White Memorial Medical Center

2017 Community Health Plan
(Implementation Strategy)
2016 Update/Annual Report

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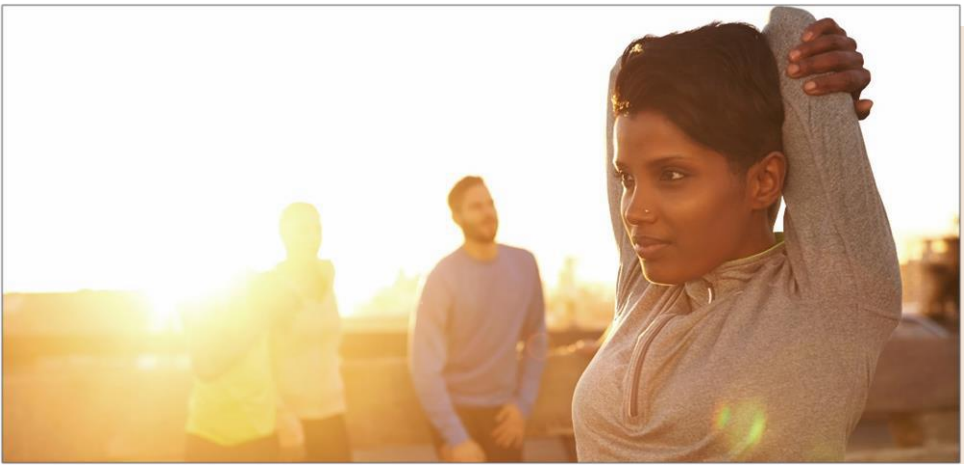
Adventist Health Overview

White Memorial Medical Center is an affiliate of Adventist Health, a faith-based, nonprofit, integrated health system headquartered in Roseville, California. We provide compassionate care in more than 75 communities throughout California, Hawaii, Oregon and Washington.



OUR MISSION:
Living God's love by inspiring health, wholeness and hope.

OUR VISION:
Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

Adventist Health entities include:

- 20 hospitals with more than 2,700 beds
- More than 260 clinics (hospital-based, rural health and physician clinics)
- 15 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Workforce of 32,900 includes more than 23,600 employees; 5,000 medical staff physicians; and 4,350 volunteers

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

Letter from the CEO

Dear Friends and Colleagues,

As Chief Executive Officer of White Memorial Medical Center, I would like to thank you for your interest in the health of our community and allowing our organization, as part of Adventist Health, to be a partner in an effort to improve the health of our region. The passage of the Affordable Care Act has highlighted the importance of understanding our community's needs and in turn designing new and innovative approaches to improve the health of our population with a significant emphasis on community-based prevention.

It is my pleasure to share our current Community Health Plan with you.

Improving community health requires expertise and engagement beyond the hospital campus and beyond the health sector. It requires the wisdom of everyone in our community. We are committed to finding innovative ways to work with all sectors of our community to ensure our community health interventions are systematic and sustained.

We call upon you to imagine a healthier region and invite you to work with us in implementing the solutions outlined in this report. Help us continue to prioritize your health concerns and find solutions across a broad range of health needs.

We look forward to our journey together and thank you for your interest in creating a healthier community for everyone.

John G. Raffoul, DPA, FACHE
President & Chief Executive Officer

Hospital Identifying Information

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments go to: https://www.adventisthealth.org/white-memorial/about-us/community-benefit/ or https://www.adventisthealth.org/about-us/community-benefit/

Invitation to a Healthier Community

Fulfilling AH's Mission

Where and how we live is vital to our health. We recognize that health status is a product of multiple factors. To comprehensively address the needs of our community, we must take into account health behaviors and risks, the physical environment, the health system, and social determinant of health. Each component influences the next and through strategic and collective action improved health can be achieved.

The Community Health Plan marks the second phase in a collaborative effort to systematically investigate and identify our community's most pressing needs. After a thorough review of health status in our community through the Community Health Needs Assessment (CHNA), we identified areas that we could address through the use of our resources, expertise, and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission, "to share God's love by providing physical, mental and spiritual healing."

Identified Community Needs

The results of the CHNA guided the creation of this document and aided us in how we could best provide for our community and the most vulnerable among us. As a result, **White Memorial Medical Center** has adopted the following priority areas for our community health investments for 2017-2019:

- Access to healthcare and education
  - Intervention efforts include maternal and child health, workforce development, and senior care
- Chronic disease management
  - Intervention efforts to include diabetes, asthma, cardiovascular, respiratory illness, and access to healthy foods
- Mental health and substance abuse services

Additionally, we engage in a process of continuous quality improvement, whereby we ask the following questions for each priority area:

- Are our interventions making a difference in improving health outcomes?
- Are we providing the appropriate resources in the appropriate locations?
- What changes or collaborations within our system need to be made?
- How are we using technology to track our health improvements and provide relevant feedback at the local level?
- Do we have the resources as a region to elevate the population's health status?

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly though, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities we all want for ourselves and our families.

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Community Profile

How Our Community is Defined

White Memorial Medical Center's service areas can be defined by zip codes (55), Health District (HD) – aggregated by census tracts by the Los Angeles County Department of Health, or Service Planning Area (SPA). WMMC's service areas are comprised of SPAs 4, 6, and 7:

- Primary Service Area (PSA): SPA 4 corresponds to Metro LA and is comprised of the following communities: Boyle Heights, Central City, Downtown LA, Echo Park, El Sereno, Hollywood, Mid-City Wilshire, Monterey Hills, Mount Washington, Silverlake, West Hollywood, and Westlake.
- Secondary Service Areas (SSA): SPA 7 corresponds to East LA and is comprised of the following communities: Artesia, Bell, Bellflower, Bell Gardens, Cerritos, City of Commerce, City Terrace, Cudahy, Downey, East LA, Hawaiian Gardens, Huntington Park, La Habra Heights, Lakewood, La Mirada, Los Nietos, Maywood, Montebello, Norwalk, Pico Rivera, Santa Fe Springs, Signal Hill, South Gate, Vernon, Walnut Park, Whittier, and others.
- Tertiary Service Area (TSA): SPA 6 corresponds to South LA and is comprised of the following communities: Athens, Compton, Crenshaw, Florence, Hyde Park, Lynwood, Paramount, and Watts.

Inpatient hospital acute admission data indicated that 65% of the admissions are drawn from this area.

