



MITIGATION GRANT PROGRAM FINAL REPORT

Grant Recipient:	St. Mary Medical Center Foundation
Contract Number:	HD-7797
Award Amount:	\$834,791
Date Submitted:	July 17, 2013

Total POLB Expenditures:	\$824,791
Total Number Beneficiaries Served:	1,741
Please describe how you determined the number of beneficiaries served.	
<p>The number of beneficiaries served through the Breathe Easy Mobile Outreach Program was tracked by the number of completed intake forms kept on file. In addition to these completed intake forms, the Program Manager maintained on an ongoing basis an electronic spreadsheet that reflected the various units of service delivered per beneficiary throughout the grant period.</p> <p>(Please note that a copy of the intake form, as developed by the project team, was included in the supporting documentation for the January-March 2013 Quarterly Report submission.)</p>	

Provide a narrative description of the project.	
<p>The aim of the St. Mary Breathe Easy Mobile Outreach Program was to decrease the burden of asthma and pollution-related respiratory illness on residents of Zones 1A and 2A through a multi-pronged approach: (1) Outreach and education; (2) Screenings; and (3) Diagnosis.</p> <p>This program intended to target critical respiratory-related care and services to families who lacked proper access to primary care, especially those vulnerable adults and seniors in the target zones.</p> <p>The four objectives of the Breathe Easy Mobile Outreach Program are outlined by the following program components:</p> <ul style="list-style-type: none"> • Design and Construction of Mobile Care Clinic Objective (1): Design and construct a mobile clinic to provide asthma outreach and respiratory diagnostic services in Zones 1A and 2A. • Service Delivery Objective (2): Provide mobile clinic services to patients from at least 20 senior housing facilities, schools, or community centers in Zones 1A and 2A. Objective (3): Provide 22,750 units of service. • Outreach Campaign Objective (4): Conduct an outreach campaign to advise residents in Zones 1A and 2A of the mobile clinic's services and to provide respiratory health prevention and management education. Achieve a total of 280,000 impressions. <p>St. Mary successfully met its objectives by project end in June 2013.</p>	

Provide a narrative discussion of the actual project results (outputs and outcomes) based on the metrics defined in your workplan. Please describe the methodology used for any quantitative results. Outcomes and outputs may include, but are not limited to:

- Number of filters installed;
- Number of people served;
- Number of educational sessions held;
- Decrease in missed school/work days;
- Decrease in hospitalizations;
- Improvements in quality of life;
- Other

Use additional sheets if necessary.

St. Mary Medical Center Foundation (St. Mary) successfully met the four objectives identified in the previous section by project end in June 2013. The following further expounds on the accomplishment of these program objectives during the grant period, with more detail provided for the latest reporting period (i.e., April-June 2013 quarter).

(The Program Manager tracked relevant outputs and outcomes on an ongoing basis through appropriate documentation – e.g., maintenance of electronic database, archival of information pertinent to services provided at identified sites, etc.)

DESIGN and CONSTRUCTION of MOBILE CARE CLINIC

Objective (1): Design and construct a mobile clinic to provide asthma outreach and respiratory diagnostic services in Zones 1A and 2A.

Appropriate design and construction of the Mobile Care Clinic occurred during the July-September 2011 quarter, via back-and-forth consultation with Farber Specialty Vehicles. Delivery of the Mobile Care Clinic unit occurred during the following quarter, in early October 2011.

SERVICE DELIVERY

Objective (2): Provide mobile clinic services to patients from at least 20 senior housing facilities, schools, or community centers in Zones 1A and 2A.

Through the Breathe Easy Mobile Outreach Program, St. Mary facilitated services to patients from **at least 30 sites** in Zones 1A and 2A, nine of which are senior residential facilities.

During the April-June 2013 quarter, the Mobile Care Clinic provided services at one senior residential facility and 19 community venues:

Senior Residential Facility

- American Gold Star Manor (April 25)

Community Sites

- 2013 Walk for Kids c/o Long Beach Ronald McDonald House (April 7)
- Catholic Charities (April 9, April 11, May 7, May 9)
- St. Mary 10th Street Clinic (April 10, May 15)*
- 5th Annual Community Resources Health Fair at MacArthur Park (April 13)
- Khemara Buddhikaram Temple (April 13*, April 14)
- Century Villages at Cabrillo (April 17)
- St. Mary 4th Street Clinic at Long Beach Senior Center (April 19, May 17)*

Community Sites (Continued)

- St. Anthony Catholic Church (April 21)
- Vipassana Foundation Temple (April 21)*
- Houghton Park (April 23, May 28, June 18)
- St. Anthony High School 4th Annual 5K Run/Walk (April 27)
- Cambodian New Year Celebration at El Dorado Park (April 27)*
- Cabrillo All Access Fun Run and Health Fair at Admiral Kidd Park (May 4)
- “Me and My Shadow: Family Fun Day” at Martin Luther King, Jr. Park (May 11)
- Whittier Elementary School Health Fair (May 14)
- Long Beach Asthma Resource Fair at Admiral Kidd Park (May 18)
- Christian Outreach in Action (May 21)
- St. Mary Medical Center (Injury Prevention and Safety Summit for Seniors) [May 23]
- Long Beach Unity Festival at Admiral Kidd Park (June 8)

* **Note:** The Mobile Care Clinic was not present at these sites due to inadequate parking space or driver unavailability. As a workaround, staff provided services at a designated space on site.

