



Providence Saint Joseph Medical Center Community Benefit Report and Implementation Plan Update 2014



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Executive Summary

In December 2013, Providence Saint Joseph Medical Center (PSJMC) 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 as part of the primary data collection process. 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 Saint Joseph Medical Center CAMIS.

The area studied for the needs assessment included over 702,000 residents living in the eastern and central portions of the San Fernando Valley. Twelve 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 and stakeholders to help identify the top issues. The priority needs/issues include:

- Affordable and expanded services for a growing senior population.
- Access to affordable primary and specialty care.
- Expanded primary care capacity especially with more people obtaining coverage.
- Access to affordable mental health services.
- Coordination of existing programs and services.
- Heart disease, cancer, hypertension, and diabetes screening and prevention programs.

Overview of the Organization

Providence Saint Joseph Medical Center (PSJMC) was founded in 1943 by the Sisters of Providence to serve a growing population in the San Fernando Valley. Starting from a small 100-bed facility, the Medical Center has grown over the years to become a major health care facility serving the residents of Northern Los Angeles County. The Medical Center is part of a non-profit 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 Saint Joseph Medical Center has expanded over the years to become a 446-bed licensed acute care facility. The Medical Center offers a full continuum of health care, from inpatient and outpatient services to home health care, health education and community outreach programs which are focused on caring for the under-served in the community. PSJMC is known for its state-of-the-art technology and high quality, compassionate care.

Key Findings From CHNA

Based on a review of both primary and secondary data, this section summarizes some of the key information on the PSJMC service area studied for the community health needs assessment.

- Males make up 49.2% and females comprise 50.8% of the total population.
- A breakdown of the population of the area by age shows that 17.8% are between the ages of 0-14, 12.3% are 15-24 years, 30.6% are 25-44 years, 27.1% are 45-64 years, 10.3% are 65-84 years, and 1.9% are 85 and over.
- Within the area targeted for this needs assessment there were 7,758 births.
- The education level of the population 25 years and above showed that 16% of the residents did not graduate from high school and 37% have a four year college degree or graduate degree.
- A breakdown of the population of the area by race shows that 53.8% are Caucasian, 29.1% are Hispanic, 11.5% are Asian, 2.7% are African American, and 2.9% are other races.
- Approximately 55.9% of the population of the area noted that they speak a language other than English and 26.7% 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 57% were rented and 43% were owned.
- Approximately 21.9% 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 27.9% in the Glendale Health District reported no regular source of medical care.
- Approximately 23.9% of adults 18+ years in the East Valley Health District and 15.9% in the Glendale 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 25.5% in the Glendale Health District.
- Children ages 3-17 years that were unable to afford dental care were 10.8% in the East Valley Health District and 6.9% in the Glendale Health District.
- The percent of adults 18+ years unable to afford dental care were 35.2% in the East Valley Health District and 33.0% in the Glendale Health District.
- The areas with the highest unemployment rate in the zip codes targeted for this study included 91204 (Glendale) at 15.7%, 91605 (North Hollywood) at 14.6% and 91606 (North Hollywood) at 14.3%.
- The zip codes included in this study that had the highest percentage of children living in poverty included 91204 (Glendale) at 32.6%, 91203 (Glendale) at 26.9%, and 91205 (Glendale) at 26.4%.

- The areas studied for this assessment that had the highest percentage of seniors (65+) living in poverty included 91205 (Glendale) at 38.4%, 91204 (Glendale) at 27.8%, and 91505 (Burbank) at 21.8%.
- 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.
- Within the area 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 91606 (North Hollywood) 4.8, 91605 (North Hollywood) 4.6, 91352 (Sun Valley) 4.6, 91204 (Glendale) 4.6, and 91502 (Burbank) 4.4.
- The major illnesses/diseases present within the area defined for the PSJMC needs assessment included:
 - Hypertension
 - Low Back Pain
 - Arthritis
 - Sinusitis
 - Depression and Anxiety
- The leading causes of death in the PSJMC community health needs assessment service area included:
 - Heart Disease (29.1%)
 - Cancer (24.8%)
 - Other Causes (15.3%)
 - Stroke/CVA (5.9%)
 - Chronic Lower Respiratory Disease (5.1%)
 - Alzheimer's Disease (5.0%)
- Approximately 54.7% of adults (18+) in the East Valley Health District and 56.1% of adults in the Glendale Health District are obese or overweight.
- Only 38.8% of children (age 6-17 years) in the East Valley Health District and 29.8% of children in the Glendale 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 39.6% in the Glendale 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 36.7% in the Glendale 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 13.5% in the Glendale Health District.

