TORRANCE MEMORIAL | An Affiliate of Cedars Sinai

Implementation Strategy

FY2023- FY2025

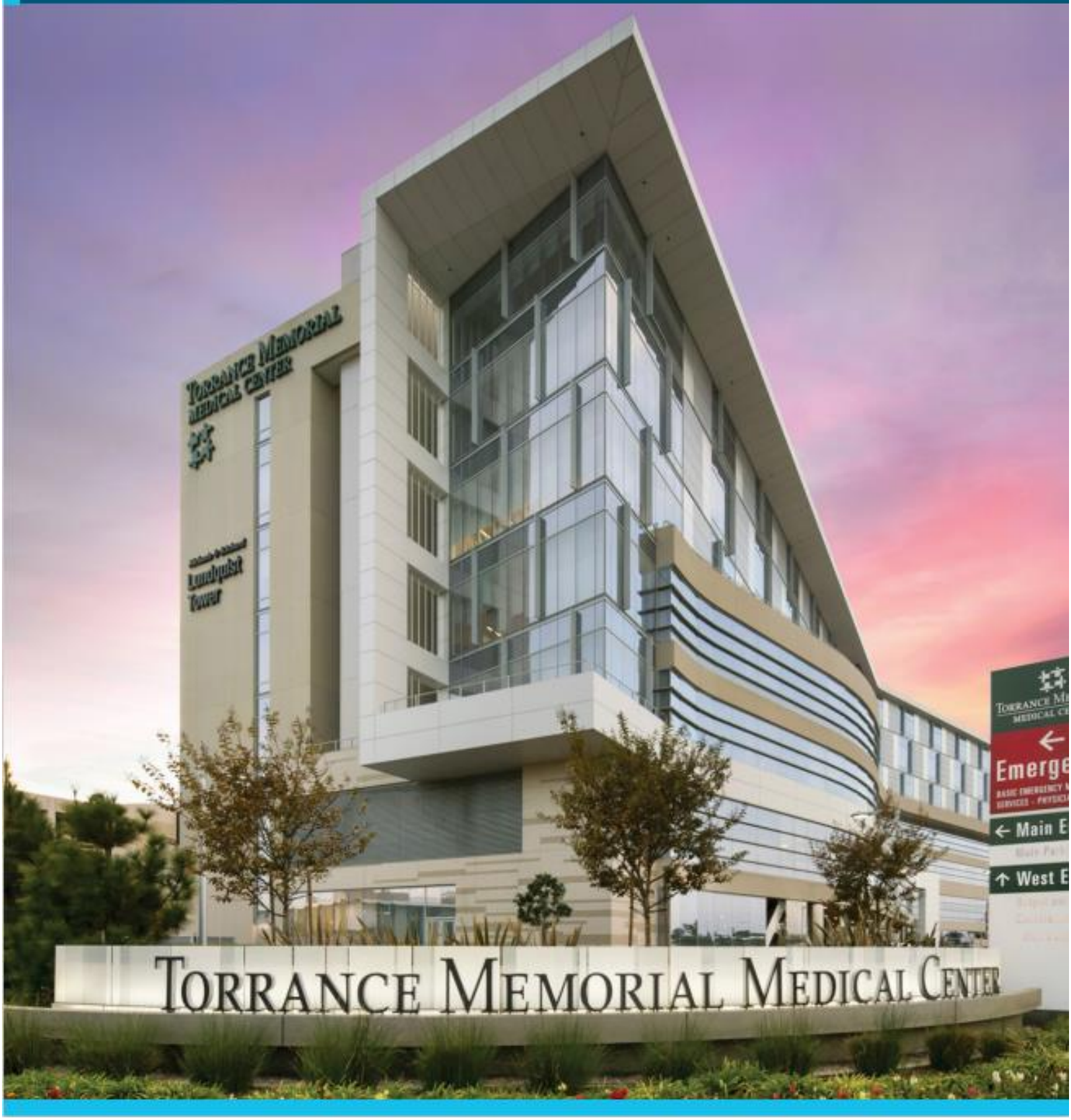

Table of Contents

Introduction

Torrance Memorial Medical Center is a 443-bed nonprofit medical center established to provide quality health care services predominantly to the residents of the South Bay, Peninsula and Harbor communities. The medical center is affiliated with Cedars-Sinai under the umbrella of Cedars-Sinai Health System. Torrance Memorial has an extensive integrated system of physicians and comprehensive medical services to provide coordinated communication and continuum of care and offers the most current and effective medical technologies rendered in a compassionate, caring manner.

