

# St. Mary Medical Center

## Community Benefit 2023 Report and 2024 Plan

**Adopted October 2023**



## A message from

Carolyn Caldwell, President, and Dr. Felton Williams, Chair of the Dignity Health St. Mary Medical Center Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

St. Mary Medical Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2023 Report and 2024 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2023 (FY23), St. Mary Medical Center provided \$66,820,122 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$6,667,272 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2023 Report and 2024 Plan at its October 17, 2023 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to the Community Health Department at 562-491-4840.





Carolyn Caldwell, FACHE  
President

Dr. Felton Williams  
Chairperson, Board of Directors

## Table of Contents

|   |                        |
|---|------------------------|
| <b>At-a-Glance Summary</b>                        | <b>4, 5</b>            |
| <b>Our Hospital and the Community Served</b>      | <b>6</b>               |
| About the Hospital                                | 6                      |
| Our Mission                                       | 6                      |
| Financial Assistance for Medically Necessary Care | 6                      |
| Description of the Community Served               | 7                      |
| <b>Community Assessment and Significant Needs</b> | <b>8</b>               |
| Community Health Needs Assessment                 | 8                      |
| Significant Health Needs                          | 8, 9, 10               |
| <b>2023 Report and 2024 Plan</b>                  | <b>10</b>              |
| Creating the Community Benefit Plan               | 10, 11                 |
| Community Health Strategic Objectives             | 11                     |
| Report and Plan by Health Need                    | 12, 13, 14, 15, 16     |
| Community Health Improvement Grants Program       | 16                     |
| Program Highlights                                | 17, 18, 19, 20, 21, 22 |
| Other Programs and Non-Quantifiable Benefits      | 22, 23                 |
| <b>Economic Value of Community Benefit</b>        | <b>23</b>              |
| <b>Hospital Board and Committee Rosters</b>       | <b>24, 25</b>          |

## At-a-Glance Summary

|  |   |
|--|---|
| <b>Community Served</b><br>                                     | <p>Dignity Health St. Mary Medical Center serves the cities of Long Beach and Bellflower in Los Angeles County. Long Beach is the seventh most populated city in California with a total population of 528,729. The hospital service area is located in Service Planning Area (SPA) 8 in Los Angeles County, which is shared with the City of Long Beach Department of Health and Human Services, Long Beach Memorial Medical Center, Millers Children's and Women's Hospital, The Children's Clinic "Serving Children and Their Families" dba TCC Family Health and Kaiser Permanente of South Bay.</p>  |
| <b>Economic Value of Community Benefit</b><br>                  | <p>\$66,820,122 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$6,667,272 in unreimbursed costs of caring for patients covered by Medicare fee-for-service</p>   |
| <b>Significant Community Health Needs Being Addressed</b><br> | <p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> <li>• Access to healthcare services</li> <li>• Housing and homelessness</li> <li>• Mental health</li> <li>• Preventive practices</li> <li>• Violence and injury prevention</li> </ul>  |
| <b>FY22 Programs and Services</b><br>                         | <p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p> <ul style="list-style-type: none"> <li>• Bazzeni Wellness Center/Respiratory Rescue Program Mobile Unit Team – Provides health education, chronic disease management, health screenings and resources to the community.</li> <li>• CARE Program – HIV medical, PrEP, and psychosocial service programs.</li> <li>• CARE Dental program – dental care to HIV patients.</li> <li>• Community Grants Program – Dignity Health St. Mary Medical Center provides grants to community organizations to help address needs addressed in the Community Health Needs Assessment.</li> <li>• Every Woman Counts- Mammogram services to underserved women over the age of 40.</li> <li>• Families in Good Health – SNAP, Cover California Enrollment, Patient Navigation, Social Service Programs.</li> </ul> |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Family Clinic of Long Beach – Provides primary care.</li> <li>• Low Vision Center – Free vision screenings for children and older adults.</li> <li>• Mary Hilton Family Clinic – Offers OB, perinatal and pediatric services.</li> <li>• Welcome Baby – Hospital and home based intervention for pregnant and post-partum women, including home visits.</li> <li>• Financial Assistance – Provides financial assistance through free and discounted care for health care services, consistent with the hospitals financial policy.</li> </ul>   |
| <p><b>FY23 Planned Programs and Services</b></p>  | <p>The hospital intends to take several actions and dedicate resources to these needs, including:</p> <p><b>Access to Healthcare</b><br/> CalAIM<br/> CARE Program<br/> Community Care Hubs<br/> Community Grants Program<br/> Financial Assistance<br/> Families in Good Health<br/> Low Vision Center</p> <p><b>Housing and Homelessness</b><br/> Community Grants Program</p> <p><b>Mental Health</b><br/> CARE Program<br/> Community Grants Program<br/> Mental Health First Aid program</p> <p><b>Preventive Practices</b><br/> Bazzeni Wellness Center<br/> CARE Program<br/> Community Grants Program<br/> Every Woman Counts<br/> Families in Good Health<br/> Food Systems Advisory Committee<br/> Mobile Care Unit</p> <p><b>Violence and Injury Prevention</b><br/> Community Grants Program<br/> Families in Good Health<br/> Violence and Human Trafficking Prevention and Response Team</p> |

