COMMUNITY BENEFIT REPORT AND PLAN

2020

Submitted to:

The Office of Statewide Health Planning and Development
Healthcare Information Division
Accounting and Reporting Systems Section
November 2020

8700 Beverly Blvd., Los Angeles, CA 90048
Cedars-Sinai’s role as a nonprofit academic medical center encompasses a breadth of community benefit activities that reflect a longstanding commitment to helping those in greatest need. Cedars-Sinai spent $671,644,000 in FY 2020 on services and programs that increase access to medical care for individuals and families who live in poverty, are uninsured or underinsured, enabling people of all ages to lead healthier lives.

Cedars-Sinai provides a complete spectrum of medical services and is considered one of the leading specialty referral centers for the region. In addition to inpatient care in all major specialties, Cedars-Sinai offers a broad range of services to meet patient needs along the continuum of care. Cedars-Sinai is a Level I trauma hospital and is one of 15 trauma hospitals within the County. It is of great importance to our community. A multitude of departments throughout the hospital provide continuous readiness and excellent care, all of which contribute in a significant way to saving the lives of our trauma patients.

In fiscal year 2020, Cedars-Sinai counted over 165,000 hospital-based patient discharges – both inpatient and outpatient - for individuals who receive care through Medi-Cal (California’s Medicaid insurance program) or through dual eligibility, that is, insurance that deems individuals eligible for both Medicare and Medi-Cal. 38.6% of Cedars-Sinai’s Medicare population are dual eligible - insured through both Medicare and Medi-Cal based on financial indigency. This places Cedars-Sinai in the highest tier of hospitals with respect to patients who have elevated social needs and higher risk for readmission. Additionally, Cedars-Sinai cares for more elderly patients than any other hospital in California as the largest Medicare provider in the state. These patients often have multiple, complex illnesses requiring highly specialized care. In total, 46% of Cedars-Sinai’s patient population is eligible for either Medicare or Medi-Cal based on total patient discharges.

Community Benefit includes the unreimbursed cost of caring for Medi-Cal and Medicare patients; hundreds of programs including free community education, mental health services, preventative screening and immunization programs; research focused on advancing population health and improving healthcare delivery; and training that helps alleviate the nation’s shortage of healthcare professionals.

Cedars-Sinai is one of the largest nonprofit academic medical centers in the U.S., with 889 licensed beds, over 2,500 physicians on medical staff, more than 2,700 nurses and thousands of other healthcare professionals, staff and volunteers. In addition, Cedars-Sinai serves the community through a medical network committed to seamless coordination of patient care between primary and specialty physicians.

Cedars-Sinai is an academic medical center with a world-renowned faculty and extensive, highly competitive training programs for residents and fellows in more than 80 specialty and subspecialty areas. Medical education has been a core mission of the
Medical Center since its inception. Our commitment is to provide graduate medical education programs that enable physicians in training to develop personal, clinical and professional competence under the guidance and supervision of the faculty and staff. We also provide advanced research training for postdoctoral scientists, programs that enable nurses to develop specialized skills and advance in their careers, and training for allied health professionals such as clinical laboratory scientists. Learning takes place in the most advanced facilities in the world with state-of-the-art simulation and training equipment and the latest medical technology. Medical residency programs include:

- anesthesiology
- diagnostic Radiology
- general surgery
- internal medicine/primary care pathways
- neurologic surgery
- neurology
- obstetrics and gynecology
- orthopaedic surgery
- otolaryngology
- partnerships for pediatric training
- pathology and laboratory medicine
- podiatric surgery
- radiation oncology
- thoracic surgery
- urology

As a global leader in medical research and care, Cedars-Sinai generates lifesaving discoveries that benefit patients suffering from heart disease, brain disorders, cancer and innumerable other conditions. Cedars-Sinai also pioneers research that improves the quality, safety and efficiency of healthcare delivery. The more than 2,000 active research projects currently underway encompass basic, translational, clinical and health services research. Scientific leaps forward include using cardiac stem cells to repair damaged hearts, developing a vaccine to fight the most aggressive malignant brain tumors and developing more effective anti-cancer drugs aimed at specific molecular targets.

Cedars-Sinai is ranked nationally as one of the 10 best hospitals in the United States, according to U.S News & World Report’s "Best Hospital 2020-2021." Cedars-Sinai ranked No. 7 in a select group of 20 Honor Roll hospitals. Six medical specialties ranked #1 in the West and 12 medical specialties were ranked nationally in the U.S. News annual rankings. Cedars-Sinai’s Heart Transplant Program and Structural Heart Program were ranked #1.
The clearest demonstration of Cedars-Sinai’s commitment to its community is the involvement and dedication of the Board, Executive Management, physicians and staff in community benefit. Community benefit activities are delivered throughout Cedars-Sinai departments, with many specialists contributing their expertise in specific areas.

The Cedars-Sinai Board of Directors provides organizational leadership in fostering Cedars-Sinai’s commitment to community benefit. Cedars-Sinai’s Community Benefit Committee – a standing committee of the Board of Directors – functions as an oversight and policy-making body for Cedars-Sinai’s community benefit commitments, efforts and strategic alignment with community needs. Community Benefit Committee members meet quarterly to review the status and progress of Cedars-Sinai’s community benefit services, programs and activities. Additionally, Community Benefit Committee members assure organizational compliance with relevant community benefit legislation. The Community Benefit Committee is chaired by a member of the Board of Directors. Its membership is made up of Directors, as well as members of the Cedars-Sinai Board of Governors.

Cedars-Sinai’s commitment to improve the health of the community – the fourth leg of Cedars-Sinai’s mission – has been fully integrated into the governance, executive management and system-wide goals of the organization. Senior management plays a key leadership role in supporting community benefit and allocates significant human and financial resources to this end. The following community benefit oversight responsibilities within the organization are as follows:

**Executive Committee of the Board of Directors**
- Reviewing and approving the Community Benefit Update and Plan annually
- Reviewing and approving the Community Health Needs Assessment and Implementation Strategy every three years

**Community Benefit Committee (Board Committee)**
- Engage in Ongoing Committee Education
- Approve Legally Required Community Benefit Documents
- Affirm Community Benefit Priorities
- Advise on Community Benefit Systems and Processes
- Advise on Community Benefit Program Evaluations
As a leading nonprofit academic medical center, Cedars-Sinai serves patients from the local community as well as from throughout the nation and the world. Most patients come from Southern California, within approximately 10 miles of the Medical Center. The population characteristics below describe Cedars-Sinai’s Community Benefit Service Area. The Community Benefit Service Area includes large portions of Service Planning Areas (SPAs) 4 (Metro), 5 (West) and 6 (South), and a smaller portion of SPA 8 (South Bay) in Los Angeles County. The Community Benefit Service Area includes 52 zip codes, representing 25 cities or neighborhoods. To determine the Community Benefit Service Area, Cedars-Sinai takes into account the zip codes of inpatients discharged from the hospital; community need based on the Community Health Needs Assessment process; and long-standing community programs and partnerships.

### Population Characteristics

<table>
<thead>
<tr>
<th>Population Characteristics</th>
<th>Cedars-Sinai Community Benefit Service Area</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population (# of persons)</td>
<td>1,814,274</td>
<td>10,057,155</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>49%</td>
<td>48%</td>
</tr>
<tr>
<td>White</td>
<td>20%</td>
<td>27%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>18%</td>
<td>8%</td>
</tr>
<tr>
<td>Asian</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>2+ Races</td>
<td>2.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>22%</td>
<td>27%</td>
</tr>
<tr>
<td>18-24</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>25-64</td>
<td>56%</td>
<td>56%</td>
</tr>
<tr>
<td>65+</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Socioeconomic Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families in poverty</td>
<td>26%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Data Sources: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. [http://factfinder.census.gov](http://factfinder.census.gov)
IV. ASSESSING COMMUNITY NEEDS

Cedars-Sinai conducted a state and federally-mandated Community Health Needs Assessment (CHNA). This legislation requires hospitals to assess and prioritize the health needs of the communities they serve; and develop plans and implementation strategies to address health focus areas. The most recent CHNA was completed in 2019. The data below is a summary of Cedars-Sinai’s 2019 CHNA.

