

Together.

We Grow a Healthier Community.



Community Benefit Report

Fiscal Year
2011-12

To provide high-quality
healthcare without discrimination,
and contribute to the health
and well-being of our communities
in an ethical, safe, and fiscally
prudent manner in recognition
of our charitable purpose.

The PIH Health Mission



Community Benefit Report Fiscal Year 2011 - 12

This annual report provides detailed information for the following:

Office of Statewide Health Planning & Development (OSHPD)

This report is submitted to OSHPD in fulfillment of the State of California's community benefit law, Senate Bill 697 (SB 697), which was signed into law in 1994 in response to increasing interest regarding contributions made by nonprofit hospitals to the communities they serve. SB 697 defines community benefit as "a hospital's activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status."

Internal Revenue Service (IRS)

Beginning in 2009, nonprofit hospitals were also required to file Schedule H as part of their IRS Form 990 tax filing. The form reports a hospital's benefit to the community through free or discounted care, health research, community education, subsidized services, and other community health improvement activities. This annual report is attached with PIH Health's tax filing.

Our Community

This report also serves to inform our community, particularly those individuals and organizations with a shared interest in PIH Health's mission of service, of PIH Health's broad spectrum of free and low-cost initiatives aimed at improving the overall health of the communities we serve.

We invite you to contact us at any time to share comments and questions or request additional information regarding the community benefit programs described in this annual report. The full report is available at PIHHealth.org/CBAnnualReport.

Respectfully submitted,

Handwritten signature of Vanessa Ivie in black ink.

Vanessa Ivie
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Handwritten signature of Roberta Delgado in black ink.

Roberta Delgado
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“We are what we repeatedly do.
Excellence, therefore, is not an act,
but a habit.”

– Aristotle

Our promise to the community.

PIH Health's promise to serve the community was set in motion over five decades ago and, proudly, that promise remains every bit a part of the organization we are today.

A Proud Partner In Our Communities' Health And Wellness



A sincere commitment to the community is how PIH Health, formerly Presbyterian Intercommunity Hospital, began over 50 years ago. Prior to opening in 1959, the hospital's founders walked door-to-door filling coffee cans with donations to establish PIH Health as a nonprofit safety net for Whittier and surrounding areas.

Today, community benefit continues to be an integral part of PIH Health's mission and we are a proud partner in our communities' health and wellness. We dedicate assets to charitable purposes, including financial assistance programs, as well as community-based initiatives to improve and promote overall health and well-being, regardless of health or economic status. We are prepared to address the challenges and opportunities of the evolving healthcare environment so we can continue to care for the diverse needs of our community. In addition, we have a strong network of partnerships and collaborations that demonstrate our leadership in the community.

Careful stewardship of PIH Health's charitable resources is of high priority for PIH Health's Board of Directors. In 2006, the board established the Community Benefit Oversight Committee (CBOC) comprised of community stakeholders and hospital leadership. The CBOC is dedicated to providing strategic direction, oversight, and evaluation of our community benefit initiatives.

The following pages of this annual report describe in detail how PIH Health strives to meet the health needs of its communities by 1) providing a comprehensive accounting of our community benefit programs; 2) sharing measurable results of our flagship community benefit initiatives; and 3) outlining plans for continued efforts to improve the health of the communities we serve.

PIH Health's promise to serve the community was set in motion over five decades ago and, proudly, that promise remains every bit a part of the organization we are today.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald G. Alvarado". The signature is fluid and cursive, written in a professional style.

Donald G. Alvarado
PIH Health Board
Chair



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Investing in the **health** of our **communities**,
because it is the **right** thing to do.

Our Community Benefit Investment



Financial Summary - Fiscal Year 2011-12

\$20.6 million

CHARITY CARE AT COST

\$25.5 million

UNREIMBURSED COSTS OF
GOVERNMENT-SPONSORED,
MEANS-TESTED HEALTHCARE

\$17.4 million

OTHER COMMUNITY BENEFIT SERVICES

\$63.5 million

TOTAL COMMUNITY BENEFIT INVESTMENT

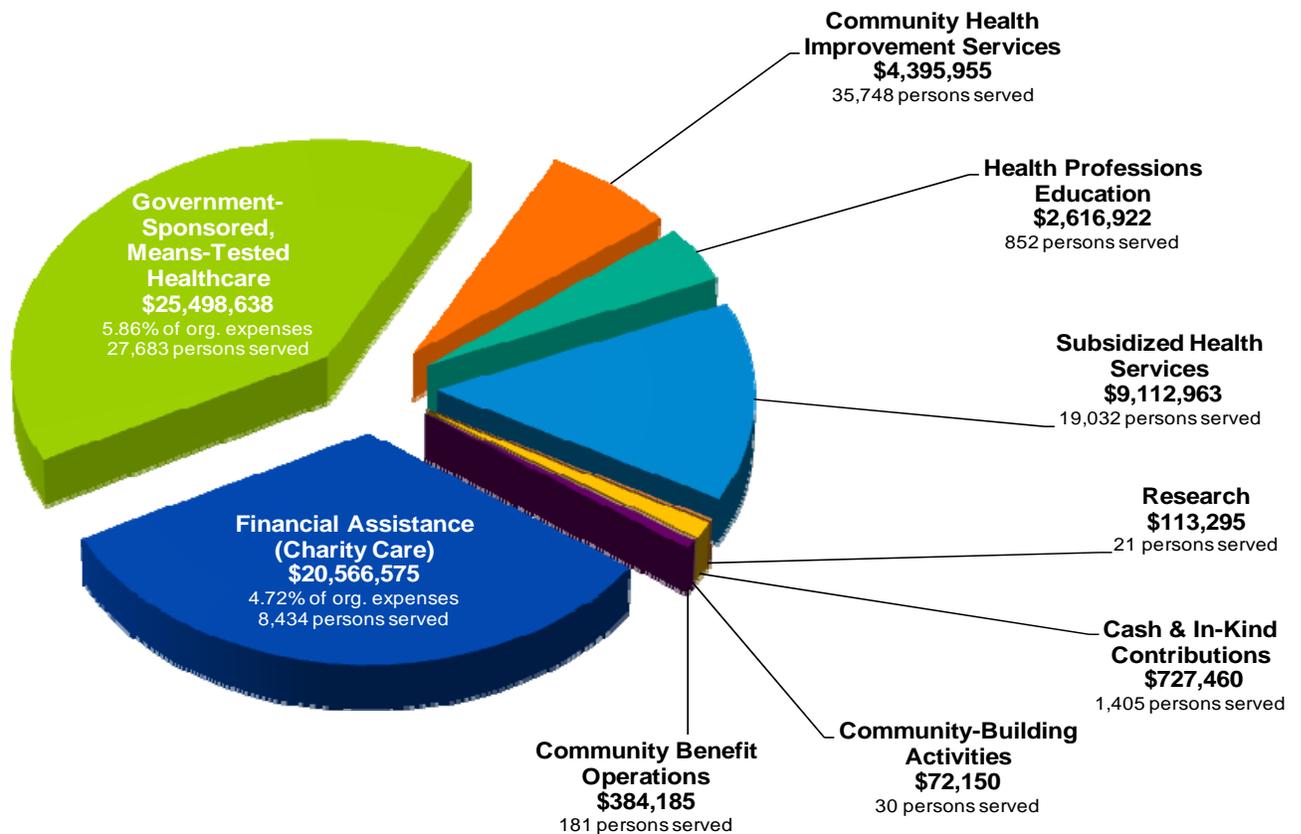
Our Community Benefit Investment



Financial Summary - Fiscal Year 2011-12

\$63,488,143
Total Community Benefit
 14.57% of organization expenses

All community benefit expenses are based upon actual costs, not charges.





Executive Summary

Fulfilling the PIH Health Mission

This annual report provides comprehensive documentation of PIH Health’s community benefit programs and services. As a nonprofit integrated delivery system, PIH Health is committed to remaining at the forefront of healthcare advances and providing access to exceptional caregivers in a wide range of services and settings. We are prepared to address the challenges and opportunities of the evolving healthcare industry so we can continue to care for the diverse needs of our communities.

We take pride in both our creative patient-centered care that often takes us directly into the communities we serve and our meaningful community partnerships.

Together, we *can* grow a **healthier, vibrant community.**

Our 2011-12 community benefit investment totaled more than **\$63 million.**

What is Community Benefit?

Through the provision of community benefit, PIH Health fulfills its charitable mission to “*contribute to the health and well-being of our communities.*”

Community benefit is defined as programs and services designed to improve health in communities and increase access to healthcare, according to the Catholic Health Association of the United States. These programs and services are integral to the mission of nonprofit healthcare organizations and are the basis of tax exemption.

California Community Benefit Legislation

The State of California's community benefit law, Senate Bill 697 (SB 697), came in response to increasing interest regarding contributions made by nonprofit hospitals to the communities they serve. The California Association of Catholic Hospitals and California Healthcare Association co-sponsored SB 697, which was signed into law in September of 1994. SB 697 defines community benefit as “a hospital's activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status” in exchange for tax-exempt status. Specific requirements include:

- Conduct a triennial community health needs assessment and prioritize identified needs;
- Develop a plan outlining how needs will be addressed directly or through collaborative efforts; and
- Submit annual documentation of community benefit to California's Office of Statewide Health Planning & Development.

Internal Revenue Service (IRS) Requirements

Beginning in 2009, nonprofit hospitals were required to file Schedule H as part of their IRS Form 990 tax filing. Completion of Schedule H which details community benefit activities, including financial assistance, was mandatory beginning with tax year 2009. Only certain portions were required for Tax Year 2008. The *Affordable Care Act (ACA)*, enacted March 23, 2010, added new requirements for tax-exempt hospitals. Schedule H was revised for tax years 2010 and 2011 to include new questions concerning financial assistance, emergency medical care, and billing and collection policies. Questions relating to community health needs assessments were added although responses are not mandatory until tax year 2012.

In addition, the ACA requires hospitals to adopt an Implementation Strategy and submit with tax filings. Based upon assessment findings, the implementation strategy will outline how a hospital will address the identified health needs of its communities.

The Five Core Principles of Community Benefit

- 1) Emphasis on vulnerable populations:** *Emphasis on outreach and program design that ensures access for those with disproportionate unmet health needs;*
- 2) Primary prevention:** *Emphasis on improving health status or quality of life through health promotion, disease prevention or health protection, including addressing the underlying causes of persistent health problems;*
- 3) Seamless continuum of care:** *Development of linkages between clinical services and community health improvement activities;*
- 4) Community capacity:** *Emphasis on mobilizing and/or building on existing community assets to encourage collaborative action and reduce duplication; and*
- 5) Collaborative governance:** *Engaging diverse community stakeholders in program design and evaluation, thereby enabling sharing of resources and skills.*

Accountability, Consistency & Transparency

In 2002, PIH Health joined a voluntary demonstration project, “*Advancing the State of the Art in Community Benefit*,” or ASACB, to establish standards that eliminate inconsistencies in community benefit reporting and bring best practice to the delivery of community benefit. ASACB brought together a diverse group of 70 hospitals from California, Texas, Arizona, and Nevada. PIH Health’s involvement resulted in a multi-year, multi-phase reorganization, which successfully aligned hospital governance, operations, and management with our charitable mission.

Core Principles of Community Benefit

Five core principles (see above box) were adopted by PIH Health’s Board of Directors in 2006 to serve as both the foundation for all PIH Health community benefit activities and the “measuring stick” by which they are enhanced and qualified.

Community Benefit Oversight Committee (CBOC)

PIH Health’s CBOC oversees the qualification, evaluation, and enhancement of PIH Health’s community benefit programs and initiatives and ensures community benefit initiatives are effective and aligned with the adopted core principles. CBOC members include community stakeholders, including a public health representative, as well as hospital leadership. *A list of CBOC members can be found in Appendix A.*

"Our new name, **PIH Health**, reflects our commitment to our mission of providing **high-quality healthcare** without discrimination and contributing to the **health and well-being** of the neighborhoods we serve."

James R. West
President and Chief Executive Officer
PIH Health

Accountability, Consistency & Transparency *continued*

Assessment of Community Health Needs

PIH Health's approach to conducting its triennial community health needs assessment is continually refined to ensure the end result is both meaningful and useful to PIH Health as well as to area organizations that utilize assessment data for program planning and grant writing purposes. Assessment findings inform PIH Health's Community Health Improvement Plan and the newly-required Implementation Strategy. *To view PIH Health's Community Health Needs Assessment, visit PIHHealth.org/CHNA.*

Community Benefit Priority Health Areas

The selection of PIH Health community benefit priority health areas and development of its Implementation Strategy are integral to ensuring PIH Health's initiatives that are responsive to community needs.

Upon completion of each community health needs assessment, the CBOC engages in a thoughtful prioritization process based on data findings and community input gathered through conversations, focus groups, interviews, and surveys.

Based upon the 2010 Community Health Needs Assessment, the CBOC determined the following three priority health areas:

Healthy Living to deliver health promotion and prevention programs that 1) enhance health-related knowledge and behavior; and 2) support and promote healthy eating and active living with emphasis on making the healthy choice the easy choice.

Health Management to improve community health through efforts that 1) enhance health-related knowledge about prevention and management of chronic diseases; 2) increase awareness about the importance of various prevention strategies; and 3) promote available community resources.

Health Access to ensure basic and preventative care access for the uninsured and underinsured via 1) effective use of health insurance enrollment resources; 2) promotion of free and low-cost health-related resources and services; and 3) collaborative efforts to meet community needs.

In March 2013, the CBOC will analyze the 2013 Community Health Needs Assessment findings to determine and/or validate the above listed priority health areas and develop its related and newly required Implementation Strategy. This, in turn, will provide the framework for PIH Health's three-year community health improvement plan. *See Chapter 3: Community Benefit Plan for details.*

Accountability, Consistency & Transparency *continued*

Flagship Community Benefit Programs

PIH Health's commitment to community benefit and ultimately, community health, is perhaps best demonstrated by its flagship community benefit initiatives, which include:

- Essential healthcare for those in greatest need, including those who are uninsured and underinsured;
- School-based programs and community-based education; and
- Free and low-cost health management and disease prevention services.

Each flagship program is guided by program “templates,” which serve as a guiding strategic plan for program managers to plan and document enhanced alignment of programs with core principles as well as program progress and achievements.

Evaluation of PIH Health's Community Benefit

PIH Health's CBOC conducts on-going review and evaluation of the effectiveness and impact of flagship programs and priority health area initiatives. We realize it is only through measurement and evaluation that we can distinguish successes and/or highlight areas for improvement or growth, which can result in more effective initiatives.

Each year, community benefit program managers, with guidance and support from the PIH Health Community Benefit Department, present program outcomes and propose enhancement strategies to the CBOC at their annual meeting. CBOC annual meeting evaluation results and recommendations are subsequently shared with PIH Health's senior management team and Board of Directors.

Employing intelligent business approaches to the planning and evaluation of our community benefit initiatives ensures long-term sustainability and demonstrates our commitment to responsible stewardship of our nonprofit resources. *Flagship program reports illustrating impact and outcomes can be found in Appendix D.*





Chapter One

Caring For Our Communities

For more than five decades, PIH Health has been here to care for the health of our communities. Our name has changed, but our mission remains the same. We are committed to the success of each community benefit program and initiative detailed in this annual report.

Recognizing that it takes time to realize the long-term overall health improvement benefits of programs aimed at disease prevention and health promotion, we remain steadfast in the belief that each small step, each community partnership, and each successful effort, whether large initiatives requiring investment of significant hospital resources or grassroots collaborations, brings us one step closer to our vision of a healthier community.

We thank you for your support and look forward to continuing to partner with you in caring for our community, specifically those who need us most, well into the future.

Here are **their** stories...

“The instructor demonstrated every exercise and explained why they were helpful. We learned something new every week and then practiced exercises at home.”

- Barbara Van Kirk
PIH Health
Fall Prevention participant

Say Farewell to Falls

PIH Health Works Collaboratively to Promote Fall Prevention

The statistics are staggering. Each year, one in three senior adults experiences a fall, which can lead to serious injuries, including hip fractures, head traumas, and even increased risk of early death.

Fortunately, PIH Health is taking strides to lower these risks. Its eight-week community-based Fall Prevention program promotes exercise, muscle strength, and enhanced balance.

Many community members, such as Whittier resident Barbara Van Kirk, are reaping the benefits. Barbara, who completed the program in June 2012, has diabetes and peripheral neuropathy which affects her hands, feet, and balance. After falling several times, she started walking with a cane. “The instructor demonstrated every exercise and explained why they were helpful,” Barbara said. “We learned something new every week and then practiced exercises at home.” Thanks to the program, Barbara is now enjoying greater confidence in her daily life.

“Exercise becomes more important as we age and strengthening exercises are an important component to fall prevention,” said Harvey H. Chou MD, a PIH Health orthopedic surgeon. “In addition to the cardiovascular advantages, strength and mobility training can help prevent musculoskeletal injuries and reduce arthritis pain.”





“Healthy Los Nietos is an amazing opportunity for our students to connect with PIH Health physicians and learn how to achieve a healthier lifestyle.

Los Nietos School District and PIH Health have a true partnership focused on meeting the needs of the community. I’m excited about what’s to come.”

- Octavio Pérez

Principal, Rancho Santa Gertrudes Elementary School

Taking a Bite Out of Childhood Obesity

A Coordinated Approach to Child Health is Proving to be a Great Start

Increasing rates of childhood diabetes and obesity are a growing concern across America. But in our local community, PIH Health is doing its part to turn the tide. Recently, PIH Health began working collaboratively with Los Nietos School District Superintendent, Jonathan Vasquez, and the City of Santa Fe Springs to identify solutions to this concern. Together we've developed the Healthy Los Nietos initiative that targets sixth, seventh, and eighth grade students, parents, and school staff with prevention-focused, educational sessions offered by PIH Health resident physicians.

When Healthy Los Nietos launched in 2011, physicians collected baseline data from students, which indicated a coordinated and comprehensive approach to promote health education was needed. That same school year, more than 1,700 students, parents, and staff members attended the educational sessions designed to increase health awareness. This year, the school district implemented the Coordinated Approach to Child Health (CATCH), physical activity, and nutrition curriculum for grades K-8 and expects to see an improvement over last year's statistics.

"We're in the initial phases of what will be a long-term partnership with the Los Nietos School District," said Virag Shah MD, director of the PIH Health Family Practice Residency Program. Through various mechanisms, the goal is to increase health, increase activity, decrease obesity as well as increase graduation rates. Going forward, we hope to integrate more components, such as exercising with the students, planting a garden, shopping together, conducting some tutoring sessions, and having cooking classes with dietitians. "We're trying to work with children who are old enough to understand what we're talking about but young enough to change their ways," added Dr. Shah.

According to Octavio Pérez, principal of Rancho Santa Gertrudes Elementary School, this initiative is proving to be a great start. "Healthy Los Nietos is an amazing opportunity for our students to connect with PIH Health physicians and learn how to achieve a healthier lifestyle. Los Nietos School District and PIH Health have a true partnership focused on meeting the needs of the community. I'm excited about what's to come."



Activate Whittier recently initiated a proposed ordinance prohibiting smoking in all Whittier parks, which was adopted by the City Council.

This successful policy-based change will protect children from exposure to second-hand smoke and promote a **healthier** city.



Activate Whittier's "Confronting Whittier's Obesity Epidemic" event at Whittier College.

From left to right:
Lori Tiffany, YMCA of Greater Whittier and Activate Whittier Chair;
Marlene Martel, City of Whittier;
Congresswoman Linda Sanchez;
Whittier Mayor Owen Newcomer;
Vanessa Ivie, PIH Health and Activate Whittier Vice Chair; and
Sheri Bathurst, Kaiser Permanente Downey Medical Center.

Activate Whittier Community Collaborative

PIH Health Works Collaboratively to Promote a Healthy, Active Community

Activate Whittier is a community collaborative that champions a healthy, active Whittier. The program is a partnership between PIH Health, YMCA of Greater Whittier, City of Whittier, Los Angeles County Department of Public Health, Boys & Girls Club of Whittier, Kaiser Permanente Downey Medical Center, and Whittier College. “We realized that in order to improve the health of our community, PIH Health needed to collaborate with local agencies that also had our patients’ and community members’ best interests in mind,” said Vanessa Ivie, director of Community Benefit Development at PIH Health and vice chair of Activate Whittier.

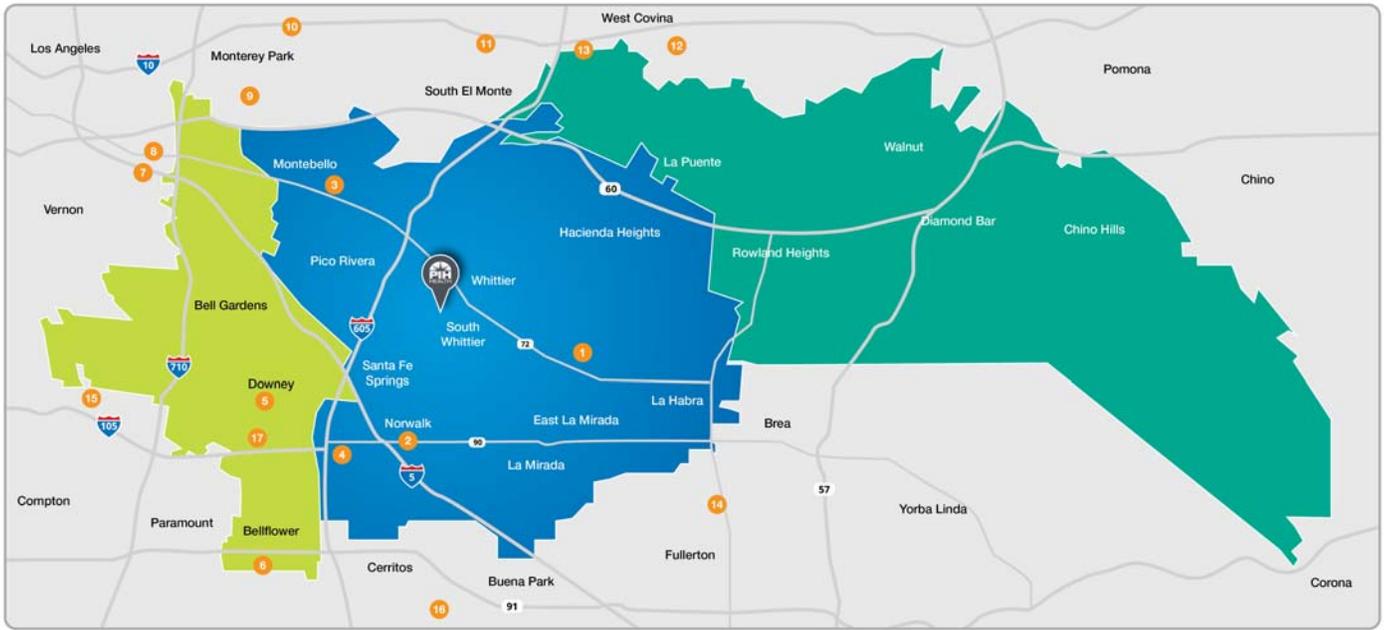
In January 2012, Activate Whittier received a \$300,000 grant from Kaiser Permanente to help combat obesity in the city. To target the obesity trend among children and adolescents, Activate Whittier is providing healthy eating and physical activity resources to schools and partnering with local corner stores to promote healthier food choices. During the 2012-2013 school year, Activate Whittier is supporting Whittier City School District’s CATCH (Coordinated Approach to Child Health) school health program by training teachers, parents, and volunteers in active physical education and providing a school-wide assembly about the importance of healthy eating and physical activity. PIH Health will contribute health education oversight and leadership.

