



**St. Bernardine
Medical Center.**
A Dignity Health Member



St. Bernardine Medical Center

**Community Benefit Report 2012
Community Benefit Implementation Plan 2013**

A message from Steve Barron, Chief Executive Officer, and Lawrence Walker, M.D., Board Chair

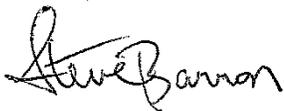
At St. Bernardine Medical Center, we share a commitment to optimize the health of the community we are privileged to serve. Vital to this effort is the collaboration we enjoy with our community partners. How we contribute to the quality of life and the environment in our communities has always been a key measure of our success, and it will continue to be so as we move forward.

In January 2012 Dignity Health, formerly Catholic Healthcare West, announced changes in our governance structure and name that will better position the system to welcome new partners in a changing health care landscape. The new name, Dignity Health, was chosen because dignity has been one of our core values since our founding. It is deeply embedded in our culture and clearly describes who we are and what we stand for. Our new governance structure more accurately reflects our current composition of both religiously sponsored and community sponsored hospitals.

During fiscal year 2012 we, like the nation, were impacted by the continuing economic downturn and experienced both successes and challenges. Despite declining revenue from government sponsored patients, we provided **\$39,163,575** in charity care, community benefits and unreimbursed patient care. Including the shortfall from Medicare, the total expense for community benefit was **\$48,055,712**.

At St. Bernardine Medical Center we strive to manage our resources and advance our healing ministry in a manner that benefits the common good now and in the future. Despite today's challenges, we see this as a time of great hope and opportunity for the future of health care. We want to acknowledge and thank the women and men who have worked together in a spirit of collaboration to address the health priorities of our community through health and wellness programs and services.

In accordance with policy the St. Bernardine Medical Center Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their meeting held on October 3, 2012.



Steve Barron, President
St. Bernardine Medical Center



Lawrence Walker, M.D., Chair
Hospital Community Board

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EXECUTIVE SUMMARY

St. Bernardine Medical Center (SBMC) was founded in 1931 by the Sisters of Charity of the Incarnate Word. Today, St. Bernardine Medical Center is a member of Dignity Health, formerly Catholic Healthcare West (CHW),¹ and offers a myriad of health care services both locally and to the tertiary communities within the Inland Empire. Licensed for 463 beds with an average daily census of 208 during Fiscal Year 2012, St. Bernardine Medical Center employs 1,605 employees and maintains professional relationships with 400 local physicians. Major programs and services include cardiac care, critical care, orthopedic, bariatric, emergency care and obstetrics.

St. Bernardine Medical Center is committed to improving the quality of life in the community. In response to unmet health-related needs identified in the community health needs assessment, during Fiscal Year 2012 SBMC focused on increased access to health care for the broader and underserved members of the surrounding community; increased programming emphasizing education for diabetes, obesity and heart disease; and added programs focused on youth development. St. Bernardine Medical Center offered the following programs, services and support in Fiscal Year 2012 to address identified community needs:

Chronic Disease Self-Management Classes continued to address the chronic care health needs of the community. Outreach efforts focused on the Stanford model Chronic Disease Self-Management program in a proactive effort to avoid admissions and improve the health of those most at risk for heart disease and diabetes as well as other chronic health issues. Particular focus was for the underserved of the community: Spanish speaking, uninsured, under-insured, and those covered by government sponsored programs. Components added to the Stanford model this year include the Heart Care Center, offering education to discharged patients as well as all community members, and the Sweet Success Program for gestational diabetes education.

Health Education conducted during Fiscal Year 2012 included education for community members as well as health care professionals. Free community seminars topics included healthy habits for breast cancer survivors, colon cancer and smoking cessation. Community education health fairs included collaboration with Cal-SAFE, San Bernardino High School, Goodwill Southern California and free flu shot clinics. As the leading heart institute in the Inland Empire and the second leading hospital performing cardiac procedures in Southern California, SBMC hosts an annual symposium to bring the latest cardiac information to community physicians and other health professionals. Additional clinical professional education topics included diabetes and infectious disease.

The **Baby & Family Center** (BFC) focuses on maternal child health and includes education and support group opportunities. The BFC provides dedicated support of breast feeding, reinforcing the Baby Friendly™ designation received from UNICEF in Fiscal Year 2010. Additionally, the BFC sponsors “Teen Choices”, a program aimed to provide expert information and advice for pregnant and parenting teens who want to make the best decisions for their babies and themselves.

Family Focus Center provides the opportunity to educate the community’s at-risk youth in the areas of health, drug and gang avoidance, and education promotion to improve high school graduation rates. Programs include after school activities, a summer camp and collaboration with various local agencies to bring information and resources to this vulnerable population.

H Street Clinic Collaboration seeks to establish medical homes for those with disproportionate unmet health related needs (DUHN). SBMC assists H Street Clinic with financial assistance as well as a reciprocal referral system. Collaboration is strengthened by membership on the H Street Clinic Board of Directors by the hospital’s CFO and community benefit manager.

Dignity Health Community Grants Program reinforces collaboration with community based organizations that support the health priorities of the hospital. During FY12, grant awards were made to fourteen local non-profit organizations that addressed access to health care; education focused on chronic disease: diabetes, obesity, heart disease and asthma; and youth development.

¹ For more information on the name change, please visit www.dignityhealth.org

Emergency Department Patient Navigator Program was initiated in Fiscal Year 2012 in an effort to establish a medical home for the uninsured by counseling emergency department patients upon discharge and assisting them in making appointments with one of the many local free/low cost area clinics. This service is provided free of charge.

SBMC's FY2012 Community Benefit Report and FY2013 Community Benefit Implementation Plan document our commitment to the health and improved quality of life in our community. The total value of community benefit for FY2012 is **\$39,163,575**. Including the shortfall from Medicare, the total expense for community benefit was **\$48,055,712**.

