Saint Louise Regional Hospital

Community Benefit Report and Plan

2012-2013
Table of Contents

Saint Louise Regional Hospital Overview  page 3
Our Community: Demographics  page 6
2011-2012 SLRH: Priority Setting  page 8
2011-2012 SLRH: Community Benefit Report  page 10
2010 Santa Clara County Community Health Profile  page 14
2012-2013 SLRH: Priority Setting  page 16
2012-2013 SLRH: Community Benefit Plan  page 18

Attachments
  Quantifiable Data: 2011 - 2012
  Screening Results: 2011 - 2012
Saint Louise Regional Hospital Overview

Saint Louise Regional Hospital (SLRH), a California nonprofit religious corporation, is a 93 bed acute-care hospital in Gilroy, CA. The hospital has served the community since 1989, under sponsorship of the Daughters of Charity of St. Vincent de Paul. Saint Louise Regional Hospital is a member of the Daughters of Charity Health System.

Saint Louise Regional Hospital is the largest hospital serving the communities of southern Santa Clara County. Currently we also operate an Urgent Care Center on our Morgan Hill campus: De Paul Health Center. We believe our Catholic-sponsored, not-for-profit hospital plays a vital role in continuing to emphasize high quality, compassionate service to the underserved in this changing, challenging environment.

At SLRH, we have the busiest emergency room per bed in Santa Clara County, this year we provided over 26,000 visits. A Calstar emergency helicopter transport is based on our premises. Saint Louise also provides many of the latest minimally invasive surgical procedures available today; general medicine covering specialties that are not often seen in a small community hospital; maternal and child health services; wound care and hyperbaric medicine with two hyperbaric oxygen chambers on site; certified stroke and telemedicine program; physician referral services; physician health and wellness lectures; and a variety of support groups.

The hospital's Breast Care Center, in a private suite on campus, provides mammography and bone density screening. SLRH has diagnostic equipment available including a 64 slice CT scanner, a MRI, Ultrasound, and Nuclear Medicine. A full service laboratory is available as well as cardipulmonary diagnostic studies.

The hospital is committed to being The Center for Health and Healing in the community it serves. Strategically, we are poised to both expand our Emergency Department on the Gilroy campus, and provide additional outpatient services on our Morgan Hill campus: De Paul Health Center.

The Health Benefits Resource Center provides a one stop service center for low cost health insurance enrollment for children and adults. The goal is to enroll all eligible persons for health insurance.

SLRH provides free individual and group classes and support groups in English and Spanish for persons with diabetes and their families. SLRH collaborates with
the Silicon Valley YMCA through a Center for Disease Control (CDC) REACH grant to enhance the education of Spanish speaking persons with diabetes through a Promotores program. (Grant ends 9/30/2012)

In the past year, SLRH collaborated with Breathe CA to provide education on the importance of a smoke free environment through specially trained Promotores.

Health screenings are provided at a variety of locations and businesses. Sponsorship of Community Health events such as the Gilroy Community Health Day is ongoing. In addition, SLRH participates in other community events such as the Mushroom Mardi Gras and Taste of Morgan Hill providing first aid services. SLRH also sponsors many community events related to health and wellness such as the “Run for Fitness” for Gilroy Unified School District; the St. Mary’s School Walk-a-thon in Gilroy and the St Catherine’s School Walk-a-thon in Morgan Hill.

Saint Louise Regional Hospital uses the Lyon Software Community Benefit Inventory for Social Accountability tool to evaluate its community benefit work. With this program we are continually improving the data input to provide more precise and accurate reporting to our board, associates, and community.

Social accountability budgeting, reporting and oversight for implementation of community benefit activities are the responsibility of the President and CEO of SLRH, as well as the Director of Community Health, along with the input and support of senior leadership. The Board of Directors is responsible for approving and subsequently monitoring the implementation of the community benefit plan on a quarterly basis and for suggesting changes or improvements as appropriate.

The president and CEO is Joanne Allen. Sister Ann Leitao is chair of the Board of Directors. Sister Rachela Silvestri, the Director of Community Health, is responsible for Community Benefit Program management and reporting.
Mission

The hospital operates with the Mission statement and Vincentian Values of the Daughters of Charity Health System.

In the spirit of our founders, St. Vincent dePaul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and the poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person; body, mind, and spirit. We promote healthy families, responsible stewardship of the environment, and a just society through value-based relationships and community-based collaboration.

