St. Mary Medical Center

Community Benefit 2022 Report and 2023 Plan

Adopted November 2022





A message from

Carolyn Caldwell, President and CEO, 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 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 2022 Report and 2023 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 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 2022 (FY22), St. Mary Medical Center provided \$53,577,331in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$7,484,297 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 2022 Report and 2023 Plan at its November 17, 2022 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 and CEO

Christopher Pook Chairperson, Board of Directors

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At-a-Glance Summary

Community Served



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.

Economic Value of Community Benefit

\$53,577,331 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits



\$7,484,297 in unreimbursed costs of caring for patients covered by Medicare feefor-service

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:



Health priorities that were addressed in CHNA 7/2019 – 6/2022 and reported as FY22 programs and services:

Access to healthcare services Food insecurities Housing and homelessness Mental health Preventive practices Health priorities to be addressed in CHNA 7/2022-6/2025 and reported as FY23 planned programs and services:

Access to healthcare services Housing and homelessness Mental health Preventive practices Violence and injury prevention

FY22 Programs and Services



The hospital delivered several programs and services to help address identified significant community health needs. These included:

- Bazzeni Wellness Center Provides health education, chronic disease management, health screenings and resources to the community.
- CARE Program HIV medical, PrEP, and psychosocial service programs.
- CARE Dental program dental care to HIV patients.
- 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.
- Every Woman Counts- Mammogram services to underserved women over the age of 40.
- Families in Good Health SNAP, Cover California Enrollment, Patient Navigation, Social Service Programs.

- Family Clinic of Long Beach Provides primary care.
- Low Vision Center Free vision screenings for children and older adults.
- Mary Hilton Family Clinic Offers OB, perinatal and pediatric services.
- Welcome Baby Hospital and home based intervention for pregnant and postpartum women, including home visits.
- Financial Assistance Provides financial assistance through free and discounted care for health care services, consistent with the hospitals financial policy.

FY23 Planned Programs and Services



The hospital intends to take several actions and dedicate resources to these needs, including:

Access to Healthcare

CARE Program
Community Grants Program
Financial Assistance
Families in Good Health
Low Vision Center

Housing and Homelessness

Community Grants Program

Mental Health

CARE Program
Community Grants Program
Mental Health First Aid program

Preventive Practices

Bazzeni Wellness Center CARE Program Community Grants Program Every Woman Counts Families in Good Health Food Systems Advisory Committee Mobile Care Unit

Violence and Injury Prevention

Community Grants Program
Families in Good Health
Violence and Human Trafficking Prevention and Response Team

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

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 36th 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. To determine the service area, St. Mary Medical Center takes into account zip codes that are based on the top 75-80% of discharges.



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

Total population	528,729
Race	
Asian/Pacific Islander	10.9%
Black/African American – Non-Hispanic	12.0%
Hispanic or Latino	54.3%
White Non-Hispanic	18.3%
All others	4.4%
% below poverty level	13.1%
Unemployment	5.8%
No high school diploma	25.0%
Medicaid	34.4%
Uninsured	9.0%

Source: Claritas Pop-Facts 2022; 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 2022 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 2022 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.

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.

Significant Health Need	Description	Intend to Address?
Access to health care	Access to health care refers to the availability of primary	X
	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.	
Chronic diseases *	A chronic disease or condition usually lasts for three months	X
Cirome diseases	or longer and may get worse over time. Chronic diseases can	Λ
	usually be controlled but not always cured. The most	
	common types of chronic diseases are cancer, heart disease,	
	stroke, diabetes, and arthritis.	
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	X
	availability of nutritionally adequate foods or an uncertain	
	ability to acquire foods in socially-acceptable ways.	
Housing and homelessness	Homelessness is known as a state of being unhoused or	X
	unsheltered and is the condition of lacking stable, safe, and	
	adequate housing.	
Mental health	Mental health includes our emotional, psychological, and	X
	social well-being. It affects how we think, feel, and act.	
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	
Dua amonary and hinth	problems, including type 2 diabetes and cancer.	
Pregnancy and birth	Poor pregnancy and birth outcomes include low birthweight,	
outcomes	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	X
Treventive pruetices	that help to prevent disease. For example, vaccines, routine	4 S
	health screenings (mammogram, colonoscopy, Pap smear)	
	and injury prevention are preventive practices.	
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	

Significant Health Need	Description	Intend to
		Address?
	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.	X
	Property crimes include burglary, larceny and motor vehicle	
	theft. Injuries are caused by accidents, falls, hits, and	
	weapons, among other causes.	