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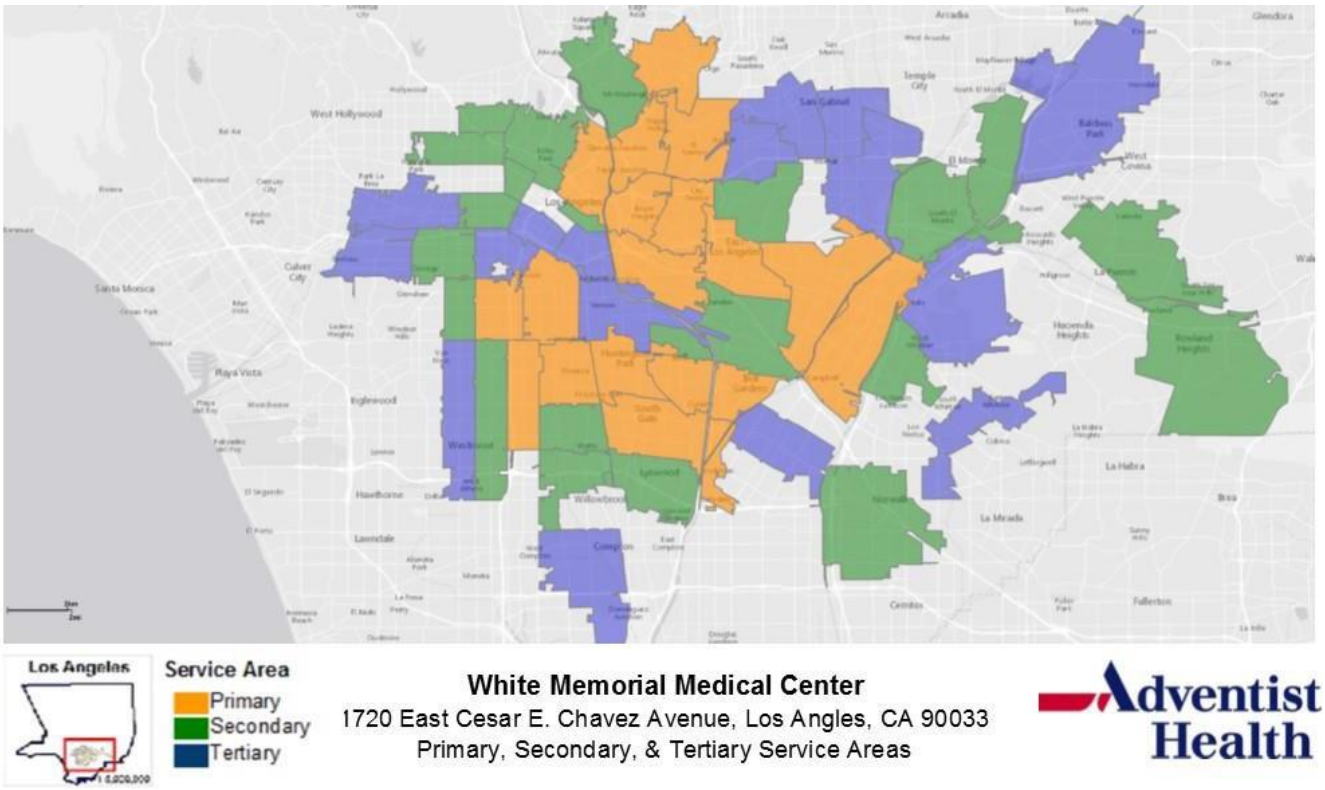

Demographics of the Community

There are approximately 1,736,395 individuals living in WMMC's combined primary and secondary service areas of Boyle Heights/East Los Angeles, which comprises parts of three Los Angeles County Service Planning Areas. The primary service area consists of 14 zip codes surrounding WMMC and includes the communities of Boyle Heights, East Los Angeles, City Terrace, Commerce, Southeast Los Angeles, Huntington Park, Bell/Bell Gardens, El Sereno, Lincoln Heights, Florence, Montebello, Pico Rivera, South Gate and Chinatown. There are 902,893 people living in the primary area; the population is 50.2% male and 49.8% female. It is a young resident population with the average age being 32 years, while the largest growth over the next five years will be seen in ages 55-64 (13.7%), representing 82,126 residents, and ages 65 and older (13.9%), more than doubling to 200,802 residents.

WMMC's primary service area is ethnically homogeneous with 738,279 Hispanic residents-almost double the combined number for other parts of Los Angeles County. With a service area population that is 89% Hispanic/Latino, it is not surprising that more than one-half of residents speak only Spanish or prefer to speak in Spanish. The balance of the population represents an equal distribution of African-American, Asian/Pacific Islanders and white residents. The average household income for the service area is $48,130, and yet 39% of households earn less than $25,000 each year meaning that most are below the Federal Poverty level. The association between poverty and education is well-established, and consequently, one-third (33%) of residents have less than a ninth-grade education and corresponding low healthy literacy. Approximately 47% of adults 18-64 years old are uninsured, despite attempts to enroll residents in Medicaid and the Health Exchange, and nearly 10% of children are also uninsured; it is not known how many are undocumented.

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Priority Areas Identified

The identified health needs of our community were prioritized with input from the community; the following priority health needs were identified to be addressed:

- Access to healthcare and education
  - Intervention efforts to include maternal and child health, workforce development, and senior care

  Access to healthcare is only one piece of ensuring an individual or family's overall well-being. We must identify barriers to obtaining quality and culturally competent health care and move upstream to ensure appropriate uses of the healthcare system in our community. Addressing unemployment levels is important to community development, because unemployment can lead to financial instability and serve as a barrier to health care access and utilization.

  Summary of Key Findings: 34% of people in our total service area reported difficulty accessing medical care; 28.7% of adults reported that their general health status was fair or poor; SPA 4 has the largest number of persons experiencing homelessness – comprising 28% of the entire population; chronically homeless individuals has increased by 59% and chronic homelessness among family members has increased by 41%; the unemployment rate in the area surrounding the hospital is 26.7%; and WMMC's PSA is designated as a medically underserved area/population and neighboring areas have been designated as health professional shortages areas for primary care. Households living below the federal poverty level are much greater in the areas surrounding WMMC.

- Chronic disease management
  - Intervention efforts to include diabetes, asthma, cardiovascular, respiratory illness, and access to healthy foods

  Chronic diseases constitute the main cause of death and disability, both nationally and here in our community. Successfully managing risk factors for chronic diseases is important for preventing unnecessary hospitalizations. To address this need we intend to provide our patients with the highest quality information, treatment, and medication management possible to ensure a full and productive life. We will also seek out community engagement and partnership opportunities where we can provide screening, rapid diagnosis, and referral services.

  Summary of Key Findings: Within the East LA and Northeast Health Districts, heart disease, cancer, and other causes constituted the top three causes of death; 11.6% of adults reported ever being diagnosed with diabetes; 22% reported ever being diagnosed with hypertension; 24.5% reported ever being diagnosed with high cholesterol; 33.6% of adults in our service area are classified as being overweight; the American Lung Association gave Los Angeles County a failing grade for air quality; and 33.8% of households with incomes at 300% or less of the federal poverty level are food insecure.

- Mental health and substance abuse services

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Like so many other issues identified in our community, mental health and substance abuse services can be the result of or exacerbated by social and economic conditions. To begin to heal our community we must comprehensively address mental health and substance abuse by providing integrated and specialty services to those in need.

Summary of Key Findings: 52.9% of adults in our service area reported that they receive social and emotional support when needed, lower than reported throughout Los Angeles County; 7.9% of adults reported a diagnosis of depression; teens enrolled in alternative school types reported higher rates of depression symptoms and suicide attempts; and 17.4 % of adults reported binge drinking in the past 30 days, higher than reported countywide.

Information gaps

Information gaps that impact the ability to access health needs were identified. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Primary data collection and the prioritization process were also subject to limitations. Themes identified during interviews were likely subject to the experience of individuals selected to provide input. The final prioritized list of significant health needs is also subject to the affiliation and experience of the individuals who participated in the prioritization process.

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Community Health Needs Assessment Overview

Link to Final CHNA Report

The White Memorial Medical Center 2016 Community Health Needs Assessment was approved by the Board of Directors in September 2016 and can be viewed on our website, under Mission – Community Benefits section at http://www.whitememorial.com

Methodology for CHNA

For the Community Health Needs Assessment, secondary data were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, health care access, birth characteristics, leading causes of death, chronic disease, mental health, health behaviors, substance abuse and preventive practices. Data on key health indicators, morbidity, mortality, and various social determinants of health were collected; presented as it relates to the broader community. In addition, to validate data and ensure a broad representation of the community White Memorial Medical Center conducted key informant interviews and focus groups. Questions focused on use of and access to healthcare services, visions of a healthy community, and priority community health needs. Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Sixteen interviews were completed February to April 2016. Interviewees were comprised of key leaders from an array of agencies including but not limited to, researchers in Latino community health, local health departments, not-for-profits, faith based organizations, and human service agencies that have current data or other information relevant to the health needs of the community served by our hospital.