Our Mission

Under the governance of a community-based Board of Trustees, Torrance Memorial serves the public interest by:

- Improving the community health within the scope and expertise of its resources
- Offering the most current and effective medical technologies rendered in a compassionate, caring manner
- Maintaining long-term stability in order to assure its strength and viability for the benefit of the community

Report Adoption, Availability and Comments

This Implementation Strategy was adopted by the Board of Trustees in September 2022. The Community Health Needs Assessment (CHNA) and Implementation Strategy are available on the hospital's website at https://www.torrancememorial.org/About_Us/Community_Benefits.aspx. Public comment on the CHNA and Implementation Strategy is encouraged as community input is used to inform and influence this work. Written comments can be submitted to Claire.Coignard@tmmc.com.

Definition of the Community Served

Torrance Memorial is located at 3330 Lomita Boulevard, Torrance, CA 90505. The hospital service area includes 24 ZIP Codes in 16 cities or neighborhoods located in Los Angeles City Council District 15 and in Service Planning Area 8 (SPA 8: South Bay) in Los Angeles County.

Torrance Memorial Medical Center Service Area

Geographic Areas	ZIP Codes
Carson	90745, 90746
El Segundo	90245
Gardena	90247, 90248, 90249
Harbor City	90710
Hawthorne	90250
Hermosa Beach	90254
Lawndale	90260
Lomita	90717
Manhattan Beach	90266
Palos Verdes Peninsula	90274
Rancho Palos Verdes	90275
Redondo Beach	90277, 90278
San Pedro	90731, 90732
Torrance	90501, 90502, 90503, 90504, 90505
Wilmington	90744

The population of the Torrance Memorial service area is 881,149. Children and youth, ages 0-17, are 22.4% of the population, 62.4% are adults, ages 18-64, and 15.2% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as Hispanic/Latino (36.7%). Whites make up 29.7% of the population. Asians comprise 19.1% of the population, and Black/African Americans are 9.7% of the population. Native Americans, Hawaiians/Pacific Islanders, and other races combined total 4.8% of the population.

Among the residents in the service area, 10.7% are at or below 100% of the federal poverty level (FPL) and 26.2% are at 200% of FPL or below. Educational attainment is a key driver of health. In the hospital service area, 14.4% of adults, ages 25 and older, lack a high school diploma, which is lower than county (20.9%) and state (16.7%) rates. 39.6% of area adults have a Bachelor's or graduate/professional degree.

Community Assessment and Significant Community Health Needs

Torrance Memorial conducted a Community Health Needs Assessment (CHNA), which was adopted in May 2022. The CHNA complied with state and federal regulations guiding tax-exempt hospitals, assessing the significant health needs for the hospital's service area. California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS

section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to identified community needs. The CHNA and Implementation Strategy help guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with organizations that share a mission to improve health.

Torrance Memorial's CHNA incorporated demographic and health data collected from a variety of local, county and state sources to present community demographics, social determinants of health, as well as a broad range of health indicators. Initially, significant health needs were identified through a review of this secondary health data. Analysis of secondary data included an examination and reporting of health disparities for some health indicators.

The identified significant needs include:

- Access to care
- Chronic diseases
- COVID-19
- Dental health
- Economic insecurity and workforce development
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight/obesity
- Preventive practices
- Substance use and misuse

Prioritized Health Needs the Hospital Will Address

This Implementation Strategy details how Torrance Memorial plans to address the significant health needs identified in the 2022 CHNA. The hospital will build on previous CHNA efforts and existing initiatives, while also considering new strategies and efforts to improve health.

The hospital examined the identified significant health needs and prioritized them with community stakeholder input through interviews with representatives from community-based organizations and agencies and surveys with staff at local schools. These stakeholders provided input on the issues and needs in the communities served by the hospital.

Torrance Memorial engaged hospital leaders to examine the identified health needs. The following criteria were used to determine the significant health needs the hospital will address in the Implementation Strategy:

Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.

Established Relationships: There are established relationships with community partners to address the issue.

Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.

Focus Area: The hospital has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

The CHNA served as the resource document for the review of health needs as it provided data on the scope and severity of issues and also included community input on the health needs. As well, the community prioritization of needs was taken into consideration. As a result of the review of needs and application of the above criteria, Torrance Memorial will address the following health needs using the lens of health equity[1]:

- Access to care
- Chronic diseases
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive care (including COVID-19 prevention)
- Substance use

[1] Health equity is a concept where everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health equity means reducing and ultimately eliminating disparities that adversely affect excluded or marginalized groups. (Braverman, et al., 2017)

Strategies to Address Prioritized Health Needs

For each health need the hospital plans to address, the Implementation Strategy describes the following: actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospital and other organizations.

