

SOUTH BAY

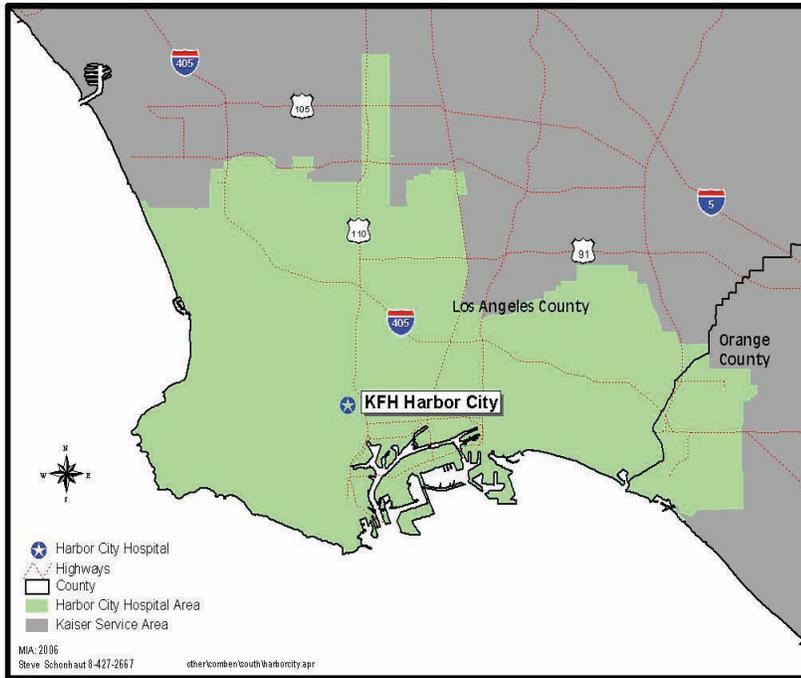
Previous name Kaiser-Harbor

SOUTH BAY

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KAISER FOUNDATION HOSPITAL (KFH)-SOUTH BAY

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 Harbor City, CA 90710
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The KFH-South Bay (formerly KFH-Harbor City) service area includes Athens, Carson, Catalina Island, Compton, El Segundo, Gardena, Harbor City, Hawthorne, Hermosa Beach, Lawndale, Lomita, Long Beach, Manhattan Beach, Palos Verdes Peninsula, Redondo Beach, San Pedro, Signal Hill, Torrance, Willowbrook, and Wilmington.

COMMUNITY SNAPSHOT (2010 Community Health Needs Assessment for KFH-South Bay)

Total population:	1,314,05	Latino:	39%
Median household income (county):	\$54,467	White:	30%
Percentage living in poverty:	11.4%	Asian and Pacific Islander:	15%
Percentage unemployed:	4.13%	African American:	13%
Percentage uninsured:	22.7%	Other:	3%

KEY FACILITY STATISTICS

Year opened:	1957	Total licensed beds:	235
KFH full-time equivalent personnel:	1,098	Inpatient days:	58,235
KFHP members in KFH service area:	188,194	Emergency room visits:	57,287

KEY LEADERSHIP AT KFH-SOUTH BAY

Lesley Wille	Executive Director
Yvonne Rockwood	Chief Operating Officer
Karen Kretz	Chief Finance Officer
Douglas J. Killion, MD	Area Medical Director
Robert Blair	Medical Group Administrator
Tara O'Brien	Public Affairs Director
Janae Oliver	Senior Community Benefit Health Specialist

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

KFH-South Bay contracted with the Advancement Project's Healthy City to conduct a community-wide health needs assessment of its service area. The geographic boundaries of the service area stretch from Willowbrook to the north, Palos Verdes Peninsula and San Pedro to the south, Long Beach to the east, and beach cities Manhattan, Redondo, and Hermosa to the west, and include Santa Catalina Island. Healthy City gathered and analyzed quantitative data for key health and social indicators of the service area, including demographic, income and poverty, community safety, educational attainment, health care access, maternal and child health, mortality and morbidity, and health behaviors. Several sources were utilized to collect secondary data, namely, California Office of Statewide Health Planning and Development (OSHPD); California Department of Public Health; United States Census Bureau; Nielsen Claritas, Inc.; Geolytics; and California Health Interview Survey (CHIS).

To validate the secondary data analysis, Healthy City partnered with Social Services for Groups to gather primary data that would identify unmet health needs for the overall service area, especially underserved populations. Three community focus groups and five stakeholder interviews were conducted to gather qualitative information about community health needs, barriers to health and wellness, and community assets. Thirty-one participants were selected from a wide range of backgrounds, including physicians, public health experts, county public health representatives, community resource centers, health care organizations, public officials, faith-based organizations, and other community-based nonprofit organizations.

