



**Shriners Hospitals
for Children®**
Love to the rescue.™

SHC Community Health Needs Assessment Report

Shriners Hospitals for Children® - Los Angeles

Prepared by: Anna C. Miller

Mission and Vision

Mission:

The Mission of Shriners Hospitals for Children® — Los Angeles is to:

- Provide the highest quality care to children with orthopaedic conditions, burn scars, cleft lip and palate, and other special health care needs within a compassionate, family-centered and collaborative environment
- Provide for the education of physicians and other health care professionals
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families

This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay.

Vision:

Shriners Hospitals for Children will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.

Table of Contents

3 • Commitment to the Community

6 • Process and Methods

9 • Key Findings

20 • Action Plan

23 • Acknowledgements

24 • Exhibits

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Our Commitment to the Community

Introduction

Shriners Hospitals for Children®-Los Angeles reaffirms its commitment to our community through this Community Health Needs Assessment (CHNA). The findings from this report have provided us with an understanding of the health care needs of the local population as well as a framework for the action plan we have developed.



As part of the 2010 Patient Protection and Affordable Care Act (PPACA), all tax exempt Internal Revenue Service code 501(c) (3) entities operating one or more state-licensed hospital facilities are required to adhere to newly established mandates. Under the PPACA, a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three years. The CHNA must be in writing and be made available to the general public.

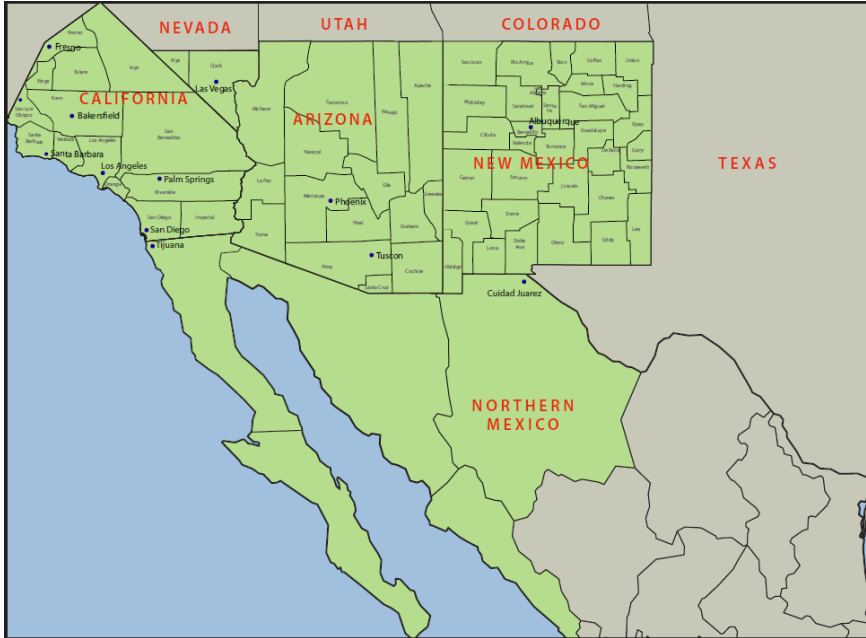
A hospital organization is also required to adopt an implementation strategy to meet the needs identified through the CHNA. The implementation strategy is a written plan that describes how the facility plans to meet the CHNA identified health need(s) or conversely, a plan that explains why the facility does not intend to meet certain identified need(s). The implementation strategy is considered adopted on the date the strategy is approved by the organization's board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. The formal adoption of the implementation strategy must occur by the end of the taxable year in which the written CHNA report was made available to the public. These requirements are encapsulated on the IRS Form 990, Schedule H.

About Us

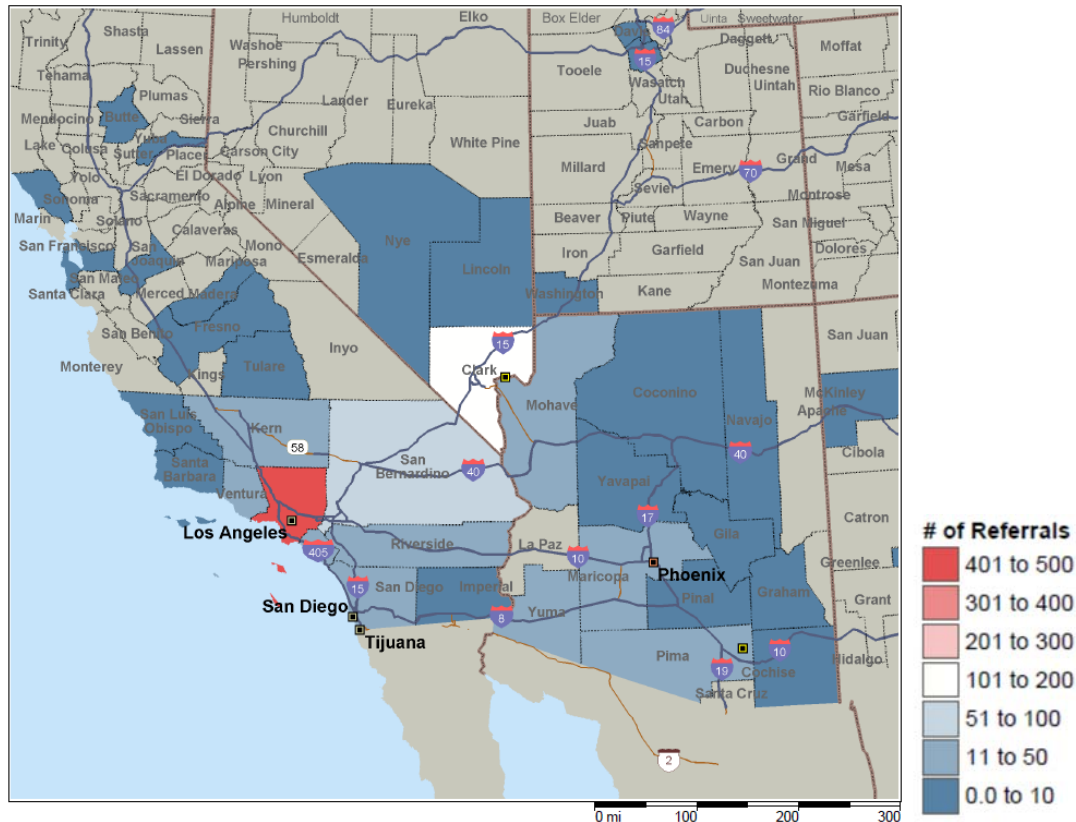
Shriners Hospitals for Children – Los Angeles (SHC-LA) is one of 22 hospitals in the Shriners Hospitals network. For 64 years, SHC-LA has been a vital health care resource for children, providing world-class pediatric medical care in orthopaedics, burn reconstruction, and cleft lip and palate, regardless of the families' ability to pay. SHC-LA's service area encompasses Southern California, Southern Nevada,

Arizona, New Mexico and Northern Mexico (*Map A*). The majority of our new patient referrals originate in the county of Los Angeles, which is also the geographic location of our facility (*Map B*).