Health Need: Access to Health Care (Including Mental Health and Preventive Care)	
Goals	• Increase access to health care, mental health care and preventive care to improve the health of medically underserved individuals in the community. • Increase the capacity of health care provider partners to meet the needs of the medically underserved.
Anticipated Impact	• Increase access to health care, mental health care, and preventive care and reduce barriers to care. • Provide financial assistance to qualified patients. • Increase the availability of mental health and preventive services in community settings through collaboration with community partners.
Strategy or Program	**Summary Description**
Financial assistance for the uninsured or underinsured	Provide financial assistance through free and discounted care and government health programs for low-income patients for health care services, consistent with the hospital's financial assistance policy.
Community Health Worker Program	To address health care access, Community Health Workers offer health insurance information and enrollment assistance. Community Health Workers provide transportation support for patients who cannot access health services because of lack of transportation.
Health screenings and vaccinations	Work with community partners to provide free health screenings, COVID-19 vaccines, and influenza shots.
Case management and social work	Provide vulnerable patients with recuperative care or post-hospital medications, durable medical equipment and skilled nursing care as well as outpatient care, including meal tickets, clothing, taxi vouchers, bus tokens as needed.
Subsidized mental health care	Provide psychiatric assessment by an emergency response team. Psychiatric patients treated in the emergency department will be transported to medically necessary inpatient mental health care beds as needed.

Health Need: Access to Health Care **(Including Mental Health and Preventive Care)**	
Welcome Baby Program	Collaborate with Providence Little Company of Mary on First 5 LA's Welcome Baby Program. Focus on pre- and post-natal mothers living in Wilmington to promote overall health during the first year of life, ensure children have health coverage and receive consistent health care, increase breastfeeding rates, and ensure new parents have a safe home environment
Cherished Futures	Multi-sector collaborative initiative that aims to reduce Black maternal and infant health inequities and improve Black patient experiences through systems-change solutions at the clinical, institutional and community levels.
Community support	Offer grants and in-kind support to nonprofit community organizations that provide health care, mental health care and preventive programs and services.
Planned Partnerships and Collaborators	• American Foundation for Suicide Prevention • Communities Lifting Communities • Community-based organizations • Community Helpline • Community transportation services • Community's Child • Faith-based organizations • First 5 Los Angeles • Local city agencies • Los Angeles County Department of Public Health • Mental health providers • Pregnancy Help Center • Providence Little Company of Mary • Schools and school districts • South Bay Children's Health Center • South Bay Family Health Care, part of Venice Family Clinic • Torrance Fire Department • Volunteer Center South Bay-Harbor-Long Beach

Health Need: Chronic Disease (Including Overweight and Obesity and Food Insecurity)	
Goals	• Reduce the impact of chronic diseases on health and increase the focus on chronic disease prevention and treatment education. • Reduce overweight and obesity as a result of increased healthy eating and physical activity.
Anticipated Impact	• Improve screening, prevention, and treatment of chronic diseases. • Increase compliance with chronic disease prevention and management recommendations. • Increase access to affordable, healthy food and physical activity in the community.
Strategy or Program	**Summary Description**
Diabetes Prevention Program	Offer the Diabetes Prevention Program, an evidence-based, 12-month exercise, nutrition and education program targeted to persons who are diabetic and pre-diabetic.
Support groups	Host support groups for persons with chronic diseases and their caregivers.
Community outreach and education	Conduct community outreach programs to provide information, education and resources, and raise awareness about chronic disease prevention and management.
Automatic External Defibrillators	Update and maintain AEDs (Automatic External Defibrillators) placed at community sites. Offer CPR instruction and AED training to school nurses and community residents.
Exercise and healthy lifestyle programs	Provide low-cost, on-site fitness classes, wellness, and healthy lifestyle programs to engage children, adults, and seniors. Provide low-cost, community-based exercise programs targeting muscle strengthening, flexibility, improved mental health, and balance improvement.
Torrance Memorial Learning Garden	Operate the Learning Garden to teach seniors to grow food at low-cost and in small spaces, and to introduce children to growing healthy food. Provide free consultation to local non-profit organizations that serve vulnerable or at-risk community members who wish to explore or develop an on-site edible gardening program