This document is publicly available online at:

<https://www.dignityhealth.org/socal/locations/stmarymedical/about-us/community-benefits>

Written comments on this report can be submitted to the St. Mary Medical Center Community Health Office, 1050 Linden Avenue, Long Beach, CA 90813. To send comments or questions about this report, please email Kit Katz, Director, Community Health at [Kit.Katz@Commonspirit.org](mailto:Kit.Katz@Commonspirit.org)

## Our Hospital and the Community Served

### About St. Mary Medical Center

St. Mary Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health. Located at 1050 Linden Avenue, Long Beach, CA 90813, St. Mary Medical Center was founded in 1923 by the Sisters of Charity of the Incarnate Word. The facility has 389 licensed beds. Major programs and services include: cardiac care, prenatal and childbirth services, families and seniors, bariatric surgery, stroke recovery, critical care, a 39-bed intensive care unit, a level IIIB NICU with 25 beds and a Disaster Resource Center. The hospital's Emergency Department is a level II trauma center and the Paramedic Base Station for the area. St. Mary Medical Center is a designated Baby-Friendly® hospital. We are also a Certified Advanced Primary Stroke Center and an LA County-designated STEMI Receiving Center. The CARE Clinic is a Pre-Exposure Prophylaxis (PrEP) Center of Excellence, which helps meet the needs of those affected or at risk of HIV in our community through treatment, education and support.

### Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

### Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

### Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

## Description of the Community Served

St. Mary Medical Center is located in Long Beach, California and is a city within Los Angeles County. Long Beach is the 36<sup>th</sup> largest city in the nation, the seventh largest city in California and is the second largest city within the greater Los Angeles area. It is home to approximately 500,000 people and one of the most ethnically diverse communities in the United States with a strong sense of community and unique neighborhoods. Long Beach is known for large Cambodian, Hispanic/Latino and Black/African America communities and a growing population of adults 65 and older.

While a few of the communities enjoy a higher standard of living, the majority of the communities served have greater needs. St. Mary Medical Center serves 12 ZIP Codes in 2 cities, 11 of which are located in the City of Long Beach. The hospital service area is determined by the zip codes outlined in the 2022 CHNA.



A summary description of the community is below. Additional details can be found in the CHNA report online.

|                  |         |
|------------------|---------|
| Total population | 541,735 |
|------------------|---------|

### Race

|                                       |       |
|---------------------------------------|-------|
| Asian/Pacific Islander                | 12.9% |
| Black/African American – Non-Hispanic | 11.9% |
| Hispanic or Latino                    | 47.6% |
| White Non-Hispanic                    | 22.5% |
| All others                            | 5.1%  |

|                        |       |
|------------------------|-------|
| % below poverty level  | 11.2% |
| Unemployment           | 5.5%  |
| No high school diploma | 20.4% |
| Medicaid               | 31.8% |
| Uninsured              | 7.5%  |

**Source:** Claritas Pop-Facts 2023; SG2 Market Demographic Module

## Community Assessment and Significant Needs

St. Mary Medical Center engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited to, conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

## Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in May 2022.

This document also reports on programs delivered during fiscal year 2023 that were responsive to needs prioritized in the hospital's previous CHNA report.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <https://www.dignityhealth.org/socal/locations/stmarymedical/about-us/community-benefits>, or upon request at the hospital's Community Health office.

## Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

| Significant Health Need | Description   | Intend to Address? |
|-------------------------|---|--------------------|
| Access to health care   | Access to health care refers to the availability of primary care, specialty care, vision care and dental care services. Health insurance coverage is considered a key component to ensure access to health care. Barriers to care can include lack of transportation, language and cultural issues. | X                  |

