



St. Mary Medical Center

Community Benefit Report 2012 Community Benefit Implementation Plan 2013

A message from Thomas Salerno, President, St. Mary Medical Center and Eloy O. Oakley, St. Mary Medical Center Community Board Chair

At St. Mary Medical Center, we share a commitment to optimize the health of the community we are privileged to serve. Vital to this effort is the collaboration we enjoy with our community partners. How we contribute to the quality of life and the environment in our communities has always been a key measure of our success and it will continue to be so as we move forward.

In January 2012 Dignity Health, formerly Catholic Healthcare West, announced changes in our governance structure and name that will better position the system to welcome new partners in a changing health care landscape. The new name, Dignity Health, was chosen because dignity has been one of our core values since our founding. It is deeply embedded in our culture and clearly describes who we are and what we stand for. Our new governance structure more accurately reflects our current composition of both religiously sponsored and community sponsored hospitals.

During fiscal year 2012 we, like the nation, were impacted by the continuing economic downturn and experienced both successes and challenges. Despite declining revenue from government sponsored patients, we provided \$ 47,250,392 in charity care, community benefits, and unreimbursed patient care.

At St. Mary Medical Center, we strive to manage our resources and advance our healing ministry in a manner that benefits the common good now and in the future. Despite today's challenges we see this as time of great hope and opportunity for the future of health care. We want to acknowledge and thank the women and men who have worked together in a spirit of collaboration to address the health priorities of our community through health and wellness programs and services.

In accordance with policy the St. Mary Medical Center Community Board has reviewed and approved the annual Community Benefit Report and Implementation Plan at their meeting on October 25, 2012.



Thomas Salerno
President, St. Mary Medical Center



Eloy O. Oakley
Chair, St. Mary Medical Center Community Board

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EXECUTIVE SUMMARY

St. Mary Medical Center (SMMC), founded in 1923 by the Sisters of Charity of the Incarnate Word, a member of the Dignity Health system, is the only Catholic hospital in the greater Long Beach area. St. Mary Medical Center is a 389 licensed bed, non-profit medical center offering award-winning, quality medical services and continues to be funded as Disproportionate Share Hospital (DSH) with a significant level of indigent care. St. Mary Medical Center currently employs 1455 persons and has 516 active medical staff members. St. Mary Medical Center's Emergency Department features a life-saving trauma center, which is also the Base Station for the area. The Emergency Department had 51,458 visits in Fiscal Year 2012 with nearly 23% of these visits for patients who are uninsured.

St. Mary Medical Center is a tertiary center that provides care throughout the spectrum of life, from prenatal and childbirth services to palliative care and cancer services. St. Mary is a level II trauma center, has a 24 bed intensive care unit, and a level IIIB NICU with 25 beds. St. Mary Medical Center was recognized by US News and World Report in April 2011 for excellence in seven adult specialties: cancer; ear, nose, and throat; geriatrics; kidney disorders; neurology and neurosurgery; pulmonology; and urology. Please see Appendix A for more information.

St. Mary Medical Center is committed to improving the quality of life in the community. In response to identified unmet health related needs as reflected in the community needs assessment, St. Mary Medical Center provides active inpatient as well as community outreach programs targeting the poor and underserved. For FY 2012, St. Mary Community Benefit activities focused on increasing access to care and management of chronic diseases with a concentration on Disproportionate Unmet Health Needs (DUHN) communities. Outreach to vulnerable communities is accomplished through the Senior Health Center, Low Vision Center, the C.A.R.E. Program (Comprehensive AIDS Resources and Education), Families in Good Health (FiGH), the Faith Health Resource Ambassadors, and other initiatives. In response to identified community needs of greater access to care, St. Mary opened the Pediatric Clinic in October 2011 at the Mary Hilton Family Health Center and launched the Breathe Easy Mobile Clinic with a generous grant from the Port of Long Beach on March 1, 2012. The Breathe Easy Mobile Clinic provides screenings to various vulnerable communities by bringing a team consisting of a health educator, respiratory assistant, and nurse practitioner, to provide screenings and care for such as asthma and chronic obstructive pulmonary disease. These programs are St. Mary's commitment to the health and improved quality of life in our community. The total value of Community Benefit in FY 2012 was \$47,250, 392 which includes the unreimbursed costs of Medicare of \$9,617,065; without this cost the total value of Community Benefits for FY 2012 would be \$37,633, 327.

St. Mary Medical Center actively addresses the issue of health care worker shortages through several means, including a highly respected and competitive internal medicine residency program. St. Mary provides nursing clinical sites to colleges including California State University Long Beach, Long Beach City College, Cypress College, and Harbor College. Many other disciplines encourage students at St. Mary to utilize staff expertise, while providing for the students a nurturing environment. Through the COPE Program (Community Outreach Prevention and Education), St. Mary was able to offer an RN scholarship program through Long Beach City College. The Clinical Care Extender Program offers college and high school students an opportunity to learn about health care careers while providing volunteer service to St. Mary.

Examples of our commitment to living our mission include:

- The **Low Vision Center** provides free vision screening to more than 34 public and parochial schools in the greater Long Beach community as well as providing visionary aids at low cost to those with vision impairment.

- The **CARE Program** provides education on HIV Prevention and provides programs and services to those affected or infected with HIV and AIDS. Dental services comprise one of the key services provided, with St. Mary being the only provider of HIV Dental Services in south Los Angeles County.
- The **Faith Health Resource Ambassadors Program** works with health ministries and parish nurses at the area church congregational level in providing education, bulletin information, health speakers, and health fairs/displays/screenings to more than 40 faith congregations in the greater Long Beach area.
- St. Mary “**Life Begins Here**” Childbirth Services provide the following services to more than 4600 expecting mothers: baby showers, tours of the maternal child unit education on what to expect when delivering, delivery suites, postpartum, and NICU, breastfeeding classes, childbirth education, car seats for low income clients, and specialized perinatology services to high risk pregnant mothers through the Antenatal Center. The Mary Hilton Family Health Center services more than 20,000 visits annually.

MISSION STATEMENT

I. St. Mary Medical Center Mission Statement

As members of Dignity Health, St. Mary Medical Center shares a common mission statement:

Dignity Health and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- delivering compassionate, high-quality, affordable health services;
- serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- partnering with others in the community to improve the quality of life.

ORGANIZATIONAL COMMITMENT

II. St. Mary Medical Center Organizational Commitment

- A. The St. Mary Medical Center Community Benefit Program reflects our commitment to improve the quality of life in the community. We seek to promote a healthier community by supporting partnerships with others. In keeping with our tradition of Catholic health care, we do this with special concern for the poor and disenfranchised. St. Mary Medical Center realizes that the needs of the community's underserved are much greater than the resources St. Mary has to meet them. St. Mary strives to maximize the benefits of limited resources.
1. St. Mary Medical Center Administrative Leadership reviews all the community benefits programs, decides on continuation or termination, and makes the budget decisions with Community Board input. Administrative Leadership ensures that St. Mary Medical Center's strategic plan is aligned with the mission of St. Mary Medical Center and linked with the strategic plan to the community benefit process and priorities. Administrative Leadership reports the Community Benefit activities, programs, and focus on a monthly basis to the Community Board of St. Mary Medical Center. Their feedback molds the final budget decisions and consideration of the community benefit programs.

This Community Benefit Report and Plan is reviewed by and approved by Administrative Leadership, the Community Benefit Advisory Committee, and then submitted for approval to the Community Board of St. Mary Medical Center.

