

Saint John's Health Center

**2012 Community
Benefits Plan**

Submitted to the
City of Santa Monica
April 30, 2013

Submitted to the
State of California
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Breakthrough Medicine. Inspired Healing.™

PREFACE

In accordance with Senate Bill 697, Community Benefits Legislation, Saint John's Health Center submits this Community Benefits Plan for 2012. Senate Bill 697 requires a not-for profit hospital in California to complete the following activities:

- Review and reaffirm its mission statement to ensure that its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization
- Complete and update a community needs assessment every three years, evaluating the health needs of the community served by the hospital.
- Adopt and file a community benefits plan annually, documenting activities that the hospital has undertaken to address community needs within its mission and financial capacity; and to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan.

A Santa Monica Community Access Plan Annual Implementation Report is also included within the hospital's Community Benefits Plan, as specified by the City of Santa Monica Development Agreement. This requires that Saint John's Health Center complete the following on an annual basis:

- File the hospital's Community Benefits Plan with the City of Santa Monica 60 days prior to submission to the state
- Assign and report the cost of programs and services provided by the Health Center according to a five-item framework that includes:
 - Cash and in-kind support of the Santa Monica-Malibu Unified School District
 - Cash and in-kind support of local non-profit organizations
 - Medical and mental health services provided based on referrals from local non-profit organizations
 - Medical and mental health services provided based on referrals from the Santa Monica-Malibu Unified School District
 - Community services available to the general community that promote health education and preventive services

Saint John's Health Center: A Brief Introduction

For seventy-one years, Saint John's Health Center has offered a range of health care programs and services unparalleled on the Westside of Los Angeles. Saint John's Health Center is the only hospital in California to receive Healthgrades™ America's 50 Best Hospitals Award™ for seven years in a row (2007-2013).

In addition to primary care, Saint John's has built a reputation as a leading provider of specialty care by responding to the needs of our patients and community.

Saint John's is home to many premier programs, including:

Cardiac Care: Saint John's program includes a wide range of diagnostic and therapeutic cardiac services, including leadership in transfusion-free medicine and bloodless cardiac surgery, percutaneous coronary interventions, ablations, and traditional cardiac surgeries.

Orthopaedics: Specializing in joint and spinal surgery, Saint John's has been recognized as a top 100 orthopedics specialty hospital for hip replacements. Saint John's provides leadership in the anterior approach to hip replacements.

Cancer: Saint John's Health Center cancer treatment program is approved by the American College of Surgeons Commission on Cancer. The John Wayne Cancer Institute (JWCI) at Saint John's Health Center is a cancer research institute dedicated to the understanding and curing of cancer. Institute highlights include one of the largest melanoma centers in the U.S., a top ranked breast center, a surgical oncology fellowship program, and one of the largest specimen repositories in the U.S.

Maternal and Child Health: Our Obstetrics program includes Labor, Delivery and Recovery suites, Mother-Baby couplet care unit, Neonatal Intensive Care Unit, Lactation Store, and a support program for breastfeeding mothers.

Emergency Care: Saint John's 24-hour Emergency Department is a crucial facility for the Westside, treating 30,372 patients in the period January 1, 2012 through December 31, 2012.

Child and Family Development Center: The Center provides a comprehensive range of culturally sensitive and linguistically responsive mental health, outreach, developmental and educational services. Services are offered to children, adolescents, and their families at the Center, school sites, homes and other locations in the community in English, Spanish, and American Sign Language.

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Section 1: Executive Summary

Mission, Core Values and Foundational Beliefs

Saint John's Health Center mission statement, the core values of the Sisters of Charity of Leavenworth (SCL) Health System, and the foundational beliefs of the Catholic Health Association guide our commitment to improving the health of individuals and the community we serve, and permeate the everyday life of Saint John's.

Definition of Community

For community benefits planning purposes, Saint John's Health Center defines its community to include the cities and neighborhood areas surrounding the Health Center, including those in Santa Monica, Malibu, Pacific Palisades, Venice, Marina del Rey, Mar Vista, Brentwood, and parts of West Los Angeles and the San Fernando Valley. This community is based on patient reports during the registration process.

