

*Serving our Community
for the next 100 years*



COMMUNITY
BENEFIT PLAN
2013

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Dameron Hospital

Dameron Hospital is a Joint Commission accredited, 202-bed, non-profit community hospital providing exceptional healthcare to generations of San Joaquin County residents for over 100 years and is nationally recognized as a leader in quality and safety. Dameron strives to promote healing and wellness through compassionate, quality and cost-effective care to meet the identified needs of the community we serve.

Dameron Hospital offers a broad array of medical, surgical, emergency, urgent and health maintenance services for all age groups. Dameron exists solely to serve the healthcare needs of the greater Stockton area and San Joaquin County, providing the community with advanced technology and state-of-the-art diagnostic and therapeutic equipment, as well as facilities for inpatient, outpatient and occupational services. Cardiology, orthopedics, emergency/urgent care, obstetrics, pediatrics, and radiology comprise portions of our comprehensive patient services. Our vision is to be the hospital in our community that physicians prefer, patients request and employees choose. Dameron is proud of its past and is dedicated to providing services to the community for the next hundred years.

Dameron Hospital is a member of the San Joaquin County Community Health Assessment Collaborative (SJC₂HAC), which is responsible for producing and releasing, every three years, the Healthier San Joaquin County Community Assessment. Federal and state laws require that not-for-profit hospitals conduct a Community Health Needs Assessment (CHNA) every three years. Based on the results of this assessment, an implementation Plan is developed detailing how the community needs will be addressed. This plan is submitted annually to both the California Office of Statewide Health Planning and Development (OSHPD) and the Internal Revenue Service.

In accordance with these legislative requirements, Dameron Hospital, in collaboration with other members of The (SJC₂HAC) conducted an assessment of the community they serve, which encompasses all of San Joaquin County. The CHNA was conducted over eight-months and was led by Valley Vision, Inc., a non-profit community consulting organization dedicated to improving the quality of life for residents across Northern California. The most recent SJC₂HAC assessment was released in March 2013. The assessment is used to: inform and engage local stakeholders and community members, promote collaborative efforts based on data, solicit community input and obtain group consensus in order to improve the health of our community.

Based on needs identified in the March 2013 Healthier San Joaquin County Community Assessment, our Community Benefit report describes the process and results of the CHNA, and how these results were used to develop our 2013 implementation Plan.

Dameron Hospital offers the following:

Medical/Surgical Services:

Anesthesia

Cardiology

Dental Surgery

Gastroenterology

Gynecology

Maxillo-Facial Surgery

Neonatology

Neurology

Obstetrics

Oncology

Orthopedics

Otolaryngology

Pediatrics

Pulmonology

Urology

Wound Care

Bariatric Surgery

Cardiothoracic Surgery

Emergency Medicine

General Surgery

Hematology/Oncology

Medicine

Nephrology

Nuclear Medicine

Occupational Medicine

Ophthalmology

Otorhinolaryngology

Pathology

Plastic Surgery

Radiology

Vascular Surgery

Nursing Services:

Medical/Surgical Nursing

Telemetry Nursing

Specialized Nursing Services:

Acute Dialysis

Basic Emergency Medical

Cardiac Catheterization Laboratory

Cardiovascular Surgery

Coronary Care

Radiological

Endoscopy

Neonatal Intensive Care Nursery

Cardio-vascular Intensive Care (Adult)

Perinatal Service

Mother-Baby Unit, Post partum

Intradepartmental Surgical Services:

Preadmission Department

Surgical Suites

Post Anesthesia Care Unit

Supplemental Services:

Radiation Therapy-Brachytherapy

Electrophysiology

Nuclear Medicine

Physical Therapy

Care Management/RN/Social Worker

Other Services:

Pathology and Clinical Laboratory

Dietetic Services

Sweet Success

Tele-medicine pediatric neuro ED

Pediatric

Labor and Delivery

Newborn Nursery

Preoperative Unit

Ambulatory Surgical Care

Perfusion Services

Echocardiography

Electroencephalography

Occupational Therapy

Respiratory Care

Speech Therapy

Pharmaceutical In-patient

Diabetes Education

High Risk Infant Follow Clinic

Electrophysiology Studies

Community Benefit and Outreach Services Provided by Dameron Hospital

In addition to the medical services and programs we offer, Dameron Hospital also offers the following community benefits and outreach services:

- Classroom use for community education and support groups
- A program for adults to volunteer their time in a health care environment
- Sponsorship of health-related community events and activities
- Donations of materials, equipment and supplies to community groups
- Employee volunteer time
- Transportation
- Continuing medical education for community physicians
- Community education classes
- Diabetic outpatient education program
- Unreimbursed Medi-Cal, Medicare, and charity care
- Uninsured patient discount
- Participation in a program exposing high school students to health care careers to encourage youth to give back to the community and consider a career in medicine (Decision Medicine)
- Free wireless internet access
- Workforce development
- Hospitalist program for inpatients admitted through Dameron Hospital Emergency Room who do not have a primary care physician
- Health professional education
- Management staff participation in local leadership programs
- An online health center
- Management participation in local school mentoring programs
- Physician recruitment in a medical shortage area

- Staff participation in conducting community health needs assessments
- Multilingual education classes
- Junior volunteers
- A variety of support groups
- Providing a clinical setting for undergraduate/vocational training to students enrolled in an outside organization
- Notary Services
- Interpreter Services for patients and their support person
- Taxi Transportation for patients as needed

The Leadership of Dameron Hospital ensures that all community activities align with our Mission, Vision and Values; this is demonstrated in our Community Benefit Plan.

Mission, Vision, and Values

Mission

Dameron's mission is to support physicians and our employees in providing quality patient care in a safe and caring environment. Our mission, in part, is carried out by meeting the community's health needs by developing and participating in innovative, cost effective and high quality health care services for our patients and the community we serve.

Vision

Dameron's vision is being the hospital in our community that physicians prefer, patients request, and employees choose.

Values

- Leadership: exists throughout all levels of the organization in alignment with our vision and mission
- Integrity: means consistently demonstrating the following by individual and collective actions
- Teamwork: a committed team working collaboratively to ensure that we support each other to fully reach our effectiveness
- Service Excellence: we are in the ultimate people business. Everything we do is based upon respect and appreciation for the individuality of physicians, patients, families, co-workers, and vendors
- Financial Stability: deliver high quality services in an effective, efficient and economical manner to meet the hospital's long-term commitment to our community

What is Community Benefit?

Community benefits are programs or activities that provide treatment or promote health and healing as a response to identified community needs and meet at least one of the following seven health needs identified in the Community Health Needs Assessment (CHNA).

1. Access to Primary, Specialty, and Behavioral Health care
2. Health Education
3. Culturally competent care
4. Lack of safe and affordable places to be active
5. Access to dental care
6. Nutrition literacy/access to healthy and nutritious foods
7. Limited transportation access

Community benefit also includes charity care and the unreimbursed costs of Medicaid and other means-tested government-funded insurance programs for the indigent, as well as health professional education, research, efforts to build upon the community's capacity and the costs associated with community benefit operations.

Dameron Hospital provides numerous community benefits in many forms, including our community outreach and education programs and providing care to the uninsured and underinsured.

The hospital has an overall responsibility for ensuring that the Community Benefit Plan is implemented and followed. However, implementation of individual components of the plan rests with the appropriate Department Directors and Managers and their staff. Implementation of the plan also comes from the numerous collaborative partnerships and relationships

Dameron partners with other community agencies and organizations in order to improve the health and overall wellbeing of San Joaquin County residents; collaborative partnerships include: The San Joaquin County Healthier Communities Coalition; The San Joaquin County Asthma and COPD Coalition; The Breastfeeding Coalition of San Joaquin County; The San Joaquin County Obesity and Chronic Disease Prevention Task Force; The Association of California Nurse Leaders; and The San Joaquin County Community Health Assessment Collaborative.

Dameron Hospital's 2013 Community Benefit Plan focuses on the four following needs:

- Access to Primary, Specialty healthcare
- Health Education
- Culturally competent care
- Policy work (state level) to improve Community Health

Our 2013 Community Benefit Plan will describe how Dameron Hospital meets these 4 identified community needs and provides additional information on community benefit activities and programs at Dameron Hospital.

Community Health Needs Assessment – Process and Findings

The Community Benefit report begins with an overview of the CHNA process and findings, and is followed by a detailed review of how the plan was developed. These sections are followed by Dameron Hospital's implementation plan.

Description of the Community Served by Dameron Hospital

San Joaquin County is located in the Central Valley of Northern California and is home to approximately 700,000-residents.¹ The County seat is Stockton, the largest incorporated city in the county. Stockton is home to almost half of the county's residents. The racial and ethnic makeup of county residents includes Whites (68.7%), African American (8.2%), Native American (2.0%), Asian (15.5%), Pacific Islander (0.7%), and two or more races (4.9%). Residents of Hispanic or Latino origin (any race) included 39.4% of all residents. According to the US Census (2011), almost 40% of all county residents speak a language other than English at home, and nearly one in four over the age of 25 do not have a high school diploma. Median household income was almost \$53,764 compared to the state at \$61,632.

Central California was hit hard in the recent recession, and San Joaquin County fared worse than the state average on many measures of economic distress. Unemployment for the county was 14.4% compared to the state rate of 10.1%.² The County earned a nation-wide reputation for its high number of home foreclosures, and as of March 2013, 22% of all homes were in some stage of foreclosure compared to the state rate of 14% and national rate of 12%.³ Like other counties in California's fertile central valley, San Joaquin is heavily agricultural.

¹ 2012 estimate, US Census Bureau

¹ 2007-2011 Five Year Estimates, American Community Survey, US Census

Figure 1 shows a ZIP code map of the county showing major cities and highways, as well as the location of all hospitals. In the map below, hospitals that participated in the CHNA as members of the Collaborative are distinguished from others that did not.

