



Saint John's
Health Center

Breakthrough Medicine. Inspired Healing.™

Saint John's Health Center
**2013 COMMUNITY
HEALTH NEEDS
ASSESSMENT**

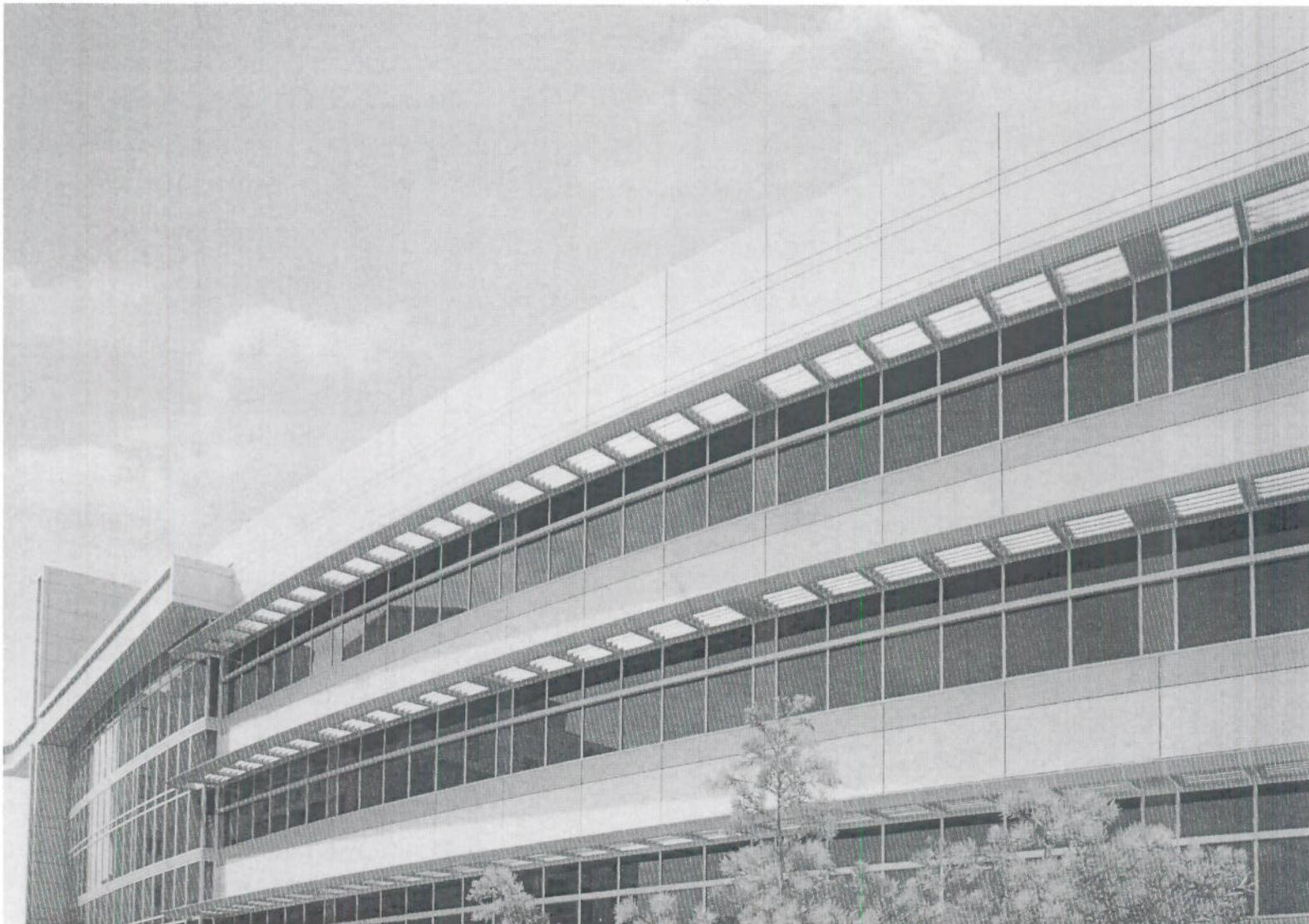


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INTRODUCTION

Saint John's is proud to present the 2013 Community Health Needs Assessment. This is the sixth response to an assessment requirement, the first five of which were in response to California SB 697. Saint John's has had formal community benefit assessment, program design implementation and evaluation requirements from our sponsors, the Sisters of Charity of Leavenworth since 1992.

Before the formal quarterly and yearly system requirements were adopted, Saint John's had a history of assessing community needs and responding to them. The hospital opened in 1943 in response to a need brought to the Sisters of Charity of Leavenworth for a hospital. An outpatient clinic was soon opened in the hospital basement.

After World War II there was a need for obstetrical services for the Baby Boom, and for a psychiatric outpatient program. By 1952 the Southern California community needed its first private general hospital inpatient psychiatric unit, and Saint John's provided all three services.

By 1957 more services were being provided in outpatient clinics, and Saint John's had cardiac, psychiatric, OB, pediatric, ophthalmology, and hearing clinics.

In 1962, special needs children were being seen at the Kennedy Child Study Center. In 1963 Cardiac services were initiated and by 1964 the Cleft Palate clinic opened to children of the greater Los Angeles area whose families could not afford cleft palate surgery. All were responses to community need.

1967 brought a Coronary Care Unit, the first co-located inpatient and outpatient cardiac services. And in 1974, a chemical dependency Unit opened; by 1975 an 87-bed mental health center began services.

In 1986 a Cancer Center was opened, and the John Wayne Cancer Institute moved to Saint John's one year later.

Today Saint John's Health Center is a 266-bed fully accredited general acute care, Catholic hospital. The health center encompasses John Wayne Cancer Institute and specialty outpatient clinics in cardiology, oncology, orthopedics, craniofacial surgery and behavioral health care. Saint John's is sponsored by the Sisters of Charity of Leavenworth Health System.

This assessment provides the opportunity to review our progress, to focus on current needs of our community and to respond in light of limited resources.

We wish to thank our partners for their ongoing efforts to identify and meet community health needs:

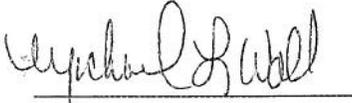
- CLARE Foundation
- Los Angeles County Department of Public Health
- Meals on Wheels West
- OPCC, (formerly Ocean Park Community Center)
- Pico Youth & Family Center
- Rand Corporation
- Saint Anne School
- Santa Monica City Human Services, Fire and Police Departments
- Santa Monica-Malibu Unified School District
- St. Joseph Center
- Step Up On Second
- UCLA Santa Monica
- Venice Family Clinic
- Westside Domestic Violence Network
- Westside Family Health Center
- Westside Health Coalition
- Westside Shelter & Hunger Coalition
- WISE & Healthy Aging

A MESSAGE FROM MICHAEL WALL, ACTING CHIEF EXECUTIVE OFFICER, SAINT JOHN'S HEALTH CENTER AND SAINT JOHN'S HEALTH CENTER COMMUNITY BOARD CHAIR

Saint John's is pleased to submit this Community Health Needs Assessment in accordance with California SB 697 and with the Patient Protection and Affordable Care Act of 2010. Saint John's Health Center Community Board of Directors has reviewed and approved the document at the December 19, 2013 Board meeting.

