

2026-
2028

COMMUNITY HEALTH IMPROVEMENT PLAN



Providence Little Company of Mary
Medical Center San Pedro

Providence Little Company of Mary
Medical Center Torrance

To provide feedback about this
CHIP or obtain a free printed copy,
please email Justin Joe at
justin.joe@providence.org



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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. The following Community Health Improvement Plan (CHIP) outlines our strategic response to addressing the prioritized needs from the 2025 Community Health Needs Assessment (CHNA).

This is a joint Community Health Improvement Plan, including Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance in response to a joint 2025 CHNA. The strategies included in this plan are representative of efforts taken by both hospitals to address the identified community needs.

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of people experiencing social inequities and health disparities. The Community Health Needs Assessment (CHNA) is an opportunity for Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance to engage the community every three years with the goal of better understanding community strengths and needs.

The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from interviews with community stakeholders and listening sessions with community members, hospital utilization data, and more.

Our commitment to improving the health of our community extends beyond patient care. Through community health improvement and strategic partnerships, health professions education and research, free, discounted and subsidized care, and other means of outreach, we commit to caring for those we serve through high-impact community benefit programs and investments.

South Bay Community Health Improvement Plan Priorities

As a result of the findings of our [2025 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance will focus on the following areas for its 2026-2028 Community Benefit efforts:

ACCESS TO CARE

Local community stakeholders identified specific barriers to accessing care in the service area include high costs, difficulties navigating the health care system, appointment delays, language barriers, insufficient health education, lack of culturally responsive services, and transportation challenges.

Access to care goes beyond health insurance coverage, however, 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. In addition, obtaining coverage for lower income households will become more challenging as new policy changes will impact eligibility for Medi-Cal, and premium and co-pay costs for Covered California.

BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE/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 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 and misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs, and tobacco.

Community stakeholders frequently expressed the need for more access to services such as therapists and other mental health professionals, as well as drug prevention and mental health awareness classes.

CHRONIC DISEASE

Chronic diseases are persistent health conditions—such as heart disease, diabetes, cancer, and respiratory illnesses—that typically last for one year or more and often require ongoing medical care or limit activities of daily living. These diseases represent a significant burden on individuals, families, and the broader community by increasing healthcare costs, reducing productivity, and diminishing quality of life. The South Bay Service Area had a higher percentage of people with heart disease, diabetes, and respiratory illness compared to the entire county and state.

In many cases, chronic conditions are closely linked to upstream factors like unhealthy diets, physical inactivity, tobacco use, and limited access to preventative care. Poor nutrition and sedentary lifestyles, for example, can contribute to the development and progression of these illnesses. The South Bay Service Area had higher percentages of obesity prevalence and people reporting physical inactivity compared to Los Angeles County and California.

Addressing chronic disease requires a comprehensive approach that not only supports those living with these conditions but also focuses on prevention through promoting healthy behaviors and improving community environments. Community stakeholders expressed a desire for more exercise programs, walking groups, and health education on nutrition, fitness, and preventive care for all ages. They also mentioned air pollution and poor air quality as local environmental factors impacting rates of chronic disease.

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 Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance dedicates resources to improve the health and quality of life for the communities and people we serve. For more information, refer to the [Annual Report to our Communities](#) and [Community Health Needs Assessments/Community Health Improvement Plans](#).

Joint CHIP Report

This is a “joint CHIP report,” within the meaning of Treas. Reg. § 1.501(r)-3(b)(6)(v), by and for Providence including Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance. These hospitals completed a joint 2025 CHNA report. A joint approach to addressing the needs identified in the joint CHNA will be most effective given that the hospitals share a CHNA service area and community served, staffing, leadership teams, and resources. The strategies included in this plan are representative of efforts taken by both hospitals to address the identified community needs. The hospitals have a shared governance structure and share one Mission Community Health Committee of the Board that adopts the CHIP for both hospitals.

Equity Practices in the CHIP

At Providence, we are committed to addressing the underlying and root causes of health disparities and inequities in the communities we serve. We work to address not only the clinical factors that determine a person’s length and quality of life, but also the social and economic dimensions, physical environment, and other factors that play a role in determining health outcomes. Addressing these factors includes leveraging community strengths and utilizing evidence-based, leading practices.

