coverage in 2009. Slightly more than 43% of Latino adults lack coverage, and Latino children were more than four times (16%) more likely than White children (3%) to be without coverage. Overall, the uninsured rate in Orange County more than doubled from 2007 to 2009 for adults 18 and older (from 9% to 20%) and children 0 to 17 (from under 4% to more than 10%). In fact, 2009 ACS lack of health coverage estimates for children and adults are higher than estimates collected in the 1998 OCHNA survey. For the increasing number of families who have lost their jobs, and with them, their health care and prescription coverage, access to preventive care and disease management has been lost as well. This may lead many to put off needed care until it becomes a trip to the emergency room. In addition, safety net programs have either increased their premiums, reduced covered services, or both.

#### 2011 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to health care services for low-income and uninsured individuals.
3. Provide financial and other support to improve health care coverage and health care access for children and adults.

#### 2011 STRATEGIES

1. Participate in KFHP/H Charitable Health Coverage Programs (STEPS and Kaiser Permanente Child Health Plan); participate in government programs (Medi-Cal and Healthy Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Increase participation in planned partnerships, including Surgical Intervention "Surgery Days."
4. Provide grant funding to organizations that provide and/or support effective enrollment in public programs.
5. Provide grant funding for safety net clinics to increase primary care and specialty services.

#### TARGET POPULATION

Children and adults without health insurance, Latinos, low-income populations, families below the poverty level, populations speaking Spanish and Asian or Pacific Island languages at home, seniors, and geographic areas with disproportionate need.

#### COMMUNITY PARTNERS

Community partners include Children's Health Initiative of Orange County, Coalition of Orange County Community Clinics and its individual member clinics and other safety net providers, Orange County Health Care Agency, Health Funders Partnership of Orange County, Healthy Smiles for Kids of Orange County (Healthy Smiles), Hurtt Family Health Clinic, and Illumination Foundation.

#### 2011 YEAR-END RESULTS

- KFH-Anaheim continued its strong partnership with Illumination Foundation, awarding a \$20,000 grant for the Medical Outreach and Care Program (MOCP), which provides homeless and at-risk individuals with free medical care, and behavioral health, vision, and social services at locations throughout Orange County. During the grant period, MCOP will improve access to health care and health care services for Orange County's uninsured and underinsured in the following ways: operate at least 40 weekly Neighborhood Clinics at up to four fixed sites throughout Orange County, providing primary medical care and mental health services, enrolling clients in public health insurance programs, and connecting them to other community resources; deliver direct services to approximately 480 clients, with up to 60%

receiving connection to a medical home; provide a variety of medical services via eight Mobile Clinics to approximately 280 clients, with up to 60% being connected to a medical home; in collaboration with event organizers, hold at least four large-scale Health Expos to provide primary medical care, vision care, mental health services, enrollment in public health insurance programs, and connections to community resources; serve approximately 1,200 clients, with up to 30% receiving connection to a medical home; and hold four small-scale Mobile Eye Care Clinic events, providing vision care services to approximately 850–900 homeless and underserved individuals in Orange County. KFH-Anaheim has partnered with Illumination Foundation since 2008. Scott Kelly, KFH-Anaheim Public Affairs, is on its board of directors.

