St. Mary Medical Center

Community Benefit 2020 Report and 2021 Plan

Adopted October 2020

Dignity Health.
St. Mary Medical Center

A message from

Carolyn Caldwell, president and CEO of St. Mary Medical Center, and Christopher Pook, 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 2020 Report and 2021 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntary 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 2020 (FY20), St. Mary Medical Center provided $33,689,157 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred $26,238,945 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2020 Report and 2021 Plan at its October 22, 2020 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 to out to the Community Health Department at 562-491-4840.

Carolyn Caldwell, FACHE
President/CEO

Christopher Pook
Chairperson, Board of Directors

Table of Contents

At-a-Glance Summary

Community Served	St. Mary Medical Center, Long Beach is located in Los Angeles County and encompasses 14 zip codes with a current population of slightly over 1 million people. St. Mary Medical Center is in Service Planning Area 8 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" and Kaiser Permanente of South Bay.
Economic Value of Community Benefit	$33,689,157 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits $26,238,945 in unreimbursed costs of caring for patients covered by Medicare
Significant Community Health Needs Being Addressed	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: • Access to health services • Food insecurity • Housing and homelessness • Mental health • Preventive practices
FY20 Programs and Services	• CARE Program – HIV medical and psychosocial service program. • CARE Dental program – dental care to HIV patients. • Family Clinic of Long Beach – Provides primary care. • Bazzeni Wellness Center – Provides health education, chronic disease management, health screenings and resources to the community. • Every Woman Counts- Mammogram services to underserved women over the age of 40. • Mary Hilton Family Clinic – Offers OB, perinatal and pediatric services. • Welcome Baby – Hospital and home based intervention for pregnant and post-partum women, including home visits. • Financial Assistance – Provides financial assistance through free and discounted care for health care services, consistent with the hospitals financial policy. • Community Grants Program – Dignity Health provides community grants to St. Mary Medical Center community organizations to help address needs addressed in the Community Health Needs Assessment.

FY21 Planned Programs and Services

The above mentioned programs will continue through FY'21. The approach of service delivery for some programs and services may change as more virtual programs are being developed and implemented.

- CARE Program – HIV medical and psychosocial service program.
- Family Clinic of Long Beach – Provides primary care.
- Bazzeni Wellness Center – Provides health education, chronic disease management, health screenings and resources to the community.
- Every Woman Counts- Mammogram services to underserved women over the age of 40.
- Mary Hilton Family Clinic – Offers OB, perinatal and pediatric services.
- Welcome Baby – Hospital and home based intervention for pregnant and post-partum women, including home visits.
- Financial Assistance – Provides financial assistance through free and discounted care for health care services, consistent with the hospitals financial policy.

Community Grants Program – Dignity Health provides community grants to St. Mary Medical Center community organizations to help address needs addressed in the Community Health Needs Assessment.

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, located at 1050 Linden Avenue, Long Beach, CA, or by email to Kit.Katz@DignityHealth.org.

Our Hospital and the Community Served

About St. Mary Medical Center

St. Mary Medical Center (SMMC) is a member of Dignity Health, which is a part of CommonSpirit Health. SMMC is located at 1050 Linden Avenue, Long Beach, CA 90813. St. Mary Medical Center was founded in 1923 by the Sisters the Charity of the Incarnate Word. The facility has 389 licensed beds. Major programs and services include: cardiac care, prenatal and childbirth services, bariatric surgery, stroke recovery, critical care, a 39-bed intensive care unit, a level IIIB NICU with 25 beds and a Disaster Resource Center. SMMC's Emergency Department is a level II trauma center and the Paramedic Base Station for the area.

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

St. Mary Medical Center delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of our mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.

A plain language summary of the policy is at the end of this report. The financial assistance policy and plain language summary are on the hospital's web site.

Description of the Community Served

St. Mary Medical Center, Long Beach is located in Los Angeles and is the thirty-ninth-largest city in the nation and the seventh largest city in California. Long Beach is the second largest city within the greater Los Angeles area. It is home to approximately 500,000 people and one of the ethnically diverse communities in the United States with a strong sense of community and unique neighborhoods. While a few of the communities enjoy a higher standard of living, the majority of the communities served have greater needs. To determine the service area, SMMC takes into account zip codes of inpatients from the hospital, the most recent Community Health Needs Assessment and long standing community programs and partnerships.

St. Mary Medical Center serves the City of Long Beach and the surrounding greater Long Beach area. A summary description of the community is below. Additional details can be found in the CHNA report online.

- Long Beach is a very diverse community with a large Cambodian, Hispanic/Latino and Black/African America communities and a growing population of adults 65 and older. When examined by race/ethnicity, Black/African Americans have the lowest predicted life expectancy at 71.5 years, which is seven years less that the other race/ethnicity groups.