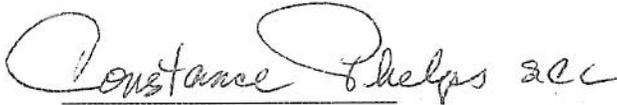
Signatures

Date



12/20/13

Michael Wall
Acting Chief Executive Officer



12/20/13

Sr. Constance Phelps, SCL
Chair, Board of Directors

MISSION, VISION AND VALUES

Mission

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 and vulnerable.

Vision

SCLHS will realize its Mission, through the unyielding pursuit of clinical excellence, strategic growth, and health care for all.

Values

Excellence

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

Response to Need

The health care we provide 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.

Respect

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

Wholeness

In the faith which under girds our health care ministry, we value the health of the whole person—spiritual, psychosocial, emotional and medical.

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

DESCRIPTION OF THE COMMUNITY SERVED

Saint John's Health center determined our community by reviewing the addresses reported by our patients. 78% used a zip code within the Service Planning Area (SPA) 5

A Service Planning Area, or SPA, is a specific geographic region within Los Angeles County. Due to the large size of LA County (4,300 square miles), it has been divided into 8 geographic areas. These distinct regions allow the Department of Public Health to develop and provide more relevant public health and clinical services targeted to the specific health needs of the residents in these different areas.

Below are the zip codes in SPA 5

Zip code	Community Name
90272	Pacific Palisades
90049	Los Angeles (Brentwood/Bel Air)
90403	Santa Monica - central
90066	Los Angeles (Mar Vista)
90025	Los Angeles (West LA/Sawtelle)
90405	Santa Monica - south
90404	Santa Monica - central
90064	Los Angeles (Cheviot Hills/Rancho Park)
90402	Santa Monica - north
90291	Venice
90292	Marina Del Rey
90265	Malibu
90230	Culver City
90024	Los Angeles (Westwood)
90034	Los Angeles (Palms)
90045	Los Angeles (Westchester)
90401	Santa Monica -west
90210	Beverly Hills
90232	Culver City
90293	Playa Del Rey
90077	Los Angeles (Bel Air/Beverly Glen)
90035	Los Angeles (West Fairfax)
90245	El Segundo
90290	Topanga
90094	Los Angeles (Playa Vista)
90212	Beverly Hills
90067	Los Angeles (Century City)
90056	Los Angeles (Ladera Heights)
90211	Beverly Hills
90263	Malibu

PROCESS AND METHODS

A variety of demographic and health information was gathered from both primary and secondary sources.

Secondary data for Saint John's community health needs assessment involved collection and analysis of demographic and health status information for SPA5. The following types of information were used: local health department indicators of health status, city reports of health and development assessment, homeless counts, population, death statistics, designated Health Professional Shortage Areas, large scale telephone surveys designed to measure health access, utilization of health services and health behaviors.

The second phase of the needs assessment was qualitative primary research. Telephone, online and in-person surveys with representatives from public and private community organizations were conducted. Respondents were asked to indicate how they wanted to provide feedback. This was selected as an efficient, convenient and cost effective way to gain understanding of important health issues and potential opportunities to collaborate.

Sources of Data and dates

Los Angeles County Department of Public Health

Key Indicators of Health, 2013

Health Survey, 2011

Reportable Diseases, 2012

California Department of Public Health

Office of Statewide Health and Development Market Service Study Areas, 2012

Los Angeles Economic Roundtable

Hospital to Home: Triage Tool II for Identifying Homeless Patients in Crisis, 2012

The City of Santa Monica

Youth Wellbeing Report Card, 2013

Los Angeles Homeless Services Authority

Greater Los Angeles Homeless Count, 2013

Truven Health Analytics, 2013

UCLA Center for Policy Research, 2011

United States Department of Health and Human Services

Health Information Exchange, 2013

Centers for Disease Control, 2011

US Department of Commerce, Census

Quick Facts 2013

SECONDARY SOURCES OF DATA

HEALTH INDICATOR CATEGORIES

Los Angeles County published a report entitled Key Determinants of Health, in March of 2013. This report uses widely accepted observations of the disparities in health, and their effect on individuals, their health status and even the length of their lives

An explanation of the use of these key determinants can be found on Healthy People 2020's website:

: "Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual's or population's health, are known as determinants of health.

For all Americans, other influences on health include the availability of and access to:

- A high-quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- Culturally sensitive health care providers
- Health insurance
- Clean water and nonpolluted air".

Source: <http://healthypeople.gov/2020/about/disparitiesAbout.aspx>

Saint John's used the key determinants of health in SPA5 and compared them with those of the County of Los Angeles, the state of California and/or the USA. Those determinants are:

- Demographics
- Social Determinants
- Physical Determinants
- Parenting Practices
- Health Status
- Access to Care
- Preventive Services
- Health Behaviors
- Health Outcomes

DEMOGRAPHIC HIGHLIGHTS

INDICATOR	SPA 5	LA County	California
TOTAL POPULATION	637,129 ¹	9,866,194 ¹	37,691,912 ⁴
Percent			
GENDER			
Male	48.6%	49.1%	49.7% ²
Female	51.4%	50.9%	50.3% ²
AGE GROUP			
0-4 Years	4.7% ³	6.6% ³	6.8% ⁴
5-14 Years	8.7% ³	13.0% ³	13.7% ⁴
15 to 20 Years	7.2% ³	8.7% ³	7.6% ⁴
21 to 24 Years	6.0% ³	6.0% ³	7.4% ⁴
25 to 34 Years	17.5% ³	14.9% ³	14.3% ⁴
35 to 44 Years	15.1% ³	14.3% ³	13.9% ⁴
45 to 54 Years	13.8% ³	13.9% ³	14.1% ⁴
55 to 64 Years	12.2% ³	11.1% ³	10.8% ⁴
65 to 74 Years	8.0% ³	6.5% ³	6.1% ⁴
75 to 84 Years	4.4% ³	3.5% ³	3.7% ⁴
85 Years and older	2.5% ³	1.6% ³	1.6% ⁴
RACE			
Latino	15.7% ³	48.1% ³	38.9% ²
White	65.4% ³	28.9% ³	41.7% ²
African American	5.8% ³	8.5% ³	5.8% ²
Asian, Native Hawaiian or Pacific Islander	13.0% ³	14.3% ³	13.0% ²
American Indian/Alaskan Native	0.1% ³	0.2% ³	.4% ²
Some other Race	0.2% ³	0.2% ³	.2% ²
LANGUAGE USED MOST OFTEN AT HOME			
	SPA5	LA County	California
English	83.4% ³	60.7% ³	59.5% ²
Spanish	6.9% ³	28.8% ³	26.4% ²
An Asian Language	3.3% ³	10.9% ³	11.4% ²
Some other Language	6.4% ³	2.5% ³	2.7% ²

ADULT -MARITAL STATUS			
Coupled	51.5% ³	57.9% ³	55.3% ²
Single	48.5% ³	42.1% ³	44.7% ²
PERCENT OF ADULTS WHO ARE DISABLED			
	18.8% ³	19.4% ³	
SEXUAL ORIENTATION			
Identify self as gay, lesbian or bisexual	7.6% ³	4.1% ³	5.8% ²
Identify self as unsure, do not know	2.3% ³	8.7% ³	4.1% ²
Identify self as heterosexual	90.1% ³	87.2% ³	89.1% ²