Through literature and our community partners, we recognize that long-standing systemic inequities exist and that they can lead to health disparities. We routinely evaluate health disparities in the communities we serve and use qualitative and quantitative data to inform how we enhance access to high-quality, evidence-based care. The purpose of the CHIP is to respond to and address the needs identified by our communities. The CHIP strategies are based on the CHNA data to meet the highest level of need, which is ultimately in service to all our community members.

Financial Assistance Program

Our mission is to improve the health and well-being of each person we serve, regardless of ability to pay. We believe no one should delay seeking needed medical care because they lack health insurance. Providence has a [Financial Assistance Program \(FAP\)](#) that provides free or discounted services to eligible patients.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND RESULTS

Our Community and the Community Health Needs Assessment Process and Results

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance conducted a joint Community Health Needs Assessment (CHNA) in 2025. The two medical centers share a common geographic service area because of their close proximity to each other in a part of LA County colloquially known as the “South Bay.” The CHNA service area included neighborhoods within and nearby the South Bay of Los Angeles County. Additional census tracts to the north and to the east within South Los Angeles were also included in the 2025 CHNA with consideration for newly developing partnerships with local community-based organizations and their surrounding neighborhoods.

The CHNA is an opportunity for Providence hospitals to engage the community every three years with the goal of better understanding strengths and needs. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relies on several sources of information: state and national public health data, qualitative data from key informant interviews and community listening sessions, hospital utilization data, and more. The Mission Community Health Committee of the Community Ministry Board reviews the data and key findings from the CHNA and prioritizes identified needs to address in the 2026-2028 Community Health Improvement Plan (CHIP).

More information on the CHNA process and findings can be found in the 2025 CHNA available for download on our website: [Community Benefit Annual Report: CHNA and CHIPs | Providence](#)

Significant Community Health Needs Prioritized

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance will focus on the following priority areas identified in the 2025 CHNA to best leverage their capacity, expertise, and resources for greatest impact:

ACCESS TO CARE

Local community stakeholders identified specific barriers to accessing care in the service area include high costs, difficulties navigating the health care system, appointment delays, language barriers, insufficient health education, lack of culturally responsive services, and transportation challenges.

Access to care goes beyond health insurance coverage, however, 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. In addition, obtaining coverage for lower income households will become more

challenging as new policy changes will impact eligibility for Medi-Cal, and premium and co-pay costs for Covered California.

BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE/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 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 and misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs, and tobacco.

Community stakeholders frequently expressed the need for more access to services such as therapists and other mental health professionals, as well as drug prevention and mental health awareness classes.

CHRONIC DISEASE

Chronic diseases are persistent health conditions—such as heart disease, diabetes, cancer, and respiratory illnesses—that typically last for one year or more and often require ongoing medical care or limit activities of daily living. These diseases represent a significant burden on individuals, families, and the broader community by increasing healthcare costs, reducing productivity, and diminishing quality of life. The South Bay Service Area had a higher percentage of people with heart disease, diabetes, and respiratory illness compared to the entire county and state.

In many cases, chronic conditions are closely linked to upstream factors like unhealthy diets, physical inactivity, tobacco use, and limited access to preventative care. Poor nutrition and sedentary lifestyles, for example, can contribute to the development and progression of these illnesses. The South Bay Service Area had higher percentages of obesity prevalence and people reporting physical inactivity compared to Los Angeles County and California.

Addressing chronic disease requires a comprehensive approach that not only supports those living with these conditions but also focuses on prevention through promoting healthy behaviors and improving community environments. Community stakeholders expressed a desire for more exercise programs, walking groups, and health education on nutrition, fitness, and preventive care for all ages. They also mentioned air pollution and poor air quality as local environmental factors impacting rates of chronic disease.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2025 CHNA completed for Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance was the basis for the 2026-2028 CHIP. The assessment identified community needs, assets, resources, and strategies to improve health for residents of the South Bay region of Los Angeles County.

The Mission Community Health Committee of Providence Little Company of Mary's Community Ministry Board evaluated the needs and supporting data identified in the 2025 CHNA and selected areas of focus for Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance: Access to Care, Behavioral Health, and Chronic Disease. Prioritizing these needs allows the hospitals to focus on leveraging their strengths, expertise, and resources for greatest impact.

The Community Health Improvement Plan was developed by leadership in Providence Little Company of Mary's Community Health department with collaborative advisory feedback from senior leadership representing disciplines across the hospital and health system. 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 2025 CHNA.

