



Casa Colina Hospital for Rehabilitative Medicine

**Community Benefit
Report for FYE 2011
and
Plan for FYE 2012**

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**Casa Colina Hospital Community Benefit Report for Fiscal Year Ending 2011
and Plan for Fiscal Year Ending 2012**

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Casa Colina Hospital Community Benefit Report for Fiscal Year Ending 2011 and Plan for Fiscal Year Ending 2012

1. INTRODUCTION AND OVERVIEW

Casa Colina Hospital for Rehabilitative Medicine (CCH) operates under the corporate umbrella of Casa Colina, Inc. (CCI). The Hospital is the core of a network of closely integrated services that function as a seamless continuum of care to provide for the needs of persons with disabling conditions. The Hospital provides services to patients through its acute inpatient hospital, outpatient therapy services, physician-directed specialty clinics, satellite outpatient clinic in Azusa, and the pediatric outpatient unit. Other parts of Casa Colina extend that continuum of care even further: the Transitional Living Center, Adult Day Health Care, residential services, imaging services, and the community based Outdoor Adventures program. Casa Colina's mission and culture as a medical rehabilitation provider has led it to define the community it serves as "persons who have disability or are at risk of disability." In the broadest sense, this potentially includes a very large part of the total population because almost everyone is at risk of an event or medical condition that could lead to an episodic (time-limited) or chronic disabling condition.

Mission Statement

The **Mission Statement** addresses the approach of Casa Colina to services for this community as follows:

Casa Colina will provide individuals the opportunity to maximize their medical recovery and rehabilitation potential efficiently in an environment that recognizes their uniqueness, dignity and self-esteem.

The goal of rehabilitation medicine and the multi-disciplinary array of therapy services is to address disabling conditions by preventing or remediating the impact of disability on a person's productive, independent pursuit of life. This is labeled "Tertiary Prevention" by the World Health Organization (see below).

The range of the more than 9,500 people served directly as patients in Casa Colina Hospital programs in FY 2011 (April 1, 2010 to March 31, 2011) continues to include persons of all ages and with many diagnoses that range from episodic injuries such as a torn rotator cuff that can be managed as a part of everyday activities, to events that produce chronic disabilities, such as severe traumatic brain injuries, that are truly life changing.

Founded in 1936, Casa Colina's first focus was on children recovering from polio and other crippling diseases. The goal was to help these children find a way to build a productive, satisfying life. This goal always looked beyond the medical control of a disease process to reintegrating the patient into community and family life. Casa Colina Hospital, as the core of the rehabilitation effort, continues to look beyond medical recovery to use the other services in the Casa Colina network – the Transitional Living Center, the Adult Day Health Care Center, Outdoor Adventures, residential services – to work toward the best outcomes for patients.

Types of Prevention Related to Persons with Disabilities

In general, Casa Colina's service to the community approaches remediating disability in three ways:

Preventing disability through education and advocacy for safety (from seat belts to concussion management programs in sports) is part of rehabilitation's interaction with the community at large. Activities related to this **Primary Prevention** are part of Casa Colina's on-going Community Benefit program.

Managing the risk of disability, for those for whom the disability (or added disability burden) has not yet occurred. This risk is addressed through specialized medical diagnosis, risk assessment, and proactive intervention, which may be at the personal, family, or community and environmental level. In Public Health these types of early detection and prospectively-applied intervention are called **Secondary Prevention**. Their purpose is to prevent the occurrence or exacerbation of disability or further medical complication, where risk has been identified. Outreach programs, screenings, education, and creating a good environment to retain specialist physicians in the community are part of Casa Colina's Community Benefit effort in this dimension.

Intervening to counteract disability -- Casa Colina's response is its continuum of rehabilitation care: effectively pursuing medical recovery, rehabilitation therapies, and education/training in adaptation, life-adjustment, and compensation strategies that may be, as with Secondary Prevention, at the personal, family, or community and environmental level. In Public Health this application of rehabilitation is spoken of as **Tertiary Prevention**. Its aim is to prevent the disabling condition from interfering with individual's pursuit of living, in whole or in part. The main components of Community Benefit in this regard are the provision of rehabilitation care to individuals (and support services/training to families members and care-givers); the training and development of staff to provide this care; subsidizing particular programs that provide important functions but cannot achieve positive financial nets, such as Children's Services or, at times, the Hospital itself; and the provision of care on a charity or unreimbursed basis when needed.

2. DEFINITION OF COMMUNITY

Casa Colina has defined the community it serves as persons with or at risk of disability. More precisely the persons it serves are those who can benefit from medical and rehabilitation interventions to prevent, remediate, or delay progression of a disabling condition(s) and the impact on function, independence, and quality of life. Population statistics show that about 12.3% of all people in the United States will have a disabling condition at any given time, indicating that there are about 175,950 persons with disability¹ in Casa Colina's immediate 20-mile radius, from which more than 80% of its patients originate. For specific specialty programs, Casa Colina also draws patients from Southern California, the western states and the Pacific Rim.

The demographics of this population vary greatly by city in terms of age, ethnicity, and socio-economic status, but it is overall highly diverse. As an example, among the 21 cities closest to Casa Colina, one has a White population of 74.7% and another has 9.1%, while the Hispanic/Latino

¹ There is a total population of about 1,427,000 persons in the East San Gabriel CCD plus San Bernardino/Ontario CCD according to the 2000 census. This roughly approximates Casa Colina's 20-mile radius from Pomona. The 12.33% prevalence figure is from the Census Bureau as of 2004.

population is at 83.1% in one city and 16.7% in another. Casa Colina's staff and community of persons with disabilities reflect that diversity.

3. COMMUNITY BENEFITS PLANNING COMMITTEE

The Committee is currently composed of eight people whose diversity may be characterized in the following ways (some individuals fall into more than one diversity category):

- Community member
- Individuals with disabilities
- Ethnic/socio-economic diversity
- Members of Casa Colina Board of Directors
- Members of Hospital and Casa Colina corporate leadership
- Community Benefits coordinator

The Committee functions as a Committee of the Hospital and documentation for its activities is kept as part of the Hospital's committee records. The community benefits program discussed by the committee is brought forward to the Board of Directors through the inclusion of the minutes of the Committee in board informational materials and the discussion at board meetings informed by these minutes and the presence of those board members who are also Committee members. The most recent Community Benefits Committee meeting (May 9, 2011) was focused on the Plan for FY 2012.

In addition, in identifying goals, objectives and use of resources, the Casa Colina Board of Directors and management has taken the following issues into consideration during its deliberations at board meetings throughout the year, and specifically at the Annual Board Retreat, November 11, 12, and 13, 2010. The discussion at this meeting, with the whole board participating, preceded the work of the smaller Community Benefits Committee. The membership of the Board reflects the wide diversity of the community served by Casa Colina, in terms of gender, profession, ethnicity, racial heritage, disability status and age. The decisions of the board and management to commit budget funding to projects addressing these issues and advancing these objectives are their implementation of the Community Benefit Plan. With respect to community benefit, the issues remain very similar to those expressed in FY 2010 and previous years:

- **Preparing for increases in service volume.** The percentage of the United States population reaching age 55 and beyond is increasing and will increase at a greater rate with the aging of the baby boom generation. These increasing numbers of older adults will experience trauma, disease and disability, and the related loss of function and productivity. These aging Baby Boomers, in particular, have expectations of good health and function and will increase demand for rehabilitation services. *This responds to the Needs Assessment call for the availability of rehabilitation services in the community.*
- **Increase in outpatient services.** Post acute care will continue to increase focus on therapy appropriately provided in outpatient settings. *This responds to the Needs Assessment call for the availability of rehabilitation services in the community.*
- **Need for physician specialists.** The need continues to grow in Casa Colina's geographical area for a quality destination for rehabilitation expertise in orthopedic and neurological diagnoses for all ages, as well as many other rehabilitation-related specialties such as wound care. The difficulty in attracting and retaining specialists in this underserved area (as documented in "Is

There A Doctor In The House?²) is being addressed by the pro-active cultivation of specialist Physician Clinics as part of Outpatient Services. *This responds to the Needs Assessment call for the availability of medical services in the community that are relevant to persons with disabilities.*

- **Support for services for children.** Children who suffer functional losses associated with disease, trauma or developmental conditions have numerous rehabilitation needs that they share with their families. The Centers for Disease Control and Prevention estimate that 17% of all children under 18 years of age have a disability of some kind. As of 2008 CDC has revised its prevalence figures for autism spectrum disorders and now states it as 1 out of 150 (changed from 1 out of 160). *This responds to the needs of children with disabilities, a disproportionate unmet healthcare needs (DUHN) population, and their families.*
- **Military.** Traumatic Brain Injury (TBI) is the signature wound of the Iraq/ Afghanistan Deployment (IAD). Casa Colina has more than 30 years experience in this specialized area and, as of 2005 when the first IAD patient with TBI was referred from the Department of Defense, the Board of Directors and the management have made a commitment to provide all appropriate care for these patients, whether there was reimbursement available or not. By the end of FY 2010 Casa Colina had served 35 IAD service members with TBI. With support of grant funding from the McCormick Foundation, Casa Colina has piloted an innovative intervention for IAD/TBI individuals and their families to support family integration when they return to living at home, and promote the sustainability of the veteran living at home. The first session of this intervention, called Survive and Thrive / Veterans and Families Project, occurred October 26-30, 2009. Casa Colina has continued through 2010 and 2011 to follow up with individuals from that project and new referrals of active duty and discharged military. The learnings from that session and further discussions with leaders at the Veterans Administration have prompted the development of a new program, currently called the Navigator Program, to assist individuals with traumatic brain injury over an extended time after discharge. This program will be in a pilot phase in FY 2012. *This responds to the needs of a special population with disabilities and their families, for whom Casa Colina is uniquely qualified to provide services by virtue of its history and experience.*

4. ASSESSING NEED

Casa Colina Hospital performed a **Needs Assessment** in 2009 which is one basis of this FYE 2011 (April 2010 – March 2011) Community Benefit Plan and its implementation. It was performed by Chris Weinkauff at Claremont Graduate University under the direction of Tarek Azzam, Ph.D. The **Summary Report** is included as an **Attachment**. A new **Needs Assessment** is currently underway and will be completed in January 2012.

