

Simi Valley Hospital



2011 Community Benefits Report

A Response to: Simi Valley Hospital Community Health Needs Assessment August 2010

Prepared by:

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Submitted to:

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PREFACE

This **Community Benefits Report** was prepared by Simi Valley Hospital (SVH) to fulfill the requirements of Senate Bill 697, Community Benefits legislation for not-for-profit hospitals. The Community Benefits Plan was prepared in response to findings from the **2010 Community Needs Assessment**.

According to the law, a community benefits plan, prepared for annual submission to the Office of Statewide Health Planning and Development, shall include the following elements:

- Mechanisms to evaluate the plan's effectiveness, including a method for obtaining the views of the community served by the hospital
- A description of the activities that the hospital has undertaken in order to address identified community needs, within its mission and financial capacity
- Objectives to be achieved
- Community benefits categorized into the following framework: medical care services; other benefits for vulnerable populations; other benefits for the broader community; health research, education and training programs; and non-quantifiable benefits
- To the extent practicable, the economic value of community benefits provided by the hospital in furtherance of its plan

Simi Valley Hospital follows the Adventist Health systemwide corporate policy on Community Benefits (**See Appendix A**).

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SECTION 1: MISSION STATEMENT AND CORPORATE AFFILIATION

MISSION STATEMENT

The mission of Simi Valley Hospital is to demonstrate God's love by providing exceptional service and quality care to meet the physical, mental and spiritual needs of our community.

CORPORATE AFFILIATION

Simi Valley Hospital (SVH) is part of Adventist Health, a faith-based, not-for-profit integrated health care delivery system with nearly 21,000 employees serving communities in California, Hawaii, Oregon and Washington. Founded on Seventh-day Adventist health values, Adventist Health provides compassionate care in 18 acute-care hospitals, 1 behavioral health hospital, more than 153 clinics (rural health and physician clinics), 14 home care agencies and four joint-venture retirement centers.

GOVERNING BOARD PARTICIPATION IN COMMUNITY BENEFIT PROCESS

The Governing Board membership of Simi Valley Hospital consists of Adventist Health corporate leadership, leadership from the Seventh-day Adventist Church, as well as local community leadership that includes physicians as well as other local community members.

The Governing Board is involved in the planning process of the hospital. Our community is at the heart of our strategic plan. This means that the development of goals, programs and policies requires the involvement of all clinical and non-clinical employees, working collaboratively with community leaders.

SECTION 2: EXECUTIVE SUMMARY

This executive summary is a detailed account of Simi Valley Hospital's commitment to our community in report form. This report—the **2011 Community Benefits Report**—is mandated by the Office of Statewide Health Planning and Development to assess our responsiveness to our community.

In living out our mission, SVH is responsive to community needs. We embody our mission in our daily activities and continue to understand the needs of our community in our strategic plan and community needs assessments. We routinely address community needs and concerns through contact with representatives from community organizations and agencies in our *Community Benefit Collaborative* and participation on a variety of boards of community organizations, ranging from a local free clinic to civic, cultural and religious organizations. Leadership on our *Community Benefit Committee* and *Governing Board* directs, supports, and adopts our community benefits programs and activities.

Simi Valley Hospital follows community benefits reporting guidelines established in the system wide corporate policy on Community Benefit Coordination (**See Appendix A**).

UNMET NEEDS IDENTIFIED IN THE 2010 COMMUNITY NEEDS ASSESSMENT

Following completion of the 2010 Community Needs Assessment, community needs were categorized into the following three general areas of focus:

- Affordable medical care (access to care and services)
- Health education
- Community involvement

COMMUNITY BENEFITS PLAN OBJECTIVES

The 2010 community benefits plan focuses on the following objectives (as originally developed in our prior community benefits plan):

- Continue to provide needed health care and related services for community residents.
- Participate in Medicare and provide charity care for area residents, to the extent possible.
- Offer prenatal, maternity, infant and child care education for women and their families.
- Continue to support early child development and education, by operating a Child Development Center and Family Connection Day Care Center.
- Continue the development, distribution and communication of information and provide health screenings and health evaluations to improve community health—especially in regards to the three areas identified in the 2010 community needs assessment: 1. **Obesity**; 2. **Heart Disease and Cancer**; and 3. **Drugs and Alcohol**.
- Continue supporting various community resources with personnel and financial assistance.
- Continue providing physician, staff and volunteer education and training programs to improve community health and organizational performance and contain health care costs.

