



COMMUNITY BENEFIT PLAN



2013-2014

ST. VINCENT MEDICAL CENTER
LOS ANGELES, CALIFORNIA

Furthering the Healing Ministry of the Daughters of Charity

COMMUNITY BENEFIT PLAN

2013-2014

Name: St. Vincent Medical Center

Location: 2131 West Third Street
Los Angeles, CA 90057

Chief Executive: Cathy Fickes
President/CEO

Board Chair: Sr. Mary Hale, D.C.

Contacts: Jan Stein
Vice President and Executive Director
St. Vincent Foundation

Prepared by: Jan Stein

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I. Introduction

St. Vincent Medical Center (SVMC) is a 366-bed, short-term acute care, general hospital located in the downtown area of Los Angeles. SVMC specializes in tertiary level services with a long-standing reputation in cardiac care, organ transplantation, oncology services, orthopedic services and the treatment of hearing disorders. SVMC has an extensive and rich tradition of serving the residents of Los Angeles along with patients from other states and from countries throughout the world. Founded in 1856 by the Daughters of Charity of St. Vincent de Paul and Los Angeles' first hospital, SVMC has been serving the community for over 155 years. As a member of the Daughters of Charity Health System, SVMC continues to uphold its primary mission of providing quality medical services to the most vulnerable populations, the sick, the poor, the elderly and children. SVMC is committed to the fulfillment of the mission of its founding Sisters through the delivery of charitable services and care to the community.

II. Organizational Structure

A Community Benefit Committee chaired by a member of senior management, meets monthly to address and discuss how the medical center is fulfilling its role in the community. This group comprised of staff whose departments or programs are involved in a wide-range of community benefit activities and projects:

- reviews and monitors activities spelled out in the plan;
- discusses, initiates and prioritizes plans for future projects in response to community needs;
- ensures proper reporting and tracking of community benefit activities;
- determines and assesses the financial value of certain hospital resources for community benefit purposes, as appropriate; and
- ensures quarterly and annual community benefit reports are submitted to the State.

III. Mission Statement

The Daughters of Charity Health System Mission Statement is an integral part of SVMC and is promoted/presented to all associates during the new employee orientation process, as well as, to all community and leadership volunteers.

The Mission Statement is: ***“In the spirit of our founders, St. Vincent de Paul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person: body, mind and spirit. We promote healthy families, responsible stewardship of the environment, and a just society through value-based relationships and community-based collaboration.”***

SVMC Community Benefit initiatives reflect Vincentian values of Respect, Compassionate Service, Simplicity, Advocacy for the Poor, and Inventiveness to Infinity. SVMC has an unwavering commitment to building a healthier community and in developing strong relationships with collaborative partners both internally and externally.

Internal collaboration involves the medical center administration, SVMC associates, physicians, volunteers and donors. Community partners include clinics, churches, community organizations, public agencies, public and private schools, consulates, senior centers, local businesses and individuals from throughout our service areas who share our vision and commitment to our community.

In keeping with this mission, SVMC's contributions to the community include the provision of quality affordable health services with a special concern for vulnerable populations. Our benefit to the community is extended through our commitment of resources and collaboration with both community and faith-based organizations (clinics, churches, etc.) for which the high-risk populations in the central Los Angeles Region are the primary focus. SVMC's benefits to the community extend beyond the traditional area of health care and include job skills training, literacy, gang diversion and other family and youth-oriented activities.

IV. Community Needs Assessment

Background and Purpose

In 1994, the California State Legislature enacted Senate Bill 697 (SB 697) requiring non-profit hospitals to conduct a needs assessment every three years. The needs and priorities identified in the tri-annual assessment serve as the basis for our annual community benefit plan. In order to complete the 2010 Community Needs Assessment and consistent with previous needs assessments, SVMC and four other hospitals pooled resources to collect information about the health and well-being of residents in their service community. This group, called the Los Angeles Metropolitan Hospital Collaborative, includes:

- California Hospital Medical Center
- Children's Hospital Los Angeles
- Good Samaritan Hospital
- Kaiser Foundation Hospital – Los Angeles
- St. Vincent Medical Center

Methods

The SVMC Community Needs Assessment was developed using both quantitative and qualitative data sources. To the extent necessary, secondary or existing datasets were accessed to update the previous needs assessment. Data sources for this purpose include reports from the Los Angeles County Department of Health Services, including the Los Angeles Health Survey, and additional data on live births and deaths. Additionally, the

Project Team utilized 2009 projection data, instead of relying on outdated 2000 Census data (the 2010 Census data would not be available until after this project is completed, and American Community Survey data are not available in the lowest geography, such as zip codes or census tracts, desired by the hospital collaborative).

Thirty key informant interviewees (mostly from community-based organizations providing medical and social services) added important knowledge and experience for their target areas. Other community members and service recipients chosen by community-based agencies provided a broader and more precise perspective about health care services, gaps in services, and suggestions about how to fill them. Their input made it possible to conduct an informative needs assessment with direct implications for policies and resource allocation to address the individual member hospital’s specific priorities. Ten focus groups were conducted to cover the number of communities served by the hospital collaborative. A majority of these focus groups were done with community residents identified by community agencies involved in previous needs assessments and by the collaborative.

Community Profile

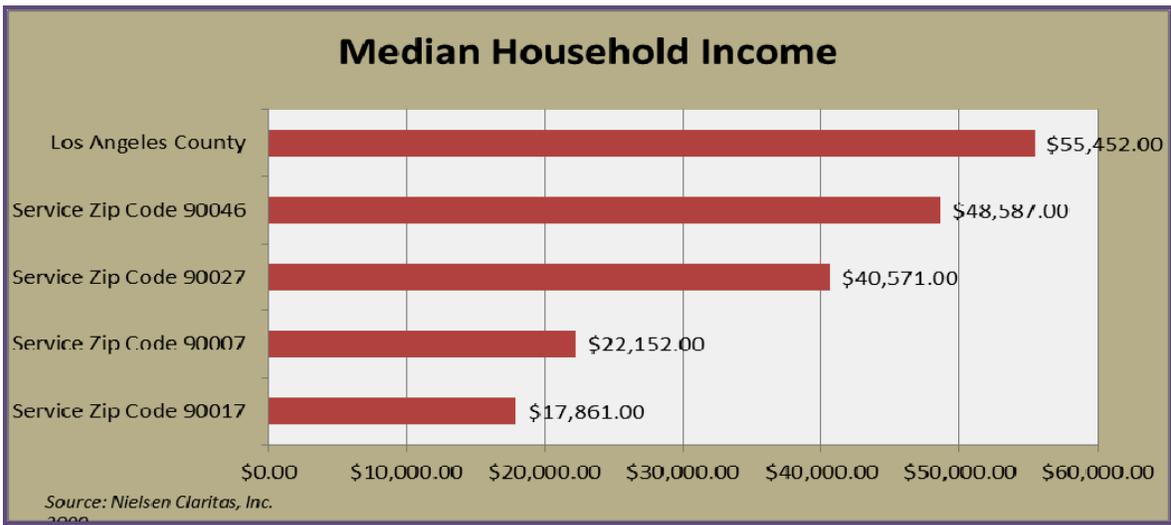
SVMC is located in SPA (Service Planning Area) 4 of Metro Los Angeles. Its service area also includes SPA 6 – South. However, it serves a larger regional area, with patients originating from over 80 cities in Los Angeles, San Bernardino, Riverside and Orange Counties, as well as, from across the country and around the world. While SVMC provides charitable care within these boundaries, it’s primary community benefit service area encompasses: Crenshaw, Echo Park, Hollywood, Northeast Los Angeles, Pico-Union, South Central, West Hollywood, Westlake and Wilshire; and the following 21 zip codes: 90004, 90005, 90006, 90007, 90008, 90010, 90011, 90016, 90017, 90018, 90019, 90020, 90026, 90027, 90028, 90029, 90031, 90037, 90044, 90046, 90057 (see Attachment “B” for map of service area). All zip codes are located in service planning areas 4 and 6.

The following data provide a snapshot of the community served by St. Vincent Medical Center (SVMC).

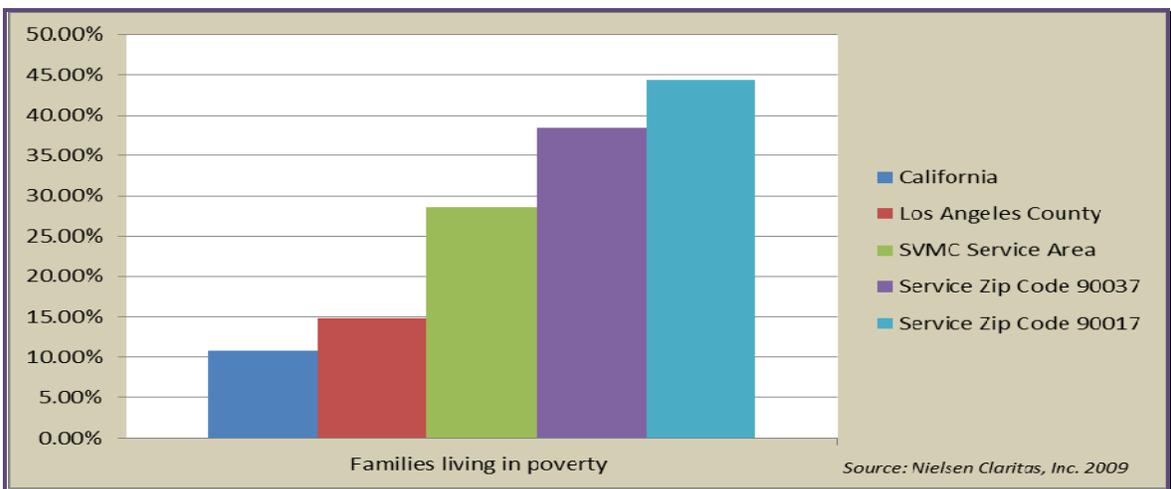
Demographics

| Race/Ethnicity | SVMC | Los Angeles County |
|--------------------------------------|-----------------------------|------------------------------|
| White | 147,150 - (13.2%) | 2,750,423 - (27.4%) |
| Black or African American | 155,101 - (13.9%) | 857,211 - (8.6%) |
| American Indian and Alaskan Native | 2,326 - (0.2%) | 22,890 - (0.2%) |
| Asian | 129,362 - (11.6%) | 1,286,101 - (12.8%) |
| Native Hawaiian and Pacific Islander | 701 - (0.1%) | 22,420 - (0.2%) |
| Some Other Race | 2,375 - (0.2%) | 19,610 - (0.2%) |
| Two or More Races | 22,953 - (2.1%) | 245,452 - (2.5%) |
| Hispanic/Latino | 653,927 - (58.7%) | 4,818,082 - (48.1%) |
| Total | 1,114,255 - (100.0%) | 10,022,189 - (100.0%) |

- In 2009, about 41.7% of the population over the age of 25 in SVMC's service area did not have a high school diploma, compared to 31.0% of the overall population in Los Angeles County. In 2010, more than two-thirds (69.1%) of the population over the age of 5 spoke a language other than English at home. And 24.8% of the families in this service area were living below the federal poverty level. More than three-fourths (79.8%) of the housing units in the SVMC service area were occupied by renters in 2010. About 11.4% of the housing structures in this area were 50 or more units and 17.1% of the housing structures were between 20 and 49 units.
- Median household income in SVMC service area is less than 50% of the Los Angeles County average.