Objective (3): Provide 22,750 units of service.

In aggregate, a cumulative total of **25,450 units of service** have been provided over the grant period, thereby exceeding Objective (3).

Table 1: Cumulative Summary for Units of Service Provided

Month	Number of Units of Service
December 2011	20
January 2012	211
February 2012	113
March 2012	103
April 2012	190
May 2012	595
June 2012	684
July 2012	1,443
August 2012	3,585
September 2012	2,233
October 2012	1,723
November 2012	2,345
December 2012	404
January 2013	1,718
February 2013	1,287
March 2013	2,302
April 2013	3,620
May 2013	2,020
June 2013	854
Units of Service Total	25,450

For the April-June 2013 quarter, a total of **6,494 units of service** were provided. Tables 2-4 detail the various avenues through which these tracked units of service were provided:

Table 2: Mobile Care Clinic Site Visits

Date	Site	Number of Patients Seen	Number of Units of Service
April 7	2013 Walk for Kids	1	406
April 9	Catholic Charities	3	15
April 11	Catholic Charities	7	59
April 13	5 th Annual Community Resources Health Fair	17	558
April 14	Khemara Buddhikaram Temple	9	364
April 17	Century Villages at Cabrillo	3	30
April 21	St. Anthony Catholic Church	15	555
April 23	Houghton Park	11	190
April 25	American Gold Star Manor	2	18
April 27	St. Anthony High School 4 th Annual 5K Run/Walk	1	86
May 4	Cabrillo All Access Fun Run and Health Fair	14	412
May 7	Catholic Charities	4	32
May 9	Catholic Charities	3	28
May 11	"Me and My Shadow"	15	446
May 14	Whittier Elementary School Health Fair	8	204
May 18	Long Beach Asthma Resource Fair	24	459
May 21	Christian Outreach in Action	10	89
May 23	St. Mary Medical Center (Injury Prevention and Safety Summit for Seniors)	14	95
May 28	Houghton Park	11	86
June 8	Long Beach Unity Festival	10	393
June 18	Houghton Park	4	114
Units of Service Subtotal			4,639

Table 3: Services Conducted Without the Mobile Care Clinic Present

Date	Site	Number of Patients Seen	Number of Units of Service
April 10	St. Mary 10 th Street Clinic**	0	0
April 13	Khemara Buddhikaram Temple**	0	200
April 19	St. Mary 4 th Street Clinic	0	23
April 21	Vipassana Foundation Temple	0	268
April 27	Cambodian New Year Celebration**	0	546
May 15	St. Mary 10 th Street Clinic**	0	0
May 17	St. Mary 4 th Street Clinic**	0	26
Units of Service Subtotal			1,063

**** Note:** The Mobile Care Clinic team was unable to facilitate spirometry screenings during its visits to the St. Mary 10th Street Clinic (April 10) and St. Mary 4th Street Clinic (April 19) due to the lack of foot traffic.

While spirometry screenings were not conducted at the April 13, April 21 and April 27 events in celebration of the Cambodian New Year, respiratory health outreach and educational materials were distributed to event attendees.

Table 4: Miscellaneous Units of Service Provided

Date	Activity	Number of Units of Service
April 2013	Home Visitation + Follow-up Phone Calls	302
May 2013	Home Visitation + Follow-up Phone Calls	143
June 2013	Home Visitation + Follow-up Phone Calls	347
Units of Service Subtotal		792

Note: As with prior reporting periods, the Health Coach continued to conduct home visitations, which involved completing the Asthma Home Environment Checklist and following up with clients on providing relevant educational information. Both the Health Coach and Respiratory Therapist conducted follow-up phone calls with clients seen by the Mobile Care Clinic team to ensure that they were following up on any recommended referrals and receiving appropriate care.

OUTREACH CAMPAIGN

Objective (4): Conduct an outreach campaign to advise residents in Zones 1A and 2A of the mobile clinic's services and to provide respiratory health prevention and management education. Achieve a total of 280,000 impressions.

