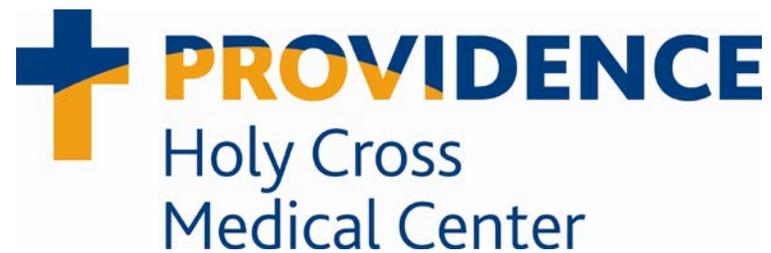




**Providence Holy Cross
Medical Center
Community Benefit Report and
Implementation Plan Update
2014**



**Providence Holy Cross Medical Center
Community Benefit Report and Implementation Plan Update**

Table of Contents

Executive Summary	Page 3
Overview of the Organization	Page 4
Definition of the Community	Page 4
Key Findings from CHNA	Page 6
Community Needs Identified from CHNA	Page 8
Status of 2014 Community Benefit Strategies and Metrics	Page 9
Priority Needs from CHNA	Page 10
Implementation Strategies and Metrics for 2015	Page 11
Economic Inventory of 2014 Community Benefit Activities/Programs	Page 13

Executive Summary

In December 2013, Providence Holy Cross Medical Center (PHCMC) completed a comprehensive community health needs assessment of its service area. This assessment process was initiated back in November, 2012 and included a review of both primary and secondary data. Key informant interviews and focus groups were conducted along with surveys distributed to community stakeholders and residents. In addition, several community forums were conducted at faith-based institutions and schools in which surveys were done using an electronic automatic response system. Secondary data included information collected from the L.A. County Department of Public Health, Truven Analytics, U.S. Bureau of the Census, State of California, Department of Public Health, Local Police and Sheriff Crime Statistics, and Providence Holy Cross Medical Center CAMIS.

The area studied for the needs assessment included over 830,000 residents living in the central and northern portions of the San Fernando Valley and the Santa Clarita Valley. Sixteen communities were included in the assessment area.

While an extensive list of needs and issues were identified from the assessment, a prioritization process was developed that involved local community leaders to help identify the top issues. The priority needs/issues include:

- Expanded primary care capacity.
- Obesity prevention programs, including more community based nutrition and physical activity programs.
- Free, low-cost and culturally/language appropriate health education programs.
- Diabetes, heart disease and hypertension prevention and management programs.
- Affordable and accessible mental health services.

This report provides an update on the progress to date in addressing the priority needs/issues and also provides a listing of the community benefit programs and activities provided by the Medical Center in 2014. During this period PHCMC provided over \$47.8 million in community benefit serving over 62,000 people.

Overview of the Organization

Providence Holy Cross Medical Center (PHCMC) was founded in 1961 by the Sisters of the Holy Cross to serve a growing population in the northern San Fernando Valley. In 1996 the Medical Center was purchased by Providence Health and Services. The Medical Center is part of a nonprofit integrated health care system which operates six hospitals, post-acute care, outpatient services, a medical foundation, skilled nursing, and sub-acute care services to residents of Los Angeles County. Providence Health and Services has been serving the health care needs of the residents of the San Fernando Valley since 1943.