Total Population	143,878

Race	
White - Non-Hispanic	35.2%
Black/African American - Non-Hispanic	2.3%
Hispanic or Latino	50.2%
Asian/Pacific Islander	9.4%
All Others	2.9%
Total Hispanic & Race	100.0%

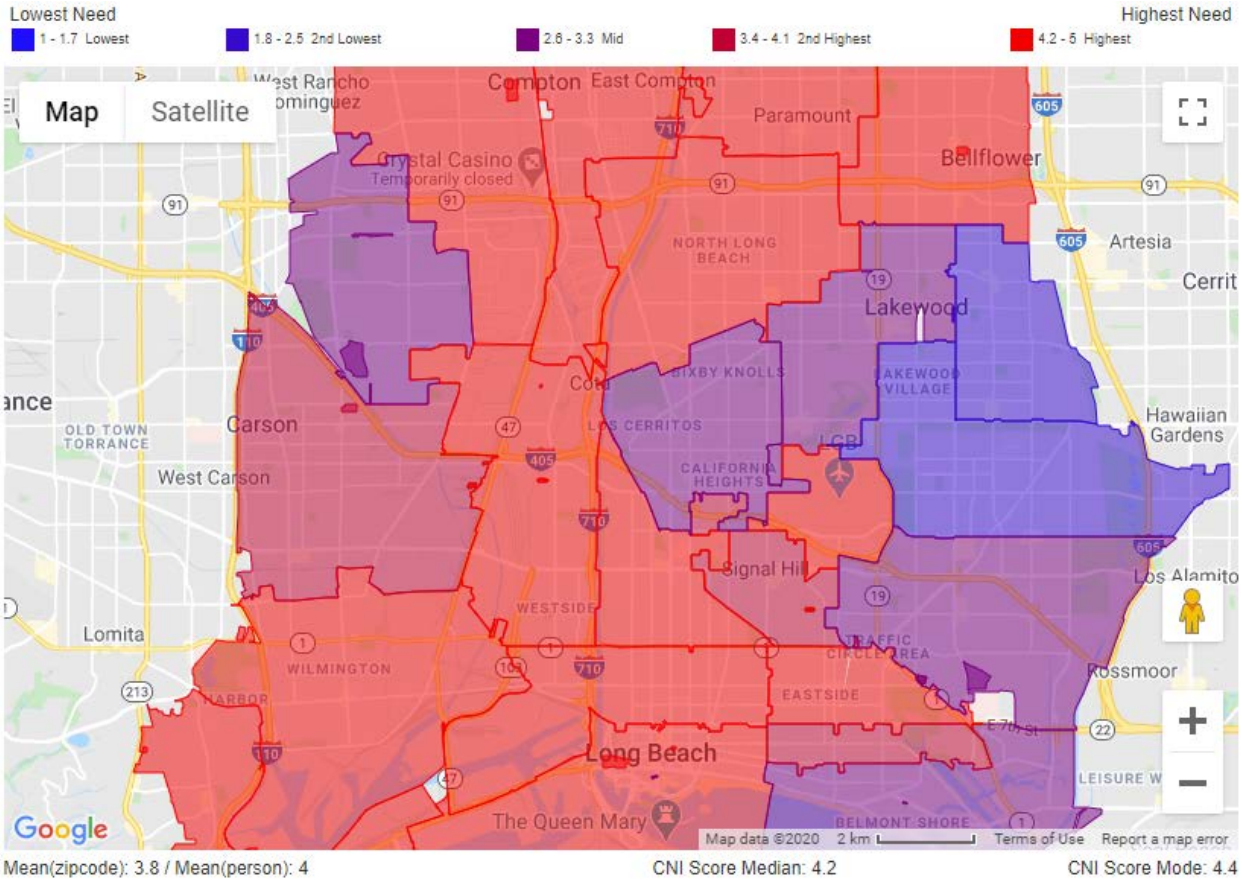
% Below Poverty	7.4%
Unemployment	5.3%
No High School Diploma	16.7%
Medicaid (household)	6.7%
Uninsured (household)	3.7%

Source: Claritas Pop-Facts® 2020; *SG2 Market Demographic Module*

Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage.

Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Mean(zipcode): 3.8 / Mean(person): 4 CNI Score Median: 4.2 CNI Score Mode: 4.4

Zip Code	CNI Score	Population	City	County	State
90220	4.4	51612	Compton	Los Angeles	California
90221	4.4	55751	Compton	Los Angeles	California
90706	4.2	79322	Bellflower	Los Angeles	California
90712	3	31580	Lakewood	Los Angeles	California
90713	2.4	28460	Lakewood	Los Angeles	California
90723	4.4	54522	Paramount	Los Angeles	California
90731	4.8	61869	San Pedro	Los Angeles	California
90744	4.6	54846	Wilmington	Los Angeles	California
90745	3.8	60129	Carson	Los Angeles	California
90746	2.6	25484	Carson	Los Angeles	California
90755	4	12489	Signal Hill	Los Angeles	California
90802	4.4	40993	Long Beach	Los Angeles	California
90803	2.6	33284	Long Beach	Los Angeles	California
90804	4.4	40678	Long Beach	Los Angeles	California
90805	4.4	95238	Long Beach	Los Angeles	California
90806	4.6	43971	Long Beach	Los Angeles	California
90807	3.2	31546	Long Beach	Los Angeles	California
90808	2.2	38392	Long Beach	Los Angeles	California
90810	4.2	37334	Long Beach	Los Angeles	California
90813	4.8	59970	Long Beach	Los Angeles	California
90814	3.4	18294	Long Beach	Los Angeles	California
90815	3	38672	Long Beach	Los Angeles	California

Community Assessment and Significant Needs

The hospital 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 2019.

