MLK Community Healthcare

COMMUNITY BENEFIT REPORT & PLAN

Fiscal Year 2025
(July 1, 2024–June 30, 2025)
HCAI Hospital ID: 106191230

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Sacramento, California
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MLK Community Healthcare

COMMUNITY BENEFIT REPORT & PLAN

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MESSAGE FROM THE SENIOR VICE PRESIDENT OF POPULATION HEALTH

Each year, this Community Benefit Report gives us an opportunity to reflect on what we've accomplished—together with our patients, community partners and staff—to advance health equity across South Los Angeles. It is also a tool of accountability: to demonstrate how we've invested our time, talent and resources to serve the community we are privileged to care for. As MLK Community Healthcare marks its 10th anniversary, we celebrate a decade of progress and recommit ourselves to the work ahead. Our mission to advance health equity remains as urgent as ever, and this report reflects both our impact and our ongoing responsibility.

In FY2025, we expanded access to essential services across our service area through the recruitment of mission-driven providers, as well as continued development of programs and services that help manage chronic health conditions, including integrated behavioral health services. Our efforts in maternal and infant health, diabetes management and behavioral health show promising results, improving health outcomes and quality of life for many.

This year also brought national recognition for our commitment to patient safety and quality. Martin Luther King, Jr. Community Hospital earned its fifth consecutive "A" Hospital Safety Grade from The Leapfrog Group, an independent national watchdog that evaluates nearly 3,000 hospitals across the U.S. This prestigious distinction places MLKCH among a select group of hospitals consistently recognized for protecting patients from preventable harm, infections, and medical errors—based on more than 20 evidence-based safety measures.

The impact of our efforts is both measurable and far-reaching. By increasing access to medical specialists and innovative programs like telehealth and street medicine, MLKCH reaffirms its commitment to reaching patients where they are. We know that health is shaped by more than clinical care alone, which is why we continue to address the upstream factors that influence health—such as food insecurity, housing instability and access to reliable transportation. By tackling these social drivers head-on, we're helping to build a stronger foundation for long-term health and equity in this community.

These efforts take place in a region that continues to grapple with generations of underinvestment. Yet South LA is also a place of deep resilience, leadership and possibility. We've seen firsthand how targeted investments, trust-building and culturally aligned care can make a tangible difference in community health and hope.

I'm proud of what this report represents—not only the numbers, but the values behind them. In looking back on this decade of service, we see what's possible when care is rooted in community, equity and shared purpose. Thank you to the staff, partners, and community members who continue to shape this journey. Together, we're building a healthier and more just future for South Los Angeles.

Jorge Reyno, MD, MHA
Senior Vice President, Population Health
MLK Community Healthcare

ABOUT MLK COMMUNITY HEALTHCARE

MLK COMMUNITY HEALTHCARE (MLKCH) is a private, nonprofit healthcare system that includes a safety-net hospital on the MLK Medical Campus in South LA, as well as primary and specialty care centers throughout the area. Our mission drives quality patient care and programs that address prevention and social conditions that negatively impact health.

Our Mission

To provide compassionate, collaborative, quality care and improve the health of our community.

Our Vision

To serve as a leading model of innovative and collaborative community healthcare.

Our Values

Caring, Collaboration, Accountability, Respect and Excellence.

Specifically, MLKCH offers:

MLK Community Hospital

A 131-bed facility for inpatient care offering emergency, maternity, general surgery and ancillary services typical of a community hospital.

Outpatient Care Centers

We operate multiple outpatient care centers throughout South LA, offering primary and specialty care.

Wound Care Center

MLKCH operates South LA's only wound care center with individual hyperbaric chambers for the advanced treatment of non-healing wounds and other complex health conditions.

Community-based care

MLKCH offers in-community programs, including health education and screening, mobile healthcare, in-home care and street medicine.

AWARDS & RECOGNITIONS

LEAPFROG HOSPITAL SAFETY GRADE
A
FALL 2025

Cal Hospital Compare
MATERNITY HONOR ROLL 2023

Baby-Friendly USA

CMQCC California Maternal Quality Care Collaborative
MDC SUPERSTAR ★★ AWARD ★★
Small Birth Volume Hospital

QUALITY & SUSTAINABILITY AWARD
CMQCC California Maternal Quality Care Collaborative
LOW CESAREAN BIRTH RATE

HIMSS
TOP 6.4%
IN THE NATION FOR TECH

BEST MATERNITY HOSPITALS 2020
Newsweek

CHIME
HEALTHCARE'S MOST WIRED

ABOUT OUR COMMUNITY

South Los Angeles

South Los Angeles is a community rich in cultural legacy, resilience and civic pride. From its agricultural beginnings in the 1700s to its central role in social justice movements and artistic innovation throughout the 20th century and beyond, South LA has long been a crucible of change in California. Waves of migration have shaped the dynamic, multilingual and multigenerational communities that call this region home. MLK Community Healthcare is proud to serve South LA and stand alongside its residents, advocates and local leaders working to ensure access to high-quality care and services.

Today, more than 1.3 million people live in South LA's Service Planning Area 6 (SPA 6), over 90% of whom identify as Black or Latino.

