2025

COMMUNITY BENEFIT REPORT/

PROGRESS ON 2023-2025 COMMUNITY HEALTH IMPROVEMENT PLAN

Providence Little Company of Mary Medical Center – San Pedro

Providence Little Company of Mary Medical Center – Torrance

San Pedro, California

Torrance, California

Reporting Period: January 1, 2025 - December 31, 2025

HCAI ID: 106190680, 106190470

To provide feedback on this CB report or obtain a printed copy free of charge, please email Justin Joe at justin.joe@providence.org

Providence

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EXECUTIVE SUMMARY

Providence continues its Mission of service in the South Bay service area of Los Angeles County through two ministries: Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance. Providence Little Company of Mary Medical Center Torrance is located at 4101 Torrance Boulevard, Torrance, CA, 90503. It is an acute care hospital with 327 licensed beds founded in 1960. Providence Little Company of Mary Medical Center San Pedro is located at 1300 West Seventh Street, San Pedro, CA, 90732. It is an acute care hospital with 231 licensed beds founded in 1925. These two Providence medical centers share the South Bay as a common service area because of their geographic proximity to each other.

During calendar year 2025, the economic value of community benefit provided by Providence Little Company of Mary Medical Center San Pedro is calculated to be $12,916,581 (includes Charity Care, Unpaid Cost of Medi-Cal, Unpaid Costs of Other Means-tested Government Programs, and Community Benefit Services) with an additional $12,111,432 in Unpaid Costs of Medicare.

During calendar year 2025, the economic value of community benefit provided by Providence Little Company of Mary Medical Center Torrance is calculated to be $66,906,854 (includes Charity Care, Unpaid Cost of Medi-Cal, Unpaid Costs of Other Means-tested Government Programs, and Community Benefit Services) with an additional $28,100,767 in Unpaid Costs of Medicare.

The 2025 CB Report can be located online at: FY2025 Community Benefit Reports. The most recent CHNA and CHIP can be located online at: CHNA and CHIPs | Providence under Southern California, then Santa Monica.

2023-2025 Providence Little Company of Mary Medical Centers Community Health Improvement Plan Priorities

As a result of the findings of our 2022 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence Little Company of Mary Medical Centers will focus on the following areas for its 2023-2025 Community Benefit efforts.

ACCESS TO HEALTH CARE AND PREVENTATIVE CARE

Access to care goes beyond medical care, and includes dental, vision, primary care, transportation, culturally appropriate care, and care coordination. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

2025 Accomplishments

- Supported access to coverage through the Community Health Insurance Program, assisting 2,884 Medi-Cal/Covered California insurance applications.
- Expanded community-based linkage to resources through the Community Public Health Team,

completing 22,752 household visits and 1,767 household assessments, with 284 referrals made to Wilmington Community Clinic.
- Improved access to primary care after emergency department visits by making 2,275 follow-up primary care referrals/appointments, with 65% of follow-up appointments kept.
- Advanced preventive care for children through Partners for Healthy Kids mobile clinics by administering 2,407 childhood vaccines and 176 influenza vaccines through school- and community-based outreach.
- Provided perinatal and early-childhood prevention supports through Welcome Baby home-visitation services (through June 2025), serving 110 participants and achieving 96% Medi-Cal insurance coverage for eligible infants by the 2nd-month visit.

HOMELESSNESS & HOUSING INSTABILITY

Homelessness is defined as any individual or family who lacks a fixed, regular, and adequate nighttime residence; an individual or family who will imminently lose their primary nighttime residence; and any individual or family who is fleeing, or is attempting to flee, domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing. Health and homelessness are inextricably linked. Health problems can cause a person's homelessness as well as be exacerbated by the experience. Housing is key to addressing the health needs of people experiencing homelessness.

Housing instability encompasses several challenges such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. Households are considered "cost burdened" if spending more than 30% of household income on housing, and "severely cost burdened" if spending more than 50% of household income on housing. Cost-burdened households have little left over each month to spend on other necessities such as food, clothing, utilities, and health care.

2025 Accomplishments

- Deployed CHW Homeless Care Navigators in the emergency department to assess needs and connect people experiencing homelessness to resources, approaching 290 unhoused patients.
- Strengthened linkage to homeless services by making 372 referrals to homeless services and housing resources with 62 patients into temporary shelter/housing.
- Maintained active coordination with local homelessness coalitions and hospital partners (e.g., LA Partnership and the South Bay Coalition to End Homelessness: Hospital Committee) to improve alignment between health care and homeless services.
- Continued partnerships with community organizations across the continuum of homeless services (including Abode Communities, One San Pedro, Harbor Interfaith, City of Torrance, and Venice Family Clinic) to expand connection points for housing and supportive services.

BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE MISUSE)

Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we manage stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions.

Substance use/misuse occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco.