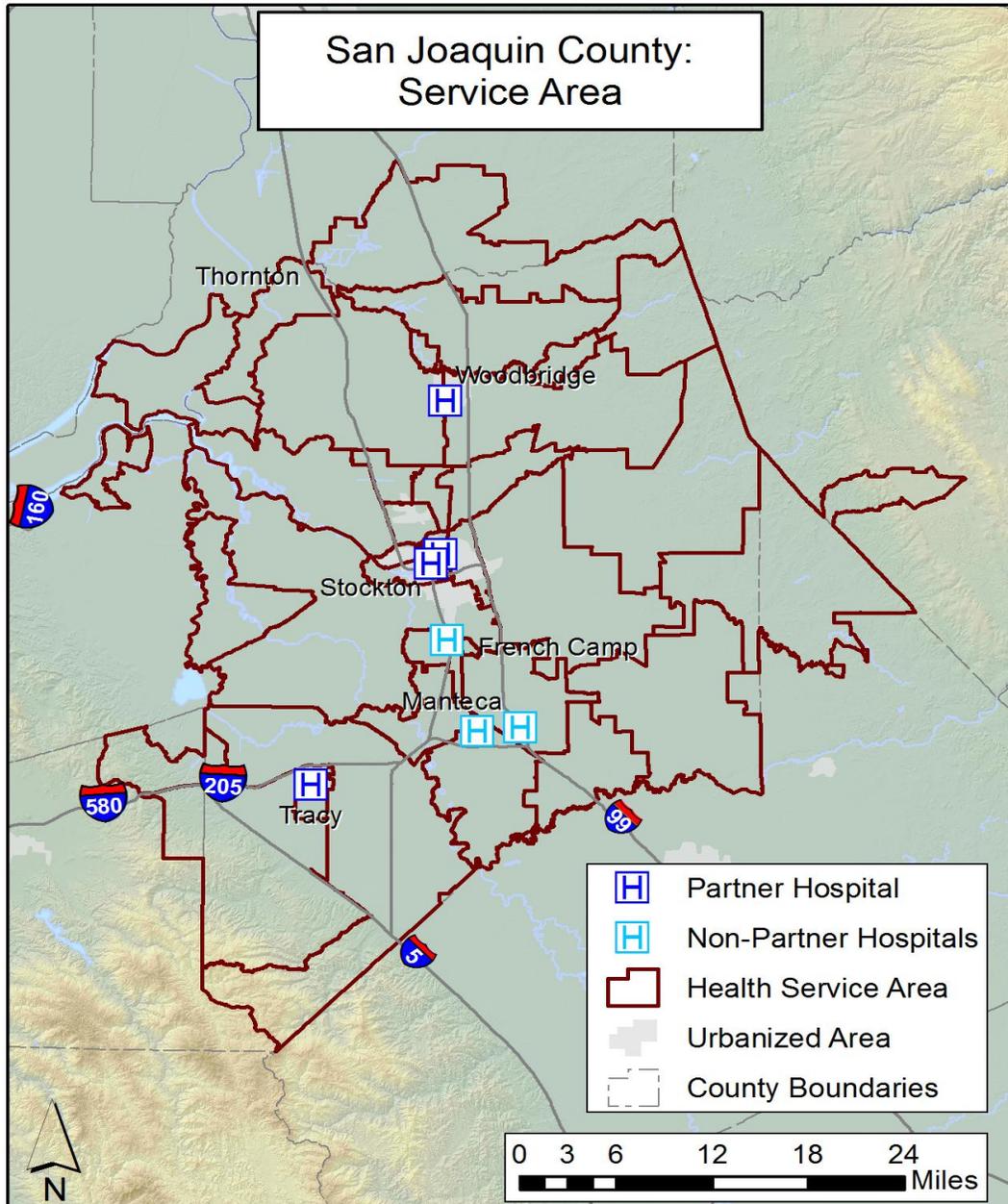


Figure 1: ZIP code map of San Joaquin County

Between June 2012 and February 2013, Valley Vision, Inc., conducted an assessment of the health needs of residents living in San Joaquin County. For the purposes of the assessment, a health need was defined as: “a poor health outcome and its associated driver.” A health driver was defined as: “a behavioral, environmental, and/or clinical factor, as well as more upstream social economic factors, that impact health.”

The objective of the CHNA was:

To provide necessary information for participating members of the San Joaquin County Community Health Assessment Collaborative (the Collaborative) to create implementation plans, identify communities and specific groups within these communities which experience health disparities, especially as these disparities relate to chronic disease, and further identify contributing factors that create both barriers and opportunities for these populations to live healthier lives.

A community-based participatory research orientation was used to conduct the assessment, which included both primary and secondary data. Primary data collection included input from more than 180 members of the hospital service area (HSA), expert interviews with 45 key informants, and focus group interviews with 137 community members. Further input was gathered at meetings of the Healthier Community Coalition and the annual Community Health Forum, held in November 2012. In addition, a community health assets survey collected basic information for more than 300 assets in the greater San Joaquin County area.

Secondary data included health outcome data, socio-demographic data, and behavioral and environmental data at the ZIP code or census tract level. Health outcome data included Emergency Department (ED) visits, hospitalization, and mortality rates related to heart disease, diabetes, stroke, hypertension, chronic obstructive pulmonary disease, asthma, and safety and mental health conditions. Socio-demographic data included race and ethnicity, poverty (female-headed households, families with children, people over 65 years of age), educational attainment, health insurance status, and housing arrangement (own or rent). Behavioral and environmental data such as crime rates, access to parks, availability of healthy food, and leading causes of death helped describe the general living conditions in the HSA.

Analysis of both primary and secondary data revealed 10 specific Communities of Concern (defined by ZIP code boundaries) living with a high burden of disease in San Joaquin County. These 10 communities had consistently high rates of negative health outcomes that frequently exceeded county, state, and Healthy People 2020 benchmarks.

They were confirmed by experts as areas prone to experiencing poorer health outcomes relative to other communities in the HSA. These Communities of Concern are noted in Figure 2 and described in more detail in Table 1.

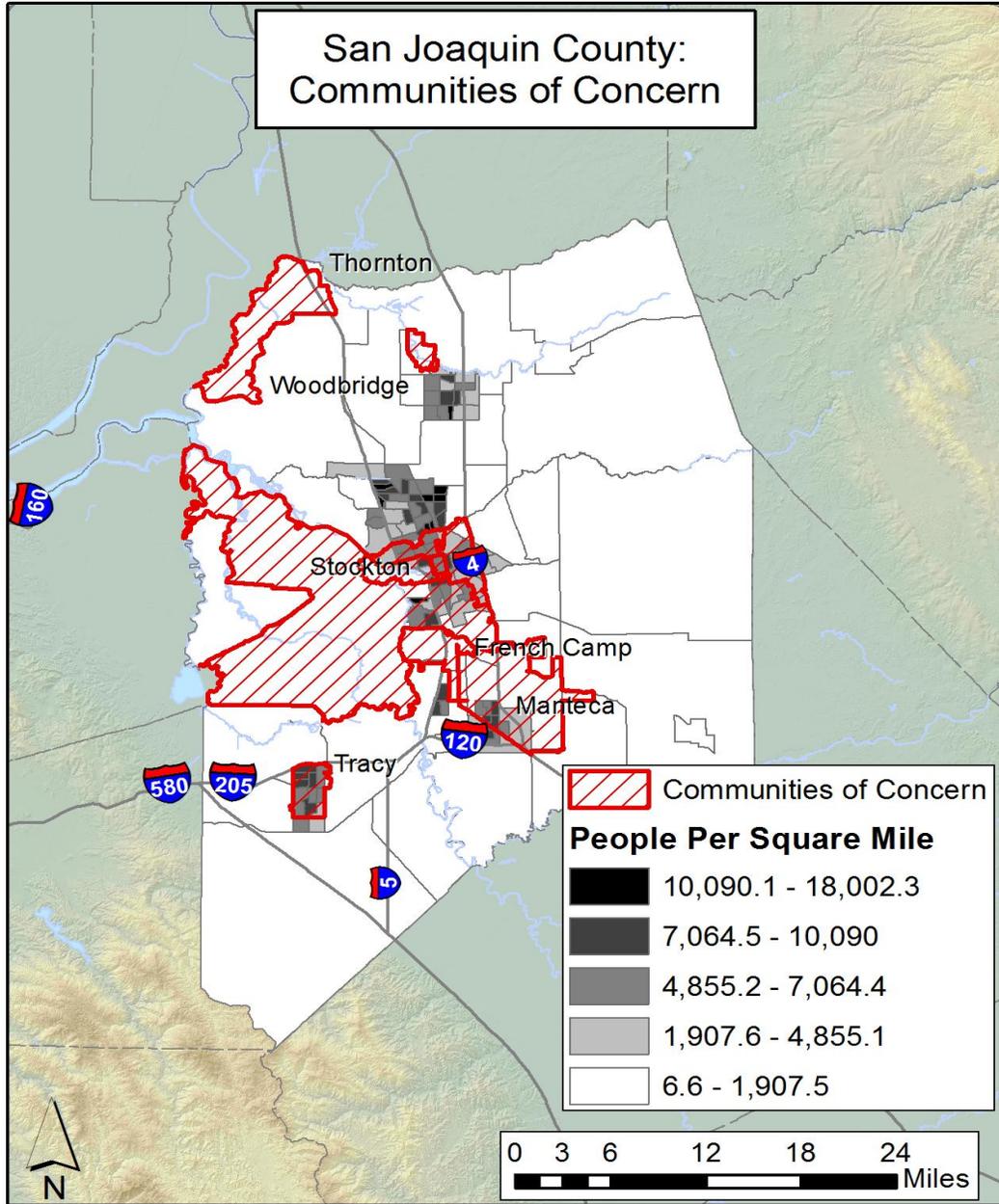


Figure 2: Map of San Joaquin County Communities of Concern

Table 1: San Joaquin County Communities of Concern, with ZIP code, Community Name, and Population

ZIP Code	Community/Area	Population*
95202	Stockton/Downtown	6,934
95203	Stockton/Downtown	17,137
95204	Stockton/Central	27,786
95205	Stockton/Southeast	38,069
95206	Stockton/Southwest	65,004
95231	French Camp	4,374
95258	Woodbridge	4,018
95336	Manteca	42,675
95376	Tracy	49,859
95686	Thornton	1,405
Total Population		257,261

(Source: US Census Bureau, 2010)

Health Outcome Indicators

Age-adjusted rates of ED visits and hospitalizations due to heart disease, diabetes, stroke, and hypertension were consistently higher in these ZIP codes compared to others in the HSA. In general, African Americans and Whites had the highest rates for these conditions compared to other racial and ethnic groups. Mortality data for these conditions consistently showed rates above specified benchmarks in the Communities of Concern.

