

DOWNEY

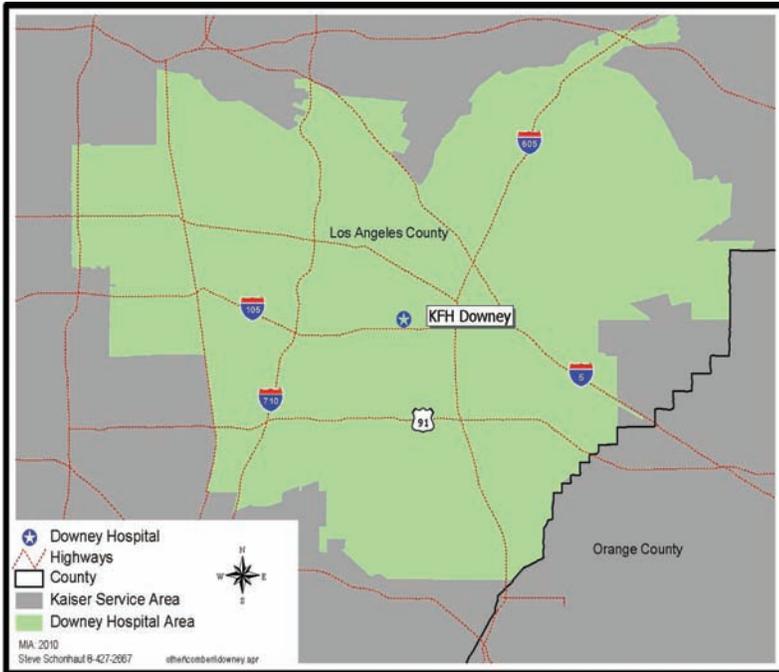
DOWNEY

DOWNEY



# KAISER FOUNDATION HOSPITAL (KFH)-DOWNEY

9333 East Imperial Highway  
 Downey, CA 90241  
 (562) 657-4019



The KFH-Downey service area includes Artesia, Bell, Bell Gardens, Bellflower, Cerritos, Commerce, Compton, Cudahy, Downey, Florence-Graham, Hawaiian Gardens, Huntington Park, Lakewood, Lynwood, Maywood, North Long Beach, Norwalk, Paramount, Pico Rivera, Santa Fe Springs, South Gate, South Los Angeles, Vernon, Watts, Whittier, and Willowbrook.

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

Total population:	1,627,271	Latino:	71%
Median household income (county):	\$54,467	White:	13%
Percentage living in poverty:	19.3%	African American:	8%
Percentage unemployed:	12.9%	Asian and Pacific Islander:	7%
Percentage uninsured:	22.9%	Other:	2%

## KEY FACILITY STATISTICS

Year opened:	2009	Total licensed beds:	352
KFH full-time equivalent personnel:	1,624	Inpatient days:	87,350
KFHP members in KFH service area:	301,530	Emergency room visits:	92,800

## KEY LEADERSHIP AT KFH-DOWNEY

Jane Finley	Senior Vice President and Executive Director
Jim Branchick	Chief Operating Officer
Gregg Durkee	Area Finance Director
Binesh Batra, MD	Area Medical Director
Mark Zuiderveen	Medical Group Administrator
Elizabeth Trombley, MPH	Public Affairs Director
Sheri Bathurst	Senior Community Benefit Specialist

# THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

## 2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-Downey conducted the 2010 CHNA in partnership with Healthy City and Special Service for Groups. The CHNA report uses both primary and secondary data to present a profile of community conditions in the service area, the surrounding county, and California overall. While the emphasis is on health care data, community health is defined broadly and therefore includes a variety of social, economic, educational, and demographic indicators in the needs assessment.

Primary data collection aimed to identify the unmet health needs of the community in general and underserved populations in particular. It also sought community guidance in prioritizing these needs in the context of a changing community. The primary data collection covered three areas: (1) community health needs, (2) barriers to health and wellness, and (3) community assets. Utilizing focus group and stakeholder interviews, community participants were selected based on several factors, including prior engagement in the CHNA process, subject area expertise, and experience or role in addressing key health needs of vulnerable populations in the service area. Numerous community groups collaborated in providing critical information about health needs, assets, and barriers, and their essential participation is part of the analysis that follows.

