Community Benefit Report
Fiscal Year 2018

St. Francis Medical Center
3630 E. Imperial Highway
Lynwood, CA  90262

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Our Hospital and Health Care Services

St. Francis Medical Center (SFMC) is the only comprehensive, non-profit health care institution serving the one million residents of Southeast Los Angeles. A 384-bed facility, SFMC offers a full range of diagnostic and treatment services provided by more than 2,000 associates and 450 affiliated physicians. With 22,689 inpatient admissions last year and 139,217 outpatient visits, SFMC operates one of the largest and busiest private Emergency/Trauma Centers in Los Angeles County, treating 76,383 emergency patients and 2,301 trauma patients. Babies born in our Family Life Center totaled 4,457 babies, 751 of whom were cared for in the state-of-the-art Neonatal Intensive Care Unit. Our Heart and Vascular Center, Maternal-Child Health Program, Orthopedics/Joint Replacement Program, Surgical Services, Imaging Services, Behavioral Health and Wound Care facilities offer comprehensive services to the community.

Our Primary Stroke Care Center and STEMI Receiving Center, both approved by the Los Angeles County Emergency Medical Services Agency, fill a major gap in critical services in Southeast Los Angeles.

In addition to our acute and outpatient health care services, SFMC operates a broad range of educational and community service programs.

SFMC is dedicated to nurturing healthy children and families, fostering self-sufficiency, enhancing individual and community well-being, and achieving excellence in facilities and technology. SFMC’s ultimate goal is to dramatically improve the health and well-being of the community.

Our Mission and Values

The employees and physicians of St. Francis Medical Center are proud to carry on a long history of serving our diverse community of Southeast Los Angeles. We are a dynamic organization dedicated to responding to the needs of the community and to transforming the ways in which we deliver excellent medical care.

We believe in treating the whole person at every stage of life, and we endeavor to make health care more accessible and affordable. We continue to look to expand and create new clinical programs, while remaining committed to providing quality, compassionate care to the patients we are privileged to serve.

As a hospital we are committed to creating a healthier community side-by-side with patients, family, physicians, community members and local leaders, and to providing community benefit through a variety of community-based outreach programs and wellness activities.

We choose to align ourselves with the following values, aspiring to live out these values each day so that they may guide our actions.
Respect
We demonstrate that we value others and ourselves through our words and actions.

Caring
We provide our patients and their families with compassionate, quality care, treating them and each other with kindness.

Integrity
We act with honesty and transparency to do the right thing.

Passion
We are dedicated to making a difference in the health of our communities and in the lives of all those we serve.

Stewardship
We are committed to being wise stewards of our resources, creative in our approach to challenges and opportunities, and accountable for the results we want to achieve as a charitable organization.

The Communities We Serve
St. Francis Medical Center provides quality medical care, educational programs and support services to the communities of Southeast Los Angeles County, including Lynwood, South Gate, Downey, Huntington Park, Paramount, Bell, Cudahy, Bell Gardens, Long Beach, Maywood and Compton.

Our Service Area
The patients of SFMC generally live within a 5-mile area between the 110 Freeway on the West, the 605 Freeway on the East, the 91 Freeway on the South, and the Alameda Corridor on the North.

Demographics

Age: The largest age group is 15-34 years old (30.44%), followed by age 45-64 (24.52%).

Ethnicity: Hispanics comprise the largest ethnic group (56.82%), followed by White (15.38%), and African American (12.5%), within SPAs 6, 7, and 8.

Household Language: Using zip code data for eleven cities within SFMC’s primary service area, 81.5% of households speak Spanish.

Education: 49.7% of the primary service area did not complete high school.

Poverty: 26.6% of the residents in the primary service area are below 100% of the federal poverty level. The median income in the primary service area is $18,380.

Payor Mix: 78.2% of reimbursements for health care services are derived from Medi-Cal, Medicare, and Los Angeles County.

1 Source: Service Planning Area (SPA) 6, 7, and 8 data; US Census Bureau, American Community Survey 2014 Public Use Microdata Sample. Cities comprising SPAs 6, 7, and 8 are found on page 8 of this report.

2 Source: Zip code data for SFMC’s primary service area (Lynwood, Huntington Park, Bell, Cudahy, Bell Gardens, Compton, Downey, Maywood, Paramount, South Gate, and Southeast Los Angeles); US Census Bureau, American Community Survey 2014, Public Use Microdata Sample.
St. Francis Medical Center serves approximately one million residents within Southeast Los Angeles.

St. Francis Medical Center is one of the few hospitals serving the South LA region. When Martin Luther King, Jr. Hospital closed in 2007, St. Francis Medical Center remained committed in its role as part of the Los Angeles County Emergency/Trauma network.

With the doors of Martin Luther King, Jr. Community Hospital now open, SFMC continues to work collaboratively with the County of Los Angeles to ensure the accessibility of emergency and trauma services for residents and to meet the critical health care needs of the community.
Assessing the Needs of Our Community - Community Health Needs Assessment*

In an effort to identify the most critical health care needs in St. Francis Medical Center’s (SFMC) service area, a Community Health Needs Assessment (CHNA) is conducted every three years. The most recent assessment was completed in 2016. St. Francis Medical Center’s CHNA was completed independently, utilizing the consultative services of Humanus Research and Evaluation. The CHNA targeted the Los Angeles County Service Planning Areas (SPAs) supported by SFMC and which include the primary and secondary cities served by SFMC.

Community Health Needs Assessment Methodology

To ensure differing perspectives and thoroughness, the Community Health Needs Assessment used a variety of methods to collect information about health, social and demographic characteristics of the community served by SFMC. The assessment drew primarily from the information sources noted below. For the purposes of the 2016 report, the SFMC service area corresponds to Service Planning Areas (SPAs) 6, 7, and 8, which include communities directly served by SFMC.

County of Los Angeles SPAs


SPA 7: Artesia, Bell, Bellflower, Bell Gardens, Cerritos, City of Commerce, City Terrace, Cudahy, Downey, East Los Angeles, Hawaiian Gardens, Huntington Park, La Habra Heights, Lakewood, La Mirada, Los Nietos, Maywood, Montebello, Norwalk, Pico Rivera, Santa Fe Springs, Signal Hill, South Gate, Vemon, Walnut Park, Whittier, and others.


** City of Long Beach has its own Health Department

Interpreting the Data

General Note

The data in the Community Health Needs Assessment should be interpreted cautiously. Although the health indicator data may appear to suggest changes in one particular direction, there are likely several conflicting, demographic processes affecting observed patterns. For example, this report notes that there will be an increasingly elderly (age 65+) population in California over the next decade (2014-2024), at the same time that the state will continue to absorb flows of migration (which are predominantly a young adult population). Because health profiles vary among different age and race groups, health indicator data should also be interpreted carefully. Health indicator data should be analyzed in consideration of the state’s shifting racial and age dynamics.

*St. Francis Medical Center’s full 2016 Community Health Needs Assessment is available on the hospital’s website: StFrancis.Verity.org. Written copies are available by request through the hospital’s Marketing/Communications department.
Mortality Indicators

The data for the mortality indicators are compiled from the Los Angeles County Department of Public Health, as well as the California Department of Public Health Assessment & Policy Section/Data Analysis Reporting Unit, and can be compared across years to observe trends over time.

Indicators and Projections

Health Indicators

The data for the health indicators are compiled from the Key Indicator of Health reports from 2007, 2009 and 2013, as well as from the Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Due to changes in indicator criteria from one survey to the next, these data cannot be compared across years. The California data are from the California Health Interview Survey from 2005, 2007, 2009 and 2015.

Demographic Projections

The data for the population projections are compiled from the U.S. Census Bureau, American Community Survey 2014, Public Use Microdata Sample. The data for the community profiles are compiled from the U.S. Census Bureau, American Community Survey 2014 one-year estimates.

Community Health Needs Assessment Focus Groups

Supplementary data are included throughout this report from the transcripts of four focus groupsthat were conducted at SFMC on June 21, 2016. The groups were comprised of key stakeholders, service providers and two groups of beneficiaries (one in English and one in Spanish). The purpose of the focus groups was to collect qualitative information on health care issues that could elaborate on and enhance information gleaned from secondary data sources. Participants were identified and recruited by SFMC staff. The groups were mixed by age, race/ethnicity, and gender.

Thirty-six individuals participated in four separate focus groups, including:

**Beneficiaries** - Individuals from the community who received care or participated in programs provided by SFMC. Separate groups were conducted for English-speaking (N=7) and Spanish-speaking (N=7) beneficiaries, with a moderator fluent in Spanish conducting the latter.

**Providers** - Representatives from public agencies and private organizations that provide health care and social services to the community on a daily basis at SFMC and in the community (N=11).

**Stakeholders** - Representatives from local elected officials’ offices, and community, education, and health care leaders representing a city Health and Education Commissions, South LA universities, area school districts, and charitable foundations with a health care focus (N=11).

The focus group discussions assessed:

- The most important current health care concerns in the community that SFMC serves.
- Barriers to accessing health care.
- Community resources including health care services available locally and services that support health and wellness.
- Way to improve health care access and health care resources needed.
Stakeholder Participants

**Erin Adams**—Assistant Deputy for Health and Wellness, Office of Supervisor Mark Ridley-Thomas (2nd Supervisorial District)

**Rebecca Avila**—Health and Education Commission, City of Huntington Park

**Hector Balcazar, Ph.D.**—Dean of the College of Science and Health, Charles Drew University of Medicine and Science

**Bill DeVitt**—Mayor, City of South Gate

**Marilyn Izumita**—Consultant, Student Services, Lynwood Unified School District

**Juliano Jarquin**—Health and Education Commission, City of Huntington Park

**Julia Juarez**—Field Representative, Office of California State Senator Ricardo Lara (District 33)

**Lara Laramendi**—Field Representative, Office of Congresswoman Janice Hahn (CA-44)

**Veronica Ledesma**—Senior Field Representative, Office of California State Assembly Speaker Anthony Rendon (AD-63)

**Talia Leon**—Field Deputy, Office of Congresswoman Lucille Roybal-Allard (CA-40)

**Rose Venegas, Ph.D.**—Program Officer, Health Care, California Community Foundation

Provider Participants:

**Gilda Acosta**—Director, Community Health Initiatives, St. Francis Medical Center

**Rozie Camillo**—Recreation Superintendent II, Lynwood Senior Center, City of Lynwood Recreation and Community Services

**Irene Heath, MCH Specialist I**—LA BioMed WIC Program, South LA Health Projects

**John Helyar, LMFT**—ICMS Program Manager, Homeless Outreach Program Integrated Care System

**Jan King, MD, MPH**—Area Health Officer, LA County Department of Public Health

**Heidi Lopez, PHN**—LA County Department of Public Health

**Tanisha Rogers**—LA County Child Guidance Clinic

**Dipti Singh**—Directing Attorney, Bet Tzedek

**Romalis Taylor**—Stars Behavioral Health Group, Best Start Compton

Data and Summary of Some Key Findings

**Mortality SPA 6 (2012)**

**Coronary heart disease**: In SPA 6, CHD was the leading cause of death at 142 per 100,000 (= LAC rate) and the 2nd leading cause of premature death. Rates have decreased 23% from 2006-2010. The South (between 199-258) and Southwest (between 199-258) health districts had the highest rates.

**Stroke**: Stroke was the 2nd leading cause of death at 44 per 100,000 (> LAC rate) and the 6th leading cause of premature death. Rates have decreased 15% from 2006-2011. The Compton (between 40-61)
and South (between 45-76) health districts had the highest rates.

Lung Cancer: Lung Cancer was the 3rd leading cause of death at 37 per 100,000 (>LAC rate) and the 7th leading cause of premature death. Rates have decreased 5% from 2006-2010. The Compton (between 35-54) and South-west (between 30-44) health districts had the highest rates.

Diabetes: Diabetes was the 4th leading cause of death at 36 per 100,000 (>LAC rate) and the 5th leading cause of premature death. Rates have decreased 10% from 2006 to 2011. The South (between 35-63) and Compton (between 33-52) health districts had the highest rates.

COPD: COPD was the 5th leading cause of death at 29 per 100,000 (>LAC rate) and the 13th leading cause of premature death. Rates have increased 4% from 2006-2010. The Compton (between 22-39) and South (between 20-43) health districts had the highest rates.