- KFH-Anaheim continued its strong partnership with Healthy Smiles, awarding the specialty care dental clinic a \$20,000 grant for its Advanced Sedation Program (ASP), which targets underserved Latino children who have complex dental cases or special needs, or are medically fragile in-patients at Children’s Hospital of Orange County. ASP is a one-of-a-kind program, and Healthy Smiles is the only safety net clinic in Orange County providing oral and IV sedation services for children requiring dental restorative care. The focus is to reach 400 children who face significant barriers to accessing care, including costs and linguistic/cultural issues, as well as very young children whom dental providers are reluctant to treat. This work supports *Healthy People 2010* oral health goals. Southern California Permanente Medical Group (SCPMG) physician Nam Ky Lam, MD, continues to be actively involved as a Healthy Smiles board member.
- KFH-Anaheim has partnered with St. Jeanne de Lestonnac Free Clinic (Lestonnac) in Orange since 1999 and awarded a \$25,000 grant to its Bridge to Care Program (BCP) to increase access to care for the uninsured (treating 5,000 unduplicated patients), to increase the number of program volunteers, and to raise community awareness of its services. BCP comprises a mobile clinic and four walk-in clinics in Los Alamitos, Tustin, Stanton, and Orange. Several SCPMG physicians and KFH-Anaheim employees volunteer at the clinic; most recently, Susan Stephens, MD; Kwing-Wah Chan, MD; John Parker, MD; Ken Bell, MD; and Joan Stoykovich, RNP. Residents and faculty from KFH-Anaheim’s Family Medicine Residency Program provide clinic visits for Latino Health Access residents using space provided for free by Lestonnac. Finally, at least 30 KFH-Anaheim and KFH-Irvine physicians volunteer through Lestonnac Free Clinic for the Illumination Foundation Mobile Medical Unit, providing free health care to the homeless population in Orange County.
- Kaiser Permanente’s Southern California Safety Net Partnerships increases the capacity of safety net providers to operate efficiently, enhance quality of care, and increase access to care for the underserved by helping clinic and hospital networks/consortia and other statewide organizations support clinical and management infrastructure and policy advocacy for safety net providers. Coalition of Orange County Community Clinics received a \$330,000 grant over two years (\$165,000 in 2011) for core operations and quality improvement support to help member clinics annually serve more than 200,000 low-income, uninsured, and underserved individuals in Orange County. Core operating support helps the coalition increase the effectiveness and efficiencies of member clinics, strengthen quality improvement infrastructure, implement clinical and administrative performance measuring systems, and conduct a patient evaluation survey using outside consultants. Helping the coalition create and develop new strategies, improve the financial infrastructure, and maintain core operations is vital to the success and sustainability of Orange County’s safety net system.
- Kaiser Permanente Southern California Region funded Healthy Smiles for Kids of Orange County, which received a \$100,000 grant for its pediatric provider oral health training program for community clinics. This grant helped support the salaries of both an oral health educator and a program manager.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

## MONITORING PROGRESS OF 2012 STRATEGIES

Participation in the KFHP/H Charitable Health Coverage Programs and government programs (Medi-Cal and Healthy Families) will be monitored through quarterly analysis of membership reports. Monitoring of charity care through MFA and maximizing efficiencies will be accomplished by evaluating progress of business line goals. Increased participation in planned Charity Care partnerships including Surgical Intervention “Surgery Days” will be measured through number of

patients receiving care. Grant funding to organizations that provide and/or support effective enrollment in public programs will be measured by number of people who receive enrollment assistance. Finally, grant funding for safety net clinics will be measured by number of grants awarded.

## **PRIORITIZED NEED II: REDUCING OBESITY AND THE ONSET AND COMPLICATIONS OF DIABETES MANAGEMENT**

Poor diet and physical inactivity is a leading cause of preventable death in the United States. In 2007, the percent of overweight/obese adults in the service area increased by 3.3% to 53.5%. There were also notable gender differences in weight status within the service area, with males of all ages more likely to be overweight or obese compared to females, who were more likely to be at a healthy weight. Among adults 18 and older, 46.1% (990,093) reported that they did not eat five servings of fruits and vegetables per day. According to the OCHNA 2007 survey, 24.8% (128,981) of children 6 to 17 ate fast food at least three times in the previous week. Because 16.7% (88,814) of children and adolescents were overweight in 2007, the service area did not meet the Healthy People 2020 objective of 14.6%. Type 2 diabetes is linked to obesity and physical inactivity. According to CHIS 2009, an estimated 6.3% of adults 18 to 64 and 16.8% of seniors 65 and older were ever diagnosed with diabetes, not meeting the Healthy People 2010 objective of no more than 2.5%. The age-adjusted death rate for diabetes-related deaths in the service area was 65.9 per 100,000 (based on analysis of deaths from 2003 through 2005, the most recent available), failing to meet the Healthy People 2020 objective of 65.8 deaths per 100,000.

