

IRVINE

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# KAISER FOUNDATION HOSPITAL (KFH)-IRVINE

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The KFH-Irvine service area includes the communities of Aliso Viejo, Balboa Island, Capistrano Beach, Corona Del Mar, Costa Mesa, Coto de Caza, Dana Point, El Toro, Foothill Ranch, Fountain Valley, Huntington Beach, Irvine, Irvine Hills, Ladera Ranch, a section of Lake Elsinore, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Midway City, Mission Viejo, Newport Beach, Newport Coast, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Seal Beach, South Laguna, Sunset Beach, Trabuco Canyon, and Westminster.

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

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:	2008	Total licensed beds:	150
KFH full-time equivalent personnel:	791	Inpatient days:	41,379
KFHP members in KFH service area:	158,806	Emergency room visits:	35,560

## 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

The Orange County Health Needs Assessment (OCHNA) is a community-based, not-for-profit collaborative that was created and designed to meet SB697 requirements for all not-for-profit hospitals in Orange County. It is 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). Owing to the economic downturn, county hospitals and government partners were unable to provide sufficient 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 incorporated a mixed-mode approach to data collection that included a trend analysis of four previous OCHNA health needs surveys (1998, 2001, 2004, and 2007), as well as 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 latest estimates from the State of California Department of Finance, so the estimates provided for the county will differ from county estimates provided in previous reports released by OCHNA. In addition, OCHNA incorporated objective/secondary data sources, demographics/census data, and a key informant survey that OCHNA administered online, to be used as the source of qualitative data. Objective/secondary data came from numerous sources (all 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). Qualitative data was obtained through a key informant survey of community-based organizations, foundations, health advocates, community clinics, local political/policy leaders, public health organizations, and other hospitals.

## 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]
- The 2009 American Community Survey (ACS) estimate of uncovered children 0 to 17 was almost three times (3.5% vs. 10.4%) the 2007 OCHNA child estimate, and the 2009 ACS adult 18 and older) rate of noncoverage 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+ 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]
- Having 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. [Source: OCHNA 2007] 2.1% (46,828) of adults utilized the ER for routine health care. There were no significant differences between race/ethnicity and who utilized an ER. [Source: OCHNA 2007]
- 37% (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 in their daily diet. And among 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 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 KFH-Anaheim 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 *2010 California Cancer Facts and Figures* report released by the California Cancer Registry and American Cancer Society expects an 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 service area, 7.3% (161,025) of adults 18 and older reported that they had diabetes in the OCHNA 2004 survey. 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. 8.9% (23,477) of adults with less than \$25,000 annual household income have diabetes. Only 4.5% (28,332) of adults with annual household income \$75,000 or more have diabetes. [Source: OCHNA 2004] According to CHIS 2009, 9.5% of adults with annual household incomes of \$50,000 or below had diabetes; in comparison, 3.2% of adults with annual household incomes above \$50,000 had diabetes.

- 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
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 are without 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 over (from 9% to 20%) and children 0 to 17 (from under 4% to over 10%). In fact, the 2009 ACS lack of health coverage estimates for children and adults are higher than estimates collected for the 1998 OCHNA. For an increasing number of families who have experienced job loss and the loss of health care and prescription coverage, access to preventive care and disease management has also been lost. 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 Access OC, AIDS Services Foundation Orange County (ASF), Coalition of Orange County Health Centers and its individual member clinics and other safety net providers, Health Funders Partnership of Orange County, Laguna Beach Community Clinic (LBCC), National Alliance on Mental Illness (NAMI) Orange County chapter, Orange County Health Care Agency, and Irvine Community Alliance Fund.

#### 2011 YEAR-END RESULTS

- Irvine Community Alliance Fund was awarded a \$20,693 grant from KFHP-Irvine for the Irvine Children’s Health Program (ICHP), which was created by the Irvine City Council to help income-eligible families access affordable, quality health care for their children. ICHP works in collaboration with the Children’s Health Initiative of Orange County to enroll income-eligible children and to offer case management assistance to their families. ICHP closes gaps in children’s health care coverage by enrolling eligible children into county and state health insurance programs and ensures health care resources are deployed to residents most susceptible to financial hardships. The grant allows ICHP to increase enrollment of uninsured children by at least 10% (approximately 176 of the estimated eligible children in Irvine);

increase the number of outreach events, scope, and number of promotional materials distributed; and attain 100% reenrollment rate for eligible participants by maintaining continual case management and participant contact. KFH-Irvine has been a partner with the Irvine Community Alliance Fund since 2007.