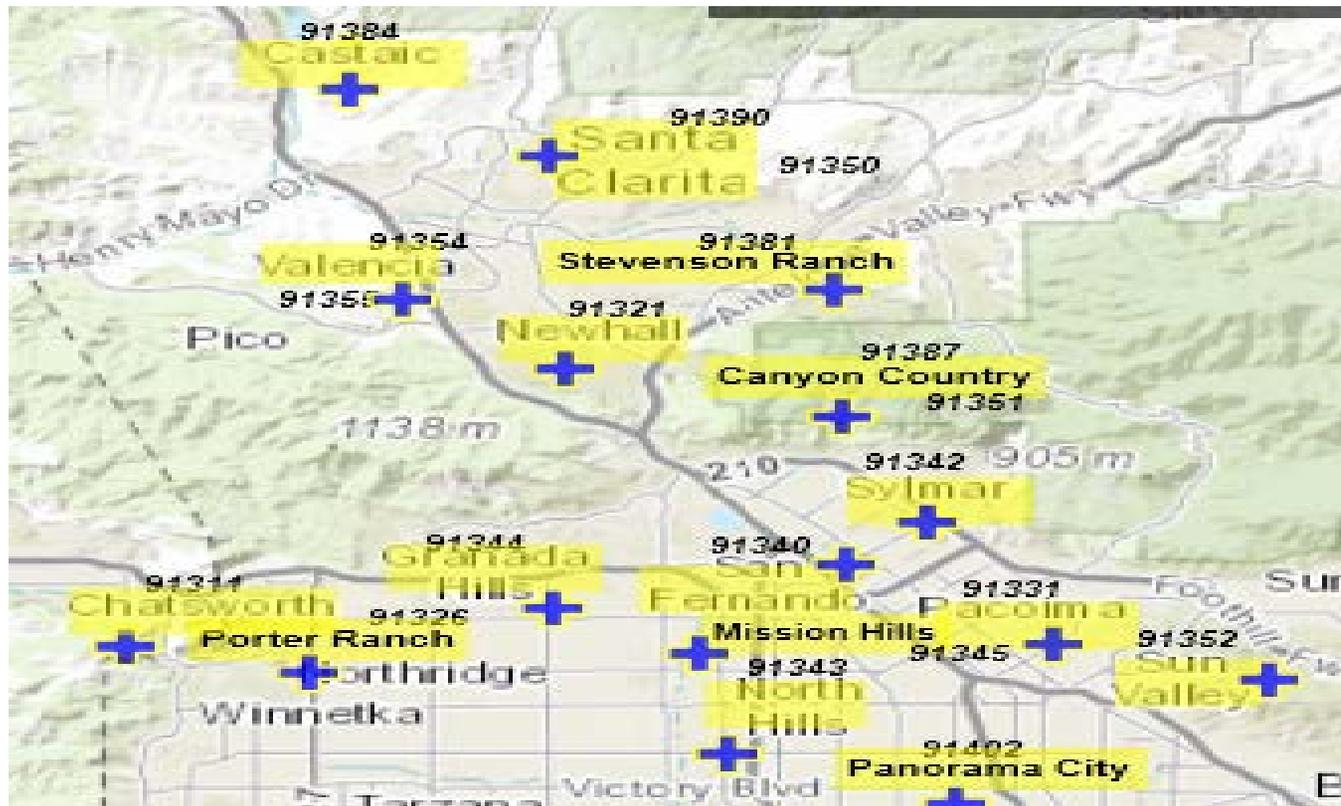
Providence Holy Cross Medical Center has expanded to a 377-bed hospital serving the health care needs of residents of the San Fernando, Santa Clarita, and Simi Valleys. The Medical Center offers a full continuum of health care, from inpatient and outpatient services to sub-acute care, health education, and community outreach programs which are focused on caring for the underserved in the community. PHCMC offers a state-of-the-art Cancer Center, a Heart Center, Orthopedics, Neurosciences, Rehabilitation Services, Women's and Children's Services, as well as providing the area with a Level II Trauma Center.

Definition of the Community

The area defined for the Providence Holy Cross Medical Center Community Needs Assessment included nineteen zip codes and sixteen communities. There are 830,822 persons who reside in the area and include both wealthy communities and areas with high levels of poverty and need. The communities studied for the community needs assessment included:

-91311 Chatsworth	-91350 Santa Clarita
-91321 Newhall	-91387 Canyon Country
-91326 Porter Ranch	-91351 Canyon Country
-91331 Pacoima	-91352 Sun Valley
-91340 San Fernando	-91354 Valencia
-91342 Sylmar	-91355 Valencia
-91343 North Hills	-91381 Stevenson Ranch
-91344 Granada Hills	-91384 Castaic
-91345 Mission Hills	-91402 Panorama City
-91390 Santa Clarita	

PHCMC Community Health Needs Assessment Service Area



Key Findings From CHNA

Based on a review of both primary and secondary data collected as part of the community health needs assessment, this section summarizes some of the key information on the PHCMC service area analyzed as part of the study.

