



CEDARS-SINAI®

**CEDARS-SINAI
COMMUNITY BENEFIT
UPDATE AND PLAN**

2014

Submitted to:

**The Office of Statewide Health Planning and Development
Healthcare Information Division
Accounting and Reporting Systems Section
November 2014**



CEDARS-SINAI®

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CEDARS-SINAI®

Mission Statement

Cedars-Sinai Health System, a nonprofit, independent healthcare organization, is committed to:

- Leadership and excellence in delivering quality healthcare services,*
- Expanding the horizons of medical knowledge through biomedical research,*
- Educating and training physicians and other healthcare professionals, and*
- Striving to improve the health status of our community.*

Quality patient care is our priority. Providing excellent clinical and service quality, offering compassionate care, and supporting research and medical education are essential to our mission. This mission is founded in the ethical and cultural precepts of the Judaic tradition which inspire devotion to the art and science of healing, and to the humanistic treatment we give to our patients and staff.

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I. INTRODUCTION – A TRADITION OF COMMUNITY SERVICE

Since its founding in 1902, Cedars-Sinai has focused on providing the finest healthcare available. As a result, hundreds of thousands of lives have been significantly improved. The ***Community Benefit Update and Plan 2014*** reflects Cedars-Sinai's commitment and leadership in investing in the health of the community. Cedars-Sinai's community programs, services, partnerships and affiliations are effectively addressing health needs in underserved communities.

Cedars-Sinai provides a complete spectrum of medical services and is considered one of the leading specialty referral centers for the region. In addition to inpatient care in all major specialties, Cedars-Sinai offers a broad range of services to meet patient needs along the continuum of care. Cedars-Sinai's Emergency Department, designated as a Los Angeles County Level I Trauma Center, is one of the few remaining hospital trauma centers in the region and is therefore of great importance to the community. In Fiscal year 2014 Cedars-Sinai counted over 94,000 patient visits from individuals who receive care through Medi-Cal (California's Medicaid insurance program) or through dual eligibility, that is, insurance that deems individuals eligible for both Medicare and Medi-Cal. 29% of Cedars-Sinai's Medicare population are dual eligible.

Examples of Cedars-Sinai's commitment to community service include mobile medical units, immunization programs, health screenings for early diagnosis and referral, preventive health education, transportation services and wellness programs.

As a major teaching medical center, Cedars-Sinai's highly competitive medical residency and fellowship programs offer tomorrow's physicians an opportunity to learn from some of today's greatest minds in medicine. A total of about 500 physicians-in-training are enrolled in medical residency and fellowship programs that offer education in 80 specialty and subspecialty areas. Residency programs include anesthesiology, dentistry, general surgery, internal medicine, neurology, neurosurgery, obstetrics and gynecology, orthopedic surgery, pathology and laboratory medicine, pediatrics, pharmacy, radiology, thoracic surgery and urology. Residents and fellows gain experience in research that advances medicine while developing the skills to provide top-quality, compassionate patient care. They train in an environment that encourages innovation to continually improve the way healthcare is delivered.

Through the endowed Geri and Richard Brawerman Nursing Institute, since its founding in 2002, more than 2,500 nurses at Cedars-Sinai have received help in advancing their careers with financial assistance and free education programs.

Cedars-Sinai's nationally recognized Burns and Allen Research Institute currently has more than 1,200 research projects, and has made significant contributions to the development of new medical technology, medical knowledge and practice. Cedars-Sinai ranks among the nation's top 20 independent hospitals in National Institutes of Health

(NIH) research funding. Cedars-Sinai supports the research of more than 120 faculty members and close to 600 research staff.

These studies encompass basic, translational, clinical and health services research and cover the entire spectrum of disease investigation, including molecular genetics, biochemical analysis and disease-based areas such as cancer, cardiovascular disorders and neurosciences. With our bench-to-bedside approach to clinical research, often our work leads to paradigm shifts and dramatic changes in patient care.

Quality patient care and dedication to patient satisfaction are the cornerstones of Cedars-Sinai. Quality is measured by high patient satisfaction, continuous clinical performance activities, excellent medical outcomes, ongoing research and academic programs, and receipt of numerous designations and awards, including:

- In the 2014-15 U.S. News & World Report rankings, Cedars-Sinai was named one of America's best hospitals. Of nearly 5,000 hospitals surveyed for the annual rankings, just 17 hospitals nationwide earned the magazine's Honor Roll designation. Cedars-Sinai was recognized in 12 categories, including: cancer; cardiology and heart surgery; diabetes and endocrinology; ear, nose and throat; gastroenterology and GI surgery; geriatrics; gynecology; nephrology; neurology and neurosurgery; orthopedics; pulmonology and urology. To be named to the Honor Roll, a hospital must be rated among the nation's top 50 programs in at least six specialties.
- Cedars-Sinai has been ranked number one by consumers for best overall quality of healthcare in the Los Angeles region for 18 consecutive years as recipient of the National Research Corporation's Consumer Choice Award.
- Cedars-Sinai has received its fourth consecutive Magnet® designation for nursing excellence from the American Nurses Credentialing Center (ANCC). This is the most prestigious designation a healthcare organization can receive for excellence in nursing and patient outcomes. Cedars-Sinai in 2000 became the first Southern California hospital to earn the Magnet honor, and it is the only hospital in the state to be granted the designation four times. Cedars-Sinai is among a select group of only nine hospitals worldwide that have earned Magnet recognition four times.

II. ORGANIZATIONAL COMMITMENT

The clearest demonstration of Cedars-Sinai's commitment to its community is the involvement and dedication of the Board, Executive Management, physicians and staff in Community Benefit. Community Benefit activities are delivered throughout Cedars-Sinai departments, with many specialists contributing their expertise in specific areas.

The Cedars-Sinai Board of Directors provides organizational leadership in fostering Cedars-Sinai's commitment to Community Benefit. Cedars-Sinai's Community Benefit Committee – a standing committee of the Board of Directors – functions as an oversight and policy-making body for Cedars-Sinai's Community Benefit commitments, efforts and strategic alignment with community needs. Community Benefit Committee members meet quarterly to review the status and progress of Cedars-Sinai's community benefit services, programs and activities. Additionally, Community Benefit Committee members assure organizational compliance with relevant Community Benefit legislation. The Community Benefit Committee is chaired by a member of the Board of Directors. Its membership is made up of Directors, as well as members of the Cedars-Sinai Board of Governors and key community leaders.