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2 Indicates change from 2006-2010 only due to changes in ICD-10 code.
**Mortality SPA 7 (2012)**

**Coronary heart disease**: In SPA 7, CHD was the leading cause of death at 109 per 100,000 (<LAC rate) and the leading cause of premature death. Rates have decreased 21% from 2006-2010. The Bellflower (between 149-176) and East LA (between 135-169) health districts had the highest rates.

**Stroke**: Stroke was the 2nd leading cause of death at 36 per 100,000 (>LAC rate) and the 5th leading cause of premature death. Rates have decreased 4% from 2006-2011. The Bellflower (between 31-44) and San Antonio (between 31-45) health districts had the highest rates.

**COPD**: COPD was the 3rd leading cause of death at 26 per 100,000 (<LAC rate) and the 16th leading cause of premature death. Rates have increased 2% from 2006-2010. The Bellflower (between 26-38) and San Antonio (between 23-35) health districts had the highest rates.

**Diabetes**: Diabetes was the 4th leading cause of death at 25 per 100,000 (>LAC rate) and the 7th leading cause of premature death. Rates have decreased 12% from 2006 to 2011. The East LA (between 27-44) and San Antonio (between 21-34) health districts had the highest rates.

**Lung Cancer**: Lung Cancer was the 5th leading cause of death at 24 per 100,000 (<LAC rate) and the 9th leading cause of premature death. Rates have decreased 11% from 2006-2010. The Bellflower (between 25-37) and Whittier (between 19-30) health districts had the highest rates.

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2 Indicates change from 2006-2010 only due to changes in ICD-10 code.
Mortality SPA 8 (2012\textsuperscript{1})

**Coronary heart disease**: In SPA 8, CHD was the leading cause of death at 120 per 100,000 (<LAC rate) and the leading cause of premature death. Rates have decreased 19% from 2006-2010. The Long Beach (between 197-226) and Inglewood (between 154-181) health districts had the highest rates.

**Stroke**: Stroke was the 2\textsuperscript{nd} leading cause of death at 35 per 100,000 (<LAC rate) and the 7\textsuperscript{th} leading cause of premature death. Rates have decreased 19% from 2006-2011. The Long Beach (between 34-46) and Inglewood (between 30-43) health districts had the highest rates.

**Lung Cancer**: Lung Cancer was the 3\textsuperscript{rd} leading cause of death at 31 per 100,000 (>LAC rate) and the 8\textsuperscript{th} leading cause of premature death. Rates have decreased 10% from 2006-2010. The Long Beach (between 30-42) and Torrance (between 30-39) health districts had the highest rates.

**COPD**: COPD was the 4\textsuperscript{th} leading cause of death at 30 per 100,000 (>LAC rate) and the 12\textsuperscript{th} leading cause of premature death. Rates have decreased 1% from 2006-2010. The Long Beach (between 31-43) and Inglewood (between 25-36) health districts had the highest rates.

**Pneumonia/Influenza**: P/I was the 5\textsuperscript{th} leading cause of death at 23 per 100,000 (>LAC rate) and the 21\textsuperscript{st} leading cause of premature death. Rates have decreased 18% from 2006-2011. The Inglewood (between 21-32) and Torrance (between 20-28) health districts had the highest rates.

\begin{figure}
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\includegraphics[width=\textwidth]{graph1.png}
\caption{SPA 8 Mortality Trends 2006-2010}
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\begin{figure}
\centering
\includegraphics[width=\textwidth]{graph2.png}
\caption{SPA 8 Mortality Trends 2006-2011}
\end{figure}

\textsuperscript{1} Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2012: Leading causes of death and premature death with trends for 2003-2012. August 2015.

\textsuperscript{2} Indicates change from 2006-2010 only due to changes in ICD-10 code.
Communicable Diseases

Table M1. Health Indicators for Adults (18+ years old) in Los Angeles County
2014 Annual HIV/STD Surveillance Report

<table>
<thead>
<tr>
<th></th>
<th>L.A.</th>
<th>SPA 6</th>
<th>SPA 7</th>
<th>SPA 8</th>
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<tr>
<td><strong>Education (18-64 yrs)</strong></td>
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<tr>
<td>People Living with HIV (PLWH) (annual new cases per 100,000)</td>
<td>486</td>
<td>505</td>
<td>244</td>
<td>517</td>
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<td>Incidence of Chlamydia (annual new cases per 100,000)</td>
<td>551*</td>
<td>993</td>
<td>530</td>
<td>498</td>
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<tr>
<td>Incidence of Gonorrhea (annual new cases per 100,000)</td>
<td>154*</td>
<td>305</td>
<td>93</td>
<td>127</td>
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<tr>
<td>Proportion of Tuberculosis Cases by SPA 2</td>
<td>-</td>
<td>13.7</td>
<td>11.3</td>
<td>8.3</td>
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</tbody>
</table>

* Does not include cases reported in the cities of Long Beach and Pasadena

**People Living with HIV**

- In 2014, rates were highest in SPA 8 (517 per 100,000) and SPA 6 (505 per 100,000). The Long Beach (1,043 per 100,000) and Southwest (668 per 100,000) districts were disproportionately high.

**Chlamydia**

- In 2014, rates were highest in SPA 6 (933 per 100,000) and the South (1221 per 100,000) and Southwest (1000 per 100,000) districts, specifically.

**Gonorrhea**

- In 2014, rates were highest in SPA 6 (305 per 100,000) and the South (411 per 100,000) and Southwest (352 per 100,000) districts, specifically.

**HIV**

- A total of 1,820 LAC residents were reported as newly diagnosed with HIV infection in 2013. The highest rates of HIV diagnoses, although generally decreasing, are among African American males and females.
- In the SFMC Area, HIV diagnoses and persons living with HIV (PLWH) are concentrated in SPA’s 6 and 8.

**Gonorrhea**

- A total of 14,555 cases of gonorrhea were reported in LAC in 2014, with the majority (75%) occurring in persons 15-34 years of age. The number of reported cases has risen in each of the past 5 years, which has resulted in a 51% increase from 2010 to 2014.
- In 2014, the highest rates of gonorrhea were among African American males ages 20-29 and African American females ages 15-24. The rate among African American females was over 11 times higher than the rate among white females and nearly 6 times higher than Latinas.

**Chlamydia**

- A total of 52,098 cases of chlamydia were reported in LAC in 2014. From 2010 to 2014, the number of reported cases increased by 17%

- While chlamydia rates have risen in both males and females, from 2010 to 2014, there was a 27% increase in the rate among males compared to a 7% increase in the rate among females with the highest rates among African American males ages 20-29 and African American females ages 15-24.
• In 2013, there were a total of 662 cases of tuberculosis (TB) confirmed in LA County. This represents a 6% increase from 625 cases in 2012. The TB case rate slightly increased from 6.7 per 100,000 during 2012 to 7.0 per 100,000 in 2013.

• In 2013, Hispanics (44%) and Asians (41%) accounted for 85% of TB cases in LA County. The TB case rate was highest among Asians (20.1 per 100,000), followed by Blacks (7.7 per 100,000), Hispanics (6.4 per 100,000), and non-Hispanic Whites (1.4 per 100,000) and were 14.4, 5.5, and 4.6 times higher than among non-Hispanic Whites (1.4 per 100,000), respectively.

• Hispanics represented a greater number of TB cases (292 cases in 2013) in LA County compared to other racial/ethnic groups. Between 2012 and 2013, cases increased by 2% among Hispanics and 11% among Asians.


**Health and Wellness: Housing and Health**

Housing has been shown to be an important social determinant of physical and mental health and well-being among adults and children. A 2015 study by the Center for Housing Policy highlights these benefits:

• Affordable housing can improve Health outcomes by freeing up family resources for nutritious food and health care expenditures.

• By providing families with greater residential stability, affordable housing can reduce stress and related adverse health outcomes.

• Affordable homeownership may positively impact mental health; however, unsustainable forms of homeownership may negatively impact health.

• Well-constructed and well-maintained affordable housing can reduce health problems associated with poor-quality housing.

• Stable, affordable housing may improve health outcomes for individuals with chronic illnesses by providing an efficient platform for health care delivery.

• Access to neighborhoods of opportunity can reduce stress, increase access to amenities, and lead to important health benefits.

• By alleviating crowding, affordable housing can reduce exposure to stressors and infectious disease.

• Access to affordable housing allows survivors of domestic violence to escape abusive homes, which can improve mental health and physical safety.

Families who pay more than 30% of their income for housing are considered cost burdened, which can reduce an individual or family’s ability to meet other necessities such as food, clothing, transportation...
and medical care. In LA County, 52% of households pay 30% or more of their income on housing. Using 2008-2012 ACS 5-year estimates, SPA 6 had the most cost burdened households (64%). Homelessness creates additional obstacles of providing care and tracking individuals for continuity of services:

- The total estimated number of people experiencing homelessness in Los Angeles County was 46,874, an overall increase of 2,515 people or 5.7% from 2015 (44,359).
- However, there was an 18% decrease in homeless family members from 2015 to 2016 and unsheltered family members decreased 35%.
- African-Americans comprise 39% of the homeless population.
- Since 2013, there has been a 55% increase in the number of females experiencing homelessness in the LA CoC.

Females make up 61% of the overall homeless population increase since 2013.
- There was a 12% increase in people ages 18 to 24 and in people ages 25 to 54 from 2015.
- 18% of the total population (7,868 people) had a history of physical or sexual abuse, including domestic or intimate partner violence and/or stalking.
- Females and transgender individuals experience higher rates of violence and/or abuse.
- SPA 6 had the 2nd largest homeless population in 2016 (7,459), a decrease of 0.7% since 2015.
- SPA 8 had the 4th largest homeless population in 2016 (5,913), an increase of 10.5% since 2015.

3 LA County Department of Public Health, Office of Planning, Evaluation, and Development. Community Health Assessment 2015; March 2015.
4 LA Homeless Services Authority. 2016 Homeless Count Results Los Angeles County and LA Continuum of Care; updated May 10, 2016.

Health and Wellness: Comorbid Depression and Substance Abuse

Depression and substance abuse are common and tend to co-occur creating unique challenges for diagnosis and treatment. A recent RAND study investigated this phenomenon among safety-net clients in Los Angeles, specifically examining “characteristics and service use among depressed, low-income persons from minority groups in under-resourced communities who did and did not have a substance abuse history.”

The authors concluded that “Clients with depression and a substance abuse history had significant psychosocial stressors and high rates of service use, which suggests that communitywide approaches may be needed to address both depression and substance abuse in this safety-net population.” The following were key findings:

- Of the 957 depressed clients, 217 (23%) were from substance abuse programs; 269 (28%) clients from other sectors had a substance abuse history, and 471 (49%) did not.
• Most clients from substance abuse programs or with a substance abuse history were unemployed and impoverished, lacked health insurance, and had high rates of arrests and homelessness.

• Clients from substance abuse programs or with a substance abuse history were also more likely than clients without a substance abuse history to have depression or anxiety disorders, psychosis, and mania and to use emergency rooms.

Stakeholder focus group participants highlighted mental health and substance abuse issues and major concerns in their communities:

“...regarding mental health in the homeless community that have diseases, such as or diabetes, cardiovascular, working in tandem with depression and/or anxiety, we see overdoses from substance abuse in the emergency department. We need to have the behavioral issues addressed, as we see our Hospitals dealing with increased volume in the ED and overall in various departments.”
—Stakeholder focus group participant

“We had a nonprofit mental health agencies health collaborative for nine years to address the mental health issues for our students in grades k-12. This year we had 590 referrals, they are all on Medi-Cal, so now we have a gap in servicing all our students who have insurance... I concur with the issues regarding mental health and substance abuse in our community/schools. We have a lot of suicidal referrals...we see a lot of homelessness in our community and foster situations.”
—Stakeholder focus group participant

“When it comes to having a doctor treating a patient that has a behavioral problem, we are not actually curing the patient, we are just putting a band aid on it.”—Stakeholder focus group participant


Health and Wellness: Park Use in Los Angeles

Safe and accessible local parks are considered to be a key resource for health/wellness both for physical activity and community outreach, so it is important to gain a better understanding of park use tendencies within the communities we serve. A 2015 RAND study on park use and physical activity among racial-ethnic groups in the City of Los Angeles highlighted numerous differences in racial-ethnic group park use and levels of physical activity. The following were key findings:

• Blacks and English-speaking Latinos were less likely than whites to report being physically active, exercising in the park, and exercising outside the park.

