



COMMUNITY BENEFIT PLAN



2014-2015

ST. VINCENT MEDICAL CENTER
LOS ANGELES, CALIFORNIA

Furthering the Healing Ministry of the Daughters of Charity

COMMUNITY BENEFIT PLAN

2014-2015

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I. Introduction

St. Vincent Medical Center (SVMC) is a 366-bed, short-term acute care, general hospital located in the downtown area of Los Angeles. SVMC specializes in tertiary level services with a long-standing reputation in cardiac care, organ transplantation, oncology services, orthopedic services and the treatment of hearing disorders. SVMC has an extensive and rich tradition of serving the residents of Los Angeles along with patients from other states and from countries throughout the world. Founded in 1856 by the Daughters of Charity of St. Vincent de Paul and Los Angeles' first hospital, SVMC has been serving the community for over 155 years. As a member of the Daughters of Charity Health System, SVMC continues to uphold its primary mission of providing quality medical services to the most vulnerable populations, the sick, the poor, the elderly and children. SVMC is committed to the fulfillment of the mission of its founding Sisters through the delivery of charitable services and care to the community.

II. Organizational Structure

A Community Benefit Committee chaired by a member of senior management, meets monthly to address and discuss how the medical center is fulfilling its role in the community. This group comprised of staff whose departments or programs are involved in a wide-range of community benefit activities and projects:

- reviews and monitors activities spelled out in the plan;
- discusses, initiates and prioritizes plans for future projects in response to community needs;
- ensures proper reporting and tracking of community benefit activities;
- determines and assesses the financial value of certain hospital resources for community benefit purposes, as appropriate; and
- ensures quarterly and annual community benefit reports are submitted to the State.

III. Mission Statement

The Daughters of Charity Health System Mission Statement is an integral part of SVMC and is promoted/presented to all associates during the new employee orientation process, as well as, to all community and leadership volunteers.

The Mission Statement is: ***“In the spirit of our founders, St. Vincent de Paul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person: body, mind and spirit. We promote healthy***

families, responsible stewardship of the environment, and a just society through value-based relationships and community-based collaboration.”

SVMC Community Benefit initiatives reflect Vincentian values of Respect, Compassionate Service, Simplicity, Advocacy for the Poor, and Inventiveness to Infinity. SVMC has an unwavering commitment to building a healthier community and in developing strong relationships with collaborative partners both internally and externally.

Internal collaboration involves the medical center administration, SVMC associates, physicians, volunteers and donors. Community partners include clinics, churches, community organizations, public agencies, public and private schools, consulates, senior centers, local businesses and individuals from throughout our service areas who share our vision and commitment to our community.

In keeping with this mission, SVMC’s contributions to the community include the provision of quality affordable health services with a special concern for vulnerable populations. Our benefit to the community is extended through our commitment of resources and collaboration with both community and faith-based organizations (clinics, churches, etc.) for which the high-risk populations in the central Los Angeles Region are the primary focus. SVMC’s benefits to the community extend beyond the traditional area of health care and include job skills training, literacy, gang diversion and other family and youth- oriented activities.

IV. Community Needs Assessment

Background and Purpose

In 1994, the California State Legislature enacted Senate Bill 697 (SB 697) requiring non-profit hospitals to conduct a needs assessment every three years. The needs and priorities identified in the tri-annual assessment served as the basis for our annual community benefit plan. In order to complete the 2013 Community Needs Assessment and consistent with previous needs assessments, SVMC and two other hospitals pooled resources to collect information about the health and well-being of residents in their service community. This group, called the Los Angeles Metropolitan Hospital Collaborative, includes:

- California Hospital Medical Center
- Good Samaritan Hospital
- St. Vincent Medical Center

Methodology and Process

Metro Collaborative CHNA Framework and Process

To ensure a level of consistency across the Metro Hospitals Collaborative, the CNM team included a list of over 100 indicators of secondary data that, when looked at together, help illustrate the health of a community. California data sources were used whenever possible. When California data sources weren't available, national data sources were used.

In addition to reviewing the secondary data available, the CNM CHNA team collected primary data through 10 focus groups and 29 individuals to discuss and identify key issues that most impact the health of the communities served by the three hospitals. The identified health needs and drivers of health were then presented during a community forum to allow for a richer discussion of secondary data and additional considerations. The focus groups, interviews, and community forum engaged a spectrum of local public health experts, community leaders, and residents.

The CNM evaluation team identified a minimum set of required indicators for each of the data categories to be used for the CHNAs. Data sets were accessed electronically through local sources. When data were available by ZIP Code, the data from the ZIP Codes of the service area were compiled for a hospital's service area indicator. For geographic comparisons across SPAs within the hospital service area, if the source provided data by ZIP Code, then ZIP Codes were aggregated into respective SPAs; when the data were not available by ZIP Code, then the data for the entire SPA was utilized.

Primary Data—Community Input

Information and opinions were gathered directly from persons who represent the broad interests of the community served by the hospital. Between August and October 2013, 10 focus groups and 29 telephone interviews were conducted with a broad range of community stakeholders, including area residents. The purpose for the primary data collection component of the CHNA is to identify broad health needs and key drivers, as well as assets and gaps in resources, through the perceptions and knowledge of varied and multiple stakeholders.

Focus groups took place in a range of locations throughout the service area, with translation and interpretation services provided when appropriate. Focus group sessions were 45 to 60 minutes each. As with the interviews, the focus group topics also were designed to collect representative information about health care utilization, preventive and primary care, health insurance, access and barriers to care, emergency room use, chronic disease management and other community issues. Participants included residents and representative groups from African-American, Latino and Asian-Pacific Islander communities. Interpretation services were provided in Spanish and Mandarin.

The stakeholders engaged through the 10 focus groups and 29 interviews represent a broad range of individuals from the community, including health care professionals, government officials, social service providers, local residents, leaders, and other relevant community representatives, as per the IRS requirement.

Community Health Profile

Service Area Definition

The St. Vincent Medical Center (SVMC) provides health services in 21 ZIP Codes, nine cities or communities, and two Service Planning Areas (SPAs) within Los Angeles County. Table 1 shows a breakdown of the SVMC service area by city or community, ZIP Code, and SPA.

St. Vincent Medical Center (SVMC) Service Area

City/Community	Primary ZIP Code	Service Planning Area
Crenshaw	90004	4 – Metro
Echo Park	90005	6 – South
Hollywood	90006	
Northeast Los Angeles	90007	
Pico-Union	90008	
South Central	90010	
West Hollywood	90011	
Westlake	90016	
Wilshire	90017	
	90018	
	90019	
	90020	
	90026	
	90027	
	90028	
	90029	
	90031	
	90037	
	90044	
	90046	
	90057	

Demographic Overview

A description of the community serviced by SVMC is provided in the following data tables and narrative. Depending upon the availability of data for each indicator, SVMC

information is presented by ZIP Code, or SPA (portions of SPAs 4 and 6 are serviced by SVMC).

Estimated Current Year Population

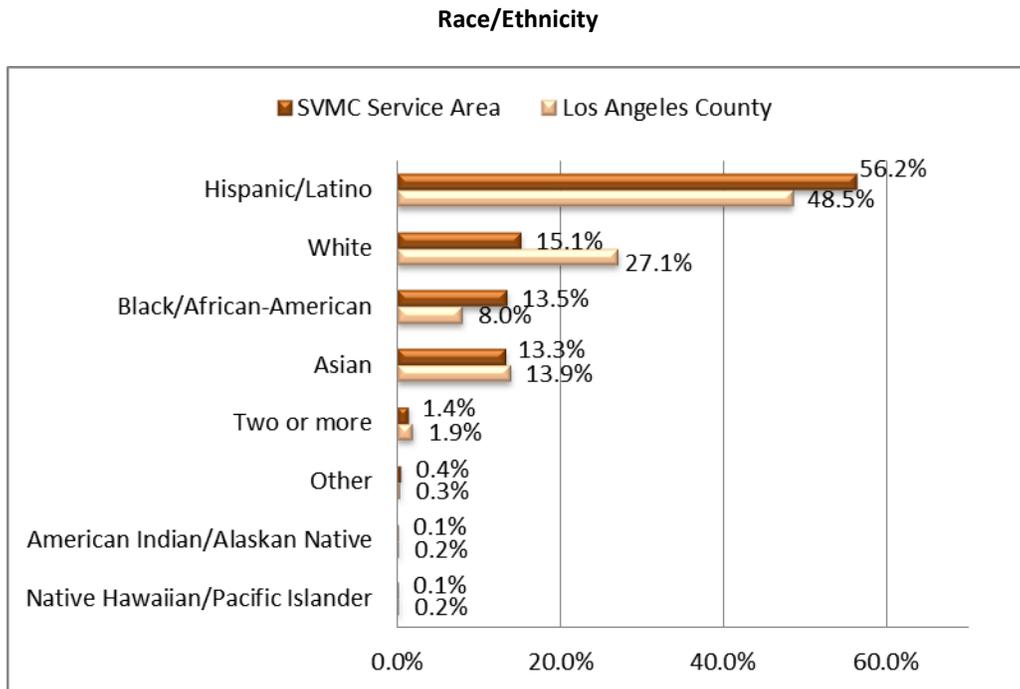
In 2013, the total population within the SVMC service area is 1,044,500, making up 10.5% of the population of Los Angeles County. This represents an increase of 7.0% between 2010 and 2013 in the SVMC service area. The largest population increase occurred in ZIP Codes 90006 (50.5%) and 90004 (49.3%), and the only decrease in ZIP Code 90007 (-0.4%).

Projected Five-Year Population

By 2018, the population is expected to increase in the SVMC service by about 2.5%, similar to the projected increase in Los Angeles County (2.9%) and continuing the growth trends observed over the past few years.

Race/Ethnicity

In 2013, most of the population in the SVMC service area is Hispanic (56.2%, n=586,786) or White (15.1%, n=157,657), larger when compared to the percent of Hispanics in Los Angeles County (48.5%) and lower than the percent of Whites in Los Angeles County (27.1%). The third largest population in the SVMC service area is Black or African American (13.5%, n=140,835), more than in Los Angeles County (8.0%). The percentage of Asians in the SVMC service area and Los Angeles County were similar (13.3% and 13.9%, respectively).



Race/Ethnicity

	SVMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Hispanic/Latino	586,786	56.2%	4,830,835	48.5%
White/Caucasian	157,657	15.1%	2,703,183	27.1%
Black/African-American	140,835	13.5%	796,783	8.0%
Asian	138,689	13.3%	1,382,777	13.9%
Two or more	14,330	1.4%	189,147	1.9%
Other	4,017	0.4%	26,994	0.3%
American Indian/ Alaskan Native	1,519	0.1%	17,276	0.2%
Native Hawaiian/ Pacific Islander	687	0.1%	22,389	0.2%
Total population	1,044,520	100.0%	9,969,384	100.0%

Data source: Nielsen Claritas
 Data year: 2013
 Source geography: ZIP Code

Foreign-Born Residents and U.S. Citizen Status

In 2011, half of the residents in Los Angeles County were born outside of the United States and had not become U.S. Citizens (54.5%) similar to the percentage in California (54.4%).

Language Spoken in the Home

In 2013, over half of the population in the SVMC service area speaks Spanish (53.4%), far more than in Los Angeles County (39.7%). Another third of the population in the SVMC service area speaks English only (30.1%), a smaller percentage than in Los Angeles County (42.5%). Another 11.3% speak an Asian/Pacific Island language, a slightly smaller percentage than in Los Angeles County (10.9%). Slightly less speak an Indo-European language in the SVMC service area (4.3%) than in Los Angeles County (5.3%).

Age Distribution

Nearly half the population in the SVMC service area is between the ages of 25 and 54 (46.3%), similar to Los Angeles County (43.0%). Nearly a quarter (23.1%) is under the age of 18, which is slightly lower when compared to Los Angeles County (23.8%). Another 9.6% are 65 and older, slightly lower when compared to Los Angeles County (11.6%). On average, the population in the SVMC service area is in their mid-thirties, 35.4 years old, slightly younger than in Los Angeles County (36.8 years old).