Cedars-Sinai's commitment to improve the health of the community – the fourth leg of Cedars-Sinai's mission – has been fully integrated into the governance, executive management and system-wide goals of the organization. Senior management plays a key leadership role in supporting Community Benefit and allocates significant human and financial resources to this end. The following Community Benefit oversight responsibilities within the organization are as follows:

Executive Committee of the Board of Directors

- Reviewing and approving the Community Benefit Update and Plan annually and the Community Health Needs Assessment and Implementation Strategy every three years.

Community Benefit Committee (Board Committee)

- Approve Legally Required Community Benefit Documents
- Affirm Community Benefit Priorities
- Engage in Ongoing Committee Education
- Advise on Community Benefit Systems and Processes
- Advise on Community Benefit Program Evaluations

III. CEDARS-SINAI'S COMMUNITY

As a leading nonprofit academic medical center, Cedars-Sinai serves patients from the local community as well as from throughout the nation and the world. Most patients come from Southern California, within approximately 10 miles of the Medical Center.

Population Characteristics

Data Source: Claritas 2014 Estimates

Population Characteristics	Cedars-Sinai Community Benefit Service Area (current)	Los Angeles County (current)
Total Population	Number of Persons	
	1,795,400	10,063,995
Race	Percent	
White	46%	50%
Black/African American	16%	8%
Asian	11%	14%
Native Hawaiian/Pacific Islander	0.2%	0.3%
American Indian/Alaskan Native	0.7%	0.8%
Some Other Race	22%	22%
2+ Races	5%	5%
Ethnicity	Percent	
Hisp/Lat	42%	49%
Not Hisp/Lat	58%	51%
Age	Percent	
Less than 18 years	21%	24%
18-24	79%	76%
25-64	69%	66%
Greater than 65 years	12%	12%
Gender	Percent	
Female	50%	49%
Male	50%	51%
Socioeconomic Status	Percent	
Families living below poverty line	19%	14%
Families with children, living below poverty line	15%	11%

IV. COMMUNITY HEALTH NEEDS ASSESSMENT 2013 CHNA - EXECUTIVE SUMMARY

Cedars-Sinai conducted a state and federally-mandated Community Health Needs Assessment (CHNA). Needs assessments are the primary tools used to determine a hospital’s “community benefit” plans, that is, how the hospital will address unmet community needs through the provision of community health services. California legislation (SB 697) requires non-profit hospitals to report on the community benefit they provide. This legislation also requires hospitals to assess the health needs of the communities they serve and develop plans to address priority needs. In addition, the recent passage of the Patient Protection and Affordable Care Act, has instituted federal regulations for tax-exempt hospitals to conduct a CHNA and develop an Implementation Strategy every three years.

Community Benefit Service Area

Cedars-Sinai is located at 8700 Beverly Boulevard, Los Angeles, California 90048. The Community Benefit service area includes large portions of Los Angeles County Service Planning Areas (SPAs): 4 (Metro), 5 (West) and 6 (South), and smaller portions of SPA 2 (San Fernando), SPA 7 (East) and SPA 8 (South Bay). The Community Benefit service area includes 44 zip codes, representing 25 cities or communities.

Cedars-Sinai Medical Center Service Area

City	Zip Code	SPA
Baldwin Hills	90008	SPA 6
Beverly Hills	90210, 90211, 90212	SPA 5
Brentwood/Westwood	90024, 90049	SPA 5
Central LA	90012, 90017, 90026	SPA 4
Crenshaw	90016, 90018	SPA 6
Culver City	90230	SPA 5
Fairfax/Mid-City	90019, 90036	SPA 4
Gardena	90249	SPA 8
Hollywood	90027, 90028, 90038, 90068	SPA 4
Huntington Park	90058	SPA 7
Inglewood	90301, 90302, 90303, 90304	SPA 8
Ladera	90043	SPA 6
Lawndale	90260	SPA 8
Palms	90066	SPA 5
Playa del Rey	90045	SPA 5
Sherman Oaks	91423	SPA 2
South Central LA	90002, 90044, 90047	SPA 6
Studio City	91604	SPA 2
University	90037	SPA 6
Van Nuys	91402	SPA 2
West Hollywood	90046, 90048, 90069	SPA 4
West LA/Palms	90034	SPA 5
West LA/Rancho	90025, 90035, 90064	SPA 5
Wilshire/Koreatown	90004	SPA 4
Wilshire	90006, 90057	SPA 4

Data Collection

Secondary Data

The CHNA uses data sources for the Community Benefit service area to present community demographics, social and economic factors, health access, birth characteristics, leading causes of death, chronic disease, and health behaviors. When applicable, these data sets are presented in the context of Los Angeles County and compared to the Healthy People 2020 objectives.

Primary Data - Stakeholder Interviews

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. Twenty-three interviews were completed. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, minority and chronic disease populations. Additionally, input was obtained from Los Angeles County Department of Public Health officials.

Overview of Key Findings of CHNA 2013

Demographics: Please see p. 4

Social and Economic Factors

- Among the residents in the SPAs represented in the Cedars-Sinai Community Benefit service area, SPA 6 has the highest poverty rates: 48.9% are at or below 100% of the federal poverty level (FPL) and 74.9% are at 200% or below FPL. In SPA 4, 29% of the population is at the poverty level, in SPA 5, 12.2% are living in poverty. Rates of poverty in SPAs 4 and 6 are higher than found in the county.
- A view of children in poverty by Service Planning Area (SPA) indicates that over half (57.6%) of children in SPA 6 live in poverty, 41.7% of children in SPA 4 and 15.7% of children in SPA 5 are <100% FPL.

Poverty Levels

	SPA 4	SPA 5	SPA 6	Los Angeles County
<100% FPL	29.0%	12.2%	48.9%	22.7%
<200% FPL	51.3%	20.8%	74.9%	42.9%

Source: California Health Interview Survey, 2009

Children in Poverty, Ages 0-17

	SPA 4	SPA 5	SPA 6	Los Angeles County
0-99% FPL	41.7%	15.7%	57.6%	29.3%
100-199% FPL	24.8%	9.3%	24.6%	22.0%
200-299% FPL	14.0%	7.9%	11.3%	12.6%
300% FPL and above	19.5%	67.1%	6.5%	36.1%

Source: California Health Interview Survey, 2009

- The median household income in the Community Benefit service area is \$47,608 and the average household income is \$69,500.
- Among adults, ages 25 and older, in the Cedars-Sinai service area, approximately one-fourth of the population (23.7%) have no high school diploma.
- According to the 2011 Los Angeles Homeless Services Authority count, SPA 4 had an annualized estimate of 11,571 homeless individuals; SPA 5 had 3,512 homeless individuals; and SPA 6 had 8,735 homeless.