### **2011 GOALS**

1. Decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking).
2. Increase consumption of fresh fruits and vegetables.
3. Increase physical activity in community settings (e.g., safe walking/biking routes, parks, hiking trails, joint use agreements).
4. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

### **2011 STRATEGIES**

1. Provide grant funding to increase available fresh produce in low-income neighborhoods, and provide education and support for increased consumption of the fresh produce.
2. Leverage lessons learned from Healthy Eating, Active Living (HEAL) work and encourage replication in other communities.
3. Provide grant funding to encourage physical activity and to promote safe places to walk, bike, and play in low-income neighborhoods.
4. Promote Educational Theatre's healthy eating programs in local schools.
5. Provide financial and other support to improve diet, eating habits, and physical activity among children, adults, and seniors, and reduce the complications associated with diabetes.

### **TARGET POPULATION**

Overweight and obese children, adults, and seniors and/or individuals with diabetes.

### **COMMUNITY PARTNERS**

Community partners include Anaheim Community Foundation, Anaheim Family YMCA, Health Funders Partnership of Orange County, area school districts, El Viento Foundation, Kid Healthy Steps to Healthy Living, Latino Health Access, Orange County Health Care Agency, and Oak View Renewal Partnership.

## 2011 YEAR-END RESULTS

- KFH-Anaheim supported Anaheim Family YMCA with a \$10,000 grant for its Y.E.S. (Youth and Education through Swimming) program, a community collaboration that brings swimming to 3rd graders to improve their health, water safety, and overall development. Under a KFH-Anaheim 2010 grant, Anaheim Family YMCA collaborated with Magnolia School District (MSD) and the Salvation Army to provide swim instruction and water safety classes to all MSD 3rd graders over the course of a full school year. Y.E.S. builds confidence in the water and promotes a lifetime of water sport, play, and related physical activity. With the success of the program's first year, the 2011 grant includes Savanna School District, increasing the number of children impacted from 950 to 1,100. Y.E.S. is a collaborative model, bringing together the collective expertise and support of the YMCA, Salvation Army, and Magnolia and Savanna school districts. In this second year, the focus is on finding ways to serve more kids using fewer resources and on engaging more partners for greater impact.
- KFH-Anaheim awarded El Viento Foundation a \$10,000 grant for its Establishing Healthful Living: El Viento Summer Program, which provides physical activity and a safety foundation for other aquatic activities for disadvantaged youth at high risk for developing type 2 diabetes. Children and teens who participate in El Viento have the opportunity to increase their awareness of the need for daily physical/swimming activity; engage in regular physical activity; gain confidence in their ability to make sound lifestyle choices; learn about the relationship between physical fitness and reduced risk for type 2 diabetes and other chronic health conditions related to body mass index; and explore the relationship between physical fitness and mental fitness, highlighting that healthful living choices can positively impact academic success. KFH-Anaheim has been a partner with El Viento Foundation since 2004.
- KFH-Anaheim has partnered with Kid Healthy Steps to Healthy Living since 2008 and in 2011, provided a \$10,000 grant to Volunteer Center of Orange County for Kid Healthy Steps to Health Living's Padres en Accion (parents in action) or PEA program, which engages parents as change agents through volunteerism and active recess advocacy on school campuses. PEA creates a school environment that is conducive to healthy eating; promotes physical activity through the use of trained, volunteer parents; provides parents with culturally competent training and materials on school wellness policy and ways they can be actively engaged in implementing and improving these policies in local schools using a promotores model; and engages high-risk children in moderate to vigorous physical activities and play during recess. Goals included a minimum of 10 parents at three schools will develop school wellness advocacy skills and the competency to engage children and facilitate physical education activities during recess by participating in 18 hours of PEA training sessions during summer 2011; a minimum of 75% of children at three Santa Ana Unified School District sites will be actively engaged in structured recess activities by December 31, 2011; and 2,400 students will be impacted. KFH-Anaheim pediatrician Alan Cortez, MD and Cheryl Vargo, Public Affairs, serve on the Community Advisory Council.
- Kaiser Permanente Southern California Region's HEAL Zone initiative is designed to target a small, clearly defined community of 10,000 to 20,000 residents who have high rates of obesity and other health disparities. The initiative helps community stakeholders develop and implement evidence-based and prevention-oriented environmental strategies focused on reducing obesity rates and creating opportunities for residents to engage in healthy eating and active living. In the KFH-Anaheim service area, Anaheim Family YMCA received a \$100,000 grant.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