Activate Whittier trained residents through “Change Starts with Me,” an eight-week workshop held in Fall 2012. Offered in English and Spanish, the workshop provided education and advocacy tools related to nutrition, wellness at school and work, and physical activity. Activate Whittier also recently initiated a proposed ordinance prohibiting smoking in all Whittier parks, which was adopted by the City Council. This ban on smoking at parks will help children avoid exposure to second-hand smoke and promote a healthier city.

“This is truly a community effort and PIH Health has been a key partner in getting the program off the ground,” said Lori Tiffany, executive director of the Uptown Whittier YMCA and chair of Activate Whittier. “Early on, PIH Health provided a strategic planning expert, local health data, and community perspectives for our team to develop a mission statement and define goals. Their high level of commitment has been tremendously helpful.”



PIH Health Service Area Map



- Primary Service Area
- Secondary Service Area - East
- Secondary Service Area - West

- PIH Health Hospital
- 1 Whittier Hospital Medical Center
- 2 Norwalk Community Hospital
- 3 Beverly Hospital
- 4 Coast Plaza Hospital
- 5 Downey Regional Medical Center

- 6 Bellflower Medical Center
- 7 Los Angeles Community Hospital
- 8 East Los Angeles Doctors Hospital
- 9 Monterey Park Hospital
- 10 Garfield Medical Center
- 11 Greater El Monte Community Hospital

- 12 Citrus Valley Medical Center - Queen of the Valley Campus
- 13 Kaiser Foundation Hospital - Baldwin Park Medical Center
- 14 St. Jude Medical Center
- 15 St. Francis Medical Center
- 16 La Palma Intercommunity Hospital
- 17 Kaiser Foundation Hospital - Downey

Chapter Two

Profile of Our Communities

Every three years, PIH Health conducts a community health needs assessment of its primary service area communities. Assessment findings inform PIH Health's community health improvement plan. A profile of our primary service area can be found on the following pages.

PIH Health is situated in the southeast portion of Los Angeles County within an area referred to as Service Planning Area 7 (SPA 7). The primary service area was determined by a review of past year patient discharge data. Approximately 73% of discharges come from nine cities/communities, which comprise its primary service area. PIH Health's secondary service area includes additional cities in the San Gabriel Valley and North Orange County.

Primary Service Area

Hacienda Heights (91745)	Norwalk (90660)
La Habra (90631)	Pico Rivera (90660)
La Habra Heights (90631)	Santa Fe Springs (90670)
La Mirada (90638-90639)	Whittier (90601-90606)
Montebello (90640)	

Secondary Service Area - East

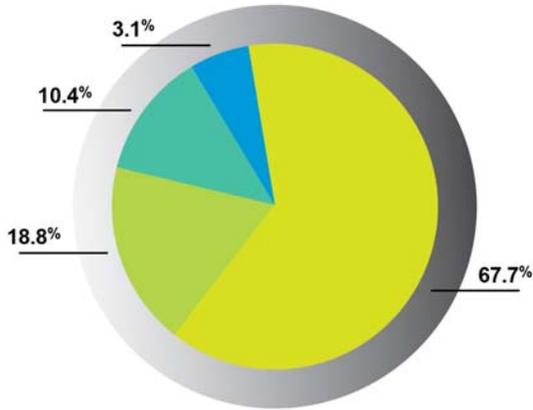
Chino Hills (91709), Diamond Bar (91765), La Puente (91744, 91746), Rowland Heights (91748), Walnut (91789), and West Covina (91792)

Secondary Service Area - West

Bell (90201), Bellflower (90706), Downey (90240-90242), Los Angeles (90022, 90040), and South Gate (90280)

Our Primary Service Area

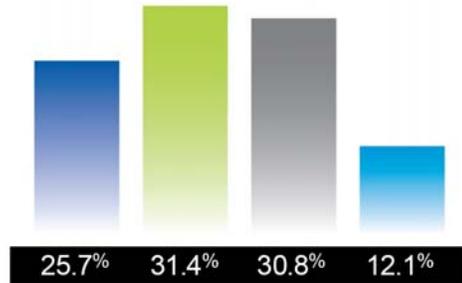
The 2013 PIH Health Community Health Needs Assessment of our primary service area communities revealed the following statistics related to demographics and social determinants of health.



Population by Race/Ethnicity

- Hispanic/Latino
- White/Caucasians
- Asian
- African Americans, Native Americans, Hawaiians, and other races

Census, 2010



Population by Age Group

- Children and Youth (Ages 0-17)
- Adults (Ages 18-39)
- Adults (Ages 40-64)
- Older Adults (Ages 65+)

Census, 2010



Poverty

- Total Poverty
- Children in Poverty

American Community Survey, 2006-2010 Average

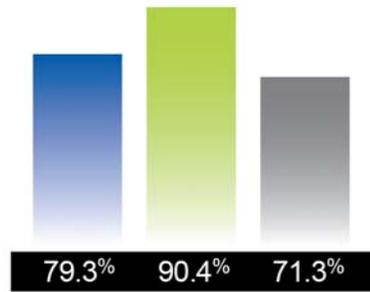


Linguistic Isolation

Linguistic isolation data represents the population over age 5 who speak English "less than very well."

- PIH Health Service Area
- La Habra Heights has the lowest percentage of linguistically isolated residents
- Montebello has the highest percentage of linguistically isolated residents

American Community Survey, 2006-2010 Average



Health Insurance Coverage

- Total Primary Service Area
- Children Under 18
- Adults 18-64

American Community Survey, 2009 - 2011 Average



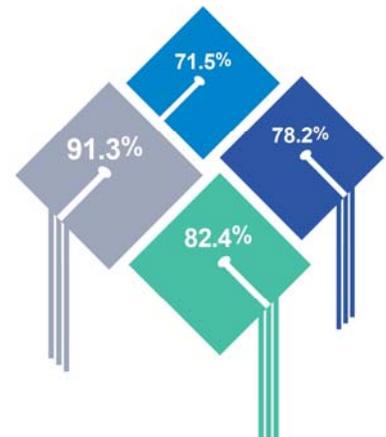
Homeless Families Growth

Los Angeles Homeless Service Authority, 2009 & 2011

High School Graduation Rate

- Primary Service Area schools (*Hacienda Heights data not available)
- Los Angeles County rate
- California rate
- Healthy People (HP) 2020 benchmark (Healthy People provides science-based, 10-year national objectives for improving the nation's health, led by the Federal Department of Health and Human Services).

California Department of Education, 2011



Total Population

Census, 2010

606,484



Chapter Three

Community Benefit Plan

PIH Health's Community Benefit Department has a formalized strategic plan to ensure continued evolution of prior years' community benefit successes and a forward-thinking approach as we strive to positively impact the overall health and quality of life of the vulnerable populations and the communities we serve.

This multi-year strategic plan outlines our identified community benefit "Pillars of Success" as well as action steps to further align with PIH Health's Strategic Plan and Integrated Delivery System - all while outlining steps to advance PIH Health's community benefit impact within the PIH Health enterprise and the community.

A summary of this plan is provided on the following pages.

Community Benefit Pillars of Success

- 1) Community Benefit Oversight Committee
- 2) Community Benefit Mandates
- 3) Community Benefit Priority Health Areas
- 4) Community Benefit Programs
- 5) Community Benefit Messaging

We recognize the vital importance of continually evolving and planning for enhanced or new initiatives to **meet the identified healthcare needs** of our communities.

We realized that in order to improve the health of our community, we needed to collaborate with local agencies that also had our patients' and community members' best interests in mind.

Pillar of Success One: Community Benefit Oversight Committee (CBOC)

CBOC Success Building

During fiscal year 2010-2011, the CBOC engaged in success-building sessions with a strategic planning consultant, who facilitated brainstorming and group discussions regarding CBOC functions. Through this work, the CBOC identified three strategic categories of focus and developed the CBOC Work Plan, which is closely aligned with the Community Benefit Strategic Success Plan.

The CBOC Work Plan outlines the following areas of focus:

- **Enhancement of CBOC's Connection / Linkage to Enterprise** - ensure CBOC is informed of the enterprise strategic plan, a vital component to the CBOC's community benefit priority setting functions.
- **Strengthen External Linkages** - further integrate the CBOC's work with the community via community benefit messaging and involving the community to develop priority health area work plans.
- **CBOC Operations** - review CBOC governance and membership and continue to refine and evolve CBOC roles and functions.

Looking Ahead

- During fiscal year 2012-13, the CBOC will review the Work Plan and determine or validate areas of focus for the next two years.
- The CBOC will guide and oversee fulfillment of community benefit mandates, including the newly required Implementation Strategy.

Pillar of Success Two: Community Benefit Mandates

The Community Benefit Department ensures successful fulfillment of community benefit mandates in accordance with state and federal requirements, working closely with the CBOC and hospital leadership.



These community benefit mandates include:

- **Annual Community Benefit Report**
- **Community Health Needs Assessment**
- **IRS Form 990, Schedule H**
- **Implementation Strategy**

Looking Ahead

- The Community Benefit Department will continue to ensure successful completion of all community benefit mandates.
- Plan enhancements for the Annual Community Benefit Report to ensure accurate and complete reporting in regard to State and IRS standards and enhance visual appeal.
- Widely distribute and share findings of the 2013 Community Health Needs Assessment with the community, PIH Health leadership, and staff.
- Develop an Implementation Strategy with the CBOC, based upon prioritized assessment findings, for PIH Health Board approval by September 30, 2013.
- Develop and/or revise internal PIH Health community benefit policies as needed.

Pillar of Success Three: Community Benefit Priority Health Areas

The selection of PIH Health community benefit priority health areas and development of an Implementation Strategy are integral to ensuring initiatives are responsive to community needs. The CBOC determined the following three priority health areas based upon the 2010 assessment:

Healthy Living to deliver health promotion and prevention programs that 1) enhance health-related knowledge and behavior; and 2) support and promote healthy eating, and active living with emphasis on making the healthy choice the easy choice.

Health Management to improve community health through efforts seeking to 1) enhance health-related knowledge regarding prevention and management of chronic diseases; 2) increase awareness about the importance of various prevention strategies; and 3) promote available community resources.

Health Access to ensure basic and preventative care access for the uninsured and underinsured via 1) effective use of health insurance enrollment resources; 2) promotion of free and low-cost health-related resources and services; and 3) collaborative efforts to meet community needs.

Looking Ahead

- Upon completion of the 2013 Community Health Needs Assessment, the CBOC will engage in a thoughtful prioritization process based on data findings and community input gathered through community conversations, focus groups, interviews, and surveys.
- Once priority health areas and health needs are identified, the Implementation Strategy will be developed. The Implementation Strategy will identify priorities, which, in turn, will provide the framework for PIH Health's three-year Community Health Improvement Plan.
- To advance our PIH Health Community Health Improvement Plan, we will:
 - Continue to identify community-based resources and engage partner organizations to collaboratively address priority areas and implement and champion initiatives.
 - Encourage community-capacity building and collaboration in the design of meaningful initiatives that strive to improve the overall health of the communities we serve.
 - Continue to engage community partners as well as a broad cross-section of the community, in discussion of identified priority health needs.
 - Continue to refine measurable objectives for each of the selected priority health areas, ensuring linkages between flagship community benefit programs and priority needs.

Pillar of Success Four: Community Benefit Programs

We recognize that demonstrating the true value of our community benefit efforts lies in measuring our programs and initiatives in terms of impact on the communities we serve. The Community Benefit Department supports program managers by consistently planning the enhancement and measurement of our flagship community benefit programs, facilitating the CBOC's evaluation of these programs, and ensuring effective communication of program impact.

Looking Ahead

- Continue measuring impact, refining and improving measurement techniques which, ultimately, provide vital information for the CBOC, hospital leadership and the Board of Directors regarding program impact and the return on investment of charitable resources.
- Assess the success of quarterly meetings held with community benefit program managers and enhance as needed to ensure they remain effective and meaningful for all involved.
- Propose further enhancements to the CBOC annual meeting evaluation process, including expansion of CBOC flagship program site visits, thereby elevating CBOC's ability to provide meaningful evaluation and oversight.
- Continue to advance effective linkages between hospital- and community-based programs to ensure a seamless continuum of care.

Pillar of Success Five: Community Benefit Messaging

Recognizing the importance of effectively communicating our community benefit programs and their impact on the community, PIH Health is committed to enhancing internal and external communication strategies.

Looking Ahead

- Continue to look for ways to further incorporate "community benefit" as a consistent message throughout the PIH Health organization and its communities.
- Continue to showcase PIH Health's community benefit successes and strategies through presentations at conferences, submission of best practices for award consideration, and networking and sharing of resources with other nonprofit hospitals.



Chapter Four

Investing in the Health of Our Communities

The following pages provide information about PIH Health's comprehensive community benefit programs and services, which strive to ensure the overall health of everyone who lives, works, learns, and plays in our communities.

Information is provided in three categories:

Category One	Financial Assistance
Category Two	Government-Sponsored, Means-Tested Healthcare
Category Three	Community Benefit Services

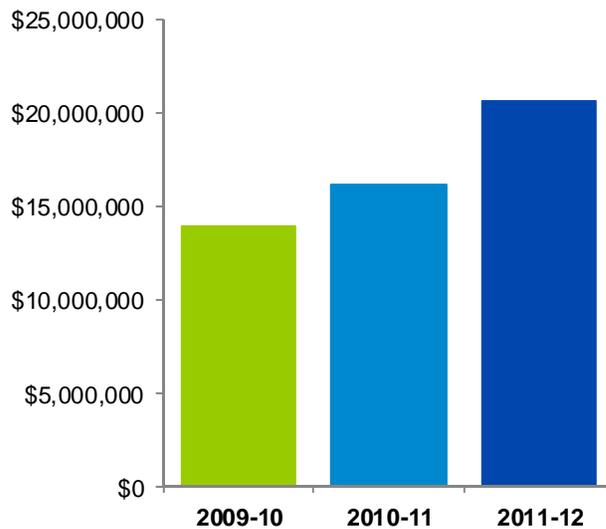
Category One

Financial Assistance (Charity Care) \$ 20,566,575

Financial Assistance is free or discounted health services provided to persons who cannot afford to pay and who meet the eligibility criteria of the organization's financial assistance policy. Financial assistance is reported in terms of costs, not charges, and does not include bad debt.

PIH Health offers a generous Financial Assistance Program, providing charity care to those with family income(s) within 400% of the 2012 Federal Poverty Level guidelines. Additionally, under the PIH Health Self-Pay Payment Program, patients who are uninsured or have very limited benefits are offered a bill reduction reflective of or less than the Healthy Families rate with a contracted plan; no pre-qualification is necessary. The discounts provided are especially of benefit to those applying for PIH Health's charity care or other public means-tested healthcare programs and awaiting eligibility determination.

Charity Care Expenses Three-Year Comparison by Fiscal Year



■ FY 2009-10:	\$ 13,866,546	3.70% of organization expenses	10,198 served
■ FY 2010-11:	\$ 16,189,328	4.03% of organization expenses	8,107 served
■ FY 2011-12:	\$ 20,566,575	4.72% of organization expenses	8,434 served

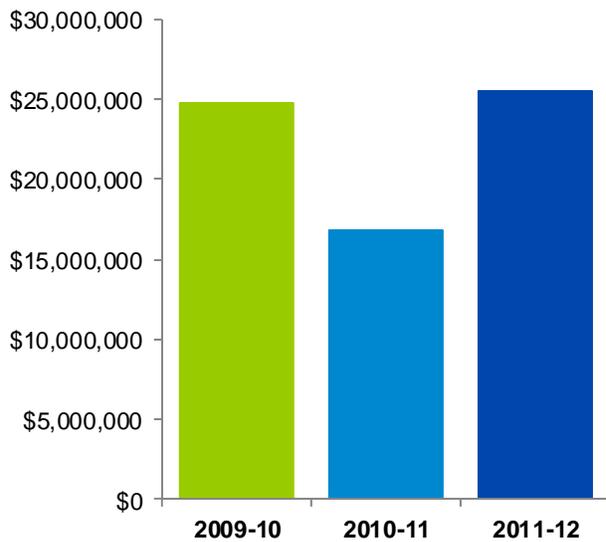
Category Two

Government-Sponsored, Means-Tested Healthcare \$ 25,498,638

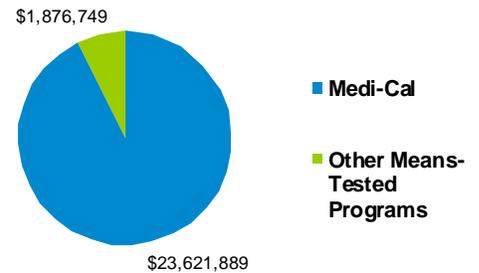
Government-sponsored, means-tested healthcare community benefit includes unpaid costs of public programs for low-income persons—the shortfall created when a facility receives payments that are less than the cost of caring for public program beneficiaries. This payment shortfall is not the same as a contractual allowance, which is the full difference between charges and government programs.

PIH Health realized a net loss in caring for beneficiaries of government-sponsored, means-tested health programs, including Medi-Cal, Medi-Cal HMO, and Healthy Families.

Unreimbursed Costs of Public Programs Three-Year Comparison by Fiscal Year



Fiscal Year 2011-12 Detail



■	FY 2009-10:	\$ 24,794,003	6.56% of organization expenses	25,876 served
■	FY 2010-11:	\$ 16,861,299	4.05% of organization expenses <i>Net of Medi-Cal Provider Fee program net revenue in the amount of \$8.5 million</i>	27,422 served
■	FY 2011-12:	\$ 25,498,638	5.86% of organization expenses	27,683 served

Category Three: Community Benefit Services

Community Health Improvement Services

\$ 4,395,955

These activities are carried out to improve community health, extend beyond patient care activities, and are usually subsidized by the healthcare organization. Such services do not generate patient care bills, although they may involve a nominal fee.

See supplemental data reports in Appendix D for an overview of impact and outcomes for the following flagship community benefit programs and initiatives:

- | Activate Whittier Community Collaborative
- | Care Force One Mobile Health Services
- | Community Health Education and Support
- | Enrollment Coordinators
- | Fall Prevention Program
- | School-Based Wellness Programs
- | Senior Services
- | Whittier First Day Health & Wellness Center



Through PIH Health's
Patricia L. Scheifly Breast Health Center,
41 women received
free mammograms
and 130 women received
reduced-cost mammograms.

Community Hotlines

PIH Health offers three toll-free hotlines designed to link the community to hospital and community-based health resources. Examples include the Cancer Helpline, staffed by a Registered Nurse who addresses cancer-related questions, a Social Services Helpline, and a 24-7 Community Advice Nurse Line. Additional information and data report on the Community Advice Nurse Line can be found in Appendix D.

Enrollment Assistance: Enrollment Coordinators & Medi-Cal Eligibility Workers

In addition to employing two enrollment coordinators, PIH Health contracts with agencies specializing in Medi-Cal and Healthy Families enrollment in an effort to ensure that all those eligible obtain health insurance coverage and, ultimately, have access to care.

Preventative Health Programs – Immunizations and Screenings

PIH Health's Care Force One Mobile Health, Community Health Education, and Family Practice Departments provide flu and pneumonia immunizations to low-income, uninsured and underinsured individuals. Clinics are hosted at local churches, schools, community and senior centers, and community-based health fairs.

The PIH Health Patricia L. Scheifly Breast Health Center, designated as a Breast Imaging Center of Excellence, provides free and low-cost mammograms to uninsured or under-served women in the community. A PIH Health Foundation fund is specifically designated to provide the free mammograms.

Support Groups

Several hospital departments—including Cardiac Rehab, Community Health Education, and Care Management—host support groups that are open to the community and provide emotional support and education for individuals confronting a variety of health-related challenges.

Transportation Resources

Free shuttle transportation or taxi vouchers are provided to indigent discharged patients who do not have an alternative form of transportation, those who need to return to the hospital for follow-up visits, medical treatment or to pick up medications as well as parents of Neo-Natal Intensive Care Unit babies who have no other means of transportation. A Transportation Dispatch Line coordinates access to these resources.

Category Three: Community Benefit Services

Health Professions Education

\$ 2,616,922

This category includes educational programs for physicians, interns and residents, nurses and nursing students, pastoral care trainees, and other health professionals when education is necessary for a degree, certificate or training required by state law, accrediting body or health profession society.

Leveraging its unique position as a community-oriented healthcare leader, PIH Health supports healthcare-related education and mentoring to ensure opportunities exist for the next generation of healthcare providers.

Family Practice Residency Program

As an Accredited Continuing Medical Education Provider, PIH Health's Family Practice Residency Program places special emphasis upon training residents to work with community members of all ages who reside in low-income, under-served areas. Resident physicians provide community health services via PIH Health's home-based palliative care program at hospital-supported clinics at Whittier College and a local homeless shelter as well as through a new community partnership with the Los Nietos School District aimed at reducing childhood obesity.

In addition, the PIH Health Residency program offers a Tropical Medicine track, in which residents gain valuable experience by providing much needed care in countries as far away as Cameroon and Zambia.

Paramedic Base Station Training

PIH Health hosts lectures and trainings for emergency responders so they can maintain continuing education requirements. Those attending include fire department captains and personnel, paramedics, emergency medical technicians, and PIH Health mobile intensive care nurses.

Student Education: Internship, Externship, Preceptorship & Mentoring Programs

PIH Health supports the development of the next generation of healthcare providers through educating and mentoring students from several local schools and colleges in both clinical and administrative settings in areas such as Nursing, Social Work, Radiology, and Food & Nutritional Services.

PIH Health resident physicians provided prevention-focused education for 1,735 Los Nietos School District parents, staff and students.