MISSION STATEMENT

Dignity Health Mission Statement

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- delivering compassionate, high-quality, affordable health services;
- serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- partnering with others in the community to improve the quality of life.

ORGANIZATIONAL COMMITMENT

I. St. Bernardine Medical Center's Organizational Commitment

A. The St. Bernardine Medical Center community benefit program reflects our commitment to improve the quality of life in the community. The community benefit planning process is shaped by our Mission and Core Values, which emphasize collaboration, justice, stewardship, dignity of each person, and excellence. We seek to promote a healthier community by supporting partnerships with others. In keeping with our tradition of Catholic health care, we do this with special concern for the poor and disenfranchised. In FY12, St. Bernardine Medical Center and Community Hospital of San Bernardino, both Dignity Health hospitals, came together as a Service Area in order to better align and complement services and outreach efforts in a strategic manner for the benefit of the community.

1. To ensure our community programs would offer access for diverse communities, facilitate institution-wide alignment and accountability and deepen hospital engagement in local communities, a Community Benefit Initiative Committee (CBIC) was formed in 2004. The Community Benefit Initiative Committee is designated as the group charged with oversight of and decision making on community benefit issues. The Committee is responsible for developing policies and programs which address the identified disproportionate unmet health needs of the poor and disenfranchised in the Inland Empire Service Area. The Committee provides oversight in the development and implementation of the triennial Community Health Needs Assessment and annual Community Benefit Report and Implementation Plan as well as continuing oversight and direction to the Inland Empire Service Area's programs and projects. Membership on the committee includes members of the Community Hospital Board, Vice President of Mission Integration, key staff from St. Bernardine Medical Center and Community Hospital of San Bernardino as well as community stakeholders.

While deeply committed to the community's health, hospital staff recognize that the facility alone cannot provide all necessary programming to effect change. The hospital supports other local non-profit community organizations in their work through the administration of the Dignity Health Community Grants Program. This collaboration helps to ensure that the continuum of care is maintained through outreach efforts for the most vulnerable in our community.

2. The Community Benefit Initiative Committee has specific roles and responsibilities as follows
 - a. Budgeting Decisions
 - i. Review community benefit budget for community benefit activities with explicit understanding and assumption of their role to ensure that the hospital fulfills its obligation to benefit the community
 - ii. Ensure long-term planning and budgeting to set multi-year goals and objectives.
 - b. Program Content
 - i. Review and approve new community benefit program content.
 - c. Program Design
 - i. Review and approve overall program design that will best meet the health related need and make optimal use of existing assets in the local community.
 - d. Program Targeting
 - i. For all community benefit activities, ensure access for populations and communities with disproportionate unmet health needs.
 - e. Program Continuation or Termination
 - i. Schedule annual detailed verbal and written reports of progress towards identified performance targets by hospital community benefit leadership.
 - ii. Approve continuation or termination of community benefit programs after receiving evaluation findings and other program information from community benefit staff.
 - f. Program Monitoring

- i. Regular reports are made to the CBIC regarding program progress. For the Community Grants Program, committee members make site visits to see first hand program outcomes.

3. Rosters of Community Board and CBIC members are included in Addendum A.

B. Non-Quantifiable Benefits

1. SBMC provides a wealth of resources and experiences that are generously shared with and sought by the community. Hospital leadership actively participates on the H Street Clinic Board, providing financial direction to ensure stability as well as assisting with making connections in the community in order to provide medical services to the most vulnerable in the community. Additionally, SBMC participates in community-wide health planning through its involvement with organizations that address specific needs for a healthier and safer community including:
 - Healthy San Bernardino
 - Hospital Association of Southern California (HASC) Community Benefit
 - Diocese of San Bernardino Health Committee

2. St. Bernardine Medical Center is dedicated to community building in the surrounding neighborhoods. While not counted as a community benefit by the IRS, SBMC nonetheless is committed to building healthier communities through leadership development; our Family Focus Center and Stepping Stones Programs are directed toward adolescent, teen and young adult leadership and career development. Additionally, SBMC actively partners with Healthy San Bernardino, a multi-agency collaboration devoted to advocating for community health improvement, especially in the areas of access to healthy food; safe streets and public spaces, schools, parks and open spaces; appropriate healthcare, wellness and prevention, including behavioral health; and personal awareness, motivation and responsibility with a community-wide sense of hope and purpose.

As part of the commitment to building healthier communities, SBMC seeks ways to be an example of a responsible employer by reducing our own environmental hazards and waste as well as partnering with others to advance ecological initiatives.

Innovative recycling efforts include ongoing education for employees, partnerships with Goodwill Industries for household and electronic recycling, Nike Corporation for tennis shoe recycling, the Lions Club for eyeglass recycling, Staples for pen and marker recycling, Cellphone Bank for cell phone recycling and overseas missions for recycling of excess inventory of medical supplies no longer of service in our hospital. While these recycling efforts help educate our employees on a personal basis, more importantly they assist the efforts of our partners in either raising necessary funds or outreach efforts for the vulnerable they serve.

3. The mission of St. Bernardine Medical Center is one that is also embraced by staff. Community requests met by SBMC employees in Fiscal Year 2012 include:
 - Over 50 prom dresses were collected and donated to San Bernardino County Schools for students who had no means to purchase prom dresses.
 - Through collaboration with the Diocese of San Bernardino and the *Get OnThe Bus* Program, activity bags were provided for children who were able to reunite with their incarcerated fathers on Father's Day.
 - Monthly food drives were held for Mary's Table, a center for food distribution to the poor in the community. Over the course of the year, hundreds of pounds of food were donated by hospital staff.