| Significant Health Need      | Description  | Intend to Address? |
|------------------------------|--|--------------------|
| Chronic diseases *           | A chronic disease or condition usually lasts for three months or longer and may get worse over time. Chronic diseases can usually be controlled but not always cured. The most common types of chronic diseases are cancer, heart disease, stroke, diabetes, and arthritis.                | X                  |
| COVID-19 *                   | COVID-19 *   | X                  |
| Economic insecurity          | Economic insecurity is correlated with poor health outcomes. Persons with low incomes are more likely to have difficulty accessing health care, have poor-quality health care, and seek health care less often.  |                    |
| Education                    | Educational attainment is a key driver of health. Low educational attainment is associated with self-reported poor health, shorter life expectancy, and higher rates of death, disease and disability.   |                    |
| Food insecurity *            | The USDA defines food insecurity as limited or uncertain availability of nutritionally adequate foods or an uncertain ability to acquire foods in socially-acceptable ways.  | X                  |
| Housing and homelessness     | <i>Homelessness</i> is known as a state of being unhoused or unsheltered and is the condition of lacking stable, safe, and adequate housing.   | X                  |
| Mental health                | <i>Mental health</i> includes our emotional, psychological, and social well-being. It affects how we think, feel, and act.   | X                  |
| Overweight and obesity       | Overweight and obesity are common conditions that are defined as the increase in size and amount of fat cells in the body. Obesity is a chronic health condition that raises the risk for heart disease and is linked to many other health problems, including type 2 diabetes and cancer. |                    |
| Pregnancy and birth outcomes | Poor pregnancy and birth outcomes include low birthweight, preterm births and infant mortality. These are associated with late or no prenatal care, unplanned pregnancy, cigarette smoking, alcohol and other drug use, being HIV positive, obesity, maternal age, and poor nutrition.     |                    |
| Preventive practices         | Preventive practices refer to health maintenance activities that help to prevent disease. For example, vaccines, routine health screenings (mammogram, colonoscopy, Pap smear) and injury prevention are preventive practices.   | X                  |
| Substance use                | Substance use is the use of tobacco products, illegal drugs or prescription or over-the-counter drugs or alcohol. Excessive use of these substances, or use for purposes other than those for which they are meant to be used, can lead to physical, social or emotional harm.             |                    |
| Violence and injury          | Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Injuries are caused by accidents, falls, hits, and weapons, among other causes.   | X                  |

\* These significant needs will be addressed within the scope of the Preventive Practices need.

## Significant Needs the Hospital Does Not Intend to Address

Taking existing hospital and community resources into consideration, St. Mary Medical Center will not directly address economic insecurity, education, overweight and obesity, pregnancy and birth outcomes, and substance use as priority health needs. Knowing that there are not sufficient resources to address all the community health needs, St. Mary Medical Center chose to concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise. The hospital has insufficient resources to effectively address all the identified needs and, in some cases, the needs are currently addressed by others in the community.

## 2023 Report and 2024 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY23 and planned activities for FY24, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

### Creating the Community Benefit Plan

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Hospital and health system participants included hospital leaders and the Community Health Advisory

Committee to examine the identified health needs according to these criteria. The CHNA served as the resource document for the review of health needs as it provided statistical data on the severity of issues and also included community input on the health needs. As well, the community prioritization of the needs was taken into consideration.



Community input or contributions to this community benefit plan included community focus groups. A focus group consists of residents of the St. Mary service area as well as other community stakeholders who may provide programs and/or services.

The programs and initiatives described here were selected on the basis of:

- Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.
- Established Relationships: There are established relationships with community partners to address the issue.
- Ongoing Investment: Existing resources are committed to the issues. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus Area: The hospital as acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

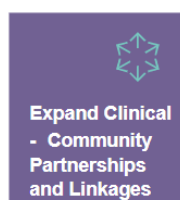
## Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.




Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

## Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.



|  <b>Health Need: Access to Health Care</b> |  |             |              |
|---|--|-------------|--------------|
| Strategy or Program   | Summary Description  | Active FY23 | Planned FY24 |
| Bazzeni Wellness Center/Mobile Unit   | <ul style="list-style-type: none"> <li>No cost health education and health screenings.</li> </ul>  | ☑           | ☑            |
| CARE Center   | <ul style="list-style-type: none"> <li>HIV medical and dental services</li> <li>Psychosocial services</li> <li>PrEP</li> </ul>                             | ☑           | ☑            |
| Every Woman Counts  | <ul style="list-style-type: none"> <li>Mammography services and breast care for low income women.</li> </ul>   | x           | x            |
| Family Clinic of Long Beach   | <ul style="list-style-type: none"> <li>Primary care services to low income</li> </ul>  | ☑           | ☑            |
| Families in Good Health (FiGH)  | <ul style="list-style-type: none"> <li>Cover California</li> <li>Welcome Baby Program</li> <li>Public benefit navigation</li> </ul>                        | x           | x            |
| Financial assistance for the uninsured or underinsured  | <ul style="list-style-type: none"> <li>No cost and discounted health care services consistent with the hospitals financial policy</li> </ul>               | x           | x            |
| Low Vision Center   | <ul style="list-style-type: none"> <li>Provides no cost vision screening, optical aids, education and referrals for persons with limited vision</li> </ul> | x           | x            |
| Mary Hilton Family Clinic   | <ul style="list-style-type: none"> <li>OB and perinatal services to low income women.</li> </ul>   | x           | x            |

**Goal and Impact:** The hospital's initiatives to address access to care are anticipated to result in: increased access to health care for the medically underserved, reduced barriers to care, and increased availability and access to primary and specialty care services

**Collaborators:** Key partners include: community clinics, the Welcome Baby Program, community-based organizations, the LGBTQ Center, schools and school districts, faith groups, public health and city agencies.



### Health Need: Food Insecurities\*

| Strategy or Program Name | Summary Description   | Active FY23                         | Planned FY24                        |
|--------------------------|---|-------------------------------------|-------------------------------------|
| Community grants program | Offers grants to nonprofit community organizations that provide access to food for those in need (examples: food banks, medically tailored home delivered meals.) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Impact:** Providing food/meals to homeless and low income families helps promote better physical health and mental health.