2025 Accomplishments

- Expanded prevention and early intervention skills in the community by training 335 participants in Mental Health First Aid and 275 participants in Mind Matters
- Strengthened emergency department linkage to behavioral health treatment resources through Care Navigation, contacting 694 patients (145 requested assistance; 41 utilized resources).
- Integrated mental health screening and short-term therapy access within primary care through the Richstone Family Services partnership at the Vasek Polak Health Clinic, completing 1,289 PHQ-9/GAD-7 screenings, making 181 therapy referrals, and supporting 50 patients who utilized therapy services
- Invested in expanded access to community-based mental health services through grantmaking, providing one $150,000 grant to a nonprofit mental health provider.

About Providence

For nearly 170 years, Providence has been dedicated to supporting communities across the seven states we serve. We have always believed in the power of collaboration, recognizing that strong partnerships are essential to our vision of health for a better world.

As we focus on our core operations of delivering high-quality, compassionate care, we rely on partners in local communities to help us get upstream so we can address the social factors that affect health, especially in communities experiencing high levels of health disparities.

At the heart of this collaboration is our community benefit programs. Every year, our family of organizations identifies unmet community needs and responds with strategic contributions and partnerships. Through this work, we aim to meet basic health needs, remove barriers to health, build resilient communities and find innovative ways to serve those who are most vulnerable.

Together, our 125,000 caregivers (all employees) serve in 51 hospitals, 1,014 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.

For more information go to: https://www.providence.org/about/annual-report

INTRODUCTION

Who We Are

Our Mission	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Providence Little Company of Mary Medical Center Torrance and Providence Little Company of Mary Medical Center San Pedro serve the South Bay with comprehensive, high-quality care. Located just miles apart, the two acute care hospitals share a common service area and a commitment to clinical excellence.

Providence Little Company of Mary Medical Center Torrance, a 327-bed hospital, has cared for the community since 1960. It offers minimally invasive surgery with the advanced da Vinci® 5 robotic system. Its cardiovascular center of excellence features advanced cardiac catheterization and angiography equipment, making coronary angioplasty and open-heart surgery available around the clock. The hospital also houses a state-of-the-art maternity unit, including the county's first single-family level III neonatal intensive care unit to enhance parent-child bonding for even the most fragile infants.

Providence Little Company of Mary Medical Center San Pedro, a 231-bed hospital, has been a trusted health care provider since 1925. It delivers specialized services such as behavioral health, advanced rehabilitation therapy, and comprehensive recovery programs. Its Sub Acute Care Center ranks among California's largest, and the Center for Optimal Aging provides complete care for older adults.

Both hospitals partner with leading organizations to expand access to specialized care:

- Pacific Neuroscience Institute for complex neurosurgical and neuro-spine cases
- Keck Medicine of USC for academic-based cardiovascular procedures
- City of Hope for state-of-the-art cancer care at the Advanced Care Center

These collaborations bring world-class expertise close to home for South Bay residents.

In addition to advanced services and technology, both medical centers have earned national recognition. Providence Little Company of Mary Medical Center Torrance has been named a World's Best Hospital by Newsweek seven years in a row and recognized by U.S. News & World Report as one of California's best hospitals. Providence Little Company of Mary Medical Center San Pedro ranks nationally in rehabilitation, according to U.S. News & World Report.

Our Commitment to Community

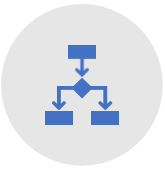
Providence health system dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. In 2025, Providence Little Company of Mary Medical Center San Pedro provided $12,916,581 in Community Benefit in response to unmet needs. Providence Little Company of Mary Medical Center Torrance provided $$66,906,854 in Community Benefit in response to unmet needs. For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: https://www.providence.org/about/annual-report.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP



Address root causes of inequities by utilizing evidence-based and leading practices

Explicitly state goal of reducing health disparities and social inequities

Reflect our values of justice and dignity

Leverage community strengths

Community Benefit Governance

Providence Little Company of Mary Medical Centers demonstrate organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration with community partners. The Director of Community Health Investment is responsible for coordinating implementation of State and Federal 501r requirements.

The Mission Community Health Committee of the Providence Little Company of Mary Community Ministry Board oversees and advises upon the PLCM commitment to serve and address our community's health needs. The Committee ensures that PLCM's Mission and Values are fulfilled and integrated through our service and investment in the community and that we pay special attention to poor and vulnerable populations in the South Bay. It is responsible for the oversight of the ministry's community health needs assessment, the prioritization of the identified significant community needs, and advises PLCM on its community benefit programming and investment. The Committee is composed of PLCM leadership and community stakeholders.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance have a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance inform the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program click here. In 2025, Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance provided $2,801,382 and $5,495,964 in charity care, respectively.