PROGRAMS AND ACTIVITIES TO ADDRESS UNMET HEALTH NEEDS

Among the programs and activities to meet the unmet needs identified in the assessment were:

- Charity care
- Specific health care and related services in response to community needs (e.g., emergency services, pediatric rehabilitation [Child Development Center])
- Health fairs and screenings in community settings
- Community health education classes
- Prenatal, maternity, infant/child care and parenting education, training, and support
- Community health newsletter, focusing on health education topics identified in the assessment
- Support, contribute and donate to community organizations

SECTION 3: PROCESS FOR COMMUNITY NEEDS ASSESSMENT AND BENEFITS PLAN

COMMUNITY NEEDS ASSESSMENT PROCESS AND INFORMATION

In accordance with SB 697, SVH undertook a community needs assessment in 1998, 2002, 2004, 2007 and 2010. The 2011 report is based on the 2010 assessment. The methodology of the 2010 community needs assessment recognizes the hospital's prior needs assessment efforts and attempts to validate and further expand on community issues and concerns previously identified.

Key elements of the 2010 community needs assessment include the following:

- Definition of community to include the City of Simi Valley and the City of Moorpark
- Collection and analysis of available secondary data regarding community demographics, socio-economics, education, crime, drugs, vulnerable populations and health status indicators.
- Sources of secondary data used in the needs assessment are highlighted in the table below:

Sources of Data for Community Needs Assessment

Secondary data were collected from a variety of local, county, and state sources to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and school and student characteristics. When pertinent, these data sets are presented in the context of Ventura County and the State, framing the scope of an issue as it relates to the broader community. Analyses were conducted at the most local level possible for the Simi Valley Hospital primary service area, given the availability of the data. For example:

- U.S. Census 2000 data and California State data available by Zip code
- Ventura County Homeless & Housing Coalition for city and county
- Office of Statewide Health Planning and Development for hospital data
- Employment Development Department statistics for city data
- California Department of Education data for school district data

Community Consultation

Twenty-two interviews were completed for the Simi Valley Hospital Community Health Needs Assessment during June and July, 2010. Participants in the interviews included five public organizations, six nonprofit organizations, two religious organizations, and nine private businesses.

SECTION 4: COMMUNITY BENEFITS PLAN DEVELOPMENT

COMMUNITY BENEFITS PLANNING PROCESS

The following activities were completed in preparation for SVH's community benefits plan:

- Review and discussion of findings from the Community Needs Assessment with hospital staff responsible for community outreach, senior management, Board Strategic Planning Committee, and Board Medical Staff Development Committee. These two sub-committees of the Board include representation by community members, in addition to physicians and administrative staff.
- Review of SVH community benefits activities conducted in the previous fiscal year.
- Development of a Community Benefits Plan, including identification of categories of unmet needs, determination of objectives and identification of activities to address unmet community needs identified in the needs assessment.
- Adoption of the plan by the SVH's Governing Board.

COMMUNITY BENEFITS COLLABORATIVE

The following community organizations collaborate with SVH to provide needed community services. Organizations are listed alphabetically.