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 most recent community health needs assessment identified the following significant community health needs:

- Access to Health Care – Health insurance coverage is a key component to accessing health care. Among service area children, ages 0 to 18, 94.1% are insured, whereas 83.2% of area adults have health insurance. When the type of insurance coverage was examined for the service area, 48.7% of the residents in SPA 6 and 26.7% in SPA 8 have Medi-Cal coverage. In SPA 6, 22.7% have employment-based insurance. In SPA 8, 40.7% of the population has employment-based insurance.
- Chronic Diseases – Heart disease and cancer were the top causes of death in Long Beach. The ER rate due to hypertension (high blood pressure) among adults in Long Beach was 28.0 visits per 10,000 population. This rate is higher than the county rate (26.2 visits per 10,000 population). In Long Beach, 10.3% of adults have been diagnosed with diabetes. This is higher than county (9.9%) and state (8.8%) rates of adults diagnosed with diabetes. The rate of ER visits due to asthma among the total population in Long Beach is 57.3 visits per 10,000 population. This is a higher rate than found in the county and the state. In Long Beach City, 5.1% of adults were living with cancer.
- Economic Insecurity – The median household income in Long Beach City is $55,151. In the LBMC service area, household income ranges from $31,775 in Long Beach 90813 to $97,500 in Long Beach 90808. The percentage of students eligible for the free and reduced price meal program is one

indicator of socioeconomic status. In the Long Beach Unified School District (LBUSD), 69.7% of students are enrolled in the Free or Reduced Price Meals program.

- Environment – Hazmat sites are contaminated with hazardous substances and pollutants making them unsafe for people to live or work. Long Beach ZIP Codes 90813, 90805, 90802, and 90806 have a high number of contaminated sites. Lead poisoning is an environmental health problem due to exposure to dust from deteriorating lead paint in older homes. Long Beach 90813 had the most cases of lead poisoning (11 cases) among Long Beach ZIP Codes.
- Exercise, Nutrition and Weight – Among children, 18% in SPA 6 and 8.2% in SPA 8 are overweight. Among teens, 29.9% in SPA 6 and 21.4% in SPA 8 are overweight. In the adult population, 26.6% in SPA 6 and 34.4% in SPA 8 are overweight. Less than one-fourth (22.5%) of Long Beach City's children and teens engage in regular physical activity (one hour a day). In Long Beach, 48.4% of children drink a sugar-sweetened beverage (SSB) on a daily basis.
- Food Insecurity – Among persons in Long Beach who are <300% of the Federal Poverty Level, 38.4% are food insecure. This is a higher rate than found in LA County (29.2%).
- Housing and Homelessness – According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be "cost burdened." Those who spend 50% or more are considered "severely cost burdened." Among Long Beach renters, 55.3% spend 30% or more of their income on housing. From 2015 to 2017, there was a 20% decrease in unsheltered homeless in Long Beach and a 21% decrease in total sheltered homeless, including those in emergency shelters, transitional housing, and safe havens. However, during this time, there was a 3% increase in homeless veterans.
- Mental Health – In Long Beach, 16% adults have been diagnosed with depression, which is higher than the Los Angeles County rate of 13%. 11.6% of adults in Long Beach are at risk for major depression. The years of potential life lost (YPLL) per 100,000 population due to premature death from suicide in Long Beach is 392.22, compared to a YPLL rate of 216.04 for Los Angeles County.
- Oral Health/Dental Care – In Long Beach, 86.3% of children, ages 2-17, had seen a dentist in the past year. Residents in Long Beach had been to the ER due to a dental program at a rate of 31.1 visits per 10,000 population. This rate is higher than the LA County rate (22.9 visits per 10,000 population).
- Pregnancy and Birth Outcomes – In Long Beach, the teen pregnancy rate declined by 45.6% from 2013 to 2017. Hispanic/Latino teens had a high rate of 23.0 pregnancies per 1,000 population in 2017. This is higher than the city rate of 14.6 pregnancies per 1,000 population. In Long Beach, Blacks/African Americans had the highest rates of low birthweight and very low birthweight rates from 2013-2017. Women 35 years and older are at higher risk of having very low birthweight babies.
- Preventive Practices – The Healthy People 2020 objective is for 70% of the population to receive a flu shot. In SPA 6, 30.3% of adults, 53.6% of children (ages 6 months to 17 years) and 62.1% of seniors received a flu shot. In SPA 8, 41.8% of adults, 56.9% of children (ages 6 months to 17 years) and 69.3% of seniors received a flu shot. Among seniors, 31.7% in SPA 6 and 27.4% in SPA 8 experienced a fall. Of those who fell, 16.4% in SPA 6 and 12.5% of SPA 8 seniors were injured.
- Public Safety – Public Safety measures relate to ensuring a safe learning, working, and living environment, as well as injury, crime, and emergency prevention. The premature death rate due to homicide in total years of potential life lost (YPLL) is almost double for the City of Long Beach (445.26) compared to Los Angeles County (239.52). The violent crime rate in the city has increased

each year from 2014 (482 violent crimes per 100,000 population) to 2017 (661.2 violent crimes per 100,000 population). I

