

**Methodist Hospital
Community Benefits Plan
Fiscal Year 2013**

For Submittal by May 31, 2014 to:
Office of Statewide Health Planning and Development
Healthcare Information Resource Center
400 R Street, Room 250
Sacramento, CA 95811-6213
Email: hircweb@oshpd.ca.gov

Preface

In accordance with Senate Bill 697, Community Benefits Legislation, Methodist Hospital, a private not-for-profit hospital, submits this Community Benefits Plan for Fiscal Year 2013^a. Senate Bill 697 requires a not-for profit hospital in California to complete the following activities:

- Review and reaffirm its mission statement to ensure that its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization
- Complete and update a needs assessment every three years, evaluating the health needs of the community served by the hospital
- Adopt and file a community benefits plan annually, documenting activities that the hospital has undertaken to address community needs within its mission and financial capacity; and to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan

^a Methodist Hospital fiscal year is from January 1 to December 31.

Introduction to Methodist Hospital

Methodist Hospital is a 400-licensed bed, not-for-profit community hospital located in Arcadia, California. Founded in 1903, Methodist Hospital is committed to providing excellent patient care delivered with compassion and respect. Methodist Hospital provides clinical services that include emergency services, diagnostic testing, inpatient and outpatient surgery, intensive care units, transitional care unit, cardiac catheterization, cardiac surgery, chest pain center, a stroke program, cancer services, radiation therapy, hip and knee replacement, spine surgery, maternity services, weight loss surgery, physical therapy, acute physical rehabilitation, and wound healing center. Methodist Hospital personnel include: 1,900 employees, 653 medical staff members, 604 volunteers, 22 Community Board members, and 27 Foundation Board members.

Methodist Hospital currently holds the following certifications, designations, and recognitions for services:

Hospital

- Full Three-Year Hospital Accreditation from The Joint Commission

Emergency Services

- Emergency Department Approved for Pediatrics (EDAP)
- Los Angeles County Emergency Medical Services (EMS) designation as a Stroke Receiving Center
- Los Angeles County EMS designation as a STEMI Receiving Center

Cardiology and Stroke

- The Joint Commission Disease-Specific Certification: Acute Coronary Syndrome
- The Joint Commission Disease-Specific Certification: Acute Myocardial Infarction (AMI)
- The Joint Commission Disease-Specific Certification: Advanced Heart Failure
- The Joint Commission Disease-Specific Certification: Stroke Services
- American Heart Association Get With The Guidelines® Gold Plus for Congestive Heart Failure
- American Heart Association Get With The Guidelines® Gold Plus for STEMI (Heart Attack)
- American Heart Association Get With The Guidelines® Gold Plus for AMI (Heart Attack)

- American Heart Association and American Stroke Association Get With The Guidelines® Gold Award
- Blue Distinction Center for Cardiac Care
- Cigna Center of Excellence for Elective Cardiac Medical
- Cigna Center of Excellence for Cardiac Pacemaker Implant
- UnitedHealth Premium Rhythm Management Specialty Center

Cancer

- Accreditation with Commendation as a Comprehensive Community Cancer Center from the American College of Surgeons Commission on Cancer
- Cigna Center of Excellence for Colon Surgery

Maternal Child Health

- Leapfrog – Fully meets standards

Orthopedics – Joint Replacement and Spine Surgery

- Blue Distinction Center for Knee and Hip Replacement
- Cigna Center of Excellence for Hip Replacement
- Cigna Center of Excellence for Knee Replacement
- Cigna Center of Excellence for Orthopedic Back Surgery

Bariatric Surgery (Weight Loss Surgery)

- Bariatric Surgery Center of Excellence from the American Society for Metabolic and Bariatric Surgery (ASMBS)
- Blue Distinction Center for Bariatric Surgery
- Aetna Institute of Quality for Bariatric Surgery
- Cigna Center of Excellence for Bariatric Surgery
- Clinical Sciences Institute (CSI) of Optum Center of Excellence
- Leapfrog – Fully meets standards

Other Services

- Cigna Center of Excellence for Abdominal Hysterectomy
- Cigna Center of Excellence for Gallbladder Removal
- Cigna Center of Excellence for Laparoscopic Surgery

Effective January 1, 2013, Methodist Hospital implemented a new tobacco-free policy. The new policy bans the use of all tobacco products, including cigarettes, cigars, pipes, and smokeless tobacco on the hospital campus. This includes parking lots, hospital vehicles and employees' personal vehicles parked on the premises.

As we continue to grow, Methodist Hospital has expanded its presence on the Internet that includes a website dedicated to providing health information and news, in addition to convenient services such as physician referral, a news library, online class registration, and online bill payment. Methodist Hospital also uses social media, via Facebook and Twitter, to inform the community about the hospital.

Contents

Section	Description	Page
	Preface.....	i
	Introduction to Methodist Hospital.....	ii
1	Executive Summary.....	1
2	Mission, Vision, and Values.....	4
3	2010 Community Needs Assessment Summary.....	5
	Service Area Definition and Description.....	5
	Access to Health Care.....	9
	Mortality.....	11
	Maternal and Infant Health.....	13
	Child and Adolescent Health.....	15
	Adult Health.....	17
	Senior Health.....	19
	Community Consultation.....	22
4	Community Benefits Planning Process and Objectives.....	25
5	Community Benefits Plan Update.....	26
	Access to Health Care.....	26
	Health Education, Support and Screening.....	27
	Dedicated Services for Seniors.....	30
	Health Ministries Program.....	32
6	Economic Value of Community Benefits.....	34
7	2013 Community Health Needs Assessment Process.....	36

Section 1: Executive Summary

Mission Statement

To provide high-quality healing services while caring for the patient's emotional and spiritual needs and enabling them to achieve health for life.

Definition of Community Used in the 2010 Community Needs Assessment

For purposes of the needs assessment, Methodist Hospital defined its service area to include the following communities:

- Arcadia
- Bradbury
- Duarte
- El Monte
- Monrovia
- Pasadena ZIP code 91107
- Rosemead
- San Gabriel
- Sierra Madre
- Temple City

Findings from 2010 Community Needs Assessment

Methodist Hospital service area population (2010) is estimated at 454,205 persons. In the next five years, population in the service area is projected to increase by 4.8 percent, to 475,848. When comparing the service area to Los Angeles County, the service area has higher proportions of the following: persons age 55 years and older, Asian, Native Hawaiian or Pacific Islander residents; persons speaking Asian or Pacific Island language at home, households with 3 or more persons, owner occupied households, households headed by persons 65 years and older, and families at or above the poverty level.