- American Cancer Society
- American Heart Association
- Chamber of Commerce, City of Simi Valley
- Chamber of Commerce, City of Moorpark
- Free Clinic of Simi Valley

COMMUNITY BENEFITS COMMITTEE

The members of the Community Benefits Committee are:

- Brent Davis
Director of Finance
- Michelle Foster
Marketing Director
- Ronald Hyrchuk
Director of Spiritual Care
- Joanne Bercier-Gorcey
Admin Director Nursing

HOSPITAL COMMUNICATION AND FINANCIAL MANAGERS OF COMMUNITY BENEFIT PLANNING AND REPORTING

The individuals responsible for community benefit planning and reporting are:

- Parker Pridgen
Accounting Manager
Phone: (805) 955-6921

- Brent Davis
Director of Finance
Phone: (805) 955-6912

SECTION 5: SUMMARY OF KEY FINDINGS OF THE 2010 COMMUNITY NEEDS ASSESSMENT

DEFINITION OF COMMUNITY

Community is defined as the primary service area for SVH and includes three ZIP codes in the cities of:

- Simi Valley (ZIP codes 93063 and 93065)
- Moorpark (ZIP code 93021)

DEMOGRAPHICS

Based on data from the 2000 census and the City of Simi Valley, SVH's Primary Service Area is described as follows:

PRIMARY SERVICE AREA (PSA) – SUMMATION

1. **The PSA is relatively young**
 - 8.7% of population is 65 and older compared to 10.7% across the state
2. **Relatively Affluent**
 - Only 6% of service area residents live under the poverty line compared to 14.2% across the state
3. **Predominantly White and Hispanic**
 - 61% White and 27% Hispanic

HEALTH STATUS INDICATORS

Introduction to California State University, Northridge Epidemiological Assessment

In order to identify the specific health goals and problems of the city of Simi Valley, it was necessary to research the empirical data of the causes of death.

Research on the causes of death was performed at three levels of epidemiological assessment:

- State (California)
- County (Ventura County)
- Local (Simi Valley and Moorpark)

(Data for the epidemiological assessment was gathered from the Center for Disease Control [CDC] and the National Center for Health Statistics)

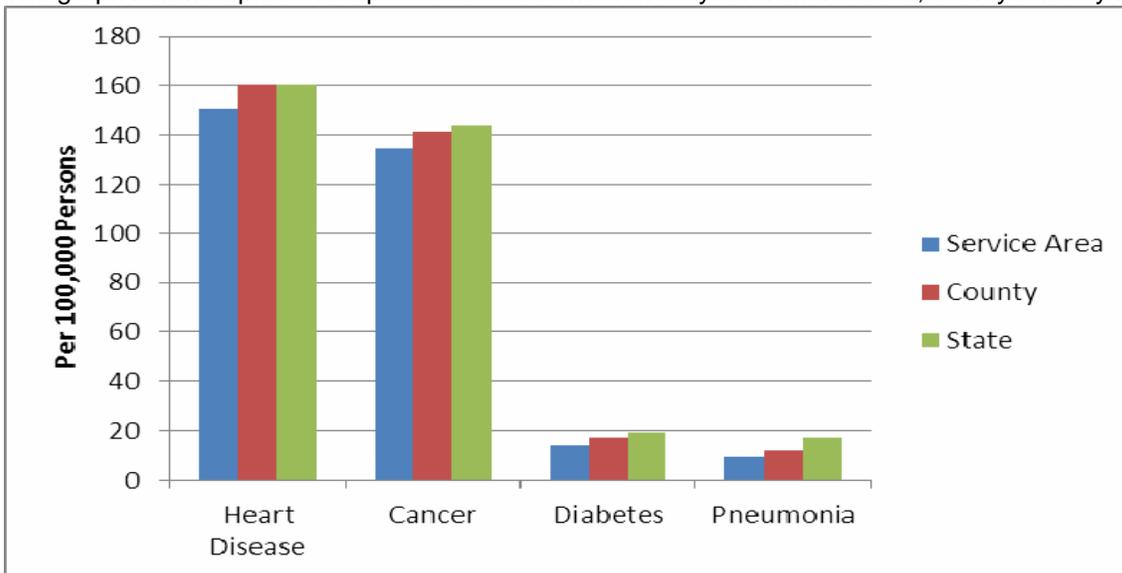
Three Levels of Epidemiological Assessment Examined