The 2009 assessment replicates very closely the findings of previous assessments. It surveyed 150 respondents whose average age was 62 years, all of whom were members of the community of Casa Colina Hospital as defined in the Introduction, i.e. persons who have disability or are at risk of disability.

² Coffman J, Quinn B, Brown T, Scheffler R, "Is There a Doctor in the House? An Examination of the Physician Workforce in California Over the Past 25 Years;" available at <http://www.cogme.gov/cogme902.pdf>, June 2004, Nicholas C. Petris Center on Health Care Markets and Consumer Welfare, University of California, Berkeley, p 42. This document was updated in 2008.

The three areas ranked of greatest concern were:

- 1 Being able to get rehabilitation services when needed.
- 2 Being able to receive basic healthcare services.
- 3 Health getting worse in the future.

Compared with the previous the Needs Assessment, the only difference was the rankings. In 2003, respondents were more concerned about their **health getting worse**, followed by **access to rehabilitation services** and access to **basic health care services**³.

The three needs ranked most important by their average scores were:

- 1 Adequate health insurance.
- 2 Access to healthcare facilities.
- 3 Adequate transportation.

Rated by importance, the first two categories were the same in the 2009 assessment and the previous assessment. However, the third ranked item in the previous assessment was a tie between the importance of the need for **access to physical fitness** and the need for **adequate transportation**.

Although this is a small change and probably not statistically relevant, when taken in consideration with the increased mean age of the respondents (62 years old in the FY 2009 survey and 57.7 years old in the previous survey) this change may be a reflection of a trend to less people having driving privileges (or exercising those privileges, or owning a car) as a function of aging. This trend may also be more significant in the community of persons with disabilities than in the general community of persons with typical abilities, related to accelerated characteristics of aging among persons with disabilities. This “soft” finding will bear further scrutiny in the next Needs Assessment⁴.

Public Presentation and Discussion

Chris Weinkauff, author of the 2009 Needs Assessment, made a presentation of the methods and findings to an open meeting of Casa Colina staff, community members, board members and Community Benefit Planning Committee members on May 8, 2009, as part of the process of seeking public input and response (see advertising flier in **Attachments**). Questions raised by this general group included:

- The observation by the surveyor that, in doing the phone survey, 96% of comments were positive and 58% of respondents made self-generated comments that were positive (i.e., that were not prompted by a question).
- Suggestions about additional areas to be covered by the next survey (some of these are actually addressed in the survey but were not chosen as key issues by respondents):
 - Whether access to use of insurance coverage for rehabilitation is an issue
 - Whether the services received at Casa Colina were within the expectations of patients and families receiving the services
 - Are Casa Colina’s services integrated with those of other community providers

³ These observations are paraphrased from the text of the Summary Report.

⁴ Casa Colina is currently pursuing a research project with grant funding from the UniHealth Foundation with the goal of identifying and describing healthy aging practices among person aging with an intellectual/developmental disability, working with community partners at Cedars Sinai Medical Center and LA Care Health Plan, now in the fourth of four years. The focus of this study does not bear on the question raised by the Needs Assessment, but does point up a parallel concern about aging among “typical” persons who become disabled through trauma or disease.

- What barriers people encounter in accessing or using Casa Colina's services
- Comparison of responses from the population accessed for this survey (persons currently or formerly related to a Casa Colina program) to a population related to services at an acute care rehab unit within a general medical-surgical hospital
- People requesting services that Casa Colina already provides – a communication issue
- People recognize the worth of socialization programs. Are they willing to pay for them? How much? In what context?

5. COMMUNITY BENEFITS PLAN FOR FYE 2012

Review of Community Needs

A Needs Assessment is conducted every three years among individuals who are randomly selected from members of Casa Colina's community. The most recent was completed in 2009 and the next Needs Assessment will be completed in January 2012. In summary, the results of these assessments over more than a decade show these needs expressed by individuals:

1. Concern about having adequate health insurance, or expressed differently, need of individuals for particular medical and rehabilitation services when funding is not available.
2. Need of individuals to be able to access medical and rehabilitation services, i.e. concern that these services may not be available at all or close enough to be used.
3. Needs of individuals for preventive services, health support services, accessible recreation, transportation, social reintegration and educational services.

These needs are reflected in Casa Colina's strategic plan and its program of services, which speak about these objectives, among others:

- Provide strong economic stability by development of additional sources of revenue consistent with the core business, to ensure sustainability of the institution itself.
- Ensure the capability to perform charitable and community benefit functions by developing more aggressive fund raising with more Board engagement.
- Increase advocacy efforts to influence the support for rehabilitation services.
- Create an environment for physician specialists and other rehabilitation professionals that attracts and retains them in the community, and offers support to advance the state-of-the-art in the health professions, including working with students.

Community Benefits Priorities

The priorities for Community Benefits are derived from the community Needs Assessment, the experience and needs of staff and professionals in the community, and the priorities for the sustainability of Casa Colina as defined by the Board who are themselves community members.

Priority 1. Provide free care to patients at Casa Colina Hospital who are low/moderate income and uninsured or not adequately insured.

Priority 2. Subsidize care at Casa Colina Hospital that is provided at a discount through government programs for patients who are low/moderate income and uninsured or not adequately insured.

- Priority 3. Improvement of the health of the community in general through prevention, health screenings, education, support groups and assistance to individuals and persons designated by groupings of diagnoses or functional status
- Priority 4. Organization and operation of the Community Benefits program.
- Priority 5. Education of health professionals in general and those focused on rehabilitation in particular and the needs of persons with or at risk of disabilities
- Priority 6. Subsidy for specialized Hospital programs that are of recognized community benefit but are not self-supporting financially
- Priority 7. Research that examines and improves clinical practice and the organization of delivery of health care to the community, particularly with respect to rehabilitation and the issues of individuals with disabilities
- Priority 8. Support of other community organizations, particularly those that are focused on Casa Colina's population of interest and on general health care concerns, both financially and through collaboration and assistance
- Priority 9. Support for improvement of the community in general by working in collaboration with other organizations and supporting capacity building including concerns such as housing, safety, economic development, disaster preparedness, environment, leadership, coalition building, and advocacy for persons with disabilities
- Priority 10. Support for and participation in regional and national organizations that develop policy recommendations and are advocates for the health care interests of individuals with disabilities. This category applies as a recognized community benefit for the State of California but is not recognized in the same way in the federal definitions as currently stated in the IRS Form 990 Instructions.

Recognizing that non-profit hospitals in California are mandated to report their community benefits activities to both the State of California Office of Statewide Healthcare Planning and Development and the federal government through the IRS Form 990 Schedule H filing, it is useful and efficient for Casa Colina Hospital to set up the organization of these priorities and the subsequent Plan and the Report of Community Benefits that will be made according to certain Community Benefit line items that appear in IRS Form 990 Schedule H (2010). These Community Benefits are further interpreted to reflect the specific concerns of the state of California's Community Benefit Program and Casa Colina's unique mission and community in cases where the definitions of the mandates vary.

6. CASA COLINA HOSPITAL COMMUNITY BENEFIT RESULTS FOR FYE 2011 AND PLAN FOR FYE 2012

Using these categories as a guide, Community Benefits priorities are addressed in the Plan presented in tabular form in the far right two columns of the table below as expectations for FYE 2012. The summary results for FYE 2011 are shown as well, in the three columns adjoining to the left, with a special column that indicates separately community benefits that are delivered by operational units of Casa Colina that are not within the Hospital. A separate section of the table describes "Public Interest Initiatives" which are items of value to the community but are not designated as community benefits⁵. At the bottom of each section of the table, the two categories are summed to give a total for the community benefit efforts for FYE 2011. Following the table is a Narrative discussing the community benefits delivered in FYE 2011 in detail.

⁵ As described in: *Advancing the State of the Art in Community Benefit: A User's Guide to Excellence and Accountability (ASACB)*, Public Health Institute, November 2004; see Narrative section for discussion.

CASA COLINA HOSPITAL COMMUNITY BENEFIT RESULTS FOR FYE 2011 AND PLAN FOR FYE 2012

Priorities	Objective	Indicator/ Other Notes	Results FYE 2011			Planned FYE 2012 (Hospital only)	
			Persons	Value, Hospital	Value, non-Hospital	Persons	Value
1.00 Charity Care	Provide free care for persons without financial means	<ul style="list-style-type: none"> # of persons Value provided 					
1.01	Free Care program		15	106,000	72,000	20	150,000
1.02	Wounded Warrior program		3	2,520	54,937	4	4,000
2.00 Subsidized Care	Provide discounted care through government programs to low/moderate income and uninsured persons	<ul style="list-style-type: none"> # of Medicaid (Medi-Cal) persons served Value provided 	553	249,559		600	250,000
3.00 Community Health Improvement	Provide free/low-cost services to community members	<ul style="list-style-type: none"> Volume of services Value provided 					
3.01	Free Sports Medicine Screenings – Pomona	48 sessions	703	63,301	0	650	64,000
3.02	Free Sports Medicine screenings – Azusa	48 sessions	Incl. above	33,162	0	200	35,000
3.03	Free Audiology Screenings	480 session	480	23,354	0	500	24,000
3.04	Free Immunizations	On going	212	3,774	0	250	4,000
3.05	Services to sports umpires	5 days	105	2,048	0	150	2,200
3.06	Community health education	22 sessions	15,636	23,000	10,686	800	25,000
3.07	Support groups	228 sessions	230	47,060	0	250	50,000
3.08	Free Balance Screenings	2 sessions	50	1,089	0	100	1,250
3.09	Sports Medicine support at games / practice	49 events	300	5,208	0	360	4,000