Secondary quantitative data analysis for the 2010 CHNA consisted of data collection, processing, and analysis. Emphasis was placed on making these data as widely available as possible, and toward this end the data were prepared and uploaded to the Healthy City web-based data and mapping platform (<http://www.healthycity.org>). Much of the data was collected at the zip code level, when available. Where comparisons for the indicators were possible using Healthy People 2010 benchmarks, service area or county health information is presented together. In addition, statewide figures, when available, are shown as comparison points for local indicators. Trend data and assessment by race/ethnicity, poverty level, and gender are provided for selected indicators.

## 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:

### *Access to Care:*

- With regard to health access indicators, the service area did not reach Healthy People 2010 objectives related to health insurance and source of ongoing care. In Service Planning Area (SPA) 6, 38.9% of adults are uninsured, and in SPA 7 the uninsured rate is 27.9%.
- 53% of those with insurance in SPA 7 have coverage through an employer or coverage that is privately purchased.
- 69.9% of those with insurance in SPA 6 have coverage through Medi-Cal or Healthy Families.

### *Chronic Diseases:*

- In 2007, in SPA 6, about one in three adults felt they were in poor to only fair health, much higher than in SPA 7, Los Angeles, and California overall (about one in five adults).
- Diabetes was a top concern raised by community participants, and statistics suggest diabetes rates continue to climb across SPAs 6 and 7, as well as Los Angeles County and the state in general. Diabetes prevalence is higher in the west of the service area, but pockets of concern were also noted in sections of the northwest part of the service area.
- Hospitalization rates for diabetes in the service area are higher than rates in Los Angeles or California overall. Higher rates of diabetes are visible in Latino and African American populations, when compared with Whites or Asians.
- High blood pressure rates continue to rise in SPA 6 and SPA 7, with much higher rates being seen in SPA 6. The overall trend is consistent with rising trends in Los Angeles County and California overall.

*Obesity:*

- In SPA 6, estimates of overweight or obese children have continued to rise steadily since 2003. In 2007, an estimated 29.2% of children were obese.
- CHIS estimates that 972,000 (27.7%) children 12 to 17 were at risk for obesity across the state in 2007. CHIS also estimates that 669,000 (11.2%) children under 12 were overweight for their age. All geographies missed the Healthy People 2010 target of 5% for children 12 to 19, and SPA 6 continued to worsen relative to this goal.
- Obesity prevalence in both SPA 6 and SPA 7 was higher than in Los Angeles and California overall, with much higher rates in SPA 6.
- In SPA 7, the estimated percent of teens engaging in vigorous exercise dropped from 73% in 2005 to 57.3% in 2007.

*Adolescent Health:*

- In SPA 6, an estimated 30.4% of teens (nearly one in three) were at risk for depression, compared to 20.8% (about one in five) teens in SPA 7. In Los Angeles County, 23.1% of teens were at risk for depression, somewhat higher than the overall California rate (21%).
- SPA 6 estimates for the population likely to be experiencing psychological distress (for age groups 12 and older and 18 and older) were almost twice (6.8% and 7%) the estimates of Los Angeles County (3.7% and 3.8%) and California overall (3.8% for both age groups).
- Overall, rates of sexually transmitted Infections, with respect to chlamydia, gonorrhea, primary and secondary syphilis, latent syphilis, and congenital syphilis, were higher in Los Angeles County compared to the state.
- While the overall rate of teen births in the service area has not changed much from previous years, the rate remains high in comparison to the county and state, with the highest rates to be found among African American (16.9%) and Latino (13.7%) teens.

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

1. Access to health insurance coverage and health care services
2. Awareness, prevention, and management of chronic diseases
3. Obesity prevention programs and policy advocacy
4. Interventions and education for at-risk youth

# 2011 YEAR-END RESULTS

## PRIORTIZED NEED I: ACCESS TO HEALTH INSURANCE COVERAGE AND HEALTH CARE SERVICES

Lack of health insurance coverage and limited access to health care services continue to be the most important health care issues for the KFH-Downey community. Health insurance is a complex issue and includes considerations such as availability, cost, ease of completing applications for government-sponsored programs, maintaining eligibility and enrollment, and the extent of coverage provided. Many critical barriers, including transportation, the high cost of medical care, language barriers (particularly Spanish, but Asian languages as well), culturally appropriate care, documentation status, lack of insurance, and system inefficiencies to care, were identified as a concern by CHNA participants. In addition, community participants consistently indicated a significant need for primary and specialty care. For primary care providers in particular, participants indicated that too few providers accepted Medi-Cal, given the low reimbursement rate. For specialty care, participants pointed to long waiting periods, if there was access at all.