Map A – SHC-LA Service Area



Map B – SHC-LA New Patient Map - USA – By Volume & County



Community Benefit

SHC-LA's long-standing contribution to the communities we serve was acknowledged in 2011, when the hospital was awarded a multi-year grant by the Unihealth Foundation, a healthcare philanthropy, whose mission is to support and facilitate activities that significantly improve the health and well-being of individuals and communities. With this funding, SHC-LA launched a Community Outreach department, whose efforts have enabled the high-risk, low-income and underserved children in our local communities to access our pediatric specialty care, regardless of ability to pay.

To address the unique health care needs of our community, SHC-LA has developed partnerships and alliances with schools, community clinics, and community aid and social service groups. Our ongoing outreach efforts have resulted in a 35% increase in new patient referrals from within the state, and a 63% increase within Los Angeles County (from 2011-2015).¹ Further reflecting the success of our ever-expanding reach into the community is the fact that 44% of all new patient referrals for 2015 came from community health care providers and schools.²

Grass-roots efforts with local school districts continue to reveal significant gaps in school health care resources and funding. To bridge these gaps, SHC-LA participates in health advisory committee meetings and health outreach programs for school districts, school nurse organizations, special education groups and Head Start programs. We have conducted multiple seminars, presentations and hospital tours to educate school nurses and administrators about our services and our simple referral process. The Shriners' mission to provide care based on medical need regardless of the families' ability to pay has provided our community's school health care workers with an invaluable resource and the response from stakeholders has been overwhelmingly positive.

Federally Qualified Health Centers (FQHCs), which provide primary health care (including medical, dental and mental health services) for the uninsured and medically underserved populations of our community, have also been primary recipients of our outreach efforts. Community clinic physicians have repeatedly shared their concerns over the lack of access to specialty medical care for their pediatric patients. Because SHC-LA is unique in its treatment – of the uninsured and underinsured – acceptance is based solely on the child's medical needs - clinic providers have embraced us as a vital resource for the underserved children of our community.

Additionally, SHC-LA has participated in numerous public health fairs, community health initiatives, social service programs, and community events. These inroads into the community provide us with

¹ SHCIS: Multi-Year New Patient Referrals 2007-2015

² SHCIS: Referral Source Report with Details YTD 2015

information about our community's needs, enable us to forge relationships with community stakeholders, and allow us to continue to develop our internal programs and services to better meet the needs of the people we serve.

Process and Methods

Community Partnership Approach

The first step in the CHNA process was to solicit information and opinions from stakeholders and organizations who represent the broad interests of children in the communities we serve. In 2015, the Department of Community Relations at SHC-LA visited 727 community physicians and provided educational seminars for more than 800 school nurses and health care providers throughout the Southwest. Through direct contact with these stakeholders and providers, we were able to identify similarities in their community health care concerns as well as perceived gaps in health care resources for children. Based on ongoing patient referrals from these community partners, we determined that they would be the most appropriate and relevant stakeholders to approach for our primary data collection. In addition, we also surveyed our volunteer partners from the Shriners Fraternity, whose in-depth knowledge of our community is a result of providing transportation services for our patients from extended service areas throughout the Southwest region.

Target Population & Data Collection Plan

To define our target population for the CHNA, data was collected from state and county sources throughout our service area (CA, NM, AZ, NV) with regard to population, demographics, income, health insurance status, health care access needs, and health outcomes. Because SHC-LA is a pediatric hospital, this information was further refined by a focus on households with children under the age of 18. Comprehensive statistics reviewed for four states include: *Children Below the Poverty Line. Households with Children. Population by Age. Population Under 18 by Gender, Race, Ethnicity. Population with Disability. Households with No Motor Vehicle. Children Eligible for Free/Reduced Price Lunch. Insured – Uninsured Children. Owners and Renters with High Cost Burden. Health Professional Shortage Areas. Households with Food Insecurity.*

Review of this expansive secondary data revealed the need to focus the CHNA on a smaller geographic area to improve the likelihood of a successful implementation plan. Refined research began with our hospital's county of residence and the source of 77% of our new patient referrals within

California: Los Angeles County. After careful consideration of the options, our target population was defined as families with children between the ages of 0-17 who reside in Los Angeles County.

Next, a review of statistics and information pertinent to the targeted population was undertaken. Sources included the County of Los Angeles, the Department of Public Health, Healthy City, US Census Bureau, Los Angeles City Health and Human Services, the UCLA Fielding School of Public Health, the UCLA Department of Health Policy and Management, the UCLA Department of Community Health Sciences, and Community Commons.

Defined Purpose

The unmet community needs identified by the research were subsequently refined based on the following internal criteria:

- The health need is in alignment with SHC-LA's mission.
- SHC-LA has the competencies and expertise to address the health need.
- SHC-LA has established relationships with community partners to address the health need.
- SHC-LA has the capacity to address the health need.

These internal criteria - coupled with data indicating that 256,000 children in Los Angeles County experience difficulty accessing medical care³ - reduced the field of CHNA-appropriate community needs to the category of *Barriers to Health Care Access for Children*, with the following three sub-categories:

1. Difficulty accessing needed care for child
 - Unable to see doctor for check-up
 - Unable to see doctor for illness
 - Unable to afford prescription drugs
2. Transportation barrier to medical care
3. Language barrier to medical care

The three sub-categories above were then reviewed alongside anecdotal information previously obtained from community health care providers via outreach activities. Providers in underserved areas of Los Angeles County have repeatedly expressed the belief that transportation – or lack thereof - is a major obstacle encountered by families when they try to access specialty medical care for their

³ "Department of Public Health - Health Assessment Unit." *Department of Public Health - Health Assessment Unit*. N.p., n.d. Web. 1 March 2016.

children. Given the overlap of community provider information with the data-driven research, we examined the sub-category *Transportation Barrier to Medical Care* through the lens of our internal criteria. Two of SHC-LA's existing programs – our Telemedicine Program and Volunteer Transportation Program – already address transportation obstacles for children residing *outside* the county of Los Angeles. After a review of the two programs' staffing and funding requirements as well as their opportunities for growth, the Telemedicine Program was identified as having the greatest potential for filling the defined unmet community need *within* Los Angeles County.