Community Needs

Following are the major needs and issues identified through the collection of primary and secondary data including 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/violence reduction
- 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
- Affordable and expanded services for a growing senior population
- Free and low cost health education programs
- Culturally and language appropriate health services
- Affordable screening and treatment for those with hearing problems
- 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
- Parenting resources for new parents and grandparents raising grandchildren
- Coordination of existing programs and services
- Underutilized services in the community
- Expanded primary care capacity
- Dementia/Alzheimer's screening and education

Status of 2014 Community Benefit Strategies and Metrics

Providence Saint Joseph 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
Affordable and expanded services for a growing senior population	<p>-Add ten new volunteers to the Volunteers for Seniors Program.</p> <p>-Recruit and train eight new volunteers to the Senior Peer Counseling Program</p>	<p>-A relationship was established with the City of Burbank Retired Senior Volunteer Program. Nine new volunteers were added to the program in 2014.</p> <p>-Four new volunteer Peer Counselors were added to program in 2014 and four graduate students completed their field training with the program.</p>
Access to affordable primary and specialty care	<p>-Purchase mobile vehicle and hire Mobile Health Program staff.</p> <p>-Add two new specialists to the Providence Access to Care referral network.</p>	<p>-Nurse Practitioner, LVN, and Clerical Assistant were hired for the program.</p> <p>-Two new specialists were added to the Providence Access to Care Program.</p>
Expanded primary care capacity	-Link six hundred uninsured patients utilizing the PSJMC E.D. with medical homes and coverage.	-There were 1,110 patients served by the Providence Access to Care Program who were linked with medical and community services.
Access to affordable mental health services	-Link 2,250 individuals with mental health resources and education over the next 12 months	-In 2014 there were 4,833 persons provided with mental health information, education and referral.
Coordination of existing programs and services that are culture/language appropriate	-Develop a committee with key stakeholders from the City focused on health and wellness issues among the area residents.	<p>-Participation of the Medical Center on the Burbank Council of Nonprofit Executives. This group works on collaborating among organizations within the City.</p> <p>-An annual back to school event was held in 2014 for area families in which free</p>

Priority Need from CHNA	Measurable Metrics	Status Update
Heart disease, diabetes, hypertension, and cancer screening and prevention programs	<p>-Implement the Nutrition Education and Obesity Prevention Program at two churches within the Medical Center's service area.</p> <p>-Provide additional training of outreach staff regarding diabetes prevention and management.</p>	<p>health screenings were offered.</p> <p>- NEOP was implemented at two churches within the PSJMC service area. The project was one of the most successful collaborative partnerships within L.A.D.P.H.</p> <p>-Two Faith Community Nurses completed their Certified Diabetes Educator training to assist those at risk or diagnosed with diabetes.</p> <p>-Over 14,400 people participated in the health promotion and disease prevention workshops offered by Providence in the community.</p>

Priority Needs

Based on a review of the primary and secondary data collected as part of the community needs assessment process, 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 Saint Joseph 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 a significant impact on serving the community. PSJMC collaborates 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 include the following (listed in priority order):

- Affordable and expanded services for a growing senior population.
- Access to affordable primary and specialty care.
- Expanded primary care capacity.
- Access to affordable mental health services.
- Coordination of existing programs and services that are culturally and language appropriate.
- Heart disease, hypertension, diabetes, and cancer screening and prevention programs.