Identifying and Prioritizing Community Needs

Saint John's conducts a Community Needs Assessment every three years, per SB697, and uses this assessment as the basis for identifying needs. The Health Center then prioritizes needs based on alignment with our Mission, the leadership of the SCL Health System, the Board of Directors and Leadership Team at Saint John's, and the Community Advisory Committee. These identified needs become the basis of the Community Benefits Plan.

Categories of Community Need Addressed in the Benefits Plan

This Community Benefits Plan includes objectives and supporting programs and services for the following categories of needs, ranked in priority order:

- Benefits for persons living in poverty
- Benefits for the general population

These categories reflect how Saint John's understands its multiple roles in the community: first, as a Catholic health care ministry, and second as a healthcare provider and community partner.

Community Benefits Plan Activities

We seek to promote a healthy community by supporting partnerships with others.

Programs and services provided by the Health Center in calendar year 2012 to address community needs include the following:

- Charity care for patients without the ability to pay for necessary treatment.
- Financial and in-kind support of local non profit organizations focused on serving vulnerable persons, especially those serving Santa Monica
- Free imaging, laboratory and cardiology services for clients referred by local non-profit organizations.
- Child and Family Development Center programs, providing outpatient mental health services for children and families, persons who are deaf and/or hard of hearing, persons with developmental disabilities and individuals and families affected by child abuse; child care and therapeutic preschool, school-based mental health outreach to at-risk youth, community-based counseling services for youth, and community outreach.
- Community education programming emphasizing health and wellness
- Participation on committees and boards of other agencies and coordination of activities with numerous nonprofit organizations
- Education and training programs for diverse audiences – nurses, physicians, health care professionals and volunteers

Economic Value of Community Benefits Provided

During calendar year 2012, the economic value of community benefits provided by Saint John's Health Center is estimated at **9,618,754** PLUS an additional \$39,251,977 in unreimbursed Medicare costs.

Section 2: Mission, Core Values and Foundational Beliefs

Saint John's Health Center Mission Statement (revised and adopted on November 11, 2002) and the Core Values of the SCL Health System guide our organization's commitment to creating a healthier community and permeate the everyday life at Saint John's. The Mission Statement and Core Values are as follows:

Saint John's Health Center Mission Statement

We will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable.

SCL Health System Core Values

Our belief that God's healing love is made present through us permeates, shapes and drives our health care ministry. Because we believe this, we embrace the following values:

Response to Need

The health care we offer is based on community need. Our efforts are to improve the health status of the community. In this we have a special concern for those who are most in need: the poor and those who have limited access to health care.

The SCL Health System Affiliate will maintain the right to:

- Base its planning efforts on the health needs of the community
- Establish policies to care for the poor
- Advocate on behalf of the poor and medically underserved
- Choose not to partner with providers which refuse their responsibility for health care for the poor

Respect

We recognize the sacred worth and dignity of each person.
"In our presence people feel comfortable and worthwhile."

The SCL HEALTH SYSTEM Affiliate will maintain the right to:

- Implement a culture of respect
- Establish ethics education, consultative services and/or committees
- Establish policies to provide respect and appropriate care for persons who are dying
- Not offer abortion services
- Not provide elective sterilization

Wholeness

In the faith which undergirds our health care ministry, we value the health of the whole person – spiritual, psychological, emotional, and medical.

The SCL HEALTH SYSTEM Affiliate will maintain the right to:

- Publicly proclaim its Catholic identity, which includes providing a Eucharistic Chapel and use of religious symbols
- Provide pastoral services
- Be a leader in promoting the whole health of the community
- Invest in employee learning, growth and health

Excellence

The presence of God's healing love is evidenced through excellence in the care we offer.

The SCL HEALTH SYSTEM Affiliate will maintain the right to:

- Participate in programs which will enhance quality

Stewardship

We are mindful that we hold our resources in trust for the sake of the healing ministry. We are mindful that our greatest resources are our employees, and that our physical resources come from our patients and communities.