In March 2026, the Mission Community Health Committee adopted the 2026-2028 CHIP, including the following strategies for addressing the priority community needs.

Addressing the Needs of the Community: 2026- 2028 Key Community Benefit Initiatives and Evaluation Plan

The following strategies for addressing priority needs consider how communities change over time, as well as their existing strengths and capacity. They were intentionally selected with the understanding that some community health needs may evolve during the duration of the CHIP, and that subsequent implementation strategies may require adjustment based on resources and to best meet the needs of our communities. While our response to community need must remain flexible to changing dynamics, our commitment to improving the health of our communities is unwavering.

COMMUNITY NEED ADDRESSED #1: ACCESS TO CARE

Population Served

In line with our mission, we are focused on underserved populations, including those with low incomes, uninsured, and underinsured. Within these populations, we aim to serve families with children, BIPOC communities, refugee and immigrant communities, monolingual Spanish speaking populations, elementary and middle school students.

Long-Term Goal(s)/ Vision

- To improve access to care 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.

Table 1. Strategies and Measures for Addressing Access to Care

Identified need: Access to Care				
Strategy	Population Served	Strategy Measure(s)	Baseline (2025)	2028 Target
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	Underserved, low-income populations; Spanish speaking populations	Number of insurance applications assisted and troubleshooting cases	4,045 insurance applications assisted and cases troubleshot	Maintain the number of insurance applications and cases troubleshot per year
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	Underserved, low-income populations; Spanish speaking populations	Number of appointments made for primary care follow up referrals	2,275 appointments made for primary care follow up referrals	Maintain the number of appointments made for primary care follow up referrals per year
Partners for Healthy Kids: a mobile clinic offering childhood immunizations at elementary and middle schools; flu immunizations for adults; and health insurance enrollment information and navigation assistance	Underserved, low-income populations, including members of BIPOC, refugee, and immigrant communities	Number of immunizations administered	2,727 immunizations administered	Increase the number of immunizations administered by 10%

Identified need: Access to Care

Strategy	Population Served	Strategy Measure(s)	Baseline (2025)	2028 Target
<p>Community Public Health Team: Community health workers 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.</p>	<p>Residents of Wilmington, including: Underserved, low-income populations, including members of BIPOC, refugee, and immigrant communities</p>	<p>Number of Household Assessments completed</p>	<p>1,767 household assessments completed</p>	<p>Increase the number of household assessments per year by 10%</p>
<p>Vasek Polak Health Clinic and San Pedro Sixth Street Clinic: primary and follow-up care clinics providing affordable alternative to emergency department care for uninsured patients or patients with Medi-Cal who do not have a medical home</p>	<p>Underserved, low-income populations, including members of BIPOC, refugee, and immigrant communities</p>	<p>Number of patient visits</p>	<p>Vasek Polak Health Clinic: 2,547 visits San Pedro Sixth Street Clinic: 2,143 visits</p>	<p>Maintain number of annual patient visits</p>

Community and Research Informed Resources

[Community health workers | County Health Rankings & Roadmaps](#)

[Vaccination Programs: Community-Based Interventions Implemented in Combination - Healthy People 2030 | odphp.health.gov](#)

Resource Commitment

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance will commit staff time, supplies and equipment to support these strategies.

Key Community Partners

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance works with many community partners across to help address needs for those who are underserved. Examples of the partners we work with as part of our commitment to addressing Access to Care include:

- Wilmington Community Clinic
- Harbor Community Health Center
- Venice Family Clinic
- Lawndale Elementary School District
- Los Angeles Unified School District
- Torrance Unified School District
- Hawthorne School District
- LA County Department of Public Health
- Covered California

COMMUNITY NEED ADDRESSED #2: BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE/MISUSE)

Population Served

In line with our mission, we are focused on underserved populations, including those with low incomes, uninsured, and underinsured. Within these populations, we aim to serve individuals with substance use disorders, individuals with mental health needs. families with children, professionals working with youth, BIPOC communities, immigrant communities, and Spanish-speaking populations.

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.
- To foster a community where mental health awareness is normalized, stigma is reduced, and individuals proactively seek support and resources. By promoting early intervention and empowering residents, we aim to decrease the incidence and severity of mental health challenges and improve overall well-being for all community members.