Priorities	Objective	Indicator/ Other Notes	Results FYE 2011			Planned FYE 2012 (Hospital only)	
			Persons	Value, Hospital	Value, non-Hospital	Persons	Value
3.10	Other direct aid to patients and families	Not quantified in FY 2011		0	0		0
3.11	Cultural / linguistic competency	110 calls for outside translation services	100	3,079	0	100	3,100
3.12	Information and referral services		250	6,204	0	250	5,500
3.13	Treatment services through community partners	No unreimbursed costs in FY 2011					
4.00 Community Benefit Operations	Provide management and direction to community benefits program	<ul style="list-style-type: none"> # of persons Value provided 					
4.01	Dedicated staff			305	22,305		24,000
4.02	Consults and contracts	Contract payments start FY 2012		0	0		8,000
5.00 Health Professionals Education	Provide opportunities for students and practicing professionals in the community to advance their careers and skills	<ul style="list-style-type: none"> # of events # of persons participating Value provided 					
5.01	Physicians		2	85,436	0	3	180,000
5.02	Nursing	1500 hrs training	20	1,828	0	30	2,000
5.03	Physical Therapy	18840 hrs training	46	131,726	0	50	132,000
5.04	Occupational Therapy	10480 hrs training	39	77,529	0	40	75,000
5.05	Speech Pathology	2520 hrs training	6	18,076	0	8	20,000
5.06	Neuropsychology	13500 hrs training	14	54,722	0	14	50,000
5.07	Recreational Therapy		1	0	4,796	1	0
5.08	Education for Health Professionals	114 sessions	2,571	26,101	17,400	2,800	30,000

Priorities	Objective	Indicator/ Other Notes	Results FYE 2011			Planned FYE 2012 (Hospital only)	
			Persons	Value, Hospital	Value, non-Hospital	Persons	Value
6.00 Subsidized Programs	Support treatment programs with recognized value to the community that require subsidy to continue	<ul style="list-style-type: none"> Persons served in those programs Value of subsidy 					
6.01	CSC Autism Team 124		16	9,308	0	18	8,000
6.02	CSC Learning and Language Team 119		8	4,366	0	30	2,000
6.03	Sports Medicine Team 173		10	19,977	0	8	15,000
6.04	SEP Team 103	Number of persons data not available		2,339	0	60	0
6.05	Audiology Team 107	Not quantified in FY 2011		0	0		0
6.06	HBOT/CVA Study Team 169		6	17,079	0	10	25,000
6.07	Outdoor Adventures	250 persons served	250	0	285,335	250	0
6.08	Children's Services	481 persons served	481	106,166	0	500	106,000
7.00 Research	Provide an evidence base for effective treatment and organization of health services	<ul style="list-style-type: none"> Number/type of research projects Expense of research program 					
7.01	Dedicated research staff	1 dedicated person on staff	n/a	0	63,076	n/a	70,000
7.02	Research program expense for Hospital	<ul style="list-style-type: none"> 12 projects 19 persons involved 	n/a	136,984	66,533	n/a	140,000
7.03	IRB Expenses	5 IRB meetings	n/a	1,643	1,154	n/a	3,000
8.00 Support for Community Groups	Provide cash and in-kind assistance to support the efforts of other community groups	<ul style="list-style-type: none"> Number of events / actions supported Expense of support program 					

Priorities	Objective	Indicator/ Other Notes	Results FYE 2011			Planned FYE 2012 (Hospital only)	
			Persons	Value, Hospital	Value, non-Hospital	Persons	Value
8.01	Cash support to efforts of other community groups	21 community groups supported	n/a	0	69,655	n/a	66,000
9.00 Community Building Activities	Participate in building coalitions, developing the community and advocating for improved health	<ul style="list-style-type: none"> Number of projects / organizations worked with Expense of participation 					
9.01		7 organizations benefit from Casa Colina staff participation	n/a	6,935	0	n/a	7,000
10.00 Support for regional and national organizations	Participate in collaborations, coalitions, policy formulation, and advocating for improved recognition of rehabilitation and medical needs of persons with disabilities	<ul style="list-style-type: none"> Number of projects / organizations worked with Expense of participation 					
10.01		9 organizations supported	n/a	0	16,150	n/a	16,000
TOTAL COMMUNITY BENEFITS			22,107	1,269,878	684,047	8,056	1,601,050
	Combined total for FYE 2011	1,953,925					
11.00 Non-quantifiable benefits							
12.00 Public Interest initiatives⁶							
12.01	Service improvements	Not quantified					
12.02	Disaster preparedness	Not quantified					

⁶ As described in ASCAB, already cited, and discussed in the Narrative comments following.
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Priorities	Objective	Indicator/ Other Notes	Results FYE 2011			Planned FYE 2012 (Hospital only)	
			Persons	Value, Hospital	Value, non-Hospital	Persons	Value
12.03	Workplace enhancement of diversity	Not quantified					
12.04	External funds leveraged from grants			195,065	401,923		300,000
12.05	Grants secured for other non-profits	Not quantified					
12.06	Community Benefits from Donations solicited with special designation			134,242	340,921		200,000
12.07	Funds raised at events			28,156	544,851		250,000
12.08	Financial value of volunteers		640	261,346	133,037	660	280,000
12.09	Other benefits for vulnerable populations: <ul style="list-style-type: none"> • Self-help • Child care • Enrollment assistance 	Not quantified					
TOTAL PUBLIC INTEREST INITIATIVES			640	618,809	1,420,732	660	1,030,000
GRAND TOTAL, Community Benefits and Public Interest Initiatives			22,747	1,888,687	2,104,779	8,716	2,631,050
Grand Total, combined Hospital and Non-hospital				3,993,466			

7. NARRATIVE OF COMMUNITY BENEFIT ACTIVITIES AND RESULTS FOR FYE 2011

1.01. Charity care

Direct Charity Care for low income, uninsured and underinsured persons is provided at Casa Colina through an application and means-test determination process. There are signs posted throughout the facility in English and Spanish alerting patients to the availability of free care. In preparation this year was a video system that would appear on all lobby and waiting room monitors with programming specific to Casa Colina that would include announcement of the availability of Free Care in English

and Spanish. In FY 2011 \$106,000 in billed charges was provided to patients in charity care at Casa Colina Hospital, compared to \$105,494 in FY 2010. In addition, direct charity care for other parts of Casa Colina's continuum of care, principally the Transitional Living Center, was \$72,000 in FY 2011 compared to \$43,653 in FY 2010.

1.02 Wounded Warrior Fund, including family and support services

In 2003 it became evident that Traumatic Brain Injury (TBI) would be the signature wound for United States military personnel in the Iraq/Afghanistan wars. It was also understood that this was a relatively new diagnosis in terms of the volume of patients needing rehabilitation at the Department of Defense and Veterans Administration medical facilities. As Casa Colina already had state-of-the-art expertise, Casa Colina's Board of Directors and management committed Casa Colina to providing rehabilitation services to appropriate military patients with TBI, to the best of our ability to produce optimum outcomes, whether or not every aspect of the services were reimbursed. Casa Colina established a Wounded Warrior program to be the organizational clearing house for this effort. As news of the work we were doing with military began to be made public, many donations came earmarked for this purpose. Although the bulk of those funds has been expended, Casa Colina continues to see new military patients and follow through with former patients and participants in the Survive and Thrive program held in October 2009. In FY 2011, \$2,520 of these special free-care funds were expended on patient care services at Casa Colina Hospital and \$54,937 in other services of Casa Colina, primarily at the Transitional Living Center.

2.01. Government-Sponsored Health Care

Casa Colina Hospital experienced losses of \$249,559 on services provided to Medi-Cal patients on a fully allocated cost basis in FY 2011.

3.00 Community Health Improvement

3.01; 3.02 Primary care

Casa Colina provides the community a free Sports Injury Screening Clinic every Sunday morning (48 times per year, each session three hours) at the Pomona campus and, since its opening in December 2008, free Sports Injury Screening at the Casa Colina Azusa outpatient clinic on Monday evenings (48 times a year, each session two hours). An orthopedist or rehabilitation physician is available at no cost to members of the public. Additionally, a physical therapist is available and basic radiology is available at the Pomona campus. In FY 2011, 703 individuals were seen at Pomona and Azusa combined, with an average of 15 x-rays per session at Pomona (720 for the year). The expense of providing this service was \$63,301 in Pomona and \$33,162 in Azusa.

3.03. Ancillary services and screenings (Lab, Radiology, PT, OT, Speech, Audiology)

As noted above, Casa Colina physical therapy staff participates in the weekly Sports Injury Screening Clinic. As part of that process on the Pomona campus, radiology services are provided when necessary. The hospital's Audiology service performs free hearing screenings, for all ages from infants to seniors. In FY 2011 Audiology performed 480 free screenings. The cost of providing these services in FY 2011 was \$23,354.

3.04. Immunization clinic

Casa Colina provided free Flu and H1N1 vaccinations to staff members, their families, patients, and members of the public with associations to Casa Colina (such as family members visiting patients).

The H1N1 vaccine was provided to Casa Colina, however, the flu vaccine and a dedicated employee were provided by Casa Colina. The cost of providing these free public health prevention services in FY 2011 was \$3,774.

3.05 Injury prevention for sports umpires

As part of its injury prevention focus for sports, Casa Colina provides expertise, education and screenings at the annual training camp for Major League Baseball's umpires. This is a 5-day camp that takes place in Arizona for which Casa Colina supplies a Certified Athletic Trainer to work with the camp's staff and umpires on physical conditioning for themselves, base-line screening for concussion detection, and awareness of injury prevention on the field. The uncompensated cost of providing these services in FY 2011 was \$2,048.

3.06. Community Health Education

Lectures, Workshop and Presentations.