Sources

¹ Los Angeles County Department of Public Health PH Key Indicators of Health, 2013

² Sources: US Department of Commerce Census, Quick Facts 2013

³ Nielsen Demographics, 2013

⁴ Table DP-1. Profile of General Demographic Characteristics: 2010
www.dof.ca.gov/research/demographics/state_census_data/census_2010/documents/DP10-Los_Angeles_County.pdf

In summary, SPA 5 compared to Los Angeles County shows a
 Lower percent of persons 20 years and under – 20.6% versus 28.3% versus
 Higher percent over 25 years 73.4% versus 65.7%
 Higher percent of persons who describe their race as white

SOCIAL DETERMINANTS

SPA 5 Compared to Los Angeles County and the US, all data taken from the Los Angeles County Department of Public Health 2013 Key Indicators of Health

Indicator	Percent		
	Spa 5	LA County	USA
Education			
Less than High School	6.7%	23.2%	14.3%
Completed High School	11.9%	22.3%	28.5%
Some College, no Degree	25.0%	27.9%	27.9%
College or post graduate degree	56.4%	26.6%	26.6%
Employment Status			
Employed adults	61.4%	56.4%	55.3%
Unemployed adults (and looking for work)	7.8%	13.5%	13.5%
Adults not in the labor force (includes retired, disabled and unable to work)	30.8%	30.0%	34.4%
Adults who have had to decrease their working hours or had their employer decrease their working hours in the past 2 years	12.9%	28.2%	n/a
Poverty			
Percent of population with household incomes less than 100% of Federal Poverty Level (FPL)	5.8%	18.0%	15.0%
Housing			
Percent of households with children	24.6%	37.9%	29.8%
Percent of households who spend more than 30% of their income on housing	47.1%	51.4%	37.7%
Percent of adults who were unable to pay their rent or mortgage in the past 2 years	7.5%	17.2%	n/a
Percent of adults with household incomes <300% FPL who reported being homeless or not having their own place to live or sleep in the past 5 years	4.7%	28.2%	n/a
Food			
Percent of families with incomes <300% of the FPL who are food insecure	19.2%	30.6%	n/a
Percent of households with incomes <300% FPL who are receiving food stamps	16.7%	16.8%	n/a
Percent of adults who report it is easy to get fresh produce	95.8%	89.7%	n/a

Source: Los Angeles County Department of Public Health, Key Indicators of Health, March 2013

In summary, A higher percent of SPA 5 residents have completed college or higher education, are employed, do not live in poverty, and find it easy to obtain fresh produce than in other Los Angeles county areas.

PHYSICAL DETERMINANTS

Indicator	Percent	
	SPA 5	LA County
Neighborhood		
Percent of adults who believe their neighborhood is safe from crime	98.0%	84.3%
Percent of children who can easily get to a park playground, or other safe place to play	91.6%	84.2%
Percent of adults who report little or no graffiti or vandalism in their neighborhood	82.0%	69.2%
Percent of adults who report little or no trash and litter in the streets or on properties in their neighborhood	93.5%	76.1%
Percent of adults who report adequate lighting around buildings and streets in their neighborhood	86.3%	79.2%
Percent of adults who report that their streets and sidewalks are well-maintained in their neighborhood	82.6%	80.4%
Built Environment		
Percent of adults who use walking paths, parks, playgrounds or sports	59.8%	51.5%
Percent of adults whose neighborhoods do not have walking paths,	10.3%	14.2%
Air Quality		
Number of days in the year when AQI (Air Quality Index) was unhealthy	n/a	95
Percent of households with children ages 0-17 years regularly exposed to tobacco smoke at home (one or more days in the past week)	12.0	16.7
Housing		
Households with children	24.6%	37.9%

Source: Los Angeles County Department of Public Health
Key Indicators of Health, March 2013

Research indicates that there should be an increase in levels of physical activity in areas whose physical determinants are higher.

Below is an excerpt from the LA County Health Survey that documents increased physical activity in SPA 5

Indicator	Percent	
	SPA 5	LA County
Active (Meets Guidelines)	57.3%	53.2%
Some Activity (Does Not Meet Guidelines)	11.2%	10.7%
Minimal to No Activity	31.4%	36.2%

Source: Los Angeles County Health Survey. Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

PARENTING PRACTICES

Indicator	Percent	
	SPA 5	LA County
School Readiness		
Percent of children ages 0-5 who are read to daily by a parent or a family member	79.4%%	55.4%
Percent of children ages 0-5 who are played music or sung songs to daily by a parent or family member	65.5%	70.3%
Percent of children who are taught letters, words or numbers daily by a parent or family member	58.6%	63.5%
Television Viewing		
Percent of children ages 6-23 months who watch any television daily	59.6%	74.8%
Percent of children ages 2-17 years who watch 3 or more hours of television daily	12.4%	22.7%
Parental Support		
Percent of children ages 0-5 years whose parents say they can easily find someone to talk to when they need advice about raising their child	92.6%	87.1%
Breastfeeding		
Percent of children ages 0-5 years whose mothers initiated breastfeeding	92.5%	87.4%
Percent of children ages 6 months -5 years whose mothers breastfed at least 6 months	54.6%	44.9%
Child Care		
Percent of children ages 0-5 years for whom parents report difficulty finding child care (excludes 23.4% parents who reported they do not need child care)	24.0%	26.9%

Source: Los Angeles County Department of Public Health
Key Indicators of Health, March 2013

HEALTH STATUS

Indicator	Percent	
	SPA 5	LA County
Health-Related Quality of Life		
Percent of adults reporting their health to be fair or poor	11.4% ¹	19.3% ¹
Average number of days in past month adults reported regular daily activities were limited due to poor physical /mental health	1.7 ²	2.1 ²
Average number of unhealthy days (due to poor mental or physical health)in the past month reported by adults	4.2 ²	5.4 ²
Average number of poor mental health days in the past month reported by adults	2.0 ²	3.3 ²
Percent of adults who receive the social and emotional support they need	83.8% ²	64.0% ²
Special Health Care Needs		
Percent of children ages 0-17 years who have special health care needs	17.5% ²	15.8% ²
Percent of children ages 2-17 years ever diagnosed with ADD/ADHD	4.6% ²	6.0% ²
Percent of adults who provided care or assistance during the past month to another adult living with a long-term illness or disability	16.6% ²	20.0% ²

Source: ¹ California Health Interview Survey 2012 UCLA Center for Health Policy Research

² Los Angeles County Department of Public Health, Key Indicators of Health, March 2013

SPA 5 residents ranked their health status as significantly higher than residents of other SPAs.

