

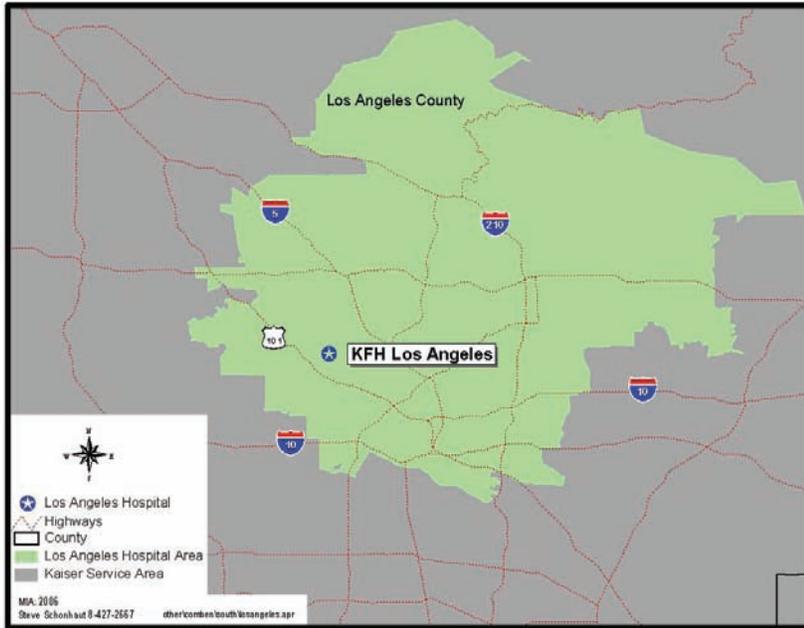
LOS ANGELES

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KAISER FOUNDATION HOSPITAL (KFH)-LOS ANGELES

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The KFH-Los Angeles service area includes Alhambra, Altadena, Arcadia, Burbank, Glendale, La C nada, Flintridge, La Crescenta, Los Angeles, Monrovia, Monterey Park, Montrose, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena, and West Hollywood (East). Communities include Atwater, Boyle Heights, Chinatown, City Terrace, Downtown, Eagle Rock, East Los Angeles, Echo Park, El Sereno, Glassell Park, Hancock Park, Highland Park, Hollywood, Hollywood Hills, Laurel Canyon, Los Feliz, Montecito Heights, and Silverlake.

COMMUNITY SNAPSHOT (2010 Community Health Needs Assessment for KFH-Los Angeles)

Total population:	1,740,308	Latino:	49%
Median age:	39	White:	27%
Median household income:	\$10,717	Asian and Pacific Islander:	17%
Percentage living in poverty:	18.8%	African American:	4%
Percentage unemployed:	9.5%	Other and two or more races:	3%
Percentage uninsured:	20%	Native American:	0.2%

KEY FACILITY STATISTICS

Year opened:	1953	Total licensed beds:	464
KFH full-time equivalent personnel:	2,472	Inpatient days:	124,659
KFHP members in KFH service area:	270,942	Emergency room visits:	72,101

KEY LEADERSHIP AT KFH-LOS ANGELES

Mark Costa	Executive Director
William Grice	Chief Operating Officer
Donald Marcus, MD	Area Medical Director
Judy North	Medical Group Administrator
Catherine Gaughen	Public Affairs Director
Mario Ceballos	Community Benefit Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

To complete the 2010 CHNA, KFH-Los Angeles and California Hospital Medical Center, Children's Hospital Los Angeles, Good Samaritan Hospital, and St. Vincent Medical Center, known collectively as the Los Angeles Metropolitan Hospital Collaborative, pooled resources to collect information about the health and well-being of residents in their service community. The collaborating hospitals share a similar service area and have a long history of working together on community projects, including previous CHNAs. The collaborative contracted with Center for Nonprofit Management (CNM) to prepare the CHNA. CNM was selected for its past experience working with this collaborative and, most importantly, because of its expertise in conducting health and social indicators research and in preparing hospital community needs assessments.