Community Benefit Service Area: CHNA 2019

Cedars-Sinai is located at 8700 Beverly Boulevard, Los Angeles, California 90048. The Community Benefit Service Area includes large portions of Los Angeles County Service Planning Areas (SPAs) 4 (Metro), 5 (West) and 6 (South), and a smaller portion of SPA 8 (South Bay). The Community Benefit Service Area includes 52 zip codes, representing 25 cities or communities.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Cedars-Sinai board of directors in May, 2019. The Implementation Strategy was adopted by the Cedars-Sinai board in September, 2019.


Written comments on this report can be submitted through Cedars-Sinai’s “Send a Message to the Community Team” web page: https://www.cedars-sinai.org/community/send-a-message.html

Methodology: Data Collection

Secondary Data Collection

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, health behaviors, mental health and substance abuse and preventive practices. Analyses were conducted at the most local level possible for the Community Benefit Service Area, given the availability of the data.

Sources of data include Nielsen Claritas accessed through the Healthy Communities Institute, the U.S. Census American Community Survey, the California Health Interview Survey, the California Department of Public Health, the California Employment Development Department, the Los Angeles County Health Survey, the Los Angeles Homeless Services Authority, the Uniform Data System, the National Cancer Institute, the California Department of Education, and others. When pertinent, these data sets are presented in the context of Los Angeles County and California State, framing the scope of an issue as it relates to the broader community.

Primary Data Collection

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. Primary data were obtained through interviews with 39 key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or
organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources. Given shared service areas, Cedars-Sinai partnered with UCLA Health, Kaiser Foundation Hospital-West Los Angeles and Providence St. John’s Health Center to conduct the interviews.

**Identification and Prioritization of Significant Health Needs**

The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

The community stakeholders were then asked to prioritize the significant health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided and resulted in an overall average for each health need. Among the interviewees, mental health, housing and homelessness, and substance use and misuse were ranked as the top three priority needs in the service area. A brief description of the significant health needs follows listed in priority order:

<table>
<thead>
<tr>
<th>Priority Ranking</th>
<th>Health Need</th>
<th>Summary Data</th>
</tr>
</thead>
</table>
| 1                | Mental health                      | • In SPA 4, 9.4% of adults were determined to have likely experienced serious psychological distress in the past year. 7.2% of adults in SPA 5 and 8.7% of adults in SPA 6 experienced serious psychological distress in the past year.  
• Among those who sought mental/emotional help, SPA 5 residents (65%) were more likely to receive help than those in SPA 4 (54.4%) and SPA 6 (54.7%).  
• Stakeholders noted that there continues to be a stigma associated with mental health care, which decreases access to needed services. |
| 2                | Housing and homelessness           | • Data from the annual Greater Los Angeles Homeless Count show a large increase in homelessness from 2015 to 2018.  
• Among the homeless population, 31.7% in SPA 4, 26.3% in SPA 5 and 22.6% in SPA 6 are chronically homeless.  
• Stakeholders noted there is not an adequate supply of housing. “Even if we had the supply, many don’t have the means to live here. For some a financial set back would likely put them on the street. They live in a very tenuous situation. People who are forced to spend too much of their income on housing, live in substandard housing, live in garages, live six to a room, it is a crisis.”  |
| 3                | Substance use and misuse           | • In SPA 4, 20% of the population has misused prescription drugs. 21% of SPA 5 residents and 18% of SPA 6 residents have misused prescription drugs.  
• In SPA 4, 13.9% of adults smoke cigarettes. 9.9% of SPA 5 adults smoke and 13.6% of adults in SPA 6 smoke. SPA 4 and SPA 6 rates of smoking do not achieve the Healthy People 2020 objective (12%).  
• 8.8% of teens in SPAs 4, 5, and 6 have tried an e-cigarette. |
<table>
<thead>
<tr>
<th>Priority Ranking</th>
<th>Health Need</th>
<th>Summary Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• A stakeholder commented there is so much media coverage about opioid use but there are many other issues that need attention too. It’s eclipsing other issues like meth and alcohol use.</td>
</tr>
</tbody>
</table>
| 4               | Access to health care               | • Health insurance coverage is a key component to accessing health care. The Community Benefit Service Area has 79.0% insurance coverage across all ages, which is lower than county (84.1%) and state (87.4%) rates of insurance coverage.  
• 92.8% of children in the Community Benefit Service Area are insured.  
• Community stakeholders commented there is not enough accessible health care. “Many times, people have to wait a very long time to see a doctor. Once they do get an appointment, the challenge is transportation. We’ve noticed the number one reason people tend to miss appointments is they lack transportation.” |
| 5               | Dental care                         | • 14.5% of children in SPA 4, 24.5% in SPA 5 and 13.3% of children in SPA 6 have never been to a dentist.  
• 40.3% of adults in SPA 4, 28.9% of adults in SPA 5 and 56.9% of adults in SPA 6 have not obtained dental care in the past year.  
• Stakeholders noted dental care is one of the health services that is challenging to access or missing in the community. |
| 6               | Diabetes                            | • Diabetes is the fourth leading cause of death in the Community Benefit Service Area.  
• Among adults in SPA 4, 10.1% have been diagnosed with diabetes, 6.3% in adults in SPA 5, and 12.7% of adults in SPA 6 reported they have been diagnosed with diabetes.  
• Stakeholders noted that a lack of healthy food, medications and safe neighborhoods make it difficult to effectively manage chronic diseases such as diabetes. |
| 7               | Preventive practices                | • The Healthy People 2020 objective is 70% of the population to receive a flu shot. 38.4% of SPA 4 adults, 45.8% of SPA 5 adults and 30.3% of SPA 6 adults received a flu shot.  
• The Healthy People 2020 objective for mammograms is that 81.1% of women, ages 50–74 years, have a mammogram in the past two years. In SPA 4, 78.5% of women in the target demographic have had a mammogram in the past two years. 82% of SPA 5 women had the required mammogram, and 77.6% of women in SPA 6 had a mammogram. |
| 8               | Heart disease and stroke            | • Heart disease is the top leading cause of death in the Community Benefit Service Area and stroke is the third leading cause of death.  
• A co-morbidity factor for heart disease is hypertension (high blood pressure). In SPA 4, 27.7% of adults are diagnosed with high blood pressure. 24.3% of adults in SPA 5 and 32.7% of adults in SPA 6 have been diagnosed with high blood pressure. |
<p>| 9               | Overweight and obesity              | • 33.7% of SPA 4 adults, 34.4% of SPA 5 adults and 36.3% of adults in SPA 6 are overweight. |</p>
<table>
<thead>
<tr>
<th>Priority Ranking</th>
<th>Health Need</th>
<th>Summary Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Cancer</td>
<td>• Cancer is the second leading cause of death in the Community Benefit Service Area. &lt;br&gt; Rates of newly diagnosed breast cancer ranged from a low of 79.3 per 100,000 women in City Council District 15 to a high of 193.5 in Beverly Hills. &lt;br&gt; Rates of newly diagnosed colon cancer ranged from a low of 31.5 per 100,000 persons in LA City Council District 15 to a high of 48.6 per 100,000 persons in West Hollywood.</td>
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<tr>
<td>11</td>
<td>Community safety (crime and violence)</td>
<td>• When asked whether they perceived their neighborhood to be safe from crime, 40.3% of SPA 6 adults felt safe from crime, compared to 84.0% of respondents countywide. 97.4% of adults living in SPA 5 felt safe from crime and 74.3% of SPA 4 respondents perceived their neighborhoods to be safe. &lt;br&gt; • Community stakeholders noted if a community doesn’t feel safe and secure it impacts residents’ health and well-being.</td>
</tr>
<tr>
<td>12</td>
<td>Food insecurity</td>
<td>• 30.5% of adult residents of SPA 5, 32% of SPA 4, and 32.4% of SPA 6 adults, living below 300% of the Federal Poverty Level, reported food insecurity. These are higher rates of food insecurity than found in the county (29.2%). &lt;br&gt; • A community stakeholder noted, “We live in a food desert. We do not have enough access to healthy food. There are plenty of liquor stores but not enough grocery stores and farmers markets.”</td>
</tr>
<tr>
<td>13</td>
<td>Sexually transmitted infections (STIs)</td>
<td>• Rates of STIs continue to rise. In the Community Benefit Service Area, SPA 6 has the highest area rate of Chlamydia (941 per 100,000 persons). SPA 4 has the highest area rates of Gonorrhea (400 per 100,000 persons), and early syphilis, which includes primary and secondary syphilis, and early latent (103 per 100,000 persons). &lt;br&gt; • Stakeholders noted there is insufficient funding for STI testing and treatment. “We have effective interventions for STIs but we lack resources.”</td>
</tr>
<tr>
<td>14</td>
<td>Asthma</td>
<td>• In SPA 4, 10.9% of the population has been diagnosed with asthma. In SPA 5, 13.1% of the population has asthma, and in SPA 6, 9.2% of the population has asthma. &lt;br&gt; • Among youth in SPA 4, 5.9% have been diagnosed with and currently have asthma, 6.7% of youth in SPA 5 have asthma, and 7.8% of youth in SPA 6 have asthma.</td>
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</tbody>
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Implementation Strategy: Health Focus Areas