- Males make up 49.98% and females comprise 50.01% of the total population.
- A breakdown of the population of the area by age shows that 22.5% are between the ages of 0-14, 15.1% are 15-24 years, 29.1% are 25-44 years, 23.7% are 45-64 years, 8.2% are 65-84 years, and 1.4% are 85 and over.
- Within the area targeted for this needs assessment there were 11,300 births.
- The education level of the population 25 years and above showed that 25% of the residents did not graduate from high school and 25% have a four year college degree or graduate degree.
- A breakdown of the population of the area by race shows that 30.4% are Caucasian, 53.2% are Hispanic, 10.7% are Asian, 3.4% are African American, and 2.3% are other races.
- Approximately 56.2% of the population of the area noted that they speak a language other than English and 24.7% of the population noted that they speak English less than very well.
- Of the occupied housing units in the area studied for the needs assessment approximately 35% were rented and 65% were owned.
- Approximately 15.5% of the population of the area was uninsured.
- Of the two health districts that comprise the area studied for the needs assessment, 24.3% of adults 18+ years in the East Valley Health District and 13.9% in the San Fernando Health District reported no regular source of medical care.
- Approximately 23.9% of adults 18+ years in the East Valley Health District and 14.1% in the San Fernando Health District reported having poor/fair health status.
- Adults 18+ years who reported that they could not afford to see a doctor were 19.9% in the East Valley Health District and 9.4% in the San Fernando Health District.
- Children ages 3-17 years that were unable to afford dental care were 10.8% in the East Valley Health District and 12.8% in the San Fernando Health District.
- The percent of adults 18+ years unable to afford dental care were 35.2% in the East Valley Health District and 21.1% in the San Fernando Health District.
- The areas with the highest unemployment rate in the zip codes targeted for this study included 91340 (San Fernando) at 14.5%, 91402 (Panorama City) at 12.8% and 91331 (Pacoima) at 12.6%.
- The zip codes included in this study that had the highest percentage of children living in poverty included 91402 (Panorama City) at 26.7%, 91343 (North Hills) at 25.0%, and 91331 (Pacoima) at 22.8%.

- The areas studied for this assessment that had the highest percentage of seniors (65+) living in poverty included 91402 (Panorama City) at 15.2%, 91343 (North Hills) at 13.9%, and 91331 (Pacoima) at 13.6%.
- The East Valley Health District had 7.7% of the population 18+ years who are below 300% of the federal poverty level were homeless or living in a transitional living situation. In the San Fernando Health District the statistic was 10.1%.
- Within the are studied for this needs assessment there were five zip codes that had a Community Needs Index Score of 4.4 or greater (CNI scores close to 5 indicate areas with high needs). These zip codes included 91343 (North Hills) 4.8, 91402 (Panorama City) 4.6, 91331 (Pacoima) 4.6, 91352 (Sun Valley) 4.6, and 91340 (San Fernando) 4.4.
- The major illnesses/diseases present within the area defined for the PHCMC needs assessment included:
 - Hypertension
 - Low Back Pain
 - Arthritis
 - Sinusitis
 - Asthma
 - Depression and Anxiety
- The leading causes of death in the PHCMC community health needs assessment service area included:
 - Heart Disease (29.0%)
 - Cancer (25.3%)
 - Other Causes (15.4%)
 - Stroke/CVA (5.1%)
 - Alzheimer’s Disease (4.8%)
- Approximately 54.7% of adults (18+) in the East Valley Health District and 60.0% of adults in the San Fernando Health District are obese or overweight.
- Only 38.8% of children (age 6-17 years) in the East Valley Health District and 25.6% of children in the San Fernando Health District participate in at least one hour of physical activity seven days per week.
- The percent of children (age 0-17 years) who eat fast food at least once per week is 44.2 % in the East Valley Health District and 47.3% in the San Fernando Health District.
- The percent of adults (18+ years) who eat fast food at least once per week is 36.5% in the East Valley Health District and 34.6% in the San Fernando Health District.
- The percent of adults (18+ years) who eat at least five or more servings of fruits and vegetables per day is only 18.8% in the East Valley Health District and 16.8% in the San Fernando Health District.