While deeply committed to the community's health, St. Mary recognizes that the organization cannot provide all necessary programming to provide change. St. Mary ensures the continuum of care to those most vulnerable by other not-for-profit organizations through collaborations and through the Dignity Health community grants program. For FY 2012, \$102,748 in Dignity Health Community Grants were funded through the St. Mary Medical Center Foundation Board Social Accountability Committee with members of the Community Benefits Advisory Committee of the Community Board to the following to help improve the well-being and quality of life in the community that St. Mary serves:

- 1) Children's Dental Health Clinic to provide children's dental treatments;
- 2) Westside Neighborhood Clinic to provide access to healthcare for the working poor;
- 3) Interval House to provide access to health care services for victims of domestic violence;
- 4) For the Child to treatment and prevention services for child abuse, neglect, and trauma;
- 5) Flossie Lewis (Behavioral Health Services Inc.) to provide psychotherapy to women in recovery;
- 6) WomenShelter Long Beach to provide bilingual counseling program to victims of domestic violence;
- 7) Meals on Wheels Long Beach to provide hot and cold meals to 300 isolated and vulnerable individuals; and
- 8) Jewish Family and Children's Service/Alpert Jewish Community Center to provide a collaborative wellness program providing psychotherapy, physical exercise, and socialization for those uninsured and low income with high levels of depression and mental illness.

The Dignity Health Community Investment Program invested in the St. Mary Medical Center service area in FY2011, by providing leverage debt in a New Market Tax Credit Investment for the North East Community Clinic, a Federally Qualified Health Care (FQHC) Center by the Health Resources and Services Administration (HRSA) and the Department of Health and Human Resources and a safety net provider through the Los Angeles County Department of Health Services Public-Private Partnership (PPP) program.

2. The Community Benefit Advisory Committee (CBAC) of the Community Board has been an ongoing driver of community benefit priorities and helps to determine program targeting and design which are shaped by our Mission and Core Values, which emphasize collaboration, justice, stewardship, dignity, and excellence. These areas are reassessed and will continue to be reviewed based upon information available on a quarterly basis. The committee is composed of community member representing the diversity of Long Beach including leaders from the following: Khmer Parent Association, Long Beach Health and Human Services, Catholic Charities, and the Greater Long Beach Interfaith Community Organization. Members of the committee also include the Vice President of Mission Integration, the President of the St. Mary Foundation, and the Community Benefit Coordinator. The directors of the major community benefit programs attend as requested. (Please see Appendix D for Roster.)

B. Non-Quantifiable Benefits

There are also countless ways in which St. Mary Medical Center makes difficult-to-measure contributions to improve the health status of our community. St. Mary continues to provide leadership and assistance with community wide health planning in collaboration with other area hospitals and non-profit agencies including the Hospital Association of Southern California. Many examples of non-quantifiable benefits relate to contribution of St. Mary's organizational capacity and consulting resources in the community. Working collaboratively with community partners, St. Mary provided leadership and advocacy, assisted with local capacity building, and participated in community-wide health planning. An example of this include our active participation in the Long Beach Chamber of Commerce. St. Mary Medical Center, in the role of community partner, provides meeting space for other not-for-profit and community organizations such as: American Diabetes Association, American Cancer Society, Khmer Parents Association, Leadership Long Beach, Long Beach Unified School District, among others.

St. Mary Medical Center collaborates with many community-based organizations to improve capacity and enhance the health of the greater community. The CARE Program collaborates with many regional and local boards to educate and encourage awareness of preventing HIV/AIDS as well as make patient-centered treatment available to everyone affected or infected. Many of the St. Mary leadership and staff represent St. Mary throughout the community providing expertise as speakers, board members, mentors, and resources to the community that we serve.

St. Mary Medical Center works to ensure the carbon footprint is minimal. Administrative Leadership established the "Green Team" to promote awareness and initiate efforts at recycling and being responsible stewards. St. Mary collaborates with the Beacon House Association, a nonprofit, to recycle cardboard, glass, plastic, newspapers, and ink cartridges. In collaboration with Food Finders and the American Red Cross, St. Mary recycles cell phones. For FY 2011, St. Mary efforts were rewarded by receiving the Reducing Mercury in Healthcare Award from Practice Green Health, headquartered in Reston, VA.

The mission of St. Mary Medical Center is one that is also embraced by staff. Community requests by SMMC in FY 12 include sponsoring more than 200 families at the annual Helping Hands program which provides gift certificate for food and toys to families at Christmas time that would be unable to have a celebration without it. Clothes for babies and children by SMMC staff are provided to the Mary Hilton Family Health Center Clinic to provide for families who do not have any. Food drives occur several times a year to provide food for the clients of the C.A.R.E. (Comprehensive AIDS Resources and Education) Program through which hundreds of pound of food have been donated by employees, volunteers, and physicians.

COMMUNITY

III. Community

A. Definition of Community

1. Key Factors

St. Mary Medical Center is located in Long Beach, CA, the second largest city in Los Angeles County. St. Mary Medical Center also serves the surrounding communities of Wilmington, Carson, San Pedro, Seal Beach, Signal Hill, Lakewood, and Bellflower. St. Mary Medical Center's service area encompasses a population of nearly 840,000 with 460,000 from Long Beach. While a few of the zip code communities enjoy a higher standard of living, the majority of the communities served are high need.

2. Description of Community Setting

Overall, the St. Mary's Service Area has regions that are economically challenged, have a great deal of homelessness, and have an influx of transitory populations; many of these neighborhoods and communities are below the poverty level and are considered underserved. Access to care and services, perceived barriers to existing services, lack of insurance, mental health services, diabetes, drug and alcohol abuse, and childhood obesity are some of the major health concerns (LBHNA, 2009). From a health perspective, these low income and underserved areas are growing and are major concerns to St. Mary Medical Center.

3. Demographics

- Population: 838,818
- Diversity: Caucasian 21.4%, Hispanic 51.6%, African American 11.7%, Asian and Pacific Islander-primarily Pilipino, Khmer(Cambodian), Vietnamese, Tongan, and Samoan 12.6%, Other 2.6%
- Average Income: median household income of \$47,974; Person Living Below Federal Poverty levels 19.3%
- Uninsured: 43%
- Unemployment: 14.2%
- No HS Diploma: 26.1%
- Renters: 58.4%
- CNI Score: 4.8% (Please see Appendix B for the CNI map of St. Mary Medical Center's Service Area.)
- Medicaid Patients: 72.2%
- Other Area Hospitals: Other health care facilities and resources within the community that are able to respond to the health needs of the community: Los Angeles County Harbor General, Los Angeles County Rancho Los Amigos Hospital, Veterans Administration Long Beach System, Pacific Hospital of Long Beach, Lakewood Regional Medical Center and Los Alamitos Medical Center, Long Beach Memorial Medical Center, Miller's Children's Hospital, and Community Hospital of Long Beach. The greater Long Beach area also has the Los Angeles County Long Beach Comprehensive Health Center, "free" clinics including, The Children and Family Clinics, North East Community Clinics, Wilmington Community Clinics, and Westside Neighborhood Clinic. Health and Human Services Department

4. Medically Underserved Area/Population

St. Mary Medical Center Service Area is situated in areas that are mostly MUA/P including North Long Beach, Central Long Beach, West Long Beach, the Port including Wilmington, and Compton.