When comparing health indicators for the San Gabriel Valley (Service Planning Area 3) and/or Methodist Hospital service area to Healthy People 2010 National Objectives, opportunities for improvement are in the following: non-elderly persons with health insurance, pap test in the past three years, children under age five years hospitalized for asthma, seniors hospitalized for asthma, female seniors hospitalized for hip fractures, deaths due to chronic pulmonary diseases in those

age 45 years and older, deaths due to diabetes-related conditions, and deaths due to cirrhosis; pregnant women with late or no prenatal care, low and very low birth weight infants, overweight or obese teens, vigorous physical activity in teens, healthy weight and obesity in adults and seniors, moderate/vigorous physical activity in adults and seniors; adults and seniors diagnosed with high blood pressure; adults who currently smoke cigarettes, seniors diagnosed with diabetes, seniors who received a flu shot in the past year, and hip fractures in female seniors.

Objectives Addressed in the Community Benefits Plan

During Fiscal Year 2013, Methodist Hospital pursued the following objectives in its community benefits plan:

1. To continue to increase access to health care services for the community.
2. To continue to provide health education support, and screening services for the public based on important health concerns, including maternal child health, heart disease, cancer, and diabetes.
3. To continue to provide health education, support, and screening services to seniors through a dedicated 50+ Health Connection Program.
4. To continue to provide health education and training, information and resources for member congregations through a Health Ministries Program.

Community Benefits Plan Activities

In Fiscal Year 2013, Methodist Hospital provided a variety of programs and services in support of these measurable objectives. Some of the services provided were: operating a 26-bed emergency department 24-hours a day, providing charity care for patients without the ability to pay for necessary treatment, absorbing the unpaid costs of care for patients with Medi-Cal, absorbing the unpaid costs of care for patients with Medicare, operating essential community services such as Maternal Child Health, a Level II Neonatal Intensive Care Unit, Cardiac Rehabilitation and Radiation Therapy at a loss; providing free physician referrals to the community, providing health education, support and screening programs on a variety of topics ranging from prepared childbirth to grief and loss; providing health education and information in English, Spanish, and Mandarin; conducting free year-round blood pressure screenings, including access to a mall kiosk for blood pressure checks; a dedicated Senior Services program consisting of health education, information and counseling; and a Health Ministries program – providing local congregations with guidance, support, and resources through parish nurses and health cabinets.

Economic Value of Community Benefits Provided

The economic value of community benefits provided by Methodist Hospital in Fiscal Year 2013 is estimated at **\$41,262,124**.

Section 2: Mission, Vision, and Values

Methodist Hospital Mission and Vision statements and Values, and Standards of Conduct statements follow. These guide our organization's commitment to serving to our community.

Our Mission

To provide high-quality healing services while caring for the patient's emotional and spiritual needs and enabling them to achieve health for life.

Revised December 2012

Our Vision

To provide an exceptional patient experience through compassionate care and create life-long relationships by changing the way health and health care are delivered in our community.

Our Values

SAFETY – We put safety first, for our patients, their families and all who work here.

EXCELLENCE – We advance health through the continuous pursuit of evidence-based, coordinated care.

RESPECT – We treat each other with dignity and value the ideas and perspectives each individual brings.

INTEGRITY – We are open, honest and trustworthy. We live our values.

ACCOUNTABILITY – We take full ownership of our actions and their outcomes.

INNOVATION – We embrace new ideas and thinking to improve what we do.

Section 3: 2010 Community Needs Assessment Summary

Following definition of the hospital service area, the needs assessment includes a summary of population and household demographics, measures related to access to health care, mortality, maternal and infant health, child and adolescent health, adult health, and senior health. To assist with identifying priorities, comparisons are made to national benchmarks known as Healthy People 2010 and other regional experiences. In addition, the community consultation component includes two community consultations and several questions on health education and screening interests in a 500-household random telephone survey.

Service Area Definition and Description

Note: Demographics for the hospital service area are based on 2010 estimates

Methodist Hospital, located in Arcadia, defined its service area for purposes of the 2010 Community Needs Assessment to include the following communities:

- Arcadia
- Bradbury
- Duarte
- El Monte
- Monrovia
- Pasadena ZIP code 91107
- Rosemead
- San Gabriel
- Sierra Madre
- Temple City

The service area population (2010) is estimated at 454,205. In the next five years, the service area population is forecast to increase 4.8 percent, to 475,848 persons. Growth projections for households and families are estimated to increase 3.8 percent and 3.8 percent. The following table summarizes the service area population, total households, and families as well as the percent change projected for 2015 (over a five year period).

Summary of Population, Households and Families

Methodist Hospital Service Area

2010

Description	Number		Percent Change From 2010 to 2015
	2010	2015	
Demographics			
Population	454,205	475,848	4.8%
Households	138,860	144,191	3.8%
Families	104,303	108,283	3.8%

Source: Nielsen Claritas

To assist with providing context to the service area demographics, key statistics are compared to Los Angeles County for 2010 in the following table. Of note, in comparison to Los Angeles County, the service area has a *higher* proportion of:

- Five-year growth in population, households and families
- Persons age 45 years and older
- Asian, Native Hawaiian or Pacific Islander residents
- Persons speaking Asian or Pacific Island language at home
- Adults with Associate degree, Bachelor degree and Graduate or Professional degree
- Employed persons with white collar occupations
- Households with 3 or more persons
- Households with incomes from \$35,000 to \$199,999
- Households headed by persons 65 years and older
- Owner occupied households
- Households with no children present
- Families at or above the poverty level

Demographic Highlights

Methodist Hospital Service Area Compared to Los Angeles County

2010

Indicator	Percent	
	Service Area	LA County
5-Year Change (2010 to 2015)		
Population	4.8%	4.0%
Households	3.8%	3.4%
Families	3.8%	3.4%
Age Group		
0 to 4 Years	6.8%	7.2%
5 to 14 Years	13.2%	13.9%
15 to 20 Years	8.5%	9.1%
21 to 24 Years	5.7%	5.8%
25 to 34 Years	12.7%	13.7%
35 to 44 Years	14.4%	14.9%
45 to 54 Years	14.5%	14.1%
55 to 64 Years	11.2%	10.2%
65 to 74 Years	6.6%	5.9%
75 to 84 Years	4.2%	3.5%
85 Years and Older	2.2%	1.6%
Race/Ethnicity		
White	22.6%	27.7%
Black	2.2%	8.4%
Asian, Native Hawaiian or Pacific Islander	35.3%	12.9%
Hispanic	37.4%	48.0%
American Indian or Alaskan Native	0.2%	0.2%
Some Other Race	0.1%	0.2%
Two or More Races	2.2%	2.6%
Language Spoken at Home by Persons 5 Years and Older		
English Only	37.2%	43.9%
Spanish	31.2%	39.5%
Asian or Pacific Island Language	27.7%	10.2%
European language	3.1%	5.4%
Other language	0.7%	1.1%
Educational Attainment of Adults 25 Years and Older		
Less than 9 th Grade	13.3%	14.2%