• Spanish-speaking Latinos were equally likely as whites to report exercising in park but less likely to report exercising outside the park and more likely to report using the parks for social interactions.
Asians/Pacific Islanders (PI)/others were more likely than whites to report visiting the park in the past 7 days and using the parks for social interactions.

Urban parks appear to be an important resource for physical activity and socialization, in particular among Spanish-speaking Latino and Asians/PI groups.

Beneficiary focus group participants highlighted the importance of local parks for both physical activity and community outreach:

"...a lot of people hang at the park including the homeless. Where my mom lives in Ontario there’s a program that cooks up some food like hot dogs, hamburgers for the community. Once the people get there they can then offer, you know why you are here let me check your blood pressure, and maybe even provided some medication.”
—Beneficiary focus group participant

"Some people may not want to travel too far to receive these resources. Services that are free, people want and like to receive things that are free. I’ve started a group that focuses on fitness. I pass out flyers to help people get in shape, showing them simple stretches and exercise with advice on healthy eating. I come every Sunday at the park by the basketball courts.”
—Beneficiary focus group participant


Health and Wellness: Parks and Senior Preferences in Los Angeles

Numerous studies have established the physiological and psychological benefits of safe and accessible parks to seniors’ quality of life and longevity. As projections show, the 65+ population will increase greatly (between 22% and 27%) from 2014 to 2019, and increase again (between 18% and 31%) from 2019 to 2024 in the state, county and SFMC Area. Thus, ensuring that parks remain safe, enjoyable, and accessible for older adults will be a critical factor in helping to mitigate potential healthcare costs and social isolation over the next decade.

A recent study of senior experiences in local park use in Los Angeles1 investigated the following questions:

• What are the needs, preferences, and aspirations that low-income, inner-city seniors have for neighborhood parks. Do seniors of different races and ethnicities indicate different preferences?

• What are the challenges and impediments that decrease these seniors’ access to and use of neighborhood parks?

• What are some lessons for planners wishing to develop senior-friendly parks in inner cities?
The following were key findings:

- Perceptions of lack of safety and security are important deterrents to visiting parks.
- Focus group participants expressed fear of unsupervised youth at the parks, especially when skateboarding, bouncing balls, or running around.
- Crime was also a concern for many participants, who described being victims of robbery, attempted robbery, theft, and “disrespectful behaviors” from youth in public spaces.
- Seniors also convey concerns about homeless people, drunkards, gang members, drug dealers, and people simply loitering in parks.
- These perceptions often deter many seniors from visiting nearby parks, while lack of private transportation is a barrier to visiting more distant parks that are perceived as safer.
- There were six desirable park characteristics highlighted: 1) security, 2) good accessibility, 3) presence of natural elements (greenery, wildlife), 4) age-friendly park design and programming, 5) opportunities for walking and physical activity, and 6) settings and programs that encourage social interaction.

The study also highlighted potential preference differences between ethnic and cultural backgrounds:¹
- Whites and Latinos were more open to age-integrated parks than are Korean elders.
- Many Korean women insisted that the park should be fenced and gated and have constant monitoring, and also suggested the use of different types of materials or facilities to increase its safety.
- Korean men were more concerned than other groups about their safety from falls, worrying about uneven sidewalks and hilly walking paths and recommending handrails.
- Korean participants were also the most critical of the lack of cleanliness in existing parks.
- Latinos focused more on the visibility and lighting at the park.
- White participants commented more on the facilities they use at parks, such as having picnic tables big enough for a group of seniors or a water fountain easily accessible to seniors with walkers or in wheelchairs.
- All Asian-American participants (i.e., Koreans, Indians, and Filipinos) were particularly sensitive to disrespectful younger people.
- Korean participants prefer straight walking trails, while other elders prefer winding ones.


**Health and Wellness: LGBTQ Access**

A recent national study focused on LGB health examined the associations between sexual orientation and barriers to health care.¹ Five barrier-to-care outcomes were assessed:

- Delayed or did not receive care because of cost.
- Did not receive specific services because of cost.
• Delayed care for non-cost reasons.
• Trouble finding a provider.
• No usual source of care.

The authors concluded that “members of sexual minority groups, especially bisexual women, are more likely to encounter barriers to care than their straight counterparts.” The following were key findings:

• Relative to straight adults, gay or lesbian and bisexual adults had higher odds of delaying or not receiving care because of cost.

• Bisexual adults had higher odds of delaying care for non-cost reasons, and gay men had higher odds than straight men of reporting trouble finding a provider.

• By contrast, gay or lesbian women had lower odds of delaying care for non-cost reasons than straight women.

• Bisexual women had higher odds than gay or lesbian women of reporting 3 of the 5 barriers investigated.

A recent study examined the effects of the cumulative victimization experienced by LGBT youths on mental disorders. In the study’s sample of LGBT youths, 10.3% experienced significant increases in victimization, and 5.1% maintained high levels across development from baseline (mostly in high school) to follow-up four years later.

The authors concluded that youths with steadily high or increasing levels of victimization from adolescence to early adulthood are at higher risk for depression and post-traumatic stress disorder.  

Stakeholder focus group participants acknowledged that the LGBT population, in particular, experiences multiple barriers to health/wellness and that in order to overcome those barriers it is essential to partner with other community organizations that work with LGBT community members:

“For the LGBT (community members) we rely heavily on the community organization, who we view as the experts (in serving that population), and those populations find solace in receiving information from this venue. So we rely on those organizations to help (LGBT community members) access care or receive information.”—Stakeholder focus group participant


Health Indicators Adults (2015)

Education, Environment and Neighborhood, and Health Status

Table A1. Health Indicators for Adults (18+ years old) in Los Angeles County

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Education (18-64 yrs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>22.4%</td>
<td>41.6%</td>
<td>28.9%</td>
<td>16.1%</td>
</tr>
<tr>
<td>High school</td>
<td>21.5%</td>
<td>25.7%</td>
<td>28.1%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Some college or trade school</td>
<td>28.9%</td>
<td>24.0%</td>
<td>28.2%</td>
<td>32.4%</td>
</tr>
<tr>
<td>College or post graduate degree</td>
<td>27.2%</td>
<td>8.6%</td>
<td>14.8%</td>
<td>29.7%</td>
</tr>
<tr>
<td>Environment and Neighborhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived neighborhood is safe from crime (feel safe in the neighborhood all or some of the time)</td>
<td>84.0%</td>
<td>40.3%</td>
<td>85.0%</td>
<td>87.8%</td>
</tr>
<tr>
<td>Easy to get fresh produce (fruits/vegetables)</td>
<td>75.0%</td>
<td>54.8%</td>
<td>70.8%</td>
<td>77.1%</td>
</tr>
<tr>
<td>Percent of household with children exposed to tobacco smoke at home</td>
<td>14.9%</td>
<td>23.7%</td>
<td>13.6%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Health Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/Poor Health Status</td>
<td>21.5%</td>
<td>30.6%</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Average # of days (past month) activities limited due to poor physical or mental health</td>
<td>2.3</td>
<td>2.6</td>
<td>2.0</td>
<td>2.1</td>
</tr>
<tr>
<td>Average number of unhealthy days (past month)</td>
<td>5.9</td>
<td>6.0</td>
<td>5.3</td>
<td>5.6</td>
</tr>
<tr>
<td>Percent of adults who provided care or assistance during the past month to another adult</td>
<td>19.2%</td>
<td>24.9%</td>
<td>14.0%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

Environment and Neighborhood

• Percent of adults who perceive their neighborhood is safe from crime was consistently lower in SPA 6 (40.3%) compared to other areas for each time period, a decrease of 37% from 2011.

• Within SPA 6, the Southeast Health District (31.4%) had the lowest percent of adults who perceived their neighborhood is safe from crime followed by Southwest (37.2%).

Access to Fresh Produce

• A much smaller percent of residents in SPA 6 (54.8%) reported that they have easy access to fresh fruits and vegetables compared to LA County, SPA 7, and SPA 8, a decrease of 30% from 2011– SPA 7 and SPA 8 both decreased from 2011 (21% and 14% respectively).

• Within SPA 6, the Compton (51.5%) and Southwest (51.0%) districts were lowest.

Health Status

• SPA 6 (36.4%) also had a higher percentage of residents who reported fair/poor health status compared to LA County, SPA 7 and SPA 8. This pattern has not changed from 2011 to 2015.

• Within SPA 6, the Southeast district was highest (47.4%).

1 Los Angeles County Department of Public Health, Office of Planning, Evaluation, and Development. Community Health Assessment 2015; March 2015.
“I’ve been going out to certain meetings within the community and what is hard for the community is that they want to know how to have access to healthier, inexpensive food. You can tell anyone what they can buy in order to eat healthier and educate them, but if they don’t have higher paying jobs, food is expensive… at least make the food affordable for them to be able to eat to really tackle the challenge of obesity, diabetes and hypertension.”
- Provider focus group participant

[In reference to the importance of community gardens]
“My neighbor has a variety garden, and often times when I don’t have enough money to buy produce at the grocery store, I buy different vegetables from her. It would be a good idea for people with yard space to plant gardens. That way people are eating healthier and know what they are eating.”
- Beneficiary focus group participant

“It’s easier to get a $0.69 burger at Tom’s than get a vegetable. Give a kid $2.00, that’s what they are going to go buy.”
- Beneficiary focus group participant
Table A4. Health Indicators for Adults (18+ years old) in Los Angeles County

Los Angeles County Health Survey 2015.

<table>
<thead>
<tr>
<th></th>
<th>L.A.</th>
<th>SPA 6</th>
<th>SPA 7</th>
<th>SPA 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance (18-64 yrs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>32.0%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Medicare</td>
<td>1.6%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Public</td>
<td>38.2%</td>
<td>52.8%</td>
<td>39.9%</td>
<td>37.2%</td>
</tr>
<tr>
<td>Private</td>
<td>49.3%</td>
<td>29.3%</td>
<td>48.8%</td>
<td>53.2%</td>
</tr>
<tr>
<td>No Insurance</td>
<td>11.7%</td>
<td>17.9%</td>
<td>11.3%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Covered California</td>
<td>4.1%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Health Insurance (65+ yrs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>8.7%</td>
<td>10.1%</td>
<td>12.5%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Public</td>
<td>63.8%</td>
<td>72.9%</td>
<td>67.2%</td>
<td>66.1%</td>
</tr>
<tr>
<td>Private &amp; Public</td>
<td>27.1%</td>
<td>17.0%</td>
<td>19.1%</td>
<td>25.0%</td>
</tr>
<tr>
<td>No Insurance</td>
<td>0.4%*</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Access to Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No regular source of care</td>
<td>19.7%</td>
<td>23.4%</td>
<td>21.4%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Difficulty accessing medical care</td>
<td>23.6%</td>
<td>32.5%</td>
<td>22.9%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

*Indicates that the indicator is statistically unstable due to the small sample size or unavailable.

**Health Insurance**

- In general, the percent of LA County adults (18+ years old) who do not have health insurance decreased noticeably (46%) from 2005 (21.8%) to 2015 (11.7%).

- SPA 6 (17.9%) had the highest percentage of adults who do not have health insurance. SPA 6 (52.8%) also had a higher percentage of adults with public health insurance compared to SPA 7 and SPA 8.

- Within SPA 6, the South (26.1%) and Southeast (27.8%) districts had the highest percentage of adults with no insurance.

**Access to Care**

- Adults (18+ years old) who had difficulty accessing medical care was highest in SPA 6 (32.5%).

- Within SPA 6, the South (36.4%) and Southeast (36.7%) districts were highest.

"You can only see doctors that are included in your Medi-Cal plan. Maybe you don’t feel comfortable with these doctors. All you want as a patient is to be comfortable. Sometimes when I go to the doctor and the interpreter translates I feel that they don’t do a good job. I feel that the doctor didn’t really understand me." —Beneficiary focus group participant

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1 Los Angeles County Department of Public Health, Office of Planning, Evaluation, and Development. Community Health Assessment 2015; March 2015.
### Table A7. Health Indicators for Adults (18+ years old) in Los Angeles County

Los Angeles County Health Survey 2015.