^{*} 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.

2022 Report and 2023 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 FY22 and planned activities for FY23, 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 issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus Area: The hospital has 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.



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





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

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.

Health Need: Access to Health Care			
Strategy or Program	Summary Description	Active FY22	Planned FY23
Bazzeni Wellness Center	No cost health education and health screenings.	\boxtimes	\boxtimes
CARE Center	HIV medical and dental servicesPsychosocial servicesPrEP		
Every Woman Counts	Mammography services and breast care for low income women.	X	X

Family Clinic of Long Beach	Primary care services to low income		
Families in Good Health (FiGH)	Cover CaliforniaWelcome Baby ProgramPublic benefit navigation	X	X
Financial assistance for the uninsured or underinsured	 No cost and discounted health care services consistent with the hospitals financial policy 	X	X
Low Vision Center	 Provides no cost vision screening, optical aids, education and referrals for persons with limited vision 	X	X
Mary Hilton Family Clinic	OB and perinatal services to low income women.	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, communitybased 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 FY22	Planned FY23
Project Angel Food	Provides medically tailored home delivered meals to HIV and cancer patients. St. Mary funds the delivery of 30 meals to our CARE/HIV clients that are home bound.	\boxtimes	
The Salvation Army	Local food back for homeless and low income families. TSA provides food boxes for low income families obtaining services from St. Mary.		

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 FY23, this health need will be combined with preventive practices



Health Need: Housing and Homelessness

Strategy or	Summary Description	Active	Planned
Program		FY22	FY23
Community grants program	Offers grants to nonprofit community organizations that provide housing and homelessness programs and services.	\boxtimes	

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 FY22	Planned FY23
CARE (Comprehensive AIDS Resource and Education) Program	 HIV medical and dental services Psychosocial services PrEP 	\boxtimes	
Community grants program	Offers grants to nonprofit community organizations that provide mental health programs and services.	X	х
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.	х	
Mental Health First Aid Program/NAMI Long Beach	Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues		

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 FY22	Planned FY23
CARE (Comprehensive AIDS Resource and Education) Program	HIV medical and dental servicesPsychosocial servicesPrEP		\boxtimes
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)	 Provide education at community events Provide PPE and at-home tests to clients Make appointments for community members to get COVID-19 vaccines. Provide COVID-19 workshops in English, Spanish and Khmer Offer disease management programs 	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
Project Angel Food	Provides medically tailored home delivered meals to HIV and cancer patients. St. Mary funds the delivery of 30 meals to our CARE/HIV clients that are home bound.		
The Salvation Army	Local food back 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 FY22	Planned FY23
Community grants program	Offers grants to nonprofit community organizations that provide mental health programs and services.		
Families in Good Health (FiGH)	Will explore ways to provide community outreach and education to address violence and injury prevention.		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.		

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 FY22, the hospital awarded the grants below totaling \$139,316. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Mental Health America/Los Angeles	Healthlinks	\$ 69,658
Project Angel Food	Home-delivered Medically Tailored Meals and Nutritional Counseling Support to Chronically Ill Older Adults	\$ 69,658

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.

CARE Center					
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.				
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. 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				
FY 2022 Report					
Activities Summary	 Provided a comprehensive, "one-stop shop" for HIV medical and support services. Clinical staff provided intensive follow-up for patients who missed appointments, or were otherwise at risk for falling out of care. Provided opt-out HIV testing to high risk ED patients. Provided free, walk-in STD testing at CARE Clinic. Provided PEP on demand in ED and in CARE Clinic to patients with a high risk exposure to HIV in the past 72 hours. 				

- Provided PrEP to HIV negative patients at high risk for HIV infection.
- Provided behavioral health therapy and referrals to those in need.
- Provided food assistance to those with food insecurity.

Performance / Impact

- 82% of CARE patients were 'retained in care' in FY22. 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 decreased 4% compared to FY21.
- 93% of CARE patients maintained complete HIV viral suppression in FY22. This indicator improved slightly, increasing 1% compared to previous year.
- There were a total of 1,211 biomedical prevention (PrEP/PEP) patient visits in FY22. This represents a 3% increase compared to FY21.
- In FY22, there were a total of 3,502 HIV screening tests performed in the ED. This represents a 4% decrease compared to FY21.
- In FY22, there were a total of 1,172 behavioral health visits provided. 950 of these were provided via telehealth. Overall, this represents a 30% decrease compared to FY21.
- In FY22, 2080 food allotments were distributed to food pantry clients. This represents a 12% increase compared to FY21.
- In FY22, there were approximately 500 emergency food bags distributed to the community. This represents a 17% decrease compared to FY21.