The SCL HEALTH SYSTEM Affiliate will maintain the right to:

- Provide fair compensation and benefits
- Choose not to partner with providers with unjust employee practices
- Retain fiscal responsibility and accountability to SCL HEALTH SYSTEM
- Maintain physical resources for the safety and comfort of patients and employees
- Operate under environmentally sound practices

Catholic Health Association Foundational Beliefs

Saint John's Health Center's community benefit programs are rooted in the Catholic Health Association core set of beliefs:

- Those living in poverty and at the margins of society have a moral priority for services
- Not-for-profit health care has a responsibility to work to improve health in communities by focusing on prevention
- Community members and organizations should be actively involved in health care community benefit programs
- Demonstrating the value of community service is imperative
- Integrate community benefit programs throughout the organization
- Leadership commitment leads to successful community benefit programs

Section 3: Definition and Description of Our Community

In defining its “community” for purposes of the needs assessment and benefits plan, Saint John’s Health Center considered the following three factors:

1. Collaborative relationships with community groups and organizations
2. Reliance of the community on Saint John’s, as measured by the hospital’s market share
3. Reciprocal reliance of Saint John’s on the community, as measured by patient origin, as reported in the registration process at admission

Definition of Community

Saint John’s Health Center defined its “community” to include the following cities and neighborhood areas (ZIP codes are shown in parenthesis):

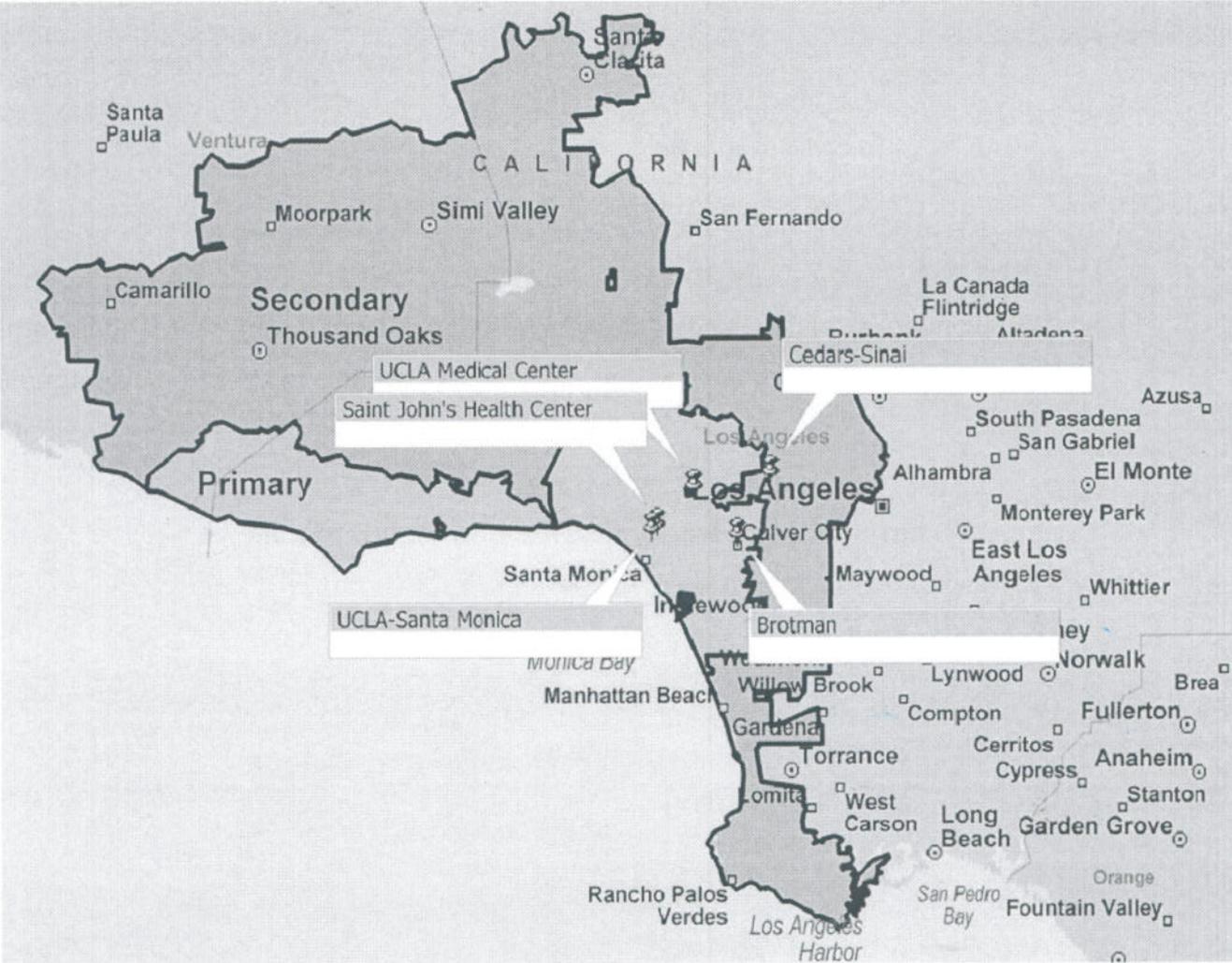
- Bel Air (90077)
- Beverly Hills (90210)
- Brentwood (90049)
- Culver City (90230 and 90232)
- Encino (91436)
- Malibu (90265)
- Mar Vista (90066)
- Marina del Rey (90292)
- Pacific Palisades (90272)
- Playa del Rey (90293)
- Santa Monica (90401, 90402, 90403, 90404, and 90405)
- Sherman Oaks (91403)
- Venice (90291)
- West Hollywood (90069)
- Westchester (90045)
- Westwood (90024)
- West Los Angeles Palms and Rancho Park (90025, 90035 and 90064)