### 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 access to health care services 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. Provide grant funding and/or technical assistance (TA) to organizations that provide and/or support effective enrollment in public programs.
4. Provide grant funding and/or TA 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 at home, and geographic areas with disproportionate need.

### COMMUNITY PARTNERS

Community partners include Family Health Care Centers of Greater Los Angeles, Inc. (FHCCGLA); JWCH Clinic; Watts Health Care Clinic; Los Angeles County Department of Public Health; Worksite Wellness L.A. (WWLA); local school districts; and Children's Dental Health Clinic.

### 2011 YEAR-END RESULTS

- KFH-Downey has a dynamic partnership with FHCCGLA, a federally qualified health center (FQHC) located in Bell Gardens and Hawaiian Gardens, two vulnerable portions of the service area. FHCCGLA received a \$35,000 grant from KFH-Downey to assist in the opening of a third clinic site in Downey, which represents the first FQHC clinic within the city and demonstrates a significant expansion of primary and preventive care services to uninsured and underinsured residents in the community. The KFH-Downey grant allowed FHCCGLA to support key staff, including a nurse practitioner, medical assistant, and front office personnel, and helped offset the costs of medications and consumable medical supplies necessary for the treatment of patients.

- In 2011, as part of a Kaiser Permanente Southern California Region initiative aimed at increasing specialty care access for uninsured and underinsured patients, KFH-Downey expanded its Surgery Day program, which was executed in partnership with FHCCGLA. Uninsured FHCCGLA patients who qualified for Kaiser Permanente's MFA and lacked access to the procedures they needed were recruited for Surgery Day, which was led by Veena Manchanda, MD, and Linda Kawaguchi, department administrator from KFH-Bellflower's Surgi-Center. In May, 13 patients received outpatient general surgery procedures from a team of volunteer physicians, surgeons, and clinical staff from the Surgi-Center. In addition, in 2011 the program was expanded to include diagnostic colonoscopies. In September, 16 patients received free outpatient colonoscopies at the KFH-Garden Medical Offices in Downey. A team of more than 50 physicians and staff supported the event by volunteering their time. Total value of donated procedures and surgeries was \$116,790.
- School-based well-child clinics were supported in Bellflower, Montebello, and Downey school districts, which have long-standing partnerships with KFH-Downey. These volunteer clinics have strong programs that give KFH-Downey physicians the opportunity to volunteer at school sites and treat uninsured children. In addition to providing volunteer physicians, KFH-Downey supports the clinics by covering the costs associated with needed lab work and prescribed medications. In 2011, KFH-Downey provided \$24,000 in grants to support staffing and lab work to ensure comprehensive clinic services. Physicians who supported these programs included Carmen Pelayo, MD; Nancy Ramos, MD; Shi-chin (Yvonne) Tsai, MD; Jeff Mallin, MD; Carol Ishimatsu, MD; Diane Troung, MD; Christine Hall, MD; Roderick Vicente, MD; Joseph Gambrell, MD; Lisa Swearingen, MD; Alan Alter, MD; Danielle Schneider, MD; Milagro Ramos, MD; Maria Gonzalez, MD; and Sridevi (Upa) Upadhyayula, MD.
- KFH-Downey supported local nonprofit WWLA in its work to identify, educate, and enroll eligible individuals into public health insurance programs. A \$13,000 grant supported the organization's efforts to expand access to certified application assistants (CAAs) in vulnerable neighborhoods within the service area, including Bell, Bell Gardens, Cudahy, Huntington Park, and Southeast Los Angeles.
- KFH-Downey has a long history of partnering with school districts to meet community health needs. In 2011, KFH-Downey provided grants to support access to health insurance, direct health care services, vision care, dental care, and mental health services for children. KFH-Downey gave Montebello Unified School District a \$10,000 grant to provide dental care for 100 elementary schoolchildren who were most in need of dental care. Downey School District received a \$24,000 grant to provide vision care and mental health services for more than 2,000 students through the TLC Family Resource Center. In Bellflower School District, Community Agencies for Caring Connections, a school-based nonprofit, received a \$9,500 grant to ensure that students had access to vision care and counseling assistance on the school campus and through a network of local referral agencies. In addition, Norwalk La Mirada Unified School District's Health on Wheels Mobile Clinic received ongoing TA from Juan Ruiz, MD, a KFH-Downey pediatric physician, who for the past 15 years has made himself available on a monthly basis for consultation with the mobile clinic's nurse practitioners. The mobile clinic, which served nearly 700 Norwalk elementary and middle school age students in 2011, is managed in partnership with the City of Norwalk and California State University, Long Beach's Department of Nursing.
- Kaiser Permanente Southern California Region has funded care- and coverage-related grants to increase access to affordable, quality health care and health coverage for low-income and uninsured individuals and families. Grants support potential and future enrollment of eligible individuals into publicly funded health insurance products. In 2011, the Tides Center received a \$200,000 grant (\$100,000 from Southern California Region and \$100,000 from Northern California Region) to address universal enrollment needs of state and federal health insurance exchanges mandated by passage of the Affordable Care Act. The effort aims to ensure that the user experience is efficient and appropriate along federally required dimensions with tools that allow for state-specific situations and needs. In addition, it will introduce efficiencies into the design process by centralizing design standards that allow for reuse of key elements, broad distribution, and usage at scale.