Table 2. Strategies and Measures for Addressing Behavioral Health (Mental Health & Substance Use/Misuse)

Identified need: Behavioral Health (Mental Health & Substance Use/Misuse)				
Strategy	Population Served	Strategy Measure(s)	Baseline (2025)	2028 Target
<p>Mental Health Awareness, Prevention and Coping Skills Trainings: support prevention and early intervention by teaching Mental Health First Aid, Mind Matters, and Creating Healthier Attitudes Today curricula in community based settings</p>	<p>Underserved, low-income populations; professionals working with youth and families; Spanish-speaking residents; immigrants</p>	<p>Number of participants trained</p>	<p>821 participants trained</p>	<p>Maintain number of participants trained per year</p>
<p>Behavioral Health Care Navigation: CHW links Providence Little Company of Mary Medical Center emergency department patients to follow up care with behavioral health treatment resources</p>	<p>Underserved, low-income populations; uninsured patients; Spanish-speaking residents</p>	<p>Number of referrals made for behavioral health treatment resources</p>	<p>145 referrals completed</p>	<p>Increase number of referrals completed per year by 10%</p>
<p>Naloxone Distribution Kiosk: a kiosk open to the public 24/7 in front of our emergency department at PLCMMC-San Pedro. It provides free, no questions asked access to a medication that can reverse an opioid overdose. It also helps connect individuals to mental health and addiction recovery resources through QR codes</p>	<p>Broader community; Individuals with substance use disorders and their friends/family members,</p>	<p>Number of naloxone doses distributed</p>	<p>New program</p>	<p>Annually distribute 2,500 doses to the broader community</p>

Identified need: Behavioral Health (Mental Health & Substance Use/Misuse)

Strategy	Population Served	Strategy Measure(s)	Baseline (2025)	2028 Target
<p>The Bridges Psychiatric Program and Outpatient Behavioral Health Center at Providence Little Company of Mary Medical Center San Pedro provides the community with access to inpatient and outpatient psychiatric care for individuals experiencing mental health needs.</p>	<p>Individuals with mental health needs</p>	<p>Number of patients Number of visits</p>	<ul style="list-style-type: none"> • 727 unduplicated patients (inpatient); 1,145 unduplicated patients (outpatient) • 811 inpatient visits; 1,388 outpatient visits 	<p>Continued access for community to inpatient and outpatient psychiatric care</p>
<p>Substance Use Navigator at PLCMMC-Torrance: supports patients with substance use disorder by identifying needs, initiating or treatment, and connecting patients to ongoing care and community resources, often beginning in the emergency department. The SUN also advocates for compassionate, stigma-free care and helps clinicians efficiently link patients to follow-up services so recovery can continue beyond the hospital setting.</p>	<p>Individuals with substance use disorders</p>	<p>Number of patients Referrals made</p>	<ul style="list-style-type: none"> • 475 patients provided consultations • 106 patients referred to Medication Assisted Treatment • 48 patients referred to Intensive Outpatient Programs/Residential Treatment Services 	<p>Increased patient knowledge and linkage to substance use disorder treatment resources</p>

Community and Research Informed Resources

[Community health workers | County Health Rankings & Roadmaps](#)

Resource Commitment

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance will commit staff time, supplies and equipment, and cash and in-kind donations to support these strategies.

Key Community Partners

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance works with many community partners across to help address needs for those who are underserved. Examples of the partners we work with as part of our commitment to addressing Behavioral Health include:

- Richstone Family Services
- Open Paths Counseling Center
- Lawndale Elementary School District
- Our House Grief Support Center
- LA Care Blue Shield Community Resource Center – Wilmington
- One San Pedro
- Harbor Community Health Center
- LA County Department of Mental Health – San Pedro Mental Health Center

COMMUNITY NEED ADDRESSED #3: CHRONIC DISEASE

Population Served

In line with our mission, we are focused on underserved populations, including those with low incomes, uninsured, and underinsured. Within these populations, we aim to serve families with children and youth, patients diagnosed with chronic diseases, BIPOC communities, immigrant communities, monolingual Spanish speaking populations, elementary school students and teachers.

Long-Term Goal(s)/ Vision

- Reduce the prevalence and impact of chronic diseases in the community by expanding access to preventive care, promoting healthy lifestyle behaviors, and improving the social and environmental conditions that influence health.
- Reduce social, financial, and logistical barriers to chronic disease care that limit consistent access to prevention, treatment, and follow-up services.