Launched in 2005, SHC-LA's Telemedicine (real-time videoconferencing) Program provides several benefits to patients and families. From the telemedicine clinic inside our Los Angeles hospital facility, our physicians are able to screen new patients, consult with existing patients, and follow-up on surgical patients in Arizona, New Mexico, Nevada and Mexico. Patients gain access to our world-class pediatric specialists without having to travel to our hospital in Los Angeles. This convenience reduces transportation expenses for the family as well as time away from home, school and work. In 2015, SHC-LA physicians treated 824 patients from 8 different cities in the U.S. and Mexico via telemedicine.⁴

Since our Telemedicine Program has been successfully serving the needs of patients and families who live outside of California, our CHNA team theorized that it might also do the same for children in our own local community. After all, Los Angeles County covers a vast area of 4,084 square miles,⁵ and from our own experience as commuters in LA, we know that a journey of even 20 miles can be a challenge, especially for those who don't own a car. Our Telemedicine Program, with its lean staffing requirements, flexible scheduling capability, simple technology, and 10-year history, therefore seemed uniquely suited to fill a community need for access to healthcare, if the need could be identified through our assessment.

Once we identified the Telemedicine program as satisfying our internal criteria, we defined our purpose: to determine whether transportation (or lack thereof) was an obstacle to accessing pediatric specialty care, and if so, whether or not health care via telemedicine could provide a viable alternative to local patients who did not have the means to travel to their appointments.

Initially, community health care workers alerted us to the potential community need regarding transportation, and our next step was to discover if the anecdotal evidence they provided was actually supported by the facts. Concurrently with the statistical research, we developed a list of community providers to approach with a request to complete a community health needs survey. It was determined

⁴ 2015 Calendar – Telemedicine

⁵ "Los Angeles County Annual Report." *Los Angeles County Annual Report*. N.p., n.d. Web. 1 May 2016

that the broad interests of the community were best represented by three groups: community physicians, school health care providers, and volunteer drivers from the Shriners fraternity. Participating community physicians were those who had existing professional working relationships with our hospital and whose geographical locations were representative of the community at large (from 105 different zip codes in the greater Los Angeles metropolitan area). School nurses comprised the bulk of the school health care providers surveyed; administrators such as Directors of Nursing Services, Nursing Field Coordinators, Special Programs Coordinators, Resource Specialists, Health Outreach Program administrators, and Office of Child Development administrators were also included. The school surveys reached 52 school sites, 53 zip codes, and 32 different school districts, including Los Angeles Unified School District, which enrolls more than 640,000 students in grades K-12.⁶ The Shriners fraternity volunteer drivers were selected because of their direct contact with our patients' families and their expertise regarding the impact of transportation challenges on health care access.

We created a two page, 7-question *Community Health Needs Assessment Survey* (see Exhibits section), regarding the perceived inadequacies of patient transportation (if any) and the potential of telemedicine to improve access to care. The surveys had slight variations to content, in alignment with each of the three groups. The survey data was collected via U.S. mail, with self-addressed stamped envelopes provided. The surveys were mailed to our community partners on January 4, 2016 with a requested response deadline of January 31, 2016.

Key Findings

Based on research and the data we collected from our community partners, our findings are as follows:

Secondary Datasets

Los Angeles County is home to nearly 10 million people, 88 incorporated cities, and covers an area of 4,084 square miles. More than 2 million of its residents, or 24%, are between the ages of 0-17, which is the same age group as SHC-LA's patient base (*Figure 1*).

⁶ "Los Angeles Unified School District." *District Information / District Information*. N.p., n.d. Web. 1 March 2016.

FIGURE 1: Los Angeles County Population Age 0-17. ⁷

| Report Area | Total Population | Population Age 0-17 | Percent Population Age 0-17 |
|------------------------|------------------|---------------------|-----------------------------|
| Los Angeles County, CA | 9,974,203 | 2,347,600 | 23.54% |
| California | 38,066,920 | 9,212,288 | 24.2% |
| United States | 314,107,072 | 73,777,656 | 23.49% |



Population Age 0-17, Percent by County, ACS 2010-14

- Over 26.0%
- 23.1 - 26.0%
- 20.1 - 23.0%
- Under 20.1%
- No Data or Data Suppressed
- Report Area

Transportation Access

The sprawling geography of LA County, coupled with a severely limited mass transit system, makes automobile ownership a practical necessity for residents. Unfortunately, nearly 10% of households (317,126) have no motor vehicle at their disposal, a number greater than both the national and state averages (*Figure 2*).

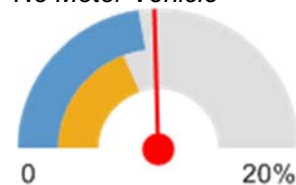
⁷ Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract. "Community Commons." *Community Commons*. N.p., n.d. Web. 1 March 2016.

Figure 2: Households with No Motor Vehicle ⁸

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

| Report Area | Total Occupied Households | Households with No Motor Vehicle | Percentage of Households with No Motor Vehicle |
|------------------------|---------------------------|----------------------------------|--|
| Los Angeles County, CA | 3,242,391 | 317,126 | 9.78% |
| California | 12,617,280 | 984,914 | 7.81% |
| United States | 116,211,088 | 10,594,153 | 9.12% |

Percentage of Households with No Motor Vehicle



- Los Angeles County, CA (9.78%)
- California (7.81%)
- United States (9.12%)



Households with No Vehicle, Percent by County, ACS 2010-14

- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Data or Data Suppressed
- Report Area