Cedars-Sinai chose health focus areas, taking into account the capacity to impact community needs, the strength of community partnership organizations and the match with Cedars-Sinai’s organizational strategic planning efforts.

**Access to Care:**
Community Benefit efforts focus on increasing and supporting access to essential health care services for the underserved through direct programs and partnerships with local community-based organizations. Programs, partnerships and strategies address the following access-to-care priority health needs:

- Primary care
- Mental health
- Preventive care

**Chronic Disease:**
Community Benefit efforts focus on the prevention of chronic health conditions and their underlying risk factors. Programs, partnerships and strategies address the following priority health needs related to chronic disease:

- Cancer
- Cardiovascular disease
- Diabetes
- Overweight and obesity: healthy food choices and physical activity

**Homelessness:**
Community Benefit efforts focus on connecting people experiencing homelessness to community-based programs and services as well as building strategies to improve the health and housing stability of homeless individuals.

Cedars-Sinai’s wide-ranging efforts to improve the community’s health reflect a great deal of study and planning to determine how we can most effectively translate our commitment into action that will ensure a healthier future for those in greatest need. As part of the $671,644,000 Community Benefit contribution, Cedars-Sinai engages in a variety of approaches ranging from investing in capacity building in vulnerable communities to large scale provision of needed services.

The programs outlined below are highlights of Cedars-Sinai’s Directed Community Benefit programs, which are strategic investments implemented to meet specific community needs.
1. Healthy Habits

Cedars-Sinai’s Healthy Habits programs seek to reduce the risks and impacts of obesity in underserved communities. Children and families learn about healthy eating and physical activity through a wide range of education, capacity building and technical assistance programs run by trained health educators, reaching elementary school students, parents, and families in underserved communities. Healthy Habits programs include an evidence-based and evaluated curriculum for 2nd, 3rd and 4th grades, Healthy Habits for Families, Cooking Healthy Habits, Building Healthy Habits, Healthy Habits for Teachers, Step & Sweat walking clubs, Exercise in the Park, Grocery Store Tour, summer programs and school-wide events. Healthy Habits partners with 23 elementary and middle schools in the Mid-City neighborhood of Los Angeles and surrounding communities to provide programs.

Healthy Habits Accomplishments - Fiscal Year 2020:

- Taught 1,161 individual lessons/workshops for a total 25,019 participant encounters, including 3,804 elementary students through Healthy Habits programs in schools.
- Reached 268 parents from schools through Healthy Habits parent workshops and 89 individuals through Exercise in the Park.
- Continued the second consecutive year of graduate-level internship for public health (MPH) students. Six MPH students interned with Healthy Habits for over 2100 hours.
- Administered the Day in the Life Questionnaire (DILQ) electronically through web-based survey data collection, eliminating hours of manual data entry and improving response rates and accuracy.
- Collected additional DILQ data from prior to implementation of Healthy Habits to analyze long term behavior change in separate cohorts over 2nd, 3rd and 4th grades.
- Established four Step & Sweat walking clubs and a Zumba workout series that were self-led and maintained by parents and community members at partner school sites.
- Completed 4 Grocery Store Tours at local Los Angeles community grocery stores for community members and partners of Martin Luther King Community Hospital.
- Coordinated all-school events at partner schools including:
  - Fit Heart with the Los Angeles Rams at Charles H. Kim Elementary
  - Fit Heart with Los Angeles Clippers at Queen Anne Place Elementary
- Participated in events with community partners and partner schools:
  - LA’s BEST Family Health Festival
  - Community Resource Fair at 24th Street Elementary

Healthy Habits Measurable Impacts – Fiscal Year 2020:

After participating in Healthy Habits programs:
- 83% of second grade students are active for at least 30 minutes every day
- 91% of second grade students eat at least one serving of fruit every day
- 74% of second grade students eat at least one serving of vegetable every day
- 78% of elementary families do physical activity together as a family
- 75% of second grade students made a healthy snack
- 72% of parents in Healthy Habits for Families include foods from the five food groups in their daily meals
• 90% of parents in Healthy Habits for Families plan their meals in advance
• 90% of parents in Cooking Healthy Habits changed the way they prepare foods
• 95% of parents in Cooking Healthy Habits have tried the recipes in the workshop at home

COVID-19
• Assisted with LAUSD Grab & Go Community Food Centers, Johnnie L. Cochran Jr. Middle School and Robert F. Kennedy Community School, to provide support in food packaging and food distribution, serving 3,000-5,000 meals daily for both students and parents. Cedars-Sinai donated large reusable grocery bags were to Grab & Go sites, so walk up families were able to carry their meals home safely.
• Partnered with Cedars-Sinai’s Share & Care program to provide health education, physical activity, and mental health and wellness resource handouts to partner school sites and community sites during school closures.
• Partnered with Immanuel Presbyterian Church in Koreatown to assist with food sorting, packaging, distribution and multiple community projects servicing over 800 families per week.
• Pivoted elementary health education and physical activity programs to virtual platform and providing partner sites Healthy Habits curriculum virtually through Zoom.
• Established and implemented new adult virtual workshops around areas of direct need for community members during COVID-19 pandemic. Topics include: Public Housing, Public Charge, CalFresh, Food Access, Health, Wellness, and Mindfulness at Home.
• Developed new web-based videos for participants to access healthy recipes through Youtube.
• The popular summer community exercise program transitioned to Virtual Exercise in the Park, maintaining participation of over 45 individuals twice weekly, safely exercising in their homes. Group led exercises by the Healthy Habits team members include Zumba, kickboxing, yoga, and low impact aerobics.