**Collaboration:** The hospital will partner with food banks and meal service providers.

\*For FY24, this health need will be combined with preventive practices.



### Health Need: Housing and Homelessness

| Strategy or Program      | Summary Description   | Active FY23                         | Planned FY24                        |
|--------------------------|---|-------------------------------------|-------------------------------------|
| Community grants program | Offers grants to nonprofit community organizations that provide housing and homelessness programs and services. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Goal and Impact:** The hospital's initiative to address housing and homelessness are anticipated to result in: improved health care delivery to persons experiencing homelessness and increased access to community-based services for persons experiencing homelessness.

**Collaborators:** Key partners include: housing developers, city agencies, funders, faith community, community clinics, community-based organizations, and housing agencies.



### Health Need: Mental Health

| Strategy or Program                                      | Summary Description   | Active FY23                         | Planned FY24                        |
|--|---|-------------------------------------|-------------------------------------|
| CARE (Comprehensive AIDS Resource and Education) Program | <ul style="list-style-type: none"> <li>HIV medical and dental services</li> <li>Psychosocial services</li> <li>PrEP</li> </ul>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Community grants program                                 | Offers grants to nonprofit community organizations that provide mental health programs and services.  | x                                   | x                                   |
| Mental Health America of Los Angeles                     | Provides comprehensive mental health services using a one-stop integrated model. St. Mary funds an LCSW who is assigned to the ED to provide social services to low income and homeless individuals who are frequent users of the ED. | x                                   |                                     |

**Goal and Impact:** The hospital's initiatives to address mental health are anticipated to result in: increased access to mental health services in the community, and improved screening and identification of mental health needs.

**Collaborators:** Key partners include: schools and school districts, community-based organizations, the UniHealth Foundation, Dignity Health Southern California Hospitals, law enforcement, and regional collaboratives that seek to support mental health and case management needs.



### Health Need: Preventive Practices

(Including Chronic Disease, COVID-19 Prevention and Food Insecurity)

| Strategy or Program                                      | Summary Description  | Active FY23                         | Planned FY24                        |
|--|--|-------------------------------------|-------------------------------------|
| CARE (Comprehensive AIDS Resource and Education) Program | <ul style="list-style-type: none"> <li>HIV medical and dental services</li> <li>Psychosocial services</li> <li>PrEP</li> </ul> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

|                                 |   |   |   |
|---------------------------------|---|---|---|
| Community grants program        | Offers grants to nonprofit community organizations that provide preventive practices programs.  | x | x |
| Every Woman Counts              | Mammography services and breast care for low income women.  | x | x |
| Families in Good Health (FiGH)  | <ul style="list-style-type: none"> <li>• Provide education at community events</li> <li>• Provide PPE and at-home tests to clients</li> <li>• Make appointments for community members to get COVID-19 vaccines.</li> <li>• Provide COVID-19 workshops in English, Spanish and Khmer</li> <li>• Offer disease management programs</li> </ul> | x | x |
| Food Systems Advisory Committee | Participate in CommonSpirit system wide committee to address food insecurity issues in the community, including reducing barriers to accessing healthy food.  | x | x |
| Mobile Care Unit                | The mobile van provides health care screenings, education and outreach to communities at high-risk of negative health outcomes.   | x | x |
| The Salvation Army              | Local food bank for homeless and low income families. TSA provides food boxes for low income families obtaining services from St. Mary.   | ☒ | ☒ |
|                                 |   |   |   |

**Goal and Impact:** The hospital's initiatives to address prevention are anticipated to result in: increased access to preventive care services in the community, increased identification and treatment of chronic diseases, and increased compliance with preventive care and disease prevention recommendations (screenings, vaccines, and life style and behavior changes).

**Collaborators:** Key partners include: public health, youth organizations, faith community, LGBTQ community, community clinics, senior centers and community-based organizations.



## Health Need: Violence and Injury Prevention

| Strategy or Program   | Summary Description  | Active FY23                         | Planned FY24                        |
|---|--|-------------------------------------|-------------------------------------|
| Community grants program                                    | Offers grants to nonprofit community organizations that provide mental health programs and services.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Families in Good Health (FiGH)                              | Will explore ways to provide community outreach and education to address violence and injury prevention.   | X                                   | x                                   |
| Violence and Human Trafficking Prevention and Response Team | Provides education to assist providers and staff to identify patients who may be impacted by abuse, neglect, or violence, including human trafficking. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**Goal and Impact:** The hospital's initiatives to address mental health are anticipated to result in: increased access to mental health services in the community, and improved screening and identification of mental health needs.

**Collaborators:** Key partners include: schools and school districts, community-based organizations, the UniHealth Foundation, Dignity Health Southern California Hospitals, law enforcement, and regional collaboratives that seek to support mental health and case management needs.