Category Three: Community Benefit Services

Subsidized Health Services

\$ 9,112,963

Subsidized services are clinical programs provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt, and Medi-Cal shortfalls. Nevertheless, the service is provided because it meets an identified community need and, if no longer offered, would either be unavailable in the area or fall to the responsibility of government or another nonprofit organization to provide.

See supplemental data reports in Appendix D for an overview of impact and outcomes for the following flagship community benefit programs and initiatives:

| [High-Risk Infant Follow-Up Clinic](#)

| [PIH Health Hospice Homes](#)

Hospitalist and Intensivist Program

PIH Health's Hospitalists and Intensivists ensure availability of the highest quality care to all patients, regardless of insurance coverage. Pediatric and Adult Hospitalists are on-site 24 hours every day, managing care, coordinating hospital services, consulting with specialists, and communicating with the patient's primary care physician—if there is one. PIH Health Intensivists are board-certified in multiple disciplines and can attend to the immediate and emergent needs of patients who present, generally, through the Emergency Department with complex injuries.

PIH Health - Home Health

Recognized as one of the top-performing home health agencies based on outcomes, quality improvement, and financial performance, PIH Health Home Health services are available to the community and provided by highly-skilled staff who successfully manage the unique challenges of providing care in a wide variety of settings, which will include the patient's home or board and care and assisted living homes. A significant amount of total charity care dollars and reduced rates to uninsured or underinsured patients are associated with PIH Health's Home Health services.

R. C. Baker Foundation Regional Emergency Department

PIH Health's Emergency Department (ED) - one of the largest in Los Angeles County—experienced 69,641 visits during FY 2011-12. The ED features the area's Paramedic Base Station, providing both the equipment and resources for qualified staffing so that when an ambulance is dispatched to a local home, paramedics have critical access to local hospital-based emergency services. PIH Health also sustains a contract with an on-call physician panel so that eligible patients, regardless of health insurance status, are assured access to specialty care appropriate to their needs.

Category Three: Community Benefit Services

Research

\$ 113,295

Research that may be reported as community benefit includes clinical and community health research as well as studies on healthcare delivery that are generalizable, shared with the public, and funded by the government or a tax-exempt entity (including the organization itself).

PIH Health Ruby L. Golleher Comprehensive Cancer Program

PIH Health's Cancer Program earned the highest accreditation possible for a nonacademic medical center—the designation of Comprehensive Community Cancer Program by the American College of Surgeons Commission on Cancer—as well as recognition with its Outstanding Achievement Award for 2010-2013. The Cancer Program features clinical trials through affiliations with Southwest Oncology Group and Radiation Therapy Oncology Group and free workshops offered for the community, including a survivorship program, art and writing workshops, Lymphedema workshops, and complementary medicine offerings.

Category Three: Community Benefit Services

Cash & In-Kind Contributions

\$ 727,460

This category includes funds and in-kind services donated to community organizations or to the community-at-large for a community benefit purpose. In-kind services include hours contributed by staff to the community while on healthcare organization work time, the cost of meeting space provided to community groups, and the donations of food, equipment, and supplies.

Donations of Equipment, Medication, and Supplies

During FY 2011-12, PIH Health donated supplies removed from service to local service and community-based organizations, and to under-served in other countries. In addition, PIH Health continues to support its Family Practice Residency Program's Tropical Medicine track. PIH Health physicians make annual trips to countries such as Cameroon and Zambia, with PIH Health donating needed medications, such as Fluconazole, a medication used to treat HIV-positive patients with meningitis. Additionally, charity medications are provided, based upon need, to patients in the hospital and to those receiving home health or hospice services.

Upon hospital discharge, PIH Health spent **\$374,609** in providing **211 at-risk individuals** with **in-kind durable medical equipment or services** such as physical, occupational, or speech therapies, skilled nursing or mental healthcare.

Donations - Financial Support of Community Based Organizations

PIH Health makes significant financial contributions in support of community-based not-for-profit organizations, with emphasis placed on initiatives supporting community benefit priority health areas. Only those funds which support the organization's mission are captured as community benefit. In addition, PIH Health often offers community-based organizations use of conference facilities at no charge, utilizing this direct point of access as a means of informing area agencies about available resources for the under-served. In addition, PIH Health Hospital features a dedicated space for the American Cancer Society, enhancing community access to patient/family support for numerous cancer-related topics as well as educational materials and other resources.

Purchased Services for At-Risk Patients

PIH Health's Care Management Department goes to extraordinary lengths to connect patients with needed resources sometimes as basic as a mattress to sleep on once they are home. In addition, as many patients lack vital support needed in order for them to return home, PIH Health provides in-kind items, such as durable medical equipment, and services for uninsured and underinsured patients upon hospital discharge, such as physical, occupational, or speech therapies, skilled nursing or mental healthcare.

Sexual Assault Response Team (SART) - Donated Space

In collaboration with the Whittier Police Department, the Los Angeles Sheriff's Department, local law enforcement agencies, Project Sister Family Services, Soroptimist International of Whittier, and Forensic Nurse Specialists, PIH Health is the area's designated SART site providing sexual assault victims with a private room where they can be examined, counseled, and comforted by a specially trained forensic nurse. Over 700 patients have been seen over eight years—the majority being under 18 years of age. PIH Health donates private clinical space to ensure the victim's safety and privacy as well as clinical supplies and medications.

Staff Service on Community Health-Related Boards

Designated PIH Health staff dedicate time to serving on boards of community-based organizations, such as Interfaith Food Center, a local food distribution organization serving the most vulnerable, and The Whole Child, an agency providing mental health services to children and families.

Category Three: Community Benefit Services

Community-Building Activities

\$ 72,150

Community-building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness, and environmental hazards. These activities strengthen the community's capacity to promote the health and well-being of its residents by offering the expertise and resources of the healthcare organization. Costs for these activities include cash and in-kind donations and expenses for the development of a variety of community building programs and partnerships.

Coalition Building

PIH Health works with a variety of community stakeholders to enhance the collective capacity for improving community health. PIH Health mobilizes assets and invests resources through a variety of community building activities and collaboratives designed to address identified needs.

Employee Shuttle Service

PIH Health offers a shuttle service from the Norwalk train station during morning and afternoon hours to provide employees living a significant distance from the hospital with an incentive to commute via train rather than by car.

Category Three: Community Benefit Services

Community Benefit Operations

\$ 384,185

Community benefit operations include costs associated with assigned staff and community health needs and/or assets assessment as well as other costs associated with community benefit strategy and operations.

Community Benefit Department

The Community Benefit Department serves as the liaison for PIH Health's Community Benefit Oversight Committee and is charged with overseeing the advancement of community benefit priority health areas, measurement of program outcomes, reporting of hospital community benefit activities, development of the hospital's community benefit plan, and establishment of valuable linkages with community partners.

Leadership Journal

Our medical staff, employees, and volunteers continue to demonstrate passion, integrity, commitment, and caring in immeasurable ways.

The following pages describe the creative and innovative ways we strive to improve the overall health of the communities we serve. While these programs and activities are not reported as community benefit, they are still very telling of the community-minded culture of PIH Health.



PIH Health is a **shining example**
of what can be achieved
when a hospital's actions are guided
by the **pursuit of excellence.**
and the needs of those it serves.

Enterprise Leadership

Disaster Preparedness / Disaster Resource Center

PIH Health is one of 13 Los Angeles County-designated Disaster Resource Centers (DRC's) established by the County to ensure that the community has access to resources, such as ventilators, pharmaceuticals, medical/surgical supplies, large tent shelters, and, most importantly, the highly-skilled staff needed to respond to a large-scale disaster or other public health emergency. PIH Health participates in planning meetings and community-wide drills in order to fine-tune preparations and strengthen working relationships among key responders through role playing disaster scenarios. Key responders include police, fire, ambulance companies, city workers, schools, local media, and internal hospital staff.

Environmental & Recycling Projects

PIH Health is progressively “thinking green,” reflecting our commitment to minimizing impact on the environment and protecting our communities health. A PIH Health Green Team is leading an environmental revolution, implementing a growing number of recycling opportunities on campus projected to reduce trash going to the landfill by 40%. In addition, PIH Health recycled as much as 97% of waste materials from its Plaza Tower construction project. PIH Health has also successfully been participating in a methane gas project with the City of Whittier, whereby methane gas that was previously flared off at the local dump is converted into electricity and gas and used by the hospital, helping to minimize harmful environmental waste.

Every 15 Minutes Program

PIH Health joined the California Highway Patrol, Whittier Police Department, Santa Fe Springs Fire-Rescue, Los Angeles Coroner, and local organizations and businesses to hold an Every 15 Minutes Program at Whittier's Pioneer High School. The program simulated a fatal crash scene and rescue efforts in efforts to create awareness of the potentially dangerous consequences of driving under the influence of drugs or alcohol.

Healthy Living - Healthy Giving Philanthropic Effort

PIH Health Foundation's *Healthy Living - Healthy Giving* philanthropic effort raises funds in support of PIH Health to ensure the health and well-being of our communities for years to come through supporting programs that directly impact the community, including PIH health's community benefit programs. *Healthy Living - Healthy Giving* is an opportunity for everyone to play a role in the overall health of their friends, family, neighbors and everyone who lives, works, learns, and plays in our community. Gifts—big, small and all—will support PIH Health's work to provide access to quality healthcare, screenings and preventative care, and prevention-focused education.

See supplemental data report on impact and outcomes in Appendix D for PIH Health S. Mark Taper Foundation A Day Away, an adult day healthcare center and community benefit program of Medsite, a related company to PIH Health.

Enterprise Leadership

Reach Out and Read Program

With the goal of advocating for early literacy for every child in the community, PIH Health Physicians' Department of Pediatrics has partnered with *Reach Out and Read*, an evidence-based initiative, that promotes early literacy and school readiness. Upon each regular check-up from the age of six months to five years-old, physicians give pediatric patients a free brand new children's book and bookmark and discuss with parents the importance of reading aloud. "This partnership with *Reach Out and Read* equips the children served to enter kindergarten with improved chances for success in verbal and reading comprehension skills," explained Department of Pediatrics Chair, Dr. Anita Sinha. "Parents need to start thinking about reading in infancy." *Reach Out and Read* doctors and nurses distribute more than 6.4 million books to children at 4,779 pediatric practices, hospitals, clinics, and health centers in all 50 states nationwide.

Whittier Connections Homeless Vulnerability Study

PIH Health partnered with the Whittier Connections community collaborative, which in November 2011 led community volunteer teams in surveying Whittier's homeless population using an evidence-based vulnerability assessment. The assessment resulted in the creation of a by-name list, including photos of homeless individuals as well as data on health status, institutional history, length of homelessness, patterns of shelter use, and previous housing situations. Findings were analyzed to identify those who had been homeless the longest and those living with specific health conditions associated with a high mortality risk.

Whittier Area First Day Coalition prevention case manager Maria Alcala, right, talks with a First Day resident during an exit interview after her six-month homeless transition stay at the Whittier facility.

Whittier has been named one of only 15 communities nationally on track to end chronic and vulnerable homelessness.



Department Leadership

Emergency Clothing for At-Risk Patients

Patients who are unable to return home in the same clothes in which they arrived to the hospital receive clothing from PIH Health's Emergency Clothes Bank. In addition, the Care Management and Community Benefit Departments, together with the PIH Health Foundation, partnered with Whittier First Day, a local homeless shelter, to initiate a program where these patients may also receive additional clothing from Whittier First Day, including clothes suitable for job interviews and work.

Holiday Giving

PIH Health staff generously donated over \$900 for the purchase of grocery gift cards for the families of Lydia Jackson Elementary School in Whittier. The gift cards ensured that the school's neediest families would have groceries during the three-week Winter break.

Furthermore, PIH Health's Nursing Administration and Wound Healing Center Departments donated holiday gifts to the mothers and children living at the Whittier Salvation Army Transitional Women's Center. In addition, the Quality and Risk Management and Community Benefit Departments together facilitated a donation of over 1,000 Mattel toys to 11 organizations in the community, which were, in turn, distributed to low-income families.

Meals on Wheels Food Preparation

PIH Health partners with Meals on Wheels (MOW), which is a nonprofit, volunteer-driven organization dedicated to providing home-delivered meals to those unable to prepare or obtain meals on their own. During FY 2011-12, PIH Health prepared daily meals for approximately 106 Whittier MOW clients and 39 Downey MOW clients, which were then delivered to individuals' homes by MOW volunteers. While the operating expenses of this service are subsidized by MOW, PIH Health assumed the start-up capital expenses related to equipment purchases.

We remain steadfast in the belief that each small step, each community partnership, and each successful effort brings us one step closer to our vision of a healthier community.



Staff and Volunteer Leadership

American Cancer Society's Whittier "Relay for Life"

A PIH Health team raised \$10,000 for the American Cancer Society's 2012 Whittier Relay for Life event, including a donation made by PIH Health to support cancer research.

March of Dimes "March for Babies"

A PIH Health team raised \$ 1,500 for the March of Dimes' 2012 "March for Babies" event to support research and programs that prevent premature births. PIH Health Neonatal Intensive Care Unit staff participated in the event.

PIH Health Auxiliary

Since its beginning in 1955, the PIH Health Auxiliary has tirelessly committed to fundraising in support of PIH Health, contributing over \$3,000,000. During FY 2011-12, the PIH Health Foundation was presented with funds in support of the *Healthy Living - Healthy Giving* philanthropic effort and mammograms for under-served women.

PIH Health Volunteer Contributions

Some 1,029 PIH Health volunteers collectively contributed 133,000 hours, translating into more than \$2,898,078 in savings for the hospital. Examples of this dedicated, volunteer service include:

- "Folkswagon" tram drivers provide convenient transportation for visitors, patients and staff around the PIH Health campus with an average of 24 drivers who provided 62,192 rides, totaling 4,799 hours;
- Seventeen teams of pets and their owners visited 4,880 patients, uplifting spirits through pet therapy;
- The craft and sewing groups, which formed when the hospital opened in 1959 and collectively include over 33 volunteers, provide comfort and joy through their handmade gifts for PIH Health patients and families;
- Recognizing the healing power of laughter, PIH Health clowns volunteer their time to visit pediatric, emergency room, and medical and surgical care patients for a total of 722 hours;
- Through PIH Health's Telecare Program, volunteers provide free, daily phone calls to check on the well-being of older adults living alone or who are homebound; three volunteers called 17 individuals on a daily basis; and
- Through a collaboration between PIH Health, the City of La Mirada and SeniorNet, a low-cost computer training program taught by senior volunteers, over 3,000 students have graduated a variety of computer-related courses; a total of 54 volunteers dedicated 9,210 hours during FY 2011-12.

Above and Beyond...

Disaster Relief Efforts and Medical Missions

Since 1990, Dr. Steven Chin has served as the disaster medical director at PIH Health. Dr. Chin is also an active member of the L.A. County Fire Department's FEMA Urban Search and Rescue Task Force and has assisted in rescue efforts in disasters, such as the Oklahoma City bombing, Hurricane Katrina, Southeast Asian tsunami, and Haiti, New Zealand (pictured on next page) and Japan earthquakes.

Dr. Yong Park, a PIH Health Radiologist, has assisted with medical missions to Nepal, Haiti, and Belize, providing basic healthcare to the indigent living in remote areas of these countries as well as medications and supplies donated by PIH Health.

Dr. Kenneth Thompson, PIH Health medical director of medical staff, and Jana Burton, RN, recently assisted with a medical mission in an underserved region of the southern Philippines. The team performed surgeries in both clinic and operating room settings for those most in need. In the operating room, the team performed thyroidectomies, mastectomies, and cholecystectomies. In the outpatient setting, minor procedures under local anesthesia were successfully completed. PIH Health donated medications and supplies.

Finally, PIH Health registered nurse, Aurora Welch, is part of Help International, a nonprofit organization founded in 1984 to help the under-served population in Latin America. Each year, a team of Southern California doctors and nurses travel to different locations to perform much-needed surgeries that will transform lives. Recently, Aurora visited the little town of Joyabaj in Guatemala, where hundreds of adults and children lined up outside of the Hospital Distrital Joyabaj, hoping for a medical miracle. "The people of Joyabaj are so grateful that they will receive medical attention," said Aurora. "Many men, women and children walk from rural towns and villages for up to three days to reach the hospital and then stand in line for hours to see a doctor," she added. "When I go to Guatemala and see how the people live – so simply, I always feel so humble and grateful for what I have." Aurora assisted the doctors in surgery and said that the busy team performs approximately 35 to 40 surgeries in a day. She plans to return to Guatemala with Help International for the fourth time in May.

Since 1990, Dr. Steven Chin has served as the disaster medical director at PIH Health. Dr. Chin is also an active member of the L.A. County Fire Department's FEMA Urban Search and Rescue Task Force and has assisted in rescue efforts in disasters, such as the Oklahoma City bombing, Hurricane Katrina, Southeast Asian tsunami, and Haiti, New Zealand and Japan earthquakes.





Appendices

APPENDIX A

| Community Benefit Oversight Committee

APPENDIX B

| Key Community Partners

APPENDIX C

| About PIH Health

APPENDIX D

| PIH Health Community Benefit Flagship Program Reports

| PIH Health Community Benefit Priority Health Area Reports

Appendix A

Community Benefit Oversight Committee

PIH Health's Community Benefit Oversight Committee (CBOC) provides overall oversight of the qualification, evaluation, and enhancement of PIH Health's community benefit programs and initiatives, and ensures community benefit initiatives are effective and aligned with the adopted core principles. CBOC membership is comprised of community stakeholders, including a public health representative, as well as hospital leadership.

Current CBOC membership includes:

Patricia E. Bray
Vice President, Continuing Care
PIH Health

Sue Carlson CPAM
Administrative Director
Revenue Cycle and Managed Care
PIH Health

Ron Carruth EdD
Superintendent
Whittier City School District

Charlene Dimas-Peinado LCSW, EML
Chief Executive Officer
The Whole Child

Richard Espinosa
Senior Health Deputy
LA County Supervisor Don Knabe, Fourth District

Rose Marie Joyce PhD
Representative
Community-at-Large

Ted Knoll MA, CDS, CHHP
Executive Director
Whittier Area First Day Coalition

Judy McAlister
Representative
Community-at-Large

Maria Andrea Mendoza Mason MD
Santa Fe Springs Family Health Center
Family Practice Faculty
PIH Health

Kara Medrano
Congressional Aide
Congresswoman Linda Sanchez, CA 38th District

Jim Ortiz
Senior Pastor, My Friend's House
President, Whittier Area Evangelical Ministerial Alliance

Silvia Prieto MD, MPH
Area Health Officer, SPA 7 & 8
Los Angeles County, Department of Public Health

Judy Pugach RN, MPH, CPHQ, CPHRM
Vice President, Quality/Risk Management
PIH Health

Irene Redondo-Churchward
Representative
Community-at-Large

Raymond L. Schmidt PhD
Representative
Community-at-Large

Karen Shepard
Managing Trustee
BCM Foundation

Drew Sones
Chair, PIH Health Physicians Board
Member, PIH Health Board

James R. West
President and Chief Executive Officer
PIH Health

Nancy Whyte
Director, Community Ed, Senior and Volunteer Services
PIH Health

Brenda Wiewel
Executive Director
Los Angeles Centers for Alcohol and Drug Abuse (LA CADA)

Consultant:
Melissa Biel DPA, RN
Biel Consulting
Community Benefit Evaluation Specialist

Appendix B

Key Community Partners

PIH Health engages and partners with a wide variety of organizations as we work to improve the overall health of our neighborhoods and communities. PIH Health believes that by working together with all sectors of the community we *will* achieve healthier, vibrant communities.

Academic Institutions

Azusa Pacific University
Biola University
California State University, Dominguez Hills
California State University, Fullerton
California State University, Long Beach
California State University, Los Angeles
Cerritos College
Downey Adult School
East Los Angeles College
East Whittier City School District
El Rancho Unified School District
Long Beach Community College District
Los Nietos School District
Mount Saint Mary's College
Mt. San Antonio College
North Orange County Community College District
Orange Coast College
Premier College
Regents of the University of California
Rio Hondo College
San Joaquin Valley College
South Whittier School District
Tri-Cities Regional Occupational Program
University of California, Irvine
University of California, Los Angeles
University of California, San Diego
University of Phoenix
University of Redlands
University of Southern California
University of the Pacific
Western University of Health Sciences
Whittier City School District
Whittier College
Whittier College Center for Engagement with Communities
Whittier Union High School District

Community-Based Organizations

Activate Whittier Community Collaborative
Boys & Girls Club of Whittier
Community Advocates for People's Choice (CAPC, Inc.)
Help for Brain-Injured Children
Intercommunity Counseling Center
Interfaith Food Center
Learning Enrichment & Academic Resources Network (LEARN)
Los Angeles Centers for Alcohol & Drug Abuse (LA CADA)
Meals on Wheels of Whittier
Project Sister Family Services
Soroptimist International of Whittier
SPIRITT Family Services
St. Matthias Episcopal Church

Community-Based Organizations, continued

The Salvation Army of Whittier
The Whole Child
Veterans of Foreign Wars
Whittier Area Clergy Association
Whittier Area Community Church - Health Partnership
Whittier Area Evangelical Ministerial Association
Whittier Area First Day Coalition
Whittier Area Recovery Network
Whittier Chamber of Commerce
YMCA of Greater Whittier

Government

City of Downey*
City of Hacienda Heights*
City of La Habra*
City of La Habra Heights*
City of La Mirada*
City of Montebello*
City of Norwalk*
City of Pico Rivera*
City of Santa Fe Springs*
City of Whittier*
County of Los Angeles
 Community Resource Center (Santa Fe Springs)
 Department of Parks & Recreation
 Department of Public Health
 Supervisor Don Knabe, Fourth District
 Supervisor Gloria Molina, First District
Linda T. Sánchez, Member of Congress, 38th District of California
** includes collaboratives with city departments, including fire and police, where applicable.*

Healthcare and Social Service Providers

AARP
Alzheimer's Association
American Cancer Society
American Heart Association
Arthritis Foundation
CareMore
East Los Angeles Regional Center
Forensic Nurse Specialists (SART)
Gateway Connections (Council of Governments)
Health Insurance Counseling & Advocacy Program (HICAP)
Kaiser Permanente Downey Medical Center
Los Angeles Caregiver Resource Center
Los Angeles County Immunization Program
PATH Partners
SeniorNet
Service Planning Area (SPA) 7 Council
Vaccination for Children Collaborative

Appendix C

About PIH Health

The following PIH Health Fact Sheet provides an overview of our wide range of services as well as facts and statistics about our locations, employees, physicians, volunteers and those we served during fiscal year 2011-12.





