

WEST LOS ANGELES

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KAISER FOUNDATION HOSPITAL (KFH)-WEST LOS ANGELES

6041 Cadillac Avenue
 Los Angeles, CA 90034
 (323) 857-2000



The KFH-West Los Angeles service area comprises 21 diverse communities, including Beverly Hills, Cheviot Hills, Crenshaw, Culver City, Downtown Los Angeles, Inglewood, Koreatown, La Tijera, Ladera Heights, Malibu, Mar Vista, Mid City, Mid-Wilshire, Miracle Mile, Ocean Park, Pacific Palisades, Palms, Playa Del Rey, Rancho Park, Rimpau, Santa Monica, University Park, Venice, West Adams, West Hollywood, Westlake, Westwood, Wilshire, and Windsor Hills. Incorporated cities include Beverly Hills, City of Los Angeles, Culver City, El Segundo, Inglewood, Malibu, Santa Monica, and West Hollywood.

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

Total population:	1,279,714	White:	35%
Median household income (county):	\$54,467	Latino:	32%
Percentage living in poverty:	19.4%	African American:	21%
Percentage unemployed:	12.9%	Asian and Pacific Islander:	8%
Percentage uninsured:	22.9%	Other:	4%
Language other than English spoken at home:	42%		

KEY FACILITY STATISTICS

Year opened:	1974	Total licensed beds:	305
KFH full-time equivalent personnel:	1,033	Inpatient days:	48,365
KFHP members in KFH service area:	183,735	Emergency room visits:	64,666

KEY LEADERSHIP AT KFH-WEST LOS ANGELES

Gloria Blackburn, RN	Executive Director
Nor Jemjemian	Chief Operating Officer
Howard Fullman, MD	Area Medical Director
Tracy Fietz, RNP	Medical Group Administrator
Vacant	Public Affairs Director
Celia Brugman	Community Benefit Health Manager

THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY AND FINDINGS

2010 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SUMMARY

This CHNA was produced through the collaborative efforts of KFH-West Los Angeles, the Advancement Project's Healthy City, and Special Service for Groups, which met in 2010 to plan and carry out the assessment. Secondary data analysis for the 2010 CHNA consisted of data collection, processing, and analysis. Emphasis was placed on making the data as widely available as possible, and toward this end the data were prepared and uploaded to Healthy City's web-based data and mapping platform (<http://www.healthycity.org>). Primary data collection included focus groups and stakeholder interviews with physicians and health care delivery personnel, public health experts, county public health officers, direct service providers, community resource centers, health care organizations, public officials, faith-based organizations, and many other community-based nonprofits and organizations that provided critical information about health needs, assets, and barriers.

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 for the Uninsured and Underinsured:

- Not all populations have equal access to health care services. The CHNA identified 23 significant health disparities on the basis of race/ethnicity, gender, socioeconomic status, disability status, geographic location, sexual orientation, or a combination of these factors.
- According to 2009 estimates, difficulties or delays in obtaining care among adults have increased in both Service Planning Areas (SPAs) 4 and 5. The percentage of the population affected by this issue ranges from 10.8% to 16.8% among service area SPAs. These percentages are significantly above the Healthy People 2010 target of 7%.
- Latinos are the largest ethnic group in the service area, making up 35% (404,328) of the total population. Latinos also have the highest rate of uninsured people, 18%. Cultural and language barriers often impact an individual's timely access to health care services.
- According to the 2010 CHNA, more than one-third of all adults in California did not have dental insurance in 2007. The percent of the adult population without dental insurance for one year was higher than 40% in SPAs 4 and 6. Several focus groups mentioned the lack of oral health services for low-income and uninsured individuals in the KFH-West Los Angeles service area.

Obesity, Diabetes, and Chronic Disease Prevalence:

- Obesity, diabetes, and high blood pressure are among the top health concerns. For instance, the prevalence of diabetes in California has increased from 6.2% in 2001 to 7.8% in 2007, with a notable increase among adults 65 and older in every SPA in the service area.
- Diabetes-related hospitalizations were slightly higher in the service area, compared to the county and the state overall. The highest rates of diabetes diagnoses were concentrated in Inglewood and the southeastern region of the service area.
- The estimated prevalence of high blood pressure increased between 2001 and 2007 in all four of the SPAs within the service area (SPAs 4, 5, 6, and 8), consistent with trends in Los Angeles County and California.
- Obesity continued to be a top concern in this area as a major risk factor for several chronic conditions. The percentage of overweight Latino and African American adolescents and adults is around 60%. The estimated prevalence of obesity and overweight was concentrated in the Inglewood and southeastern regions of the service area at 71.5%. The estimated prevalence of overweight or obese adolescents 12 to 19 increased in SPA 4 and SPA 6 and decreased very slightly in SPA 8.
- The rate of hospitalization for HIV/AIDS in the service area was 4.0 per 10,000 persons, almost double the rate of Los Angeles County (2.3). Both rates were higher than that of California. HIV/AIDS hospitalizations in the service area represent about 20% of all HIV/AIDS hospitalizations countywide.

Access to Mental Health Care:

- Focus group input suggests that there is a high need for mental health care. Some participants indicated high levels of depression among adults and children in Watts, and among undocumented youth in general. The recession and the high unemployment rate, which has more than doubled from 5.4% in 2007 to 12.9% in 2010, were listed as a few of the main reasons for the demand for mental health care.
- Mental health services are especially lacking in this region, particularly in SPA 6. Fifty percent or more of adults in SPA 6 and SPA 8 who sought care did not receive the care they needed, compared to 36.7% in SPA 5 and 40.3% in SPA 4.
- Inglewood and the easternmost part of the West Los Angeles area had the highest rates of substantiated cases of child abuse and neglect in the service area; they were among the highest 20% of zip codes in the county and were significantly higher than rates averaged across the state.

Health Behaviors:

- The estimated percent of youth engaging in physical activity dropped substantially in SPA 4 (from 74% to 52 %) and SPA 5 (from 76% to 61%), but rose in western regions of the service area. Although a slightly higher estimated proportion of adults in the overall service area engaged in vigorous physical activity in 2007 when compared to 2005, these figures remained poor. The estimated proportion of adults engaging in no physical activity also increased in all the service area SPAs, with the most substantial increases in SPA 4 (from 8.9% to 15.6%) and SPA 8 (from 9.7% to 17.7%).
- Community participants expressed concern over a lack of physical activity for youth due in large part to the lack of safe places for youth to exercise in areas with gang activity, as well as the reduction in school-based physical education. Participants also pointed to a missing “sense of community” and to a climate in which residents feared and mistrusted one another. Community participants also identified issues relating to lower levels of physical activity in adults, including the elimination of workplace programs (proven effective in increasing physical activity) as contributing to the problem.
- Multiple participants mentioned the lack of grocery stores and poor access to fresh fruits and vegetables in low-income areas such as South Los Angeles. Focus group participants also noted that the overabundance of liquor stores and fast-food establishments in South Los Angeles encouraged unhealthy lifestyles and poor diet. Adolescents 12 to 17 often had the lowest fruit and vegetable consumption. Inglewood and the areas to the east of the coastal cities had low levels of fruit and vegetable consumption.
- Rates of chlamydia, gonorrhea, primary and secondary syphilis, latent syphilis, and congenital syphilis were higher in Los Angeles County compared to the state overall. However, teen pregnancy showed a slight decline.

PRIORITIZED NEEDS IDENTIFIED FOR THE KFH-WEST LOS ANGELES SERVICE AREA

1. Access to health insurance coverage and health care services
2. Access to health education and chronic disease prevention and management
3. Access to mental health programs and intervention services

2011 YEAR-END RESULTS

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

Access to primary health and specialty care services continues to be the leading issue faced by patients and providers in the KFH-West Los Angeles service area. Data for Los Angeles County indicate that 22.9% of residents were uninsured in 2007. In West Los Angeles, SPAs 4 (41.1%) and 6 (38.9%) have the highest rate of uninsured adults. Use of emergency departments is also a central issue related to access because working families who need care outside traditional hours and those who could not obtain referrals for their health conditions use emergency departments for primary care or wait until they are acutely ill before obtaining care. Data collected through community consultation indicate that the most prevalent barriers to health care access are the lack of insurance coverage, transportation, and linguistically appropriate services. In addition, there is a disparity in access to specialty care, which is nearly absent in medically underserved areas.

2011 GOALS

1. Increase the number of low-income people who enroll in or maintain health care coverage.
2. Increase access to primary and dental health care 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 Health Families); and enroll individuals eligible for these products.
2. Provide charity care through the Medical Financial Assistance (MFA) program and maximize efficiencies.
3. Provide grant funding and other support to expand access to primary care services through safety net providers.
4. Provide grant funding to support outreach and education, as well as planning for expanded preventive dental services for children.
5. Operate the Community Surgery Day program to provide free surgeries for the uninsured.