In collaboration with Special Service for Groups (SSG), CNM created a variety of data collection instruments, including standardized interview protocols, survey forms, document analysis tools, and focus groups. Secondary or existing datasets were accessed to update the previous CHNA. Community members and service recipients participated in surveys, interviews, and focus groups. There were a total of 30 key informant interviews and 10 focus groups, in English and Spanish, with a total of 158 participants attending one of the 10 focus groups.

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 Health Care:

- In 23 of the 54 zip codes in the service area, the uninsured rate for individuals under 65 was higher than 20%.
- The percentages of individuals reporting having a regular source of care varied by geography, Service Planning Areas (SPAs) 4, 6, and 7 in the service area reporting a lower percentage than the other regions. These regions also reported a higher percentage of adults receiving medical services from Los Angeles County Health Department facilities.
- The percentages of adults and children who did not obtain dental care in the past 12 months because they could not afford it were higher for the KFH-Los Angeles service area than for Los Angeles County.
- The cost of prescription medication continues to be a problem for low-income, uninsured, and underinsured individuals and families. The percentage of adults who did not get their prescription medication in the past year because they could not afford it was higher for the service area than for Los Angeles County.
- Two of the biggest barriers to accessing care were transportation and lack of linguistically appropriate providers. An additional barrier particular to senior care was a lack of service coordination among an overly fragmented and often competitive long-term care system for this population.
- For community clinics, recent and impending budget cuts, delayed payments, and a growing low-income underinsured population exacerbate an already overburdened system.

Obesity, Diabetes, and Chronic Diseases:

- In 2007, 57.4% of the population 12 and over in Los Angeles County was either overweight or obese. All but one of the six SPAs in the service area had an increase in the overweight/obesity rate from 2003–2005 to 2007. Only SPA 5 showed a slight decrease between the two time periods.
- All regions within the service area had an increase in the prevalence rate of diabetes, except SPA 6, which still had the highest prevalence rate.
- Three SPAs within the service area—SPAs 2, 4, and 6—had an increase in the prevalence rate of asthma.
- The service area has seen an average 2.7% increase in heart disease in the last 10 years. There was also an increase in hypertension and high cholesterol across all regions in the service area.

Mental Health:

- The need for mental health services has increased, given the high level of stress due to the worsening economy and unemployment.
- The most frequently cited mental health issue continues to be depression. Diagnosis of depression has risen since 1999. In particular, women, older adults, and American Indians had the highest rate of depression in Los Angeles.

Health Behavior and Preventive Care:

- Less than half the adults in the KFH-Los Angeles service area consumed at least five servings of fruits and vegetables per day. Regardless of economic diversity and various levels of access to fresh fruits and vegetables, there is not much difference among the zip codes in this service area.
- The service area had an increase in individuals who were overweight or obese, especially in SPAs 6 and 7. Culturally and linguistically available health education, prevention strategies, and promotion of healthy lifestyles are often cited as needed resources. Community members cited lack of green space and the economic downturn as barriers to engaging in healthier behaviors.

HIV/AIDS, Cancer, and Other Diseases:

- In the KFH-Los Angeles service area, the number of HIV/AIDS cases decreased from 2007 (847) to 2009 (435). However, a disproportionate number of cases were reported among people of color and youth. Latino and immigrant groups lacked awareness in HIV prevention and proper use of HIV medication.
- Although the number of HIV/AIDS cases has decreased, the number of individuals living with HIV has increased because many people with HIV are living longer as a result of better medication. In the service area, 19,044 individuals are living with AIDS.
- In Los Angeles County, more than 34,335 residents were diagnosed with cancer in 2010. Most incidents were attributed to breast, colon, and cervical cancer.
- Even though breast cancer was still the most common form of cancer in the KFH-Los Angeles service area, it was on a downward trend, and more women over 40 reported having a mammogram in 2007 or in the previous two years.
- Among sexually transmitted infections (STIs), the rate of chlamydia in Los Angeles County remained higher than that of the state or the nation.
- The number of pertussis cases has increased in 2010. In just one year, there were five times more cases in California in 2010 than in 2009.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-LOS ANGELES SERVICE AREA

1. Access to health insurance coverage and health care services
2. Access to obesity, diabetes, cancer, HIV/AIDS, and chronic disease prevention and management
3. Access to programs, interventions, and services for at-risk inner-city youth