Fact Sheet



**12401 Washington Blvd.
Whittier, CA 90602**

562.698.0811

PIHHealth.org

James R. West

President & Chief Executive Officer

Donald G. Alvarado

PIH Health Board of Directors Chair

Paresh Patel MD

Chief of Staff

About PIH Health

PIH Health is a nonprofit 501(c)(3) regional healthcare delivery network that was founded in 1959 by volunteers who went door-to-door with coffee cans to raise funds to build a local healthcare facility. Over 50 years later, PIH Health has maintained that same sense of community and family-like culture where patients are the top priority, and employees and volunteers are proud to be affiliated with such an organization. PIH Health offers a wide range of services including utilization of primary care teams to provide general medicine and preventative care; access to emergency and urgent care, home health services and hospice; and a network of 369 PIH Health Physicians and Advanced Practice Professionals in accessible and welcoming neighborhood locations. PIH Health is committed to remaining at the forefront of healthcare advances including technology, equipment and top-notch facilities and amenities to benefit patients and staff alike. Its highly trained and compassionate physicians, nurses, clinicians, staff and volunteers work tirelessly and collaboratively every day to be the communities' health and wellness partner.

MISSION: Why We Are Here

We provide high-quality healthcare without discrimination, and contribute to the health and well-being of our communities in an ethical, safe, and fiscally prudent manner in recognition of our charitable purpose.

VISION: Where We Want To Be

Patients First

VALUES: Our Promise

Patients First: Our patients' safety, well-being, and medical condition will be our primary concern at all times.

Respect and Compassion: We will consistently demonstrate respect and compassion for the beliefs, situation, and needs of our patients and co-workers.

Responsiveness: We will strive to anticipate needs and respond in a timely way to meet or exceed the expectations of others.

Integrity: Our attitude and actions will reflect the highest ethical and moral standards.

Collaboration and Innovation:

We will work together — within and outside the organization — to solve problems and pursue opportunities in creative ways.

Stewardship: We will serve the community wisely through the efficient and prudent use of our financial resources.



Quick Facts

PIH Health locations

1 hospital
16 medical office buildings
3 administrative offices

PIH Health Hospital, licensed beds

400-plus (as of March 2013, bed count will increase to 548)

Employees

Approximately 3,800

Volunteers

637 active volunteers

PIH Health Hospital medical staff

580

PIH Health Physicians and Advanced Practice Professionals

369

Service population

Approximately 1.5 million residents in Los Angeles and Orange Counties and the greater San Gabriel Valley.

Quick Statistics

Number of ED visits FY 2011-2012

69,641

Number of deliveries FY 2011-2012

3,499

Surgical volume FY 2011-2012

Main Operating Room	7,706
Same Day Surgery	4,964
Total	12,670

Cardiac catheterizations FY 2011-2012

1,239 heart catheterizations
512 stents in 293 patients

Hospital outpatient visits (for outpatient, inpatient and emergency department) FY 2011-2012

180,036

PIH Health Physicians medical office visits FY 2011-2012

398,043

Centers of Excellence

- › The Heart & Lung Center
- › Critical Care Services
- › Maternal-Child Health Services
- › The R.C. Baker Foundation Emergency Center
- › The Ruby L. Golleher Comprehensive Cancer Program
- › The Patricia L. Scheiffly Breast Health Center
- › Rehabilitation Services
- › Hospice and Home Health Services

Advanced Primary Care and Advanced Practice Professionals

Advanced Primary Care puts the patient at the center of its healthcare team. The primary physician leads the way, but patients also have access to the knowledge and experience of Advanced Practice Professionals known as Physician Assistants-Certified (PA-C) and Nurse Practitioners-Certified (NP-C). The goal of this innovative care is that personalized attention, convenience, collaboration and commitment are all provided to the patients PIH Health serves. PIH Health is the only healthcare organization providing this type of approach to wellness in its service area.

Additional Services Include:

Acute Care Hospital Services

Acute Rehabilitation Care
Cancer/Oncology Care
Coronary Intensive Care
Medical-Surgical Acute Care
Medical –Surgical Intensive Care
Neonatal Intensive Care
Newborn Nursery Care
Observation Unit
Pediatric Acute Care
Obstetrics Care/Labor and Delivery
Telemetry Unit
Transitional Care Unit

Home Care Services

Durable Medical/Oxygen Equipment
Home Health Aide Service
Home Infusion Therapy
Hospice (Inpatient/Outpatient)
Medical Social Services
Physical/Occupational/Speech Therapies
Skilled Nursing Care

Emergency Services

Emergency Care
Occupational Medicine Services
Paramedic Base Station
Chest Pain/STEMI Receiving Center
Heliport Access

Ancillary, Outpatient and Other Services

Adult Day Healthcare Center
Anatomic Pathologic Services
Angiography Services
Blood Donor Services/
Blood Mobile Unit Services
Brachytherapy
Breast Health Center/Cardiac
Catheterization
- Percutaneous Transluminal
Coronary Angioplasty
Cardiac Rehabilitation
Cardiology
Cardiothoracic/Cardiovascular
Surgery
Chiropractic
Clinical Laboratory
Computerized Axial Tomography
Critical Care Center
Cystoscopy Service
Dermatology & Mohs Surgery
Diabetes Education Center
Diagnostic Digital and
Interventional Radiology
Services
- Picture Archiving
Communications System
Disaster Resource Center
Echocardiography
Electrocardiography
Electroencephalography
Electromyography
Emergency Services
Endocrinology
Family Medicine
Gastrointestinal Services
General Surgery
Gynecology
High-Risk Infant Follow-up Clinic
Hyperbaric Oxygen
Chamber Services
Intensity-Modulated
Radiation Therapy
Internal Medicine
Magnetic Resonance
Imaging Services
Mobile Health Services –
Care Force One
Noninvasive Vascular Services
Nuclear Medicine Services
Occupational Therapy
Ophthalmology
Orthopedics & Sports Medicine
Otolaryngology
Outpatient Nutrition
Pain Management
Pediatrics
Perinatology Center
Physical Therapy
Plastic Surgery &
Aesthetic Medicine
Podiatry
Radiation Oncology Services
Radiology
Rehabilitation
Renal Dialysis Services
Respiratory Services
Same Day Surgery
Short Stay Unit
Speech Therapy
Spine Center
Stroke Care
Ultrasonography Services
Urgent Care
Wound Healing Center

Neighborhood Locations:

Fullerton

Hacienda Heights

La Habra

La Mirada

Montebello

Norwalk

Santa Fe Springs

Whittier

Community Benefit

“Community Benefit” is defined as those programs and services of a nonprofit hospital which seek to improve community health, improve access to healthcare, advance knowledge through research and health professions education, and provide relief of government burden, providing the basis for tax exemption.

As a nonprofit, PIH Health takes pride in fulfilling its charitable mission to “contribute to the health and well-being of our communities” - regardless of an individual’s ability to pay. Delivery of Community Benefit is a cornerstone of PIH Health’s strategic plan and part of its culture.

Community Benefit initiatives are guided by five core principles to ensure meaningful and effective programs:

- 1 Addressing unmet health needs of the community
- 2 Primary prevention
- 3 Seamless continuum of care
- 4 Building community capacity
- 5 Collaborative governance

Support Our Mission

Many PIH Health employees believe strongly in its mission that they too donate a portion of their wages to support our charitable purpose. Those who are interested in supporting PIH Health in carrying out its charitable purpose are invited to make an in-kind gift by visiting PIHHealth.org > click the “Donate Now” button or call the PIH Health Foundation at 562.698.0811 Ext. 14120. Every gift counts – big, small and all – make a difference today!

Accreditations, Certifications and Designations

- › Accreditation by The Joint Commission
- › Designated Acute Stroke Center in Los Angeles County
- › Designated as a Breast Imaging Center of Excellence by the American College of Radiology
- › Los Angeles County Designated Disaster Resource Center
- › Los Angeles County Designated Emergency Department Approved for Pediatrics (EDAP)
- › Los Angeles County STEMI Receiving Center (ST Elevation Myocardial Infarctions)
- › 2012 Advanced Certification and Accreditation by The Joint Commission as a Primary Stroke Center
- › 2011 Accreditation for Breast MRI to the Patricia L. Scheiffly Breast Health Center
- › 2010 Three-Year Accreditation with the Commendation to the Ruby L. Golleher Comprehensive Cancer Program by the Commission on Cancer (CoC) of the American College of Surgeons (ACoS)

Awards



2012 Gold recipient for the third annual Healthyroads Fit Company Award



2012 Bronze Medal of Excellence in Organ Donation by the U.S. Department of Health and Human Services



2012 NRC Picker Path to Excellence Award (also awarded in 2010, 2011)



2012 California Association of Physician Groups (CAPG) Standards of Excellence – Elite Status



2012 Franklin Award of Distinction by The Joint Commission and the American Case Management Association (ACMA)



2012 American Heart Association/American Stroke Association’s Get With The Guidelines®- Stroke Gold Plus Quality Achievement Award



2011 A+ Credit Rating along with a Stable Outlook by Standard & Poor’s (S&P) Rating Services



2011 CIO 100 Award – CIO magazine Chief Information Officer Brian Smolskis



2011 Innovative Best Practice Award by NRC Picker



2011 American Heart Association/American Stroke Association’s Get With The Guidelines®- Stroke Gold Plus Quality Achievement Award

Appendix D

Data Reports Illustrating Impact & Outcomes

This Appendix features data reports for PIH Health community benefit programs and priority health areas. These reports provide information specific to each program, including the identified need, partners, services provided, and measurable outcomes and impact. The reports serve as an evaluation tool for the Community Benefit Oversight Committee during their annual community benefit evaluation process.

Included are the following community benefit flagship program reports:

- PIH Health S. Mark Taper Foundation A Day Away Adult Day Healthcare Center
- Care Force One Mobile Health Services
- Community Health Education and Support
- Fall Prevention Program
- High-Risk Infant Follow-Up Clinic
- PIH Health Hospice Homes
- Senior Services Program
- PIH Health and Whittier First Day Health & Wellness Center

Also included are the following priority health area reports:

- Health Access Priority Health Area Report
 - Financial Assistance
 - Enrollment Coordinators
 - Community Advice Nurse Hotline
- Healthy Living Priority Health Area Report
 - School-Based Wellness Programs
 - Activate Whittier Community Collaborative

PIH HEALTH S. MARK TAPER FOUNDATION A DAY AWAY

PROVIDING QUALITY CARE THAT HELPS KEEP FAMILIES TOGETHER



The Opportunities We See: PIH Health's Community Health Needs Assessment of its primary service area indicates individuals age 65+ represent 11% of residents - higher than county and state averages - underscoring the need for services which promote healthy aging.

By 2030, the number of Americans ages 65+ will have grown to represent more than 20% of the nation's population, compared with only 13% today. With the number of older adults on the rise due to the coming of age of the Baby Boomer generation, there will be an unprecedented demand on resources and services for older adults. This will be especially true for those who must learn how to be caregivers, as they join the current 15 million caregivers in the nation.

Without safe, appropriate care for their loved ones, many families have no choice but to resort to full-time nursing home placement; recruitment of private, in-home caregivers; and/or quitting their jobs to care for their loved ones - options which may quickly deplete a family's life savings.

THE VISION: ESTABLISH AN ADULT DAY HEALTHCARE CENTER PROVIDING SAFE, APPROPRIATE CARE FOR ADULTS REQUIRING CONTINUOUS DAY-TIME SUPERVISION

Why should we bring this vision to life?

A Day Away was created to provide families with an alternative to nursing home or assisted living placement, with peace of mind that their loved ones are being cared for in a safe, supportive environment.

In keeping with this vision, A Day Away ensures an opportunity for caregivers to maintain their jobs, care for other family members - oftentimes children or other elders - and attend to the demands of life.

A Day Away is licensed by the CA Department of Health Services and certified by the California Department of Aging.

A Day Away Services

- Open Mon-Fri, 7:30am - 5:30pm
- Serves adults ages 18+ who need continuous supervision for a variety of reasons (*frailty, developmental disability, memory impairment, Alzheimer's or Parkinson's Disease, brain injury or stroke*)
- Highly skilled multi-disciplinary team
- Medical program includes: physical, occupational & speech therapy; medication administration; and simple wound dressing
- Continuous supervision program includes: supervision of safety and self-care activities; arts and crafts; pet therapy; and therapeutic exercise
- Fresh, nutritious meals served daily
- On-going family education & support

AIM STATEMENTS

- Provide quality social and medical programs for vulnerable adults;
- Delay institutional placement of participants by maintaining or improving their functional ability; and
- Assist participants' families and caregivers through respite, education and support.

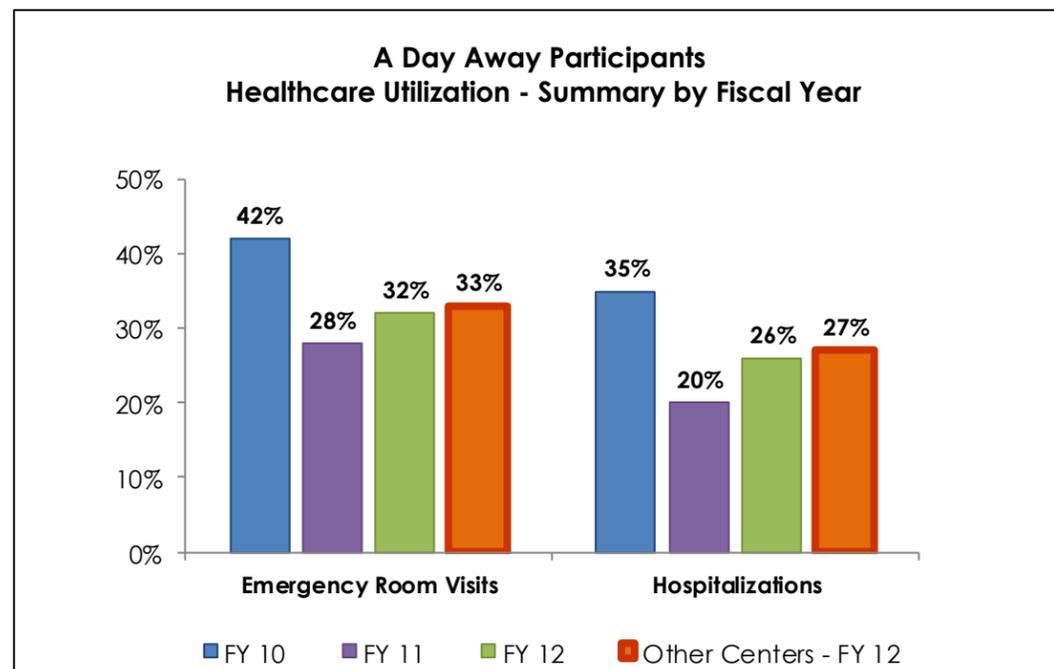


OBJECTIVE #1

When measured against adult day healthcare centers in the region, A Day Away participants will experience a reduced need for emergency care and hospitalization over a 12-month period.

RESULT

Fiscal year 2012 participant healthcare utilization data indicates a reduced need for emergency care and hospitalization, when compared to other centers in the region.



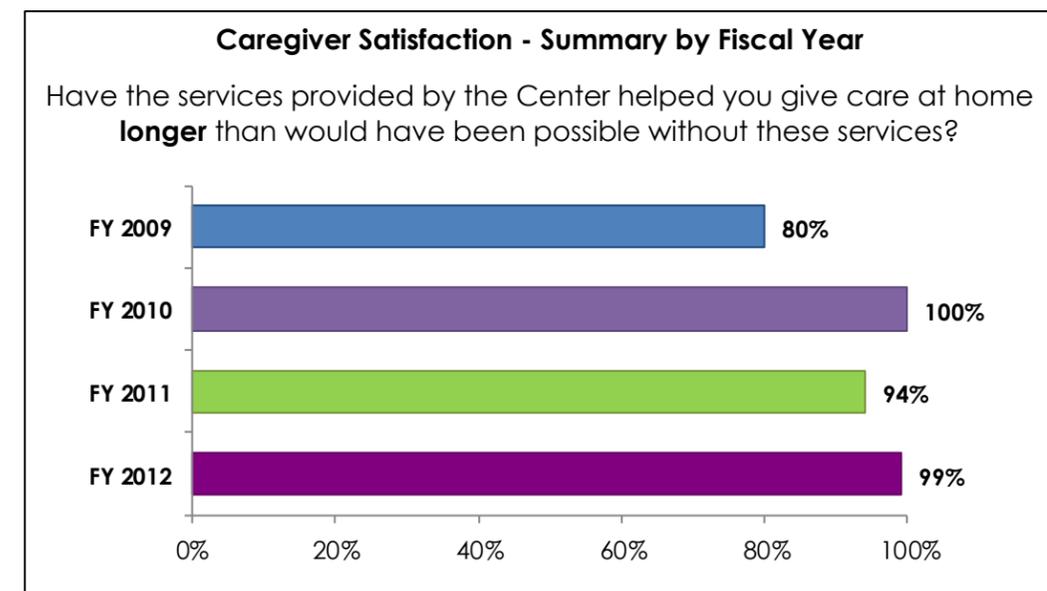
OBJECTIVE #2

Over a 12-month period, at least 75% of caregivers will report that they have been able to care for their loved one at home - therefore delaying institutional placement - as a result of A Day Away services.

Supports Healthy People 2020 target: Reduce the proportion of non-institutionalized older adults with disabilities who have an unmet need for long-term services and support. (developmental objective; no specific target identified).

RESULT

Fiscal year 2012 survey responses indicate 99% of caregivers are able to delay nursing home or other placement of their loved ones as a result of A Day Away services.



5 CORE PRINCIPLES OF COMMUNITY BENEFIT

1. EMPHASIS ON VULNERABLE POPULATIONS AND UNMET COMMUNITY HEALTH NEEDS
2. EMPHASIS ON PRIMARY PREVENTION
3. BUILDING A SEAMLESS CONTINUUM OF CARE
4. BUILDING COMMUNITY CAPACITY
5. EMPHASIS ON COLLABORATIVE GOVERNANCE

Adopted by PIH Health's Board of Directors as a result of participation in a demonstration project - Advancing the State of the Art of Community Benefit or ASACB - the core principles serve as the foundation for all community benefit activities and the "measuring stick" by which they are qualified.

How do we know this initiative has a positive impact on the community?

- 78** Individuals enrolled with A Day Away during fiscal year 2012
- 185** Caregivers who attended support groups during fiscal year 2012
- 58%** A Day Away participants living with a working caregiver who are able to maintain employment; this represents an increase from prior years
- \$11-14** Average hourly rate for A Day Away attendance; in comparison, the average daily rate for nursing homes in LA County is \$209 and the average hourly rate for private caregiver in LA County is \$18 *-MetLife 2011*
- 94%** Caregivers who reported that their loved one has either MAINTAINED or IMPROVED health since participating in A Day Away services during fiscal year 2012
- 78%** A Day Away participants who MAINTAINED or IMPROVED quality of life as a result of A Day Away services; represents 31 participants tracked over a two-year period
- 64%** A Day Away participants who MAINTAINED or IMPROVED mobility as a result of A Day Away services; represents 31 participants tracked over a two-year period
- 100%** A Day Away participants who participate in leisure time physical activities; supports Healthy People 2020 objective to *"Increase the proportion of older adults with reduced physical or cognitive function will engage in light, moderate, or vigorous leisure-time physical activities"*

Thank you to the following donors:

BCM Foundation • California Community Foundation • S. Mark Taper Foundation

Family Perspectives...

"I could take care of my own physical ailments, do my shopping, see friends and enjoy my time away as a caregiver - all the time knowing my wife was in excellent hands. You afforded me with respite when it was sorely needed. I felt like I was visiting friends whenever we entered the door."

- Husband of an 81-year-old participant



PIH HEALTH S. MARK TAPER FOUNDATION A DAY AWAY

Quality Programs for Vulnerable Adults • Family and Caregiver Respite, Education and Support

562.902.5305

15060 Imperial Highway, La Mirada, CA 90638

ADayAway@PIHHealth.org; PIHHealth.org



PIH Health's Community Benefit Oversight Committee (CBOC) has endorsed this initiative as a valuable community benefit investment.

Established to oversee the qualification and evaluation of PIH Health's community benefit, the CBOC is comprised of community stakeholders and hospital leadership who provide guidance for community health improvement initiatives.

Care Force One Mobile Health Services

PIH HEALTH AND THE LOCAL COMMUNITY WORK
TOGETHER TO REACH UNDER-SERVED CHILDREN,
FAMILIES AND INDIVIDUALS IN NEED



The Opportunities We See: Approximately 5% of children and 20% of adults in the Whittier Health District have NO form of health insurance, totaling approximately 45,000 individuals.

- Los Angeles County 2007 Health Survey

"Mobile health units play a vital role in the healthcare system. They serve minorities, the poor, migrant workers, the homeless, adolescents, and uninsured/underinsured adults and children. Thus, creating a convenient and unintimidating access point into healthcare, while reducing disparities and healthcare costs."

- Harvard Medical School, Mobile Health Mapping Project, 2012

THE VISION: ESTABLISH A MOBILE HEALTH UNIT TO BRING FREE AND LOW-COST BASIC AND PREVENTATIVE HEALTHCARE SERVICES DIRECTLY TO THOSE WHO NEED IT MOST.

Why should we bring this vision to life?

Without accessible, affordable options to meet their basic and preventative healthcare needs, the uninsured and underinsured may have little choice other than the local emergency room to access care. In many situations, preventable health issues develop into serious, uncontrolled chronic illness and, ultimately, hospitalizations which strain limited charitable resources.

PIH Health Priority Health Area – Health Access Goals:

Health Access to ensure basic and preventative care access for the uninsured and underinsured via: 1) effective use of health insurance enrollment resources; 2) promotion of free and low-cost health-related resources and services; and 3) collaborative efforts to meet community needs.

Care Force One Services Include:

- Basic healthcare services
- Preventative health screenings and immunizations
- Sexually transmitted disease and pregnancy testing
- Basic wound care
- Medication review
- Health education
- Basic dental exams and cleaning
- Response to emergent health crises
- Referrals as appropriate for follow-up care

The Partners

- Local school districts
- Local community-based organizations and community centers

PIH Health

- Foundation
- Emergency Department
- Family Practice Residency Program
- Community Health Education
- Diabetes Education Center
- Enrollment Coordinators

Award Winning Immunization Practices

The Los Angeles County Immunization Program (LACIP) has rated Care Force One as "Outstanding" in its immunization distribution and safety practices for the past eight years. In 2012, Care Force One received the Mobile Unit of the Year Award from LACIP in immunization recruitment, distribution and safety practices.



"The high standards of practice exemplified by your [Care Force One] unit are commendable...."

- Los Angeles County Immunization Program, 2012

OBJECTIVE #1

Care Force One will continue to vaccinate community members, concentrating on vulnerable populations, against seasonal viruses and preventative immunizations against childhood diseases.