Environmental and Behavioral Indicators

Analysis of environmental indicators showed that many of these communities had conditions that were barriers to active lifestyles, such as elevated crime rates and a traffic climate unfriendly to bicyclists and pedestrians. Furthermore, these communities frequently had higher percentages of residents who were obese or overweight. Access to healthy food outlets was limited, while the concentration of fast food and convenience stores was high. Analysis of the health behaviors of these residents also showed many behaviors that correlate to poor health, such as having a diet that is limited in fruit and vegetable consumption.

After examining these findings and those of the qualitative data (key informant interview and focus groups), a consolidated list of priority health needs of these communities was compiled. These are listed below:

- Lack of access to primary and preventative care services
- Lack of or limited access to health education
- Lack of or limited access to dental care
- Limited cultural competence in health and related systems
- Limited or no nutrition literacy/access to healthy and nutritious foods, food security
- Limited transportation options
- Lack of safe and affordable places to be active

Socio Demographic Profile of the Communities of Concern

The 10 Communities of Concern in San Joaquin County, listed in Table 1, are home to more than 257,000 county residents. The ZIP code Communities of Concern in Stockton, Manteca, and Tracy were more densely populated urban areas. The ZIP code communities in French Camp, Thornton, and Woodbridge all had smaller populations and represent rural communities. Table 2 noted the socio-demographic characteristics of each ZIP code community, and compares these to state and national benchmarks where applicable.

In 1994, the California legislature passed SB697 which states that hospitals, in exchange for their tax-exempt status, “assume a social obligation to provide community benefits in the public interest.”¹⁵ The bill requires that hospitals conduct a community health needs assessment (CHNA) every three years. Hospitals must develop a community benefit plan based on the results of the assessment and detail how they will address the needs identified in the

CHNA. The plans are submitted to the Office of Statewide Health Planning and Development (OSHPD) and are available for public review. Dameron Hospital is one of the original members of the San Joaquin

County Community Health Assessment Collaborative (SJC2HAC). The collaborative was first formed in 2004 in order to complete the Community Health Needs Assessment mandated by the State of California (SB697). The collaborative evolved from the 2001 Needs Assessment Group that included Dameron Hospital, St. Joseph's Medical Center, Sutter Tracy Community Hospital, Kaiser Permanente, and Health Plan of San Joaquin. Other members have since joined the collaborative, including the Public Health Services of San Joaquin County; Delta Health Care; the San Joaquin Medical Society; Anthem Blue Cross; the Stockton Unified School District; University of the Pacific; First 5 San Joaquin; Community Medical Centers, Inc.; El Concilio; and The San Joaquin County Office of Education- Migrant Education.

SJC2HAC is responsible for preparing and releasing the Healthier San Joaquin County Community Assessment, which is produced every three years. The primary goals of the assessment are to:

- Engage local stakeholders
- Generate knowledge that will lead to collaborative action
- Identify data that would be useful for policy and advocacy work
- Establish a "Call to Action" for community members
- Assess community needs and assets
- Develop a community dissemination plan
- Provide ongoing tracking and monitoring

The most recent assessment was released to the public in March 2013. Information from the assessment is the foundation of Dameron's community benefit planning and implementation.

The 2013 Healthier San Joaquin County Community Assessment can be found at www.healthiersanjoaquin.org; it was released in March 2013. Previous SJC2HAC community assessments can also be found on this same website. The assessment can also be found on Dameron Hospital's website; www.dameronhospital.org. The SJC2HAC has partnered with Valley Vision, Inc., a non-profit consulting firm serving a broad range of communities across Northern California, to assist with the assessment process.

Table 2: Socio-demographic characteristics for Communities of Concern compared to National and State benchmarks

Zip code	% Households in poverty over 65 headed	% Families in poverty w/ kids	% Families in poverty female headed	% over 25 with no high school diploma	% Non-White Hispanic	% pop over age 5 with limited English	% Unemployed	% No health insurance	% Residents Renting
95202	31.8	56.2	69.7	50.9	85.3	21.3	32.8	45.5	93.9
95203	19.6	30.9	44.4	35.3	78.0	15.8	17.9	40.6	57.4
95204	11.8	21.1	41.8	18.3	60.2	5.0	12.4	29.2	42.8
95205	13.7	34.3	53.9	51.6	86.3	19.0	23.7	41.6	49.0
95206	16.2	25.5	46.9	36.4	88.3	16.5	22.9	25.8	31.2
95231	15.0	37.5	27.4	44.7	70.2	10.9	37.2	34.0	46.6
95258	7.0	6.2	12.9	17.6	34.6	4.4	8.5	16.3	22.8
95336	4.7	8.8	21.5	18.6	48.7	3.7	9.7	16.1	36.9
95376	12.0	6.8	19.1	17.0	62.0	6.5	8.2	13.8	31.0
95686	-	-	-	-	-	-	-	-	-
<i>State</i>	-	-	-	19.4 ⁴	-	-	9.8 ⁵	21.6 ⁶	-
<i>National</i>	8.7 ⁷	15.1 ⁸	31.2 ⁹	12.9 ¹⁰	-	8.7 ¹¹	7.9 ¹²	16.3 ¹³	-

⁴ 2010 Educational Attainment by Selected Characteristics. US Census Bureau, Unpublished Data. Retrieved from: http://www.census.gov/compendia/statab/cats/education/educational_attainment.html

⁵ US Bureau of Labor Statistics (2012, December). *Unemployment Rates for States Monthly Rankings, Seasonally Adjusted*. Retrieved from: <http://www.bls.gov/web/laus/laumstrk.htm>

⁶ Fronstin, P. (2012, December). *California's Uninsured: Treading Water*. California HealthCare Almanac. Retrieved from: <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaUninsured2012.pdf>

⁷ 2011 rate as reported by De Navas, Proctor, and Smith. (2012). *Income, Poverty, and Health Insurance Coverage in the United States: 2011*. US Department of Commerce- Economic and Statistics Administration- Census Bureau.

⁸ Ibid.

⁹ Ibid.

¹⁰ 2010 Educational Attainment by Selected Characteristics. US Census Bureau, Unpublished Data. Retrieved from: http://www.census.gov/compendia/statab/cats/education/educational_attainment.html

¹¹ Pandya, C., Batalova, J., and McHugh, M. (2011). *Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity*. Washington, DC: Migration Policy Institute (Source: Dignity Health Community Benefit, CNI data, 2011)

Process for our Implementation Plan

How the Plan was Developed

The implementation plan was developed following a strategic planning process led by a facilitator that included three distinct steps. First, the priority health needs identified in the CHNA were prioritized, or ranked, by members of the SJC₂HAC working as a group. Second, Dameron Hospital selected four of the prioritized health needs as primary areas of focus for the purposes of this implementation plan. Although strategies to address the remaining three health needs are not included in this plan, Dameron Hospital will address these as secondary priorities through other hospital programs and activities. The four primary health needs selected were those that most closely aligned with the hospital's core mission and capabilities. Finally, an implementation plan was developed to address the three health needs identified in the previous step. Each step is described in greater detail below.

Prioritizing Health Needs

Working as a group, the SJC₂HAC prioritized health needs identified in the CHNA (ranked in priority order). To accomplish this, a facilitator led members of the SJC₂HAC through a ranking process. The process allowed each need to be ranked along two dimensions: 1) the significance or severity of the health need; and 2) the ability of a hospital to make a notable impact on the identified health need. This process resulted in ranking the seven health needs in the order shown below.

1. Lack of access to primary and preventative care services
2. Lack of or limited access to health education
3. Lack of or limited access to dental care
4. Limited cultural competence in health and related systems
5. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
6. Limited transportation options
7. Lack of safe and affordable places to be active

Identifying Health Needs that the Hospital will Address

Following the prioritization and ranking noted above, Dameron Hospital identified the three primary health needs among the seven that aligned with its mission and organizational capabilities. Dameron Hospital's mission is to *support physicians and our employees in providing quality patient care in a safe and caring environment.*

To identify these primary health needs, a facilitator administered a questionnaire to community benefit personnel using the criteria noted below.

¹² US Bureau of Labor Statistics (2012, December). *Unemployment Rates for States Monthly Rankings, Seasonally Adjusted*. Retrieved from: <http://www.bls.gov/web/laus/laumstrk.htm>

1. Of the identified health needs for San Joaquin County, which are most closely connected to the mission of Dameron Hospital?
2. From Dameron Hospital's point of view and priorities, rank the list of health needs in order of importance from most important (1) to least important (7).
3. Based on your responses to the questions above, what are the top four health needs Dameron Hospital is interested in addressing in its specific service area? Why?

Developing a Strategic Plan to Address Health Needs

Building on the steps described above, a facilitator led Dameron Hospital community benefit personnel through a strategic planning process to develop the implementation plan. The process followed three key steps. First, key personnel in the hospital were recruited to participate in the planning process. Second, Dameron Hospital evaluated all current Community Benefit programs and their relation to the selected primary health needs. In virtually all instances (with some modifications) existing programs were in place to address the selected primary health needs. This assessment and prioritization process informed the development of the implementation plan described in the Table 3.