## MONITORING PROGRESS OF 2012 STRATEGIES

Agencies will provide reports and data about programs funded by KFH-Anaheim, including tracking number of clients served, client demographics, services provided, and achievements of predetermined outcomes and tracking amount of funding provided through grants. Promotion of Educational Theatre healthy eating programs will be measured through increased number of schools reached.

## **PRIORITIZED NEED III: CHRONIC DISEASE PREVENTION, EDUCATION, AND MANAGEMENT**

Chronic conditions and diseases are among the most prevalent, costly, and preventable of all health problems. To some degree, the major chronic disease killers are attributable to lifestyle and environment. In particular, health damaging behaviors, such as lack of exercise, bad diet, or tobacco use, can lead to chronic conditions that in turn can decrease the quality of life. The common chronic diseases in Orange County (from most to least prevalent) include high blood pressure, high cholesterol, arthritis, asthma, cancer, diabetes, heart disease, and stroke (CHIS, 2005/2009). The *2008 OCHCA Health Indicators Report* presented a countywide HIV/AIDS incidence rate of 17.95 per 100,000 from 2005 to 2007 (1,649 cases). Heart disease was the leading cause of death for Orange County in 2008, followed by cancer, according to the California Department of Public Health (CDPH). Several leading causes of death in the service area did not meet Healthy People 2010 objectives. The age-adjusted death rate for chronic pulmonary diseases such as bronchitis and emphysema was 94.8 per 100,000 for 45 and older, compared to the Healthy People 2020 objective of 98.5/100,000. Suicide, an indicator of mental health, was 8.3 per 100,000; the Healthy People 2020 objective is 10.2/100,000. Cirrhosis, an indicator of alcohol abuse, was 10.7 per 100,000; the Healthy People 2020 objective is 8.2/100,000. In 2006, the rate of substantiated child abuse in Orange County was 11.7 per 1,000 children 0 to 17, not meeting the Healthy People 2020 objective of 8.5/1,000. Diabetes was the seventh leading cause of 2007 deaths in the U.S., according to the Centers for Disease Control. Type 1 diabetes accounts for 5% to 10% of all diagnosed cases, and type 2 diabetes accounts for 90% to 95% of cases.

### **2011 GOALS**

1. Improve asthma care management and lung health in children, adults, and family members with an emphasis on serving low-income, underserved populations.
2. Expand education and support services for people with Alzheimer's disease and their families and caregivers.
3. Develop partnerships with community organizations that focus on detection, education, and management of chronic diseases.
4. Provide financial and other support to various agencies that provide mental health, crisis intervention, and other services for women affected by domestic violence and for children and their families affected by child abuse.

### **2011 STRATEGIES**

1. Provide grant funding for prevention, education, and care management of asthma and lung health in children, adults, and family members, with an emphasis on serving the Latino population.
2. Provide grant funding for programs that expand education and support services for people with Alzheimer's disease, families, and caregivers.
3. Provide grant funding to improve detection, education, and management of chronic diseases.
4. Provide grants or partner with community clinics or organizations that work to improve management of chronic conditions for the underserved.
5. Provide grants or partner with various agencies providing mental health, crisis, and other services for women affected by domestic violence and for children and their families affected by child abuse.

### **TARGET POPULATION**

Children with asthma, adults with heart disease and hypertension, seniors with Alzheimer's disease, and those affected by family violence (child abuse, domestic violence, and elder abuse), with an emphasis on the uninsured and underinsured.