In FYE 2011 Casa Colina presented 23 Community Health Education lectures and workshops both on the Casa Colina campus and off. The total number of visits of people to these events was about 15,636, including the approximated number of 15,000 people visiting the "Our Body" educational exhibit that Casa Colina presented at the Los Angeles County Fair in partnership with several other area hospital. The unreimbursed cost to Casa Colina of these activities was \$33,686. The cost to Casa Colina Hospital specifically is estimated at \$23,000 and the remainder was cost borne by other parts of the Casa Colina network, \$10,686.

Following is a representative list of the events that occurred in FYE 2011 in which the speakers were physicians, therapists and other allied health professionals.

- "Ask the Experts" About Rehabilitation
- Autism Group Presentation
- Community Presentation on Early Intervention
- Community Presentation on Rehab continuum
- Free Community Seminar - Hyperbaric
- Free Community Seminar - Unrecognized Learning & Language Issues
- Free Community Seminar - Living with MS
- Free Community Seminar - Headache Management
- Function Post Stroke
- Managing and Treating Chronic Wounds
- Our Body Exhibit: The Universe Within (Los Angeles County Fair area hospital consortium)
- Posture and Maintaining Health
- San Gabriel Valley Ostomy Association Presentation
- SCI Group
- Senior Services Alliance Meeting

Public dissemination of materials and information

Some of these presentations are done for existing audiences, i.e., the Mental Health Consortium of Representative Napolitano; others are presented at community venues such as senior centers, public schools and colleges; and some are presented for the general public at Casa Colina's Tamkin Education Center. These are generally announced through newspaper advertising.

3.06b Individual health education for uninsured/underinsured populations

Casa Colina provides health education for its defined community, persons with or at risk of disability. For instance, in situations where there is a fee that might be a barrier to access for uninsured / underinsured populations, Casa Colina typically provides and advertises scholarship opportunities, as at the Annual Autism Conference. In FY 2010 Casa Colina provided scholarships, a reduced rate and free registration to volunteers, at a total value of \$4,290. The conference was not held during FY 2011 but has been scheduled to resume in FY 2012.

3.07 Support groups

In FY 2010 Casa Colina hosted 12 support groups that had a cumulative total of 228 meetings, providing about 2425 support group visits. Some of these groups are led or directed by Casa Colina staff, others are provided in cooperation with outside organizations that use Casa Colina facilities. For some activities a fee is charged and the Community Benefit valuation accounts for those revenues. Overall these support groups were provided/accommodated at a total net cost of \$47,060. These support groups included:

- Autism Parent Support Group
- Fibromyalgia Management Program
- Fibromyalgia Community Support Group
- Little Steps Parents Support Group (Downs Syndrome)
- MS Cognifit Program
- MS Optimal Living Program
- Parkinson's Exercise Group
- Post Polio Group
- Spinal Cord Injury Support Group
- Stroke Conversation Group
- Traumatic Brain Injury Support Group

3.08 Free Balance Screenings

Casa Colina staff provided screenings for balance, strength deficiency, and other physical therapy issues at Casa Colina and at community locations such as senior centers and health fairs in the community. The cost of providing these services in FY 2011 was \$1,089.

3.09 High school athletics sports medicine support

Casa Colina staff provided game-time coverage by Certified Athletic Trainers to the Legends Soccer League and physician coverage for Walnut High School football games for seven games with a net community benefit contribution of \$5,208.

3.10 Health Care Support Services / Transportation / Contributions to individuals

(With specific focus on vulnerable populations) Historically, in the early 1990's, Casa Colina was a founding member of the Community Senior Services Coalition that eventually became an organization in its own right, Community Senior Services. Through this organization the Get About transportation system was established. It is an on-call service that runs a fleet of accessible small buses to provide transportation to persons with disabilities and seniors. Previous to that time, Casa Colina provided its own transportation service to its Adult Day Health Care. Casa Colina continues to support Community Senior Services, its Get About transportation service, and the Senior Hot Line phone information service through sponsorship/donations and through donation of Casa Colina space for their Board and other meetings, on a rotating basis with other community organizations.

For persons who are low income, uninsured, and/or underinsured, Casa Colina provides financial assistance (charity care) through its financial assistance policies (see section 1.00). Casa Colina provided scholarship and subsidy support for parents of children with autism to attend the Trends in Autism Conference (see section 3.06b). Casa Colina Outdoor Adventures provides scholarships to individual participants in addition to a general subsidy of all activities, however this function happens outside the Hospital proper and therefore is not accounted for as a Hospital community benefit. Similarly, the contributions to individual patients at the Transitional Living Center are also outside the Hospital proper.

3.11 Cultural and linguistic competence

Casa Colina enjoys cultural and linguistic diversity in its workforce and achieves cultural competence on a functional, daily basis principally by creating an environment among all staff members where diversity is accepted and accommodated. This creates a cultural and linguistically rich environment for working with patients and their needs.

For times when a staff member fluent in a particular language is not available, Casa Colina subscribes to a telephonic 24/7 translation service called Language Line to ensure that any language can be translated at any time. The cost for the subscription and fees for this service in FY2011 was \$3,079.

3.12 Information and referral

Open line to nurse liaisons and clinicians for referral information. Another aspect of efforts in the area of information and referral is the number of phone and email requests for information about rehabilitation issues that come to Casa Colina from the region and all over the United States. Casa Colina staff takes time to assist these people with their questions about services available in their areas and/or explanations of the levels and settings of care that might be appropriate for their consideration, with the caveat that they need to make these decisions with the consultation of their own primary care physician. It is estimated that there are 250 phone inquiries of this type and 275 email inquiries. Expenses for this activity in FY 2011 were estimated at \$6,204.

3.13 Treatment services through community partners

Children's Services has been providing treatment off site, at the locations of community partners, for many years. Most of these arrangements are by contract with school systems or other social service providers such as the LeRoy Haynes Center, ABC Schools, where physical therapy and speech therapy are offered by Casa Colina staff; and city government agencies such as La Verne. Through a joint venture with San Antonio Community Hospital, Casa Colina manages the rehabilitation services at all of their sites both in their hospital in Rancho Cucamonga and at off-site outpatient locations. These services are all part of Casa Colina extending its benefit of expertise in rehabilitation to the community, but there were no unreimbursed costs for these programs.

4.00 Community Benefits Operations

4.01 Dedicated staff for Community Benefits operations

In FY 2011 Casa Colina continued using dedicated staff to oversee the community benefits effort. The documented expense for this dedicated staff in FY 2011 was \$21,968. In addition the direction of the community benefits efforts is overseen and advised by the Community Benefits Committee, a committee of Casa Colina Hospital that meets twice a year. The Committee is composed of community members, board members, persons with disabilities, and staff members, and currently

consists of eight individuals. The committee serves as the direct liaison to the Board of Directors and the community on an on-going basis, reviewing and developing plans and direction for the community benefit effort, and interpreting community needs. The cost of operation of this committee was \$636. The total cost of operations to support the community benefit effort was \$22,605, of which \$305 was paid by Casa Colina Hospital and \$22,305 was subsidized by Casa Colina Foundation.

4.02. Community Needs Assessment

A *Community Needs Assessment* was commissioned in FY 2009 and completed 2/28/09, to inform the planning process for FY 2010 and the two years going forward. It was performed by Chris Weinkauff at Claremont Graduate University under the direction of Tarek Azzam, Ph.D., as a subcontract arrangement with Casa Colina. The **Summary Report** is included as an **Attachment**. In FY 2011 Casa Colina Hospital prepared for a new Needs Assessment, to be completed in FY 2012. To date (July 2011), an agreement has been made again with Tarek Azzam, Ph.D. of Claremont Graduate University who has selected James Griffith to do a new assessment under his direction. That process is now underway with a telephone survey of 150 randomly selected persons nearly completed. In addition a new element has been added to the Assessment that is in planning for September 2011. This will be a focus group of about 15 persons in the field of public health and services to persons with disabilities via a state-wide conference call arranged with the assistance of the Nancy Guenther, Program Manager, Living Healthy with a Disability, a program of the California Department of Public Health. The subcontract cost of this Needs Assessment will be \$8,000, which will appear as an expense in FY 2012.

5.00 Health Professionals Education

5.01 Physician education and training

Regularly scheduled dinner meetings of the Medical Directors of the Physician Clinics are a venue to discuss and resolve operational issues of the clinics, but frequently become times for the sharing of technical information and integrating frames of reference from the represented specialties. These meetings happen monthly with the participation of the CEO, the Administrator of Outpatient Services, and an average of 13 community specialist physicians. In addition physicians make presentations to all staff, which are detailed elsewhere. In FY 2011 Casa Colina hosted the following educational arrangements for physicians:

- Lizander Pandy, DO, for a Fellowship in Sports Medicine;
- Brian Shaw, DO, for a Fellowship in Sports Medicine.

The unreimbursed cost of providing these educational opportunities was \$85,436.

5.02 Nursing education and training

Casa Colina serves as a training site for the nursing program at Azusa Pacific University. In FY 2011, 20 nursing students participated in 1,500 hours of internship training at Casa Colina, over 12 cumulative weeks. Casa Colina's personnel cost for mentoring and managing this program was approximately \$1,828.

5.03a. Allied health professions education and training, general statement

Casa Colina serves as a training site for more than 25 schools or departments in physical therapy, occupational therapy, speech and language therapy, neuropsychology, respiratory therapy, recreation therapy, pharmacy, physician assistant, nursing, medical coding, and other programs related to the professional and technical operation of a rehabilitation hospital. In FY 2011, 106 students (increase

of 26% from FY 2010) participated in 34,196 hours (increase of 30% from FY 2010) of allied health internship, rotation, externship or practicum training at Casa Colina.

5.03b. Physical therapy education and training

Forty-six individuals developing careers as **physical therapists or physical therapy aides** served a cumulative 471 intern-weeks (18,840 hours) and required 2,327 hours of management and supervision aside from the mentoring and supervision of the therapy practice itself, for a personnel cost to Casa Colina of approximately \$131,726.