Health Access

- In SPA 6, over one-quarter of the population (26.0%) were uninsured; 21.9% were uninsured in SPA 4 and 11.6% were uninsured in SPA 5.
- In SPA 4, 39.2% of the population has employment-based insurance. In SPA 5, 50.6% have employment-based insurance. In SPA 6, 22.1% have employment-based insurance.

Insurance Coverage

	SPA 4	SPA 5	SPA 6	Los Angeles County
Medi-Cal	19.0%	5.1%	35.3%	17.5%
Healthy Families	2.3%	0.1%	2.7%	2.0%
Medicare Only	1.2%	0.8%	1.0%	0.9%
Medi-Cal/Medicare	5.1%	4.1%	5.7%	3.5%
Medicare & Others	4.3%	14.9%	2.4%	6.7%
Other Public	1.7%	1.7%	0.8%	1.6%
Employment Based	39.2%	50.6%	22.1%	44.8%
Private Purchase	5.3%	11.1%	3.6%	6.0%
No Insurance	21.9%	11.6%	26.4%	17.0%

Source: California Health Interview Survey, 2009

- Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Even with community health centers serving the Community Benefit service area, there are a significant number of low-income residents who are not served by one of these clinic providers. 577,147 low-income residents, approximately 84.8% of the population at or below 200% FPL are not served by a community health center.
- Adults in the Community Benefit service area experience a number of barriers to accessing care, including: cost of care, lack of a medical home, language barriers, and lack of transportation. Adults in SPA 6 had higher rates of being unable to afford care.
- 12.6% of children in SPA 4, 13.6% of children in SPA 5 and 15.7% of children in SPA 6 had never been to a dentist.

Birth Characteristics

- In 2010, there were 23,789 births in the area.
- Teen births occurred at a rate of 85.1 per 1,000 births (or 8.5% of total births). This rate is lower than the county rate of 8.8% teen births.

Births to Teenage Mothers (Under Age 20)

Geographical Area	Births to Teen Mothers	Live Births	Rate per 1,000 Live Births
Cedars-Sinai Service Area	2,025	23,789	85.1
Los Angeles County	11,677	132,175	88.3
California	43,651	511,825	85.3

Source: California Department of Public Health, 2010

- Pregnant women in the service area entered prenatal care late - after the first trimester - at a rate of 133.7 per 1,000 live births. This rate of late entry into prenatal care translates to 86.6% of women entering prenatal care within the first trimester. This is marginally better than the LA County rate of 86.2%.
- Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The Cedars-Sinai service area rate of low birth weight babies is 7.9% (79.0 per 1,000 live births). This is higher than the state rate of 6.8% (68.1 per 1,000 live births).
- The infant (less than one year of age) mortality rate in the Cedars-Sinai service area was 5.2 deaths per 1,000 live births. In comparison, the infant death rate in the state was slightly lower at 4.7 deaths per 1,000 live births.
- Breastfeeding rates at Cedars-Sinai indicate 95.1% of new mothers use some breastfeeding and 68.6% use breastfeeding exclusively. These rates are better than found among hospitals in LA County and the state.

Mortality/ Causes of Death

- The leading cause of premature death (before age 75) for SPAs 4 and 5 is heart disease. For SPA 6 the leading cause of premature death is homicide. The three leading causes of death in the Community Benefit service area are heart disease, cancer and stroke.
- The heart disease mortality rate in the Community Benefit service area is 169.0 per 100,000 persons, which does not meet the Healthy People 2020 objective of 100.8 deaths per 100,000 persons.

Mortality Rates, per 100,000 Persons, 2010

	Cedars-Sinai Service Area		California	HP 2020
	Number	Rate	Rate	Rate
Heart Disease	2,967	169.0	155.7	100.8
Cancer	2,500	142.4	150.6	160.6
Stroke	563	32.1	36.4	33.8
Chronic Lower Respiratory Disease	408	23.2	34.7	98.5
Influenza and Pneumonia	379	21.6	15.7	No Objective
Unintentional Injuries	351	20.0	27.1	36.0
Alzheimer's Disease	343	19.5	29.1	No Objective
Diabetes	332	18.9	18.9	65.8
Liver Disease	186	10.6	11.4	No Objective
Suicide	150	8.5	10.3	10.2

Source: California Department of Public Health, 2010

Chronic Disease

- Diabetes is a growing concern in the community. 15.8% of adults in SPA 6 and 8.3% in SPAs 4 and 5 have been diagnosed with diabetes. In SPAs 4 and 6 Asians have the highest rates of diabetes and in SPA 5 Latinos have the highest rates of diabetes.

Adult Diabetes

	SPA 4	SPA 5	SPA 6	Los Angeles County
Diagnosed Pre/Borderline Diabetic	4.6%	6.5%	2.9%	7.1%
Diagnosed with Diabetes	8.3%	8.3%	15.8%	10.9%

Source: California Health Interview Survey, 2009

- Heart disease has been diagnosed among 7% of adults in SPA 4, 6.2% of SPA 5 and 5% of adults in SPA 6 have been diagnosed with heart disease. In SPA 4, Latinos (7.6%) have the highest rate of heart disease. Whites in SPA 5 (8.6%) and SPA 6 (39.3%) have the highest rates of being diagnosed with heart disease. Men have higher rates of heart disease than women.

Adult Heart Disease

	SPA 4	SPA 5	SPA 6	Los Angeles County
Diagnosed with heart disease	7.0%	6.2%	5.0%	5.8%

Source: California Health Interview Survey, 2009

- Hypertension (high blood pressure) is a health factor that can negatively impact diabetes and heart disease. In SPA 4, 61.5% of adults have been diagnosed with high blood pressure. In SPA 5, 24.2% have high BP and in SPA 6, 34.1% of adults have been diagnosed with high blood pressure.

High Blood Pressure

	SPA 4	SPA 5	SPA 6	Los Angeles County
Diagnosed with High Blood Pressure	26.0%	24.2%	34.1%	27.6%
Takes Medication for High Blood Pressure	61.5%	83.4%	63.4%	70.2%

Source: California Health Interview Survey, 2009

- The population diagnosed with asthma in SPA 4 is 11.3%, in SPA 5 12.5% and in SPA 6 is 13.5%. Among youth in SPA 4, 11.6% have been diagnosed with asthma, 10.8% in SPA 5 and 15.7% of youth in SPA 6 have been diagnosed asthma.
- The top three Ambulatory Care Sensitive (ACS) conditions resulting in hospitalization are congestive heart failure, diabetes and pneumonia. A look at the ER rates for the ACS conditions indicates that urinary tract infections, asthma and diabetes are the top three conditions presenting at the ER.