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

**Providence Saint Joseph Medical Center
Community Benefit 2015 Implementation Strategies and Metrics**

Priority Needs	Implementation Strategy	Measurable Metrics
Affordable and expanded services for a growing senior population.	<ul style="list-style-type: none"> -Expand the base of volunteers working in the community. -Evaluate the need for additional support groups in the community. 	<ul style="list-style-type: none"> -Complete the Senior Peer Counseling training to add at least ten new volunteer Peer Counselors to the program. -Expand the relationship with the City of Burbank Retired Senior Volunteer Program to increase volunteer referrals to the Volunteers for Seniors Program. -Add a new support group under the Senior Peer Counseling Program focused on women's issues.
Access to affordable primary and specialty care.	<ul style="list-style-type: none"> -Expand the specialty referral network in the Providence Access to Care Program. 	<ul style="list-style-type: none"> -Add two new specialists to the specialty care network serving Access to Care patients.
Expanded primary care capacity.	<ul style="list-style-type: none"> -Operationalize the Providence Mobile Health Program. 	<ul style="list-style-type: none"> -Complete training of Mobile Health program staff. -Confirm Medical Director and have agreement signed. -Complete church/site agreements. -Install Epic on the mobile unit. -Develop promotional materials and begin seeing patients by June 2015 with a target of 3,500 visits in the first 12 months of operations.
Access to affordable mental health services.	<ul style="list-style-type: none"> -Develop the Behavioral Health Outreach/Promotora Program in partnership with PSJMC. 	<ul style="list-style-type: none"> -Determine staffing needs and hire staff. -Train staff using established curriculum. -Work closely with Clinical Social Work and the Emergency Department on the rollout of the program.
Coordination of existing programs and services that are culture/language appropriate.	<ul style="list-style-type: none"> -Rollout the Health Insurance Navigation Project. -Conduct client surveys with the Faith Community Health Partnership, Latino 	<ul style="list-style-type: none"> -Finalize the curriculum for the classes. -Conduct seven sessions of the course series. -Evaluate results to determine impact. -Develop survey questionnaire to assess which is the best method to provide follow-up

Priority Needs	Implementation Strategy	Measurable Metrics
	Health Promoter Program, and School Nurse Outreach Program	communications and the best format to provide classes and support groups. -Distribute survey to a sample of the clients served and compile and review the results.
Heart disease, diabetes, hypertension, and cancer screening and prevention programs.	<p>-Review curriculum for health education classes offered in the community.</p> <p>-Offer additional volunteer and staff resources to improve educational outreach to the community.</p>	<p>-Conduct review of the chronic disease classes provided in the community for uniformity and consistency between the outreach programs.</p> <p>-Update the curriculum to include current information on preventing and managing chronic illness.</p> <p>-Provide ongoing education of LHP staff and volunteers on chronic disease including hypertension, cancer and diabetes.</p> <p>-Expand Wellness Support Groups and classes with the assistance of the Certified Diabetes Educators in the Faith Community Health Partnership.</p>

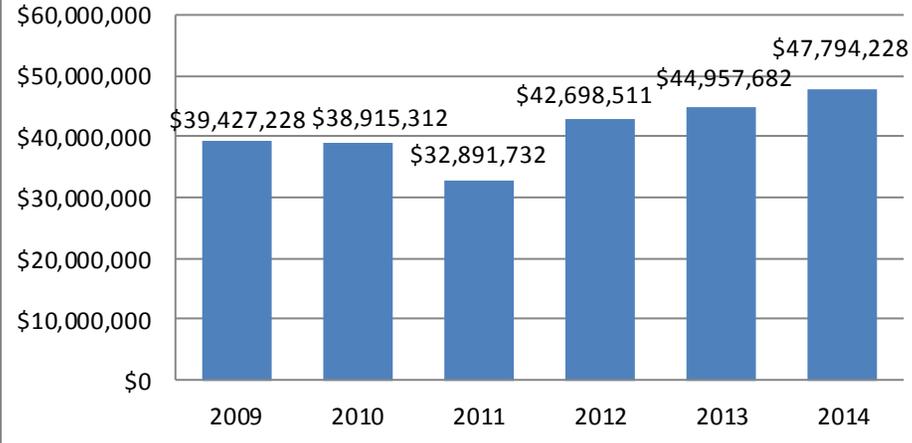
Inventory and Economic Value of Community Benefit Programs/Services for 2014

The table on the following pages provides an accounting of all the community benefit programs, activities and services provided by Providence Saint Joseph Medical Center in 2014. Combined the facility provided unsponsored community benefits totaling over \$47.7 million in 2014 which served 60,189 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 and School Nurse Outreach Program. The programs serve all ages within the community from children to seniors.