Medi-Cal (Medicaid)

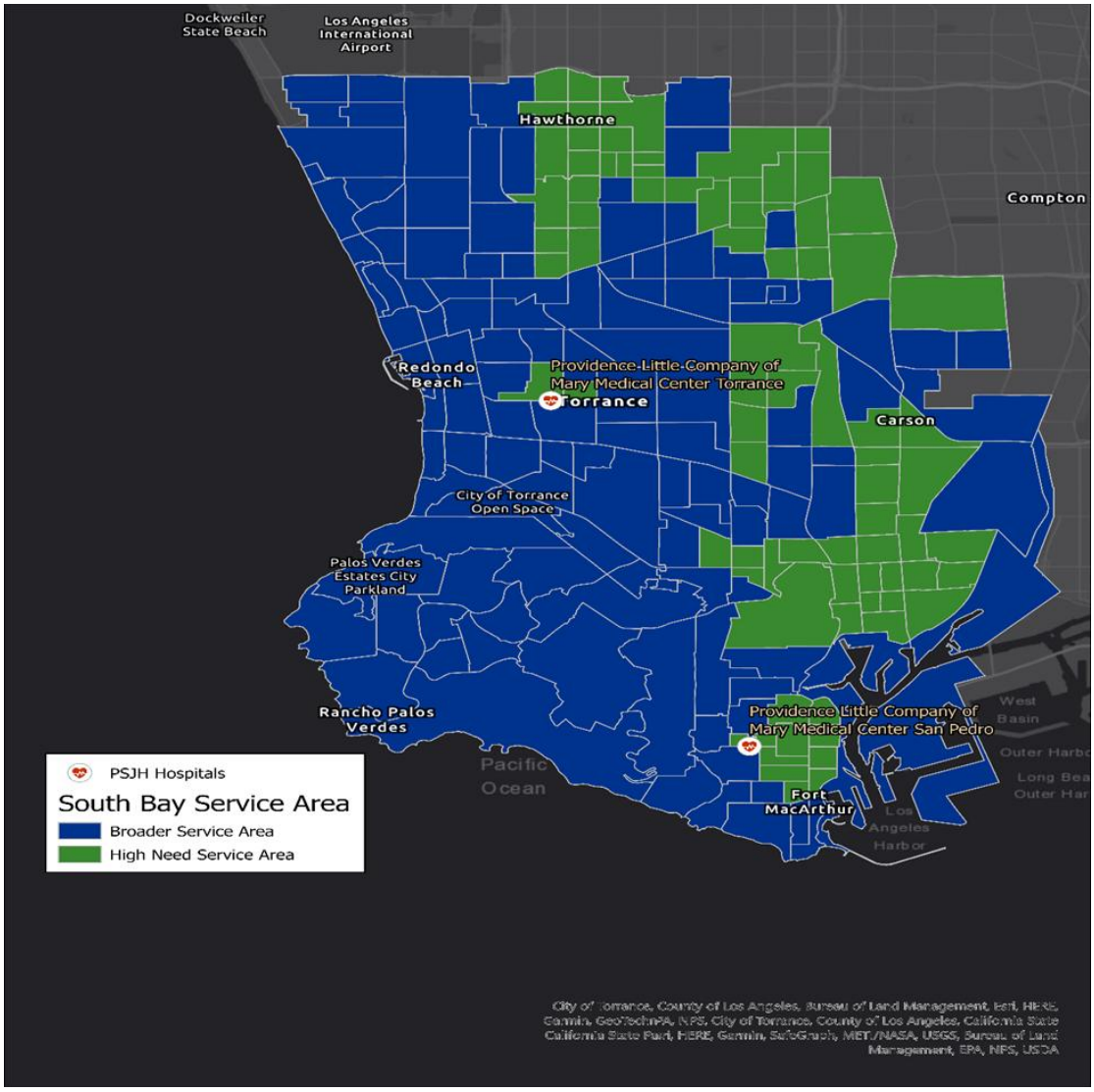
Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance provide access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In 2025, Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance provided $6,009,247 and $56,239,695, respectively, in unreimbursed care to patients with Medi-Cal.

OUR COMMUNITY

Description of Community Served

For this annual update report, we have continued to use the boundaries and descriptive demographic data of the Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance community defined in the 2022 Community Health Needs Assessment (CHNA).

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance share a common geographic service area because of their close proximity to each other. Based on the availability of data, geographic access to these facilities, and other hospitals in neighboring counties, the South Bay of Los Angeles County, as outlined in the map, serves as the boundary for the service area.



The South Bay service area is composed of 16 distinct municipalities and is a demographically and geographically diverse region stretching from El Segundo (North), to Carson (East), to the Port of Los Angeles (South), to the Pacific Ocean (West).

For the 2022 CHNA we identified a high need service area within the total South Bay service area, based on the social determinants of health specific to the inhabitants of the service area census tracts. Based on work done by the Public Health Alliance of Southern California and their Healthy Places Index (HPI) tool, the following variables were used to calculate a high need census tract:

- Population below 200% the Federal Poverty Level (American Community Survey, 2019)
- Percent of population with at least a high school education (American Community Survey, 2019)
- Percent of population, ages 5 Years and older in Limited English Households (American Community Survey, 2020)
- Life expectancy at birth (estimates based on CDC, 2010 – 2015 data)

Roughly 41% of the approximately 884,116 residents of the South Bay live in the "high need" area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of $52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

The age distribution of the high need service area skews younger compared to the total South Bay service area. Within the high need service area there is a larger percentage of children and youth in the high need area compared to the broader service area (27.3% vs 24.5%) and smaller percentage of population over the age of 50 (28.4% vs. 39.8%). Across the total South Bay service area 50.9% of the population is female compared to 49.1% male.