Health Behaviors:

- In SPA 5, 13.1% of children are overweight, 12.3% in SPA 4 and 11.8% of children in SPA 6 are overweight. Over one-third of adults are overweight in SPA 6 (38.4%). In SPA 4 28% and in SPA 5 29% of adults are overweight.
- Adult overweight and obesity by race and ethnicity indicates over half of the adult population among Latinos are overweight or obese.

Overweight

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adult	28.0%	29.0%	38.4%	33.2%
Teen	29.3%	20.8%	11.3%	18.6%
Child	12.3%	13.1%	11.8%	12.1%

Source: California Health Interview Survey, 2009

Adult Overweight and Obesity by Race/Ethnicity

	SPA 4	SPA 5	SPA 6	Los Angeles County
African American	48.8%	47.5%	56.2%	65.0%
Asian	19.6%	21.9%	85.1%	34.9%
Latino	61.9%	69.8%	69.9%	64.0%
White	44.0%	40.3%	63.7%	51.5%

Source: California Health Interview Survey, 2009

- In Service Planning Area 4, 14.8% of children and teens consume two or more soda or sweetened drinks a day. 21.3% of children and teens in SPA 5 and 21.7% in SPA 6 consume two or more soda or sweetened drinks a day.
- In SPA 4 and SPA 6 over half of the children consume five fruits and vegetables in a day. In SPA 5, 45.9% of children consume five servings of fruit and vegetables daily. Fresh fruit and vegetable consumption decreases considerably among teens.
- In SPA 4, 50.2% of children engaged in vigorous physical activity at least three days a week. In SPA 5, 75.7% and in SPA 6, 61.5% of children engaged in vigorous physical activity. And over 74% of youth visited a park, playground or open space. However, 15.1% of children in SPA 4, 6.6% in SPA 5, and 15.2% in SPA 6 were sedentary during the week.
- The rate of HIV/AIDS diagnosed in 2011 has decreased from 2010. Rates of diagnosis of HIV/AIDS are higher in SPAs 4 and 6 than found in the county.
- SPA 6 has high rates of Chlamydia (966.9 per 100,000 persons) and Gonorrhea (225.7). SPA 4 has rates of primary and secondary syphilis (20.9) and early latent syphilis (31.5). Females have the highest rates of Chlamydia. Young adults, ages 20-24, and Blacks/African Americans have the highest rates of sexually transmitted infections.
- Beverly Hills (8%) and Culver City (8.7%) have low rates of smoking in the service area. West Hollywood (19.6%) had the highest rate of smoking in the target service area.
- Among adults, 27.8% in SPA 4, 29.2% in SPA5, and 25.2% in SPA 6 had engaged in binge drinking in the past year. In SPA 4, less than 1% of teens and 5.6% of teens in SPA 5 had engaged in binge drinking.

- Among adults, 10.7% in SPA 4, 3.6% in SPA 5, and 14.8% in SPA 6 experienced serious psychological distress in the past year. 19.4% of adults needed help for mental health problems in SPA 4, 16% in SPA 5, and 13.2% of adults in SPA 6 needed help for mental health problems.
- 3.5% of teens needed help for mental health problems in SPA 4, 9.7% in SPA 5, and 26.4% of teens in SPA 6 needed help for mental health problems.

Mental Health Indicators, Teens

	SPA 4	SPA 5	SPA 6	Los Angeles County
Teens who Needed Help for Emotional-Mental and/or Alcohol-Drug Issues in Past Year	3.5%	9.7%	26.4%	15.3%
Teens Received Psychological/Emotional Counseling in Past year	5.7%	23.4%	4.3%	7.5%

Source: California Health Interview Survey, 2009

- Over half the adults in SPA 4 (52.6%) and in SPA 6 (56.4%), and 41.2% of adults in SPA 5 who needed help for an emotional or mental health problem did not receive treatment.
- Among seniors, 42.9% in SPA 6, 62.6% in SPA 4, and 72% in SPA 5 had received a flu shot. Over half the seniors in SPA 4 (54.6%), SPA 5 (71.5%) and SPA 6 (51.1%) had obtained a pneumonia vaccine.

Flu Vaccine

	SPA 4	SPA 5	SPA 6	Los Angeles County
Received Flu Vaccine, 65+ Years Old	62.6%	73.0%	42.9%	63.8%
Received Flu Vaccine, 18-64	18.5%	34.3%	25.3%	27.3%
Received Flu Vaccine, 0-17 Years Old	48.8%	47.6%	42.3%	45.4%

Source: California Health Interview Survey, 2009

- The Healthy People 2020 objective for mammograms is that 81.1% of women 40+ years have a mammogram in the past two years. In SPA 4, 68.5% of women have had a mammogram, 78.5% in SPA 5, and 72% of women, age 40+, had a mammogram in SPA 6.
- The Healthy People 2020 objective for Pap smears in the past three years is 93%. In SPA 4, 84.6% of women had a Pap smear, in SPA 5, 87.3% and in SPA 6, 88.3% of women have had a Pap smear in the past three years.
- The Healthy People 2020 objective for colorectal cancer screening is 70.5%. SPA 4 (73.1%) and SPA 5 (81.3%) exceed this screening objective. With 67.1% of adults obtaining colorectal screening, SPA 6 has a rate less than the Healthy People 2020 objective.