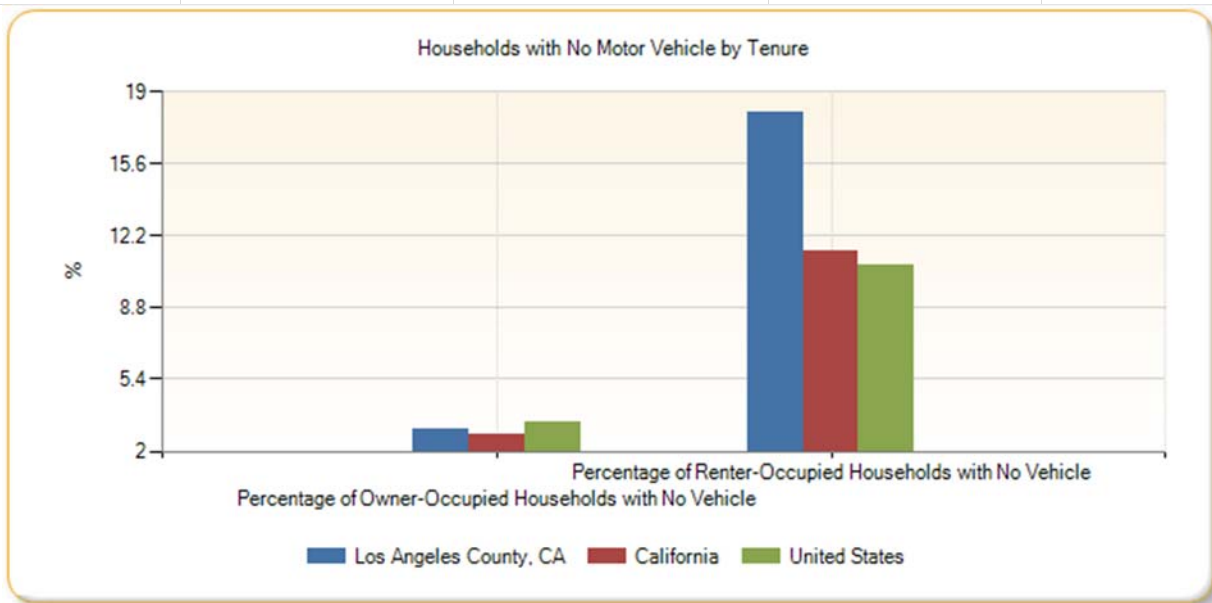
A comparison between homeowners and renters shows an even higher degree of hardship for renters when it comes to transportation. Renters without a motor vehicle are at 18%, nearly twice the national average (Figure 3). According to the Population Reference Bureau (PRB), “Renters are much more likely to be poor compared with homeowners (Figures 4 and 5), and this gap has grown since the onset of the recession. Rising rental costs are especially hard on low-income families and their children, who

⁸ Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract. "Community Commons." Community Commons. N.p., n.d. Web. 1 March 2016.

often struggle to cover basic expenses including food, transportation, child care, and health expenses.”⁹ In the city of Los Angeles, 52% of households are renters, versus a national average of 35%.¹⁰

Figure 3: Households with No Motor Vehicle by Tenure ¹¹

| Report Area | Owner-Occupied Households with No Vehicle | Percentage of Owner-Occupied Households with No Vehicle | Renter-Occupied Households with No Vehicle | Percentage of Renter-Occupied Households with No Vehicle |
|------------------------|---|---|--|--|
| Los Angeles County, CA | 46,116 | 3.07% | 271,010 | 18.02% |
| California | 191,151 | 2.77% | 793,763 | 11.49% |
| United States | 2,515,737 | 3.36% | 8,078,416 | 10.8% |



⁹ "The Growing Owner/Renter Gap in Affordable Housing in the U.S." *The Growing Owner/Renter Gap in Affordable Housing in the U.S.* N.p., n.d. Web. 1 March 2016.

¹⁰ Rosalie Ray, Paul Ong, Silvia Jimenez, *Impacts of the Widening Divide: Los Angeles at the Forefront of the Rent Burden Crisis* (<http://www.anderson.ucla.edu/Documents/areas/ctr/ziman/2014-08WPrev.pdf>)

¹¹ "Community Commons." *Community Commons*. N.p., n.d. Web. 1 March 2016.

Figure 4: U.S. Net Worth of Homeowners vs. Renters¹²

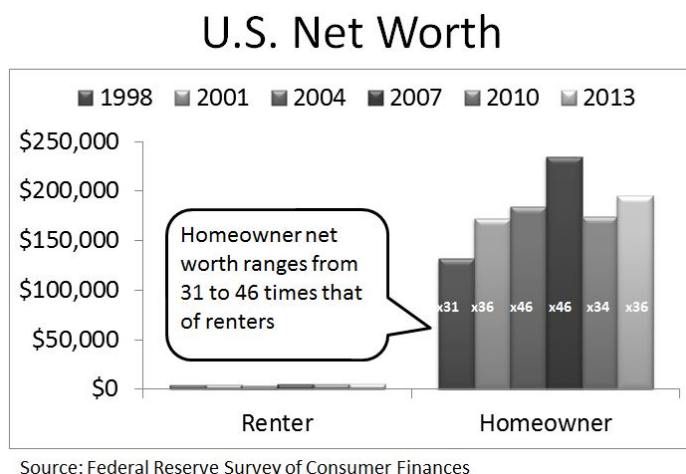


Figure 5: Percent of Owners and Renters with High Housing Cost Burden¹³

Percent of Owners and Renters with High Housing Cost Burden*

| | 1999 | 2007 | 2011 | 2012 |
|----------------|------|------|------|------|
| Owners | 22.0 | 30.6 | 29.9 | 27.4 |
| Renters | 39.9 | 49.3 | 53.4 | 52.0 |

*Households paying at least 30 percent of income on housing costs

Source: U.S. Census Bureau, Decennial Census and American Community Survey.

Poverty Levels and Health Care Access

In Los Angeles County, 602,728 children are living in households with income that is 100% below the Federal Poverty Level (*Figure 6*), and a staggering 1,203,092 children are 200% below the FPL (*Figure 7*).

The relevance of poverty to health care access is profound. “Typically, health services are scarce in the areas where poor people live, forcing them to travel long distances to seek care... **high transport costs** can make this difficult, expensive and time-consuming. Particularly in rural areas, people stress the difficulty of handling emergencies and the lack of local health centers.”¹⁴

¹² "Net Worth of Homeowners vs. Renters." *Economists Outlook*. N.p., n.d. Web. 1 March 2016.

¹³ "The Growing Owner/Renter Gap in Affordable Housing in the U.S." *The Growing Owner/Renter Gap in Affordable Housing in the U.S.* N.p., n.d. Web. 1 March 2016.

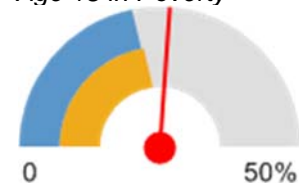
¹⁴ World Health Organization and World Bank Report: Dying for Change: Poor People’s Experience of Health and Ill-Health

Because “poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status,”¹⁵ these indicators illustrate a dire community need.