- ASF received a \$25,000 grant from KFH-Irvine for its HIV Case Management Program, which serves as the gateway to medical and supportive services for clients living with HIV/AIDS. Case managers conduct client intakes, work with clients to identify needs and develop plans to meet them, facilitate access to vital services such as housing assistance, make referrals to outside agencies, and provide answers to the many questions clients may have regarding their health and well-being. ASF expects to serve 700 clients during the 12-month grant period. Key outcomes are for high percentages of clients to report that services improved their quality of life; and helped them get medical care, maintain safe, affordable, and permanent housing, and learn about other available services/resources. SCPMG physician Arnold Henson, MD, serves on the board of directors. KFH-Irvine has been a partner with ASF since 1995.
- KFH-Irvine has partnered with LBCC since 2001 and in 2011 awarded a \$10,000 grant for its Urgent Care Program. As an Orange County safety net provider, LBCC will offer urgent medical care to approximately 1,000 disadvantaged individuals from July 2011 through June 2012. A staff of multilingual medical professionals provides urgent medical care regardless of insurance status or ability to pay. Care is not hindered by scheduling or appointment requirements and allows patients to establish a medical home and pursue regular and preventive care. LBCC Medical Director and COO Thomas C. Bent, MD also serves as part-time faculty for the Kaiser Permanente Orange County Family Medicine Residency training program.
- Hurtt Family Health Clinic (which has partnered with KFH-Anaheim since 2009, specifically around its prescription assistance program) received a \$14,000 grant. Since its founding, the clinic has provided medication assistance to those living in poverty. In 2010 and 2011, the clinic and its mobile program provided services to 6,625 unduplicated patients (an increase of 151% from 2009); 88% had family income under 100% of the federal poverty level and 57% were Latino. The clinic provided 4,914 free prescription medications in 2010. The objectives of the 2011 grant are to improve access to health care by providing free medications to uninsured, poor or homeless populations; increase access to medications that manage chronic disease, such as hypertension and diabetes; and increase access to immunizations and medications for low-income uninsured children. Anticipated outcomes include 100% of uninsured patients accessing the prescription assistance program will receive free medications; 100% of uninsured patients requiring medications for chronic disease management will receive assistance through the prescription assistance program; and 100% of uninsured children requiring childhood immunizations or medications will receive assistance through the Pediatric Medical Mobile program.
- Children's Health Initiative of Orange County (CHI OC), which is dedicated to serving children and families, providing enrollment, retention, and care coordination services for uninsured and underserved members of our community, received a \$20,000 grant. CHI OC works to provide outreach services to children and families through primary enrollment sites and through community health fairs and programs; provide enrollment in available health care programs; help retain enrollment through care coordination services; and connect families to primary care health homes. Expected outcomes include 5,500 applications with the goal of enrolling 3,000 children in health care programs; providing care coordination support for enrolled families and an additional 10,000 care coordination contacts; and connecting more than 5,000 children to health homes. Cheryl Vargo, Community Benefit, Public Affairs, is a member of the CHI OC governing board.
- Kaiser Permanente's Southern California Safety Net Partnerships increases the capacity of safety net providers to operate efficiently, enhance quality of care, and improve access to care for the underserved by aiding clinic and hospital networks/consortia and other statewide organizations as they 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 keep serving more than 200,000 low-income, uninsured, and underserved individuals in Orange County annually. Core operating support will help the coalition increase the effectiveness and efficiencies of member clinics, better the quality improvement infrastructure, implement clinical and administrative performance measuring systems, and conduct a patient evaluation survey using outside consultants. Supporting the coalition as it creates and develops new strategies, improves the financial infrastructure, and maintains core operations is vital to the success and sustainability of the safety net system in Orange County.

## 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 KFHP/H Charitable Health Coverage Programs and Medi-Cal and Healthy Families will be monitored by 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 by 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. 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

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 grew to 53.5%, an increase of 3.3%. There were also notable gender differences in weight status in the Orange County 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 in the KFHP-Irvine service area, 46.1% (990,093) of adults reported that they did not eat five servings of fruits and vegetables in their daily diet. 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. The service area did not meet the Healthy People 2020 objective of 14.6% of children and adolescents who are overweight; 16.7% (88,814) were overweight in 2007, 2.1 percentage points *more* than the Healthy People 2020 objective.