Community Needs

Following are the major needs and issues identified during the community health needs assessment process through the collection and analysis of primary and secondary data. The primary data collection tools included surveys and interviews with community stakeholders and residents.

- Access to affordable primary and specialty care
- Access to affordable dental care
- Access to affordable mental health services
- Obesity prevention
- Safe neighborhoods
- Accessible physical activity programs
- Nutrition education and affordable healthy food options
- Affordable health insurance for adults
- Community case management and resource referral
- Heart disease screening and prevention
- Cancer screening and prevention
- Diabetes prevention and management
- Hypertension prevention and management
- Asthma prevention and management
- Affordable housing and transitional housing
- Substance abuse treatment programs
- Affordable services for a growing senior population
- Free and low cost health education programs
- Teen pregnancy prevention
- Sexually Transmitted Disease prevention
- Stress management programs
- Caregiver resources and support
- Free/low cost health screening services (e.g. mammograms, colonoscopies, etc.)
- Back injury prevention
- Affordable child care and adult day care
- Parenting resources for new parents and grandparents raising grandchildren
- Coordination of existing programs and services
- Expanded primary care capacity
- Culturally and language appropriate health services

Status of 2014 Community Benefit Strategies and Metrics

Providence Holy Cross Medical Center works in partnership with other organizations and community stakeholders to address the unmet health needs in the area. The Medical Center identified specific multi-year community benefit strategies to direct its resources and the following table provides an update on progress made over the past year in meeting the measurable metrics targeted for 2014.

Priority Need From CHNA	Measurable Metrics	Status Update
Expand primary care capacity	<ul style="list-style-type: none"> -Purchase mobile medical clinic and hire staff within first six months. -Add two new specialists to the Providence Access to Care referral network. -Link six hundred uninsured patients utilizing the PHCMC E.D. with primary medical homes and/or insurance coverage. 	<ul style="list-style-type: none"> -Mobile medical unit purchased and equipped, Nurse Practitioner, LVN and Clerical Assistant hired. -Two new physicians were added to the specialty panel in the Providence Access to Care Program. -There were 1,520 patients served by the Providence Access to Care Program in 2014 who were linked with medical and other community services.
Obesity prevention programs including more community based nutrition and physical activity programs	<ul style="list-style-type: none"> -Implement the Nutrition Education and Obesity Prevention Program at six churches within the PHCMC service area in 2014. 	<ul style="list-style-type: none"> -NEOP was implemented at six churches within the PHCMC service area. The project was one of the most successful collaborative partnerships within L.A.D.P.H.
Free, low-cost and culturally/language appropriate health education programs	<ul style="list-style-type: none"> -Schedule a training for Health Promoters and the Latino community on wellness and disease prevention. 	<ul style="list-style-type: none"> -Six hour community education forum offered in 2014 geared to the Latino community with over 60 people attending. -In 2014 there were 163 health education lectures/classes provided in Spanish to the community.
Diabetes, heart disease and hypertension prevention and management programs	<ul style="list-style-type: none"> -Have a minimum of 250 people participating in the support groups and classes offered in the community. 	<ul style="list-style-type: none"> -Over 14,400 people participated in classes and support groups offered by the Latino Health Promoter Program in 2014. -Four Latino Health Promoters and two Faith Community Nurses were trained in the Stanford Chronic Disease Model.
Affordable and accessible mental health services	<ul style="list-style-type: none"> -Link 2,250 individuals with mental health resources and education in 2014. 	<ul style="list-style-type: none"> -Over 4,800 persons were provided with mental health information, education and

Priority Need From CHNA	Measurable Metrics	Status Update
	-Develop plan for Behavioral Health/Promotora program.	referral. -Plan developed for the Behavioral Health/Promotora project and presented to the organization's leadership for approval.

Priority Needs

Based on a review of the primary and secondary data collected as part of the community needs assessment process conducted in 2013, a group of community stakeholders (both within and outside the organization) were invited to review these needs to help the medical center identify the priority issues. Although Providence Holy Cross Medical Center is not able to address all the needs identified in this assessment process, the organization is focused on those needs/issues where it can bring its expertise and resources to make the best impact on serving the community. PHCMC partners with other organizations in the community and provides financial and in-kind resources to address community needs that are not included on the list of priorities.