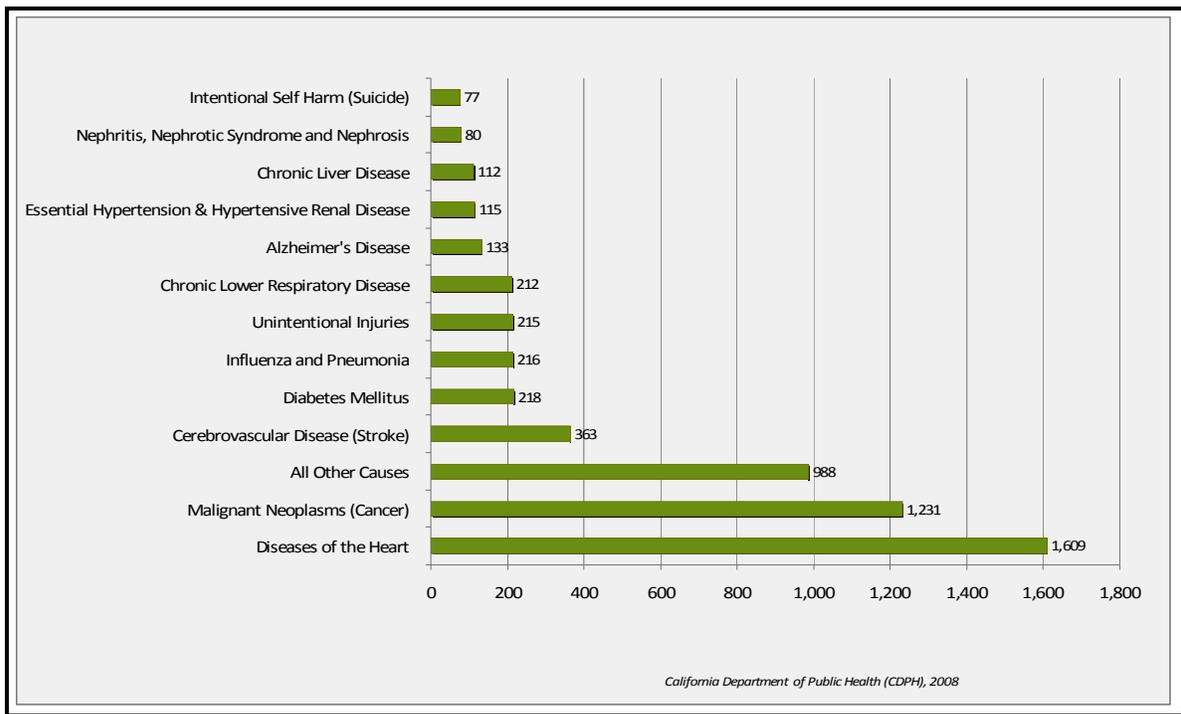


- There was a significant decrease in reported homelessness for the year 2009 compared to 2007 (34.8% decline) and 2005 (41.6% decline).
- Approximately 28% of the families within the SVMC service area live in poverty, almost twice the county average.



Births & Deaths

- There were 17,397 (3.2%) births in the SVMC service area in 2008. The majority of births (72.0%) were to Hispanic/Latina mothers. Half of all births (50.6%) in this service area were to mother ages 20-29 years and more than 1 in 5 births (21.2%) were to mother's age 30-34 years.
- From 2005 to 2006, 87.3% of pregnant women in Los Angeles County began prenatal care in the first trimester. The following groups of expectant mothers tended not to receive prenatal care during their first trimester: pregnant women who completed some high school, between the age of 15 and 19, or living at home where an Asian language is the primary language.
- In 2008, there were 5,569 deaths in SVMC's service area. The top two causes of death for the SVMC service area were heart disease (28.9%) and cancer (22.1%).
- In the SVMC service area, the most common causes of premature death for 2007 were coronary heart disease, homicide, and motor vehicle crashes.



Highlights of Findings

Since the last needs assessment report in 2007, the communities within the SVMC's service area, much like the rest of the nation, have suffered through a devastating economic recession that left many of its residents more vulnerable. Despite the passage of health care reform legislation, many components of which have not taken effect, many participants reported seeing more and more people losing health insurance. Some of this has to do with high unemployment rate, as many people have lost their insurance coverage when they were laid off.

Both quantitative (or secondary) data and qualitative (or focus group and interview) data suggest that there has been a negative trend most prominently in the area of access to health care and three health-related issues: mental health, diabetes and obesity. Services or programs were either eliminated, hospitals were closed, or eligibility became more restricted. Or community members simply could not afford health services, or prioritized them below more basic needs, such as food and shelter. Both providers and community members identified vision and dental services to be especially lacking in the community. The lack of access to health services affected the older adult population and undocumented population disproportionately.

The emergency room continues to be the last resort for many community members who are uninsured or who delay care. Having patients in the emergency room whose symptoms do not warrant emergency care taxes the quality and efficiency of the health care system. Increasingly, though, community clinics are becoming a regular source of care in Los Angeles health care landscape, especially for immigrants. While this cushioned some of economic blows to health access, it also created a seemingly fractured system.

Despite increasing health needs (or because of it), participants believed that there is a community interest in promoting healthy behavior and in focusing on prevention efforts. Access to green space and healthy food options were often cited as top priorities for the community. The quantitative data also suggested that certain health trends, such as smoking cessation and breast cancer screening, turned positive, when there were concentrated efforts in social marketing, policy advocacy, and community health promotion and outreach.

Other community services have been similarly impacted by the recession. Consistent with the quantitative data, participants reported that there was a rise in childhood diabetes, as a result of increasing obesity rates in this population. Easy access to fast food and the elimination of physical fitness programs were just two reasons cited for this, as the recession had made the fast food option affordable to many families and, because of shrinking school budgets, many schools did not even offer physical education classes anymore. Participants also believed that the recession also had led to stressors, such as unemployment, overcrowding and financial instability, that further complicates the mental health of many community members. In addition, budget cuts have reduced the availability of mental health services.

Participants expressed optimism that hospitals like SVMC will play a leadership or convening role in improving health outcomes in their communities. Some participants suggested and others cited examples of collaboration between hospitals and clinics, schools and community-based organizations that serve hard-to-reach populations as a crucial strategy in promoting health. The community health promoter, or *promotora*, model was especially successful in the Latino community.

Access

- According to the 2005 California Health Interview Survey, only 3 of the 54 zip codes in SVMC's service area had a 20% uninsured rate for individuals under the age of 65.
- In 2007, the percentage of adults who reported a regular source of care in the Metro and South SPAs of SVMC's service were lower compared to Los Angeles County (74.1% and 79.1% vs. 80.8%) and all other SPAs. However, the Metro and South SPAs have the highest percentage of adults receiving medical services from the Los Angeles County Health Department facilities.
- The percentages of adults and children who did not obtain dental care in the past 12 months because they could not afford it were higher in SVMC's service area than in the Los Angeles County.
- The cost of prescription medication continues to be a problem for low-income, uninsured and under-insured individuals and families. The percentage of adults who did not get their prescription medication in the past year because they could not afford it was higher in SVMC's service area than in the Los Angeles County.
- Two of the biggest barriers to accessing care were transportation and lack of linguistic competence of providers. An additional barrier particular to senior care was a lack of service coordination among an overly fragmented and often competitive long-term care system.
- For community clinics, recent and impending budget cuts, delayed payments, and a growing low-income under-insured population have exacerbated an already overburdened system.

Mental Health

- The need for mental health services has increased, given the high level of stress due to the worsening economy and unemployment.
- The most frequently cited community mental health issue continues to be depression. Diagnosis of depression had risen since 1999. In particular, women, older adults and American Indians had the highest rate of depression in Los Angeles County.
- In 2007, there were 13.6% of adults diagnosed with depression (up from 12.9% in 2005) in Los Angeles County. The largest increase occurred in SVMC's SPA 4 (11.9% vs. 14.6%). Within SVMC's service area, the percentage of adults diagnosed with depression was 13.6% in SPA 6 and 14.6% in SPA 4.

Chronic Diseases

- Within SVMC's service area, SPA 4 had an increase in the prevalence rate of diabetes from 2005 to 2007 (14.5% vs. 20.8%). SPA 6 continues to report the highest diabetes prevalence rate in Los Angeles County and California.
- SPA 6 had an increase in the prevalence rate of asthma; while SPA 4 had a decrease.

- SVMC's service area had a 3.0% average increase in heart disease in ten years, compared to an average of 2.7% across all SPAs.
- There was also an increase in hypertension for the SVMC service area. The prevalence of hypertension in Metro SPA 4 had double-digit growth from 1997 to 2007 (13.8% vs. 24.8%). While South SPA 6 continues to have the highest hypertension rates in Los Angeles County at 29.0%.
- Both SPA 4 and SPA 6 had the lowest high blood cholesterol estimates than Los Angeles County and other SPAs.

Health Behavior and Preventive Care

- The California Health Interview Survey reported less than half the adults in SVMC's service area consumed at least 5 servings of fruits and vegetables from 2003 to 2005. Regardless of income level or the level of access to fresh fruits and vegetables, consumption differences do not exist among SVMC's service area zip codes.
- From 2005 to 2007, SVMC's service area had an increase in individuals who were overweight or obese. Nearly two-thirds (65.2%) of adults in SVMC's SPA 6 were overweight or obese compared to over half (57.4%) of Los Angeles County adults.

Cancer

- In Los Angeles County, 34,335 residents were diagnosed with cancer in 2010. Most cancer incidents were attributed to breast cancer, colon cancer, and cervical cancer. Since 2007, cancer screening rates continues to improve and cancer incidence rates have remained steady.
- In the SVMC service area, more than two-thirds of women 40 years and older reported having a mammogram in 2007 or the previous two years. And nearly three-fourths of women 50 years and older reported having a mammogram in 2007 or the previous two years.
- Colon screening rates varied across Los Angeles County, from a low 35.6% in SVMC's SPA 4 to a high 43.3% in SVMC's SPA 6, compared to median 38.1% for Los Angeles County.
- SVMC Metro SPA (84.6%) and SVMC's South SPA (88.3%) reported higher rates of cervical (Pap smear) screenings among women than Los Angeles County (84.4%).

HIV/AIDS

- The number of HIV/AIDS cases decreased from 2007 to 2010. However, a disproportionate number of cases were reported among people of color and youths. Hispanic and immigrant groups lacked awareness in HIV prevention and proper use of HIV medication.