Indicator	Percent	
	Service Area	LA County
Some High School, no Diploma	9.7%	10.5%
High School Graduate (or GED)	21.3%	21.4%
Some College, no Degree	18.2%	18.8%
Associate Degree	8.0%	6.8%
Bachelor Degree	19.3%	18.4%
Graduate or Professional Degree	10.2%	9.8%
Occupation Type for Employed Labor Force		
Blue Collar	21.1%	22.1%
White Collar	61.6%	60.3%
Service and Farming	17.3%	17.7%
Household Size		
1-Person	19.5%	24.3%
2-Persons	25.0%	25.8%
3-Persons	17.4%	15.8%
4-Persons	16.2%	14.6%
5-Persons	10.1%	9.0%
6-Persons	5.6%	5.0%
7 or more Persons	6.2%	5.4%
Average Household Size	3.23	3.03
Household Income		
Under \$15,000	9.6%	12.6%
\$15,000 to \$34,999	18.5%	19.7%
\$35,000 to \$74,999	32.9%	31.2%
\$75,000 to \$99,999	13.7%	12.3%
\$100,000 to \$149,999	14.0%	12.9%
\$150,000 to \$199,999	6.0%	5.3%
\$200,000 and over	5.3%	6.0%
Average Household Income	\$80,912	\$79,260
Owner and Renter Occupied Housing Units		
Owner Occupied	56.3%	48.6%
Renter Occupied	43.7%	51.4%
Families by Poverty Status		
Below the Poverty Level	10.0%	12.3%
At or Above the Poverty Level	90.0%	87.7%

Source: Nielsen Claritas

Access to Health Care

Note: Findings are based on the 2007 California Health Interview Survey for Los Angeles County Service Planning Area – San Gabriel Valley (SPA 3) and two-year averages of hospitalizations that occurred in the service area during 2007 and 2008

When comparing health access indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to: health insurance (uninsured all or part of the year) and pap test in past three years. The SPA experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Health Access Indicators

Los Angeles County Service Planning Area 3 – San Gabriel Valley
2007

Indicator	Age Group	Healthy People 2010 Objective		SPA 3 San Gabriel Valley	
		Good	Target Rate	Rate	Status
Health Access					
Uninsured All or Part of Year	0 to 65	↓	0%	22%	
Delays in Getting Needed Medical Care	0 to 17	↓	7%	5%	
Cancer Screening					
Mammogram in Past 2 Years Females	40+	↑	70%	78%	
Pap Test in Past 3 Years Females	18+	↑	90%	80%	

Note:

 Indicates that the Healthy People 2010 objective is to reduce;  indicates that the objective is to increase

Source: UCLA Center for Health Policy Research

Another measure of access to health care includes hospitalization rates for ambulatory care sensitive conditions. These conditions apply to three broad age groups – children, adults and seniors. These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. These conditions can be used to identify unmet community health care needs, to monitor how well

complications from a number of common conditions are being avoided in outpatient settings and to compare performance of local health care systems across communities.

When comparing hospitalization rates for the hospital service area to Healthy People 2010 objectives, the hospital service area did not meet the objectives related to: asthma in children under age five years and asthma in seniors age group 65 years and older. The service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Hospitalization Rates for Ambulatory Care Sensitive Conditions

Methodist Hospital Service Area

Two-Year Average (2007 – 2008)

Health Condition	Age Group	Healthy People 2010 Objective		Methodist Hospital Service Area	
		Good	Target Rate	Rate	Status
Health Access					
Asthma	0 to 17	↓	17.3	15.3	
	Under 5	↓	25.0	31.3	
	5 to 64	↓	7.7	4.8	
	65+	↓	11.0	24.4	
Uncontrolled Diabetes	18 to 64	↓	5.4	3.6	
Immunization Preventable Pneumonia and Influenza	65+	↓	8.0	3.1	

Notes:

↓ Indicates that the Healthy People 2010 objective is to reduce

Rates are per 10,000 population

Source: Office of Statewide Health Planning and Development

Mortality

Note: Findings are based on three-year averages of deaths that occurred among residents of the service area during 2006 through 2008

Considerable national and regional attention surrounds health behaviors and preventable deaths. According to the Centers for Disease Control and Prevention, the top two leading causes of preventable death in the United States are tobacco and poor diet/physical inactivity.

On average, there were 2,756 deaths a year in the service area. Heart disease and cancer were the top two leading causes of death in the service area, accounting for 54 percent of all deaths. Other leading causes of death in the service area are summarized in the table below.

Profile of Deaths, Ranked

Methodist Hospital Service Area

Three-Year Average (2006 to 2008)

Cause of Death	Number	Percent
Heart Disease	812	29.5%
Coronary Heart Disease	681	24.7%
Heart Attack	158	5.7%
Cancer (All Sites)	674	24.4%
Lung Cancer	157	5.7%
Colorectal Cancer	65	2.3%
Breast Cancer	51	1.9%
Pancreatic Cancer	47	1.7%
Prostate Cancer	30	1.1%
Stroke	179	6.5%
Chronic Lower Respiratory Disease	149	5.4%
Pneumonia/influenza	123	4.5%
Alzheimer's disease	93	3.4%
Diabetes	88	3.2%
Unintentional Injuries (All Types)	71	2.6%
Motor Vehicle Crashes	26	1.0%
Cirrhosis	47	1.7%
Suicide	25	0.9%
Homicide	22	0.8%
All Causes	2,756	100.0%

Source: California Department of Public Health

When comparing age-adjusted death rates in the service area to Healthy People 2010 objectives, the service area did not meet the objectives related to the following causes of death: chronic pulmonary diseases in persons age 45 years and older, diabetes-related, and cirrhosis. The service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Age-Adjusted Death Rates by Cause of Death

Methodist Hospital Service Area
Three-Year Average (2006 – 2008)

