

St. Mary Medical Center

2019 Community Health Implementation Strategy

Adopted October 2019







Dignity Health™
St. Mary Medical Center

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At-a-Glance Summary

Community Served 	<p>St. Mary Medical Center is located in Long Beach, California. The hospital service area encompasses the cities of: Carson, Long Beach, Paramount, San Pedro, Signal Hill and Wilmington. The hospital service area encompasses portions of Los Angeles County Service Planning Areas (SPAs) 6 and 8.</p>
Significant Community Health Needs Being Addressed 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> • Access to health services • Food insecurity • Housing and homelessness • Mental health • Preventive practices
Strategies and Programs to Address Needs 	<p>The hospital intends to take several actions and to dedicate resources to these needs, including:</p> <p>Access to health services: financial assistance, community grants program, Family Clinic of Long Beach, Mary Hilton Family Clinic, Families in Good Health, CARE Program.</p> <p>Food insecurity: community grants program</p> <p>Housing and homelessness: community grants program</p> <p>Mental health: community grants program, Cultural Trauma & Mental Health Resiliency Program, CARE Program.</p> <p>Preventive practices: community grants program, Bazzeni Wellness Center, Every Woman Counts, Mobile Care Unit.</p>
Anticipated Impact 	<p>Overall, these programs and strategies will increase access and reduced barriers to health care for the medically underserved. Additionally, we will increase the availability of healthy food for food insecure individuals and families, increase affordable housing and medical and social support for homeless individuals. Our initiatives will increase access to mental health services in community settings and improve screening and identification of mental health needs, and increase availability and access to preventive care services and increased compliance with preventive care recommendations.</p>
Planned Collaboration	<p>Key partners include schools and school districts, colleges and universities, businesses, faith community, public health, senior centers, organizations serving LGBTQ populations, cities, parks and recreation agencies, community clinics, community-</p>



based organizations, housing agencies, funders, law enforcement, regional collaboratives, disease prevention organizations, mental health providers and food distribution organizations.

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 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

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

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 this 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. The financial assistance policy and a plain language summary and other materials are on the hospital's web site.

Description of the Community Served

SMMC serves 14 ZIP Codes representing 6 cities in Los Angeles County.

St. Mary Medical Center Service Area

Place	ZIP Code	Place	ZIP Code
Long Beach	90802	Long Beach	90813
Long Beach	90803	Long Beach	90814
Long Beach	90804	Long Beach	90815
Long Beach	90805	Signal Hill	90755
Long Beach	90806	Carson	90745
Long Beach	90807	Paramount	90723
Long Beach	90808	Wilmington	90744

A summary description of the community follows (additional details can be found in the CHNA report online). The population of the hospital service area is 721,974. In Long Beach, children, ages 0-17, make up 24% of the population. 41.2% are 18-44 years of age, 24.4% are 45-64, and 10.4% of the population are seniors, 65 years of age and older. In Long Beach, 42.4% is Hispanic or Latino and 27.7% of the population is White. Black/African Americans make up 13% of the population and Asians are also 13% of the population in Long Beach. When examined by race/ethnicity, Black/African Americans have the lowest predicted life expectancy in Long Beach. The life expectancy at birth for Black/African Americans in Long Beach in 2017 was 71.5 years, which is seven years less than the other race/ethnicity groups.