- In 2009, SPA 4 had the highest number of adolescents diagnosed with AIDS (74) than other SPAs in Los Angeles County. SPA 6 had the second highest number at 58.
- Although the number of HIV/AIDS cases has decreased, the number of individuals living with HIV has increased as many people living with HIV are living longer as a result of better medication.

Communicable Diseases

- The number of pertussis cases has increased in 2010. SVMC's service area had the largest number of reported cases in Los Angeles County. SPA 6 reported the highest number (14) and SPA 4 reported 10 cases.
- Among STDs, the rate of chlamydia in Los Angeles County remained higher than California or the United States. SPA 6 reported the highest rate of chlamydia cases with 960.0 cases per 100,000 in 2007 compared to 859.5 per 100,000 in 2005. In both 2005 and 2008, SPA 6 had the highest rate of chlamydia cases in Los Angeles County.

St. Vincent Medical Center's Response to Community Needs

The Community Needs Assessment identified the following areas of greatest need:

- Access to care (service coordination, transportation, linguistic competency)
- Chronic disease prevention and management services (diabetes, cardiovascular disease)
- Nutrition education and obesity prevention programs
- Cancer detection services (breast, cervical and colon)
- Dental Care
- Mental health services (depression)
- Cost of prescription medication
- HIV education programs and proper use of medications for people of color and youth
- STD education and prevention

In accordance with its resources and expertise, St. Vincent Medical Center has prioritized from among these needs the areas it can have the greatest impact: (1) access to primary and specialty care; (2) chronic disease prevention and management; (3) nutrition education and obesity prevention; and, (4) early detection of breast and cervical cancers.

High priority community health needs not addressed in St. Vincent Medical Center's Community Benefit Plan include programs on mental health services, dental care, medication costs, and HIV and STD education and prevention. The primary factors contributing to this decision include: (1) lack of expertise (mental health and dental care

services; HIV and STD education); (2) limited resources; and, (3) the availability of other providers in the community with more capacity/expertise to address these needs.

While not identified as a major health issue, St. Vincent Medical Center in keeping with its mission to serve vulnerable populations, has taken a leadership role in directing some of its community benefit resources on programs that target at-risk youth and their families. The underlying intent is to contribute toward improving economic opportunities, physical health, family relations in addition to helping to reduce gang involvement and domestic violence.

V. Progress Report: 2012–2013

“You must serve these poor, sick people with great charity and gentleness so they will see that you go to help them with hearts full of compassion for them.”

St. Vincent de Paul

A. Information, Enrollment and Referral – Health Benefits Resource Center (HBRC)

HBRC is a major initiative designed to increase access to health care through enrollment in public and low-cost insurance and related benefit programs and referral for medical and social services. HBRC provides individuals and families



with enrollment assistance for MediCal, Healthy Families, Cal Fresh and other programs. This program also facilitates access to the patients of St. Vincent Medical Center by working directly with the emergency room and inpatient admission departments.

Listed below are a few key highlights during FY 2012–2013:

Outreach events attended with partnering faith- and community- based organizations for example:

Outreach Events

- DOC: St. Vincent School Parent Meeting – September 17, 2012

- Dionisio Morales Health Fair – October 20, 2012
- DOC: Our Lady of Talpa Parent Meeting – November 14, 2012
- St. Columban Filipino Church Health Fair – November 18, 2012
- Ventanilla De Salud, Mexican Consulate – December 11, 2012
- Honduras Consulate Health Fair – January 28, 2013
- Telemundo Health Event – March 10, 2013
- Doulos Korean Health Fair – March 30, 2013
- SVMC Casa De Amigos Parent Meeting – April 12, 2013
- Thai Temple New Year’s Celebration – April 14, 2013
- City of Hope Community Event – April 27, 2013
- SVMC Foundation for Second Chances – April 27, 2013
- Faith- and Community-Based Organizations
 - Casa De Amigos
 - Esperanza Community Housing
 - General Consulates (Mexico, El Salvador, Thailand, Guatemala, Nicaragua, Honduras and Korea)
 - Guadalupe Medical Center
 - Holy Cross Church
 - Hotel Dieu
 - New Economics for Women
 - Our Lady Queen of Angels Church
 - St. Ana Women’s Clinic
 - St. Gregory Church
 - Woman Infant and Children
- Private and Public Schools
 - Ascot Elementary School November 30, 2012
 - LA Unified School - Guidance Assessment Program (GAP)
 - Lexington Ave Primary Center March 22, 2013
 - San Pedro Elementary School April 13, 2013

Statistics

- **9,130** Inbound calls inquiring about HBRC services.
- **3,358** Families were screened for health access and CalFresh (formerly known as Food Stamps) Program.
- **608** New health-related applications were completed enrolling families into programs such as Medi-Cal, Healthy Families, Healthy Kids, Kaiser Child Health Plan and Access for Infants and Mother (AIM).
- **262** New CalFresh applications completed providing families with access to nutritious foods.
- **343** Families were assisted with retention of benefits for health access and CalFresh program. With the retention assistance, the families will continue to have health care access and more money for food.

- **744** Safety net and community referrals like Ability to Pay (ATP), Outpatient Simplified Application Assistance (ORSA), Private Public Partnership (PPP), Monseñor Oscar Romero (Children and Adult) Clinic, shelters, food banks and/or 211 info line.

HBRC SUCCESS STORY

Mr. C was referred to HBRC by the SVMC Emergency Room due to his uninsured status. He was screened by Mrs. Anna Macgloan, HBRC Senior Representative, and was determined there was linkage for disability Medi-Cal due to his illness. Mrs. MacGloan assisted Mr. C in completing the required forms and needed documents and in submitting the disability application. Mr. C was admitted and was discharged two weeks later. During discharge, Mr. C learned that the total charges he incurred amounted to more than \$100,000. He was very concerned because he did not have that amount of money. Coincidentally, the HBRC office was informed that the Medi-Cal application Mr. C submitted was approved two weeks after it was filed, and that Mr. C will not be responsible to pay the charges. Today, his account has a zero balance.

B. Youth Services and Neighborhood Development – Casa de Amigos

Casa de Amigos (Casa) was founded in 1995 by St. Vincent Medical Center (SVMC) and the Daughters of Charity (DOC) in the heavily-populated Pico-Union/Westlake area of Central Los Angeles. Directed toward economically-disadvantaged youth and their families, Casa’s programs and services are designed to promote community socio-economic empowerment; build participants’ self-esteem; mentor positive role models as a deterrent to gang involvement; advocate and promote healthy families; assist with their educational and cognitive development; and promote social and environmental stewardship.

Services are available to all regardless of race, creed, gender or national origin. The community center is open weekdays from 2:00 p.m.–9:00 p.m., on Saturdays from 9:00 a.m.–2:00 p.m. and during summer from 8:00 a.m. -9:00 p.m.. Casa attracts between 85-100 members daily, ranging in age from 6 to 60 years. The array of program activities at the community center includes:

For youth — after-school and weekend tutoring, academic counseling, music education and instrument practice, computer instruction, indoor and outdoor and outdoor co-educational recreation, indoor and outdoor soccer leagues, karate, arts and crafts, health and nutrition education, attendance at

professional sporting events and mentoring activities concerning gang prevention, tobacco and drug prevention.



For parents and adults — music education, computer accessibility, arts and crafts, health and nutrition, Zumba, continuing adult education and parenting programs.

Key highlights during 2012–2013 include:

- More than 85 youth consistently accessed the programs and services offered by Casa de Amigos on a daily basis.
- Casa continues to be a strong supporter of the Los Angeles Mexican Consulate, Plaza Comunitaria, which seeks to improve the basic educational skill level of Spanish and English language amongst native Spanish speakers.
- Casa is especially thankful to continue to receive the support of the following foundations and organizations: Foundation for Global Sports Development, Daughters of Charity Foundation, John H. and Nelly Llanos-Kilroy Foundation, Dan Murphy Foundation, Peter Norton Family Foundation, LA84 Foundation, St. Vincent Medical Center Foundation, Staples Center, Levi's and SVMC Auxiliary, United Latino Fund, and Green Foundation.
- Casa's youth participated in a community clean up that included Praise Christian Fellowship Church, Derby Dolls, and Silverlake Medical Center.
- Casa's soccer programs placed 3rd in the 2012 indoor soccer summer league at Bresee Foundation. In the Red Shield Salvation Army outdoor soccer league, Casa's 11-14 group placed 1st in the summer 2012 season, and 3rd in the winter 2012 and Spring 2013 seasons.
- Casa collaborated with Koreatown Youth Community Center in an anti-drug campaign directed to teens and their parents to promote healthy choices.

- Casa once again opened its doors to youth during the mornings of June, July and August and offered summer programs as part of its Summer Day Camp. Over 100 youth and their families received educational and recreational programs during the summer. Activities included excursions to local museums, Water Park and aquarium; and the children building solar ovens where they baked mini pizzas!
- Casa de Amigos formed its advisory board composed of St. Vincent Medical Center and community to assist in the task of making Casa de Amigos a more fundable program in its goal to expand and continue improvement of services.

CASA SUCCESS STORY

Richard Cosio began attending Casa de Amigos when he was 9 years old. During his childhood at Casa, he participated in Art, Computer, and Music Instruction as a distraction from the violence in his apartment building. Growing up in Casa, Richard encountered many tragedies with the most life-changing being the loss of his mother to cancer. Motherless and with no father figure to turn to, Richard turned to Casa’s staff for solace and emotional and academic support in dealing with his loss.

Richard graduated from Los Angeles High School of the Arts and is now a sophomore enrolled at California State University, Northridge (CSUN). He is majoring in Political Science and Philosophy and made the Dean’s list for the 2012 Fall Semester. Richard hopes to graduate from CSUN and pursue a Law Degree.

On weekends, Richard volunteers as a Troop Leader with Casa’s Boy Scouts Troop 2131.

C. Community Outreach and Health Promotion – Multicultural Health Awareness and Prevention Center

The Multicultural Health Awareness and Prevention (MHAP) Center’s outreach and health promotion is a cornerstone of SVMC’s mission to serve the sick and the poor in the timeless tradition of the Daughters of Charity. MHAP Center’s focus is on health education, disease prevention, early detection and information, and referral services for high-risk ethnic communities including Latino, Korean, Filipino, Thai, and other vulnerable populations in the central Los Angeles area.

MHAP Center’s health education and outreach staff works directly in the community through a collaborative network of community- and faith-based organizations, government agencies, consulates and health care providers. All

services are offered at no charge to eligible individuals, including educational programs, health screening tests, follow-up services, and referrals.