2011 YEAR-END RESULTS

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

The most recent data for Los Angeles County indicate that 19.2% of county residents did not have a regular source of care and 11.8% could not afford to see a doctor. And 20% of residents were uninsured in 2008. Data collected in 23 of the 54 zip codes in the KFH-Los Angeles service area show that the uninsured rate for individuals under age 65 was higher than 20%. The percentages of individuals reporting having a regular source of care varied by geography, with SPAs 4, 6, and 7 in the service area reporting a lower percentage than other regions. These regions also reported a higher percentage of adults receiving medical services at Los Angeles County Health Department facilities. Health insurance is a particular problem for immigrants who are undocumented, small business owners, or ineligible for public insurance programs. There is also a disparity in access to specialty care, particularly in medically underserved areas. The percentages of adults and children who did not obtain dental care in the past 12 months because they could not afford it were higher in the service area than in the county overall. The need for mental health services has increased, given the high level of stress due to the worsening economy and unemployment. The most frequently cited mental health issue continues to be depression. In particular, women, older adults, and American Indians had the highest rate of depression in Los Angeles.

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, including specialty care, dental, and mental health services, for low-income and uninsured individuals.

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 to increase the number of low-income people who enroll in or maintain health care coverage.
4. Provide grant funding to increase access to health care services for low-income and uninsured individuals, including specialty care, dental, and mental health services organizations.
5. Collaborate with local community clinics to provide care to the uninsured and explore opportunities to increase integrated access to specialty care services, including surgeries and procedures for low-income, uninsured individuals identified by the LAC+USC Specialty Care Community Clinic Network.
6. Increase the frequency of and expand services provided through KFH-Los Angeles' partnerships with Eisner Pediatric & Family Medical Center, JWCH Institute, Inc., and The Saban Free Clinic.
7. Continue supporting the participation of Community Health Fellows, physicians, and residents at Marshall High School-based clinic operated by Asian Pacific Healthcare Venture, and Hollywood High School-based clinic operated by The Saban Free Clinic.
8. Encourage and support the increased participation of KFH-Los Angeles physicians and staff in local community clinics and nonprofit organizations.

TARGET POPULATION

Uninsured and underinsured individuals and low-income children and adults.

COMMUNITY PARTNERS

Community partners include Asian Pacific Health Care Venture, Kids' Community Clinic of Burbank, Eisner Pediatric & Family Medical Center, Glendale Community Free Health Clinic, Hollywood Sunset Free Clinic (HSFC), JWCH Institute, Inc., Korean Health, Education, Information & Research (KHEIR) Center, Clínica Monseñor Oscar Romero, Restaurant Opportunities Center of Los Angeles (ROC-LA), The Saban Free Clinic, Worksite Wellness LA, and Operations USA.