5.04 Occupational therapy education and training

Thirty-nine individuals developing careers as **occupational therapists or occupational therapy aides** served a cumulative 262 intern-weeks (10,480 hours) and required 1,435 hours of management and supervision aside from the mentoring and supervision of the therapy practice itself, for a personnel cost to Casa Colina of approximately \$77,529.

5.05 Speech pathology education and training

Six individuals who were developing careers in **speech pathology** served a cumulative 74 weeks (2,520 hours) and required 389 hours of management and supervision aside from the mentoring and supervision of the therapy practice itself, for a personnel cost to Casa Colina of approximately \$18,076.

5.06 Neuropsychology education and training

Fourteen individuals who were developing careers in **neuropsychology** served a cumulative 700 weeks (13,500 hours) and required 832 hours of management and supervision aside from the mentoring and supervision of the therapy practice itself, for a personnel cost to Casa Colina of approximately \$54,722.

5.07 Therapeutic recreation education and training

One individual developing a career in **recreation therapy** served a cumulative 14 weeks (560 hours) and required 94 hours of management and supervision aside from the mentoring and supervision of the therapy practice itself, for a personnel cost to Casa Colina of approximately \$4,796.

5.08 Education events for community health professionals

An estimated 722 individual healthcare professionals and students from the community and Casa Colina staff made 3,314 visits to allied health (PT, OT, Speech, etc.) training programs and educational tours at Casa Colina Hospital (or other locations) facilitated by Casa Colina in 2,571 separate sessions. There was a (net) cost to Casa Colina of \$43,501 of which \$26,101 was borne by Casa Colina Hospital and \$17,400 was borne by other units in Casa Colina's network. Some of these groups or individuals made honorarium donations or paid other participant fees that have been subtracted from the total cost of providing these services to determine this net cost.

5.09 Audiology education and training

In FY 2011 Casa Colina hosted students of Audiology for observation opportunities but not for formal internship programs.

6.00 Subsidized programs

This Report has already described above the Free Care program (1.01), the Wounded Warrior program (1.02) and the Subsidized Care (Medicaid losses) (2.01). The Board of Casa Colina has also determined that certain clinical programs or activities are of such value to patients and members of the community that they need to be sustained in spite of known potential for financial losses. In particular there are three "Signature Programs" that have been recognized in this respect for many years: Outdoor Adventures, Padua Village residential homes and Children's Services. Both Outdoor Adventures, with a subsidy (donation transfer) in FY 2011 of \$285,335, and the Padua Village homes, with a subsidy (donation transfer) in FY 2011 of \$482,875, are not within the Hospital corporation and the subsidies are supplied by Casa Colina Foundation from historic and current fundraising. As these subsidies came from Casa Colina Foundation they are not included in this community benefits tabulation. Presented below are the specific Hospital programs that were afforded necessary subsidy from Hospital operational revenue. Children's Services, which is within the Hospital, also benefited from this type of fundraising for an annual operating subsidy (donation transfer) of \$106,166 in FY 2011.

6.01 Children's Services Center / Autism Program, Team 124

The START (Special Therapies and Autism Related Treatments) program for children up to three years old has used \$9,308 in subsidy in FY 2011.

6.02 Children's Services Center / Learning and Language Program, Team 119

The Learning and Language program, still in a start-up phase, has used \$4,366 in subsidy in FY 2011.

6.03 Sports Medicine, Team 173

The Sports Medicine Program (distinct from the Free Sports Injury screenings) has used \$19,977 in subsidy in FY 2011.

6.04 Senior Evaluation Program, Team 105

The Senior Evaluation Program, which helps seniors define capabilities and target areas of disability that have potential for remediation, has used \$2,339 in subsidy in FY 2011.

6.05 Audiology, Team 107

The Audiology program (distinct from the Free Hearing Screenings) has historically used a subsidy but did not require one in FY 2011.

6.06 Hyperbaric Oxygen Therapy / Stroke Study, Team 169

The HBOT/Stroke Study in a research project currently funded by Casa Colina. This represents the clinical element that includes physician evaluation, hyperbaric oxygen treatments, and therapy evaluations and interventions. The research work for this project is conducted under the Research Institute and is accounted separately. The subsidy for Team 169 in FY 2011 was \$17,079.

6.07 Outdoor Adventures

Outdoor Adventures is a community-oriented program to assist people with disabilities in effective re-entry into community and family life by presenting challenging outdoor excursions in a therapeutic and intentional context. This program is not supported by insurance payments or government sources (MediCare, Medi-Cal, Regional Centers, CSS, etc.). In order to keep participation fees low enough to be affordable to persons with disabilities, who are overwhelmingly on limited, fixed incomes, the

program as a whole is subsidized by about 60% of the actual cost of every trip. These funds are raised on an annual and continuing basis through events and solicitations. Outdoor Adventures does not operate under the corporate umbrella of Casa Colina Hospital, but its services are an extension of the continuum of care whose base is in hospital services. The Board-approved donation transfer for FY 2011 was \$285,335.

6.08 Children's Services

In addition to the specific subsidies of two Children's Services programs listed above (6.01, 6.02), Children's Services as a whole functions on the basis of a Board-designated annual donation transfer. The amount of that subsidy in FY 2011 was \$106,166.

7.00 Research

Casa Colina is not affiliated as a teaching hospital with a medical school or university. However, for more than 40 years it has sponsored an aggressive, independent research program and has collaborated with many medical and academic institutions, encouraging and sponsoring research about rehabilitation techniques, models of care, outcomes measurement and health policy research. That tradition continues today as a location for multi-site research projects for other researchers, as an incubator for young therapist-researchers, in the evaluation of programs and innovations, and as a location for collaborative research projects.

7.01 Dedicated research staff

The Research Institute at Casa Colina has full-time director, Emily Rosario, Ph.D., who is a research scientist. Her responsibilities include both designing and implementing research projects as the Principal Investigator and serving as a mentor to other staff who are initiating research projects. The Institute is currently housed in Casa Colina Foundation. The expense for the operation of the Research Institute in FY 2011, unaccounted elsewhere, was \$63,076.

7.02 Research projects

Casa Colina has an active research program that supports studies and investigations whose goal is to create generalizable knowledge particularly with respect to rehabilitation issues and diagnoses, and make it available to health care professionals and the public. Research interests include:

- Knowledge about underlying biological mechanisms of health and disease,
- Principles affecting health or illness,
- Evaluation of the efficacy or safety of interventions such as studies of therapeutic protocols, health outcomes and effectiveness,
- And behavioral or sociological studies related to health, delivery of care or prevention.

Research activities also include communication of findings and observations, including publication and conference presentations. The expenses for this program at Casa Colina Hospital in FY 2011 were \$136,984. The expenses for this research program that were borne by other entities at Casa Colina in FY 2011 were \$66,533.

The research projects initiated and pursued at Casa Colina in FY 2011 included these topics:

- The effect of hyperbaric oxygen therapy on functional impairments caused by ischemic stroke
- Neuroendocrine dysfunction following traumatic brain injury
- Relationship of grip strength to writing capabilities in children
- Biomarkers for traumatic brain injury and polymorphisms: correlation with recovery
- Fatigue and quality of life in multiple sclerosis

- Osteoporosis and exercise with premenopausal women
- Effect of exercise on metabolic changes and hormones
- Healthy Aging Practices and persons aging with developmental/intellectual disabilities, county-wide nurse practitioner health care assessment project (with grant funding from UniHealth Foundation)
- Healthy Aging Practices and persons aging with developmental/intellectual disabilities / Intervention for health promotion activities at Padua Village Homes (with grant funding from UniHealth Foundation)
- I-Care study (collaborative site): Interdisciplinary Comprehensive Arm Rehabilitation Evaluation (I-Care) Stroke Initiative

Dissemination of research findings

A manuscript titled “Comparison of Fallers and Non-fallers at an Inpatient Rehabilitation Facility: A Retrospective Review” was accepted for publication in the Rehabilitation Nursing journal (manuscript in press at end of Fiscal Year). In addition two articles were published in the Casa Colina Physician Newsletter, one on outcomes and one on neuroendocrine dysfunction following traumatic brain injury, and outcomes data was added to the Casa Colina website, which is available to the public at all times.

Presentations included a conference platform presentation at the AMRPA (American Medical Rehabilitation Providers Association) annual research conference in October 2010 titled: “Casa Colina Centers for Rehabilitation: A unique physician-directed model of care that works;” a presentation at Claremont Graduate University in January 2011 on the subject of research at Casa Colina; and three presentations on Alzheimer’s disease and type 2 diabetes at 1 - a grand rounds series (May 2010), 2 - Society for neuroscience conference (November 2010), and 3 - an international conference for Alzheimer’s and Parkinson’s disease (March 2011).

These research dissemination activities incurred some expenses but they were not quantified for this FY 2011 report.

7.03 Institutional Review Board (IRB) operations

An IRB is an essential part of an organization’s research efforts. Casa Colina maintains its own federally-sanctioned IRB to monitor and oversee the role of human subjects in research projects. The IRB has five scheduled meetings per year. The Director of the Research Institute is also the Chairman of the IRB. There are six other members of the IRB including a physician, a pharmacist, the Chief Nursing Officer, a neuropsychologist, a member of the community, and the Corporate Compliance / Accreditation / Licensure Officer. The unreimbursed expenses of the IRB in FY 2011 were \$1,643 for Casa Colina Hospital and \$1154 for other entities of Casa Colina.

