



CEDARS-SINAI®

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

2013

Submitted to:

**The Office of Statewide Health Planning and Development
Healthcare Information Division
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CEDARS-SINAI®

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CEDARS-SINAI®

Mission Statement

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

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

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

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I. INTRODUCTION – A TRADITION OF COMMUNITY SERVICE

Since its founding in 1902, Cedars-Sinai has focused on providing the finest healthcare available. As a result, hundreds of thousands of lives have been significantly improved. The ***Community Benefit Update and Plan 2013*** reflects Cedars-Sinai's commitment and leadership in investing in the health of the community. Cedars-Sinai's community programs, services, partnerships and affiliations are effectively addressing health needs in underserved communities.

Cedars-Sinai provides a complete spectrum of medical services and is considered one of the leading specialty referral centers for the region. In addition to inpatient care in all major specialties, Cedars-Sinai offers a broad range of services to meet patient needs along the continuum of care. Cedars-Sinai's Emergency Department, designated as a Los Angeles County Level I Trauma Center, is one of the few remaining hospital trauma centers in the region and is therefore of great importance to the community. In Fiscal year 2013 Cedars-Sinai counted close to 90,000 patient visits from individuals who receive care through Medi-Cal (California's Medicaid insurance program) or through dual eligibility, that is, insurance that deems individuals eligible for both Medicare and Medi-Cal. In fact, 40% of Cedars-Sinai's Medicare population are dual eligible.

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

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

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

Cedars-Sinai's nationally recognized Burns and Allen Research Institute currently has more than 1,200 research projects, and has made significant contributions to the development of new medical technology, medical knowledge and practice. Cedars-Sinai investigators are currently conducting more than 300 clinical research studies. Cedars-Sinai ranks among the nation's top 20 independent hospitals in National Institutes of

Health (NIH) research funding. Cedars-Sinai supports the research of more than 200 faculty members and close to 600 research staff.

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

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

- In the 2013 U.S. News & World Report rankings, Cedars-Sinai was named one of America's best hospitals. Of 4,806 hospitals, only 147 scored high enough to be recognized in even one specialty category. Cedars-Sinai was recognized in 12 categories, including: cancer; cardiology and heart surgery; diabetes and endocrinology; ear, nose and throat; gastroenterology and GI surgery; geriatrics; gynecology; nephrology; neurology and neurosurgery; orthopedics; pulmonology and urology.
- For more than 20 years, Los Angeles area residents have named Cedars-Sinai the "Most Preferred Hospital for All Health Needs" in National Research Corporation's (NRC) annual Healthcare Market Guide survey. Cedars-Sinai has long ranked Number One in the Los Angeles Metropolitan Area in multiple categories, including "Best Doctors", "Best Nurses" and "Best Overall Quality."
- For the third consecutive time, Cedars-Sinai was awarded the Magnet Excellence in Nursing designation from the American Nurses Credentialing Center in 2008. Cedars-Sinai is one of only a few organizations in California to achieve this designation three times, which recognizes commitment to nursing development and quality care.

II. ORGANIZATIONAL COMMITMENT

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

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

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

Executive Committee of the Board of Directors

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

Community Benefit Committee (Board Committee)

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

III. CEDARS-SINAI'S COMMUNITY

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

Population Characteristics

Population Characteristics	Cedars-Sinai Community Benefit Service Area	Los Angeles County
Total Population Source: Claritas 2012	Number of Persons	
	1,755,853	9,860,343
Race/Ethnicity Source: U.S. Census Bureau 2010	Percent	
Latino/a ¹	41%	48%
White	29%	28%
Black/African American	16%	8%
Asian/Pacific Islander/Native Hawaiian	11%	14%
American Indian/Alaskan Native	0.2%	0.2%
Other	3%	2%
Age Source: Claritas 2012	Percent	
Less than 5 years	7%	7%
5-14	13%	14%
15-20	8%	9%
20-34	22%	21%
35-64	39%	38%
Greater than 64 years	11%	11%
Gender Source: Claritas 2012	Percent	
Female	50%	50%
Male	50%	50%
Socioeconomic Status Source: Claritas 2012	Percent	
Families below the poverty line	17%	13%