- Sexually Transmitted Infections – The 2017 incidence rates of chlamydia, syphilis, and gonorrhea for Long Beach City were significantly greater than the Los Angeles County and California state rates. There were 4,520 Long Beach City residents diagnosed and living with HIV at the end of 2017. Of those, 90% were male. Whites had the highest percentage of the total cases for at 39%, followed by Latinos (34%) and African Americans (20%).
- Substance Use and Misuse – The Healthy People 2020 objective for cigarette smoking among adults is 12%. In SPA 6, 14.4% of adults smoke cigarettes and 10.3% of SPA 8 of adults smoke cigarettes. The rate of ER visits due to alcohol abuse in Long Beach is 39.8 visits per 10,000 population. Long Beach 90813 has an ER rate of 87.1 visits per 10,000 population for alcohol abuse. The rate of ER visits due to substance abuse in Long Beach is 17.2 visits per 10,000 population. Long Beach 90813 has an ER rate of 32.3 visits per 10,000 population for substance abuse.

After a thorough process was applied using the criteria below, the Community Health Office under the guidance of Mission Integration and St. Mary Medical Center Senior Leadership identified the following significant health needs to be addressed:

- Access to health services
- Food insecurities
- Housing and homelessness
- Mental health
- Preventive practices

Significant Needs the Hospital Does Not Intend to Address

SMMC will not directly address the following needs identified in the CHNA: chronic diseases, economic insecurity, environment, exercise/nutrition/weight, oral health, pregnancy and birth outcomes, public safety, sexually transmitted infections and substance use and misuse. Taking existing community resources into consideration, SMMC has selected to concentrate on those health needs that we can most effectively address given our areas of focus. SMMC has insufficient resources to effectively address all the identified needs and in some cases, the needs are currently addressed by others in the community.

The following four criteria were used to prioritize the significant health needs:

- **Severity:** The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
- **Disparities:** The health need disproportionately impacts certain groups of people more than others (e.g. by geography, age, gender, race/ethnicity).
- **Prevention:** Effective and feasible prevention is possible. There is an opportunity to intervene at the prevention level and impact overall health outcomes. Prevention efforts include those that target individuals, communities, and policy efforts.
- **Leverage:** The solution could impact multiple problems. Addressing this issue would impact multiple health issues.

SMMC cannot address all the social determinants of health or the health needs present in the community; therefore, it will concentrate on those health needs that can most effectively be addressed given the organization's areas of focus, expertise and partnership support.

2020 Report and 2021 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 FY20 and planned activities for FY21, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.

Creating the Community Benefit Plan

St. Mary Medical Center 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.
The hospital engages in multiple activities to conduct its community benefit and 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; using five core principles to guide planning and program decisions; measuring and tracking program indicators and impact; and engaging the Community Benefit Advisory Committee and other stakeholders in the development of an annual community benefit plan and triennial Implementation Strategy.

Community focus groups are held to determine health needs. A focus group consists of residents of the SMMC service area as well as other community stakeholders who may provide programs and/or services.

Once the areas of significant health needs were identified the Community Benefits Advisory Committee met to discuss and make a recommendation to the SMMC Leadership of which health needs should be addressed.

The Community Health Department, Mission Integration and Senior Leadership met to review the recommendations as make any changes based on hospital resources and the impact of programs and services being offered.

Impact of the Coronavirus Pandemic

When the Coronavirus pandemic struck and the CDC and California Department of Health Services imposed mandated restrictions, the hospital and the Community Health Department immediately took the necessary actions to keep our community safe. This included restrictions on ancillary services, elective surgeries, volunteers, rotation of nursing students and very strict limitations on visitors. During the surge of the pandemic St. Mary Medical Center, in partnership with the State, County and City of Long Beach, provided 6313 COVID-19 tests for our Community Drive Thru testing.

With the above mentioned restrictions in place, the Community Health Department was required to stop all on campus health education and senior exercise classes. The mobile unit was not able provide much needed community health screenings. Restrictions also affected the Low Visions Center as they were not able to provide free vision screenings to elementary school age students. Other ancillary department were not able to provide home visits, support groups or the Welcome Baby Program and Child Birth Prep classes

The result of the shutdown of services from mid-March through the remainder of the fiscal year created a lot of anxiety in the community and especially the senior population:

- Depression due to social isolation and loneliness increased
- Decrease in social and economic resources
- Loss of jobs
- Parents struggling with work at home orders and their children being schooled from home
- Food insecurities
- Digital division among community members that are able to access Wifi/internet.

Some of the actions that were taken:

- Seniors were called on a weekly basis to be sure they were coping and best as possible and had food and resources that were needed.
- Community health department staff volunteered to help one of our community partners who lost their volunteers deliver meals.
- Virtualized programs as much as possible

Going forward into the next year, the hospital will continue to keep our community as safe as possible and support out of the box thinking and creativity to provide the needed service to our community and address the digital divide that it very present in Long Beach.