1. **Statewide:** In California, the CDC data lists heart disease as the foremost cause of death as well, with a death rate of 28%, followed by malignant neoplasms, cerebrovascular diseases, chronic lower respiratory diseases, accidents (unintentional injuries), influenza and pneumonia, diabetes mellitus, Alzheimer's disease, chronic liver disease and cirrhosis, and intentional self-harm (suicide) respectively.
2. **County:** Heart disease was the leading cause of death in Ventura County with a death rate of 27 %, followed by: malignant neoplasms, cerebrovascular disease, chronic lower respiratory disease, accidents, influenza/pneumonia, diabetes, Alzheimer's disease, cirrhosis, and intentional self-harm respectively.

3. **Local:** For the city of Simi Valley the leading cause of death is also heart disease followed by malignant neoplasms, cerebrovascular disease, influenza and pneumonia, chronic lower respiratory disease, Alzheimer’s disease, diabetes mellitus, intentional self harm, and chronic liver disease/cirrhosis (California Department of Health Services, 2003).

TOP FOUR DISEASE RANKINGS PER POPULATION LEVEL

The graph below depicts the top four diseases and how they rank on the state, county and city level.



COMMUNITY HEALTH INDICATORS CONCLUSION

The epidemiological assessment revealed that the two most common diseases at all three levels of assessment are heart disease and cancer. These were followed by diabetes and pneumonia.

SECTION 6: COMMUNITY CONCERNS EXPRESSED IN THE 2010 COMMUNITY NEEDS ASSESSMENT

Introduction

This section describes SVH's process for obtaining community opinions on health needs.

Key Stakeholders

Twenty-two key stakeholders were interviewed to better understand the professional perspectives of the community's health care beliefs. The greatest health concerns among the key stakeholders were: obesity, drug abuse, access to health care services and mental health.

COMMUNITY CONSULTATION CONCLUSIONS

It was determined through the social assessment that the greatest health concerns for the City of Simi Valley were:

1. Obesity
2. Heart disease & cancer
3. Drugs, tobacco and alcohol

SECTION 7: PROGRAMS AND ACTIVITIES TO MEET IDENTIFIED COMMUNITY NEEDS

AFFORDABLE MEDICAL CARE (ACCESS TO CARE AND SERVICES)

This section includes a description of programs and activities provided by SVH (alone or in collaboration with others) in 2011 to address identified community needs in terms of Affordable Medical Care (Access to Care and Services).

- Continued to monitor health care utilization patterns and develop and modify services in response to trends in health care utilization.
- Offered health care services in the most efficient and appropriate settings.
- Provided charity care, to the extent possible, to assist individuals who are uninsured or underinsured.
- Offered hospital emergency services, including a designated paramedic base station, heliport, and Lifeline personal emergency system that permits a wearer to summon help at the touch of a button. SVH offered Lifeline personal emergency system free-of-charge to qualifying low-income seniors.
- Continued operation of the Child Development Center (CDC), the only one of its kind in Ventura County. The Center provides rehabilitation for development-delayed children as well as an early intervention program for high-risk children.

HEALTH EDUCATION

This section includes a description of programs and activities provided by SVH (alone or in collaboration with others) in 2011 to address identified community needs in terms of availability of Health Education and Promotion.

- Offered free health screenings at various well-attended community events, such as a senior flu clinic and prostate screenings and community education forums. In addition, representatives from the hospital attended community events at senior centers and other community venues to provide health information and services.
- Aspen Outpatient Center offers educational materials provided by the American Cancer Society.
- Developed, printed and distributed to community households a quarterly health newsletter, *Your Health*. This direct mail newsletter offered accurate health information on pertinent health topics. The SVH community newsletter promotes all educational classes and American Cancer Society support groups.
- Offered *free* breastfeeding classes for new mothers on a monthly basis.
- Provided medical education and leadership training for physicians.
- Supported a growing Volunteers program involving adult, student and junior volunteers.