COMMUNITY BENEFIT PLANNING PROCESS

IV. Planning Process

A. Community Health Needs Assessment Process

1. Needs Assessment Process: St. Mary Medical Center partnered with Community Hospital of Long Beach, Long Beach Memorial Medical Center, and Miller's Children's Hospital to conduct the tri-annual Community Needs Assessment. The collaboration contracted with California State University, Long Beach's Professors Tony Sinay, Ph.D. of the Health Care Administration Department and Veronica Acosta-Deprez, Ph.D. of the Health Science Department. This 2011 Community Benefit Report and 2012 Plan were developed based on the 2009 Long Beach Community Health Needs Assessment. The role of the partners was to fund the project and provide information as requested. The partners also assisted in conducting the Key Informant Survey and the Long Beach Health Needs Assessment Survey, which were completed by more than 450 individuals.

2. The Long Beach Health Needs Assessment (LBHNA) included the Key Informant Survey Data, Long Beach Health Needs Assessment Data, California Health Interview Survey (CHIS)-2003 Data, and many other secondary data collected from partners and stakeholders with the overall purpose of determining the health issues, the accessibility to services, strengths and weaknesses of services and the gaps that exist. The LBHNA provided information on the entire demographic area served by the partners. The information was synthesized in an executive summary, highlighting the areas of greatest need. The 2009 survey instrument was developed through an iterative process and consisted of twenty-seven questions covering topics such as; population demographics, health concerns affecting adults, teens and children and access to services and providers.

3. The survey instrument was provided in both English and Spanish languages, and was self-administered through a convenience sample at community forums, events and health fairs within the city of Long Beach from July through November, 2009. The total number of survey participants was 481 individuals. Zip code analysis was undertaken to determine significant gaps in less and most vulnerable areas. The key informant survey was administered using web technologies, where 16 key informants responded. The Survey was designed to collect data related to the health care needs within the Long Beach community. In addition to the general population health needs questions, the key informants were asked about the top five health problems affecting gays and lesbians, homeless, working poor, uninsured, undocumented, and the physically and mentally disabled populations living in Long Beach.

4. Findings of the LBHNA indicate that while the greater Long Beach area contains excellent healthcare resources, unmet health-related needs exist. The diversity of the population creates inconsistent healthcare needs that are difficult for any one hospital or healthcare organization to meet. Although the study clearly defines the diversity of the population, there are repeating health needs for multiple subgroups that should be addressed in a global manner. The greatest unmet needs included: lack of insurance and financial access including access to health resources; pregnancy—including not meeting Healthy People 2010 goals of early prenatal care, teen pregnancy reduction, and low birth weight infants for the greater Long Beach area. Diabetes, cancer, HIV/AIDS rates, and asthma along with other chronic diseases are increasing. Another need was lack of information about exercise and nutrition to live healthier. Obesity was rated among the top five health issues for children.

5. St. Mary Medical Center in collaboration with Long Beach Memorial Medical Center, Miller's Children's Hospital, and Community Hospital of Long Beach made the Long Beach provided the

Long Beach Health Needs Assessment to the community through community partners, elected officials and leaders. The LBHNA was provided electronically in the form of a PDF through email, on a DVD, and hard copies were provided to leaders throughout the community.

B. Assets Assessment

1. Information on community assets is regularly shared by members of the Community Benefits Advisory Committee and the Community Board who are key stakeholders in the community. These members engage with a variety of community agencies and are keenly aware of both the programs offered and challenges faced. St. Mary also partners with California State University Nursing and Social Work Programs, California State University Dominguez Hills Nursing Program, and American University of Health Science Nursing School to continually do asset mapping of the community.

2. St. Mary participated with COPE (formerly Community Outreach Prevention and Education), Health Solutions Long Beach Regional Assessment, whose purpose was to gain a better understanding of systematic barriers to care for patients within the Long Beach area and identify opportunities for collaborative solutions. The recommendations were to build increased access to outpatient care (*The right care, at the right place, at the right time*).

C. Developing the Hospital's Implementation Plan (Community Benefit Report and Plan)

1. Process: The process that was utilized for prioritization of needs for the Community Benefit program was to identify needs that could possibly be addressed by St. Mary Medical Center and its partners. The Community Benefit Advisory Committee spent several sessions determining, with the existing resources, which of the multitude of issues could be effectively addressed with at least with some success within the next year.

2. Factors Considered: The factors that were considered in this process of identifying priorities included the size and severity of the problems. Several communities within the greater Long Beach area have been identified to have Disproportionate Unmet Health Needs (DUHN). Communities with DUHN are defined as either having a high prevalence or severity for a particular health concern to be addressed by a program activity or as community residents who face multiple health problems and who have limited access to timely, high quality health care. These communities include older Khmer, pregnant and parenting teenagers especially in the 90813 zip code, the gay/lesbian/bi-sexual/transgender communities, and those that live at or below 200% of the poverty level.

3. Addressing Health Issues: St. Mary Medical Center has determined that the health priorities that will be focused on are as follows: Access to care and Chronic Disease including HIV. St. Mary Medical Center currently has existing resources and expertise to create access to care for these issues. These identified health issues will be addressed by advocating in the community and linking clients to these and other programs through education at health fairs, partnering with faith communities, and partnering with other community based organizations. These existing Community Benefit programs and services include CARE (Comprehensive AIDS Resources & Education) Program, Imaging Center, the Low Vision Center, St. Mary Senior Center, Faith Resource Health Ambassadors, the EMPOWER Initiative, and Families in Good Health (FIGH.) These programs have been enhanced as a result of the Community Needs Index (CNI) which assisted SMMC in identifying the areas that should be targeted for outreach with the limited resources available.

4. Addressing the Vulnerable Population: The vulnerable populations being focused on are those with limited English proficiency, including new immigrants, uninsured, underinsured, and communities of color. For St. Mary's Service Area, the DUHN Communities include Seniors, African American, Latinos (particularly monolingual Spanish speaking), and Asian American (particularly Khmer, Vietnamese, and Filipino), which have a high incidence of diabetes, heart disease, and other chronic diseases along with barriers/lack of access to care. The lesbian, gay, bi-sexual, transgender (LGBT) community has a high rate of HIV and tobacco use. This information was obtained from the LBHNA, Long Beach Health and Human Services, the Long Beach Senior Center, and the Center Long Beach also known as the Gay and Lesbian Center of Greater Long Beach

5. Containing Health Costs: By offering screening and linkages to existing services, St. Mary Medical Center is helping contain costs by the reduction of the need for emergency room services and by helping promote a generally healthier community.

6. Needs that were not addressed: St. Mary is not able to address the identified need of mental health counselors throughout the community in multiple languages. While St. Mary has funded some programs through our Dignity Health grants, St. Mary does not have the capacity or resources to provide before and after school programs. St. Mary does partner with other groups by providing space for such programs like Khmer Parents Association Khmer Youth Reaching Out that works with high-risk youth through after school tutoring and leadership classes.

D. Planning for the Uninsured/Underinsured Patient Population

1. St Mary's Financial Assistance/ Charity Care Policy: St. Mary Medical Center adheres to Dignity Health's Patient Financial Assistance Policy. Dignity Health is committed to providing financial assistance to persons who have health care needs and are uninsured, under-insured, ineligible for a government program, and are otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining financial assistance and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services. (Please see Addendum C.)

2. Process Implemented: St. Mary offers Payment Assistance to all uninsured patient's who seek treatment through the Registration and Admitting Department. St Mary has information in English and Spanish posted in public areas, all registration waiting rooms, the cafeteria, emergency department, and admitting. Each patient receives a pamphlet describing the program regardless of their coverage. On each billing statement sent to the patient's home, there is documentation about the financial assistance program and how to apply.