The key needs/issues identified through the assessment and prioritization process included: (listed in priority order):

- Expanded primary care capacity.
- Obesity prevention programs, including more community based nutrition and physical activity programs.
- Free, low-cost and culturally/language appropriate health education programs.
- Diabetes, heart disease and hypertension prevention and management programs.
- Affordable and accessible mental health services.

The table on the next page identifies the key strategies and measurable metrics that will be targeted to address these needs/issues within the PHCMC community over the coming year.

**Providence Holy Cross Medical Center
Community Benefit 2015 Implementation Strategies and Metrics**

Priority Needs	Implementation Strategy	Measurable Metrics
Expanded primary care capacity and access to affordable health coverage	<ul style="list-style-type: none"> -Operationalize the mobile health program -Rollout the Health Insurance Navigation Project 	<ul style="list-style-type: none"> -Hire and train the Nurse Practitioner -Confirm the Medical Director -Complete church/site agreements -Install Epic in the department and complete staff training -Develop promotional materials and begin recruiting patients with a target of 3,500 visits in the first year. -Develop and finalize curriculum for the classes -Conduct 7 sessions of the course series -Evaluate results to determine impact
Obesity prevention programs including more community based nutrition and physical activity programs	<ul style="list-style-type: none"> -Complete the NEOP program at the churches per the requirements of the grant 	<ul style="list-style-type: none"> -Complete NEOP classes at the six churches -Conduct evaluation on the effectiveness of the NEOP project -Implement policy component of the NEOP project
Free, low-cost and culturally/language appropriate health education programs	<ul style="list-style-type: none"> -Review curriculum for health education classes offered in the community -Expand the base of volunteers working in the community 	<ul style="list-style-type: none"> -Conduct review of the chronic disease classes provided in the community for uniformity and consistency between the outreach programs -Update curriculum to include current information -Complete LHP training in partnership with CDI and the Guadalupe Center -Determine options for providing rewards/acknowledgements to volunteers who provide significant time to the outreach programs
Diabetes, heart disease and hypertension prevention and management programs	<ul style="list-style-type: none"> -Evaluate the effectiveness of existing and need for additional support groups 	<ul style="list-style-type: none"> -Implement ongoing educational component within the Wellness Support Groups -Add two English support groups in the