Table 3. Strategies and Measures for Addressing Chronic Disease

Identified need: Chronic Disease				
Strategy	Population Served	Strategy Measure(s)	Baseline	2028 Target
<p>Wellness and Activity Centers: Two centers located in Wilmington and Lawndale that give residents a physical space to participate in free programs, run by Providence, local volunteers and community partners, that promote social connections and help improve the health of the community.</p>	<p>Families with children and youth, BIPOC communities, immigrant communities, monolingual Spanish speaking populations, low-income households</p>	<p>Number of events/activities hosted</p> <p>Number of participant visits</p>	<p>1,092 events and activities hosted in 2025</p> <p>20,497 participant visits in 2025</p>	<p>Increase to 1,100+ events and maintain 20,000+ participant visits per year</p>
<p>Creating Opportunities for Physical Activity: 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.</p>	<p>Elementary school students and teachers in underserved communities</p>	<p>Number of school partnerships</p>	<p>Eleven elementary schools partnered with during the 2025-2026 school year</p>	<p>Maintain partnerships for COPA services with 10+ schools</p>
<p>Health Education: teach free community-based classes related to diabetes prevention and management</p>	<p>Underserved, low-income populations; Spanish-speaking residents; immigrants</p>	<p>Number of participants trained</p>	<p>93 participants trained in 2025</p>	<p>Increase participants trained by 10%</p>

Identified need: Chronic Disease				
Strategy	Population Served	Strategy Measure(s)	Baseline	2028 Target
<p>The COPD Navigator at Providence Little Company of Mary Torrance supports patients and their families with chronic obstructive pulmonary disease by coordinating care, providing education on disease management, and helping patients access follow-up services after hospitalization or emergency visits. The role focuses on improving symptom control, reducing avoidable readmissions, and helping patients confidently manage their condition at home.</p>	Individuals with COPD	<p>Number of patients managed by navigator</p> <p>30-Day readmission rate for COPD patients</p>	<p>245 patients</p> <p>30-Day Readmission Rate: 14.29%</p>	<p>Maintain number of patients managed by navigator</p> <p>Reduction in 30-day readmissions for patients with COPD</p>
<p>The Medication Therapy Management and Specialty Pharmacy program at Providence Little Company of Mary Torrance and San Pedro supports patients with chronic disease by providing education and coordination by Advanced Pharmacist Practitioners and medication assistant techs related to prescribed medications, helping ensure safe, effective, and appropriate use. The clinic works with patients and care teams to improve adherence, reduce medication related risks, and support better health outcomes. They also assist patients in finding ways to reduce out-of-pocket expenses to overcome financial barriers to accessing medication.</p>	Patients with chronic disease	<p>Patients referred for Medication Therapy Management</p> <p>Number of patients assisted with financial challenges</p> <p>Out-of-pocket medication expense savings for patients</p>	<p>3,774 referrals for Medication Therapy Management</p> <p>462 patients assisted with financial challenges</p> <p>\$2.7M in out-of-pocket medication expense savings for patients</p>	<p>Patients managing chronic disease with high-risk and high-cost medications achieve better health outcomes while reducing financial barriers to care</p>

Community and Research Informed Resources

[Community-based social support for physical activity | County Health Rankings & Roadmaps](#)

[Community health workers | County Health Rankings & Roadmaps](#)

[School-based physical education enhancements | County Health Rankings & Roadmaps](#)

[Physical Activity: Enhanced School-Based Physical Education - Healthy People 2030 | \[odphp.health.gov\]\(https://odphp.health.gov\)](#)

[Diabetes Management: Interventions Engaging Community Health Workers - Healthy People 2030 | \[odphp.health.gov\]\(https://odphp.health.gov\)](#)

[Chronic disease self-management \(CDSM\) programs | County Health Rankings & Roadmaps](#)

Resource Commitment

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance will commit staff time, supplies and equipment, and in-kind donations to support these strategies.