3. Process to Inform Public: Assistance is offered for applying for public health coverage programs, discounts, and payment plans are offered for uninsured patients. St. Mary has worked to inform the public of the Financial Assistance/Charity Care policy through its work with the Ambassadors/Health Ministries of the faith communities, our St. Mary Clinics, and community partners by providing information and discussion regarding the policy and how to access the assistance.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

IV. Summary of Key Programs and Initiatives – FY 2012

Below are the major initiatives and key community based programs operated or substantially supported by St. Mary Medical Center in fiscal year 2012. **Programs intended to be operating in fiscal year 2013 are noted by ***. Programs were developed in response to the current Community Health Needs Assessment and are guided by the following five core principles that Dignity Health adopted recommended by the “Advancing the State of the Art in Community Benefit” project that guide the selection and prioritization of Community Benefit program activities. These core principles are:

- Disproportionate Unmet Health-Related Needs: Seek to accommodate the needs of communities with disproportionate unmet health-related needs.
- Primary Prevention: Address the underlying causes of persistent health problems.
- Seamless Continuum of Care: Emphasis on evidence-based approaches by establishing operational linkages (i.e., coordination and re-design of care modalities) between clinical services and community health improvement activities.
- Build Community Capacity: Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Initiative I: Access to Care

- Charity Care for uninsured/underinsured and low income residents*
- CARE Program (HIV/AIDS)*
- Psychiatric Care through College Hospital for Indigent Patients*
- Clinical experience for medical professional students including physician, nursing, social work, physical therapy, pharmacy, respiratory, and radiology*
- Emergency Department Physician Services for Indigent Patients*
- Dignity Health Community Grant Program-Children’s Dental Health Clinic
- Dignity Health Community Grant Program-Westside Neighborhood Clinic
- Mary Hilton Family Health Center: Community Clinics*
- St. Mary Family Clinic *
- 4th Street St. Mary Medical Center Clinic*
- St. Mary Breathe Easy Mobile Clinic*
- Faith Health Resource Ambassadors (Faith Congregation Health Ministry Support)*
- Dignity Health Community Grant Program-Interval House
- Dignity Health Community Grant Program-For the Child
- Dignity Health Community Grant Program- Jewish Family and Children’s Service/Alpert Jewish Community Center
- “Life Begins Here” Childbirth Services*
- Senior Center Education and Screenings: Health Promotion/Disease Prevention including Flu Shots*
- Low Vision Center*
- Imaging Center: Every Woman Counts and Komen Fund Mammography for Low Income and Indigent Patients*
- St. Mary Medical Center Transportation Program*
- EMPOWER Initiative*

Initiative II: Preventing and/or Managing Chronic Health Conditions

- Well Check Program Community Health Fairs*
- CARE Program (HIV/AIDS)*
- Quality of Life Cancer Support Group*
- Dignity Health Community Grant Program-Flossie Lewis Center
- Dignity Health Community Grant Program-Meals on Wheels
- Dignity Health Community Grant Program-WomenShelter
- Senior Center Education and Screenings: Health Promotion/Disease Prevention including the Chronic Disease Self Management Program*
- Health Resource Ambassadors (Faith Congregation Health Ministry Support)
- Families In Good Health (FIGH)*
- St. Mary Outpatient Diabetes Program*

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Committee, Executive Leadership, the Community Board and Dignity Health receive quarterly updates on program performance and news.

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending December 31, 2015, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

The following pages include Program Digests for a few key programs that address one or more of the Initiatives listed above.

PROGRAM DIGESTS

Comprehensive AIDS Resource and Education (CARE)	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Access to health care specifically for the underserved and culturally diverse populations with a focus on women and children and seniors • Chronic and infectious diseases including HIV/AIDS
Program Emphasis	<ul style="list-style-type: none"> • Disproportionate Unmet Health-Related Needs • Primary Prevention • Seamless Continuum of Care
Link to Community Needs Assessment	Uninsured and underinsured care with HIV/AIDS
Program Description	<p>Comprehensive AIDS Resource and Education (CARE) Program at St. Mary Medical Center was founded in 1986 by an emergency room social worker, Jennifer Andrews, who during the early 1980s saw countless AIDS patients come through the hospital's emergency room doors. Since its inception, CARE has grown into a nationally recognized HIV medical and psychosocial service program that now provides comprehensive HIV medical, dental, and psychosocial services to over 1,600 low-income residents of Southern Los Angeles County who are infected and affected by HIV disease regardless of their ability to pay. CARE is a non-profit, hospital-based HIV program that is directly funded by federal, state and county grants (see www.careprogram.org).</p> <p>As an HIV-specific health and social service organization staffed exclusively by HIV specialist, nurses, social workers, allied health professionals, and psychosocial service providers, CARE has unparalleled insight into the needs of its largely low-income, multi-ethnic population, and has the capacity to deliver client-centered services that meet patient needs in an effective and culturally competent manner. CARE provides a comprehensive range of on-site HIV services that allows clients to access high-quality care in the context of a one-stop, patient-centered medical home (PCMH) framework. The ability to access multiple services at a single location significantly enhances clients' ability to utilize health and wellness support. Among CARE's services are the following:</p> <ul style="list-style-type: none"> ▪ On-site HIV counseling, testing, referral, partner notification, and linkage to care, including HIV testing provided in the only setting in Long Beach that is not clearly identified to outsiders as being an STD facility. ▪ Extensive community outreach services that utilize community-based campaigns, linkages with existing agencies and planning bodies, and active collaborations with health providers and social service organizations to identify new or out of care HIV patients. ▪ A comprehensive, on-site, The Joint Commission -accredited HIV specialist medical clinic that provides a full spectrum of culturally competent medical and health services to nearly 1,250 persons living with HIV regardless of income, ranging from comprehensive diagnostic testing, to on-site laboratory services, to on-site pharmaceutical services, to pro-active clinical trials referrals. ▪ Oral health services provided through the CARE Dental Center, one of only a handful of HIV-specific dental clinics in the United States, employing two full-time dentists who provide procedures such as fillings, extractions, complete and partial dentures, and root canals as well as a full-time dental hygienist. ▪ Comprehensive medical and non-medical case management services which coordinate client care and support access to medication adherence, including nurse case management services for clients with multiple diagnoses or severe needs. ▪ Outpatient mental health and substance abuse treatment services, including on-site Psychiatric consultation by a 50% time Psychiatrist, individual and group counseling services, and clinic-based substance abuse treatment and counseling, augmented by referrals to outside providers and agencies. ▪ Nutritional services provided by an on-site Registered Dietitian, provided as part of each client's regular HIV medical management. CARE also makes food available to the client and family through a weekly food bank. ▪ Housing assistance services provided through a contract to the City of Long Beach, which bases two full-time City-funded Housing Coordinators directly within CARE's offices to provide client housing placement and referral services.