Community Voices

White Memorial Medical Center conducted multiple focus groups and key informant interviews. Our main objective for each conversation and survey was to discover strategies in which we could better collaborate and serve the community to elevate the health status of our region. Participants included members of medically underserved, low-income and minority populations, individuals or organizations serving or representing the interest of these populations, and persons representing the broad interest of the community or served by our hospital.

The focus groups surveyed approximately 80 people across 7 focus groups. Focus groups were conducted in various locations between February and April 2016 and were conducted in the preferred language of the participants (Spanish; English; Korean and Japanese); the facilitators were bilingual. The focus group meetings were hosted by community groups, an agency contact was available to answer any questions at each focus group, light refreshments were offered and a gift card was provided to participants in recognition of their time and input.

Participants were asked questions to obtain their comments about their vision of a healthy community, the priority health needs in the community, and resources and challenges that impact those health needs. Participants were also asked to provide suggestions to White Memorial Medical Center regarding its services to the community—including feedback about what the hospital was doing well and what needs to be

improved. Interviews were transcribed into English and analyzed by an independent contractor to summarize the main themes within and across interviews.

Organization	Community Representation	Health Area Addressed	Role in CHNA
Asian Pacific Community Fund	Medically underserved, low income, and minority populations	Senior care	Assisted by participating in key informant interview and organizing and hosting focus group
Center for the Study of Latino Health and Culture, UCLA School of Medicine	Medically underserved and minority populations	Community and Latino health	Assisted by participating in key informant interview
Church of the Resurrection	Medically underserved, low income, and minority populations	All	Assisted by participating in key informant interview
Dolores Mission	Medically underserved, low income, and minority populations	Homelessness	Assisted by organizing and hosting focus group
Council District 14, City of Los Angeles	General community	All	Assisted by participating in key informant interview
LA Unified School District	Youth	Education	Assisted by participating in key informant interview
Los Angeles County Department of Health Services	Medically underserved, low income, and minority populations	Community health	Medically underserved and minority populations
Los Angeles County Department of Mental Health	Medically underserved, low income, and minority populations	Mental health	Assisted by participating in key informant interview
Mexican American Opportunity Foundation	Seniors	All	Organized and hosted focus groups
QueensCare	Medically underserved, low income, and minority populations	Healthcare	Assisted by participating in key informant interview
Second Street Elementary School	Parents and youth	Education	Organized and hosted focus groups
The California Endowment	General community	Healthy communities	Assisted by participating in key informant interview
The Wellness Center at the Old General Hospital	Medically underserved, low income, and minority populations	Healthcare	Assisted by participating in key informant interview
Weingart East Los Angeles YMCA	General community	Health behaviors and status	Organized and hosted focus groups

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Identified Priority Needs from 2016 CHNA

Priority 1: Access to healthcare and education

- Intervention efforts to include maternal and child health, workforce development, and senior care

Goal

Increase coverage and access to healthcare services for low-income and vulnerable populations that is culturally and linguistically appropriate.

Objective

Objective 1: Improve the health of women and children in our community focusing on the continuum of care and addressing prenatal, early childhood and maternal health.

Objective 2: Reduce impediments and eliminate barriers that prevent equitable access to quality healthcare services and proper education to the community at large, specifically the uninsured/underinsured population.

Objective 3: Develop a diverse, well-trained health care workforce that provides culturally sensitive health care.

Objective 4: Increase access to training and education for diverse populations currently underrepresented in the health care workforce.

Objective 5: Improve the health, function, and quality of life of older adults in our community.

Interventions

- Provide access to community health and wellness programs and resources, and provide education on health, nutrition, and wellness on campus and at local schools and community organizations.
- Increase senior's access to and use of health promotion programs and healthcare services, incorporating culturally relevant health workshops, fitness classes, and positive social activities to improve quality of life.
- Provide pathway programs to increase the diversity of the healthcare workforce by providing mentorship, academic enrichment, leadership development, and career exposure to disadvantaged and minority youth.
- Provide more opportunities for mothers and children in our community to have access to health care and services to improve health and health outcomes.

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Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Increase access to comprehensive health care services for low-income and vulnerable populations.	# provided on-site enrollment assistance for Medical, Medicare, and other state funded health insurance programs	% enrolled in a healthcare coverage plan	Healthcare coverage enrollment	client/participant reported health insurance enrollment records
Provide more opportunities for mothers and children in our community to have access to health care and services to improve health and health outcomes.	# mothers who participate in programs	Increase participation by 10%	# documented participants of programs through the Baby-Friendly hospital initiatives	participant records
Increase the number of culturally and linguistically competent health care personnel by providing access to training and education for diverse populations.	# community high school and college students who participate in workforce development programs and enroll in health care career programs	Increase the number of high school and college students who enroll in health career programs	# participants who apply, # accepted (college/university, junior college, trade school)	participant reported
Increase access to and use of health promotion programs and healthcare services	# community members enrolled in senior wellness programs who participate in health and wellness activities	Increase membership participation by 10%	# of health and wellness members	participant records

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Community Partners

Partner Organizations
American Diabetes Association First 5 LA Mexican American Opportunity Foundation AHWM Educational Partners include public schools; private schools; alternative schools; community colleges; colleges and universities. TELACU Education Foundation Weingart East Los Angeles YMCA St. Barnabas Senior Services (SBSS) Echo Park Senior Center Southeast-Rio YMCA Maywood State Street Recreation Center QueensCare Los Angeles County Metropolitan Authority

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Priority 2: Chronic disease management

- Intervention efforts to include diabetes, asthma, cardiovascular, respiratory illness, and access to healthy foods

Goal

Eliminate preventable disease in our community including Diabetes, Cancer, Stroke, Heart Disease, and others.

Objective

Objective 1: Increase prevention of diabetes and support diabetes education and treatment.

Objective 2: Increase awareness of health principles and preventative measures to chronic diseases.

Objective 3: Increase access to healthy, affordable foods, including fresh produce.

Objective 4: Increase participation of community in programs designed to treat and prevent respiratory illness and its effects to improve respiratory health of adults and children in our community.

Interventions

- Provide access to community health and wellness programs and resources, and provide education on health, nutrition, and wellness on campus and at local schools and community organizations.
- Provide access to healthy food through farmers' markets, garden-based education, prepared meals and support physical activity in the community and at schools.
- Educate the community on how to prevent heart disease and stroke by reducing risk factors.

Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Increase access to programs to teach those with diabetes how to achieve blood sugar goals through glucose monitoring, nutrition, exercise, problem solving/coping skills, improving their knowledge and care management.	# participants in diabetes self-management care programs; documented A1C on referral	% increase in knowledge as a result of education and access to resources; improvement in A1C at completion of education	# participants with documented BMI and knowledge level	A pre and post knowledge test, and biometrics are used to monitor and evaluate participants in the DSME classes

Reduce the prevalence of chronic cardiac and vascular disease within our community through education, health screenings and access to care.	# of health screenings with biometrics	% increase in number of health screenings with biometrics	# participants with documented biometric health screenings who have follow-up care provided	participant records
Increase awareness for early identification of breast cancer screening and provide treatment support in all phases of the cancer care continuum.	# of screenings;# abnormal screenings; knowledge of cancer prevention and treatment	% increase number of preventive screenings	Screening results and # participants enrolled in care support programs	participant records
Increase access to available food programs that support the purchase of fresh fruits and vegetables.	Identify those in the community who need assistance to buy healthy food	increase number of CalFresh enrollments by 10%	Number of people referred and enrolled into the CalFresh program	CalFresh enrollment records
Provide access to healthy food through farmers markets and community garden-based education.	# farmers market vendors; # community defined gardening areas	% increase in number of participants	# of events; # community participants growing/harvesting vegetables in gardening area	participants

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Community Partners

Partner Organizations
American Diabetes Association
American Heart Association
American Cancer Society
National Cancer Breast Foundation
CA Every Woman Counts Program
Susan G. Komen-Los Angeles County
Alliance Morgan McKenzie High School
Puente Learning Center
Boyle Heights Neighborhood Council
Champions for Change – Network for a Healthy California
Dolores Mission Guadalupe Homeless Project Meals Program
DPSS Community Outreach and Health & Nutrition mobile Program Unit for CalFresh
Mexican American Opportunity Foundation
Los Angeles County Department of Public
Health Nutrition and Physical Activity Program
Variety Boys and Girls Club

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Priority 3: Mental health and substance abuse services

Goal

Increase access to culturally and linguistically appropriate behavioral health services for vulnerable populations.