COMMUNITY

II. DEFINITION OF COMMUNITY

- A. St. Bernardine Medical Center serves a broad and diverse population in multiple zip codes, as it serves as a regional referral for heart procedures. While a few of the zip code communities enjoy a higher standard of living, the majority of the communities served are high need. Cities falling in our primary service area include: Beaumont, Bloomington, Colton, Crestline, Fontana, Hemet, Hesperia, Highland, Redlands, Rialto, Running Springs, San Bernardino, Sun City and Yucaipa.
- B. The Inland Empire has been severely impacted by the recession. Within the service area, unemployment had risen to 16.2% in 2010. The data indicate that within the SBMC Service Area, poverty increased markedly for the population at or below 200% of the Federal Poverty Level. Many of the neighborhoods served by SBMC have close to half of the residents living at or below 200% of the Federal Poverty Level. In San Bernardino 92410, over two-thirds of the population is at this level of poverty (67.7%), followed closely by San Bernardino 92411 (63.3%) and San Bernardino 92408 (61.1%). In San Bernardino 92401, 83% of individuals live at or below the 200% poverty level. Contributing to the dismal earning potential of its residents, the community has a low education rate. Of the population age 25 and over, 25.9% have less than a high school diploma, compared to the state rate of 14.9%. Furthermore, for 27.1% of area adults, high school graduation was their highest level of educational attainment.

Confirming the difficult economics of the region, in July 2012 the City of San Bernardino filed for Chapter 9 bankruptcy protection. This action will exacerbate the ability of non-profits to aid the most vulnerable in our community.

- C. The following² reflects demographics for the primary service area:
- Population: 1,127,424
 - Diversity: Hispanic (55.7%), Caucasian (28.9%), African American (8.5%), Asian & Pacific Islander (4.5%), all others (2.4%)
 - Average Income: \$59,401
 - Uninsured: 25.43%
 - Unemployment: 8.0%
 - No High School Diploma: 25.9%
 - Renters: 31.6%
 - CNI Score: 4.5
 - MediCal Patients: 23.59%
 - Other Area Hospitals: 5

In addition to St. Bernardine Medical Center and Community Hospital of San Bernardino, other hospitals serving the area include: Arrowhead Regional Medical Center, Kaiser Permanente-Fontana, Loma Linda University Medical Center and Redlands Community Hospital.

The Community Need Index (CNI) is a tool developed by Dignity Health to measure community need in a specific geography through analyzing the degree to which a community has the following health care access barriers: 1) Income Barriers, 2) Educational Barriers, 3) Cultural Barriers, 4) Insurance Barriers and 5) Housing Barriers. Communities with scores of "5" are more than twice as likely to need inpatient care for preventable conditions as communities with a score of "1". The median CNI score of the hospital's service area is **4.5** with six (6) of the zip code communities scoring a "5". A copy of the CNI map is included in Addendum C.

- D. Many of the neighborhoods served have been federally designated as a Medically Underserved Area (MUA). Portions of the following zip codes served by the hospital fall in a MUA: 92401, 92404, 92405,

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92335, 92336 and 92399. When reviewing Community Grant proposals, special attention is paid to organizations serving these areas.

COMMUNITY BENEFIT PLANNING PROCESS

III. PLANNING PROCESS

A. Community Health Needs Assessment (CHNA) Process

St. Bernardine Medical Center serves a broad and diverse population, with many zip codes as it is a regional referral center for heart procedures. Many of these zip codes are a substantial distance from the hospital making it difficult for community outreach to be extended to these areas. Discharge data reflects 43% of discharges to residents of San Bernardino, and half of the discharges coming from six (6) zip codes contained in the cities of San Bernardino, Highland and Rialto. Therefore, our focus for the CHNA was on the following zip codes: 92316, 92324, 92325, 92335, 92336, 92345, 92346, 92376, 92377, 92399, 92401, 92404, 92405, 92407, 92408, 92410 and 92411. This focus assures outreach efforts continue to serve the local community and support federally designated Medically Underserved Areas (MUAs).

In FY11 St. Bernardine Medical Center, in collaboration with Community Hospital of San Bernardino (CHSB), conducted a Community Health Needs Assessment. *Biel Consulting* was engaged to conduct the assessment for the primary service area of the hospital. SBMC and CHSB carefully crafted a list of 25 key stakeholders (individuals, agencies, organizations, coalitions) who are well aligned in the ongoing mission and collaboration to meet the unmet needs of the service area. *Biel Consulting* used this list to collect primary data through stakeholder interviews. Executive officers/administrators were interviewed.

Stakeholder	Stakeholder
African American Health Institute of S.B.	Inland Congregations United for Change
Al-Shifa Free Clinic	Knotts Family Agency
American Heart Association	Latino Health Collaborative Executive Director
American Lung Association in California	Mary's Mercy Center
Arrowhead United Way	Northwest Redevelopment Project Area Committee
Catholic Charities	San Bernardino County Dept. of Behavioral Health
City of Fontana, Fontana Senior Center	San Bernardino County Dept. of Public Health
City of San Bernardino	San Bernardino Unified School District
Community Clinic Association of S.B. Co.	Sexual Assault Services of San Bernardino
CHSB Board of Directors President	SBMC Board of Directors Member Faye Pointer
Community Volunteer Dorothy Grant	St. Catherine of Sienna Catholic Church –Fr. Porter
Diocese of San Bernardino	Time for a Change Foundation
H Street Clinic	

This assessment incorporated:

1. Primary Data Collection
 - 25 targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital (see table above).
 - 8 focus groups (6 English and 2 Spanish) were conducted with 90 area residents who are clients and direct recipients of community organizations in the service area.
 - 107 public surveys were completed by hard paper copy or via the internet through a survey link posted on the SBMC website.
2. Secondary Data
 - Data was obtained from several resources, including California Department of Public Health, ESRI Business Analyst, Nielsen Claritas, Housing Authority of San Bernardino County, HUD, U.S. Bureau of the Census, California Employment Development Department, California Department of Education, California Health Interview Survey and National Cancer Institute.
 - Data was broken down by zip code, local, county and state to frame community profile, birth indicators, leading causes of death, access to care, chronic disease, health behaviors, social issues and school/student characteristics.
 - Benchmark data compared SBMC community data findings with the newly released Healthy People 2020 objectives.