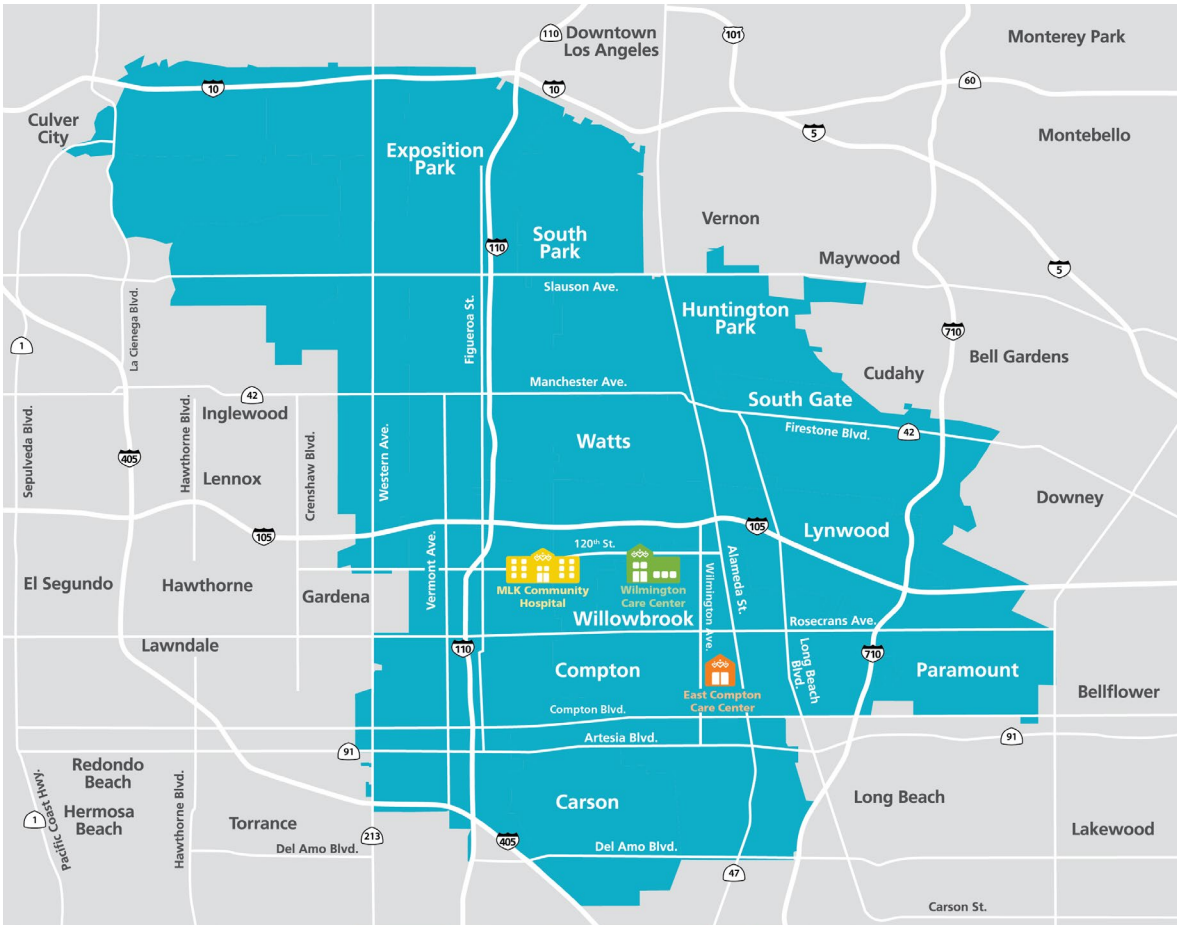
Health Equity in Context

While the history of this community is vibrant and deeply rooted, decades of underinvestment have contributed to challenges including a poverty rate nearly double the county average, elevated rates of housing insecurity and fewer options for nutritious food and recreation.

These inequities directly affect health outcomes. SPA 6 has among the highest rates of chronic illness —including diabetes, hypertension, COPD and heart disease—in Los Angeles County. Life expectancy in parts of South LA is up to 10 years shorter than in more affluent areas just a few miles away.

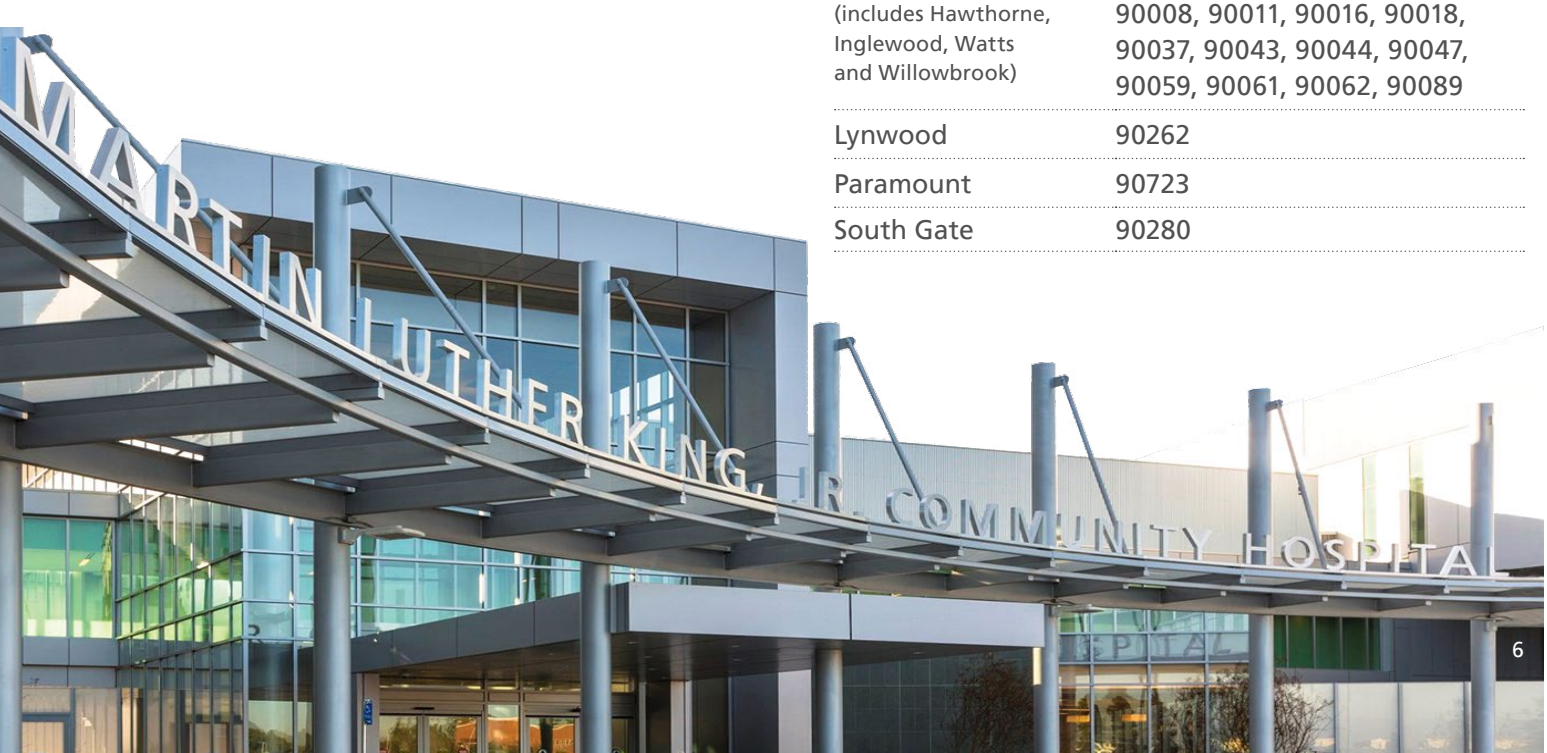
One of the most urgent challenges is access to care. The region faces a shortage of more than 1,500 physicians, and large portions of South LA are designated by the federal government as Medically Underserved Areas or Health Professional Shortage Areas. Without adequate access to primary and specialty care, many residents rely on emergency departments to manage preventable or chronic conditions.

At MLKCH, we are committed to closing these gaps—not only by delivering excellent care, but by investing in community-based programs, workforce development and long-term partnerships that advance health equity for all.