Reported Health Status	SPA 5	LA County
Excellent	33.5%	22.3%
Very Good	32.2%	28.0%
Good	23%	30.4%
Fair	10.2%	15.6%
Poor	(1.2%) not statistically stable	3.7%

Source: California Health Interview Survey 2012 UCLA Center for Health Policy Research

ACCESS TO CARE

Indicator	Perc	
	SPA5	LA County
Insurance		
Percent of children ages 0-17 years who are uninsured	3.0%	5.0%
Percent of adults ages 18-64 years who are uninsured	12.7%	28.5%
Percent of children ages 0-17 years who do not have dental insurance	28.4%	21.8%
Percent of adults ages 18-64 years who do not have dental insurance	39.4%	51.8%
Regular Source of Care		
Percent of children ages 0-17 years with no regular source of care	4.0%	4.8%
Percent of adults ages 18-64 years with no regular source of care	23.4%	22.5%
Access to Health Care		
Percent of children ages 0-17 years who have difficulty accessing medical care	4.5%	12.3%
Percent of adults who have difficulty accessing medical care	17.0%	31.7%
Percent of children who did not see a doctor when needed in the past year because they could not afford it	4.9%	6.1%
Percent of adults who did not see a doctor when needed in the past year because they could not afford it	12.2%	16.9%
Access to Dental Care		
Percent of children ages 3-17 years who did not obtain dental care (including check-ups) in the past year because they could not afford it	8.5%	12.6%
Percent of adults who did not obtain dental care (including check-ups) in the past year because they could not afford it	19.4%	30.3%
Access to Mental Health Care		
Percent of children ages 3-17 years who tried to get mental or behavioral health care in the past year	7.8%	7.0%
Percent of adults who tried to get mental health care in the past year	10.6%	7.5%
Medication		
Percent of adults who did not obtain needed prescription medication in the past year because they could not afford it	9.8%	15.4%

Source: Los Angeles County Department of Public Health
Key Indicators of Health, March 2013

Areas of SPA 5 have demonstrated shortages of medical professionals, see page 27 of this assessment

PREVENTIVE SERVICES

Indicator	Percent		
	SPA 5	LA County	USA
Adult Health			
Percent of men ages 45 or older and women 55 years or older who take aspirin daily or every other day for their heart	35.8%	33.8%	n/a
Percent of women 65 years or older who have ever been screened for osteoporosis	74.6%	72.9%	n/a
Women's Health			
Percent of all live births where mother received prenatal care during the 1 st trimester	85.2%	81.6%	n/a
Percent of women ages 18-65 years who had a Pap smear within the past 3 years	83.5%	82.8%	83.0%
Percent of women ages 50-74 years who had a mammogram within the past 2 years	82.5%	79.8%	72.4%
Colorectal Screening			
Percent of adults ages 50-74 years who have been screened for colon cancer (blood in stool in past year OR sigmoidoscopy in the past 5 years OR colonoscopy in the past 10 years)	72.3%	65.3%	58.6%
Immunizations			
Percent of girls ages 13-17 years vaccinated (at least one dose) for human papillomavirus (HPV)	61.5%	44.6%	53.0%
Percent of adults 18-64 years or older vaccinated for influenza in the past year	31.0%	28.7%	n/a
Percent of adults 65 years or older vaccinated for influenza in the past year	70.1%	64.2%	61.3%
Percent of adults ages 65 years or older ever vaccinated for pneumonia	64.1%	61.3%	71.0%

Source: Los Angeles County Department of Public Health, Key Indicators of Health, March 2013

HEALTH BEHAVIORS

Indicator	Percent		
	SPA5	LA County	USA
Alcohol & Drug Use			
Percent of adults who binge drink (men who had 5 or more alcoholic drinks, women 4 or more, on at least one occasion in the past 30 days)	16.5%	15.4%	18.3%
Percent of teens ages 14-17 who consumed at least one alcoholic drink in the past 30 days	n/a	32.9%	38.7%
Percent of teens ages 14-17 years who binge drank (had 5 or more drinks on at least one occasion in the past 30 days)	n/a	17.9%	21.9%
Percent of adults who misused prescription drugs in the past year	3.5%	5.2%	n/a
Nutrition			
Percent of children ages 2-17 years who eat breakfast daily	88.4%	84.5%	n/a
Percent of adults who consume five or more servings of fruits and vegetables a day	22.1%	16.2%	23.4%
Percent of adults who eat fast food at least once a week	27.8%	40%	n/a
Percent of children who eat fast food at least once a week	31.6%	50.5%	n/a
Percent of adults who drink at least one soda or sweetened drink a day	n/a	35.5%	n/a
Percent of children who drink at least one soda or sweetened drink a day	21.9%	38.3%	n/a
Tobacco Use			
Percent of adults who smoke cigarettes	9.7%	13.1%	19.0%
Percent of teens ages 14-17 who smoke cigarettes	n/a%	9.1%	18.1%
Physical Activity			
Percent of adults who obtain recommended amount of aerobic exercise each week (> 150 minutes/week of vigorous exercise)	57.3%	61.8%	n/a
Percent of adults who obtain recommended amount of muscle-strengthening each week (at least 2 days/week)	44.1%	37.1%	n/a
Percent of adults who obtain the recommended aerobic and muscle-strengthening each week	37.4%	29.7%	n/a

Percent of adults who are inactive (do not participate in any aerobic activity)	31.4%	12.0%	8.8%
Percent of children ages 6-17 years who obtain recommended amount of exercise each week (>60 minutes, daily)	22.6%	28.7%	n/a
Percent of children ages 6-17 who are inactive	6.6%	10.9%	n/a

Source: Los Angeles County Department of Public Health
Key Indicators of Health, March 2013

While reports of alcohol and drug abuse are lower than other SPAs, drug overdose is shown to be one of the top 5 causes of premature death in SPA 5.

HEALTH OUTCOMES

Indicator	Percent		
	SPA 5	LA County	USA
Overweight & Obesity			
Percent of children in grades 5,7, &9 who are obese (BMI above the 95 th percentile)	15.3%	22.4%	n/a
Percent of adults who are obese (BMI > 30.0)	9.8%	23.6%	28.3%
Percent of adults who are overweight (25 < BMI < 30.0)	33.5%	37.1%	34.5%
Diabetes			
Percent of adults ever diagnosed with diabetes	5.5%	9.5%	9.0%
Diabetes death rate (age-adjusted per 100,000 population)	9.3	20.2	20.8
Cardiovascular Disease			
Percent of adults ever diagnosed with hypertension	17.1%	24.0%	25.5%
Percent of adults ever diagnosed with high cholesterol	24.8%	25.6%	n/a
Coronary Heart Disease Death Rate (age-adjusted per 100,000 population)	101.2	128.6	123.7
Stroke Death Rate (age-adjusted per 100,000 population)	28.2	33.7	39.1
Stroke death rate for African-Americans (age-adjusted per 100,000 population)	n/a	49.6	53.0
Reproductive Health			
Rate of births (per 1,000 live births) to teens ages 15-19 years	6.0	28.1	34.2
Percent of low weight (2,500 grams) births (per 1,000 live births)	6.8	7.1	7.8
Percent of low weight (<2,500 rams) African-American births (per 100 live births)	9.4	11.8	13.5
Infant death rate (per 1,000 live births)	3.2	4.6	6.2
African-American infant death rate	n/a	9.8	11.6
Musculoskeletal			
Percent of adults diagnosed with arthritis	17.7%	17.4%	23.3%
Percent of women 65 years or older diagnosed with osteoporosis	24.9%	26.7%	n/a