Vincentian Values

Our values are based on those of Saint Vincent de Paul and thereby called Vincentian.

The Charity of Christ urges us to:

• **Respect:** Recognizing our own value and the value of others
• **Compassionate Service:** Providing excellent care with gentleness and kindness
• **Simplicity:** Acting with integrity, clarity and honesty
• **Advocacy for the Poor:** Supporting those who lack resources for a healthy life and full human development
• **Inventiveness to Infinity:** Being continuously resourceful and creative,

Vision Statement

In the context of our Mission and Vincentian Values, Saint Louise Regional Hospital is to be the center for health and healing for our communities and to nurture the spiritual and physical well being of all.
Saint Louise Regional Hospital
Our Community

Demographics

Saint Louise Regional Hospital serves a Primary Service Area (PSA) that includes Gilroy, Morgan Hill, and the small community of San Martin with a relatively stable population of 6000.

The demographic data shown on the table below is obtained from the web sites: city-data.com and the US Census Factfinder.

<table>
<thead>
<tr>
<th>Data</th>
<th>Gilroy</th>
<th>Morgan Hill</th>
<th>Santa Clara County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>48,821</td>
<td>37,882</td>
<td>1,781,642</td>
</tr>
<tr>
<td>Hispanic Population</td>
<td>57.8%</td>
<td>34%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Families living in poverty</td>
<td>8.1%</td>
<td>8.5%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Median Age</td>
<td>32.4</td>
<td>36.8</td>
<td>36.2</td>
</tr>
<tr>
<td>Median Income</td>
<td>$67,039</td>
<td>$95,968</td>
<td>$86,850</td>
</tr>
<tr>
<td>Educational Level Below High School</td>
<td>29.9%</td>
<td>13.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Educational Level High School</td>
<td>20.1%</td>
<td>17.6%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>13.5%</td>
<td>11.6%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>
Economic status

What is notable in these statistics is the high unemployment rate in both Gilroy and Morgan Hill compared to the entire County. SLRH has expanded its Health Benefits Resource Center to address the needs of those coming to our emergency room especially those who have lost their insurance due to loss of work.

Education/Ethnicity

Almost 30% of the people living in Gilroy have minimal education. Additionally many of these people do not have English as their 1st language. This presents challenges for providing health education to our clients both inpatient and outpatient.

Future Needs in South County

Saint Louise Regional Hospital continues to monitor the need for additional medical services in our community. We are recruiting new physicians to serve the unmet needs of our clients. Our strategic initiatives involve expansion at both our Gilroy and Morgan Hill campuses.
Saint Louise Regional Hospital
Community Benefit Report: Priority-Setting Process
2011 - 2012

The 2010 Santa Clara County Health Profile Report provided the basis for the 2011 - 2012 Saint Louise Regional Hospital Community Benefit Plan. Additionally, specific local issues were identified through the oversampling in Gilroy which was a part of this report. While this oversampling was a benefit, it did not always provide accuracy due to the method of sampling. Our focus for the past year has been on Chronic Disease Prevention and Access to Healthcare.

Diabetes Education is a necessary focus for us since 14% of persons in Gilroy reported a diagnosis of diabetes compared to 8% in Santa Clara County. We have a Promotora Coordinator who has a two-fold responsibility: visiting the persons with diabetes in the hospital and coordinating the education for the Spanish speaking population through the use of Promotoras who are supported through the REACH grant from the CDC in collaboration with the Silicon Valley YMCA.

Based on the facts that 43% of persons in Gilroy relate that they have hypertension while 40% report an elevated cholesterol, Saint Louise Regional Hospital is now a Certified Primary Stroke Center. Increased community education related to stroke prevention and care available at Saint Louise Regional Hospital is a priority.

Providing Access to Health Care through our Health Benefits Resource Center continues to be a goal at Saint Louise Regional Hospital. The Center now is increasing their staff and incorporating increased services to adults who are uninsured and/or under insured.

Directors and other staff participate in the quarterly process of accounting for the resources used by the hospital for charity care and other community benefit services. Departments such as nutritional services, social services, facilities, and finance are regular participants.

In addition, the hospital works collaboratively with many community agencies to solicit their feedback on what they have found in assessing the needs of the populations they serve. The Director of Community Health serves on many local task forces. While it is essential to participate in the Santa Clara County Community Health Assessment, it is also just as important to be in the community working with the local groups to confirm we are on the right track. Gilroy and the surrounding areas are somewhat isolated from the rest of the county and this
creates challenges in providing healthcare, in particular, to those on limited incomes.