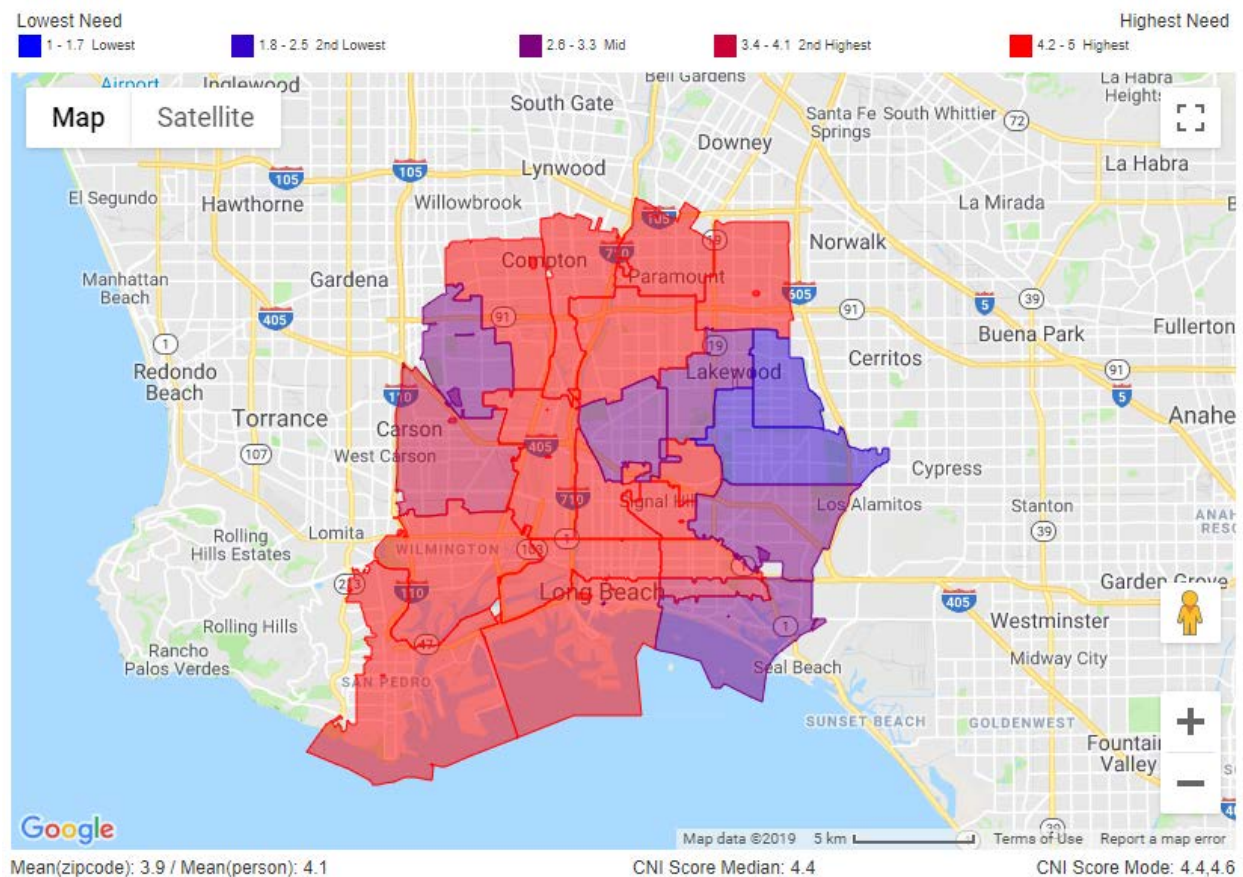
Long Beach City has a median household income of \$55,151. Among Long Beach residents, 20.3% are at or below 100% of the federal poverty level (FPL) and 15.5% of families are below poverty level. In Long Beach, 8.9% of the adult population has been homeless compared to 4.8% of adults in LA County. Among persons 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%). Among veterans in the area, 6.5% are unemployed. Among the population in Long Beach, ages 25 and over, 20.5% have not attained a high school diploma, a rate higher than the state (17.9%). The health insurance coverage rate in Long Beach is 88%. Among Long Beach children, 94.7% have insurance coverage, and 83.8% of non-senior adults are insured.



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.



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 health implementation strategy and programs were identified in the most recent CHNA report, which was adopted in June 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 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.

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.

2019 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It summarizes planned activities with statements on anticipated impacts and planned collaboration. Program Digests provide additional details on select programs.

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 Implementation Strategy

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 following criteria were used by the hospital to determine the significant health needs SMMC will address in the Implementation Strategy:

- 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: Has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

SMMC engaged internal leaders and the Community Benefit 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. As a result of the review of needs and application of the above criteria, SMMC chose to focus on: access to health services food insecurity, housing and homelessness, mental health and preventive practices.