IV. COMMUNITY HEALTH NEEDS ASSESSMENT 2013 CHNA - EXECUTIVE SUMMARY

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

Community Benefit Service Area

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

Cedars-Sinai Medical Center Service Area

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

Data Collection

Secondary Data

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

Primary Data - Stakeholder Interviews

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

Overview of Key Findings

Community Demographics

- The population of the Cedars-Sinai Community Benefit service area is 1,755,853.
- Children and youth, ages 0-17, make up 23.2% of the population; 66% are adults, ages 18-64; and 10.8% of the population are seniors, ages 65 and over. The median age in the service area is 35.03.
- 41% of the population is Hispanic/Latino; 28.9% of the residents are White; 16.3% are African American; 10.8% are Asian; and 2.9% are American Indian/Alaskan Native or other race/ethnicity.

Race/Ethnicity

	Cedars-Sinai Service Area	Los Angeles County
Hispanic/Latino	41.0%	47.7%
White	28.9%	27.8%
Black/African American	16.3%	8.3%
Asian	10.8%	13.5%
American Indian/Alaska Native	0.2%	0.2%
Native HI/PI	0.1%	0.2%
Other	2.6%	2.3%

Source: U.S. Census Bureau, 2010; Healthy City

- Among the languages sometimes or always spoken at home; English is spoken among 45.2% of the service area population; 38.3 speak Spanish; 7.9% of the population speak an Asian language; and 7% of the population speaks an Indo-European language.

Social and Economic Factors

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

Poverty Levels

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

Source: California Health Interview Survey, 2009

Children in Poverty, Ages 0-17

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

Source: California Health Interview Survey, 2009

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

Health Access

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

Insurance Coverage

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

Source: California Health Interview Survey, 2009

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

Birth Characteristics

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

Births to Teenage Mothers (Under Age 20)

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

Source: California Department of Public Health, 2010

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

Mortality/ Causes of Death

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

Mortality Rates, per 100,000 Persons, 2010

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

Source: [California Department of Public Health, 2010](#)

Chronic Disease

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

Adult Diabetes

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

Source: California Health Interview Survey, 2009

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

Adult Heart Disease

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

Source: California Health Interview Survey, 2009

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

High Blood Pressure

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

Source: California Health Interview Survey, 2009

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

Health Behaviors:

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

Overweight

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

Source: California Health Interview Survey, 2009

Adult Overweight and Obesity by Race/Ethnicity

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

Source: California Health Interview Survey, 2009

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

- Beverly Hills (8%) and Culver City (8.7%) have low rates of smoking in the service area. West Hollywood (19.6%) had the highest rate of smoking in the target service area.
- Among adults, 27.8% in SPA 4, 29.2% in SPA5, and 25.2% in SPA 6 had engaged in binge drinking in the past year. In SPA 4, less than 1% of teens and 5.6% of teens in SPA 5 had engaged in binge drinking.
- Among adults, 10.7% in SPA 4, 3.6% in SPA 5, and 14.8% in SPA 6 experienced serious psychological distress in the past year. 19.4% of adults needed help for mental health problems in SPA 4, 16% in SPA 5, and 13.2% of adults in SPA 6 needed help for mental health problems.
- 3.5% of teens needed help for mental health problems in SPA 4, 9.7% in SPA 5, and 26.4% of teens in SPA 6 needed help for mental health problems.

Mental Health Indicators, Teens

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

Source: California Health Interview Survey, 2009

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

Flu Vaccine

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

Source: California Health Interview Survey, 2009

- The Healthy People 2020 objective for mammograms is that 81.1% of women 40+ years have a mammogram in the past two years. In SPA 4, 68.5% of women have had a mammogram, 78.5% in SPA 5, and 72% of women, age 40+, had a mammogram in SPA 6.

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

Community Stakeholder Interviews

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

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

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

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

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

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

Other important issues of concern identified by the interviewees included:

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

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

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

Identification and Prioritization of Health Needs

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

Access to Care

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

Chronic Disease

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

Health Behaviors

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

Prioritization Process

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

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

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

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

Priority Setting Criteria

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

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

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

Prioritized Health Needs

1. Prioritized by areas of highest need in Cedars-Sinai's Service Area, with a particular focus on Service Planning Areas 4 and 6 (including zip codes that may be slightly outside our service area), these planning areas include diverse, low-income communities where there are more uninsured adults and children

and greater health challenges than in other parts of Los Angeles. We also focus on high-need populations closer to Cedars-Sinai.