Injury	SPA5	LA Co	US
Suicide rate (age-adjusted per 100,000 population)	10.6	7.5	12.1
Homicide rate among adolescents and young adults ages 15-34 years (per 100,000 population)	n/a	15.0	10.6
Death rate attributed to motor vehicle crashes (age-adjusted per 100,000 population)	4.3	6.5	11.3
Unintended injury death rate among children ages 1-17 years (per 100,000 population)	n/a	3.0	7.0
Rate of unintentional drug-related (includes alcohol) death crashes (age-adjusted per 100,000 population)	5.7	6.5	10.4
Mental Health			
Percent of adults ever diagnosed with depression	13.4%	12.2%	17.5%
Percent of adults with current depression	10.3%	8.3%	1n/a
Percent of adults at risk for major depression	n/a	10.4%	5.8%
Percent of adults ever diagnosed with anxiety	n/a	11.3%	13.7%
Percent of adults with current anxiety	7.6%	6.4%	n/a
Alzheimer's Disease death rate (age-adjusted per 100,000 population)	24.0	21.0	25.1
Communicable Diseases			
Incidence of HIV/AIDS (annual new cases per 100,000 population) among adolescents and adults (ages 13 + years)	18.1	24.9	19.7
HIV Infection-related mortality rate (age-adjusted per 100,000 population)	2.6	3.0	2.6
Incidence of primary and secondary Syphilis (annual new cases per 100,000 population)	7.2	8.1	4.5
Incidence of Chlamydia (annual new cases per 100,000 population)	277.5	512.9	457.6
Incidence of Gonorrhea (annual new cases per 100,000 population)	72.8	103.4	104.2
Incidence of Tuberculosis (annual new cases per 100,000 population)	3.6	7.3	3.4

Respiratory Disease	SPA5	LA Co	US
Percent of children ages 0-17 with current asthma (ever diagnosed with asthma and reported, still have asthma and/or had asthma attack in the past year)	4.8%	9.0%	n/a
Pneumonia and/or Influenza mortality rate (age-adjusted per 100,000 population)	19.0	21.3	15.1
COPD/Emphysema mortality rate (age-adjusted per 100,000 population)	22.3	30.3	40.6
Cancer			
Lung Cancer death rate (age-adjusted per 100,000 population)	28.2	31.3	47.6
Breast Cancer death rate among females (age-adjusted per 100,000 females)	22.2	21.3	12.4
Cervical cancer death rate (age-adjusted per 100,000 females)	<20 deaths , so a reliable rate cannot be calculated	2.7	1.2
Colorectal cancer death rate (age-adjusted per 100,000 population)	12.9	14.3	15.8
All-Cause Mortality			
(age-adjusted per 100,000 population)	486.5	583.5	747.0

Source: Los Angeles County Department of Public Health
Key Indicators of Health, March 2013

The death rate in SPA 5 is 17% lower than Los Angeles County and 35% lower than the rest of the USA. This demonstrates that the key determinants of health that for the most part are higher in SPA 5 do translate to a longer life.

Saint John's now needs to identify the ways our most vulnerable community members can share in the longer life that many of our residents enjoy.

ADDITIONAL DATA

MORTALITY

There were a total of 3,967 deaths in SPA 5.

Leading Causes of Death

Within SPA 5, the leading causes of death and premature death (defined as death before the age of 75 years) are:

SPA 5¹	LA County¹	USA²
Coronary Heart Disease 21.5%	Coronary Heart Disease 21.9%	Coronary Heart Disease
Stroke 6.2%	Stroke 5.7%	Stroke
Lung Cancer 5.4%	Lung Cancer 5.1%	Lung Cancer
Alzheimer's Disease 5.2%	Emphysema 5.0%	Alzheimer's Disease
Emphysema 4.6%	Alzheimer's Disease 3.7%	Emphysema

¹ Mortality in Los Angeles County 2009, Los Angeles County Department of Public Health

² Deaths: Data for 2011, Centers for Disease Control

Premature Death

SPA 5¹	Los Angeles County¹
Coronary Heart Disease 13.0%	Coronary Heart Disease 13.0%
Suicide 8.3%	Homicide 6.9%
Drug Overdose 6.1%	Motor Vehicle Accident 4.8%
Liver Disease 5.3%	Liver Disease 4.7%
Breast Cancer 5.3%	Breast Cancer 4.6%

¹ Mortality in Los Angeles County, 2009, Los Angeles County Department of Public Health

Of note, the rates of premature death by Suicide and Drug Overdose are higher in SPA 5 than in most other areas. This agrees with reports from the members of our community and our Emergency Department Medical Director that mental health services and substance abuse counseling are needed in SPA 5. In addition, parts of SPA 5 are identified by the state of California in the Office of Statewide Health Planning and Development as areas of need for more mental health professionals.

TRUVEN COMMUNITY NEEDS INDEX

The preceding data review looks at socioeconomic determinants of health at the SPA level, with information coming from our local Public Health department. Truven, working with Dignity Health, took the analysis of communities to a zip code level, enabling us to see more specifically where each of 5 proven socioeconomic conditions exist that can become barriers to effective care, specifically income, education, culture background, health insurance, and renting versus home ownership. Truven compares zip codes using a nationwide standard, the Community Needs Index, (CNI) that evaluates and weighs these factors

The graph below compares the 21 of 30 zip codes in SP 5 that showed higher levels of need than the average of LA County, the state of California, or the USA:

Area	Population	2013 CNI	2012 CNI	Poverty 65+	Poverty single w/ kids	Minority	Unem-ployed	Unin-sured	Renting
USA	314,840,238	3.3	3.3	10.98%	35.22%	37.69%	10.03%	15.28%	34.83%
CA	38,199,812	3.8	3.8	11.09%	31.41%	61.35%	11.80%	18.14%	43.64%
LA Co	9,963,354	4.0	4.1	14.59%	32.22%	72.93%	11.39%	20.81%	51.47%
90024 Westwood	48,708	3.6	3.6				11.03%	28.8%	66.72%
90025 West LA	42,478	3.6	3.6						73.66%
90034 Palms	58,292	3.8	4.2	17.25%					80.4%
90035 West LA	28,700	3.6	3.6	23.63%				21.93%	69.25%
90045 Westchester	40,660	3.6	3.2		34.2%				
90056 Culver City/Ladera Heights	7,799	2.6	2.6			89.77%			
90064 Rancho Park	25,911	3.4	3.2		33.96%				
90066 Mar Vista	55,082	3.8	4.0					16.98%	60.08%
90094 Playa Vista	6,078	3.2	4.2				14.69%		59.22%
90210 Beverly Hills	23,404	3.0	2.4		37.95%				
90211 Beverly Hills	8,594	3.0	3.2	15.65%					62.31%
90212 Beverly Hills	11,639	2.8	3.2						71.77%
90232 Culver City	32,754	3.8	4.0	15.96%					62.09%
90263 Malibu	1,483	2.4	2.2	20.89%			13.74%		
90292 Venice	28,161	3.6	3.6		34.5%				68.05%

Area	Population	2013 CNI	2012 CNI	INCOME Poverty 65 +	Poverty single w/kids	Minority	Unem- ployed	Unin- sured	Renting
90292 Marina Del Rey	23,217	3.2	3.2		44.78%				67.48%
90293 Playa del Rey	12,218	2.8	2.6						53.78%
90401 Santa Monica	7,257	3.2	3.8	23.61%			13.51%	29.56%	94.04%
90403 Santa Monica	24,858	3.0	3.2						74.89%
90404 Santa Monica Hospital sits in this zip code	21,509	3.8	3.8	17.65%				22.18%	79.21%
90405 Santa Monica	27,688	3.2	3.2				11.22%		67.12%

Source: Truven Health Analytics, 2013

CITY OF SANTA MONICA

In collaboration with the Cradle to Career Working Group, the City of Santa Monica produced the Youth Well-Being Report Card for 2012/2013. The report looked at persons 0 to 24 years of age, comprising 21.2% of the population of Santa Monica. The report asked the opinion of kindergarten teachers about the readiness of students as they entered kindergarten in Santa Monica.