8.00. Support of community groups

8.01. Contributions to nonprofit organizations and community groups

As a part of coalition and capacity building for local community organizations pertaining to health care and the needs of persons with or at risk of disability, Casa Colina sponsors events for a range of other charitable, non-profit and educational organizations in our area. During FY 2011 Casa Colina as an organization made contributions to the following local organizations through direct contributions and sponsorships of events. This does not include memberships in Chambers of

Commerce, which were deleted from this tally. As this was paid through Casa Colina Foundation on behalf of all of Casa Colina's services, including the Hospital, it is not registered as a Hospital community benefit but as a generalized Casa Colina community benefit. The total of these contributions was \$69,655 that included contributions to the following organizations:

- Azusa Unified School District
- Be Perfect Foundation
- Children's Fund of the Inland Empire
- Community Senior Services
- Damien High School
- Fairplex Education Foundation / Children's Programs
- Inland Valley Hope Center
- Kiwanis Club Of Upland
- Leroy Haynes Center
- Los Angeles County Fair Foundation
- Megan's Wings, Inc.
- Pomona Valley Hospital Medical Center Foundation
- Rancho Cucamonga Foundation
- Roman Catholic Archdiocese
- Sam and Elfrieda Maloof Foundation
- San Antonio Community Hospital
- St. Lucy's Priory High School
- Scheu Family YMCA
- SCI Special Fund
- Walter's Children's Fund
- Western University of Health Sciences

8.02. Technical assistance for organizations, community groups

Casa Colina, as one of the larger non-profits in the area, has facilities and people on staff with particular expertise that many smaller non-profits do not have. As part of its own citizenship in the non-profit community, Casa Colina makes these available to other organizations, particularly in cases where their overall mission or particular goal is consonant with Casa Colina's mission of service to persons with our at risk of disability. Community benefit in this sense was provided in the form of donations of equipment and gifts to individuals to technical assistance for organizations and community groups, particularly in their use of the classroom (A/V) equipment in the Tamkin Education Center. These expenses are rolled into the operations of items that are listed in other parts of this report or are not quantified separately here.

9.00 Community and coalition building activities; community health improvement advocacy

9.01. Activities of community organizations in which Casa Colina participates

Casa Colina staff members participate in many local organizations that have individuals with disproportionate unmet healthcare needs (DUHN) as their focus. These range from organizations that focus on Downs Syndrome, autism, spinal cord injury, brain injury, MS, Parkinson's, and many other diagnostic and disability related areas. Some of the other projects assisted were the City of La Verne Inclusion Advisory Committee; the Claremont Mental Health Advocacy Group; the Claremont Graduate University Autism Certification Development Committee; a mutual support agreement with House of Ruth; and the Neurological Physical Therapy Professional Education Consortium. Staff time of more than 128 hours and expenses devoted to these efforts came to a value of \$6,935.

Among these involvements were:

- Susan Strobel, family liaison at Children's Services, continues as the Casa Colina representative to the Early Identification and Intervention Group (EII Group). This is a consortium of provider and advocacy agencies from across Los Angeles County concerned with appropriate early identification and intervention care for children with developmental delay in general and autism spectrum disorders in particular. The group meets monthly at various locations to share information, evaluate legislation pertinent to children with developmental delay, and make recommendations to government and other agencies about policy.
- Susan Strobel continues as Casa Colina's representative on the San Gabriel Pomona Regional Center Community Relations Committee, serving as a conduit for information relative to services and needs among Casa Colina, the Regional Center and the community. In addition, activities in this last year included
 - Facilitating collaboration between the Pomona Fire Department and the Regional Center on the subject of disaster preparedness and persons with disabilities.
 - Facilitating emergency response information for First Responders relative to residents of the local community with disabilities
 - Participating with Regional Center Foundation to raise funds for families for services and equipment that are outside the scope of regular Regional Center services.
 - Educating legislators regarding the needs of Casa Colina's patient families, the effectiveness of Regional Center services, and the importance of continued funding of Early Intervention services; these meetings are accomplished at legislative breakfasts and visits to legislators' offices.
 - Facilitating the addition of a Regional Center link on the Pomona City web page.
- Susan Strobel continues as Casa Colina's representative to the LICA Early Intervention Collaborative, a monthly meeting of all Early Intervention providers that provides training and a forum for the exchange of information, yielding the ability to be more responsive to families' and Regional Centers' needs.
- Collaboration with the regional unit of the MS Society and the provision of meeting space for their events and programs. The expense incurred by Casa Colina for this provision of space, technical support, and on-site management of events (labor) is included in various sections above.
- Participation in the organizational activities of the California Physical Therapy Association by Stephanie Kaplan, DPT, Director of Rehabilitation
- Felice Loverso, Ph.D., CEO and President of Casa Colina, sits on the Association Board of the Fairplex (LA County Fair), an important organization in the Pomona community and the region. In this position he serves as an advocate for health care and for the access to all aspects of community life for individuals with disabilities. (2004 to present).

10.00 Support of state and national organizations and activities

10.01. Support of regional and national organizations

Casa Colina staff members participate in many regional and national organizations that have individuals with disproportionate unmet healthcare needs (DUHN) as their focus, i.e. persons with or at risk of disability. As a part of coalition and capacity building at this regional and national level, and advocating through these organizations for improved health for persons with or at risk of disabilities, Casa Colina supports organizations and sponsors events for a range of other charitable, non-profit and educational entities. The goal is to build effective organizations for teaching, advocacy, support of research, and recognition of the needs of persons with disabilities. Because

these cash contributions were paid through Casa Colina Foundation on behalf of all of Casa Colina's services, including the Hospital, it is not registered as a Hospital community benefit but as a generalized Casa Colina community benefit. In addition, support of organizations and activities at this regional and state level falls outside the federal definitions of community benefit as expressed in the IRS Form 990 Schedule H instructions, yet fall inside the definition of community as interpreted from the ASCBA guide as recommended by the State of California⁷. For this OSHPD report, they are included. In FY 2011 these organizations included the following:

American Osteopathic Association
American Medical Rehabilitation Providers Association
American Red Cross
Center for the Treatment of Individuals with Autism/ Friends of LADDERS
Bob Woodruff Family Foundation
Foundation for Physical Medicine and Rehabilitation
Run for the Wall (Washington, DC)
Timothy Carlon McWilliams, Jr., Foundation (New Jersey)
UCLA Foundation

The total expense of these event sponsorships in FY 2011 was \$16,150.

10.02. Staff time loaned and assistance donated to national organizations

Many of the issues that are critical for the health and well-being of the population that Casa Colina serves have aspects that are impacted by decisions and priorities set at a regional and national level. Therefore, as a steward of their interests, it is necessary for Casa Colina to be engaged and pro-active in organizations that have a voice in those discussions.

State / national advocacy

- Dr. Loverso, President and CEO of Casa Colina, has been a member of the Board of Directors of the American Medical Rehabilitation Providers Association since 1999. The AMRPA is the national trade organization for medical rehabilitation providers, with offices in Washington, DC. From 2002 to 2005 Dr. Loverso served as President. He has also served as Chair of the Data Committee and the Veterans Affairs Committee.
- Dr. Emily Rosario, the Director of Casa Colina's Research Institute, serves as a member of the AMRPA Research Committee.
- Dr. Loverso is a member of the Board of Directors of the California Brain Injury Association (2006-present).
- Dr. Loverso is a member of the Board of Directors of the Foundation for Physical Medicine and Rehabilitation (2007-present). With offices in Chicago, IL, the FPM&R is the advocacy and fund-raising arm of the Association of Physical Medicine and Rehabilitation, the national organization for specialist physicians in physical medicine and rehabilitation (physiatry).
- Stephanie Kaplan, DPT, Director of Therapy Services for Casa Colina, was an active board and committee member at the State level in the Association for Physical Therapy, working on policy and advocacy issues for that discipline.
- Both Dr. Loverso and Dr. Patterson attended working conferences and made many presentations at meeting with regional and national groups across the U.S. and in Hawaii on subjects related to

⁷ *Advancing the State of the Art in Community Benefit: A User's Guide to Excellence and Accountability (ASACB)*, Public Health Institute, November 2004

rehabilitation, access to rehabilitation now, and the future of rehabilitation in a changing healthcare landscape.

The total expense for this community health improvement advocacy participation, including travel, lodging, and time, was not quantified for FY 2011.

11.00 Non-quantifiable benefits

Recent history of California health care in California shows that well-regarded hospitals have been forced to close. In the case of a specialty hospital unique in its region, if that were to happen to Casa Colina Hospital, there would not be a comparable replacement or alternative for services. In that Casa Colina by definition serves a vulnerable population with, arguably, disproportionate unmet healthcare needs (DUHN), its continued existence carries a Community Benefit aspect in its own right.

12.00 ASACB-defined public interest initiatives

The Public Health Institute ASACB⁸ partners regard the following activities as important demonstrations of a nonprofit hospital's support of activities in the public interest, but they also agree that there are legitimate questions about including them in the financial accounting of a hospital's community benefit contributions. They also recognize that there is a need for increased public awareness of hospital expenditures and efforts in these areas. They suggest that these resource allocations be compiled and reported in a separate narrative portion of the community benefit report, and not include them in the financial totals of hospital community benefit contributions (ASACB, p.33). Therefore this section is included as an Addendum to the present report.

12.01 Service improvements

Casa Colina continues to develop its services. In FY2011 these developments were financed out of operational funds. The Board of Directors has committed more than \$7,000,000 to these and other development projects in the next two years, however, the value of these activities in FY2011 is not separately quantified.

- In FY 2011 Casa Colina's new satellite outpatient therapy facility in Azusa continued to grow in volume and in independent sustainability. Operating under the umbrella of the Hospital, it provides physical, occupational, and speech therapy modalities; specialization in hand therapy; neuropsychology; specialist physician services and a free Sports Medicine screening clinic one evening a week. It is across the street from Azusa Pacific University and will also serve as an internship site for Allied Health students from APU.
- The Children's Services Language and Learning Center (LLC) has opened and is seeing patients. This center offers therapeutic remediation for children with learning disabilities that are diagnosable and treatable, but are not recognized as developmental delay. They are learning issues with reading, arithmetic, and handwriting that affect academic achievement and subsequently social and psychological development.
- Casa Colina has pursued the identification of vendors and laying the groundwork for implementing a comprehensive, entity-wide Electronic Health Record. Although vendor choice

⁸ *Advancing the State of the Art in Community Benefit*, cited above.

was not completed in FY 2011, it is anticipated that it will occur in FY 2012 with full implementation by Summer 2012.

