COMMUNITY BENEFIT PLAN

2015-2016

ST. VINCENT MEDICAL CENTER

LOS ANGELES, CALIFORNIA

Furthering the Healing Ministry of the Daughters of Charity

COMMUNITY BENEFIT PLAN

2015-2016

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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%).

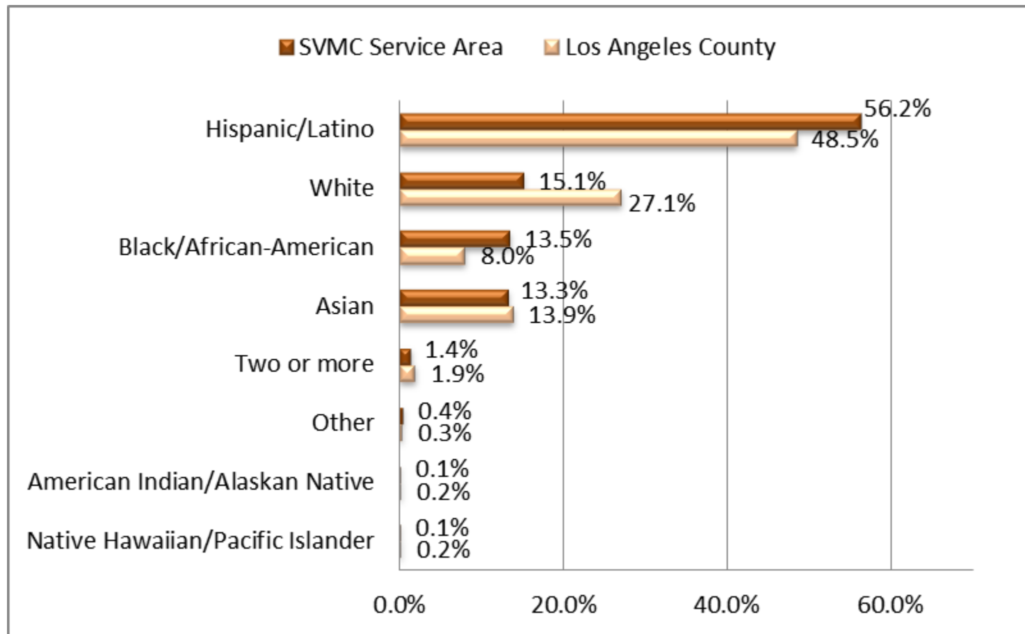
Projected Five-Year Population

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



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.

Natality

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 >=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 (>=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 (>=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

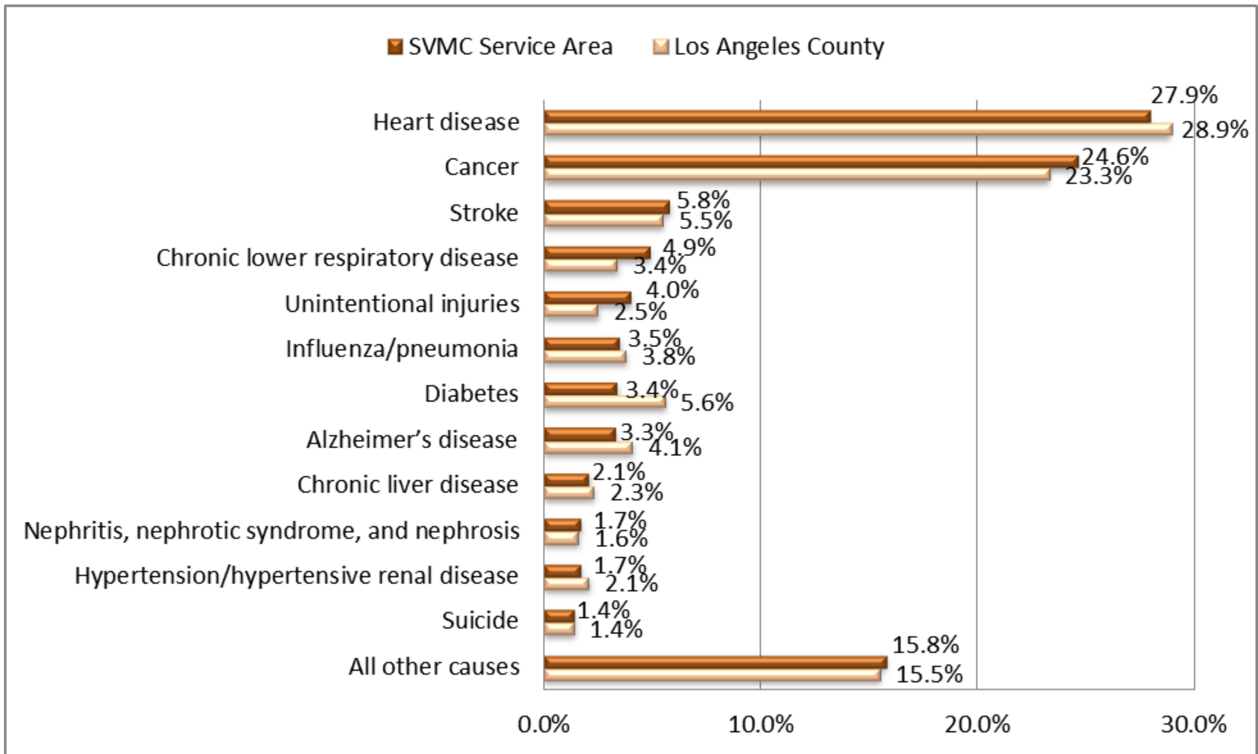
In 2010, the most common cause of death in the SVMC service area (28.8%) was heart disease, also the leading cause of death in Los Angeles County (27.9%). The second leading cause of death in the SVMC service area (23.6%) was cancer, also the second leading cause of death in Los Angeles County (24.6%). 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