Figure 6: Poverty - Children Below 100% FPL ¹⁶

| Report Area | Total Population | Population Under Age 18 | Population Under Age 18 in Poverty | Percent Population Under Age 18 in Poverty |
|------------------------|------------------|-------------------------|------------------------------------|--|
| Los Angeles County, CA | 9,819,397 | 2,314,447 | 602,728 | 26.04% |
| California | 37,323,128 | 9,072,050 | 2,059,262 | 22.7% |
| United States | 306,226,400 | 72,637,888 | 15,907,395 | 21.9% |

Percent Population Under Age 18 in Poverty



- Los Angeles County, CA (26.04%)
- California (22.7%)
- United States (21.9%)



Population Below the Poverty Level, Children (Age 0-17), Percent by County, ACS 2010-14

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Report Area

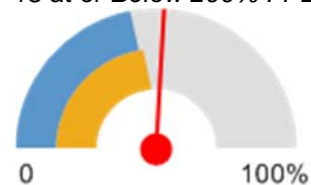
¹⁵ "Community Commons." Community Commons. N.p., n.d. Web. 1 March 2016.

¹⁶ Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract. "Community Commons." Community Commons. N.p., n.d. Web. 1 March 2016

Figure 7: Poverty - Children Below 200% FPL¹⁷

| Report Area | Total Population Under Age 18 | Population Under Age 18 at or Below 200% FPL | Percent Population Under Age 18 at or Below 200% FPL |
|------------------------|-------------------------------|--|--|
| Los Angeles County, CA | 2,314,447 | 1,203,092 | 51.98% |
| California | 9,072,050 | 4,210,891 | 46.42% |
| United States | 72,637,888 | 32,116,426 | 44.21% |

Percent Population Under Age 18 at or Below 200% FPL



- Los Angeles County, CA (51.98%)
- California (46.42%)
- United States (44.21%)

Data Source: US Census Bureau, American Community Survey. 2010-14.
Source geography: Tract



Population Below 200% Poverty Level, Children (Age 0-17), Percent by County, ACS 2010-14

- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Report Area

A number of areas in Los Angeles County are also designated as Medically Underserved Areas (MUA) or Populations (MUP) by the federal government (Figure 8). The MUA/MUP designation identifies areas and populations that have limited access to primary health care services. Given that 31% of the population in these LA County areas lacks access to primary health care (Figure 9), their ability to access specialty care such as orthopaedics and plastic surgery (SHC-LA’s specialties) is likely to be similarly affected.

¹⁷ Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract. "Community Commons." Community Commons. N.p., n.d. Web. 1 May 2016

Figure 8: Medically Underserved Areas and Populations of Los Angeles County¹⁸

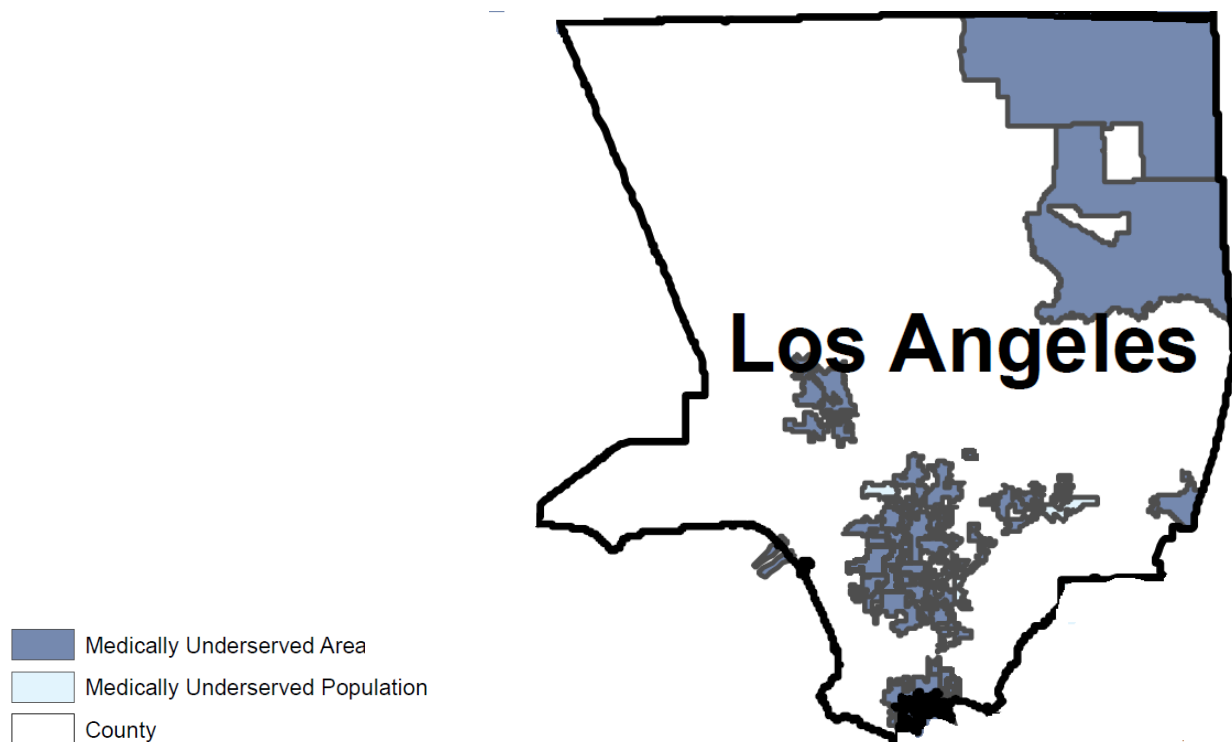
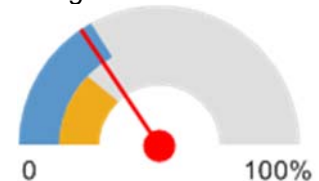


Figure 9: Population Living in a Health Professional Shortage Area

| Report Area | Total Area Population | Population Living in a HPSA | Percentage of Population Living in a HPSA |
|------------------------|-----------------------|-----------------------------|---|
| Los Angeles County, CA | 9,818,605 | 3,077,704 | 31.35% |
| California | 37,253,956 | 9,379,979 | 25.18% |
| United States | 308,745,538 | 105,203,742 | 34.07% |

Percentage of Population Living in a HPSA



- Los Angeles County, CA (31.35%)
- California (25.18%)
- United States (34.07%)