## 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 KFH Charitable Health Coverage Programs and government programs (Medi-Cal and Healthy Families) will be monitored through quarterly analysis of membership reports. Monitoring charity care and maximizing MFA efficiencies will be accomplished by means of evaluating progress of business line goals. 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: AWARENESS, PREVENTION, AND MANAGEMENT OF CHRONIC DISEASES

In the KFH-Downey service area, the highest percent of deaths on average from 2003 to 2005 were due to heart disease (20.1%) and cancer (14.9%). These proportions were similar to those seen in the two-year 2006–2008 averages for Los Angeles County, where heart disease was also the leading cause of death (24.0%) followed by cancer (23.1%). Adult and childhood obesity was one of the top health concerns voiced by community participants, who also discussed significant barriers to reducing obesity. SPA 6 experienced the most significant growth in the percent of adults who are obese. While obesity rates are high within the service area overall, the highest rates are concentrated in the northern areas. Diabetes was another top concern raised by community participants. Statistics suggest diabetes rates continue to climb across SPA 6 and SPA 7, as well as Los Angeles County and the state. Diabetes prevalence is higher in the western part of the service area, but pockets of concern were also noted in northwest. In California, there are significant racial/ethnic and income differences, with rates almost twice as high for those living at or below 300% of the federal poverty level (FPL). Rates are almost twice as high for individuals living at or below 300% FPL.

### 2011 GOALS

1. Improve care management of diabetes, heart disease, and cancer patients with an emphasis on low-income, underserved populations.
2. Expand cancer and mammography screenings through community safety net providers for vulnerable populations with limited access to preventive care.
3. Develop partnerships with community organizations that focus on detection, education, and management of chronic diseases.

### 2011 STRATEGIES

1. Provide grant funding and/or TA for prevention, education, and care management of underserved individuals with diabetes, cancer, and heart disease with an emphasis on serving the Latino population.
2. Provide grant funding and/or TA to improve detection, education, and management of chronic diseases.
3. Partner with community clinics or organizations that seek to improve management of chronic conditions for the underserved.

### TARGET POPULATION

Uninsured and underinsured individuals with limited or no access to health care services.

### COMMUNITY PARTNERS

Community partners include St. John's Well Child and Family Center; FHCCGLA; Northeast Community Clinics; Community Development Commission of the County of Los Angeles; Southside Coalition of Community Health Centers; South Central Family Health Center; Worksite Wellness L.A. (WWLA), and Los Angeles County Department of Public Health.

### 2011 YEAR-END RESULTS

- A new partner for KFH-Downey in 2011 was the Community Development Commission of the County of Los Angeles, which supports Whittier Resource Center. A \$10,500 grant from KFH-Downey facilitated Heart Education Awareness

and Readiness Training (HEART), a program designed to support more than 200 residents with education about cardiovascular disease and the importance of physical activity as a preventive action. HEART collaborates with other health providers in the community, including the Department of Public Health, schools, and other local nonprofits.