MLK COMMUNITY HEALTHCARE SERVICE AREA

GEOGRAPHIC AREA	ZIP CODE
Carson	90746, 90747
Compton	90220, 90221, 90222
Gardena	90247, 90248
Huntington Park	90255
Los Angeles (includes Hawthorne, Inglewood, Watts and Willowbrook)	90001, 90002, 90003, 90007, 90008, 90011, 90016, 90018, 90037, 90043, 90044, 90047, 90059, 90061, 90062, 90089
Lynwood	90262
Paramount	90723
South Gate	90280



COMMUNITY HEALTH NEEDS ASSESSMENT

The **2023 Community Health Needs Assessment (CHNA)** identified priority health needs in the community by analyzing a broad range of social, economic, environmental, behavioral and clinical factors that influence health outcomes. To better understand the overall needs of this community, we reviewed quantitative data from various published sources and compared it to benchmark data at SPA (Service Planning Area), County and State levels when available. Additionally, input on existing resources and innovative ideas to address the priority needs was gathered from local stakeholders through interviews, written surveys, community convenings and focus groups.

MLKCH developed its **2024–2026 Implementation Strategy**, which focuses on the most significant health needs identified in the CHNA. In collaboration with community partners, MLKCH established six priorities for **Fiscal Year (FY) 2025 (July 1, 2024–June 30, 2025)**:

- Increasing Access to Preventive, Primary and Specialty Care Services
- Managing Chronic Health Conditions
- Behavioral Health
- Homeless Health
- Ensuring Cultural Alignment of Care
- Addressing Social Determinants of Health

The 2024–2026 Implementation Strategy and 2023 CHNA can be accessed at **mlkch.org/community-reports**. A paper copy is available for inspection by the public upon request. Feedback on these reports is welcome.

*To send written comments or request more information on the 2023 CHNA or 2024–2026 Implementation Strategy contact **kyb@mlkch.org**.*

COMMUNITY BENEFIT SERVICES FY2025 SUMMARY

Improving the health of our community

Over the past year, MLKCH has expanded access to quality care and health education throughout South LA. In response to the needs identified in the 2023 Community Health Needs Assessment, MLKCH implemented and expanded programs using the framework outlined in the 2024–2026 Implementation Strategy.

1 Access to preventive, primary and specialty care

Increased the number of doctors

We remain steadfast in our commitment to provide our community with a larger network of doctors trained in a variety of specialties. Over the past year, we recruited eight new providers to our outpatient care centers, including specialists in infectious disease, family medicine, internal medicine, neurology and midwifery.

Expanded access to medical specialists and services

Expanding access to specialty care to manage chronic conditions such as diabetes, heart disease and respiratory disorders has remained a top priority for MLKCH this past year. We expanded our network of medical specialists to better support effective treatment strategies, and also to align with our Implementation Strategy goals of improving access to care and enhancing chronic disease management. MLKCH's 55 providers offered care across 21 specialties:

- Addiction Psychiatry
- Cardiology
- Critical Care
- Endocrinology
- Family Medicine
- Hand Surgery
- Infectious Disease
- Internal medicine
- Interventional Radiology
- Midwifery
- Nephrology
- Neurology
- OB/GYN
- Pediatrics
- Podiatry
- Psychiatry
- Pulmonology
- Rheumatology
- Urology
- Vascular Surgery

MLKCH continued to coordinate care across inpatient and outpatient settings in FY25, with an estimated 23,614 patients accessing primary and specialty medical services at our outpatient care centers, marking a 48% increase from the previous year.

In addition to the already existing patient panel, MLKCH provided specialty medical services to over 561 new patients during FY25—a 124% increase over the prior year—and continued to have an 83% overall show rate for patients attending their appointments. This growth reflects increased demand and improved capacity across our system, as well as strong patient engagement and trust in our care teams.

Public assistance programs

The Medical Office Building (MOB) on the MLK Medical Campus provided expanded space for doctor visits and additional services such as an on-site pharmacy and state-of-the-art wound care center. It also provided space for employee training and patient education. Additional patient services in the MOB included assistance with enrolling for health insurance and other forms of public assistance such as the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC) program.

Financial assistance and health insurance enrollment

Through our Financial Assistance services, MLKCH assisted over 1,600 patients to sign up for Medi-Cal, with approximately 840 approved for healthcare benefits. Additionally, about 3,130 patients were temporarily placed on Medi-Cal while waiting for their applications to be finalized. Altogether, MLKCH helped over 4,700 uninsured and underinsured patients with obtaining health coverage. The enrollment team also supported community members to access CalFresh services to address food insecurity issues.

Telehealth services

MLKCH's telehealth services, or video and telephone visits, increased South LA residents' access to healthcare and social services in FY25. We provided care to over 3,300 patients, who completed an estimated 5,800 telehealth visits during this time. Telehealth services have saved patients driving time and miles traveled compared to an in-person doctor visit. By providing telehealth, we reduced the need for emergency department visits and improved access to care for our community.

Transportation assistance

MLKCH offered transportation assistance to eliminate barriers to healthcare access in FY25, supplying over 320 courtesy roundtrip rides via UberHealth for patients with doctor appointments at MLKCH. MLKCH covered the service cost at about $8,200 per year.

Maternal and infant health

Expanding prenatal care and post-delivery support for expectant mothers in the community remains a top priority for MLKCH. We expanded access to maternal and child health specialists through community partnerships—such as the African American Infant and Maternal Mortality Prevention Initiative and Women, Infants and Children (WIC)—as well as adding pediatricians to our care centers. Additionally, we improved access to comprehensive family planning and contraceptive services.

In FY25, MLKCH continued to successfully deliver healthy babies at our hospital with our award-winning delivery model. Additionally, MLKCH offered a community lactation outpatient care center in East Compton, which served 80% of mothers who delivered at MLKCH this past year. It is the only lactation clinic in South LA, providing specialized support to mothers who have breastfeeding challenges, as well as maternal nutrition and breast pump support. The lactation care center also offered prenatal visits, transportation assistance and virtual visit options upon request. As part of our efforts to expand access to quality care in this community, the Lactation Care Center welcomes all patients—regardless of their insurance status, prior referrals or where they gave birth.

Our **Welcome Baby** program provided home and community-based support services for new mothers, including home visits after they gave birth. This program served approximately 660 families in FY25, offering home visits, postpartum support and other educational resources.

To further support maternal health, our perinatal team offered the **First 48 Hours** class, **Mommy Support Group** and the **Prenatal Lactation Class**, ultimately serving over 350 expectant and new mothers through virtual education last year.

- **First 48 Hours** is a free class on what to expect after delivery, including newborn testing, immunizations, changes to the mother's body and breastfeeding education.
- The **Mommy Support Group** is a free, weekly peer support group for new mothers in the community. It covers topics such as feeding, maternal nutrition and balancing breastfeeding with work or school.
- The **Prenatal Lactation Class** is led by a Board-Certified Lactation Consultant at the East Compton Care Center. The free class helped new mothers feel prepared before the birth of the baby by providing prenatal education and breastfeeding support.