Community Stakeholder Interviews

Many of the issues of greatest concern to the interviewees stem from the impact of the economic downturn and economic insecurity

- Lack of money/poverty
- Housing costs

- Unemployment and underemployment
- Lack of health insurance and difficulty accessing health care
- High stress levels, depression and hopelessness
- Lack of access to quality education
- Increases in substance abuse and domestic violence
- Transportation challenges

People who face economic insecurity often live in neighborhoods where the environment does not support healthy lifestyle choices. This results in:

- Lack of access to healthy, affordable food (i.e., food deserts)
- “Ubiquitous presence” of fast food outlets, corner stores and unregulated vendors that sell junk food and do not offer healthy options
- Lack of access to safe recreational opportunities and physical activities, including parks

In addition, the following public health problems were identified as concerns:

- Hepatitis B, particularly in the Korean population
- HIV/AIDS
- Chronic diseases, such as diabetes and heart disease, and increased incidence of stroke and heart problems among African Americans and Latinos
- Obesity, among children and adults
- Sexually Transmitted Infections and sex education
- Alcohol and tobacco use, particularly among youth
- Dental care
- Violence

Other important issues of concern identified by the interviewees included:

- Access to quality, affordable primary and specialty care due to lack of health care service providers
- Coordination of services
- Immigration issues – such as limited ability to speak English and cultural isolation
- Issues related to being undocumented – such as fears of deportation and fears of seeking services
- Homelessness
- Difficulty among older adults and immigrant populations in understanding and navigating health care options and systems
- Issues for older adults related to mobility/transportation and planning for care
- Concern within the Latino community that a large proportion of the community has a lower education status, which in turn results in reduced access to high-paying jobs (and health insurance) as well as higher poverty and greater likelihood of living in neighborhoods with environments that do not promote health, increasing the risks for violence, obesity, alcohol use and chronic disease

A number of recommendations were made to improve health and reduce disparities in the communities served by Cedars-Sinai.

- Reduce health disparities among ethnic communities, particularly among the Latino, Korean and African American populations
- Increase the number and/or capacity of primary care clinics to meet the need/demand for services
- Provide resources for case management to support patient compliance with provider recommendations for chronic disease management
- Address the social and economic determinants of health – such as education, jobs and housing – as these have as great an impact on overall health status and access to health services
- Focus on healthy living and obesity prevention through advocacy and policy that increases access to affordable, fresh fruits and vegetables (and reduces access to fast food, soda and other junk food), and to safe places for physical activity
- Assure there are referrals and follow-up resources for conditions detected through screenings (e.g., breast health concerns, high blood pressure, high blood sugar levels)
- Affordable mental health services need to be increased, not reduced
- A coordinated, countywide fight against diabetes is needed
- Foster collaborations as a way to share information across organizations and reduce unnecessary duplications
- Assess and address health disparities among older populations

Identification and Prioritization of Health Needs

Based on the results of the primary and secondary data collection, and the examination of Ambulatory Care Sensitive conditions, health needs were identified. Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (number of people per 1,000, 10,000, or 100,000 population); or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically California state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem. The identified health needs in alphabetical order:

Access to Care

- Dental care
- Insurance coverage
- Medications
- Mental health
- Primary care
- Specialty care
- Transportation

Chronic Disease

- Asthma
- Cancer
- Cardiovascular disease
- Diabetes
- Medications
- Overweight and obesity: healthy food choices
- Overweight and obesity: physical activity
- Preventive care and ongoing monitoring

Health Behaviors

- Alcohol use
- Health education
- Preventive care (Pap smears, mammograms, vaccines)
- Sexually transmitted diseases
- Smoking

Prioritization Process

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

Cedars-Sinai completed the following steps to prioritize health needs that emerged as a result of the Community Health Needs Assessment (CHNA):

Cedars-Sinai engaged Melissa Biel, Principal of Biel Consulting, to lead the CHNA effort. The CHNA results integrated secondary data obtained from numerous data sources, as well as primary data collected through a series of interviews on community health needs. The CHNA data collection and analysis occurred from July to October 2012. The preliminary CHNA results were presented to the Community Benefit Committee, a committee of the Board of Directors, in November, 2012. The Community Benefit Committee provided feedback on the preliminary analysis.

The Cedars-Sinai Community Benefit Advisory Group, made up of Cedars-Sinai management and executives across disciplines, met in February, 2013 to review the CHNA results and community health needs. The Community Benefit Advisory Group prioritized health needs ranking each health need – low, medium or high – for all the identified criteria.

Priority Setting Criteria

- Current area of Community Benefit focus: Cedars-Sinai has acknowledged competencies and expertise to address the health need; and the health need fits with the organizational mission.
- Established relationships: Cedars-Sinai has established relationships with community partners to address the health need.
- Organizational capacity: Cedars-Sinai has the capacity to address the health need.

Based on these criteria, health needs that obtained high rankings on any of the criteria were identified as community benefit priority areas.

The prioritized health needs were presented to the Community Benefit Committee in February, 2012 for review and approval. Time was allotted to incorporate feedback on the prioritized needs. The approved prioritized health needs are:

Prioritized Health Needs

1. Prioritized by areas of highest need in Cedars-Sinai's Service Area, with a particular focus on Service Planning Areas 4 and 6 (including zip codes that may be slightly outside our service area), these planning areas include diverse, low-income communities where there are more uninsured adults and children and greater health challenges than in other parts of Los Angeles. We also focus on high-need populations closer to Cedars-Sinai.
2. Selected Community Benefit efforts are focused on increasing and supporting access to health care services through direct programs and partnerships with local community-based organizations.

Primary care
Specialty care
Mental health
Preventive care
Health education

3. Selected Community Benefit efforts focused on the prevention of key chronic health conditions and their underlying risk factors.

Cardiovascular disease
Diabetes
Cancer
Overweight/obesity: healthy food choices and physical activity
Preventive care
Health education

The CHNA, the prioritized health needs and Cedars-Sinai's Implementation Strategy were presented to the Board of Directors for review and approval in May, 2013. Time was allotted for incorporating feedback for all documents.

V. MEETING THE NEEDS OF THE COMMUNITY

Cedars-Sinai's wide-ranging efforts to improve the community's health reflect a great deal of study and planning to determine how we can most effectively translate our commitment into action that will ensure a healthier future for those in greatest need. What we do to strengthen our community is largely based on what we learn from a Community Health Needs Assessment, conducted every three years. We use this process to develop an Implementation Strategy that reflects the priority needs and geographic areas identified.

The Community Benefit Update and Plan report for 2014 highlights Cedars-Sinai's signature initiatives that include more comprehensive, long-term and multi-layered strategies focused on a specific target group, geographic area or community need.