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 Insurance Coverage and Health Care Services:

- KFH-South Bay did not meet the Healthy People 2010 objectives relative to health insurance for all age groups (100% target), regular source of care for youth 0 to 17 (97% target), or reducing difficulties or delays in obtaining care (7% target for the total population). In addition to health insurance, focus group respondents identified cost, lack of transportation, lack of infrastructure, and availability of referrals as barriers to health care.
- According to CHIS, 77.3% of individuals 0 to 65 had health insurance, comparable to the county (77.1%) but lower than the state (80.6%). Working-age adults 18 to 65 in particular were less likely to be insured.
- While the service area had a nearly 5% increase in the percent of youth with a usual source of ongoing care (higher than the county and state), the Healthy People 2010 objective of 97% was not met. Furthermore, 12.8% of the total population experienced difficulty or delays in obtaining care, not meeting the Healthy People target of 7%.
- Additional focus group feedback suggests a need for more preventive services, especially for chronic disease. Heart disease and cancer continue to be the two leading causes of death in the service area, accounting for more than half (52%) of all deaths (2008). Heart disease was the leading cause of death among the total population, especially individuals over 45. Diabetes-related hospitalizations for the total population and children surpassed county and state rates, representing almost 14% of all hospitalizations and 16% of child hospitalizations countywide.

Violence Reduction and Community Safety:

- Poverty, educational attainment, homicide rates, percent unemployed, and teen births were the primary indicators to select violence reduction and community safety for the second priority area. Since there are significant disparities for these indicators across the service area, the high-need index was used to identify areas of highest need. These areas were Compton, Gardena, Harbor-City/Harbor Gateway, North and Central Long Beach, and Wilmington.
- High school dropout rates were highest in the Compton (53.7%), Los Angeles (18.7%), and Long Beach (13.6%) school districts.

- The 2007 crude homicide rate for the service area was 9.1, higher than the 2006–2008 Los Angeles County rate (8.9) and significantly higher than the state rate (6.4).
- Homicides per 10,000 people were mostly concentrated in the Compton, Gardena, Hawthorne, and Long Beach areas followed by Carson, Harbor City/Harbor Gateway, and San Pedro. Homicides in the service area account for 14.8% of all homicides in the county.
- Focus group participants indicated that gang and community violence, particularly around schools, contributes to physical and mental health issues. For example, lack of safety may be a deterrent for individuals utilizing neighborhood parks and community centers or engaging in physical activity.

Overweight and Obesity Prevention:

- While there were positive trends for children engaging in vigorous physical activity for the whole service area, including HFZ (Healthy Fitness Zone), which measures aerobic capacity and body composition of 5th, 7th, and 9th graders, a comparison of school districts revealed significant disparities. Students in Hawthorne and Los Angeles unified school districts had the lowest HFZ scores, indicating the two districts have a greater need for physical fitness opportunities.
- Adults in the service area continue to report no physical activity and did not meet the Healthy People 2010 objective for healthy weight. In 2007, more than one in four adults in the service area were obese and the percent of adults reporting no physical activity increased to 18%, nearly double the 2005 rate of 10%.
- The highest concentration of obesity was in Wilmington, followed by San Pedro, North Long Beach, West Compton, Hawthorne, and Gardena. Focus group respondents pointed to obesity as a major concern among African American and Latino populations, giving validity to the secondary data where these populations are most concentrated in the service area.
- Similarly, residents in Compton, Carson, Gardena, and parts of Long Beach were less likely to eat five or more servings of fruits and vegetables. 44.6% of children 5 to 11, 48.7% of adults 18 and older, and only 16% of adolescents 12 to 17 reported eating five or more servings. Focus group participants identified lack of access to affordable, healthy foods and nutrition education as major barriers to healthy food consumption.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFHSOUTH BAY SERVICE AREA

1. Access to health insurance coverage and health care services
2. Violence reduction and community safety
3. Overweight and obesity prevention