The percent of children entering kindergarten who were very ready:

Physically = 32.3%

With communications skills and general knowledge = 31.6%

Socially = 28.6%

Emotionally = 33.7%

Representatives of the working group were surprised that Santa Monica children were not more ready for kindergarten.

Of the youth in grades 7, 9 and 11 who completed the survey, 28.6% reported using alcohol over the previous month and 31.7% report using substances over the previous month. 25.3% report significant periods of sadness and hopelessness over the past 12 months. These numbers reflect previous assessments of mental health, incidence of drug overdose, and the need for mental health services in SPA 5.

INVENTORY OF SERVICES AND RESOURCES IN SPA 5

Community Organizations

Resources in SPA 5 include the members of Saint John's Community Advisory Committee, who direct many agencies service the poor and vulnerable. The following members participated in the Community Consultation.

<u>AGENCY</u>	<u>REPRESENTATIVES</u>
Cancer Support Community- Benjamin Center	Teresa Bond I President/CEO
Clare Foundation	Nicholas Vrataric, President & CEO
City of Santa Monica	Julie Rusk, Director of Community & Cultural Services
	Setareh Yavari, MSW, Homeless Services Administrator
LA County DPH SPA 5	Jan King, MD, MPH Area Health Officer
	Lydia Jumon, MPH, Health Educator
Meals on Wheels West	Rosemary Regalbuto, Executive Director
OPCC, Formerly Ocean Park Community Center	John Maceri, President & CEO
Pico Youth & Family Center	Debbie Maddis, Special Projects Director
Rand Corporation	Oscar de la Torre, Founding Director
	Iao Katagiri, Deputy Vice President of Community Relations
Saint Anne School	Carol O'Day, Director of Marketing
Santa Monica-Malibu Unified School District	Laura Morn, RN, School Nurse Supervisor
Santa Monica Fire Department	Michael McElvaney, EMT Training Coordinator
St. Joseph Center	Va Lecia Adams, President & CEO
Venice Family Clinic	Liz Forer, President & CEO
Westside Family Health Center	Deb Farmer, President & CEO
WISE & Healthy Aging	Grace Cheng Braun, President & CEO
Westside Domestic Violence Network	Jennifer Chen Speckman

The following are community members who provided input in the Community Consultation but were not members of the Saint John's Community Advisory Committee:

Economic Roundtable	Patrick Burns, Senior Researcher
Los Angeles Fire Department	Michael Stephenson, Chief

Medical Service Study Areas

Another source of information for Saint John's analysis is the presence of healthcare professionals who provide healthcare services. The state of California monitors the availability of medical professionals in their defined Medical Service Study Areas, (MSSA). SPA 5 includes six MSSAs. There are four MSSA Primary Care Health Professional Shortage Areas and one Mental Health Professional Shortage area. The MSSA that included Mar Vista, Ocean Park, Santa Monica South and Venice is designated both a Primary Care and Mental Health Professional Shortage Area. This information generally matches the areas of SPA5 that are experiencing the highest CNI:

Health Professional Shortage Areas: Primary Care and Mental Health, 2012

Medical Service Study Area (MSSA) <i>as defined by OSPHD</i>	Primary Care Shortage	Mental Health Shortage	Zip Codes in areas of need (approximate)
Bel Air, Beverly Glen, Brentwood, Malibu, Pacific Palisades, Santa Monica NW, Topanga (78.2aa)	no	no	
Baldwin Hills, Culver City South, Fox Hills, Ladera Heights, Marina Del Rey, View Park, Windsor Hills (78.2j)	no	no	
Santa Monica Central, Sawtelle, West Los Angeles (78.2kkkkk)	Yes	no	90403, 90025, 90035, 90064
Century City, Cheviot Hills, Rancho Park, West Los Angeles, Westwood (78.2w)	Yes	no	90067, 90064, 90025,
Culver City North, Palms (78.2y)	Yes	no	90230, 90034
Mar Vista, Ocean Park, Santa Monica South, Venice (782.z)	Yes	Yes	90404, 90405 90291, 90066

Source: Office of Statewide Planning & Development

Of note, Zip codes in MSSA (782.z). which show a shortage of both primary and mental health care providers are those identified in the Truven Community Need Index as having the highest need.

Hospitals and Clinics

Services include the hospitals and community clinics that provide services to all, regardless of their ability to pay.

Healthcare Service Provider	Zip code Location	Licensed Beds
<u>General acute care hospitals</u>		
Brotman Medical Center	90231	420
Kaiser Foundation Hospital	90034	288
Miracle Mile Medical Center	90036	17
Olympia Medical Center	90036	204
Kindred Hospital	90056	81
Century City Doctor's Hospital	90067	176
Ronald Reagan UCLA Medical Center	90095	466
Marian Del Rey Hospital	90291	145
Santa Monica UCLA Medical Center & Orthopedic Hospital	90404	266
Saint John's Health Center	90404	<u>266</u>
		2329
<u>Acute Psychiatric Hospital</u>		
Resnick Neuropsychiatric Hospital at UCLA	90095	74 beds
<u>Community Clinics</u>		
AHF Clinic	90211	HIV/AIDS
Center for the Partially Sighted	90230	Ophthalmology
Wright Institute	90035	Psychology
CJ Jung Institute	90064	Psychology
Well Baby Center	90066	Psychology
Planned Parenthood	90401	Community
WISE & Healthy Aging	90401	Community
Women's Clinic	90035	Community
Westside Pregnancy Clinic	90064	Community
Airport Marina Counseling Services	90045	Community
Westside Family Health Center	90405	Community
Venice Family Clinic - Colen	90230	Community
Venice Family Clinic- Simms Mann	90405	Community
Venice Family Clinic – Rose Ave	90291	Community
Venice Family Clinic Levine	90291	Community
Venice Family Clinic – Lincoln	90291	Community“

Summary

There are 10 hospitals in SPA5, and 6 outpatient general medical services clinics. There are 3 women's clinics, 5 mental health clinics, and two specialty clinics; one for HIV/Aids care and one for ophthalmology.

Venice Family Clinic is closed to new patients at this time, so Westside Family Health Center is the only clinic accepting patients with Medi-Cal or no insurance. Neither Westside Family Health Center nor Venice Family Clinic, (part of the UCLA healthcare system), have outpatient specialty services.