POPULATION BY RACE AND ETHNICITY

The majority of residents in the high need service area are Hispanic (60%) compared to only 20.8% of the broader service area. There are a larger percentage of White (55.1%) and Asian (22.8%) populations in the broader service area compared to the high need service area (37.4%) and (14.4%). The high need service area has a larger percentage of Black or African American population (13.6%) compared to broader service area (7.5%).

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for South Bay Service Area

Indicator	Broader Service Area	High Need Service Area	South Bay Service Area	Los Angeles County
Median Income Data Source: 2019 American Community Survey, 5-year estimate	$106,070	$56,484	$80,546	$67,817
Population Below 200% of the Federal Poverty Level Data Source: 2019 American Community Survey, 5-year estimate	15.0% (80,374 persons)	41.7% (149,408 persons)	25.9% (229,782 persons)	34.9% (3,458,721 persons)
Percent of Renter Households with Severe Housing Cost Burden Data Source: 2019 American Community Survey, 5-year estimate	20.1%	28.1%	23.4%	29.04%

Full demographic and socioeconomic information for the service area can be found in the 2022 CHNA for Providence Little Company of Mary Medical Centers.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The 2024 Community Benefit Plan Update is linked to the 2022 Community Health Needs Assessment and 2023-2025 Community Health Improvement Plan, which is posted on Providence's website at: https://www.providence.org/about/annual-report/chna-and-chip-reports

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance conduct a joint a Community Health Needs Assessment (CHNA) every three years, and the results are used as the basis of our community benefit planning. The CHNA process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospital(s), we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

In addition, we recognize that there are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data is reported at the ZIP Code or census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the American Community Survey and local public health authorities. In addition, we include hospital utilization data to identify disparities in utilization by income and insurance, geography, and race/ethnicity when reliably collected.

The Mission Community Health Committee (MCHC) of the Providence Little Company of Mary Community Ministry Board is responsible for the oversight of the ministry's community health needs assessment and the prioritization of the identified significant community needs. Eight significant community health needs were identified from the assessment for a prioritization process by the MCHC through a review of the secondary health data collected and based on qualitative data collected from interviews and listening sessions. The identified needs (listed in alphabetical order) include:

- Access to Health Care and Preventive Care
- Behavioral Health (Mental Health & Substance Use/Misuse)
- Chronic Diseases
- Dental Health
- Economic Insecurity
- Food Insecurity
- Homelessness & Housing Instability
- Overweight/obesity

Significant Community Health Needs Prioritized

Through a collaborative process, the Community Health Needs Assessment Oversight Committee identified the following priority areas:

ACCESS TO HEALTH CARE AND PREVENTIVE CARE

Access to care goes beyond medical care, and includes dental, vision, primary care, transportation, culturally appropriate care, and care coordination. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

HOMELESSNESS & HOUSING INSTABILITY

Homelessness is defined as any individual or family who lacks a fixed, regular, and adequate nighttime residence; an individual or family who will imminently lose their primary nighttime residence; and any individual or family who is fleeing, or is attempting to flee, domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing. Health and homelessness are inextricably linked. Health problems can cause a person's homelessness as well as be exacerbated by the experience. Housing is key to addressing the health needs of people experiencing homelessness.

Housing instability encompasses several challenges such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. Households are considered "cost burdened" if spending more than 30% of household income on housing, and "severely cost burdened" if spending more than 50% of household income on housing. Cost-burdened households have little left over each month to spend on other necessities such as food, clothing, utilities, and health care.

BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE MISUSE)

Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we manage stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions.

Substance use/misuse occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco.

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission through programs and grants addressing seven of the eight identified health needs from the 2022 Community Health Needs Assessment.

The following community health needs identified in the ministry CHNA will not be addressed as part of the Community Health Improvement Plan and an explanation is provided below:

- Dental Care is not as pressing as the other identified health needs and was prioritized as the lowest of the eight identified health needs in the 2022 Community Health Needs Assessment.
- Our hospital does not have expertise to effectively address dental care compared to other stakeholders who are better equipped to address this need.
- Dental care is being addressed by other stakeholders in the community, particularly multiple local Federally Qualified Health Centers who have been recently expanding this line of service in their clinics.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2023-2025 Community Health Improvement Plan (CHIP) was developed by leadership in Providence Little Company of Mary's Community Health Investment department. The CHIP considers 1) existing evidence-based hospital programs and investments, 2) new potential opportunities for additional growth, and 3) partnerships with local organizations committed to addressing the top three needs identified in the 2022 CHNA. The CHIP was presented to and reviewed by the Mission Community Health Committee on March 14, 2023 and was unanimously approved and adopted by the Committee on behalf of the Providence Little Company of Mary Community Ministry Board.