In the table, the first column contains each of the three identified health needs. The second column lists the goals of the hospital to address the health need. The third column identifies specific objectives that will lead to the accomplishment of these goals, and the fourth column identifies measureable outcomes that will allow Dameron Hospital to monitor its progress toward attaining each of the goals

Table 3: Dameron Hospital Implementation Plan

Health Need	Goal	Specific	Measureable Outcomes
Access to Primary, Specialty, and Behavioral Health care	Address barriers that prevent community members from using available health care related resources, including health education and chronic disease management services	<ol style="list-style-type: none"> 1. Provide transportation for patients who otherwise could not reach the hospital 2. Provide flu vaccine clinics for the public at easily accessible locations (i.e. Dameron Hospital parking lot) Provide no cost, one on one sessions with a diabetes educator at times convenient to patients enrolled in the San Joaquin MAP program 3. Training San Joaquin Foster families regarding the care of teens with Diabetes 4. Provide information sharing with San Joaquin County Community Partnership events on diabetes and weight loss management 5. Provide educational opportunities to HPSJ /Ca Care patients regarding Diabetes, perinatal and bariatric information at community events target health populations at need (Dia Del Compansino) 	<ol style="list-style-type: none"> 1. Number of bus passes, taxi vouchers issued 2. Number of flu vaccinations and other services provided Number and value of sessions provided
	Provide detailed and accurate information to the public about when and how to seek the care they need, and how to navigate the health care system	<ol style="list-style-type: none"> 1. Explore the feasibility of establishing a patient navigator <ol style="list-style-type: none"> a. Discharge phone call process for patients who are seen through the ED for a non-emergent or urgent diagnosis. b. Patients would be called asked on how they are doing and also find out why they chose the ED for the services rendered. c. If the patient does not have PCP. We would assist the patient by giving them a list of 	<ol style="list-style-type: none"> 1. Documentation of best practices and resources available to support the program 2. Documentation of best practices and resources available to support the program

Health Need	Goal	Specific	Measureable Outcomes
		<p>Dameron friendly physicians as their patient centered home</p> <ol style="list-style-type: none"> d. This is more of an educational process with the patient in regards to navigating the use of the healthcare system 2. Explore the feasibility of establishing Dameron Saturday Clinic <ol style="list-style-type: none"> a. Dameron is central located on the bus route for those individuals that depend on public transportation b. Immunization for children c. Seasonal Flu vaccination for all ages and possibly shingle and pneumonia vaccine for adult population d. Alternate months for women and men services. Offer colorectal screening with occult blood testing for both men and women with referrals to Dameron friendly physicians 	
	Support community partners in developing programs to assist Dameron Hospital in addressing priority health needs	<ol style="list-style-type: none"> 1. Provide financial support and donations of time and equipment to address priority and other health needs in the community 2. Use results of CHNA asset analysis to develop linkages with existing programs and organizations and leverage these to achieve goals 	<ol style="list-style-type: none"> 1. Value of donated hours, equipment and financial resources 2. List of partners, activities and leveraged resources
Health Education	Connect with residents in their communities and in culturally appropriate ways to deliver health education that positively affects health behaviors leading to improved	<ol style="list-style-type: none"> 1. Provide ongoing education to the community on a variety of topics including childbirth, parenting, breastfeeding, infant safety and CPR, weight loss and nutrition, diabetes awareness and management 	<ol style="list-style-type: none"> 1. Number of classes offered; number of attendees 2. Number of support groups offered; number of attendees 3. Value of hours and materials donated

Health Need	Goal	Specific	Measureable Outcomes
	health.	<ol style="list-style-type: none"> 2. Provide monthly support groups for weight loss, NICU/SCN families and breastfeeding mothers 3. Continue participation in Stockton Unified School District Re Create Arts and Health; Decision Medicine ; Health Careers Academy and provide leadership support to school mentoring programs 4. Continue participation in community health fairs and events 5. Provide continuing education to community physicians and other healthcare professionals 	<ol style="list-style-type: none"> 4. Value of hours and materials donated; number of interactions with community members 5. Number of CE classes and professional education events; number of attendees
	Provide accurate, thorough and understandable information about a self-care and prevention oriented approach to overall health and managing specific conditions	<ol style="list-style-type: none"> 1. Infuse information about health literacy into all hospital outreach and education activities 	<ol style="list-style-type: none"> 1. Documentation of current and updated materials outreach strategies
Cultural Competence Cultural Competent Care	Reflect the diversity of the community in all hospital programs and services	<ol style="list-style-type: none"> 1. Continue exploring ways to develop and implement culturally competent care models in Dameron Hospital 2. Provide education materials in multiple languages that will empower class attendees and hospital clients to navigate the medical system and develop health literacy 3. Provide continuing education specific to culturally competent care to community physicians and other healthcare professionals 	<ol style="list-style-type: none"> 1. Documentation of current practices and best practice research 2. Translated curriculum and materials if needed; list of identified gaps in materials and information 3. Number of CE classes and professional education events; number of attendees

Health Need	Goal	Specific	Measureable Outcomes
Policy Work (state level) to Improve Community Health	Engage in policy and advocacy work at the local level to advocate for health-related policy implementation and changes	<ol style="list-style-type: none"> 1. Actively participate as a member of the San Joaquin Healthier Community Coalition to positively affect local policy, e.g., Community Benefit Needs Assessment 2. Examine existing programs and develop or deepen policy related partnerships, e.g., Breastfeeding Coalition 3. Continue Dameron's policy oriented work and participation in collaborative groups or issue oriented task forces 	<ol style="list-style-type: none"> 1. Document new partnerships and expansion of existing relationships 2. Document membership in policy oriented groups and attendance at task force meetings, e.g., First 5, Diabetes, Chronic Disease Management , Breastfeeding Initiative.

Community

San Joaquin County is one of the original counties of California, created in 1850. San Joaquin County offers its residents affordable housing, abundant recreational facilities, excellent educational opportunities, and diverse cultural resources. As the northernmost county in the Central Valley, San Joaquin County includes the cities of Stockton, Lathrop, Lodi, Manteca, Ripon, Tracy, and Escalon, as well as numerous planned communities, census-designated areas, small towns, and unincorporated areas. Dameron Hospital is located in the city of Stockton, the county seat and the largest city in the county.

Unemployment

Recovery from the Great Recession of 2007 through 2009 has been slow in San Joaquin County. The county is beginning to see a drop in the unemployment rates, hopefully this trend will continue.

The Great Recession caused unemployment to spike sharply throughout California. According to the California Employee Development Department, the unemployment rate in San Joaquin County was 12.1% in December 2012, down by 2.4%, compared to the statewide unemployment rate of 7.9% for 2013.

Population

The U.S. Census Bureau estimates that the population of San Joaquin County was 704,379 people in 2013.⁵ The U.S. Census Bureau anticipates that San Joaquin County's population will reach 789,000 by 2020.⁶

Population change by ethnicity will also affect San Joaquin County in the coming years. The largest increase over the next thirty years will come from an estimated 104.6% increase in the Hispanic/Latino population. This represents the most significant shift in San Joaquin County over the next thirty years. Other populations estimated to increase in number over the next thirty years include the Asian population; the African-American population; the Pacific Islander population; those individuals made up of two or more races; and the American Indian population. The only population that is estimated to shrink over the next thirty years is the White population, which is estimated to decrease by 8.7%.⁸

The 2010 Census counted 102,229 people aged 60 or older in San Joaquin County compared to 78,070 in the 2000 Census. The population of people aged 60 and older now makes up 15% of the population, up from 14% in 2000. The 2000 Census found 34.3% of the county's population to be under the age of 20. The 2010 Census shows that this figure has shrunk to 32.9%, which is one-third of the population. These trends show that San Joaquin County's population is slowly aging.⁹

In San Joaquin County, the percentage of the youth population ages 6-11 and 12-17 are projected to remain nearly constant from 2010 to 2020, while the percentage for those ages 0-5 are projected to increase.¹⁰ Adults aged 19 and older will increase by 31% by the year 2040, and adults aged 60 and older will increase from under 15% of the population today to over 21% of the population in the next forty years.

Retrieved from <http://www.huduser.org/portal/datasets/il/il2012/2012MedCalc.odn>

Income

Personal and household income are two indicators that assess the economic vitality of the county and the buying power of individuals, including their ability to afford basic needs such as housing and health care. San Joaquin County's per capita income was \$31,547 in 2008, lower than both California's (\$43,852) and the nation's (\$40,166). Per capita income increased nearly 28% from 2003 to 2008, this is similar to the state (31%).¹² According to the U.S. Department of Urban Housing and Development (HUD), San Joaquin County's median household income has increased 39% over the last decade, reaching \$63,100 in 2010; despite this increase, the county's median household income was lower than the median household income in the United States (\$64,000), and in California (\$71,000)¹³. It is important to note that a greater percentage of the San Joaquin County population lives below federal poverty levels compared to the rest of the state of California. HUD projected that San Joaquin County's 2012 median household income was \$66,300, but those numbers have yet to be finalized.

San Joaquin County Health Resources

There are numerous health resources throughout San Joaquin County available to the community.

Some of these resources include:

- American Heart Association
- Breastfeeding Coalition of San Joaquin County
- Charterhouse Center for Families
- Community Medical Centers, Inc.
- Council for the Spanish Speaking (El Concilio)
- Dameron Hospital
- Delta Blood Bank
- Delta Health Care
- Doctor's Hospital of Manteca
- Dorothy L. Jones Family Resource Center
- Family Resource and Referral Center
- First 5 San Joaquin
- Health Plan of San Joaquin
- Hospice of San Joaquin
- Kaiser Permanente
- Lodi Memorial Hospital
- Planned Parenthood Mar Monte
- San Joaquin County Behavioral Health Services
- San Joaquin County Health Care Services Agency
- San Joaquin County Public Health Services
- San Joaquin General Hospital
- San Joaquin Medical Society
- St. Joseph's Medical Center
- St. Mary's Interfaith Services
- Sutter Tracy Healthy Connections Resource Center
- University of the Pacific

Priority Needs

Improving Access to Care

Health insurance is a crucial component of health care access. Uninsured people are less likely to receive medical care, more likely to have poor health outcomes, and are more likely to die early. Being uninsured is a significant barrier to accessing necessary health care services, including preventive care and treatment for chronic conditions. Families and individuals without health insurance often have unmet health needs, receive fewer preventive services, experience delays in receiving appropriate care, and experience more hospitalizations that could have been prevented.