Type 2 diabetes is linked to obesity and physical inactivity. According to the 2009 CHIS, an estimated 6.3% of adults 18 to 64 and 16.8% of seniors 65 and older were ever diagnosed with diabetes, failing to meet the Healthy People 2010 objective of no more than 2.5%. Based on analysis of deaths from 2003 through 2005, the most recent data available, the age-adjusted death rate for diabetes-related deaths in the service area was 65.9 per 100,000, 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 and biking routes, parks and 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 the 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 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 Health Funders Partnership of Orange County, Inside the Outdoors Foundation, Pretend City Children's Museum, Orange County Health Care Agency, Tiger Woods Learning Center (TWLC) Foundation, and YMCA of Orange County.

#### 2011 YEAR-END RESULTS

- KFH-Irvine established a new relationship with Inside the Outdoors Foundation, awarding a \$20,000 grant for its Step Outdoors Program, which uses creative hands-on outdoor health education experiences to reach children and families, empowering them to make healthy food and activity choices. The program works with collaborative partners to create a new Step Outdoors Traveling Scientist program and revise/expand existing field trip and outdoor science school programs to address the epidemic of obesity and diabetes and empower participants to make healthy food and activity choices that will help reduce obesity and diabetes. The health education programs will reach approximately 28,500 children, 1,000 teachers, and 4,500 parents. Another 81,000 students, teachers, parents, and community members will benefit from Step Outdoors through youth Service-Learning projects, for a total impact of 115,000 annual participants.
- KFH-Irvine awarded TWLC Foundation a \$10,000 grant for its nutrition and fitness program, which provides information and practical skills for promoting healthy eating choices and physical activity for low-income and minority youth through interactive classes at TWLC as part of on-site curriculum for students in grades 7 to 12.
- Southern California Region's Healthy Eating in Hard Times (HEHT) initiative helps to ensure that eligible low-income families are participating in federal nutrition programs such as food stamps and free school meals, and that food bank/pantry patrons can obtain healthy foods such as fruits and vegetables from emergency food sources. In 2011, Kaiser Permanente Southern California Region doubled its investment in food banks from the previous year. Food banks across the region received grants to acquire produce and distribute it to individuals in need, provide nutrition education, conduct food stamp (CalFresh) outreach, and make infrastructural improvements such as the repair or purchase of cold storage units and the purchase of food bins and produce. In the service area, Second Harvest Food Bank of Orange County received a \$95,000 grant
- Kaiser Permanente Southern California Region supported School Wellness grants to improve school nutrition programs. California Food Policy Advocates received \$225,000 to increase access to and enrollment in the CalFresh program and to promote access to nutritious foods.

#### 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-Irvine, including tracking number of clients served, client demographics, services provided, achievements of predetermined outcomes, and amount of funding provided through grants. Promotion of Educational Theatre's 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 in 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 obstructive pulmonary diseases (COPD) such as bronchitis and emphysema was 94.8 per 100,000 adults 45 and older; the Healthy People 2020 objective is 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 population. 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 per 1,000. Diabetes was the seventh leading cause of death in 2007 in the United States, 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, and their 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 services, crisis intervention, 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 Alzheimer's Association Orange County (AAOC), American Lung Association, Juvenile Diabetes Research Foundation International-Orange County Chapter (JDRF-OC), PADRE (Pediatric Adolescent Diabetes Research Education) Foundation, The Raise Foundation, Trauma Intervention Programs, Inc., and Shanti Orange County.