## Community Health Improvement Grants Program


One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY23, the hospital awarded the grants below totaling \$192,394. Some projects also may be described elsewhere in this report.

| Grant Recipient              | Project Name                 | Amount    |
|------------------------------|------------------------------|-----------|
| Century Villages at Cabrillo | Pathways to Health – Phase 3 | \$ 96,197 |
| United Cambodian Community   | Community Wellness Program   | \$ 96,197 |

## Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

|  <b>CARE Center</b> |   |
|--|---|
| Significant Health Needs Addressed   | <ul style="list-style-type: none"> <li>❑ Access to health services-- HIV testing, HIV treatment, STD testing and treatment, HCV testing and treatment</li> <li>❑ Food insecurity—CARE Food Pantry, homeless emergency food and personal necessities program</li> <li>❑ Behavioral health—Counseling provided by LCSWs specializing in LGBTQ and HIV-related issues</li> </ul> <p>Preventive practices—HIV testing, HIV Biomedical Prevention (PrEP and PEP)</p>   |
| Program Description  | The CARE program is a multidisciplinary HIV care and support project, based on the campus of St. Mary Medical Center. Clients of the CARE program receive integrated high quality medical, dental, health, and psychosocial services to a heavily impacted population of low-income men, women, and children living with HIV and for those at high risk for acquiring HIV.  |
| Population Served  | The program serves individuals who are infected with HIV or who are at high risk of acquiring HIV. This includes uninsured or underinsured men who have sex with men, transgender persons, homeless individuals, those with behavioral health & substance use disorders, persons of color, seniors, young adults and people facing food insecurity.   |
| Program Goal / Anticipated Impact  | The program's goal is to continue emphasis on supporting clients' 1. Retention in HIV care and PrEP care 2. Achieving and maintaining ongoing viral suppression for those who are infected with HIV. 3. Starting high risk individuals on PEP and PrEP. 4. Provide mental health therapy to those in need 6. Provide nutritional support to clients with food insecurity.   |
| FY 2023 Report   |   |
| Activities Summary   | <ul style="list-style-type: none"> <li>• Provided a comprehensive, “one-stop shop” for HIV medical and support services.</li> <li>• Clinical staff provided intensive follow-up for patients who missed appointments, or were otherwise at risk for falling out of care.</li> <li>• Provided opt-out HIV testing to high risk ED patients.</li> <li>• Provided free, walk-in STD testing at CARE Clinic.</li> <li>• Provided PEP on demand in ED and in CARE Clinic to patients with a high risk exposure to HIV in the past 72 hours.</li> </ul> |


|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>• Provided PrEP to HIV negative patients at high risk for HIV infection.</li> <li>• Provided behavioral health therapy and referrals to those in need.</li> <li>• Provided food assistance to those with food insecurity.</li> </ul>   |
| Performance / Impact                      | <ul style="list-style-type: none"> <li>• 87% of CARE patients were ‘retained in care’ in FY23. This is defined based on the standard of at least one HIV medical care visit in each 6 month period of a 12 month measurement period. This indicator increased 5% compared to FY22.</li> <li>• 95% of CARE patients maintained complete HIV viral suppression in FY23. This indicator improved slightly, increasing 2% compared to previous year.</li> <li>• There were a total of 1,163 biomedical prevention (PrEP/PEP) patient visits in FY23. This represents a 4% decrease compared to FY22.</li> <li>• In FY23, there were a total of 1,011 behavioral health visits provided. 870 of these were provided via telehealth. Overall, this represents a 1% decrease compared to FY22.</li> <li>• In FY23, 2156 food allotments were distributed to food pantry clients. This represents a 1% increase compared to FY22.</li> <li>• In FY23, there were approximately 523 emergency food bags distributed to the community. This represents a 5% increase compared to FY22.</li> <li>• In FY23, CARE started 56 patients on antiretroviral therapy within 7 days of initial positive HIV test and/or referral to the program.</li> </ul> |
| Hospital's Contribution / Program Expense | CARE committed a total of approximately 9 FTEs to ED testing, Biomedical Prevention Services, retention & linkage to care, nutritional services, and mental health series, with grant funding to cover approximately 6.5 FTEs.  |
| FY 2024 Plan                              |   |
| Program Goal / Anticipated Impact         | The program’s goal is to continue emphasis on supporting clients’ 1. Retention in HIV care and PrEP care 2. Achieving and maintaining ongoing viral suppression for those who are infected with HIV. 3. Testing of those who are at high risk for HIV and other STDs. 4. Starting high risk individuals on PEP and PrEP. 5. CARE will also provide mental health therapy to those in need 6. Provide nutritional support to clients with food insecurity 7. CARE will initiate “Rapid-Start” antiretroviral therapy for newly diagnosed patients and patients who had fallen out of care.   |

|                    |   |
|--------------------|---|
|                    | <ul style="list-style-type: none"> <li>• 90% of CARE patients will be ‘retained in care’ for FY24. This is defined based on the standard of at least one HIV medical care visit in each 6 month period of a 12 month measurement period.</li> <li>• 95% of CARE patients will achieve and maintain complete HIV viral suppression.</li> <li>• Increase the total number of biomedical prevention (PrEP and PEP) visits to 1300 in FY23.</li> <li>• Provide 1,200 behavioral health visits both in-person and via telemedicine. Of those, enroll 75 clients in new cognitive-behavioral therapy program</li> <li>• Distribute 2,300 allotments of food through CARE food pantry.</li> <li>• Initiate “Rapid-Start” ART for 60 patients.</li> </ul> |
| Planned Activities | The principal program activities for FY 2024 will match those of FY 2023, with the addition of targeted 12 session cognitive-behavioral therapy to behavioral health services.  |