Cause of Death	Age Group	Healthy People 2010 Objective		Methodist Hospital Service Area	
		Good	Target Rate	Rate	Status
Health Status					
Coronary Heart Disease	All	↓	162.0	137.4	
Stroke	All	↓	50.0	36.4	
Cancer (All Sites)	All	↓	158.6	144.7	
Lung	All	↓	43.3	34.2	
Colorectal	All	↓	13.7	13.9	**
Prostate	All	↓	28.2	16.2	
Breast	All	↓	21.3	18.9	
Chronic Pulmonary Diseases	45+	↓	62.3	86.6	
Diabetes-Related	All	↓	46.0	67.2	
Unintentional Injuries (All Types)	All	↓	17.1	15.3	
Motor Vehicle Accidents	All	↓	8.0	5.8	
Homicide	All	↓	2.8	4.8	**
Suicide	All	↓	4.8	5.4	**
Cirrhosis	All	↓	3.2	10.0	

Notes:

↓ Indicates that the Healthy People 2010 objective is to reduce

Rates are per 100,000 persons and are standardized to the 2000 U.S. Standard Million population

** Indicates that lower limit of 95% confidence interval meets the Healthy People 2010 objective

Source: California Department of Public Health

Maternal and Infant Health

Note: Findings are based on two-year averages of live births that occurred in the service area during 2007 through 2009.

To assist with providing context to the service area births, key birth demographics are compared to Los Angeles County. Of note, in comparison to Los Angeles County, the service area has a *higher* proportion of: births to mothers 30 to 34 years of age and 35 years and older and births to mothers of Asian or Pacific Islander, Native American, and other/unknown race/ethnicity. The following table summarizes live births, births by mother's age group, and births by mother's race/ethnicity.

Birth Demographic Highlights

Methodist Hospital Service Area Compared to Los Angeles County

Three-Year Average (2007 – 2009)

Description	Service Area	Los Angeles County
Births (Number)		
2007	6,165	151,813
2008	5,929	147,684
2009	5,497	139,679
Three-Year Average	5,864	146,392
Births by Mother's Age Group (Percent)		
Under 20 Years	6.8%	9.7%
20 to 29 Years	40.6%	46.8%
30 to 34 Years	29.8%	24.5%
35 Years and Over	22.8%	19.1%
Births by Mother's Race/Ethnicity (Percent)		
White	11.7%	17.3%
Black	1.5%	7.4%
Asian or Pacific Islander	35.0%	11.4%
Hispanic	49.4%	62.6%
Native American	0.2%	0.1%
Other and Unknown	2.2%	1.2%

Note: Excludes births to mothers of unknown age

Source: California Department of Public Health

When comparing maternal and infant health indicators in the service area to Healthy People 2010 objectives, the service area did not meet the objectives related to: late or no prenatal care, low birth weight infants, and very low birth weight infants. The service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Maternal and Infant Health Indicators

Methodist Hospital Service Area
Two-Year Average (2007 – 2008)

Indicator	Healthy People 2010 Objective		Methodist Hospital Service Area	
	Good	Target Rate	Rate	Status
Health Status				
Late/No Prenatal Care	↓	10.0%	11.9%	
Low Birth Weight Infants	↓	5.0%	6.8%	
Very Low Birth Weight Infants	↓	0.9%	1.1%	
Infant Mortality Rate (per 1,000 live births)	↓	4.5	3.8	

Notes:

↓ Indicates that the Healthy People 2010 objective is to reduce
Infant mortality rate is three-year average (2006 – 2008)

Source: California Department of Public Health

Child and Adolescent Health

Note: Findings are based on Nielsen Claritas and 2007 California Health Interview Survey for Los Angeles County Service Planning Area – San Gabriel Valley (SPA 3)

To assist with providing context to the service area senior demographics, key statistics are compared to Los Angeles County for 2010 in the table below.

Child And Adolescent Demographic Highlights

Methodist Hospital Service Area Compared to Los Angeles County

2010

Description	Service Area	Los Angeles County
Age Group (Percent)		
0 to 4 Years	6.8%	7.2%
5 to 14 Years	13.2%	13.9%
15 to 20 Years	8.5%	9.1%
Households by Age of Head of Household (Percent)		
Headed by Young Adults Age 15 to 24 Years	2.9%	4.0%

Note: Percentages rounded

Source: Nielsen Claritas

When comparing child and adolescent health indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to health access for: health insurance (uninsured all or part of the year) and source of ongoing care; and related to health behaviors for: overweight or obese and vigorous physical activity. The SPA experience compared to Healthy People 2010 national objectives is summarized in the following table. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Child and Adolescent Health Indicators

Los Angeles County Service Planning Area 3 – San Gabriel Valley

2007

Indicator	Age Group	Healthy People 2010 Objective		SPA 3 San Gabriel Valley	
		Good	Target Rate	Rate	Status
Health Access					
Uninsured All or Part of Year	0 to 17	↓	0%	11%	⚠
Source of Ongoing Care	0 to 17	↑	97%	90%	⚠
Health Behaviors					
Overweight or Obese	12 to 17	↓	5%	16%	⚠
Vigorous Physical Activity	14 to 17	↑	85%	67%	⚠
Currently Smoke Cigarettes	14 to 17	↓	16%	10%	

Note:

↓ Indicates that the Healthy People 2010 objective is to reduce; ↑ indicates that the objective is to increase

Source: UCLA Center for Health Policy Research

Adult Health

Note: Findings are based on Nielsen Claritas and 2007 California Health Interview Survey for Los Angeles County Service Planning Area – San Gabriel Valley (SPA 3)

To assist with providing context to the service area senior demographics, key statistics are compared to Los Angeles County for 2010 in the table below. Of note, in comparison to Los Angeles County, the service area has a *higher* proportion of:

- Persons age 45 to 64 years

Adult Demographic Highlights

Methodist Hospital Service Area Compared to Los Angeles County

2010

Description	Service Area	Los Angeles County
Age Group (Percent)		
21 to 24 Years	5.7%	5.8%
25 to 34 Years	12.7%	13.7%
35 to 44 Years	14.4%	14.9%
45 to 54 Years	14.5%	14.1%
55 to 64 Years	11.2%	10.2%
Households by Age of Head of Household (Percent)		
Headed by Adults Age 25 to 64 Years	76.4%	77.6%

Note: Percentages rounded

Source: Nielsen Claritas

When comparing adult health indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to health access for: health insurance (uninsured all or part of the year); and related to health behaviors for: healthy weight, obese, moderate/vigorous physical activity, diagnosed with high blood pressure, and currently smoke cigarettes. The SPA experience compared to Healthy People 2010 national objectives is summarized in the following table. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Adult Health Indicators