<table>
<thead>
<tr>
<th></th>
<th>L.A.</th>
<th>SPA 6</th>
<th>SPA 7</th>
<th>SPA 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap smear in the past 3 yrs (women 18-65 yrs)</td>
<td>84.4%</td>
<td>84.2%</td>
<td>85.9%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Mammogram in the past 2 yrs (women 50-74 yrs)</td>
<td>77.3%</td>
<td>77.6%</td>
<td>76.5%</td>
<td>74.4%</td>
</tr>
<tr>
<td>Flu shot in the past year (18+ yrs)</td>
<td>40.1%</td>
<td>30.3%</td>
<td>36.4%</td>
<td>41.8%</td>
</tr>
<tr>
<td>Flu shot in the past year (65+ yrs)</td>
<td>69.0%</td>
<td>62.1%</td>
<td>63.0%</td>
<td>69.3%</td>
</tr>
<tr>
<td>Pneumonia vaccination, ever (65+ yrs)</td>
<td>62.0%</td>
<td>51.1%</td>
<td>60.9%</td>
<td>62.4%</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binge drink</td>
<td>15.9%</td>
<td>13.8%</td>
<td>17.6%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Smoke cigarettes</td>
<td>13.3%</td>
<td>13.0%</td>
<td>13.6%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Eat 5+ servings fruits/vegetables a day</td>
<td>14.7%</td>
<td>9.6%</td>
<td>11.9%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Drink at least one soda or sweetened beverage a day</td>
<td>31.4%</td>
<td>41.9%</td>
<td>40.3%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Meet recommended physical activity a week (Aerobic)</td>
<td>65.1%</td>
<td>63.8%</td>
<td>63.6%</td>
<td>63.1%</td>
</tr>
<tr>
<td>Meet recommended physical activity a week (Aerobic &amp; Strengthening)</td>
<td>34.1%</td>
<td>30.3%</td>
<td>34.3%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Physically inactive</td>
<td>10.9%</td>
<td>10.0%</td>
<td>11.5%</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

**Preventive Services**

- Percent of Adults (18+ years old) who reported having a flu shot or pneumonia vaccination in the past 12 months was consistently lower in SPA 6 (30.3%) compared to other areas for each time period.

- Within SPA 6, the South (24.2%) and Southwest (28.7%) districts were lowest.

- Percent of adults (65+ years old) who reported having a pneumonia vaccination in the past 12 months was lowest in SPA 6 (51.1%).

- Within SPA 6 the Southwest district was lowest (45.4%).

**Health Behaviors**

- Percent of adults (18+ years old) who reported eating 5+ servings of fruits/vegetables a day was lowest in SPA 6 (9.6%).

- Within SPA 6, the Southeast district was lowest (5.1%).

- Percent of adults (18+ years old) who reported drinking at least one soda or sweetened beverage a day was highest in SPA 6 (41.9%) and SPA 7 (40.3%).

- Within SPA 6 and SPA 7, the Compton (45.9%) and East LA (54.6%) districts were highest.
### Health Indicators Adults (2015) - Chronic Conditions and Communicable Diseases

#### Table A10. Health Indicators for Adults (18+ years old) in Los Angeles County

<table>
<thead>
<tr>
<th>Los Angeles County Health Survey 2015.</th>
<th>L.A.</th>
<th>SPA 6</th>
<th>SPA 7</th>
<th>SPA 8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>2015</td>
<td>2015</td>
<td>2015</td>
</tr>
<tr>
<td><strong>Chronic Conditions/Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td>23.5%</td>
<td>34.1%</td>
<td>28.0%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Overweight</td>
<td>35.9%</td>
<td>33.4%</td>
<td>39.1%</td>
<td>37.2%</td>
</tr>
<tr>
<td>Diabetes (ever diagnosed)</td>
<td>9.8%</td>
<td>12.3%</td>
<td>11.2%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Hypertension (ever diagnosed)</td>
<td>23.5%</td>
<td>24.5%</td>
<td>22.8%</td>
<td>23.1%</td>
</tr>
<tr>
<td>High cholesterol (ever diagnosed)</td>
<td>25.2%</td>
<td>22.2%</td>
<td>27.6%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Depression (ever diagnosed)</td>
<td>13.0%</td>
<td>11.9%</td>
<td>12.6%</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

#### Chronic Conditions

- Compared to LA County (23.5%), the reported percentages of adults (18+ years old) who are obese were higher in SPA’s 6, 7 and 8 (34.1%, 28% and 24.1%, respectively) - For SPA’s 6 and 7, the trend has remained consistent over the years.

- Within SPA 6, the Compton district was highest (39.0%).

### Health Indicators Children (2015) - Environment, TV Viewing, Breastfeeding, Child Care, Health Status, and Health Insurance

#### Table C1. Health Indicators for Children (0-17 years old) in Los Angeles County

<table>
<thead>
<tr>
<th>Los Angeles County Health Survey 2015.</th>
<th>L.A.</th>
<th>SPA 6</th>
<th>SPA 7</th>
<th>SPA 8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>2015</td>
<td>2015</td>
<td>2015</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy access to park or playground (1-17 yrs)</td>
<td>86.8%</td>
<td>78.5%</td>
<td>90.8%</td>
<td>87.7%</td>
</tr>
<tr>
<td><strong>TV Viewing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watch any TV (6-23 months)</td>
<td>58.9%</td>
<td>49.6%</td>
<td>66.2%</td>
<td>64.8%</td>
</tr>
<tr>
<td>Watch 3+ hours of TV (2-17 yrs)</td>
<td>20.2%</td>
<td>25.9%</td>
<td>20.4%</td>
<td>24.4%</td>
</tr>
<tr>
<td><strong>Breastfeeding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiation (0-5 yrs)</td>
<td>93.1%</td>
<td>88.2%</td>
<td>93.5%</td>
<td>89.0%</td>
</tr>
<tr>
<td>At least 6 months (6 months-5 yrs)</td>
<td>49.7%</td>
<td>44.7%</td>
<td>45.0%</td>
<td>52.4%</td>
</tr>
<tr>
<td><strong>Child Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty finding child care (0-5 yrs)</td>
<td>31.6%</td>
<td>43.1%</td>
<td>26.7%</td>
<td>26.8%</td>
</tr>
<tr>
<td><strong>Health Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair/poor health</td>
<td>6.5%</td>
<td>8.9%</td>
<td>7.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Special health care needs</td>
<td>14.5%</td>
<td>12.5%</td>
<td>13.4%</td>
<td>18.4%</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>54.0%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Covered California</td>
<td>1.1%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Private</td>
<td>40.7%</td>
<td>16.3%</td>
<td>34.8%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Public</td>
<td>-</td>
<td>80.7%</td>
<td>62.1%</td>
<td>53.9%</td>
</tr>
<tr>
<td>No Insurance</td>
<td>3.4%</td>
<td>3.0%*</td>
<td>3.1%*</td>
<td>3.3%</td>
</tr>
<tr>
<td>Healthy Kids</td>
<td>0.3%*</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>California Kids</td>
<td>0.2%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Indicates that the indicator is statistically unstable due to the small sample size or unavailable.
Environment

• Percent of children (1-17 years old) who have easy access to a park or playground was lowest in SPA 6 (78.5%) - The highly disproportionate trend has remained consistent over the years.

• Within SPA 6, the South (74.1%) and Southwest (74.6%) districts were lowest.

Breastfeeding

• Percent of children (0-5 years old) who were breastfed by their biological mothers for at least 6 months was lowest in SPA 6 (88.2%).

• Within SPA 6, the Compton district was lowest (81.1%).

Child Care

• Percent of children (0-5 years old) whose primary caretaker reported it is very or somewhat difficult to find child care on a regular basis (excluding those who reported they do not need child care) was highest in SPA 6 (43.1%).

• Within SPA 6, the Compton district was lowest (31.7%).

1 Los Angeles County Department of Public Health, Office of Planning, Evaluation, and Development. Community Health Assessment 2015; March 2015.

Health Indicators Children (20151) - Dental Insurance, Access to Care, Health Behaviors, Reproductive Health and Infant Deaths.

Table C4. Health Indicators for Children (0-17 years old) in Los Angeles County
Los Angeles County Health Survey 2015.

<table>
<thead>
<tr>
<th>Access to Care</th>
<th>L.A.</th>
<th>SPA 6</th>
<th>SPA 7</th>
<th>SPA 8</th>
<th>2015/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>No regular source of health care</td>
<td>5.7%</td>
<td>4.2%</td>
<td>6.4%*</td>
<td>3.3%</td>
<td></td>
</tr>
<tr>
<td>Difficulty accessing medical care</td>
<td>11.0%</td>
<td>15.0%</td>
<td>9.5%</td>
<td>7.0%</td>
<td></td>
</tr>
<tr>
<td>Did not obtain dental care because could not afford it (past yr)</td>
<td>11.5%</td>
<td>10.4%</td>
<td>11.5%</td>
<td>11.9%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family eat meals together every day</td>
<td>62.1%</td>
<td>65.7%</td>
<td>64.1%</td>
<td>64.5%</td>
<td></td>
</tr>
<tr>
<td>Drink at least one soda or sugar sweetened beverage a day</td>
<td>39.2%</td>
<td>51.6%</td>
<td>45.3%</td>
<td>41.3%</td>
<td></td>
</tr>
<tr>
<td>Meet recommended physical activity (6-17 yrs)</td>
<td>28.5%</td>
<td>28.1%</td>
<td>31.2%</td>
<td>28.7%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reproductive Health²</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of births (per 1,000 live births) to teens ages 15-19 yrs</td>
<td>22.8</td>
<td>44.3</td>
<td>23.8</td>
<td>19.2</td>
<td></td>
</tr>
<tr>
<td>Low weight (&lt;2,500 grams) births (per 100 live births)</td>
<td>4.0%</td>
<td>8.4%</td>
<td>6.5%</td>
<td>7.3%</td>
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<tr>
<td>Low weight (&lt;2,500 grams) African American births (per 100 live births)</td>
<td>12.1%</td>
<td>13.3%</td>
<td>10.3%</td>
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<th>Infant Deaths²</th>
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<td>Death rate &lt; 365 days</td>
<td>4.4%</td>
<td>6.4%</td>
<td>3.9%</td>
<td>4.1%</td>
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*Indicates that the indicator is statistically unstable due to the small sample size or unavailable.

Access to Care

• Percent of children (0-17 years old) whose primary caretaker reported difficulty accessing medical care was highest in SPA 6 (15.0%).
• Within SPA 6, the South district was highest (16.5%).

Health Behaviors

• Percent of children who drink one or more sugar-sweetened beverage a day was highest in SPA 6 (51.6%).

• Within SPA 6, the Compton district was highest (54.2%).

1 Los Angeles County Department of Public Health, Office of Planning, Evaluation, and Development. Community Health Assessment 2015; March 2015.
2 Los Angeles County, Department of Public Health, Maternal, Child, and Adolescent Health Programs. Perinatal Health Indicators Los Angeles County 2013.

Health Indicators Children (20151) - Respiratory Disease and Chronic Conditions

<table>
<thead>
<tr>
<th>Los Angeles County Health Survey 2015.</th>
<th>L.A.</th>
<th>SPA 6</th>
<th>SPA 7</th>
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<tr>
<td></td>
<td>2015</td>
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<tr>
<td>Respiratory Disease</td>
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<tr>
<td>0-17 years with current asthma</td>
<td>7.4%</td>
<td>7.8%</td>
<td>9.8%</td>
<td>6.3%</td>
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<td>Chronic Conditions</td>
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<tr>
<td>Children in grades 5, 7, &amp; 9 who are obese (BMI above the 95th percentile)2</td>
<td>21.2%</td>
<td>-</td>
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</tr>
</tbody>
</table>

1 Los Angeles County Department of Public Health, Office of Planning, Evaluation, and Development. Community Health Assessment 2015; March 2015.

Demographic Projections

![Fig. P5: Racial Composition in SPAs 6,7,8](image)
Population Growth by Race and SFMC Area (Fig. P5)

- In the SFMC service area overall, Latino and Asian/PI populations show gradual increase, while white and African American populations show gradual decrease.

- Latinos population will remain the overwhelming majority, comprising 59% of the SFMC area population.

- The Asian/PI population is projected to have overtaken the African American population slightly by 2024 in the SFMC area.

