

CALIFORNIA EMERGING TECHNOLOGY FUND

ORGANIZATION PROFILE: THE KHEIR CENTER

DATE: JUNE 21, 2007

– ORGANIZATION AND PROJECT OVERVIEWS –

Name of Organization	THE KHEIR CENTER
Name(s) of Principal(s) and Complete Titles	Erin Pak, CEO
Contact Information (complete)	3727 W 6 th St., Suite 210 Los Angeles, CA 90020 213-427-4000
Name of Program or Project (if different from organization)	The KHEIR Center consists of the KHEIR - S. Mark Taper Foundation Community Clinic, the KHEIR Human Services Department, the Vermont Adult Day Health Care Center (ADHC) and the South Bay ADHC.
Geographic Location or Focus of Program or Project	The KHEIR Center Administration Department, Community Clinic, Human Services Department and Vermont ADHC are located in the Metro area of Los Angeles. The South Bay ADHC is located in Gardena, CA. KHEIR's Latino patients are concentrated in a 2-5 mile radius around the clinic, although for specialty services Latino patients have come from as far as San Bernardino county. Korean patients, for whom KHEIR is the only in-language healthcare provider, come from all across Southern California.
Demographic Overview of Focus Community or Population	Even though they are desperately needed, health care and other basic needs are out of reach for many Korean and Latino immigrants. The majority of KHEIR's clients come from the Metro area of Los Angeles where approximately 73.3% of residents are recent arrivals from Central America and 12% are from Korea. ¹ In this area, the median family income, according to the 2000 U.S. Census, was \$24,241, far below the \$41,486 median family income in Los Angeles County. Only 60% of parents have at least 12 years of education and the unemployment rate of 11.2% is 3 points higher than the Los Angeles County average. ² Within KHEIR's service area, 63% of residents are living at or below 200% of the Federal Poverty Level (FPL). ³ Thirty-one percent are living at or below 100% FPL and over 212,000 adults are without health insurance. ⁴ Forty percent of children are covered by Medi-Cal or Healthy Families, but 26% are not covered by insurance at all. ⁵ With

¹ Children's ScoreCard Service Planning Area Data (2004). *LA County Children's Planning Council ScoreCard 2006*, p. 27.

² Children Now (Jan 2007) *California Report Card 2006-07: The State of the State's Children*. Oakland: Children Now, Inc.

³ LA Health Survey, 1999.

⁴ LAC DHS Office of Planning (2002). *Community-Based Ambulatory Care Services to the Uninsured*, p. 2.

⁵ Children's ScoreCard SPA 4 – Metro (2000). *LA County Children's Planning Council ScoreCard 2004*, p. 3.

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	<p>approximately 310,000 children residing in the vicinity, this means that over 80,000 children are living without access to essential health care.⁶ At the KHEIR – S. Mark Taper Foundation Community Clinic, approximately 89% of patients are without insurance, 3% are enrolled in Medi-Cal and 2% qualify for Medicare.</p>
<p>Description of Program or Project named above</p> <ul style="list-style-type: none"> ○ Goals & Objectives 	<p>Goal One: Support and promote the health, safety and well-being of low-income residents of Southern California by providing access to and facilitating utilization of health and human services in a culturally-sensitive and linguistically-appropriate manner</p> <p>Goal Two: Maintain a sound revenue base and improve revenue management and regulatory systems that continue to offer high-quality, low-cost health and human services in all areas of service.</p> <p>Goal Three: Target limited- and non-English speaking populations for education regarding the services and resources available to them from both public and private sectors.</p>
<ul style="list-style-type: none"> ○ Strategies 	<p>KHEIR’s philosophy has consistently been based on the idea that a health care system that seeks to rely on primary care cannot be successful if it is not accessible. With a twenty-year history of providing essential and effective primary care through education and outreach to the Korean and Latino immigrant communities of Los Angeles, the KHEIR Center strives to ensure that quality medical care is within reach for everyone.</p> <p>In 2006, KHEIR successfully completed the first phase of a \$4.5 million Capital Campaign to relocate and expand its community clinic from a 1,975 square foot space to a 12,125 square foot space at 3727 West 6th Street in Los Angeles. The expansion permitted the consolidation of medical and social services, as well as allowing adequate space for education and the addition of future mental health and dental services. The addition of a permanent Imaging Department in 2008 is the next step in a long-term strategic plan to always provide KHEIR’s patients with the most comprehensive and quality care available.</p>
<ul style="list-style-type: none"> ○ Actions 	<p>Recent actions include:</p> <ul style="list-style-type: none"> ● Increasing the capacity of the Community Clinic from 7,500 to 31,000 patient visits per year. ● The 2006 launch of the KHEIR <i>Kaiser Permanente Healthy Child Program</i>. ● The commencement of the <i>Telemedicine & Imaging Department Project</i>. Using teleradiology, the Imaging Department will provide a minimum of 3,600 mammograms to low-income women in its first year of operation. ● Initiated outreach to the small South Asian community in the KHEIR service area.
<ul style="list-style-type: none"> ○ Outcomes 	<p>Recent outcomes include:</p> <ul style="list-style-type: none"> ● With the new facility and added staff, the number of patients and patient visits both increased by 29% between 2005 and 2006

⁶ Children’s ScoreCard Service Planning Area Data (2004). *LA County Children’s Planning Council ScoreCard 2006*, p. 27.