Objective

Objective 1: Increase access to mental and behavioral health services in the community.

Objective 2: Decrease stigma associated with seeking behavioral health services among vulnerable and diverse populations.

Objective 3: Increase screening for behavioral health needs.

Objective 4: Increase participation in drug and alcohol prevention programs.

Interventions

- Provide screening and identification related to behavioral health needs among low-income, vulnerable, and uninsured populations and connect them with the appropriate services or support.
- Train providers in mental health screening and awareness based on the Mental Health First Aid program.
- Support opportunities to prevent and reduce the misuse of drugs and alcohol.
- Provide access to programs or services that improve overall social/emotional wellness.

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Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Increase access to culturally and linguistically appropriate behavioral health services for vulnerable, low-income families, and uninsured populations.	# programs	Increase in number of participants	# participants	participant records
Increase early detection of mental health issues in women and provide intervention.	# mental health assessments in women. # of PHQ-9 assessments of women with a score over 10	80% of women seen in the AHWM OB/GYN clinic will be screened using the PHQ-9 tool, of the women with a score above 10; 50% will show a decreased score after one or more interventions	PH-9 levels decreased after intervention	Clinical and support staff and patients
Support community programs to prevent and reduce the misuse of drugs and alcohol.	# meetings	increase in number of participants from community	# weekly meetings; # participants	participant reported

Community Partners

Partner Organizations
Los Angeles County Department of Mental Health SmileTrain Cancer Support Center – Benjamin Community House of Ruth White Memorial Seventh Day Adventist Church Greater East Los Angeles Narcotics Anonymous Dolores Mission Guadalupe Homeless Project Meals Program

Identified Needs from CHNA, Not Addressed

All priority areas identified in the 2014 – 2016 CHNA were addressed as planned. White Memorial Medical Center recognizes that they cannot address all the health needs present in the community; therefore, will concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise taking into consideration existing hospital and community resources. We will look for partnership opportunities that address needs not selected where we can appropriately contribute to addressing those needs, or where those needs align with current strategy and priorities.

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Making a difference: Evaluation of 2013-2016 CHP

White Memorial Medical Center developed an implementation strategy to address the needs identified in the 2013 Community Health Needs Assessment; goals were developed that indicated the expected changes in the health needs as a result of community programs and activities. The 2013 CHNA identified three priority areas: maternal and child health; chronic disease management; and respiratory illness. We continually assessed our communities for growing trends or environmental conditions that needed to be addressed and in 2014 and 2015 included two additional priority areas: access to health care and education; and senior care. The following section outlines the impact made on the health needs addressed in the 2014 Community Health Plan.

Maternal and Child Health

- Through the Welcome Baby Program, WMMC provided Baby Basics class held the 2nd Thursday of every month; conducted home visits; participated in community health fairs with a baby care booth; and provided community educational classes accounting for 2,354 encounters.
- Through the Family Focus program, WMMC provided programs that included Natural Nursing, Lactation Clinic, Child Birth (Lamaze) Class, "We Care" Baby Care, and Infant CPR and Safety; accounted for 1,722 encounters.
- Through the Cecilia Gonzalez De La Hoya Cancer Center, WMMC provided breast cancer prevention classes and conducted weekly Spanish language breast cancer support groups for 1,746 encounters.
- Child participants in the Healthy Eating and Lifestyle Program (H.E.L.P.) are expected to maintain their weight and achieve a decrease in body mass index as they grow. H.E.L.P. has provided education and services to 318 individuals; 87% of participants, both child and adult, have maintained or reduced BMI by the end of the program. 95% of participants, child/parent pair, have attended all H.E.L.P. classes during the program.

Chronic Disease Management

- WMMC provided 3,210 free breast and prostate cancer screenings to the community at health fairs, mobile screening events, and at community clinics.
- Through the Cecilia Gonzalez De La Hoya Cancer Center, WMMC provided 2,000 cancer detection diagnostic screenings at no cost for those with no health coverage in our community.
- Through the Diabetes Program, WMMC provided community outreach and education programs that support those who have been diagnosed with diabetes or are at-risk for diabetes helping them and their families manage their diabetes accounting for 1,062 encounters.
- WMMC provided 1,167 free glucose screenings for those that might be at risk for diabetes during Diabetes Alert Day, National Diabetes Awareness Month, and health fair screenings for juvenile diabetes, and through community participation in the Type 1 Diabetes TrialNet Clinical Trial Program.
- Through the Community Information Center, Diabetes Program and Dietary Program offered community wellness programs including fitness, nutrition education classes, cooking classes, and free apples to promote healthy eating provided service and education to 7,165 members of our underserved community.
- Each month WMMC provided hot meals at the Dolores mission serving 792 homeless men and women.

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- In 2015, The Center for Limb Preservation & Advanced Wound Care at White Memorial Medical Center was opened offering a unique, multidisciplinary, cutting-edge approach for patients at high risk for foot and leg amputation along with advanced outpatient treatment for non-healing foot or lower-extremity wounds.

Respiratory Illness

- Partnered with the American Heart Association for the annual Sidewalk CPR event at WMMC to educate the community on CPR procedures for adults, children, and infants. Included hands on training with the use of multiple simulator mannequins of various ages. 97 community members participated.
- Provided pulmonary rehabilitation to 90 participants to promote health improvement.
- Sponsored and participated in the Fight for Air Stair Climb in downtown Los Angeles to promote respiratory health among community residents and provided information on prevention and treatment of respiratory illness.
- Provided a smoking cessation program to the community.
- Participated as primary partner in Boyle Heights 5K to promote respiratory health and wellness in the community.
- Partnered at Bridge to Health fair with BreatheLA and provided simple spirometry to assess lung function and diagnose asthma, chronic obstructive pulmonary disease, and other conditions that affect breathing. Additionally, the WMMC Better Breathers Club had 25 participants.
- WMMC is a smoke free campus.
- Expanded the walking path around the WMMC campus promoting exercise and organized weekly walking groups.

Access to Health Care and Education

- Provided on-site enrollment services to 1,927 individuals for state-funded insurance plans including Medicare, Covered California Enrollments, and Medi-Cal.
- Expanded transportation services for those in need of a ride to and/or from the hospital for over 12,520 patients including 4,113 one-way trips, 8,226 roundtrips, and 172 maternity tours to WMMC and provided $65,406 low-cost or free parking to those accessing health care services on our campus
- Provided 1,633 taxi vouchers and 2,098 bus tokens to those in need of a ride home from WMMC.
- Increased community awareness of health services offered, wellness classes, and upcoming health fairs and screenings through "Health and Wellness Community Calendar." Held the 6th Annual "Bridge to Health" Community Health and Wellness Fair in Mariachi Plaza in conjunction with the Boyle Heights 5K, and sponsored and participated in multiple community health fairs for 2,459 participants.
- Established clinics in the community to provide access and WMMC expanded access to medical care by bringing 29 new primary care and 45 new specialty care physicians onto our medical staff in response to our federal designation as a medically underserved area.
- Over 190 homeless men and women who live under the bridges in our community were provided with clothing, food, and water by WMMC volunteers.
- Workshops for 126 homeless and battered women were conducted at the House of Ruth to promote self-esteem and confidence and reduce depression; meals were provided monthly.