Healthy Habits, Looking Forward - Fiscal Year 2021:
• Healthy Habits will complete year 2 of Hearst Foundation grant-supported internship program. Six graduate students from accredited public health programs will complete their internship with Healthy Habits.
• Develop and transition in-person lessons to virtual platforms.
• Develop training curriculum for the Healthy Habits elementary curriculum.
• Expand adult virtual workshops to be more accessible for community parents.
• Finalize Healthy Habits elementary curriculum toolkit.
• Analyze 4-year longitudinal evaluation of Healthy Habits curriculum for elementary students to determine overall program impact and efficiency.
• Develop new community partnerships within service areas of Mid-City Los Angeles and Koreatown to expand adult workshops.
• Provide Healthy Habits for Teachers training to expansion schools.
• Hosting or sponsoring school-wide events to foster a culture of health in partner schools, including Fit Heart in celebration of American Heart Healthy Month and Let’s Jump! – encouraging student physical activity, walk-a-thons and other school fundraisers.
• Collaborate with Cedars-Sinai Communications and Marketing team to host school-wide events featuring the Los Angeles Clippers and Los Angeles Rams.
• Partner with other CS Community Benefit departments, to connect program participants to needed community based resources.

2. Community Health Improvement

Community Health Improvement (CHI), serves vulnerable residents of Los Angeles, particularly older adults. The past year was a transitional year Community Health Improvement programs. Health screenings, flu immunizations and health education were provided through the first half of the fiscal year. The COVID-19 pandemic paused activities in the community including cancellation of its largest event, the Telemundo 52 Feria de la Salud scheduled in March, 2020. However, it provided time to plan and develop a strategic framework for CHI that is aligned with the overall Community Benefit impact strategy. Moving forward, CHI will focus on two priority areas of the CHNA – access to care and chronic disease prevention. Health fairs and health screenings will be reframed with an emphasis on health outcomes and connecting participants to medical homes and resources. CHI will provide evidence-based programs to adults and older adults that build capacity of individuals to improve their health.

Community Health Improvement Accomplishments - Fiscal Year 2020

- In collaboration with Cedars-Sinai Nursing, provided 2,452 health screenings.
- Provided advanced screening including orthopedic, liver, breast, prostate, skin and podiatry screenings to 246 individuals. Screenings were provided in partnership with various Cedars-Sinai departments.
- Provided the seasonal flu vaccine to 630 individuals.
- Convened the first Cedars-Sinai Community Health Advisory Council, comprised of stakeholders across the health system.
- Developed strategic framework aligned with the Direct Community Benefit impact strategy.
- Initiated and led a coordinated effort among Los Angeles hospitals for flu outreach this fall.
- Hired an RN, Clinical Program Coordinator, for the program.

<table>
<thead>
<tr>
<th>PROGRAMS/SERVICES</th>
<th>FY 2020 participant encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Education: Injury Prevention,</td>
<td>1,109</td>
</tr>
<tr>
<td>Health Promotion, Disease Prevention</td>
<td></td>
</tr>
<tr>
<td>Health Screenings: Diabetes,</td>
<td>2,452</td>
</tr>
<tr>
<td>Cholesterol, Blood Pressure Screening</td>
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<tr>
<td>Other Screenings: Orthopedic, Liver,</td>
<td>246</td>
</tr>
<tr>
<td>Breast, Prostate, Skin, Podiatry</td>
<td></td>
</tr>
<tr>
<td>Seasonal Flu Immunizations</td>
<td>630</td>
</tr>
<tr>
<td>Clinical Counseling</td>
<td>550</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,987</strong></td>
</tr>
</tbody>
</table>
Community Health Improvement, Looking Forward - Fiscal Year 2021

- Provide flu immunizations to vulnerable communities.
- Lead coordinated flu outreach efforts with hospitals in Los Angeles.
- Launch *The Learning Table*, virtual forums on a range of topics presented by Cedars-Sinai experts.
- Reimagine health screenings with an emphasis on measurable health outcomes in Cedars-Sinai Nursing.
- Develop and implement evidence-based and evidence-informed programs for chronic disease prevention and management.
- Establish processes to connect participants to medical homes and resources as appropriate.
- Develop dashboard and metrics aligned with the Community Benefit impact strategy.
- Through the Cedars-Sinai Community Health Advisory Council, improve awareness and coordination of community outreach efforts across the institution.

3. **COACH for Kids®**

Cedars-Sinai operates two state-of-the-art mobile medical clinics staffed by an expert team of bilingual English/Spanish nurse practitioners, registered nurses, social workers, dental hygienist, health educators, and other healthcare professionals from Cedars-Sinai Medical Center. COACH preventive services include well-child and immunization clinics for children, diagnosis and treatment of minor illnesses for children, dental screenings and fluoride varnish services for children and adults, Body Mass Index (BMI)/Blood Pressure (BP)/Body Composition screening clinics for adults, nutrition and fitness education, and linkages to medical homes.

COACH serves communities in Downtown/Skid Row, Pico-Union/Central Los Angeles, South Los Angeles, Watts, Compton, Inglewood, Crenshaw/Mid-City, and Hollywood/West Hollywood. Healthcare services are provided at WIC Centers, Head-Start Centers, elementary, middle, and high schools, community-based agencies, family homeless shelters and public housing developments. Expanded services continued this year in Marina del Rey, Culver City, and the San Fernando Valley.

COACH collaborates with more than 200 public and private community organizations, including the Los Angeles Unified School District, Children’s Institute Inc., the Housing Authority of the City of Los Angeles (HACLA), South Los Angeles Health Projects WIC, Public Health Foundation Enterprises WIC, and Union Rescue Mission. Current supporters of COACH include the Children’s Health Fund.