- As Spanish and Asian-language speaking households tend to have relatively high rates of linguistic isolation, efforts should be made to enhance outreach capacity appropriately.

Population Growth by Age and SFMC Area (Fig. P6)

- In the SFMC service area overall, 0-14 and 15-34 age groups show a gradual decrease.

- The 35-44 age group shows a decrease by 2019, but increases again by 2024.

- The 45-64 age group shows a slight increase by 2019, but then decreases by 2024.

- The 65+ population is projected to grow significantly by 2024 to comprise 15% of the SFMC area population.

1 U.S. Census Bureau, American Community Survey 2014, Public Use Microdata Sample.
These projections are 5 year estimates from July 1, 2014 to July 1, 2019 and from July 1, 2019 to July 1, 2024.
Primary Health Concerns - What Our Focus Groups Say

According to Beneficiary focus group participants, among their communities' primary health issues are:

- Homelessness
- Alzheimer’s
- Diabetes (adults and children)
- Obesity
- High blood pressure
- High cholesterol
- Allergies/Influenza

Issues that negatively impact health and wellness in their communities:

- Lack of education about healthy living/eating
- Low incomes/lack of affordable healthy foods
- Parents lack resources to ensure healthier food options in schools
- Parents busy schedules between work and volunteering at schools
- Inadequate communication from schools
- Inability to navigate information about available services
- Lack of trust for medical/social service establishment and mishandling of social service case files
- Discrimination/arbitrarily abusive treatment by staff and cancellation of benefits
- Lengthy wait times for appointments and ER visits
- Lack of cultural/local community experiences among providers and outreach workers
- Lack of free and affordable health benefits
- Air pollution from freeways and environmental waste from industrial facilities

Community resources highlighted as important to health/wellness:

- Community fitness/wellness programs (adults and children)
- Access to produce gardens
- Healthy food options in grocery stores and schools
- Having health insurance coverage
- St. Francis Health Benefits Resource Center
- Spanish-speaking doctors
- Wider pool of Medi-Cal doctors
Most effective forms of communication/trusted venues:

• Face-to-face (especially for undocumented)
• Written correspondence (e.g., flyers with tips and programs distributed in schools and community) - People were mixed on the value of this form of communication
• Television morning shows (e.g., with speakers that address health and wellness topics)
• Awareness day events sponsored by the City
• Kiosks/tents at local parks/grocery stores (specified Food 4 Less, $.99 stores, and Wallmart for low-income people)
• Recreation and community centers (including senior centers)
• Churches
• Clinics/Hospitals/mobile medical units
• Schools (including preschools)
• Libraries
• Community forums

According to Stakeholder and Provider focus group participants, among their communities’ primary health issues are:

• Obesity
• Diabetes (adults and children)
• Hypertension
• Mental health and substance abuse (in schools)

Issues that negatively impact health and wellness in their communities:

• Poverty/insufficient income in general
• Lack of education (general attainment, health/wellness-related and child welfare laws)
• Lack of affordable housing
• High level of substandard living
• Cycle of violence
• Lack of affordable healthy food options
• Unsafe parks
• Inability to navigate information about available services
• Inability to afford child care
• Poor quality produce in affordable local supermarkets
• Homelessness and currently sheltered but on the verge of being homeless
• Untreated mental health issues (e.g., among homeless population)
• Technology and regulatory needs related to HIPAA that hinder sharing of information between providers

Disproportionately affected groups:
• African American men
• First generation Latinos
• Homeless (including growing problem of youth)
• Those living in neighborhoods impacted by violence
• LGBTQ population
• Undocumented (including mixed-status families)
• Children in foster care
• Seniors

Community resources highlighted as important to health/wellness:
• Programs such as Community Health Improvement Plan (CHIP) that address multiple issues
• Parks for exercise and communal planting of healthy foods
• WIC and “CalFresh - Better Food for Better Living” campaign
• WIC Authorized Food List Shopping Guide and vendors, “Can We Help?” brochure
• Watts Healthy Farmers’ Market (education and Market Match)
• St. Francis collaborations promoting breastfeeding
• St. Francis hospital-based gang intervention
• St. Francis Health Benefits Resource Center
• St Francis, City of Lynwood and coalition of parents
• Parents as Teachers program
• First 5 LA Best Start Communities
• Crystal Stairs
• People Assisting the Homeless for immediate counseling and assessments
Priority Health Needs Identified

Priority Health Needs were identified as follows:

High rates of:

- Coronary Heart Disease
- Stroke
- Lung Cancer
- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Obesity
- High Blood Pressure
- High Cholesterol
- Allergies/Influenza
- Homelessness
- Mental Health and Substance Abuse in Schools

Other Findings

Environment and Neighborhood - Adults who perceived their neighborhood is safe from crime was consistently lower in SPA 6 (40.3%) compared to other areas. LA County (84.0%); SPA 7 (85.0%); SPA 8 (87.8%).

Access to Fresh Produce - A much smaller percent of residents in SPA 6 (54.8%) reported that they have easy access to fresh fruits and vegetables compared to LA County (75.0%), SPA 7 (70.8%), and SPA 8 (77.1%).

Health Status - SPA 6 (30.6%) also had a higher percentage of residents who reported fair/poor health status compared to LA County (21.5%), SPA 7 (22%), and SPA 8 (21%). This pattern has not changed from 2011 - 2015.

Health Insurance - SPA 6 had the highest percentage of adults who do not have health insurance (17.9%), compared to LA County (11.7%), SPA 7 (11.3%), SPA 8 (9.6%). However, in general, the percent of LA County adults who do not have health insurance decreased noticeably from 2005 (21.8%) to 2015 (11.7%), a 46% decrease, possibly attributable to the Affordable Care Act, with coverage for eligible participants beginning in 2014.

Access to Care - Adults who had difficulty accessing medical care was highest in SPA 6 (32.5%).

Chronic Conditions - Compared to LA County (23.5%), the reported percentages of adults who are obese were higher in SPAs 6, 7, and 8 (34.1%, 28%, and 24.1%, respectively. For SPAs 6 and 7, the trend has remained consistent over the years.

Environment - Percent of children who have easy access to a park or playground was lowest in SPA 6
(78.5%), compared to LA County (86.8%), SPA 7 (90.8%), and SPA 8 (87.7%). The highly disproportionate trend has remained consistent over the years.

**Breastfeeding** - Percent of children who were breastfed by their biological mothers for at least six months was lowest in SPA 6 (44.7%), compared to LA County (49.7%), SPA 7 (45.0%), and SPA 8 (52.4%).

**Child Care** - Percent of children whose primary caretaker reported it is very or somewhat difficult to find child care on a regular basis was highest in SPA 6 (43.1%), compared to LA County (31.6%), SPA 7 (26.7%), and SPA 8 (26.8%).

A copy of St. Francis Medical Center's 2016 Community Health Needs Assessment may be requested by contacting the SFMC Marketing/Communications office.

**Overall Results and Priority Needs**

All data showed that the needs of children and families in the SFMC service area are great, and in fact often greater than most segments of Los Angeles County.

The most prominent health care issues and concerns highlighted in the Needs Assessment are that residents in SFMC's service area continue to face significant barriers in accessing needed health care. SFMC has been designated as a Disproportionate Share Hospital because of the high number of patients who are uninsured and under-insured. It is important to note that 77.8% of SFMC's reimbursements for services are derived from Medi-Cal, Medicare, and LA County. In addition, communities within SFMC's service area have been designated as Medically Underserved Areas and Health Profession Shortage Areas by the Federal Government.

**Prioritizing Community Health Needs**

Based on the collected data and findings from the 2016 Community Health Needs Assessment, SFMC’s Management Council (the executive leadership team) used the following criteria to help identify the priority health care needs that the hospital would address in the 2016-2019 implementation plan period:

- Does the health issue fall within the scope of the hospital’s mission?
- What is the hospital’s goal/purpose in addressing this need?
- What resources does the medical center have available to address the need? Is there staff currently in place who could develop and implement or continue programs that address the need?
- Who are potential collaborators?
- Are there grant opportunities to help fund programs that address this issue?
- What resources are necessary to sustain the program?

Responses from key focus group participants were also factored into the prioritization of needs as many are actively involved in community wellness and social service programs within SFMC’s service area and hold leadership roles in the development and implementation of health improvement initiatives within the South LA region.

Following the prioritization of health care needs by SFMC’s Management Council, the hospital’s
Community Benefit Plan was developed in conjunction with the medical center’s budgeting and strategic planning process. During the annual update of the medical center’s strategic plan, data derived from the Community Health Needs Assessment, input gathered informally at community meetings, and the prioritization of needs process was integrated with the external environment analysis and the organizational analysis.

The resulting Community Benefit Plan was integrated into the medical center's long-range planning, as well as program-specific planning.

As highlighted under Our Mission and Values in the opening pages of this report, St. Francis Medical Center and Verity Health System are committed to providing community benefit through a variety of community-based outreach programs and wellness activities.

**Priority Needs Addressed by St. Francis Medical Center**

Based on the 2016 Community Health Needs Assessment and subsequent prioritization and planning process, St. Francis Medical Center determined the following priority health care needs it would address in 2016-2019:

Access to Care
Coronary Heart Disease
Stroke
Diabetes
Obesity
Low Breastfeeding Rates
Environment and Neighborhood

**Programs Targeting Our Community’s Priority Health Needs**

The hospital’s 2016 Community Benefit Plan outlined the programs developed in direct response to the needs listed above. Many of the priority needs identified were among those that SFMC assessed as high priorities in previous years; therefore, the medical center has ongoing programs in place to target these specific health care concerns.

In 2019, it is SFMC’s plan to continue many of the programs which have proven successful in reaching SFMC’s target populations and improving overall community health and wellness, and they are described in the pages that follow.

In addition, to provide an understanding of these programs’ impact, the most recent outcomes and accomplishments are included in this report.

Due to limited resources, SFMC is not developing a specific community benefit strategy to address Lung Cancer, Chronic Obstructive Pulmonary Disease (COPD), Sexually Transmitted Diseases, Allergies/Influenza, Homelessness, and Lack of Access to Affordable Childcare; however, some of these issues are addressed indirectly through SFMC’s current and planned community benefit programs which
promote overall health improvement and wellness. For example, the hospital’s Healthy Community Initiatives program coordinates and participates in various community and senior health fairs. Free health screenings, childhood immunizations, and flu shots are provided, along with health education that promotes healthy lifestyles, prevention, and a holistic approach to overall wellness.

SFMC also has strong relationships with public and private agencies with programs addressing the health needs that are not identified as those that will be addressed by SFMC in 2019. Our Health Benefits Resource Center (HBRC) provides linkages and referrals to these health and social services. Los Angeles County has a Sexually Transmitted Disease hotline and program for screening and treatment. The County also has resources and referrals for affordable child care and homeless shelters.

In addition, the HBRC can refer people to physicians specializing in the treatment of lung cancer and COPD, help clients make doctor appointments, and provide enrollment assistance into health plans for which individuals qualify.
Health Benefits Resource Center (HBRC)

The Health Benefits Resource Center (HBRC) is a one-stop information and referral service center that links families to essential private and government-sponsored health benefits and social services to promote healthy families, such as Covered California and Medi-Cal, and CalFresh (formerly known as the Food Stamp Program). In addition to providing assistance with the application process, HBRC offers ongoing case management and support for families who may experience any type of difficulty related to their enrollment, utilization, retention, and/or access to their benefits. The center performs ongoing outreach to educate the community about benefits and safeguards that come with participation in private and government-sponsored programs. HBRC provides a dependable, trusted referral mechanism to social services and resource agencies for individuals, families, schools, churches and community-based organizations.

On-site collaboration with the LA County Department of Public Social Services enables SFMC to support eligible clients through the enrollment process into the Medi-Cal and CalFresh programs.

HBRC enrollment specialists are bilingual and culturally sensitive to both the English- and Spanish-speaking populations. They work one-on-one with families to establish a trusting relationship and to provide a safe and supportive environment. To reach more residents, HBRC provides an Emergency Department-based enrollment specialist who can respond to Emergency patients at the bedside.

Highlights: HBRC assisted 1,755 eligible people enroll into Medi-Cal with a 90% application acceptance rate, and 1,170 eligible individuals enroll into CalFresh with an 88% application acceptance rate. HBRC assisted 193 people enroll into Covered California and 289 people with program renewal.