Marital Status

Half of the population in the SVMC service area has never been married (50.8%), more when compared to Los Angeles County (40.6%). Over a quarter (28.0%) of the population in the SVMC service area is married with a spouse living in the home, a much smaller percentage than in Los Angeles County (39.2%). Nearly a fifth (9.0%) of the population in the SVMC service area is married with a spouse not living in the home, which is higher than in Los Angeles County (6.8%). A smaller percentage of the SVMC service area is divorced (7.5%) than in Los Angeles County (8.5%) and another 4.7% is widowed, a slightly higher percentage than in Los Angeles County (4.0%).

Education Levels

Overall, over a third (35.5%) of the population in the SVMC service area does not have any formal education—did not graduate from high school or has less than a ninth-grade education—more than in Los Angeles County (24.2%). In SVMC’s service area, a fifth (20.4%) of the population graduated from high school, similar to Los Angeles County (20.4%). Another 15.9% attended college but did not graduate, lower than in Los Angeles County (19.5%). Over a quarter graduated from college in the SVMC service area (28.1%), also lower when compared to Los Angeles County (36.0%). Of those who graduated from college in the SVMC service area, most received a Bachelor’s degree (16.6%).

Household Description

In 2013, there are a total of 365,433 households in the SVMC service area—an increase of about 1.7% since 2010 and making up about 11.1% of the households in Los Angeles County. By 2018, the number of households in the SVMC service area is expected to grow by about 3.0%. In the SVMC service area, the average household size is 2.8 persons per household, which is slightly lower than in Los Angeles County (3.0 persons). Similarly, the median household income in the SVMC service area is 38.2% less (\$33,301) than in Los Angeles County (\$53,880). In the SVMC service area, over three quarters (79.5%) of the population rent their homes, a much higher percentage than in Los Angeles County (52.5%). A much smaller percentage of people in the SVMC service own homes (20.5%) than in Los Angeles County (47.5%).

Household Income

In the SVMC service area, the median household income is \$33,301, much lower than the median household income in Los Angeles County (\$53,880). Similarly, the average household income in the SVMC service area (\$51,461) is much lower (about 34.5% lower) than the Los Angeles County average (\$78,598).

Households By Income Group

Household income levels in the SVMC service area are mostly below \$15,000 (22.4%), \$15,000 to \$24,999 (16.5%), or \$35,000 to \$49,999 (14.9%) which is lower than in Los

Angeles County, where most households have incomes between \$50,000 and \$74,999 (17.4%).

Employment Status

In 2013, over half the population in the SVMC service area is employed (57.8%), the same as in Los Angeles County (57.8%). In addition, 8.9% are unemployed, which is higher than the 7.4% unemployment rate in Los Angeles County. Another third (33.3%) of the population in the SVMC service area is not in the labor force because they are students, retired, seasonal workers, or taking care of their homes and families (homemakers).

Employment Status

ZIP Code	In Armed Forces	Employed	Unemployed	Not in Labor Force
SVMC Service Area	0.1%	57.8%	8.9%	33.3%
Los Angeles County	0.1%	57.8%	7.4%	34.8%

Data source: Nielsen Claritas
 Data year: 2013
 Source geography: ZIP Code

Federal Poverty Level

In 2013, a slightly higher percentage of families in the SVMC service area live below the poverty level (16.5%) when compared to Los Angeles County (13.5%). Also, a higher percentage of families with children in the service area live below the poverty level (13.4%) than in the county (10.7%).

In the SVMC service area, less than half of families (46.8%) live at or above the poverty level, which is nearly half the percentage of families living at or above the poverty level in Los Angeles County (86.5%). Similarly, only a quarter of families with children (23.4%) live at or above the poverty level, which is half the percentage of those in Los Angeles County (44.4%).

Students Receiving Free or Reduced-Price Meals

In 2011, the percentage of children eligible for a free or reduced-price lunch in school in the SVMC service area was much larger (87.4%) when compared to Los Angeles County (61.8%). SPA 6 had a larger percentage of children eligible for a free or reduced-price lunch in school (91.0%).

Medi-Cal Beneficiaries

Medi-Cal, California's Medicaid program is a public health insurance program that provides health care services at no or low cost to low-income individuals, including families and children, seniors, persons with disabilities, foster care children, and pregnant women. The federal government dictates a mandatory set of basic services, which include but are not limited to physician, family nurse practitioner, nursing facility, hospital inpatient and outpatient, laboratory and radiology, family planning, and early and periodic screening, diagnosis, and treatment for children. In addition to these mandatory services, California provides optional benefits such as outpatient drugs, home- and community-based waiver services, and medical equipment, etc.

In the SVMC service area, there are 381,429 Medi-Cal beneficiaries who make up 15.6% of the total Medi-Cal beneficiaries in Los Angeles County. In the SVMC service area, the largest percentage of Medi-Cal beneficiaries live in ZIP Codes 90011 (15.1%) and 90044 (12.5%).

Healthy Families Beneficiaries

The Healthy Families Program offers low-cost insurance that provides health, dental, and vision coverage to children who do not have insurance or who do not qualify for no-cost Medi-Cal. However, as of January 1, 2013, no new enrollments of children into the Healthy Families Program were allowed; and existing enrollees are being transitioned into the Medi-Cal program due to a change in state law.

As of December 2012, there were 572 new enrollments into the Healthy Families program in the SVMC service area. On average, 4.8% of children in the SVMC service area were enrolled in Healthy Families that year. In the SVMC service area, most Healthy Family program enrollees lived in ZIP Codes 90010 (7.2%).

Medicare Beneficiaries

Medicare is a federal program administered by the Centers for Medicare & Medicaid Services (CMS). Medicare provides health insurance for people age 65 or older, those under age 65 with certain disabilities or ALS (amyotrophic lateral sclerosis, or Lou Gehrig's disease), and people of any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

The Medicare program provides insurance through various parts, such as Parts A, B, C, and D. Medicare Part A provides insurance for inpatient hospital, skilled nursing facility, and home health services. Medicare Part B, which is an optional insurance program, provides coverage for physician services, outpatient hospital services, durable medical equipment, and certain home health services. Medicare Part C, which is commonly referred to as Medicare Advantage, offers health plan options that are provided by

Medicare-approved private insurance companies (e.g., HMOs, PPOs). Medicare Part D represents optional insurance coverage for prescription drugs. Medicare Advantage Plans provide the benefits and services covered under Parts A and B and often provide Medicare Part D prescription drug coverage.

In 2011, just under a third (30.7%) of the population 65 years older in the SVMC primary service area was enrolled in Medicare, slightly lower than in Los Angeles County (36.9%). SPA 4 had a larger percentage (33.6%) of people enrolled in Medicare when compared to the SVMC primary service area average, but lower than Los Angeles County (36.9%).

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are community-based and patient-directed organizations that serve populations with limited access to health care. They consist of public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

In 2012, half of the FQHCs in Los Angeles County (n=183) are located in the SVMC service area (n=92). Seventy of those are in SPA 4 and the other 22 are in SPA 6.

Access to Healthcare

Access to health care services is important for everyone's quality of life, and requires the ability to navigate the health care system, access a health care location where services are provided, and find a health care provider with whom the patient can communicate and trust. Access to health care impacts overall physical, social, and mental health status, the prevention of disease and disability, the detection and treatment of health conditions, quality of life, preventable death, and life expectancy.

Uninsured Adults

In 2011, close to a quarter (23.2%) of the SVMC service area population was uninsured, a higher percentage when compared to Los Angeles County (17.4%) and the Healthy People 2020 goal of 0.0%. SPA 4 (23.4%) had a slightly higher percentage of its population who were uninsured.

Uninsured Children

In 2011, a larger percentage (7.6%) of children in the SVMC service area did not have health insurance (or were uninsured) when compared to Los Angeles County (5.0%), and the service area did not meet the goal of Healthy People 2020 (0.0%). More specifically, SPA 6 had a higher percentage (8.6%) of children without health insurance (or who were uninsured) than the overall SVMC service area (7.6%) and Los Angeles County (5.0%).

Difficulty Accessing Care

In 2011, the percentage of adults who lacked a consistent source of primary care was slightly greater (24.7%) in the SVMC service area when compared to Los Angeles County (20.9%). Specifically, SPA 6 (26.5%) had greater percentages of those who lacked a consistent source of primary care when compared to the overall SVMC service area (24.7%) and Los Angeles County (20.9%).

In addition, a much larger percentage of adults (41.3%) in the SVMC service area had difficulty accessing medical care when compared to Los Angeles County (31.7%). Specifically, a greater percentage of adults in SPA 6 (44.6%) had difficulty accessing medical care when compared to the overall SVMC service area (41.3%) and Los Angeles County (31.7%).

A larger percentage (14.9%) of children between the ages of 0 and 17 in the SVMC service area has difficulty accessing medical care when compared to Los Angeles County (12.3%). An even larger percentage of children in SPA 6 (17.7%) have a difficult time accessing medical care than those in the overall SVMC service area (14.9%) and Los Angeles County (12.3%).

In 2011, a much smaller percentage (38.0%) of adults in the SVMC service areas have dental coverage when compared to Los Angeles County (48.2%) and, specifically, a smaller percentage of adults in SPA 6 (37.1%).

Dentist to Population Ratio

As of May 2013, there were a total of 8,417 dentists in Los Angeles County, making up over a quarter (26.7%) of dentists in California.

In order for an area to be determined a Dental Health Professional Shortage Area, the area must have a population-to-dentist ratio of at least 5,000:1. Los Angeles County does not meet the criteria, with a ratio of 1,184:1.

Nativity

Births

In 2011, there were a total of 14,901 births in the SVMC service area, making up 11.5% of the births in Los Angeles County (n=129,087). Most births in SVMC's service area occurred in ZIP Codes 90011 (n=2,269) and 90044 (n=1,698).

Births by Mother's Age

In 2010, most births in the SVMC service area were to women between the ages of 30 and 34 (39.9%) and those 35 years old or older (33.2%), followed by women 20 to 29 (26.5%)

and those under 20 years old (0.4%). The largest percentage of births occurred to mothers between the ages 20 and 29 (45.8%) in Los Angeles County, different from the SVMC service area.

Births by Mother's Ethnicity

By ethnicity, most births in the SVMC service area in 2010 were to White mothers (56.3%), followed by mothers who are Asian/Pacific Islander (29.8%). Different trends were noted in Los Angeles County where most births occurred to Hispanic mothers (61.4%).

Birth Weight

In 2011, 931 babies in the SVMC service area were born with low birth weight and another 197 with very low birth weight. The largest percentage of babies born with low birth weight were in ZIP Codes 90011 (16.6%) and 90044 (14.0%). Similarly, ZIP Codes 90044 (15.3%) and 90011 (9.5%) experienced the greatest percentages of babies born with very low birth weight.

Breastfeeding

Breastfeeding is an important element in the development of newborns. In 2011, nearly half (48.2%) of mothers breastfed their babies for at least six months in the SVMC service area, more than in Los Angeles County (44.9%) but fewer than the Healthy People 2020 goal of $\geq 60.6\%$. Over half (52.5%) of women in SPA 4 breastfed their babies for at least six months—a larger percentage than in Los Angeles County (44.9%) but a much smaller percentage when compared to the Healthy People 2020 goal.

Similarly, a third (30.5%) of mothers in the SVMC service area breastfed their babies for at least twelve months, a larger percentage than in Los Angeles County (19.9%) but lower than the Healthy People 2020 goal ($\geq 34.1\%$). A larger percentage (41.0%) of mothers in SPA 4, however, breastfed their babies at least twelve months—more than in Los Angeles County (19.9%), and exceeding the Healthy People 2020 goal ($\geq 34.1\%$).

Mortality

Deaths

In 2010, the 5,265 deaths in the SVMC service area comprised 9.1% of the total deaths in Los Angeles County. In the SVMC service area, most deaths occurred in ZIP Code 90044 (9.4%).