2011 YEAR-END RESULTS

- KFH-Los Angeles provided Operations USA with surplus medical equipment and supplies valued at more than \$39,149 to support Los Angeles County community clinics providing care to the underserved. The in-kind donation helps increase community clinic capacity and offset operational costs.
- A \$9,900 grant to Glendale Community Free Health Clinic provides up to 3,000 uninsured patients with free preventive medicine, including laboratory testing, medication, radiology, and ancillary services. Clinic patients with chronic diseases such as hypertension, hyperlipidemia, diabetes, thyroid, and asthma receive care management and referrals to help reduce emergency visits and hospitalization.
- KFH-Los Angeles supported ROC-LA with a \$40,000 partnership grant to outreach to and link uninsured restaurant workers in two community-based Los Angeles clinics. In partnership with St. John's Well Child and Family Centers and KHEIR Center, a federally qualified health center (FQHC) look-alike, ROC-LA conducts outreach efforts and provides access for up to 100 uninsured restaurant workers and links them to a partner clinic that serves as the medical home.
- In September 2011, KFH-Los Angeles, using an integrated community surgery access model, partnered with KHEIR Center to provide free, low-risk, outpatient cataract and hernia surgeries to un- or underinsured patients. Three patients received cataract surgeries, and five were scheduled for hernia procedures.
- Since 2004, in response to the limited access to specialty care services for LA County's underserved, more than 400 children and youth received treatment under the KFH-Los Angeles/Eisner Pediatrics Specialty Care Referral Program. Each year on a continuous basis, KFH-Los Angeles Pediatrics Department coordinates with Eisner Pediatrics to identify 30 to 50 low-income children and youth in need of specialty care services in areas including but not limited to cardiology, dermatology, nephrology, orthopedics, ophthalmology, surgery, and urology. Once qualified for the referral program, pediatric patients receive specialty care services and follow-up care from highly qualified KFH-Los Angeles physicians. In 2011, 39 pediatric patients were referred to KFH-Los Angeles for specialty care referrals and care.
- In August 2011, KFH-Los Angeles and KHEIR Center began a community clinic hub specialty care referral pilot program for patients of KHEIR Center and other participating community clinics. The objective of this pilot is to help increase access to specialty care for the un- and underinsured in Los Angeles County. The pilot program is supported by KFH-Los Angeles specialists who volunteer at KHEIR Center, providing specialty care consults in ophthalmology and rheumatology. Other specialties such as obstetrics and gynecology, cardiology, and nephrology are scheduled for the near future. In 2011, approximately 100 patients received specialty care consult services.
- Each year, a group of KFH-Los Angeles volunteer radiologists read hundreds of x-ray films of patients from JWCH Institute, Inc.'s Center for Community Health located in Los Angeles' Skid Row. JWCH Institute is a FQHC serving the homeless and underserved in Los Angeles County. Since its inception in 2006, more than 13,000 x-rays have been read by KFH-Los Angeles radiologists.
- A team of KFH-Los Angeles Internal Medicine residents and faculty mentors volunteer approximately 100 hours every month at HSFC. The residents provide health care for all, regardless of ability to pay. In 2010, all 36 internal medicine categorical residents volunteered at HSFC and delivered a wide range of services such as general medicine, chronic disease management, preventive health, and comprehensive women's health care, including domestic violence issues, pap smears, HIV screening, treatment of STIs, and breast cancer detection.
- KFH-Los Angeles continued to support Asian Pacific Health Care Venture's Marshall High School-based clinic located in the Los Feliz/Silverlake area. Asian Pacific Health Care Venture is a local FQHC caring for low-income, un- and underinsured patients. The Marshall clinic is staffed each Thursday morning by a Family Medicine Community Health

Fellow and medical residents who provide teen health, STI education and prevention, sexual health information, annual and sports physicals as well as acute care to students.

- 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. Community Clinic Association of Los Angeles (CCALA) received a \$330,000 grant over two years (\$165,000 in 2011) for core operations and quality improvement support. Support to CCALA will allow the agency to strengthen and expand advocacy and external affairs, core operations, and quality improvement efforts to maximize clinic and consortia viability post–health reform implementation.
- California School Health Centers Association received a \$80,000 core operating support joint grant (\$40,000 from Southern California Region and \$40,000 from Northern California Region) to expand awareness and support for school-based health centers (SBHCs) as a way to increase access to health care and improve academic success and help school districts and community clinics start up SBHCs.
- California Health Care Safety Net Institute received a \$300,000 core operating support joint grant over one year (\$150,000 from Southern California Region and \$150,000 from Northern California Region) to expand its scope of services and expertise in assisting California's public hospitals in meeting Medicaid 1115 waiver requirements.

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

To assess the progress and success in achieving the stated goals, the following indicators will be used: number of grants awarded, total dollars provided in grants, number of people reached through grants, number of collaborating partners, number of patients served through KFH-Los Angeles' partnerships with community clinics and other social services organizations, number of people receiving charity care services, Kaiser Permanente Child Health Plan and STEPS members, and number of individuals receiving MFA.