- Northeast Community Clinics, a FQHC which operates 12 clinics throughout Los Angeles County, received a \$14,000 grant for its Nutricion Intelligente program. With support from KFH-Downey, Northeast Community Clinics was able to provide direct medical care and nutrition education services for uninsured children and adults who are overweight, obese, and dealing with the onset of diabetes. Nutricion Intelligente was specifically designed to serve Latino patients in a culturally and linguistically sensitive manner and resulted in improved outcomes for participants in terms of awareness of healthy nutrition habits and increased physical activity levels.
- The need for specialty care services for those with diabetes in the KFH-Downey service area continues to be high. One of the needs identified was for podiatry services for uninsured South Los Angeles residents. In response, KFH-Downey provided St. John's Well Child and Family Center a \$12,000 grant to provide individual visits with a podiatrist at St. John's Clinic in Compton. These 16 additional operating hours each month enabled the clinic to provide prompt access to specialty care service and save limbs for vulnerable patients.
- Kaiser Permanente Southern California Region funded quality improvement (QI) projects for safety net organizations to create stronger programs and infrastructure to improve service for patient populations at risk of racial and ethnic health disparities. The 2011 QI Initiative for public hospitals focused on the 1115 Medicaid waiver's Delivery System Reform Incentive Pool (DSRIP), which aims to support the efforts of California's public hospitals by significantly enhancing the quality of care and the health of patients and families they serve. In the KFH-Downey service area, Rancho Los Amigos received a \$300,000 grant over two years (\$150,000 in 2011) to support a DSRIP coordinator, who will collect clinical data, assess stroke registry, and coordinate care of patients in both focus areas, and a data systems analyst who will develop a web-based database and generate outcome reports while ensuring that data are maintained.
- Kaiser Permanente Southern California Region funded a number of policy- and advocacy-related grants. Neighborhood Legal Services of Los Angeles County received a \$200,000 grant over two years (100,000 in 2011) to grow the medical legal community partnership (MLCP) program by expanding the MLCP model throughout the region, thereby reducing legal barriers to good health outcomes and improving the health status of individuals and families; expanding the number of MLCPs in LA County and providing a system to coordinate these Southern California facilities; and engaging and offering leadership in policy advocacy of health and social issues that can transform health in Los Angeles' low-income communities.

## **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**

Progress relative to the strategies will be assessed by tracking amount of funding provided through grants and number of people reached through funded diagnostic and education programs.

## **PRIORITIZED NEED III: OBESITY PREVENTION PROGRAMS AND POLICY ADVOCACY**

Community participants in the 2010 focus group sessions indicated that lack of physical activity was a critical issue in the service area. In SPA 7, the estimated percent of teens engaging in vigorous exercise dropped from 73% in 2005 to 57.3% in 2007. Children at 300% FPL or below are much more likely to report lower levels of vigorous physical activity. Latino and Asian adolescents are also less likely to report vigorous physical activity. In addition, the number/percent of adults reporting no physical activity worsened in both SPA 6 and SPA 7 between 2005 and 2007. Community participants indicated that there are important barriers to physical activity and health, including lack of safe and open recreational spaces, lack of

physical activity opportunities, poor access to nutritional information, and poor access to affordable healthy food (particularly in comparison to access to unhealthy food options).

## 2011 GOALS

1. Increase consumption of fresh fruits and vegetables.
2. Increase physical activity in community settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements).
3. Increase physical activity in institutional settings (e.g., schools, after-school programs, work sites).

## 2011 STRATEGIES

1. Provide grant funding to support advocacy for changes in organizational practices and policies related to physical activity and healthy eating.
2. Explore and develop collaborative opportunities to work with communities to implement innovative means of increasing physical activity.
3. Provide grant funding to encourage physical activity and to promote safe places to walk, bike, and play in low-income neighborhoods.
4. Provide health education materials to schools, clinics, and nonprofit organizations.

## TARGET POPULATION

Overweight and obese children and adults.

## COMMUNITY PARTNERS

Community partners include Activate Whittier, City of South Gate, Boys & Girls Club of Whittier, Students Run Los Angeles (SRLA), local school districts, Los Cerritos YMCA, City of Whittier, Downey Family YMCA, and Rails to Trails Conservancy.