For each health need the hospital plans to address, the Implementation Strategy describes: actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospital and other organizations. In most cases, the strategies identified to address the selected needs are based on existing programs that have evidence of success. For some strategies, SMMC is part of a larger collaborative initiative or grant-funded project that has identified evaluative measures designed to track impact.

Strategy by Health Need

The tables below present strategies and program activities the hospital intends to deliver to help address significant health needs identified in the CHNA report.

They are organized by health need and include statements of the anticipated impact and any planned collaboration with other organizations in our community.



 Health Need: Access to Health Services	
Strategy or Program Name	Summary Description
Financial assistance	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 this mission, the hospital will provide 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.
Community grants program	Grant funds may be awarded to nonprofit organizations to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.
Family Clinic of Long Beach	The Family Clinic serves 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.
Mary Hilton Family Clinic	The Mary Hilton Family Health Center clinics provide comprehensive services to serve mother and children from pregnancy through young adulthood. Services include: benefits assistance, Comprehensive Prenatal Services Program, high risk care, vaccines, and care for diabetic expecting mothers.
Families in Good Health	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.
CARE (Comprehensive AIDS Resource and Education) Program	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.

Anticipated Impact: Increased access and reduced barriers to health care for the medically underserved.

Planned Collaboration: Key partners include community clinics, the Welcome Baby Program, community-based organizations, community clinics, the LGBTQ Center, schools and school districts, faith groups, public health and local cities.



Health Need: Food Insecurity

Strategy or Program Name	Summary Description
Community grants program	Grant funds may be awarded to nonprofit organizations to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.

Anticipated Impact: Increased availability of healthy food for food insecure individuals and

families.

Planned Collaboration: Key partners include schools and school districts, community-based organizations, Meals on Wheels, Project Angel Food, the Salvation Army and senior centers.



Health Need: Housing and Homelessness

Strategy or Program Name	Summary Description
Community grants program	Grant funds may be awarded to nonprofit organizations to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.

Anticipated Impact: Increased affordable housing and medical and social support for homeless individuals and families.

Planned Collaboration: 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 Name	Summary Description
Community grants program	Grant funds may be awarded to nonprofit organizations to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.
Cultural Trauma & Mental Health Resiliency Program	SMMC is participating in a multi-hospital initiative to increase the capacity of local community organizations and community members to identify mental distress, address the impacts of trauma, and increase resiliency via delivery of mental health awareness education. The project focuses on children and youth of color living in underserved neighborhoods.
CARE Program	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.

Anticipated Impact: Increased access to mental health services in community settings and improved screening and identification of mental health needs.

Planned Collaboration: 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 individuals' mental health and case management needs.



Health Need: Preventive Practices


Strategy or Program Name	Summary Description
Community grants program	Grant funds may be awarded to nonprofit organizations to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.
Bazzeni Wellness Center	Provides health education, health screenings and disease prevention services.
Every Woman Counts	Mammogram services are provided to underserved women who are over the age of 40 and cervical screenings for women ages 21 and over.
Mobile Care Unit	The mobile van provides health care screenings, education and outreach to communities at high-risk of negative health outcomes.


Anticipated Impact: Increased availability and access to preventive care services and increased compliance with preventive care recommendations (screenings, immunizations, and life style and behavior changes).

Planned Collaboration: Key partners include public health, faith community, community clinics, senior centers and community-based organizations.

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of the health needs being addressed, planned collaboration, and program goals and measurable objectives.