### Every Woman Counts

|                                    |  |
|------------------------------------|--|
| Significant Health Needs Addressed | <ul style="list-style-type: none"> <li>• Access to health services</li> <li>• Preventative practices</li> </ul>  |
| Program Description                | In partnership with community healthcare providers, we were able to offer mammography screening services to women age 40+ and diagnostic mammography services to men and women of any age through the Every Woman Counts Program, for those who qualify. In addition to diagnostic services, assistance is offered to patients with positive cancer findings by enrollment into the Breast and Cervical Cancer Treatment Program and coordination of care by our staff RN. |
| Population Served                  | Low/no income, uninsured/underinsured women age 40 and older for screening mammograms. Low/no income, uninsured/underinsured women and men of all ages for diagnostic breast care imaging services.  |
| Program Goal / Anticipated Impact  | Increase awareness regarding the importance of preventative screenings for breast cancer and program available to all who qualify.   |
| FY 2023 Report                     |  |
| Activities Summary                 | Collaborated with California Collaborative and offered educational classes for breast care via Zoom to the community.  |
| Performance / Impact               | 3854 patients were evaluated under the Every Woman Counts program. Using our electronic tracking system, we were able to follow the patient throughout the cycle of breast care.   |
| Hospital's Contribution /          | St. Mary Medical Center provides assistance with enrollment into the Every Woman Counts Program. A registered nurse offers continuum of care throughout the patient's entire case.   |

|  |  |
|--|--|
| Program Expense  |  |
| FY 2024 Plan   |  |
| Program Goal / Anticipated Impact  | We will continue to work with healthcare providers and community advocates to increase awareness regarding the importance of preventative screenings for breast cancer   |
| Planned Activities   | Collaborative efforts with California Collaborative, American Cancer Society, various breast cancer support groups as well as with the community healthcare providers to hold educational gatherings on/off campus.  |
|  <b>Families in Good Health</b> |  |
| Significant Health Needs Addressed   | <ul style="list-style-type: none"> <li>• Health care access</li> <li>• Mental Health</li> <li>• Preventive practices</li> <li>• Violence and injury prevention</li> <li>• Pregnancy and birth outcomes</li> </ul>  |
| Program Description  | FiGH is committed to providing outreach and education to vulnerable populations in Long Beach. FiGH provides healthy relationship workshops, youth advocacy, home visitations, benefits enrollment, prevention & intervention, Welcome Baby Program, Healthy Families America, Parenting workshops, and disease management programs. Workshops are held in English, Khmer, and Spanish.  |
| Population Served  | Families in Good Health is a multilingual, multicultural health and social education program for the Southeast Asian, Latino, and other communities in Long Beach. Its mission is to help the community make informed choices and gain access needed health and social resources.  |
| Program Goal / Anticipated Impact  | <ul style="list-style-type: none"> <li>• Educated Men with Meaningful Messages (EM3) is an advocacy and health education program for youth 14-19 years old. EM3 offers culturally competent mentoring, career exploration, cultural activities, community engagement, leadership training, and healthy relationship workshops. EM3 works on advocacy and policy change by uplifting youth stories on violence, tobacco prevention, language access, access to healthy nutrition, and mental health. In addition, EM3 hosts a youth leadership camping retreat every summer. The program has provided guidance and direction to thousands of at-risk multi-ethnic youth.</li> <li>• Families in Good Health implements a Community Wellness Program that provides culturally appropriate resources. The Community Wellness Program promotes wellness in the Long Beach Asian Pacific Islander community by prevention and intervention services that culturally sensitive and in their native language. CWP conducts workshops on physical and mental health, support groups, and wellness activities.</li> </ul> |