Los Angeles County Service Planning Area 3 – San Gabriel Valley

2007

Indicator	Age Group	Healthy People 2010 Objective		SPA 3 San Gabriel Valley	
		Good	Target Rate	Rate	Status
Health Access					
Uninsured All or Part of Year	18 to 64	↓	0%	27%	⚠
Health Behaviors					
Healthy Weight	20 to 64	↑	60%	39%	⚠
Obese	20 to 64	↓	15%	22%	⚠
Moderate/Vigorous Physical Activity	18 to 64	↑	50%	30%	⚠
Diagnosed with Diabetes	18 to 64	↓	2.5%	6.1%	*
Diagnosed with High Blood Pressure	20 to 64	↓	16%	20%	⚠
Currently Smoke Cigarettes	18 to 64	↓	12%	15%	⚠

Notes:

↓ Indicates that the Healthy People 2010 objective is to reduce; ↑ indicates that the objective is to increase

* Indicates that result is statistically unreliable

Source: UCLA Center for Health Policy Research

Senior Health

Note: Findings are based on Nielsen Claritas, 2007 California Health Interview Survey for Los Angeles County Service Planning Area – San Gabriel Valley (SPA 3), and two-year averages of hospitalizations that occurred in the service area during 2007 and 2008

To assist with providing context to the service area senior demographics, key statistics are compared to Los Angeles County for 2010 in the table below. Of note, in comparison to Los Angeles County, the service area has a *higher* proportion of:

- Persons age 65 years and older
- Households headed by seniors 65 years and older
- Senior households with an income of \$25,000 and over

Senior Demographic Highlights

Methodist Hospital Service Area Compared to Los Angeles County

2010

Description	Service Area	Los Angeles County
Age Group (Percent)		
65 to 74 Years	6.6%	5.9%
75 to 84 Years	4.2%	3.5%
85 Years and Older	2.2%	1.6%
Total 65 Years and Older	13.0%	11.0%
Households by Age of Head of Household (Percent)		
Headed by Seniors 65 Years and Older	20.7%	18.4%
Seniors Households by Income Group (Percent)		
Under \$15,000	14.9%	19.4%
\$15,000 to \$24,999	15.0%	15.3%
\$25,000 to \$74,999	44.1%	39.8%
\$75,000 and Over	26.0%	25.4%

Note: Percentages rounded

Source: Nielsen Claritas

When comparing senior health indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to health access for: flu shot received in past year; and related to health behaviors for: healthy weight, obese, moderate/vigorous physical activity, diagnosed with diabetes, and diagnosed with high blood pressure. The SPA experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Senior Health Indicators

Los Angeles County Service Planning Area 3 – San Gabriel Valley

2007

Indicator	Age Group	Healthy People 2010 Objective		SPA 3 San Gabriel Valley	
		Good	Target Rate	Rate	Status
Health Access					
Flu Shot Past Year	65+	↑	90%	68%	
Health Behaviors					
Healthy Weight	65+	↑	60%	43%	
Obese	65+	↓	15%	21%	
Moderate or Vigorous Physical Activity	65+	↑	50%	35%	
Diagnosed with Diabetes	65+	↓	2.5%	22.3%	
Diagnosed with High Blood Pressure	65+	↓	16%	62%	
Currently Smoke Cigarettes	65+	↓	12%	8%	

Note:  Indicates that the Healthy People 2010 objective is to reduce;  indicates that the objective is to increase

Source: UCLA Center for Health Policy Research

When comparing hospitalization rates for ambulatory care sensitive conditions among seniors in the hospital service area to Healthy People 2010 objectives, the service area did not meet the objective for: hip fractures in females. The hospital service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Hospitalization Rates for Ambulatory Care Sensitive Conditions

Methodist Hospital Service Area

Two-Year Average (2007 – 2008)

Health Condition	Age Group	Healthy People 2010 Objective		Methodist Hospital Service Area	
		Good	Target Rate	Rate	Status
Congestive Heart Failure	65 to 74	↓	6.5	4.4	
	75 to 84	↓	13.5	10.5	
	85+	↓	26.5	18.1	
Hip Fractures in Females	65+	↓	416.0	723	
Hip Fractures in Males	65+	↓	474.0	345	

Notes:

↓ Indicates that the Healthy People 2010 objective is to reduce

Rates for congestive heart failure are per 1,000 population

Rates for hip fractures are per 100,000 males or females

Source: Office of Statewide Health Planning and Development

Community Consultation

The community consultation include dedicated questions in a 500-household survey regarding health education and screening programs conducted in August 2010 and two community conversations held in Duarte and San Gabriel (in April and June 2011). Results and findings are summarized below.

- 500-household telephone survey conducted in August 2010, including four dedicated questions regarding interest in community health education and screening programs:
 - Within the past year, have you personally attended any kind of health education program or class or a health screening?
 - How likely would you be to attend a health education program – for no charge – about: Heart health? Diabetes care? Obesity or being overweight? Good nutrition? Cancer prevention and treatment? Stroke prevention and treatment?
 - How likely would you be to attend a health screening – at no charge – for: Prostate cancer (males)? Breast cancer (females)? Cervical cancer or a pap smear (females)? Skin cancer? Blood pressure? Body fat measurement? Cholesterol levels? Glucose or blood sugar levels?
 - What day of the week is best for you in terms of possibly attending a health education program, class or screening? What time of day is best for you in terms of possibly attending a health education program, class or screening (mornings, afternoons, or evenings)?

- Community conversation held April 27, 2011 in Duarte at the Duarte Community Center. Thirty five percent of the 17 registered participants attended this session. Questions discussed included:
 - In general, how would you describe the health of the people living in this community?
 - What are the most pressing/persistent health issues in the community?
 - Are there any children-specific health issues, needs or concerns in this community? If so, what are they?
 - What health care resources are available to people who live in this community?
 - What keeps people from using the full array of existing community health care resources?
 - What health care resources are not in this community that you think should be here?