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 2023 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.

• 90% of CARE patients will be 'retained in care' for 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.

	 95% of CARE patients will achieve and maintain complete HIV viral suppression. Increase the total number of biomedical prevention (PrEP and PEP) visits to 1500 in FY23. Perform 4,000 HIV tests in ED and an additional 300 HIV tests at CARE walk-in sexual health clinic. Provide 1,200 behavioral health visits both in-person and via telemedicine. Distribute 2,100 allotments of food through CARE food pantry. Initiate "Rapid-Start" ART for 36 patients.
Planned Activities	The principal program activities for FY 2023 will match those of FY 2022, with the addition of rapid-start antiretroviral treatment services.

Every Woman Counts						
Significant Health Needs Addressed	Access to health services 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 qualify. In addition to diagnostic services, assistance was 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					
FY 2022 Report						
Activities Summary	Pandemic eliminated the in-person services usually conducted throughout the year, i.e. health fairs, lectures, etc. Most activity was conducted through social media and zoom lectures given in partnership with the California Collaborative program. Community healthcare providers continue to be our largest source of referral and education for breast health care and early detection.					

Performance / Impact	4555 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 / 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.		
FY 2023 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		

Family Clinic of Long Beach

Significant Health Needs Addressed	Access to health services 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 Program 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, Medication Therapy Management Program and Specialty Medicine				
Population Served	Community Members and underserved				
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.				
FY 2022 Report					
Activities Summary	Our Family Clinic of Long Beach has been providing health care quality services to our patients. Through a coordinated approach, patients are monitored and screened for different health services in order to continue with our goals to improve their outcomes by screening and managing chronic diseases.				
Performance / Impact	Screened patients for Diabetes and Cervical Cancer for prevention purposes				

	 Provided patients with diabetes medication therapy management Managed patient's respiratory diagnosis and other chronic diseases 		
Hospital's Contribution / Program Expense	The Family Clinic of Long Beach was developed as part of the SMMC Residency Program and continues to support the GME Residency Program. We collaborate with clinics, the Emergency Department, Health Plans and with the Port of Long Beach through the Propeller Health initiative in order to improve our patients' quality of life.		
FY 2023 Plan			
Program Goal / Anticipated Impact	Though the hospital will continue to operate this much needed clinic, The Family Clinic of Long Beach will not be a highlighted program for the 2022-2025 CHNA.		
Planned Activities	N/A		

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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, Diabetes Education and Pediatric services: The Mary Hilton Family Health Center provides comprehensive services to mothers and children from pregnancy through Adulthood. Services include: OB care including High Risk care Comprehensive Prenatal Services Program (CPSP) Vaccines for Children Sweet Success Program - Care for diabetic expectant mothers Nutrition, education and psychosocial services Diabetes Education Program Uro-gynecology services Urodynamic Studies				
Population Served	Community members and underserved populations.				
Program Goal / Anticipated Impact	This program continues to provide access to care to the community and anyone in need of health services.				
FY 2022 Report					
Activities Summary	The Mary Hilton Family Health Center Team ensures all patients are offered access to care and provides quality care services as well as support services through all our programs.				
Performance / Impact	Our OB program begins early in 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 in order to establish an ongoing management of care.				

Hospital's Contribution / Program Expense	The hospital supports this program through the coordination of care provided by a multidisciplinary team including education, social workers and health educators	
FY 2023 Plan		
Program Goal / Anticipated Impact	Though the hospital will continue to operate this much needed clinic, The Mary Hilton Family Clinic will not be a highlighted program for the 2022-2025 CHNA.	
Planned Activities	N/A	

Additional program that will be highlighted in 2023.

Families in Good Health						
Significant Health Needs Addressed	 Health care access Mental health Preventive practices Violence and injury prevention 					
Program Description	FiGH is committed to providing outreach and education to vulnerable populations in Long Beach. FiGH provides COVID-19 prevention, youth advocacy and healthy relationship workshops, 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	 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. 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 to reduce teenage pregnancy by involving young men in health education, training, outreach and advocacy with their peers and community. EM3 also hosts a youth camping retreat every summer. The program has provided guidance and direction to thousands of at-risk multi-ethnic youth. FY 2023 Plan Program Goal / To collaborate and partner with organizations on relevant advocacy **Anticipated Impact** 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 To prepare and empower the mother before and after labor. To promote infant and child development To promote health care coverage and support individuals in navigating and utilizing preventive and treatment services. To provide education and resources to empower individuals in selfmanaging their health. To stimulate systems changes that support healthy lifestyles through infrastructure change or policy change To promote the leadership capacity of youth. To promote positive mental and physical health practices among To prepare youth for college and entry into the workforce

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: Honoring Black History Month: The theme for 2022 focused on the importance of Black Health and Wellness. At St. Mary, we proudly recognized our black doctors, nurses and staff and celebrate their impact on the health and wellbeing of our communities.