2011 YEAR-END RESULTS

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

Lack of insurance continues to be one of the most significant barriers to accessing health care services in the KFH-South Bay service area. South Bay's uninsured population was most concentrated in zip codes in the eastern part of the region and among working-age adults. According to CHIS, 27.4% of adults 18 to 65 had periods without health insurance in 2007, not meeting the Healthy People 2010 objective to increase the proportion of persons with health insurance to 100%. Focus group and key informant interview respondents attribute the increase in the total uninsured population to individuals who recently experienced job loss, and thus loss of employer-based health insurance. Secondary data support this assertion; a major source of insurance coverage for the service area in 2007 was employment-based (52.5% of the population). While the number of youth under 18 without a usual source of care decreased sharply between 2005 and 2007 from 12.3% to 7.6%, KFH-South Bay did not meet the Healthy People 2010 objective of 97% of youth with a specific source of care. In 2007, approximately 92% of youth 0 to 17 had a usual source of care when sick or in need of health advice. The number of youth under 18 experiencing delays in obtaining care decreased 3% from 2003 to 2007, meeting the healthy people 2010 objective of 7%. Yet the proportion of delays in care among all ages in the area (12.8%) did not. In addition to lack of insurance coverage, other barriers included lack of infrastructure, affordability, gaps in coverage, lack of transportation, and limited access to referrals. Lack of culturally competent health and social services, extending beyond language and translation for hard-to-reach ethnic populations, was also identified as a major barrier to care.

Chronic diseases, such as heart disease, diabetes, and cancer continue to be serious health concerns in the KFH-South Bay service area, with the two leading causes of death, heart disease and cancer, accounting for more than half (52%) of all deaths (2008). Heart disease was the leading cause of death among the total population, especially individuals over the age of 45. Focus group respondents pointed to the need to increase prevention efforts to address health issues at an earlier stage. Diabetes also has serious health consequences for the service area. The prevalence of diabetes among adults 18 to 64 increased between 2005 (5.4%) and 2007 (6.3%). Approximately 14% of adults in the service area were told they had diabetes or were prediabetic, and focus group participants suggested type 2 diabetes is increasing among younger populations. Breast cancer is the second leading cause of death among all LA County women. However, the South Bay service area surpassed the Healthy People 2010 objective of 70% mammogram screening in women over 40 by 10%. Access to mental health service continues to be a major concern for the KFH-South Bay service area. In 2007, close to 17% of adults needed help for emotional/mental health problems or drug and alcohol abuse, slightly higher than Los Angeles County (15.6%) and comparable to the state (16.5%). Focus group respondents noted that mental health care is most commonly needed among men; secondary data reveal that 59% of men were more likely not to receive the help they needed when compared to women (45.4%). Older adults, especially those experiencing dementia, depression, or Alzheimer's, were also identified as a target population by focus group respondents.

Medically underserved areas were identified in parts of Compton, Gardena, Hawthorne, Long Beach, San Pedro, and Wilmington. The number of federally qualified health centers (FQHCs) clustered in the southeastern part of the service area is consistent with high-need areas (San Pedro, Wilmington, and Long Beach), but a limited number of FQHCs support the northern and eastern part of the region in equally underserved areas of need (Compton, Gardena, and Hawthorne).

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 primary, preventive, and specialty health care services) for low-income and uninsured individuals.
3. Increase access to culturally competent early intervention screenings, treatment, and management of chronic disease, including heart disease and diabetes with an emphasis on the target population.
4. Increase access to mental health care services and addiction medicine for low-income, uninsured individuals with emphasis on men and seniors.

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. Coordinate planned charity care through annual Community Surgery Days to provide up to 30 outpatient surgical procedures for low-income, uninsured adults.
4. Support the health care safety net by providing financial, in-kind, and/or staff contributions to FQHCs, FQHC Look-Alikes, and other nonprofit community clinics with emphasis on medically underserved areas in the service area.
5. Provide in-kind donations, staff contributions, and/or grant funding for a school-based health clinic to increase access to primary and preventive health care services for students in Los Angeles Unified School District (LAUSD).
6. Provide grant funding to at least one community organization or public health district with experience implementing culturally competent early intervention screenings and treatment programs for chronic diseases.
7. Provide grant funding to at least one organization that provides mental health and/or addiction services for low-income and uninsured/underinsured individuals in the service area.

TARGET POPULATION

Uninsured and underinsured children, adults, and seniors and the working poor, specifically in medically underserved areas.

COMMUNITY PARTNERS

Community partners are community clinics (FQHCs, FQHC Look-Alikes, and other nonprofit community clinics), social service agencies, and community centers, including Children's Dental Foundation; Congressional District Programs (Black Barbershop Health Outreach Project); Harbor Free Clinic, Inc.; Northeast Community Clinic; Robert F. Kennedy Institute; South Bay Family Healthcare Center (SBFHC); The Children's Clinic, Serving Children and Their Families (TCC); and Wilmington Community Clinic (WCC).