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.

Health Need: Access to health services Significant Community Health Need 1

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
CARE Program	• HIV medical and dental services • Psychosocial services	☒	☒
Family Clinic of Long Beach	Primary care services	☒	☒
Families in Good Health	• Cover California • Welcome Baby Program • Public benefit navigation	☒	☒
Financial assistance	• Free and discounted health care services consistent with the hospitals financial policy	x	x
Mary Hilton Family Clinic	• OB, perinatal and pediatric services	x	x

Impact: Proving primary care services and referrals to public benefits will help to minimize some of the barriers to accessing health services

Collaboration: The hospital will partner with the local LGTBQ center, GME program, the Long Beach Department of Health and Human Services and community partners.

Health Need: Food insecurity Significant Community Health Need 2

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Project Angel Food	• Provides medically tailored home delivered meals to HIV and cancer patients.	☒	☒
The Salvation Army	Local food back for homeless and low income families	☒	☒
Meals on Wheels	Provides home delivered meals to home bound seniors.	☒	☒
Food Finders	Collects food from grocery stores, restaurants and hospital cafeterias and redistributes to local nonprofit agencies and food banks.		x

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.

Health Need: Housing and homelessness Significant Community Health Need 3

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
LINC Housing	• Affordable housing for low income families, seniors and special needs populations.	☒	☒
Century Villages at Cabrillo	Property serves formerly homeless transitional to permanent housing	☒	☒
Mercy Housing	Affordable housing for low income families, seniors	☐	☒

Impact: Affordable housing and homelessness are major concerns in Long Beach. Without a home or continually wondering about whether or not someone is able to pay their rent for the month increases the chance of health related issues occurring or relapsing.

Collaboration: Identify other partners to help identify low income housing resources and shelters. Attend City run community meetings around this issue.

Health Need: Mental health Significant health need #4

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Mental Health America of Los Angeles	• Provides comprehensive mental health services using a one-stop integrated model.	☒	☒
NAMI Long Beach	• Provides advocacy, education, support and public awareness for individuals and families affected by mental illness.	☒	☒
Long Beach Trauma and Recovery Center	• Provides individual, family and group mental health services to victims of trauma and their families.	☐	☒

Impact. Each agency represents a different age group and different geographic area of Long Beach affecting the homeless, schools age children and those involved in any type of trauma.

Collaboration: The hospital will collaborate with two local Title 1 schools and the Multipurpose Center which focuses on the homeless population.

Health Need: Preventive practices Significant health need #5

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Bazzeni Wellness Center	• Provides health education and evidence based disease self-management programs	☒	☒
Mobile Care Unit	• The mobile unit travels to high need areas to provide health care screenings, education, outreach and immunizations	☒	☒
Every Woman Counts	• Offers mammography services to underserved women over the age of 40 for breast care services and pap smears.	☒	☒

Impact. Providing preventative health screenings education and resources reduces the risk of chronic conditions.

Collaboration: The hospital will partner with other Federally Qualified Health Centers and the Long Beach Department of Health and Human Services.

Community 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.

In FY20, the hospital awarded the grants below totaling $121,000. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Mental Health America of Los Angeles	Project Access	$86,000
Century Villages at Cabrillo	Pathways to Health	$35,000

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

Comprehensive AIDS Resource and Education (CARE) Program	
Significant Health Needs Addressed	☑ Access to health services-- HIV testing, HIV treatment, STD testing and treatment, HCV testing and treatment ☑ Food insecurities—CARE Food Pantry, homeless emergency food and personal necessities program ☑ Mental health—Counseling provided by LCSWs specializing in LGBTQ and HIV-related issues ☑ Preventive practices—HIV testing, HIV Biomedical Prevention (PrEP and PEP)
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.
Community Benefit Category	A2 – Community based clinical services
FY 2020 Report	
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 HCV. 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
Measurable Objective(s) with Indicator(s)	• 90% of CARE patients will be 'retained in care' for FY20. 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. • CARE patients will continue to achieve 90% or above viral suppression. • Increase the number of PrEP and PEP patients who seek services at CARE to 500, cumulatively. • Of those seeking PEP care, 100% of those patients who test positive are linked to medical care. • Perform 9,000 HIV tests • Perform 7,000 HCV RNA tests