Patients needing outpatient orthopedic, (arthritis and joint replacement), rheumatology(arthritis), cardiovascular, (hypertension), internal medicine (diabetes), respiratory care (asthma and emphysema), oncology (cancer) with Medi-Cal insurance or no insurance are sent to Harbor UCLA (21 miles away) or to California Hospital Medical Center, (14 miles). UCLA in SPA 5 is currently not a Medi-Cal provider, but will accept other insurances.

In addition, there are zip codes within SPA 5 that show a shortage of health professionals and demonstrate high need in the Truven data. These areas are where our safety net clinics, VFC and Westside Family Health Center, are located. The leaders of both clinics reported access to healthcare, especially specialty care, as a need in the community consultation.

PRIMARY SOURCES

COMMUNITY CONSULTATION

COMMUNITY ADVISORY COMMITTEE SURVEY

Process and method

During the period September 15 through November 15, 2013, we surveyed leaders of 38 agencies involved in the care of the poor and vulnerable of our community. They were asked the following questions

In your opinion

1. What are the top unmet health needs of the poor in our community
2. What are the top unmet needs of the general population – from infants to seniors?
3. From your viewpoint, what approaches work best to address these unmet health needs
4. What roles or actions do you think Saint John's Health Center should take to address unmet health needs?
5. A. What community activities are strengths of Saint John's Health Center
B. What community activities could be improved?

Of note, Responses to question 5 were repetitive of the other questions, and answers were rolled into the first four.

Responses

Top unmet health needs of the poor

For the homeless:

1. Outpatient psychiatric care including antipsychotic medications and counseling to prevent unnecessary admission to the ED, emergency responder resources and providing better care for the homeless patient
2. Combined healthcare and supportive housing
3. Alcohol intervention services

For other poor and vulnerable

1. Access to affordable care
2. Crisis management for domestic violence situations
3. Assistance enrolling in and using new health insurance programs
4. Comprehensive and coordinated medical care with smooth transitions

Unmet health needs of the general population- from infants to seniors –

Inpatient and outpatient care coordination including management of diabetes, hypertension, COPD, arthritis, and cancer

Primary & specialty physicians who see patients after working hours & accept insurance
Enrolling in and learning to use the new ACA programs
Classes on wellness, health literacy, and financial health for seniors
Dental services
Mental health services
End of life care

Actions local organizations should take in addressing healthcare needs

Enable access to comprehensive health services
Strengthen collaboration, communication and transitions between services
Outpatient treatment for the mentally ill
Health information, classes and events
Advocate for a comprehensive single payor system and strong healthcare policies
Reduce barriers to care – language, age, parking and transportation, health literacy, fear

Roles for SJHC to take to address healthcare needs, using identified strengths?

Use the respect Saint John's has earned in this community to tackle current and upcoming problems
Senior leadership to communicate regularly about change in sponsorship and be present to community

Maintain support (cash and in-kind services) and close partnership with organizations
Hold agencies accountable for agreed-upon service goals
Maintain current service level for CFDC, Respite program and Library classes
Use the Homeless Collaboration as a role model to solve other community service gaps
Share expertise with smaller agencies to improve care and create interagency teams. Offer continuing education credit for attendance
Find innovative ways to move forward with ACA

COMMUNITY BENEFIT STEERING COMMITTEE

Saint John's has an internal Community Benefit Steering Committee, composed of persons who provide services to the community. Members were offered the opportunity to share their perceptions by participating in the Community Consultation. Members of the Community Benefit Steering Committee include:

Sandy Andrews, RD, Director of Outpatient Nutrition Education
Lindsay Barker, MPH, Director of Emergency Management
Chaplain Mary Bomba
Michelle Bonant, MPH, Director of Community Health Education
Ruth Canas, CFDC Assistance Director
Megan Clark, RN, Emergency Department Director
Joy Dicey-Phillips, Director of Material Management
Barry Harding, Acting Chief Financial Officer
Bonnie Hawley, Parking Manager
Eva Inaba, MT, Supervisor of Laboratory Staffing
Dr. Russ Kino, Emergency Department Medical Director
Cindy Lane, RN, Director of Case Management
John Lee, RPh, Director of Pharmacy
Kevin Litzenberger, Security Principal
Mary Luthy, Director of Community Benefits
Ann Masson, RN, Cleft Palate Clinic Manager
George Noonan, Acting VP of Mission & Ethics
Grenda Pearlman, Director of Volunteers
Rose Pelikan, RN, Director of Education
Sarah Phelan, Manager of Communication
Judy Prala, Director of Health Information Management
Rebecca Refuerzo, Director of the Child & Family Development Center (CFDC)
Angela Vassallo, Infection Prevention Department Director
Steve Vink, CFDC Financial Manager
Irena Zuanic, RN, Administrative Director of Women's Health Services

Two items were presented that integrated well into the assessment, and are mentioned here.

1. Incidence of Campylobacter

The Director of Infection Prevention identified a high incidence of campylobacter at Saint John's. The committee wished to know if the high incidence was reported throughout SPA 5. LA County Department of Public Health, in the 2011 Acute Communicable Disease Control Program Annual Morbidity Report And Special Studies Report verified that Campylobacter is reported at all the hospitals in SPA 5 at higher rates than other SPAs.

LA County 2011 Reported Campylobacter rate per 100,000 by SPA, 2011

SPA	2011 Rate/ 100,000 (N=1259)
1	12.3
2	15.7
3	9.5
4	12.4
5	21.5
6	11.5
7	9.9
8	12.9

Source: <http://publichealth.lacounty.gov/acd/reports/annual/2011Annual.pdf>, page 52.

Analysis of Los Angeles County reportable disease data also showed these other food-borne illnesses at slightly higher than the county average: Cryptosporidiosis, Escherichia Coli (E Coli), Giardiasis, (nonperinatal) Listeriosis, Salmonellosis, and Staphylococcus Aureus,

Non food-borne illnesses that are reported at a slightly higher rate in SPA 5 include Measles, Mumps, Invasive Pneumonia, and Lyme disease. This was verified by the Emergency Department Medical Director.

2. Homeless Patients

On August 27, 2013 the Los Angeles Homeless Services Authority published the 2013 Greater Los Angeles Homeless Count. SPA 5 has 4,662 (8.7%) of the total 53,798 homeless persons. By comparison, the Los Angeles County reported a total population of 9,866,194, and 637,129 or 6.4% live in SPA 5. Our percent of homelessness is slightly higher than our percent of the county's population.

In 2007, Saint John's Community Needs Assessment identified homeless health care, and specifically the use of the Emergency Department (ED) for care that could be more effectively and reasonable in outpatient settings. The Respite program, a collaboration between partner agencies, began in 2009. Respite reduced the use of the ED by homeless persons overall for outpatient services by 40% between 2006 and 2013, despite an increase in the total homeless population. In addition, reduced the charges associated with care provided to our first 10 patients to use Respite by \$300,000. This well-publicized success has been repeatedly requested by members of this consultations group. We should be sure to bring the success forward as we implement a new program with this challenging homeless population. The success was recently reported in The New Yorker Magazine, November issue.