Care Force One proactively provides health screenings including pap smears, blood pressure checks, tuberculosis tests, and diabetes screenings. Care Force One provides all of these services in a variety of community settings, with emphasis on public health concerns as mentioned above.

FY 2012 RESULT

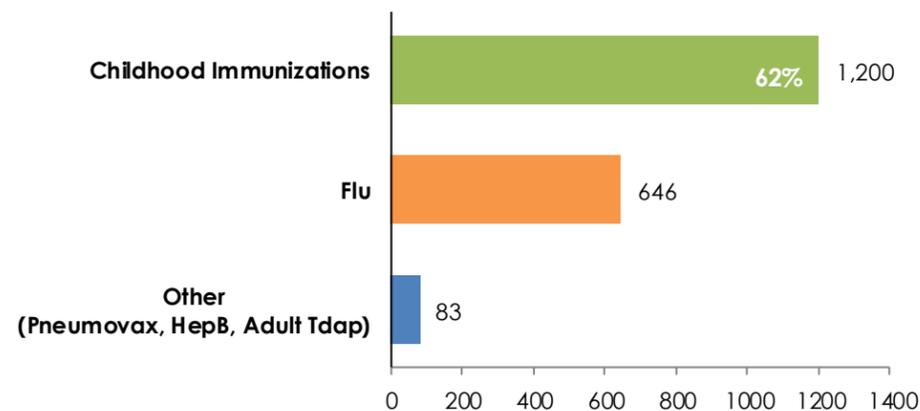
Care Force One provided a total of 1,929 immunizations. The majority of immunizations given (62% or 1,200) were for childhood immunizations that were primarily distributed at local schools.

Without Care Force One many students would not have access to vaccinations and low-cost, basic healthcare services. In addition to students, many family members also receive healthcare services through Care Force One that help prevent serious health conditions.

Childhood Immunizations Include:

Polio, chicken pox, meningitis, diphtheria, pertussis, tetanus, hepatitis A and B, human papilloma virus (hpv), pneumonia, measles, mumps and rubella, rotavirus and influenza.

Care Force One Immunizations - Fiscal Year 2012



OBJECTIVE #2

Care Force One proactively seeks to increase access within the community to low-cost, basic healthcare.

Supports Healthy People 2020 target: Reduce the proportion of individuals who are unable to obtain or delay obtaining necessary medical care, dental care, or prescription medicines.

FY 2012 RESULT

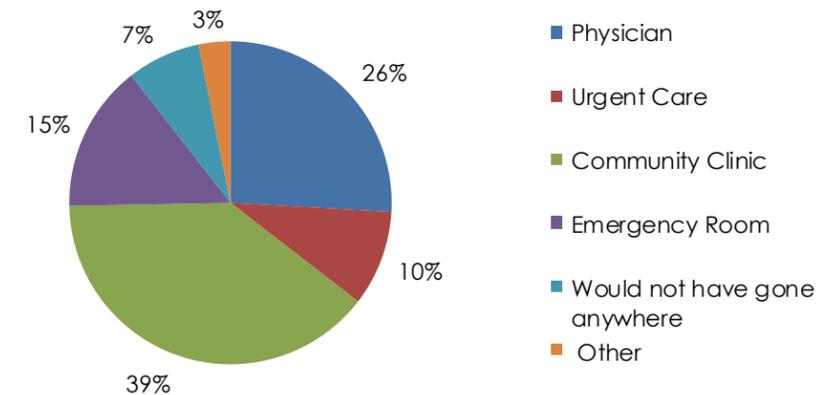
Beginning June 2012, Care Force One patients were asked to complete a survey asking where they would have gone for care if NOT for Care Force One; 501 surveys were completed.

Of the 501 patients surveyed, 74 would have gone to an Emergency Room (15%), 48 would have gone to an urgent care clinic (10%), while 37 would not have sought care anywhere (7%).

Others indicated they would have received healthcare services through another free or low-cost clinic (39%) or from their physician (26%), but some also noted that they often cannot afford the co-pays / share of cost, therefore they forego care. Care Force One helps bridge the affordability gap for families facing this issue.

If Care Force One were NOT available for you today, where would you have gone for care?

Represents 501 survey responses



5 CORE PRINCIPLES OF COMMUNITY BENEFIT

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LINK TO "HEALTH ACCESS" PRIORITY HEALTH AREA

"More than 2,000 mobile health units across the country provide vital preventative health services to some four million visitors each year. These programs combined save millions of dollars through the cost effective provision of basic health services. This reveals the dramatic impact mobile health has on local communities and on the nation's healthcare system." - Harvard Medical School, Mobile Health Mapping Project, 2012

How do we know this initiative has a positive impact on the community?

3,741

Patient encounters to Care Force One during Fiscal Year 2012

\$1:\$20

Estimated value for a mobile health unit's prevention services; for every dollar invested in mobile healthcare services there is a \$20 return in savings
-Harvard Medical School, Mobile Health Mapping Project, 2012

\$100

Average cost to PIH Health per Care Force One patient encounter; in comparison, the average cost to PIH Health per Emergency Department visit is \$507

8

Number of regularly scheduled community sites serving low-income and underserved individuals; includes St. Matthias Episcopal Church Soup Hour, Boys and Girls Club of Whittier, The Whole Child, Interfaith Food Center, Salvation Army, Plaza De La Raza Headstart and two local parks

22

Number of schools throughout the primary service area that Care Force One visits on a monthly basis; six school districts represented

Thank you to the following donors:

Amigos de los Ninos • BCM Foundation • Hope for a Cure Guild
R.C. Baker Foundation

Participant Perspectives . . .

"Care Force One really filled a need for my family. Honestly, I'm not sure what we would have done without it."

- Care Force One Patient

Care Force One has had many visits from individuals facing serious health issues, who, had they not been treated and advised by Care Force One, may have faced life-threatening health events.

- Care Force One Staff

Care Force One Walk-In Locations:

Care Force One serves over 30 community and school sites throughout the service area. Appointments are recommended.

Palm Park

5703 Palm Ave., Whittier, CA 90601
3rd Thursday of the month
8:30 am to 3 pm (Closed 12 noon to 1 pm)

The Whole Child

10155 Colima Road, Whittier, CA 90603
2nd Monday of the month
8:30 am to 3 pm (Closed 12 noon to 1 pm)

Please call the Care Force One appointment line before arriving

562.698.0811 Ext. 14816

CARE FORCE ONE MOBILE HEALTH SERVICES

Basic Healthcare • Preventative Health Screenings • Community Collaborations

562.698.0811, Ext. 14816

PIHHealth.org

PIH Health's Community Benefit Oversight Committee (CBOC) has endorsed this initiative as a valuable community benefit investment.

Established to oversee the qualification and evaluation of PIH Health's community benefit, the CBOC is comprised of community stakeholders and hospital leadership who provide guidance for community health improvement initiatives.



Community Health Education and Support

CREATING A HEALTHIER COMMUNITY TOGETHER



The Opportunities We See: PIH Health's Community Health Needs Assessment of its Primary Service Area underscored the need to address the high incidence of youth obesity, those living with chronic diseases, and those living sedentary lifestyles.

As healthcare issues become more complex, an understanding that lasting and impactful change cannot be achieved alone becomes clearer. It is vital that communities work together to create partnerships and to mobilize local organizations, businesses, community partners, and leaders across all sectors to create healthier places to live, learn, work, and play.

"Success requires action from all of us in the places where we live, work, learn, and play. Progress in one area will reinforce progress in others."
- Institute of Medicine, 2012

THE VISION: A HEALTHIER COMMUNITY

Why should we bring this vision to life?

Research has validated the need for accessible, consistent, and free sources of health education and health promotion services as a cornerstone in prevention of preventable injuries and disease conditions.

Staying true to its charitable mission, PIH Health partners with many local organizations with the end goal of creating healthier, vibrant communities. In effect, our community health education programs provide health promotion, support, and resources in areas that meet the identified needs of children, adults, and families.

Our Community Health Education's core areas of focus are:

Healthy Living to deliver health promotion and prevention programs that 1) enhance health-related knowledge and behavior, and 2) promote healthy eating and active living with emphasis on making the healthy choice the easy choice.

Health Management to improve community health through efforts to 1) enhance health-related knowledge regarding prevention and management of chronic diseases; 2) increase awareness of the importance of various prevention strategies (i.e., immunizations and screenings); and 3) promote available community resources.

The Partners

- CareMore
- Los Angeles County Department of Public Health
- Whittier City School District
- Los Nietos School District
- Local school districts, community centers, churches and community-based organizations

PIH Health

- Childbirth Education
- Community Health Education
- Diabetes Education Center
- Family Medicine Residency Program

The Results

A REPORT OF HEALTH-RELATED OUTCOMES FOR OUR COMMUNITY HEALTH EDUCATION PROGRAMS



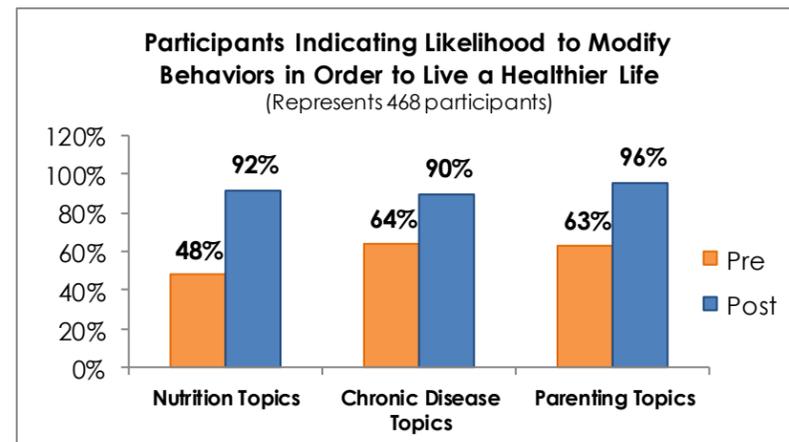
HEALTHY LIVING

Community health education programs will deliver health promotion and prevention programs that enhance health-related knowledge and behavior, and promote healthy eating and active living with emphasis on making the healthy choice the easy choice.

OBJECTIVE #1 Community Health Education Department

As a result of health education classes, 75% of participants will indicate an intent to modify behaviors in order to live a healthier life.

FY 2012 RESULT: Participants were asked to indicate their intent to modify behaviors on surveys given both before and after educational sessions; the indicated likelihood to modify behaviors increased greatly post-education, with increases ranging from 26% to 44%.

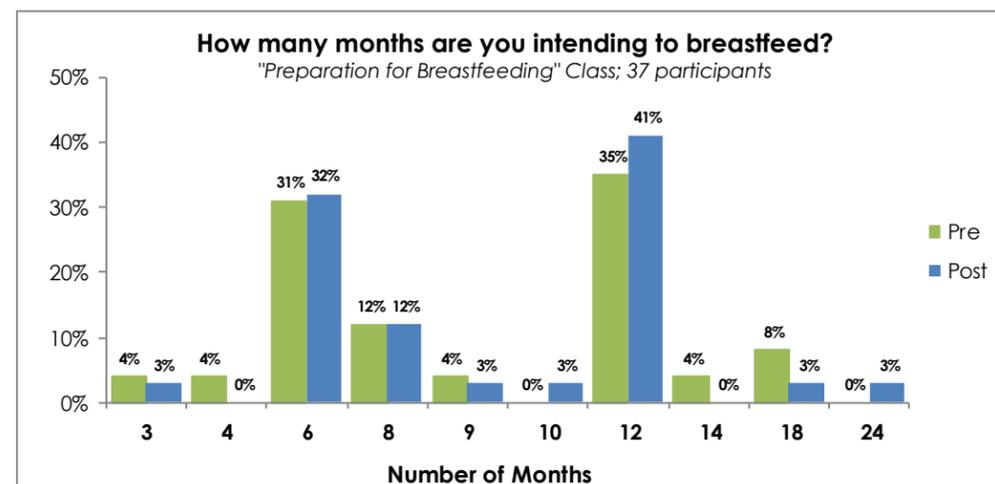


OBJECTIVE #2 Childbirth Education - Labor and Delivery, Maternal / Newborn Departments

As a result of "Preparation for Breastfeeding" education classes, at least 34% of participants will indicate their intent to breastfeed their newborn for 12 months.

Supports Healthy People 2020 target: 61% of infants will be breastfed until six months; 34% will be breastfed until one year.

FY 2012 RESULT: Participants were asked to indicate intent to breastfeed; 97% indicated on post-tests an intent to breastfeed to six months or longer; 47% indicated their intent to breastfeed to 12 months or longer.



HEALTH MANAGEMENT

Community health education programs will enhance health-related knowledge related to prevention and management of chronic diseases; increase awareness of the importance of various prevention strategies; and promote available community resources.

OBJECTIVE #3 Community Health Education Department

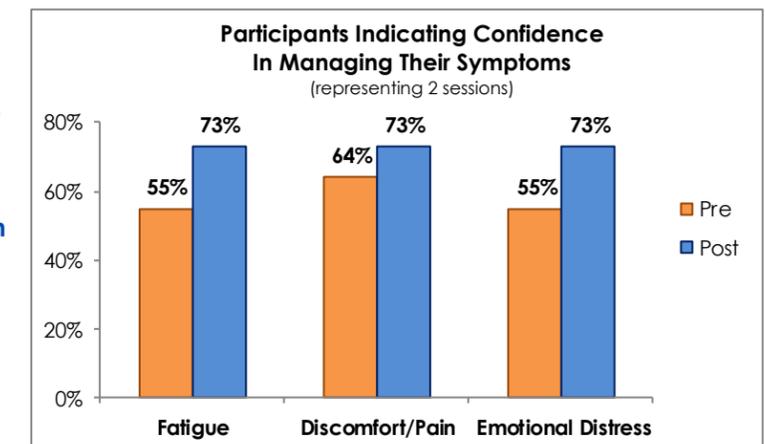
As a result of participation in the six-week "Better Choices, Better Health" chronic disease self-management workshop, 75% of participants will indicate confidence in their ability to control symptoms of chronic disease.

Supports Healthy People 2020: Increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions (developmental objective; no target identified).

FY 2012 RESULT

After participating in the workshop, 73% of participants indicated they felt "confident" or "very confident" in their ability to control various chronic disease-related symptoms and keep them from interfering with their daily lives.

In comparison, only 58% indicated confidence before the workshop.



OBJECTIVE #4 Diabetes Education Center

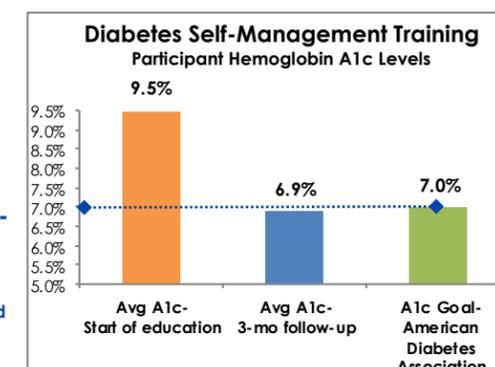
As a result of diabetes education classes, participants will have knowledge needed to attain desired A1c level (blood glucose concentration) of 7%.

Studies have found that improved glycemic control benefits people with either type 1 or 2 diabetes. Every percentage point drop in A1c blood test results (e.g., from 8.0% to 7.0%) can reduce the risk of complications (eye, kidney, and nerve diseases) by 40%. -Centers for Disease Control, 2011

Supports Healthy People 2020 target: Reduce the proportion of the diabetic population with an A1c value greater than 9%.

FY 2012 RESULT

After participating in diabetes self-management training, participants - on average - had an A1c level of 6.9%, a 2.6% drop (as indicated at 3-month follow up).



5 CORE PRINCIPLES OF COMMUNITY BENEFIT

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5. EMPHASIS ON COLLABORATIVE GOVERNANCE

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How do we know this initiative has a positive impact on the community?

COMMUNITY EDUCATION - FISCAL YEAR 2012 (ACROSS MULTIPLE DEPARTMENTS)

15,874 Total number of participants in community education programs during FY 2012 (community health, diabetes, childbirth preparation, and cardiac rehab)

COMMUNITY HEALTH EDUCATION DEPARTMENT

11,294 Number of participants in all community health education department programs and activities

55% Participants who, after participating in the six-week Chronic Disease Self-Management workshop, report improvement in their overall health as a result of practicing what they learned; majority of participants are age 65 +

103 Number participating in "Create Your Weight," a nine-week weight management series

CHILDBIRTH EDUCATION

2,537 Number of participants attending childbirth-related education programs (includes 412 attending breastfeeding support groups); Supports Healthy People 2020 objective to "increase the proportion of pregnant women who attend a series of prepared childbirth classes"

70% Percent of "Preparation for Breastfeeding" participants indicating high intent to *exclusively* breastfeed (those indicating 10 on a scale of 1-10)

86% Percent of "Preparation for Breastfeeding" participants who answered questions correctly on post-tests; 77% answered correctly on pre-tests

DIABETES EDUCATION

1,923 Number of participants in diabetes education programs; represents a 7% increase from the prior year

89% Number of participants who indicated they met their selected personal health goal "most of the time," as indicated through follow-up telephone calls

Participant Perspectives...

"Your class completely changed my life. I am now extremely organized and have goals set before me every day. Relaxation techniques are a daily routine. My health has improved drastically. Thank you, my teacher, for making life a pleasure."

-Student,
"Better Choices, Better Health"
Chronic Disease
Self-Management Program



COMMUNITY HEALTH EDUCATION

Healthy Living • Health Management • Community Collaboration

562.698.0811 Ext. 18305

PIHHealth.org



PIH Health's Community Benefit Oversight Committee (CBOC) has endorsed this initiative as a valuable community benefit investment.

Established to oversee the qualification and evaluation of PIH Health's community benefit, the CBOC is comprised of community stakeholders and hospital leadership who provide guidance for community health improvement initiatives.

Fall Prevention Program

PIH HEALTH AND FIVE LOCAL CITIES WORK TOGETHER TO PROMOTE HEALTHY AGING THROUGH COMMUNITY-BASED INITIATIVES



The Opportunities We See: PIH Health's Community Health Needs Assessment of its primary service area indicates individuals age 65+ represent 11% of residents - higher than county and state averages - underscoring the need for programs which promote healthy aging.

By 2030, the number of Americans ages 65+ will have grown to represent more than 20% of the nation's population, compared with only 13% today. Each year, one in every three adults age 65+ experience falls, which can lead to injuries, such as hip fractures and head traumas, and can even increase the risk of early death.

Studies show that fall-risk can be decreased exponentially or even eliminated as a result of prevention programs that include exercise, vision screening, medication consultation, home safety assessment, and nutrition education components.

THE VISION: A HEALTHIER COMMUNITY

Why should we bring this vision to life?

Research has validated the need for accessible, consistent, and free sources of health education and health promotion services as a cornerstone in prevention of preventable injuries and disease conditions.

Staying true to its charitable mission, PIH Health partners with many local organizations with the end goal of creating healthier, vibrant communities. In effect, our Fall Prevention Program offers a focused, strategic approach consisting of primary prevention, on-going community collaboration, and support and education across the continuum.

Our Community Health Education's core areas of focus are:

Reduction of falls by increasing a senior's ability to prevent falls through a comprehensive educational series, including medication management, exercise, muscle strengthening and home safety assessments; and

Promotion of increased balance to reduce the fear of falling and increase the activity levels of older adults who have concerns about falling.

The Partners

- CareMore
- California Coalition for Fall Prevention
- City of Downey
- City of La Mirada
- City of Norwalk
- City of Santa Fe Springs
- City of Whittier

In addition to facility space, these City collaborative partners offer significant contributions, including partial funding, on-going promotion and decision-making - a commitment which ensures sustainability.

FALL PREVENTION PROGRAM

PIH Health is focusing on Fall Prevention, recognizing the proven positive effect on fall-risk and correlated decreases in injuries and related healthcare expenses.

PIH Health's eight-week customizable Fall Prevention program educates participants on how to implement positive changes in their daily lives, ultimately reducing their risk for falls. Using a multi-disciplinary team of pharmacists, nutritionists, physicians and fall prevention experts, participants learn how to manage their medications, as well as modify their home living environments and exercise regimes.

OBJECTIVE #1 Balance and Mobility Initiative

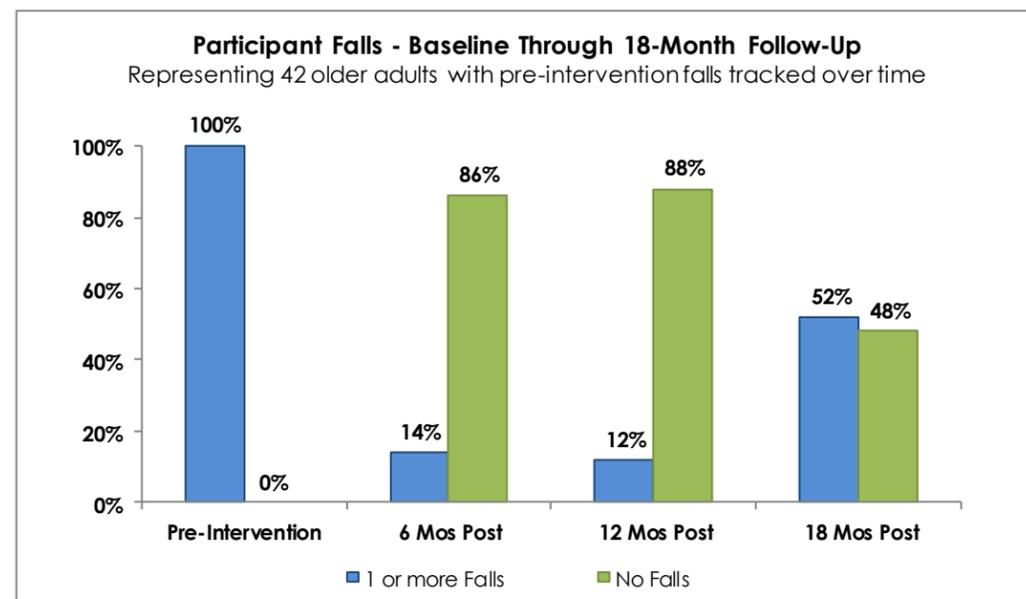
75% of Fall Prevention participants who had reported one or more pre-intervention falls will NOT have experienced a fall-related accident during the 12 month period after completion of the program.

The Balance and Mobility initiative increases an older adult's ability to prevent falls through a comprehensive educational series, including medication review, exercise and muscle strengthening, and home safety assessments.

FY 2012 RESULT

In analyzing data specific to ONLY those who reported a fall previous to taking the Fall Prevention program, there was a dramatic reduction in subsequent falls reported at 6, 12 and 18 months after completing the class.