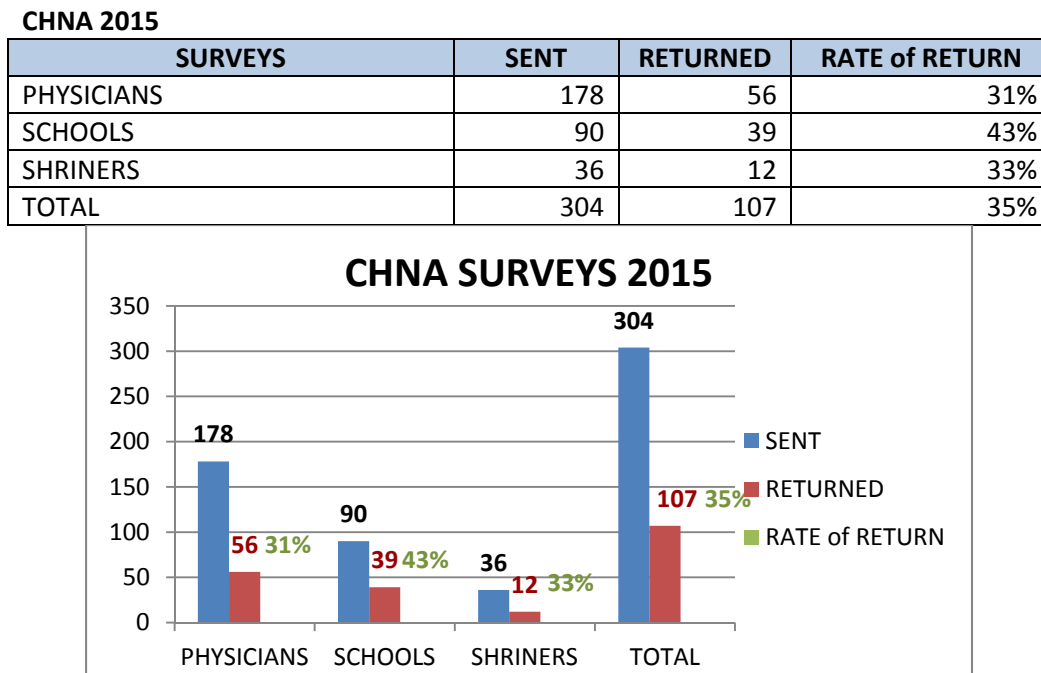
Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA

Primary Datasets

SHC-LA sent out 304 Community Health Needs Assessment Surveys and received 107 completed surveys, for an overall return rate of 35%. School-based health care providers had the highest rate of return among the three groups surveyed, at 43% (Figure 10).

¹⁸ "MUA/MUP Find." *MUA/MUP Find*. N.p., n.d. Web. 1 March 2016.

Figure 10: CHNA Surveys Sent vs. Returned



Because SHC-LA’s primary service lines are orthopaedics and plastic surgery, several questions on the survey were designed to discern the respondents’ usage of medical specialists in those categories. If the respondents answered “yes,” then a follow-up question was posed regarding the availability of accessing those specialists via telemedicine.

Orthopaedics: A high 74% of respondents have referred to orthopaedic specialists in the past and only 5% said that those patients were seen via telemedicine (*Figure 11*).

Figure 11. Orthopaedic Referrals

| PHYSICIANS | YES | NO | N/A or UNKNOWN |
|--------------------------------------|-------------|--------------|----------------|
| Orthopaedist Referral | 54 | 1 | 1 |
| Yes: Orthopaedist avail via telemed? | 3 | 43 | 8 |
| SCHOOLS | YES | NO | N/A UNKNOWN |
| Orthopaedist Referral | 18 | 21 | 0 |
| Yes: Orthopaedist avail via telemed? | 1 | 11 | 6 |
| SHRINERS | YES | NO | N/A or UNKNOWN |
| Orthopaedist Referral | 7 | 5 | 0 |
| Yes: Orthopaedist avail via telemed? | 1 | 10 | 1 |
| TOTAL: | 79/5 | 27/64 | 1/15 |

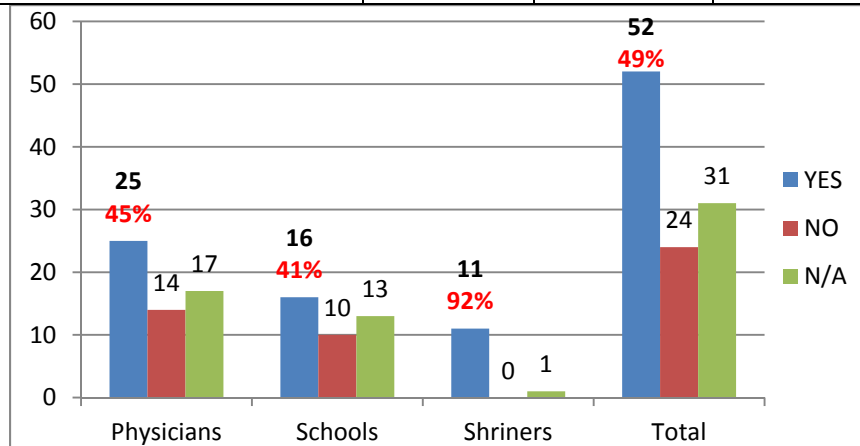
Plastic surgery: 34% of respondents have referred to plastic surgery specialists in the past and only 3% said that those patients were seen via telemedicine (Figure 12).

| Figure 12. Plastic Surgeon Referrals | | | |
|---|-------------|--------------|-----------------------|
| PHYSICIANS | YES | NO | N/A or UNKNOWN |
| Plastic Surgeon Referral | 25 | 28 | 3 |
| Yes: Plastics Avail Telemed | 2 | 22 | 1 |
| SCHOOLS | YES | NO | N/A UNKNOWN |
| Plastic Surgeon Referral | 7 | 32 | 0 |
| Yes: Plastics Avail Telemed | 0 | 6 | 1 |
| SHRINERS | YES | NO | N/A or UNKNOWN |
| Plastic Surgeon Referral | 4 | 7 | 1 |
| Yes: Plastics Avail Telemed | 1 | 2 | 1 |
| TOTAL | 36/3 | 67/30 | 7/3 |

When surveyed regarding transportation issues for children in their communities, 49% of respondents said yes, versus 22% who answered no (Figure 13).