## 2011 YEAR-END RESULTS

- KFH-Downey continued work that began in 2010 with the City of Whittier to address obesity issues in the community. One strategy was to create environmental changes that promote physical activity. To that end, KFH-Downey provided the City of Whittier a \$15,000 grant to install workout equipment along the 2.5-mile Greenway Walking Trail that runs through the city. The equipment is designed for individuals over age 14 and will be placed in strategic locations along the trail to promote their use among regular trail walkers.
- Rails to Trails Conservancy works to create a network of trails from former rail lines and connecting corridors to build healthier places and communities. KFH-Downey provided \$600 in funding to sponsor the Compton Bike Fest, which was designed to increase physical activity by promoting bicycles for fun and passive transportation. The target population for Bike Fest was primarily children, who learned basic bicycle safety. The event included a bike ride along Compton Creek and encouraged use of Compton Creek as a safe place to walk and bike in southeast Los Angeles.
- A long-standing partner for KFH-Downey is SRLA. For more than five years KFH-Downey has supported SRLA, which provides mentors to assist middle and high school students in a 26-week training program that prepares them to run the Los Angeles Marathon. SRLA received a \$12,000 grant from KFH-Downey to provide training for mentors and to help cover the costs associated with race entry fees and transportation to marathon events. SRLA mentors provide guidance in nutrition, healthy eating, and the importance of physical activity. SRLA benefits nearly 3,000 students each year. In 2011, 394 students from 26 schools were from the KFH-Downey service area. For the 16th year in a row, 10 physicians and 30 staff from the KFH-Cudahy Medical Office Building partnered with SRLA to provide free physicals to uninsured students who needed physician clearance to run the marathon. In 2011, 59 students received this care from the volunteer efforts of KFH-Downey staff at Cudahy.

- Working with local YMCA of Metropolitan Los Angeles organizations on obesity prevention programs for children and families has proved an effective partnership over the years. In 2011, KFH-Downey supported the Mileage Club and Preschool Fitness in Bell Gardens and Commerce through a \$7,500 grant to Montebello-Commerce YMCA. The Mileage Club was conducted at Suva Elementary where more than 400 students tracked their on-campus walking, jogging, or running distances toward awards and community recognition in partnership with the schools' PTA. At the Downey YMCA, the Health Intervention Program for Kids (HIP Kids) ran for the fourth year in a row. Downey YMCA takes referrals of overweight/obese students from Downey school health professionals and provides a 12-week physical activity intervention program to children and a one-on-one consultation to children and their families about nutrition awareness and healthy food preparation. The \$10,000 contribution from KFH-Downey covers to the cost of the HIP Kids nutritionist. In addition, all families who complete the program receive a free six-month membership to the Downey YMCA, which offers physical activity programming, including swimming, yoga, aerobics, family workout programs, and ongoing support for weight management.
- Kaiser Permanente Southern California Region's HEAL (Healthy Eating, Active Living) partnership grants are an extension of the HEAL Zone initiative. Like the HEAL Zones, the grants are a targeted investment in communities of 10,000 to 20,000 residents with a high prevalence of obesity and other health disparities. The grants support projects led by community stakeholders that focus on improving community environments (e.g., parks, stores, and schools) to increase consumption of healthy food and beverages, decrease calorie consumption, and increase physical activity to combat obesity. In the KFH-Downey service area, YMCA of Greater Whittier received \$150,000 over two years (\$75,000 in 2011) to improve access to healthy food and physical activity opportunities.
- Kaiser Permanente Southern California Region supported School Wellness grants to improve school nutrition programs. A World Fit For Kids! received \$50,000 to increase opportunities for students to be active and develop healthy behaviors. The agency will provide professional training to teachers and after-school staff to strengthen physical education and after-school physical activity programs in Central and South Los Angeles elementary schools and create a PE system that could be easily implemented in other school sites.

## 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 supported by KFH-Downey, including number of clients served, client demographics, services provided, and achievements of predetermined outcomes.

## PRIORITIZED NEED IV: INTERVENTIONS AND EDUCATION FOR AT-RISK YOUTH

The KFH-Downey service area has a very significant youth population as a proportion of the total population, compared to both Los Angeles and California. In 2010, the percentage of families living below the federal poverty level in the KFH-Downey service area was 14.5%. In comparison to the state rate of 9.8%, this presents challenges to the large number of youth residing in the service area. Being raised in poverty places children at higher risk for environmental toxins, inadequate nutrition, maternal depression, parental substance abuse, trauma and abuse, and exposure to violent crime. Poor children are more likely to have poor health and chronic health conditions. As adolescents, poor youth are more likely to suffer from mental health problems, including depression. In comparison to all adolescents, those raised in poverty report greater frequencies of experimentation with smoking and sexual activity at very young ages. In addition to having higher physical and mental health risks, poverty in childhood and adolescence is associated with a higher risk for poorer academic outcomes, poorer school attachment, and early high school dropout. Many of the children who attend KFH-Downey service area public schools participate in free- or reduced-fee meal programs, an indicator of low family socioeconomic status. In 2008, the rate of children entering the foster care system in the service area was slightly higher than that of Los Angeles