**COACH Accomplishments and Highlights - Fiscal Year 2020:**

- Collaborated with the Cedars-Sinai Samuel Oschin Comprehensive Cancer Institute (SOCCI) team to facilitate enrollment of community participants in the National Institute of Health (NIH)-funded All of Us Research Program.
- Provided Quarterly Healthy Smiles Dental Screening Clinics for children and parents at Union Rescue Mission. Medical and Case Management services added February - March 2020.
- Continued the Neighborhood Health Project, providing periodic BMI/BP/Dental screenings for parents, grandparents and caregivers at Watts/South Los Angeles housing developments.
- Collaborated with other community partners, including Watts Healthcare Foundation and the Los Angeles County Department of Public Health (DPH), to provide adult immunizations for parents, grandparents, and caregivers.
- Collaborated with Martin Luther King Community Hospital for the Community Influenza Vaccination Campaign to increase education and influenza immunization rates in the areas of South Los Angeles/Watts identified as “hot spots” with increased rates of influenza and Emergency Department (ED) usage and hospitalizations due to influenza.
- Continued collaboration with the Cedars-Sinai Samuel Oschin Comprehensive Cancer Institute (SOCCI) 2018 Prevention and Genetics Program Discovery Fund project to expand the HPV Education and Immunization Program in underserved communities.
- Collected data to measure clinical outcomes. Results for FY 2020 include:
  - 67% of sick patients avoided ED admissions
  - 97% of children were protected against vaccine-preventable diseases
  - 30% previously missed opportunity to diagnosis a condition were diagnosed and addressed
  - 100% of children served had chief complaint addressed and/or resolved
- Provided consultation, training, and technical support to leaders of 26 African-American churches participating in the First Ladies Health Initiative.
- Coordinated Cedars-Sinai registered nurses from over 40 departments to provide health screenings in underserved communities for children and their families.
- Continued to provide comprehensive nutrition assessments, counseling and monitoring for overweight and obese children on the Mobile Medical Clinics.
- Continued the COACH 2019 Safe Summer Campaign, which included education for children and families regarding sun protection, water/pool safety, and swimming for health/physical activity.
- Expanded HPV vaccine education intervention and follow-up processes to improve vaccine uptake for 1st and 2nd doses in pre-adolescent/adolescent children.
- Continued Connections to Care program by establishing new, and strengthening existing, partnerships with Federally Qualified Health Centers: Eisner Health, Saban Community Clinic, THE Clinic, Watts Healthcare Foundation, Central City Clinic, South-Central Family Health Center, R.O.A.D.S. Clinic, UMMA Clinic, and South-Central Regional Center. Partnered to establish a rotation of promotoras and clinic outreach coordinators to improve COACH patients’ connections to primary care medical and dental homes within their communities.
- Continued new COACH guidelines for obtaining Cedars-Sinai Release of Information at time of COACH visit to better facilitate referral management.
- Continued collaboration with Cedars-Sinai Community Health and Education team to provide trauma-informed yoga at Union Rescue Mission.
- Launched “Rising Stars” children’s mental health groups at Union Rescue Mission and Markham Middle School (Watts).
- Participated in multiple politically supported health events:
  - Assemblymember Richard Bloom’s Hollywood Resource Fair
  - Los Angeles (LA) Councilmember Mike Bonin’s Health Fair (Mar Vista Gardens)
  - LA Councilmember Curran Price’s Central Avenue Jazz Festival (South LA/Watts)
  - LA Councilmember Herb Wesson’s Health Fair (Mid City)

**COACH, COVID-19 Pandemic Response Activities**

In March 2020 COACH services changed to address the needs of communities to include:
- Food Distribution, COVID-19 Education, resource outreach in South LA/Watts
- In collaboration with the Los Angeles Mayor’s Office: medical, dental, and case management services at several homeless emergency shelters
- Drive-up immunization clinics in South LA
- Drive-up well child clinics in South LA
- COVID-19 wellness calls to current COACH families offering COVID-19 education and referrals for resources
- Telehealth calls addressing medical concerns and patient intake for drive-up clinics
- Virtual parenting education groups

<table>
<thead>
<tr>
<th>COACH for Kids Participant Encounters</th>
<th>FY 2020 Participant Encounters (July 2019 - February 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services/Programs</td>
<td></td>
</tr>
<tr>
<td>Medical Visits</td>
<td>2,828</td>
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<tr>
<td>Case Management Visits</td>
<td>918</td>
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<tr>
<td>Mental Health Visits</td>
<td>1,142</td>
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<tr>
<td>Dental Visits</td>
<td>410</td>
</tr>
<tr>
<td>Dental Education</td>
<td>1,923</td>
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<tr>
<td>Health Education Visits</td>
<td>15,800</td>
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<td><strong>Total FY 2020</strong></td>
<td><strong>23,021</strong></td>
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</table>

<table>
<thead>
<tr>
<th>COVID-19 Response Participant Encounters</th>
<th>FY 2020 Participant Encounters (March-June 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services/Programs</td>
<td></td>
</tr>
<tr>
<td>Food Distribution/COVID-19 Education Visits</td>
<td>46,976</td>
</tr>
<tr>
<td>Healthcare for the Homeless Visits</td>
<td>418</td>
</tr>
<tr>
<td>Drive-Up Immunization Visits</td>
<td>165</td>
</tr>
<tr>
<td>Drive-Up Well Child Care Clinical Visits</td>
<td>113</td>
</tr>
<tr>
<td>Wellness Calls</td>
<td>1,975</td>
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<tr>
<td>Telehealth Calls</td>
<td>52</td>
</tr>
<tr>
<td>Parenting Education Group Visits</td>
<td>190</td>
</tr>
<tr>
<td><strong>Total FY 2020</strong></td>
<td><strong>49,889</strong></td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>72,910</strong></td>
</tr>
</tbody>
</table>

**COACH, Looking Forward - Fiscal Year 2021**

- Continue COVID-19 pandemic response activities as needed to include food distribution, telehealth, drive-up immunization and well child care clinics, and parenting education groups.
- Expand COVID-19 pandemic response to include education/influenza vaccination in areas affected by health disparities
4. Share and Care

Since 1981, Cedars-Sinai’s school-based mental health programs help victims of trauma, filling crucial needs for prevention, crisis intervention, and training. Programs and trainings - for children, teachers, parents and school principals - run by licensed mental health practitioners, enhance an at-risk child's ability to learn in the classroom. Share and Care counselors facilitate 12-week curriculum based art therapy groups that provide a therapeutic environment to improve students’ ability to concentrate and engage in positive behaviors. Therapy groups focus on trauma, loss and grief, self-esteem, bullying, socialization, anger management, divorce, shyness, students with an incarcerated parent and substance abuse.

The last academic school year August 19, 2019- June 30, 2020 will be reported in two sections prior to COVID-19 (August 19, 2019 through February 28, 2020) and after Los Angeles schools moved to remote learning (March 12, 2020 through June 30, 2020). During the first part of the academic year the Share & Care program was functioning as normal, providing: Share & Care group sessions, parent educational workshops, professional development for teachers and principals meetings. A good portion of our goals were met prior to COVID-19.

Once schools moved to remote learning, the Share & Care counselors were able to pivot and begin providing remote telehealth sessions in April, 2020. Share & Care staff worked to revamp all programs into remote services providing school principals with a new menu of virtual programing.

Prior to COVID-19:
Data collected between August 19, 2019 and February 28, 2020:
- Share and Care programs counted 18,620 total encounters with children, teachers and parents.
- Provided full services at 24 schools (19 Elementary Schools and 5 Middle Schools) partial services at 6 schools.
- Provided parent education workshops at 6 schools on the Share & Care wait list.
- Art therapy: 805 unduplicated students were seen, 1,894 children’s group art therapy sessions were provided, with 8,287 encounters.
- Parent workshops: 900 individual parent encounters.
- Teachers: 4,769 individual teacher encounters, 13 teacher trainings with 254 teacher encounters.
- Classroom interventions: 48 classroom interventions were provided, 986 encounters.

Accomplishments:
- Provided 14 parent workshops for schools on the wait list on the following topics: Communication part 1 & 2, Building Self-Esteem, managing Stress, Dealing with Stress for Elementary and Secondary families, Talking to your Teens about Difficult Topics.
- Held 9 Principals meeting in different locations, addressing the continued needs of the principals. Topics were Psychological First Aid part 1 & 2 and Team Building.
- Developed a working relationship with Los Angeles County Office of Educations, Community Schools Division.

“Safer at Home” – During COVID-19 Pandemic:
Data collected between April 1 and June 30, 2020:
- Total telehealth encounters: 1,818 parent and students.
Accomplishments:

- Completed first year of training for the Associates Program, expanded the program to take 4 new first year Associates. Total of 3 2nd year associates and 4 1st year associates.
- Participated in a virtual town hall with LAUSD Board Member Nick Melvoin on “Fostering Resilience & Well-Being During COVID-19 Crisis”.
- Jointly created a video on “Kindness and Gratitude” for LAUSD Board Member Kelly Gomez.
- Created a YouTube channel with 2-minute videos for students and parents on mindful tips for elementary and secondary students.
- Revisited all Share & Care programing to virtual learning for students, parents and teachers.
- Developed a 3-part webinar for 5th graders who graduated and were entering middle school.
- 2 radio spots on helping parents deal with remote learning and the stress of COVID-19.