PRIORITIZED NEED II: ACCESS TO OBESITY, DIABETES, CANCER, HIV/AIDS, AND CHRONIC DISEASE PREVENTION AND MANAGEMENT

Despite success in increasing awareness of chronic conditions, including obesity, diabetes, cardiovascular disease, and cancer, the lack of access to culturally and linguistically appropriate services continues to be a challenge in supporting children and adults in managing their chronic conditions. In 2007, 57.4% of the population 12 and over in Los Angeles County were either overweight or obese. All but one of the six SPAs in the KFH-Los Angeles service area had an increase in overweight/obesity rate from 2003–2005 to 2007. Only SPA 5 showed a slight decrease between the two time periods. Childhood obesity is a serious threat in society. Regular physical exercise and proper eating habits are important for avoiding obesity and health conditions related to obesity. Lack of fitness and nutrition, especially among children and youth populations, contributes to obesity, which is a precursor to a host of chronic illnesses, such as diabetes. Some focus group and interview participants cited the lack of safe parks or green spaces in their communities as a reason why physical activity levels are limited among youth and adults. Also, poor diet is an increasing health concern for many families and advocates.

All regions within the KFH-Los Angeles service area had an increase in the prevalence rate of diabetes, except SPA 6. However, SPA 6 still had the highest prevalence rate. Three SPAs within the service area—SPA 2, 4, and 6—had an increase in the prevalence rate of asthma. The service area had seen an average of 2.7% increase in heart disease in 10 years. There was also an increase in hypertension and high cholesterol across all regions in the service area. Data from the 2010 CHNA indicates that Latinos and African Americans experience higher hospitalization rates due to unmanaged chronic

conditions. The number of HIV/AIDS cases in the service area decreased from 2007 (847) to 2009 (435). However, a disproportionate number of cases were reported among people of color and youth. Latino and immigrant groups lacked awareness in HIV prevention and proper use of HIV medication. Although the number of HIV/AIDS cases has decreased, the number of individuals living with HIV has increased as many people living with HIV are living longer as a result of better medication. In the service area, 19,044 individuals are living with AIDS. In Los Angeles County, more than 34,335 residents were diagnosed with cancer in 2010. Most incidents were attributed to breast, colon, and cervical cancer. Even though breast cancer was still the most common form of cancer in the KFH-Los Angeles service area, it was on a downward trend, and more women over the age of 40 reported having a mammogram in 2007 or the previous two years. Plus, cultural and language limitations among the immigrant and refugee community negatively impact its ability to comfortably access health care, properly take medication, or manage a chronic illness.

2011 GOALS

1. Improve education, prevention, and management of obesity, diabetes, cardiovascular diseases, cancer, and HIV/AIDS with an emphasis on serving low-income and underserved individuals and families at high risk for chronic diseases.
2. Support programs that decrease calorie consumption (e.g., soda/sugar-sweetened beverages, portion size, snacking, and fast-food consumption) and increase consumption of fresh fruits and vegetables.
3. Increase physical activity in community and institutional settings (e.g., safe walking and biking routes, parks and hiking trails, joint use agreements, schools, and after-school settings).

2011 STRATEGIES

1. Support culturally and linguistically appropriate health education, nutrition, and wellness programs.
2. Support programs that link at-risk individuals to community health care programs and services.
3. Provide grant funding to increase access to health care services for low-income and uninsured individuals, including specialty care, dental, and mental health services organizations.
4. Support agencies and programs that provide linguistically and culturally appropriate obesity and chronic disease prevention education, self-care, and disease management to low-income, uninsured individuals.

TARGET POPULATION

Low-income and underserved individuals and families at high risk for chronic diseases.

COMMUNITY PARTNERS

Community partners include The Saban Free Clinic, CANGRESS, El Centro del Pueblo, Mission City Community Network, URDC Human Services Corporation—Bill Moore Community Clinic, and YWCA among others.

2011 YEAR-END RESULTS

- KFH-Los Angeles provided El Centro del Pueblo with an \$8,000 grant to support its Saber es Poder (knowledge is power) Knockout Workout Program targeting youth at risk for obesity and diabetes. Program focus is on individual goal-setting and self-management of healthy weight; improving healthy eating habits through nutrition education, meal planning, and journaling; and providing positive mental and emotional support to program participants.
- CANGRESS was awarded a \$6,000 grant to fund its health promotion and education program targeting up to 6,000 homeless, formerly homeless, and extremely low-income individuals. The program educates individuals on how to prevent chronic conditions, improve their current health conditions, access disease management programs, and improve environmental health in their homes and communities. It seeks to increase access to healthy food and physical activity opportunities for at least 1,000 households as well as ensure that a minimum of 500 people access supplementary disease prevention and management services, peer education, and health promotion services.
- KFH-Los Angeles provided Mission City Community Network (MCCN) with a \$5,000 grant to target at least 100 individuals at risk of chronic health conditions. Program objectives include hiring a part-time case manager/health

educator to provide chronic disease patients with services. Patients diagnosed with chronic disease are enrolled in MCCN's chronic disease registry system to monitor and improve outcomes, including improved blood pressure measurements, reduced hemoglobin levels, and weight management.