Health Need: Chronic Disease **(Including Overweight and Obesity and Food Insecurity)**	
Healthy Ever After	Offer the Healthy Ever After program to train parent-docents from local elementary schools to teach school-based nutrition lessons during the school year. Body mass index measurements will be provided. At-risk students will be offered additional lab work and follow-up consultation with a pediatric nutritionist at no cost. Modified community-based courses will be offered to local organizations targeting elementary-age children. Provide a six-week nutrition and fitness program for children and their parents, conducted at a local YMCA and offered at no cost.
YMCA Weight Loss Program	Host the YMCA Weight Loss Program on the medical center campus. The lifestyle change program promotes modest weight loss and increased physical activity. This program includes free sessions of small group training and participation in a free long-term support group.
Community support	Offer grants and in-kind support to nonprofit community organizations that provide chronic disease, healthy eating and physical activity programs and services.
Planned Partnerships and Collaborators	• American Diabetes Association • American Heart Association • American Stroke Association • Boys & Girls Clubs of the Los Angeles Harbor • Community-based organizations • Food recovery organizations • Gardena/Carson YMCA • Local city agencies • Los Angeles County Department of Public Health • National Kidney Foundation • Schools and school districts • Senior Centers • South Bay Children's Health Center • South Bay Family Health Care • South Bay Survivorship Consortium • Torrance-South Bay YMCA

Health Need: Housing and Homelessness	
Goals	• Connect persons experiencing homelessness to community-based programs and services. • Build strategies to improve the health and housing stability of persons experiencing homelessness.
Anticipated Impact	• Improve the health of persons experiencing homelessness. • Increase access to community-based homeless services, including housing options.
Strategy or Program	**Summary Description**
Continuum of Care	Connect persons in the emergency room/hospital who are experiencing homelessness to recuperative care programs and other appropriate service providers along the continuum of care.
Collaborative Community Network	Collaborate with local hospitals to support a committee/navigation network for social workers and discharge planners to assist persons experiencing homelessness and target connections to housing assistance and case management programs.
Advocacy	Participate in the South Bay Coalition to End Homelessness. Continue advocacy efforts with the Los Angeles Homeless Services Authority for case managers in private hospitals to access the Homeless Management Information System database.
Community support	Offer grants and in-kind support to nonprofit community organizations that provide programs and services for the unhoused population in the hospital service area.
Planned Partnerships and Collaborators	• Community-based organizations • Harbor Interfaith Services • Hospital Association of Southern California • Local city agencies • Los Angeles Homeless Services Authority • Recuperative Care organizations • Schools and school districts • South Bay Coalition to End Homelessness • Whole Person Care – Los Angeles

Health Need: Substance Use	
Goals	• Increase health care delivery to persons experiencing substance use disorders. • Connect persons experiencing substance use disorders with needed resources to address substance use issues.
Anticipated Impact	• Increase access to prevention and treatment of substance use disorders.
Strategy or Program	**Summary Description**
Community education and outreach	Conduct community outreach programs to provide information, education and resources, and raise awareness about substance use prevention and treatment.
Support groups	Host support groups for persons with substance use disorders and their caregivers. Provide individual and group counseling sessions for teens at risk of drug misuse at high schools and middle schools.
Youth programs	Provide free drug-testing for adolescents. Present educational lectures on substance use issues to teens and parents. Offer educational sessions to teachers, counselors and parents on recognizing and treating teen addiction.
Drug Take Back events	Collaborate with the Torrance Police Department to conduct community Drug Take-Back events to collect unused/expired prescription medications and sharps for safe disposal.
Professional education program	Offer professional education and training for community organizations related to substance use disorders.
Planned Partnerships and Collaborators	• Beach Cities Health District • Community-based organizations • Local city agencies • Schools and school districts • South Bay Families Connected • South Bay Licensed Clinical Social Workers and Psychologists • South Bay Networking Group. • The Meadows • Torrance Police Department

Evaluation of Impact

Torrance Memorial is committed to monitoring and evaluating key initiatives to assess the programs and activities outlined in this Implementation Strategy. We have implemented a system for the collection and documentation of tracking measures, such as the number of people reached/served, and collaborative efforts to address health needs. In addition, through our grants program, we track and report program outcomes. An evaluation of the impact of Torrance Memorial's actions to address these significant health needs will be reported in the next scheduled CHNA.

Health Needs the Hospital Will Not Address

Since Torrance Memorial cannot directly address all the health needs present in the community, we will concentrate on those health needs that can most effectively be addressed given our areas of focus and expertise. Taking existing hospital and community resources into consideration, Torrance Memorial will not directly address the remaining health needs identified in the CHNA, including: economic insecurity and dental care.