FY 2012	
Goal FY 2012	Reduce HIV morbidity and mortality through continuing current services to HIV/AIDS-at risk or infected populations who are not receiving care or who are underserved.
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> ➤ Of those that test positive for HIV, 100% of them will be offered linkages to care and offered assistance in navigation through the system. ➤ CARE will track all patients who are eligible for service and all related service deliveries through the County-mandated CaseWatch system, ➤ CARE will track both the number of submitted grants and the results and have them available to meet the goal and to report financial progress. ➤ Review of CQI results will be available on a quarterly basis.
Baseline	The number of individuals seeking services at CARE has continued to grow at approximately 20% in the past year. CARE will use the number of new cases, as it does every year, to demonstrate need in the greater Long Beach community.
Intervention Strategy for Achieving Goal	CARE has restructured the management team and has made progress in its expansion of the electronic health record; with these changes CARE expects to see quality improvement in the program.
Result FY 2012	100% of those HIV positive clients were offered linkages to care. During this fiscal year CARE saw 259 new patients' clients with no additional funding.
Hospital's Contribution / Program Expense	Program Expense: \$6,461,885 Hospital contributed additional support to the program by assigning an administrative director to the CARE program to facilitate expanded access to care while providing guidance during changes to the program's funding sources.
FY 2013	
Goal 2013	Reduce HIV morbidity and mortality through continuing current services to HIV/AIDS-at risk or infected populations who are not receiving care or who are underserved.
2013 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> ➤ Of those that test positive for HIV, 100% of them will be offered linkages to care and offered assistance in navigation through the system. ➤ CARE will track all patients who are eligible for service and all related service deliveries through the County-mandated CaseWatch system. ➤ CARE will track both the number of submitted grants and the results and have them available to meet the goal and to report financial progress. ➤ Review of CQI results will be available on a quarterly basis.
Baseline	The number of individuals seeking services at CARE has continued to grow at approximately 20% in the past year. CARE will use the number of new cases, as it does every year, to demonstrate need in the greater Long Beach community.
Intervention Strategy for Achieving Goal	Improve partnerships with referral sources including HIV testing centers, Shelters, Jails/Prisons, and providers of substance abuse and mental health services, CARE also continues its expansion of the electronic medical record.
Community Benefit Category	Means Tested Program

Health Resource Ambassadors	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Access to health care specifically for the underserved and culturally diverse populations with a focus on women and children and seniors • Chronic and infectious diseases including HIV/AIDS
Program Emphasis	<ul style="list-style-type: none"> • Disproportionate Unmet Health-Related Needs • Primary Prevention • Seamless Continuum of Care • Build Community Capacity • Collaborative Governance
Link to Community Needs Assessment	Access to care, education and linkages to existing resources including collaborative partners such as Long Beach Health and Human Services (LBHHS) and Los Angeles County Long Beach Comprehensive Health Center.
Program Description	<p>St. Mary Medical Center and its collaborative partners (including American Cancer Society, LBHHS, American Red Cross, American Diabetes Association, among others) are partnering with faith communities to create access, linkages, & knowledge of health care & other issues. The collaborative partners provide education and resources & assist the Ambassadors in assessing their faith communities for health & education needs. To this end the program has several components:</p> <ul style="list-style-type: none"> ○ The program offers monthly meetings to allow for education, networking and collaborations of the faith community health ministry and parish nurse volunteers. ○ A resource guide and information/education is provided for the faith congregations to include in bulletins, information areas, and other information disseminating avenues the congregations utilize. ○ Health, information, and education fairs are held in collaboration with the participating faith community congregations. ○ Flu shots along with information on access for the community is provided to participating congregations.
FY 2012	
Goal FY 2012	Increase the congregations' knowledge of various services and screenings in the communities and improve access to the members through information dissemination. Continue the existing collaboration with 35 faith-based communities to educate and support their health cabinets through monthly workshops & outreach support.
2012 Objective Measure/Indicator of Success	At each session, evaluations are completed by participants ranking the speakers and knowledge gained. 80% of the congregations that participate will describe an increase in knowledge as a result of participation in the program
Baseline	More than 40 congregations have participated in the monthly meetings.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> ▪ Continue series of monthly workshops/lectures/support groups/networking for the identified health cabinets to provide education on programs, linkages to services, and nursing continuing education units for the health leaders within the congregations. ▪ Help the health ministries/act as resource for 3 health fairs in the spring at faith congregations to support the health ministries. ▪ Collaborate with LBHHS, LA County & others. ▪ Assist the congregations with assessing their congregations as to their health issues and needs. ▪ Reach out to congregations that have attended sporadically and other congregation in the CNI areas of most need to encourage their participation and support their health ministries.
Result FY 2012	<p>Help the health ministries/act as resource for 12 health fairs in the spring at faith congregations to support the health ministries.</p> <p>More than 1000 seasonal flu shots provided through more than 30 faith communities with a partnership of the Long Beach Health Department.</p> <p>Attendees at the monthly meeting demonstrated an increase in knowledge as shown on pre/post test of between 85-100% over the course of the year.</p>
<ul style="list-style-type: none"> • Hospital's Contribution / Program Expense 	<ul style="list-style-type: none"> • \$4,631 St. Mary provided the staff, site, resource material, incentives, meals/refreshments, postage, and classes such as CPR/First Aid as requested. St. Mary also provided screenings and expertise to the congregations.

FY 2013	
Goal 2013	Continue the existing collaboration with 40 faith-based communities to educate and support their health cabinets through monthly workshops & outreach support. Expand the scope of congregations by at least 2 faith based communities in underserved areas.
2013 Objective Measure/Indicator of Success	42 faith based organizations will be reached with information, education, and/or flu shots about the seasonal flu, screenings, and diabetes/hypertension information including at least 5 flu clinics at the congregations.
Baseline	More than 40 congregations have participated in the monthly meetings.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> ▪ Continue series of monthly workshops/lectures/support groups/networking for the identified health cabinets to provide education on programs, linkages to services, and nursing continuing education units for the health leaders within the congregations. ▪ Help the health ministries/act as resource for 3 health fairs in the spring at faith congregations to support the health ministries. ▪ Collaborate with LBHHS, LA County & others. ▪ Assist the congregations with assessing their congregations as to their health issues and needs. ▪ Reach out to congregations that have attended sporadically and other congregation in the CNI areas of most need to encourage their participation and support their health ministries.
Community Benefit Category	Community Health Education, Community Based Clinical Services-Immunizations/Screenings

Low Vision Center	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Access to health care specifically for the underserved and culturally diverse populations. Focus on all age groups 5 through 105 years of age. • Chronic and infectious diseases including HIV/AIDS
Program Emphasis	<ul style="list-style-type: none"> • Primary Prevention
Link to Community Needs Assessment	Uninsured and underinsured care with chronic disease including those that are visually impaired and their families
Program Description	<p>The St. Mary Low Vision Center provides the following services:</p> <ul style="list-style-type: none"> • Near and distance, binocularity, farsightedness, color perception and level of acuity testing performed • Assistance in the selection of appropriate aids • Training in the use of optical aids • Training in the use of electronic video equipment (CCTV's) • Education through Independent Living Skills Classes • Seminars • Health fairs • Free vision screenings to 40 area schools • Free vision screenings to community agencies and local companies • Instruction given to maximize remaining eyesight to regain useful and productive lives. <p>The current situation in the community is such that once the ophthalmologist can no longer assist a patient with eye care management, the patient finds him/herself searching for other avenues of assistance with their visual impairment.</p> <p>The Center has become the final opportunity for the patient to seek help. Employees at the Center provide a continuum of care and counseling to the patient. Classes are specifically designed to educate the visually impaired in adaptation to the environment, communication with others, solving and simplifying common problems through lifestyle changes.</p> <p>Although our consultations are free of charge to all who visit, a small donation is solicited at the end of each scheduled appointment. 100% of all contributions are used to fund our annual school screening program, lectures, Independent Living Skills classes, newsletters, annual luncheon and fair, the LVC Adult Glasses Program as well as for the acquisition of new and innovative products for the use of our patients.</p> <p>Individuals of low income status are especially grateful to be able to obtain access to free services such as consultation and counseling, educational classes, lectures and health fairs. The value of services offered and the array of inventory offered cannot be overstated. The Center is centrally located between Los Angeles and Orange County. Patients come from as far away as Oregon and New York City.</p>
FY 2012	
Goal FY 2012	The goal of the St. Mary Low Vision Center is to improve the quality of life for those suffering with low vision through education, optical aids and seminars, and to provide primary detection of low vision in children and adults through vision screening at schools, private and public health fairs as well as walk-ins at the Center.
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> ➤ The majority of the Center's patients are senior citizens with fixed incomes. Awareness of free services will be increased during FY 2012. ➤ The St. Mary Low Vision Center has exceeded its patient census goal for 10% for the prior year. ➤ Future plans for marketing, lectures of specific interest to patients and the public, physician contacts and referrals for populations of low income have already been established. ➤ Greater awareness within the community of vision care and education is undertaken through advertising in the LVC newsletter, as well as graphic advertising on the new equipment transport vehicle. ➤ The Center has also acquired various grants throughout the year for new equipment for use in the public and private schools as well as health fairs. ➤ Additional physicians have been hired to meet the needs of program expansions. ➤ LVC measure of success is obtained through computer data, feedback from patients, the public, businesses and physicians.