Share & Care, Looking Forward – Fiscal Year 2021

- Moving to iPads for all Share & Care counselors with intake and data tools online.
- Utilizing Redcap for all data collection.
- Continue the development of the Share & Care YouTube channel for elementary and secondary students and their parents.
- Development of a tip of the week for Principals on mental health and stress reduction techniques, at the request of the principals.
- Creating social-emotional classroom experiences.
- Utilization of 5 week zoom curriculum for both elementary and secondary students: Returning to School, Reducing Anxiety, Exploring Feelings, What is your Culture, Building Resilience and a TK/K curriculum.
- Creating webinars based on student, teachers and parents’ needs.
- Development of a 3-session activity book on feelings, culture and resilience for remote learning plus art supplies will be provided to each Share & Care student.

5. Grantmaking – Fiscal Year 2020

For the second year in a row, Cedars-Sinai increased its annual grantmaking commitment by another $10 million, contributing over $25 million in fiscal year 2020 to support over 200 community-based organizations serving vulnerable populations within the Community Benefit service area. Cedars-Sinai grantmaking has effectively increased fivefold since 2015. With a strategic focus on high-impact philanthropy, Cedars-Sinai’s three priority funding areas include increasing access to care, addressing social determinants of health, and enhancing civic engagement. Cedars-Sinai grantmaking works to reduce health disparities and break down the barriers that affect hundreds of thousands of people within the healthcare safety net.

The Access to Care grantmaking portfolio aims to increase the capacity of organizations to improve access to comprehensive, quality health care services for underserved populations. Access to Care includes the flagship Community Clinic Initiative, focused on bolstering leadership and effectiveness within safety net clinics, and the Behavioral Health Initiative, with a goal of...
increasing access to behavioral health services with an emphasis on integration and supportive patient navigation. Cedars-Sinai supported five unique Access to Care grant program areas this year: Community Integration, Safety Net Training, Telehealth, Financial Sustainability, and a local Health Information Exchange assessment. Examples of Access to Care grants included the development of a promotor program to provide health and social service outreach and education to Spanish-speaking patients at the KHEIR Center and the integration of healthcare and housing in Skid Row led by the Los Angeles Christian Health Centers. Additionally, due to circumstances presented by COVID-19, the Access to Care portfolio invested over $2.5 million to support rapid response for telehealth (including $1 million to the Community Clinic Association of Los Angeles County), behavioral health and safe-at-work needs of community partners. The Access to Care portfolio totaled over $10 million in fiscal year 2020.

As a signal of Cedars-Sinai’s continued commitment to addressing upstream health factors (such as homelessness, economic stability, and workforce development), Cedars-Sinai formally launched a Homelessness and Housing Initiative within the Social Determinants of Health grantmaking portfolio in fiscal year 2020. With the goal of increasing community organizations’ capacity to promote healthy environments in which people are born, grow, live, work and age, this year’s Social Determinants of Health grants focused primarily on supporting the needs of youth and older adults experiencing homelessness as well as individual economic stability. Over $10.8 million in grantmaking was allocated to support more than 20 organizations serving vulnerable populations throughout Los Angeles, and included support for programs such as vocational training for youth transitioning out of homelessness, a county-wide roadmap for older adults experiencing homelessness, and the preservation and expansion of the Board and Care system for individuals with mental illness or in need of supportive services and at-risk of, or experiencing, homelessness. Additionally, between March and June, 2020, the Social Determinants of Health Portfolio disbursed over $2 million in grants to support Cedars-Sinai’s COVID-19 rapid response efforts, which included a cross-sector partnership focused on ensuring that those who were housed in emergency city and county affiliated isolation and quarantine sites had access to healthcare.

Each year, Cedars-Sinai supports local, regional, and national partners whose missions closely align with Cedars-Sinai’s priorities. In order to enhance the coordination of these alignment efforts, Cedars-Sinai expanded the Civic Engagement grantmaking portfolio, with an aim to increase the capacity of organizations to address issues of public concern. Civic Engagement grants are broad in scope and scale, funded through strategic coordination with local community organizations, and focus on community wellbeing, community resilience and civic partnerships. Over $4 million was disbursed through the Civic Engagement portfolio this year, which included over $2 million in COVID-19 relief. While historic partnerships with local leadership and first responders were maintained, Cedars-Sinai broadened the efforts of Civic Engagement grantmaking to support organizations that are addressing food insecurity across the county as well as promoting racial equity across the country. Through a grant to SEE-LA (Sustainable Economic Enterprises of Los Angeles), in partnership with County Supervisors and City Councilmembers, prompted by the pandemic, Cedars-Sinai was able to support large-scale distributions of fresh produce from local family farms to food insecure geographies, ultimately providing food for over 15,000 families over 12 weeks. Additionally, through a grant to the Los Angeles Urban League, Cedars-Sinai was able to support the expansion of their Emergency Business Assistance Program to provide grants and technical assistance to Black business owners in South LA.
6. Development (YED) Health Careers Academy

The YED Health Careers Academy is a partnership with the Los Angeles Unified School District, Regional Occupational Program and California Technical Education. The program includes work-site learning at Cedars-Sinai, school-based learning at Fairfax High School and mentoring which is done by employees who are part of the program. YED is a two-year program which starts during students’ 11th grade year. Participants earn five elective credits each semester towards graduation. A variety of departments at Cedars-Sinai provide students an opportunity to apply what they learn in the classroom at the work-site while being exposed to careers.

YED Program Year 2019-2020
This year has been unique due to COVID-19. During the week of March 16th all schools under the Los Angeles Unified School District moved to remote learning. Although most of the school year had been completed, we needed to provide classes and speakers until the end of the official school year in June. YED staff created on-line opportunities for students to share the knowledge gained over the past year and present their final projects they had been working so hard on prior to COVID-19. The Cedars-Sinai YED staff was able complete the year-end activities virtually, including interviewing, accepting and welcoming new participants for the 2020-2021 school year.

YED Accomplishments – Fiscal Year 2020:

Summer Session
Students from Unite LA and Hire LA’s Youth are selected to participate in summer session to gain career exposure and work experience at Cedars-Sinai. This year students were provided a hands-on experience in the Women’s Guild Simulation Center for Advanced Clinical Skills. This half day session offers students interested in pursuing careers in healthcare the ability to practice skills and techniques in a highly realistic simulated hospital environment. We also offer summer session students the 4-hour American Heart Association (AHA) Heart saver CPR/AED Course - designed for anyone with limited or no medical training who needs a course completion card in CPR and AED use to meet job, regulatory, or other requirements.

Health Careers Academy Program:

Flu project
Cedars-Sinai nurses taught students the basics on the flu. The goal of the project was for each team to do a presentation that they would share with their peers at Fairfax High School on why it is important to take the shot, proper coughing techniques and how to stay healthy. Each team presented to a panel which included 2 nurses and a director to score and provide feedback.

AHA Heart Saver CPR AED Course
High school seniors who participate in the program are eligible to take the 4-hour AHA Heart Saver course hosted and taught by Cedars-Sinai’s Nursing Institute. All participates receive a completion card at the end of training.

Stop the Bleed
The American College of Surgeons Committee on Trauma is leading the effort to save lives by teaching the civilian population to provide vital initial response to stop uncontrolled bleeding in emergency situations. Each year the YED Students learn the techniques for Stop the Bleed. Additionally, Cedars-Sinai trauma educators taught an e-scooter safety curriculum.
Annual Showcase
Every year during the month of April, YED hosts a showcase to highlight what students have learned during the school year. The project is a poster board presentation of a job shadow they experienced during the program year. Due to COVID-19 the event was moved to a virtual format.