TARGET POPULATION

Low-income and uninsured or underinsured individuals, with emphasis on vulnerable populations, including children and elderly adults.

COMMUNITY PARTNERS

Community partners include Children's Dental Center, Southbay Family Health Center, South Central Family Health Center, Westside Family Health Center, and Venice Family Clinic.

2011 YEAR-END RESULTS

KFH-West Los Angeles provided grants to local community-based organizations that provide primary medical services to adults and families and worked with clinic partners to develop a model for providing specialty care to patients without access to such services. Seven organizations received grants totaling \$66,000. In addition, access to specialty care was enhanced through an expanded surgical program in partnership with a collaborative of three community clinics. Grant recipients and programs included the following:

- Los Angeles Free Clinic (dba The Saban Free Clinic) received a \$5,000 grant to sustain and enhance access to primary care services by integrating medical, dental, behavioral health, and health education services for the uninsured and underserved. The program aims to increase access to high-quality care and services by providing integrated health care services in one "medical home." KFH-West Los Angeles awarded a similar \$12,000 grant to the clinic in 2010. In 2011, the clinic served 29,100 patients with 84,497 visits. The Saban Free Clinic's mission is to expand access to care

for the underserved and most vulnerable in the community. Nor Jemjeman, KFH-West Los Angeles chief operating officer, is vice chair of The Saban Free Clinic's board of directors.

- University Muslim Medical Association, Inc. (UMMA) received a \$12,000 grant to sustain and expand the Essential Adult Care Services Program (EACSP) in South Los Angeles, which provides uninsured and underinsured community members with services such as adult internal medicine, chronic disease diagnosis, treatment and management, preventive women's health care, family planning, pharmaceutical services, and health education. EACSP offers medical visits and follow-up care for patients suffering from chronic illnesses and diagnosis and referrals for specialty care. In 2011, UMMA reported providing medical services to 3,620 unique adult patients, 2,611 of whom were uninsured.
- Venice Family Clinic received a \$15,000 grant to expand patients' access to health insurance coverage and health care services by enrolling uninsured individuals into public programs through the Health Care Access Project. Certified Application Assistors (CAAs) work directly with patients, assessing eligibility, helping fill out forms, and navigating key points through the insurance process. This program addresses two important barriers to access to health care: understanding coverage and language isolation. It is expected to serve 3,900 residents. Venice Family Clinic is the primary provider of free primary health care services to underserved individuals in Los Angeles County's SPA 5, part of the KFH-West Los Angeles service area. In addition, Kaiser Permanente Southern California Region awarded a \$60,000 grant to Venice Family Clinic in 2010 for efforts in 2011 that supported key positions to provide direct patient care for 914 patients and lead implementation of electronic health records at the clinic.
- WISE Senior Services, Inc. received a \$10,500 grant from KFH-West Los Angeles in 2011 to support the Benefits Enrollment Center (BEC) project, which serves as a one-stop shop, helping low-income seniors apply for and receive public benefits that will help pay for prescriptions, medical care, food, and utilities. The BEC, the first in California, increases accessibility of critical public benefits through a call center to accommodate less mobile seniors. It also provides in-person assistance at partner sites that are selected based on high density of low-income and ethnically diverse seniors. Highly trained volunteers will serve as benefits Counselors.
- People Assisting the Homeless (PATH) received a \$7,500 grant to support the PATH Westside Center, which provides the homeless with housing and access to health care and supportive services, including access to the Regional Homeless Center clinic. The grant objectives include providing 400 homeless individuals with free health care in partnership with other institutions such as JWCH, the Venice Family Clinic, Gateways Hospital, and CLARE Foundation.
- In 2011, KFH-West Los Angeles sponsored four Surgery Access Days as part of a Kaiser Permanente Southern California Region initiative to increase specialty care access for uninsured and underinsured community members. Surgery Access Day was a collaborative partnership with South Bay/Westside Specialty Care Collaborative (Venice Family Clinic, South Bay Family Health Center, and Westside Family Health Center). On behalf of the collaborative, Venice Family Clinic received a three-year specialty care initiative grant for \$900,000 (\$300,000 in 2011) from Kaiser Permanente Southern California Region. Venice Family Clinic's care coordinator recruited 29 patients who received much-needed hernia and gallbladder repair surgeries. Most had been in pain and waiting for procedures for months and, in some cases, years. Without surgery, these individuals would have continued to suffer or would have been forced to go to already overcrowded emergency rooms. The surgeries were completed by Todd Sachs, MD, chief of surgery; Jan Takasugi, MD; Robert Casillas, MD; Keira Kamm, MD; Charles Pehn, MD, and anesthesiologists Clare Thomas, MD, Licerio Castro, MD, and David Ng, MD. In addition, 58 clinical volunteers donated their time to assist. Total value of the donated surgeries was approximately \$350,719, almost a twofold increase from the previous year.
- Kaiser Permanente Southern California Region funded quality improvement (QI) projects for safety net organizations to build stronger programs and infrastructure that improve service for patient populations at risk of racial and ethnic health disparities. The 2011 QI Initiative for public hospitals focused on the 1115 Medicaid waiver's Delivery System Reform Incentive Pool (DSRIP). The goal of the DSRIP is 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. LAC+USC Healthcare Network received a \$300,000 grant over two years (\$150,000 in 2011). This project funds a QI manager and a project coordinator to align DSRIP focus areas with other quality measures currently being monitored in QI programs.
- California Family Health Council received a \$200,000 grant over two years to build the capacity of Title X agencies in California to utilize family-planning performance data measures to improve the quality of reproductive health care.