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Senior Care

- Provided senior health improvement activities and workshops, health checks, and fitness outings to promote activity and wellness in the senior community accounting for 4,523 encounters.
- WMMC in partnership with local YMCA provided senior health workshops and fitness activities accounting for 642 encounters.
- In 2009, WMMC partnered with the Mexican American Opportunity Foundation's (MAOF) Senior Hispanic Information and Assistance Services to provide local Latino older adults with access to community resources to keep them healthy and independent. In 2015, a total of 1,656 seniors joined. The monthly events calendar and senior wellness newsletter informs members, their family, and caregivers about more than 50 weekly educational programs, senior social events and trips, and health screenings. Transportation assistance, at no cost to the seniors, provides access, and social interaction for senior support groups available in their primary language with our bilingual health care team members.

Other Community Benefit Activities

- In 2015, a Center for Hispanic Health was initiated to develop research projects in East Los Angeles to investigate best practices for health information access and early stage disease interventions in our community, focusing on disease identified by the community as most important for their well-being.

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Strategic Partner List

White Memorial Medical Center supports local partners to augment our own efforts, and to promote a healthier community. Partnership is not used as a legal term, but a description of the relationships of connectivity that are necessary to collectively improve the health of our region. One of our objectives is to partner with other nonprofit and faith-based organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community. Many important systemic efforts are underway in our region, and we have been in partnership with multiple not-for-profits to provide quality care to the underserved in our region.

WMMC Community Partners	
• American Cancer Society	• Catholic Association of Latino Leaders – LA Chapter
• American Diabetes Association	• Cancer Support Community Benjamin Center
• American Heart Assn/American Stroke Assn	• Center for Health Care Rights
• American Lung Association	• Center for Partially Sighted
• American Red Cross	• Church of Resurrection
• AltaMed PACE	• Community Health Councils
• Alzheimer's Association	• Consulate General at Mexico in Los Angeles
• Archdioceses of Los Angeles Youth Program	• COPE Health Solutions
• Archdiocesan Youth Employment	• Daniel Hernandez Youth Foundation
• Arroyo Vista Family Health Center	• Dolores Mission
• Art Share Los Angeles	• East Los Angeles Chamber of Commerce
• Arthritis Foundation	• East Los Angeles Community Youth Center
• Asian Pacific Community Fund	• East Los Angeles Women's Center
• Avalon Carver Community Center	• East Los Angeles PFHE-WIC
• Bank of America Foundation	• Edward R. Roybal Learning Center
• Barrio Action Family & Youth Center	• El Arca
• Bienvenidos Childcare Center	• El Sereno Senior Citizen Center
• Boyle Heights Chamber of Commerce	• Esperanza Community Housing
• Boyle Heights Lions Club	• Familia Unida Living with Multiple Sclerosis
• Boyle Heights Neighborhood Council	• First5 LA
• Boyle Heights Senior Center	• Girls Today Women Tomorrow
• Boyle Heights Technology Youth Center	• Heart & Soul Christian Education Fund
• Braille Institute of Los Angeles	• Health Services Advisory Group
• Breathe California of Los Angeles	• Hollenbeck Police and Business Association
• Casa 0101	• Hollenbeck Police and Youth Center

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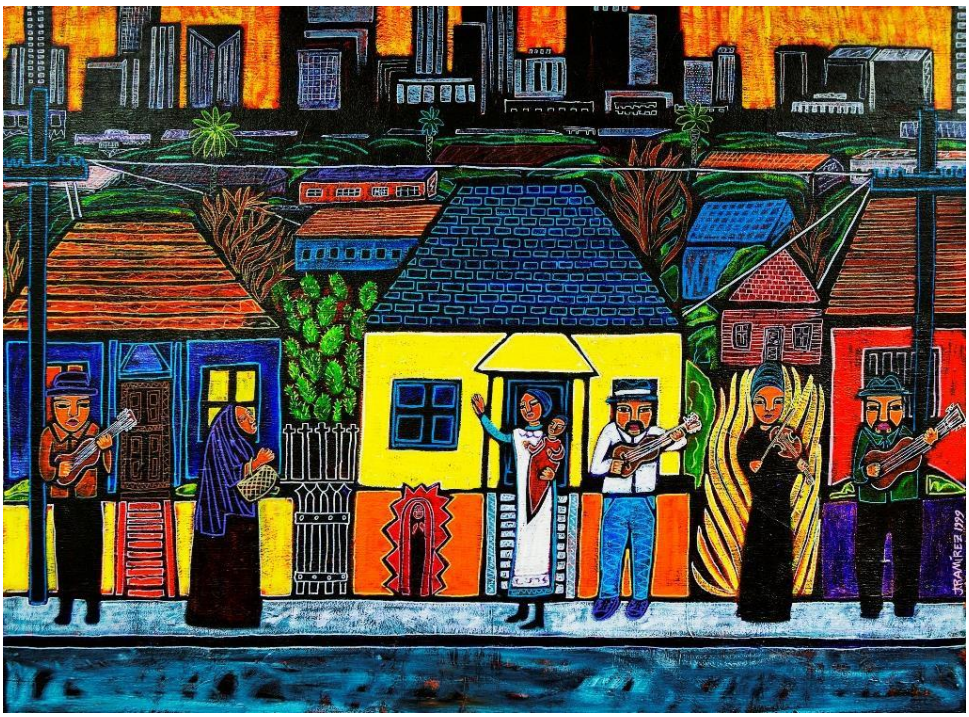
WMMC Community Partners (continued)

• HOMEBOY Industries	• Northeast Youth Source Center – Para Los Ninos
• House of Ruth	• Oscar de la Hoya/Golden Boy Foundation
• Housing Works and the Corporation for Supportive Housing	• Patient Care Foundation of Los Angeles
• Kidney Smart	• Pepperdine University Hispanic Council
• Los Angeles Conservation Corps	• Plaza de la Raza Cultural Center for the Arts and Education
• LAFD Boyle Heights Station 2	• Project Amiga
• La Plaza de Culturas y Artes	• Project Linus
• Latino Community Diabetes Council	• Proyecto Pastoral at Dolores Mission
• Lincoln Heights Chamber of Commerce	• Puente Learning Center
• Lincoln Heights Neighborhood Council	• Queens Care
• Lincoln Heights Senior Center	• Rancho Los Amigos Foundation
• Los Angeles Boys and Girls Club	• Salesian Boys and Girls Club of Los Angeles
• Los Angeles Chamber of Commerce	• Self Help Graphics
• Los Angeles Conversation Corps	• State Street Recreation Center
• Los Angeles County Department of Health Services	• St. Barnabas Senior Services
• Los Angeles County Department of Public Health	• Steelworkers Oldtimers Foundation
• Los Angeles County Department of Mental Health	• St. Mary's Catholic Church
• Los Angeles Latino Chamber of Commerce	• Susan G. Komen Foundation, Los Angeles County Affiliate
• Los Angeles Opera	• South Central Family Health Center
• LoveOn4Paws	• Southeast-Rio Vista YMCA
• Lucille and Edward R. Roybal Foundation	• TELACU Education Foundation
• Mariachi Festival Foundation	• The Wellness Center at the Historic General Hospital
• Mexican American Opportunity Foundation (MAOF)	• Una Familia San Fronteras
• Mothers of East Los Angeles Santa Isabel (MELASI)	• Union Bank Foundation
• National Breast Cancer Foundation	• UniHealth Foundation
• National Hispanic Medical Association	• USC Latino Alumni Association

WMMC Community Partners (continued)

• Variety Boys and Gils Club	• Young Life Del Rio
• Weingart East Los Angeles YMCA	• Youth Opportunity Movement
• Women Infant Children (WIC) Centers	