- KFH-Los Angeles supported URDC Human Services Corporation's Bill Moore Community Clinic by providing \$10,000 to serve at least 450 low-income residents diagnosed with or at risk of chronic health conditions. Through its Chronic Disease Management, Education and Medical Intervention Program, URDC aims to provide 450 or more physician visits to low-income residents diagnosed with or at risk for chronic disease; offer a minimum of 200 hours of health education to residents in its geographic service area; and provide case management, follow-up, or monitoring for health maintenance to 450 patients along with medication, supplies, and laboratory services to chronic disease patients.
- Using KFH-Los Angeles' Pediatrics Obesity Clinic HEAL (Healthy Eating, Active Living) model, a team of physicians, administrators, and staff partnered with The Saban Free Clinic to share knowledge and assist in the implementation of a school-based Pediatrics Obesity Clinic Model to help identify and prevent obesity among Hollywood High students.
- For the third consecutive year, KFH-Los Angeles supported The Saban Free Clinic's Hollywood High School-based clinic by assigning Pediatrics Community Medicine Fellow Keila Trimble, MD, to coordinate medical care at the clinic. Kiram Mitha, MD took over from Dr. Trimble as the Hollywood High school-based clinic's medical director on behalf of Saban Free Clinic. Dr. Mitha supervises a team of Pediatric residents who staff the school clinic twice a week.
- KFH-Los Angeles provided a \$10,000 grant to AIDS Research Alliance to outreach to 4,000 women and individuals of color to educate and encourage participation in HIV/AIDS research. AIDS Research Alliance's goal is to engage at least 200 women and 250 Latinos to join their priority notification list, and participate in current and future research projects.
- A \$7,000 grant to East Los Angeles Women's Center supported its Promotoras en Accion program for a minimum of 250 young Latinas at risk of HIV. The program is intended to provide HIV/AIDS health awareness, prevention, and access to HIV testing and support services.
- AIDS Project Los Angeles (APLA) received a \$10,000 grant to help fund its Care and Access to Network Program intended to outreach to at least 800 newly diagnosed HIV+ African American and Latino Men-who-have-Sex-with-Men (MSM). APLA's objective is to link 1,400 African American and Latino MSMS to one of the six participating primary HIV care agencies.
- KFH-Los Angeles provided AIDS Services Center (ASC) a \$10,000 grant to support its HIV/AIDS Prevention and Treatment Program targeting HIV/AIDS-infected clients living in the East Los Angeles, Glendale, Pasadena, and Los Angeles areas. ASC provides 3,000 individuals with culturally sensitive HIV prevention education and testing and provides comprehensive clinical services for 300 HIV/AIDS infected clients. ASC also provides HIV/AIDS-infected women who are pregnant (prenatal or postpartum) a minimum of three home visits by an ASC nurse and bimonthly home visits to each client's home to ensure proper adherence to medication protocols and to monitor status relative to previously identified or emergent client needs and provides one-on-one counseling and weekly support groups to HIV/AIDS-infected and -affected men, women, and children.
- Kaiser Permanente Southern California Region supported School Wellness grants to improve school nutrition programs. Urban & Environmental Policy Institute received \$125,000 to replicate its Farm to Preschool program, which trains preschool staff to establish vendor relationships and buying practices with local farmers. Students and parents are introduced to nutrition education and cooking lessons in school curriculum. Advocacy on how to improve school food policy is included in parent workshops in an effort to influence early childhood eating habits that maintain a healthy weight and prevent obesity.
- 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 infrastructure improvements such as the repair or purchase of cold storage units and the purchase food bins and produce. In the service area, the Los Angeles Regional Foodbank received a \$95,000 grant.