### **COMMUNITY PARTNERS**

Community partners include American Lung Association in California, serving Orange County (ALAOC); Anaheim Family Justice Center; The Center OC; The Eli Home, Inc.; Girl Scout Council of Orange County; Human Options; Interval House; Latino Health Access; MOMS Orange County; Oak View Renewal Partnership; PADRE (Pediatric Adolescent Diabetes Research Education) Foundation; and Susan G. Komen for the Cure.

## 2011 YEAR-END RESULTS

- KFH-Anaheim has been a long-standing partner of MOMS Orange County, which provides access to prenatal care, health screenings, developmental screenings, health education, and referral services to pregnant and parenting women in Orange County to improve birth weights, reduce premature deliveries, and improve infant health and development. The American Diabetes Association found that babies born to mothers with untreated gestational diabetes have nearly double the normal risk of becoming obese in childhood not to mention developing diabetes and other serious health problems in adulthood. KFH-Anaheim awarded a \$20,000 grant to MOMS Orange County's Pregnancy and Diabetes Program, which includes enhanced diabetes care coordination for pregnant women and prevention-based classes and support groups (approximately 132 sessions in a 12-month period) facilitated by a bilingual diabetes coordinator. Program goals are to improve maternal and birth outcomes and prevent high-risk mothers from developing gestational diabetes and/or converting to type 2 diabetes after pregnancy. The project will screen 2,700 pregnant clients, provide specialized diabetes care and management coordination for 250 diabetic pregnant women through education and support, and provide targeted interventions for 1,000 at-risk women. KFH-Anaheim has been a partner with MOMS Orange County since 1997 and Deborah Dannenmeyer, RN, is on the MOMS Orange County board of directors.
- A KFH-Anaheim partner since 1997, the Eli Home, Inc. received a \$10,000 grant for Eli HEALS (Healthy Eating And Living Simplified), which offers culturally sensitive nutritional education and hands-on training to Eli shelter residents (women and children who are victims of abuse and domestic violence) and clients of its East Street Community Renewal Initiative (ESCRI). The program provides Eli residents and impoverished individuals in the East Street community with culturally sensitive, healthy alternatives to attack the growing epidemic of obesity; increases participants' knowledge of MyPyramid food guidelines and the importance of healthy eating habits; and provides hands-on training in food preparation and cooking. Approximately 180 individuals will participate in a five-week bilingual course on healthy eating and living, and 1,000 people will receive healthy, affordable recipes. Expected outcomes include a 50% increase in knowledge of MyPyramid guidelines and the importance of healthy eating habits, and the ability to prepare a healthy meal on a budget.
- Asthma continues to be a serious chronic disease for many Orange County children and seniors. KFH-Anaheim awarded a \$10,000 grant to ALAOC to support SCAMP (Southern California Asthma Management Program) Camp, where 150 children with asthma learn about managing and preventing asthma-related illnesses and episodes; how to properly use a peak flow meter and understand the importance of keeping a log to track their asthma symptoms daily; how to prevent episodes; and information about asthma medications. SCAMP Camp provides a strong network of assistance from dedicated medical volunteers who educate campers and their families about this chronic disease. SCPMG pediatrician Afif El-Hasan, MD continues to serve as an active board member of the ALAOC chapter.
- California Family Health Council received a \$200,000 grant over two years to build the capacity of Title X agencies in California to utilize family-planning performance data measures to improve the quality of reproductive health care.

## 2012 GOALS UPDATE

The goals will remain unchanged for 2012.

## 2012 STRATEGIES UPDATE

The strategies will remain unchanged for 2012.

## MONITORING PROGRESS OF 2012 STRATEGIES

Agencies will provide reports and data about programs funded by KFH-Anaheim, including number of clients served, client demographics, services provided, and achievements of predetermined outcomes.