Collaborative Partners: Los Angeles Department of Public Social Services; Los Angeles County Department of Public Health; Covered California; L.A. Care; Cal MediConnect; Catholic Charities; Lynwood, Compton, Montebello, El Rancho, and Whittier/Los Nietos Unified School Districts; Health Care Options; St. Francis Medical Center affiliated physicians; AppleCare and OmniCare Medical Groups; Women, Infant and Children (WIC); Medi-Cal Access Program.

Total Number of People Served: 21,928
Welcome Baby

Welcome Baby offers personalized prenatal, post-partum, and hospital visits with a professionally trained Parent Coach, from pregnancy through the baby’s first 9 months for families living within First 5 LA’s Best Start Communities.

Families residing outside of the Best Start Communities are eligible for the Welcome Baby hospital visit and up to three additional home visits, if needed.

Available at no cost to all maternity patients, the Welcome Baby continuum of care also includes breastfeeding support from Welcome Baby staff (who are all Certified Lactation Educators), referrals to community resources, and an in-home visit by a registered nurse within the first week following mom and baby’s discharge from the hospital.

Welcome Baby addresses the First 5 LA goal areas: 1) That children maintain a healthy weight; 2) That children are safe from abuse and neglect; and 3) That children are ready for kindergarten. First 5 LA and partner hospitals work together to reach these goals by focusing on health and wellness before a baby’s birth and continuing through a child’s first critical months.

Using Parent Coaches, Welcome Baby addresses prenatal testing, home planning/safety, labor signs, breastfeeding, depression screening, family nutrition, observation for jaundice and hydration, infant assessments, and growth and development milestones. Through both prenatal and postpartum hospital and home-based visits, Parent Coaches develop a relationship with the families and provide education in a convenient and comfortable setting, and help to ensure parents are connected to appropriate health care services.

Collaborative Partners: First 5 LA; SHIELDS for Families; SFMC Family Life Center team; El Nido Community Center, Compton; Service Planning Area 6; Compton/East Compton Best Start Partnership; LA Care Community Center, Lynwood; Lynwood Unified School District; South LA Health Projects; and City of Lynwood.

Total Number of People Served: 1,573

Patient Transportation

Patient Transportation is provided to individuals without any means of transportation following discharge, and to parents of infants receiving care in the hospital’s Neonatal Intensive Care Unit who do not have a way of traveling to and from the medical center to visit their baby.

Transportation is also arranged for individuals receiving inpatient behavioral health services at SFMC who may need transportation for court appearances or following hospital discharge.

The goal is to ensure that 1) patients have safe, reliable transportation upon discharge from the hospital, 2) parents of sick and fragile newborns are able to visit their babies so that they may bond, breastfeed, and promote their child’s healing, and 3) Behavioral Health inpatients meet their court appearance
requirements.
Transportation is provided through a taxi service or through public transportation bus service, depending on whether the patient is ambulatory, elderly, or has health considerations.
Collaborative Partner: Administrative Services Coop.
Total Number of People Served: 5,710

Charity Care, Unreimbursed Cost of Care, Emergency and Trauma

St. Francis Medical Center also helps to improve access to health care through its commitment to provide Charity Care for patients who do not qualify for public health insurance or have the means to afford private insurance. SFMC follows the practices outlined in the Verity Health System Charity Care and Financial Discount Policy.

In Fiscal Year 2018, SFMC provided 5,770 people with $8.7 million in Charity Care. The medical center has experienced an overall decrease in Charity Care over the past few years, which coincides with the enactment of the Affordable Care Act (ACA). With the ACA, more people have become eligible for Medi-Cal and health insurance coverage through the state’s health benefit exchange, Covered California. SFMC anticipates lower numbers in its Charity Care community benefit expense in FY 2019 as eligible individuals continue to enroll into Covered California health plans.

St. Francis Medical Center continues to serve a substantial number of patients who are insured through Medi-Cal. In FY 2018, SFMC served 120,947 Medi-Cal patients. Year over year, reimbursement rates can be variable. In addition, they are not always paid out on a regular schedule, and at times, they do not cover the full cost of services provided. This year, the Hospital Provider Fee funds helped to cover the unreimbursed cost of Medi-Cal.

Note: The Hospital Provider Fee is crucial to the preservation of California’s entire safety net. The program uses fees assessed by the state on hospitals to draw down federal matching funds, which are then issued as supplemental payments to hospitals. The Hospital Provider Fee is an integral element to improving access to health care for some of California’s most vulnerable residents.

Source: California Hospital Association

In addition, SFMC subsidizes its Emergency Department to help ensure that critical health care is available around the clock to the community. SFMC’s Emergency Department, in conjunction with its Trauma Center, is especially crucial to the Southeast Los Angeles area, as Trauma and Emergency Services have closed at many surrounding hospitals within the last decade.

The uncompensated costs for direct expenses absorbed by the hospital totaled $1.6 million in FY 2018.

SFMC is a designated Paramedic Base Station. Its Emergency Department provides the coordination and direction of medical treatment for LA County pre-hospital care providers and first responders, including LA County Fire Departments within the service area.

Total Number of Emergency Department Patients: 76,383
(16,679 or 22% treated in the Emergency Department were children)

Total Number of Trauma Patients: 2,301
Paramedic Runs Coordinated: 19,508

**Programs Targeting High Rates of Heart Disease, Stroke, Diabetes and Obesity**

**Healthy Community Initiatives**

Healthy Community Initiatives (HCI) brings health screenings, immunizations, and health education directly to area schools, churches, businesses, and community organizations via its HCI nurse/nurse educator and community health promoter. For individuals and families without access to primary care, HCI provides them with important preventive services and health care resources.

With data showing high incidences of heart disease, stroke, diabetes, obesity, and chronic illness in our service area, HCI health screenings for blood pressure, cholesterol, glucose, body fat (BMI), and height and weight provide the first step in identifying health conditions and linking individuals to essential follow-up care and treatment.

Screenings are integrated with health education, fitness activities, wellness and healthy lifestyle programs, and community collaborations that engage children, adults, and seniors.

Fiscal Year 2018 HCI activities included:

- Four health screening events in Lynwood for seniors at which 97 seniors received 712 health screenings, including blood pressure, height and weight, and body fat (BMI), among others.

- Eleven Nutrition Parent Workshops in collaboration with Lynwood Unified School District at which 94 people were provided with nutrition and diabetes prevention education on topics such as “Building a Healthy Meal,” “Shopping Healthy on a Budget,” “Reading a Food Label,” “Rethink Your Drink,” “Healthy Recipes,” “Learning About Diabetes,” “Diabetes Self-Monitoring and Testing,” “Diabetes Complications and Care,” “Diabetes Healthy Eating Essentials,” and “Diabetes Medications and Benefits of Exercise.”

- Four Exercise sessions at Lynwood Park at which 47 community members were educated on “Healthy Eating Tips,” “Active Adults,” “Hydrating,” and “My Plate” (eating a nutritionally balanced meal).

- Three education sessions organized at the Lynwood Senior Center at which 42 seniors received information on “Learning about Diabetes,” “Diabetes Self-Monitoring and Testing,” “Diabetes Complications and Care,” and “Diabetes – Healthy Eating and Exercise.”

- School-based health screenings and health education provided at three South LA elementary schools in need of school nurse services at which 4,191 students, 1,838 parents and family members, and 519 faculty and staff benefited from HCI services. 2,225 health screenings were administered and 30 education classes were held.
Health Screenings were conducted for the following: Lice, Audio, Vision, Scoliosis, Dental.

Education Topics: CPR, First Aid, Medication Administration, Asthma, Food Allergy & Anaphylaxis, Epilepsy, Lice, Growth & Development, Dental Emergencies.

Other HCI services offered at the schools: Student Health Assessments, Planning, Coordination and Evaluation of students health needs.

- Participation in community-sponsored events:
  - Linda Marquez High School Health Fair, Huntington Park
  - AltaMed Health Fair, South Gate
  - Avalos Community Center, Lynwood
  - Miracle Missionary Baptist Church, Los Angeles
  - Feria del Niño, Paramount Park
  - New Commandment Missionary Baptist Church, Paramount

Number of Individuals Screened at community events: 904

Number of Screenings provided at community events: 6,783

Collaborative Partners: Lynwood Unified School District; City of Lynwood; City of Paramount; LA County Department of Public Health; CalFresh; WIC; Compton Best Start; local city governments and chambers of commerce; LA County Immunization Program; Big Smiles; USC School of Dentistry; Vision To Learn; Los Angeles Department of Public Health; American Heart Association; American Lung Association; Mother of Sorrows; Our Lady of Talpa; St. Vincent School.

Total Number of People Served through HCI services: 7,010

**Primary Stroke Center and STEMI Receiving Center**

Although not included as specific community benefit programs, SFMC’s Primary Stroke Center and STEMI Receiving support the hospital’s efforts to reduce the rates of heart disease and stroke.

Coronary Heart Disease and Stroke are the leading and second leading causes of death in Service Planning Areas 6, 7, and 8, respectively. In response to these critical health issues as well as the lack of designated STEMI (heart attack) and stroke centers in the community, SFMC dedicated a comprehensive array of resources integrated with long-range planning and partnerships to become an approved STEMI Receiving Center and an approved Primary Stroke Center for Los Angeles County.

SFMC successfully attained status as an approved STEMI Receiving Center in March 2014, and an approved Primary Stroke Center in August 2014 by the LA County Emergency Medical Services Agency.

Within the first year the Stroke Center was established, SFMC received the Stroke Bronze Quality Achievement Award from the American Heart Association and American Stroke Association. The award recognized the hospital for achieving at least 90 consecutive days of 85% or higher adherence to all Get With The Guidelines® program quality indicators to improve quality of patient care and outcomes.
In May 2015, SFMC received the Stroke Silver Plus quality achievement award for attaining 85% or higher compliance with all Get With The Guidelines® - Stroke Quality Measures for 12 consecutive months to improve quality of patient care and outcomes.

In May 2016, St. Francis Medical Center earned the Get With The Guidelines® - Stroke Gold Plus Quality Achievement Award, for achieving 85% or higher compliance with all Get With The Guidelines® - Stroke Quality Measures for two or more consecutive years and achieving Time to Intravenous Thrombolytic Therapy <60 minutes in 50% or more or applicable acute ischemic stroke patients to improve quality of patient outcomes. St. Francis is also qualified for recognition on the Target: Stroke Honor Roll. This award recognized St. Francis Medical Center’s commitment and success in implementing a high standard of stroke care by ensuring that their stroke patients receive treatment that meets nationally accepted, evidence-based standards and recommendations.

In May 2018, St. Francis Medical Center received the Get With The Guidelines® - Stroke Gold Plus Quality Achievement Award and also qualified for the recognition on the Target: Stroke Elite Honor Roll. The achievement award recognizes the hospital for two or more calendar years of 85% of higher adherence on all achievement measures applicable and 75% or higher adherence with additional select quality measures in heart failure, stroke, and/or resuscitation. The honor roll recognizes hospitals for at least a year of 75% or higher achievement of door-to-needle times within 60 minutes in applicable stroke patients in addition to current Silver or Gold Get With The Guidelines® - Stroke recognition status.

SFMC’s Stroke Care Team promotes stroke awareness and prevention during National Stroke Awareness Month in May and World Stroke Day in October. Their team hosts events on campus featuring games, give-aways, and raffles that integrate fun yet memorable ways of learning what a stroke is, the warning signs of the condition, types of stroke, ways to reduce risk, and FAST, the acronym that helps people quickly recognize if someone is undergoing a stroke. F.A.S.T. – Face droop, Arm weakness, Speech slurred, Time to call 9-1-1.

The care and treatment provided through SFMC’s Stroke Center and STEMI Center preserve life and quality of life for patients and their families.

Total Number of Patients Treated through SFMC’s Stroke Receiving Center in fiscal year 2018: 374
Total Number of Patients Treated through SFMC’s STEMI Receiving Center in fiscal year 2018: 453

Sidewalk CPR Day

As part of a county-wide recognition of National CPR Week and the hospital’s efforts to reduce deaths from heart attacks, St. Francis Medical Center hosted “Sidewalk CPR” on June 5. Sessions provided instruction to community members on hands-only CPR. This technique is rapidly growing as a way to empower bystanders to save a life when someone suffers sudden cardiac arrest. With each chest compression using this method, ordinary citizens can easily provide the ongoing blood flow needed to give a patient a much better chance of survival once responders arrive.