- Kaiser Permanente Southern California Region funded a number of statewide HEAL grants. In the service area, Los Angeles Neighborhood Land Trust received a \$50,000 grant to build a community garden in the Pico Union/Historic Filipino Town with Clínica Oscar Romero. The garden will serve as a teaching classroom for Clínica Oscar Romero diabetes patients and provide the greater community access to healthier 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

To assess the progress and success in achieving the stated goals, the following indicators will be used: number of grants awarded, total dollars provided in grants, number of people reached through grants, number of organizations reached with shared assets, and number of providers making referrals to community health programs.

PRIORITIZED NEED III: ACCESS TO PROGRAMS, INTERVENTIONS, AND SERVICES FOR INNER-CITY AT-RISK YOUTH

In the KFH-Los Angeles service area, children 0 to 18 account for 23.0% of the population. Inner-city youth face many issues that can be detrimental to their health and general well-being. The issues impacting inner-city youth include but are not limited to childhood obesity, gangs, violence, teen pregnancy, STIs, alcohol and drug abuse, poverty, homelessness, and low self-esteem, which can result when children face these issues without help. In the KFH-Los Angeles service area, 29.4% of the population had less than a high school education, compared to 31.0% of the overall population in Los Angeles County. While violent crime and property crime rates in the county have decreased in recent years, gang-related crime, juvenile felony arrests, and homicide death rates have increased. When asked directly on the California Healthy Kids Survey from 2006–2008, “Do you consider yourself a member of a gang?” approximately 6% to 8% of girls and 11% of boys in grades 7, 9, and 11 reported that they consider themselves gang members. Students enrolled in Community Day Schools or continuation programs were more likely to report gang involvement (11.9% of girls and 21.1% of boys). Community members are concerned with gang activity and its relationship to crime proliferation, shootings, and drug-related activities. And teen pregnancy, domestic violence, and child abuse remain serious challenges throughout California and Los Angeles County.

2011 GOALS

1. Support community-based organizations that work to overcome issues affecting at-risk youth.
2. Strengthen partnerships with community-based organizations that focus on reducing and preventing school dropout, gang involvement, and community violence that target at-risk youth.
3. Support organizations that provide a full range of basic resources, including food, clothing, and case management to low-income and/or homeless at-risk youth.

2011 ACTION PLAN

1. Partner with community-based organizations and other local agencies that provide health and social services to at-risk youth.
2. Support after-school programs and other programs that support academic growth and provide youth with alternatives to joining a gang.
3. Support programs for youth that focus on preventing homelessness, promoting healthy lifestyles, and improving academic achievement.

TARGET POPULATION

Low-income and underserved at-risk inner-city youth and their families.

COMMUNITY PARTNERS

Community partners include Hamburger Home/Aviva Family and Children's Services, Hathaway-Sycamore Child and Family Services, LACER Afterschool Programs, Los Angeles Youth Network, Police Activities Leagues (PALs), YMCA, and YWCA.