SIGNATURE COMMUNITY BENEFIT PROGRAMS

1. Healthy Habits

Accomplishments - Fiscal Year 2014:

- Expanded Healthy Habits for Kids and Healthy Habits for Families to sixteen elementary schools. 1,360 second graders were taught 10-units of Healthy Habits
- Implemented Healthy Habits refresher courses for third and fourth grade students. Over 2,100 third and fourth graders were each taught five units of Healthy Habits
- Implemented Healthy Habits for Families adult health education at ten schools with over 1,700 encounters
- Expanded Exercise in the Park program to three parks with 246 individuals participating in the program for over 1,000 participant encounters
- Offered Healthy Habits for Teachers workshops in four schools with a total of 106 teachers participating
- Partnered with the American Heart Association to offer free CPR Anytime training to 323 teachers and school staff in 11 elementary schools
- Achieved 36,284 total participant encounters

Measurable Impacts – Fiscal Year 2014:

- 83% of elementary students are eating more fruits
- 78% of elementary students are eating more vegetables
- 84% of elementary students are eating less junk foods
- 83% of elementary students are drinking less sugary drinks
- Over 80% of parents reported that their child made a healthy snack at home
- 88% of second grade families do regular physical activity together
- Over half of third grade students are doing at least 60 minutes of physical activity daily
- Over 75% of teachers incorporate physical activity during school day

Highlights for 2015:

- Healthy Habits for third and fourth grades at all partner schools
- Healthy Habits for Middle School in two schools
- Healthy Habits for Families and capacity-building programs in ten partner schools
- Exercise in the Park in four local parks
- School-wide events to promote Healthy Habits
- CPR Anytime trainings for parents
- Technical assistance to support and promote healthier school environments
- Track participants to map the interconnections among student, parent and teacher programs

2. Programs for Adults

Cedars-Sinai is committed to improving the number of quality life years for adults and seniors in our community. The provision of health promotion, prevention, education, and screening services has been proven according to the Center for Disease Control to improve quality life years. In Fiscal Year 2014, we provided a total of more than 30,000 participant encounters in adult-focused community benefit programs, such as screenings, educational and self-help programs, health fairs, immunization clinics and exercise programs. The extensive programs, provided by Cedars-Sinai's registered nurses and other healthcare professionals, occur in underserved communities, churches, synagogues as well as at the Medical Center main campus.

Accomplishments for Fiscal Year 2014 include the development, implementation, and coordination of:

- Cardiovascular disease, diabetes, hypertension and related preventative programs and services
- Influenza and pneumococcal immunization programs
- Health promotion and prevention programs for seniors
- Health information handouts for seniors
- Physical exercise programs for seniors
- Outreaching/Networking

PROGRAMS	Encounters
Health Fairs	10,258
Health Prevention/Promotion	2014
Lectures	1652
Immunization	610
Outreach/Networking	730
Exercise	14, 779
Total FY 2014	30,043

All adults programs will continue in Fiscal Year 2015.

**3. COACH for Kids and Their Families®
Community Outreach Assistance for Children's Health (COACH)**

COACH serves communities in Downtown/Skid Row, Pico-Union/Central Los Angeles, South Los Angeles, Watts, Compton, Inglewood, Lennox, Crenshaw/Mid-City, and Hollywood/West Hollywood. Healthcare services are provided at elementary middle, and high schools, community-based agencies, family homeless shelters and public housing developments.

COACH collaborates with more than 200 public and private community organizations, including Children’s Institute Inc., Inglewood Unified School District, Lennox School District, the Los Angeles Housing Authority, Los Angeles Unified School District, South Los Angeles Health Projects WIC, Public Health Foundation Enterprises WIC, and Upward bound house Shelters. Current supporters of COACH include California Community Foundation, the Children’s Health Fund, One West Bank, CVS Caremark Charitable Trust, Kobe and Vanessa Bryant Family Foundation, California School Health Centers Alliance and other private donors.

Accomplishments - Fiscal Year 2014:

Services	Encounters
Medical Visits	5,331
Case Management Visits	921
Dental Visits	3,135
Mental Health Visits	3,227
Health Education Visits	14,652
Nutrition Visits	5,436
Total FY 2014	32,702

Highlights for 2015:

- Continue the newly-launched COACH Neighborhood Health Project, providing monthly BMI/BP screenings for parents at Jordan Downs Housing Development in Watts, CA
- Establish new service partnerships with My Friend’s Place (homeless teen and young adult drop-in center) and Sheriff’s Youth Foundation (afterschool and summer program) for COACH services
- Continue to provide outreach and education about the Affordable Care Act and Covered California at community sites in accordance with the grant received by the California School-Based Health Centers Alliance
- Continue coordination within Cedars-Sinai to utilize registered nurses to provide health screenings in underserved communities for children and their parents

- Childhood obesity is a critical health issue in the communities served by COACH. In the upcoming year the COACH will continue and expand nutrition-intervention and prevention services, as well as the Be Healthy, Be Strong! Program, for example:
 - Comprehensive nutrition assessments, counseling and monitoring for overweight and obese children on the mobile medical units
 - Preschool-8th Grade nutrition and fitness education
 - After-school nutrition and fitness workshops
 - Nutrition and fitness education through theatre arts and gardening
 - Parent/caregiver nutrition and fitness education workshops
 - Healthy cooking classes for children and parents
 - Nutrition and fitness education at community health fairs

4. Psychological Trauma Center – Share and Care

Since 1981 the PTC has been providing school-based Prevention and Early Intervention mental health services for students impacted by trauma or stressors affecting their ability to learn in the classroom. The PTC's Share and Care program focuses on a series of art-therapy 12-week group curricula that support a therapeutic environment to improve students' ability to concentrate on their lessons. The therapy groups focus on trauma, loss and grief, self-esteem, bullying, socialization, anger management, divorce and substance abuse. Other programs offered by the Psychological Trauma Center include Crisis Intervention and Proactive Training, Substance Abuse and Big Ideas.

Accomplishments for 2014:

- Over 900 students in 29 schools in 122 classrooms (20 Elementary Schools, 6 Middle Schools and 3 High Schools)
- Total therapy groups facilitated: 3,192
- Total contacts - children individually and in therapy groups: 15,376; children in classrooms: 2,549; teachers: 6,274; parents: 4,848
- Total contacts with children, teachers and parents: 29,047
- Expanded to 2 new elementary schools – 92nd Street and Carson-Gore Academy
- Continued parent trainings at all schools with a focus on positive parenting, positive communication, substance abuse awareness and bullying. This year 155 parent training groups were offered with 2,153 parent contacts made in those trainings
- The school principal trainings were offered monthly for the 29 partner schools

Upcoming Highlights for 2015

- The Psychological Trauma Center will be coordinating a conference focused on positive strategies to address challenging student behaviors for educators of partnering schools
- Share and Care counselors will be working closely with school principals to train teachers on community building with families to address challenging student behaviors
- Share and Care programs will undergo a comprehensive process and outcomes evaluation over the 2014 – 2015 school year

5. Youth Employment and Development (YED) Health Careers Academy

In partnership with the Los Angeles Unified School District and the Regional Occupational Program, the YED Health Careers Academy includes school-based and work-site learning and mentoring. 50 students are exposed to a variety of health care careers. Students are encouraged to participate in the program starting in their 11th grade year and earn five elective credits each semester towards graduation. 50 departments throughout Cedars-Sinai provided students with an opportunity to apply what they learn in class at the work-site.