3. Prevention Quality Indicators

- Developed by the Agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators (PQIs) measure and examine SBMC FY10 discharge data to identify quality of care for fourteen (14) different “ambulatory care sensitive conditions.” This is a key component of our community benefit work, as it demonstrates the success of programs to address unmet health needs in the community and thereby reducing unnecessary hospitalizations.

Results of the Needs Assessment for SBMC Service Area:

1. Primary Data Findings

- Stakeholder interviews and focus groups reflect the following concerns:
 - Access to services, including healthcare, dental and mental health care.
 - Access to basic needs due to poor economy that has led to joblessness and scarcity of resources. Additionally, understandable information and education available at local neighborhood is necessary for developing and maintaining healthy lifestyles.
 - Programs are needed that address youth issues, including: teen pregnancy, gangs/violence, drugs, alcohol, obesity and truancy.

2. Secondary Data Findings

- Leading Cause of Death: 1) Heart Disease; 2) Cancer; 3) Chronic Respiratory Disease.
- Birth Characteristics: 1) Teen birth rate exceeds state rate; 2) Low birth weight rate exceeds state rate; 3) SBMC new mothers' breastfeeding rate of 86.5% exceeds Healthy People 2020 objective of 81.9%, but is less than the state rate of 89.6%.
- Access to Health Care: Insured rate for community members does not meet Healthy People 2020 objective.
- Delayed Medical Care: Compared to state rate, incidence of delayed medical care in area population is greater, especially for people 18-64 years old.
- Dental Care: State and local area experience for uninsured adults is similar at 33%. Children without coverage exceeds the state rate.
- Chronic Disease: Hypertension and diabetes rates exceed those of the state. The rates for childhood asthma and diabetes mirror those of the state.
- Cancer: While overall incidence of cancer in area residents is lower than the state, the rate for lung/bronchus, colorectal, cervical and esophageal cancer exceeds the state rate.
- HIV/AIDS: Rate for HIV is doubles that of the state. Rate for AIDS is lower than the state
- STD Cases: Area rates are lower than those of the state.
- Preventive Practices: Overall area participation does not meet Healthy People 2020 objectives but are similar to the same participation levels as described in state statistics.
- Overweight/Obese: 68.1% of county adult and 34.3% of youth populations are considered either overweight or obese.
- Smoking: The rate for area residents who are current or former smokers exceed the state rate
- Mental Health: 53.5% of adults who needed help for an emotional or mental health problem do not receive treatment.

3. Prevention Quality Indicator (PQI) Findings:

- 4.2% of SBMC discharges were for ambulatory care sensitive (ASC) conditions. The following three ASC conditions account for 64.4% of all ACS discharges: congestive heart failure (CHF), chronic obstructive pulmonary disorder (COPD) and long-term diabetes. If diabetes-related conditions (short-term, long-term, uncontrolled and lower extremity amputation) are combined, the CHF, COPD and diabetes account for 75.6% of the discharges.

4. The CHNA was first shared with members of the CBIC and hospital board members, of which many are community stakeholders. The final report was sent to all who participated in the Key Stakeholder Interviews as well as the Focus Group organizations. The complete Community Health Needs Assessment can be accessed from the hospital website: www.SBMCO Outreach.org.

B. Assets Assessment

Information on community assets is regularly shared by members of the CBIC who are key stakeholders in the community. These members engage with a variety of community agencies and are keenly aware of both the programs offered by these groups as well as challenges faced.

SBMC partners with many of these agencies through the Dignity Health Community Grants Program. Specifically, agencies operating programs or offering services that align with the health priorities of the hospital receive funding and the support of the CBIC.

C. Developing the Hospital's Implementation Plan (Community Benefit Report and Implementation Plan)

The results of the Community Health Needs Assessment were presented in oral and written form to the CBIC for their review and feedback as well as for establishing the health priorities. Discussion included evaluating discharge data to determine utilization rates, the size of the target population, severity of the problem, existing hospital expertise and available community partners.

Identified health priorities include:

1. **Access to care** with focus on:
 - a. health care resources
 - b. dental care resources
 - c. mental health resources
2. **Chronic disease self-management** with focus on:
 - a. Diabetes
 - b. Congestive heart failure
 - c. Asthma
 - d. Chronic Obstructive Pulmonary Disease (COPD)
3. **Youth development** with focus on:
 - a. Healthy lifestyle alternatives
 - b. Teen pregnancy
 - c. Education promotion
 - d. Career development

Access to care will be addressed in the following manner: 1) Charity Care for the uninsured or underinsured and low income residents; 2) Enrollment Assistance for government sponsored insurance plans; 3) Financial support of H Street Clinic; 4) support of community non-profit agencies that assist in accessing care through the Dignity Health Community Grant Program; 5) ED Patient Navigator 6) Baby & Family Center; 7) Community Education; and 8) Health Professionals Education Programs.

Chronic disease self-management will be addressed in the following manner: 1) offering the Stanford model Chronic Disease and Diabetes Self-Management Programs in both English and Spanish to community members free of charge; 2) implementing other chronic disease programming centered on healthy eating and active living; 3) supporting community non-profit agencies that address diabetes, congestive heart failure, asthma or COPD through the Dignity Health Community Grants Program, 4) providing the Sweet Successs Program for pregnant women with gestational diabetes to improve delivery outcomes and provide diabetes education; and 5) providing education and support at the Heart Care Center to those with congestive heart failure.

Youth development will be addressed in the following manner: 1) continuing the Family Focus Center programs which target at-risk youth in the community; 2) continuing the Teen Choices program which strives to ensure healthy birth outcomes and improve parenting skills among teen parents; 3) continuing the Stepping Stones program which provides community youth with hospital-based volunteer opportunities and mentoring to increase exposure to and employment in the healthcare career field and 4) supporting community non-profit agencies that offer youth development programs through the Dignity Health Community Grants Program.