Mentoring
The Mentoring program is a crucial component for the YED students. Students are partnered with a mentor of their choice from their assigned departments. The goal is to have the mentor commit to a two-year mentoring relationship. During the month of January, we celebrate “National Mentoring Month” by hosting our yearly Mentor Mixer. Throughout the year we also host a mentor breakfast/lunch to celebrate the commitment they make to our students. All hosted meetings/events give the students the opportunity to interact, converse and build stronger relationships.

Career Day at Fairfax High School
Cedars-Sinai employees participated in a half-day Career Day program, where they discussed their educational and career paths. This year 200 students participated.

California Technical Education – State of California and Los Angeles Unified School District “Student of the Year”
The YED program is part of the Los Angeles Unified School District’s California Technical Education. This year one of the YED students was selected at Student of the Year.

YED, Looking Forward - Fiscal Year 2021:

- Redesign of YED Program to virtual format due to COVID-19.
- Create a speaker’s bureau of individuals to discuss career paths.
- Establish a peer and E-mentoring program for this program year.
- Provide Career Days to other schools within the Los Angeles Unified School District and Unite LA virtually.
- Develop more learning opportunities for Summer Youth participants.
- Collaborate with Fairfax High School on new recruitment techniques for the HoSA (Health Occupations Students of America) Chapter at Fairfax High School.

7. Research Center for Health Equity at Cedars-Sinai’s Samuel Oschin Comprehensive Cancer Institute
The Research Center for Health Equity (RCHE) at Cedars-Sinai’s Samuel Oschin Comprehensive Cancer Institute was established in 2018 with a defined catchment area and population focus: Los Angeles County Department of Health Services, Service Planning Areas (SPAs) 1, 2, 4 & 5, with particular focus on underserved populations including Hispanics, Asians (Filipinos and Koreans), African-Americans, Immigrants, and LGBTQ+.

The Research Center for Health Equity community outreach and engagement strategies aim to increase cancer awareness and screening and build capacity at the community-level to address disparities. Implementation of the Health and Faith initiative began in 2018 to reach diverse and underserved communities within the Cedars-Sinai Cancer catchment area to address cancer disparities and develop research programs. Partnerships were developed with 33 churches, clinics, community organizations and the Los Angeles County Department of Public Health to address disparities in the targeted communities (Hispanic Latino, Korean, Filipino and Immigrant):
1. Immaculate Heart of Mary Church
2. Saint Thomas the Apostle Church
3. Precious Blood Church
4. St. Kevin Catholic Church
5. St Francis of Assisi Church
6. Glory Church of Jesus Christ
7. Holy Family Catholic Church
8. The Oriental Mission Church
9. L.A. Onnuri Community Church
10. St. Basil’s Catholic Church
11. World Mission University
12. Prajna Gate Buddhist Temple
13. Korea Sah Buddhist Temple
14. Glory Church of Jesus Christ
15. Berendo Street Baptist Church
16. Clinica Monseor Oscar Romero
17. Kheir Center
18. QueensCare Health Centers
19. Koryo Health Foundation
20. AltaMed General Pediatrics
21. DTLA Proud
22. The City of West Hollywood
23. Art Center College of Design
24. Clinica Arroyo Vista
25. Queens Care Health Centers
26. Harbor Community Clinic
27. South LA Lung Cancer and Tobacco Cessation Coalition
28. Philippine Nurse Association of SoCal
29. Search to Involve Pilipino Americans
30. Filipino American Service Group
31. The Wall Las Memorias

A comprehensive cancer education program, “7 Steps to Reduce Cancer Risk”, adapted for Hispanic Latino and Korean communities was successfully implemented. Experienced Korean speaking and Spanish speaking Community Outreach Coordinators were trained on delivering low-literacy cancer information on cancer prevention, early detection, diagnosis through the “7 Steps” workshops. This evidence-based approach, was implemented through 25 workshops. 486 adults participated in in-depth workshops in community settings. Five additional cancer screening events at FQHCs created pathways to free and low cost cancer screening services and access to a medical home. As a result, 486 adults participated.

**Community Advisory Board and Outreach to LGBTQ+ Communities**

The Research Center for Health Equity has developed outreach strategies to reach LGBTQ+ communities for cancer awareness, research, and training. With guidance from a community-participatory process and a LGBTQ+ advisory group, community education was conducted LGBTQ+ Pride events throughout the Los Angeles with a focus on HPV related cancers. Outreach efforts reached 3,919 LGBTQ+ community members with vital information. 50 community members were referred to culturally sensitive LGBTQ+ providers in the community, including within the Cedars-Sinai medical network.
Lung Cancer in African American Communities of Los Angeles
The South Los Angeles Lung Cancer collaborative was formed through a funded partnership with USC Norris Comprehensive Cancer Center and funding from the California Community Foundation to increase lung cancer screening in a geographic area with the highest density of late-stage lung cancer diagnosis in Los Angeles County. The goal is to increase screening among at-risk African American, Hispanic and LGBTQ+ communities in South LA. In addition, the Research Center is collaborating with community leaders to advocate for lung cancer screening coverage for uninsured and underinsured community members.

COVID 19 Community Response:
Since March 2020, we have analyzed current COVID data and data on underlying conditions to develop a COVID Risk Score to identify neighborhoods at highest risk for COVID-19 infections. We shared the data with the South Los Angeles Lung Cancer Collaborative and invited community agencies and clinics to use the data for their community-based education strategies. We provided updates to community agencies from Cedars-Sinai, CDC and Los Angeles County Dept. of Health Services on a weekly basis to community partners. These updates included testing sites, prevention messages and resources.

Total numbers of participants across all community outreach and education activities totaled 7,493.

In FY 21, we aim to sustain our current initiatives and expand the Health and Faith and LGBTQ+ initiatives to the San Fernando Valley and conduct a gaps assessment in Antelope Valley, both in Cedars-Sinai Cancer’s catchment area.
## VI. COMMUNITY BENEFIT INVENTORY

Fiscal Year 2020: July 1, 2019 – June 30, 2020

<table>
<thead>
<tr>
<th>Categories</th>
<th>Programs</th>
<th>Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition by Category</strong></td>
<td><strong>Number</strong></td>
<td><strong>Definition by Category</strong></td>
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<tr>
<td>Community Health Improvement</td>
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<td>Number of encounters</td>
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<tr>
<td>Programs/activities that improve community health</td>
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<tr>
<td>Health Professions Education</td>
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<td>Number of training sessions, rotations or classes scheduled with trainees</td>
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<td>Educational programs for physicians, nurses and other health professionals</td>
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<tr>
<td>Financial and In-Kind Contributions</td>
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<td>Number of encounters</td>
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<tr>
<td>Funds and in-kind services donated to benefit the community</td>
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<tr>
<td>Community Building</td>
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<tr>
<td>Programs/activities that help build the capacity of the community to address “upstream” factors and social determinants that impact health</td>
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<tr>
<td>Community Benefit Operations</td>
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<td>Number of encounters</td>
</tr>
<tr>
<td>Includes costs associated with identifying community health needs, implementing community health improvement commitments, strategy-building and planning</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>5,542</strong></td>
<td><strong>180,176</strong></td>
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</tbody>
</table>
Cedars-Sinai Medical Center provides programs and activities that contribute to charity care, care of the poor, and Community Benefit. These programs and activities serve a majority of persons who are beneficiaries of Medi-Cal, and county, state, and federal programs for which the costs of providing the services are not fully reimbursed. The costs for these programs are calculated using a cost to charge ratio for any unreimbursed services. Also included are activities that improve the community’s health status and educate or provide social services to vulnerable populations in communities. The costs for these activities are calculated by adding the direct costs and allocated overhead costs, offset by any donations and grants received. The costs associated with these programs and activities for FY2020 (July 1, 2019 to June 30, 2020) is summarized in the table below.