Saint John’s Health Center is located in ZIP code 90404, in the City of Santa Monica. See page 10 for a map of Saint John’s Health Center service area. Three other hospitals are physically located in the health center’s service area (ZIP code location of each hospital shown in parenthesis):

- UCLA Medical Center, Santa Monica (90404)
- Kaiser Permanente – West Los Angeles Medical Center (90034)
- Marina Del Rey Hospital (90292)

In addition, other area hospitals used by residents of the service area include Ronald Reagan UCLA Medical Center, Cedars-Sinai Medical Center, Centinela Hospital Medical Center and Brotman Medical Center.

Map of Saint John’s Health Center Service Area



The Primary Service Area is used for Community Benefit Planning Purposes.

Description of Our Community

The description of our community is based on demographics and health status indicators from our most recent Community Needs Assessment conducted in 2010. Information was obtained from a variety of sources – Nielsen Claritas, (a national vendor of demographic data), California Department of Health Services, Managed Risk Medical Insurance Board, UCLA Center for Health Policy Research, California Department of Education, Center for California Health Workforce Studies at the University of California – San Francisco, Centers for Medicare and Medicaid, Office of Statewide Health Planning and Development, and United States Department of Health and Human Services. Additional information on community health needs is summarized in **Table 4.1**.

Community Demographics

- Based on estimates provided by Nielsen Claritas, the 2010 population of the service area is estimated at 678,772 persons (estimate based on Census 2000).
- Within the service area, the majority of residents are White (60.9 percent). Approximately 16.9 percent of residents are Hispanic, 11.9 percent are Asian/Pacific Islander, 5.8 percent are Black, and 4.5 percent are of other races or two or more races.
- Among persons age 5 years and older in the service area, 63.5 percent speak English at home, 15.2 percent speak Spanish, 11.8 percent speak a European language, 7.2 percent an Asian or Pacific Island language, and 2.3 percent other languages.
- Among persons 25 years and older living in the service area, 11 percent have less than a high school education (no high school diploma), 12 percent are high school graduates, 19 percent have complete some college (no degree), and 59 percent have college, graduate or professional degrees.
- There are an estimated 194,177 households in the service area; average household size is estimated at 2.05 persons per household.
- Overall, 24.3 percent of households in the service area have an annual income under \$35,000, 27.7 percent of households have an annual income from \$35,000 to \$74,999, 46.1 percent of households have an annual income of \$75,000 or greater.

- Based on enrollment figures provided for 2007 by the California Department of Health Services, there are 31,803 persons (an estimated 8 percent of the population) covered by Medi-Cal in the service area.
- Based on enrollment figures provided for 2007 by Managed Risk Medical Insurance Board, there are 2,816 persons (an estimated 1 percent of the population) covered by Healthy Families program in the service area.
- Based on 2007 estimates provided by Claritas Inc., there are 53,660 persons age 65 years and older (estimated at 14 percent of the total population) in the service area.