The following is a list of the local organizations and agencies that SLRH participates with in order to obtain input into the healthcare needs of those in our service area.

**The South County Collaborative (SCC)** is a community partnership sharing strengths and resources in order to provide access to a full range of healthcare services. Over 50 agencies are represented including schools, healthcare, businesses, and community members. The Collaborative meets monthly and annually sets goals to improve the quality of life in South County. The Director of Community Health serves as a member of the Board of Directors as well as the co-chair of the Nutrition and Health Sub-Committee of the SCC.

The **Nutrition and Health Sub-Committee** meets monthly to collaborate on ways to improve health and nutrition in South County. Some of the activities of this committee include: planning and sponsoring of a workshop “Decreasing Latino Health Disparities – A Focus on Systemic Change” which is to be held during Binational Health Week in October 2011; advocacy for prevention activities related to obesity and chronic health conditions; increased utilization of the Food Stamp program by providing food assistance training; and support for the implementation of a breastfeeding project.

**Gilroy Community Health Day** is a collaborative effort of several local agencies serving the underserved. SLRH is actively involved with the planning and sponsorship of this event. The health screening results assist us in setting priorities.

Tracking results from health screenings provided at various locations in addition to the above events assists us in setting priorities. Attachments include results from the three largest events in 2011 – 2012.

Members of Senior Management and Saint Louise Regional Hospital associates serve in a variety of roles on the various Chambers, Rotary and other community organizations. This provides another perspective to our planning process. The report of the 2011 – 2012 Community Benefit Plan follows.
Saint Louise Regional Hospital

The 2011 – 2012 Community Benefit Plan at Saint Louise Regional Hospital focused its efforts on two areas noted in the 2010 Community Health Profile:

- Diabetes/Obesity/Stroke Prevention
- Access to Healthcare

Goal #1: Promote diabetes education in the Hispanic population through the Promotores program.

- Provide ongoing support for promotores trained in diabetes.
- Utilize the 4 session model and develop a means for ongoing support of those who complete the sessions.
- Provide 4 support sessions per year.
- Develop an Evaluation tool to be used at 3 months, 6 months and 1 year after the classes.

<table>
<thead>
<tr>
<th>House Meeting Series completed: 4 sessions in each</th>
<th>90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Participants</td>
<td>369</td>
</tr>
<tr>
<td>Total Number completed entire series</td>
<td>282</td>
</tr>
<tr>
<td>Completed 75%</td>
<td>40</td>
</tr>
<tr>
<td>Completed 50%</td>
<td>24</td>
</tr>
<tr>
<td>Completed 25%</td>
<td>22</td>
</tr>
<tr>
<td>Total Improved knowledge or remained the same</td>
<td>297</td>
</tr>
<tr>
<td>Support Sessions: 1 provided</td>
<td>18</td>
</tr>
</tbody>
</table>

The evaluation form was developed and 980 telephone calls were made. Of these 443 were completed. 78% reported that their eating habits had changed since taking the classes and 65% reported their blood glucose to be below 140. Additionally, 81% said they wanted more classes.

Goal #2: Improve diabetes education in the entire service area.

- Provide individual and monthly classes for persons with diabetes.
- Explore the possibility of using the Promotora model in the English speaking community.
- Continue to schedule afternoon and evening series of classes.
- Explore various possibilities of providing ongoing support for those with diabetes.
- Develop an Evaluation tool to be used at 3 months, 6 months and 1 year after the classes.
- Provide blood glucose screenings to vulnerable populations and assure follow up care is provided.

<table>
<thead>
<tr>
<th>Total Number attended Classes</th>
<th>66</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number Individual Instruction</td>
<td>50</td>
</tr>
<tr>
<td>Blood Glucose Screenings</td>
<td>625 @ $625.</td>
</tr>
</tbody>
</table>

It was determined to continue the English classes as structured. Support classes were not specifically held but some clients returned to the next set of classes. The evaluation form was developed.

Goal # 3: Provide assistance with access to healthcare services/education and low cost insurance through the Health Benefits Resource Center.

- Provide Referral Support to Santa Clara County Valley Medical Center Specialty Clinics or other resources for persons requiring ongoing care after discharge. (This function of HBRC is now provided by persons working in the Emergency Department)
- Provide assistance with applications for Healthy Families, Medi-Cal, Healthy Kids, and Kaiser Childcare.
- Provide adult persons with insurance information and access as available.
- Provide assistance to other community resources based on criteria.
- Enhance services through increased outreach to the community.