**Fiscal Year 2020: July 1, 2019 – June 30, 2020**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Unreimbursed Cost of Direct Medical Care for the Poor and Underserved</td>
<td>$102,470,000</td>
</tr>
<tr>
<td>(Excludes the unreimbursed cost of caring for Medicare patients)</td>
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<tr>
<td>Charity care &amp; uncompensated care for the uninsured/underinsured</td>
<td>$35,443,000</td>
</tr>
<tr>
<td>Unreimbursed cost: caring for Medi-Cal patients</td>
<td>$67,027,000</td>
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<tr>
<td>Unreimbursed Cost of Direct Medical Care for Medicare Patients</td>
<td>$349,408,000</td>
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<tr>
<td>Unreimbursed Cost of Specialty Government Programs</td>
<td>$2,165,000</td>
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<tr>
<td>Community Benefit Programs, Charitable Contributions and Education and Training for Physicians and Other Health Professionals</td>
<td>$127,326,000</td>
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<tr>
<td>Research Programs</td>
<td>$90,275,000</td>
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<td>Total Cost of Research</td>
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<td>Less: Research funding from grants</td>
<td>&lt;$149,493,000&gt;</td>
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<tr>
<td>Net Costs of Research</td>
<td>$90,275,000</td>
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<tr>
<td>Total quantifiable community benefits</td>
<td>$671,644,000</td>
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</table>

Cedars-Sinai Medical Center is driven by its mission to improve the health status of the community and to provide leadership and excellence in patient care, research and education. In collaboration with expert medical staff, administrative leaders and community partners, Cedars-Sinai has made a significant contribution—both in quantifiable and non-quantifiable terms—to the benefit of the community. Cedars-Sinai provides a breadth of services to meet identified health needs in the community. Many Cedars-Sinai programs are operated at a financial loss but continue to be offered because they are an important part of the medical center’s mission to serve the community’s health needs.

**Unreimbursed Cost of Direct Medical Care for the Poor and Underserved** – includes the unreimbursed cost of free and discounted healthcare services provided to persons who meet the organization’s criteria for financial assistance and are therefore, deemed unable to pay for all or a portion of the services. If there is any subsidy donated for these services, that amount is deducted from the gross amount. Traditional Charity Care is included in the Internal Revenue Service (IRS) Form 990 Schedule H Part I Line 7a.

**Unpaid Cost of State Programs** – also benefits the indigent but is listed separately. This amount represents the unpaid cost of services provided to patients in the Medi-Cal program and enrolled in HMO and PPO plans under contract with the Medi-Cal program. These costs are included in the IRS Form 990 Schedule H Part I Line 7b. In the State of California, the Medicaid program is called Medi-Cal.

**Unreimbursed Costs of Specialty Government Programs** – also provides community benefit under such programs as the Veterans Administration, Los Angeles Police Department, Los Angeles County Trauma, and other programs to benefit the indigent. This amount represents the unpaid cost of services provided to patients in these various means-tested programs. If this community benefit was not provided, the federal, state or local governments would need to furnish these services. These costs are included in the IRS Form 990 Schedule H Part I Line 7c.
Unreimbursed Cost of Direct Medical Care for Medicare Patients - primarily benefits the elderly. This amount represents the unpaid cost of services provided to patients in the Medicare program and enrolled in HMO and PPO plans under contract with the Medicare program. These costs are included in the IRS Form 990 Schedule H Part III Section B.

Community Benefit Programs, as well as Education and Training for Physicians and Other Health Professionals – cost of services that are beneficial to the broader community. This category includes unreimbursed costs of Health Professions Education, Community Health Improvement, Community Benefit Operations, and Cash and In-Kind Donations. These costs are included in the IRS Form 990 Schedule H Part I Lines 7 e, f, and i. Below are some examples of costs included in this category of the Community Benefit contribution:

Health Professions Education
As an academic medical center, Cedars-Sinai offers graduate medical education and many other education programs for a variety of health professionals. They include offering graduate education training programs in over 70 physician specialty and subspecialty areas; and other health professions education programs including degree programs and extensive educational resources for aspiring and current nurses, dieticians, psychologists, paramedics, pathologists, researchers, rehabilitation professionals and chaplains.

Community Health Improvement
• Clinical services are provided to underserved communities daily, through an on-site primary adult care clinic; and through mobile medical units and free and community clinics throughout Los Angeles – all serving underserved, uninsured and underinsured populations.
• Each year, Cedars-Sinai takes part in community-based activities including health fairs, exercise programs, and screening programs for conditions such as cardiovascular disease, depression, diabetes and hypertension, as well immunization programs, lectures and workshops. Also offered are disease-specific support groups, patient education programs and program affiliates.
• Cedars-Sinai plans and implements long-term comprehensive strategies to meet the health needs of underserved communities. Signature Community Benefit programs seek to improve health in communities by building strong partnerships, building community capacities and providing direct education.

Research Programs – Cedars-Sinai’s currently has more than 2100 active research projects and has made significant contributions to the development of new medical technology, medical knowledge and practice. Cedars-Sinai ranks among the nation’s top non-university hospitals in National Institutes of Health (NIH) research funding - Cedars-Sinai received over $140 million in research funding this year. These costs are included in the IRS Form 990 Schedule H Part I Line 7.
The FY2021 Community Benefit plan is to implement activities and programs that address priority needs in our service area.

**Significant Needs the Hospital Intends to Address**

Cedars-Sinai Medical Center intends to take actions to address the following health needs that were identified in the FY2019 CHNA and detailed in the FY2020-2022 Implementation Strategy:

**Access to Care:** Community Benefit efforts focus on increasing and supporting access to essential health care services for the underserved through direct programs and partnerships with local community-based organizations. Programs, partnerships and strategies address the following access to care priority health needs:
- Primary care
- Mental health
- Preventive care

**Chronic Disease:** Community Benefit efforts focus on preventing chronic health conditions and their underlying risk factors. Programs, partnerships and strategies address the following priority health needs related to chronic disease:
- Cancer
- Cardiovascular disease
- Diabetes
- Overweight and obesity: healthy food choices and physical activity

**Homelessness:** Community Benefit efforts focus on connecting people experiencing homelessness to community-based programs and services and building strategies to improve the health of homeless individuals.

**Evaluation of Impact**

The health focus areas identified above were determined through data collection, analysis and a prioritization process that incorporated community input. Due to the quantity and scope of the community’s health needs identified, it is necessary to identify focus areas and to ensure the Community Benefit initiatives are effective in improving the health of vulnerable populations. In support of our mission to improve the health of the community, Cedars-Sinai has committed to ongoing program evaluation to ensure maximum impact of our Community benefit strategies. Evaluation results will be incorporated into program strategy, planning and implementation.

**Health Needs the Hospital Will Not Address**

There were significant health needs identified in the CHNA that did not meet the criteria for developing and implementing a health focus area and, as a result, are not addressed in this Implementation Strategy. This is not intended to minimize the importance of those health needs; it is a reality of having a strategic focus on effectiveness to improve community health. The health needs identified in the CHNA but not included in the health focus areas for this Implementation Strategy are: community safety, dental care, economic insecurity, food insecurity, sexually transmitted infections, and substance use and misuse. Cedars-Sinai will continue to look for opportunities to address community needs where we can make a meaningful contribution.
IX. HOSPITAL CONTACTS

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