In 2012–2013, major programs and services included:

- **Education on Breast Cancer, Nutrition and Obesity, Diabetes and Heart Disease**

MHAP Center strengthened and expanded partnerships that were initially formed with community stakeholders for breast cancer outreach and education. The program expanded its health education outreach efforts to include working with community health care, cultural, civic and diplomatic organizations and venues. In addition to breast cancer education, screenings and referrals, MHAP responded to community health concerns regarding obesity and nutrition, hypertension, diabetes, heart disease, kidney health, and issues concerning seniors and the elderly. Partnerships and collaboration were forged with the consular offices in Los Angeles of Mexico, El Salvador, Costa Rica, Guatemala, Nicaragua, Honduras, Philippines, Thailand, Peru and Korea, including churches, senior centers, health clinics and other community-based and civic organizations. Also, a strong partnership was established with Los Angeles Unified School District Nursing Services.

During 2012–2013, MHAP Center provided information about breast cancer screening and early detection, obesity and nutrition, diabetes screening, and other chronic diseases to 141,654 individuals through one-to-one educational contacts made by outreach staff; group workshops or other educational sessions, and messages through the media and community event advertising. Two-thousand two hundred six individuals were directly contacted. Nineteen thousand four hundred thirty-five individual clients participated in group workshops, focus group discussions and educational sessions at a variety of multicultural and ethnically-diverse outreach activities, community meetings and events. Also during the period, more than 130,000 individuals were exposed to SVMC MHAP Center news articles and educational messages published by local media partners such as Los Angeles Asian Journal, HOY Newspaper, Dia-A-Dia Newspaper, Korea Daily, Korea Times, Weekend Balita and Thai News and Siamtown USA.

- **Community Health Fairs**

The MHAP Center's participation in and organizing of community health fairs is in response to the need for increased access to primary care, health education and health and social welfare referrals. The center brings health care information and free screening services to community agencies, faith-based organizations and schools at a variety of multicultural and ethnically-diverse outreach activities and community health fairs.



MHAP Center organized and sponsored the 2012 Annual St. Vincent Medical Center Community Health Fair on September 22, 2012 in the SVMC Oceanview Building parking lot. The annual health fair supports St. Vincent's mission to serve low-income and uninsured individuals within our local communities by providing access to basic preventive services and screenings, an opportunity to enroll in a low-cost or free health insurance programs, and encourage participants to make positive lifestyle and behavior changes to improve their health. Over 1,700 people were served by 30 community, medical and social service organizations with free health services such as clinical breast exam, mammography screening, hearing exam, vision exam, cholesterol screening, hepatitis B screening, body fat analysis, glucose exam, anemia screening, HIV testing, blood pressure screening, ultrasound screening and information on how to apply for low-cost health insurance, information on various chronic diseases and advice from physicians.

MHAP Center planned, organized and sponsored at least sixteen (16) mini-health fairs and participated in at least 32 health fairs in the Metro Los Angeles area during the period serving at least 15,768 individuals.

- Community Obesity and Prevention Program

More than 5,872 individuals benefited from obesity and nutritional information provided by the MHAP Center at health fairs and unique nutrition classes, presentations and workshops offered at senior citizen centers and housing complexes, schools, and faith-based and community-based organizations and agencies. One thousand eight hundred eighty-one individuals benefited from body fat analysis and screening.

During the spring, MHAP Center partnered with LAUSD School Nursing Services, SOS Mentor, LAUSD Beyond the Bell and Newtritious to implement the 3rd Annual LAUSD Healthy Schools Campaign program. The campaign is an unprecedented effort that raises awareness about nutrition and fitness and reached over 28,000 students in 600 Los Angeles schools. The culmination of the campaign was a district-wide poster contest open to students of all ages. Through the contest, students were encouraged and empowered to pass on healthy messages to their families, other students, and the community. Poster contest judging was conducted on March 14, 2013 and the Poster Contest Awards Reception & Dinner was held on April 18, 2013 at St. Vincent Medical Center.

- Free Flu Shots

During the fall season, 2,000 individuals in the community were provided free flu shots during the SVMC annual health fair and community outreach in coordination with faith-based organizations and Los Angeles consular offices of Mexico, El Salvador, Korea, Guatemala, Thailand and Philippines.

- Breast Cancer Early Detection Services

Since its inception in 1992, the SVMC Community Mammography Program has reduced the barriers for access to breast cancer screening services for medically-underserved women in the central Los Angeles area. Through its collaboration with different community clinics such as KHEIR Community Clinic, Asian Pacific Health Care Venture, Women's Breast Center and the State's Cancer Detection Programs—Every Women Counts (formerly BCEDP), this program offers quality breast health services including mammography, clinical breast exams, breast self-examination instruction, follow-up services and patient tracking at no charge or very low cost to the patient. Low-cost screening is also provided to asymptomatic women ages 30–39 who have a first-degree relative (maternal or paternal) with breast cancer.

During 2012–2013, 1,066 women were referred and/or facilitated for Clinical Breast Examinations and screening mammograms in coordination with partner medical providers. Resulting from these screenings, 29 patients were identified and reported to have abnormal findings, and 5 were diagnosed with breast cancer. Since its inception, the program has screened more than 32,614 women, including new patients and annual returns, with a total of 69 cancers detected.

- Support Services and Special Projects

During 2012-2013, SVMC in collaboration with the American Cancer Society and other local cancer organizations, continued to provide cancer support services to patients and their family members through programs designed to address both their psychosocial and physiological needs. This includes the Look Good...Feel Better Program and the I Can Cope Project for cancer

patients under treatment along with their caregivers. One hundred twenty-five cancer patients benefitted from both programs.

- In 2012–2013, MHAP Center implemented special projects and services including:
 - Annual Health Forum for LAUSD School Nurse, May 8, 2013 – This forum brought together more than 225 school nurses representing the local districts 4 and 5 of LAUSD. The event was a joint effort of MHAP Center and LAUSD Nursing Services for the purpose of providing education and increasing awareness among school nurses, school personnel and health workers about the major public health threat of obesity, cancer, hepatitis and diabetes.
 - Avon Walk for Breast Cancer – MHAP Center Team and Volunteers participated in the 10th Avon Walk for Breast Cancer in Santa Barbara, CA on September 23, 2012.
 - Susan G. Komen Race For The Cure – SVMC MHAP Center Team sponsored for the fourth time the First Aid Team at the Susan G. Komen 2012 Annual Race for the Cure and participated in the 2013 Expo at Dodger Stadium on March 23, 2012. SVMC/MHAP Center Staff promoted the hospital’s breast cancer education and outreach program to more than 10,000 participants.
 - Annual Breast Cancer Forum - Comprehensive Cancer Control Coalition in Service Planning Area 4 (C4-SPA4) Breast Cancer Forum was a unique collaboration of community and faith-based organizations, government officials, businesses, foundations, hospitals, universities and community clinics, pooling resources to reduce the burden of breast cancer by focusing on early detection, better treatment, and enhanced survivorship. Seventy-five community leaders from different health care providers attended the event.
 - Asian Pacific Islander Health Access Collaborative Program – During the project period 2012 - 2013, St. Vincent Medical Center’s Multicultural Health Awareness and Prevention (MHAP) Center, in collaboration with two community clinic partners, the Korean Health, Education, Information and Research Center (KHEIR) and Asian Pacific Health Care Venture (APHCV) provided community outreach, education, and medical referrals and services for medically underserved individuals to increase health access and provide a continuum of care. SVMC MHAP Center and its collaborative partners, KHEIR and APHCV screened 2,984 API patients (757 hepatitis B screenings, 1,174 breast cancer screenings and 1,053 clinical and community-based diabetes screenings). Continuum of care coordination with visits to medical specialists for

chronic condition was provided for 21 hepatitis B patients, 189 breast cancer patients, and 724 diabetes patients.

MHAP SUCCESS STORY

During MHAP's regular outreach at the Honduras consular office in Los Angeles, an employee from the Consulate had requested to have a mammography screening because she had not had a screening in several years. She feared that she could be predisposed to breast cancer because of family history. A mammography day was held at the Consulate which provided free screenings for the staff and their constituents. On that day, this employee was given a mammography screening. She was very satisfied with the program and was very appreciative. She had many great comments including one that the MHAP staff will never forget: "I am beyond grateful for the free health service provided. Coming to this country is not easy let alone finding medical services. We come here for better opportunities yet underestimate the free services being offered. To receive such health screening free of charge specifically the mammogram is such a blessing. I will always be appreciative to St. Vincent Medical Center and their funding partners."

D. Diabetes Prevention/Detection/Management – Community Diabetes Education Program

The Community Diabetes Education Program (CDEP) at St. Vincent Medical Center (SVMC) was established in July 2007 in response to one of the most significant and rapidly rising health problems facing the community surrounding the Medical Center. Generously funded by the Carrie Estelle Doheny Foundation, the CDEP focuses on two main objectives:

1. Provide comprehensive Diabetes Self-Management Education and Training for people with diabetes. In these classes, participants learn to acquire the skills and knowledge necessary to control their blood glucose in order to live healthier and productive lives. They also learn to prevent and manage acute complications and prevent or delay long-term complications of diabetes.
2. Provide diabetes awareness and diabetes prevention education to community members at high risk of developing diabetes. This is achieved through multiple lectures, workshops, and presentations on lifestyle, nutrition, exercise and awareness of diabetes epidemic.

During 2012–2013, the CDEP provided the following free services:

- 140 Community outreach events including health fairs, lectures, presentations, workshops and screenings where 8,405 adults and youth received education on diabetes awareness and prevention. Those events

included: 73 visits to the consulates of Mexico, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Korea, Philippines, Peru and the Royal Republic of Thailand; 40 visits to community centers, including labor centers, food banks, senior citizens centers, elementary schools, middle schools, high schools in the community; including the youth center Casa de Amigos de San Vicente (Casa), and attendance to 27 community health fairs.



- 125 blood glucose screening events where 7,227 people at high risk for developing type II diabetes, had their blood glucose tested and were given appropriate counseling and referrals based on blood glucose results.
- 380 men and women newly-diagnosed with diabetes, those with poorly-managed or diabetes out-of-control, and their support systems received comprehensive bilingual, culturally-sensitive, age-appropriate and compassionate Diabetes Self-Management Education.
- Lectures and presentations where 577 health workers, school nurses and community leaders received training in current trends of diabetes, diabetes management and care of the person with diabetes.
- An average group of 35 women in the Zumba class, who are mothers of children at Casa de Amigos de San Vicente (Casa), had their blood pressure, blood glucose, body weight, waist circumference and body mass index (BMI) assessed, received counseling/education based on results on a monthly basis.
- 400 participants with fasting or postprandial hyperglycemia, who did not have history of diabetes and were not aware of hyperglycemia, were counseled and referred to medical services for further assessment and treatment during community outreach services.

- 40 people with history of kidney/pancreas transplant, received education and support on diabetes management during the Kidney/Pancreas Support Group Meeting.
- In addition to the above services, CDEP also provided assistance as needed to those individuals with diabetes who walked into the office seeking assistance and orientation on the management of diabetes.