2 Management of chronic health conditions

Diabetes Center of Excellence program

Diabetes is a common condition among South LA residents. Through the Diabetes Center of Excellence Program, MLKCH offered quality services and comprehensive resources to approximately 800 patients in FY25. To date, the program has served nearly 6,000 patients, supporting them in making key lifestyle changes. We also implemented evidence-based measures in their care, such as:

- Blood Pressure Control
- Retinal Eye Exams
- Foot Exams
- Measures of Blood Sugar Control
- Kidney Health Evaluation
- Cholesterol and Other Blood Lipid Control
- Smoking and Tobacco Use Screening and Follow-Up

Our efforts resulted in more patients keeping their diabetes under control, fewer hospital admissions and reduced health complications.

Many patients who enrolled in the Diabetes Center of Excellence Program also participated in the Intense Disease Management Program, where they received additional patient education, personalized treatment plans, a Health Action Plan (updated quarterly) and a Brief Action Plan. These action plans were developed collaboratively with the clients to promote positive health behavior changes and self-management.

Each patient also received dedicated support from our multispecialty team that included an endocrinologist, clinical pharmacist, care coordinators, case managers, a diabetes nurse specialist and community health workers.

As a result, approximately 66% of these patients were successful in meeting their care plan goals, which included maintaining controlled diabetic hemoglobin A1C and glucose levels, as well as achieving environmental stability (such as safe and stable housing). This success reflects the importance of addressing both clinical and social needs to achieve good outcomes.

Coaching

In FY25, about 1,500 patients were provided with education and individual coaching from our Certified Diabetes Education Specialists and Diabetes Pharmacists. Patients worked alongside educators to create and monitor their personalized care plans. Coaching sessions covered key aspects of diabetes management, including blood sugar monitoring, troubleshooting diabetes devices such as meters, pens, pumps and sensors; as well as providing medical education on how to self-administer insulin. Additionally, patients were coached on how to set realistic goals, adopt healthy eating habits and learn coping strategies to maintain a good quality of life.

When necessary, an MLKCH community health worker provided supplementary coaching to patients at home. Those who participated in the Intense Disease Management Program continued to receive home visits from community health workers, ensuring that they understood and were compliant with their care regimen.

COMMUNITY HEALTH PROGRAMS

Know Your Basics community health program

Know Your Basics (KYB) is a community health program that empowers South LA residents to take control of their health and wellness by providing free health screenings, education, resource referrals, health insurance guidance and peer support.

Over the past year, KYB partnered with over 20 organizations at 25 community events and provided over 1,200 health screenings. Additionally, KYB reached approximately 30,000 residents through newsletters offering health tips on topics like chronic conditions, nutrition, women's and men's health, social justice and mental health.

KYB reached residents in their communities, offering services at shopping malls, farmers' markets, community health fairs, churches, schools and housing projects. Local nursing students, alongside MLKCH nurses and staff, volunteered to conduct health screenings for blood glucose, blood pressure and body mass index (BMI).

Through our partnerships with neighboring community organizations, MLKCH also hosted 18 educational sessions and engaged approximately 360 additional community members this past year. These sessions included cooking classes at our cafeteria, health panels at community events, learning sessions provided by MLKCH staff, and "Doc Talks"—a health education series where our physicians visit community spaces to discuss key health issues such as flu prevention, diabetes, heart disease and kidney disease.

ManUp! For Your Health barbershop outreach program

ManUp! For Your Health is a men's health outreach program offered in barbershops throughout South LA. ManUp! provided health screenings and education to men in the familiar setting of their neighborhood barbershops.

Last year, we partnered with eight different barbershops and conducted over 30 health screening events to help men take charge of their health, ultimately conducting about 250 health screenings.

Flu education and vaccination

During the 2024–2025 flu season, our outreach team provided community education on the flu, with a focus on areas in South LA with a high number of flu cases. Thanks to a robust and easy-to-understand health education campaign targeted toward reluctant community members, we were able to successfully vaccinate nearly 100 people who reported being hesitant of vaccines in the past.

3 Behavioral health

Integrated behavioral health program

A significant number of MLKCH patients experience behavioral health challenges, often in connection with chronic health conditions. In response, MLKCH built upon its innovative Integrated Behavioral Health (IBH) program to address mental health, physical health and substance use disorders. Patients were assessed at the first point of contact to identify any potential links between a chronic medical condition and behavioral health concerns. This allowed the MLKCH behavioral health team to intervene early, if necessary.

Through the IBH program, about 3,400 patients were referred and/or connected to behavioral health services, while 200 patients were linked to outpatient doctors and other treatment programs. Additionally, over 250 patients were offered telehealth consultations to address their behavioral health needs, resulting in about 900 video and phone visits.

To provide safe and effective solutions to patients with opioid use disorder, IBH program helped distribute over 100 doses of the emergency treatment drug Narcan free of charge in FY25, which helped reduce the number of fatal opioid overdoses in the community.

4 Homeless health

Post-discharge homeless care

Homeless health continues to be a key focus area for MLKCH. The number of people experiencing homelessness in our community is significant, and health disparities among this group continue to grow. Many people who experience homelessness repeatedly return to the emergency department seeking a safe place to connect to the programs and services they need to manage their health conditions.

In response, we enhanced our care coordination services and expanded our network of external partners to give South LA's homeless population more placement options. In FY25, we supported over 3,200 unhoused individuals with basic necessities such as food and clothing. We offered our unhoused patients services from a dedicated homeless services supervisor, homeless service coordinator, housing navigator and community health workers to help our patients navigate and access resources critical to their health.

3,200+ **unhoused individuals supported with basic necessities such as food and clothing in FY25**

Our partnerships with community-based homeless service navigators, recuperative care and transitional living facilities were essential to this work. The hospital contributed to the cost of recuperative care for uninsured and underinsured patients and also participated in transitional housing partnerships, such as the local Homeless Coalition and the Homeless Outreach Program Integrated Care System.

Through these partnerships, we connected over 9,900 people experiencing homelessness to social services or basic needs— a 15% increase from the previous year. We discharged and referred over 2,800 patients to reserved shelter beds and the Los Angeles County Recuperative Care and Transitional Living program, which provided them with a safe and low-cost location to recover after leaving the hospital.

80+ people experiencing homelessness were connected to services in FY2025

Housing support services

Due to a lack of access to healthcare and other inequities, people experiencing homelessness have significantly poorer health outcomes and higher mortality rates compared to the general population. These disparities are partially due to competing priorities—such as the need to find food and safe shelter—which often take precedence over seeking healthcare. Additionally, people experiencing homelessness have higher rates of emergency department (ED) visits and are more likely to return to the ED compared to their housed counterparts, even after being placed in a housing facility.

MLKCH participated in the Homeless Housing and Support Services (HHSS) program, a comprehensive initiative under the California Advancing and Innovating Medi-Cal (CalAIM) framework developed by the Department of Health Care Services (DHCS). This program integrated Community Supports, including housing navigation, tenancy services and recuperative care, to address the needs of people experiencing homelessness.