The Patient Protection and Affordable Care Act commonly called the Affordable Care Act (ACA) was signed into law by President Barack Obama on March 23, 2010. The ACA was enacted with the goals of increasing the quality and affordability of health insurance, lowering the uninsured rate by expanding public and private insurance coverage. It introduced a number of mechanisms, including mandates, subsidies, and insurance exchanges, meant to increase coverage and affordability. Millions of Californians were able to choose affordable, quality health insurance coverage offered through Covered that took effect January 2014.

According to a report released by UCLA's Center for Health Policy Research, just under half (49.7%) of all nonelderly Californians in 2011 were insured through their own or a family member's employment-based coverage. That is down from 55.6% in 2007.¹⁶ Based on UCLA's California Health Interview Survey (CHIS), an estimated 82,000 San Joaquin County residents were living without health insurance in 2011.¹⁷

Dameron Hospital recognizes the need to provide accessible and affordable health care services to the community in which we serve. Dameron provides health care services to poor and underserved patients throughout the community in a variety of ways, including:

- Providing charity care or partial charity discount to those individuals who demonstrate an inability to pay (whose income is at or below 350% of the federal poverty level)
- Providing an uninsured patient discount to uninsured patients who do not qualify for charity care, but still may face hardship paying their medical bills
- Covering the unpaid costs of health care for Medi-Cal patients

Consistent with our mission to provide quality patient care in a safe and caring environment, with or without compensation, the hospital provides a full charity or charity discount program. Full charity or partial charity discount is offered to those patients who demonstrate an inability to pay for medically necessary services and meets certain income and asset guidelines. Dameron Hospital strives to ensure that every person receives required services, regardless of ability to pay.

The unpaid costs of Medi-Cal and charity care comprised 16.8% of the hospital's operating expenses in 2013 (the unpaid costs of Medi-Cal, Medicare and charity care comprised 22.7% of the hospital's 2013 operating expenses).

Patients that are uninsured or have high medical costs who are at or below 350% of the federal poverty level may be eligible for charity care and discounted payments from emergency room physicians that provide emergency services in our general acute care hospital.

The uninsured patient discount is intended to apply to patients who do not qualify for charity care but still may face hardships paying their medical bills.

Preventing Disease and Increasing Wellness

Diabetes

Diabetes is the leading cause of kidney failure, adult blindness, amputation, and is a leading contributor to strokes and heart attacks. According to the American Diabetes Association, 25.8 million children and adults (8.3% of the population) had diabetes in 2010. The vast majority of U.S. residents who have been diagnosed with diabetes have type II diabetes, previously called adult onset diabetes. Many people with type II diabetes can control their condition by eating well, exercising, losing weight and taking oral medication. Data shows that San Joaquin County has consistently had higher rates of diabetes than California. According to the 2011 Healthier San Joaquin County Community Assessment, over 9% of adults in San Joaquin County were diagnosed with diabetes, compared to 8% in California in 2007.

Dameron Hospital offers the Diabetes Outpatient Education Program, which is free to community residents who register for the program. Our on-site program covers every stage of diabetes. Patients who attend the program can achieve a lifestyle of success with our care and guidance. Dameron Hospital has a full staff of dietitians, registered nurses, certified diabetic educators, social workers and physicians to assist local residents in maintaining a normal, active lifestyle. The Diabetes Outpatient Education Program utilizes the American Diabetes Association (ADA) certified U.S. Department of Health “Diabetes Conversation maps.” There are four maps:

- Map 1: On the Road to Managing Diabetes
- Map 2: Diabetes and Healthy Eating
- Map 3: Monitoring Your Blood Glucose
- Map 4: Continuing Your Journey with Diabetes

Dameron offers diabetic education and glucose screenings at numerous health fairs and public events throughout the community. Including the Health and Wellness Family Festival at Lodi Lake, Senior Awareness Day and the Asparagus Festival. More than 550 people were given diabetic education at these community events. In an effort to improve the health of the community we serve, Dameron Hospital began offering individual counseling sessions, free of charge, for people who are interested in speaking with a diabetic educator. A physician referral is not necessary to request this counseling session; this program began January 1, 2013.

Comprehensive Care for Women and Infants

Dameron Hospital is well known for its comprehensive Women's and Newborn Services. The A.G. Spanos Family's Start-of-Life Center offers specially trained nurses, advanced technology, and a safe, caring environment for both mother and baby. Newborns requiring more advanced care have the advantage of our on-site Level III Intensive Care Nursery with 24 hour neonatology coverage. The Oshtory Pediatric Center is a full-service 24 hour hospital department that treats infants from day 1 to 13 years of age. Dameron Hospital offers several pregnancy and parenthood classes throughout the year, including:

- All Day Prepared Childbirth Classes
- Breastfeeding Support for Expectant and Delivered Families
- Infant CPR and Safety
- NICU/SCN Support Group

Dameron Hospital is certified by California Children's Services as a Community Level III NICU and Community Level Pediatrics. Dameron Hospital provides referral services to local obstetricians, perinatologists, and pediatricians. The hospital also provides referrals to Women Infant and Children (WIC); and to San Joaquin County Public Health Services' Maternal Child and Adolescent Health services; Black Infant Health; the Family Resource and Referral Center; and the Valley Mountain Regional Center Early Start Program.

Dameron Hospital is San Joaquin County's certified affiliate of the California Pregnancy and Diabetes Program (Sweet Success). Diabetes is at epidemic levels, and Dameron Hospital has taken a lead in responding to diabetic pregnancy evaluation and successful infant development. The State authorized program covers diet, social behavior, insulin management, and lifestyle counseling. In response to our community's diversity, the program is also offered in Spanish.

The healthcare industry is seeing a movement from an emphasis on charity care to more of a community health improvement approach. Because of this shift, our community outreach nurse's concentration focused on providing education to childbearing women throughout San Joaquin County. Education related to high-risk pregnancies, gestational diabetes, nutrition, prenatal care and other information will be available at all community events.

Workforce Development

Decision Medicine is a two-week program designed to introduce high school students to the field of medicine through personal mentoring opportunities and site visits with behind-the-scenes access to some of our regional hospitals, clinics and public health centers. Decision Medicine 2012 took place in Stockton at various locations, including each of the hospitals, various clinics and inside actual private offices of participating physicians. In addition, students went on multiple site visits to local healthcare related organizations, learning first-hand from actual in-the-field experiences. Decision Medicine 2013 at Dameron Hospital was a full eight-hour day including student interactive tours into the Core Laboratory, the Pathology Laboratory, an Emergency Services Ambulance and the Hospital Data Center; didactic lectures on Basic Hematology & Comparative Cellular Morphology and Forensic Pathology; and hands-on laboratory exercises for Phlebotomy, Blood Specimen Preparation, Blood Smear Technique, Differential Staining Technique, Blood Smear Examination by Light Microscopy, and Blood Typing. In addition, students were provided an individual Complete Blood Analysis (CBC), a preliminary ABO blood group determination, historical information about Dameron Hospital and career information in pathology and laboratory medicine. Twenty-seven students were hosted at Dameron Hospital which included lunch and refreshments throughout the day.

Program facilitators for Dameron Hospital included a Board Member, the Chief Information Officer, a Hospital Administrator, the Laboratory Medical Director, the Laboratory Manager, several Clinical Laboratory Scientists, the Patient Relations Coordinator, the Director of Volunteers, and the Employee Relations Coordinator.

Leadership Stockton is California's oldest adult community leadership program, founded in 1981. Leadership Stockton is a program designed to inspire a new generation of men and women ready to assume leadership roles in the community. The program challenges and prepares individuals from diverse backgrounds to become influential in the region's future.

Dameron Hospital's President and Chief Executive Officer, Lorraine P. Auerbach attended the Leadership Stockton Class in 2013; the topic of the day was "Healthcare in Our Community." The roundtable discussion enabled the students to learn about the healthcare facilities located throughout the City of Stockton. Other discussion highlights included the current state of health care and what changes may be good and what changes may be harmful. The discussion ended with a question-and-answer period.

The Health Careers Academy was established by the Stockton Unified School District to meet the growing community need for healthcare clinicians in Stockton and the greater San Joaquin County. The Health Careers Academy is a high school that will prepare students for careers in the health care industry. Students are trained to be able to work in the California state prison hospital and the Veteran's

Administration hospital that are expected to open in Stockton in the coming years. The academy began in 2011 with 120 ninth grade students attending class. Each year the academy adds a grade. The goals of the Health Careers Academy are to produce students who have been challenged with a rigorous college prep curriculum as well as teaching them health career technical skills and finally providing them with opportunities to gain a better sense of community awareness. When students finish their four years at the academy, they will leave prepared to join the workforce; to pursue further health-related vocational training; or to attend a four-year college. Health Careers Academy graduates could be starting down the road to working in a medical office, to becoming an X-ray technician, to being a phlebotomist, a nurse, or a doctor. Dameron staff are committed to conducting tours and offering speakers at the request of the Health Careers Academy. There are ongoing opportunities for Dameron Hospital staff to be involved with the Health Careers Academy in the coming year, including e-mentoring; classroom speakers; job shadowing; assistance with classroom lessons; and teacher/professional pairing.

Association of California Nurse Leaders (ACNL) was created and is embraced by nurse leaders. Its mission is to develop nurse leaders; advance professional practice; influence health policy; and promote quality and patient safety. With health care reform, implementation of the IOM Future of Nursing initiatives, professional practice issues and regulatory mandates, challenges and opportunities for nurse leaders have never been greater. The ACNL helps nurse leaders face these issues together. ACNL provides essential information, statewide networking with peers, progressive leadership development programs and timely educational activities.

Dameron Hospital is a member of the North Central Chapter and several Dameron staff members attend monthly chapter meetings and participate in ACNL projects. Dameron will continue its ACNL membership and activity participation through 2013.