Community Health Indicators

- During a three-year period from 2004 to 2006, on average, an average of 47,102 live births per year in the service area. During this period, 54.1 percent of the births in the service area were to White mothers, 20.6 percent to Hispanic mothers, 15.1 percent to Asian/Pacific Islander mothers, 4 percent to Black mothers, and 6 percent to mothers of other or unknown ethnicities.
- During the same three-year period, 2 percent of births were to mothers under 20 years old, 25 percent to mothers between 20 to 29 years old, 34.6 percent of mothers ages 30 to 35 years, and 38.4 percent of mothers age 35 years and over.
- During the three-year period, 5.6 percent of women who gave birth received with late or no prenatal care. The service area met the Healthy People 2010 objective of less than 10 percent late or no prenatal care.
- During the three-year period, the average percentage of infants of low birth weight (under 5.5 pounds) was 7.7 percent. The service area did not meet the Healthy People 2010 objective of less than 5.0 percent low birth weight infants.
- During a three-year period from 2006 to 2008, the average number of deaths a year in the service area was 4,290 deaths. Heart disease, cancer, and stroke were the three leading causes of death in the service area. Only death rates for suicide and cirrhosis were higher than the Healthy People 2010 target rates
- Ambulatory Care Sensitive (ACS) conditions are those for which timely and adequate clinical preventive and primary care services might avoid

hospitalization. Top ACS conditions resulting in hospitalization among residents of the service area in 2005-2006 were asthma, with asthma in persons over 65 years of age higher than Healthy People 2010 target (while still considerable lower than the state and/or county rate), uncontrolled diabetes in age 18 to 64 years, and immunization preventable pneumonia and influenza in age 65+.

Community Consultation

As part of the 2010 Community Health Needs Assessment, community leaders from local organizations – city and county health and human services offices, education (kindergarten through high school and community college), free and community clinics, and nonprofit agencies – were interviewed during a four-week period in September of 2010. Questions focused on opinions regarding top health needs of those persons living in poverty and top health needs of the general population, effective approaches for local organizations to address identified health needs, suggested roles and activities for Saint John’s Health Center, and Saint John’s Health Center community activities perceived as strengths and opportunities for improvement. Findings are highlighted below.

Top health needs of persons living in poverty

Access to Health Care Services – especially for the poor and uninsured working poor, undocumented families, homeless persons, teenagers and those who may be eligible but are unaware that they meet eligibility criteria.

- Regular, Ongoing care (including a medical home)
- Primary care
- Specialty care such as cardiology, neurology and urology
- Hospital Care
- Medical providers
- Preventive Care (for example, for older adults and seniors)
- Well care
- Management of chronic health conditions such as diabetes and obesity
- Immunizations for children
- Mental health care (see below)
- Dental care (see below)
- Vision care

Mental Health Care - in-hospital and out-of-hospital psychiatric services for the homeless, mental health services for seniors, mental health services for those affected by stress, violence or trauma.

Dental Care – Especially as dental care relates to overall health and the difficulty associated with finding dental providers for routine examinations, preventive services, follow-up dental care, hygiene and cavities.

Nutrition - Eating poorly for one's health situation. Both extremes of nutrition are seen as unmet health needs of the poor, hunger and obesity in children.

Parenting and early Childhood Education - parents need help raising children for the 21st century, to include considerations such as culture of learning, early literacy, positive discipline methods, and early identification for developmental delays for children.

Top Health Needs of the General Population

Access to Affordable Health Insurance and Health Care Services – Regardless of age, respondents identified challenges with being able to purchase and keep reasonable health insurance, and the delays caused by financial considerations such as co-payments, deductibles and out of pocket medical expenses. Some also mentioned long wait times to see a physician and providers not accepting HMO plans while employers may favor them. Also mentioned was the affordability of medications. Even those with health insurance may have difficulty with coordination of services and care.

Health Promotion and Preventive Services – Nutrition, physical activity and fitness, healthy living, parenting information, preventive services such as vaccinations, mammograms, colonoscopies, and bone density screenings.

Mental Health – including coverage for certain conditions, full course of treatment, drug rehabilitation for youth under 18 years, counseling for depression, domestic violence, violence and suicide, autism support, early dementia and cognitive impairment of patients with HIV/AIDS.

Dental Care – Lack of coverage is increasing as individuals face higher costs for routine dental services.

Elderly and End of Life Issues – Several respondents mentioned that today's society spends enormous resources on aggressive care during the last few months of life, even when the quality of care is limited.