CDEP SUCCESS STORY

In February 2013, AM, a 44 male, presented to the Holy Cross Community Center requesting to see a nurse. He was petite, thin and appeared sad. During this visit, AM told the nurse that his vision has been blurry for the past two months and it affected his job. His work involved furniture restoration, a job he did for 20 years. Due to his faulty work, he was laid off. Up to this point, AM did not know why his eyes “were failing” and why he lost 34 pounds even though he is not on a diet. He knew nothing about diabetes or the symptoms of hyperglycemia

The day before his visit to the community center, he was screened for his blood glucose by one doctor that he paid \$30.00. His blood glucose result was 520mg/dl. Since AM did not have health insurance, he only got a diagnosis of diabetes and a prescription for insulin from the doctor. The doctor never explained or informed him about diabetes.

When AM came to the community center, he was full of fear because he did not know what was happening to him. He asked many questions, had many concerns and feelings of impotence and desolation. To alleviate his fear, the community center staff explained and gave him information on comprehensive diabetes self-management including: pathophysiology of diabetes, nutrition, benefits of exercise and answered his questions and concerns. He received a free blood glucose monitor and was taught how to monitor his blood glucose level by himself. He learned the types, use and administration of insulin.

He was a very happy man when he visited the community center a week later, because his blood glucose has improved and his vision has cleared. He was referred to a community clinic close to his house in South Central Los Angeles, and continues to call the CDEP to share good results and to ask questions.

E. Hepatitis Education/Detection/Treatment – Asian Pacific Liver Center

Asian-Americans are disproportionately affected by chronic hepatitis B infection (CHB), accounting for more than half of the estimated two million Americans with CHB. Twenty-five to thirty percent of individuals with CHB will develop cirrhosis and /or liver cancer. However, more than 60% of CHB cases are

undiagnosed since most patients with CHB are asymptomatic until the onset of complications. Effective treatments are currently available for CHB which can prevent disease progression. Therefore, early diagnosis of CHB is critical so that appropriate medical management can be initiated.



Our targeted population is the Asian Pacific Island (API) in Los Angeles and Orange Counties, particularly the cities of Los Angeles and Long Beach, in Los Angeles County and communities in northern Orange County, where the concentration of foreign-born individuals from hepatitis B virus endemic countries is one of the highest in the nation. According to the U.S. Census, among the approximately 10 million residents of Los Angeles County, 13% are API, and of those, 41% are foreign-born. Depending on their country of origin, 5 to 15% of API immigrants are hepatitis B carriers. In some Pacific Rim countries, as much as 20% of the population may be infected with hepatitis B, and more Pacific Rim immigrants pass through Southern California than any other entry point in the country. Therefore, a very high proportion of the Los Angeles and Orange County Asian immigrant population is at high risk of being infected with hepatitis B. The need for services was determined by research that shows the rate of hepatitis B infection is 30 to 40 times higher among Asian Pacific Island populations than among the U.S. population in general. *Nearly 1 in 12 APIs in the U.S. are chronically infected with hepatitis B, one-third or more are unaware of their hepatitis B status, and approximately 25% will die of hepatitis B-related liver disease.* Because of the very high concentration of APIs in Los Angeles County and Orange County, where so much of the population is foreign-born, it is essential to target API groups to control the consequences and spread of infection.

Since hepatitis B is often without symptoms, it is then passed on to others who also remain unaware they are infected. Therefore, providing education, diagnosis and treatment is essential to stop the spread of the disease. According to the U.S. Department of Health and Human Services, 65 to 75% of infected Americans are unaware of their infection and are not receiving care and treatment. [www.hss.gov/ash/initiatives/hepatitis].

Barriers to accessing medical care and treatment for the API population served by our Center include a widespread lack of awareness. A report released in 2010 by the National Academy of Sciences indicated that lack of awareness about the prevalence and seriousness of the problem, among many healthcare professionals as well as the general population, is a factor in the continuance of high levels of risk among immigrant populations from Asian and African nations (*Los Angeles Times*, January 10, 2010). Among people screened at APLC events, 5.4% screened positive for the hepatitis B virus and 60% of those tested have been unaware they were infected. This lack of awareness is an obstacle addressed directly by APLC education events which are targeted to both the medical community and for the general population in the form of free public screenings.

If diagnosed with hepatitis B, the fear of discrimination is another barrier to be overcome in all Asian communities. There is stigma associated with hepatitis, as evidenced by a 2010 study, "Characterizing hepatitis B stigma in Chinese Immigrants" - [http://webdoc.nyumc.org/hepatitis/files/hepatitisstg/u34/Chinese_immigrants_and_HBV_stigma.pdf]. Education about the disease such as that which is offered by the APLC, has been found to reduce stigma and can encourage high-risk people to seek screening, diagnosis and treatment.

The prevalence of diverse languages and cultures among the groups targeted for education and treatment of hepatitis B present another challenge to the dissemination of information and ready acceptance of treatment. Between 2007 and 2010, among the APLC's Los Angeles target population, 22.3% did not speak English and only 26.9% could read and write English [Demographical and Serological Characteristics of Asian-Americans with Chronic Hepatitis B Diagnosed at Community Screenings]. The populations that we target speak Mandarin, Cantonese, Korean, Cambodian, and Vietnamese and prefer to receive information in their own language. The APLC creates resources written and designed to deliver culturally-appropriate interventions, information and services tailored to the languages and cultural concerns of its patients.

Lack of medical insurance is also a significant barrier, especially for follow-up care among the low-income and newly-immigrated populations that are the most likely to carry the infection. Less than 21% of the people screened by the APLC in 2007-2010 had medical insurance, and of those who did not seek

follow-up, 63.3% cited lack of “financial means/medical insurance” as the reason. [Demographical and Serological Characteristics of Asian-Americans with Chronic Hepatitis B Diagnosed at Community Screenings]. The lack of medical insurance for follow-up care is a significant obstacle, as is the perceived lack of urgency due to the frequent absence of symptoms. The APLC can provide an opportunity for affected individuals to obtain drugs and needed treatment through Patient Assistant Programs at pharmaceutical companies and through referrals to other partner agencies which provide healthcare services regardless of the patients’ ability to pay.

Over the past six years, the APLC has developed partnerships and collaborations with other organizations, agencies and community groups throughout Southern California to address the needs of API populations. Through such partnerships, we are able to reach communities with large and even majority API populations such as Alhambra, Rosemead, Monterey Park, and the city of San Gabriel, as well as Orange County cities of Westminster, Garden Grove and Irvine that the US Census has identified as having a high concentration of API residents.

Since 2007, the APLC has provided educational presentations to approximately 30,000 people in both the general and medical community, screened 18,475 persons at 185 separate events, provided vaccinations to 1,467 persons susceptible to hepatitis B, and diagnosed 996 persons. About 400 individuals have been linked to additional treatment services. The majority of the services and events to-date have targeted the Chinese, Korean, Vietnamese, Thai, and Cambodian communities; however, the APLC continues to expand its range of coverage, and is now also working with Armenian and Egyptian populations in cities and communities throughout Los Angeles and Orange Counties.

In 2012-2013 alone, APLC conducted 40 screenings & education events, targeting mostly API communities. During the year, 3,293 persons were screened, 219 people were diagnosed with hepatitis B and 535 hepatitis B life-saving vaccinations were provided to susceptible individuals. SVMC underwrites many of the follow-up expenses for APLC clinical patients, including associated expensive hepatitis B management such as additional testing, lab fees and ultrasounds for those who test hepatitis B positive.

The APLC is committed to providing comprehensive education, screening, and vaccination services for the identification and prevention of hepatitis and linkages to care and treatment for those infected. In addition to the generous grant from the Daughters of Charity Foundation and other private and corporate funding sources, the APLC will be able to expand its already successful hepatitis B education, screening, and prevention services by adding education and screening for hepatitis C, as hepatitis C virus (HCV) is the most common chronic blood-borne viral infection and the most common cause of

chronic liver disease in the United States. An estimated four million Americans (1.6%) are infected with HCV, and are at risk for developing cirrhosis and liver cancer. Many who have HCV are not aware, and most with acute infection show no symptoms. While anyone can get hepatitis C, the baby boomers, or those born from 1945-1965, are 5 times more likely to have the disease. Hepatitis C is responsible for 8,000-10,000 deaths in the United States every year, and that number is likely to triple in the next 10-20 years unless effective interventions are developed. In Los Angeles County alone, an estimated 180,000 persons are infected with HCV.

Challenges to the efforts to enhance viral hepatitis prevention and control include several factors which the APLC can address. Because of the lack of symptoms, hepatitis may go undetected for years, leading to complications for the infected person, such as liver damage, cirrhosis, or liver cancer. Furthermore, without awareness of its presence, hepatitis can be spread unknowingly through close personal contact. Education, screening, diagnosis and treatment such as those offered by the APLC greatly reduce the risk of both complications and the spread of the infection to other individuals.

APLC SUCCESS STORY

Several grant awards helped APLC collect and analyze enough data to not only learn more about HBV, but also to develop research abstracts. Using data collected from screening events, APLC was able to develop an abstract from data collected through the UnitedHealthcare project, "Demographical and Serological Characteristics of Asian-Americans with Chronic Hepatitis B at Community Screenings." This abstract was accepted and presented at the American Association for the Study of Liver Diseases (AASLD), an international liver meeting in November 2011. The manuscript of the same name describing the APLC study has been published in the Journal of Viral Hepatitis, 2013.

Through increased levels of data collection and analysis, APLC was able to develop additional research and reports to share with the medical community. The abstract "Risk of Abnormal Renal Phosphate Handling or Osteoporosis in Treated and Untreated Asian-American Chronic Hepatitis B" was accepted in June 2013 and will be presented in November 2013 at the AASLD Convention.

APLC has become the research center of choice in Los Angeles for trials of CHB drug safety and efficacy. With excellent patient follow-up and a steady referral base of new patients, APLC has become the ideal location for testing approaches to treatment. APLC is actively conducting 6 different CHB research studies.

F. Job Training/Career Development for Youth – Volunteer Services

During 2012-2013, SVMC continued to participate in both government- and privately-sponsored programs that provide career development for high school and college students. A total of 22,255 hours were donated by these students to SVMC.

SVMC has developed relationships with Los Angeles School of Global Studies, Concorde Career College, Western University, Cal State LA, New Village Girl's Academy, and USC. Loyola High School has been a partner of St. Vincent Medical Center for many years for their Senior Community Service Hours.

St. Vincent Medical Center also participated in the following job training programs: The Archdiocese of Los Angeles Youth Employment Program, New Charter Girls Academy and Miguel Contreras Learning Center. These high school students were placed in areas such as the information desk, patient floors, as well as other departments throughout the medical center.

These programs assist students in acquiring competencies necessary for entry-level employment and also provide valuable instructional experience in an actual work environment with mentoring and teaching from business/industry volunteers. In addition, students interested in healthcare-related careers gain valuable access to health care professionals. SVMC also participates in many community service fairs at various schools such as Loyola High School and Foshay Medical Magnet.