<http://www.newyorker.com/online/blogs/currency/2013/11/american-health-care-prevention-treatment-cost-problems.html>.

RESULTS

The following were most frequently mentioned as the needs of the poor in our community

Access to affordable and convenient primary and specialty providers in a timely manner

Mental Health services

Care coordination and effective transitions between the hospital, patients and agencies providing service after hospitalization

Health education and disease prevention

Substance abuse treatment

Homeless care

Dental Care

Assistance in enrollment in and use of the new insurance exchanges and programs

IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

Saint John's Health Center chose the following needs as prioritized needs:

- Mental Health services
- Inebriated homeless patients in the Emergency Department
- Access to affordable and convenient primary and specialty care
- Health education and wellness promotion

Saint John's chose these areas because they were the most frequently mentioned by survey respondents, responses can be targeted to the areas of greatest need, and because in each of these areas there is a structured collaboration in place that can facilitate effective action

Not selected at this time were dental care and assistance in enrollment in the new insurance programs.

- Dental care – Saint John's does not have the resources to respond to the need at this time

- Assistance in enrollment and use of new insurance exchanges and programs

- We have collaborated with certified providers in order to provide agencies to provide education for Saint John's staff and community members.

IMPLEMENTATION PLAN

Saint John's Prioritized Need #1 Mental Health Services

Rationale

Community Consultation participants rated the need for mental health services at a high frequency (13 of 20), and specifically requested support for CFDC be maintained. CFDC supports and treats members of the zip codes identified as high areas of need in the Truven index. In addition, these same areas showed a shortage of mental health professionals.

CFDC staff collaborates with SPA5 schools, churches, community centers, neighborhood organizations, as well as healthcare organizations, education networks and city as well as county government agencies.

CFDC services are unduplicated in SPA 5; two services identified were Critical Incident Response team, used in situations of extreme events in SPA5, such as the shootings at Santa Monica College, counseling services to all parties in domestic violence situations, and participation in Santa Monica's Cradle to Career initiative.

Response to need:

Action	<ol style="list-style-type: none"> 1. Maintain support of Child & Family Development Center (CFDC) programs 2. Maintain grants to 1) Westside Domestic Violence Network, which sponsors an annual educational and support event for those working in the area of domestic violence, 2) Pico Youth & Family Center. Which targets at-risk youth to prevent gang involvement and violence, and 3) safety net clinics that provide direct care to victims of domestic violence.
Anticipated Impact	<p>CFDC is integrally tied to the schools and is an important partner in keeping children healthy in early childhood, school years and early adulthood.</p> <p>There is a significant body of research CFDC programs indicating intervention early in life can prevent, or reduce mental illness after incidents family violence.</p> <p>Fewer premature deaths due to suicide and drug overdose.</p> <p>Leverage CFDC contacts to develop homeless mental health services to expedite response to other critical mental health needs</p>
Plan to Evaluate	<p>Collect individual grant reports and outreach information in CBISA. Monitor services using existing report structure, look for and monitor collaboration between the hospital and outpatient mental health services.</p> <p>Monitor progress of mental health services and their impact on the ED and admissions for detoxification</p>
Hospital commitment	<p>Fund CFDC at current level</p> <p>Continue funding for all agencies</p>

Saint John's Prioritized Need #2: Inebriated Homeless Patients in the Emergency Department

Rationale:

Develop comprehensive plan of care for inebriated homeless persons with dual diagnosis of mental illness and substance abuse or medical diagnosis.

Rationale: Care for inebriated homeless patients exacts a heavy burden on ED services and local first responders and contributes to Ed Diversion, which affects the health of the entire community

Response to Need:

Action	<ol style="list-style-type: none"> 1. Obtain grant to plan program, including: <ol style="list-style-type: none"> a. Duplicate AHQR EMT checklist and direct transfer to detoxification facility b. Obtain referral relationship with detoxification facility for ED staff c. Identify or develop an outpatient psychiatric clinic providing medications and counseling to homeless d. Link with homeless service agencies to obtain co-located healthcare and housing 2. Leverage successful Respite program by continuing partnerships 3. Maintain support for current homeless service agencies: OPCC, St. Joseph Center, Clare Foundation, Step up on Second, Venice Family Clinic 4. Continue to provide medical detoxification as required
Anticipated Impact	<p>Patient gains access to the appropriate care for mental health and substance abuse condition.</p> <p>Reduce ED diversions, Enable first responders to respond to community emergencies, improving the health of the community</p> <p>Eventually lower cost of care as patients begins effective treatment for mental illness.</p>
Plan to evaluate impact	<p>Compare cost and results of detoxification patients, one year before and one year after entry into program.</p> <p>Monitor ED for reduction in diversions and delays on obtaining care</p> <p>Extend collaboration with Economic Roundtable for evaluation expertise</p>
Hospital Commitment	<p>Continued support for partner agencies in grants and in-kind services. Communication between community organizations at all affected Saint John's departments</p>

Prioritized Need #3: Access to affordable and convenient primary & specialty care

Rationale:

Saint John's ED routinely refers to VFC for follow-up care with our uninsured and Medi-Cal patients. VFC has experienced a large increase in the number of patients, and is concerned about delays in care. This delay frustrates the patient and increases the possibility of unnecessary readmission.

Documented shortage of medical services in the zip codes where 1) clinics are located, and 2) residents experience higher level of need on Truven index.

Venice Family Clinic and Westside Family Health Center are unable to refer back to our physicians for specialty care, resulting in another delay for the patient.

Response to Need

Action	<p>Continue to provide grant and in kind support for Venice Family Clinic(VFC) and Westside Family Health Center, our safety net clinics</p> <p>Identify referral sources treating uninsured and Medi-Cal patients in the following disciplines: Primary care, Neurology, Orthopedics, Cardiology, Internal Medicine Psychiatry and Rheumatology</p> <p>Survey Saint John's medical staff for referral sources</p> <p>Develop referral lists and distribute to Case Management & Social Workers and follow up for feedback</p>
Anticipated Impact	<p>Better patient satisfaction as discharge information contains more effective referral information</p> <p>Reduced readmission when patients do not experience delays in obtaining care</p>
Plan to evaluate	<p>Track calls to medical staff to identify referral sources</p> <p>Communicate with WFHC and VFC all referral sources</p> <p>Track referrals pre and post implementation</p> <p>Track readmission reduction 1 year before and 1 year after.</p>
Hospital Commitment	<p>Volunteers to call Saint John's medical staff</p> <p>Identify affordable and convenient primary and specialty providers and communicate the information to clinics</p>

Prioritized Need #4: Health Education & Wellness Promotion

Rationale:

Community Consultation frequently mentioned success of community health education classes, requested their continuance

Incidence of campylobacter and food-borne illness in SPA 5

Response to need

Action	Continue community health education classes targeting major diseases Offer community screening events Work with new partners to address public health concerns
Anticipated Impact	Reduction in the incidence of illness through education about self-care Improve health literacy
Plan to evaluate	Monitor communicable diseases reported to Los Angeles County Continue to collect evaluations of community education classes
Hospital commitment	Continue to support Community Health Education events Share expertise of hospital staff with community through use of educational materials specific to communicable illness and chronic diseases