- Community conversation held June 11, 2011 in San Gabriel at the San Gabriel Library. Twelve participants attended the community conversation. Questions posed were:

- In general, based on what you see, hear about or know from experience, how do you describe the health of people living in San Gabriel?
 - Based on what you see, hear about, or know from experience, what are the health concerns in San Gabriel?
 - Based on what you see, hear about, or know from experience, what health care resources are available in San Gabriel?
 - Based on what you see, hear about, or know from experience, what keeps people in San Gabriel from accessing San Gabriel-based health care resources?
 - Based on what you see, hear about, or know from experience, what health care resources should be in San Gabriel that aren't presently here?
 - What would the ideal healthy San Gabriel look, act or feel like?
- According to those participating in the telephone survey in August 2010:
 - 17% of survey participants reported that they personally attended a health education program, class or screening in the past year
 - Cancer prevention and good nutrition were the leading education programs in terms of potential consumer interest
 - Interest was highest for attending breast cancer and cervical cancer screenings
 - There was no obvious day of the week or time of day that is most convenient to attend education and screening programs

According to those attending the Duarte community conversation:

- People are healthy when they regularly get their medical checkups and access health services, eat healthy, exercise, practice good hygiene, and have good physical appearance
- The most persistent health issues in the community are: cancer, especially lung cancer due to increased tobacco use; lack of dental insurance, vision, regular checkups, eating properly, affording health care given large out-of-pocket costs and copayments
- Child-specific concerns include youth access to tobacco, vision and glasses, dental, and school nurses with too many students to care for given their limited schedules; parental involvement may be limited due to working parents
- Though participants identified some health care resources in the broader community, most felt that there were limited resources for low income persons
- Duarte residents may not use local resources due to: fear (sometimes of the health findings or fear of not having enough money for care), income, cultural barriers and beliefs, language, transportation, lack of information, poor linkages to resources, assistance received at local pharmacies and health food stores

According to those attending the San Gabriel community conversation:

- The most common health concerns in the community are: obesity and sedentary lifestyle, diabetes, mental health (e.g., stress, depression and family issues), lack of knowledge about available services and facilities, and use of health supplements, especially by Chinese immigrants
- Child-specific concerns include school lunch as a contributing factor to obesity and overweight children
- Available health care resources in the San Gabriel area are Herald Christian Health Center, Tzu Chi free clinic in Alhambra, and county clinics such as those available at LA County USC Medical Center, mental health clinics such as Asian Pacific Counseling Center, emergency services and transport to local hospital, regular checkups for those with insurance including Medicare and Healthy Families
- San Gabriel residents may not use available health care resources due to: lack of health insurance, language barriers, and transportation
- Health care resources that are not currently located in San Gabriel, but should be located in the community include: clinics that are accessible via transit and provide culturally sensitive services
- A healthy San Gabriel would be smoke-free, without obese children and adults, restaurant menus listing calorie counts, have more health clinics, and the availability of a community garden for children to learn to grow vegetables and eat healthy

Section 4: Community Benefits Planning Process and Objectives

Following completion of the 2010 community needs assessment, Methodist Hospital continued to develop programs and services in response to identified community needs, in view of the hospital's mission and expertise. To prepare this benefits plan, the hospital continued to distribute a Community Activity Form to staff in all hospital departments. The activity form records information regarding the name of the event coordinator, department, cost center, event/project, date of event, location of event, services provided, number served, estimated costs of supplies, advertising, food and other; revenues received such as from fees, donations, or sponsorships, and number of hours contributed by staff, physicians, and hospital volunteers. In addition, Finance provided information on public insurance program shortfalls, charity care, average hourly rate, and some cost center and department specific data. The following departments provided information and/or completed Community Activity Forms: Finance, Community Outreach, Cancer Center, Maternal Child Health, Senior Services, Health Ministries, Pastoral Care, and Marketing and Public Relations. Prior to submittal of the community benefits plan to the Office of Statewide Health Planning and Development, the Community Benefits Plan was reviewed and approved by Methodist Hospital senior management.

During Fiscal Year 2013, Methodist Hospital pursued the following objectives:

1. To continue to increase access to health care services for the community.
2. To continue to provide health education, support, and screening services for the public based on important health concerns, such as maternal child health, heart disease, cancer, and diabetes.
3. To continue to provide health education, support, and screening services for seniors through a dedicated 50+ Health Connection Program.
4. To continue to provide health education and training, information, and resources for member congregations through a Health Ministries Program.

On an annual basis, Methodist Hospital will monitor and report measures of plan progress. See **Section 5: Community Benefits Plan Update** for a description of programs and services provided by the hospital in support of each of these objectives.

Section 5: Community Benefits Plan Update

This section includes a description of programs and services provided by Methodist Hospital and key measurements of outcomes accomplished in Fiscal Year 2013. Programs and services are organized in response to the four priority objectives identified in **Section 4**.

Access to Health Care Services

Methodist Hospital community benefit services include: operating a 26-bed emergency department 24-hours a day¹ (47,086 visits), providing charity care for patients without the ability to pay for necessary treatment (675 patients served), absorbing the unpaid costs of care for patients with Medi-Cal (11,909 patients served), and absorbing the unpaid costs of care for patients with Medicare (18,763 patients served).

Given the importance of providing expert care in the community, Methodist Hospital operates several essential hospital services at a financial loss: a Level II Neonatal Intensive Care Unit, a complete Maternal Child Health program, Cardiac Rehabilitation, and Radiation Therapy services.

To assist low-income pregnant women with their maternal care, Methodist Hospital offers a Comprehensive Prenatal Services Program (CPSP). Care is provided at Methodist Hospital Women's Clinics in either Arcadia or Duarte. A multidisciplinary team of physicians, nurse practitioners, registered nurses, comprehensive perinatal health workers, social workers, registered dietitians and health educators work with expectant moms. In Fiscal Year 2013, a total of 1,955 women were served through the CPSP.

To assist area residents with finding a physician, Methodist Hospital offers a free Physician Referral Service. Residents may choose to telephone 1-888-388-2838, a dedicated physician referral center (average of 160 callers a month in Fiscal Year 2013); search for a physician on the hospital web site (average of 765 profile clicks a month), or call a dedicated Chinese Hot Line to receive a referral. Physician referrals are fulfilled based on physician specialty, location, gender, language, and office hours; and insurance (including Medi-Cal and senior health insurance plans).

¹ The emergency department is approved for pediatrics and designated as stroke receiving center and STEMI receiving center by Los Angeles County Emergency Medical Services.

Health Education, Support and Screening

In Fiscal Year 2013, Methodist Hospital offered health education and information, support, and screening services for the public in many different specialties, including maternal child health, heart disease and stroke, cancer, and diabetes. These services were available through attending community programs, the hospital website (includes a calendar of events, list of hospital services, and a health encyclopedia), and hospital mailers distributed to targeted households locally.