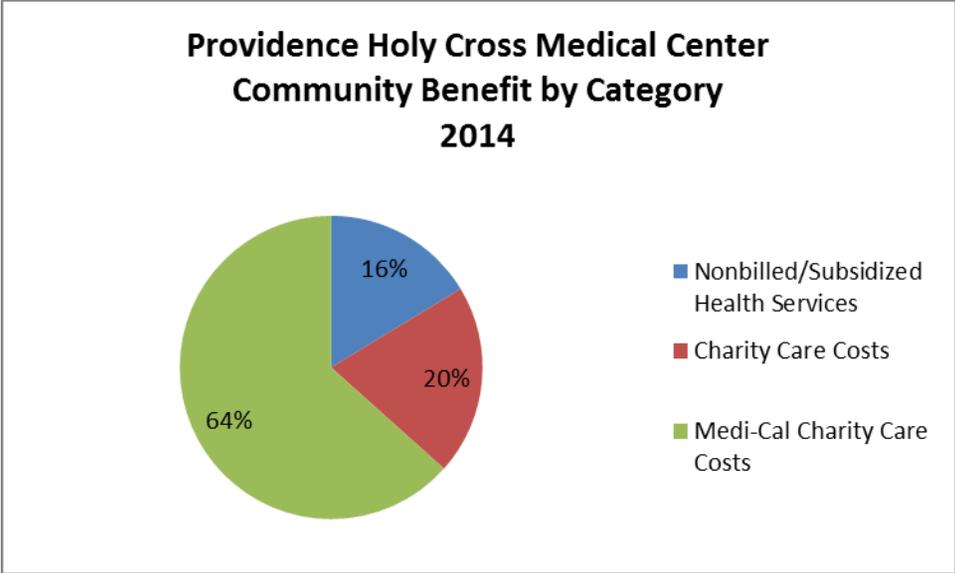
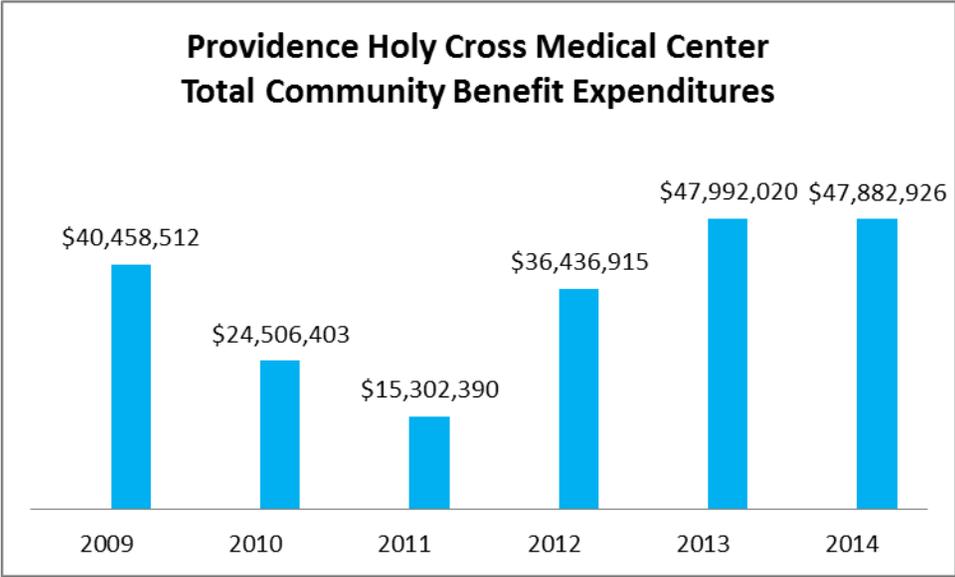
Priority Needs	Implementation Strategy	Measurable Metrics
	<ul style="list-style-type: none"> -Conduct client surveys with the Faith Community Health Partnership, Latino Health Promoter, and School Nurse Outreach Programs 	<ul style="list-style-type: none"> community -Add a new support group focused on women's health issues -Develop survey questionnaires to assess which is the best method to provide follow-up communications and the best format to offer educational classes and support groups -Distribute surveys to a sample of clients served by the program -Compile, review and summarize results
<p>Affordable and accessible mental health services.</p>	<ul style="list-style-type: none"> -Develop the Behavioral Health Outreach Program in partnership with the three Providence Medical Centers -Continue partnership with Tarzana Treatment Center on the development and expansion of the Mental Health Project 	<ul style="list-style-type: none"> -Determine staffing needs and hire staff -Train staff using established curriculum -Establish partnership with professionals at the Medical Center to ensure client needs are met -Ensure that grant targets are being met and program components are implemented

Inventory and Economic Value of Community Benefit Programs/Services for 2014

The table on the following pages provides an accounting of all the community benefit programs, activities and services provided by Providence Holy Cross Medical Center in 2014. Combined the facility provided unsponsored community benefits totaling over \$47.8 million in 2014 which served 62,068 people. As the graph shows on the following page, the dollars expended on community benefit by the Medical Center have represented a significant contribution over the last six years. The focus of these community benefit programs includes services provided for the general community such as health screenings, educational lectures, support groups, information/referral, and health fairs. Services are also targeted to the poor and vulnerable populations including the Senior Outreach Program, Mary Potter Program for Human Dignity (charity care), Latino Health Promoter Program, Faith Community Health Partnership Program, Access to Care Program, Tattoo Removal Program, and School Nurse Outreach Program. The programs serve all ages within the community from children to seniors.

Through these different community benefit programs, Providence Holy Cross Medical Center seeks feedback from those being served (i.e. client satisfaction surveys, customer questionnaires, interviews, etc.) to ensure that we are addressing the health care needs and issues of importance to the community. This input from clients is used to help us improve the programs and services that we offer the community. In addition, the impact that these programs are making on the populations being served is also monitored to ensure that the organization's outreach efforts are having a positive impact on the health of our community. The complete listing of all of the programs and services provided to the community by the Medical Center in 2014 is included on the following pages.