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WMMC Educational Partners

• Abraham Lincoln High School	• California State University, Los Angeles
• Academia Avance Charter High School	• California State University, Northridge
• Adventist Mission School	• California State University, San Diego
• Alhambra High School	• California State University, San Marcos
• Alliance Gertz-Ressler High School	• Cantwell Sacred Heart of Mary High School
• Alliance Susan & Eric Smidt Technology High School	• Career College Consultants
• American Career College	• Cathedral High School
• American Jewish University	• Charity-Delgado School of Nursing City of Angels School
• Applied Technology Center High School	• Clark Magnet High School Community Day School
• Aspire Pacific Academy	• Computer Institute of Technology
• Associated Technical College	• Concorde Career College
• Ayala High School	• Crescent College
• Azusa Pacific University	• Crescenta Valley High School
• Bell Gardens High School	• Damien High School
• Bellflower High School	• Diamond Bar High School
• Belmont High School	• Dolores Mission School
• Benjamin Franklin High School	• Downey Adult School
• Bishop Montgomery High School	• Downey High School
• Bishop Mora Salesian High School	• Downtown Magnet's High School
• Bridge Street Elementary School	• Eagle Rock High School
• Cal America Education Institute	• East Los Angeles Community College
• California Academy of Mathematics and Science	• East Los Angeles Occupational Center
• California High School	• East Los Angeles Skills Center
• California Northstate University	• Edward R. Roybal Learning Center
• California State Polytechnic University, Pomona	• El Camino College
• California State University, Chico	• El Rancho High School
• California State University, Dominguez Hills	• Elizabeth Learning Center High School
• California State University, Fullerton	• Esteban E. Torres High School
• California State University, Long Beach	• Everest College

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WMMC Educational Partners (continued)

• Extera Public Schools	• Los Angeles City College
• Flintridge Preparatory School	• Los Angeles County School of Nursing & Allied Health
• Franco Bravo Medical Magnet High School	• Los Angeles High School of the Arts
• Franklin High School	• Los Angeles Music and Art School
• Fullerton College	• Loyola High School
• Gabrielino High School	• Loyola Marymount University
• Garfield High School	• Maranatha High School
• Glen A. Wilson High School	• Marc and Eva Stern Math and Science School
• Glendale Adventist Academy	• Marco Antonio Firebaugh High School
• Glendale Career College	• Mark Keppel High School
• Glendale Community College	• Marymount College Rancho Palos Verdes
• Gretchen A. Whitney High School	• Mayfield Senior School
• Hamilton High School	• Maywood Academy
• Harvard-Westlake School	• Marymount College University
• Herbert Hoover High School	• Mayfield Senior School
• Hollywood High School	• Maywood Academy
• Hoover High School	• Mendez Learning Center of Mendez High School
• Hughes Middle School	• Montebello High School
• Huntington Park High School	• Mount San Antonio Community College
• Immaculate Heart of Mary High School	• Mount San Jacinto College
• Inglewood High School	• Mount St. Mary's University
• Jefferson High School	• North Clayton High School
• John F. MacArthur/Master's University	• North Hollywood High School
• John Marshall High School	• North High School
• John W. North High School	• North-West College
• La Sierra University	• Norte Dame High School
• Loma Linda University	• Orthopaedic Hospital Medical Magnet High School
• Long Beach City College	• Oscar De La Hoya Animo Charter High School
• Los Altos High School	• Pacific Union College
• Los Angeles Center of Enriched Studies	• Palos Verdes High School

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WMMC Educational Partners (continued)

• Pasadena City College	• Troy High School
• Pilgrim School	• University of California, Berkeley
• Platt College	• University of California, Davis
• Pioneer High School	• University of California, Irvine
• Polytechnic High School	• University of California, Los Angeles
• Ramona Convent Secondary School	• University of California, Merced
• Resurrection School	• University of California, Riverside
• Ribet Academy	• University of California, San Diego
• Rio Hondo College	• University of California, San Francisco
• Robert Louis Stevenson Middle School	• University of California, Santa Cruz
• Roosevelt High School	• University of La Verne
• Rosemead High School	• University of Pacific
• Ruben S. Ayala High School	• University of Phoenix
• Sahag-Mesrob Armenian Christian School	• University of Southern California
• San Gabriel Academy	• University of St. La Salle
• San Gabriel Mission High School	• USC MAST Magnet School
• Santa Ana College	• Venice High School
• Santa Monica City College	• Viewpoint High School
• Santa Rosa Junior College	• Village Christian Vistamar School
• Schurr High School	• Wallis Annenberg High School
• Second Street Elementary School	• Walnut High School
• Soledad Enrichment Action Charter School	• Walton High School
• St. Bernard Catholic School	• West Adams Preparatory High School
• St. Francis High School	• West Coast University
• Stanbridge College	• Western University of Health Sciences
• Stanford University	• Westwood College
• Temple City High School	• White Memorial Adventist School
• Theodore Roosevelt High School	• Whitney High School
• Thomas Jefferson High School	• Woodrow Wilson High School

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Community Benefit Inventory

White Memorial Medical Center knows working together is key to achieving the necessary health improvements to create the communities that allow each member to have safe and healthy places to live, learn, work, play, and pray. Below you will find an inventory of additional interventions taken from our Community Benefit Inventory for Social Accountability (CBISA) software and documented activities.

Year 2016-Inventory Summary

Priority Needs	Interventions Description	Partners	Number Served	Measures of Success/Outcomes
Priority 1 Maternal and Child Health, including childhood obesity	**Welcome Baby Program** Outreach program conducted in the home and community to educate, support, provide wellness visits and connect expectant mothers in the community	First5LA Women Infant Children (WIC) Program	2,888	Participation increased by 12%. There were 5,775 encounters with home visits, education, ASQ Child Developmental Assessments; and community outreach with baby care booths
	Baby Basics and We Care Baby Care Class Teaches the importance the home environment has on infants as they develop and teaches basic infant care to new and inexperienced parents	Baby-Friendly USA	238	Participation increased by 6%.
	Child Birth (Lamaze) Class Free classes that educates expectant mothers on safe and effective childbirth techniques	Baby-Friendly USA	353	
	Natural Nursing – Breastfeeding Class Teaches new mothers proper breastfeeding technique to promote infant health and development, and the **Lactation Clinic** assists mothers experiencing problems	Baby-Friendly USA	190	Participation increased by 18%.
	Free Child Safety Seats and Strollers Free child safety seats or strollers are provided to all new parents; they are shown proper use	Baby-Friendly USA	2,282	1,456 car seats and 826 strollers were provided in 2016

	Infant CPR and Safety Safety class that educates new parents on life saving techniques for infants	Baby-Friendly USA	93	Participation increased by 38%. Successful return demonstration of infant CPR technique
Priority 1 Maternal and Child Health, including childhood obesity (continued)	**Parent Support Groups and Education** Monthly support group for parents and families of fragile infants and children; infant pre-school development, education on car safety, parent education		38	25 parents participated in the Pediatric Parent Support Group and 13 parents participated in the NICU Support Group
	Little Angels of White Memorial Support Group and Outreach A monthly support group to families cope and heal from pregnancy loss; annual community candle lighting; butterfly release; and walk to remember		375	
	Rainbow Children's Center Certified and accredited child care center for children ages 0-5, available at no cost or sliding scale fee based on income to community members and hospital staff	Mexican American Opportunity Foundation (MAOF)	82	99 parents attended monthly parent meetings
	Healthy Eating Lifestyle Program (H.E.L.P.) Program that educates children and their families on proper nutrition for overweight children to prevent or lessen the effects of weight related health issues: Diabetes, Obesity, etc.	American Diabetes Association; California State University Los Angeles	434	Participation increased by 27% 72% of the children and 81% of the adult participant's had success by maintaining or reducing their BMI
	Gestational Diabetes Education Program that educates pregnant women with pre-existing diabetes or who have developed diabetes during pregnancy providing tools for a healthy pregnancy and teaches skills to prevent type2 diabetes	American Diabetes Association	386	
	Cleft Palate Support Group, Education and Outreach Program, education and monthly support group for families affected by Cleft Palate, which includes discussions on anti-bullying		170	