 Dignity Health Community Grants Program	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Food insecurity <input checked="" type="checkbox"/> Housing and homelessness <input checked="" type="checkbox"/> Mental health
Program Description	Award grant funds to local non-profit organizations to be used to effect collective impact, addressing the health priorities established by the hospital (based on the most recent Community Health Needs Assessment). Awards will be given to agencies with a formal collaboration and a link to the hospital.
Community Benefit Category	E1 – Cash Donation
Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	Increased access and reduced barriers to health care, prevention and treatment for the medically underserved.
Measurable Objective(s) with Indicator(s)	Funding will be provided to implement programs that support hospital priorities and demonstrate strong collaboration with the hospital. 100% of funded programs will report objectives as a result of SMMC Community Grants on a semi-annual basis.
Intervention Actions for Achieving Goal	All awarded agencies will work with the Director of Community Health to ensure programs meet the objectives stated in their grant proposals.
Planned Collaboration	Non-profit community-based organizations, faith organizations, community clinics, mental health care providers.

 Comprehensive AIDS Resource and Education (CARE) Program	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to health services <input checked="" type="checkbox"/> Food insecurity <input checked="" type="checkbox"/> Mental health

	<input checked="" type="checkbox"/> Preventive practices
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
Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	Maintain client retention in HIV and PrEP care. Achieve and maintain ongoing viral suppression for those who are infected with HIV. Test those who are at high risk for HIV and HCV. Start high risk individuals on PEP and PrEP.
Measurable Objective(s) with Indicator(s)	<p>On an annual basis:</p> <ul style="list-style-type: none"> • 90% of CARE patients will be retained in care. • CARE patients will continue to achieve 90% or above viral suppression. • Of those seeking PEP care, 100% of those who test positive are linked to medical care. • Perform 9,000 HIV tests and perform 7,000 HCV RNA tests.
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. Full-time Patient Retention Specialists will provide specialized follow-up for clients who miss appointments and/or who appear to be lost to care.
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



Family Clinic of Long Beach

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to health services <input checked="" type="checkbox"/> Preventive practices
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Program Description	The Family Clinic serves 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 clinical services
Planned Actions for 2019-2021	
Program Goal / Anticipated Impact	Increased access to primary health care services for the medically underserved.
Measurable Objective(s) with Indicator(s)	Increase number of patients with a primary care medical home. Reduce HgA1C levels among patients with diabetes.
Intervention Actions for Achieving Goal	Provide patients with prevention services as well as with diabetes and medication therapy management.
Planned Collaboration	Health plans, CARE program, Emergency Department, SMMC Residency Program, community clinics, community-based organizations



Every Woman Counts (EWC)

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to health services <input type="checkbox"/> Food insecurity <input type="checkbox"/> Housing and homelessness <input type="checkbox"/> Mental health <input checked="" type="checkbox"/> Preventive practices
Program Description	As a provider for the Cancer Detection Program (CDP), EWC offers mammography screening services to low-income women age 40+ and cervical screenings to women age 21+ who are uninsured or underinsured. Diagnostic breast care services are made available to men and women of any age through the program. In addition to diagnostic services, we offer enrollment into the Breast and Cervical Cancer Treatment Program as well as coordination of care by an RN.
Community Benefit Category	A2 – Community based clinical services
Planned Actions for 2019-2021	
Program Goal /	Increased preventative screenings for breast and cervical cancer.

Anticipated Impact	
Measurable Objective(s) with Indicator(s)	Screen 4,000 women for breast and/or cervical cancer through the EWC program.
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.
Planned Collaboration	Susan G. Komen Foundation, Cancer Detection Program: Every Woman Counts, American Cancer Society, My Sister, My Friend Breast Cancer Support Group, Khmer Parent Association, health care providers in the Long Beach and surrounding communities

Hospital Board and Committee Rosters

St. Mary Medical Center Community Board

Carolyn Caldwell, President/CEO

St. Mary Medical Center

Suny Lay Chang

LINC Housing

Chester Choi, MD

Physician

Minnie Douglas, EdD, RN

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Ivy Arlinda Goolsby

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Sr. Christina Murphy, CCVI

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Christopher R. Pook – Chair

Grand Prix Association of Long Beach

Erin Simon, EdD

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Community Benefit Advisory Committee

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Minnie Douglas, EdD, RN

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Ruth Ashly Perez

Long Beach Unified School District

Sister Celeste Trahan, CCVI

St. Mary Medical Center

Rose Wright

St. Mary Medical Center Foundation