2011 YEAR-END RESULTS

- KFH-Los Angeles provided Hamburger Home/Aviva Family and Children's Services a \$10,000 grant to support its Therapeutic Residential Treatment Program for at-risk adolescent girls. Many Aviva clients are high school dropouts, abused youth, and foster children and/or have been involved in the juvenile justice system. The program provides mental health care and services to overcome the trauma of past abuse, neglect, or abandonment and to heal emotionally and change negative self-destructive behaviors; enables those with histories of multiple school failures, truancy, and learning problems to return to school and earn credits toward high school graduation; and prepares girls to return to their family/guardians or transition to emancipation or foster care.
- Hathaway-Sycamore Child and Family Services received a \$12,000 grant for its Highland Park Family Resource Center —Youth Programs for 500 at-risk youth. The program helps inner-city students significantly improve their grades through mentoring services and enrichment programs to increase self-esteem and academic achievement. In addition, it provides support services to help at-risk youth stay out of gangs.
- The LACER Afterschool Programs was given a \$8,000 grant to serve a minimum of 2,700 at-risk students from Glassell Park, Silverlake, Hollywood, and West Hollywood areas. The program aims to (1) increase underperforming students' math and literacy skills through tutoring and one-on-one academic intervention strategies while increasing their knowledge of graduation requirements and postsecondary school options; (2) increase marginalized students' interest in school by providing positive outlets for self-expression, self-esteem building, and understanding different cultures and perspectives through the arts; and (3) develop team building, fair play, and sports skills among the ethnically diverse youth while encouraging healthy lifestyles.
- KFH-Los Angeles gave Los Angeles Youth Network a \$10,000 grant for its emergency youth shelters to serve a minimum of 300 abused, neglected, and/or homeless youth. Program objectives are to (1) increase the number of unduplicated runaway and homeless youth who receive services at its emergency facilities by 10% over one year; (2) increase the retention rate of runaway and homeless youth by 4%; (3) increase the ability of runaway and homeless youth to achieve academic goals by completing school enrollment for 100% of youth staying more than three days; and (4) expand the sexual education program for youth on the street as well as those in Los Angeles Youth Network's programs and services.
- Kaiser Permanente Southern California Region gave Los Angeles Unified School District a \$25,000 grant for its Pertussis Vaccination Program in compliance with the state of California's recently passed regulations requiring all 7th–12th graders to be provided proof of vaccination for pertussis prior to school entry. This grant specifically supports all LAUSD immunization clinics performing these services to meet the extension deadline of 30 days after the beginning of the school year.
- Kaiser Permanente Southern California Region has worked to improve access to health care and systems of care for the uninsured, including the homeless, through investments in community clinics, health centers, and other supportive services. United Way of Greater Los Angeles received a \$90,000 grant to help end homelessness in Los Angeles County through the dissemination of critical research and the implementation of instrumental systems change strategies. This grant will work toward making large-scale changes in ending homelessness rather than managing the problem by conducting a study on child homelessness while developing recommendations for key stakeholders and policy makers.
- Since 1967, Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city 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. In the KFH-Downey, KFH-Los Angeles, and KFH-West Los Angeles areas, WCLC provided services to a total of 1,429 individuals.

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

To assess the progress and success in achieving the stated goals, the following indicators will be used: number of grants awarded, total dollars provided in grants, number of people reached through grants, number of organizations reached with shared assets, and number of providers making referrals to community health care and social services.

Table 1

KAISER FOUNDATION HOSPITAL-LOS ANGELES

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	7,832
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	155
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	2,317
Medi-Cal managed care members	7,313
Healthy Families Program members	5,837
Community Surgery Day patients	8
Health Research projects (new, continuing, and completed)	428
Nursing Research projects (new, continuing, and completed)	6
Educational Theatre – number of performances and workshops	258
Educational Theatre – number of attendees (students and adults)	32,171
Graduate Medical Education – number of programs	24
Graduate Medical Education – number of affiliated and independent residents	228
Nurse practitioner and other nursing training and education beneficiaries	17
Deloras Jones nursing scholarship recipients	6
Other health professional training and education (non-MD) beneficiaries	51
Hippocrates Circle students	58
Summer Youth and INROADS programs participants	77
Community Learning Program – Educational Outreach Program beneficiaries	477
Number of 2011 grants and donations made at the local and regional levels ¹	197

¹The 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-LOS ANGELES

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$5,766,994
Healthy Families ²	1,923,990
Charity care: Charitable Health Coverage Programs ³	1,450,457
Charity care: Medical Financial Assistance Program ⁴	18,142,568
Grants and donations for medical services ⁵	931,118
Subtotal	\$28,215,127
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$932,050
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	270,464
Grants and donations for community-based programs ⁸	439,214
Community Benefit administration and operations ⁹	543,433
Subtotal	\$2,185,161
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$75,376
Educational Theatre Programs	968,031
Facility, supplies, and equipment (in-kind donations) ¹¹	39,254
Community Giving Campaign administrative expenses	7,354
Grants and donations for the broader community ¹²	241,133
National board of directors fund	23,550
Subtotal	\$1,354,698
Health Research, Education, and Training	
Graduate Medical Education	\$15,299,254
Non-MD provider education and training programs ¹³	1,557,466
Grants and donations for the education of health care professionals ¹⁴	99,783
Health research	1,476,871
Continuing Medical Education	212
Grants and donations for evidence-based medicine ¹⁵	0
Subtotal	\$18,433,586
Total Community Benefits Provided	\$50,188,572

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.