Accomplishments for 2014:

- 21 Cedars-Sinai YED students participated in the State HOSA (Health Occupations Student Association) conference held in Anaheim, CA
- Throughout the year, over 90 YED students assisted with registration, interpretation and other duties for community health fairs and programs
- 50 students presented year-end projects to Cedars-Sinai department heads, staff, parents and school district officials at the YED Showcase open house
- Cedars-Sinai partnered with the City of Los Angeles and the Los Angeles Chamber of Commerce for the 8th year in a row to hire 20 HIRE LA students from across the greater Los Angeles area, providing an opportunity for exposure to careers in health care
- Established Senior Cycle, taught by former YED students and Cedars-Sinai staff, which included classes on college application essays and personal statements, resume writing, interviewing skills and scholarship information
- 15 YED high school seniors completed the Community Emergency Response Team (CERT) training and certification, taught by the Los Angeles Fire Department
- Cedars-Sinai participated in the Los Angeles Chamber of Commerce's annual Cash For College Career Convention, which encourages students to complete financial aid and CalGrant forms necessary to receive financial aid assistance to pursue their college endeavors
- After 20 years of program implementation, Cedars-Sinai completed a comprehensive evaluation of the YED Program. The results showed that YED opened up opportunities and changed students' lives; launched two-thirds of its alumni on a healthcare-related education and career path; and demonstrated impacts beyond participating students, reaching Cedars-Sinai employees and workforce development, Fairfax High School, Los Angeles Unified School District and the wider community.

Highlights for 2015:

- Build formal YED alumni program for college students pursuing careers in healthcare.
- Implement new mentoring program standards and introduce structured peer mentoring program for incoming students.

6. Community Grants

In Fiscal Year 2014, Cedars-Sinai continued to deepen its commitment to philanthropy with the establishment of its Community Benefit Giving Office (CBGO). Over the course of the year, the CBGO has developed policies and guidelines to help community organizations receive timely responses to requests for funding.

- **Community Mental Health Grants:**

Across fiscal years 2012 and 2013, Cedars-Sinai awarded over \$1.6M to 24 nonprofit community-based organizations to provide direct services and supports. In FY2014, Cedars-Sinai conducted an evaluation looking at the number of clients served by each organization and the impact of this funding. Ultimately, Cedars-Sinai elected to extend grants for 20 of these organizations to provide an additional year's funding, amounting to over \$600,000 to sustain or expand client-based services. Grant awardees ranged in size, target population, and mental health services focus area. The vast majority of grantees serve vulnerable populations in Los Angeles County Service Planning Areas (SPAs) 4 and 6.

- **March of Dimes Partnership:**

Recognizing the vital importance of community-based education to promote better health outcomes, Cedars-Sinai became the official Los Angeles sponsor of March of Dimes' *Becoming a Mom/Comenzando bien*™. This prenatal education program encompasses a bilingual curriculum designed for mothers-to-be to learn about healthy pregnancy and healthy babies. In Los Angeles, over 6,000 women participate in these sessions each year, taught at a variety of community-based sites. With this \$50,000 grant, Cedars-Sinai partners with the March of Dimes to help promote healthier outcomes and address health disparities.

- **Other Community Support:**

In addition to the grants discussed above, Cedars-Sinai made contributions to many local, regional, and national nonprofits in support of aligned missions. These included diverse institutions such as the Los Angeles Fire Department Foundation, the American Red Cross, Association of Black Women Physicians, MLK Community Health Foundation, National Council of Jewish Women, National Health Foundation, and the United Way of Greater Los Angeles' Home for Good Campaign to end chronic homelessness.

VI. COMMUNITY BENEFIT INVENTORY OF SOCIAL ACCOUNTABILITY (CBISA)

Please see the next two pages for the Community Benefit Programs and Services Inventory Annual Report.
Fiscal Year 2014: July 1, 2013 – June 30, 2014.

CBISA Program Name	Encounters	Activities in FY2014
Affiliate Nursing and Allied Health Program	741	19
ALS Program/Lou Gehrig's Disease Annual Conference	70	1
Aphasia Group - Support Group	874	49
Back Care Class - Education	32	12
Big Voices Group	50	20
Breast Health Lecture	100	1
Bridging the Gap	353	96
C.O.A.C.H. for Kids & Their Families	32,440	969
Cancer Exercise Program - Physical Fitness	705	144
Cancer Survivorship Services	112	18
Case Management - Expenses on Behalf of Patients	4,268	47
Center Strutters Walking Program - Physical Fitness	13,204	152
Clinica Oscar Romero	1,516	192
Community Health Programs: Clinical & Health Education Services	12,931	38
Continuing Medical Education - CME	3,801	294
Ctr. for Minimally Invasive & Weight Loss Surgery Support Services	1,191	142
Diabetes - Support Group	110	11
Dietitian & Technician Internship Program	1,037	10
Disaster Readiness - Community Support	N/A	1
Earlybird Pregnancy Class - Education	67	23
Educational Internships - Other Health Professions -	75	2
Enrollment Assistance	N/A	1
Fall Prevention for Seniors - Education	30	1
Food Donations - Community	6	7
Good Beginnings Parent Meeting - Support Group	839	11
Health Professionals Education for Spanish Speaking Community	220	11
Healthy Habits - Education	37,564	1,588
Heart Transplant Support Group	43	16
Hospital & Morgue Program - Education	353	9
Interpreter Services - Community	48,257	1
Jewish Expectant Parents Workshop	111	6
Kidney Cancer - Support Group	104	9