County and California. Overall the rate of teen births in the Downey service area remains high in comparison to the county and state. The teen birthrate in Compton is 19.74%, more than double the state average of 9.49%. Children age 12 and older in SPA 6 experienced psychological distress at a rate twice that of LA County and the state. Although the data are not specific to the Downey service area, it is clear that sexually transmitted infections (STIs) are higher in Los Angeles County compared to the state overall, with respect to chlamydia, gonorrhea, primary and secondary syphilis, latent syphilis, and congenital syphilis.

## 2011 GOALS

1. Reduce teen pregnancy.
2. Increase access to mental health services and programs that support youth success.

## 2011 STRATEGIES

1. Partner with schools and community-based organizations to address issues surrounding teen pregnancy, pregnancy prevention, healthy pregnancies for teen mothers, and education for teens who are parenting.
2. Provide grant funding and/or TA to organizations that conduct outreach and education to increase screening for STIs.
3. Support community clinics that provide screenings for STIs.
4. Provide grants and/or TA to school-based and other organizations working to decrease teen pregnancy through education and family planning services.
5. Provide grant funding to programs that support academic growth and youth development.

## TARGET POPULATION

At-risk youth and teen mothers and fathers.

## COMMUNITY PARTNERS

Community partners include INMED Partnerships for Children, Whittier Rio Hondo AIDS project, ABC Unified School District (ABCUSD), JWCH Institute, Aspiranet, California Conference for Equality and Justice, and Bridge of Faith.

## 2011 YEAR-END RESULTS

- KFH-Downey continued work that began in 2010 with ABCUSD to create a leadership academy for at-risk youth. The Bridge Builders program has demonstrated positive results by developing a critical mass of adult mentors at school sites to assist students in learning antibullying strategies, building positive peer relationships, and promoting cultural sensitivity among diverse groups of youth. A \$15,000 grant supported this work and assisted ABCUSD in promoting the third year of its Youth Summit, a full day of training for more than 200 students representing every school in the district. The goals of Youth Summit are to train youth in leadership development, promote resiliency, strengthen school connectedness, and engage youth in constructive community-building activities.
- As part of its Alliance for Teen Pregnancy Prevention (ATPP) initiative, JWCH Institute launched a new program at Compton High School called the Male Initiative, which aims to provide fatherhood support services and sexual health education to males. With an \$18,000 grant from KFH-Downey, the program was expanded to provide participating male students with Family Health Worker Certification. Female ATPP participants received Family Health Worker Certification as well. Once certified by JWCH, these young men and women played an integral role in their community by mentoring and teaching youth about pregnancy prevention and STD awareness.
- KFH-Downey awarded a \$25,000 grant to INMED Partnerships for Children for MotherNet LA's Teen Pregnancy and STI Prevention Mentoring Program. INMED has longstanding expertise in this kind of programming, which focuses on preventing repeat teen pregnancy and educating girls 14 to 19 on how to protect themselves against STIs. Completion of high school or the equivalent is strongly encouraged and promoted with the assistance of an adolescent care coordinator who serves as a mentor for low-income pregnant and parenting teens. Intensive case management and education are key program components and have resulted in positive outcomes for program participants who are mostly from the

Lynwood and Compton areas. Important collaborative partners include JWCH Institute, Watts Health Center, St. Francis Medical Center, South Los Angeles Health Projects, and SHIELDS for Families.

- In 2011, an important grantee for KFH-Downey was Aspiranet, an organization that has provided mental health services to vulnerable populations in the Lakewood, Bellflower, Paramount, and Downey areas for more than 50 years. KFH-Downey awarded Aspiranet a \$20,000 grant to support a project called ABLEE: Anti-Bullying Lessons in Empathic Empowerment that was designed to target children 11 to 17 and approach the subject of bullying through individual counseling, support groups, parenting classes, and in-school presentations. Through this work, Aspiranet partnered with Paramount and Bellflower school districts to assist in identification of students in need of services and to provide a forum for parent presentations.
- Kaiser Permanente Southern California Region's Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income youth and families in South Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. In addition, WCLC operates several outreach programs, including support groups, preemployment training, educational awards, and training for graduate social work interns from local universities. WCLC provided services to a total of 1,429 individuals in the KFH-Downey, KFH-Los Angeles, and KFH-West Los Angeles areas.