2011 YEAR-END RESULTS

- Community Surgery Day is part of a coordinated effort by KFH medical centers throughout Kaiser Permanente Southern California Region to provide free surgical procedures to uninsured, low-income individuals. For its 2011 Community Surgery Day, KFH-South Bay received patient referrals from five community clinic partners (Harbor Community Clinic, SBFHC, TCC, Westside Neighborhood Clinic, and WCC), all located in or serving medical shortage areas within KFH-South Bay's service area. On November 7, 2011, 23 patients received a wide range of general surgical procedures, including lipoma excisions, laparoscopic cholecystectomies, and hernia repairs. Specialty care services such as podiatry, ophthalmology, ear, nose and throat, orthopedics, and OB/GYN were also provided. KFH-South Bay also expanded its program to include diagnostic exams to assist the screening process for medically eligible patients who otherwise would not be able to receive these services. All follow-up care including medication, postoperative visits, and physical therapy was provided at no cost.
- KFH-South Bay continued to support the health care safety net by providing financial and in-kind contributions to FQHCs, FQHC Look-Alikes, and other nonprofit community clinics with emphasis on medically underserved areas in the service area. Long-term partnerships with safety net providers in the South Bay area included:
 - A \$20,000 grant was awarded to SBFHC, a nonprofit FQHC founded in 1969, which currently operates three comprehensive primary care facilities in Gardena, Redondo Beach, and Inglewood as well as an ob/gyn clinic in Inglewood, mobile services, and a school-based clinic on the Carson High School campus. SBFHC will enhance access to care for uninsured Los Angeles County residents by providing health care services to approximately 19,000 patients through 60,000 visits. All patients will receive any necessary treatment, follow-up care, and referrals for ancillary services.

- A \$20,000 grant was awarded to TCC to increase patient access to health care services, health education, insurance enrollment, chronic disease management support, and vaccinations for children. Goals include serving a minimum of 23,000 patients in Long Beach and surrounding communities through approximately 66,000 visits; administering 30,000 vaccines during well-child visits and walk-in immunization clinics; providing health education and/or health insurance enrollment assistance to 750 patients; and providing individualized chronic disease management for 1,200 patients
- A \$15,000 grant was awarded to Westside Neighborhood Clinic to expand nurse practitioner provider time that would allow the clinic to regain the level of medical coverage necessary to meet the demand for affordable, quality health care services and insurance coverage for medically indigent individuals in west Long Beach. The aim is to reduce lead time for patients making clinic appointments from a 21- to 17-day average and reduce waiting times for walk-in patients from 45 to 35 minutes.
- WCC received a \$20,000 grant for its Diabetes Prevention, Diagnosis, Treatment, and Self-Management program, which aims to assess 1,000 patients at risk for diabetes by using early diabetes and prevention methods, including screening tests, follow-up appointments for patients with a high-risk score, self- management classes for 145 diabetic patients, and nutrition classes for 145 prediabetic patients. WCC has provided quality medical services to low-income women, children, and families in Wilmington for more than 30 years. Its mission is to provide quality medical care, psychosocial counseling, health education, nutritional counseling, and related services to those requesting such services, regardless of their ability to pay.
- KFH-South Bay awarded grants to three nonprofit agencies to improve mental health services for low-income and uninsured men and seniors:
 - A \$9,500 grant was awarded to Alzheimer's Association California Southland Chapter to expand its Faith and Health Program, a collaborative effort of health-related organizations, including American Heart Association (AHA), American Diabetes Association, and Association of American Retired Persons, with the goal to reach under-served communities through alliances with local, faith-based communities. The program expands resources for Alzheimer's patients and care-giving families by educating church liaisons within each congregation on the signs of Alzheimer's and how to care for individuals with dementia.
 - A \$10,000 grant was awarded to Jewish Family and Children's Service of Greater Long Beach/West Orange County (JFCS), a nonsectarian organization providing a variety of social services and mental health programs to the community since 1958. The grant provides 3,000 hours of clinical counseling with 30% of hours allocated for men and 15% for seniors. Additional services include case management, protective services, medication evaluation, and prescriptions.
 - A \$10,000 grant was awarded to Pacific Asian Counseling Services (PACS) to increase mental health services for 120 low-income and uninsured/underinsured Samoans and expanded outreach to Samoan males. PACS has more than 30 years of experience providing culturally sensitive and language-specific mental health and social services with expertise in immigrant Asian Pacific Islander (API) communities.
- In addition to financial support, KFH-South Bay provided in-kind donations of medical equipment, office furniture, and/or supplies for the following organizations:
 - \$74,014 to Operation USA, an international relief agency that helps communities at home and abroad overcome the effects of disasters, disease, and endemic poverty by providing privately funded relief, reconstruction, and development aid.
 - \$7,010 to Charles R. Drew University of Medicine and Science, Health Sciences University, located in Watts/Willowbrook, for its clinical simulation center.
 - \$5,750 to Long Beach Comprehensive Health Center, a Los Angeles County health clinic that provides comprehensive health services to the underserved and uninsured.
 - \$2,144 to Harbor Community Clinic.