While the focus of the 2023-2025 CHIP primarily is centered around efforts to address the top three identified needs, PLCM recognizes there are numerous other programs that address other community needs that the hospitals will remain committed to continuing--particularly those with a long history and reputation of positive and effective impact.

Addressing the Needs of the Community: 2023- 2025 Key Community Benefit Initiatives and Evaluation Plan

2025 Accomplishments

COMMUNITY NEED ADDRESSED #1: ACCESS TO HEALTH CARE AND PREVENTIVE CARE

Long-Term Goal(s)/ Vision

- To improve access to health care and preventive resources for people with low incomes and those uninsured by deploying programs to assist with navigating the health care system.
- To ease the way for people to access the appropriate level of care at the right time.
- To increase the percentage of people with insurance in the community.

Table 2. Strategies and Strategy Measures for Addressing Access to Health Care and Preventive Care

Strategy	Strategy Measure(s)	2023-2025 Objectives	2025 Impact
Community Health Insurance Program: CHWs provide community-based outreach and enrollment assistance about affordable health insurance options including Medi-Cal and Covered California health plans	Number of insurance applications assisted Percentage of applications with enrollment confirmed	2,800 insurance applications assisted per year 90% of applications assisted will have enrollment confirmed	2,884 insurance applications assisted 61% of applications assisted confirmed enrollment
Welcome Baby: a home-visitation program, led by RN and parent coaches providing	Number of patients receiving home visitation services	Reincorporate availability of in-person home visitation	110 patients received home visitation

pregnant and/or new parents with information, and support to help them through the journey of pregnancy and early parenthood	Percentage of Medi-Cal eligible infants insured by two-month home visit	services 1,200 patients receiving home visitation services per year (combined virtual or in-person) 97% of Medi-Cal eligible infants insured	96% of Medi-Cal eligible infants insured by the 2nd month visit Grant funding ended for program from First 5 LA, which closed the program in June 2025.
Partners for Healthy Kids: a mobile clinic offering childhood immunizations at elementary and middle schools; COVID-19 and flu immunizations for adults; and health insurance enrollment information and navigation assistance	Number of immunizations administered	4,400 childhood vaccines administered per year 110 influenza vaccines administered per year COVID-19 vaccine objective TBD based upon community need	2,407 childhood vaccines administered 176 influenza vaccines administered
CHW COVID-19 Outreach and Education: CHWs deliver grassroots outreach that promote information on COVID-19 prevention, testing, and vaccinations. The program focuses on local communities with low vaccination rates and high rates of COVID-19 transmission identified by LA County Department of Public Health	Number of outreach contacts made	50,000 outreach contacts/year Expanded scope of work to include chronic disease prevention and early intervention outreach	Grant funding for project ended on 8/31/2023 and was replaced by Community Public Health Team
Community Public Health Team: a model of public health service delivery being piloted across 10 high-priority neighborhoods in LA County. Providence community health workers will visit homes in select Wilmington census tracts to identify household needs and connect families to health and social service resources in partnership alongside Wilmington Community Clinic and LA County Dept of Public Health.	Number of household visits made Number of Household Assessments completed Number of referrals made to Wilmington Community Clinic	By the end of 2025, visit 8,393 households per year Annual benchmarks for other objectives to be set after pilot implementation of household visits in 2024	22,752 household visits made (duplicated count) 1,767 household assessments completed 284 of referrals made to Wilmington Community Clinic

Emergency Department Community Health Workers: CHWs who assist uninsured patients in the emergency department with affordable health care options, applications for enrollment in eligible health insurance programs and coordination of follow-up visits at a clinic in their community	Number of primary care referrals and appointments made Percentage of patient follow up primary care appointments kept	1,800 appointments made per year 75% of follow up primary care appointments kept	2,275 follow up primary care referrals and appointments made 65% of patient follow up primary care appointments kept

Evidence Based Sources

Early childhood home visiting programs | County Health Rankings & Roadmaps

Community health workers | County Health Rankings & Roadmaps

Federally qualified health centers (FQHCs) | County Health Rankings & Roadmaps

Health insurance enrollment outreach & support | County Health Rankings & Roadmaps

Medical homes | County Health Rankings & Roadmaps

School-based health centers | County Health Rankings & Roadmaps

Resource Commitment

- Staffing for multiple access to care programs
- Funding for agencies providing access to care services

Key Community Partners

Lawndale Elementary School District, Providence Medical Institute, Torrance Memorial, Harbor Community Health Center, Hawthorne School District, L.A. Care-Blue Shield Community Resource Center, Lawndale Elementary School District, Los Angeles Unified School District, Torrance Unified School District, Wilmington Community Clinic, Women Infants & Children Program (WIC), Venice Family Clinic, YMCA, LA County Department of Public Health, First 5 LA, Covered California, Behavioral Health Services, Harbor Community Health Center, To Help Everyone Clinic, Venice Family Clinic, Wilmington Community Clinic

COMMUNITY NEED ADDRESSED #2: HOMELESSNESS AND HOUSING INSECURITY

Long-Term Goal(s)/ Vision

- A seamless connection between health care and homeless services, ensuring that people experiencing homelessness receive timely and appropriate linkage to community-based homeless services.