In aggregate, a cumulative total of **1,296,099 impressions** were achieved through June 2013, far surpassing the intended outcome for Objective (4) (i.e., 280,000 impressions total).

Table 5: Cumulative Summary for Impressions Achieved

Date	Activity	Number of Impressions
Through March 2013	Media and Public Relations Coverage + Outreach Efforts	1,213,541
April-June 2013	Media and Public Relations Coverage + Outreach Efforts	82,558
Impressions Total		1,296,099

For the April-June 2013 quarter, a total of **82,558 impressions** were achieved through media and public relations coverage of the Mobile Care Clinic as well as outreach efforts conducted at one community site. Please refer to Tables 6-7 for further detail.

Table 6: Media and Public Relations Coverage

Date	Activity	Number of Impressions (Circulation)
May 29	<i>Long Beach Press-Telegram</i> ("Breathing Easier") [http://www.presstelegram.com/ci_23340031/breathing-easier-long-beach-mobile-health-care-clinic]	82,556
Impressions Subtotal		82,556

Table 7: Outreach Efforts

Date	Activity	Number of Impressions
June 18	Houghton Park	2
Impressions Subtotal		2

Note: The Mobile Care Clinic team continued to utilize the outreach flyer developed by the St. Mary Marketing and Public Relations team in order to advertise the Mobile Care Clinic and its Breathe Easy Mobile Outreach Program.

SUSTAINABILITY

The positive impact of the Breathe Easy Mobile Outreach Program is also reflected in those narratives shared by the Mobile Care Clinic team on meaningful interactions with clients. Sustaining such points of engagement, whether through services provided at Mobile Care Clinic site visits or home visitations, speaks to the Mobile Care Clinic's potential for sustainability in its operations. In addition to those client experiences shared by the Mobile Care Clinic team during the last reporting period, the following are more experiences that should be highlighted:

Client Experience (1): Latina Female

The Health Coach was able to establish a meaningful relationship with one client through multiple interactions. Through a referral from a fellow colleague, the Health Coach learned that this client's children suffered from severe asthma. During the first two home visits with this client, the Health Coach imparted critical information on respiratory health care, including opportunities to minimize asthma triggers within the home environment. While the Health Coach learned that none of the client's family members smoke, the household nonetheless was exposed to secondhand smoke throughout the apartment complex. Understanding how to identify and mitigate asthma triggers became a vital component.

Knowing that the Health Coach served as a resource for any health care needs, the client continued to call on the Health Coach for assistance. For instance, the Health Coach supported the client in completing documentation for the school nurse regarding the children's asthma, especially as English served as the second language for the client. Plus, the Health Coach worked with the mother to demonstrate how the children should appropriately use an asthma spacer. The last contact that the Health Coach had with the client occurred during the Mobile Care Clinic's scheduled visit to the children's school. Here, the Mobile Care Clinic team performed spirometry screenings with the mother and her children. The client also encouraged her friends and their children to obtain screenings through the Mobile Care Clinic on the day of the event.

Gaining the client's trust proved invaluable in demonstrating the opportunities that the Mobile Care Clinic team can facilitate in regards to addressing the respiratory health needs of target communities.

Client Experience (2): Cambodian Male

A senior Cambodian male client, who was previously diagnosed with asthma, visited the Mobile Care Clinic and presented with persisting symptoms despite taking two asthma medications on a regular basis. Upon further assessment, the Respiratory Therapist learned that the client was not utilizing both of his prescribed inhalers properly, thereby preventing him from effectively managing his asthma. Through appropriate outreach and education, the Respiratory Therapist was able to demonstrate to the client how to better deliver his asthma medication. While this client has access to regular primary care, opportunities to effectively utilize his medication prove critical in the management of good respiratory health.

St. Mary appreciates the positive and supportive relationship it has developed with the grantor throughout the duration of the Breathe Easy Mobile Outreach Program, especially as St. Mary learned the ins and outs of maintaining a Mobile Care Clinic unit as a “first-timer.” St. Mary intends to maintain the collaborations it has engaged with community partners through this grant opportunity. Despite the end of this grant, St. Mary will continue to identify and pursue additional funding opportunities that will expand the breadth of its services to target communities. St. Mary’s administration and leadership recognize the high value of the Mobile Care Clinic, which brings care to the patient, especially in light of the changes anticipated through the implementation of Affordable Care Act, most notably in managing the client’s health outside the hospital’s walls. While St. Mary has applied for another grant opportunity made available by the Port of Long Beach, it also has plans to apply to the Harbor Community Benefit Foundation in Fall 2013. St. Mary Foundation staff and leadership are searching for additional opportunities to sustain the Mobile Care Clinic through philanthropy, while the hospital’s administration explores ways to sustain the Mobile Care Clinic through the expansion of services.