6 months post: 86% had NOT fallen (36 out of 42)
12 months post: 88% had NOT fallen (37 out of 42)
 18 months post: 48% had NOT fallen (20 out of 42)



OBJECTIVE #2 Matter of Balance Initiative

At the conclusion of the Fall Prevention program, 75% of participants will indicate an intent to adopt or modify behaviors needed to promote balance.

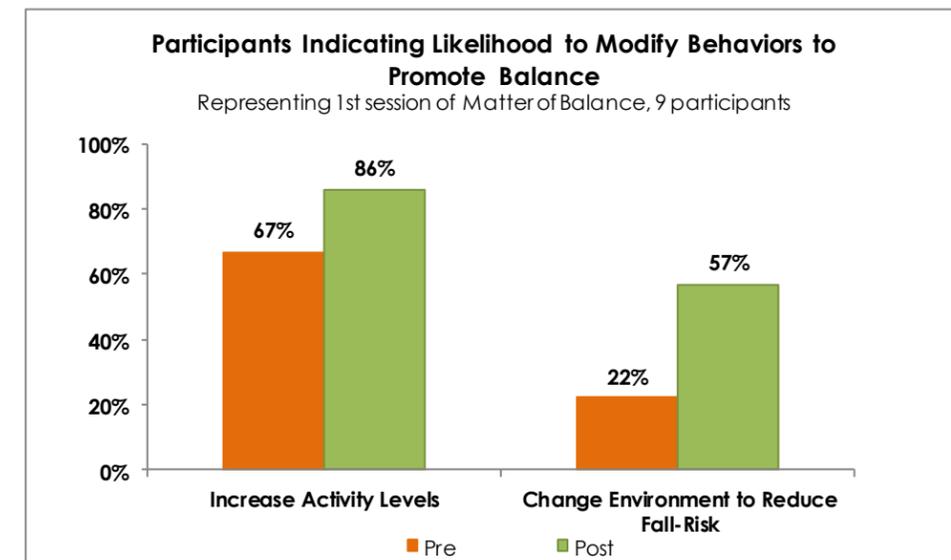
Supports Healthy People 2020 target: 37% percent of older adults with reduced physical or cognitive function will engage in light, moderate, or vigorous leisure-time physical activities.

The Matter of Balance initiative emphasizes four learning objectives: 1) To view falls and fear of falling as controllable; 2) To set realistic goals for increasing activity; 3) To change their environment to reduce fall risk; and 4) To promote exercise to increase strength and balance.

FY 2012 RESULT (YEAR 1)

At the conclusion of the program, post tests show an increase of 19% in likelihood to increase activity levels (for a total of 86%), and an increase of 35% in likelihood to change environment (for a total of 57%) to reduce fall-risk in their homes and other areas.

Note: the FY 12 Matter of Balance program was held at a local retirement community where participants have little opportunity to change their environment (small personal space, etc).



5 CORE PRINCIPLES OF COMMUNITY BENEFIT

1. EMPHASIS ON VULNERABLE POPULATIONS AND UNMET COMMUNITY HEALTH NEEDS
2. EMPHASIS ON PRIMARY PREVENTION
3. BUILDING A SEAMLESS CONTINUUM OF CARE
4. BUILDING COMMUNITY CAPACITY
5. EMPHASIS ON COLLABORATIVE GOVERNANCE

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LINK TO "HEALTHY LIVING" PRIORITY HEALTH AREA

Every 15 seconds, an older adult is seen in an Emergency Department for a fall-related injury. Falls are the leading cause of both fatal and nonfatal injuries for those aged 65 and older; the chances of falling and being seriously injured increase with age. For those age 72 and older, the average healthcare cost of a fall injury totaled \$19,440 in 2010.

- National Council on Aging, 2010

Studies show that balance, flexibility, and strength training improve mobility and reduce the risk of falling.

- Fall Prevention Center of Excellence, 2010

How do we know this initiative has a positive impact on the community?

FALL PREVENTION PROGRAM - FISCAL YEAR 2012

- 451** Fall Prevention participants since fiscal year 2007
- 72** Fall Prevention participants who completed the program; eight (or 1%) were referred by their physician; approximately 40% receive care through PIH Health Physicians
- 81.5** Average age of Fall Prevention participants
- 76%** Fall Prevention participants who indicated on pre-assessments that they had fallen one or more times during the previous year
- 92%** Fall Prevention participants who indicated on post-tests that they either "strongly agree" or "agree" that their participation in the program has reduced their fear and/or risk of future falls
- 100%** Participants who indicate that they view falls and fear of falling as controllable as a result of the program (compared to 89% prior to the class)
- 88%** Participants with previous pre-intervention falls who, 12 months after completing the program, had NOT fallen again

Participant Perspectives...

"I was afraid to visit my husband's grave because of the grass - feels like I'm going to lose my balance. After class, I decided to visit and, by George, I wasn't afraid to walk on the grass!"

"This class has gotten me stronger and more confident in my safety. By becoming stronger physically, we have an improved attitude about ourselves. We are far better equipped for senior living than we were before this great training."

The Fall Prevention program was recognized with a 2008 VHA Award for Community Benefit Excellence.



FALL PREVENTION PROGRAM

A COMMUNITY HEALTH EDUCATION DEPARTMENT INITIATIVE

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HIGH-RISK INFANT FOLLOW-UP CLINIC

PIH HEALTH FOCUSES ON OPTIMUM CHILDHOOD HEALTH AND DEVELOPMENT FOR AT-RISK BABIES

The Opportunities We See: High-risk infants are those born prematurely or with complications that, unless carefully monitored, could result in developmental challenges as the child matures. "In 2009, there were 53,956 preterm births in California, representing 10.3% of live births."

- *March of Dimes, 2012*

Caring for a high-risk infant often places emotional and financial strain on families. Without accessible options to address a child's potential developmental challenges, the child may achieve certain developmental milestones at a slower rate and the family may be left not knowing where to turn for help.

THE VISION: ESTABLISH AN ACCESSIBLE PROGRAM FOR HIGH-RISK INFANTS and THEIR FAMILIES TO FOCUS ON MAXIMIZING OPTIMUM CHILDHOOD DEVELOPMENT

Why should we bring this vision to life?

The High-Risk Infant Follow-Up Clinic provides developmental follow-up for infants who have been discharged from a neo-natal intensive care unit and are identified as being at high-risk for developmental delays. The High-Risk Infant Follow-Up Clinic provides evaluations at regular intervals, referrals, treatment plans, and comprehensive reporting to all who collaborate in the provision of the child's care. The approach to this highly specialized care focuses on achieving the newborn's optimal physical and developmental status, as well as the family's needs regardless of ability to pay.

High Risk Infant Follow-Up Clinic Services Include:

- Clinic visits take place at approximately six months, 12 months, and 24 months
- Medical history review
- Comprehensive physical and neurological exam
- Developmental assessment
- Nutritional evaluation and intervention
- Comprehensive reporting and recommendations to the child's primary care and specialty care physicians, as well as other agencies collaborating with families on the child's care

High-Risk Infant Follow-Up Clinic Multidisciplinary Team

- Neonatologist
- Registered Nurse Specialist
- Nutritionist
- Occupational Therapist
- Licensed Clinical Social Worker

The Partners

- Local hospitals' neo-natal intensive care units
- California Children's Services
- The Whole Child
- Local Regional Centers

PIH Health

- Care Force One Mobile Health Services
- Labor and Delivery Department
- Maternal / Newborn Department

The Results

A REPORT OF HEALTH-RELATED OUTCOMES FOR HIGH-RISK INFANT FOLLOW-UP CLINIC



Top – High-Risk Infant Follow-Up Clinic Coordinator, Deborah Flores, interacts with family; and
Bottom – Medical Director, High-Risk Infant Follow-Up Clinic, Gloria Morales, MD

AIM STATEMENT

To identify high-risk infants and provide them with a multidisciplinary assessment (up to age three), as well as referrals to agencies and medical specialties to receive services that optimize their health and development.

OBJECTIVE #2

Over 60% of High-Risk Infant Follow-Up Clinic babies will demonstrate improvement in at least one developmental assessment score as a result of clinic services, referrals, and recommended treatment plans by their third (last) clinic visit.

The High-Risk Infant Follow-Up Clinic assesses developmental functioning at each child's annual visit (birth to age three) using the Bayley Scales of Infant and Toddler Development. This instrument scores language, motor, cognitive, and social-emotional skills to identify developmental delay and assist with intervention planning.

RESULT

When comparing clinic babies' first visit developmental assessment scores with their third (final) visit scores, 68% of clinic babies demonstrated improvement in at least one developmental area as a result of clinic services, referrals, and recommended treatment plans.

OBJECTIVE #1

Over 60% of clinic patients and families who are identified as needing outside referrals on their third visit, will receive the recommended services as a result of the high risk infant follow-up clinic assessment.

Supports Healthy People 2020: Increase the proportion of children with special healthcare needs who receive their care in family-centered, comprehensive, coordinated systems.

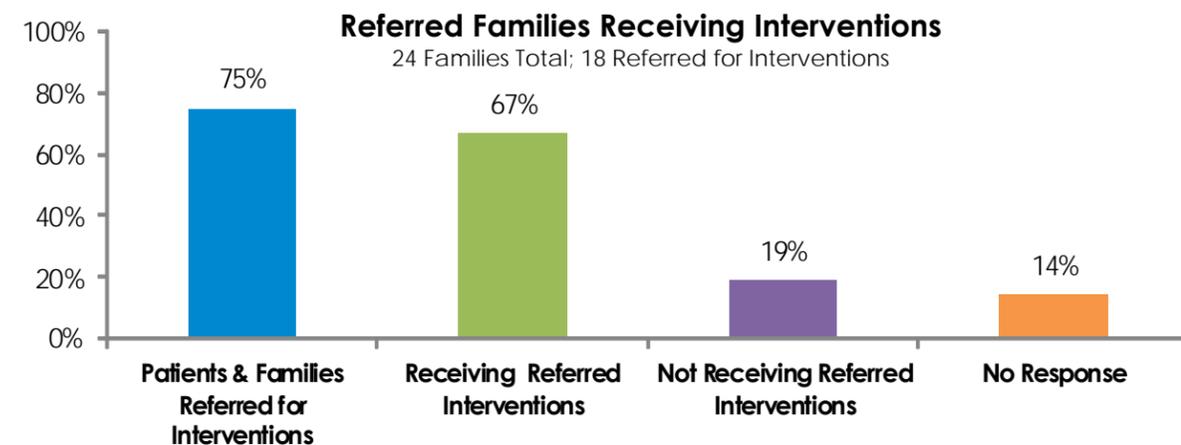
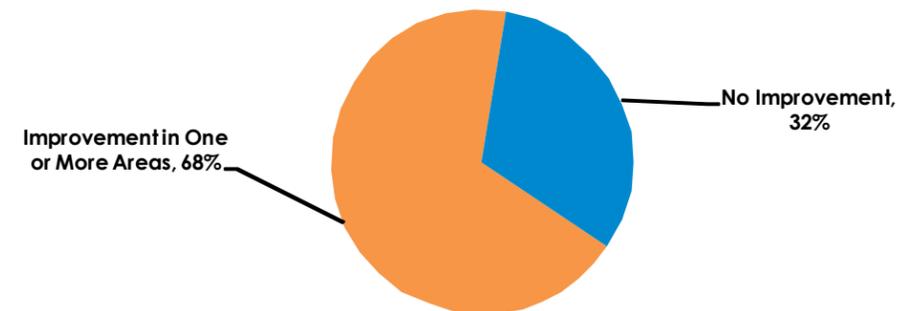
The High-Risk Infant Follow-Up Clinic referrals include: specialists (i.e. ophthalmologist, geneticist, cardiologist, gastrointestinal), toddler program, speech therapy, occupational therapy, and physical therapy.

FY 2012 RESULT

Follow-up with High-Risk Infant Follow-Up Clinic families indicates that 67% of clinic patients and families identified as needing outside referrals on their third (last) visit to the High Risk Infant Follow-Up Clinic, were successful in receiving recommended services as a result of the Clinic Assessment.

Improvement in Developmental Assessment Scores

19 clinic babies
Comparison of 1st and 3rd (final) visit



5 CORE PRINCIPLES OF COMMUNITY BENEFIT

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LINK TO “HEALTH ACCESS” PRIORITY HEALTH AREA

The significant impacts of investment in early childhood programs include:

- Lower special-education costs
- Higher high school graduation rates and better-trained/higher earning job force
- Reduced crime rate and welfare dependency

- Rand Corporation, 2008

How do we know this initiative has a positive impact on the community?

- 1** Number of High Risk Infant Follow-Up Clinics in PIH Health’s primary service area which represents a population of more than 600,000; PIH Health offers the only Clinic of this type in the area
- 27** Number of High-Risk Infant Follow-Up Clinic days held during FY 2012
- 615** Children served by the clinic since its inception in 2003
- 102** Children served by the clinic during fiscal year 2012
- \$1:\$5** For every dollar invested in early childhood programs, there is an average \$5 return on investment
- Rand Corporation, 2008
- 75%** Percent of third (and final) clinic visit patients referred to the Regional Center for treatments such as physical therapy, occupational therapy, and speech therapy; nearly 90% are actually receiving these referred interventions

Family Perspectives . . .

“Thank you for all the support, care, and love.”

“Thank you for your kindness and care towards our family.”

- High-Risk Infant Follow-Up Clinic Families



Top Photo, Left to Right: Registered Dietitian, Regina Wormald, with Licensed Clinical Social Worker, Cindy Lerma.

Bottom, Left to Right: Occupational Therapists Stephanie Martinez and Theda Tumbocom.

HIGH-RISK INFANT FOLLOW-UP CLINIC

Infant Developmental Assessments • Family Support, Referrals, and Education

562.698.0811 Ext. 17647

PIHHealth.org

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PIH Health Hospice

PROVIDING COMPASSIONATE END-OF-LIFE CARE
AND FAMILY SUPPORT



PIH Health's two hospice homes -
Rose House (top) and Dove House -
provide a tranquil setting
for end-of-life care.

The Opportunities We See: Increasingly, Americans have expressed a preference for receiving end-of-life care at home. As a result, hospice care has grown substantially over the past decade.

In many circumstances, however, one's own home may not be the best choice for end-of-life care due to various circumstances - the patient may need 24-hour nursing care, the spouse may be unable to properly care for their loved one, or the family finds themselves in crisis. PIH Health saw the need for providing options in hospice care and created the hospice homes.

"The trends for increased usage of hospice are expected to continue as we see an aging generation of baby-boomers face end-of-life situations for themselves and their parents."

- President and CEO of the National Hospice and Palliative Care Organization

THE VISION: TO PROVIDE RELIEF OF SUFFERING AND PROVIDE SUPPORT FOR PATIENTS AND FAMILIES AS THEY FACE THE END-OF-LIFE TRANSITION

Why should we bring this vision to life?

PIH Health Hospice is fully-licensed, Medicare-certified and Joint Commission accredited, providing end-of-life care to hundreds of patients each year.

Based upon the patient's needs and wishes, hospice care is provided either in the patient's own home, in one of our two residential hospice homes, or at a skilled nursing facility.

The hospice homes are a community benefit program that simply would not exist if the decision to offer this much needed service was made on a purely financial basis. PIH Health invests resources in these hospice homes because it is the right thing to do to care for our community.

Hospice Services

- Relief of pain and suffering
- Relief of other distressing symptoms
- Care provided in either the patient's home, in one of our two residential hospice homes, or skilled nursing facility
- Highly skilled multi-disciplinary team
- Care plan coordinated with personal physician
- Additional services such as durable medical equipment, transportation and medications
- Bereavement services
- Referrals for other supportive services
- Medicare-certified, Joint Commission accredited

The Partners

- Local physicians, area hospitals, and discharge planners

AIM STATEMENTS

- Provide relief of pain and suffering;
- Provide care that is individualized to meet each patient's and family's needs and wishes; and
- Meet the needs of our community in a courageous and intentional way at the end of life.



OBJECTIVE #1

Over a one-year period, an average of 90% of patients' families will report a positive experience with overall coordination of care provided by PIH Health Hospice.

Coordination of care represents three elements:

- Information on treatments
- Clear identification of one nurse in charge
- Knowledge of patient's medical history

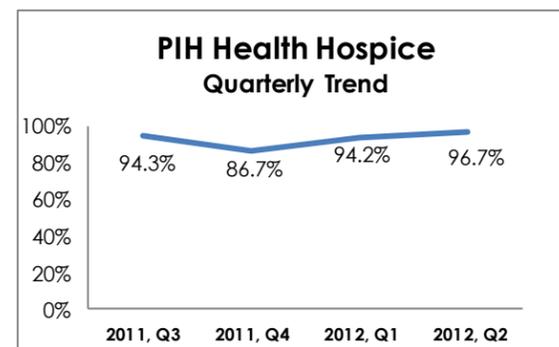
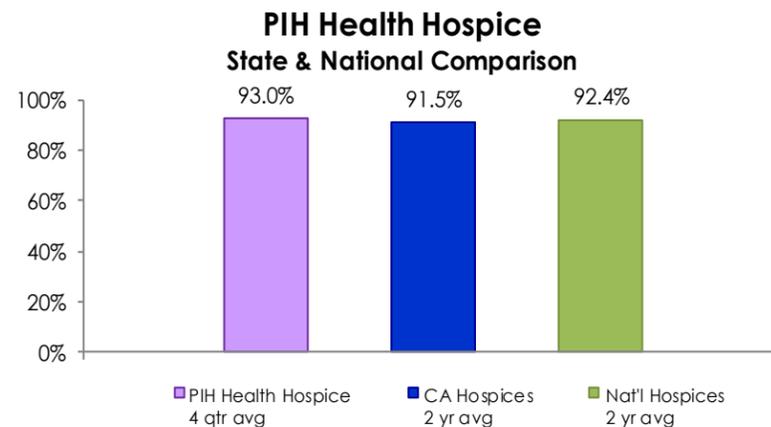
The National Hospice and Palliative Care Organization (NHPCO) collects and analyzes comprehensive data on hospices across the nation, providing summaries of quarterly data. NHPCO's data specific to PIH Health Hospice was analyzed for this objective. The state and national comparison results represent two-year averages.

FY 2012 RESULT

According to NHPCO's data, 93% of families reported a positive experience with the overall coordination of care provided by PIH Health Hospice (data was averaged over the most recent 4 quarters).

PIH Health Hospice:
Percentage of Families Reporting a Positive Experience With Overall Quality of Care

Source: The National Hospice and Palliative Care Organization (NHPCO)



OBJECTIVE #2

Over a one-year period, an average of 98% of patients' families will report that their loved ones were provided with the "right amount" of medicine for pain.

National Hospice and Palliative Care Organization (NHPCO) benchmark: 97.6% of patients' families will indicate their loved ones were provided with the "right amount" of medicine for pain.

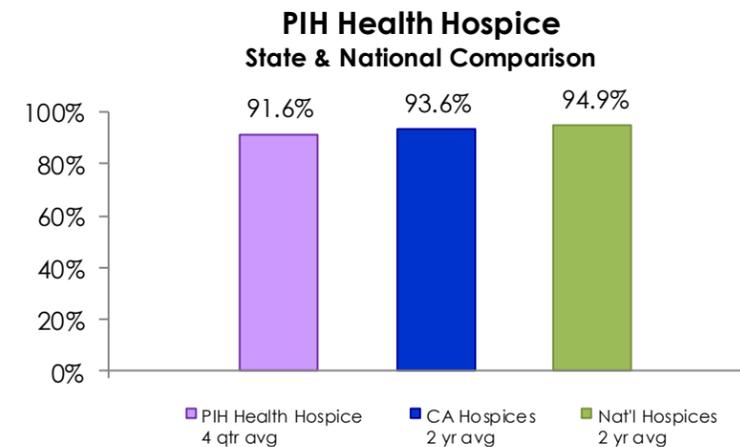
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FY 2012 RESULT

According to NHPCO's data, 91.6% of PIH Health Hospice families reported that their loved ones were provided with the "right amount" of medicine for pain (data was averaged over the most recent 4 quarters; no data available for 2012, Q1).

PIH Health Hospice:
Percentage of Families Indicating That Their Loved one Received the "Right Amount" of Medicine for Pain

Source: The National Hospice and Palliative Care Organization (NHPCO)



5 CORE PRINCIPLES OF COMMUNITY BENEFIT

1. EMPHASIS ON VULNERABLE POPULATIONS AND UNMET COMMUNITY HEALTH NEEDS
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LINK TO "HEALTH ACCESS" PRIORITY HEALTH AREA

The National Hospice and Palliative Care Organization reports that 1.6 million patients received care from one of the nation's 3,500 hospice providers, a steady increase from the previous year. Approximately 42% of all deaths in the U.S. were under the care of a hospice program. (2010 data)

How do we know this initiative has a positive impact on the community?

- 542** PIH Health Hospice patients during fiscal year 2012
- 17,507** PIH Health Hospice days of care during fiscal year 2012 (outpatient)
- 207** Hospice home patients during fiscal year 2012 (Dove and Rose Homes)
- 1,847** Hospice home days of care during fiscal year 2012 (Dove and Rose Homes)
- 95%*** PIH Health Hospice families who indicated they received the emotional support they needed prior to the death of their loved one
- 94%*** PIH Health Hospice families who indicated their needs were attended to both before and after the death of their loved one
- 92%*** PIH Health Hospice families who indicated they would recommend this hospice to others

**PIH Health Hospice data was averaged over the most recent four quarters available.*

Thank you to the following donors:

Breene Murphy • Jerome Foundation • R.C. Baker Foundation
 Robert J. Keown Trust • The Rose Hills Foundation • Touchstone Investment Managers

Family Perspectives...

"The Dove House is truly a remarkable place and we will forever be grateful that my husband was able to live out his final days with love and dignity. Everyone there went well beyond the extra mile to make sure everything possible was done for my husband and our family and that we all felt at home there."

"Your communication with our family was excellent. I spread the word about your services at every opportunity."



PIH HEALTH HOSPICE

Compassionate End-of-Life Care • Patient and Family Support

24-Hour Referral Line: 562.947.3668

Administration: 562.902.7763

PIHHealth.org

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Senior Services Program

PIH HEALTH PROMOTES HEALTHY AGING THROUGH THREE CORE FOCUS AREAS: LIFELONG LEARNING, MEMORY LOSS AWARENESS, AND CAREGIVER SUPPORT

The Opportunities We See: PIH Health's Community Health Needs Assessment of its primary service area indicates individuals ages 65+ represent 11% of residents - higher than county and state averages - underscoring the need for programs which promote healthy aging.