Deaths by Age Group

In 2010, there were a total of 5,265 deaths in the SVMC service area. The highest percentage of deaths occurred among those 85 years old and older (27.8%) and those

between 75 and 85 years old (22.6%), similar percentages when compared to Los Angeles County (32.2% and 24.4%, respectively). Slightly more deaths occurred among those 65 and 74 years old (15.7%) in the SVMC service area when compared to Los Angeles County (15.5%). Similarly, slightly more deaths also occurred among those between 55 and 64 years old (14.8%) in the SVMC service area when compared to Los Angeles County (12.6%).

Cause of Death

In 2010, the most common cause of death in the SVMC service area (28.8%) was heart disease, also the leading cause of death in Los Angeles County (27.9%). The second leading cause of death in the SVMC service area (23.6%) was cancer, also the second leading cause of death in Los Angeles County (24.6%). The third leading cause of death in the SVMC service area (5.7%) was nephritis, nephrotic syndrome, and nephrosis which is the tenth leading cause of death in Los Angeles County (1.7%).

Total Deaths, by Cause

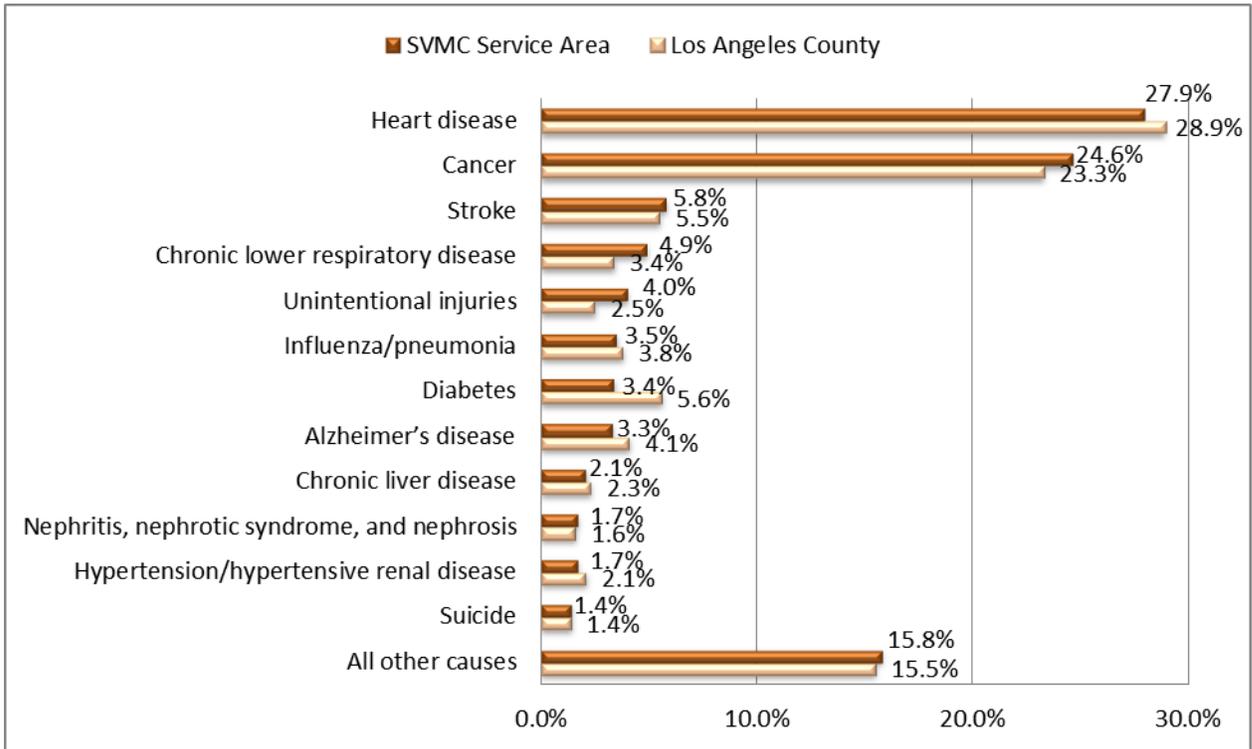
Cause	SVMC Service Area		Los Angeles County	
	Number	Percentage	Number	Percentage
Heart disease	1550	28.9%	15,451	27.9%
Cancer	1249	23.3%	13,624	24.6%
Diabetes	301	5.6%	1,866	3.4%
Stroke	296	5.5%	3,231	5.8%
Alzheimer's disease	221	4.1%	1,827	3.3%
Influenza/pneumonia	202	3.8%	1,922	3.5%
Chronic lower respiratory disease	185	3.4%	2,710	4.9%
Unintentional injuries	132	2.5%	2,213	4.0%
Chronic liver disease	122	2.3%	1,144	2.1%
Hypertension/hypertensive renal disease	113	2.1%	919	1.7%
Nephritis, nephrotic syndrome, and nephrosis	85	1.6%	946	1.7%
Suicide	75	1.4%	760	1.4%
All other causes	834	15.5%	8,718	15.8%
Total	5,365	100.0%	55,331	100.0%

Data source: California Department of Public Health (CDPH)

Data year: 2010

Source geography: ZIP Code

Total Deaths, by Cause



Summary of Key Findings

For the 2013 CHNA, a process to prioritize health needs and drivers was introduced for the first time. This consisted of a facilitated group session that engaged participants from the first phase of collecting community input as well as other stakeholders in a review and discussion of secondary and primary data (compiled and presented in the scorecards and accompanying health need profiles) and an online survey. At the prioritization session, participants were provided with a brief overview of the CHNA process, a list of identified health needs and drivers in the scorecard format, and brief narrative summary descriptions (health need profiles) of the health needs identified through the data analysis process described above. Then, participants considered the scorecards and health needs profiles in discussing the data and identifying key issues or considerations.

The list below presents the prioritized health needs and drivers.

a. Health Needs

The following needs were identified through the analysis of primary and secondary data. They are presented in the table below in prioritized order.

Prioritized Health Needs

	Severe Impact on the Community	Gotten Worse Over Time	Shortage of Resources in the Community	Community Readiness to Address/Support	Overall Rating
1. Mental Health	3.0	2.8	2.7	2.4	8.8
2. Oral health	3.0	3.0	2.9	2.6	8.6
3. Substance Abuse	3.2	3.0	2.7	2.7	8.2
4. Diabetes	3.2	2.9	2.2	2.8	8.1
5. Obesity/Overweight	3.2	2.9	2.3	2.7	8.1
6. Alzheimer's Disease	3.0	3.0	2.7	2.6	7.9
7. Cardiovascular Disease	3.0	2.7	2.2	2.6	7.9
8. Alcoholism	3.1	2.8	2.8	2.8	7.8
9. Sexually Transmitted Diseases	2.8	2.6	2.3	2.4	7.6
10. Allergies	2.8	3.1	2.6	2.5	7.5
11. Asthma	2.9	2.9	2.3	2.5	7.4
12. Hypertension	3.0	2.6	2.2	2.7	7.4
13. Vision	2.8	2.9	3.0	2.7	7.4
14. Cholesterol	2.6	2.5	2.3	2.8	7.2
15. Cancer, general	3.0	2.3	2.0	2.7	7.0
16. Colorectal Cancer	2.8	2.3	2.2	2.8	7.0
17. Arthritis	2.6	2.4	2.4	2.5	6.8
18. Breast Cancer	2.7	2.1	2.3	2.9	6.8
19. HIV/AIDS	2.7	2.1	2.0	2.4	6.0

Note: Health needs are in prioritized ranking order.

b. Health Drivers

The following health drivers were identified through the analysis of primary and secondary data. They are presented in the table below in prioritized order.

Prioritized Health Drivers

	Severe Impact on the Community	Gotten Worse Over Time	Shortage of Resources in the Community	Community Readiness to Address/Support	Overall Rating
1. Poverty (including unemployment)	3.4	3.3	2.9	2.5	11.7
2. Housing	3.4	3.3	3.0	2.7	9.0
3. Specialty Care Access	3.3	2.8	2.9	2.5	8.8
4. Homelessness	3.4	2.9	2.7	2.3	8.5
5. Disease Management	2.9	2.7	2.5	2.6	8.2
6. Health Care Access	3.2	2.5	2.6	2.8	8.2
7. Cultural Barriers	3.2	2.7	2.8	2.8	8.1
8. Immigrant Status	3.2	2.7	2.7	2.8	8.1
9. Social Barriers (i.e. family issues)	3.2	2.9	2.6	2.6	8.1
10. Alcohol and Substance Abuse	3.3	2.7	2.7	2.8	8.0
11. Community Violence	3.0	2.5	2.6	2.9	7.9
12. Coordinated Healthcare	3.0	2.3	2.6	2.6	7.7
13. Transportation	2.9	2.4	2.5	2.4	7.7
14. Healthy Eating	3.1	2.6	2.4	2.6	7.6
15. Physical Activity	3.0	2.7	2.4	2.6	7.6
16. Preventative Care Services	2.9	2.5	2.4	2.6	7.5
17. Health Education and Awareness	3.0	2.4	2.4	2.7	7.3

Note: Drivers are in prioritized ranking order.

St. Vincent Medical Center's Response to Community Needs

In accordance with its resources and expertise, St. Vincent Medical Center has prioritized from among the priority health needs and drivers identified in the community health needs assessment the areas it can have the greatest impact: (1) access to health care, preventive care and specialty care, (2) cultural and social barriers, (3) disease management, (4) health education and awareness, (5) transportation, (6) coordinated care, (7) physical activity, (8) diabetes/obesity, (9) cardiovascular disease including hypertension and high cholesterol risk factors, and (10) breast cancer.

High priority community health needs and drivers not addressed in St. Vincent Medical Center's Community Benefit Plan include programs on mental health, oral health, substance abuse, Alzheimer's Disease, Alcoholism, STDs, allergies, asthma, vision, colorectal cancer, arthritis, HIV/AIDS, poverty, housing, homelessness, immigrant status, and community violence. The primary factors contributing to this decision include: (1) lack of expertise (mental health and dental care services; HIV and STD education); (2) limited resources; and, (3) the availability of other providers in the community with more capacity/expertise to address these needs.

V. Progress Report: 2013–2014

“You must serve these poor, sick people with great charity and gentleness so they will see that you go to help them with hearts full of compassion for them.”

St. Vincent de Paul

A. Information, Enrollment and Referral – Health Benefits Resource Center (HBRC)

HBRC is a major initiative designed to increase access to health care through enrollment in public and low-cost insurance and related benefit programs and referral for medical and social services. HBRC provides individuals and families with enrollment assistance for health insurance through the state exchanges Covered CA, Medi-Cal, CalFresh and other programs. This program also facilitates access to the patients of St. Vincent Medical Center by working directly with the emergency room and inpatient admission departments.



Listed below are a few key highlights during FY 2013-2014:

Outreach events attended with partnering faith- and community- based organizations for example:

Outreach Events

- Dr. Lee Elementary School Health Fair – May 3, 2014
- Honduras Consulate – May 6, 2014
- Central Avenue Farmers Market – March 3, 2014
- Telemundo Health Event – March 9, 2014
- Thai Celebration Health Fair – December 1, 2013
- DOC St. Vincent School Parent Meeting – September 16, 2013
- DOC School Our Lady of Talpa Parent Meeting – September 18, 2013
- El Salvador Consulate – August 5, 2013
- Philippine Consulate – August 22, 2013
- Nicaragua Consulate – August 26, 2014
- Korean Consulate – August 26, 2014
- St. Basil Catholic Church Health Fair – July 14, 2013
- Faith- and Community-Based Organizations
 - CARECEN Day Labor Center
 - Casa De Amigos
 - Doulous Church
 - General Consulates: Mexico, El Salvador, Thailand, Guatemala, Nicaragua, Honduras, Korea, and Philippines
 - Holy Cross
 - Holy Cross Church
 - Hotel Dieu
 - Normandie Recreation Center
 - St. Basil Catholic Church
 - St. Gregory Catholic Church
 - Wilshire Presbyterian Church
 - Woman Infant and Children
- Private and Public Schools
 - DOC Schools, Our Lady of Talpa and St. Vincent School
 - Dr. Lee Elementary School Health Fair
 - LA Unified School – Guidance Assessment Program (GAP)
 - PACE Head Start
 - Volunteers of American Head Start

Statistics

- 10,000 Inbound calls inquiring about HBRC services.
- 3,624 Families were screened for health access and CalFresh (formerly known as Food Stamps) Program.
- 607 New health-related applications were completed enrolling families into programs such as Medi-Cal, Covered CA, Healthy Kids, Kaiser Child Health Plan and Access for Infants and Mother (AIM).