What Have We Been Up to

Read to Me, Stockton!

Stockton is one of the cities in California with a high literacy problem. The previous Mayor of Stockton, Ann Johnston, started The Read to Me, Stockton! program in 2011 in collaboration with the Stockton Rotary Club and Dolly Parton's Imagination Library. Children, from birth through 5 years of age (living in a targeted area), can be enrolled in the program for no cost.

Each child who is enrolled in the program will receive a new book once a month up to 5 years of age from the Dollywood Foundation. Dameron Hospital began participation in this program in 2011 and will continue its participation in 2013. Our Maternal Child Birth Clerks ask new parents who reside in targeted zip codes to enroll in the program when they complete their child's birth certificate. In 2013, Dameron focused on children living in zip codes 95202, 95203, 95205 and 95206 and enrolled 500 + children in Read to Me, Stockton!

NICU Family Support Group/Families Helping Families

One of the key components of Dameron's Spanos Start of Life Center is the Dameron Level III Neonatal Intensive Care Unit (NICU). Premature infants can achieve normal growth when assisted by a state-of-the-art Neonatal Unit. The NICU Family Support Group is facilitated by Mastered Prepared Maternal Child Health Social Workers and the Maternal Child Community Outreach Nurse. The NICU Family Support Group brings together and strengthens families by reducing Isolation through care and support. One of their fund raising activities was a "To go Spaghetti Dinner" this raised \$2000 to add their funds which are used for families in need.

Healthier Community Coalition

Dameron Hospital is an active participant in the San Joaquin County Healthier Community Coalition. The purposes of the Coalition are to provide leadership in the development and coordination of health status improvement efforts in San Joaquin County; to provide a forum for health services stakeholders to share ideas and information about projects and seek collaborative partners; and to work collaboratively and encourage the efforts of other collaborative attempting to respond to community health issues and problems. While providing leadership to other collaborative throughout the county, the Healthier Community Coalition also sponsors the annual Public Health Leadership Breakfast and the Breastfeeding Coalition of San Joaquin County's annual Birth, Baby and Bonding Fair. Dameron staff co-chaired the Coalition in 2011, 2012 and 2013.

Breastfeeding Coalition of San Joaquin County: Birth, Baby and Bonding Fair

The Breastfeeding Coalition of San Joaquin County is made up of representatives from local hospitals, WIC programs, community groups, non-profit organizations, health plans, San Joaquin governmental agencies and interested individuals. The Coalition's objectives are:

- Increase the number of physicians and other primary healthcare providers in San Joaquin County who include breastfeeding/lactation counseling and referral as part of routine care

- In accordance with Healthy People 2010 National Health Promotion and Disease Prevention Objectives, increase to at least 75% the proportion of mothers who initiate breastfeeding; increase to at least 50% the proportion who continue to breastfeed until their infants are 6 months old, and increase to at least 25% the proportion who continue to breastfeed past one year
- Provide accurate and consistent breastfeeding support, information and resources to women, families, health professionals and the community
- Educate local charity and county government officials on the benefits of breastfeeding and involve them in making San Joaquin County baby-friendly.

Continuing Medical Education

Dameron Hospital is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide Continuing Medical Education for physicians. Classes are offered at noon on Fridays (excluding Holidays and the months of July and August) in the hospital's Annex building. The classes are open to all physicians throughout the community. Dameron provided 37 continuing medical education classes throughout 2013 and will continue to provide Continuing Medical Education Classes in 2014. A total of 1520 medical professionals attended the classes in 2013; for more information contact the Medical Staff Office or visit www.dameronhospital.org

American Heart Association Go Red for Women

Dameron Hospital continued its participation in the American Heart Association's Go Red for Women event in 2013. The Go Red Lunch is an inspiring, informative event created to encourage the community to champion the fight against heart disease in women. Heart disease is the number one killer of women, but most women don't know this fact. Dameron Hospital staff sits on the Planning Committee for this annual event. Our health education nurse also provides education on healthy eating, physical activity, and preventing heart disease to community members that attend the event. Dameron Hospital has been and will continue to be a consistent partner with the American Heart Association, working together to improve the health of community residents and wipe out heart disease and stroke.

Donations of Staff Time, Money

In addition to the programs and activities previously described, Dameron Hospital also provides staff, volunteer time, and meeting room space to community programs and organizations throughout San Joaquin County. Donations of meeting room space for community groups totaled \$17,850:

- Emergency Food Bank of Stockton
- Healthier Community Coalition
- Health and Wellness Family Festival at Lodi Lake
- Champions for Change: Network for a Healthy California
- YMCA
- Man to Man Prostate Support Group
- Stockton Delta Rotary
- St. Mary's Dining Room
- Stockton Black Family Day
- The Record's Literacy and Book Fair-Family Fun Day in the Park
- NAMI (National Alliance for Mental Illness)
- NICU and Bariatric support groups
- Alpha Phi Chapter of Chi Eta Phi Nursing Society

Community Benefit Plan 2013

Dameron Hospital will be focusing its 2013 community benefit planning efforts on improving access to care, increasing health education throughout the community, policy work, and addressing culturally competency in our services.

As a healthcare provider, Dameron Hospital is committed to providing a healthy and safe environment for patients, staff, medical staff, and visitors, and to promoting positive, healthy behaviors. In an effort to create a healthier community, Dameron Hospital initiated a smoke-free tobacco free campus, April 1, 2013.

In another effort to create a healthier community free drive-in flu vaccination was offered in 2013;56 community residents age three and older were vaccinated.

Dameron Hospital began offering bariatric weight loss seminars, and support groups, to members of the community. These sessions are aimed at educating people about the problems of obesity and the surgical options that are available. People do not have to have a procedure done at Dameron in order to attend these seminars. Dameron also offers a Healthy Lifestyles class which is available to anyone who has had a bariatric procedure done. The class provides reinforcement of concepts they have already learned. Contact the hospital's Bariatric Surgery Coordinator for more information.

Dameron will continue to be a member of the Champions for Change: Network for a Healthy California, which focuses its efforts on preventing diabetes, heart disease, chronic obesity, asthma and smoking. Communities are educated on how to make healthy choices, including food choices and incorporating

The matrix below summarizes Dameron Hospital's Community Benefit Plan for 2013

<u>Benefit</u>	<u>Need Addressed</u>	<u>Targeted/Affected</u>	<u>Goal</u>	<u>Measureable Objective</u>
Traditional Charity Care and Financial Assistance and Means-Tested Government Programs	Improving and increasing access to care	Uninsured and underinsured; persons living in poverty	Allocate 20% of operating expense for charity care and financial assistance and means-tested government programs (excluding Medicare, goal will be at 15% of operating expense)	Financial end-of-year report reflects 20% of operating expense spent on charity care and unpaid costs of financial assistance and means-tested government programs
Health Education for the community	Preventing chronic disease and increasing wellness	Persons living in poverty and the broader community	Provide ongoing and/or periodic community education regarding: <ul style="list-style-type: none"> ●Parenting, breastfeeding, infant safety and CPR ●Diabetes awareness ●Other chronic diseases 	Number of monthly and periodic classes regarding parenting, infant CPR and safety, breastfeeding classes, diabetic education and other chronic disease education. Number of local community health fairs and events where Dameron provides health education
School mentoring programs	Workforce development	Persons living in poverty and the broader community	Continue to provide monthly support groups for NICU/SCN families and breastfeeding mothers; continue to provide monthly support to patients suffering from prostate cancer and diabetes	Participation in Decision Medicine program; participation in Health Careers Academy; number of student mentoring requests satisfied
Support Groups	Community education; improving access to care	<ul style="list-style-type: none"> ●Infants ●Families of NICU/Special Care Nursery babies ●Breastfeeding mothers ●Prostate cancer patients ●Diabetic patients 	Continue to provide staff time, money and equipment to meet the health needs of the local community	Number of monthly NICU/SCN and breastfeeding support groups; number of monthly prostate support groups; number of weekly diabetic educational classes
Donations of time, Money Equipment	<ul style="list-style-type: none"> ●Broad benefit to the community ●Commitment of the Organization's resources to the community 	<ul style="list-style-type: none"> ●Medically underseved ●Persons living in poverty ●Broader community benefit ●Infants, children, and adolesents ●Senior citizens ●Homeless 	Continue to provide staff time, money and equipment to meet the health needs of the local community	The yearly cost of hours donated by staff to the community while on the organization's payroll and the financial value of donated food, supplies, equipment and sponsorship

The matrix below summarizes Dameron Hospital's Community Benefit Plan for 2013

<u>Benefit</u>	<u>Need Addressed</u>	<u>Targeted/Affected</u>	<u>Goal</u>	<u>Measureable Objective</u>
Health Professions Education	Workforce development	<ul style="list-style-type: none"> • Accessible to all physicians • Other health care professionals 	Provide continuing medical education to community physicians and other healthcare professionals	Number of scheduled 2013 CME classes and health professional education events
Transportation	Improving access to care	<ul style="list-style-type: none"> • Persons living in poverty • Senior citizens • Other vulnerable populations 	Provide transportation to patients who have no other means of transportation to and from the hospital	Yearly transportation invoice with the number of taxi vouchers issued to patients

Inventory and Economic Valuation of Community Benefits

Category	Reporting Period 2013	Planned 2014
Financial Assistance and Means-Tested Government Programs		
Traditional Charity Care	\$3,039,980	\$3,039,980
Unpaid Cost of Medicaid	\$23,538,004	\$23,538,004
Unpaid Cost of Medicare	\$9,241,969	\$9,241,969
Total for Financial Assistance and Means-Tested Government Programs, excluding unpaid Medicare (minus offset)	\$26,577,984	\$26,577,984
Total for Financial Assistance and Means-Tested Government Programs, including unpaid Medicare (minus offset)	\$35,819,953	\$35,819,953
Other Benefits		
Community Health Improvement Community Benefit Operations	\$24,922	\$24,922
Health Professions Education	\$76,059	\$76,059
Cash and In-Kind Contributions	\$169,736	\$169,736
Community Building Activities	\$133,681	\$133,681
Subsidized Health Services	\$24,362	\$24,362
Total Community Benefits (excluding unpaid Medicare)	\$26,982,384	\$26,982,384
Total Community Benefits (including unpaid Medicare)	\$36,224,453	\$36,224,453

Public Review

The Community Outreach specialists act as the central points of focus for evaluation of the Community Benefit Plan. Community outreach specialists representing Dameron Hospital attend collaborative meetings and community-agency functions throughout San Joaquin County. They also collect, analyze and summarize data related to program performance. Results are shared with community agencies and groups with whom Dameron collaborates with.