2012 GOALS UPDATE

The goals will remain unchanged for 2012.

2012 STRATEGIES UPDATE

KFH-West Los Angeles will add a sixth strategy:

6. Implement a Community Access to Specialty Care Referral program to provide specialty care to the uninsured in South Los Angeles.

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 staff engaged in the community, number of community organizations served, 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 HEALTH EDUCATION AND CHRONIC DISEASE PREVENTION AND MANAGEMENT

The top chronic care conditions affecting the community include overweight, obesity, diabetes, hypertension, cardiovascular disease, and HIV/AIDS. Maintaining health through disease prevention strategies such as exercise, healthy eating, and education regarding chronic conditions was identified as an important community health issue. Despite success in increasing awareness of chronic conditions and the importance of prevention and management, the lack of access to culturally and linguistically appropriate services continues to be a challenge in supporting adults in managing their chronic conditions. Data indicate that Latinos and African Americans experience higher hospitalization rates due to unmanaged chronic conditions. In addition, cultural and language limitations in immigrant and refugee communities negatively impact their ability to comfortably access health care, properly take medication, or manage a chronic illness. Many community health providers offer a variety of explanations for the modern-day epidemic of rapidly increasing overweight and obesity, including limited physical activity at all ages; poor eating habits; lack of access to supermarkets in low-income areas; increased use of electronic games, television, and computers; and West Los Angeles' urban environment, which is not designed to accommodate active outdoor living.

2011 GOALS

1. Increase effective management of diabetes, obesity, and high blood pressure with an emphasis on reducing ethnic and geographic disparities in among Latinos and African Americans living in the Inglewood/South Los Angeles areas.
2. Expand programs that work to reduce HIV infection and increase access to innovative prevention and treatment services to populations most at risk for HIV/AIDS.

2011 STRATEGIES

1. Support community clinic partners in the delivery of chronic care management programs that provide clinic patients with education about self-management of their conditions, nutrition, and exercise.
2. Support culturally and linguistically appropriate health education, nutrition, and wellness programs that address healthy eating and active living for children or seniors.
3. Partner with faith-based organizations and community centers to leverage "promotora" and "train-the-trainer" models to expand the reach of education and training for adults and seniors.
4. Provide support for programs that promote prevention, medical care, and social services for individuals and families affected by HIV/AIDS.

TARGET POPULATION

Low-income and uninsured or underinsured individuals, with emphasis on vulnerable populations, including immigrants, refugees, children, and elderly adults, at risk for poor health outcomes.

COMMUNITY PARTNERS

Community partners include Inglewood After School Recreation Corporation, South Central Family Health Center (SCFHC), Socrates Opportunity Scholarship Foundation (SOS), Special Olympics Southern California, and Westside Family Health Center (WFHC). In addition, we will seek to establish new relationships with faith-based organizations and schools.