2. Selected Community Benefit efforts are focused on increasing and supporting access to health care services through direct programs and partnerships with local community-based organizations.

- Primary care
- Specialty care
- Mental health
- Preventive care
- Health education

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

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

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

V. MEETING THE NEEDS OF THE COMMUNITY

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

The Community Benefit Update and Plan report for 2013 highlights Cedars-Sinai's signature initiatives that include more comprehensive, long-term and multi-layered strategies focused on a specific target group, geographic area or community need.

A. SIGNATURE COMMUNITY BENEFIT INITIATIVES

Healthy Habits

Healthy Habits provides education and technical assistance to support healthy eating and physical activity among school-aged children and their families in the Fairfax/Mid-City and Crenshaw districts of Los Angeles. Working with underserved communities, Healthy Habits provides children and their families with the knowledge and skills needed to adopt healthy lifestyles. Over time, Healthy Habits has grown in scope and includes: Healthy Habits for Kids, Healthy Habits for Families, Healthy Habits for Middle School, Community Health Displays and Workshops, Grocery Store Tour, Exercise in the Park, afterschool and summer youth programs, teacher trainings, and ongoing capacity building and technical assistance to community partners.

Accomplishments - Fiscal Year 2013:

- Expanded Healthy Habits for Kids and Healthy Habits for Families to fifteen elementary schools. 11,189 second graders were taught 10-units of Healthy Habits.
- Implemented Healthy Habits refresher courses for third and fourth grade students. Over 1,120 third and fourth graders were each taught five units of Healthy Habits.
- Launched Healthy Habits at Pio Pico Middle School. Over 430 sixth and seventh grade students were taught the middle school curriculum.
- Implemented Healthy Habits for Families adult health education and capacity building workshops at nine schools with over 1,600 encounters. Implemented school wide capacity-building projects including starting a Parent-Teacher Association (PTA) at one school.
- Implemented Healthy Habits summer program in seven sites, with 1,460 encounters.

- Continued Healthy Habits displays and workshops in nine preschool sites, serving over 950 preschool families.
- Continued Healthy Habits Grocery Store Tour programs for vulnerable communities – Four week intensive courses focused on maximizing grocery shopping; and making healthy and economical choices.
- Continued implementation of program-wide evaluation infrastructure and tools to collect evaluation data. Collected and analyzed evaluation data throughout the year as part of evaluation plan and to improve programs.
- Trained 120 Head Start preschools teachers in helping parents establish healthy habits and incorporating physical activity.
- Achieved 25,799 total participant

Highlights for 2014

- Healthy Habits for second grade in 16 elementary schools
- Healthy Habits for third and fourth grades at additional partner schools
- Healthy Habits for Families and capacity-building programs in ten partner schools
- Healthy Habits for Teachers workshops at three schools
- Grocery Store Tour program with additional partners
- Technical assistance to support and promote healthier school environments
- Track participants to map the interconnections among student, parent and teacher programs.

2. Programs for Adults

Cedars-Sinai is committed to improving the number of quality life years for adults and seniors in our community. The provision of health promotion, prevention, education and screening services has been proven according to the Center for Disease Control to improve quality life years. In Fiscal Year 2013, we provided a total of 29,945 participant encounters in adult-focused community benefit programs, such as screenings, educational and self-help programs, health fairs, immunizations clinics and exercise programs. The extensive programs, provided by Cedars-Sinai's registered nurses and other healthcare professionals, occur in underserved communities, churches, synagogues as well as at the Medical Center main campus.