According to the American Heart Association, 70 percent of cardiac arrests occur at home. Only about
10 percent of cardiac arrest victims outside the hospital setting survive. Immediate and effective CPR can more than double a victim’s chance of survival. Administering CPR could save the life of a family member, loved one, or person on the street.

The hospital’s Non-Clinical Educator & Affiliation Coordinator for Learning, Education, and Research, coordinated the event in collaboration with St. Vincent Medical Center, a sister Verity Health hospital located in Los Angeles. CPR instructors demonstrated the proper method of hands-only CPR and worked with participants to help them practice and perfect techniques on mannequins.

Collaborative Partners: LA County Emergency Medical Services Agency; St. Vincent Medical Center.

Total Number of People Served: 31

**Programs Targeting Low Breastfeeding Rates**

**Baby-Friendly**

In 2012, St. Francis Medical Center was awarded a three-year grant from First 5 LA to support its transition to become a Baby-Friendly designated hospital. Baby-Friendly hospitals are recognized for providing an “optimal level of care for breastfeeding mothers and their babies.

On October 27, 2014, SFMC was awarded Baby-Friendly designation by Baby-Friendly USA, the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative, a global program sponsored by the World Health Organization and the United Nations Children’s Fund (UNICEF).

The Baby-Friendly designation is given after a rigorous on-site survey is completed. The award recognizes SFMC for successfully implementing the Ten Steps to Successful Breastfeeding:

- Having a written breastfeeding policy that is routinely communicated to all health care staff.
- Training all health care staff in skills necessary to implement the policy.
- Informing all pregnant women about the benefits and management of breastfeeding.
- Helping mothers initiate breastfeeding within one hour of birth.
- Showing mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
- Giving newborn infants no food or drink other than breast milk, unless medically indicated.
- Practicing “room in” – allowing mothers and infants to remain together 24 hours a day.
- Encouraging breastfeeding on demand.
- Giving no pacifiers or artificial nipples to breastfeeding infants.
- Fostering the establishment of breastfeeding support groups and referring mothers to them on discharge from the hospital or clinic.
Breastfeeding has many proven benefits for babies, including a reduced risk for obesity and diabetes, meaning healthier children and adults in the long term. Breastfeeding is therefore aligned with SFMC’s mission of building community wellness. In addition, breastfeeding nurtures the important bond between mother and baby, supporting both emotional health and well-being.

There are more than 20,000 designated Baby-Friendly hospitals and birth centers worldwide, with 467 active Baby-Friendly facilities in the U.S. and its territories. The award is maintained by continuing to practice the Ten Steps.

Before its Baby-Friendly initiative, SFMC had among the lowest Exclusive Breastfeeding Rates in Los Angeles County, with only an 8.9 percent rate in 2010. In fiscal year 2016, SFMC achieved an exclusive breastfeeding rate of 42%. In fiscal year 2017, the hospital’s exclusive breastfeeding rate dipped to 26.4%; however, its rate for mothers initiating breastfeeding in the hospital increased by 7.8% over the previous year. In fiscal year 2018, the exclusive breastfeeding rate decreased to 22.8%; however, the percentage of moms who initiated breastfeeding in the hospital increased from the prior year by 6 percentage point to 68%. In the coming year, SFMC will continue to assess the barriers to exclusive breastfeeding among our maternity patients. Through ongoing evaluation of its program and continued education of doctors, nurses, and patients, SFMC is dedicated to increasing both the breastfeeding initiation and exclusive breastfeeding rates in FY2019.

Collaborative Partners: First 5 LA; Welcome Baby program; Breastfeed LA; Regional Hospital Breastfeeding Consortium (RHBC); SFMC Medical Staff; and Women/Infant/Children (WIC).

Total Number of Moms Reached through Baby-Friendly: Approximately 2,209
Percentage of delivering moms who initiated breastfeeding in the hospital: 68%
Percentage of delivering moms who practiced exclusive breastfeeding from birth to discharge: 22.8%

Programs Targeting Environment and Neighborhood

Injury Prevention Program

The Injury Prevention Program works with schools, hospitals, and other public and private organizations to help prevent traumatic injury. The program addresses issues that are often underlying factors in the cause of injuries, such as safety, bullying, domestic and gang violence, and self-esteem.

With firsthand knowledge of the devastating effects of violence and injury on patients and family members, SFMC’s Trauma Team of physicians, nurses, and staff lead the hospital’s injury prevention efforts. They serve as presenters at violence prevention conferences, organize safety and injury prevention programs for students and youth, and work with elected officials and community groups to coalesce prevention efforts.

St. Francis Medical Center dedicates a full-time staff member, its Injury Prevention Coordinator, to developing and coordinating trauma and injury prevention programs, representing SFMC at coalition meetings, and organizing school-based programs that engage and empower students to develop peer-
to-peer teaching formats, such as YouTube videos.

Collaborative partnerships have strengthened SFMC’s ability to reach at-risk youth and young adults. In 2013, the hospital joined efforts with Southern California Crossroads (Crossroads) to establish an education and work skills program in our community. Crossroads is a non-profit organization committed to assisting underprivileged individuals living in violence-plagued neighborhoods lead healthy, peaceful and productive lives through prevention, intervention, and re-entry into society. The program was organized by SFMC’s Injury Prevention Coordinator, who also serves as the Crossroads’ Program Director. SFMC provides dedicated work space and facilities for the program in a nearby professional office building.

Crossroads’ programs include:

**Work and Gain Education and Employment Skills (WAGEES)** - WAGEES provides GED preparation, job training and placement, and support services, with the goal of helping young men and women ages 18 to 24 transform their lives and achieve positive, productive lifestyles. The program reaches out to the hospital’s trauma patients who are victims of violence, including ex-offenders and high school drop-outs, and other patients identified as “at risk.”

Participants engage in a variety of comprehensive services that enable them to continue their education and receive training and skills for future employment and that help to prepare them to successfully compete in the labor market.

The program also develops linkages between the services of state correctional agencies, local parole offices, local drug and alcohol treatment centers, and area workforce investment boards, and coordinates and leverages resources between other project grantees and training service providers.

**Summer Youth Program** - The program engages 6th-8th grade students attending Lynwood middle schools in extracurricular activities that promote social and life skills. It includes workshops on healthy relationships, conflict resolution, bullying, healing and forgiveness, self-discovery, and personal and career goal-setting. The seven-week summer program teaches new skills that lay the groundwork for positive self-worth and a successful future.

**LA Gang Conference** - The Injury Prevention Program also collaborated with Crossroads in the planning and execution of the 2018 Los Angeles Gang Violence Prevention and Intervention Conference, which took place on May 7 and 8. The annual conference focuses on youth and gang violence and how communities in cities here and abroad are impacted. The event brings together experts and practitioners from the fields of health, social services, and law enforcement along with civic and community leaders to share expertise and data-proven models to improve violence reduction services, practices and policies. The conference emphasizes collaboration and cross-sector partnerships, with a goal of changing the structure of gang prevention, intervention, and suppression practice to incorporate a comprehensive model.

Conference organizers this past year included Alma Family Services, Development Alternatives Inc. (DAI), Los Angeles County Victim Services, Los Angeles County Department of Health, Los Angeles County Office of Education, Los Angeles Police Department, USC-Price School of Public Policy Safe Communities Institute (SCI), Urban Peace Institute, Creative, Harbor UCLA Medical Center, City of Sacramento, City of Los Angeles – Gang Reduction Youth Development, Latino Coalition, Southern California Crossroads, and St. Francis Medical Center.
Now in its seventh year, the conference was co-founded by SFMC Trauma Services and Hospitals Against Violence Empowering Neighborhoods (HAVEN), of which SFMC is an original member. HAVEN includes Long Beach Memorial Trauma Department, White Memorial Medical Center Emergency Department, Mission Hospital Trauma Department, Harbor UCLA Emergency Department/Trauma Services, and Pomona Valley Hospital Trauma Department. St. Francis Medical Center’s Medical Director of Trauma Services founded HAVEN, and both he and the Injury Prevention Coordinator are key planners of the conference.

**South Los Angeles Trauma Recovery Center (TRC)** - Supported by funding from the California Victim Compensation Board (CalVCB), the TRC helps centralize and coordinate a range of free services for victims of violent crime and families of homicide victims. The South LA Trauma Recovery Center provides fundamental integrated services.

1) Outreach to hard-to-reach populations is conducted by victim advocates. Informational pamphlets, flyers, and public service announcements are made available at neighborhood liquor stores, corner markets, parks, and other places that residents congregate or have been identified as high-crime areas. In addition, the Health Benefits Resource Center at St. Francis provides referrals to the TRC and assists TRC clients in applying for health insurance, CalFresh benefits, and other basic needs.

2) Training for law enforcement agencies, community-based agencies and other health care practitioners. Training session topics include identifying crime, understanding the impact of crime on behavior and health, and the importance of treating trauma arising from victimization.

3) Direct services for crime victims and family members of homicide victims using an evidence-based treatment model.

The South LA TRC’s direct services are primarily offered on site at Crossroads and at St. Francis, with partner agencies providing services at their sites or in victims’ homes on an as-needed basis. All crime victims and families of homicide victims are eligible for services.

Direct services, customized for each individual and taking into account the type of crime experienced, fall into the following three categories:

**Medical Care:** Follow up on injuries, rehabilitation, medication management, physical therapy and healthy living programs.

**Mental Health:** Short term counseling, crisis intervention, assessment and safety planning; long term therapy, group therapy, psychiatric follow-up (as needed), counseling for children (as needed), advocacy (includes completing the application for victim compensation funds, providing information on grief and trauma, navigating the criminal justice system, and assisting with victim impact statements) and clinical case management.

**Information and referrals for non-direct services:** Legal services, benefits enrollment, vocational and educational support, job placement, transitional housing, transportation (including bus tokens and/or taxi vouchers), substance abuse, emergency shelters, and others.

Additional services provided to sexual assault victims include medical examinations, treatment, testing for HIV and sexually transmitted illness; transfer to a local SART (Sexual Assault Response Team), if needed; advocacy and support during interactions with law enforcement; court accompaniment; and referrals and crisis hotlines.
The TRC is set to provide continued services with the awarding of a new grant by CalVCB for the period of July 1, 2018 - June 30, 2020.

Collaborative Partners: California Victim Compensation Board, Pepperdine University, USC, Journey Out, Southern California Crossroads.

**Gang Reduction and Youth Development (GRYD)** - This past year, St. Francis Medical Center Foundation was awarded an $850,000 grant from the City of Los Angeles Mayor’s Office as part of a city-wide effort to reduce gang involvement by youth. The award supports the Gang Reduction and Youth Development (GRYD) program established in July 2007. GRYD addresses gang violence in a comprehensive and coordinated way, by working with collaborative community-based agencies that have a shared commitment to curtail violence and injury. GRYD focuses on youth ages 10-15 who are identified as high-risk for gang recruitment.

Grant program services are provided through St. Francis’ injury and prevention partner, Crossroads, which conducts screenings and assessments to identify youth at high-risk for joining gangs. Up to 150 youth are served at any one time through a six-month program.

As part of the GRYD collaboration, SFMC is working with the unified school districts of Los Angeles, Compton, Lynwood, and El Rancho, St. Lawrence Brindisi School, College Bridge Academy, the Los Angeles Police Department, and the Department of Child and Family Services, among others.

Total Number of People Served Through SFMC’s Injury Prevention Program and Collaboration: 1,390

**Programs Targeting Overall Improved Health and Community Building**

St. Francis Medical Center provides numerous community outreach programs that support overall improved health. Going beyond the priority needs identified in the Community Health Needs Assessment, St. Francis Medical Center lives out its mission by addressing the needs of body, mind, and spirit - those which make a person whole and help them to reach their full human potential.

Through specialized programs which are offered as part of SFMC’s outreach to the community, SFMC helps to foster healing of the spirit, education and empowerment, and a heart for community service.