|                             |   |
|-----------------------------|---|
|                             | <ul style="list-style-type: none"> <li>• Welcome Baby Program is a free, voluntary home visitation program for expectant parents and parents with newborns. Our parent-coaches provide prenatal and postnatal education, and guidance on post-partum care, infant development milestones.</li> <li>• Healthy Families America is a home visiting program that works with expectant mothers through pregnancy, continuing up to five years after the baby's birth. Family Support Specialists provide education and support in the home.</li> </ul>  |
| <b>FY 2023 Report</b>       |   |
| <b>Activities Summary</b>   | <ul style="list-style-type: none"> <li>• Provided Asian Pacific Islanders (API) Stop The Hate workshops</li> <li>• Provided a college tour for EM3 Youth</li> <li>• Provided a Khmer monthly workshops on Mental Health</li> <li>• Provided Khmer Walking Group to promote physical activity</li> <li>• Provided parenting workshops</li> <li>• Provided enrollment, referrals, linkages, and navigation for Cambodian older adults for healthcare access</li> <li>• Provided 600 case management</li> <li>• Provided peer-led and family support groups</li> <li>• To promote positive mental and physical health practices among youth and older adults</li> <li>• To prepare youth for college and entry into the workforce</li> </ul>   |
| <b>Performance / Impact</b> | <ul style="list-style-type: none"> <li>• 85% of Welcome Baby participants receive home safety and security information by the 9 month home visit</li> <li>• 95% rate for Medi-Cal eligible infants received health insurance by the 2-month visit.</li> <li>• 59% of WB hospital visits, 13% of RN visits, 9% of Parent Coaches visits involved father/partner</li> <li>• 75% of enrolled HFA clients received at least 75% of the appropriate number of home visits</li> <li>• 80% HFA referrals were provided within one month</li> <li>• 80% of HFA participants received the one-month home visit</li> <li>• 99% for WB of target children are up-to-date with immunizations at 9 month visits</li> <li>• 90% for HFA of target children are up-to-date with immunizations at 9 month visits</li> <li>• 100% youth graduated from High School</li> <li>• 100% of EM3 high school graduates have enrolled in a 4-year universities</li> <li>• 100% of EM3 youth said that the program prepared them for a better future</li> <li>• 80% of Cambodian older adults improved mental health knowledge, beliefs, and attitudes</li> <li>• 75% of Cambodian older adults increased in social connectedness</li> <li>• 85% of Cambodian older adults increased in health promoting behaviors</li> <li>• 92% of Cambodian older adults increased in healthcare access and utilization</li> </ul> |

|   |   |
|---|---|
| Hospital's Contribution / Program Expense | FiGH committed 23 FTEs to home visitation, outreach, education, and referrals. In addition, 5 FTEs to youth development, Cambodian older adults, prevention & intervention, social support groups, and case management.   |
| FY 2024 Plan                              |   |
| Program Goal / Anticipated Impact         | To collaborate and partner with organizations on relevant advocacy efforts and policy changes that empower the family system and those residing in the community. Provide education, workshops and resources to the populations served by FiGH.   |
| Planned Activities                        | <ul style="list-style-type: none"> <li>• To prepare and empower the mother before and after labor</li> <li>• To promote infant and child development</li> <li>• To promote health care coverage and support individuals in navigating and utilizing preventive and treatment services</li> <li>• To provide education and resources to empower individuals in self-managing their health</li> <li>• To stimulate systems changes that support healthy lifestyles through infrastructure change or policy change</li> <li>• To promote the leadership capacity of youth</li> <li>• To promote positive mental and physical health practices among youth and older adults</li> <li>• To prepare youth for college and entry into the workforce</li> </ul> |

## Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being. Events that St. Mary participated in that are community building, but not necessarily community benefit:

### Disaster Resource Center:

Narcan administration classes for Long Beach Unified School District

Great California Shakeout drill

American Gold Star Manor (senior retirement community) Full-scale exercise drill – fire safety and earthquake preparedness

### Human Trafficking:

St. Mary partnered with the Long Beach Human Trafficking Task for “YESS” event (Youth Empowerment Safety Symposium). The purpose was to educate and engage middle school and high school youth in conversations surrounding human trafficking. Over 200 student's attended.

### Trauma Center:

Stop the Bleed

Pedestrian safety

Fall prevention

**Helping Hands Annual Christmas Children's Gift Event:** Over 379 children were able to participate in a drive through event featuring the LBFD “Spark of Love” truck and mascot “Sparky” to greet the

families and hand out plush toys, food boxes donated by The Salvation Army, and at the end of the route, was Santa himself giving gifts to the all the kids. A great time was had by all.

## Economic Value of Community Benefit

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

### 332 St. Mary Medical Center (Long Beach)

#### Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare and Bad Debt)