SVMC once again participated in a successful collaborative event with high school students from across the United States who took part in the National Youth Leadership Forum on Medicine. The students, approximately 30 in all, who have shown interest in entering the medical field, came to the medical center for a day visiting departments such as the Lab, Joint Replacement Institute (JRI), Cancer Treatment Center (CTC), Radiology, Catheterization Laboratory and the Operating Room. All students were given the insight into possible career choices and opportunities during their time here at St. Vincent Medical Center.

G. Donated Space for Community Use

SVMC has maintained a long tradition of offering free or discounted space for the use of community groups and organizations, including conference rooms and parking facilities, offices, residential property and lodging accommodations for the families of patients. Some examples of discounted spaces include but not exclusive to Knights of Malta, St. Nicholas Church, and the Archdiocese of Los Angeles.

Seton Guest Center

Located on the campus of St. Vincent Medical Center, the Seton Guest Center, which resembles a hotel, first opened its doors in 1994. Extensively renovated and enhanced during 2013, the center has 32 private hotel-like rooms which can accommodate up to four people. Each room has a queen-size bed and a queen-size sofa bed, television, a small refrigerator and private bath. The community kitchen has a refrigerator/freezer, a microwave and a toaster oven. A laundry room is available with washer and dryer. The Seton Guest Center also has available computers with Internet access and some areas have wireless Wi-Fi available.

Recovery times are as individual as each patient, and their hospital stays can sometimes be lengthy. Families can remain close to their loved one for as long as necessary by staying at the SVMC's Seton Guest Center. Once a patient is discharged, but must remain close to the hospital and their physicians, they can stay at the Seton Guest Center as long as a family member or friend is present to care for the patient.



The patients and family members served are generally from Northern, Central and Southern California; however, families from across the U.S. and from around the world including England, Hong Kong, Egypt, Australia and Israel to name a few were also served. On average, the guest center serves approximately 100 patients per month. No one is turned away for their inability to pay. During FY2012–2013, the Seton Guest Center provided discounted lodging for 1,290 people valued at \$184,800.

H. Transportation Services

Lack of access to transportation is a major barrier to health care for many residents living in SVMC's primary service area. This problem is being

addressed through the provision of patient shuttle vans directly operated by SVMC between the patient's home and the hospital.



Service is provided at no charge within a 15-mile radius of SVMC. When use of the shuttle vans is not feasible, patients in need of transportation are issued taxi vouchers. These transportation resources are funded in part by generous grants from the Daughters of Charity Foundation and QueensCare. During 2012–2013, a total of 9,278 patients were provided transportation services including those referred for services at SVMC through its various community benefit programs.

VI. Community Benefit Plan: 2013–2014

Based on community need priorities, available institutional resources and established partnerships with a broad array of agencies, programs, providers and faith- and school-based organizations, St. Vincent Medical Center will implement programs and services during 2013-14 that address access to primary and specialty care, chronic disease prevention and management, transportation, insurance and public program enrollment and youth services. Each program plan identifies the respective community needs, goals and objectives to accomplish during the year, evaluation indicators used to measure impact and collaborating partners.

Benefit/Activity: Information, Enrollment & Referral – Health Benefits Resource Center (HBRC)

- Community Need:** Low income individuals and families have limited access to healthcare services and limited resources for food and social services.
- Goal:** Increase access referral and navigation assistance for health care insurance and government sponsored programs.
- Objectives:**
1. Outreach
Participate in outreach events and provide information on available health programs and services. HBRC will be attending at least 4 school- based events and 5 community health fairs.
 2. Household Screenings
3,040 health and CalFresh household eligibility screenings will be completed.
 3. Health Access Program Applications
Assist to complete and submit 660 new applications to the appropriate health program administrator for determination of medical coverage benefits.
 4. CalFresh Applications
Assist to complete and submit 260 new applications to the Department of Public and Social Services (DPSS) to determine benefit eligibility and benefit allotment.
 5. Health and Social Support Referrals
Make 600 referrals to government and/or private safety net providers (LA County Ability to Pay; Outpatient Reduced Simplified Application (ORSA), Public Private Partnership (PPP), Prescription Program Assistance (PPA), Info Line (211),

food banks, housing emergency shelters, So. CA Edison, shoes and/or school uniforms and St. Francis Right to Health Project.

6. Annual Recertification

Assist to complete 150 household annual re-determinations for both CalFresh and health programs.

7. Revenue Recovery Program

No more than 25% of processed inpatient self-pay accounts and 15% of processed outpatient accounts will remain cash accounts.

Evaluation Indicators:

1. Number of outreach events attended
2. Number of new health and CalFresh applications submitted
3. Number of annual re-determinations
4. Number of safety net and social support referrals
5. Number of families assisted with case management /trouble shooting
6. Number of individuals receiving HBRC fliers
7. Name, date and location of two major outreach events and four school-based events
8. Name, date and location of faith and community based business partners

Partners:

1. Private and Public schools
 - Daughters of Charity Sponsored Schools (Our Lady of Talpa & St. Vincent School)
 - Los Angeles Unified School District
 - PACE Head Start
 - USC Head Start
2. Faith and Community-Based Organizations
3. Medical providers, e.g.: THE Clinic, MonSeñor Oscar Romero Clinic (Adult and Children), KHEIR Clinic, Order of Malta Clinic, St. Ana Women's Clinic, Asian Pacific Liver Center
4. Los Angeles County Department of Public and Social Services
 - CalFresh Outreach Unit District #16
 - Medi-Cal Outreach Unit District #16
5. St. Francis Medical Center
6. General Consular Offices (Mexico, El Salvador, Thailand, Guatemala, Nicaragua, Honduras, Korea, Costa Rica, Peru)
7. Women Infant and Children (WIC)
8. First American Methodist Church (FAME)
9. SVMC Patient Access Team (Admitting, Patient Financial Services, Case Management, Social Services)
10. Private Physicians

11. Amanecer Community Counseling
12. Maternal Child Health Access
13. LA Care Family Resource Center
14. Healthy School Food Coalition
15. Central American Resource Center (CARECEN)
16. New Economics for Women

Benefit/Activity: Youth and Neighborhood Outreach Services – Casa de Amigos de San Vicente (Casa de Amigos or Casa)

Community Need: Access to gang diversion, youth, and family development programs.

Goal: Provide opportunities to children and their families to enhance their academic, cultural, spiritual and athletic development.

- Objectives:**
1. Maintain and expand the programs and services offered by Casa de Amigos Community Center.
 2. Provide parents of children enrolled in Casa parenting education programs and access to a community resource library.
 3. Demonstrate measurable improvement in reading and math skills of children enrolled in Casa academic programs.
 4. Implement programs that foster parent-child communication and family values.
 5. Collaborate with agencies that will continue to provide job training programs and job placement opportunities for youth and parents.
 6. Provide vital social services referrals to Casa participants and their families.
 7. Improve the health of all participants through involvement in team sports, tournaments, karate training, and self-defense instruction.
 8. Provide a safe environment for recreation and learning for residents in the immediate neighborhood surrounding SVMC.

Evaluation

- Indicators:**
1. Number of participants served
 2. Evaluation of reading and math skills
 3. Feedback from parents

4. School progress reports
5. Assessment of performance in special events

Partners:

1. Homework Tutoring
 - Archdiocesan Youth Program
 - Boy Scouts – Learning for Life
 - Cal State Los Angeles
 - Casa Associates
 - China Town Service Center
 - Glendale Community College
 - Los Angeles Community College
 - No Child Left Behind Program
 - Pasadena Community College
 - UCLA Youth Program
 - St. Vincent Medical Center
2. Adult Education
 - All People’s Community Center
 - Casa Computer Classes
 - Clinica MonSeñor Oscar A. Romero Mental Health Services
 - Mexican Consulate
 - Promotoras Comunitarias
3. Enrichment Activities
 - Boy Scouts
 - Breese Foundation
 - CHILL Program
 - Girl Scouts
 - Heart of Los Angeles (HOLA)
 - Kicks for Kids Galaxy Foundation
 - Koreatown Youth Community Center
 - Los Angeles County Youth Probation
 - Los Angeles Parks and Recreation
 - Salvation Army
4. Employment
 - Archdiocesan Youth Program
 - Breese Foundation
 - China Town Service Center
 - Los Angeles WorkSource Centers
 - UCLA Youth Program
5. Health Services
 - Clinica MonSeñor Oscar A. Romero
 - Coalition on Community Health/Asthma
 - QueensCare

- St. Johns Clinica
 - St. Vincent Medical Center
6. Counseling Services
- Children’s Institute, Inc.
 - Clinica MonSeñor Oscar A. Romero
 - Coalition on Community Health/Asthma
 - Didi Hirsch Mental Health Services
 - St. Johns Clinic
7. Other
- California Highway Patrol
 - Carrie Estelle Doheny Foundation
 - Koreatown Youth Community Center
 - Los Angeles County Court House
 - Los Angeles County Toy Loan Program
 - Los Angeles Police Department
 - Miguel Contreras Learning Complex
 - Pico Union
 - Rampart Police Station
 - Shoe Outlet Stores
 - Staples Center Foundation
 - Toys for Tots US Marines 4th Division
 - Union Avenue Elementary
 - UPS

***Benefit/Activity: Information, Education, Screening and Referral Services –
Multicultural Health Awareness and Prevention (MHAP) Center***

Community Need: Access to primary and preventive care, health education, referrals for specialty services, early cancer detection and risk factor reduction for diabetes, obesity and heart disease.

- Goal:**
1. Increase breast cancer awareness and knowledge in the targeted Latino, Korean, Filipino, Thai communities, and other vulnerable populations in central Los Angeles by establishing a lasting breast care network with organized information and resource sharing among health care professionals and women’s organizations in these communities.
 2. Collaborate with the consulates in Los Angeles, faith-based organizations and community organizations to assist underserved populations obtain primary care, health education and screenings, health information, obesity reduction measures, medical referrals and guidance on using health care system.

3. Increase community involvement and encourage active participation of community partners and organizations in MHAP Center community outreach and education program.
4. Improve the quality of life of cancer patients through programs that enhance physical and emotional well-being.