2011 YEAR-END RESULTS

- KFH-West Los Angeles provided grants to local community-based organizations to help vulnerable community members manage chronic diseases, such as diabetes, obesity, hypertension, and HIV/AIDS. These organizations offer programs to prevent the development of such diseases through education and raising public awareness. They also provide direct services to assist community members in coping with the effects of their chronic conditions. Nineteen organizations were awarded grants totaling \$109,983. Six of these organizations specifically provide supportive services for vulnerable community members diagnosed with HIV/AIDS. These organizations received a total of \$36,000 in funding. In addition, under our prioritized need III, one organization received a \$5,000 grant to support specialized mental health services for LGBT community members living with HIV/AIDS. Grant recipients included:
 - Common Ground–The Westside HIV Community Center received a \$7,000 grant from KFH-West Los Angeles to provide HIV/AIDS supportive services. Common Ground provides access to high-quality medical care and support services, promotes awareness of HIV and risk reduction behaviors, and reduces barriers to accessing care and services for those living with HIV/AIDS. More than 125 clients receive culturally appropriate HIV care and support services through individualized care plans, specialty medical care, treatment advocacy workshops, case management, independent living skills, and mental health services. Common Ground serves an ethnically diverse, low-income population. Approximately 90% of the individuals Common Ground HIV Care serves are uninsured. In addition, nearly all of its patients have multiple diagnoses and more than 50% of them are homeless.
 - Project Angel Food received a \$7,000 grant from KFH-West Los Angeles to support its food and delivery program. Project Angel Food cooks and delivers nutritious meals to people who are disabled due to life-threatening illnesses, such as HIV/AIDS and cancer. Project Angel Food's home-delivered meals are designed to prevent malnutrition and to support medication absorption. This organization operates 18 delivery routes in the West LA service area and plans to serve 557 ill and disabled individuals.
 - SOS received a \$ 5,000 grant from KFH-West Los Angeles to support Shape Up-Healthy Steps for Healthy Lives, a 12-week nutrition education and mentorship program based at University High School. This program incorporates leadership training to teach nutrition and fitness education to high school and elementary students. In five, one-hour workshops, high school teens learn about diet and fitness with the support of adult mentors. The teens then become health mentors/teachers to younger children in a local elementary school. Participating students benefit by learning to make healthier foods choices, to incorporate more physical activity into their daily lives, and to be leaders and mentors to elementary students and their own family members in adopting healthier lifestyles.
 - Los Angeles Urban League received a \$7,000 grant from KFH-West Los Angeles to support Fit 4 Life and Fitness (Fit 4 Life), which is designed to create healthy lifestyle changes through education and trainer-led exercise. Participants receive on-site education regarding nutrition, healthy cooking, and the management of chronic health conditions. All participants are screened for BMI, cholesterol levels, and blood pressure for educational purposes and personal management and to evaluate the success of the program. Fit 4 Life was designed by the Urban League Health Collaborative, UCLA, Cedars-Sinai Medical Center, T.H.E. Clinic, Charles Drew University of Science and Medicine, American Heart Association, and other community organizations. With this grant, Fit 4 Life serves 300 community members in the Park Mesa Heights area, a part of South Los Angeles where access to healthy food and fitness programs is limited.
 - T.H.E. Clinic Inc. received a \$9,000 grant to support CARES (Community, Aid, Resources, and Education), which seeks to reduce health disparities for low-income community members by providing access to high-quality care and

culturally specific prevention workshops. CARES addresses significant health concerns by offering breast cancer prevention and awareness workshops; youth health literacy workshops at parks and local schools; and clinic workshops on obesity, high blood pressure, and diabetes, etc. T.H.E. Clinic expects to serve 5,000 vulnerable community members during the grant period.

- 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, HEHT doubled its investment in food banks from the previous year. Food banks across the region received grants to acquire produce and distribute it to individuals in need, provide nutrition education, conduct food stamp (CalFresh) outreach, and make infrastructural improvements such as the repair or purchase of cold storage units and the purchase of food bins and produce. In the service area, Westside Food Bank received a \$60,000 grant.
- California Center for Public Health Advocacy was awarded \$125,000 in its second year of support for the Healthy Eating Active Living Cities Campaign. The campaign partners with California League of Cities to engage city leaders in adopting resolutions and policies that increase access to healthier nutrition and physical activity environments.
- Kaiser Permanente Southern California Region funded a number of statewide healthy eating and active living grants. In the service area, Physicians for Social Responsibility Inc.–Los Angeles received \$75,000 grant for its Physician Ambassador Program, which gives physicians environmental health training on policy issues related to four areas that are rooted in preventing health disparities: toxic chemicals, pesticides, air quality, and climate change, and provides opportunities to be involved in prevention and environmental health policy advocacy efforts.
- Kaiser Permanente Southern California Region awarded Community Health Councils, Inc. a \$500,000 grant over one and a half years (\$333,333 in 2011) for the South Los Angeles Healthcare Leadership Roundtable's Enhanced Diabetes Care Initiative. This grant will help support the roundtable's collaborative approach to providing care management to high-risk diabetics in South Los Angeles.