By 2030, the number of Americans age 65+ will have grown to represent more than 20% of the nation's population, compared with only 13% today. With the number of older adults on the rise due to the aging Baby Boomer population, there will be an unprecedented demand on resources and services for older adults. They will need support and education on how to stay healthy, and manage chronic diseases ranging from heart disease and cancer, to memory loss. This generation of older adults will also need to learn how to be caregivers.

THE VISION: A HEALTHIER COMMUNITY

Why should we bring this vision to life?

The Senior Life Center promotes services throughout the PIH Health service area which go beyond meeting the physical needs of seniors. We are committed to connecting our members with life-enriching opportunities, including benefits and services that encompass a variety of interests to ensure older adults remain independent, socially connected, and mentally stimulated.

Our Community Health Education's core areas of focus are:

- **Lifelong Learning** to promote healthy aging by ensuring older adults are mentally and socially engaged and stimulated
- **Memory Loss Awareness** to provide opportunities for older adults to increase knowledge of risk factors associated with memory loss in order to help them maintain healthy cognitive functioning
- **Caregiver Support** to increase access to caregiving-related resources, education, and support

The Partners

- CareMore
- Alzheimer's Association
- Health Insurance Counseling and Advocacy Program (HICAP)
- Los Angeles Caregiver Resource Center
- Los Angeles County Community Resource Center
- Local cities, senior centers, churches and parks

PIH Health

- Community Health Education
- S. Mark Taper Foundation A Day Away
- Food Services Department
- Diabetes Education Center
- Care Management Department

The Results

A REPORT OF HEALTH-RELATED OUTCOMES FOR THE SENIOR SERVICES PROGRAM



LIFELONG LEARNING

To promote healthy aging by ensuring older adults are mentally and socially engaged and stimulated.

Through a collaboration with the City of La Mirada, PIH Health offers *SeniorNet* - a low-cost computer training program taught by senior volunteers, empowering older adults to maintain linkages with family and friends using technology.

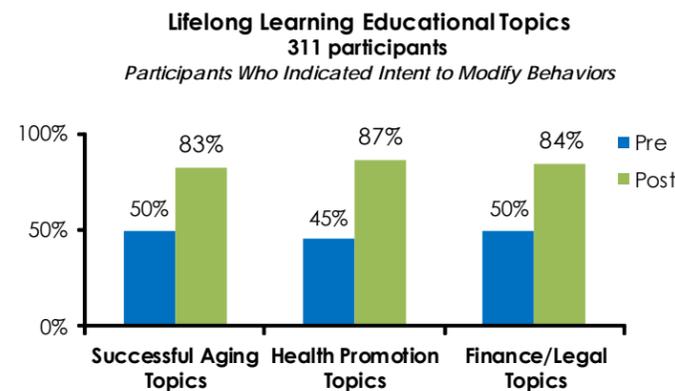


OBJECTIVE #1

As a result of lifelong learning educational classes, 75% of participants will indicate an intent to modify behaviors in order to live a healthier life.

FY 2012 RESULT

Pre and post tests from lifelong learning educational topics on successful aging, health promotion, and finance/legal topics, show that an average of 85% of participants stated that they were likely to modify their behaviors in order to live a healthier lifestyle, as opposed to an average of 48% at the start of the class.



MEMORY LOSS AWARENESS

To provide opportunities for older adults to increase knowledge of risk factors associated with memory loss in order to help them maintain healthy cognitive functioning.

Over 48% of Senior Services Quality of Life survey responders that indicated they are "very concerned" or "concerned" regarding memory loss/dementia; 1,865 total responders.



OBJECTIVE #2

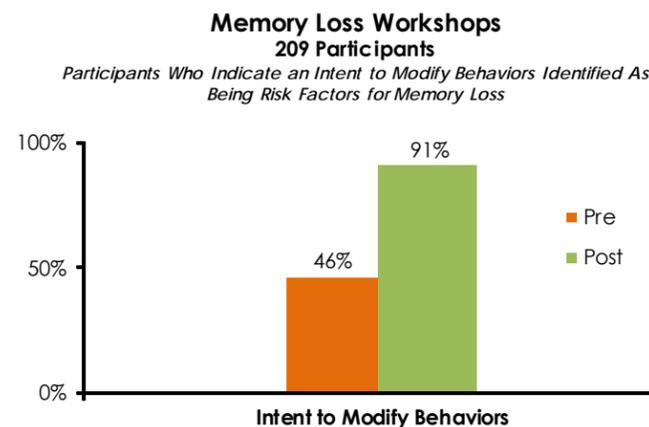
As a result of memory workshops, 75% of participants will indicate an intent to modify behaviors identified as being risk factors for memory loss.

Modified behaviors include:

- Changing eating habits and exercise regimens
- Talking with doctor about memory loss concerns

FY 2012 RESULT

At the conclusion of the workshops, 91% of participants indicated an intent to modify behaviors considered to be risk factors for memory loss as opposed to 46% at the start of the workshop.



CAREGIVER SUPPORT

To increase access to caregiving-related resources, education, and support.



OBJECTIVE #3

As a result of caregiver support education, 85% of participants will indicate they have the confidence to care for themselves and their loved ones.

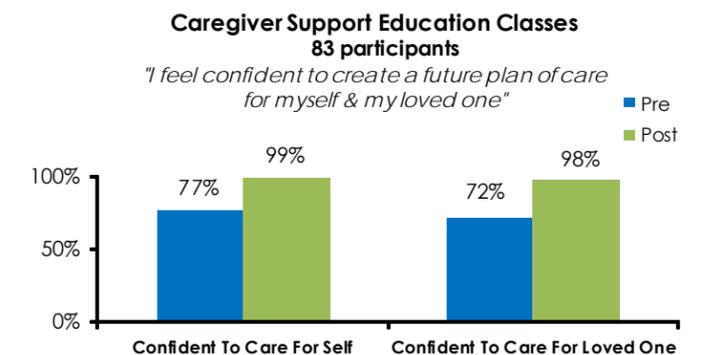
Supports Healthy People 2020 target: Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services.

There are currently 15 million caregivers in the US; it is predicted that this number will double by the year 2050. Caregiving can take a significant toll on individuals; research demonstrates that 40 to 70% of family caregivers have significant symptoms of depression, with approximately a quarter to half meeting the diagnostic criteria for major depression. *- Zarit, S. (2006). Assessment of Family Caregivers: A Research Perspective*

Senior Services will ensure caregivers have knowledge needed to remain healthy and to advocate for themselves and their loved ones. Caregivers' quality of life will be assessed, including caregiver burnout, confidence to make changes in areas that cause highest stress, and belief in ability to provide care.

FY 2012 RESULT

At the conclusion of the caregiver support education classes, on average, just over 98% of participants stated that they were either "very confident" or "confident" to care for themselves and their loved ones as a result of the workshop, as compared to an average of 75% of participants who were confident in their abilities before the workshop.



5 CORE PRINCIPLES OF COMMUNITY BENEFIT

1. EMPHASIS ON VULNERABLE POPULATIONS and UNMET COMMUNITY HEALTH NEEDS
2. EMPHASIS ON PRIMARY PREVENTION
3. BUILDING A SEAMLESS CONTINUUM OF CARE
4. BUILDING COMMUNITY CAPACITY
5. EMPHASIS ON COLLABORATIVE GOVERNANCE

Adopted by PIH Health's Board of Directors as a result of participation in a demonstration project - Advancing the State of the Art of Community Benefit or ASACB - the core principles serve as the foundation for all community benefit activities and the "measuring stick" by which they are qualified.

LINK TO "HEALTHY LIVING" PRIORITY HEALTH AREA

Programs that effectively engage seniors in participation - and change behavior as a direct result - provide strong evidence that health improvements and decreased healthcare expenditures can be achieved. Multiple studies have demonstrated the overall effectiveness of large-scale senior wellness programs at improving health and quality of life, while reducing hospital admissions and healthcare costs, as a direct result of participation.

- Coberley, et al, Population Health Management, 2011

How do we know this initiative has a positive impact on the community?

8,503 Active Senior Life Center members during Fiscal Year 2012 (473 new enrollees)

80 Partnerships with community agencies to share resources and refer participants to in an effort to meet older adult needs

Lifelong Learning

94% (70 total) Participants attending the *Latinos: Mejor Salud, Mejor Vida* health conference that stated they were confident they could reduce food portion size to be a healthier person; versus 48% at the start of the conference

Memory Loss Awareness

98% Memory Workshop participants who indicated a belief that they are knowledgeable about the risk factors associated with memory loss; only 71% indicated this belief on pre-test

Caregiver Support

36% Quality of Life survey responders indicating that they have had to go from full-time to part-time work or give up work entirely to care for a loved one; 1,865 total responders

96% Caregiver workshop participants who indicated intent to modify behaviors in caring for themselves and their loved ones; only 85% indicated this intent on the pre-tests; 157 total attendance

Thank you to the following donors:

Women's Club of Whittier • Collette Vacations • Las Damas of Sun Gold Hills

Participant Perspectives...

"I learned how to pay attention to my food portions and the total calories and carbohydrates in my diet in order to better my nutrition."

-2012 *Latinos: Mejor Salud, Mejor Vida* conference attendee

Senior Services...

Comprehensive and Integrated Life Connections Membership Program - Free!

- Free Life Connections Newsletter
- Free discount prescription card
- 20% discount on final balance after insurance on PIH Health inpatient stay
- Discounts on exercise classes including Qigong, Tai Chi and Seniors in Motion
- Free blood pressure and depression screenings

Lifelong Learning Opportunities - Free!

- A variety of educational opportunities related to successful aging
- Chronic Disease Self-Management Program
- Low-cost SeniorNet computer classes taught by senior volunteers
- Health Insurance Counseling and Advocacy
- AARP Safe Driver Course
- Third Age - an online questionnaire focused on successful aging promotion
- *Latinos: Mejor Salud; Mejor Vida* annual Spanish health conference on cancer prevention and early detection, heart disease, diabetes and memory loss

SENIOR SERVICES PROGRAM

A COMMUNITY HEALTH EDUCATION DEPARTMENT INITIATIVE

Lifelong Learning • Memory Loss Awareness • Caregiver Support

12291 Washington Blvd., Suite 302 | Whittier, CA 90602

562.698.0811 Ext. 18302

PIHHealth.org

PIH Health's Community Benefit Oversight Committee (CBOC) has endorsed this initiative as a valuable community benefit investment.

Established to oversee the qualification and evaluation of PIH Health's community benefit, the CBOC is comprised of community stakeholders and hospital leadership who provide guidance for community health improvement initiatives.



PIH Health and Whittier First Day

BRINGING VITAL HEALTH RESOURCES, SOCIAL SERVICES,
AND FAMILY HOUSING TO AREA HOMELESS



PIH Health nurse practitioner, Veronica Kang, provides basic health services, preventative screenings, health education, chronic disease management, and referrals to health and social services via Whittier First Day's on-site Health & Wellness Center.

The Opportunities We See: According to the National Coalition for the Homeless, healthcare and homelessness are intimately interwoven, with poor health being both a cause and a result of homelessness. Many homeless individuals suffer from reduced physical and mental capacity due to disability, chronic disease, mental illness, or substance abuse. Accessing basic healthcare can be difficult - if not impossible - for this population and, as a result, the homeless are typically one of the most medically underserved populations.

The 2011 L. A. Homeless Services Authority count shows that SPA 7 has an estimated 4,700 homeless individuals. To provide a more focused picture of the homeless population in the Whittier area, Whittier First Day led a collaborative in 2011 to count homeless individuals and to survey their health conditions and needs. Of the 128 individuals counted, 40% were considered vulnerable, or having health conditions associated with high mortality risk, while 66% indicated that they had no health insurance.

THE MISSION: TO HELP HOMELESS AND AT-RISK INDIVIDUALS TRANSITION TOWARD SELF-SUFFICIENCY

Why should we bring this vision to life?

Whittier First Day - which provides a six-month emergency transitional shelter and on-site support services for up to 45 adults - established the on-site Health & Wellness Center in 2005 in direct response to input from shelter residents. Over 70% reported health-related obstacles, which prevented them from finding or maintaining employment. In addition, the majority - being uninsured - identified the Emergency Department as their primary health provider.

Staying true to its charitable mission, PIH Health also responded to these needs to ensure First Day residents have direct access to vital healthcare. PIH Health provides the Health & Wellness Center with medications, medical supplies, health insurance enrollment assistance and, most significantly, a nurse practitioner to deliver primary and preventative care and chronic disease management.

In 2011, First Day expanded the Health & Wellness Center, doubling its size and allowing for increased services to those who are chronically homeless, at-risk for homelessness, or otherwise vulnerable.

PIH Health and Whittier First Day Health & Wellness Center Services:

- Open three days a week (20 hours)
- Staffed by a Nurse Practitioner and Assistant
- Provides health assessments for all new Whittier First Day residents
- Provides basic and preventative health services and screenings
- Provides health-related education and support

The Partners

- Intercommunity Counseling Center
- Los Angeles Centers for Alcohol & Drug Abuse

PIH Health:

- Care Management
- Emergency Department
- Family Practice Residency Program

HEALTH & WELLNESS CENTER AIM STATEMENTS

- Provide access to quality preventative medical care and screenings for those who are homeless, chronically homeless, at-risk for homelessness, very low-income, or uninsured
- Reduce preventable use of the Emergency Department by homeless individuals



From left to right:
 Judith Stockman, nurse practitioner, First Day Board Member and Founder of the Health & Wellness Center;
 Ted Knoll, Executive Director of Whittier First Day;
 Veronica Kang, PIH Health nurse practitioner, Health & Wellness Center.

OBJECTIVE #1

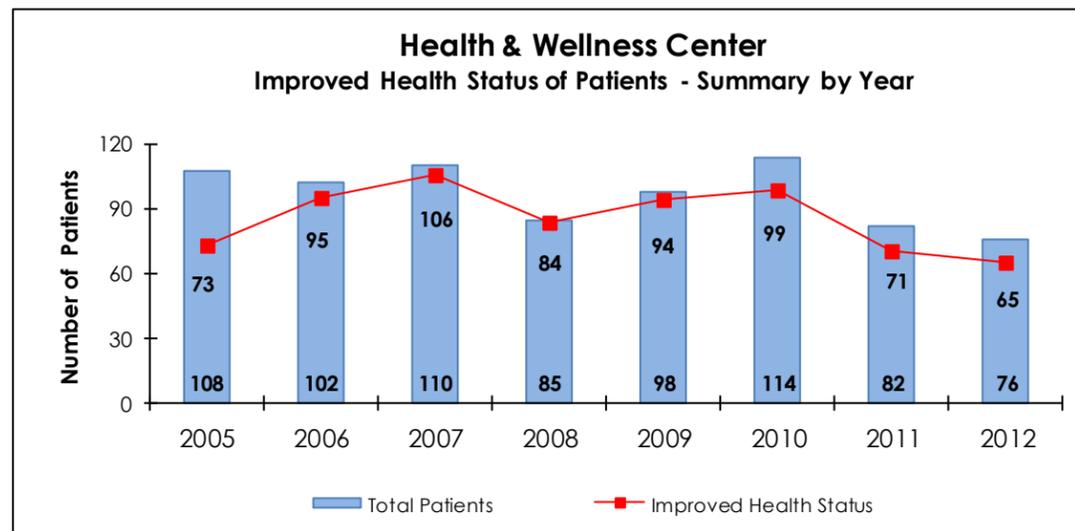
Over a 12-month period, 85% of Whittier First Day patients will demonstrate improved health status as a result of primary prevention services, health education and chronic disease management provided through the on-site Health & Wellness Center.

Improvement in health status is determined by the Center's Nurse Practitioner through both clinical results and patients' self-report of improvement in their symptoms.

Supports Healthy People 2020: Create social and physical environments that promote good health for all.

FY 2012 RESULT

Data indicates "improved health status" occurred for 86% of patients (65 out of 76 patients), indicating the on-site Center is successful in providing routine, preventative care, as well as effective chronic disease management and, thereby, improving the overall health status among residents.



OBJECTIVE #2

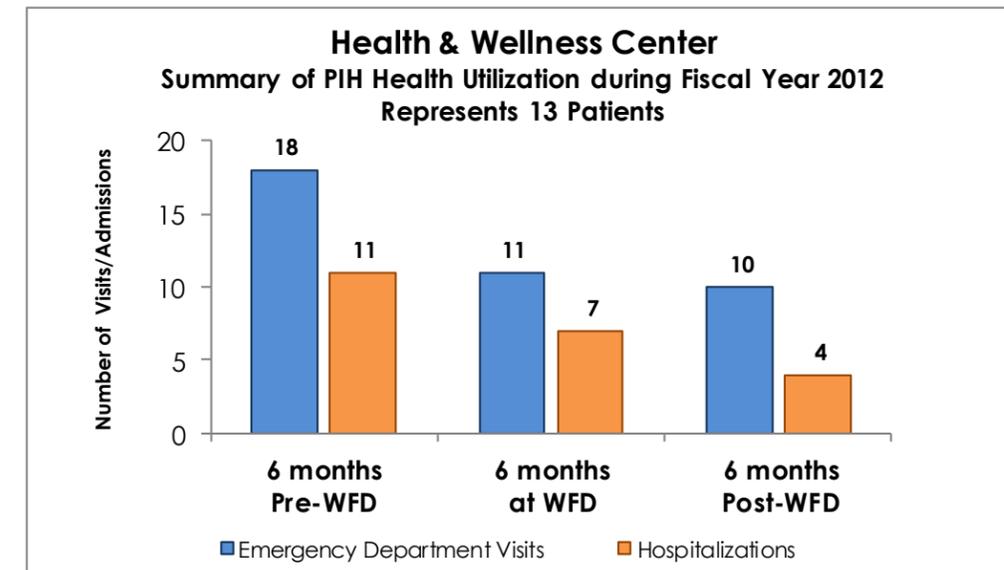
Whittier First Day residents' healthcare utilization (preventable Emergency Department visits and hospitalizations) will decrease by 50% as a result of effective provision of preventative care and chronic disease management at the on-site Health & Wellness Center.

* Baseline Data (Pre-Intervention): Prior to the Whittier First Day Health Center opening, a survey of 36 First Day residents revealed a history of 44 Emergency Department visits in 2004.

Supports Healthy People 2020: Create social and physical environments that promote good health for all.

FY 2012 RESULT

Whittier First Day residents' utilization of PIH Health services was tracked six months before, during, and after residing at the shelter; this data was available for 13 individuals during fiscal year 2012. When comparing pre- and post-healthcare utilization, data shows a 45% reduction in Emergency Department visits, and a 64% reduction in hospitalizations.



5 CORE PRINCIPLES OF COMMUNITY BENEFIT

1. EMPHASIS ON VULNERABLE POPULATIONS AND UNMET COMMUNITY HEALTH NEEDS
2. EMPHASIS ON PRIMARY PREVENTION
3. BUILDING A SEAMLESS CONTINUUM OF CARE
4. BUILDING COMMUNITY CAPACITY
5. EMPHASIS ON COLLABORATIVE GOVERNANCE

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LINK TO "HEALTH ACCESS" PRIORITY HEALTH AREA

Healthcare and homelessness are intimately interwoven; poor health is both a cause and a result of homelessness.
 - National Coalition for the Homeless, 2009

PIH Health and Whittier First Day have together created a seamless continuum of care to reduce barriers to healthcare access. In addition to the Health & Wellness Center, the partnership has also resulted in:

- **"Fast Track" to First Day** – homeless patients are connected to WFD upon hospital discharge
- **Patient Visitation and Referral Program** – First Day residents visit homeless hospital patients to introduce them to First Day's program
- **Triplex for Family Housing** – a grant from PIH Health assisted First Day in the purchase of a triplex providing family housing

How do we know this initiative has a positive impact on the community?

HEALTH & WELLNESS CENTER - FISCAL YEAR 2012

- 76** Whittier First Day residents served by the on-site health center (total of 502 visits, 66% un-insured)
- 777** Whittier First Day residents served by the on-site health center since inception in 2005
- 86%** Percent of Whittier First Day residents assessed as having improved health status
- 45%** Percent decrease in Emergency Department visits when comparing the six months after exiting First Day to the six months prior entering First Day (represents 13 individuals)
- 37** Walk-in at-risk individuals receiving healthcare via the on-site health center (total of 57 visits, 78% un-insured); 87 additional individuals received basic services via the Center (i.e., TB tests)
- \$230** Average cost to PIH Health per Whittier First Day Center patient visit; in comparison, the average cost to PIH Health per Emergency Department visit is \$507

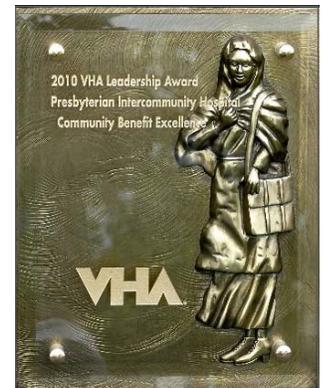
Patient Perspectives...

"Veronica [PIH Health nurse practitioner] took her time explaining how I could bring my blood sugar levels down and improve my health. If it wasn't for her, I wouldn't be here today."

-Daniel Duenas,
 Former Health & Wellness Center patient

The Joint Commission and the American Case Management Association awarded PIH Health's Care Management team with the 2012 Franklin Award of Distinction, with recognition given to the partnership with Whittier First Day.

The partnership between PIH Health and Whittier First Day was also recognized with a 2010 National VHA Award for Community Benefit Excellence.



PIH HEALTH AND WHITTIER FIRST DAY

Vital Health Resources • Social Services • Community Collaboration

Whittier First Day: 562.945.4304, whittierfirstday.org

PIH Health Community Benefit Department: 562.698.0811 Ext. 14110, PIHHealth.org



PIH Health's Community Benefit Oversight Committee (CBOC) has endorsed this initiative as a valuable community benefit investment.

Established to oversee the qualification and evaluation of PIH Health's community benefit, the CBOC is comprised of community stakeholders and hospital leadership who provide guidance for community health improvement initiatives.

Health Access Priority Health Area

CREATING A HEALTHIER COMMUNITY TOGETHER



The Opportunities We See: PIH Health's Community Health Needs Assessment of its Primary Service Area underscored the need for enhanced efforts to meet the health needs of the community.

When compared to Healthy People 2020, the following PIH Health primary service area data indicators do not meet Healthy People 2020's national benchmarks: 1) *Child and adult health insurance rates*; 2) *immunization rates*; 3) *women who had screening mammograms*; and 4) *women who had timely Pap Smears*. Additionally, individuals expressed perceptions that access to low-cost, timely healthcare is increasingly a challenge.

It will be vital for communities to work together to create partnerships and mobilize local organizations, businesses, community partners, and leaders across all sectors to create healthier, vibrant communities.

THE VISION: A HEALTHIER COMMUNITY

Why should we bring this vision to life?