Needs identified in the CHNA with unfavorable comparisons to the goals established by Healthy People 2020 that are not addressed in the established health priorities include: HIV/AIDS, cancer screenings and prevention practices (senior pneumonia shot, colorectal cancer screening, pap smear, and mammogram). While recognizing that these are valid health concerns, with limited resources the committee elected to focus on areas where programs were in place either through the facility or community partners.

D. Planning for the Uninsured/Underinsured Patient Population

It is Dignity Health's belief that fear of a hospital bill should never prevent someone from seeking medical care at one of their hospitals. SBMC adheres to the Charity Care/Patient Payment Assistance Policy established by Dignity Health, and makes available free or discounted care to uninsured individuals with incomes up to 500% of the federal poverty level. An Executive Summary of the hospital's Patient Payment Assistance Policy can be found in Addendum B.

In addition to having Admitting Department and Patient Financial Services staff fully versed in all payment assistance policies, a brochure entitled *Hospital Billing Process & Payment Assistance Options* is included in our patient packets which are distributed to all inpatient and outpatient individuals. This four-color brochure is available in English and Spanish. Additionally, signage and pamphlets in both English and Spanish for our payment assistance policies appear throughout the hospital, including points of entry and waiting areas. Patients without insurance are assisted to obtain health care coverage through state and federally funded programs. During Fiscal Year 2012, St. Bernardine Medical Center assisted 817 individuals to enroll in such programs.

Payment assistance information is also available on the hospital's website at:

http://www.stbernardinemedicalcenter.org/Patients_And_Visitors/Billing_Information/SBSV2_M063819.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

IV. PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Below are the major initiatives and key community based programs operated or substantially supported by St. Bernardine Medical Center in FY12. Programs intended to be operating in 2013 are noted by an asterisk (*). Programs were developed in response to the current Community Health Needs Assessment and are guided by the following five core principles:

- **Disproportionate Unmet Health-Related Needs**
Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- **Primary Prevention**
Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care**
Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity**
Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance**
Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Initiative I: Improve **access to healthcare** with the goal of reducing unnecessary Emergency Room visits

- Charity Care for uninsured/underinsured and low income residents*
- Enrollment Assistance for governments sponsored insurance plans*
- Financial support of H Street Clinic*
- Dignity Health Community Grants Program (complete list of recipients is listed on the following page) *
 - Al-Shifa Clinic, Inc.
 - Assistance League of San Bernardino – Dr. Earl R. Crane's Children's Dental Health Center
 - H Street Clinic
 - Legal Aid Society of San Bernardino
 - Mary's Mercy Center
 - Salvation Army
 - San Bernardino Sexual Assault Services
- Baby & Family Center*
- Community Education*
- Health Professionals Education Programs*
- Emergency Department Patient Navigator*

Initiative II: Preventing and/or Managing **Chronic Health Conditions**: diabetes/obesity, heart disease, asthma

- Stanford Model Chronic Disease Self-Management Program*
 - English classes
 - Spanish classes
- Dignity Health Community Grants Program (complete list of recipients is listed on the following page) *
 - American Lung Association
 - Boys & Girls Club of Redlands
 - Catholic Charities
 - Special Olympics of San Bernardino & Riverside County
- Heart Care Clinic*
- Sweet Success Program*

Initiative III: **Youth development** with focus on: healthy lifestyle alternatives, preventing teen pregnancy, education promotion and career development

- Family Focus Center*
- Teen Choices*
- Stepping Stones*

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Initiative Committee, Executive Leadership, and the Community Board receive quarterly updates on program performance and news.

Dignity Health SBMC/CHSB Community Grants Program FY12

Organization	Amount	Use of Community Grant
Alzheimer's Association	\$10,000	Provide caregiver education through <i>The Savvy Caregiver</i> Program in both English and Spanish.
Al Shifa Clinic	\$20,000	Provides free primary and specialty health care to un-insured and under-insured.
American Lung Association	\$15,000	Provides Asthma Education for children with asthma.
Assistance League of San Bernardino	\$ 22,500	Funds Dr. Earl R. Crane Children's Dental Health Center, providing dental care for children from low income families.
Boys & Girls Club of Redlands	\$13,000	Provides education and healthy activities to promote healthy lifestyles at Waterman Gardens, a housing project of the City of San Bernardino.
Catholic Charities	\$17,500	Links impoverished families to services that provide interventions such as preventive education and basic needs.
El Sol Neighborhood Center	\$19,305	Implementation of a Spanish-language obesity and nutrition curriculum to low-income Latinos through the <i>promotores de salud</i> (community health worker) model.
H Street Clinic	\$15,000	Provides primary care and preventive health education geared to serve homeless and/ or impoverished un-insured/ under-insured, including HIV+, families and young women with children, at-risk youth, immigrants, veterans, etc.
Legal Aid Society of San Bernardino	\$22,500	Assists Guardians and/or conservators in acquiring legal status and guidance that facilitate appropriate decisions in accessing health care and wellness information on behalf of children and/or disabled persons for whom they hold responsibility.
Mary's Mercy Center	\$22,500	Provides smoking cessation, nutrition, drug/alcohol counseling/rehabilitation, pre-natal/post-natal classes to residents of the shelter.
Salvation Army Riverside/San Bernardino Counties	\$13,000	Provides shelter and basic needs for means tested homeless men.
San Bernardino Sexual Assault Services	\$10,000	To provide training on current laws, crisis intervention and victims' rights. Development of posters/brochures for patients to know how to access services as it pertains to sexual assault. Continue to provide 24hour seven days a week crisis intervention, counseling and support services.
Special Olympics	\$10,000	Promotes health through exercise for disabled youth.
United States Veteran's Initiative	\$13,000	Provides increased access to healthcare, provides permanent housing, and employment reintegration assistance to Veterans who experience homelessness.
TOTAL	\$223,305	

The following pages include Program Digests for a few key programs that address one or more of the Initiatives.