Baseline	<p>Situations vary, but the community needs remain the same as in previous years. Individuals continue to seek assistance with eye care management once they can no longer be helped by their ophthalmologist. Our program offers an array of specialty optical devices designed to enhance the vision of our clients.</p> <p>With the current economic decline, more and more families have found themselves in the rare position of not having insurance or being financially encumbered.</p> <p>Many of our free services have helped to alleviate these encumbrances and provide renewed independence to those in need.</p>
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> ▪ Built community awareness through health fairs, marketing, lectures, & advertising. ▪ Increased contact with physicians to promote the Low Vision Center's services. ▪ Increased visits to senior centers for promotion of services. ▪ Increased visits with rehab centers and hospitals for promotion of services. ▪ Acquisition of grants for new and innovative technology for redistribution to the visually impaired. ▪ Refreshed established programs.
Result FY 2012	Approximately 4,000 children were screened within the schools in the LBUSD in fiscal year 2012. The Low Vision Center serviced an additional 2,000 clients in fiscal year 2012. Total served over 6,000 people.
Hospital's Contribution / Program Expense	\$448,163
FY 2013	
Goal 2013	The goal of the St. Mary Low Vision Center is to improve the quality of life for those with low vision through classes and aids and to improve the detection of low vision in children and adults through vision screening and referrals.
2013 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> ➢ The majority of the Center's patients are senior citizens with fixed incomes. Awareness of free services will be increased during FY 2013. ➢ The St. Mary Low Vision Center has exceeded its patient census goal for 10% for the prior year. ➢ Future plans for marketing, lectures of specific interest to patients and the public, physician contacts and referrals for populations of low income have already been established. ➢ Greater awareness within the community of vision care and education is undertaken through advertising in the LVC newsletter, as well as graphic advertising on the new equipment transport vehicle. ➢ The Center has also acquired various grants throughout the year for new equipment for use in the public and private schools as well as health fairs. ➢ Additional physicians have been hired to meet the needs of program expansions. <p>LVC measure of success is obtained through computer data, feedback from patients, the public, businesses and physicians.</p>
Baseline	<p>Situations vary, but the community needs remain the same as in previous years. Individuals continue to seek assistance with eye care management once they can no longer be helped by their ophthalmologist. Our program offers an array of specialty optical devices designed to enhance the vision of our clients.</p> <p>With the current economic decline, more and more families have found themselves in the rare position of not having insurance or being financially encumbered.</p> <p>Many of our free services have helped to alleviate these encumbrances and provide renewed independence to those in need.</p>
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> ▪ Built community awareness through health fairs, marketing, lectures, & advertising. ▪ Increased contact with physicians to promote the Low Vision Center's services. ▪ Increased visits to senior centers for promotion of services. ▪ Increased visits with rehab centers and hospitals for promotion of services. ▪ Acquisition of grants for new and innovative technology for redistribution to the visually impaired. ▪ Refreshed established programs.
Community Benefit Category	Community Based Clinical Services-Ancillary

Mary Hilton Family Health Center	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ▪ Access to health care specifically for the underserved and culturally diverse populations with a focus on women and children and seniors ▪ Chronic and infectious diseases including HIV/AIDS
Program Emphasis	<ul style="list-style-type: none"> ▪ Disproportionate Unmet Health-Related Needs ▪ Primary Prevention ▪ Seamless Continuum of Care ▪ Build Community Capacity
Link to Community Needs Assessment	Underserved and the uninsured. women and children.
Program Description	<p>Mary Hilton Family Health Center has OB, perinatal, and pediatric services: St. Mary OB Clinic's Mission Statement reflects the clinic's service overview. In the spirit of God's love, St. Mary Medical Center OB, Perinatal Center, and Pediatric Clinic will provide the highest quality obstetric care in a friendly, safe and comfortable environment. Our multidisciplinary team will strive to meet the physical, emotional, nutritional, and educational needs of all those who seek our services with the expectation that such empowerment will assist them in making informed decisions about the health-care and life-long wellness of both mother and child.</p> <p>St. Mary Medical Center Clinic's vision is to be the leading obstetric, perinatal, and pediatric clinic in Long Beach. Over 1,200 babies are delivered through the clinic each year. The clinics provide comprehensive services to serve mothers and children from pregnancy through young adulthood. Services include:</p> <ul style="list-style-type: none"> • Testing, Free pregnancy and STD testing is offered at the OB Clinic. • Benefits Assistance, Clients can obtain Medi-Cal coverage through an on-site enrollment coordinator. • Education in English, Spanish, and Khmer on nutrition, child safety, child development, and breast-feeding. • Comprehensive Perinatal Services Program (CPSP). Through our commitment to the Comprehensive Perinatal Services Program, our goals are: <ol style="list-style-type: none"> 1. To decrease the incidence of low birth weight in infants 2. To improve the outcome of every pregnancy 3. To give every baby a healthy start in life 4. To lower health care costs by preventing catastrophic and chronic illness in infants and children • High-risk care from a multi-disciplinary team of healthcare professionals such as a dietician, health educator, social worker associate and perinatal specialists. • Perinatal testing, counseling, and risk assessments for high-risk pregnancy are offered through our perinatal center. Screening services include serum integrated screening, amniocentesis, non-stress test, and ultrasound. • California Diabetes and Pregnancy Program, known as Sweet Success to provide extra medical care for expecting mothers that have diabetes. Workshops, consultation, referrals, classes, and counseling are offered through this program. • Pediatric care. The pediatric clinic serves the comprehensive needs of mothers and children by providing continued quality care. The clinic provides diagnosis, treatment, and/or follow-up of children with general health problems in addition to immunizations, physical examinations, newborn screens, and routine child health maintenance. Specialty services include onsite Asthma Clinic services provided by a pediatric specialist monthly. • Vaccines For Children program to provide free vaccines to children in low income households.
FY 2012	
Goal FY 2012	To increase and provide prenatal care and education to 2000 women. To increase and provide pregnancy testing to 3000 women.
2012 Objective Measure/Indicator of Success	At least 90% of the clients will verbalize that their knowledge of health increased as a result of their care in the clinics through the pregnancy testing and patient visits that are documented through the clinics