National Gun Violence Awareness Day: St. Mary staff and physicians wore orange in solidarity with people across the country to raise awareness of gun violence. MemorialCare Long Beach Medical Center and St. Mary came to together to address this public health crisis.

Along with the LGBTQ+ community, St. Mary staff participated in the annual Easter Walk raising \$24,000 for our CARE Center.

Stop the Bleed: Five classes were held in the community by the hospital's trauma team resulting in 156 individuals learning how to properly use a tourniquet and Hemorrhage Control Kit.

St. May Medical has been recognized as a "Top Performer" by the 2022 Health Equity Index (HEI) a program of the Human Rights Campaign, which is the nation's largest LGBTQ+ organization for our commitment to LGBTQ+ patients, visitors and employees.

Helping Hands Annual Christmas Children's Gift Event: Over 100 children and families 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, a LBPD K-9 dog to pet, LBPD motorcycle officers passed out arts and crafts, LBPD Explores handed out 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.

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Complete Summary - Classified Including Non Community Benefit (Medicare)
For period from 7/1/2021 through 6/30/2022

	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expenses
Benefits For Poor					
Financial Assistance	8,318	8,447,434	0	8,447,434	2.1%
Medicaid	59,064	174,047,769	151,577,622	22,470,147	5.7%
Community Services					
A - Community Health Improvement Services	29,493	6,558,045	3,699,621	2,858,424	0.7%
C - Subsidized Health Services	10,010	12,512,517	4,946,462	7,566,055	1.9%
E - Cash and In-Kind Contributions	25	401,947	0	401,947	0.1%
G - Community Benefit Operations	0	269,635	154,544	115,091	0.0%
Totals for Community Services	39,528	19,742,144	8,800,627	10,941,517	2.8%
Totals for Poor	106,910	202,237,347	160,378,249	41,859,098	10.6%
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	424	6,755	0	6,755	0.0%
B - Health Professions Education	309	12,857,675	1,394,980	11,462,695	2.9%
F - Community Building Activities	0	564,063	315,280	248,783	0.1%
Totals for Community Services	733	13,428,493	1,710,260	11,718,233	3.0%
Totals for Broader Community	733	13,428,493	1,710,260	11,718,233	3.0%
Totals - Community Benefit	107,643	215,665,840	162,088,509	53,577,331	13.6%
Medicare	7,765	40,728,858	33,244,561	7,484,297	1.9%
Totals with Medicare	115,408	256,394,698	195,333,070	61,061,628	15.5%

Hospital Board and Committee Rosters

2022 Community Board Roster Member Roster

Bertram E. Sohl, M.D. Carolyn Caldwell, President/CEO Chester Choi, MD

Physician St. Mary Medical Center Physician/Resident program

Christopher R. Pook - **Chair** Cynthia Chao, D.O. Erin Simon, Ed.D. – **Vice-Chair**

Community leader Physician LBUSD

Felton Williams, Ph.D Gloria Cordero Gloria Willingham, Ph.D LBUSD School Board Community leader CEO nonprofit org.

John ArensJohn Javien, M.D.Katherine CofieldFinancial advisorCommunity leaderCommunity leader

Mauricio Heilbron, M.D. - Chief of Regina Maguire Robert Luna

Staff Community leader Former Chief, LBPD

Sandy Cajas Sr. Mary Kieffer Vattana Peong - **Secretary**President, Regional Hispanic Community leader Cambodian Community leader

Chamber of Commerce

Community Health Advisory Committee Members – subcommittee of the Community Board

Vattana Peong - Cambodian Community leader - Community Board representative

Sandy Cajas - President, Regional Hispanic Chamber of Commerce - Community Board representative

Pattie LaPlace - Executive Director CSULB Osher Life Long Learning Program

Anthony Ly – LB Public Health Department

Rose Wright - St. Mary Foundation Director of Grants

Rev. Stan Kim - St. Mary Director of Mission Integration

Kit G. Katz - Chair - St. Mary Director of Community Health