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Priority Needs	Interventions Description	Partners	Number Served	Measures of Success/Outcomes
Priority 1 Maternal and Child Health, including childhood obesity (continued)	**Breast Cancer Support Groups** Weekly support group open to the community, in Spanish, for women diagnosed with breast cancer, and for their families to help improve their quality life	American Cancer Society; Cancer Support Center – Benjamin Community	953	Participated in the weekly Spanish language breast cancer support group
	Breast and Cervical Cancer Education, Screening, and Outreach Programs Free cancer screening offered to the community at health fairs, community clinics, and mobile screening events	National Breast Cancer Foundation; CA Every Woman Counts Program; Susan G. Komen – Los Angeles County	1,268	Participants at community education events. For the 938 mobile screenings, 48 women were diagnosed and enrolled in treatment.
	Homeless Outreach Women and Children Workshops on health, prevention, beauty, and wellness to homeless and battered women	House of Ruth	110	Promoting Self Esteem-Confidence Class; Obesity in Adult and Children Class; Anger Management Class
	Backpacks for Homeless School Age Children Fill the backpacks with items for homeless elementary school age children	Second Street Elementary School	38	Backpacks were filled with school supplies. 38 boxes of lice shampoo were also donated
	Pediatric Dental Clinic Free mobile dental clinic for pediatric patients 5 to 18 years from the community.	QueensCare; Ostrow School of Dentistry (USC)	208	Children received dental screenings; there were 364 office visits and 2,704 procedures including x-rays, fillings, crowns, tooth extractions, dental cleanings and dental sealants.

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Year 2016-Inventory Summary

Priority Needs	Interventions Description	Partners	Number Served	Measures of Success/Outcomes
Priority 2 Chronic Disease Management	**Colorectal and Prostate Cancer Prevention and Screenings** Free cancer screenings offered to the community and classes that teach understanding and help men and women know what to be aware of related to colorectal and prostate cancer	American Cancer Society; SAG-AFTRA	128	
	Free Glucose Screenings Free screenings for those who might be at risk for diabetes; offered to the community		900	Provided free glucose screenings during Diabetes Alert Day and at community health fairs.
	Diabetes Education, Outreach and Support Group Community outreach education programs that support those who have been diagnosed with diabetes or are at-risk for diabetes helping them and their families manages their diabetes	American Diabetes Association	530	Participants in diabetes education programs; 154 adults who were diagnosed with diabetes and participated in the educational classes; 92% lowered their HbA1c.
	Cardiac Rehabilitation Class and Wellness Program Monthly education and nutrition program; community members are provided daily access during set times to the outpatient Cardiac rehabilitation gym for fitness		173	

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Year 2016-Inventory Summary

Priority Needs	Interventions Description	Partners	Number Served	Measures of Success/Outcomes
Priority 3 Respiratory Illness	**Better Breathers Club** A once a month program for people with breathing difficulties and their caretakers to learn about their disease process	BreatheLA	44	Participation increase by 57%.
	Community CPR Program and annual event to educate the community on CPR procedures for adults, children, and infants, with hands on training	American Heart Association	365	Community members learned basic CPR at the AHA Sidewalk CPR event and community health fairs demonstrating CPR proficiency for bystander

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Year 2016-Inventory Summary

Priority Needs	Interventions Description	Partners	Number Served	Measures of Success/Outcomes
Priority 4 Access to Health Care	**Access to Transportation** Free van transportation, taxi vouchers, bus tokens, free parking and parking validations from home to appointments		1,239	Provided taxi vouchers and bus tokens to those in need; provided transportation to those in need to and/or from the hospital for over 24,037 encounters; and provided $67,725 low cost or free parking to those accessing health care services
	Pathway to Health Los Angeles Mega Clinic Free medical, dental, eye care, health and wellness services, mental health services, physical and occupational therapy, health screenings, immunizations, health and wellness information, and education for the community		8,535	Over 3 days, community members received education, health and wellness care. Initial tests conducted: 450 EKG tests; 110 Echo exams; 60 treadmill tests; 88 pap smears; 237 laboratory tests; 215 mammograms; 24 surgical biopsies; WMMC provided free follow-up tests, consultation and care including same-day surgeries, OBGYN care and colonoscopies
	Community Health Fairs Community members participate in multiple health fairs sponsored by White Memorial Medical Center at community sites that provides free health screenings, nutritional counseling, dental screenings, exercise and fitness runs, and health education information	Seventh-day Adventist Churches; St. Mary's Catholic Church; Resurrection Catholic Church; and other community organizations	3,200	Sponsored and participated in multiple community health fairs

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Priority Needs	Interventions Description	Partners	Number Served	Measures of Success/Outcomes
Priority 4 Access to Health Care (continued)	**Homeless Outreach Under the Bridges** Distribute clothes, food, and water to community residents in need; health screenings and medical Q&A with physician and nurse provided		156	Homeless men and women were provided services including flu shots and other preventative care
	School Based Community Education, Outreach and Health Screenings Provide free pre-participation physical assessments for local high school students; provide medical support at community youth sporting events; conduct health screenings; provide classroom education on health topics and educate parents at PTSA meetings		445	Children and parents participated
	Health Education and Wellness Education **Media Interviews** Media interviews and newspaper articles in Spanish and English on health topics that affect our community by WMMC health professionals			77 radio and television interviews and newspaper articles on a range of health topics affecting and requested by our community were provided by WMMC health professionals
	WMMC Health Professions Education Programs Training focus is on preparing students, many from our community, to work with an underserved population providing culturally competent care. Residency Programs are in Family Medicine, Internal Medicine, Obstetrics and Gynecology, Podiatry, Pharmacy, and Chaplaincy. Provide internships to medical students, pharmacy students, nurse practitioner students, and physician assistant students		127	Provided training to interns and residents in 2016 focusing on providing culturally competent care in underserved communities.

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Priority Needs	Interventions Description	Partners	Number Served	Measures of Success/Outcomes
Priority 4 Access to Health Care (continued)	**TELACU Nursing Program** Provides opportunity to community members to train in nursing to better serve the community	TELACU Education Foundation; Rio-Hondo College; East Los Angeles Community College; California State University, Los Angeles	10	Nurses from the community participated in the program; 64% of the TELACU nurses are pursuing advanced degrees.
	Other Health Professionals Provide student internships and mentorship to undergraduate, bachelor, masters, and doctoral level students from the community enrolled at colleges and universities including Nursing, CLS and Phlebotomy, Radiology, Rehabilitation, Social Work, Psychology, Nutrition and Dietetics, Public Health, Respiratory, Health Care Administration		3,200	
	COPE Health Extenders Program Undergraduate students participate in allied health profession internship program	COPE Health Scholars	82	Health scholars completed rotations at WMMC in 2016; 24% of the students are from our service area.
	Workforce Development and Career Prep Presentations to students at local schools to learn about health careers, shadow programs provided to interested students, mentorship for students to learn about health careers, and training for community health workers (Promotores de Salud)		1,392	Local high school students participated in health career presentations and summer shadow programs.
	Community Health Education Library A digital library with over 100 educational videos on health topics that affect the wellbeing of our community		1,086	Health education page views. The information is provided in Spanish and English.