Baseline	The community has many women who fall into the high-risk category when becoming pregnant. The majority of the women are Hispanic, and the clinic is a culturally sensitive facility that can provide a multi-disciplinary team of healthcare professionals to insure a safe outcome for the mother and child. The area we service is also an uninsured and underserved community, and we have many resources to facilitate these patients to a healthier way of life.
Intervention Strategy for Achieving Goal	Health Fairs, Marketing. Established / Refresh program objectives. Monitor and report measurable outcomes. Community outreach with education and information about our services
Result FY 2012	The clinics delivered over 20,000 individual services to women and children during FY2012 to support the increased service delivery of women's and children's services to the community.
Hospital's Contribution / Program Expense	Program Expense: \$1,749,058The hospital has provided capital for installation of a clinic AEMR, the project will exceed \$500,000 to improve quality outcomes, coordinate patient care, and track effectiveness of clinic services.
FY 2013	
Goal 2013	To increase and provide prenatal care and education to 2000 women. To increase and provide pregnancy testing to 3000 women. To provide pediatric care to over 1000 children.
2013Objective Measure/Indicator of Success	Achieve targets for services provided to women and children. At least 90% of the clients will verbalize that their knowledge of health increased as a result of their care in the clinics through the pregnancy testing and patient visits that are documented through the clinics
Baseline	The community has many women who fall into the high-risk category when becoming pregnant. The majority of the women are Hispanic, and the clinic is a culturally sensitive facility that can provide a multi-disciplinary team of healthcare professionals to insure a safe outcome for the mother and child. The area we service is also an uninsured and underserved community, and we have many resources to facilitate these patients to a healthier way of life
Intervention Strategy for Achieving Goal	Health Fairs, Marketing. Established / Refresh program objectives. Monitor and report measurable outcomes. Community outreach with education and information about our services
Community Benefit Category	Community Based Clinical Services

VI. COMMUNITY BENEFIT AND ECONOMIC VALUE

A. Classified Summary of Un-sponsored Community Benefit Expense

332 St. Mary Medical Center Long Beach
 Complete Summary - Classified Including Non Community Benefit (Medicare)
 For period from 7/1/2011 through 6/30/2012

	Persons	Total Expense	Offsetting Revenue	Net Benefit	%or Organizations Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Financial Assistance	5,359	11,826,541	545,470	11,281,071	5.1	5.3
Medicaid	63,297	104,447,593	103,651,463	796,130	0.4	0.4
Means-Tested Programs	227,974	8,805,665	144,000	8,661,665	3.9	4.1
Community Services						
Community Benefit Operations	0	869,855	0	869,855	0.4	0.4
Community Health Improvement Services	45,261	3,816,299	126,204	3,690,095	1.7	1.7
Financial and In-Kind Contributions	2,450	2,894,849	0	2,894,849	1.3	1.4
Subsidized Health Services	103	202,110	0	202,110	0.1	0.1
Totals for Community Services	47,814	7,783,113	126,204	7,656,909	3.5	3.6
Totals for Living in Poverty	344,444	132,862,912	04,467,137	28,395,775	12.9	13.3
<u>Benefits for Broader Community</u>						
Community Services						
Community Building Activities	842	261,177	0	261,177	0.1	0.1
Community Health Improvement Services	846	431,634	0	431,634	0.2	0.2
Financial and In-Kind Contributions	25	1,813	0	1,813	0.0	0.0
Health Professions Education	944	9,955,509	1,492,921	8,462,588	3.8	4.0
Research	40	80,340	0	80,340	0.0	0.0
Totals for Community Services	2,697	10,730,473	1,492,921	9,237,552	4.2	4.3
Totals for Broader Community	2,697	10,730,473	1,492,921	9,237,552	17.0	17.7
Totals - Community Benefit	347,141	143,593,385	105,960,058	37,633,327	0.0	0.0
Unpaid Cost of Medicare	19,921	56,252,289	46,635,224	9,617,065	4.4	4.5
Totals with Medicare	367,062	199,845,674	152,595,282	47,250,392	21.4	22.2

Rachel Smith, CFO

B. This report includes some activities that are cost-to-charge ratio such as Medicare and Medi-Cal costs and Foundation fundraising expense. Some activities reported as direct expenses such as Families in Good Health and Faith Resource Ambassadors.

Telling the Story

The final version of the 2012 Community Benefit Report and 2013 Plan will be made available to our Community Board members and hospital leadership. Information will also be shared to St. Mary employees through the St. Mary “e-news.” In addition, the report and plan will be sent to elected officials. St. Mary Medical Center is proud of its mission and of the work it does as an organization in the greater Long Beach community. Highlights from the Community Benefit Report and Plan are also available on the St. Mary Medical Center website, www.stmarymedicalcenter.com and will be sent out in a press release to local and regional media.

The report will also be shared with collaborative partners in such venues as the, the Greater Long Beach Substance Abuse Prevention Council, and with the NAACP--Long Beach Branch. Progress is reported at these and other meetings throughout the year. Information is provided on success and challenges, and the community is encouraged to partner with St. Mary to make the community a healthier place.

Addendum A

St. Mary Medical Center Programs and Awards

St. Mary Medical Center Specialties, Programs, and Services:

<p>4th Street St. Mary Medical Center Clinic Blackwell/Spencer Cancer Center Commission on Cancer approved Community Hospital Comprehensive Cancer Program with a 3-year accreditation with commendations including a Cancer Registry C.A.R.E.(Comprehensive AIDS Resources and Education) Program: CARE Clinic, CARE Dental Clinic, CARE Family Services Program Cardiac Rehabilitation Clinic Cardiac Cath Lab Cardiac Care Center for Surgical Treatment of Obesity Charity Care Assessment: Financial Assistance Applications Chemotherapy Childbirth Services “Life Begins Here” Community Education American Diabetes Association Certified Outpatient Diabetes Program Disaster Resource Center Echography Lab Emergency Medical Services Emergency Department Approved for Pediatrics (EDAP) Emergency Department—Base Station for the City of Long Beach Emergency Department “Rapid Triage” for non-emergent cases Endoscopy Every Woman Counts --Breast Center- Breast Cancer Early Detection Program (BCEDP) participant Faith Resource Ambassadors/Health Ministry and Parish Nurse Support Program Families in Good Health (FiGH) including the Best Babies Collaborative</p>	<p>(BBC), Educated Men with Meaningful Messages (EM3), Educating Providers-Supporting Children(EPSC), Love Your Heart, Healthy Aging for Pacific Asian Seniors(HAPAS), Taking Control, and Women Get Healthy-Stay Healthy Project Graduate Medical Education “Heaven Eleven” Thrift and Convenience Store Intensive Care Unit—24 beds John E. Parr Health Enhancement Center Long Beach Emergency Medical Care System (LBEMCS) Low Vision Center Mary Hilton Family Center: St. Mary OB Clinic and the St. Mary Antenatal Clinic (Perinatology—High Risk Obstetrics) Medi-Cal Assistance Medical Library Neurodiagnostics Neonatal Intensive Care Unit (NICU) American Academy of Pediatric (AAP) Level IIIB-25 beds Newborn Nursery Orthopedics Palliative Care Passages: Geropsych Outpatient Pediatrics, California Children’s Services approved Community level Perinatal Center (Antenatal Clinic) Physician Referral Services Professional Education for nurses and other allied health professionals Radiation Oncology Radiology including ultrasound Rehabilitation Services including Physical & Occupational Therapies Respiratory Care and Pulmonary Lab including Bronchoscopy Lab Speech Pathology</p>
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Spiritual Care Services
Senior Health Center including the Senior
Center at St. Mary and Senior
Connections
STEMI (ST-Elevation Myocardial
Infarction) Center
Stroke Center, certified by Joint
Commission (new as of April 2011)
Surgicenter-Outpatient Surgery