Accomplishments for Fiscal Year 2013 include the development, implementation, and coordination of:

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

PROGRAMS	FY 2013
Health Fairs	10,677
Health Prevention/Promotion	1252
Lectures	1628
Immunization	752
Outreach/Networking	174
Exercise	15,462
Total	29,945

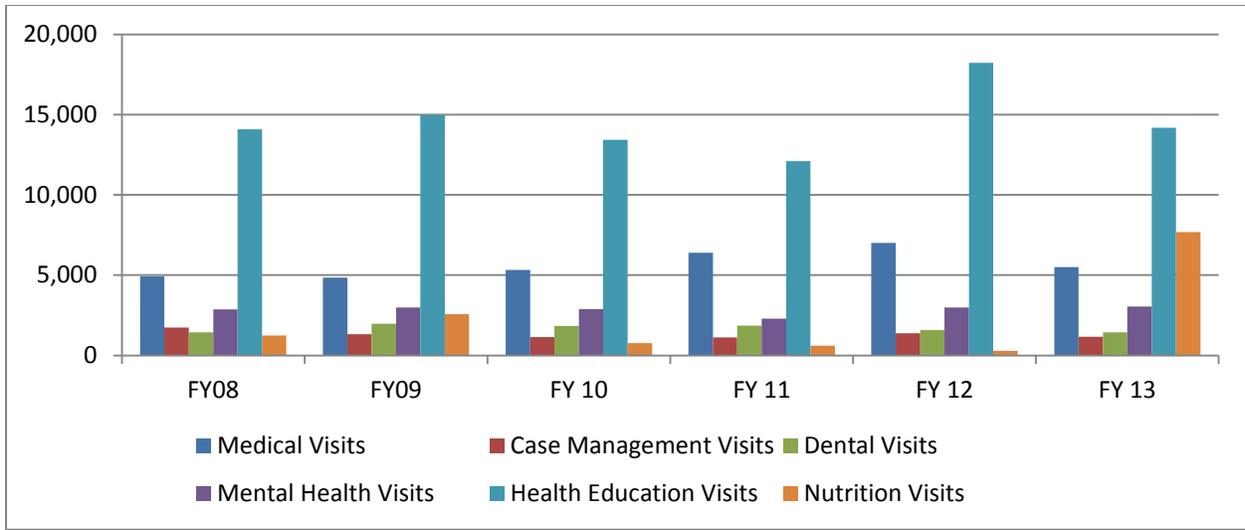
All adults programs will continue in Fiscal Year 2014.

3. C.O.A.C.H. for Kids and Their Families® Community Outreach Assistance for Children's Health (COACH)

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

COACH collaborates with more than 200 public and private community organizations, including The Children's Health Fund, Children's Institute Inc., Inglewood Unified School District, Lennox School District, the Los Angeles Housing Authority, Los Angeles Unified School District, South Los Angeles Health Projects WIC, Public Health Foundation Enterprises WIC, and Union Rescue Mission. Current supporters of COACH include California Community Foundation, the Children's Health Fund/MetLife, One West Bank, CVS Caremark Charitable Trust, Leon Lowenstein Foundation, Inc., California School Health Centers Association, and other private donors.

	FY08	FY09	FY 10	FY 11	FY 12	FY 13
Medical Visits	4,934	4,856	5,317	6,397	6,998	5499
Case Management Visits	1,744	1,316	1,132	1,121	1,378	1160
Dental Visits	1,440	1,974	1,841	1,855	1,569	1447
Mental Health Visits	2,861	2,979	2,881	2,285	2,975	3034
Health Education Visits	14,077	14,973	13,437	12,097	18,218	14,182
Nutrition Visits	1,232	2,562	757	600	286	7678
TOTAL:	25,056	28,660	25,365	24,355	31,424	33,000



Highlights for 2014:

- Continued collaboration with Numero Uno Markets to hold Health & Fitness Fairs in underserved communities. Services at the fairs include: adult blood pressure screenings, body mass index screenings, seasonal flu vaccinations, childhood immunizations, nutrition and fitness education and oral health screenings and education.
- Provide outreach and education about the new Affordable Care Act and Covered California at community sites in accordance with the grant received by the California School Based Health Centers Association.
- Continued coordination within Cedars-Sinai to utilize registered nurses to provide health screenings in underserved communities for children and adolescents.
- Childhood obesity is a critical health issue in the communities served by COACH. In the upcoming year the COACH Be Healthy, Be Strong! Program as well as the mobile medical units will expand and continue to provide the following intervention and prevention services:
 - Comprehensive nutrition assessments, counseling and monitoring for overweight and obese children on the mobile medical units
 - Preschool-8th Grade nutrition and fitness education
 - After-school nutrition and fitness workshops
 - Nutrition and fitness education through theatre arts and gardening
 - Parent nutrition and fitness education workshops
 - Senior nutrition and fitness education workshops
 - Healthy cooking classes for children and parents
 - Nutrition and fitness education at community health fairs