PROGRAM DIGEST

H Street Clinic	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Chronic Disease Self Management <input type="checkbox"/> Youth Development
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	CHNA shows close to one-fifth (19.3%) of the population of San Bernardino County visited the Emergency Room in the last 12 months. This rate is higher among adults ages 18-64 (20.0%) and low-income (22.8%) and poverty level (26.6%) residents. Access to services, including health care services, was ranked as a “biggest issue or concern in the community” by those participating in both the key stakeholder interviews and focus groups.
Program Description	Financial support of a clinic located in DUHN neighborhood offering low-cost primary health care for all ages.
FY 2012	
Goal FY 2012	Increase access to primary health care for underserved and uninsured residents in the SBMC service area.
2012 Objective Measure/Indicator of Success	90% of H Street Clinic patients are screened for eligibility for low cost or no cost insurance programs. 5% decrease in Clinic patients who access the ER for non-emergent care over a 12 month period.
Baseline	In response to the CHNA’s demonstration of the need for many in the community to have a medical home, H Street Clinic was established as a medical site.
Intervention Strategy for Achieving Goal	Financial support for the clinic. Hospital CFO serves on the Board of Directors of the clinic to help guide and ensure financial stability. SBMC manager of community benefit serves on Board of Directors to lend support and align clinic outreach with hospital strategy of unnecessary Emergency Department visits.
Result FY 2012	With financial assistance from the hospital 2,012 unduplicated patients were seen at H Street Clinic in FY12. This includes more than 1,067 unduplicated new patients. 81% of these new patients said they would return to the clinic for care. 23% of the new patients stated that without the clinic they would have sought care at St. Bernardine Medical Center’s emergency department.
Hospital’s Contribution / Program Expense	\$182,250
FY 2013	
Goal 2013	Increase access to primary health care for underserved and uninsured residents in the SBMC service area.
2013 Objective Measure/Indicator of Success	The number referred from the hospital emergency department to H Street Clinic will be tracked to confirm they have established a medical home.
Baseline	The most recent CHNA reaffirms the lack of access to health care, especially affordable or free care.
Intervention Strategy for Achieving Goal	In addition to providing financial assistance, the Emergency Department Patient Navigator will refer to H Street Clinic in an effort to find a medical home for the uninsured. Patients referred to H Street Clinic from the emergency department will be tracked to confirm that they found a medical home for primary care.
Community Benefit Category	E1a - Cash Donation

Dignity Health Community Grants Program	
Hospital CB Priority Areas	X Access to Care X Chronic Disease Self Management X Youth Development
Program Emphasis	X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment	CHNA shows access to care continues to be a challenge as well as the rates of diabetes and obesity in the community. Primary data from focus groups targeted opportunities for youth as a key issue.
Program Description	Provide funds to non-profit organizations that will be used to provide services to the underserved populations, following the health priorities established by the hospital based on the results of the latest Community Health Needs Assessment.
FY 2012	
Goal FY 2012	Build community capacity and expand outreach by identifying and funding CBO programs that align with hospital priority areas (listed above) and meet one or more of the 5 core principals listed below.
2012 Objective Measure/Indicator of Success	Funding will be provided to implement programs that support hospital priorities and align with the 5 core principals of 1) focus on disproportionate unmet health related needs; 2) emphasize primary prevention/address underlying causes of health problems; 3) contribute to seamless continuum of care; 4) build community capacity; and 5) emphasize collaborative governance. 100% of funded programs will report activities and numbers served as a result of SBMC Community Grants on an annual basis.
Baseline	Establish partnerships with Community Based Organizations (CBOs) to fund programs that align with hospital health priorities, are compatible with the hospital's mission and values, and meet one or more of the 5 core principals indicated above.
Intervention Strategy for Achieving Goal	In addition to the grant award luncheon where the program for each recipient/program is highlighted, an annual networking luncheon takes place six (6) months following the award so recipients can report on successes/challenges as well as collaborate on areas of difficulty. CBIC members conduct site visits to the agencies to ensure they are on-track with the grant funded programs.
Result FY 2012	14 CBOs were awarded grants ranging from \$10,000 to \$22,500.
Hospital's Contribution / Program Expense	\$145,225
FY 2013	
Goal 2013	Build community capacity and expand outreach by identifying and funding CBO programs that align with hospital priority areas and meet one or more of the 5 core principals listed below.
2013 Objective Measure/Indicator of Success	Funding will be provided to implement programs that support hospital priorities and align with the 5 core principals of 1) focus on disproportionate unmet health related needs; 2) emphasize primary prevention/address underlying causes of health problems; 3) contribute to seamless continuum of care; 4) build community capacity; and 5) emphasize collaborative governance.
Baseline	The current economy continues to provide multiple challenges to the San Bernardino community. At a time when more individuals are seeking services than ever before, budgets are being cut at an unprecedented rate. The health priorities of the hospital reflect the alarming increasing rates of obesity and diabetes in the community, and access to health care continues to be out of reach for many.
Intervention Strategy for Achieving Goal	Halfway through the year, a networking luncheon will be held to bring together all recipients for updates and discussion. Site visits will be conducted at each grant recipient site by CBIC members to track progress, offer support and increase collaboration.
Community Benefit Category	E1a - Cash Donation