#### **2012 GOALS UPDATE**

The goals will remain the same for 2012, with the addition of a third goal:

3. Strengthen programs that support the success of youth through academic achievement, workplace readiness, social skills development, and character building.

#### **2012 STRATEGIES UPDATE**

The strategies will remain the same for 2012, with the addition of a sixth strategy:

6. Support schools and child-serving nonprofits dedicated to the mental health needs and youth development outcomes of at-risk youth.

#### **MONITORING PROGRESS OF 2012 STRATEGIES**

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

**Table 1**

## **KAISER FOUNDATION HOSPITAL-DOWNEY**

### **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	4,983
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	156
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	3,490
Medi-Cal managed care members	12,124
Healthy Families Program members	11,852
Community Surgery Day patients	29
Health Research projects (new, continuing, and completed)	79
Nursing Research projects (new, continuing, and completed)	3
Educational Theatre – number of performances and workshops	190
Educational Theatre – number of attendees (students and adults)	20,325
Graduate Medical Education – number of programs	6
Graduate Medical Education – number of affiliated and independent residents	94
Nurse practitioner and other nursing training and education beneficiaries	8
Deloras Jones nursing scholarship recipients	2
Other health professional training and education (non-MD) beneficiaries	16
Hippocrates Circle students	57
Summer Youth and INROADS programs participants	31
Community Learning Program – Educational Outreach Program beneficiaries	476
Number of 2011 grants and donations made at the local and regional levels <sup>1</sup>	117

<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-DOWNEY

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$9,416,395
Healthy Families <sup>2</sup>	3,906,653
Charity care: Charitable Health Coverage Programs <sup>3</sup>	2,060,030
Charity care: Medical Financial Assistance Program <sup>4</sup>	9,959,082
Grants and donations for medical services <sup>5</sup>	989,086
<b>Subtotal</b>	<b>\$26,331,246</b>
<b>Other Benefits for Vulnerable Populations</b>	
Watts Counseling and Learning Center <sup>6</sup>	\$932,050
Educational Outreach Program	0
Summer Youth and INROADS programs <sup>7</sup>	81,758
Grants and donations for community-based programs <sup>8</sup>	609,008
Community Benefit administration and operations <sup>9</sup>	574,563
<b>Subtotal</b>	<b>\$2,197,379</b>
<b>Benefits for the Broader Community<sup>10</sup></b>	
Community health education and promotion programs	\$83,887
Educational Theatre Programs	712,891
Facility, supplies, and equipment (in-kind donations) <sup>11</sup>	70,188
Community Giving Campaign administrative expenses	8,184
Grants and donations for the broader community <sup>12</sup>	83,310
National board of directors fund	26,209
<b>Subtotal</b>	<b>\$984,669</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$314,850
Non-MD provider education and training programs <sup>13</sup>	756,189
Grants and donations for the education of health care professionals <sup>14</sup>	111,049
Health research	1,643,624
Continuing Medical Education	236
Grants and donations for evidence-based medicine <sup>15</sup>	0
<b>Subtotal</b>	<b>\$2,825,949</b>
<b>Total Community Benefits Provided</b>	<b>\$32,339,242</b>

## ENDNOTES

- 1 Amount includes cost-based unreimbursed inpatient expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries.
- 2 Amount includes cost-based unreimbursed inpatient expenditures for Healthy Families members.
- 3 Amount includes cost-based unreimbursed inpatient expenditures for Steps Plan members and for Kaiser Permanente Child Health subsidy.
- 4 Amount includes cost-based unreimbursed care provided at this facility to patients who qualify for Charity Care: Medical Financial Assistance Program.
- 5 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.
- 6 Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Los Angeles, KFH-West Los Angeles, and KFH-Downey.
- 7 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.
- 8 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.
- 9 The amount reflects the costs related to providing a dedicated Community Benefit department and related operational expenses.
- 10 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.
- 11 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.
- 12 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.
- 13 Amount reflects the net expenditures after tuition reimbursement for health care professional education and training programs.
- 14 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.
- 15 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.