- Kaiser Permanente Southern California Region funded quality improvement (QI) projects for safety net organizations to build stronger programs and infrastructure that improve service for patients 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), designed to support the efforts of California's public hospitals in meaningfully enhancing the quality of care and the health of patients and families they serve. Harbor-UCLA Medical Center received a \$300,000 grant over two years (\$150,000 in 2011). A nurse waiver coordinator will be hired to work with each area-focused physician champion on collecting data, writing reports, facilitating team meetings, and training staff on new waiver procedures.

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 as well as in-kind donations (including staff contributions, education materials, and facility space). Organizations receiving financial or in-kind donations from KFHSouth Bay will be required to submit grant outcome reports. Programs will be evaluated by tracking total number of people reached and/or served through funded programs and efforts; increase in number of individuals served over previously established benchmarks; evidence of sustainability for funded programs; identified need/s met or demonstrable expansion of services available to the community as a result of the funded program; and monitoring and recording progress on the development of innovative approaches to identified strategies.

PRIORITIZED NEED II: VIOLENCE REDUCTION AND COMMUNITY SAFETY

Violence in the KFHSouth Bay community continues to negatively impact the quality of life among residents, especially in high-need areas where poverty, unemployment, high school dropout rates, and homicide rates are most prevalent. As indicated by focus group respondents, perceptions of safety deter individuals from utilizing neighborhood parks and community centers, and thus create barriers to physical activity. In Los Angeles County, homicide is the leading cause of death among Latinos and African Americans and the second leading cause of death for men. The KFHSouth Bay service area accounts for 14.8% of all county homicides among individuals 15 to 24. In 2007, the crude homicide rate for the service area was 9.1, higher than the 2006–2008 county rates (8.9) and significantly higher than state crude rates (6.4). Homicides per 10,000 people were highly concentrated in the Compton, Gardena, Hawthorne, and Long Beach areas.

KFHSouth Bay's violence reduction priority need is in line with and supports the countywide gang and violence reduction strategy "to promote the development of prevention, intervention, and suppression activities aimed at individuals, families and communities associated with gang involvement and juvenile delinquency." One of the four targeted areas includes the Harbor-Gateway area. Successful programs focus on youth already in gangs and the most at risk to join. KFHSouth Bay has a proven track record of grant making in the area of violence prevention, particularly incidents fueled by racial tension. In 2007, KFHSouth Bay awarded a three-year grant to Toberman Neighborhood Center's Gang Intervention Unit. To date, Toberman has successfully provided case management services, conflict resolution, and peace mediation for up to 80 gang members, 85% of whom become productive citizens.

2011 GOALS

1. Increase youth and young adult participation in programs and services as an alternative to gangs.
2. Reduce the recidivism rate among juvenile first-time offenders.
3. Strengthen collaborative efforts among community organizations, school districts, and local police departments to enhance community safety at local parks and schools.

2011 STRATEGIES

1. Provide financial support to at least one community organization that provides alternatives to gangs for youth and teens through after-school tutoring and mentoring programs, job training and placement programs, or high school GED training courses.
2. Provide grant funding or in-kind donations for community organizations skilled at executing gang intervention programs targeting teens and young adults.
3. Partner with at least one community organization providing crime diversion programs to reduce the rate of recidivism among juvenile first-time offenders.
4. Provide financial support to community organizations partnering with local schools to provide mental health counseling, conflict resolution and mediation, safe routes to school, and other supportive services targeting middle and high school youth.
5. Support community collaborative efforts among community organizations, school districts, and local police departments, to increase safety at local parks or schools.

TARGET POPULATION

At-risk youth, teens, and young adults particularly in the Carson, Harbor City-Harbor Gateway, Hawthorne, Long Beach, San Pedro, Willowbrook, and Wilmington communities, with an emphasis on African Americans and Latinos.

COMMUNITY PARTNERS

Community partners are local police departments, school districts, and community organizations in the South Bay service area, including Boys & Girls Clubs of the Los Angeles Harbor, Boys & Girls Clubs of the South Bay, Centinela Youth Services, Inc., City of Long Beach Department of Health and Human Services (Weed and Seed Program), Harbor Area Gang Alternatives, JFCS, Long Beach Bar Foundation Inc., Toberman Neighborhood Center, Inc., and Watts/Willowbrook Boys & Girls Club.