St. Mary Medical Center Foundation
including the Clinical Care
Extender Program providing
internships students and the Nurse
Scholar Program.
Trauma Center-Level II
Travel Clinic
Women's Healthy Heart Resource Center
Wound Care Service

St. Mary Medical Center is proud of the following distinctions and awards:

- A teaching hospital affiliated with UCLA School of Medicine
- Accredited by The Joint Commission, formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Bariatric Surgery Center of Excellence as approved by the American Society for Metabolic and Bariatric Surgery (ASMBS) and Surgical Review Corporation
- One of the Los Angeles and Orange Counties Region's Best Hospitals, according to a list published by US News and World Report, April 5, 2011
- Hermes Award for Excellence in the nonprofit Annual Report category for the St. Mary Foundation's Annual Report. The Hermes Creative Awards from Arlington, TX is administered and judged by the Association of Marketing and Communication Professionals
- St. Mary was the only community hospital to receive grant funding from Health and Resources Service Administration (HRSA) of the U.S. Department of Health and Human Services for the expansion of Primary Care Medical Education, its grant of \$1.9 million one of the largest awarded by HRSA.
- St. Mary received a Port of Long Beach grant in the amount of \$834,000—as part of its Respiratory Disease Mitigation Program.
- Approved Stroke Center (ASC) by Emergency Medical Services Agency and a Certificate of Distinction for Advanced Certification as a Primary Stroke Center by the Joint Commission
- Received the Reducing Mercury in Healthcare Award from Practice Green Health, Reston, VA
- Received Medals of Honor from the US Department of Health & Human Services for Organ Donation
- Received Proclamations from the Los Angeles County Board of Supervisors and from Long Beach Mayor Foster and the City Council celebrating St. Mary Medical Center CARE Program's 25th year of service to our community.

Addendum B

Community Need Index, Map of the St. Mary Medical Center Service Area.

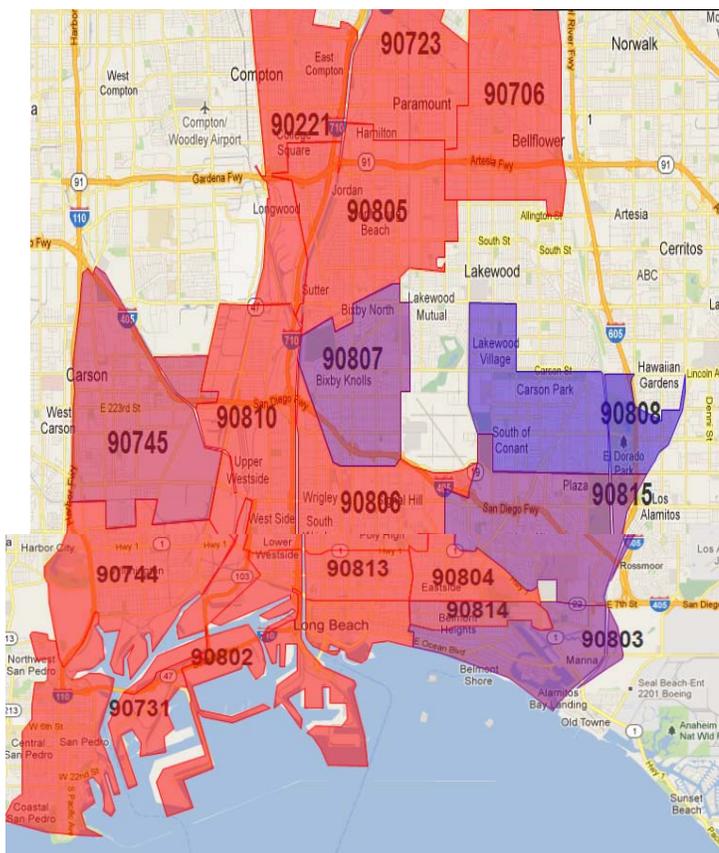
The Community Need Index (CNI), which is a tool standardized by Dignity Health and provides a “picture” of the community need and access to care. The CNI aggregates five socioeconomic variables by zip codes, which have demonstrated a link to health disparity (income, language, education, housing and insurance coverage). The scale is 1-5; higher the score, the greater the need for services. The St. Mary CNI average is 4.8 for the entire primary and secondary service area and more than 45% of the areas being 5.

CNI Score Median: 4.8

Lowest Need

Highest Need

■ 1 – 1.7 Lowest ■ 1.8 - 2.5 2nd Lowest ■ 2.6 - 3.3 Mid ■ 3.4 - 4.1 2nd Highest ■ 4.2 - 5 Highest



DIGNITY HEALTH
SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY
(June 2012)

Policy Overview:

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Payment Assistance:

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 - a) an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b) the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c) a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Payment Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

Dignity Health's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

IN IMPLEMENTING THIS POLICY, DIGNITY HEALTH MANAGEMENT AND DIGNITY HEALTH FACILITIES SHALL COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS THAT MAY APPLY TO ACTIVITIES CONDUCTED PURSUANT TO THIS POLICY.

Addendum D

Hospital Community Board:

Ruth Perez Ashley
Sandy Cajas
Chester Choi, M.D.
Gloria Cordero
Jyoti Datta, M.D.
Minnie Douglas, Ed.D.
M. Hadi Emamian, M.D.
Thomas Gates, M.D.
Sr. Elizabeth Ann Hayes, CCVI
Nancy Higginson

Sr. Kathleen Howard, CCVI
Bernita McTernan
George Murchison
Eloy O. Oakley, **Chair**
Daniel O'Callaghan
Juan M. Polanco, M.D.
Thomas Salerno
Shelly Schlenker
Cynthia Terry
Robert Waestman

Community Benefit Advisory Committee:

Minnie Douglas, Ed.D., Chair, CBAC, St. Mary Medical Center Foundation Board of Trustees and St. Mary Medical Center Board of Trustees
Tiffany Cantrell, St. Mary Foundation
Sr. Gerard Earls, CCVI, VP, Mission Integration, SMMC
John Eddy, Community Member
Drew Gagner, St. Mary Foundation President
Ivy Goolsby, St. Mary Medical Center Board of Trustees
Chan Hopson, Khmer Parent Association
Patrick Kennedy, Greater Interfaith Community Organization (ICO)
Eugene Lentzner, St. Mary Medical Center Foundation Board of Trustees and St. Mary Medical Center Board of Trustees

William Marmion, Ph.D., St. Mary Medical Center Foundation Board of Trustees and St. Mary Medical Center Board of Trustees
Pam Shaw, Long Beach Department of Health and Human Services
Rachel Plotkin, RN, DrHSc, MSN/MSHCA, PHN, Community Benefit, SMMC
Jean Smith, Community Member
Cynthia Terry, St. Mary Medical Center Community Board and Board of Trustees
Anna Totta, Catholic Charities
Maxie Viltz, St. Mary Medical Center Board of Trustees
Felton Williams, Ph.D., St. Mary Medical Center Board of Trustees