**Table 1**

**KAISER FOUNDATION HOSPITAL-ANAHEIM**

**2011 Key Community Benefit Program Metrics**

*(For more information about these and other CB programs and services, please see pages 10–20 in the Introductory Chapters Section.)*

Charity Care: Medical Financial Assistance Program recipients	2,232
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	163
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	4,399
Medi-Cal managed care members	7,601
Healthy Families Program members	8,805
Community Surgery Day patients	24
Health Research projects (new, continuing, and completed)	44
Nursing Research projects (new, continuing, and completed)	5
Educational Theatre – number of performances and workshops	40
Educational Theatre – number of attendees (students and adults)	4,786
Graduate Medical Education – number of programs	8
Graduate Medical Education – number of affiliated and independent residents	115
Nurse practitioner and other nursing training and education beneficiaries	4
Deloras Jones nursing scholarship recipients	4
Other health professional training and education (non-MD) beneficiaries	12
Hippocrates Circle students	25
Summer Youth and INROADS programs participants	21
Number of 2011 grants and donations made at the local and regional levels <sup>1</sup>	86

<sup>1</sup>The vast majority of regional grants impact three or more hospitals. As such, a single regional grant may be included in the “Number of 2011 grants and donations” count for multiple hospitals.

Table 2

## KAISER FOUNDATION HOSPITAL-ANAHEIM

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$5,639,858
Healthy Families <sup>2</sup>	2,902,302
Charity care: Charitable Health Coverage Programs <sup>3</sup>	2,542,433
Charity care: Medical Financial Assistance Program <sup>4</sup>	3,801,466
Grants and donations for medical services <sup>5</sup>	934,528
<b>Subtotal</b>	<b>\$15,820,587</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>6</sup>	\$ 0
Educational Outreach Program	0
Summer Youth and INROADS programs <sup>7</sup>	45,181
Grants and donations for community-based programs <sup>8</sup>	534,200
Community Benefit administration and operations <sup>9</sup>	504,268
<b>Subtotal</b>	<b>\$1,083,649</b>
<b>Benefits for the Broader Community<sup>10</sup></b>	
Community health education and promotion programs	\$76,728
Educational Theatre Programs	150,082
Facility, supplies, and equipment (in-kind donations) <sup>11</sup>	0
Community Giving Campaign administrative expenses	7,486
Grants and donations for the broader community <sup>12</sup>	226,018
National board of directors fund	23,972
<b>Subtotal</b>	<b>\$484,286</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$2,478,753
Non-MD provider education and training programs <sup>13</sup>	570,702
Grants and donations for the education of health care professionals <sup>14</sup>	101,572
Health research	1,503,346
Continuing Medical Education	216
Grants and donations for evidence-based medicine <sup>15</sup>	0
<b>Subtotal</b>	<b>\$4,654,589</b>
<b>Total Community Benefits Provided</b>	<b>\$22,043,111</b>

## ENDNOTES

- <sup>1</sup> Amount includes cost-based unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- <sup>2</sup> Amount includes cost-based unreimbursed inpatient expenditures for Healthy Families members.
- <sup>3</sup> Amount includes cost-based unreimbursed inpatient expenditures for Steps Plan members and the Kaiser Permanente Child Health subsidy.
- <sup>4</sup> Amount includes cost-based unreimbursed care provided at this facility to patients who qualify for Charity Care: Medical Financial Assistance Program.
- <sup>5</sup> Figures reported in this section for grants and donations for medical care services consist of charitable contributions to community clinics and other safety net providers; community health partnerships and collaboratives; community health care coverage enrollment efforts; and specific health initiatives that address specialty care access, HIV/AIDS, childhood obesity, and so on. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- <sup>6</sup> Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- <sup>7</sup> Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- <sup>8</sup> Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- <sup>9</sup> The amount reflects the costs related to providing a dedicated Community Benefit department and related operational expenses.
- <sup>10</sup> Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- <sup>11</sup> Amount represents the estimated value of, but is not limited to, donated surplus office and medical supplies, equipment and furniture, promotional giveaways, in-kind services, and conference meeting room usage, as recorded in the MicroEdge GIFTS database.
- <sup>12</sup> Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at the general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- <sup>13</sup> Amount reflects the net expenditures after tuition reimbursement for health care professional education and training programs.
- <sup>14</sup> Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, and so on. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- <sup>15</sup> Figures reported in this section for grants and donations for evidence-based medicine consist of charitable contributions made to external nonprofit organizations and academic institutions to develop, produce, or communicate evidence-based medical practices and research findings. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