12.02 Disaster preparedness

Casa Colina Hospital has an internal disaster preparedness program and participates in regional, county and state-wide preparedness exercises. As the only fully-seismically-upgraded medical facility in the region, Casa Colina feels a responsibility to be a solid partner in these exercises particularly in relation to the potential for a large earthquake in the near future and the potential that Casa Colina would be a structurally safe haven that many people would come to. The cost of planning, preparing, and conducting drills in FY 2011 was not separately quantified.

12.03 Workplace enhancement of diversity

Casa Colina honors and respects the diversity of Southern California, and has since its inception in 1936 as evidenced by photographs of Frances Eleanor Smith, the founder, with diverse patients and staff from that period. Currently Casa Colina hires on the basis of expertise and potential for the candidate to do the best job and advances people from within on the same basis. Within that context, Casa Colina exists in the highly diverse environment of Southern California and the composition of the staff strongly reflects that diversity. As stated in the Mission Statement with reference to the goals for patients, “an environment that recognizes their uniqueness, dignity and self-esteem,” the same is applied with reference to every staff member. Casa Colina’s commitment to working with students who also come from this diverse environment is another practical way that Casa Colina implements the goal of giving people of all backgrounds the tools to be successful in health care careers, whether at Casa Colina or elsewhere. This value of this activity is not quantified.

12.04 External funds leveraged: Grants secured to implement a community benefit program.

Casa Colina Hospital received and/or made use of previously received grant awards to implement projects that reflect community. These included the following grant projects listed with the amounts expended in FY 2011:

Table: Grant funds applied to community benefits objectives in FY 2011

Source	Description	Amount expended in FY 2010
UniHealth Foundation (4)	A combined research study and pilot health promotion intervention. FY 2011 was the third year of a three-year grant titled: <i>Healthy Aging Practices and Persons Aging with Intellectual/Developmental Disabilities</i> , Harriet Aronow, Ph.D.	\$335,921
McCormick Foundation (2)	Casa Colina Survive and Thrive Veterans and Families Project. To pilot an intervention with Iraq/Afghanistan veterans with traumatic brain injury who have returned to living at home with their families, to increase family stability and long-term family integration. FY 2011 was a continuation of previous work on this project, following through on several individual cases.	\$45,780
AAA	Car fit education program for seniors	\$500
California	General operating support	\$100,000

Community Foundation		
Disney Volunteers	Support for Outdoor Adventures	\$5,000
Norris Foundation	Operating support for Children's Services	\$2,000
Ralph's Food-4-Less	Grant donation to event to support free care	\$10,000
Carl E. Wynn Foundation	General operating support for Children's Services	\$4,000
TOTAL		\$475,163.00

12.05. Grants secured for Community Benefit organizations/local groups by the hospital.
There was no activity of this type in FY2011.

12.06. Donations solicited with specific designation.

Table: Donated funds applied to community benefits objectives in FY 2011

Designation	Description	Amount solicited in FY 2011	Amount expended in FY 2011
Wounded Warrior	Wounded Warriors Fund, small grants and donations. To provide assistance to Iraq/Afghanistan service members with brain injury for other unreimbursed expenses of rehabilitation.	39,056	29,303
Children's Services	To subsidize treatment programs, operations and equipment purchases	48,237	39,785
Mother Smith Fund	To provide free care (other sources were used for most of the charity care provided in FY 2010)	93,912	106,727
Wound Care and Hyperbarics	To provide free treatment, program development and research in use of hyperbarics and wound care; this project will not start until FY 2011.	2,000	19,250
Fibromyalgia	To assist patients and program development relative to Fibromyalgia	270	0
Outdoor Adventures	To subsidize the Outdoor Adventures program	61,963	53,331
Adult Day Health Care	To supplement supplies for patient activities	100	1,867
Padua Village Homes	To supplement operational expenses at Padua Village homes	475,831	346,734
TOTAL		721,369	596,997

12.07 Funds raised at events

Casa Colina has an annual cycle of fund raising events. Most of these are targeted to raise funds for Signature Programs that are not under the umbrella of or specific to the Hospital such as the residential services at Padua Village or the community-based Outdoor Adventures program. Others support free care or general operating support. In total in FY 2011 all of these events brought net proceeds to Casa Colina of \$573,007.

12.08. Financial value of volunteers who directly support CB activities.

These activities were not documented distinct from other Volunteer Services activities in FY 2011. However, in general, the activities of all volunteers are aimed at supporting the mission of Casa Colina, which in itself is directed at service to individuals with or at risk of disabilities, and therefore would be considered as Community Benefit activities. In that sense the expense of operating the volunteer program and the financial benefit of the program would both be community benefit elements.

The total budget for the volunteer program in FY 2011 was \$30,472. The total of volunteer hours was 16,753 for 504 active volunteers, equivalent to hiring 8.1 full time employees. With a conservative valuation \$12 per hour plus fringe, the value of that effort was \$261,346. The net benefit that the program brought to the community was \$230,875. It is also interesting to note that 67% (1422 of 2106) of volunteers were younger than 30 years old, with the implication that they are using volunteering as part of their education or initial job advancement. Another 11% (233 of 2106) are 50 year old or more, with the implication that volunteering is giving them an outlet to be productive and participate in a social environment.

In addition, Outdoor Adventures also has a Volunteer program. In that setting 136 volunteers contributed 8,528 hours of volunteer effort, about the equivalent of four full-time staff. The value of this volunteer effort was \$133,037.

12.09 Other Benefits for Vulnerable Populations

12.091 Self help

Padua Village Homes is a residential service for adults with intellectual/developmental disabilities operated by Casa Colina, Inc., but separate from the Hospital. However, Casa Colina Hospital has established a special physician's clinic in the hospital's outpatient physician clinic system to monitor and assist with medical oversight especially with regards to issues of aging with a disability. A three-year grant project to support this work was awarded March 2008 from the UniHealth Foundation. As well as supporting an intentional healthy aging program at Casa Colina's Padua Village Homes that is under the medical leadership of the dedicated Physician Clinic, the grant design also includes a research component that will investigate health-promotion activities and effectiveness among persons aging with a disability across Los Angeles County. A significant part of the Padua health intervention is self-help and self-regulation among the residents, and personal initiatives for health promotion among the residents' families and care givers.

12.092 Child care

Casa Colina has looked into the need and potential level of use of child care on site for children of staff members but has found to date that the projected volume of use would not support it. This issue is under periodic review.

12.093 Enrollment assistance

Casa Colina continues to assist patients with enrollment into health care funding programs when requested, as their needs change due to rehabilitation, recovery and employment status. The cost of this assistance is not tracked.

ATTACHMENTS

A. Casa Colina 2009 Community Benefit Needs Assessment Summary Report

B. Advertising flyer for public meeting to present and discuss findings of the Needs Assessment

**Casa Colina 2009 Community Benefit
Needs Assessment Summary Report**

Prepared for

Casa Colina Hospital for Rehabilitative Medicine

Pomona, CA

**Chris Weinkauff
Tarek Azzam, Ph.D.
Claremont Graduate University
Claremont, CA**

Background

Casa Colina is a non-profit, freestanding, community-governed organization that specializes in providing rehabilitation to individuals with/or at risk of disability secondary to trauma, illness or genetic condition. Casa Colina was established in 1936, with the mission that people should have the opportunity to maximize their medical recovery and rehabilitation potential efficiently in an environment that recognizes their uniqueness, dignity and self-esteem⁹.

The Study

In early 2009 a Community Benefit Needs Assessment was conducted using a structured telephone interview survey (see Appendix) to understand the needs and concerns of its community, defined as persons with or at risk of disability. This community was represented by former and current Casa Colina patients. This survey was administered to a randomly selected sample of 150 Casa Colina patients. The patient sample was selected from a larger population pool of outpatients, hospital inpatients, and Outdoor Adventure participants who received services during the 2008 calendar year. All of those surveyed reside within the regional catchment area for Casa Colina. It should be noted that the inpatients and the Outdoor Adventure participants were over-sampled to ensure that their feedback would be accurately represented¹⁰. The final distribution of respondents indicated that of those interviewed 65% were outpatients, 21% were inpatient and 13% were Outdoor Adventure clients.

Analysis of Needs Assessment Findings

⁹ Source: Casa Colina Website <http://www.casacolina.org/>

¹⁰ Without the over-sampling only 10% of respondents would have been inpatients and less than 4% would have been Outdoor Adventure Clients.