	SVMC Service Area		Los Angeles County	
Cause	**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: 2014–2015

> ***"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.

Outreach events attended with partnering faith- and community based-organizations in 2014-2015:

Outreach Events

- 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

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 2014–2015 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, 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.

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 2014–2015, 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 continued 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 2014–2015, MHAP Center provided information about breast cancer screening and early detection, obesity and nutrition, diabetes screening, and other chronic diseases 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. 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, 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 2014 St. Vincent Medical Center Multicultural Health Fair on September 27, 2014 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.

- 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 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 4,000 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.

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

  During 2014-2015, MHAP Center in collaboration with community partners and health care providers provided preventive health education and medical referrals including screening services to medically underserved labor workers and their families to increase health access and provide continuum of care.

- 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.

- Support Services and Special Projects

  During 2014-2015, 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.

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.

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 30% of individuals with CHB will die of its complications such as cirrhosis and/or liver cancer if left untreated. In fact, the death rate due to CHB complications is seven 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 persons 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 U.S. 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 have CHB. In some Pacific Rim countries, as much as 20% of the population may be chronically 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, screening, and treatment is essential to stop the spread of the disease and the premature deaths.

The barriers to accessing medical care and treatment for the API population include a variety of factors. Lack of awareness of hepatitis B 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 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 B, 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 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 a 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 various negotiations with pharmaceutical companies. The implementation of the Affordable Care Act has somehow lowered this barrier, but the APLC will keep working 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 22,000 individuals by conducting over 250 free hepatitis screening events and providing hepatitis and liver cancer education to several thousand in API communities. Through these events, over 1,100 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, in October 2010, the APLC started selectively adding hepatitis C testing to hepatitis B screenings in Cambodian, Vietnamese, and Chinese communities, as they are at higher risk for chronic hepatitis C (CHC) among APIs. In 2014, a larger shift to include hepatitis C testing at all screening events was implemented. HCV viral load test was automatically added for the HCV Ab positives to diagnose CHC. Reflex studies including genotype, complete blood count (CBC), and hepatic function panel (HFP) were performed to assess the liver condition for the confirmed CHC patients. So far 123 persons have been found to be positive for HCV Ab with 50% of those diagnosed with CHC by viral load test and linked to further treatment and care. Moving forward, we hope that we can achieve what we have for hepatitis B for hepatitis C and to be able to provide more services for our communities.

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 of 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 five 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 that 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

SVMC's Asian Pacific Liver Center (APLC) has become the chosen research center of Los Angeles for studies of chronic hepatitis B (CHB) drug safety and treatment efficacy. With excellent patient follow-up and a steady referral base of new patients, APLC has become the ideal location for testing approaches to treatment.

APLC's first research publication was titled *"Demographic and Serological Characteristics of Asian Americans with Hepatitis B Infection Diagnosed at Community Screenings"*. This study was the result of data collected during free screening events APLC conducted from 2007 to 2010. It was published in the Journal of Viral Hepatitis in 2013.

The second research publication was titled *"Long-Term Treatment with Tenofovir in Asian-American Chronic Hepatitis B Patients Is Associated with Abnormal Renal Phosphate Handling"*. It was a cross-sectional four arm study of bone density among patients with CHB which was published in the Digestive Diseases and Sciences in 2014.

The third research publication was titled *"Durability of Hepatitis B e Antigen Seroconversion in Chronic Hepatitis B Patients Treated with Entecavir or Tenofovir"*. It was a retrospective study of the outcomes of CHB patient who were treated and achieved virological response and underwent seroconversion and consolidation therapy before cessation of treatment. It was published in the Digestive Diseases and Sciences in 2015.