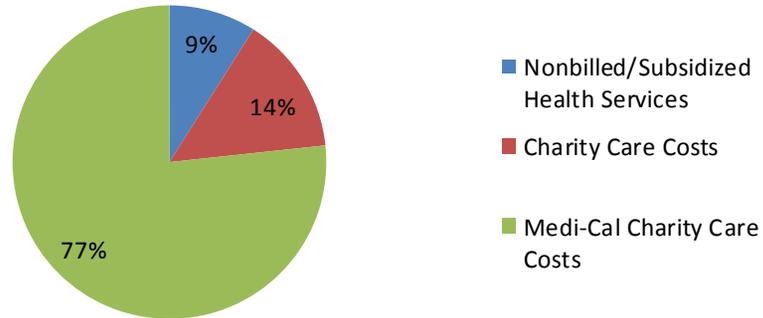
Through these different programs, Providence Saint Joseph Medical Center seeks input from those being served (i.e. client satisfaction surveys, customer questionnaires, interviews, etc.) to ensure that we are addressing the health care needs of importance to the community. This feedback from clients 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 Saint Joseph Medical Center in 2014 shows that 77% was from the unpaid costs of Medi-Cal, 14% from the unpaid costs of charity care, and 9% from non-billed/free and subsidized health programs.

**Providence Saint Joseph Medical Center
Total Community Benefit Expenditures**



**Providence Saint Joseph Medical Center
Community Benefit by Category
2014**



**Providence Saint Joseph 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 Cost	Medical Care Services	1,694	\$6,843,958	Unpaid cost of providing care based on ratio of costs to charges calculation
Medi-Cal/Medicaid Charity Cost	Medical Care Services	17,924	\$36,660,672	Unpaid cost of providing care based on ratio of costs to charges calculation
Center for Community Health Improvement	Other Benefits for the Broader Community	1	\$146,148	Salary cost and other operating expenses
Providence Access to Care Program	Other Benefits for Vulnerable Populations	2,130	\$209,379	Salary and supply expenses
Clinical Pastoral Education Program	Other Quantifiable Benefits	1	\$1,051	Salary cost of staff
Nurse Navigation Program for Disney Family Cancer Center Patients	Other Benefits for the Broader Community	568	\$617,214	Salary and supply expenses
Faith Community Health Partnership	Other Benefits for the Broader Community	6,213	\$192,085	Other operating expenses
Health Resource Center	Other Quantifiable Benefits	503	\$59,365	Salary cost of staff
Latino Health Promoter Program Expenses	Other Benefits for the Broader Community	5,571	\$151,907	Salary cost of staff
Maternal Child Outreach and Education	Other Quantifiable Benefits	336	\$139,064	Salary cost of staff
Medical Library	Other Quantifiable Benefits	43	\$6,208	Salary cost of staff
Disney Family Cancer Center Outreach and Education	Other Benefits for the Broader Community	1,271	\$5,046	In-Kind Donation
Mission Fund for Community Benefit and Access to Care	Other Benefits for the Broader Community	12	\$165,636	Monetary donation
Donation of Lunches and Food Items	Other Quantifiable	91	\$1,119	In-Kind Donation

Community Benefit Activity/Program	Type of Benefit	# Served	Economic Value	Calculation of the Economic Value
to Community Organizations	Benefits			
Paramedic Base Station	Medical Care Services	19,800	\$525,165	Salary and supply expenses
Beyond 50 Program	Other Benefits for the Broader Community	390	\$2,062	Salary and other operating expenses
Samuel Dixon Clinic Partnership for Laboratory Services	Medical Care Services	739	\$17,954	Salary and other operating expenses
Financial Support for Mobile Health Program	Medical Care Services	1	\$50,000	Monetary donation
Patient Transportation Program	Other Benefits for the Broader Community	776	\$63,532	Other operating expenses
Senior Outreach Program	Other Benefits for the Broader Community	151	\$98,777	Salary and supply expenses
Student Nurse Preceptorship and Mentoring	Other Quantifiable Benefits	249	\$813,819	Salary cost of staff
Support of Community Events and Fundraisers	Other Quantifiable Benefits	12	\$52,224	Monetary donation
School Nurse Outreach Program	Other Benefits for the Broader Community	1,168	\$88,617	Salary and other operating expenses
Unreimbursed Psychiatric Care	Medical Care Services	217	\$588,900	Unpaid costs of providing care
Tattoo Removal Program	Medical Care Services	53	\$56,242	Salary and other operating expenses
Support for Leeza's Care Connection	Other Benefits for the Broader Community	275	\$238,084	Monetary and In-Kind Donation
Total PSJMC Community Benefit		60,189	\$47,794,228	
Unpaid Costs of Medicare			\$24,299,746	Unpaid costs of providing care based on ratio of costs to charges calculation
Total PSJMC Community Benefit with Medicare			\$72,093,974	

Contact Information

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

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