Housing navigation services focused on assessing participants' housing needs, first identifying barriers to secure housing before developing strategies to address both immediate and long-term challenges. Tenancy services provided support to help individuals maintain stable housing by establishing preventive measures, offering early intervention when issues occurred, and mitigating risks that lead to housing instability.

Through Community Supports under the HHSS program, MLKCH social workers referred patients to recuperative care and connected them with case managers for additional support. These teams created a seamless pathway to stable housing and comprehensive care by collaborating to enroll patients in Housing Navigation or Tenancy Services.

Street Medicine

In FY25, our Street Medicine department provided ongoing direct care to over 560 members of South LA's homeless community. All care—which includes dispensing medications, providing minor medical procedures and blood drawing—was provided free of charge and delivered on-site where the person was based.

The department also connected nearly 100 people experiencing homelessness to services such as housing, primary care visits and mental health care and drug treatment. They also distributed nearly 70 doses of Narcan, the overdose-reversal medicine.

The goals of Street Medicine are to:

- Assist inpatient teams with minimizing the number of patients discharged to the street
- Provide recommendations on care plans in the inpatient setting based on their knowledge of homelessness
- Provide homeless people with follow-up medical care should they choose to return to a street setting

When paired with an inpatient hospital-based consult service, the Street Medicine team was able to effectively decrease 30-day emergency department readmission rates among this population by nearly 40%, establish ongoing primary care for them, and decrease the length of their hospital stay.

5 Cultural alignment of Care

MLKCH Research Enterprise

The MLKCH Research Enterprise is committed to advancing community health and saving lives in South Los Angeles through cutting-edge clinical research. Our mission is to foster learning, drive innovative research and bring the benefits of our discoveries to underserved communities by delivering exceptional patient care.

We are especially committed to achieving significant scientific breakthroughs for patients with difficult-to-treat diseases seen at our safety-net hospital, with a focus on tackling chronic conditions like diabetes and congestive heart failure. We address these issues not only to improve local health outcomes, but to set a standard that can serve similar communities across the nation.

MLKCH has long-term partnerships with leading institutions like Stanford University, UCSF, City of Hope, UCLA, and Cedars-Sinai. These collaborations, alongside support from local organizations and community advocates, fuel our groundbreaking research in science, technology and medicine, ultimately enhancing our efforts to develop innovative treatments that can transform patient care.

Together, we are building a model for equitable healthcare, advancing treatments, and creating a lasting impact on community health.

Graduate Medical Education

MLKCH offers a three-year graduate medical education residency program in internal medicine, which features a strong emphasis on healthcare in the context of equity and social justice. The program includes coursework related to social determinants of health such as race and ethnicity, income, equitable access to care and other factors.

The residency program is designed to attract quality providers to one of the most medically underserved communities in the nation. South LA has ten times fewer doctors than more affluent areas and is designated as a Health Professional Shortage Area by the Health Resources and Services Administration. This lack of access to quality care has resulted in some of the worst health outcomes in the state.

To date, MLKCH has a total of 15 Internal Medicine Residents participating in the program and 100% of those residents identify as a person of color. This statistic is important to MLKCH, ensuring that staff and providers reflect the community they serve.

Center for Advancing Safety Net Healthcare

At MLKCH, we're committed to shedding light on the inequities facing under-resourced communities and supporting new approaches to help eliminate these disparities.

This past year, we established the Center for Advancing Safety Net Healthcare, which will focus on research that uncovers the systemic causes behind health disparities in South LA and similar communities. Drawing on our institution's longstanding commitment to excellence in safety-net healthcare, we will utilize our expertise to develop and evaluate promising models of healthcare that target these inequities.

Through rigorous research, we seek to identify the root causes of the ongoing health challenges in our community. Our findings will not only inform our own practices, but also serve as a foundation for policy recommendations that advocate for long-term solutions.

With the recent appointment of a dedicated Director for the Center, we are moving forward with a leader to steer this work, cultivate partnerships and impact health disparities. We are committed to creating a healthier, more equitable future—one that is grounded in data, compassion and a commitment to justice in healthcare.

6 Social determinants of Health

Nutrition and food access

To support people who experience chronic health conditions along with food insecurity, MLKCH offered a food "prescription" program called Recipe for Health (RFH). This program provided participants with a weekly supply of fresh fruits and vegetables, along with cooking and nutrition classes, so they could learn more about how different food choices can improve their health. Family members also benefitted from the program's education along with participants, helping to build healthy habits across generations. Our MLKCH cafeteria—a model of healthful and affordable food choices—is an integral part of this program.

RECIPE FOR HEALTH

During FY25, the RFH team enrolled over 476 adults (ages 18 and older) and 23 children (between the ages of 5 and 17), for a total of 500 participants. RFH also provided over 6,100 fresh produce packages to participants and their families.

Clinical outcomes

Participants in the RFH program saw decreased levels of diabetic hemoglobin A1C and high blood pressure. Overall, about 85% of participants experienced at least one improved health outcome—whether in A1C levels, body mass index or blood pressure—marking a significant increase from the previous year. Given that most participants entered the program with food insecurity and two or more chronic conditions, these improved outcomes demonstrated a significant positive impact. Anecdotally, many patients reported they were sharing program-provided recipes with their families, suggesting that the program's benefits extended to entire households.

Healthcare use

Participants in the RFH program were more likely to attend their appointments, even those unrelated to RFH. Compared to non-participants, they also had fewer emergency department visits. In FY25, approximately 40% avoided an emergency department visit and 80% maintained their primary care appointments at an MLKCH outpatient Care Center—an improvement from previous years.

Health behaviors

As participants continued in the RFH program, many reported eating more than two servings of fruits and vegetables per day. Participants also improved their knowledge of food preparation methods and credited the program with helping them enjoy more nutritious meals.

This underscores the impact of the health education provided by the RFH team, which included simple meal ideas, healthy food alternatives and other recipes. Many participants also reported a significant reduction in their consumption of fast food, from 3–5 times a week to 0–2 times per week. Additionally, many noted that since the joining program and learning how to cook, they had not gone a full day without eating a meal.

Cooking Classes

As part of the RFH education initiative, MLKCH launched a new series of cooking classes called Cooking with Community, held every other month at the hospital. These free classes offered community members education and live cooking demonstrations to support healthier lifestyle choices. Each class featured different health topics and recipes using items from a RFH participant's food package or affordable items that can be purchased from the local grocery store. The dishes were selected with consideration of the diverse cultural population, incorporating foods that they're accustomed to. Over the past year, MLKCH hosted five cooking classes to the community, introduced 10 new recipes and engaged nearly 100 community members.

Home paramedicine program and access to in-home care

The MLKCH Home Paramedicine Program is a mobile healthcare service that delivers in-home care to recently discharged MLKCH patients across South LA. The program was designed to assist patients in their recovery after their hospital stay. Medical personnel, such as paramedics or nurses, visit the patients at home within 6 to 48 hours of discharge to follow up on the treatment, referrals, conduct safety checks and relay their findings to the attending physician.