Objectives:

1. Refer between 800-1,000 women for clinical breast examinations and screening mammograms at the SVMC Radiology Department and/or CDC partnering agencies, such as the KHEIR Clinic, Women's Breast Center and Asian Pacific Health Care Venture Clinic. Referrals to clinical breast examinations and annual mammogram screenings through:
 - 5,000 fliers distributed to 40 health and nonprofit agencies and schools.
 - A minimum of 15 community presentations per year on the importance of breast cancer early detection through clinical breast examinations, breast cancer screenings, and breast self-examinations.
2. Contact up to 100,000 people from multicultural communities and educate them about health issues on cancer, obesity, nutrition, diabetes and hypertension through one-to-one educational contact, group workshops and lectures and other educational messages through media.
3. Increase screening services including prevention through multicultural related activities such as community festivals, health fairs and exhibits, and other religious and cultural affairs.
4. Conduct at least 12 education classes on obesity and nutrition in the community.
5. Continue to participate in at least 16 community health fairs and provide free health screenings, health and safety information to at least 10,000 people.
6. Collaborate with partnering organizations, including LAUSD nurses to conduct health education and screening services to low-income and uninsured individuals.
7. Continue to implement SVMC's annual health fair and maintain a target of more than 1,000 beneficiaries and 25 exhibitors.
8. Provide annual flu shots to 1,000 patients.
9. Continue weekly nutrition and diabetes classes in English, Korean and Spanish and expand same services to other multicultural communities.

10. Continue the tri-lingual health promoter program that provides blood pressure and nutritional screenings, and body composition analysis to multicultural communities.
11. Offer cosmetic counseling and education for female cancer patients quarterly.

Evaluation Indicators:

1. Number of people screened
2. Number of patient referrals
3. Number of educational materials distributed
4. Number of faith-based organizations affiliated
5. SVMC Health Fair provider feedback
6. Number of women screened
7. Number of cancers detected
8. Number of annual returns
9. Number of community events
10. Number of attendees at community events
11. Number of women referred for screening (both insured and uninsured)
12. Community feedback and evaluation
13. Number of community organizations served
14. Number of community physicians & nurses contacted
15. Number of programs conducted
16. Formal and informal feedback from patients, families and physicians
17. Results of Client Intake Forms Survey

Community Partners:

1. Foreign Consulates in Los Angeles & Government Officials Offices
 - Central American Consular Offices (El Salvador, Guatemala, Nicaragua, Costa Rica & Honduras)
 - Korean Consular Office
 - Mexican Consular Office
 - Peruvian Consular Office
 - Philippines Consular Office
 - Royal Thai Consular Office
2. Government Organizations
 - Los Angeles Unified School Districts (LAUSD), School of Nursing Services
 - LAUSD Community Parent Center
 - LA County Public Health Department
 - Los Angeles Office of Women's Health

3. Government Officials Offices
 - Office of Councilmember Gilbert A. Cedillo
 - Office of Council Member Mitch O'Farrel
 - Office of City Council Jan Perry
4. Health Care Organizations and Medical Provider
 - AltaMed Health Service
 - American Cancer Society
 - American Diabetes Association
 - Asian Pacific Health Care Venture
 - KHEIR Community Health Clinic
 - LA Care Health Plan
 - St. Francis Medical Center
 - UCLA Eye Mobile Unit
 - Women's Breast Center
5. Religious Organizations
 - Center of Hope
 - Council of Korean Churches in Southern California
 - Holy Cross Catholic Church
 - Iglesia Baptiste Church
 - Korean Catholic Renewal Movement of Southern California
 - Korean Doulos Church
 - Korean New Vision Church
 - Office of the Filipino Ministry, Archdiocese of LA
 - Our Lady of Loretto Church
 - Our Lady Queen of Angels Church
 - St. Agnes Church Korean Pastoral Council
 - St. Basil Parish Korean Ministry
 - St. Columban Church Filipino Ministry
 - St. Columban Missionary
 - St. Genevieve Catholic Church
 - St. John Catholic Church
6. Adult and Senior Centers
 - Echo Park Senior Housing Center
 - Korean Adult Senior Centers
 - Menorah Housing Foundation
 - Silverlake Adult Day Care Center
 - Steel Plaza Senior Apartments
 - Terry Senior Apartment
 - Wilton Korean Senior Housing Center
7. Print and Media
 - Asian Journal Group, Inc.
 - Asian Pacific News
 - Balita Media Group, Inc.

- Dia-A-Dia Newspaper
 - Frontliners Media Group
 - HOY Los Angeles Times Media Group
 - Korea Catholic Times
 - Korea Times Daily
 - Siam Town News
8. MHAP Center Community-Based Organizational Affiliation.
- Co-Organizer – Comprehensive Cancer Coalition in Service Planning Area 4 (C4-SPA4)
 - Member:
 - American Cancer Society Task Force
 - API Diabetes Coalition Task Force
 - Asian Health Care Leaders Association
 - Central American Resource Center (CARECEN)
 - LA Office Of Women’s Health Task Force
9. Community-Based Organizations and Civic Groups
- To date, more than 250 Latino, Asian and other community based organization from multicultural communities are affiliated and partnering with MHAP Center health promotion and community outreach program.

Benefit/Activity: Diabetes Prevention/Screening/Management – Community Diabetes Education Program (CDEP)

- Community Need:** Access to comprehensive, bilingual, culturally-sensitive, compassionate, safe and effective Diabetes Self- Management education and training. Access to factual information and education on prevention of type II diabetes.
- Goal:**
1. Provide undeserved people with diabetes or with pre-diabetes the skills and knowledge necessary to manage/control their diabetes and enable them to live healthier productive lives.
 2. Provide diabetes awareness and diabetes prevention education to community members at high risk for developing diabetes type II and its complications.
- Objectives:**
1. Continue to provide free comprehensive Diabetes Self- Management Education classes to people with diabetes and pre-diabetes.
 2. Continue to provide free presentations and workshops on healthy life style, nutrition, exercise, and healthy weight to

community adults and children at high risk for developing diabetes.

3. Identify nonpublic schools located in low-income areas, with high prevalence of childhood obesity and work with the administration on the education of school parents, on the following topics: nutrition, food shopping, benefits of exercise and complications of childhood obesity.
4. Continue with active participation in community outreach by attending large health fairs and community events. Purpose of outreach will be to provide blood glucose screening, diabetes awareness and diabetes prevention education. Make appropriate referrals and follow ups based on results of screenings.
5. Work with partner organizations on different community settings and offer professional support and guidance as needed and as requested.
6. Maintain a data base to track classes, screenings, referrals, events participations and sessions with patients.

Evaluation Indicators:

1. Number of participants in classes
2. Number of people screened
3. Number of educational materials distributed
4. Number of school parents who attend workshops
5. Number of Health Fairs and community presentations

Partners:

1. American Diabetes Association
2. Carrie Estelle Doheny Foundation
3. Casa de Amigos de San Vicente
4. Consular Offices in Los Angeles of the following countries:
 - Costa Rica
 - El Salvador
 - Guatemala
 - Honduras
 - Mexico
 - Nicaragua
 - Peru
 - Philippines
 - Republic of Korea
 - Royal Republic of Thailand
5. Daughters of Charity Health Benefit Resource Center
6. East Los Angeles School of Nursing
7. Holy Cross Community Center

8. Local Community, Catholic Schools
9. Los Angeles Unified School District, Local School Nurses
10. St. Vincent Medical Center Ancillary Department
11. St. Vincent Medical Center Community Benefits Departments
12. West Cost University Public Health Nurses

Benefit/Activity: Hepatitis B and C Education/Screening/Treatment – Asian Pacific Liver Center (APLC)

- Community Need:**
1. Education and screening for individuals at risk for hepatitis B and/or hepatitis C.
 2. Follow-up cares and treatment for individuals who are already infected if indicated to prevent disease progression.
 3. Prevention by vaccinations for individuals who are susceptible to hepatitis B.

Goal: Provide education, free screening for those at risk of hepatitis B and/or C, and vaccinations for those who are susceptible to hepatitis B and to provide culturally-sensitive follow-up care, treatment and surveillance measures for those already affected.

- Objectives:**
1. Educate 8,500 Asian Pacific Islanders (API) -Korean, Chinese, Vietnamese, Thai, and Cambodian -- at screening sites and educational venues in the targeted cities in Los Angeles and Orange counties.
 2. Educate 50 physicians who see API patients in the targeted cities on the importance of hepatitis screenings and treatment through roundtable dinner meetings hosted by Drs. Ho Bae and Tse-Ling Fong. Physician education will also involve how to diagnose chronic liver disease due to viral hepatitis, how to manage patients who will likely progress to cirrhosis and liver cancer, and the availability of several antiviral therapeutic agents.
 3. Screen 3,000 total APIs by conducting 24 screening events per year.
 4. Vaccinate 100 hepatitis B susceptible individuals.
 5. Ensure that at least 95% of persons tested for hepatitis B have risk factors documented, including country of birth.
 6. Ensure that at least 99% of cases identified during the project period are reported to surveillance within 6 months of diagnosis date.

7. Ensure that at least 95% of persons testing positive for hepatitis B or C receive their test results.
8. For hepatitis B or C (+) individuals who were diagnosed at APLC screenings, increase referral to counseling, follow-up and linkages to care, treatment and preventive services to 75%.
9. Establish new partnerships with two service agencies, five churches, and two temples in the Asian Pacific Islander Community.
10. Participate in at least seven community health fairs and provide screenings and information about chronic hepatitis B and hepatitis C.
11. Conducting at least 3 hepatitis research projects successfully.
12. Developing at least one abstract and manuscript for national conferences and publications in a medical journal.

Evaluation Indicators:

1. Number of community members screened
2. Number of community members educated
3. Number of service agencies and churches/temples affiliated
4. Number of educational materials distributed
5. Number of physicians who attended hepatitis B educational meeting
6. Number of health fairs participated in
7. Percentage of persons tested positive have risk factors documented
8. Percentage of identified cases are reported to surveillance within 6 month
9. Percentage of persons testing positive for hepatitis B receive their test results
10. Number of hepatitis B patients from screenings seen at the APLC and/or other physician for follow-up care
11. Number of research projects successfully conducted
12. Number of abstract and manuscript developed

Partners:

1. American Cancer Society
2. Asian Health Foundation
3. Asian Pacific AIDS Intervention Team
4. Asian Pacific American Medical Student Association, UCLA and USC
5. Asian Pacific Health Care Venture
6. Chinatown Service Center
7. Hepatitis B Foundation

8. Hep B Free Coalition Los Angeles
9. Hep B Free Coalition Orange County
10. Hepatitis C Task Force, Los Angeles
11. Herald Cancer Association
12. Herald Christian Health Clinic
13. Korean American Graduate Medical Association
14. Korean American Nurses Association, Southern California
15. Korean Health Education and Information Resource (KHEIR) Center
16. Koryo Health Foundation
17. Los Angeles Department of Public Health
18. Medical, Educational Missions and Outreach, UCI
19. Sakya Care Foundation
20. Team HBV, UCLA, UCR and USC
21. United Cambodian Community
22. UCLA APA Health CARE
23. UCLA Asian Health Corps (APHC)
24. UCLA Vietnamese Community Health (VCH)
25. Vietnamese American Cancer Foundation
26. Vietnamese Community Health, UCLA

Benefit/Activity: Job Training/Career Development Services – Volunteer Services

Community Need: Opportunities for economic and employment development.

Goal: To provide opportunities for job training and career development for youth, 16 years of age and older, from lower socioeconomic communities.