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	<ul style="list-style-type: none"> • Outreach, including the development of a tri-lingual informational brochure, surrounding the <i>Kaiser Permanente Healthy Child Program</i> has led to an increase of 50% in pediatric visits. • For the planned transfer to teleradiology and telemedicine, a partnership has been established with St. Vincent’s Medical Center and initial funding has been secured from the S. Mark Taper Foundation.
<ul style="list-style-type: none"> ○ Brief History (when was the organization founded or when was the program launched?) 	<p>The KHEIR Center, a 501(c)(3) non-profit service agency, was founded in 1986 in response to a United Way inquiry of the healthcare needs of the Korean community in Los Angeles. KHEIR was initially established as a liaison between recently immigrated Korean Americans and existing health and human service structures. Since, it has evolved into a comprehensive multi-service agency that renders primary and preventive health care, with a special focus on providing culturally and linguistically appropriate support to the low income, limited-English speaking Latino residents of Los Angeles and Korean residents throughout Southern California.</p>
<ul style="list-style-type: none"> ○ Size and Magnitude of Program or Project <ul style="list-style-type: none"> ▪ Number of People Served, Involved, Impacted 	<p>In 2006, the KHEIR Center provided over 90,000 service encounters to approximately 24,000 people.</p> <ul style="list-style-type: none"> • The KHEIR - S. Mark Taper Foundation Community Clinic performed 7,327 patient visits for 2,464 patients. • The KHEIR Human Services Department completed 32,000 case visits for over 20,000 clients. • The ADHC’s supplied 51,600 service visits to an average of 200 elderly persons daily.
<ul style="list-style-type: none"> ▪ Annual Budget, Percentage of Earned Income and Staff 	<p>2007 Annual Budget: \$4,721,740 2007 Percentage of Earned Income: \$2,850,612 (earned) 2007 Staff: \$2,733,708 (50 employees)</p>
<ul style="list-style-type: none"> ▪ Funding Sources and Partners 	<p>The KHEIR Center participates in a wide range of subsidized funding programs, including Medi-Cal, Medicare, Healthy Families, Healthy Kids, QueensCare, the Los Angeles County Public Private Partnership, Family PACT, the Breast Cancer Early Detection Program and the Child Health & Disability Prevention Program. The KHEIR Center partners with L.A. Care to administer the Healthy Kids program, the Alzheimer’s Association to offer caregiver training and assistance and with St. Vincent Medical Center to provide cancer screenings. Examples of KHEIR’s foundation funding sources are the Ahmanson Foundation, the Blue Shield of California Foundation, the California Endowment, the California Community Foundation, Kaiser Permanente, the Parsons Foundation, the S. Mark Taper Foundation and the Tides Foundation.</p>
<ul style="list-style-type: none"> ○ Results and Evidence of Success <ul style="list-style-type: none"> • Metrics for Evaluation Progress 	<p>The KHEIR Center has always valued feedback received from clients and works to continually improve its programs to better serve the needs of the community. Evaluative measures are required to make sound operational and management decisions and serve to measure the progress of the program using set standards. Overall program management and success are evaluated by conducting interviews and surveys with the patients and staff. Multiple forums are available to accommodate all parties and allow for ample feedback opportunities. Data collection is ongoing and measures various aspects of specific programs and overall services. KHEIR Center leadership uses the results of evaluations as a foundation to make ongoing programmatic improvements.</p> <p>Data is collected and analyzed each year to track the progress made towards meeting the goals for the organization. Staff are required to record the number and type of patient visits, of outreach activities, including the number of individuals reached through each activity and the number of Human Service case visits performed. Anecdotal accounts of project activities and</p>

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	<p>best practices are included in evaluation reports and are disseminated to community clinic and educational institution audiences as needed.</p>
<ul style="list-style-type: none"> • Change in Outcomes or Metrics Over Time • How long does it take to secure results for the program above? 	<p>Changes in outcomes are monitored between evaluations to ensure that proper steps are taken to correct negative issues that have been revealed. KHEIR leadership and stakeholders are constantly searching for ways to improve evaluative procedures. Identified improvements are integrated into metrics on an as-needed basis.</p> <p>The KHEIR Center conducts an annual evaluation although program results are collected on an ongoing basis. Each department is responsible for tracking their service numbers and administering the evaluative processes for their various programs. Many programs have separate requirements for evaluation that range from quarterly to annually.</p>

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