- 262 New CalFresh applications completed providing families with access to nutritious foods.
- 343 Families were assisted with retention of benefits for health access and CalFresh program. With the retention assistance, families will continue to have health care access and more money for food.
- 1,706 Safety net and community referrals like Right to Health Project, Ability to Pay (ATP), Private Public Partnership (PPP), Monseñor Oscar Romero (Children and Adult) Clinic, shelters, WIC program, food banks and/or 211 info line.

HBRC SUCCESS STORY

Mrs. M was referred to the HBRC office by Our Lady of Talpa, one of the Daughters of Charity's Schools. She was a stay-at-home mom who took care of her children until she and her children's father separated. Mrs. M found herself responsible for all home expenses that included rent, bills and other basic necessities. Immediately, she started to look for a job but had difficulty finding one. When she found one, the pay was not enough to pay all the bills that have already accumulated. Rent, being the biggest item, has remained unpaid for two months. Although the landlord understood Mrs. M's situation, she was given a warning that they will have to leave if the rent is not immediately paid. She was forced to look for another job and was fortunate enough to find one with better pay, however, she won't start in her new job until a few weeks after the rent has fallen due.

HBRC and Our Lady of Talpa worked together to secure funds to assist Mrs. M with the rent. With our contribution, Mrs. M and her children were able to keep their place, and most importantly gave her assurance that everything would be okay.

B. Youth Services and Neighborhood Development – Casa de Amigos

Casa de Amigos (Casa) was founded in 1995 by St. Vincent Medical Center (SVMC) and the Daughters of Charity (DOC) in the heavily-populated Pico-Union/Westlake area of Central Los Angeles. Directed toward economically-disadvantaged youth and their families, Casa's programs and services are designed to promote community socio-economic empowerment; build participants' self-esteem; mentor positive role models as a deterrent to gang involvement; advocate and promote healthy families; assist with their educational and cognitive development; and promote social and environmental stewardship.

Services are available to all regardless of race, creed, gender or national origin. The community center is open weekdays from 2:00 p.m.–9:00 p.m., on

Saturdays from 9:00 a.m.–2:00 p.m. and during summer from 8:00 a.m.–9:00 p.m.. Casa attracts between 85-100 members daily, ranging in age from 6 to 60 years. The array of program activities at the community center includes:

For youth — after-school and weekend tutoring, academic counseling, music education and instrument practice, computer instruction, indoor and outdoor and outdoor co-educational recreation, indoor and outdoor soccer leagues, karate, arts and crafts, health and nutrition education, attendance at professional sporting events and mentoring activities concerning gang prevention, tobacco and drug prevention.



For parents and adults — music education, computer accessibility, arts and crafts, health and nutrition, Zumba, continuing adult education and parenting programs.

Key highlights during 2013–2014 include:

- More than 85 youth consistently accessed the programs and services offered by Casa de Amigos on a daily basis.
- Casa continues to be a strong supporter of the Los Angeles Mexican Consulate, Plaza Comunitaria, which seeks to improve the basic educational skill level of Spanish and English language amongst native Spanish speakers.
- Casa is especially thankful to continue to receive the support of the following foundations and organizations: Foundation for Global Sports

Development, Daughters of Charity Foundation, John H. and Nelly Llanos-Kilroy Foundation, Dan Murphy Foundation, Peter Norton Family Foundation, LA84 Foundation, St. Vincent Medical Center Foundation, Staples Center, Levi's, Guess, SVMC Auxiliary, United Latino Fund, and Green Foundation.

- Casa's youth continue to participate in quarterly community clean ups and tree planting activities that include community collaborators Praise Christian Fellowship Church, Derby Dolls, Silverlake Medical Center, Rampart Police Station, Accion Westlake, Koreatown Youth & Community Center, and Westlake Protectors.
- In the Red Shield Salvation Army outdoor soccer league, Casa's 11-14 group placed 1st in the summer 2013 season, and 3rd in the winter 2013. The 11-14 will finish the Spring 2014 league playing for 1st place.
- Casa continued its collaboration with Koreatown Youth Community Center in an anti-drug campaign directed to teens and their parents to promote healthy choices.
- Casa once again opened its doors to youth during the mornings of June, July and August and offered summer programs as part of its Summer Day Camp. Over 100 youth and their families received educational and recreational programs during the summer. Activities included excursions to local museums, Water Park, and local amusement park Adventure City.

CASA SUCCESS STORY

Siblings Jennifer Martinez and Cristian Martinez are two of Casa's alumni who are now advancing their studies at the collegiate level. Jennifer attends Glendale Community College and would like to pursue an advanced degree in Psychology while Cristian will begin his freshman year at California State University, Los Angeles to earn a Bachelor of Science Degree in Mathematics. Jennifer was hired as one of Casa de Amigos' Summer Day Camp Assistants, and was part of the first group of volunteers Casa de Amigos hosted in its first Summer Day Camp in 2010. Cristian followed Jennifer's example and volunteered his summer to help the summer day camp staff with program implementation.

C. Community Outreach and Health Promotion – Multicultural Health Awareness and Prevention (MHAP) Center

The Multicultural Health Awareness and Prevention (MHAP) Center's outreach and health promotion is a cornerstone of SVMC's mission to serve the sick and the poor in the timeless tradition of the Daughters of Charity. MHAP Center's

focus is on health education, disease prevention, and early detection and information, and referral services for high-risk ethnic communities including Latino, Korean, Filipino, Thai, and other vulnerable populations in the central Los Angeles area.

MHAP Center's health education and outreach staff works directly in the community through a collaborative network of community- and faith-based organizations, government agencies, consulates and health care providers. All services are offered at no charge to eligible individuals, including educational programs, health screening tests, follow-up services, and referrals.

In 2013–2014, major programs and services included:

- **Education on Breast Cancer, Nutrition and Obesity, Diabetes and Heart Disease**

MHAP Center strengthened and expanded partnerships that were initially formed with community stakeholders for breast cancer outreach and education. The program expanded its health education outreach efforts to include working with community health care, cultural, civic and diplomatic organizations and venues. In addition to breast cancer education, screenings and referrals, MHAP responded to community health concerns regarding obesity and nutrition, hypertension, diabetes, heart disease, kidney health, and issues concerning seniors and the elderly. Partnerships and collaboration were forged with the consular offices in Los Angeles of Mexico, El Salvador, Costa Rica, Guatemala, Nicaragua, Honduras, Philippines, Thailand, Peru and Korea, including churches, senior centers, health clinics and other community-based and civic organizations. Also, a strong partnership was established with Los Angeles Unified School District Nursing Services.

During 2013–2014, MHAP Center provided information about breast cancer screening and early detection, obesity and nutrition, diabetes screening, and other chronic diseases to 50,651 individuals through one-to-one educational contacts made by outreach staff; group workshops or other educational sessions, and messages through the media and community event advertising. Two-thousand two hundred six individuals were directly contacted. Nineteen thousand four hundred thirty-five individual clients participated in group workshops, focus group discussions and educational sessions at a variety of multicultural and ethnically-diverse outreach activities, community meetings and events. Also during the period, more than 110,000 individuals were exposed to SVMC MHAP Center news articles and educational messages published by local media partners such as Los

Angeles Asian Journal, HOY Newspaper, Dia-A-Dia Newspaper, Korea Daily, Korea Times, Weekend Balita and Thai News and Siamtown USA.

- Community Health Fairs

The MHAP Center's participation in and organizing of community health fairs is in response to the need for increased access to primary care, health education and health and social welfare referrals. The center brings health care information and free screening services to community agencies, faith-based organizations and schools at a variety of multicultural and ethnically-diverse outreach activities and community health fairs.



MHAP Center organized and sponsored the 2013 St. Vincent Medical Center Multicultural Health Fair on September 28, 2013 in the SVMC Oceanview Building parking lot. The annual health fair supports St. Vincent's mission to serve low-income and uninsured individuals within our local communities by providing access to basic preventive services and screenings, an opportunity to enroll in a low-cost or free health insurance programs, and encourages participants to make positive lifestyle and behavior changes to improve their health. Over 1,500 people were served by 30 community, medical and social service organizations with free health services such as clinical breast exam, mammography screening, hearing exam, vision exam, cholesterol screening, hepatitis B screening, body fat analysis, glucose exam, anemia screening, HIV testing, blood pressure screening, ultrasound screening and information on how to apply for low-cost health insurance, information on various chronic diseases and advice from physicians.

MHAP Center planned, organized and sponsored at least sixteen (16) mini-health fairs and participated in at least 32 health fairs in the Metro Los Angeles area during the period serving at least 22,118 individuals.

- Healthy Schools - Community Obesity and Prevention Program

In reaching out to schools, MHAP Center worked with Los Angeles Unified School District Nursing Services and Community Parent Center- since 2008 and organized and implemented series of forums and collaborative program efforts to fight the growing obesity epidemic facing children in the classrooms. MHAP Center team including health providers is an integral part of a community-wide coordinated effort between the LAUSD Nursing Department, public and parochial schools, the Los Angeles County Department of Public Health, community faith-based organizations and school-based parent organizations.

More than 5,348 individuals benefited from obesity and nutritional information provided by the MHAP Center at health fairs and unique nutrition classes, presentations and workshops offered at senior citizen centers and housing complexes, schools, and faith-based and community-based organizations and agencies. One thousand six hundred four individuals benefited from body fat analysis and screening.

On May 6, 2014, MHAP Center organized and hosted the Annual Health Forum for LAUSD School Nurses. The forum brought together more than 266 school nurses representing the local districts of LAUSD. The event was a joint effort of MHAP Center and LAUSD Nursing Services for the purpose of providing education and increasing awareness among school nurses, school personnel and health workers about the major public health threat of obesity, cancer, hepatitis and diabetes.

During the spring, MHAP Center partnered with LAUSD School Nursing Services, SOS Mentor, LAUSD beyond the Bell and LAUSD Community Parent Center to implement the 4th Annual LAUSD Healthy Schools Campaign program. The campaign is an unprecedented effort that raises awareness about nutrition and fitness and reached over 25,000 students in 600 Los Angeles schools. The culmination of the campaign was a district-wide poster contest open to students of all ages. Through the contest, students were encouraged and empowered to pass on healthy messages to their families, other students, and the community. Poster contest judging was conducted on March 19, 2014 and the Poster Contest Awards Reception & Dinner was held on April 28, 2014 at St. Vincent Medical Center.

- Asian Pacific Islander Health Access Collaborative Program

Since its inception in 2012, the Multicultural Health Awareness and Prevention (MHAP) Center, in collaboration with two community clinic partners, the Korean Health, Education, Information and Research Center (KHEIR) and Asian Pacific Health Care Venture (APHCV) provided community outreach, education, and medical referrals and services for medically underserved individuals to increase health access and provide a continuum of care. SVMC MHAP Center and its collaborative partners, KHEIR and APHCV screened 5,945 API patients (1,273 hepatitis B screenings, 2,403 breast cancer screenings and 2,269 clinical and community-based diabetes screenings). Three thousand eight hundred two patients provided continuum of care and assigned to medical home.

- Central Americans Resource Center (CARECEN) Health Access Program for Day Labor Workers

During 2013-2014, MHAP Center in collaboration with community partners and health care providers provided preventive health education and medical referrals including screening services to at least 630 medically underserved labor workers and their families to increase health access and provide continuum of care. MHAP Center staff continues its regular outreach and conducted at least 20 site visits at CARECEN's Day Labor Center.