	• Provide 900 mental health visits • Provide regular food assistance to 150 clients • Provide 300 emergency food/personal necessity bags to homeless clients
Intervention Actions for Achieving Goal	• Provide a comprehensive, one-stop program of HIV medical and support services that support retention in care by allowing clients to access all needed medical support services in a single location, including medical case management, dental services, nutritional counseling, and behavioral health services. • Clinical staff will monitor and report viral load levels, provide intensive follow-up for patients who missed appointments, or who did not attend medical appointments over a 6-month period. Full-time Patient Retention Specialists provides specialized follow-up for clients who miss appointments and/or who appear to be lost to care. • Provide opt-out HIV testing to high risk ED patients. • Provide HCV testing to high risk ED patients. • Offer PEP on demand in ED and in CARE Clinic to all patients with a high risk exposure to HIV in the past 72 hours. • Offer ongoing PrEP to all HIV negative patients at high risk for HIV infection. • Offer mental health therapy and referrals to those in need. • Offer nutritional assistance to those with food insecurity. • Continue to engage in community outreach activities and collaborate with community partners; continue leadership role in Long Beach HIV PrEP Working Group.
Collaboration	City of Long Beach Department of Health and Human Services, Los Angeles County Department of Public Health-Division of HIV and STD Programs, The Long Beach Gay and Lesbian Center, APLA Health, Bienestar, Long Beach VA and California State University Long Beach
Performance / Impact	• 87% of CARE patients were ‘retained in care’ in FY20. 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. • 92% of CARE patients maintained complete HIV viral suppression in FY20. • There were a total of 946 PrEP/PEP patient visits in FY20. • In FY20, there were a total of 7,946 HIV screening tests performed in the ED. • In FY20, there were a total of 7,200 HCV screening tests performed in the ED. • In FY20, there were a total of 1048 mental health visits provided. Since the beginning of the Covid-19 crisis, there has been over a 30% increase in the number of visits provided. All visits since March 2020 have been provided through telehealth.

	• 528 food allotments were delivered to clients homebound due to the Covid-19 crisis. An additional 840 food allotments were provided to regular food pantry clients in FY20. • Over 300 emergency food bags were distributed to the community during the first four months of the Covid-19 crisis. There were over 700 bags provided in total in FY20.
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 2021 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
Measurable Objective(s) with Indicator(s)	• 90% of CARE patients will be 'retained in care' for FY21. 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. • 95% of CARE patients will achieve and maintain complete HIV viral suppression. • Increase the number of total PrEP and PEP patient visits to 1200 in FY21. • Perform 9,000 HIV tests in ED and 1,000 HIV tests at CARE walk-in sexual health clinic. • Perform 3,000 STD tests (syphilis, gonorrhea and chlamydia) at CARE walk-in sexual health clinic. • Provide 1,500 behavioral health visits through telehealth. • Distribute 2,800 allotments of food through CARE food pantry.
Intervention Actions for Achieving Goal	• Provide a comprehensive, one-stop program of HIV medical and support services that support retention in care by allowing clients to access all needed medical support services in a single location, including medical case management, dental services, nutritional counseling, and behavioral health services. • Clinical staff will monitor and report viral load levels, provide intensive follow-up for patients who missed appointments, or who did not attend medical appointments over a 6-month period. Full-time Patient Retention Specialists provides specialized follow-up for clients who miss appointments and/or who appear to be lost to care.

	• Provide opt-out HIV testing to high risk ED patients. • Provide free, walk-in STD testing at CARE Clinic. • Provide partner notification services at CARE Clinic. • Offer PEP on demand in ED and in CARE Clinic to all patients with a high risk exposure to HIV in the past 72 hours. • Offer ongoing PrEP to all HIV negative patients at high risk for HIV infection. • Offer behavioral health therapy and referrals to those in need. • Offer nutritional assistance to those with food insecurity. • Continue to engage in community outreach activities and collaborate with community partners; continue leadership role in Long Beach HIV PrEP Working Group.
Planned Collaboration	City of Long Beach Department of Health and Human Services, Los Angeles County Department of Public Health-Division of HIV and STD Programs, The Long Beach Gay and Lesbian Center, APLA Health, Bienestar, Long Beach VA and California State University Long Beach

Every Women Counts (EWC)

Significant Health Needs Addressed	☑ Access to health services ☐ Food insecurity ☐ Housing and homelessness ☐ Mental health ☑ Preventive practices
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 qualified. In addition to diagnostic services, we offer assistance with enrollment into the Breast and Cervical Cancer Treatment Program and coordination of care by our staff RN if biopsy proves cancerous.
Community Benefit Category	A2. Community-based clinical services
FY 2020 Report	
Program Goal / Anticipated Impact	Increase preventative screenings for breast and cervical cancer.
Measurable Objective(s) with Indicator(s)	Screen 4,000 women for breast and/or cervical cancer through the EWC program. Electronic Medical Records system will assist in tracking.
Intervention Actions for Achieving Goal	Participate in community health education, lectures, presentations and wellness fairs. Provide outreach and health education through social

	media and community health awareness events to encourage healthy behaviors and promote early detection of cancer through screenings.
Collaboration	Susan G. Komen Foundation Cancer Detection Program: Every Woman Counts American Cancer Society Healthcare providers in the Long Beach and surrounding communities
Performance / Impact	Our goal for FY 2020 was to increase awareness of the importance of breast health care. Educating women on the importance of routine screenings as a preventative measure as well as advising the Long Beach and surrounding communities of the program available to them at no cost.
Hospital's Contribution / Program Expense	St. Mary Medical Center provides for the coordination of care for this program. A registered nurse offers continuum of care throughout the patient's entire case. $68.46/Hour
FY 2021 Plan	
Program Goal / Anticipated Impact	Increase awareness regarding the importance of preventative screenings for breast cancer.
Measurable Objective(s) with Indicator(s)	Screen 3,000+ women for breast cancer through the EWC program. EMR system will assist in tracking.
Intervention Actions for Achieving Goal	In partnership with community healthcare providers and collaborators listed below, educate patients on the importance of early detection using various methods of social media.
Planned Collaboration	Susan G. Komen Foundation Cancer Detection Program: Every Woman Counts American Cancer Society Healthcare providers in the Long Beach and surrounding communities