- Providence is a dedicated member of local coalitions to ensure coordination of homeless support services, including recuperative care, and that there are increased connections to supportive services for individuals experiencing homelessness.

Table 3. Strategies and Strategy Measures for Addressing Homelessness and Housing Insecurity

Strategy	Strategy Measure(s)	2023-2025 Objectives	2025 Impact
CHW Homeless Care Navigators: CHWs placed within our emergency department to specifically care for patients experiencing homelessness. They act as liaisons between homeless service providers and our Medical Centers to reduce avoidable emergency department visits and link patients with permanent and interim housing.	Number of patients experiencing homelessness connected to shelter/housing	200 patients connected to shelter/housing per year	290 unhoused patients approached in Emergency Department by CHW Navigators to assess and link patient to resources 372 referrals made to homeless services and housing resources 62 patients placed into temporary shelter/housing
Partnership Building: Strengthen collaboration between South Bay hospitals, homeless service providers, and FQHCs.	Participation and engagement in local/regional coalitions on homelessness New potential partnerships identified Number of cooperative and collaborative partnerships	Increased participation and representation of Providence at two local coalitions on homelessness <u>Networking & Coordinating:</u> Identify additional community-based organizations for potential partnerships <u>Collaborating:</u> Strengthen existing partnerships to form collaborative relationships	Coalition participation: LA Partnership, South Bay Coalition to End Homelessness: Hospital Committee Continued Partnerships with: Abode Communities, One San Pedro, Harbor Interfaith, City of Torrance, Venice Family Clinic,
Grantmaking: Financial support to local partners across the continuum of homeless services, including: recuperative care, street medicine, and interim housing	Number of grants awarded Total $ value of grants awarded	2023: Identify organizations and award grants through PLCM local ministry grantmaking 2024-2025: Nominate and advocate for local South Bay organizations for funding to Providence's South Division future grantmaking structure	No grantmaking occurred in 2025 for homeless services

Evidence Based Sources

- Community health workers | County Health Rankings & Roadmaps

Resource Commitment

- Staffing for CHW Homeless Navigators
- Staff time for coalition building among hospitals, homeless service providers and FQHCs
- Grant funding for homeless service providers including recuperative care, street medicine and interim shelter

Key Community Partners

Harbor Interfaith, Torrance Memorial, Harbor UCLA, Kaiser Permanente South Bay, LAHSA, Harbor Community Health Center, Harbor Interfaith, City of Torrance, National Health Foundation, Golden State Recuperative Care, Healthcare in Action, Family Promise of the South Bay

COMMUNITY NEED ADDRESSED #3: BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE/MISUSE)

Long-Term Goal(s)/ Vision

- To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental health services, especially for populations with low incomes.
- An improved workforce of mental health professionals that is representative of the community served and can effectively and compassionately respond to the community's mental health and substance use needs.

Table 4. Strategies and Strategy Measures for Addressing Behavioral Health (Mental Health and Substance Use/Misuse)

Strategy	Strategy Measure(s)	2023-2025 Objectives	2025 Impact
Mental Health First Aid: support prevention and early intervention by teaching the evidence-based MHFA curriculum. The skills-based course teaches participants how to identify, understand and respond to signs and symptoms of mental health and substance use challenges	Number of participants trained and certified in Mental Health First Aid	By 2025, 650 participants trained and certified in MHFA or trained in Mind Matters per year	335 participants trained in Mental Health First Aid 275 participants trained in Mind Matters (an additional mental health training course curriculum started in 2024)
Behavioral Health Care Navigation: CHW links Providence Little Company of Mary Medical Center emergency department patients to follow up care with behavioral health	Number of patients contacted Number of patients that consent to receive navigation assistance	500 patients contacted per year 100 patients consent to receive navigation assistance per year	694 patients contacted 145 patients consented to receive navigation assistance 41 patients utilized behavioral health treatment resources

treatment resources	Number of patients that utilize behavioral health treatment resource	60 patients utilize behavioral health treatment resource per year	
Integrated Therapy Services within Primary Care: a partnership with Richstone Family Services to integrate mental health screenings and free short-term therapy services for patients at Providence's Vasek Polak Health Clinic (Hawthorne) and Butte Street Clinic (San Pedro)	Number of PHQ-9 and GAD-7 screenings completed Number of patients referred to therapy services Number of patients that utilize therapy services	Vasek Polak • 1,200 screenings completed per year • 180 patients referred to therapy services per year • 100 patients utilized therapy services per year Implementation of screening and therapy services at Butte Street Clinic	1,289 screenings completed at Vasek Polak Health Clinic 181 patients referred for therapy services at Vasek Polak Health Clinic 50 patients utilized therapy services at Vasek Polak Health Clinic
Grantmaking: Financial support to local non-profit mental health providers to increase access to services	Number of grants awarded Total $ value of grants awarded	• 2023: Identify organizations and award grants through PLCM local ministry grantmaking • 2024-2025: Nominate and advocate for local South Bay organizations for funding to Providence's South Division future grantmaking structure	One $150,000 grant made to non-profit mental health provider