- Free Flu Shots

During the fall season, 2,000 individuals in the community were provided free flu shots during the SVMC annual health fair and community outreach in coordination with faith-based organizations and Los Angeles consular offices of Mexico, El Salvador, Korea, Guatemala, Peru, Nicaragua, Honduras, Puerto Rico, Thailand and Philippines.

- Breast Health Outreach Program

Since its inception in 1992, the SVMC Community Mammography Program has reduced the barriers for access to breast cancer screening services for medically-underserved women in the central Los Angeles area. Through its collaboration with different community clinics such as Women's Breast Center, KHEIR Community Clinic, Asian Pacific Health Care Venture, Susan G. Komen Foundation and the State's Cancer Detection Programs—Every Women Counts (formerly BCEDP), this program offers quality breast health services including mammography, clinical breast exams, breast self-examination instruction, follow-up and treatment services and patient tracking at no charge to the patient.

During 2013–2014, 1,152 women were referred and/or facilitated for Clinical Breast Examinations and screening mammograms in coordination with partner medical providers. Resulting from these screenings, 22 patients were identified and reported to have abnormal findings, and 3 were diagnosed with breast cancer. Since its inception, the program has screened more than 33,766 women, including new patients and annual returns, with a total of 72 cancers detected.

- Support Services and Special Projects

During 2013-2014, SVMC in collaboration with the American Cancer Society and other local cancer organizations, continued to provide cancer support services to patients and their family members through programs designed to address both their psychosocial and physiological needs. This includes the Look Good...Feel Better Program and the I Can Cope Project for cancer patients under treatment along with their caregivers. Ninety three cancer patients benefitted from both programs.

- In 2013-2014, MHAP Center implemented special projects and services including:

- Susan G. Komen Race For The Cure – SVMC MHAP Center Team sponsored for the fifth time the First Aid Team at the Susan G. Komen Annual Race for the Cure and participated in the 2014 Expo at Dodger Stadium on March 1, 2014. SVMC/MHAP Center Staff promoted the hospital’s breast cancer education and outreach program to more than 10,000 participants.
- MHAP Center hosted the Health Promoters/Promotora Assembly at St. Vincent Medical Center Auditorium on June 12, 2014. The event was organized and sponsored by the Regional Committee for Vision y Compromiso, which is the organization that represents the network for the Promotoras and Community Health Workers. The conference is about health prevention and health access for promotoras. Ninety eight Promotoras from the Service Planning Area 4 attended the event.

MHAP SUCCESS STORY

An uninsured 23-year-old college student completed her internship with MHAP Center in the fall semester of 2013. She returned to MHAP Center after she discovered abnormalities on her breast. Outreach staff referred her to one of our partner providers for her clinical breast examination, screening mammogram and follow up treatment for free. After follow-ups, she informed us that all procedures were done in a professional manner, and she was very pleased with the services provided. She was thankful to MHAP Center for being supportive and was very appreciative that we were able to augment her healthcare needs at no cost to her.

D. Diabetes Prevention/Detection/Management - Community Diabetes Education Program

The Community Diabetes Education and Training Program (CDEP) was established in July 2007. The program was created in response to one of the most significant and rapidly rising health problems facing the community surrounding the Medical Center: type 2 diabetes and obesity. Generously funded by the Carrie Estelle Doheny Foundation, the program has two main objectives:

1. Provide comprehensive Diabetes Self-Management Education and Training for underserved people with diabetes or prediabetes. In these classes, participants learn to acquire the skills and knowledge necessary to manage/control their diabetes in order to live healthier and productive lives. They also learn to prevent and manage acute complications and prevent or delay long-term complications of diabetes.
2. Provide diabetes awareness and diabetes prevention education to community members at high risk of developing diabetes. This is achieved through multiple blood glucose screenings, lectures, workshops, and presentations on lifestyle, nutrition, exercise and awareness of diabetes epidemic.

During 2013–2014, the CDEP provided the following free services:

- 155 Community outreach events including health fairs, lectures, presentations, workshops and blood glucose screenings where 8,430 adults and youth received education on diabetes awareness and diabetes prevention. Those events included: (a) 71 visits to the consulates of Mexico, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Korea, Philippines, Peru and the Royal Republic of Thailand; (b) 46 visits to community centers, including day labor centers, food banks, senior citizens centers, elementary schools, middle schools and high schools in the community, including the youth center Casa de Amigos de San Vicente (Casa), (c) attendance at 31 community health fairs.
- 129 blood glucose screening events where 7,863 people at high risk for developing type 2 diabetes had their blood glucose tested and were given appropriate counseling and referrals based on blood glucose results.
- 302 men and women newly-diagnosed with diabetes, with poorly-managed diabetes or diabetes out-of-control, and their support systems received comprehensive bilingual, culturally-sensitive, age-appropriate and compassionate Diabetes Self-Management Education and training.



- Lectures and presentations where 462 nurses, parents and students received training in current trends of diabetes, diabetes management and care of the person with diabetes.
- In the Zumba class, an average group of 29 women who are mothers of children at Casa de Amigos de San Vicente (Casa); had their blood pressure, blood glucose, body weight, waist circumference and body mass index (BMI) assessed in a monthly basis. Based on findings of assessment, they received counseling and education.
- 209 participants with fasting or postprandial hyperglycemia, who did not have history of diabetes and were not aware of hyperglycemia, were counseled and referred to medical services for further assessment and treatment during community outreach services.
- 50 people with history of kidney/pancreas transplant, received education and support on diabetes management during the Kidney/Pancreas Support Group Meeting.
- In addition to the above services, the Community Diabetes Education and Training Program also provided assistance as needed to those individuals

with diabetes who walked into the office seeking assistance and orientation on the management of diabetes.

CDEP SUCCESS STORY

With a history of headache and blurred vision for several days, a young mother of three, ages six to eleven, presented for blood glucose screening at “The Window of Health” in one of the consulates. Her blood glucose result showed 480mg/dl and her A1c result was 13%. Upon further assessment, she reported history of gestational diabetes six years earlier. Due to fear and lack of proper instruction regarding diagnosis of gestational diabetes, she never followed up for care after delivery. Patient was referred to St. Vincent Medical Center for initial treatment. She was diagnosed with type 2 diabetes. Three days after diagnosis, she came back for Comprehensive Diabetes Education. She was angry, anxious and very resistant to diagnosis. In her opinion, she never felt any symptoms of diabetes before the incidence of headache and blurred vision; therefore, “this new diagnosis must be a mistake”. Her attitude made the education process difficult. However, with patience, empathy and commitment from the nurse, patient verbalized concerns - her main concern was leaving her children orphans with nobody to care for them. After 3 sessions of education, improvement showed. She was referred to a community clinic for treatment and continues to call the CDEP for help. What makes this story a success? Had this young mother not been diagnosed on time, she would now suffer detrimental and irreversible complications of untreated diabetes.

E. Hepatitis Education/Detection/Treatment – Asian Pacific Liver Center

Asian Americans are disproportionately affected by chronic hepatitis B (CHB) infection, accounting for more than half of the estimated 2 million Americans with CHB. While Asian Americans make up less than 5% of the total US population, they account for more than 50% of Americans living with CHB. Approximately 1 in 12 Asian Americans are living with CHB, yet one-third or more are unaware of their hepatitis B status. Additionally, up to 25% of individuals with CHB will develop cirrhosis and/or hepatocellular carcinoma. Approximately 25% will die of a hepatitis B-related liver disease. In fact, the death rate due to CHB complications is 7 times greater among Asian Americans than it is for whites. Effective treatments and vaccinations are currently available for CHB which can prevent disease progression. However, more than 60% of CHB cases are undiagnosed since most patients with CHB are asymptomatic until the onset of complications, making it a “silent killer” in the

Asian American community. Therefore, early diagnosis of CHB is critical so that appropriate medical management can be initiated.



Our targeted population is the Asian Pacific Islander (API) communities in Los Angeles and Orange Counties, particularly in the cities of Los Angeles and Long Beach in Los Angeles County and communities in northern Orange County, where the concentration of foreign-born individuals from hepatitis B virus endemic countries is one of the highest in the nation. According to the 2013 US Census, among the approximately 10 million residents of Los Angeles County, 14% are API, and of those, 35% are foreign-born. Depending on their country of origin, 5 to 15% of API immigrants are hepatitis B carriers. In some Pacific Rim countries, as much as 20% of the population may be infected with hepatitis B, and more Pacific Rim immigrants pass through Southern California than any other entry point in the United States. Overall, the rate of hepatitis B infection is 30 to 40 times higher among API populations than the general US population.

According to the US Department of Health and Human Services, 65 to 75% of infected Americans are unaware of their infection and are not receiving care or treatment. Since hepatitis B is often without symptoms, it is then passed on to others who also remain unaware that they are infected. For that reason, providing education, diagnosis, and treatment is essential to stop the spread of the disease.

The barriers to accessing medical care and treatment for the API population include a variety of factors. Lack of awareness of CHB in the community and among primary care physicians is responsible for under-diagnosis of hepatitis B. This obstacle is being addressed directly by Asian Pacific Liver Center (APLC) through education events given in English and native languages targeted to the lay community, as well as free screenings which are offered free to the public. In addition, the physicians at APLC conduct regular education seminars and lectures for screening, diagnosis, and management of CHB for community physicians.

Fear of discrimination if diagnosed with hepatitis B is another barrier to overcome in Asian American communities. There is stigma and shame associated with hepatitis, which many believe can only be contracted through intravenous drug use. This stigma further contributes to the silence surrounding hepatitis awareness in the community. APLC attempts to raise awareness and knowledge through educational events and workshops, encouraging community members to seek screening, diagnosis, and treatment.

APLC recognizes the importance of cultural differences across the different API communities. The prevalence of diverse languages and cultures present a challenge in terms of dissemination of information and acceptance of information and treatment. Among APLC's target population in Los Angeles between 2007 and 2014, 22% did not speak English and only 27% could read and write English. The populations that we target mostly speak Korean, Mandarin, Cantonese, Vietnamese, Thai, and Cambodian, and prefer to receive information in their own language. In response, the APLC staff creates resources in-language to deliver culturally appropriate interventions, information, and services tailored to the languages and concerns of patients. APLC also draws from agencies and organizations such as the CDC and American Cancer Society for language-appropriate educational material that are distributed to the community at screening and education events.

The most common obstacle preventing individuals with CHB from obtaining care is lack of medical insurance or financial means. This is especially the case for follow-up care among the low-income and newly-immigrated populations, who are the most likely to carry the infection. Less than 21% of people screened by APLC between 2007 and 2014 had medical insurance, and of those who did not seek follow-up, 63% cited lack of financial means or medical insurance as the reason. Coupled with a lack of urgency due to the asymptomatic nature of CHB, this is a significant obstacle. The APLC can provide an opportunity for infected individuals to obtain treatment through the Patient Assistance Program and through various negotiations with pharmaceutical companies. Furthermore, with the implementation of the Affordable Care Act, this barrier is

expected to be lowered and APLC will work with patients to ensure that they receive proper coverage.

Through the years, APLC has developed partnerships and collaborations with a variety of organizations, agencies, and community groups throughout Southern California to address the needs of API populations. Through these partnerships, we were able to extend our reach into communities with large and even majority API populations such as Alhambra, Rosemead, Monterey Park, and the City of San Gabriel, as well as cities in Orange County such as Westminster, Garden Grove, and Irvine, cities which the latest US Census has identified as having the highest concentration of API residents.

Since its inception in 2007, the APLC has screened over 20,000 individuals by conducting over 200 free hepatitis screening events and providing hepatitis and liver cancer education to several thousands in API communities. Through these events, over 1,000 individuals were diagnosed with CHB, 99.2% were foreign-born APIs. Approximately 400 of these individuals have been linked to care and additional treatment services. In addition to community partnerships, the APLC collaborates with state and county agencies to implement strategic plans to control the spread of hepatitis B in Southern California. APLC's name has a strong online presence that brings in a multitude of patients. A Google search with the terms "free hepatitis B testing in Los Angeles" returns APLC's website as the first result. On our website, visitors can view the schedule for upcoming screenings, community lectures, and education events.