4. PSYCHOLOGICAL TRAUMA CENTER

The Psychological Trauma Center's Share and Care program offers school-based services for students impacted by trauma or stressors affecting their ability to learn. Share and Care offers a series of art-therapy groups that provides a supportive, therapeutic environment to enhance students' ability to concentrate and learn. The groups follow a 12 week curriculum focused on trauma, loss and grief, self-esteem, bullying, socialization, anger management, divorce and substance abuse. In addition to the Share and Care Program, the Psychological Trauma Center offers a Crisis Intervention and Consultation Program, Proactive Training Program, Substance Abuse Program and Big Ideas.

Accomplishments for 2013:

Share and Care program data -

- 27 schools (18 Elementary Schools, 6 Middle Schools and 3 High Schools)
- Total groups seen: 3,390
- Total contacts with children in groups: 13,291
- Total number of unduplicated children seen: 908
- Total number of classrooms counseled: 103
- Total contacts with children in classrooms: 2,744
- Total contacts with teachers: 5,991
- Total contacts with parents: 3,585
- Total contacts with children, teachers and parents: 29,123
- Expanded to 1 new middle school - John Burroughs
- Expanded parent trainings to all 27 schools with a focus on positive parenting, positive communication, substance abuse awareness and bullying. To date, 91 parent trainings have been offered with 1,361 parent contracts in these trainings.
- Continued the school principal training on quarterly bases for all principals at the 27 partner schools, number in attendance expanded each meeting.

Highlights 2014

- Expand to up to two schools.
- Expand school principal programs and trainings
- Expand teacher trainings to include positive communication with students and parents
- Work with teachers to identify students not school-ready early in the academic year
- Expand parent training to include school readiness

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

In partnership with the Los Angeles Unified School District and the Regional Occupational Program, the YED Health Careers Academy includes school-based

and work-site learning and mentoring. 50 students are exposed to a variety of health care careers. Students are encouraged to participate in the program starting in their 11th grade year and earn five elective credits each semester towards graduation. 50 departments throughout Cedars-Sinai provided students with an opportunity to apply what they learn in class at the work-site.

Accomplishments for 2013:

- Annually, YED high school seniors are participate in the Heartsaver CPR program through Cedars-Sinai's Nursing Institute. Students earn the American Heart Association CPR card upon completion.
- HOSA: Future Healthcare Professionals is a national student organization that serves as a pipeline for developing talented and dedicated health care professionals. HOSA members participated in the State Conference held in Sacramento, CA.
- In partnership with Cedars-Sinai's Community Health Programs, students assisted with registration, interpretation and other duties needed by staff at community health fairs.
- Students presented their year-end projects in the YED Showcase open-house. Cedars-Sinai departments, staff, parents, school district officials and other business partners are invited.
- Each summer, Cedars-Sinai partners with the City of Los Angeles and the Los Angeles Chamber of Commerce to hire 16 HIRE LA students from across the greater Los Angeles area, providing an opportunity for exposure to careers in health care.
- Coordinated by request of from LAUSD schools, YED hosted four high school Career Days for 140 participants for students to learn about careers within the Health Care Industry.
- 62 high school students participated in Cedars-Sinai's Annual Nursing Career Luncheon, which included presentations and Medical Center tours.
- After 20 years of program implementation, Cedars-Sinai completed a comprehensive evaluation of the YED Program. The YED team, the Community Benefit team, and contracted evaluators worked closely to develop, implement and analyze evaluation data. The results showed that YED opened up opportunities and changed students' lives; launched two-thirds of its alumni on a healthcare-related education and career path; and demonstrated impacts beyond participating students, reaching Cedars-Sinai employees and workforce development, Fairfax High School, Los Angeles Unified School District and the wider community.

Highlights for 2014

- Incorporate 6-week Community Emergency Response Teams (CERT) into the program curriculum.
- Build formal YED alumni program for college students pursuing careers in health care.
- Implement prioritized evaluation recommendations.