"Success requires action from all of us in the places where we live, work, learn, and play. Progress in one area will reinforce progress in others."
- Institute of Medicine, 2012

PIH Health's Community Needs Assessment findings resulted in priority health areas and, subsequently, a Community Health Improvement Plan featuring input gathered through numerous community "conversations" and serving as a plan of action in response to identified community needs.

PIH Health Priority Health Goals:

Healthy Living to deliver health promotion and prevention programs that 1) enhance health-related knowledge and behavior, and 2) support and promote healthy eating and active living, with emphasis on making the healthy choice the easy choice.

Health Management to improve community health through efforts to 1) enhance health-related knowledge regarding prevention and management of chronic diseases; 2) increase awareness of the importance of various prevention strategies; and 3) promote available community resources.

Health Access to ensure basic and preventive care access for the uninsured and underinsured via: 1) effective use of health insurance enrollment resources; 2) promotion of free and low-cost health-related resources and services; and 3) collaborative efforts to meet community needs.

Health Access Partners

- Boys & Girls Club of Whittier
- City of Whittier
- Los Angeles Centers for Alcohol & Drug Abuse
- LA County Department of Public Health
- Rio Hondo College
- The Salvation Army
- The Whole Child
- Whittier Area First Day Coalition
- Local school districts, community centers, churches and community-based organizations

PIH Health:

- Business Services
- Care Force One Mobile Health Services
- Care Management
- Communications Resources
- Community Health Education
- Enrollment Coordinators
- Family Practice Residency Program
- Foundation
- High Risk Infant Follow-Up Clinic
- Hospice
- Patricia L. Scheifly Breast Health Center
- Radiation Oncology
- Senior Services

The Results

A REPORT OF HEALTH-RELATED OUTCOMES FOR HEALTH ACCESS INITIATIVES



ENROLLMENT COORDINATORS

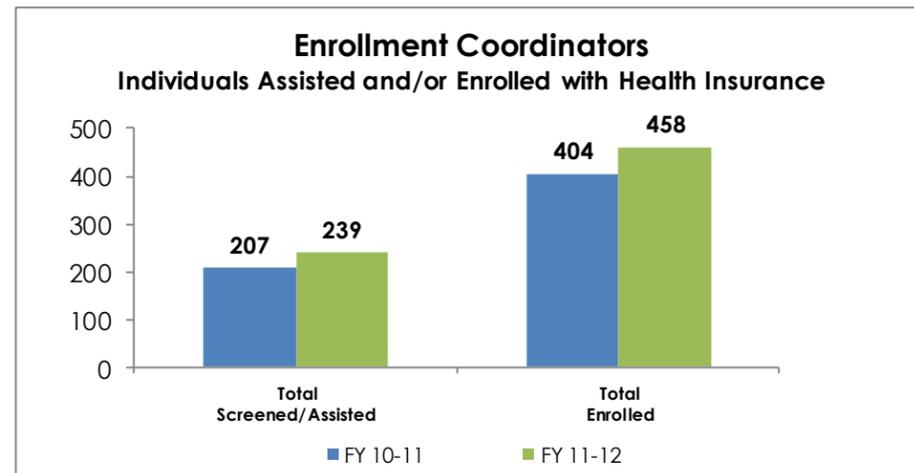
MISSION: To increase enrollment of the un-insured in low-cost or no-cost insurance programs based upon eligibility and provide health and social service resources based upon need.

The Enrollment Coordinators employ focused strategies and work collaboratively with local schools and community-based organizations, as well as PIH Health's Business, Emergency, and Care Management Departments to ensure their efforts result in healthcare access for those most in need.

OBJECTIVE #1 Over a 12-month period, increase health insurance enrollments by 10%.

Supports Healthy People 2020 target: Increase the proportion of persons with health insurance; aim for 100%.

FY 2012 RESULT: Fiscal year 2012 data indicates an increase of 13% in those enrolled with health insurance coverage, when compared to the prior year. Those screened or assisted with applications increased by 15%.

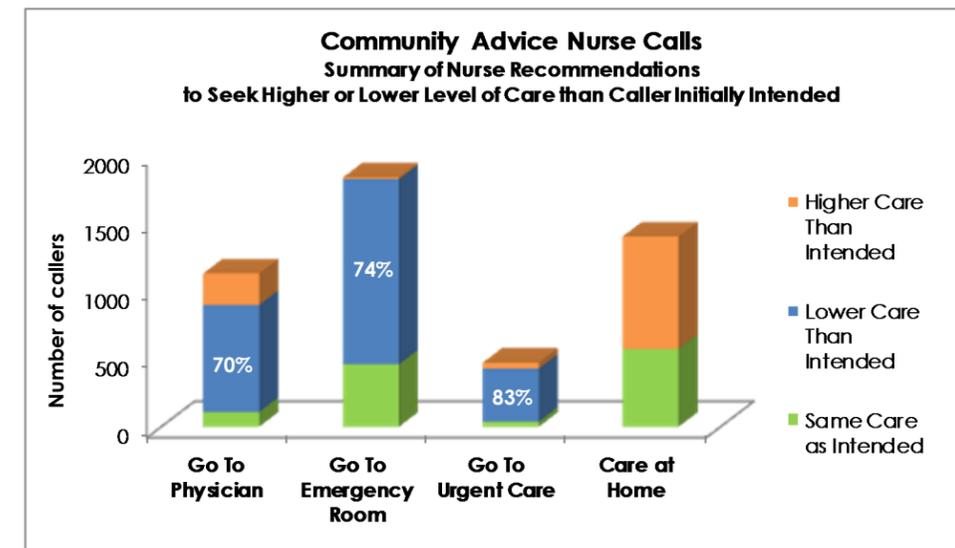


COMMUNITY ADVICE NURSE 1.888.780.1875 (a toll-free community hotline)

Caring, registered nurses are available 24 hours a day, seven days a week, to talk confidentially about health concerns and to provide information about minor illnesses and injuries, a variety of symptoms, and how and when to access urgent care or emergency care.

OBJECTIVE #2 As a result of the Community Advice Nurse, callers will receive advice regarding the most appropriate level of healthcare, based upon information provided.

FY 2012 RESULT: Data indicates that 74% of callers who would have gone to an emergency room were diverted to a more appropriate (lower) level of care for their condition as a result of seeking advice via the Community Advice Nurse hotline.



FINANCIAL ASSISTANCE

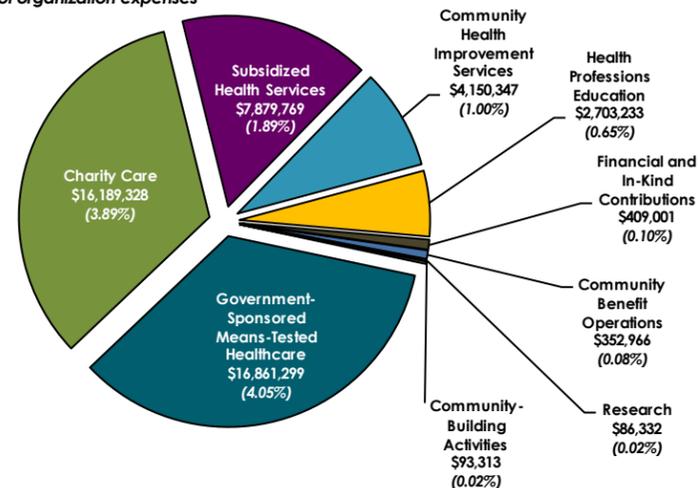
As a nonprofit hospital, PIH Health takes pride in fulfilling its charitable mission to "contribute to the health and well-being of our communities" - regardless of an individual's ability to pay. As a result, PIH Health offers a generous charity care program so that free or discounted care is accessible to those lacking insurance or financial resources to pay for needed healthcare services.

During fiscal year 2011, PIH Health invested just over \$16 million in charity care (as seen in the chart to the right) to ensure the under-served had access to needed healthcare.

Community Benefit Investment Total \$48,725,588

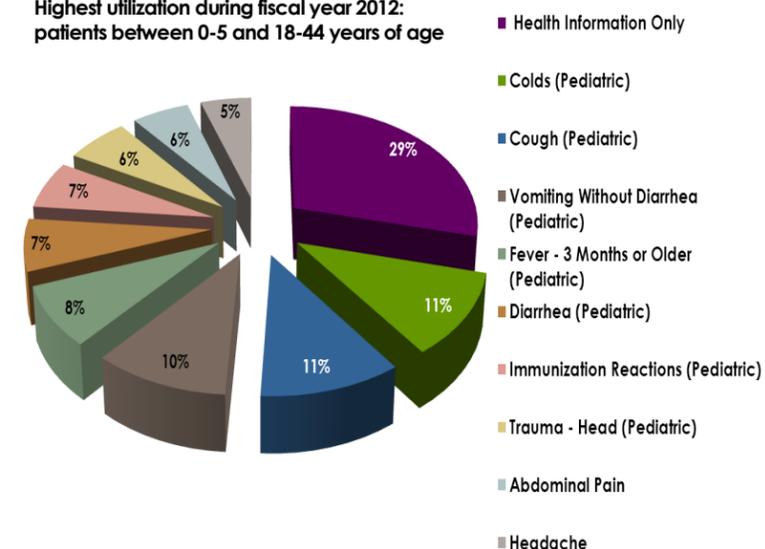
11.7% of organization expenses

The chart below details community benefit categories and their percentage of organization expenses



Community Advice Nurse - Top 10 Symptoms Presented

Highest utilization during fiscal year 2012: patients between 0-5 and 18-44 years of age



CHECK OUT PIH HEALTH'S OTHER HEALTH ACCESS INITIATIVES:

- HIGH-RISK INFANT FOLLOW-UP CLINIC
- HOSPICE HOMES
- CARE FORCE ONE MOBILE HEALTH SERVICES
- WHITTIER FIRST DAY HEALTH & WELLNESS CENTER
- FINANCIAL ASSISTANCE PROGRAMS

For more information, visit PIHHealth.org

How do we know this initiative has a positive impact on the community?

ENROLLMENT COORDINATORS - FISCAL YEAR 2012

- 100%** Percent of staff trained as Certified Application Assistants, with additional certification to enroll with the State's Pre-Existing Condition Insurance Plan (represents two PIH Health Enrollment Coordinators)
- 238** Total number of individuals assisted with health insurance enrollment
- 458** Total number of individuals renewed with health insurance coverage through government-sponsored health programs (primarily Healthy Families)

COMMUNITY ADVICE NURSE - FISCAL YEAR 2012

- 4,482** Number of callers triaged; highest utilization were for patients between the ages of 0-5 and 18-44
- 74%** Percent of callers who would have gone to the emergency room but who were advised to seek a lower level of care more appropriate for their condition
- \$757K** Estimated cost avoidance as a result of directing callers to a more appropriate (lower) level of care (or \$556 per call that resulted in a recommendation for a lower level of care)

FINANCIAL ASSISTANCE - FISCAL YEAR 2012

- 16.2M** Total PIH Health investment for providing charity care to ensure healthcare access for individuals in need
- 8,107** Total number of individuals who received charity care through PIH Health

"Success requires action from all of us in the places where we live, work, learn, and play. Progress in one area will reinforce progress in others."

- Institute of Medicine, 2012



HEALTH ACCESS PRIORITY HEALTH AREA

Health Insurance Enrollment • Healthcare Access • Community Collaboration

562.698.0811 Ext. 14110

PIHHealth.org



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Healthy Living Priority Health Area

CREATING A HEALTHIER COMMUNITY TOGETHER



The Opportunities We See: PIH Health's Community Health Needs Assessment of its primary service area underscored the need for enhanced efforts to meet the health needs of the community.

When compared to Healthy People 2020, the following PIH Health primary service area data indicators do not meet Healthy People 2020's national benchmarks: 1) *Youth Overweight or Obese rates*, and 2) *Adults Who Are Sedentary rate*. Additionally, individuals expressed perceptions regarding an increase in unhealthy lifestyle behaviors, including poor eating habits and lack of physical activity.

It will be vital for communities to work together to create partnerships and mobilize local organizations, businesses, community partners, and leaders across all sectors to create healthier, vibrant communities.

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Health Management to improve community health through efforts to 1) enhance health-related knowledge regarding prevention and management of chronic diseases; 2) increase awareness of the importance of various prevention strategies; and 3) promote available community resources.

Health Access to ensure basic and preventative care access for the uninsured and underinsured via: 1) effective use of health insurance enrollment resources; 2) promotion of free and low-cost health-related resources and services; and 3) collaborative efforts to meet community needs.

Healthy Living Partners

- Activate Whittier Community Collaborative
- Care More
- City of Whittier
- Los Nietos School District
- Los Angeles County Department of Public Health
- The Whole Child
- Whittier Area First Day Coalition
- Whittier City School District
- Local community centers, churches and community-based organizations

PIH Health:

- Cardiac Rehab
- Care Management
- Childbirth Education
- Community Health Education
- Diabetes Education Center
- Family Practice Residency Program
- Food and Nutritional Services
- Patricia L. Scheffy Breast Health Center
- Senior Services
- S. Mark Taper Foundation A Day Away

SCHOOL-BASED WELLNESS PROGRAMS

AIM STATEMENT To increase healthy eating and physical activity as a method to reduce the incidence of overweight and obesity among school-age children.

Supports Healthy People 2020 target: Reduce the proportion of children who are considered obese.

Programs are in place with two local school districts: Whittier City School District and Los Nietos School District (serving communities of Los Nietos, Santa Fe Springs, and Whittier).

WHITTIER CITY SCHOOL DISTRICT

PIH Health's School-Based Wellness Program began in 2006, when PIH Health joined as a collaborative partner with Whittier City School District's "Reach For The Stars," an after-school program at nine elementary schools. PIH Health's role with health-related components centers around sustainability. PIH Health assists with implementation of the CATCH physical activity program, develops health education curriculum and materials for students and parents, trains educators, and serves as a program consultant.

LOS NIETOS SCHOOL DISTRICT

Healthy Los Nietos began when school and city officials - seeing increasing rates of diabetes and obesity - began working collaboratively to identify solutions. In 2011, Healthy Los Nietos was developed in partnership with PIH Health (modeled after the Whittier City School District project) and targets 6th, 7th and 8th grade students, school staff and parents, with PIH Health resident physicians providing prevention-focused education. CATCH's physical activity and nutrition curriculum is being implemented during the 2012-13 school year for grades K-8, including parents and staff.

ACTIVATE WHITTIER COMMUNITY COLLABORATIVE

VISION "A Healthy Active Whittier"

MISSION To champion "A Healthy Active Whittier" through neighborhood and community engagement, collaborative partnerships, and policy/environmental change, with a focus on sustainable efforts to improve the health and wellness of those living, working, learning, and playing in our community.

BOARD OF DIRECTORS

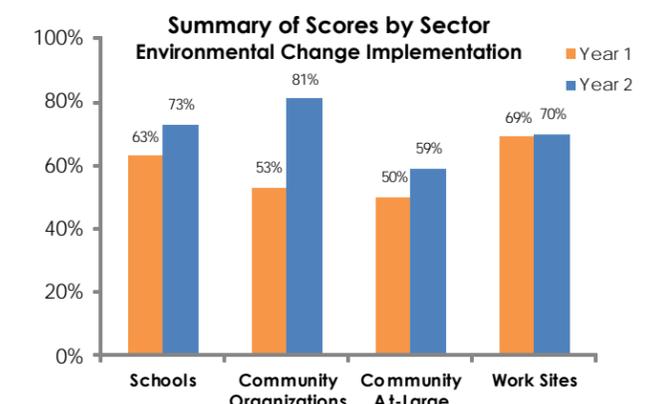
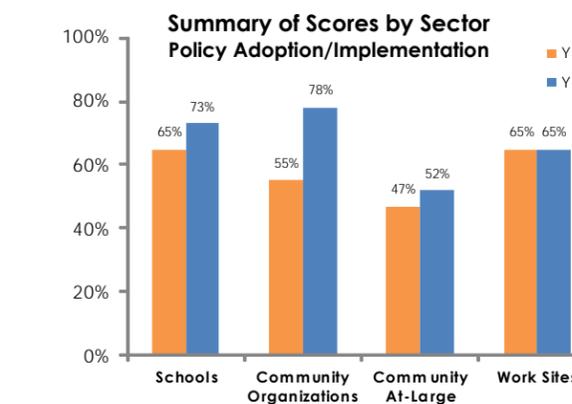
Boys & Girls Club of Whittier • City of Whittier • Kaiser Permanente
LA County Department of Public Health • PIH Health • Whittier College • YMCA of Greater Whittier

OBJECTIVE #3 Activate Whittier Community Collaborative - ACHIEVE Initiative

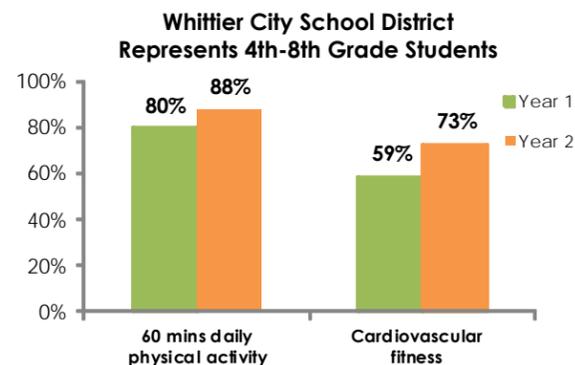
Increase the adoption and implementation of health-promoting policy and environmental changes among community sites across four sectors through ACHIEVE. This initiative is grant-funded through the Centers for Disease Control and the YMCA of the USA to help build healthy communities by developing and disseminating tools and strategies for reducing tobacco use and exposure, promoting physical activity and healthy eating, and improving access to preventative health services.

RESULT When comparing year one and year two assessment scores*, an increase in scores was seen across sectors in regard to adoption and implementation of policies and environmental changes which support healthy eating and active living due to Activate Whittier actively promoting these changes.

**For each organization being assessed, a total score was calculated, then factored into a percent, with 100% being highest.*



OBJECTIVE #1 School-Based Wellness Programs - Whittier City School District



Increase fitness levels of Whittier City School District students.

Measure 1: The percentage of 4th-8th grade students who engage in 60 minutes of daily physical activity, as measured by the 3-Day Physical Activity Recall tool.

Measure 2: The percentage of 4th-8th grade students who achieve age-appropriate cardiovascular fitness levels measured by a 20-meter shuttle run.

RESULT

Of the 4th - 8th grade students assessed, increases from year one to year two occurred in both daily physical activity and age-appropriate cardiovascular fitness levels.

OBJECTIVE #2 School-Based Wellness Programs - Healthy Los Nietos

Increase the proportion of Los Nietos School District students who are considered to be at a healthy weight.

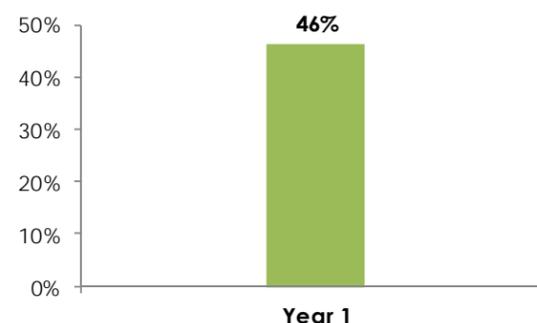
BASELINE - YEAR ONE

Of the 6th - 8th grade students screened, 46% were considered to be at a healthy weight.

This baseline data was gathered during year one of the project, which was launched during the 2011-12 school year.

With CATCH physical activity and nutrition curriculum being implemented during the 2012-13 school year, in addition to educational components already in place, we expect to see improvement in the percent of students considered to be at a healthy weight.

Los Nietos School District - Body Mass Index (BMI)
Represents four schools; 589 students in 6th, 7th, and 8th Grades



Activate Whittier's Community Action Plan

Represents Healthy Eating, Active Living (HEAL) and ACHIEVE initiatives

Neighborhoods / Community-at-Large

- Advocate for smoke-free parks
- Increase healthy food available at corner markets
- Develop/promote healthy eating and vending guidelines

Schools

- Facilitate implementation of school wellness policies
- Increase physical activity during PE and extra-curricular activities
- Promote healthy fundraisers

Worksites

- Develop worksite wellness toolkit
- Promote adoption of worksite wellness policies

CHECK OUT PIH HEALTH'S OTHER HEALTHY LIVING INITIATIVES:

- CAREGIVER SUPPORT
- COMMUNITY HEALTH EDUCATION
- COMMUNITY EXERCISE CLASSES
- FALL PREVENTION PROGRAM
- SENIOR SERVICES PROGRAM
- SMOKING CESSATION CLASSES
- VARIOUS SUPPORT GROUPS

For more information, visit PIHHealth.org

How do we know this initiative has a positive impact on the community?

SCHOOL-BASED WELLNESS PROGRAMS

Whittier City School District - 2011-12 School Year :

- 11** Number of schools implementing CATCH curriculum (in various stages)
- 33** Number of parent educational sessions (16 held in Spanish)
- 691** Number attending educational sessions (parents and students)

Los Nietos School District - 2011-12 School Year :

- 2** Number of schools trained to implement CATCH
- 48** Number of educational sessions provided to parents, staff & students
- 1,735** Number attending educational sessions (parents, staff & students)
- 100%** Percent of physician residents (in their Community Health rotation) who are providing education to parents, staff & students

ACTIVATE WHITTIER COMMUNITY COLLABORATIVE

VISION: "A Healthy Active Whittier"

- 7** Number of community organizations represented on the Activate Whittier Board of Directors
- 7** Number of Activate Whittier community partners, including three school districts (in addition to organizations on the Board)
- 4** Number of grants received to support Activate Whittier's work
- 5** Number of community conversations held to determine areas of health-related success or concern
- 82** Number participating in a Weight of the Nation screening event to initiate community dialogue on the obesity epidemic
- 31** Number of residents trained as community advocates through "Change Starts With Me" (a seven-week leadership and advocacy workshop)
- 29** Number participating in PhotoVoice - digital storytelling which results in advocacy tools to achieve positive community change (two projects to date)
- 12** Number of health education presentations featured on local cable channel (monthly topics since FY 11); available to 15,000 families
- 500** Number of students with access to healthy lunch options due to addition of salad bar at Lydia Jackson Elementary School

"Success requires action from all of us in the places where we live, work, learn, and play. Progress in one area will reinforce progress in others."

- Institute of Medicine, 2012



HEALTHY LIVING PRIORITY AREA

Health Promotion and Prevention • Healthy Eating and Active Living • Community Collaboration

562.698.0811 Ext. 14110

PIHHealth.org



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**BOARDS OF DIRECTORS
2012-13**

**PIH HEALTH &
PIH HEALTH HOSPITAL**

Donald Alvarado, Chair
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