The majority of patients served through this program have chronic conditions such as congestive heart failure, chronic obstructive pulmonary disease (COPD) and diabetes, as well as other risk factors such as frequent hospital readmissions.

The Home Paramedicine Program offered a safety net for at-risk patients, improving access to care and preventing unnecessary returns to the emergency department. In FY25, over 800 paramedicine visits were completed for about 440 discharged patients.

This program's service area extended up to 30 miles from the hospital. Most patients were located within a 10-mile radius, allowing them to save driving time for medical care and follow-up appointments.

Advocacy for Community Health Improvement and Safety

This past year, MLKCH continued to focus on strengthening and building the community through advocacy and leadership. Hospital leaders actively served on local, regional and state level boards—including the Hospital Association of Southern California and the LA Partnerships Steering Committee—to advance initiatives and policies that improved the health of our community.

Workforce development

MLKCH's 'You Can' program is a community initiative designed to encourage local youth to pursue careers in healthcare. By bringing together hospital staff and community youth, MLKCH provided insightful connections and pathways for students to engage and learn about career pathways in healthcare.

93
COPE Health scholars enrolled in FY25

COPE Health Scholars and Care Navigators

MLKCH partnered with COPE Health Solution's Health Scholar and Care Navigators programs to provide experiential learning opportunities for students and community members aspiring to work in the healthcare field.

Participants worked alongside nurses, doctors and other healthcare professionals to gain firsthand experience in a clinical setting. The program prepared scholars for careers in health and also offered potential career opportunities at MLKCH upon completion.

In FY25, COPE enrolled 93 scholars to participate in the program, with four graduates now employed by MLKCH. Additionally, 25 COPE scholars have continued their studies in healthcare fields such as medicine, nursing, public health and health administration. Approximately 36% of the participants were from South LA, and the cohort's demographic reflected the diverse community served by MLKCH, with around 60% identifying as Hispanic or Latino or Black or African American.

Career Fellows Program

MLKCH continued its Career Fellows Program, a paid high school internship and mentorship program developed to provide South LA high school students with exposure to careers in healthcare. In FY25, the Career Fellows Program partnered with six South LA high schools to provide 10 sophomores, juniors and seniors with a 7-week internship. Each student worked 25 hours per week, completing 165 hours of work, and were paired with mentors across various healthcare sectors. More than 70 MLKCH staff participated as mentors or offered guidance during their department rotations.

FINANCIAL SUMMARY OF COMMUNITY BENEFIT

MLKCH's community benefit funding for FY25 (July 1, 2024–June 30, 2025) is summarized in the table below. The hospital's community benefit costs comply with Internal Revenue Service instructions for Form 990 Schedule H using a cost-to-charge ratio for financial assistance.

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	Total
Traditional Charity Care	46,144,002		46,144,002
Medi-Cal Shortfall	37,515,616		37,515,616
Other Means-Tested Government Programs (Indigent Care)	0		0
Sum Financial Assistance and Means-Tested Government Programs	83,659,618		83,659,618
Other Benefits			
Community Health Improvement Services	5,749,706		5,749,706
Community Benefit Operations		25,521	25,521
Health Professions Education		3,774,635	3,774,635
Subsidized Health Services	11,927,791		11,927,791
Research	17,324		17,324
Cash and In-Kind Contributions	19,626		19,626
Other Community Benefit		1,020,165	1,020,165
Total Other Benefits	17,714,447	4,820,321	22,534,768
Community Benefit Spending			
Total Community Benefit*	101,374,065	4,820,320	106,194,386
Medicare (non-IRS)	0		0
Total Community Benefit with Medicare	101,374,065	4,820,320	106,194,386

*Sum of Financial Assistance, Means-Tested Government Programs and Other Benefits

COMMUNITY BENEFIT SERVICES FY2026 PLAN

Findings from our 2023 Community Health Needs Assessment (CHNA) provide a roadmap for expanding our community benefit programs and services. In the next year of our 2024–2026 Implementation Strategy, we plan to strengthen existing programs and expand efforts in the following areas:

1 Access to preventive, primary and specialty care

- **Connect Community to Medical Homes:** Help residents establish 'medical homes,' or a primary care hub where they receive coordinated care for all of their health needs, including access to specialists and preventative services.
- **Transportation to Health Appointments:** Provide transportation assistance for patients to regularly attend their appointments.
- **Telehealth:** Expand access to healthcare and social services using telehealth.
- **Capacity Expansion:** Develop the facilities, staffing and infrastructure to increase our capacity to offer expanded specialized medical services such as mobile health.
- **Maternal and Infant Health:** Provide access to prenatal and postnatal support services for expectant mothers in the community.
- **Health Insurance Enrollment:** Provide residents with assistance to enroll in county and government health insurance programs.
- **Financial Assistance:** Provide financial support to eligible low-income patients through the hospital's financial assistance (charity care) policy.

2 Behavioral health

- **Integrated Behavioral Health (IBH) Program:** Improve clinical outcomes in patients with underlying mental health and substance use comorbidities by connecting residents to behavioral health specialists.
- **IBH Program-Telehealth:** Increase access to behavioral health services through telehealth consultations.

3 Management of chronic health conditions

- **Chronic Condition Centers of Excellence:** Deliver clinical best practices and comprehensive care to patients with diabetes and other chronic conditions.
- **Community Health Screenings:** Provide community residents with regular health screenings, resources and education through monthly outreach and engagement efforts, such as our Know Your Basic and ManUp! programs.

4 Homeless health

- **Street Medicine:** Provide street-based medical services, including consultations and preventative care, to admitted MLKCH patients who are experiencing homelessness. MLKCH's Street-Medicine team provides care on-site where unhoused patients are based.
- **Post-discharge Homeless Care:** Provide direct support to unhoused patients by helping them access immediate care management services.
- **Addressing Basic Health Needs of South LA's Homeless Population:** Assist unhoused individuals with access to essentials such as safe housing, food, toiletries, clothing and other support available through Measure H and other public initiatives.

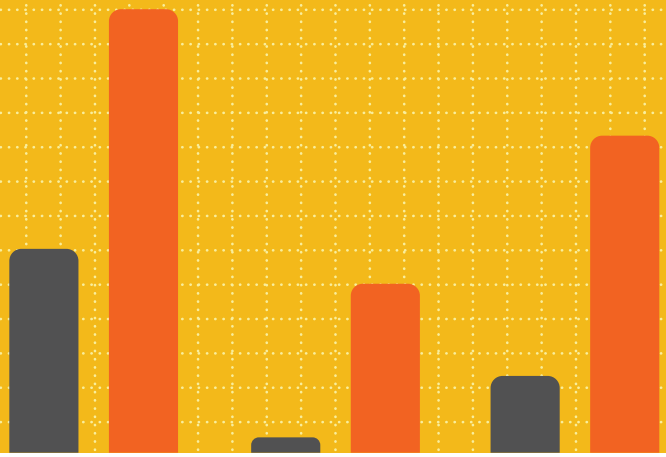
5 Cultural alignment with care

- **Internal Medicine Residency Program:** Produce high-quality doctors that continue practicing in South LA by providing hands-on training that emphasizes patient care, health equity and social medicine.
- **Center for Advancing Safety Net Healthcare:** Highlight health inequities impacting under-resourced communities, providing facts and evidence to support new approaches and policies to eliminate them.