B. COMMUNITY GRANTS

1. Community Mental Health Grants: In Fiscal Year 2012, Cedars-Sinai, for the first time, awarded community mental health grants as part of our mission to improve community health. In light of the strained economic climate, many nonprofits that provide community mental health services are facing exacerbated organizational and financial needs. Through this grant-making effort, Cedars-Sinai supported organizations in providing more individuals, families and communities with needed mental health services.

Through a formal Request-for-Proposal and grant review process, over \$1.6 million was awarded to 24 nonprofit community based organizations to provide direct services and supports with the specific goal of providing client-based services to a greater number of individuals; and/or continuing to sustain current client numbers. Grants were awarded for up to \$75,000 for each organization, to be distributed over a two-year time period. Grant awardees ranged in size, target population and mental health services focus area. The majority of grantees serve vulnerable populations in Los Angeles County Service Planning Areas (SPAs) 4 and 6.

2. Health Access and Infrastructure Grants:

In 2013, Cedars-Sinai increased its support of key local organizations committed to community health, education, and safety, particularly for underserved and vulnerable populations. The Medical Center worked with long-time partner organizations to determine where direct support could make an immediate impact and help build sustainable capacity. Cedars-Sinai's resulting end-of-year grants totaled \$3.3M in direct support. Grants included \$1.5M to Charles Drew University for capacity-building to bolster the pipeline of physicians committed to working in underserved areas. Additionally, Cedars-Sinai provided funds to multiple health clinics—including Saban Community Clinic, Venice Family Clinic, and Planned Parenthood-Los Angeles—to support vital infrastructure that will smooth the transition to electronic medical records and improve access to healthcare services. Cedars-Sinai also committed funding to local first responders—for example, donating over 70 evacuation stair chairs that will help City of Los Angeles firefighters more safely and rapidly rescue trapped residents.

VI. COMMUNITY BENEFIT INVENTORY OF SOCIAL ACCOUNTABILITY

Please see the next two pages for the Community Benefit Programs and Services Inventory Annual Report.
Fiscal Year 2013: July 1, 2012 – June 30, 2013.

Program Name	Encounters FY2013	Activities
About To Be Parents To Multiples: Education	49	4
Affiliating Nursing Program	1,232	12
American Parkinson;s Disease Association Information & Referral Center	420	10
American Parkinson's Disease Associaton: Support Group	369	33
American Parkinson's Disease Association: Educational Conference	250	1
Aphasia Group: Support Group	440	32
Back Care Class: Education	21	10
Bariatric Surgery: Weight Loss Surgery Support Group	388	43
Big Voices Group	89	22
Bridging the Gap	411	88
C.O.A.C.H. for Kids & Their Families	31,993	1,191
Cancer Exercise Program: Physical Fitness	627	144
Cancer Survivorship Services	119	26
Case Management: Expenses on Behalf of Patients	2,063	0
Center Strutters Walking Program: Physical Fitness	12,896	148
Community Health Programs: Clinical & Health Education Services	12,083	45
Continuing Medical Education (CME)	3,476	1
Diabetes Support Group	110	11
Dietitian & Technician Internship Program	7	1
Dystonia Patient Support Group	44	3
Earlybird Pregnancy Class	39	11
Enrollment Assistance	0	5
ESCAPE (Education and Supportive Care for Pancreatitis)	146	5
Good Beginnings NICU Coffee Break: Support Group	91	28
Good Beginnings Parent Meeting: Support Group	757	14
Guided Imagery: Community Support	25	12
Health Lectures and Community Education	1,761	26
Health Professionals Education for Spanish Speaking Community	240	12
Healthy Habits	24,083	1,112
Hospital & Morgue Program	446	10