For period from 07/01/2022 through 06/30/2023

|  | <u>Persons</u> | <u>Expense</u>       | <u>Offsetting<br/>Revenue</u> | <u>Net Benefit</u>  | <u>% of<br/>Expenses</u> |
|--|----------------|----------------------|-------------------------------|---------------------|--------------------------|
| <b><u>Benefits for Poor</u></b>              |                |                      |                               |                     |                          |
| Financial Assistance                         | 7,572          | \$9,439,990          | \$0                           | \$9,439,990         | 2.2%                     |
| Medicaid                                     | 60,152         | \$280,522,405        | \$246,798,340                 | \$33,724,065        | 7.8%                     |
| <b>Community Services</b>                    |                |                      |                               |                     |                          |
| A - Community Health Improvement Services    | 24,980         | \$5,289,841          | \$3,449,409                   | \$1,840,432         | 0.4%                     |
| C - Subsidized Health Services               | 11,838         | \$16,237,506         | \$6,103,026                   | \$10,134,480        | 2.3%                     |
| E - Cash and In-Kind Contributions           | 42             | \$849,469            | \$0                           | \$849,469           | 0.2%                     |
| G - Community Benefit Operations             | Unknown        | \$236,521            | \$157,288                     | \$79,233            | 0.0%                     |
| <b>Totals for Community Services</b>         | <b>36,860</b>  | <b>\$22,613,337</b>  | <b>\$9,709,723</b>            | <b>\$12,903,614</b> | <b>3.0%</b>              |
| <b>Totals for Benefits for Poor</b>          | <b>104,584</b> | <b>\$312,575,732</b> | <b>\$256,508,063</b>          | <b>\$56,067,669</b> | <b>13.0%</b>             |
| <b><u>Benefits for Broader Community</u></b> |                |                      |                               |                     |                          |
| <b>Community Services</b>                    |                |                      |                               |                     |                          |
| A - Community Health Improvement Services    | 380            | 0                    | \$0                           | 0                   | 0.0%                     |
| B - Health Professions Education             | 349            | \$12,201,186         | \$1,650,935                   | \$10,550,251        | 2.4%                     |
| F - Community Building Activities            | Unknown        | \$607,281            | \$405,079                     | \$202,202           | 0.0%                     |
| <b>Totals for Community Services</b>         | <b>729</b>     | <b>\$12,808,467</b>  | <b>\$2,056,014</b>            | <b>\$10,752,453</b> | <b>2.5%</b>              |
| <b>Totals for Broader Community</b>          | <b>729</b>     | <b>\$12,808,467</b>  | <b>\$2,056,014</b>            | <b>\$10,752,453</b> | <b>2.5%</b>              |
| <b>Totals - Community Benefit</b>            | <b>105,313</b> | <b>\$325,384,199</b> | <b>\$258,564,077</b>          | <b>\$66,820,122</b> | <b>15.5%</b>             |
| <b>Medicare</b>                              | <b>8,217</b>   | <b>\$43,413,483</b>  | <b>\$36,746,211</b>           | <b>\$6,667,272</b>  | <b>1.5%</b>              |
| <b>Totals Including Medicare</b>             | <b>113,530</b> | <b>\$368,797,682</b> | <b>\$295,310,288</b>          | <b>\$73,487,394</b> | <b>17.0%</b>             |

## Hospital Board and Committee Rosters

| Member Roster   |  |   |
|---|--|---|
| Ali Jamehdor, M.D.<br>St. Mary Medical Center                                   | Carolyn Caldwell, President/CEO<br>St. Mary Medical Center | Chester Choi, MD<br>St. Mary Medical Center     |
| Chris Steinhauser   | Cynthia Chao, D.O.   | David Haberbush<br>Haberbush, LLP               |
| Felton Williams, Ph.D – <b>Chair</b><br>Long Beach Unified School Distric       | Gina Maguire   | Gloria Cordero                                  |
| Gloria Willingham, Ph.D – <b>Vice Chair</b>                                     | John Arens<br>Edward Jones                                 | John Javien, M.D.<br>St. Mary Medical Center    |
| Katherine Cofield   | Lisa Lighthall Haubert, MPT, DPT,<br>KEMG                  | Mauricio Heilbron, M.D. – <b>Chief of Staff</b> |
| Sandy Cajas<br>President Regional Hispanic Chamber<br>of Commerce               | Sharifa Batts, DBA   | Sr. Mary Kieffer                                |
| Vattana Peong - <b>Secretary</b><br>Executive Director, The Cambodian<br>Center | <b>Community Board Coordinator</b><br><b>Kristy Valle</b>  |   |

## **Community Health Advisory Committee Members – a subcommittee of the Community Board**

### Community Board representatives:

- Vattana Peong – Executive Director, The Cambodian Community Center
- Sandy Cajas - President, Regional Hispanic Chamber of Commerce

### Community members:

- Sofia Hodjat – Department of Health Services Healthy Aging Coordinator
- Anette Alvarez – American Gold Star Manor Resident Services Program and Events Director
- Bill Cruikshank – Executive Director Meals on Wheels of Long Beach
- Jonathan de Armas – Island Pitch LLC, Owner/Chief Solutions Architect
- Wayne Chaney – Long Beach Fire Department Station #8
- Gregory Sanders – Lead Pastor of the Rock Christian Fellowship and Present of the Long Beach Ministries Alliance
- Genevieve Brill Murphy – Owner Heavenly Home Care, Inc.
- Jewell Baraka – Survivor Advocate Journey Out

### Staff:

- Kit G. Katz – Chair – St. Mary Director of Community Health
- Rose Wright – St. Mary Foundation Director of Grants
- Rev. Stan Kim – St. Mary Director of Mission Integration
- Kim Hurley – CSH System Director Clinical Behavioral Health Equity
- Gia Lipow – St. Mary Manager Community Health