COMMUNITY INVOLVEMENT

This section includes a description of some of the community programs and/or activities that SVH sponsored or participated in 2011.

- Financially supported the Simi Valley Education Foundation's annual fundraising dinner. This charity supports public education in Simi Valley.
- Supported the Moorpark and Simi Valley morning and afternoon Rotary Clubs by sponsoring the membership for five members of hospital leadership.
- Offered free flu clinics at the Aspen Outpatient Center.
- Participated in the Simi Valley Street Fair with a health education booth.
- Provided blood pressure screenings at the Simi Valley Senior Center's annual health and wellness fair.
- Spiritual Care Services provided weekly grief counseling in a group format at no cost.
- Participated in Moorpark Country days in distributing important health education materials.
- Held the Heart Healthy Fair and provided numerous free screenings to the general community.

SECTION 8: COMMUNITY BENEFITS PROVIDED IN 2011

This section includes a report on key measures provided in 2011. Measures of plan effectiveness are provided for each of the plan objectives: availability of and access to health care services and health education.

MEASURES OF EFFECTIVENESS: AFFORDABLE MEDICAL CARE (ACCESS TO CARE AND SERVICES)

Program/Service	Strategy	Indicator of Progress	2011 Measure
Lifeline	Provide free personal emergency system to low-income seniors	Number of calls	5,088
Child Development Center	Continue operation of Child Development Center	Number of visits	28,385
Emergency Services	Continue to offer quality emergency services	Number of visits	28,366
Home Health	Provide continuity of care from the hospital setting to the home	Number of persons served/Number of visits	420/8,712
Flu Vaccines	Free vaccines to at-risk populations (senior/child population)	Number of persons served	320
Lab tests provided	Provide free lab tests for Simi Valley Free Clinic	Number of tests performed Average cost per test	7,097 \$30.53/test
Wellness Classes	CPR classes Advanced Life Support Prostate Clinic	Number of participants Number of participants Number of participants	2 8 100
Prenatal, Childbirth Preparation and Other Classes	Childbirth classes Sibling relations course Basic baby care course C/section course Breastfeeding education and support Maternity Tour	Number of participants Number of participants Number of participants (couples) Number of participants Number of participants Number of participants	454 155 46 6 479 846

Program/Service	Strategy	Indicator of Progress	2011 Measure
House Call Presentations	<ul style="list-style-type: none"> • Preventative Medicine • Healthy Living • Caring for Aging Parents • Cancer Screening & Prevention • Stress Reduction • Developmental Milestones • Preventing Childhood Diabetes • Obesity 	Number of participants	782
Spiritual Care Department Grief Counseling	Provide community with an outlet to effectively come to terms with the loss of a loved one through a group therapy session facilitated by the hospital chaplain on a weekly basis at no charge	Number of persons served	250
Community Health Newsletter	Sponsored three issues of a health newsletter (household mailer)	Number mailed per issue	55,000
Simi Valley Street Fair	Provide support through hospital sponsorship and employees involvement - provide health information to the community	Number of visors/sunscreen handed out	500
Invited the community to give blood at Simi Valley Hospital through a partnership with United Blood Services	Provide blood to all Ventura County to save lives (four blood drives)	Number of units of blood collected	122

SECTION 9: NON-QUANTIFIABLE COMMUNITY BENEFITS PROVIDED IN 2011

CATEGORIES OF COMMUNITY BENEFITS PROVIDED IN 2011

Simi Valley Hospital provided community benefits reflecting the following categories:

- Affordable medical care (access to care and services)
- Health education
- Other services for the broader community

See **Appendix B** for a copy of the hospital's community benefits report form, which was used to tabulate results.