2011 YEAR-END RESULTS

- KFH-South Bay continued to support local Boys & Girls Clubs (B&GC) providing alternatives to gangs for youth and teens through after-school tutoring and mentor programs.
 - B&GC of Los Angeles Harbor's College Bound: Taking Youth Off the Streets and Into Universities received a \$5,000 grant to provide academic case management, tutoring, and a variety of college pathway activities for 150 students at Wilmington Middle School and Banning High School. Weekly workshops, daily educational enrichment activities, college exposure, and mentors give youth greater access to college and options after high school. Workshops utilize two evidence-based practices: the Hispanic Scholarship Fund's My Life, My Choice, My Education and B&GC America's Goals for Graduation.
 - A \$10,000 grant was awarded to B&GC of Carson for AIM (Achievement In Middle School) to provide 50 middle school youth with leadership development, academic assistance, and sports/fitness programs. By the end of the program, 75% of participants will (1) increase their self-confidence and self-esteem; (2) improve school performance as measured by grades, grade progression, and/or school attendance; and (3) improve health and fitness as measured by an increase in daily physical activity and/or improved nutrition choices
- In addition to after-school programs, KFH-South Bay supported Centro Community Hispanic Association's Long Beach Summer Night Lights, a comprehensive multiagency initiative to decrease violence in the community through public safety and prevention programs at local parks in west and central Long Beach. The program provides direct intervention services such as recreation activities and parent and youth empowerment workshops, and creates jobs for youth and community workers.
- KFH-South Bay extended a successful three-year grant to Toberman Neighborhood Center by awarding an additional \$14,500 for its Gang Intervention Unit, which began in 1978 to maintain a Harbor-wide gang peace agreement

established in 1992 and includes more than 30 area gangs. Toberman's specially trained interventionists work with youth 14 to 19 to provide conflict resolution and ongoing peace mediation. Case management services assist clients with referrals to mental health services, tattoo removal, drug and anger management education, job preparedness, and criminal justice system support.

- KFH-South Bay continued to partner with Gang Alternatives Program (GAP), which has a proven track record with antigang education. GAP received a \$15,000 grant for a six-week gang prevention program in the Harbor and South Bay area. The program introduces 6th grade students to the concepts, dangers, and consequences of gangs and gang involvement to deter them from joining gangs. The curriculum includes lesson plans with specific objectives and covers a variety of topics, including peer pressure, drugs and alcohol, female gangs, conflict and anger, and staying in school.
- KFH-South Bay continued to partner with ShareFest Community Development, awarding a \$10,000 grant for its Year-Round Youth Development Academy at Avalon Continuation School, an LAUSD alternative education school. The majority of students served are from low-income, single-parent households, and are at a higher risk of not graduating from high school, early pregnancy, joining a gang, and becoming involved in violence. Since ShareFest launched the program in 2009, there have been improvements in graduation rates with 15 out of 115 students graduating in 2009 compared to 2 graduates out of 90 students in 2006. The new grant targets 120 high school youth, providing mentorship and leadership development to decrease the amount of crime, violence, and gang involvement on the school campus.
- KFH-South Bay established a new partnership with California Conference for Equality and Justice (CCEJ), a human relations agency founded in 1927 that is dedicated to fighting bigotry, bias, and racism in America. CCEJ received a \$10,000 grant to deliver five sessions of Talking In Class on high school campuses in Long Beach Unified School District. The program uses proven dialogue strategies, including communication, conflict resolution, and experiential exercises that encourage students to openly discuss their differences, discover their similarities, and work together to explore the impact of stereotypes and prejudice on themselves and others in a safe and structured environment.
- South Bay Center for Counseling & Human Development received a \$9,895 grant to support Gardena Safety Collaborative. Established in 2005, this partnership of local schools, law enforcement agencies, courts, Los Angeles County, and nonprofit organizations targets Gardena and surrounding communities, where more than 15 identified gangs exist.
- In addition to financial support, KFH-South Bay provided in-kind donations of equipment, office furniture, and/or supplies for the following:
 - Toberman Neighborhood Center, which provides social services to low-income individuals and families in the Harbor area, received \$5,134 in charitable donations
 - Boys & Girls Clubs of the South Bay, a longtime KFH-South Bay partner whose mission is to inspire and enable young people, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible, and caring citizens, received \$4,620 in charitable donations.
 - Gardena-Carson Family YMCA, a nonprofit organization working to strengthen youth development, healthy living, and social responsibility throughout the local community, received \$1,377 in charitable donations.