Methodist Hospital's obstetrics service features nine labor/delivery/ recovery suites, four labor rooms, two operating rooms, four post-anesthesia care beds, a 24-bed couplet care unit designed for Family Centered Care featuring twenty private rooms and two semi-private rooms, a newborn nursery, and a 17-bed Level II Neonatal Intensive Care Unit. A comprehensive offering of free maternity orientations/tours and nominally priced classes is offered year-round, with classes in English, Spanish, and Mandarin. In Fiscal Year 2013, class offerings included 2-hour afternoon and evening maternity orientations and tours (752 persons attended), 90-minute Big Brother and Big Sister classes (69 adults and 66 children attended), 3-hour breastfeeding classes (211 persons attended), 3-hour baby care basics (217 persons attended), 2-hour Happiest Baby on the Block classes (124 persons attended), 12-hour Prepared Childbirth (Lamaze) class offered over a four-week period or over two weekend days (389 persons attended), and 3-hour Tot CPR for Family and Friends (252 persons attended). For convenience and ease, pre-registration is available and can be accessed through the hospital web site. In addition, Maternal Child Health staff provided 236 hours of phone consultation regarding lactation services in Fiscal Year 2013.

Methodist Hospital's highly specialized cardiac services include the availability of a cardiac care team 24-hours a day, seven days a week; dedicated handling of STEMI patients in the hospital's emergency department, three cardiac catheterization laboratories where physicians perform coronary angioplasty, pacemaker and AICD insertion, and carotid artery stenting; open-heart surgery and valve replacements in two dedicated operating rooms, specialized care in one of four intensive care units — medical intensive care, coronary care, surgery patient care, and respiratory care, and inpatient and outpatient cardiac rehabilitation programs. Recently, Methodist Hospital organized a “Mended Heart” program for heart patients and their caregivers. Patients and caregivers who have had experience or have been diagnosed with heart problems such as bypass,

heart failure, stent procedures, high blood pressure and stroke, meet and share their experiences, anxieties, and concerns in a light-hearted atmosphere and have fun social activities to aid in recovery. In Fiscal Year 2013, 60 persons participated in the Mended Heart support group. In recognition of the importance of convenient and accessible blood pressure testing, Methodist Hospital offered blood pressure screenings on a monthly basis at scheduled times at the Monrovia Community Center, Arcadia Community Center and Sierra Madre Hart Park House; and continued to sponsor a Heart Check Center™ free blood pressure testing kiosk display at the Westfield Santa Anita Mall in Arcadia, serving approximately 150 mall visitors each day. In addition, staff at Methodist Hospital provided blood pressure testing at various community events throughout the year, including Mt. Wilson Trail Race on May 24 (326 persons attended), Men Educating Men at Pasadena Community College on June 8 (20 persons attended), Sierra Madre Health Fair on September 21 (21 persons attended), Arcadia Park on September 22 (125 persons attended), Walk from Obesity at the Arboretum on October 5 (125 persons attended), and La Salle High School on October 5 (17 people attended).

Methodist Hospital offers a wide complement of oncology services, including early detection cancer screenings, surgery, chemotherapy, reconstructive surgery, pain management, and support. During the course of the year, Methodist Hospital held a variety of workshops, support groups, and events to raise awareness and assist those with cancer. Methodist Hospital offered breast cancer survivor workshops in partnership with Susan G. Komen, known as The Year Beyond (six-week survivorship series incorporate support, exercise, and education and are highly rated by those who participate). The Year Beyond workshops held in February and October served 19 women. Look Good, Feel Better (helps female cancer patients currently in treatment learn to mitigate the appearance-related side effects of chemotherapy and radiation), in conjunction with the American Cancer Society, held in February, April, June, and August, served 26 women. Other programs and services held in community settings during the course of Fiscal Year 2013 included: talk on cancer prevention strategies held at Arcadia High School On March 5 (70 persons served), Komen Race for the Cure held on March 23 (2,000 persons served), Relay for Life – Arcadia on June 15 (60 persons served), Relay for Life – Monrovia on June 22 (40 persons served), Silver Saturday on October 5 (60 persons served), Breast Cancer Awareness month event on October 25 (130 persons served), and Southern California Women's Health Conference on November 1 (1,500 persons served).

To assist those with diabetes — Type 1, Type 2, gestational diabetes and hypoglycemia (impaired glucose tolerance) — Methodist Hospital offered specialized classes in Fiscal Year 2013. A free diabetes management class (4-week series for two hours each session), offered monthly, and taught by a team that includes a registered nurse, diabetes educator, registered dietitian, and a physical therapist, discussed topics such as eating and diabetes, exercise, blood glucose monitoring, medications, and prevention of complications. In Fiscal Year 2013, attendee received 792 program hours – in English, Spanish, and Mandarin – at various San Gabriel Valley locations. In addition, Methodist Hospital offered its Sweet Success Program for pregnant women who are diabetic and those who develop gestational diabetes, serving 170 women through individual consultation with a registered dietitian in Fiscal Year 2013. Staff also delivered presentations on diabetes-related topics in community settings throughout the year, serving 345 persons.

With grant support from The California Endowment, Methodist Hospital offered a Fit Kids two-hour education program at schools located in Arcadia, El Monte, Rosemead, San Gabriel, and Temple City. During the school year, staff from the hospital offered the program at 18 schools, serving 595 school-age students. Students were taught about nutrition, including healthy eating and healthy snacks and portion sizes; fitness, and exercise.

Dedicated Services for Seniors

To meet the needs of active, older adults, Methodist Hospital offers a 50+ Health Connection program. This program allows members to enjoy the following services and benefits: free health education classes, screenings, and physician referrals as well as free insurance counseling including Medicare, Medicare Supplemental, and HMO information. In Fiscal Year 2013, there were 5,563 active members of 50+ Health Connection, ranging in age from fifty to ninety years. Of note, to maximize Senior Services resources, volunteers in the department actively manage the member database, eliminating names of those who have moved out of the area or area or are no longer living independently in their homes.

In Fiscal Year 2013, Methodist Hospital, in collaboration with the Arcadia Community Center hosted eight events, with physicians and other health care professionals addressing a variety of topics, including: back pain (held on January 22 and attended by 147 persons); heart disease (held on February 26 and attended by 140 persons); diabetes (held on March 19 and attended by 90 persons); healthy hands (held on April 23 and attended by 125 persons); nutrition (held on June 25 and attended by 250 persons); skin (held on July 16 and attended by 125 persons); healthy aging (held on September 24 and attended by 110 persons); and incontinence (held on October 22 and attended by 175 persons). In advance of these events, Methodist Hospital Senior Services mailed five Save the Date reminder cards, announcing upcoming events, including dates and times, locations, and program descriptions.