Chronic Disease Self-Management Program	
Hospital CB Priority Areas	<input type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Chronic Disease Self-Management <input type="checkbox"/> Youth Development
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	In San Bernardino County, 68.1% of adults and 34.4% of children (ages 12-17) are overweight or obese. The leading causes of death in the SBMC service area are heart disease, cancer and lung disease. The service area has an average three-year rate of death due to heart disease of 151.0 per 1,000 persons. This exceeds the Healthy People 2020 Objective of 100.8 deaths per 100,000 persons by nearly 50%.
Program Description	Stanford University Chronic Disease Self-Management Program will be offered in both English and Spanish, with focus on diabetes and heart disease.
FY 2012	
Goal FY 2012	By offering evidence-based chronic disease self-management (CDSM) programs, hospital admissions for diabetes and congestive heart failure will be avoided among program participants.
2012 Objective Measure/Indicator of Success	Participants in the CDSM program will avoid admissions to the hospital or ED for the 6 months following their participation in the program.
Baseline	In response to the CHNA's documentation of the high rate of obesity, diabetes and heart disease, provide chronic disease self-management education thereby enabling individuals to better manage their chronic diseases and avoid hospitalizations.
Intervention Strategy for Achieving Goal	CDSM Programs were conducted with focus on diabetes and heart disease. Classes were offered in English and Spanish, and were conducted in the community as well as the hospital site. Additionally, a Sweet Success program was added in FY12 Q2 as a secondary means-tested program, focused on ensuring healthy birth outcomes for gestational diabetic mothers. The Sweet Success nurse is bi-lingual, ensuring culturally appropriate education. Lastly, in FY12, the Heart Care Center was added as another component of intervention. The HCC provides free services to referred patients from SBMC and CHSB as well as drop-ins from the community. The bilingual staff provides the following services free of charge: heart and vascular screenings; daily/weekly phone contacts to monitor medication, vital signs, diet and exercise for 30 days; regular HCC visits to ensure positive health changes; educational materials to support healthy life changes; and contact with primary physician for ongoing care.
Result FY 2012	187 individuals served
Hospital's Contribution / Program Expense	\$48,764
FY 2013	
Goal 2013	By offering evidence-based chronic disease self-management (CDSM) programs, hospital admissions for diabetes and congestive heart failure will be avoided among program participants.
2013 Objective Measure/Indicator of Success	Participants in the CDSM program will avoid admissions to the hospital or ED for the 6 months following their participation in the program.
Baseline	In response to the CHNA's documentation of the high rate of obesity, diabetes and heart disease, provide education thereby enabling individuals to better manage their chronic diseases and avoid hospitalizations.
Intervention Strategy for Achieving Goal	Two (2) English and one (1) Spanish CDSM sessions will be conducted. Additionally, one (1) to two (2) English Diabetes Self-Management sessions will be held. Will partner with others in the community to address underlying issues of obesity: nutrition and exercise. The Sweet Success Program and Heart Care Center education/intervention will continue as they have proven very effective since implementation.
Community Benefit Category	A1e – Community Health Education – Self help

COMMUNITY BENEFIT AND ECONOMIC VALUE

371 St. Bernardine Medical Center

Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2011 through 6/30/2012

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
<u>Benefits for Living in Poverty</u>						
Financial Assistance	2,014	7,674,408	0	7,674,408	2.5	2.5
Medicaid	72,070	107,739,219	80,790,773	26,948,446	8.9	8.8
Means-Tested Programs	189	1,450,537	159,331	1,291,206	0.4	0.4
Community Services						
Community Benefit Operations	4	264,094	0	264,094	0.1	0.1
Community Building Activities	1,475	284,694	0	284,694	0.1	0.1
Community Health Improvement Services	7,627	1,053,979	0	1,053,979	0.3	0.3
Financial and In-Kind Contributions	103	1,440,576	0	1,440,576	0.5	0.5
Totals for Community Services	9,209	3,043,343	0	3,043,343	1.0	1.0
Totals for Living in Poverty	83,482	119,907,507	80,950,104	38,957,403	12.9	12.7
<u>Benefits for Broader Community</u>						
Community Services						
Community Building Activities	52	2,760	0	2,760	0.0	0.0
Community Health Improvement Services	1,478	67,342	0	67,342	0.0	0.0
Financial and In-Kind Contributions	2,569	28,871	0	28,871	0.0	0.0
Health Professions Education	317	133,814	31,350	102,464	0.0	0.0
Subsidized Health Services	310	4,735	0	4,735	0.0	0.0
Totals for Community Services	4,726	237,522	31,350	206,172	0.1	0.1
Totals for Broader Community	4,726	237,522	31,350	206,172	0.1	0.1
Totals - Community Benefit	88,208	120,145,029	80,981,454	39,163,575	13.0	12.8
Unpaid Cost of Medicare	26,750	62,798,892	53,906,755	8,892,137	2.9	2.9
Totals with Medicare	114,958	182,943,921	134,888,209	48,055,712	15.9	15.7

Darryl VandenBosch, CFO

Cost Accounting methodology used

Addendum A

Hospital Community Advisory Board Members Roster FY12

Toni Callicott
President/CEO Red Cross Inland Empire

Robert Carlson, PhD

May Farr
Mental Health Advocacy and Outreach

Ozvaldo Garcia, DDS

Ray Gonzalez
Retired
Regional Manager-Southern California Edison

Jean-Claude Hage, MD
Physician

Sr. Deenan Hubbard
Sisters of Charity of the Incarnate Word

Vellore Muraligopal, MD
Physician

Sr. Cathy Murray
Sisters of Charity of the Incarnate Word

Faye Pointer
Social Services/Family Services

John Thornes
Investment Broker

Lawrence Walker, M.D., Chairman of the Board
Orthopedic Surgeon

Ex-Officio Member
Steve Barron
President, St. Bernardine Medical Center

Ex-Officio Member
June Collison
President, Community Hospital of San Bernardino

Ex-Officio Member
Robert Yang, MD
Physician, Chief of Staff

Community Benefit Initiative Committee FY12

Anamaria Bearden
IESA³ Specialist, Marketing & Communications
St. Bernardine Medical Center

Nick Calero
Field Representative
Supervisor Neil Derry, 3rd District

Aviana Cerezo
Assistant to the Mayor
City of San Bernardino

Joanne Claytor, LCSW
Social Services Supervisor
St. Bernardine Medical Center

Evette De Luca
Executive Director
Latino Health Collaborative

Beverly Earl
Director
Catholic Charities San Bernardino/Riverside

Ray Gonzalez
Board Member
St. Bernardine Medical Center

Peggi Hazlett
Director of Business, Finance & Communications
Public Safety Academy