Evidence Based Sources

- Community health workers | County Health Rankings & Roadmaps
- Behavioral health primary care integration | County Health Rankings & Roadmaps

Resource Commitment

- Staffing for preventive education classes on mental health
- Staffing for community health workers for patient navigation of behavioral health care
- Funding for agencies providing mental health and substance use treatment services

Key Community Partners

Richstone Family Center, Dignity Health California Hospital, California Community Foundation, Substance Abuse and Mental Health Services Administration (SAMHSA), Our House Grief Support Center, Open Paths Counseling Center, Harbor Community Health Centers, Behavioral Health Services

Other Community Benefit Programs

Table 5. Other Community Benefit Programs in Response to Community Needs

This section includes a description of additional noteworthy programs and services provided by Providence Little Company of Mary Medical Centers San Pedro and Torrance in 2025 that addressed identified community needs in the 2023-2025 CHIP.

Program Name	Community Need Addressed	Description	2025 Impact
Creating Opportunities for Physical Activity (COPA)	Overweight and Obesity	A peer coach training program for elementary school teachers that promotes independence in physical education instruction consistent with California grade level standards and creates a culture of physical activity throughout the school campus.	A total of 5,336 students and 200 teachers were impacted by our physical activity programming at ten schools in Lawndale, Wilmington, and San Pedro for the 2025-2026 school year
CalFresh Assistance	Food Insecurity	CHWs provide information and enrollment assistance about CalFresh—California's SNAP program	1,161 people assisted with CalFresh applications
Community Health Worker Academy	Economic Insecurity	A workforce development and internship program that establishes a pipeline of academically trained community health workers (CHWs) for entry-level placement in healthcare employers throughout Los Angeles County	45 CHWs completed paid internships at healthcare and social services employers across Southern California
Best Start Wilmington: Local Support Network	Economic Insecurity Food Insecurity	Provide support, capacity building, and strategic direction for the Best Start Wilmington initiative. Best Start Wilmington brings together local resident leaders and community-based organizations committed to establishing a healthy foundation for children ages 0-5 in the community.	The Best Start Wilmington community network had a total of 394 active members throughout 2025. The membership included 285 parents, 98 stakeholders, 25 community-based organizations, and 1 government agency.

Health Education: • **Get Out and Live** • **FEAST** • **Choose2Change**	Chronic Diseases	Get Out And Live (GOAL): a Type 2 diabetes self-management program affording strategies for nutrition, exercise, and stress management to: empower more informed decisions about selfcare; lead a healthier lifestyle; and improve well-being. FEAST: a nutrition program offering healthy and affordable recipes to improve social, emotional, and physical wellness. Choose2Change: a year-long diabetes prevention program for people at-risk for Type-2 diabetes emphasizing the lifestyle changes needed to improve nutrition; help lose weight; promote exercise; and reduce stress.	• GOAL: 33 participants • FEAST: 44 participants • Choose2Change: 16 participants
Wellness and Activity Centers	Economic Insecurity Food Insecurity Overweight and Obesity	Centers located in lower socioeconomic neighborhoods that give residents a physical space to participate in free programs run by Providence, local volunteers, and community partners. Programming promotes social connections and help improve the health of the community.	Wilmington Wellness and Activity Center: 938 classes and events hosted with a total of 18,834 participant visits Lawndale Wellness and Activity Center: 154 classes and events were held with a total of 1,663 visits by participants.

Wilmington Farmer's Market	Food Insecurity Overweight and Obesity	The Wilmington Farmer's Market takes place every Tuesday from 10am – 2pm at our Wilmington Wellness and Activity Center. The Market provides the local community with accessible and affordable produce, eggs, and other local products. The Market accepts CalFresh, EBT, and offers the Market Match healthy food incentive program. The market also participates in the WIC and Senior Farmer's Market Nutrition Programs.	$3,320 of CalFresh benefits were spent at the market, and were supplemented with $2,287 of Market Match funds to incentivize customer purchases of fresh produce. The Farmer's Market closed operations in June 2025.

2025 COMMUNITY BENEFIT FINANCIALS

Providence Little Company of Mary Medical Center San Pedro
(January 1, 2025-December 31, 2025)

Community Benefit Financials, referred to in legislation as the economic value of Community Benefit, are reported at cost at align with the 990 Schedule H instructions and Catholic Health Association-USA's most recent guide for Community Benefit Reporting.

Patient financial assistance (traditional charity care) is reported at cost. The unpaid cost of Medicaid, other means-tested programs and Medicare are calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. The unpaid cost of Medicare reported here excludes Medicare reported as a part of subsidized health services and Health Professions Education (if applicable).