## 2011 YEAR-END RESULTS

- KFH-Irvine awarded a \$15,000 grant to Alzheimer's Disease and Related Disorders Association, also known as AAOC, for the Physician Outreach and Education (POE) program, which addresses the need to assist the growing number of people with Alzheimer's and related dementias to obtain more ready and accurate diagnosis and early interventions. POE provides education and training to Orange County primary care physicians on the diagnostic and screening criteria for Alzheimer's and related dementias; training for ancillary providers to enhance their awareness of AAOC programs and services; enhances connections to AAOC's community-based services and resources; and continues support for the Helpline, support groups, care continuation, and caregiver education. Key outcomes are for POE's participants to demonstrate a greater understanding about Alzheimer's and related dementias; build more confidence in providing care for family and friends with dementia; attend to self-care; and heighten awareness of community support and comfort accessing the support services. Melvin Benner, Finance, serves on AAOC's Executive Committee. KFH-Irvine has been a partner with AAOC since 1995.
- KFH-Irvine has partnered with JDRF-OC, since 2009. In 2011, JDRF-OC received a \$10,000 grant to expand its outreach, education, and support resources to more of the type 1 diabetes community. JDRF-OC provides education about disease management, opportunities available for education, clinical trials, and the hope that is brought by research progress. Through education and research, JDRF-OC helps the type 1 diabetes community in Orange County improve its health and quality of life and seeks a cure for type 1 diabetes. The outreach program also seeks to grow involvement in support groups by 20%, adding groups where the need is defined and leadership identified.
- KFH-Irvine has been a partner with Shanti Orange County since 2004. In 2011, Shanti Orange County received \$15,000 grant award for its HIV/AIDS Integrated Health Services/Urgent Action Initiative. The initiative focuses on the growing gaps in available HIV/AIDS health services and support in Orange County. In 2011–2012, Shanti Orange County will serve upwards of 1,000 individuals through a combination of case management, health coordination support and referrals, mental health services, and in-depth education programs on the nature, treatment, and prevention of HIV/AIDS. It will promote improved outcomes for those diagnosed with HIV/AIDS by fostering better treatment adherence and better quality of life for those living with HIV/AIDS through psychological and social support.
- The Regents of the University of California received a \$120,000 grant to support University of California Irvine School of Medicine's Post-Baccalaureate Program, which assists students from disadvantaged backgrounds in acquiring the foundation necessary to successfully compete for a position in medical school. This request will specifically help support assistance with Medical College Admission Test preparation, fundamental science courses, and student counseling.
- Regional Association of California received a \$130,000 core operating support joint grant over one year (\$65,000 Southern California and \$65,000 Northern California) to continue the collaboration of the executive directors of local consortia, the California Primary Care Association, and the California Family Health Council.

## 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-Irvine, including number of clients served, client demographics, services provided, and achievements of predetermined outcomes.

**Table 1**

## **KAISER FOUNDATION HOSPITAL-IRVINE**

### **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	1,438
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	136
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,996
Medi-Cal managed care members	2,574
Healthy Families Program members	3,664
Community Surgery Day patients	24
Nursing Research projects (new, continuing, and completed)	3
Educational Theatre – number of performances and workshops	38
Educational Theatre – number of attendees (students and adults)	5,744
Graduate Medical Education – number of programs	2
Graduate Medical Education – number of affiliated and independent residents	3
Nurse practitioner and other nursing training and education beneficiaries	2
Deloras Jones nursing scholarship recipients	4
Other health professional training and education (non-MD) beneficiaries	6
Number of 2011 grants and donations made at the local and regional levels <sup>1</sup>	40

<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-IRVINE

### COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

<b>Medical Care Services for Vulnerable Populations</b>	
Medi-Cal shortfall <sup>1</sup>	\$1,957,916
Healthy Families <sup>2</sup>	1,207,727
Charity care: Charitable Health Coverage Programs <sup>3</sup>	1,253,493
Charity care: Medical Financial Assistance Program <sup>4</sup>	176,720
Grants and donations for medical services <sup>5</sup>	418,884
<b>Subtotal</b>	<b>\$5,014,740</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>	0
Grants and donations for community-based programs <sup>8</sup>	187,137
Community Benefit administration and operations <sup>9</sup>	229,682
<b>Subtotal</b>	<b>\$416,819</b>
<b>Benefits for the Broader Community<sup>10</sup></b>	
Community health education and promotion programs	\$44,181
Educational Theatre Programs	142,578
Facility, supplies, and equipment (in-kind donations) <sup>11</sup>	0
Community Giving Campaign administrative expenses	4,310
Grants and donations for the broader community <sup>12</sup>	24,660
National board of directors fund	13,803
<b>Subtotal</b>	<b>\$229,532</b>
<b>Health Research, Education, and Training</b>	
Graduate Medical Education	\$0
Non-MD provider education and training programs <sup>13</sup>	199,104
Grants and donations for the education of health care professionals <sup>14</sup>	73,486
Health research	865,641
Continuing Medical Education	124
Grants and donations for evidence-based medicine <sup>15</sup>	0
<b>Subtotal</b>	<b>\$1,138,355</b>
<b>Total Community Benefits Provided</b>	<b>\$6,799,446</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 the 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.