- Objective:**
1. Continue participation in government- and privately-sponsored training programs.
 2. Continue a partnership with LAUSD to provide community classroom and on-the-job training.
 3. Continue to provide tours of the Medical Center for students and others interested in health care careers.
 4. Participate in the planning process for high school job training and development programs.
 5. Develop new partnership with: Cal State L.A. – Internship program; Youth Policy Institute Workforce Department program; the Transportation and Communication Trade and Vocational Training program (TCU) and the L.A. Job Core.

6. Collaborate with many career colleges, such as UEI and ATI, to provide training volunteer hours.

Evaluation Indicators:

1. Number of students participating in a job training program
2. Number of students completing the job training program
3. Number of students finding employment utilizing their training skills
4. Supervisor and student's job training checklist
5. Written evaluations by students taking tours

Partners:

1. American Career College
2. Archdiocese of Los Angeles
3. Cal State LA
4. Concorde Career College
5. Discovery Internships/Dream Careers, Inc.
6. Los Angeles City College
7. Los Angeles School of Global Studies – Miguel Contreras Learning Complex
8. Los Angeles Unified School District
9. Loyola High School
10. Multicultural Area Health Education Center
11. New Village Charter School
12. USC Trojan Health Volunteers

Benefit/Activity: Charity Care

Community Need: Access to primary and specialty care.

Goal: Ensure uninsured patients referred to SVMC are provided care, as hospital resources permit.

- Objectives:**
1. Maximize the utilization of the QueensCare Fund.
 2. Collaborate with SVMC Medical Staff in the provision of charity care.
 3. Provide an avenue for uninsured patients to enroll in health programs.

Evaluation Indicators:

1. Number of patients admitted
2. Amount spent on charity care
3. Number of people enrolled into health coverage programs

- Partners:**
1. QueensCare
 2. SVMC Medical Staff

Benefit/Activity: Services to MediCal Patients

- Community Need:** Access to primary and specialty care.
- Goal:** Ensure MediCal patients referred to SVMC are provided inpatient and outpatient care.
- Objective:** Collaborate with SVMC Medical Staff in the provision of inpatient and outpatient care to MediCal eligible patients.
- Evaluation Indicators:**
1. Number of patients admitted
 2. Net cost of services provided to MediCal patients
- Partners:**
1. Federal and State governments
 2. SVMC Medical Staff

Benefit/Activity: Donated Space for Community Use

- Community Need:** Access to quality housing/lodging, office space and meeting room facilities.
- Goal:** Provide free or discounted office, meeting and lodging space to community organizations and patient families to address the shortage of quality space in the area surrounding the Medical Center.
- Objectives:**
1. Continue to provide discounted space for the Knights of Malta Free Clinic.
 2. Continue to operate the Seton Guest Center.
 3. Continue to provide discounted parking space for St. Nicholas Church.
 4. Continue to offer discounted meeting room, parking and audiovisual facilities for community organizations.
- Evaluation Indicators:**
1. Number of people benefited
 2. Value of donated space
 3. Feedback from tenants and organizations receiving space

4. Verbal and written communications from families using Seton Guest Center

- Partners:**
1. Daughters of Charity
 2. Knights of Malta Clinic
 3. St. Nicholas Church
 4. SVMC Medical Staff

Benefit/Activity: Patient Transportation Services

Community Need: Low cost transportation to access medical services.

Goal: Provide underserved and low-income patients reliable and safe transportation to St. Vincent Medical Center.

- Objectives:**
1. Continue to provide taxi vouchers to patients lacking transportation.
 2. Continue to operate a van service transporting patients to SVMC and home.

Evaluation

- Indicators:**
1. Number of patients served
 2. Feedback from riders
 3. Feedback from hospital departments
 4. Feedback from Medical Staff

- Partners:**
1. QueensCare
 2. Taxi companies

VII. Inventory and Economic Valuation of All Community Benefits

During 2012–2013, SVMC provided a total of \$45,535,356 community benefit services including Medicare and a total of \$16,915,532 excluding Medicare. Total benefits for persons living in poverty amounted to \$16,446,192. Attachment “A” offers a detailed inventory and classification of the services and activities provided by St. Vincent Medical Center during 2012–2013 and their economic value.

VIII. Plan Review

The SVMC Community Benefit Plan will be reviewed by the Community Benefit Committee and submitted to the SVMC Board of Directors for final adoption. Upon completion, the plan will be shared with the hospital’s management team.

The plan will also be disseminated to external constituencies. Collaborators will be informed about the plan through our various program steering committees, which include representation of outside organizations or affiliates that partner with SVMC to implement community benefit programs. Efforts will also be made to share the plan with community networks and coordinating groups that bring together representatives of key health and social service organizations of our community. The plan will also be posted on the St. Vincent Medical Center website.

**St. Vincent Medical Center
Quantifiable Community Benefit Report
Classified as to Living in Poverty and Broader Community
Fiscal Year 2013 (July 2012 - June 2013)**

| | <u>Persons Served</u> | <u>Net Community Benefit</u> |
|--|---------------------------|----------------------------------|
| <u>Benefits for Persons Living in Poverty</u> | | |
| Charity Care at Cost | 227 | \$ 222,514 |
| Unreimbursed costs of public programs | | |
| - Medi-Cal | 7,198 | 15,236,117 |
| - Other indigent programs | | |
| Community Health Improvement Services | 74,695 | 987,561 |
| Health Professions Education | | |
| Subsidized Health Services | | |
| Cash and in kind Contributions to Community Groups | | |
| Community Building Activities including CB operations | | |
| Total Quantifiable Community Benefits for Persons Living in Poverty | 82,120 | \$ 16,446,192 |
| <u>Benefits for the Broader Community</u> | | |
| Community Health Improvement Services | 12,237 | 392,289 |
| Health Professions Education | | |
| Subsidized Health Services | | |
| Research | | |
| Cash and in kind Contributions to Community Groups | | 77,051 |
| Community Building Activities including CB operations | | |
| Total Quantifiable Community Benefits for the Broader Community | 12,237 | 469,340 |
| Total Quantifiable Community Benefits Excluding Medicare | 94,357 | 16,915,532 |
| Unpaid Costs of Medicare Program | 70,348 | 28,619,824 |
| Total Quantifiable Community Benefits Including Medicare | 164,705 | \$ 45,535,356 |

SERVICE AREA MAP



| | | | | |
|---|-------------------------------------|---|---------------------------------|--|
| ST. VINCENT MEDICAL CENTER Administrative Policy & Procedure | Page: 1 of 3 | Originating Dept.: Administration | Originating Date: 9/10/73 | Reviewed No Revisions: 11/2012 Revised: 06/20008 |
| SUBJECT: Charity Care | APPROVAL: Management Council | | | |
| REFERENCES: Formerly Policy #1-7 | | | | |

PURPOSE

In accordance with the fundamental mission and philosophy of the Daughters of Charity, and in order to continue the corporate purposes of St. Vincent Medical Center, the following policies and procedures are adopted.

POLICY

1. Within the funds allocated, charity care will be given to those persons whose financial condition is such that they cannot pay either in part or in total for the services required.
2. This financial assistance will be given without regard to the race, color, creed, age, sex or national origin of the applicant.
3. Normally, charity care must be applied for and approved before the patient is admitted to the hospital. Exceptions may be made to this requirement based upon individual circumstances.
4. Charity care will be given to all that apply or are otherwise identified, and are determined to be in need of such consideration. Examples of eligible cases include the following:
 - A. Patients who have not been able to secure insurance coverage, for health reasons or other, and do not have adequate personal finances or other resources.
 - B. Patients who have limited insurance coverage or whose coverage has been exhausted.
 - C. Patients determined to need our specialized services, whose coverage does not apply here, and who lack adequate financial resources.
5. Charity care is available to outpatients on the same bases as inpatients.
6. Ordinarily, the admitting physician will be notified of the consideration being made by the hospital and asked to give a comparable consideration. If the physician originates the request, such consideration is a necessary condition for approval.
7. Every effort will be made to preserve the dignity and self-respect of each applicant for charity care. To this end, the patient is asked to cooperate in seeking available alternatives and asked to participate to the extent of his/her ability.
8. Information regarding any financial consideration given will be held in strictest confidence and disseminated only to those areas and individuals deemed necessary.
9. Funds required to give charity will be available from the following sources, and in this order:

| | | | | |
|--|------------------------|---|-------------------------------------|---|
| ST. VINCENT MEDICAL CENTER Administrative Policy & Procedure | Page: 2 of 3 | Originating Dept.: Administration | Originating Date: 9/10/73 | Reviewed No Revisions: 11/2012 Revised: 06/20008 |
| SUBJECT: Charity Care | | | | |

- A. Interest earned on certain endowment funds.
 - B. Applicable donations.
 - C. Operating budget of the hospital.
10. Final approvals are required as follows:
- | | |
|---------------------|-------------------------|
| Under \$5,000 | Business Office Manager |
| \$5,000 - \$499,999 | CFO |
| \$500,000 and over | Vice President, Finance |
- The above approvals are to be considered cumulative; that is, before presentation to the Vice President, Finance all prior approvals must be obtained.
11. At least semi-annually, a formal report will be submitted to the Vice President, Finance. This report will indicate the amount of charity care given and the status of the funds for this purpose.

PROCEDURE

PHYSICIAN, PATIENT, OR OTHER APPROPRIATE PARTY

CFO

BUSINESS SERVICES

FINANCIAL COUNSELOR

BUSINESS OFFICE MANAGER
CFO VP FINANCE

1. Make known that patient's apparent financial need to the Business Office Manager or CFO.
2. Request review of financial status and estimated charges from Business Services.
3. Obtain as much information as possible on the patient's financial status. Request Patient Financial Counselor to interview patient and/or family, if deemed appropriate.
4. On request, contact patient or designated family member and arrange a personal interview to obtain the necessary and relevant information. Refer results to Business Office Manager.
5. Assist in obtaining any additional information available from physician, as requested.
6. After thorough review and evaluation of the request and all relevant information, refer to Business Office Manager, with a recommendation on the extent of consideration.
7. Review and approve, if appropriate.

| | | | | |
|--|------------------------|---|-------------------------------------|--|
| ST. VINCENT MEDICAL CENTER Administrative Policy & Procedure | Page: 3 of 3 | Originating Dept.: Administration | Originating Date: 9/10/73 | Reviewed No Revisions: 11/2012 Revised: 06/2008 |
| SUBJECT: Charity Care | | | | |

BUSINESS SERVICES

8. Notify patient, Physician, and Admitting of the financial arrangements.
9. Mark records as for a private pay patient, and process as dictated by procedures on allowances. No billing is sent to the patient, if full charity is given, and file is clearly marked to this effect.

BUSINESS OFFICE MANAGER

ACCOUNTING

10. Process write off.
11. Prepare semi-annual status report on charity care for the Vice President, Finance.