A review committee comprised of the Community Outreach specialists, the Chief Financial Officer, the Director of Finance, members of the Executive Corporate Compliance Committee, and other staff deemed appropriate meet to evaluate program performance issues, data collection, resource distribution and progress towards required compliance. The annual Community Benefit Plan is reported to the Governing Board for approval and is also reported to the Executive Corporate Compliance Committee. The annual Community Benefit Plan is made available to the public via the hospital's public website, www.dameronhospital.org. Requests for the plan or comments may be directed to the Community Outreach specialists at (209) 461-3136.

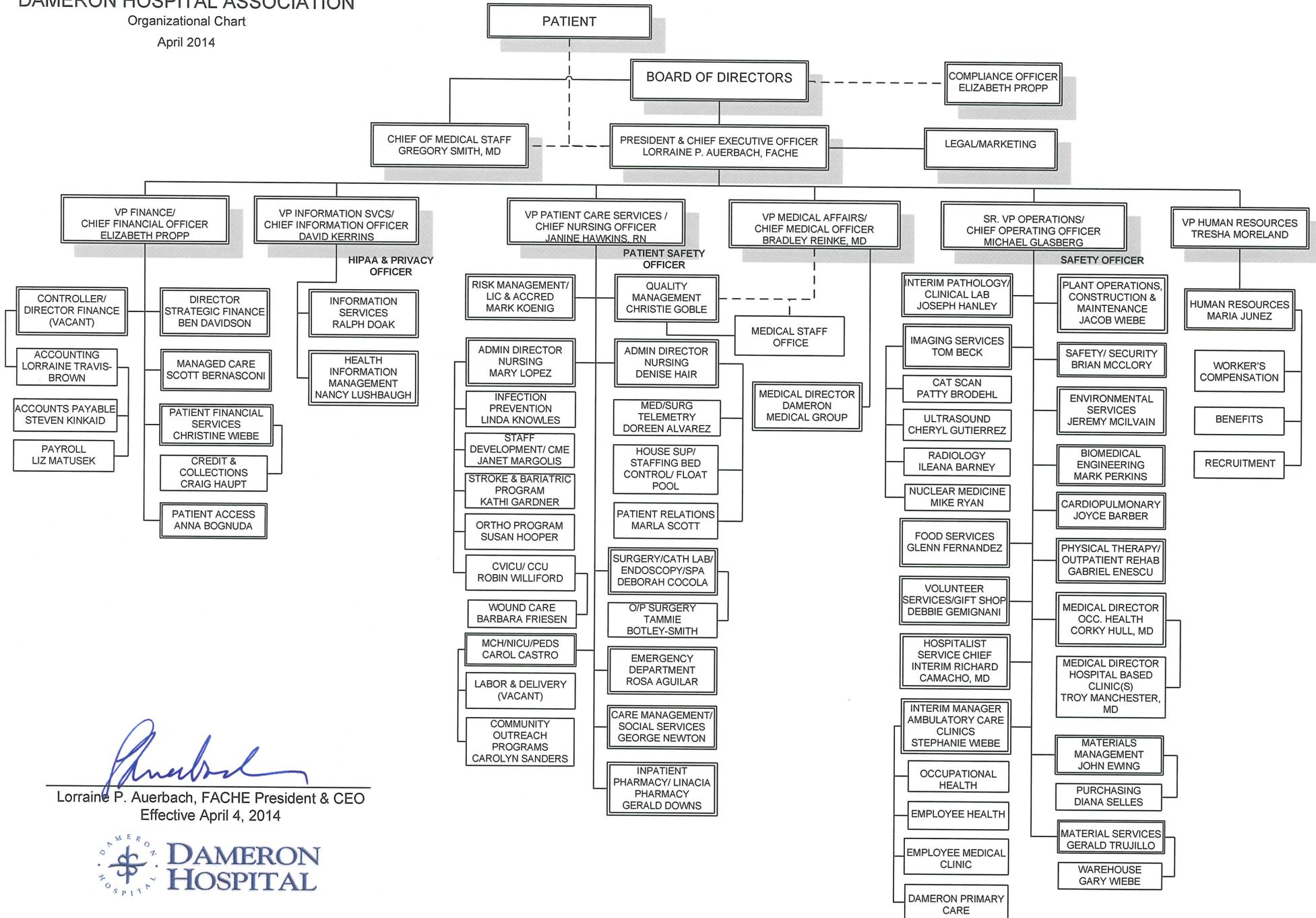
Appendices

Appendix A

DAMERON HOSPITAL ASSOCIATION

Organizational Chart

April 2014



Lorraine P. Auerbach, FACHE President & CEO
Effective April 4, 2014



Appendix B

	Charity Care	
	ID Number:	20-01-0034
	Manual:	Departmental Manual
	Division:	Finance
	Policy Level:	Multi-Departmental
	Review Date:	07/18/2016
	Status:	4. Approved
	Primary Owner:	Craig Haupt/Dameron

Policy & Procedure Body

I. Policy:

The hospital shall provide charity care assistance to those individuals who demonstrate an inability to pay for medically necessary services.

II. Purpose:

To ensure that every person receives required services, regardless of ability to pay.

III. Definitions: None

IV. Text:

Consistent with our mission as a public benefit organization to operate and furnish care, treatment, hospitalization and other services, with or without compensation, the hospital will provide a full charity or charity discount program.

Written information about the hospital's financial assistance policy and copies of the financial assistance form are available in all patient registration areas. Signage is posted at all points of registration, including the emergency department. The hospital's financial assistance policy and financial counselor contact information is posted in patient information handbook and on the hospital's website.

Patient billing statements also inform patients of the availability of financial assistance. Each billing statement to an uninsured patient includes a statement that an uninsured patient who meets certain income requirements may qualify for financial assistance and information on how to apply for assistance under the hospital's financial assistance policy.

The hospital financial counselors will attempt to contact registered, self-pay inpatients during their hospital stay in order to assess needs and identify those patients that are potentially eligible for financial assistance. The hospital may utilize internal staff or third party agents to assist patients in applying for medical assistance programs funded by county, state or federal programs.

Patients may be eligible for charity care and discounted payments from emergency room physicians that provide emergency medical services in a general acute care hospital. Patients must contact the emergency room physician's billing office for further information regarding their financial assistance programs.

In the event of a dispute, a patient may seek review from the hospital's Patient Relations and Service Excellence Coordinator.

V. Procedure:

- A. All or a portion of emergency and non-elective services may be considered for charity care assistance if certain conditions exist. See below for the list of conditions.**

Conditions:

- 1. No third-party coverage is available.**
 - 2. Third-party coverage is available but with limited benefits.**
 - 3. Third-party coverage is denied due to pre-existing conditions.**
 - 4. Patient is already eligible for assistance (e.g. Medi-Cal), but the particular services are not covered.**
 - 5. Medicare or Medi-Cal benefits have been exhausted and the patient has no further ability to pay.**
 - 6. Welfare assistance is denied due to resources and/or income, but the patient is deemed by the hospital to be in circumstances in which an illness will make it impossible to meet financial obligations.**
 - 7. Nothing in this policy shall preclude the hospital, collection agency or other assignee from pursuing reimbursement and any enforcement remedy or remedies from third-party liability settlements, tortfeasors, or other legally responsible parties.**
- B. When requesting financial assistance, the patient or guarantor is responsible for providing accurate information and all documentation necessary. Below is a list of patient or guarantor responsibilities.**

Patient or Guarantor Responsibilities:

- 1. All patients requesting financial assistance will be required to complete the hospital's Financial Assistance Application form in order to establish eligibility.**
- 2. To be considered for a discount under the charity care policy, the patient must cooperate with the hospital to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for healthcare, such as Medicare, Medi-Cal, third-party liability, etc.**
- 3. To be considered for a discount under the charity care policy, the patient must provide the hospital with financial and other information needed to determine eligibility. This includes completing the required application forms and cooperating fully with the information gathering and assessment process.**
- 4. A patient who qualifies for a partial discount must cooperate with the hospital in establishing a reasonable payment plan.**
- 5. A patient who qualifies for a partial discount must make good-faith efforts to honor the payment plans for the discounted hospital bills. The patient is responsible to promptly notify the hospital of any change in financial status so that the impact of this change may be evaluated against financial assistance policies governing the provision of charity care, the discounted hospital bills or provisions of payment plans.**
- 6. Failure to return a complete application within 30 days shall result in denial of the**

request for charity consideration. Subsequent requests for consideration will be processed at the sole discretion of the hospital.

- C. Patients may be eligible for charity care with a completed application or based upon a proprietary review, if they are uninsured and represented by specific circumstances. Below is a list of the circumstances that may be utilized in documenting eligibility.**

Circumstances:

- 1. Documented unemployment**
- 2. Patient is homeless.**
- 3. Patient is deceased and has no known estate able to pay hospital debts.**
- 4. Patient is incarcerated.**
- 5. Patient is eligible for the Centers for Medicare and Medicaid funding for certain emergency health services provided to undocumented aliens in accordance with the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Section 1011, regardless of whether Section 1011 funds for the applicable state are exhausted.**
- 6. Patient is deemed to have minimal financial resources based on a proprietary third party tool utilized by the facility.**
- 7. Patient is documented to have drug or alcohol dependency.**

- D. Patients may apply for charity under Section I or Section II as described below. All other resources should be applied first, such as Medicare, Medi-Cal, Third party liability, etc.**

1. Section I: Charity Discount Requirements of California Health & Safety Code 127400-127462

There are two types of patients who shall be eligible to apply for participation under the charity discount provision of the charity policy; self-pay patients and patients with high medical costs.