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Year 2016-Inventory Summary

Priority Needs	Interventions Description	Partners	Number Served	Measures of Success/Outcomes
Priority 5 Senior Care	**Senior Wellness** Wellness classes for senior community members including wellness topics, health screenings, activities and workshops, medication counseling, nutrition education and healthy food choices, and walking club. Wellness programs are in partnership with YMCA to promote fitness	Mexican American Opportunity Foundation (MAOF); Weingart YMCA; St. Barnabas Senior Services (SBSS) Echo Park Senior Center; Southeast-Rio Vista YMCA; State Street Recreation Center; American Diabetes Association; Kidney Smart; American Health Association; Los Angeles County Department of Mental Health	1,248	Seniors participate in monthly activities; we provided senior health improvement activities and workshops accounting for 11,430 encounters with seniors in our community



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Year 2016-Inventory Summary

Priority Needs	Interventions Description	Partners	Number Served	Measures of Success/Outcomes
Other Community Benefit Activities	**Homeless Outreach** Each month we provide hot meals to the homeless men and women at the Dolores Mission	Proyecto Pastoral Dolores Mission	588	Provided meals to homeless men and women
	Community Outreach and Support Activities Throughout the year, WMMC donates meal vouchers holiday meals, comfort care baskets, and toys to our community		5,018	Members of our community were provided assistance
	American Red Cross Blood Drive Host blood drives throughout the year	American Red Cross	85	Held 3 blood drives to collect and donate units of blood
	Research **Type 1 Diabetes TrialNet** Federally funded screening for family members of Type 1 diabetics	American Diabetes Association; Juvenile Diabetes Research Association	722	Community screenings and education
	Website Each year the community and others view our website, follow us on Twitter and Facebook			864 Facebook likes 861 Twitter follows 121,913 WMMC Website page views
	Each year, WMMC supports non-profits, charities or businesses with both cash and in-kind sponsorship and contributions to help forward the goals in our Community Health Plan.	Our partners include: American Cancer Society; American Diabetes Association; American Heart Association; American Red Cross; Local Adventist Churches; YMCA; and more	15	
	WMMC leadership and employees serve on the boards of local non-profit community organizations	YMCA Diabetes Prevention Program Advisory Board; Boyle Heights Chamber of Commerce; YMCA Advisory Boards for East Los Angeles, Montebello, Maywood, Koreatown; and more	12	

Connecting Strategy and Community Health

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

1) The distribution of specific health statuses and outcomes within a population;
2) Factors that cause the present outcomes distribution; and
3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
2) Improve care quality and patient safety and
3) Advance care coordination across the health care continuum.

Our mission as a health system is to share God's love by providing physical, mental and spiritual healing and we believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

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Financial Assistance Policies

Adventist Health (AH) facilities exist to serve patients. They are built on a team of dedicated health care professionals – physicians, nurses and other health care professionals, management, trustees, and volunteers. Collectively, these individuals protect the health of their communities. Their ability to serve well requires a relationship with their communities built on trust and compassion. Through mutual trust and goodwill,
Adventist Health and patients will be able to meet their responsibilities. These principles and guidelines are intended to strengthen that relationship and to reassure patients, regardless of their ability to pay, of AH's commitment to caring.

The purpose of this policy is to enact and ensure a fair, non-discriminatory, consistent, and uniform method for the review and completion of charitable emergency and other Medically Necessary care for individuals of our community who may be in need of Financial Assistance.

More can information can be found by accessing our link,
https://www.adventisthealth.org/white- memorial/pages/financial-assistance-faqs.aspx

Community Benefit & Economic Value for Prior Year

Our community benefit work is rooted deep within our mission, with a recent recommitment of deep community engagement within each of our ministries.

We have also incorporated our community benefit work to be an extension of our care continuum. Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low-income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

Valuation of Community Benefit

Year 2016

WHITE MEMORIAL MEDICAL CENTERL

Charity Care and Other Community Benefit	Net Community Benefit	% of Total Cost
Traditional charity care	5,384,935	1.50%
Medicaid and other means-tested government programs	103,006	0.03%
Community health improvement services	4,037,754	1.12%
Health professions education	13,272,228	3.68%
Subsidized health services	11,129,526	3.09%
Research	11,078	0.00%
Cash and in-kind contributions for community benefit	487,317	0.14%
Community building activities	99,980	0.03%
TOTAL COMMUNITY BENEFIT	**34,525,824**	**9.59%**

Medicare	Net Cost	% of Total Cost
Medicare shortfall	-	-
TOTAL COMMUNITY BENEFIT WITH MEDICARE	**34,525,824**	**9.59%**

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Appendices

Glossary of terms

Medical Care Services (Charity Care and Un-reimbursed Medi-Cal and Other Means Tested Government Programs)

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or portion of the services. Charity Care does not include: a) bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing care to such patients; b) the difference between the cost of care provided under Medicaid or other means-tested government programs, and the revenue derived there from; or c) contractual adjustments with any third-party payers. Clinical services are provided, despite a financial loss to the organization; measured after removing losses, and by cost associated with, Charity Care, Medicaid, and other means-tested government programs.

Community Health Improvement

Interventions carried out or supported and are subsidized by the health care organizations, for the express purpose of improving community health. Such services do not generate inpatient or outpatient bills, although there may be a nominal patient fee or sliding scale fee for these services. Community Health Improvement – these activities are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs.

Subsidized Health Services – Clinical and social services that meet an identified community need and are provided despite a financial loss. These services are provided because they meet an identified community need and if were not available in the area they would fall to the responsibility of government or another not-for-profit organization.

Financial and In-Kind Contributions – Contributions that include donations and the cost of hours donated by staff to the community while on the organization's payroll, the indirect cost of space donated to tax-exempt companies (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies. Financial and in-kind contributions are given to community organizations committed to improving community health who are not affiliated with the health system.

Community Building Activities – Community-building activities include interventions the social determinants of health such as poverty, homelessness, and environmental problems.

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Health Professions Education and Research

Educational programs that result in a degree, certificate, or training that is necessary to be licensed to practice as a health professional, as required by state law; or continuing education that is necessary to retain state license or certification by a board in the individual's health profession specialty. It does not include education or training programs available exclusively to the organization's employees and medical staff, or scholarships provided to those individuals. Costs for medical residents and interns may be included.

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal).

Community Health Needs Assessment and Community Health Plan Coordination Policy

Entity:

☒ **System-wide Corporate Policy**	**Corporate Policy**	**No. AD-04-006-S**
☒ **Standard Policy**	**Department:**	**Administrative Services**
☐ **Model Policy**	**Category/Section:**	**Planning**
	Manual:	**Policy/Procedure Manual**

POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

DEFINITIONS

1. Community Health Needs Assessment (CHNA)**:** A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

   A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. Community Health Plan: The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.

3. Community Benefit: A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:

   - Improve access to health care services
   - Enhance the health of the community
   - Advance medical or health care knowledge
   - Relieve or reduce the burden of government or other community efforts

   Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

AFFECTED DEPARTMENTS/SERVICES:
Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS
PURPOSE:
The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.

2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.

3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.

4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.

5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.

6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.

7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

B. Documentation of Public Community Health Needs Assessment (CHNA)

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.

2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:

    a. A description of the hospital's community and how it was determined.

    b. The process and methods used to conduct the assessment.

    c. How the hospital took into account input from persons who represent the broad interests of the community served.

    d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.

    e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.

4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).

5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.

6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use)
References: **Replaces Policy: AD-04-002-S**
Author: **Administration**
Approved: **SMT 12-9-2013, AH Board 12-16-2013**
Review Date:
Revision Date:
Attachments:
Distribution: **AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors**

2017 Community Health Plan

This community health plan was adopted on April 20, 2017, by the Adventist Health System/West Board of Directors. The final report was made widely available on May 15, 2017.

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Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: https://www.adventisthealth.org/white-memorial/about-us/community-benefit/.