CBISA Program Name	Encounters	Activities in FY2014
Lectures: Community Education	1,807	26
Los Angeles Christian Health Centers (formerly L.A. Mission)	664	96
Meals on Wheels - Community	12,591	12
Mechanical Circulatory Device Support Group	61	15
Minimally Invasive Surgery Fellowship & Psych Internship Programs	41	24
Multi-Organ Transplant Relaxation & Support Group	375	37
Neuroendocrine Tumor Support Group	348	8
Nutrition Lectures - Education	1,115	8
One Stroke Ahead - Support Group	40	11
Paramedic Internship Program	768	6
Pathology Internship Programs	27	21
Pharmacy Dept./AHSP - Clinical and Health Education Activities	N/A	1
PhD BioMedical Sciences & Translational Medicine Educ. Program	116	2
Prenatal Education Program	5,552	8
Primary Adult Care (Ambulatory Care Clinic)	7,408	12
Psychological Trauma Center - Share & Care Program/Education	28,987	309
QiGong Program - Physical Fitness/Cancer Survivorship	152	50
Recovery Groups Room Rentals - Conference Services Costs	3,840	336
Rehabilitation Internship Program	45	1
Respiratory Care Services Internship Program	26	1
Saban Community Clinic	7,749	211
Sarcoma Support Group - Cancer	25	8
Senior Shape Up - Physical Fitness	1,503	57
Spiritual Care Department: CPE & Internship Programs	5,318	20
Stress Reduction and Writing - Support	50	22
Student Stipend Program	82	12
Surgery Dept. - Community Benefit & Community Support Programs	80	5
Teenline - Community Volunteers	26,268	181
Think Tank - Cognitive Rehabilitation Services	70	20
Venice Family Clinic	2,877	480
Yes I Can Stroke - Support Group	155	11
Yoga - Restorative & Strengthening Support Group	1,806	256
Yom Ha'Shoah - Holocaust Remembrance Day Program	268	1
Youth Employment & Development (YED) Summer Youth - Education	17	1
Youth Employment & Development (YED)/Careers Days	57	2
Youth Employment & Development (YED)/Careers Days	191	3
Program Totals FY2014:	271,683	6,175

VII. COMMUNITY BENEFIT CONTRIBUTION

Unreimbursed Cost of Direct Medical Care for the Poor and Underserved **\$ 113,409,000**

(Excludes the unreimbursed cost of caring for Medicare patients)

Charity care and Uninsured (not classified as charity) \$43,028,000

Unreimbursed cost of caring for Medi-Cal patients \$70,381,000

Unreimbursed Cost of Direct Medical Care for Medicare Patients **\$ 368,415,000**

Unreimbursed Cost to Care for Patients Under Specialty Government Programs **\$ 5,181,000**

(Including Veterans, Los Angeles Police Department Officers, and others)

**Community Benefit Programs,
and Education and Training for Physicians and Other Health Professionals** **\$ 99,745,000**

(Includes hundreds of free community education and medical screening/immunization programs offered at the Medical Center, in local schools, homeless shelters and community centers)

Research Programs **\$ 145,996,000**

(Includes translational and clinical research and studies on health care delivery)

Research	Fiscal Year 2014
Total Cost of Research	\$ 145,996,000
Less: Research funding from grants	<u><\$ 81,674,000></u>
Research net of funding from grants	\$ 64,322,000

Total quantifiable community benefits, including the unreimbursed cost of caring for Medicare patients **\$ 732,746,000**

Cedars-Sinai Medical Center is driven by its mission to improve the health status of the community and to provide leadership and excellence in patient care, research and education. In collaboration with expert medical staff, administrative leaders and community partners, Cedars-Sinai has made a significant contribution—both in quantifiable and non-quantifiable terms—to the benefit of the community.

Cedars-Sinai provides a breadth of services to meet identified health needs in the community. Many Cedars-Sinai programs are operated at a financial loss, but continue to be offered because they are an important part of the medical center’s mission to serve the community’s health needs.

Unreimbursed Cost of Direct Medical Care for the Poor and Underserved – includes the unreimbursed cost of free and discounted healthcare services provided to persons who meet the organization’s criteria for financial assistance and are therefore, deemed unable to pay for all or a portion of the services. If there is any subsidy donated for these services, that amount is deducted from the gross amount. Traditional Charity Care is included in the Internal Revenue Service (IRS) Form 990 Schedule H Part I Line 7a.

Unpaid Cost of State Programs – also benefits the indigent, but is listed separately. This amount represents the unpaid cost of services provided to patients in the Medi-Cal program and enrolled in HMO and PPO plans under contract with the Medi-Cal program. These costs are included in the IRS Form 990 Schedule H Part I Line 7b. In the State of California the Medicaid program is called Medi-Cal.

Unreimbursed Cost of Direct Medical Care for Medicare Patients - primarily benefits the elderly. This amount represents the unpaid cost of services provided to patients in the Medicare program and enrolled in HMO and PPO plans under contract with the Medicare program. Included in these amounts are \$124,396,000 and \$115,595,000 for the years ended June 30, 2014 and 2013 respectively, of unpaid costs of services provided to patients in the Medicare program that are also in the Medi-Cal program. These costs are included in the IRS Form 990 Schedule H Part III Section B.

Community Benefit Programs, as well as Education and Training for Physicians and Other Health Professionals – cost of services that are beneficial to the broader community. This category includes unreimbursed costs of Health Professions Education, Community Health Improvement, Community Benefit Operations, and Cash and In-Kind Donations. These costs are included in the IRS Form 990 Schedule H Part I Lines 7 e, f, g and i. Below are some examples of costs included in this category of the Community Benefit contribution:

Health Professions Education

As an academic medical center, Cedars-Sinai offers graduate medical education and many other education programs for a variety of health professionals. They include offering graduate education training programs in over 80 physician specialty and subspecialty areas; and other health professions education programs including degree programs and extensive educational resources for aspiring and current nurses, dietitians, psychologists, paramedics, pathologists, researchers, rehabilitation professionals and chaplains.

Community Health Improvement

- Clinical services are provided to underserved communities daily, through an on-site primary adult care clinic; and through mobile medical units and free and community clinics throughout Los Angeles – all serving underserved, uninsured and underinsured populations.

- Each year, Cedars-Sinai takes part in community-based activities including health fairs, exercise programs, and screening programs for conditions such as cardiovascular disease, depression, diabetes and hypertension, as well immunization programs, lectures and workshops. Also offered are disease-specific support groups, patient education programs and program affiliates.
- Cedars-Sinai plans and implements long-term comprehensive strategies to meet the health needs of underserved communities. Signature Community Benefit programs seek to improve health in communities by building strong partnerships, building community capacities and providing direct education.

Research Programs – Cedars-Sinai’s currently has more than 1,200 research projects and has made significant contributions to the development of new medical technology, medical knowledge and practice. Cedars-Sinai ranks among the nation’s top 20 independent hospitals in National Institutes of Health (NIH) research funding. In Fiscal Year 2014, Cedars-Sinai increased the net amount of Community Benefit for providing translational and clinical research by over \$12 million. Cedars-Sinai received \$81,674,000 in research funding this year. These costs are included in the IRS Form 990 Schedule H Part I Line 7h.