2012 GOALS UPDATE

In 2012, KFH-West Los Angeles will update this need to focus specifically on reducing the frequency of overweight and obesity among children and adults in the service area. Obesity remains a challenge that underlies many prevalent chronic diseases. Data for risk behaviors for adults and seniors in the KFH-West Los Angeles service area show higher proportions of overweight or obesity and sedentary lifestyle for adults and seniors than the state. Participants in the 2010 CHNA forums indicated that families continue to face challenges in accessing safe places to play and be active, healthy and affordable food, and in some areas clean, safe drinking water. In 2012, KFH-West Los Angeles will continue to be a collaborative partner with community and regional programs working on policy, environmental, and organizational changes to accomplish the following goals in addition to the two previously established goals:

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

2012 STRATEGIES UPDATE

In addition to following the four 2011 strategies outlined above, KFH-West Los Angeles will add:

5. Support efforts focused on environmental changes that encourage healthy eating and active living, including organizational practices, systems change, and the built (physical) environment.
6. Support community-based programs that enable healthy eating and physical activity by increasing individual awareness, knowledge, skills, motivation, and utilization.
7. Encourage collaborative engagement of partners to address multiple drivers of obesity, including but not limited to the consumption of sugar-sweetened beverages.

8. Partner with faith-based and senior program providers to promote healthy living for all adults, including seniors.

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 staff engaged in the community, and number of community organizations and schools served.

PRIORITIZED NEED III: ACCESS TO MENTAL HEALTH PROGRAMS AND INTERVENTION SERVICES

The stress of daily life has an impact on a large part of the population, ranging from young children to unemployed adults. Signs of poor mental health are widespread, and in KFH-West Los Angeles' most affected areas there is a significant lack of mental health services such as counseling and preventive services for youth, pregnant teens, and adults. Violence is one of the leading consequences of mental health issues in some West Los Angeles areas. Homicide was the leading cause of premature death among Latinos and African Americans in Los Angeles County. Survey participants expressed concern over the direct and indirect impact community violence has on community health and mental health. Exacerbating the lack of mental health services is a dearth of programs and services available in Spanish in an area where the majority population is Latino and one in every three homes is monolingual Spanish-speaking.

2011 GOALS

1. Increase access to mental health counseling for low-income and uninsured individuals through grant funding.
2. Expand the availability of programs and services targeted at preventing youth and family violence.

2011 STRATEGIES

1. Provide financial, in-kind, and staff support to organizations that provide mental health services for low-income and uninsured families, especially those providing Spanish-language services.
2. Support community organizations that address youth and family violence, especially those that address self-esteem building and conflict resolution skills.

TARGET POPULATION

Low-income families and youth who have limited access to mental health services and cope with a variety of mental health issues, including depression, low self-esteem, and gang and family violence.

COMMUNITY PARTNERS

Community partners include Airport Marina Counseling Service (AMCS), A Place Called Home (APCH), Century Center for Economic Opportunity, Inc., Korean American Family Service Center, Los Angeles Child Guidance Clinic, Mar Vista Family Center, and National Alliance for the Mentally Ill (NAMI).

2011 YEAR-END RESULTS

- KFH-West Los Angeles supported local community organizations that provide counseling and outpatient mental health services for adults, children, and families. Eighteen organizations received a total of \$124,000 in funding. Grant recipients provide a variety of services ranging from traditional individual counseling sessions to innovative approaches to mentor and involve parents in their children's education by becoming occasional teacher's assistants. Grant recipients include the following:
 - APCH received a \$9,000 grant to provide counseling and youth support services for underserved families living in South Los Angeles. APCH's Counseling Department provides at-risk youth and their families with free mental health services. Their model is to empower underserved youth to take ownership of the quality and direction of their lives through programs in education, arts, and well-being. APCH offers on-site counseling in conjunction with after-

school programs to engage families where they are, and provides bilingual counseling. With the support of this grant, APCH intends to reach approximately 130 individuals in need of mental health services and counseling.