Key Community Partners

Providence Little Company of Mary Medical Center San Pedro and Providence Little Company of Mary Medical Center Torrance works with many community partners across to help address needs for those who are underserved. Examples of the partners we work with as part of our commitment to addressing Chronic Disease include:

- Lawndale Elementary School District
- Los Angeles Unified School District
- FEAST
- Mercy Housing
- Abode Communities
- Los Angeles Regional Food Bank
- LA County Department of Public Health
- Wilmington YMCA
- LA Care Blue Shield Community Resource Center-Wilmington
- Best Start Wilmington

Other Community Benefit Programs

Table 4. Other Community Benefit Programs in Response to Community Needs

Program Name	Community Need Addressed	Description
Community Health Worker Academy	Workforce Development	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
CalFresh Application Assistance	Food Insecurity	CHWs provide information and enrollment assistance about CalFresh—California’s SNAP program
Best Start Wilmington	Social Isolation	Best Start Wilmington brings together local resident leaders and community-based organizations committed to establishing a healthy foundation for children in the community. It is driven by building neighborhood awareness and advocating for systems changes to address needs prioritized by community members
Sexual Assault Response Team	Safety	A collaboration between the hospital, law enforcement agencies, forensic nurse specialists and sexual assault counseling advocates that provides compassionate, comprehensive and culturally sensitive treatment for sexual assault victims
CHW Care Navigators for the Homeless	Housing Insecurity and Homelessness	CHWs placed within our emergency department to specifically care for patients experiencing homelessness. They function as liaisons between homeless service providers and our Medical Centers to reduce avoidable emergency department visits and link patients with permanent and interim housing.

PLACES AND PEOPLE: TWO KEY APPROACHES TO ADDRESSING COMMUNITY HEALTH NEEDS

Providence Little Company of Mary's breadth of Community Health programs feature two key approaches to addressing the community's health needs: 1) opening Wellness Centers in under-resourced communities and 2) employing Community Health Workers to engage with our patients and neighbors.

Wellness and Activity Centers

For Providence, the operation of Wellness and Activity Centers in high-need communities highlights how a Medical Center can move outside its hospital walls to promote health equity in underserved communities. The Centers are concrete, visible reminders that accessible health promotion activities in the places where people live, work, study, and play contribute to lifelong health. The free programs offered by Providence, community volunteers, and community- and government-based organizations provide individuals with the tools they need to be healthy and reduce existing health disparities in the communities where the Centers are located.

In Wilmington, Providence Little Company of Mary worked with an affordable housing developer to open its first Wellness and Activity Center, in 2014. The Wilmington location is a 10,000 square foot complex that includes a soccer field, outdoor basketball court, gymnasium, meeting space for large and small community meetings and offices for Providence staff who deliver services in the surrounding area. In 2023, Providence opened its second Wellness and Activity Center in Lawndale, CA. The Center, in partnership with the Lawndale Elementary School District, is a 1,600 square foot building on 5,512 square feet of community space transforming a previously vacant lot on the campus of William Anderson Elementary School. Local residents participate in free programs and activities that promote healthy living representing thousands of visits each year. Programs include support groups, exercise classes, wellness classes, and enrollment assistance for health insurance and CalFresh.

Community Health Workers

Since 2001, Providence Little Company of Mary has successfully hired, trained, and integrated Community Health Workers (CHWs) as valued members of the healthcare team in our hospital, clinic, and community settings. CHWs are front-line public health workers who share a common language and cultural experience with our patients and clients. They have faced the same barriers, stigmas and fears in accessing health care, so they have a greater understanding of the challenges faced by those we serve. Their roles within Providence include outreach, health and wellness education, medical care coordination, system navigation, advocacy, enrollment assistance for public benefit programs (health insurance and CalFresh), and they serve as liaisons between our medical centers and the community. They are a key ingredient for health care organizations to effectively care for their patient populations, especially in marginalized communities. As part of the team, CHWs enrich the quality of care provided to patients. CHWs help patients navigate resources such as CalFresh, Covered CA, and Medi-Cal and improve access to preventive and medical care services, avoiding the use of costly emergency care in nonemergency situations.

2026- 2028 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Mission Community Health Committee of the Community Ministry Board of the hospital on March 10, 2026. The final report was made widely available by May 15, 2026.

DocuSigned by:

Michael Ricks

3/10/2026

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Michael Ricks

Date

Chief Executive, LA-Coastal Service Area

Providence Saint John's Health Center

Providence Little Company of Mary Medical Centers

Signed by:

Dean W. Nelson

3/10/2026

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Dean Nelson

Date

Mission Community Health Committee Chair,

Providence Little Company of Mary Community Ministry Board

Signed by:

Michael Robinson

3/10/2026

4876E507C38F4FF...

Michael Robinson

Date

Chief Community Health Officer

Providence, South Division

CHNA/CHIP Contact:

Justin Joe

Director, Community Health

justin.joe@providence.org

Contact CHI@providence.org to provide feedback/comments about this CHIP or to request a free printed copy.