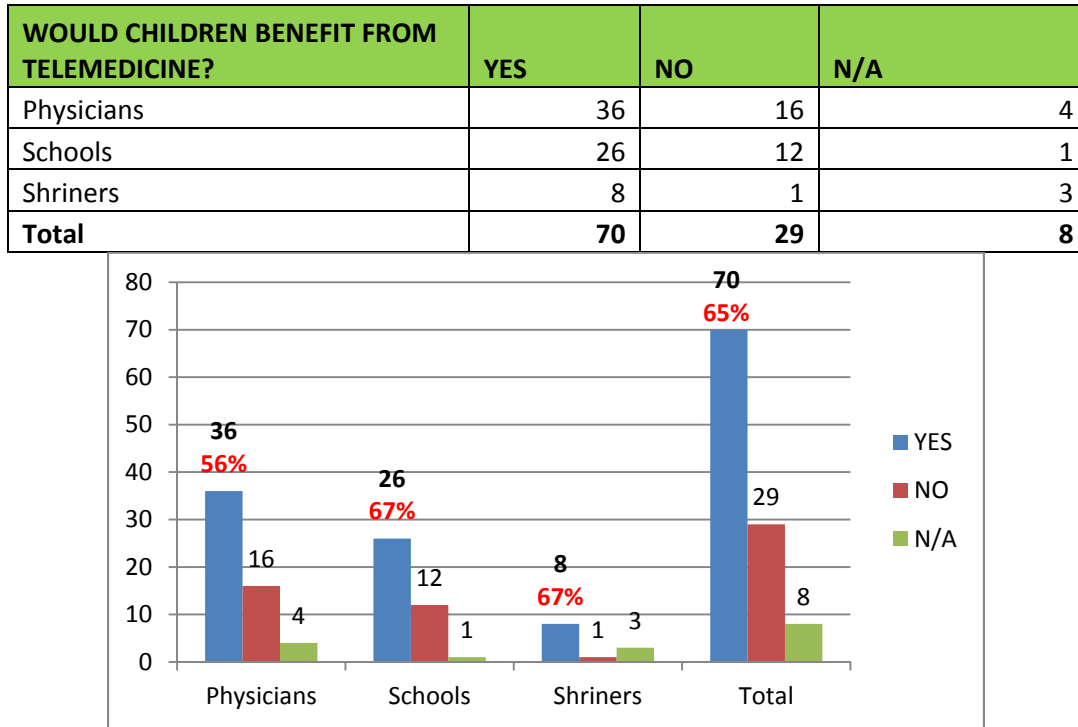
FIGURE 13. Survey question: Are transportation challenges an obstacle to health care access for children in your community?

| Are Transportation Challenges an Obstacle to HC Access? | YES | NO | N/A |
|--|------------|-----------|------------|
| Physicians | 25 | 14 | 17 |
| Schools | 16 | 10 | 13 |
| Shriners | 11 | 0 | 1 |
| Total | 52 | 24 | 31 |



Regarding the benefit of telemedicine appointments for children in their communities, 65% of respondents said it would be beneficial (*Figure 14*).

FIGURE 14. Survey Question: In your opinion, would children in your area benefit from orthopaedic or plastic surgery appointments via telemedicine?



Evaluation of Data

Based on the findings of our primary and secondary data sets, we have concluded that transportation obstacles in Los Angeles County have created a defined community need for improved access to pediatric medical care in the categories of orthopaedics and plastic surgery.

Action Plan

Goal

The CHNA goal was ultimately defined as *To provide greater access to specialized medical care to the children of Los Angeles County whose families encounter health care access obstacles due to lack of transportation.*

Objectives and Strategies

SHC-LA's existing Telemedicine program includes seven satellite locations throughout the Southwest: Albuquerque, NM; Las Vegas, NV; Phoenix, AZ; Tucson, AZ; Hobbs, NM; Hermasillo, Mexico; Tijuana, Mexico. In 2015, our physicians conducted one-on-one clinical appointments via telemedicine with 824 pediatric patients from these areas (Exhibit D). However, SHC-LA currently has no telemedicine locations within the state of California. An expansion of the existing program to include telemedicine satellite offices in the underserved areas of Los Angeles County has the potential to address the defined community need.

Goals, Strategy, Implementation Timeframe, Evaluation Plan and Responsible Personnel as follows:

| Goal(s) | Objective(s) | Strategy (Action Steps) | Implementation Timeframe | Evaluation Plan for Monitoring | Responsible Personnel |
|---|--|---|--|---|--|
| 1. Provide greater access to specialized medical care to the children of Los Angeles County whose families encounter health care access obstacles due to lack of transportation | 1. Partner with local primary care providers to develop satellite telemedicine offices in underserved areas of L.A. County | <p>1A. Consult with Federally Qualified Health Centers (FQHCs) and referring physicians whose medical practices are located in economically disadvantaged areas of L.A. county</p> <p>1B. Identify short-list of viable partners</p> | <p>1A. Two consultations per month beginning 3rd quarter 2016</p> <p>1B. April 1, 2017</p> | <p>1A. From list of 12 (or more) potential partners, at least two viable community partners identified</p> <p>1B. Short list submitted to Telemedicine Committee by deadline</p> | <p>1A. Director of Community Relations</p> <p>1B. Director of Community Relations; Telemedicine Committee</p> |
| | 2. Partner with Los Angeles Unified School District to develop satellite telemedicine clinics at school-based health centers | <p>2A. Consult with school-based health center administrators and CMOs</p> <p>2B. Identify short-list of viable partners</p> | <p>2A. Two consultations per month beginning 3rd quarter 2016</p> <p>2B. April 1, 2017</p> | <p>2A. From list of 12 (or more) school district partners, at least two viable school-based partners identified</p> <p>2B. Short list submitted to Committee by deadline</p> | <p>2A. Director of Community Relations</p> <p>2B. Director of Community Relations</p> |
| | 3. Expand SHCLA's existing telemedicine program to include sites located in underserved areas of Los Angeles County | <p>3A. Create SHC-LA Telemedicine Committee: COS, DPCS, clinical staff, IT Director, Telemedicine Coordinator, Director of Community Relations</p> <p>3B. Write business plan for Telemedicine Expansion and submit to Corporate Office for approval</p> <p>3C. Open at least one satellite telemedicine clinic in L.A. County staffed by with SHC-LA physicians</p> | <p>3A. Bi-monthly meetings beginning 3rd quarter 2016</p> <p>3B. June 1, 2017</p> <p>3C. June 15, 2018</p> | <p>3A. Examine minutes from committee meetings; have action plans been implemented by responsible personnel?</p> <p>3B. Business plan completed and delivered to Corporate Headquarters by deadline</p> <p>3B. Business plan approved and funded by Corporate Headquarters</p> <p>3C. Clinic open</p> | <p>3A. Chief of Staff</p> <p>3B. Community Relations Coordinator; Members of Committee, Board of Gov's</p> <p>3C. Administrator, Chief of Staff, DPCS, Members of Committee, Board of Gov's</p> |

Results of Previous CHNA – 2012

In 2012, the goal of our CHNA was to impact the health and well-being of our community by increasing public awareness of SHC-LA's inclusive community policies, such as our mission to treat children based on medical need regardless of the families' ability to pay. A clear indicator that we accomplished our goal is that our new patient referrals in the state of California increased 30% between 2012 and 2014. Also in 2014, SHC-LA was ranked number one in the Shriners Hospitals system for increasing the percentage of referrals from health care professionals by 64%. These gains were achieved through direct marketing campaigns, an increased social media presence, community health fair attendance, clinical and informational lectures for health care providers, and most importantly, in-person site visits to community clinics, physicians, regional centers, schools, government agencies, and other nonprofit community organizations.