NON-QUANTIFIABLE BENEFITS

In addition to quantifiable community benefits, the hospital provides non-quantifiable community benefits, a category specifically identified in Senate Bill 697. The hospital recognizes that among its non-quantifiable benefits are:

- Staff is heavily involved in positions of community leadership in a variety of organizations. These organizations include local Chambers of Commerce, Rotary, Kiwanis, Simi Valley Free Clinic, Boys and Girls Clubs, YMCA, and the American Cancer Society.
- Staff is heavily involved with local church organizations, volunteering time and valuable dollars.
- Actively advocates the interests of the community and encourages insurance companies, legislators, and others to ensure affordable health care coverage.
- With approximately 900 employees, the hospital is the one of the largest employers in the City of Simi Valley, hiring many individuals who reside in the hospital's service area.
- Participates in an annual blood drive held at the hospital's main campus with United Blood Services, another local nonprofit.

APPENDIX A: ADVENTIST HEALTH SYSTEMWIDE CORPORATE POLICY



Facility

System-wide Corporate Policy

Standard Policy

Model Policy

Policy No.

AD-04-002-S

Page

1 of 1

Department:

Administrative Services

Category/Section:

Planning

Manual:

Policy/Procedure Manual

POLICY: COMMUNITY BENEFIT COORDINATION

POLICY SUMMARY/INTENT:

The following community benefit coordination plan was approved by the Adventist Health Corporate President's Council on November 1, 1996, to clarify community benefit management roles, to standardize planning and reporting procedures, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

POLICY: COMPLIANCE – KEY ELEMENTS

1. The Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines* will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.
2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by engaging in the process identified in the Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines*.
3. The Adventist Health Government Relations Department will monitor hospital progress on community needs assessment, community benefit plan development, and community benefit reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The Adventist Health Budget & Reimbursement Department will monitor community benefit data gathering and reporting in Adventist Health hospitals.
5. California Adventist Health hospitals' finalized community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.
6. The corporate office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.

AUTHOR:	Administration
APPROVED:	AH Board, SLT
EFFECTIVE DATE:	6-12-95
DISTRIBUTION:	AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors
REVISION:	3-27-01, 2-21-08
REVIEWED:	9-6-01; 7-8-03

APPENDIX B: TOOLS FOR CAPTURING COMMUNITY BENEFITS ACTIVITY

This appendix includes a copy of the “Community Benefits Report Form” used by departmental representatives to report community benefits activities. See the following two pages to view a copy of the form.

The Community Benefits Report Form includes a description of the service/program, target population, measurement of activity (e.g., caseload, persons served, encounters), paid and unpaid hours of hospital staff, valuation of program/service, and non-quantifiable community benefits description and human-interest stories.

Forms are submitted on a monthly basis to Finance and a summary report of community benefits activity is prepared. The summary describes the department, person(s) involved, community organization/benefit, and economic valuation of community benefit. All employee time systemwide is valued at a standardized amount of \$41.01 an hour.

COMMUNITY BENEFIT REPORT FORM – 2011

Return to Community Benefit Coordinator

Hospital _____ Date _____

Service/Program _____ Target Population _____

The service is provided primarily for The Poor Special Needs Group Broader Community

Coordinating Department _____

Contact Person _____ Phone/Ext _____

Brief Description of Service/Program _____

Caseload _____ Persons Served or _____ Encounters

<i>Names of Hospital Staff Involved</i>	<i>Hospital Paid Hours</i>	<i>Unpaid Hours</i>	<i>Total Hours</i>
Total Hours			

1. Total value of donated hours (multiply total hours above by \$41.01) _____
 2. Other direct costs _____
 - Supplies _____
 - Travel Expense _____
 - Other _____
 - Hospital Facilities Used _____ hours @ \$ _____/hour _____
 3. Value of other in-kind goods and services donated from hospital resources _____
 - Goods and services donated by the facility (describe): _____
 4. Goods and services donated by others (describe): _____
 5. Indirect costs (hospital average allocation _____%) _____
- Total Value of All Costs** (add items in 1-5) _____
6. Funding Sources _____
 - Fundraising/Foundations _____
 - Governmental Support _____
- Total Funding Sources** (add items in 6) (_____)
- Net Quantifiable Community Benefit**
 (subtract "Total Funding Sources" from "Total Value of All Costs") _____