The APLC is committed to providing comprehensive education, screening, and vaccination services for the identification and prevention of hepatitis and linkages to care and treatment for those infected. In addition to the generous grant from the Daughters of Charity Health Foundation and other private and corporate funding sources, the APLC will be able to expand its already successful hepatitis B education, screening, and prevention services by adding education and screening for hepatitis C, as the hepatitis C virus (HCV) is the most common chronic blood-borne viral infection and the most common cause of chronic liver disease in the United States. An estimated 4 million Americans are infected with HCV and are thus at risk for developing cirrhosis and liver cancer. In Los Angeles County alone, an estimated 180,000 people are infected with HCV. Like CHB, many who have HCV are not aware or experience no symptoms. While anyone can get hepatitis C, baby boomers, or those born between 1945 and 1965, are 5 times more likely to get the disease. Hepatitis C is responsible for 8,000-10,000 deaths in the United States every year, and that number is likely to triple in the next 10 to 20 years unless effective interventions are developed.

Due to the lack of symptoms, hepatitis may go undetected for years, leading to complications such as liver damage, cirrhosis, or liver cancer. Furthermore, without awareness of its presence, hepatitis can be spread unknowingly through close personal contact. Education, screening, diagnosis, and treatment such as those offered by the APLC greatly reduce the risk of both complications and the spread of the infection to other individuals. By and large, challenges to the efforts to enhance viral hepatitis prevention and control include several factors which the APLC can address. As the APLC continues to grow and develop, these goals are at the forefront of our mission to serve the community.

APLC SUCCESS STORY

While the APLC has primarily been focused on the identification and treatment of hepatitis B, it has long been our goal to broaden our efforts to identify and treat hepatitis C as well. While the prevalence of chronic hepatitis B infection in API groups is well known, the impact of chronic hepatitis C infection has not yet been defined. Risk factors for infection among Asian Americans have not been well studied. This will now be possible through a generous grant from Gilead Sciences in the amount of \$183,390.

The recently published National Health and Nutrition Examination Survey (2001-2010) revealed that an estimated 3.9 million US citizens have been exposed to the hepatitis C virus (HCV). Of these, roughly 2.3 million persons are chronically infected. In developed countries, chronic HCV is the leading cause of cirrhosis, as well as the leading indicator for liver transplantation. It is understood that the prevention and control of HCV infection in the United States must focus not only on the reduction of transmission within high risk groups (e.g., injection drug users) but also on the early identification of persons with persistent infection. Numerous published studies have highlighted that presently we have only diagnosed a small fraction of those with chronic HCV.

The primary aim of this new study, titled Hepatitis C Prevalence in Los Angeles Asian Communities, aims to evaluate and document the prevalence rate of HCV amongst various Asian American groups (including but not limited to Korean, Vietnamese, and Chinese) residing in Los Angeles and Orange County. Ongoing screenings have been conducted every 2-4 weeks in order to diagnose and link patients to care and treatment. The collection of pertinent epidemiological information on clinical presentation, route of transmission and risk factors, gender, ethnicity, age, and baseline viral load and genotype are also being compiled in order to define the impact of chronic HCV.

With this additional funding, we are hoping to screen at least 4,000 individuals in order to identify 200 patients with chronic HCV. It is an exciting time for APLC as we continue to expand not only our presence in the community, but also the reach of the diseases we can provide care for.

F. Job Training/Career Development for Youth – Volunteer Services

During fiscal year 2013-2014, SVMC continued to participate in both government- and privately-sponsored programs that provide career development for high school and college students. A total of 21,890 hours were donated by these students to SVMC.

SVMC has developed relationships with Los Angeles School of Global Studies, Concorde Career College, Western University, Cal State LA, New Village Girl's Academy, Platt College, Los Angeles City College and USC. Loyola High School has been a partner of St. Vincent Medical Center for many years for their Senior Community Service Hours.

St. Vincent Medical Center also participated in the following job training programs: The Archdiocese of Los Angeles Youth Employment Program, New Charter Girls Academy and Miguel Contreras Learning Center. These high school students were placed in areas such as the information desk, patient floors, as well as other departments throughout the medical center.

These programs assist students in acquiring competencies necessary for entry-level employment and also provide valuable instructional experience in an actual work environment with mentoring and teaching from business/industry volunteers. In addition, students interested in healthcare-related careers gain valuable access to health care professionals. SVMC also participates in many community service fairs at various schools such as Loyola High School and Foshay Medical Magnet.

In 2013, SVMC once again participated in a successful collaborative event with high school students from across the United States who took part in the National Youth Leadership Forum on Medicine. The students, approximately 30 in all, who have shown interest in entering the medical field, came to the medical center for a day visiting departments such as the Lab, Joint Replacement Institute (JRI), Cancer Treatment Center (CTC), Radiology, Catheterization Laboratory and the Operating Room. All students were given the insight into possible career choices and opportunities during their time here at St. Vincent Medical Center.

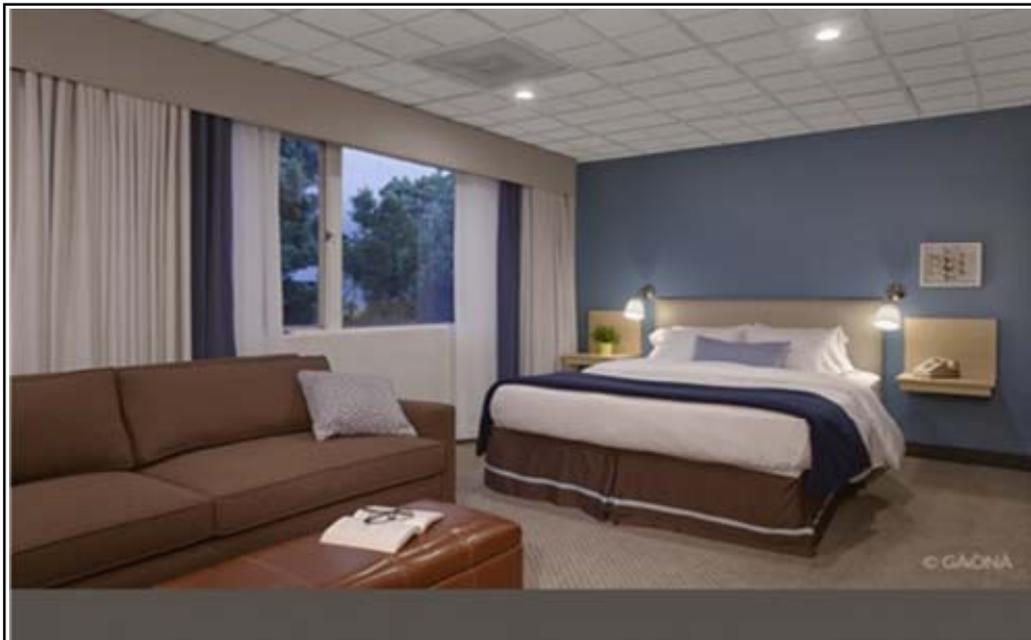
For the second year, in 2013, St. Vincent Medical Center also partnered with Discovery Internships allowing high school students from the U.S. to spend one month in clinical areas such as the Doheny OR, the Emergency Department and the Ortho/JRI clinics.

G. Donated Space for Community Use

SVMC has maintained a long tradition of offering free or discounted space for the use of community groups and organizations, including conference rooms and parking facilities, offices, residential property and lodging accommodations for the families of patients. Some examples of discounted spaces include but not exclusive to Knights of Malta, St. Nicholas Church, and the Archdiocese of Los Angeles.

Seton Guest Center

Located on the campus of St. Vincent Medical Center, the Seton Guest Center, which resembles a hotel, first opened its doors in 1994. Extensively renovated and enhanced during 2013, the center has 32 private hotel-like rooms which can accommodate up to four people. Each room has a queen-size bed and a queen-size sofa bed, television, a small refrigerator and private bath. The community kitchen has a refrigerator/freezer, a microwave and a toaster oven. A laundry room is available with washer and dryer. The Seton Guest Center also has available computers with Internet access and some areas have wireless Wi-Fi available.



Recovery times are as individual as each patient, and their hospital stays can sometimes be lengthy. Families can remain close to their loved one for as long as necessary by staying at the SVMC's Seton Guest Center. Once a patient is discharged, but must remain close to the hospital and their physicians, they can stay at the Seton Guest Center as long as a family member or friend is present to care for the patient.

The patients and family members served are generally from Northern, Central and Southern California; however, families from across the U.S. and from around the world including England, Hong Kong, Egypt, Australia and Israel to name a few were also served. On average, the guest center serves approximately 100 patients per month. No one is turned away for their inability to pay. During FY2013–2014, the Seton Guest Center provided discounted lodging for 864 people valued at \$163,000.

H. Transportation Services

Lack of access to transportation is a major barrier to health care for many residents living in SVMC's primary service area. This problem is being addressed through the provision of patient shuttle vans directly operated by SVMC between the patient's home and the hospital.



Service is provided at no charge within a 15-mile radius of SVMC. When use of the shuttle vans is not feasible, patients in need of transportation are issued taxi vouchers. These transportation resources are funded in part by generous grants from the Daughters of Charity Foundation and QueensCare. During 2013–2014, a total of 10,151 patients were provided transportation services including those referred for services at SVMC through its various community benefit programs.

VI. Community Benefit Plan: 2014–2015

Based on community need priorities, available institutional resources and established partnerships with a broad array of agencies, programs, providers and faith- and school-based organizations, St. Vincent Medical Center will implement programs and services during 2014-15 that address access to primary and specialty care, chronic disease prevention and management, transportation, insurance and public program enrollment and youth services. Each program plan identifies the respective community needs, goals and objectives to accomplish during the year, evaluation indicators used to measure impact and collaborating partners.

Benefit/Activity: Information, Enrollment & Referral – Health Benefits Resource Center (HBRC)

Goal: Medi-Cal benefits shall be provided during a presumptive period to patients who are determined eligible by a qualified hospital on the basis of preliminary information to be presumptively eligible for Medi-Cal benefits.

Objectives:

1. 95% of patients will receive an insurance affordability application prior to release from the hospital.
2. 100% of Presumptive Medi-Cal applicants will receive a paper copy of their Hospital PE eligibility determination
3. Meet all Hospital PE determination performance standards as specified in DHCS provider instructions or regulation.
4. Attempt to contact 100% of self pay referrals made to the HBRC.

Evaluation Indicators:

1. Number of insurance affordability applications distributed to patients
2. Number of Hospital PE eligibility determination copies distributed to patients
3. Number of self pay patient contacts
4. Number of approved Presumptive Medi-Cal applications
5. Number of denied Presumptive Medi-Cal applications
6. Number of insured patients post self pay screening

Benefit/Activity: *Youth and Neighborhood Outreach Services – Casa de Amigos de San Vicente (Casa de Amigos or Casa)*

Community Need: Access to gang diversion, youth, and family development programs.

Goal: Provide opportunities to children and their families to enhance their academic, cultural, spiritual and athletic development.

- Objectives:**
1. Maintain and expand the programs and services offered by Casa de Amigos Community Center.
 2. Provide parents of children enrolled in Casa parenting education programs and access to a community resource library.
 3. Demonstrate measurable improvement in reading and math skills of children enrolled in Casa academic programs.
 4. Implement programs that foster parent-child communication and family values.
 5. Collaborate with agencies that will continue to provide job training programs and job placement opportunities for youth and parents.
 6. Provide vital social services referrals to Casa participants and their families.
 7. Improve the health of all participants through involvement in team sports, tournaments, karate training, and self-defense instruction.
 8. Provide a safe environment for recreation and learning for residents in the immediate neighborhood surrounding SVMC.