A new finite treatment approach to CHB using interferon was completed in June 2015, and is in the process of data analysis. This study was a multi-center trial by pharmaceutical company Gilead, and APLC was the only study site in Los Angeles. Interferon has been used successfully to inactivate an active hepatitis C viral infection (HCV), but has not previously been proven useful at inactivating CHB. However, the importance of a short-term therapy versus lifelong antiviral drugs was driving this research study. APLC continues conducting hepatitis B research including two Phase 3, Randomized, Double-Blind studies to evaluate the safety and efficacy of hepatitis B drugs, and a study of Small RNA sequencing and prospective evaluation of hepatocellular carcinoma (HCC) risk patients with hepatitis B virus (HBV).

In the recent years, APLC has gained recognition in the research community and the medical community, especially among primary care physicians. APLC is the first facility primary care physicians call when they have a CHB patient who needs further evaluation and treatment.

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

During fiscal year 2014-2015, SVMC continued to participate in both government- and privately-sponsored programs that provide career development for high school and college students. A total of 16,526 hours were donated by these students to SVMC.

SVMC has developed relationships with Los Angeles School of Global Studies, Western University, Cal State LA, 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 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.

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 FY2014–2015, the Seton Guest Center provided discounted lodging for 1,356 people valued at $177,400.

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 2014–2015, a total of 6,322 patients were provided transportation services.

VI. Community Benefit Plan: 2015–2016

Due to the pending sale of the hospital, the following programs were closed in Spring 2015 and, therefore, no plans will be submitted: (1) Health Benefits Resource Center, (2) Youth Services and Neighborhood Development - Casa de Amigos, (3) Multicultural Health Awareness and Prevention Center, and (4) Community Diabetes Education Program.

St. Vincent Medical Center, however, will continue to implement programs and services during 2015-2016 that address access to primary and specialty care, chronic disease prevention and management, and transportation 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. The plan for the remaining programs identify the respective community needs, goals and objectives to accomplish during the year, evaluation indicators used to measure impact and collaborating partners.

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 three 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 Youth Policy Institute Workforce Department program.
6. Collaborate with many career colleges 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. Los Angeles City College
4. Los Angeles School of Global Studies
5. Los Angeles Unified School District
6. Loyola High School
7. Platt College
8. SVMC/USC Physician Mentorship Program
9. 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:

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:

1. Number of patients served
2. Feedback from riders
3. Feedback from hospital departments
4. Feedback from Medical Staff

Partners:

1. QueensCare
2. Taxi companies

VII. Inventory and Economic Valuation of All Community Benefits

During 2014–2015, SVMC provided a total of $55,531,521 community benefit services including Medicare and a total of $24,702,726 excluding Medicare. Total benefits for persons living in poverty amounted to $24,405,869. Attachment “A” offers a detailed inventory and classification of the services and activities provided by St. Vincent Medical Center during 2014–2015 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.

Attachment A

St. Vincent Medical Center

Quantifiable Community Benefit Report
Classified as to Living in Poverty and Broader Community
Fiscal Year 2015 (July 2014–June 2015)

	Persons Served		YTD Actual Net CB Expense
Benefits for Persons Living in Poverty			
Charity Care at Cost	6	$	49,564
Unreimbursed Costs of Public Programs			
- Medi-Cal	2,706		24,178,210
- Other Indigent Programs	-		-
Community Health Improvement Services	-		178,095
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	**2,712**	**$**	**24,405,869**
Benefits for the Broader Community			
Community Health Improvement Services	554		269,757
Health Professions Education	-		-
Subsidized Health Services	-		-
Research	-		-
Cash and In-Kind Contributions to Community Groups	-		27,100
Community Building Activities including CB operations	-		-
Total Quantifiable Community Benefits for the Broader Community	554		296,857
Total Quantifiable Benefits Excluding Medicare	**3,266**	**$**	**24,702,726**
Unpaid Costs of Medicare Program	**15,441**	**$**	**30,828,795**
Total Quantifiable Community Benefits Including Medicare	**18,707**	**$**	**55,531,521**

ST. VINCENT MEDICAL CENTER

Attachment B

SERVICE AREA MAP

Attachment C

<table>
<tr><td rowspan="2">ST. VINCENT MEDICAL CENTER
Administrative Policy & Procedure</td><td rowspan="2">Page:
1 of 3</td><td rowspan="2">Originating Dept.:
Administration</td><td rowspan="2">Originating Date:
9/10/73</td><td>Reviewed No Revisions:
11/2012</td></tr>
<tr><td>Revised:
06/20008</td></tr>
<tr><td>SUBJECT:
Charity Care</td><td colspan="4">APPROVAL:
Management Council</td></tr>
<tr><td colspan="5">REFERENCES:
Formerly Policy #1-7</td></tr>
</table>

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:

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

1. Make known that patient's apparent financial need to the Business Office Manager or CFO.

CFO

2. Request review of financial status and estimated charges from Business Services.

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.

FINANCIAL COUNSELOR

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 Manger, with a recommendation on the extent of consideration.

BUSINESS OFFICE MANAGER
CFO VP FINANCE

7. Review and approve, if appropriate.

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

10. Process write off.

ACCOUNTING

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