<table>
<thead>
<tr>
<th>Eligibility Screenings</th>
<th>598</th>
</tr>
</thead>
<tbody>
<tr>
<td>MediCal Members</td>
<td>244</td>
</tr>
<tr>
<td>Healthy Families Members</td>
<td>112</td>
</tr>
<tr>
<td>Kaiser Children</td>
<td>30</td>
</tr>
<tr>
<td>Healthy Kids</td>
<td>16</td>
</tr>
<tr>
<td>A.I.M.</td>
<td>3</td>
</tr>
<tr>
<td>Cal Fresh Eligibility Screenings</td>
<td>200</td>
</tr>
<tr>
<td>Cal Fresh Members</td>
<td>97</td>
</tr>
</tbody>
</table>

Goal # 4: Become a Certified Primary Stroke Center.

- Provide education to the community related to stroke prevention and early recognition of symptoms.
- SLRH is a Certified Stroke Center. 137 persons were seen in our Emergency Department for stroke symptoms. Education has been
provided related to stroke prevention and early response to symptoms at all community events we attend.

Goal #5: Collaborate with others in the community.

- Assist in the planning of community events designed to promote health and wellness.
- Provide sponsorships to events that promote health and wellness.
- Support the County wide efforts of the CUP grants to reduce smoking.
- Support the South County Collaborative grant for Drug Free Communities – DFC – also a CUP grant.
- Support the U.S. Financial Diaries project through assistance in their recruitment process. The U.S. Financial Diaries is a joint project of the Financial Access Initiative at NYU, Bankable Frontier Associates, and the Center for Financial Services Innovation.

<table>
<thead>
<tr>
<th>Sponsorships for Events Promoting Health and Wellness</th>
<th>4</th>
<th>$1550</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorship for Health Events specifically for the Poor</td>
<td>1</td>
<td>$5000</td>
</tr>
<tr>
<td>Cash Donations for the Poor</td>
<td>1</td>
<td>$1000</td>
</tr>
</tbody>
</table>

Staff from SLRH co-chair the Gilroy Community Health Day event. Our efforts to support the County wide efforts to reduce smoking were enhanced by a promotora project through Breathe CA. 11 Presentations were given and pledge cards were signed to have smoke free homes. The DFC grant is no longer functional. The U.S. Financial Diaries project is in process.

Goal #6: Provide services that enhance health and wellness and reduce obesity.

- Provide B/P and Blood Cholesterol screenings to vulnerable populations and assure follow up care is provided.
- Provide scholarships for Childbirth Education Classes to those unable to pay.
- Partner with The Health Trust in the provision of meals to seniors in need.
- Provide Flu shots to vulnerable populations.
- Provide advocacy for those in need.
- Support the maintenance of the Heliport.
- Host support groups.
- Maintain disaster readiness and participate in County and State planning efforts.
- Provide opportunities for students to receive clinical experience in health related occupations.
- Sponsor staff members to attend Leadership training.
- Provide sponsorships for various non-profit community events.

<table>
<thead>
<tr>
<th>Program</th>
<th>Number Served</th>
<th>CB Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Cholesterol Screenings</td>
<td>624</td>
<td>$2516</td>
</tr>
<tr>
<td>Blood Pressure Screenings</td>
<td>268</td>
<td></td>
</tr>
<tr>
<td>Childbirth Education Scholarships</td>
<td>31</td>
<td>$2876</td>
</tr>
<tr>
<td>Health Trust Meals on Wheels</td>
<td>7027</td>
<td>$10,458</td>
</tr>
<tr>
<td>Flu Shots</td>
<td>846</td>
<td>$5050</td>
</tr>
<tr>
<td>Advocacy</td>
<td>195</td>
<td>$6001</td>
</tr>
<tr>
<td>Heliport Support</td>
<td>n/a</td>
<td>$2956</td>
</tr>
<tr>
<td>Bereavement Support Group</td>
<td>50</td>
<td>$900</td>
</tr>
<tr>
<td>Breast Cancer Support Group</td>
<td>40</td>
<td>$900</td>
</tr>
<tr>
<td>Breastfeeding Mothers Support Group</td>
<td>2899</td>
<td>$41,581</td>
</tr>
<tr>
<td>Neuropathy Support Group</td>
<td>17</td>
<td>$600</td>
</tr>
<tr>
<td>Surgical Weight Loss Support Group</td>
<td>165</td>
<td>$1817</td>
</tr>
<tr>
<td>Better Breathers Support Group</td>
<td>46</td>
<td>$750</td>
</tr>
<tr>
<td>Community Disaster Planning</td>
<td>n/a</td>
<td>$820</td>
</tr>
<tr>
<td>Students Clinical Experience</td>
<td>92</td>
<td>$193,540</td>
</tr>
<tr>
<td>Leadership Training</td>
<td>10</td>
<td>$150</td>
</tr>
<tr>
<td>Sponsorship on Non Profit Community Events</td>
<td>8502</td>
<td>$10,550</td>
</tr>
</tbody>
</table>
2010 Santa Clara County Health Profile Report