6 Social determinants of health

- ***Recipe for Health* food access program:** Provide South LA residents with access to healthy and affordable foods through health education and peer support with our food access program.
- **Home Paramedicine program:** Help post-discharge patients receive quality follow-up care and ongoing health education at home.

MEASURING OUR IMPACT



As we continue on our journey toward health equity in FY26, MLKCH is measuring our progress toward each community benefit area of focus by using regularly prescribed evaluation routines, as well as quarterly progress reports.

We continue to track our performance across metrics that cover the six priorities identified in the 2023 Community Health Needs Assessment:

Access to preventive, primary and specialty care

Goal: Increase access to preventive, primary and specialty healthcare for medically underserved residents.

Objectives:

- Increase healthcare services that range from primary to specialty care for residents of South LA.
- Improve the retention of specialty doctors across all specialties, resulting in adequate access to preventive, primary and specialty care.
- Increase availability of resources to address the inadequacy of health insurance coverage.

Measures:

- Number of new medical specialists providing community-based care
- Number of individuals that were referred to and served through primary and specialty care
- Number of rides provided for transportation assistance to medical homes
- Number of new health insurance referrals and placements for uninsured patients
- Number of individuals served through telehealth services (phone and video) and miles saved
- Number of new and existing families enrolled in the Welcome Baby program having received home visits and support
- Number of moms supported by MLKCH maternal virtual classes/support groups
- Number of moms connected and served through the MLKCH lactation outpatient clinic

Behavioral health

Goal: Increase availability of resources to treat behavioral health conditions.

Objectives:

- Increase the number of qualified behavioral health providers and support teams serving the South LA community.
- Increase referrals to mental health and substance use services for community residents.

Measures:

- Number of individuals served through the Integrated Behavioral Health Program and referred to outpatient care and continued treatment
- Number of emergency treatment drugs distributed for substance use

Management of chronic health conditions

Goal: Improve management of chronic diseases, increase health education and encourage residents to maintain healthy weights and lifestyles to reduce future complications and disabilities.

Objectives:

- Increase prevention practices and referrals to treatment for chronic diseases.
- Decrease emergency department use by increasing availability of health screenings and education in the community.

Measures:

- Number of community members receiving health screenings through the Know Your Basics health screening and ManUp! barbershop programs
- Number of health education sessions provided to community members and individuals receiving education through e-newsletters and "Doc Talks"
- Number of individuals enrolled in our diabetes management program

Homeless health

Goal: Improve access to healthcare, housing and other social services for unhoused individuals so they can better manage and stabilize their health.

Objectives:

- Increase access to quality healthcare for unhoused individuals to improve self-management and enhance quality of life.
- Enhance street-based medical services to people experiencing homelessness.
- Increase assistance to patients experiencing homelessness in navigating social services and basic needs.

Measures:

- Number of placements MLKCH arranged to connect people experiencing homelessness to transitional housing
- Number of people experiencing homelessness connected to social services and/or assistance with basic needs
- Number of people experiencing homelessness served through the Street Medicine program

Cultural alignment of care

Goal: Reduce racial, economic, ethnic and social disparities in the community of South LA by expanding the knowledge and diversity of culturally-aware staff within our health system.

Objectives:

- Enhance the ability of community residents to receive convenient and culturally appropriate care that helps them maintain and manage their health.
- Increase the community's trust in our health system by attracting a highly-skilled, diverse and culturally competent staff.

Measures:

- Number of Internal Medicine residents participating in our Internal Medicine Residency Program
- Number of clinical research projects conducted to expand knowledge and address overall health disparity needs

Social determinants of health

Goal: Support the growing number of community members who have housing, transportation, food insecurity and community safety issues that contribute to poorly managed health conditions.

Objectives:

- Increase access to healthy foods and education to improve health conditions for the residents of South LA.
- Increase access to housing assistance for community members.

Measures:

- Number of community members enrolled in our Recipe For Health (RFH) food access program
- Number of healthy food/produce packages provided through RFH
- Number of enrolled RFH participants with improved clinical health measures
- Number of enrolled RFH participants with decreased emergency department visits
- Clinic no show rates for RFH participants
- Percent of RFH participants consuming two or more fruits and vegetables daily
- Number of individuals served through the Home Paramedicine Program with access to home care to address transportation barriers

Evaluation of the Plan's Effectiveness

MLK Community Healthcare evaluates the effectiveness of its Community Benefit Implementation Strategy by regularly monitoring progress toward key goals and soliciting feedback from community stakeholders. Throughout the Community Health Needs Assessment (CHNA) process, input was gathered on local health needs, prioritization criteria, and existing resources. This input shaped both the focus areas and the strategies included in our implementation plan.

We continue to assess the impact of our efforts by tracking measurable outcomes, patient engagement, and program participation across each priority area. Community partners remain actively involved in shaping and refining initiatives to ensure they remain responsive to evolving needs.

A full list of community groups consulted during the CHNA process can be found in Appendix 1.

Significant needs outside of hospital scope

MLK Community Healthcare's Community Benefit efforts are shaped by our 2023 Community Health Needs Assessment and our vision to build a healthier South LA. We do this by addressing the immediate health needs of our patients, as well as the deeper social and economic conditions that contribute to health disparities.

Based on this assessment—and in alignment with our organizational capacity and expertise—MLKCH has prioritized six focus areas for FY2025, including access to care, chronic disease management, behavioral health, homeless health, culturally aligned care and the social determinants of health.

Additional community health needs were also identified through the CHNA process and include: economic opportunity, oral health, pediatrics, eye care, teen pregnancy and community safety/violence reduction. These needs fall outside the scope of our current implementation strategy, however we remain focused on the priority areas where our organization can have the greatest measurable impact. We will continue to work in partnership with other providers and community organizations to ensure a broader, collaborative response to the health needs of SPA 6.