Financial Assistance and Means-Tested Government Program	Vulnerable Population	Broader Community	Total
Traditional Charity Care	$2,801,382	$0	**$2,801,382**
Medi-Cal	$6,009,247	$0	**$6,009,247**
Other Means-Tested Government (Indigent Care)	$17,058	$0	**$17,058**
Sum Financial Assistance and Means-Tested Government Program	**$8,827,687**	**$0**	**$8,827,687**

Other Benefits			
Community Health Improvement Services	$3,510,722	$0	**$3,510,722**
Community Benefit Operations	$523,263	$0	**$523,263**
Health Professions Education	$0	$54,909	**$54,909**
Subsidized Health Services	$0	$0	**$0**
Research	$0	$0	**$0**
Cash and in-kind Contributions for Community Benefits	$0	$0	**$0**
Other Community Benefits	$0	$0	**$0**
Total Other Benefits	**$4,033,985**	**$54,909**	**$4,088,894**

Community Benefits Spending			
Total Community Benefits	$12,861,672	$54,909	**$12,916,581**
Medicare (non-IRS)	$12,111,432	$0	**$ 12,111,432**
Total Community Benefits with Medicare	**$24,973,104**	**$54,909**	**$25,028,013**

Providence Little Company of Mary Medical Center Torrance
(January 1, 2025-December 31, 2025)

Community Benefit Financials, referred to in legislation as the economic value of Community Benefit, are reported at cost at align with the 990 Schedule H instructions and Catholic Health Association-USA's most recent guide for Community Benefit Reporting.

Patient financial assistance (traditional charity care) is reported at cost. The unpaid cost of Medicaid, other means-tested programs and Medicare are calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. The unpaid cost of Medicare reported here excludes Medicare reported as a part of subsidized health services and Health Professions Education (if applicable).

Financial Assistance and Means-Tested Government Program	Vulnerable Population	Broader Community	Total
Traditional Charity Care	$5,495,964	$0	**$5,495,964**
Medi-Cal	$56,239,695	$0	**$56,239,695**
Other Means-Tested Government (Indigent Care)	$19,355	$0	**$19,355**
Sum Financial Assistance and Means-Tested Government Program	**$61,755,014**	**$0**	**$61,755,014**

Other Benefits			
Community Health Improvement Services	$4,063,887	$0	**$4,063,887**
Community Benefit Operations	$515,351	$0	**$515,351**
Health Professions Education	$0	$422,602	**$422,602**
Subsidized Health Services	$0	$0	**$0**
Research	$0	$0	**$0**
Cash and in-kind Contributions for Community Benefits	$150,000	$0	**$150,000**
Other Community Benefits	$0	$0	**$0**
Total Other Benefits	**$ 4,729,238**	**$ 422,602**	**$5,151,840**

Community Benefits Spending			
Total Community Benefits	$66,484,252	$422,602	**$66,906,854**
Medicare (non-IRS)	$28,100,767	$0	**$28,100,767**
Total Community Benefits with Medicare	**$94,585,019**	**$422,602**	**$95,007,621**

Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments

Beyond financial assistance, Providence Little Company of Mary strengthens the South Bay through trusted relationships, accessible community spaces and partnerships that bring people together around health and well-being. Its Wellness and Activity Centers in Wilmington and Lawndale serve as welcoming hubs for families, children and older adults to connect with programs, resources and one another. Providence collaborates with organizations such as Family Promise of the South Bay, the Wilmington YMCA, school districts, Charles R. Drew University of Medicine and Science, Richstone Family Center and community-based agencies to expand reach and respond to local priorities in culturally responsive ways.

Providence also impacts the community by helping residents navigate complex health and social systems. Community Health Workers connect people to insurance, food, housing, primary care, behavioral health support and other essential services. Through household outreach in Wilmington, teams have visited thousands of homes, completed assessments and linked families to health and social service resources. In clinics and emergency departments, Community Health Workers screen for social determinants of health, help patients enroll in benefits, support follow-up care and assist people experiencing homelessness with referrals, shelter placement and coordinated next steps toward stability.

Another lasting contribution is Providence Little Company of Mary's investment in knowledge, prevention and leadership development. Programs such as Mental Health First Aid, Mind Matters, FEAST, COPA and diabetes education equip community members, students, caregivers and local partners with practical skills that improve health long after a single encounter. The programs make an impact training adults and youth to respond to mental health needs, promoting nutrition and physical activity, and supporting schools in creating healthier environments for children and families.

Taken together, these efforts show that Providence Little Company of Mary's community impact extends well beyond financial support. By creating safe places for families to gather, elevating community voice through needs assessments and listening sessions, offering preventive education, supporting school readiness and wellness, and walking alongside residents during times of hardship, Providence helps build a healthier, more connected and more resilient community. This work reflects Providence's mission to serve with compassion and to address the conditions that shape health across the South Bay.

2025 CB REPORT GOVERNANCE APPROVAL

5/22/26

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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CHI@providence.org.