**Senior Circle**

Projections show that the 65+ population will greatly increase (between 22% and 27%) from 2014 to 2019, and increase again (between 18% and 31%) from 2019 to 2024, in the state, county, and St. Francis Medical Center service area. The Senior Circle Wellness Program offers activities and educational sessions that are tailored for seniors. Monthly dinners on SFMC’s main campus are for local senior citizens 55 years and older and offer nutritious and balanced meals and entertainment. Wellness programs address health concerns specific to seniors. Flu immunization clinics are also held. Through these activities, seniors benefit from opportunities for regular socialization and health education.

Collaborative Partners: SFMC Health Benefits Resource Center; Healthy Community Initiatives; Apple-Care
Children’s Counseling Center

The Children’s Counseling Center (CCC) was established in 1984 in response to the lack of intervention and treatment services available for abused and neglected children in Southeast Los Angeles. Today, the center provides behavioral health services for children, adolescents and their parents that range from intervention and treatment for the victims of child abuse to comprehensive prevention education programs.

CCC has developed a family-focused approach to providing services intended to foster healing and restore the dignity, trust and self-esteem of abused children and their families. It provides outpatient-based mental health services through individual, family and group counseling sessions and parent education classes at both its SFMC site and satellite office in South Gate, as well as sessions on school campuses. In addition, mental health services and educational presentations are provided to area schools and organizations. Services are delivered in a culturally-sensitive, multi-ethnic manner.

In an effort to extend the Children’s Counseling Center’s reach and to improve access to counseling services for families in need, a school-based counselor was established to provide counseling and educational services on the campuses of four private schools within the SFMC service area that lacked counseling resources. The school-based counselor addresses emotional and behavioral distress, focusing on the issues that affect students at school and at home.

Through early intervention, the counselor can help to reduce significant barriers to successful learning. The goal is to decrease symptoms of emotional and behavioral distress in elementary school-aged children, which can be obstacles to learning and to future self-sufficiency. The counselor’s objectives include:

- Providing personalized counseling for elementary school students who display emotional and behavioral distress.
- Restoring dignity, self-esteem, and trust to distressed children.
- Providing education to promote mental health awareness to children, parents, school faculty and staff.
- Providing counseling and education services in a culturally-sensitive environment.

Collaborative Partners: St. Francis Medical Center Children’s Counseling Center; Kaiser Watts Learning Center; Bienvenidos Mental Health Services; Roybal Mental Health Services; St. Vincent School and Mother of Sorrows School Resource Counselor; St. Francis Medical Center Health Benefits Resource Center; Our Lady of Talpa; Our Lady of Miraculous Medal; Mother of Sorrows School; St. Vincent.
Support Services
Recognizing that non-health related factors can directly and indirectly affect a person's welfare, SFMC provides resources outside of the clinical setting through various support services. Food, clothing, emergency housing, transportation, medications, and medical equipment are made available to patients and families in need. The provision of these resources supports personal health, well-being, and dignity. In FY18, individuals and families were provided funds to assist with the cost of baby burials and prescriptions, as well as to fund volunteer scholarships. Funding is provided through philanthropic support.

Total Number of People Served: 9

Spiritual Care Services
St. Francis Medical Center understands that faith and spirituality are integral to wellness and healing. Our chaplains are available to assist patients and their family members with questions about spirituality and faith during times of crisis and illness, as well as to discuss quality and end-of-life issues. They also provide information on advance directives and palliative care. Upon request, the hospital chaplains will inform a patient's own minister of his or her hospitalization and will welcome the cleric to visit the patient here at the hospital. Our Spiritual Care team is also available for Catholic patients wishing to receive the Sacraments.

There are chapels located on the first floor of the Patient Tower and Family Life Center. Mass is held Monday through Saturday. Chapel services also can be viewed on the inpatient television channel.

In addition to the daily support SFMC’s Spiritual Care team provides to all patients, it also extends support services through the provision of meals, grocery vouchers, transportation, fuel, and parking to community members in need.

Number of People Provided with Support Services Through Spiritual Care: 590

Thanksgiving Collection
Last year, a Thanksgiving Collection was coordinated by the Spiritual Care team to provide families who lacked the financial resources to purchase groceries for a holiday dinner with a gift card to buy the food items needed to prepare a traditional Thanksgiving meal. Employees donated personal funds to the collection, and each department delivered its contributions in an envelope decorated by members of its team. The donated funds were used to purchase grocery store gift cards, which were sealed into the hand-crafted envelopes.

The specially-made envelopes were then presented by the Spiritual Care chaplains to local families.
identified by the hospital’s Health Benefits Resource Center, Children’s Counseling Center, and Emergency Department. The collection raised $3,520, and 29 families received Thanksgiving grocery store vouchers. The families averaged five members each.

Total Number of People Served: 145

**Christmas Toy Drive**

The annual SFMC Christmas Toy Drive collects new toys, gift cards, and clothing for children of families with limited resources. The drive is coordinated by the SFMC Foundation. Donations are received from businesses, organizations, community members, and SFMC physicians.

In fiscal year 2018, the SFMC Foundation introduced its Holiday Hope Campaign. In lieu of collecting toys, the Foundation collaborated with the SFMC Children’s Counseling Center to identify 20 families that were in need of basic home essentials. Each family was invited to celebrate Christmas with SFMC by writing a Wish List. Hospital departments then had the opportunity to “adopt” a family and contribute toward the items listed. Employees were very moved by what the families asked for. Most listed towels, blankets, silverware, plates, bowls, socks, underclothing, and grocery gift cards, along with modest requests for balls, dolls, toys and gift cards for the children. The health care team displayed true holiday spirit as they personally purchased and beautifully wrapped the new gifts, with many departments giving more than what was on the Wish Lists.

The SFMC Foundation reported to employees, “Because of your generosity, 103 vulnerable children and 30 caregivers in our St. Francis community received food, clothing, life-necessities and special gifts. Having witnessed how you not only met the needs of our community, but went above and beyond, I can tell you that this Christmas will be extra special for them.”

Total Number of People Served: 133

**Volunteer Services**

The Volunteer Services Program delivers orientation, training, and supervision to volunteers who support SFMC’s day-to-day operations. The program benefits student volunteers by introducing them to future health care careers and providing job skills training as they bring administrative and customer service support to the hospital. The program also helps students fulfill community service hours required for high school graduation.

Adult and senior volunteers benefit from interpersonal interaction that supports their mental, emotional, and spiritual well-being while they contribute their talent and experience to various programs and departments. While imparting and improving customer service and support service skills, the Volunteer Services Program also enhances service delivery to patients, patients’ families, visitors, and SFMC employees.
This past year, the Volunteer Services Program was able to provide 5 volunteers with $1,450 in scholarships through contributions from the hospital, SFMC Foundation, and private donors.

Volunteers supported departments including: Administration, Business Development, Case Management, Disaster Planning, Family Life Center, Healthy Community Initiatives, Human Resources, Industrial Clinic, Laboratory, Marketing and Communications, NICU, Nutrition Services, Orthopedic Clinic, Patient Floors, Patient Advocate’s Office, Radiology - CT & MRI, Surgery, Volunteer Services.

Volunteers assisted these programs and events: Patient Care Ambassador Program in the Family Life Center, Emergency Department, and Surgery Center; Pet Therapy Program; Maternity Tours; Senior Dinners; Sidewalk CPR; Skills Fair; Surgery Luncheon; holiday events; Hospital Week; Nurses Week; Mother’s Day flower distribution; and Father’s Day cookie distribution.

Collaborative Partners: Hub Cities Consortium; Archdiocesan Youth Employment Services; Lynwood Unified School District; Elevate Your G.A.M.E.

Volunteers provided support to approximate 50 departments and served more than 40,000 hours.

Total Number of Volunteers Who Benefited from the Program: 375

**Paramedic Education**

Paramedic Education is provided as part of the Emergency Department’s pre-hospital care coordination. It is offered to MICNs, RNs, paramedics, and Emergency Medical Technicians (EMT) throughout the community to facilitate coordinated care between health care professionals in the field and in the hospital. The education also helps to keep first responders up to date on evidence-based best practices and to ensure the consistent delivery of the highest standards of treatment across the health care continuum.

Education includes Emergency Medical Services updates, field care audits, paramedic base station updates, and CPR review. Quarterly STEMI Receiving Center meetings on American College of Cardiology/American Heart Association (ACC/AHA) STEMI practice guidelines for first medical contact to device education and performance improvement reviews are also offered. The program affords health care first responders the opportunity to complete required education hours for license renewal.

Collaborative Partners: LA County Fire Department; LA City Fire Department; Downey Fire Department; Montebello Fire Department; Santa Fe Springs Fire Department; additional county and city fire departments and private paramedic and ambulance services coordinating the care of critically ill or injured patients in our service area.

Total Number of Community-Based MICNs, RNs, Paramedics, and EMTs Educated: 155
COPE Health Scholars Program

Initiated in 2010, the COPE Health Scholars Program provides training to young, bright, and motivated student health professionals from area colleges, universities, and trade schools. The program is provided by COPE Health Solutions at SFMC.

The program builds and sustains a competent workforce that is committed to the care of the community and reflects the community’s culture and demographics. The scholars gain valuable work experience as they support SFMC’s patient care, ancillary, administrative, and support services. Students’ duties include patient care support, data collection, presentation preparation, patient menu collection, and post discharge phone calls, among others.

Program Structure - Best-fit, pre-health professions students, graduates, and those in “career transitions” are recruited to engage in a hands-on educational experience by providing comfort care and administrative support within a health care setting. The program links health care providers with tomorrow’s pipeline of health professionals, engages youth in improving the health and well-being of their communities, and inspires new models of patient care.

The program draws from committed students in health professions pathways, and those enrolled in an experiential course certified by the University of California, Los Angeles, Fielding School of Public Health.

The COPE-UCLA partnership was established in 2015. The collaboration provides certificates to the students through the Fielding School of Public Health.

All applicants are pre-screened via application, interview, health clearance, and 30-hours of training. The program includes a 280-hour commitment, requiring a minimum of one 4-hour shift/week. It provides hands-on learning in a different department every three months.

Health scholars benefit in numerous ways. They are engaged in key initiatives targeted to improve the patient experience, such as post-discharge calls and community health projects. They receive professional development and mentoring and are connected with entry-level hospital and health system jobs. In addition, they develop health leadership skills.

Collaborative Partners: COPE Health Solutions; UCLA; USC; UC Irvine; UC Riverside; UC Santa Barbara; Cal State Dominguez Hills; Cal State Long Beach; Cal State Los Angeles; Cal State Northridge; Charles Drew University of Medicine and Science; Cerritos College; East Los Angeles College; Long Beach City College; and Whittier College.

Total Number of COPE Health Scholars Served: 536

Clinical Affiliations

SFMC provides a clinical setting for nursing students enrolled in outside nursing school programs. Nursing students complete their clinical rotations on various SFMC nursing units as part of their training. Through SFMC’s collaboration with accredited nursing schools, the hospital is helping to build a qualified future
workforce, and for many students, the opportunity to care for patients within their own community. It has been gratifying for the hospital to see nursing students establish a connection to SFMC, with a large number often signing up to donate blood at the hospital’s quarterly blood drives. In FY18, SFMC had affiliations with 25 schools, colleges and universities.

Total Number of Students Served: 4,593

In Summary

St. Francis Medical Center’s Community Benefit Plan is developed using data and results from the Community Health Needs Assessment. The plan incorporates and considers many factors, including the hospital’s mission, organizational capacity, collaborative partnerships, and resource allocation. Its development is integrated into SFMC’s strategic planning process. Reports and updates on community benefit activities and outcomes are provided by managers and directors responsible for specific community benefit programs.

Quarterly reports are presented to the SFMC Board of Directors and the Verity Health System corporate office. An annual update summarizing the fiscal year’s community benefit programs is prepared and presented to the SFMC Board of Directors.

The annual update is made available to medical center leadership, the medical staff, key stakeholders, Verity Health System, and the community through the medical center’s website at stfrancis.verity.org. The annual Community Benefit Update is presented to the California Office of Statewide Health Planning and Development, in accordance with SB697.
## Community Benefit Report Summary - Fiscal Year 2018

<table>
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<tr>
<th>Persons Served</th>
<th>Total Community Benefit $</th>
<th>Direct Offsetting Revenue $</th>
<th>Net Community Benefit $</th>
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<tr>
<td><strong>Benefits for Persons Living in Poverty</strong></td>
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