Mary Hilton Family Health Center

Significant Health Needs Addressed	☑ Access to health services ☑ Preventive practices
Program Description	The Mary Hilton Family Health Center has OB, Uro-Gyn, perinatal, and pediatric services: The clinics provide comprehensive services to serve mothers and children from pregnancy through Adulthood. Services include: • Comprehensive Prenatal Services Program (CPSP) • High risk care • Vaccines • Care for diabetic expectant mothers • Nutrition, education and psychosocial services

	• Uro-gynecology services • Urodynamic Studies
Community Benefit Category	A1. Community Health Education A2. Community-Based Clinical Services A3. Health Care Support Services
FY 2020 Report	
Program Goal / Anticipated Impact	To support access to care. To support increased access to in-home and post-partum services through the Welcome Baby Program. To provide prenatal care and education
Measurable Objective(s) with Indicator(s)	Increase and provide prenatal care and education to women by 15%. Increase access to in home and post-partum and pediatric services through our partnership with the Welcome Baby Program.
Intervention Actions for Achieving Goal	• Ensure that all patients delivering at SMMC are offered Welcome Baby information.
Collaboration	Child Birth Prep Classes are offered every Tuesday during the last trimester of pregnancy. Topics include: • Breathing and relaxation techniques • Counting contractions • Stages of labor • Breast-feeding classes The Welcome Baby Program has been incorporated into the maternity tours
Performance / Impact	The Program begins early in pregnancy, continues during pregnancy, and extends through the postpartum period. The earlier the pregnancy is diagnosed and the woman seeks care, the sooner efforts can be undertaken to assess risk factors, establish an ongoing management
Hospital's Contribution / Program Expense	The hospital supports this program through the coordination of care and education using social workers and health educators.
FY 2021 Plan	
Program Goal / Anticipated Impact	To support access to care To increase access to in-home support and post-partum services through the Welcome Baby Program. To improve pregnancy outcomes through enhanced prenatal care
Measurable Objective(s) with Indicator(s)	Provide initial assessments on every new patient initiating prenatal care seen by Obstetrician and supplement care by nutrition, education and Psychosocial services in order to improve pregnancy outcomes.
Intervention Actions for Achieving Goal	Ensure that all prenatal patients are offered Welcome Baby information. Referral/appointments made for patients to have initial Assessment completed by CPHW (Perinatal Health worker)

Planned Collaboration	Collaboration with Community Education at SMMC Patients referred to Tours of Labor and Delivery Suites and Birthing Classes during the last trimester of pregnancy. Flyer with dates and times provided printed by Dignity Health. Welcome baby Program information has also been incorporated into the maternity tours.

Family Clinic of Long Beach

Significant Health Needs Addressed	☑ Access to health services ☑ Chronic Disease ☑ Obesity and Diabetes ☑ Preventive Care
Program Description	The Family Clinic of Long Beach has been providing primary care to the Long Beach community for over 25 years. Developed as part of the St. Mary Residency Program, the Family Clinic continues to support the Residency and over 30 medical students and pharmacy students each year. The Family Clinic serves as the hub of medical services for our group of clinics, serving as the medical home for adult patients seeking primary care services or referrals to specialists in our clinic network. The clinic focuses on internal medicine with additional services such as Travel Clinic, Coumadin Clinic, Diabetes Education Program and Specialty Medicine.
Community Benefit Category	A2 Community-based clinic

FY 2020 Report

Program Goal / Anticipated Impact	To retain current patients and ensure proper screening on patients.
Measurable Objective(s) with Indicator(s)	Continue to screen patients for Diabetes and Cervical Cancer.
Intervention Actions for Achieving Goal	Continuous efforts in monitoring screening of diabetes and cervical cancer measures.
Collaboration	Would like to collaborate with health plans, CARE Clinic and Emergency Department in order to capture patients who do not have a Primary Care Physician.
Performance / Impact	Our goal to continue to screening patients for Diabetes and Cervical Cancer is an ongoing effort which is definitely improving.
Hospital's Contribution / Program Expense	Family Clinic was developed as part of the SMMC Residency Program. This clinic continues to support the Residency Program.

FY 2021 Plan

Program Goal / Anticipated Impact	Goals include retaining our current patients. Increase access to primary health care for our medically underserved population. Stabilize patients with diabetes and decrease disease through prevention services. Implement a new initiative in collaboration with the port of LB through a Propeller Health platform to monitor patients with COPD and asthma.
Measurable Objective(s) with Indicator(s)	Provide 50 patients with diabetes and medication therapy management. Increase access for additional 100 patients annually to obtain care at the clinic. Designate and enroll some patients who meet criteria on new propeller health initiative.
Intervention Actions for Achieving Goal	1. Provide patients with diabetes medication therapy management. 2. Screen patients with diabetes and cervical cancer. 3. Improve patients' quality of life and manage their respiratory diagnosis
Planned Collaboration	Will continue to collaborate with the CARE Clinic, the Emergency Department and the Health Plans.