Michael J. Hein
Vice President/Administrator
Mary's Mercy Center

Jackie Kimball, RN
Manager, Clinical Support Services
St. Bernardine Medical Center

Lowell King
Regional Operations Officer
Goodwill Southern California

Linda McDonald
IESA Vice President, Mission Integration
St. Bernardine Medical Center

Kathleen McDonnell
IESA Manager, Community Benefit
St. Bernardine Medical Center

Astrid Mickens-Williams, DrPH, CHES, CLE
Manager of Health Information Education Center
Community Hospital of San Bernardino

Roz Nolan, RN
Home Health/Education/ Workforce Development
Community Hospital of San Bernardino

Renee Paramo, RN, IBCLC
Manager Baby and Family Center
St. Bernardine Medical Center

Faye Pointer
Board Member
St. Bernardine Medical Center

Michelle Rainer
Director of Development
St. Bernardine Medical Center Foundation

Roberta Shouse
Executive Director
Legal Aid Society of San Bernardino

Evelyn Trevino, MS
County of San Bernardino
Department of Public Health

Kimberly VandenBosch
Inland Empire Service Area Director
Communications, Media Relations & Advocacy

Sr. Margo Young, MD
IESA Director, Community Health
St. Bernardine Medical Center

Sandee Zschomler
Vice President
Community Hospital of San Bernardino Foundation

³ Inland Empire Service Area

ADDENDUM B

DIGNITY HEALTH

SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY

(June 2012)

Policy Overview:

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Payment Assistance:

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Payment Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;

- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

Dignity Health's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

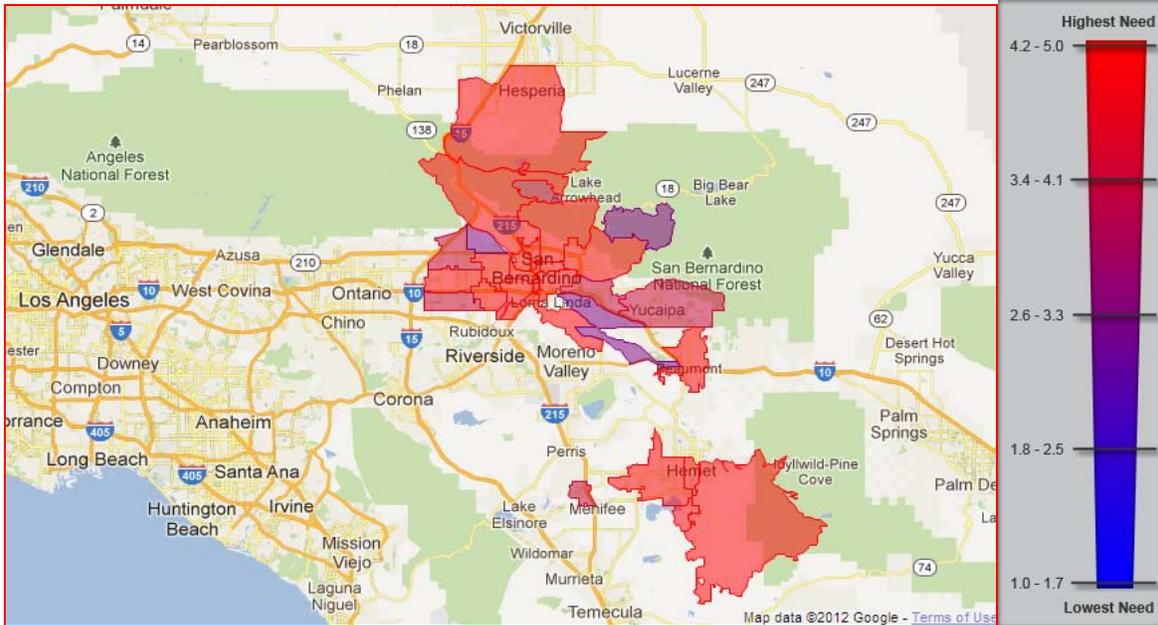
- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, Dignity Health management and Dignity Health facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

ADDENDUM C

Community Needs Index Map



Zip Code	CNI Score	Population	City	County
92223	4.6	42,456	Beaumont	Riverside
92316	4.6	28,235	Bloomington	San Bernardino
92324	4.8	55,101	Colton	San Bernardino
92325	3.6	9,523	Crestline	San Bernardino
92335	4.8	91,688	Fontana	San Bernardino
92336	3.6	86,343	Fontana	San Bernardino
92337	3.8	37,983	Fontana	San Bernardino
92345	4.4	81,203	Hesperia	San Bernardino
92346	4.2	52,995	Highland	San Bernardino
92373	3.2	33,793	Redlands	San Bernardino
92374	4.0	39,908	Redlands	San Bernardino
92376	4.6	78,264	Rialto	San Bernardino
92377	2.6	22,614	Rialto	San Bernardino
92382	3.0	2,592	Running Springs	San Bernardino
92399	3.8	52,228	Yucaipa	San Bernardino
92401	5.0	1,982	San Bernardino	San Bernardino
92404	5.0	53,549	San Bernardino	San Bernardino
92405	5.0	26,064	San Bernardino	San Bernardino
92407	4.6	62,533	San Bernardino	San Bernardino
92408	5.0	15,077	San Bernardino	San Bernardino
92410	5.0	48,174	San Bernardino	San Bernardino
92411	5.0	24,635	San Bernardino	San Bernardino
92543	4.8	32,955	Hemet	Riverside
92544	4.4	43,678	Hemet	Riverside
92545	4.2	34,432	Hemet	Riverside
92586	3.6	19,613	Sun City	Riverside

Average CNI Score for the Service Area: 4.5