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 as well as in-kind donations (including staff contributions, education materials, and facility space). Organizations receiving financial or in-kind donations from KFH-South Bay will be required to submit grant outcome reports. Programs will be evaluated tracking total

number of people reached and/or served through funded programs and efforts; increase in number of individuals served over previously established benchmarks; evidence of sustainability for funded programs; identified need/s met or demonstrable expansion of services available to the community as a result of the funded program; and monitoring and recording progress on the development of innovative approaches to identified strategies.

PRIORITIZED NEED III: OVERWEIGHT AND OBESITY PREVENTION

Obesity is one of the highest risk factors for developing chronic conditions such as heart disease, cancer, and diabetes. Studies show that increased physical activity and a healthy diet (consumption of fresh fruits and vegetables) is the best method of preventing obesity and chronic disease. Overweight and obesity is a major concern for individuals in the KFHSouth Bay service area with the most concentrated area of obesity in Wilmington followed by San Pedro, North Long Beach, West Compton, Hawthorne, and Gardena. Focus group respondents pointed to obesity as a major concern in the service area, particularly among African American and Latino communities.

South Bay did not meet the Healthy People 2010 objective to increase the proportion of adults at a healthy weight. Since 2005, the overall percent of obesity among South Bay adults increased by almost 3% with more than one in four South Bay adults falling into the obese category based on a BMI (body mass index) of 30 or higher. Some 60% of South Bay adults were overweight and obese compared to 37.6% of adults with normal weight; whereas the Healthy People 2010 objective was 60%. When compared to Los Angeles County (63.5%), more South Bay adolescents 14 to 17 (71.3%) were engaged in physical activity at least three days per week; however, these gains did not reach the Healthy People 2010 objective of 85%. Notable improvements were shown from 2005/06 to 2008/09 in aerobic capacity and body composition for HFZ measures among 5th, 7th, and 9th graders. Yet disparities were evident when comparing more affluent school districts to less affluent districts. For example, students in Hawthorne and Los Angeles unified school districts continue to have the lowest HFZ scores, making the two school districts targets for physical fitness opportunities for middle and high school youth.

South Bay residents in the Compton, Carson, Gardena, and parts of Long Beach were less likely to eat five or more servings of fruits and vegetables. 44.6% of children 5 to 11 and 48.7% of adults 18 and older reported eating five or more servings while only 16% of adolescents 12 to 17 reported eating five servings. Focus group participants identified lack of access to affordable, healthy foods, and nutrition education as major barriers to healthy food consumption.

2011 GOALS

1. Increase access to culturally competent healthy lifestyle education and fitness programs.
2. Increase physical activity among children and adults in geographic areas with the highest concentrations of obesity.
3. Increase access to and consumption of fresh fruits and vegetables among children and adults in geographic areas with the highest concentrations of obesity.
4. Decrease consumption of high-calorie snacks and foods in local schools and neighborhoods.

2011 STRATEGIES

1. Provide grant funding for at least one community organization and/or public health district with experience in culturally and linguistically appropriate healthy lifestyle education (nutrition) and weight-management programs.
2. Provide grant funding for at least one community organization and/or public health district with experience in providing opportunities for communities to engage in physical fitness such as walking clubs, fitness zones in local parks, and exercise classes for children and adults.
3. Provide grant funding for at least one community organization and/or public health district with experience in increasing access to fresh fruits and vegetables.
4. Provide grant funding for at least one community organization and/or public health district with experience in promoting and providing more access to healthy choices (low-calorie drinks and foods).

5. Provide in-kind donations such as health education materials, staff contributions, or financial support for a local school partnership engaging youth in physical fitness instruction and nutrition education.

TARGET POPULATION

Residents in the Wilmington, San Pedro, North Long Beach, West Compton, Hawthorne, and Gardena areas with emphasis on African American, Latino, and API communities.

COMMUNITY PARTNERS

Community partners are local school districts and community organizations in the service area, including AHA; City of Long Beach, Department of Health and Humans Services; Hawthorne and Los Angeles unified school districts; and YMCA of Metropolitan Los Angeles (San Pedro and Wilmington).