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Exhibits

Exhibit A - Community Health Needs Assessment Survey – Physicians



Shriners Hospitals
for Children®

Shriners Hospitals for Children-Los Angeles
Department of Community Relations
3160 Geneva St., Los Angeles, CA 90020
Referrals: 888.486.5437
Main: 213.388.3151
www.shcla.org

Shriners Hospitals for Children – Los Angeles wants to identify the concerns of pediatric health care providers in our community. As a valued partner, please complete this brief 7-question survey. Your answers will help us to identify the needs of children in our service area. Thank you in advance for your response.

Please return this survey in the enclosed postage-paid envelope by January 31, 2016.

1. In which state and county is your practice located?

STATE: _____ COUNTY: _____

2. What is the zip code of your practice? _____

3. Have you ever referred your pediatric patients to specialists in orthopaedics?

Yes No

If you answered “yes,” please answer the following:

3a. Of the orthopaedists you referred your patients to, were any available for appointments via telemedicine?

Yes No

4. Have you ever referred your pediatric patients to specialists in plastic surgery?

Yes No If you answered “yes,” please answer the following:

4a. Of the plastic surgeons you referred your patients to, were any available for appointments via telemedicine?

Yes No

CONTINUED ON REVERSE SIDE.....



5. To your knowledge, have your pediatric patients had **difficulty accessing** either of the above specialists due to transportation challenges? (Examples of challenges: family does not own a car, family cannot afford the cost of transportation such as gasoline or bus fare, family cannot pay the cost of medical parking, etc.)
- Yes No Don't know
6. To your knowledge, have your pediatric patients **missed medical appointments entirely** with either of the above types of specialists due to problems with transportation?
- Yes No Don't know
7. In your opinion, would your pediatric patients benefit from access to orthopaedic specialists and/or plastic surgeons via telemedicine appointments?
- Yes No

Please return the completed survey in the enclosed postage-paid envelope by January 31, 2016. Thank you for your time.

Exhibit B – Community Health Needs Assessment Survey – School Nurses



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Shriners Hospitals for Children-Los Angeles
Department of Community Relations
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Referrals: 888.486.5437
Main: 213.388.3151
www.shcla.org

Shriners Hospitals for Children – Los Angeles wants to identify the concerns of pediatric health care providers and administrators in our community. As a valued partner, please complete this brief 7-question survey. Your answers will help us to identify the needs of children in our service area. Thank you in advance for your response.

Please return this survey in the enclosed postage-paid envelope by January 31, 2016.

7. In which state and county is your school(s) located?

STATE: _____

COUNTY: _____

8. What is the zip code of your school(s)? _____

9. Have you ever referred a student to a specialist in orthopaedics?

- Yes
- No

If you answered “yes,” please answer the following:

3a. Of the orthopaedist(s) you referred to, were any available for an appointment via telemedicine?

- Yes
- No


10. Have you ever referred a student to a specialist in plastic surgery?

- Yes
- No

If you answered “yes,” please answer the following:

4a. Of the plastic surgeon(s) you referred to, were any available for appointments via telemedicine?

- Yes
- No

CONTINUED ON REVERSE SIDE.....

11. To your knowledge, have your students had **difficulty accessing** either of the above specialists due to transportation challenges? (Examples of challenges: family does not own a car, family cannot afford the cost of transportation such as gasoline or bus fare, family cannot pay the cost of medical parking, etc.)

- Yes
- No
- Don’t know

12. To your knowledge, have your students **missed medical appointments entirely** with either of the above types of specialists due to problems with transportation?

- Yes
- No
- Don’t know

7. In your opinion, would your students benefit from access to orthopaedic specialists and/or plastic surgeons via telemedicine appointments?

- Yes
- No

Please return the completed survey in the enclosed postage-paid envelope by January 31, 2016. Thank you for your time.

Exhibit C - Community Health Needs Assessment Survey – Shriner Volunteers



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Shriners Hospitals for Children-Los Angeles
Department of Community Relations
3160 Geneva St., Los Angeles, CA 90020
Referrals: 888.486.5437
Main: 213.388.3151
www.shcla.org

*Shriners Hospitals for Children – Los Angeles is conducting a community health needs assessment. As our valued partner, please complete this brief 7-question survey **regarding children in the area of your Shrine club, residence and/or workplace.** Your answers will help us identify the needs of children in our service area. Thank you in advance for your response.*

Please return this survey in the enclosed postage-paid envelope by January 31, 2016.

13. In which state and county is your Shrine club located?

STATE: _____

COUNTY: _____

14. What is the zip code of your Shrine club? _____

15. Have you ever identified children in your area who needed specialty medical care for orthopaedic (bones, muscles, joints) issues?

Yes No

If you answered “yes,” please answer the following:

3a. Of the children you identified who needed orthopaedic specialty care, were any seen by an orthopaedic physician via telemedicine?

Yes No

16. Have you ever identified children in your area who needed specialty medical care in the category of plastic surgery? (Examples of conditions requiring plastic surgery include: cleft lip and palate, burn scars, ear deformities, facial deformities, port wine stains.)


Yes No

If you answered “yes,” please answer the following:

4a. Of the children you identified who needed plastic surgery, were any seen by a plastic surgeon via

telemedicine?

- Yes
- No

CONTINUED ON REVERSE SIDE..... 

17. To your knowledge, have children in your area had **difficulty accessing** either of the above specialists due to transportation challenges? (Examples of challenges: family does not own a car, family cannot afford the cost of transportation such as gasoline or bus fare, family cannot pay the cost of medical parking, etc.)

NOTE: If your Shrine club or Temple has ever provided complimentary transportation for children in your area to a Shriners Hospital, please check “yes.”

- Yes
- No
- Don’t know

18. To your knowledge, have children in your area **missed medical appointments entirely** with either of the above types of specialists due to problems with transportation?

- Yes
- No
- Don’t know

7. In your opinion, would children in your area benefit from orthopaedic or plastic surgery appointments via telemedicine?

- Yes
- No

Please return the completed survey in the enclosed postage-paid envelope by January 31, 2016. Thank you for your time.

Exhibit D – Telemedicine Clinics Patient Volume by Month for 2015