- KFH-West Los Angeles awarded \$8,000 to AMCS to support the Psychiatric Services for Adults and At-Risk Families and Youth Project, which provides comprehensive mental health services for low-income families and youth. Clients receive a variety of mental health services to help them manage issues that compromise their relationships, daily living, and the ability to hold and keep a job. AMCS serves uninsured and underserved adults with significant mental illness such as schizophrenia, clinical depression and/or bipolar disorder. With the support of this grant AMCS expects to offer psychiatric services, including diagnostic evaluation, treatment planning, and medication monitoring to help 200 low-income clients remain functional. They will also provide preventive family counseling services to 50 families exhibiting incipient violent behavior.
- Mar Vista Family Center received a \$9,000 grant to support the Parent Participation Preschool Program, which seeks to provide parents with life skills to supplement their children's education and to encourage appropriate discipline, communication, and compassion among family members. The program is designed to strengthen reasoning and leadership abilities to help clients succeed both inside and outside the home. The program lasts for two-years and in lieu of a fee, 34 parents participate one day per week as teacher's assistants. This program benefits children at risk for long-term mental and physical effects as a result of living in an area exhibiting several socioeconomic stressors such as violence, crime, poverty, and discrimination.
- Kaiser Permanente Southern California Region funded a number of policy- and advocacy-related grants. Neighborhood Legal Services of Los Angeles County received a \$200,000 grant over two years (\$100,000 in 2011) to grow and expand the medical legal community partnership (MLCP) model throughout the region. The expansion will reduce legal barriers to good health outcomes and improve health statuses for individuals and families; expand the number of MLCPs in LA County and provide a system to coordinate these facilities in Southern California; and engage and offer leadership in policy advocacy of health and social issues that can transform health in Los Angeles' low-income communities
- 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 collaborating partners, number of staff engaged in the community, and number of community organizations served.

Table 1

KAISER FOUNDATION HOSPITAL-WEST 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	5,699
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Steps Plan members	135
Charity Care: Charitable Health Coverage Program – Kaiser Permanente Child Health Plan members	973
Medi-Cal managed care members	7,940
Healthy Families Program members	4,282
Community Surgery Day patients	30
Health Research projects (new, continuing, and completed)	18
Nursing Research projects (new, continuing, and completed)	5
Educational Theatre – number of performances and workshops	50
Educational Theatre – number of attendees (students and adults)	9,417
Graduate Medical Education – number of programs	2
Graduate Medical Education – number of affiliated and independent residents	24
Nurse practitioner and other nursing training and education beneficiaries	9
Deloras Jones nursing scholarship recipients	12
Other health professional training and education (non-MD) beneficiaries	30
Hippocrates Circle students	46
Summer Youth and INROADS programs participants	31
Community Learning Program – Educational Outreach Program beneficiaries	476
Number of 2011 grants and donations made at the local and regional levels ¹	137

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-WEST LOS ANGELES

COMMUNITY BENEFIT RESOURCES PROVIDED IN 2011

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$6,328,637
Healthy Families ²	1,411,432
Charity care: Charitable Health Coverage Programs ³	721,664
Charity care: Medical Financial Assistance Program ⁴	9,353,919
Grants and donations for medical services ⁵	511,709
Subtotal	\$18,327,361
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁶	\$932,050
Educational Outreach Program	0
Summer Youth and INROADS programs ⁷	65,512
Grants and donations for community-based programs ⁸	273,195
Community Benefit administration and operations ⁹	280,471
Subtotal	\$1,551,228
Benefits for the Broader Community¹⁰	
Community health education and promotion programs	\$51,116
Educational Theatre Programs	187,603
Facility, supplies, and equipment (in-kind donations) ¹¹	0
Community Giving Campaign administrative expenses	4,987
Grants and donations for the broader community ¹²	49,100
National board of directors fund	15,970
Subtotal	\$308,776
Health Research, Education, and Training	
Graduate Medical Education	\$355,443
Non-MD provider education and training programs ¹³	690,266
Grants and donations for the education of health care professionals ¹⁴	67,667
Health research	1,001,531
Continuing Medical Education	144
Grants and donations for evidence-based medicine ¹⁵	0
Subtotal	\$2,115,051
Total Community Benefits Provided	\$22,302,416

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.