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.

- National Stop the Bleed – Trauma Team Tourniquet Training as CSU Long Beach
- Team St. Mary American Heart Association Heart Walk
- Disaster training – earthquakes, active shooter and bomb threats
- Annual "Helping Hands" Children's Christmas event.
- Drive thru N-95 mask give away to doctors' offices
- Partnered with NAACP for mask and glove give-away to local senior citizen facility.

Economic Value of Community Benefit

The economic value of community benefit for patient financial assistance is calculated using a cost-to-charge ratio, and for Medicaid and other categories of community benefit 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 Including Non Community Benefit (Medicare)
For period from 7/1/2019 through 6/30/2020

	Persons	Net Benefit	% of Expenses
Benefits for Poor			
Financial Assistance	**4,091**	**8,696,171**	**2.3%**
Medicaid	**69,794**	**150,569**	**0.0%**
Means-Tested Programs	**11,991**	**10,236,377**	**2.7%**
Community Services			
A - Community Health Improvement Services	23,730	3,207,582	0.8%
E - Cash and In-Kind Contributions*	2	0	0.0%
Totals for Community Services	**23,732**	**3,207,582**	**0.8%**
Totals for Poor	**109,608**	**22,290,699**	**5.9%**
Benefits for Broader Community			
Community Services			
A - Community Health Improvement Services	673	0	0.0%
B - Health Professions Education	37	10,702,574	2.8%
F - Community Building Activities	0	695,884	0.2%
Totals for Community Services	**710**	**11,398,458**	**3.0%**
Totals for Broader Community	**710**	**11,398,458**	**3.0%**
Totals - Community Benefit	**110,318**	**33,689,157**	**8.9%**
Medicare	**18,152**	**26,238,945**	**6.9%**
Totals with Medicare	**128,470**	**59,928,102**	**15.8%**

*Cash and in-kind contributions reported at $0 net benefit due to return of a large donation in the fiscal year.

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.

Hospital Board and Committee Rosters

Carolyn Caldwell, President/CEO
St. Mary Medical Center

Chester Choi, MD
Physician

Minnie Douglas, EdD, RN
Consultant

Ivy Arlinda Goolsby
Int'l Realty and Investment

David Lalonde
Crew, Inc.

Bonnie Lowenthal
Long Beach Board of Harbor Commissioners

George Murchison
Retired

Christopher R. Pook – Chair
Grand Prix Association of Long Beach

Erin Simon, EdD
Long Beach Unified School District

Bertram E. Sohl, MD
Physician

Rocky Suares
Suares Investment Group

Sr. Kim-Phuong Tran, CCVI
Sponsor Villa de Matel

Felton Williams, Ph.D.
Long Beach Unified School District

Community Benefit Advisory Committee

Theresa Brunella
Long Beach City College

Leon Choiniere
St. Mary Medical Center

Minnie Douglas, EdD, RN
Consultant

Kimm Hurley
St. Mary Medical Center

Kit G. Katz
St. Mary Medical Center

Patrick Kennedy
Long Beach Interfaith Community Organization

Patti LaPlace
California State University Long Beach

Anthony Ly
Long Beach Department of Health and Human Services

Ruth Ashly Perez
Long Beach Unified School District

Sister Celeste Trahan, CCVI
St. Mary Medical Center

Rose Wright
St. Mary Medical Center Foundation

Financial Assistance Policy Summary

Summary Of Financial Assistance Programs

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 250% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 250-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

California Hospital Medical Center 1401 South Grand Ave, Los Angeles, CA 90015 | **Financial Counseling** 213-742-5530
Patient Financial Services 888-488-7667 | www.dignityhealth.org/californiahospital/paymenthelp

Community Hospital of San Bernardino 1805 Medical Center Dr, San Bernardino, CA 92411
Financial Counseling 909-806-1317 | **Patient Financial Services** 909-806-1281
www.dignityhealth.org/san-bernardino/paymenthelp

Glendale Memorial Hospital 1420 South Central Ave, Glendale, CA 91204 | **Financial Counseling** 818-502-2305
Patient Financial Services 888-488-7667 | www.dignityhealth.org/glendalememorial/paymenthelp

Northridge Hospital Medical Center 18300 Roscoe Blvd, Northridge, CA 91328 | **Financial Counseling** 818-885-5368
Patient Financial Services 888-488-7667 | www.dignityhealth.org/northridgehospital/paymenthelp

St. Bernardine Medical Center 2101 N. Waterman Ave, San Bernardino, CA 92404
Financial Counseling 909-883-8711 ext 4408 | **Patient Financial Services** 909-881-4418
www.dignityhealth.org/stbernardinemedical/paymenthelp

St. Mary Medical Center 1050 Linden Ave, Long Beach, CA 90813 | **Financial Counseling** 562-491-7078
Patient Financial Services 888-488-7667 | www.dignityhealth.org/ stmarymedical/paymenthelp

Southern California_CA2016

Dignity Health.