Evaluation Indicators:

1. Number of participants served
2. Evaluation of reading and math skills
3. Feedback from parents
4. School progress reports
5. Assessment of performance in special events

Partners:

1. Homework Tutoring
 - Archdiocesan Youth Program
 - Boy Scouts – Learning for Life
 - Cal State Los Angeles

- Casa Associates
 - China Town Service Center
 - Glendale Community College
 - Los Angeles Community College
 - No Child Left Behind Program
 - Pasadena Community College
 - St. Vincent Medical Center
 - UCLA Youth Program
2. Adult Education
- All People's Community Center
 - Casa Computer Classes
 - Clinica MonSeñor Oscar A. Romero Mental Health Services
 - Mexican Consulate
 - Promotoras Comunitarias
3. Enrichment Activities
- Boy Scouts
 - Breese Foundation
 - CHILL Program
 - Girl Scouts
 - Heart of Los Angeles (HOLA)
 - Kicks for Kids Galaxy Foundation
 - Koreatown Youth Community Center
 - Los Angeles County Youth Probation
 - Los Angeles Parks and Recreation
 - Salvation Army
4. Employment
- Archdiocesan Youth Program
 - Breese Foundation
 - China Town Service Center
 - Los Angeles WorkSource Centers
 - UCLA Youth Program
5. Health Services
- Clinica MonSeñor Oscar A. Romero
 - Coalition on Community Health/Asthma
 - QueensCare
 - St. Johns Clinica
 - St. Vincent Medical Center
6. Counseling Services
- Children's Institute, Inc.
 - Clinica MonSeñor Oscar A. Romero
 - Coalition on Community Health/Asthma

- Didi Hirsch Mental Health Services
- St. Johns Clinic

7. Other

- Accion Westlake
- California Highway Patrol
- Carrie Estelle Doheny Foundation
- Koreatown Youth Community Center
- Los Angeles County Court House
- Los Angeles County Toy Loan Program
- Los Angeles Police Department
- Miguel Contreras Learning Complex
- Nicky Sports
- Pico Union
- Pico-Union Neighborhood Council
- Rampart Neighborhood Council
- Rampart Police Station
- Staples Center Foundation
- Toys for Tots US Marines 4th Division
- Union Avenue Elementary
- UPS
- Warehouse Shoe Sales
- Westlake North Neighborhood Council
- Westlake Protectors

***Benefit/Activity: Information, Education, Screening and Referral Services
– Multicultural Health Awareness and Prevention
(MHAP) Center***

Community Need: Access to primary and preventive care, health education, referrals for specialty services, early cancer detection and risk factor reduction for diabetes, obesity and heart disease.

Goal:

1. Increase breast cancer awareness and knowledge in the targeted Latino, Korean, Filipino, Thai communities, and other vulnerable populations in central Los Angeles by establishing a lasting breast care network with organized information and resource sharing among health care professionals and women’s organizations in these communities.
2. Collaborate with the consulates in Los Angeles, faith-based organizations and community organizations to assist

underserved populations obtain primary care, health education and screenings, health information, obesity reduction measures, medical referrals and guidance on using health care system.

3. Increase community involvement and encourage active participation of community partners and organizations in MHAP Center community outreach and education program.
4. Improve the quality of life of cancer patients through programs that enhance physical and emotional well-being.

Objectives:

1. Refer between 800-1,000 women for clinical breast examinations and screening mammograms at the SVMC Radiology Department and/or CDC partnering agencies, such as the Women's Breast Center and Asian Pacific Health Care Venture Clinic. Referrals to clinical breast examinations and annual mammogram screenings through:
 - 5,000 fliers distributed to 40 health and nonprofit agencies and schools.
 - A minimum of 15 community presentations per year on the importance of breast cancer early detection through clinical breast examinations, breast cancer screenings, and breast self-examinations.
2. Contact up to 100,000 people from multicultural communities and educate them about health issues on cancer, obesity, nutrition, diabetes and hypertension through one-to-one educational contact, group workshops and lectures and other educational messages through media.
3. Increase screening services including prevention through multicultural related activities such as community festivals, health fairs and exhibits, and other religious and cultural affairs.
4. Conduct at least 12 education classes on obesity and nutrition in the community.
5. Continue to participate in at least 20 community health fairs and provide free health screenings, health and safety information to at least 10,000 people.
6. Collaborate with partnering organizations, including LAUSD nurses to conduct health education and screening services to low-income and uninsured individuals.
7. Continue to implement SVMC's annual health fair and maintain a target of more than 1,000 beneficiaries and 25 exhibitors.

8. Provide annual flu shots to 2,000 individuals.
9. Continue weekly nutrition and diabetes classes in English, Korean and Spanish and expand same services to other multicultural communities.
10. Continue the tri-lingual health promoter program that provides blood pressure and nutritional screenings, and body composition analysis to multicultural communities.
11. Offer cosmetic counseling and education for female cancer patients quarterly.

Evaluation

Indicators:

1. Number of people screened
2. Number of patient referrals
3. Number of educational materials distributed
4. Number of faith-based organizations affiliated
5. SVMC Health Fair provider feedback
6. Number of women screened
7. Number of cancers detected
8. Number of annual returns
9. Number of community events
10. Number of attendees at community events
11. Number of women referred for screening (both insured and uninsured)
12. Community feedback and evaluation
13. Number of community organizations served
14. Number of community physicians & nurses contacted
15. Number of programs conducted
16. Formal and informal feedback from patients, families and physicians
17. Results of Client Intake Forms Survey

Community

Partners:

1. Foreign Consulates in Los Angeles & Government Officials Offices
 - Central American Consular Offices (El Salvador, Guatemala, Nicaragua, Costa Rica & Honduras)
 - Korean Consular Office
 - Mexican Consular Office
 - Peruvian Consular Office
 - Philippines Consular Office
 - Royal Thai Consular Office

2. Government Organizations
 - LA County Public Health Department
 - LAUSD Community Parent Center
 - Los Angeles Office of Women's Health
 - Los Angeles Unified School Districts (LAUSD), School of Nursing Services
3. Government Officials Offices
 - Office of Councilmember Gilbert A. Cedillo
 - Office of Council Member Mitch O'Farrel
 - Office of City Council Jan Perry
4. Health Care Organizations and Medical Provider
 - AltaMed Health Service
 - American Cancer Society
 - American Diabetes Association
 - Asian Pacific Health Care Venture
 - KHEIR Community Health Clinic
 - LA Care Health Plan
 - St. Francis Medical Center
 - UCLA Eye Mobile Unit
 - Women's Breast Center
5. Religious Organizations
 - Center of Hope
 - Council of Korean Churches in Southern California
 - Holy Cross Catholic Church
 - Iglesia Baptiste Church
 - Korean Catholic Renewal Movement of Southern California
 - Korean Doulos Church
 - Korean New Vision Church
 - Office of the Filipino Ministry, Archdiocese of LA
 - Our Lady of Loretto Church
 - Our Lady Queen of Angels Church
 - St. Agnes Church Korean Pastoral Council
 - St. Basil Parish Korean Ministry
 - St. Columban Church Filipino Ministry
 - St. Columban Missionary
 - St. Genevieve Catholic Church
 - St. John Catholic Church
6. Adult and Senior Centers
 - Echo Park Senior Housing Center
 - Korean Adult Senior Centers
 - Menorah Housing Foundation

- Silverlake Adult Day Care Center
 - Steel Plaza Senior Apartments
 - Terry Senior Apartment
 - Wilton Korean Senior Housing Center
7. Print and Media
- Asian Journal Group, Inc.
 - Asian Pacific News
 - Balita Media Group, Inc.
 - Dia-A-Dia Newspaper
 - Frontliners Media Group
 - HOY Los Angeles Times Media Group
 - Korea Catholic Times
 - Korea Times Daily
 - Siam Town News
8. MHAP Center Community-Based Organizational Affiliation.
- Co-Organizer – Comprehensive Cancer Coalition in Service Planning Area 4 (C4-SPA4)
 - Member:
 - American Cancer Society Task Force
 - American Heart Association Latina Task Force
 - API Diabetes Coalition Task Force
 - Asian Health Care Leaders Association
 - Central American Resource Center (CARECEN)
 - LA Office Of Women’s Health Task Force
 - Latina Salud Y Vida Task Force
 - School Nurses Act to Prevent Obesity (SNAPO) Task Force
 - Worksite Wellness Center of Los Angeles
9. Community-Based Organizations and Civic Groups
- To date, more than 250 Latino, Asian and other community based organization from multicultural communities are affiliated and partnering with MHAP Center health promotion and community outreach program.

***Benefit/Activity: Diabetes Prevention/Screening/Management –
Community Diabetes Education Program (CDEP)***

Community Need: Access to comprehensive, bilingual, culturally-sensitive, compassionate, safe and effective Diabetes Self-Management education and training. Access to factual information and education on prevention of type II diabetes.

Goal:

1. Provide undeserved people with diabetes or with pre-diabetes the skills and knowledge necessary to manage/control their diabetes and enable them to live healthier productive lives.
2. Provide diabetes awareness and diabetes prevention education to community members at high risk for developing diabetes type II and its complications.

Objectives:

1. Continue to provide free comprehensive Diabetes Self-Management Education and training to underserved people with diabetes and pre-diabetes.
2. Continue to provide free presentations and workshops on healthy life style, nutrition, exercise, and healthy weight to community adults and children at high risk for developing diabetes.
3. Continue with active participation in community outreach by attending large health fairs and community events. Purpose of outreach will be to provide blood glucose screening, diabetes awareness and diabetes prevention education. Make appropriate referrals and follow ups based on results of screenings.
4. Work with partner organizations on different community settings and offer professional support and guidance as needed and as requested.
5. Maintain a data base to track classes, screenings, referrals, events participations and sessions with patients.

Evaluation

Indicators:

1. Number of participants in classes
2. Number of people screened
3. Number of educational materials distributed
4. Number of visits to partner organizations
5. Number of Health Fairs and community presentations

Partners:

1. American Diabetes Association
2. Carrie Estelle Doheny Foundation
3. Casa de Amigos de San Vicente
4. Consular Offices in Los Angeles of the following countries:
 - Costa Rica
 - El Salvador
 - Guatemala
 - Honduras
 - Mexico
 - Nicaragua
 - Peru
 - Philippines
 - Republic of Korea
 - Royal Republic of Thailand
5. Daughters of Charity Health Benefit Resource Center
6. West Coast University Public Health Nurses
7. Holy Cross Community Center
8. Local Community, Catholic Schools
9. Los Angeles Unified School District, Local School Nurses
10. St. Vincent Medical Center Ancillary Departments
11. St. Vincent Medical Center Community Benefits Departments
12. CARECEN Day Labor Workers Center

Benefit/Activity: Hepatitis B and C Education/Screening/Treatment – Asian Pacific Liver Center (APLC)

Community Need:

1. Education and screening for individuals at risk for chronic hepatitis.
2. Follow-up care and treatment for individuals who are already infected if indicated to prevent disease progression.
3. Prevention by vaccinations for individuals who are susceptible to hepatitis B.

Goal:

Provide education, free screening for those at risk of hepatitis B and/or C, and vaccinations for those who are susceptible to hepatitis B and to provide culturally-sensitive follow-up care, treatment and surveillance measures for those already affected.

Objectives:

1. Educate 8,500 Asian Pacific Islanders (API) -Korean, Chinese, Vietnamese, Thai, and Cambodian -- at screening sites and

educational venues in the targeted cities in Los Angeles and Orange counties.

2. Educate 50 physicians who see API patients in the targeted cities on the importance of hepatitis screenings and treatment through roundtable dinner meetings hosted by Drs. Ho Bae and Tse-Ling Fong. Physician education will also involve how to diagnose chronic liver disease due to viral hepatitis, how to manage patients who will likely progress to cirrhosis and liver cancer, and the availability of several antiviral therapeutic agents.
3. Screen 3,000 total APIs by conducting 24 screening events per year.
4. Vaccinate 100 hepatitis B susceptible individuals.
5. Ensure that at least 95% of persons tested for hepatitis B have risk factors documented, including country of birth.
6. Ensure that at least 99% of cases identified during the project period are reported to surveillance within 6 months of diagnosis date.
7. Ensure that at least 95% of persons testing positive for hepatitis B or C receive their test results.
8. For hepatitis B or C (+) individuals who were diagnosed at APLC screenings, increase referral to counseling, follow-up and linkages to care, treatment and preventive services to 75%.
9. Establish new partnerships with two service agencies, five churches, and two temples in the Asian Pacific Islander Community.
10. Participate in at least seven community health fairs and provide screenings and information about chronic hepatitis B and hepatitis C.
11. Conducting at least 3 hepatitis research projects successfully.
12. Developing at least one abstract and manuscript for national conferences and publications in a medical journal.