2011 YEAR-END RESULTS

- KFH-South Bay continued to partner with AHA, awarding a \$20,000 grant for I Heart Family, a program that educates and engages Latino and African American families in a lifetime of healthy habits. The program consists of workshops for parents and kids designed to teach them how to make nutritious food choices and increase physical activity in their daily lives resulting in a reduction of obesity. Workshops are taught by culturally competent AHA health educators and promotoras.
- To increase physical fitness opportunities in the service area, KFH-South Bay continued to partner with local YMCAs. Two grants totaling \$30,000 were awarded to Gardena-Carson Family YMCA for its Health Intervention Program (HIP) to educate some 500 individuals on healthy living and developing a healthy lifestyle and to the Wilmington YMCA for Youth & Adult Obesity Prevention programs. By the end of the grant period, Gardena-Carson Family YMCA expects to improve BMI in 70% of overweight and obese children and adults in the program.
- KFH-South Bay partnered with the City of Long Beach Department of Health and Human Services to support its Long Beach Neighborhood Store Partnership (LBNSP) project, which was initiated with a \$60,000 HEAL Local Partnership Grant from Kaiser Permanente Southern California Region. KFH-South Bay extended the grant by awarding \$20,000 to sustain existing corner store conversion projects in North Long Beach. LBNSP involves parent groups, community members, students, and local businesses in promoting a healthy food environment. Activities include education and outreach at stores through cooking demonstrations and educational booths; signage promoting healthier items; working with food vendors to increase healthier food and beverage options; and continued community involvement .
- KFH-South Bay established a new partnership with Hawthorne School District for Let's Move Hawthorne!—Improving PE Programs in Low-Income Schools. An \$8,500 grant was awarded to the district to address the identified need for physical education equipment in Hawthorne schools. This grant supplements funding from the Network for a Healthy California for nutrition education and trainings for teachers as well as the school's participation in the Alliance for a Healthier Generation's Healthy Schools Program, a national initiative founded by President Clinton and AHA.
- Kaiser Permanente Southern California Region's HEAL Zone initiative is designed to target a small, clearly defined community of 10,000 to 20,000 residents who have high rates of obesity and other health disparities. The initiative helps community stakeholders develop and implement evidence-based and prevention-oriented environmental strategies that are focused on reducing obesity rates and creating opportunities for residents to engage in healthy eating and active living. In the KFH-South Bay service area, the City of Long Beach Department of Health and Human Services received a \$100,000 grant.
- The Prevention Institute was granted \$75,000 from Kaiser Permanente Southern California Region to support the advancement of local, regional, and national community prevention efforts. PI provides strategy, resources, and training to Kaiser Permanente grantees on federal and state health reform processes and funds related to community prevention; increases grantees' capacity on framing and messaging to media on community prevention; and provides trainings on nutrition/physical activity and violence and joint use agreements. This grant will support HEAL Zone and HEAL Partnership 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 as well as in-kind donations (including staff contributions, education materials, and facility space). Organizations receiving financial or in-kind donations from KFH-South Bay will be required to submit grant outcome reports. Programs will be evaluated tracking total number of people reached and/or served through funded programs and efforts; increase in number of individuals served over previously established benchmarks; evidence of sustainability for funded programs; identified need/s met or demonstrable expansion of services available to the community as a result of the funded program; and monitoring and recording progress on the development of innovative approaches to identified strategies.

Table 1

KAISER FOUNDATION HOSPITAL-SOUTH BAY

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	3,938
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	81
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	1,257
Medi-Cal managed care members	6,581
Healthy Families Program members	4,732
Community Surgery Day patients	24
Health Research projects (new, continuing, and completed)	14
Nursing Research projects (new, continuing, and completed)	4
Educational Theatre – number of performances and workshops	84
Educational Theatre – number of attendees (students and adults)	11,855
Graduate Medical Education – number of programs	6
Graduate Medical Education – number of affiliated and independent residents	74
Nurse practitioner and other nursing training and education beneficiaries	2
Deloras Jones nursing scholarship recipients	3
Other health professional training and education (non-MD) beneficiaries	21
Hippocrates Circle students	36
Summer Youth and INROADS programs participants	20
Number of 2011 grants and donations made at the local and regional levels ¹	122

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-SOUTH BAY

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$5,118,229
Healthy Families ²	1,559,761
Charity care: Charitable Health Coverage Programs ³	781,916
Charity care: Medical Financial Assistance Program ⁴	8,551,877
Grants and donations for medical services ⁵	658,252
Subtotal	\$16,670,035
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$ 0
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	68,637
Grants and donations for community-based programs ⁸	398,314
Community Benefit administration and operations ⁹	384,144
Subtotal	\$851,095
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$52,357
Educational Theatre Programs	315,173
Facility, supplies, and equipment (in-kind donations) ¹¹	112,190
Community Giving Campaign administrative expenses	5,108
Grants and donations for the broader community ¹²	66,174
National board of directors fund	16,358
Subtotal	\$567,360
Health Research, Education, and Training	
Graduate Medical Education	\$442,234
Non-MD provider education and training programs ¹³	378,606
Grants and donations for the education of health care professionals ¹⁴	69,310
Health research	1,025,837
Continuing Medical Education	147
Grants and donations for evidence-based medicine ¹⁵	0
Subtotal	\$1,916,134
Total Community Benefits Provided	\$20,004,624

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.