PLEASE USE OTHER SIDE TO REPORT NON-QUANTIFIABLE COMMUNITY BENEFITS AND HUMAN INTEREST STORIES

NON-QUANTIFIABLE COMMUNITY BENEFIT AND HUMAN INTEREST STORIES

Please fill in the date and complete the lines above the table on other side of worksheet

Who: _____

What: _____

When: _____

Where: _____

How: _____

Additional information may be obtained by contacting: _____

Phone: _____ Fax: _____ Email: _____

APPENDIX C: SCOPE OF HOSPITAL SERVICES

This section includes a brief description of hospital scope of services.

Background

Founded in 1965 as a 50-bed facility, Simi Valley Hospital has grown into a multi-campus 201-bed institution. Patients receive a continuum of high quality care that begins with diagnosis and extends through treatment and follow-up.

Key Facts

Beds: 201
Employees: 900
Physicians: 245
Volunteers: 200

Key Services

Many of the hospital's services are offered on an inpatient and outpatient basis.

- Aspen Outpatient Center
 - Nancy Reagan Breast Center
 - Outpatient Surgery
- Emergency Care
 - Paramedic Base Station
 - Heliport
 - Lifeline Personal Emergency System
- Intensive Care Unit
- Women's Services (maternity)
- Diagnostic Imaging/Mammography
- Gastrointestinal Laboratory
- Inpatient Surgery Services
- Pediatric Rehabilitation Services
- Home Health Services
- Spiritual Care
- Transitional Care
- Community Education

APPENDIX D: COMMUNITY BENEFITS PLANNING BUDGET

Sponsorship of community-based nonprofits \$36,000

TOTAL BUDGET: \$36,000

**Simi Valley Hospital
Community Benefit Summary
December 31, 2011**

	CASELOAD				TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	NUMBER OF PROGRAMS	PERSONS SERVED	UNITS OF SERVICE		TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
			NUMBER	MEASURE					
*BENEFITS FOR THE POOR									
Traditional charity care	1		15,730 / 11,811	Pt. Days / Visits	3,812,224	3.17%	148,166	3,664,058	3.05%
Public programs - Medicaid	1		2,810 / 9,574	Pt. Days / Visits	11,072,812	9.22%	10,034,641	1,038,172	0.86%
Other means-tested government programs						0.00%			0.00%
Community health improvement services					-	0.00%	-	7,992	0.01%
***Non-billed and subsidized health services					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit					6,500	0.01%	-	-	0.00%
Community building activities					73,303	0.06%	43,321	-	0.00%
TOTAL BENEFITS FOR THE POOR					14,964,839	12.46%	10,226,127	4,710,222	3.92%
**BENEFITS FOR THE BROADER COMMUNITY									
Medicare	1		132 / 1,755	Pt. Days / Visits	51,330,861	16.42%	34,977,302	16,353,559	13.61%
Community health improvement services	15	61,898	hours	703	230,997	0.19%	44,670	186,327	0.16%
Health professions education	1	5	NA		2,500	0.00%	-	2,500	0.00%
***Non-billed and subsidized health services					-	0.00%	-	-	0.00%
Generalizable Research					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit			hours	618	28,939	0.02%	-	28,939	0.02%
Community building activities	2	425	hours/calls	125065	684,519	0.57%	641,263	43,256	0.04%
All other community benefits	2	1000	hours	48	6,680	0.01%	-	6,680	0.01%
TOTAL BENEFITS FOR THE BROADER COMMUNITY					52,284,496	43.53%	35,663,234	16,621,262	13.84%
TOTAL COMMUNITY BENEFIT					67,249,335	55.99%	45,889,362	21,331,484	17.76%

*Persons living in poverty per hospital's charity eligibility guidelines

**Community at large - available to anyone

***AKA low or negative margin services