COMMUNITY PARTNERSHIPS

We are fortunate to have successful and established relationships with our community partners. Together we have made a meaningful impact in the communities we serve. Moving forward, we will continue engaging new partners to support our mission and satisfy the objectives outlined in our Implementation Strategy. A partial list of our current community partners includes:

A Community of Friends
African American Infant and Maternal Mortality Community Action Team
African American Male Wellness Agency
Alain Leroy Locke College Preparatory Academy
Alzheimer's Los Angeles
American Diabetes Association
American Heart Association
Animo James B. Taylor Middle School
Association of Black Women Physicians
Augustus Hawkins High School
Baldwin Hills Farmers Market
Be Social Productions
Bethel Missionary Baptist Church of South Los Angeles
Beulahland Missionary Baptist Church
Black Beauty & Wellness Foundation
Black Business Association
Black Infant Health Program
Black Women for Wellness
Black Women Leaders of Los Angeles
Blink Fitness
Boys & Girls Club of Metro Los Angeles
Brotherhood Crusade
California Black Women's Health Project
California Endowment
California State University Dominguez Hills
Cedars-Sinai Medical Center
Center for Sustainable Communities
Centinela Probation Office (Los Angeles County Probation Department)
Charles R. Drew University of Medicine and Science
Children's Hospital of Los Angeles
Children's Institute
Church of the Redeemer
Communities Lifting Communities
Community Coalition
Compton Avenue Elementary School
Compton Barbershop
Compton Early College High School
Compton Farmers Market
Compton Unified School District
Congress of Racial Equity – Los Angeles Chapter (CORE – LA)
COPE Health Solutions
Core Contributors Group, Inc (CCG)
David Starr Jordan High School
Debbie Allen Dance Academy (DADA)
Del Cielo Salon y Barber
DocGo
Dunbar Village
El Nido Family Centers
Exodus Recovery, Inc. at MLK Medical Center
Everytable
F & M Barber and Beauty Salon
Firebaugh High School
Food Forward
Forgiving for Living, Inc.
Forgotten Children, Incorporated
Freedom Plaza – Primestor Development Inc.
Fremont High School
Girls Club of Los Angeles
Greater Los Angeles African American Chamber of Commerce
Greater St. Augustine Missionary Baptist Church
Grocery Outlet Bargain Market – Compton
Hank's Mini Market
Health Net of California, LLC
Homeless Outreach Program Integrated Care System (HOPICS)
Hospital Association of Southern California
Housing Authority of the City of Los Angeles (HACLA)
Impact Media
Inglewood City Clerk's Office
Integrated Healthcare Association
International Medical Corps (IMC)
JAR Insurance
Just Showing Off Barber Salon
Kaiser Permanente
Kindred Space LA
Kings & Queens Beauty Salon
King/Drew Magnet High School of Medicine and Science
KJLH Radio
L.A. Care Inglewood Family Resource Center
L.A. Care Lynwood Family Resource Center

L.A. Focus Newspaper
Latino Food Industry Association
Legends Barbershop
Los Angeles Adventist Academy
Los Angeles Area Chamber of Commerce
Los Angeles County Department of Mental Health
Los Angeles County Department of Public Health
Los Angeles County Department of Social Services
Los Angeles County Doula Program
Los Angeles County Fire Department
Los Angeles County Sheriff's Department
Los Angeles Latino Chamber of Commerce
Los Angeles Metropolitan Churches
Los Angeles Sentinel
Los Angeles South Chamber of Commerce
Los Angeles Unified School District (LAUSD)
Los Angeles Urban League
Los Angeles Wellness Station
Lynwood High School
Magdaleno's Barbershop
Martin Luther King, Jr. Outpatient Center
Maxine Waters Employment Preparation Center
Mayor of Lynwood City Office
Mayor's Office of Legislative and External Affairs
Metro of Los Angeles
Miller Children's and Women's Hospital
MLK Campus Farmers' Market
MLK Center for Public Health
Mount Carmel Holy Assembly Baptist Church
Mt. Sinai Missionary Baptist Church of Compton
N Spot Barber & Beauty
NAACP Los Angeles
National Coalition of 100 Black Women
Neighborhood Housing Services of Los Angeles County
New Life Global Development
Nickerson Gardens Housing Project
Offices of Sweet Alice and Parents of Watts
Partners in Care Foundation
Plaza Mexico
Positive Results Center
Residence Advisory Councils for Jordan Downs, Nickerson Gardens and Imperial Courts
R.O.A.D.S. Community Care Clinic
Samuel Gompers Middle School
San Pedro High School
Sanctuary of Hope
Shields for Families
Sodexo
South Los Angeles Health Projects
Southern Christian Leadership Conference – Los Angeles (SCLC – LA)
Southside Coalition of Community Health Centers
SPA 313 Hair Salon
SPA 6 Homeless Coalition
St. Anne's Family Services
St. Bernard High School
St. John's Well Child and Family Center – Compton Clinic
St. Louise Resource Center
St. Mary's Academy
Star View Community Services
Street Medicine Program of USC Keck School of Medicine
Suite Life SoCal Magazine
Superior Grocers
Sustainable Economic Enterprises of Los Angeles (SEE-LA)
Tau Tau Chapter of Omega Psi Phi Fraternity, Inc.
T.H.E. (To Help Everyone) Health and Wellness Centers
The Gateway at Willowbrook Senior Center
The G.O.A.T Hair Studio
The Lounge Barbershop
The Place To Be Barbershop
Uber Health
University of California Los Angeles (UCLA)
Univision Communications Inc.
Urgent Care Associates
USC Clinical and Translational Science Institute
Ventanilla de Salud Los Angeles
Verbum Dei Jesuit High School
Wade & Associates Group LLC
Walnut Park Middle School
Watts Gang Task Force
Watts Healthcare – Watts Health Center
Watts Labor Community Action Committee
Watts Neighborhood Council
Wayfinder Family Services
Welcome Baby – First 5 Los Angeles
West Angeles Community Development Corporation
Whole Person Care – Los Angeles (WPC-LA)
Willowbrook Inclusion Network
Women of Watts (WOW)
Women, Infants, and Children (WIC)
Young Women's Christian Association (YWCA)

Appendix 1.

COMMUNITY ORGANIZATIONS ENGAGED THROUGH COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Be Social Productions, The Latin Link
Black Women for Wellness
Boys & Girls Clubs of Metro Los Angeles - Watts
California Black Women's Health Project
Charles R. Drew University of Medicine and Science
City of Lynwood
Community Coalition
Community Healing and Trauma Prevention Center, MLK Center for Public Health
Housing Authority of the City of Los Angeles (HACLA)
Kedren Community Health Center
L.A. Care Lynwood Community Resource Center
L.A. County Department of Public Health
L.A. County, DHS MLK Jr. Outpatient Center
Los Angeles County Fire Department
Los Angeles Metropolitan Churches
Los Angeles Sentinel
Los Angeles Unified School District
MLK Community Healthcare
MLK Outpatient Clinic, Urgent Care
National Coalition of 100 Black Women Los Angeles Chapter
Neighborhood Housing Services of Los Angeles
Southside Coalition of Community Health Centers
Watts Healthcare Corporation
Wayfinder Family Services
West Alondra Medical Pharmacy
West Angeles Church
Willowbrook Inclusion Network
Young Women's Christian Association (YWCA)

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