Demographics

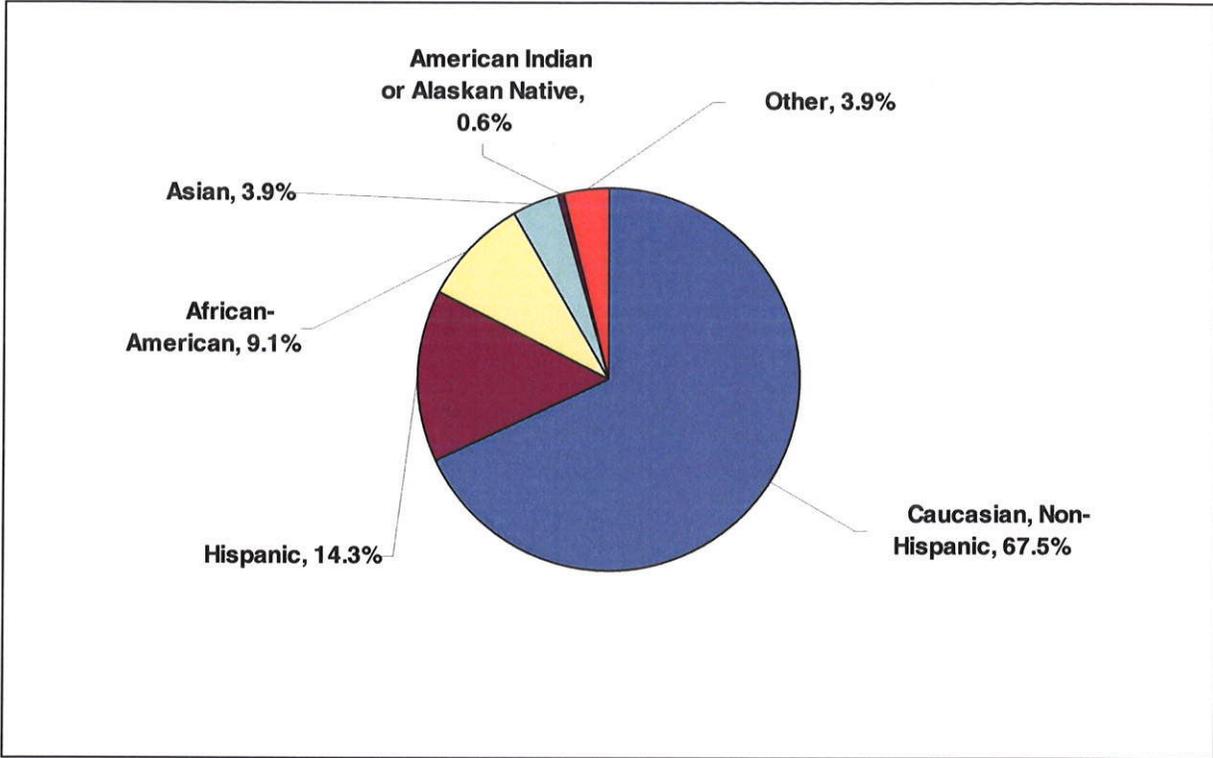
The average age of the people interviewed was 62 years, and of those 108 (72%) were female and 42 (28%) were male (Table 1). Most of those surveyed were either married (60.9%) or divorced (16.6%), and either White, Non-Hispanic (67.5%) or Hispanic (14.3%) (Figure 1). In terms of educational attainment, the majority of respondents (67%) indicated that they had some college or less, while 33% had received a Bachelors degree or higher (Table 1). Additionally, 63 respondents (41.2%) were retired and 48 respondents (31.4%) were employed (Table 1), either full or part time. It should be noted that an earlier needs assessment was conducted in 2003 using the same survey instrument, the demographics from that survey were very similar with most of the respondents being female, White or Hispanic and married. The only noticeable difference was slight increase in the average age from 57.7 in 2003 to 61.8 in 2009.

Table 1. Respondent Demographics

	Number	Percent (%)
GENDER		
Female	108	72.0
Male	42	28.0
MARITAL STATUS		
Now married	92	60.9
Divorced	25	16.6
Never Married	17	11.3
Widowed	13	8.6
In a Committed Relationship	2	1.3
Separated	1	0.7
EDUCATIONAL LEVEL		
High school or less	49	33.0
Some College	51	34.0
Bachelors Degree	35	23.3
Masters Degree	10	6.7
Doctorate	5	3.3
EMPLOYMENT STATUS		
Retired	63	41.2
Employed full or part time	48	31.4
Temporarily or permanently disabled	32	20.9
Unemployed, not looking for work	5	3.3
Full time homemaker	4	2.6

Volunteering	1	0.7
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Figure 1. Ethnic distribution of participants



Concerns

Those who were interviewed were asked to respond to a series of questions about their general health and the concerns that they have about their overall well-being. In response to the health question the majority of the respondents (59.7%) indicated that their current health status as either “good” or “very good” (Table 2). In terms of the main concerns respondents indicated that they are most concerned about: **1) being able to get rehabilitation services when needed, 2) being able to receive basic health care services and 3) health getting worse in the future.** In comparison to an earlier needs assessment conducted in 2003 these concerns were almost identical. The only difference was the rankings. In 2003, respondents were more concerned with their **health getting worse**, followed by **access to rehabilitation services** and **basic health care** services. So currently

rehabilitation services and health care services have taken top ranking in concern over failing health in the present sample.

Table 2. Reported level of general health

GENERAL HEALTH STATUS	Number	Percent (%)
Excellent	23	15.4
Very good	38	25.5
Good	51	34.2
Fair	24	16.1
Poor	13	8.7

Table 3. Concerns for Health and Well-Being

	Not At All Concerned	Somewhat Concerned	Very Concerned	Rank of Avg Score
CONCERN				
Get rehab services when needed	22.67	20.67	56.00	1
Receive basic health care services	26.00	18.00	56.00	2
Health getting worse in future	22.00	28.67	49.33	3
Living in a safe, clean home	32.67	14.00	53.33	4
Physically get around neighborhood	32.67	16.67	50.67	5
Nurturing, caring relationships with family	40.00	15.33	44.67	6
Equipment (wheelchair, cane, shower chair)	44.67	16.67	38.00	7
Nurturing, close relationships with friends	40.67	24.67	34.67	8
Place to be physically active	36.00	36.00	27.33	9
Transportation outside neighborhood	32.67	16.67	50.67	10
Place to be socially active	44.00	28.67	26.00	11
Being able to work (FT/PT, Paid/Unpaid)	59.33	16.67	24.00	12

Importance of Needs

As part of the interview respondents were also asked to indicate the importance of different services and/or benefits to their overall quality of life. Findings from the interviews revealed that respondents assigned the highest importance to: **1) adequate health insurance, 2) access to health care facilities and 3) adequate transportation** (Table 4). In comparison to the 2003 needs assessment **adequate health insurance** still remained at the top for needs of all those sampled, and **access to healthcare facilities** also remained the second greatest concern. While previous respondents found a slightly greater importance for physical fitness over transportation (2003), present day participants communicated less importance for physical fitness activities and placed transportation as the third highest need. It is also important to note that the three areas of least importance for respondents included 1) educational programs, 2) counseling services and 3) part-time or full-time work.

Table 4. Importance of Needs

	Not At All Important	Somewhat Important	Very Important	Rank of Avg Score
NEEDS				
Adequate health insurance	2.00	5.33	92.67	1
Access to health care facilities	4.00	11.33	84.67	2
Adequate transportation	6.67	11.33	82.00	3
Living independently	10.00	8.67	80.67	4
Socializing with others	12.00	26.00	62.00	5
Access to physical fitness activities	12.67	28.67	58.67	6
Housing adapted to disabilities	20.67	22.00	57.33	7
Recreation opportunities	13.33	38.00	48.67	8
Caregiver services	20.00	25.33	54.67	9

Equipment (wheelchair, cane, shower chair)	25.33	17.33	57.33	10
Educational programs	21.33	29.33	48.67	11
Counseling services	28.67	42.67	28.67	12
Part-time or full-time work	53.33	14.00	31.33	13

Qualitative Responses

When given an opportunity to comment at the conclusion of the survey, 87 (58%) respondents chose to do so. The majority of these comments (96%) were positive, and many noted the quality of care received in the rehabilitation unit, as well as the professional and caring attitude of the employees there. The following excerpts represent some of the comments collected through the interviews:

-“Casa Colina is a wonderful institution. They are highly professional. The physical therapists are highly trained and the education is incredible. You never feel like anything will go wrong because they know what they are doing.”

- “I have never gone to a doctor or physical therapy [at Casa Colina] where I left thinking I wish there were another place to go. They are wonderful.”

Other departments and employees in the Casa Colina organization were also praised:

-“Casa Colina is clean and the nursing staff takes care of you right away. They are really great people. They take great care of you and that is important.”

-“Casa Colina has saved his life. I would do anything to promote the reputation of Casa Colina. They are wonderful. He is walking in a walker because of them. He would probably

be dead otherwise. They are incredible. I cannot say enough wonderful things about Casa Colina.”

General praise for the work of the organization and for the beauty of the facilities was also shared:

-“Casa Colina is a place of miracles. They are miracle workers. I used to work there many years ago and it is a wonderful place. “

-“Casa Colina is one of the best places anyone could go. I am very fortunate that I got to go there.”

-“It is a beautiful place. The grounds are beautiful.”

-“We have been at Casa Colina for months and have been very pleased with the service. The facilities are wonderful; the facilities and the people are beyond our expectations.”

Other comments included suggestions for additional programs and services or improvements to those already existing:

1. More programs for older children with special needs, those of adolescent age.
2. A neuropsychiatrist on staff would be helpful for patients with special needs.
3. Assistance with transportation for families of long-term rehabilitation patients, especially those far away without adequate transport themselves.
4. More social activities for patients in long-term residential areas.
5. When patients are discharged, additional in-home follow up with physical therapy would be beneficial.
6. For physical therapy patients, it would be helpful to establish a relationship with one physical therapist throughout the term of the therapy, so the patient’s specific weaknesses, strengths and personality are considered.

Conclusions and Recommendations

The number and diversity of the respondent sample provides Casa Colina with a good representation of those they serve. Respondents in this survey conveyed their greatest concerns as being able to get rehabilitation services and health care services when needed along with a concern for deteriorating health. The needs the respondents regarded as most important included having adequate health insurance, access to health care facilities and having adequate transportation. Casa Colina may benefit the community most by exploring ways to tend these needs and concerns.

Utilizing the same instrument that was used in the 2003 Community Benefit Needs Assessment was helpful in providing comparison data for an analysis of the changing demographics, needs and concerns of the community Casa Colina serves. It is also important to note that many of the responses and general trends have remained consistent during the past six years. It is recommended that this instrument for telephone interviews be used again in the future.



CENTERS FOR REHABILITATION

ATTENTION ALL STAFF!

Casa Colina Needs Assessment Presentation and Discussion

As part of Casa Colina Hospital's
Community Benefit Planning process a
Needs Assessment for the community of
persons served by the hospital was conducted
by Chris Weinkauff
of Claremont Graduate University
in February 2009.

You are cordially invited to attend
a presentation of the findings of that Assessment
and join in the discussion.

Friday, May 8, 2009 At Noon

You may bring your lunch to this meeting.

**in the
Tamkin Education Center**

U/7173 62:0905