Evaluation

Indicators:

1. Number of community members screened
2. Number of community members educated
3. Number of service agencies and churches/temples affiliated
4. Number of educational materials distributed
5. Number of physicians who attended hepatitis B educational meeting
6. Number of health fairs participated in

7. Percentage of persons tested positive have risk factors documented
8. Percentage of identified cases are reported to surveillance within 6 month
9. Percentage of persons testing positive for hepatitis B receive their test results
10. Number of hepatitis B patients from screenings seen at the APLC and/or other physician for follow-up care
11. Number of research projects successfully conducted
12. Number of abstract and manuscript developed

Partners:

1. American Cancer Society
2. Asian Health Foundation
3. Asian Pacific AIDS Intervention Team
4. Asian Pacific American Medical Student Association, UCLA and USC
5. Asian Pacific Health Care Venture (APHCV)
6. Bangladesh Medical Association
7. Bristol Myers Squibb
8. Cambodian Health Professional Association of America
9. Chinatown Service Center (CSC)
10. Gilead, Inc.
11. Hep B Free Coalition Los Angeles and Orange County
12. Hepatitis C Task Force, Los Angeles
13. Herald Cancer Association
14. Herald Christian Health Clinic
15. His Lai Temple
16. Khmer Parent Association
17. Korean American Nurses Association, Southern California
18. Korean Health Education and Information Resource (KHEIR) Center
19. Koryo Health Foundation
20. Los Angeles Department of Public Health
21. Medical, Educational Missions and Outreach, UCI
22. Sakya Care Foundation
23. Team HBV, UCLA, UCR, UCI and USC
24. UCLA APA Health CARE
25. UCLA Asian Health Corps (APHC)
26. UCLA Vietnamese Community Health (VCH)
27. United Cambodian Community
28. USC Vietnamese American Pharmacy Student Associate
29. Vietnamese American Cancer Foundation (VACF)

Benefit/Activity: Job Training/Career Development Services – Volunteer Services

Community Need: Opportunities for economic and employment development.

Goal: To provide opportunities for job training and career development for youth, 16 years of age and older, from lower socioeconomic communities.

- Objective:**
1. Continue participation in government- and privately-sponsored training programs.
 2. Continue a partnership with LAUSD to provide community classroom and on-the-job training.
 3. Continue to provide tours of the Medical Center for students and others interested in health care careers.
 4. Participate in the planning process for high school job training and development programs.
 5. Develop new partnership with: Cal State L.A. - Internship program; and Youth Policy Institute Workforce Department program.
 6. Collaborate with many career colleges, such as UEI and ATI, to provide training volunteer hours.

Evaluation Indicators:

1. Number of students participating in a job training program
2. Number of students completing the job training program
3. Number of students finding employment utilizing their training skills
4. Supervisor and student's job training checklist
5. Written evaluations by students taking tours

Partners:

1. American Career College
2. Archdiocese of Los Angeles
3. Cal State LA
4. Concorde Career College
5. Discovery Internships/Dream Careers, Inc.
6. Los Angeles City College
7. Los Angeles School of Global Studies – Miguel Contreras Learning Complex

8. Los Angeles Unified School District
9. Loyola High School
10. Multicultural Area Health Education Center
11. New Village Girls Academy
12. Platt College
13. USC Trojan Health Volunteers

Benefit/Activity: Charity Care

Community Need: Access to primary and specialty care.

Goal: Ensure uninsured patients referred to SVMC are provided care, as hospital resources permit.

- Objectives:**
1. Maximize the utilization of the QueensCare Fund.
 2. Collaborate with SVMC Medical Staff in the provision of charity care.
 3. Provide an avenue for uninsured patients to enroll in health programs.

Evaluation

- Indicators:**
1. Number of patients admitted
 2. Amount spent on charity care
 3. Number of people enrolled into health coverage programs

- Partners:**
1. QueensCare
 2. SVMC Medical Staff

Benefit/Activity: Services to MediCal Patients

Community Need: Access to primary and specialty care.

Goal: Ensure MediCal patients referred to SVMC are provided inpatient and outpatient care.

Objective: Collaborate with SVMC Medical Staff in the provision of inpatient and outpatient care to MediCal eligible patients.

Evaluation

- Indicators:**
1. Number of patients admitted
 2. Net cost of services provided to MediCal patients

- Partners:**
1. Federal and State governments
 2. SVMC Medical Staff

Benefit/Activity: Donated Space for Community Use

Community Need: Access to quality housing/lodging, office space and meeting room facilities.

Goal: Provide free or discounted office, meeting and lodging space to community organizations and patient families to address the shortage of quality space in the area surrounding the Medical Center.

- Objectives:**
1. Continue to provide discounted space for the Knights of Malta Free Clinic.
 2. Continue to operate the Seton Guest Center.
 3. Continue to provide discounted parking space for St. Nicholas Church.
 4. Continue to offer discounted meeting room, parking and audiovisual facilities for community organizations.

Evaluation

- Indicators:**
1. Number of people benefited
 2. Value of donated space
 3. Feedback from tenants and organizations receiving space
 4. Verbal and written communications from families using Seton Guest Center

- Partners:**
1. Daughters of Charity
 2. Knights of Malta Clinic
 3. St. Nicholas Church
 4. SVMC Medical Staff

Benefit/Activity: Patient Transportation Services

Community Need:	Low cost transportation to access medical services.
Goal:	Provide underserved and low-income patients reliable and safe transportation to St. Vincent Medical Center.
Objectives:	<ol style="list-style-type: none">1. Continue to provide taxi vouchers to patients lacking transportation.2. Continue to operate a van service transporting patients to SVMC and home.
Evaluation Indicators:	<ol style="list-style-type: none">1. Number of patients served2. Feedback from riders3. Feedback from hospital departments4. Feedback from Medical Staff
Partners:	<ol style="list-style-type: none">1. QueensCare2. Taxi companies

VII. Inventory and Economic Valuation of All Community Benefits

During 2013–2014, SVMC provided a total of \$61,571,338 community benefit services including Medicare and a total of \$22,303,265 excluding Medicare. Total benefits for persons living in poverty amounted to \$21,664,565. Attachment “A” offers a detailed inventory and classification of the services and activities provided by St. Vincent Medical Center during 2013–2014 and their economic value.

VIII. Plan Review

The SVMC Community Benefit Plan will be reviewed by the Community Benefit Committee and submitted to the SVMC Board of Directors for final adoption. Upon completion, the plan will be shared with the hospital’s management team.

The plan will also be disseminated to external constituencies. Collaborators will be informed about the plan through our various program steering committees, which include representation of outside organizations or affiliates that partner with SVMC to implement community benefit programs. Efforts will also be made to share the plan with community networks and coordinating groups that bring together representatives of key health and social service organizations of our community. The plan will also be posted on the St. Vincent Medical Center website.

St. Vincent Medical Center
Quantifiable Community Benefit Report
Classified as to Living in Poverty and Broader Community
Fiscal Year 2014 (July 2013 – June 2014)

	Persons Served		YTD Actual Net CB Expense
<u>Benefits for Persons Living in Poverty</u>			
Charity Care at Cost	84	\$	142,616
Unreimbursed costs of public programs			
- Medi-Cal	6,624		20,570,201
- Other indigent programs			-
Community Health Improvement Services	66,102		951,748
Health Professions Education			-
Subsidized Health Services			-
Cash and in kind Contributions to Community Groups			-
Community Building Activities including CB operations			-
Total Quantifiable Community Benefits for Persons Living in Poverty	72,810	\$	21,664,565
<u>Benefits for the Broader Community</u>			
Community Health Improvement Services	49,478	\$	564,598
Health Professions Education			-
Subsidized Health Services			-
Research			-
Cash and in kind Contributions to Community Groups			74,102
Community Building Activities including CB operations			-
Total Quantifiable Community Benefits for the Broader Community	49,478	\$	638,700
Total Quantifiable Community Benefits Excluding Medicare	122,288	\$	22,303,265
Unpaid Costs of Medicare Program	118,582		39,268,073
Total Quantifiable Community Benefits Including Medicare	240,870	\$	61,571,338

SERVICE AREA MAP



Attachment C

ST. VINCENT MEDICAL CENTER Administrative Policy & Procedure	Page: 1 of 3	Originating Dept.: Administration	Originating Date: 9/10/73	Reviewed No Revisions: 11/2012 Revised: 06/20008
SUBJECT: Charity Care	APPROVAL: Management Council			
REFERENCES: Formerly Policy #1-7				

PURPOSE

In accordance with the fundamental mission and philosophy of the Daughters of Charity, and in order to continue the corporate purposes of St. Vincent Medical Center, the following policies and procedures are adopted.

POLICY

1. Within the funds allocated, charity care will be given to those persons whose financial condition is such that they cannot pay either in part or in total for the services required.
2. This financial assistance will be given without regard to the race, color, creed, age, sex or national origin of the applicant.
3. Normally, charity care must be applied for and approved before the patient is admitted to the hospital. Exceptions may be made to this requirement based upon individual circumstances.
4. Charity care will be given to all that apply or are otherwise identified, and are determined to be in need of such consideration. Examples of eligible cases include the following:
 - A. Patients who have not been able to secure insurance coverage, for health reasons or other, and do not have adequate personal finances or other resources.
 - B. Patients who have limited insurance coverage or whose coverage has been exhausted.
 - C. Patients determined to need our specialized services, whose coverage does not apply here, and who lack adequate financial resources.
5. Charity care is available to outpatients on the same bases as inpatients.
6. Ordinarily, the admitting physician will be notified of the consideration being made by the hospital and asked to give a comparable consideration. If the physician originates the request, such consideration is a necessary condition for approval.
7. Every effort will be made to preserve the dignity and self-respect of each applicant for charity care. To this end, the patient is asked to cooperate in seeking available alternatives and asked to participate to the extent of his/her ability.
8. Information regarding any financial consideration given will be held in strictest confidence and disseminated only to those areas and individuals deemed necessary.
9. Funds required to give charity will be available from the following sources, and in this order:

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- A. Interest earned on certain endowment funds.
 - B. Applicable donations.
 - C. Operating budget of the hospital.
10. Final approvals are required as follows:
- Under \$5,000 Business Office Manager
 - \$5,000 - \$499,999 CFO
 - \$500,000 and over Vice President, Finance
- The above approvals are to be considered cumulative; that is, before presentation to the Vice President, Finance all prior approvals must be obtained.
11. At least semi-annually, a formal report will be submitted to the Vice President, Finance. This report will indicate the amount of charity care given and the status of the funds for this purpose.

PROCEDURE

PHYSICIAN, PATIENT, OR OTHER
APPROPRIATE PARTY

CFO

BUSINESS SERVICES

FINANCIAL COUNSELOR

BUSINESS OFFICE MANAGER
CFO VP FINANCE

1. Make known that patient's apparent financial need to the Business Office Manager or CFO.
2. Request review of financial status and estimated charges from Business Services.
3. Obtain as much information as possible on the patient's financial status. Request Patient Financial Counselor to interview patient and/or family, if deemed appropriate.
4. On request, contact patient or designated family member and arrange a personal interview to obtain the necessary and relevant information. Refer results to Business Office Manager.
5. Assist in obtaining any additional information available from physician, as requested.
6. After thorough review and evaluation of the request and all relevant information, refer to Business Office Manager, with a recommendation on the extent of consideration.
7. Review and approve, if appropriate.

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BUSINESS SERVICES

8. Notify patient, Physician, and Admitting of the financial arrangements.
9. Mark records as for a private pay patient, and process as dictated by procedures on allowances. No billing is sent to the patient, if full charity is given, and file is clearly marked to this effect.

BUSINESS OFFICE MANAGER

ACCOUNTING

10. Process write off.
 11. Prepare semi-annual status report on charity care for the Vice President, Finance.
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