A breakdown of the community benefit dollars provided by Providence Holy Cross Medical Center in 2014 shows that 64% was from the unpaid costs of Medi-Cal, 20% from the unpaid costs of charity care, and 16% from non-billed/free and subsidized health programs.



**Providence Holy Cross Medical Center
Community Benefit Program and Services
For period from 1/1/2014 through 12/31/2014**

Community Benefit Activity/Program	Type of Benefit	# Served	Economic Value	Calculation of the Economic Value
Charity Care	Medical Care Services	1,014	\$9,712,585	Unpaid costs of providing care based on a ratio of costs to charges calculation
Medi-Cal/Medicaid Charity Costs	Medical Care Services	19,829	\$30,350,659	Unpaid costs of providing care based on a ratio of costs to charges calculation
Tattoo Removal Program	Other Benefits for Vulnerable Populations	53	\$67,301	Salary and other operating expenses
Financial Support of Mobile Health Program	Medical Care Services	1	\$50,000	Equipment and other operating expenses
Latino Health Promoters	Other Benefits for the Broader Community	5,571	\$186,008	Salary and other operating expenses
Student Nursing Preceptors and Training	Other Quantifiable Benefits	190	\$2,498,559	Salary cost of staff
Parish Nurse Partnership	Other Benefits for the Broader Community	6,214	\$230,962	Salary and other operating expenses
Health Resource Center	Other Benefits for the Broader Community	205	\$71,271	Salary and other operating expenses
Diabetes Counseling and Screening	Other Benefits for the Broader Community	62	\$6,721	Salary cost of staff
Preceptor for Occupational Therapy Students	Other Quantifiable Benefits	6	\$60,320	Salary cost of staff
Paramedic Base Station	Medical Care Services	24,750	\$457,309	Salary and other operating expenses
Medical Library Services for the Community	Other Benefits for the Broader Community	60	\$15,917	Salary cost of staff
School Nurse Outreach Program	Other Benefits for the Broader Community	1,168	\$106,048	Salary and other operating expenses
Unreimbursed Psychiatric Care	Medical Care Svcs.	50	\$143,570	Unpaid costs of providing care
Training for Physical Therapy Students	Other Benefits for the Broader	1	\$5,956	Salary cost of staff

Community Benefit Activity/Program	Type of Benefit	# Served	Economic Value	Calculation of the Economic Value
	Community			
Physical Therapy Facilitation of Support Groups	Other Quantifiable Benefits	20	\$818	Salary cost of staff
Donations to Community Organizations, Fundraisers and Events	Other Benefits for the Broader Community	13	\$56,225	Monetary Donation
Occupational Therapy Support Groups	Other Benefits for the Broader Community	36	\$1,125	Salary cost of staff
Mission Fund for Community Benefit and Access to Care	Other Benefits for the Broader Community	12	\$142,944	Monetary Donation
Maternal Child Outreach and Education Maternal Child Education	Other Quantifiable Benefits	160	\$158,873	Salary cost of staff
Speech Therapy Participation & Facilitation of Support Groups	Other Quantifiable Benefits	6	\$142	Salary cost of staff
Center for Community health Improvement	Other Benefits for the Broader Community	1	\$94,532	Salary and other operating expenses
Preceptor for Speech Therapy Students	Other Quantifiable Benefits	2	\$52,122	Salary cost of staff
Senior Outreach Program	Other Benefits for the Broader Community	151	\$118,200	Salary and other operating expenses
Providence Access to Care	Other Benefits for Vulnerable Populations	2,130	\$250,551	Salary and operating expenses
Trauma Program Physician Fees Emergency Dept	Medical Care Services	363	\$3,044,208	Other operating expenses
Total PHCMC Community Benefit		62,157	\$47,882,926	
Unpaid Costs of Medicare			\$4,300,609	Unpaid costs of providing care based on a ratio of costs to charges calculation
Total PHCMC Community Benefit with Medicare			\$52,183,535	

Contact Information

If you have any questions or comments regarding this report or the community benefit programs provided by Providence Holy Cross Medical Center please contact:

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