Program Name	Encounters FY2013	Activities
Interpreter Services	23,348	6
Jewish Expectant Parents Workshop	102	6
Kidney Cancer: Support Group	77	6
Los Angeles Mission	1,619	128
Meals on Wheels	9,829	10
Mechanical Circulatory Device Support Group	2	1
Multi-Organ Transplant Relaxation & Support Group	466	58
Neuroendocrine Tumor Support Group	268	8
Nutrition & Cancer Quarterly Workshop	40	1
Nutrition Lectures	1,782	7
One Stroke Ahead: Support Group	29	6
Oscar Romero Clinica	1,564	192
Pharmacy Internship Programs	74	3
PhD BioMedical Sciences & Translational Medicine Education Program	14	2
Primary Adult Care Clinic	8,303	12
Psychological Trauma Center: Share & Care Program	23,778	295
QiGong Program: Physical Fitness/Cancer Survivorship	187	37
Recovery Groups	2,880	84
Respiratory Care Services Internship Program	24	1
Saban Community Clinic	2,154	152
Sarcoma Support Group	30	7
Senior Shape Up: Physical Fitness	2,502	99
Spiritual Care Department: CPE & Internship Programs	4,638	17
Stress Reduction and Writing Support Group	58	19
Student Stipend Program	98	12
Teenline: Community Volunteers	38,206	149
Venice Family Clinic	2,702	663
Yes I Can Stroke Support Group	77	6
Yoga Restorative & Strengthening Support Group	1,267	184
Youth Education & Development (YED): Nursing Career Luncheon for High School Students	62	1
Youth Employment & Development (YED): Careers Days	140	4
Youth Employment & Development (YED): Health Academy	732	1
Totals FY2013	221,727	5,237

VII. COMMUNITY BENEFIT CONTRIBUTION

Community Benefit Contribution

Unreimbursed Cost of Direct Medical Care for the Poor and Underserved	\$130,111,000
(Excludes the unreimbursed cost of caring for Medicare patients)	
Charity care (\$45,664,000)	
Unreimbursed cost of caring for Medi-Cal patients (\$84,447,000)	
Unreimbursed Cost of Direct Medical Care for Medicare Patients	\$296,476,000
Unreimbursed Cost to Care for Patients Under Specialty Government Programs	\$ 6,739,000
(Including Veterans, Los Angeles Police Department Officers, and others)	
Community Benefit Programs, and Education and Training for Physicians and Other Health Professionals	\$ 92,799,000
(Includes hundreds of free community education and medical screening/immunization programs offered at the Medical Center, in local schools, homeless shelters and community centers)	
Research Programs	\$126,481,000
(Includes translational and clinical research and studies on health care delivery)	
<hr/>	
Total quantifiable community benefits, including the unreimbursed cost of caring for Medicare patients	\$652,606,000

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

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

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

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

Unreimbursed Cost of Direct Medical Care for Medicare Patients - primarily benefits the elderly. This amount represents the unpaid cost of services provided to patients in the Medicare program and enrolled in HMO and PPO plans under contract with the Medicare program. Included in these amounts are \$115,595,000 and \$127,550,000 for the years ended June 30, 2013 and 2012 respectively, of unpaid costs of services provided to patients in the Medicare program that are also in the Medi-Cal program. These costs are included in the IRS Form 990 Schedule H Part III Section B.

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

Health Professions Education

As an academic medical center, Cedars-Sinai offers graduate medical education and many other education programs for a variety of health professionals. They include offering graduate education training programs in over 50 specialty and subspecialty areas and other health professions education programs, as well as a substantial portion of the education to University of California Los Angeles medical students, including degree programs and extensive educational resources for aspiring and current nurses. The Cedars-Sinai Medical Care Foundation also offers physician trainees opportunities in office-based medical practice.

Community Health Improvement

- Clinical services are provided to underserved communities daily, through an on-site primary adult care clinic; and through mobile medical units and free and community clinics throughout Los Angeles – all serving underserved, uninsured and underinsured populations.
- Each year, Cedars-Sinai takes part in community-based activities with more than 170,000 encounters, including health fairs, exercise programs, and screening programs for conditions such as cardiovascular disease, depression, diabetes and hypertension, as well immunization programs, lectures and workshops. Also offered are disease-specific support groups, patient education programs and program affiliates.
- Cedars-Sinai plans and implements long-term comprehensive strategies to meet the health needs of underserved communities. Signature Community Benefit programs seek to improve health in communities by building strong partnerships, building community capacities and providing direct education.

Research Programs - cost of providing translational and clinical research and studies on health care delivery. These costs are included in the IRS Form 990 Schedule H Part I Line 7h.