In addition, staff from the Senior Services Department participated in various community events during the year, including Veterans End of Life Coalition (held on April 17 and attended by 75 persons), 50+ Community Resources Fair (held on May 3 and attended by 150 persons), Death and Dying conference (held on October 10 and attended by 80 persons), Wellness in the Park event (held on September 21 and attended by 200 persons), and Medicare changes and the Affordable Care Act (held on November 19 and attended by 45 parish nurses)

Health Ministries Program

Methodist Hospital's Health Ministries (Parish Nurse) program develops and supports holistic health programs in faith communities. Now in its 17th year (since 1998), Methodist Hospital provides free education and training, information and resources in the areas of wellness promotion and disease prevention to improve the health of our community. Using "signed contracts" with each faith community, Methodist Hospital:

- Provides assistance and consultation in organizing health cabinets (ministries) in each congregation and conducting a health needs assessment of the congregation
- Offers training and ongoing education for parish nurses (who are volunteers that have the support from the religious leaders of the congregations), clergy, health cabinet members, and faith community members
- Provides resources (such as blood pressure cuffs and other basic equipment), speakers, and written materials to support the Health Ministries program
- Assists with the coordination of health education, screening programs, health fairs, and immunization clinics
- Provides referrals to health care providers and community resources

In Fiscal Year 2013, Methodist Hospital continued its formal Health Ministries program with eight churches, including: Holy Angels Catholic Church (located in Arcadia), St. James United Methodist Church (Pasadena), St. Phillip the Apostle Catholic Church (Pasadena), First United Methodist Church (Temple City), Faith United Methodist Church (Temple City), Mission Community United Methodist Church (Rosemead), True Light Presbyterian Church (Alhambra); and Westminster Gardens, a retirement community located in Duarte. The programs have 11 volunteer Faith Community nurses. In addition, Methodist Hospital has a relationship with five "limited" partners (there is no parish nurse commitment), providing education and information to the member churches and organizations. The hospital offered six health-related luncheon programs with a total attendance of 350 persons.

In Fiscal Year 2013, the Director of Spiritual Care at Methodist Hospital conducted a weekend Health Ministries Retreat in January, hosted four Health Ministries meetings, open to all congregations and health cabinets in March, May, October, and November; and one meeting of faith community nurses. In addition, the Director of Spiritual Care conducted a weekly grief support

group, a monthly community support group called Dandelion Wishes, consultations with churches, speaking engagements at various community settings, and facilitated a supervisory peer group of students from other centers.

Section 6: Economic Value of Community Benefits

In Fiscal Year 2013, the economic value of community benefits provided by Methodist Hospital is estimated at **\$41,262,124**. **Table 6.1** summarizes the unreimbursed costs of these community benefits according to the framework specifically identified by Senate Bill 697:

- Medical care services
- Other benefits for vulnerable populations
- Other benefits for the broader community
- Health research, education, and training programs

**Table 6.1: Estimated Economic Value of Community Benefits Provided by Methodist Hospital
Fiscal Year 2013**

Senate Bill 697 Category	Programs and Services Included	Unreimbursed Cost¹
Medical Care Services	Medi-Cal Program Shortfall ²	\$18,922,026
	Medicare Program Shortfall ²	\$10,470,510
	Charity Care ³	\$5,666,391
	Emergency Department Care of the Uninsured	\$2,408,084
	Services that meet a Community Need and Operate at a Loss, including NICU, Maternal Child Health, Cardiac Rehabilitation, and Radiation Therapy	\$1,189,870
Other Benefits for Vulnerable Populations	CPSP Clinics in Arcadia and Duarte and Assistance to Patients without Financial Resources	\$603,454
Other Benefits for the Broader Community	Community Outreach, Health Ministries Program, Senior Services, Health Information and Education, Support and Screenings, Physician Referral Program, and Lactation Services	\$513,697
Health Research, Education, and Training Programs	Clinical Pastoral Education, Health Professions Education, and Grant Writing for Community Benefit Programs	\$729,193
-	GRAND TOTAL	\$41,262,124

¹ Unreimbursed costs for the Senate Bill 697 categories - other benefits for vulnerable populations, other benefits for the broader community and health research, education and training programs - may include an hourly rate for labor (plus benefits), other expenses such as purchased services, food, supplies, other direct expenses and rooms.

² Medical care services provided to Medicare and Medi-Cal beneficiaries result in shortfalls for the hospital. The method for determining these shortfalls is based on actual costs as calculated by a cost accounting system. The costs are subtracted from the payments received from Medicare or Medi-Cal.

³ Costs are also calculated by a cost accounting system. Actual cost is subtracted from any payments received from either public or private insurance payors or patients.

Section 7: Process for 2013 Community Health Needs Assessment

The 2010 Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act (ACA), requires non-profit, tax exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years to analyze and identify the health needs of their communities and to develop an implementation strategy to meet priority identified health needs. In addition, Senate Bill 697, Community Benefits legislation, requires California non-profit hospitals to conduct a community needs assessment every three years and prepare and adopt an annual community benefits plan, in response to identified health needs. In preparation of the 2013 CHNA Methodist Hospital completed the following steps:

- Confirm Methodist Hospital's service area for purposes of the CHNA
- Analyze secondary data – including population, household, and family demographics; and health access, health status and health behaviors for the total population and three broad age groups – for the service area and/or Service Planning Area 3 – San Gabriel Valley
- Compare secondary data findings to Los Angeles County and health benchmarks known as Healthy People 2020
- Consult with representatives of community and public organizations regarding important health needs in the area
- Identify community health needs by combining the results of the analysis of the secondary data with the results of the community input
- Prioritize identified community health needs based on established criteria
- Identify significant priority health needs for Methodist Hospital, based on review and discussion of the 2013 CHNA, as: health conditions, including heart disease, stroke, diabetes, and cancer; access to health services for adults, and senior health, including flu shots and high blood pressure
- Prepare a three-year Implementation Strategy (2014 – 2016), including goals, planned actions, anticipated impact, and plan to evaluate actions for these three significant priority health needs
- Board of Directors approves the 2013 CHNA and Implementation Plan
- 2013 CHNA (including listing of community resources for significant priority health needs) and Implementation Strategy posted on website for public

Methodist Hospital's 2013 Community Health Needs Assessment and Implementation Strategy are available on the hospital website at <http://www.methodisthospital.org>