Patients seeking qualification of coverage under the charity discounted provision of California Health & Safety Code 127400-127462 must provide documentation of eligibility by submitting either recent check stubs or recent income tax returns.

a. Self-pay patient:

If an uninsured patient's documented income is between 150% to 350% of the Federal poverty level, the patient will receive charity discounted rates in accordance with the Medicare fee schedule for the services received by the patient. If the hospital provides a service for which there is no established payment by Medicare or other government-sponsored program of health benefits in which the hospital participates, the hospital shall establish an appropriate charity discount amount.

b. A patient with high medical costs:

If a patient falls between 150% to 350% of the Federal poverty level and does not receive a discounted rate as a result of third party coverage, and has annual out of pocket costs incurred at the hospital or other medical providers in the prior 12 months that exceed 10% of family income, the patient shall qualify for a charity discount. The patient shall be liable for the lesser of the balance after the insurance payment, or the applicable Medicare rate.

Patients that provide required documentation and qualify under the income requirements of this section may also qualify for an extended, interest free, payment plan that shall be reasonable and may be negotiated by the patient and the hospital.

Patients attempting to qualify for eligibility in good faith or to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or by making regular

partial payments of a reasonable amount shall not be sent to an outside collection agency or other assignee, unless that entity has agreed to comply with the provisions of this policy.

The hospital or hospital's assignee shall not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial billing.

2. Section II: Other Charity Care

Notwithstanding the eligibility requirements of the charity discount program, the hospital will also provide a charity program to those who demonstrate an inability to pay regardless of insurance status and whose income falls below 150% of the Federal poverty level.

In determining an individual's ability to pay, it is important to distinguish between an individual's inability to pay versus unwillingness to pay. In order to evaluate inability versus unwillingness, the following criteria, if available, should be used:

- a. The employment status of the patient, spouse, or parents along with the prospect of future earnings being sufficient to meet the obligation within a reasonable period of time.
 - b. Family size.
 - c. Net worth should be considered including all liquid and non-liquid assets owned, less liabilities and claims against assets. Retirement and deferred-compensations plans qualified under the Internal Revenue Code as well as nonqualified deferred-compensation plans shall not be used in determining net worth. Furthermore, the first \$10,000 of patient's monetary assets shall not be counted in determining eligibility nor shall 50% of a patient's monetary assets over the first \$10,000. Note: The hospital may require waivers or releases from the patient authorizing the hospital to obtain verifying information from financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value.
 - d. The amount(s) and frequency of the hospital bill(s) in relation to the factors outlined above.
 - e. All other resources should first be applied, including Medi-Cal, Medicare, Victim of Violent Crime, and all other third-party sources.
 - f. Patient's financial reports (i.e. tax returns, W2 forms, pay stubs, etc.) may be used to verify inability to pay as well as investigative tools by the Credit Department (i.e. credit reports, skip tracing, etc.).
 - g. Bankruptcy Court determination of inability to pay all or a portion of the account.
 - h. Homelessness (no demographic information given at time of service; i.e., address, city, state, zip, social security number, date of birth, etc.).
- E. The Credit and Collections Department will be responsible for determining an individual's ability to pay utilizing all or a portion of the factors outlined within this policy.**
1. In order to balance a patient's need for financial assistance and the hospital's broader fiscal responsibilities to the community of maintaining a financially healthy facility, the hospital must determine the patient's ability to contribute to the cost of their care, based on their individual ability to pay as well as the requirements of California Health & Safety

Code 127400-127462.

2. **The determination of a patient's eligibility for charity care should be made as close to the time of admission as possible, but may be made at any time adequate eligibility information is available.**
3. **If an individual is determined to be unable to pay for all or part of the account, and there are no other avenues available to collect on the account, then the uncollected amount will be written off as charity care. Otherwise, the account will be pursued as outlined in the hospital's collection policy and procedure.**
4. **Under no circumstances will contractual write-offs, discounts or any other administrative or courtesy allowances be written off as charity care.**
5. **The hospital or other assignee which is an affiliate or subsidiary of the hospital shall not, in dealing with patients eligible under any portion of this policy, use wage garnishments or liens on primary residences as a means of collection.**
6. **A collection agency or other assignee that is not a subsidiary or affiliate of the hospital shall not, in dealing with patients eligible under any portion of this policy, use as a means of collecting unpaid hospital bills, any of the following:**
 - a. **A wage garnishment, except by order of the court.**
 - b. **Notice or conduct a sale of the patient's primary residence.**

F. Charity Discount Approval Levels

Level	Charity Discount Amount	Required Approvals
1	under \$50,000	Credit & Collections Manager
2	\$50,000 to \$249,999	Credit & Collections Manager Chief Financial Officer
3	\$250,000 and above	Credit & Collections Manager Chief Financial Officer Chief Executive Officer

VI. References:

Internal Revenue Code section 501(c)(3))

California Health & Safety Code, Chapter 2.5 of Division 107, Article 1, Hospital Fair Pricing Policies 127400-127462

U.S. Department of Health and Human Services website at: <http://aspe.hhs.gov/poverty/>

VII. Cross References:

Collection of Past Due Accounts Policy & Procedure, #20-01-0033

VIII. Approvals:

<http://dhalts01/policy/policy.nsf/2b0145f9f8180bc28725727600642564/ce243572bcddc09288257...> 4/22/2014

Chief Financial Officer – 07/18/2013

Document Link Manager

No Documents Linked

Attachment Manager**Attachments List:**

Name	Size
 Charity Applciation - English.pdf	133 KB
 Charity Application - Spanish.pdf	36 KB
 2013 Poverty Level Calculations.xls	27 KB

	Uninsured Patient Discount	
	ID Number:	20-01-0036
	Manual:	Departmental Manual
	Division:	Finance
	Policy Level:	Multi-Departmental
	Review Date:	12/20/2014
	Status:	4. Approved
	Primary Owner:	Cyrus Dah/Dameron

Policy & Procedure Body

I. Policy

A. Dameron Hospital recognizes the need to provide accessible and affordable health care services to the community in which we serve. The uninsured patient discount is intended to apply to patients who do not qualify for charity care, but still may face hardships paying their medical bills. Patients who are offered charity care receive free or substantially discounted services, and thus shall not also receive the UPD. The UPD does not apply to co-payments, deductibles, or cost shares.

B. Dameron also recognizes that it is the policy of the State of California to reward its citizens for their prudence in obtaining insurance coverage for their health care needs. The UPD policy and procedure shall at all times remain consistent with State policy.

II. Purpose

To provide uninsured patients equitable discounts for medically necessary services from the hospital's reasonable, necessary, usual and customary billed charges as well as information regarding the availability of charity care or government program assistance as required by Health and Safety Code Section 1339.585, effective January 01, 2006.

III. Definitions

HLA - Hospital Lien Act
HMO - Health Maintenance Organization
PPO - Preferred Provider Organization
UPD - Uninsured Patient Discount

IV. Text

This Policy and Procedure should be read in conjunction with Charity Care Policy and Procedure #20-01-0034.

V. Procedure

A. Uninsured Patient Eligibility Requirements

The patient or patient's guarantor has the burden of proving eligibility for the UPD. "Uninsured Patient" means either: (1) A patient who is responsible to pay a hospital bill that is not covered, payable or discounted by any type of insurance, governmental program, or responsible third party or entity; or (2) A patient whose benefits under insurance have been exhausted.

In order to qualify as an uninsured patient, the patient or patient's guarantor must verify that he or she is not aware of any insurance, governmental program or third party or entity responsible to pay all or part of the patient's billed charges, or empowered in some manner to discount the billed charges. Insurance in this case includes but is not limited to any HMO, PPO, indemnity coverage, consumer-directed health plan, liability insurance of any kind, workers compensation insurance, legally permissible self-insurance of any kind, and/or medical payments coverage of any kind.

B. Uninsured Patient Discount

The UPD is a write-off of a portion of the hospital's reasonable, necessary, usual and customary billed charges, taken at the time the uninsured patient is billed for the hospital services rendered. The amount of the UPD shall be consistent with the policy objectives and purposes outlined above.

C. Annual Determination of Uninsured Discounts

The uninsured patient discount is set by the hospital **annually** at an amount between the highest and lowest discounts from billed charges for commercial health plans.

D. Notification of Availability of Uninsured Patient Discount and Other Financial Assistance

The hospital will make a good faith effort to identify each patient who is potentially eligible for a UPD, and will provide such patients and/or guarantors with written information regarding UPD eligibility. Hospital shall provide this information to patients and/or guarantors as soon as practical following the hospital's recognition that payers other than the patient or guarantor in all likelihood do not reasonably exist.

E. Third Party Liens

This UPD policy and procedure does not apply in any way to charges collected under the California Hospital Lien act ("HLA"), California Civil Code sections 3045.1 to 3045.6. HLA collections shall be in the amount of the hospital's reasonable, necessary, usual and customary billed charges.

VI. References

Health and Safety Code Section 1339.585
California Civil Code sections 3045.1 to 3045.6

VII. Cross References

Charity Care Policy and Procedure, #20-01-0034

VIII. Associated Documents

None

IX. Approvals

Operations Document Review Committee – 05/25/2011
Chief Financial Officer – 11/18/2011
Board of Directors – 12/20/2011

Document Link Manager

No Documents Linked

Attachment Manager

No Attachments

References

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 - 9 United States Census Bureau. www.census.gov .
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- 12 2011 Healthier San Joaquin County Community Assessment, Household Income, page 33.
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15 California's Hospital Community Benefit Law: A Planner's Guide. (June 2003). The California Department of

16 Goldeen, Joe. (2012, October 27). Pacific, Kaiser Working on Community Health. The Record. Retrieved from <http://www.recordnet.com> .