Overview

The 2010 Santa Clara County Health Profile Report was conducted in collaboration with the Santa Clara County Public Health Department and the Community Benefits Coalition of the Hospital Council of Northern and Central California, South Bay Section. Participating organizations included the following:

- Community Health Partnership
- Council on Aging Silicon Valley
- El Camino Hospital
- First 5 Santa Clara County
- Healthy Silicon Valley
- Hospital Council of Northern and Central CA, South Bay Section
- Kaiser Permanente Santa Clara
- Kaiser Permanente San Jose
- Kids in Common
- Lucile Packard Children's Hospital
- O'Connor Hospital
- Palo Alto Medical Foundation
- Project Cornerstone
- Saint Louise Regional Hospital
- Santa Clara County Office of Education
- Santa Clara County Public Health Department
- Santa Clara County Social Services Agency
- Santa Clara County Family Health Foundation
- Santa Clara Family Health Plan
- Santa Clara Valley Health and Hospital System
- Silicon Valley Community Foundation
- Silicon Valley’s University Partner for Research and Innovative Solutions
- Stanford Hospital and Clinics
- The Health Trust
- United Way Silicon Valley
- YMCA of Silicon Valley

Representatives of this group of organizations met regularly to identify challenges, and opportunities for health care organizations, government agencies, and community organizations to improve the health and quality of life of Santa Clara County residents. Suggestions regarding data questions were discussed and agreed upon.
2010 Santa Clara County Health Profile Report
Key Issues

Saint Louise Regional Hospital staff participated in the preparation of the 2010 Santa Clara County Health Profile Report. The challenge in preparing this report is to present the most pressing needs knowing that some significant issues may remain unaddressed. Another identified challenge is the lack of data that is zip code specific. Therefore, four areas in the County were oversampled. These included San Jose, Gilroy, Mountain View, and Sunnyvale.

Overall, Santa Clara County is healthy but a closer look reveals disparities leaving certain populations at a higher risk for chronic diseases. Disparities are differences in health status defined by characteristics such as race/ethnicity, income or education levels.

Based on the demographic data showing that Gilroy has a Hispanic population of 59% and Santa Clara County has a Hispanic population of 26%, Santa Clara County and Gilroy, in particular, have the following areas to improve:

- access to healthcare:
  - declined from 2000 to 2009
  - more Hispanics -40% are uninsured
- prevention of risk factors especially obesity leading to chronic disease:
  - increased from 52% to 56% from 2000 to 2009
  - more Hispanics -68% are overweight/obese
- increasing support of persons with diabetes:
  - number of persons with diabetes increased from 5% to 8% from 2000 to 2009
  - higher proportion: 11% of Hispanics have diabetes.

The risk factors leading to heart disease, a leading cause of death in Santa Clara County, include diabetes, high blood pressure, and high cholesterol. Each of these risk factors have a higher incidence in Gilroy than in the County and in the state.
Saint Louise Regional Hospital  
Community Benefit Plan: Priority-Setting Process  
2012 - 2013

In setting priorities for the coming year, SLRH is again relying on the 2010 Santa Clara County Health Profile Report to provide the overall focus for Community Benefit activities. Several issues surfaced as a result of the oversampling in Gilroy.

In some areas the sampling may not provide a true picture of those who live in poverty since the process of obtaining information may not have reflected this population. For example, in the area of Access to Healthcare less people reported not having insurance compared to the entire County. While the data does not show that people in Gilroy do not have access to healthcare, our experience at the Emergency Department at SLRH and the Unemployment Data tells a different story.

Our focus for the coming year continues to be in the area of Chronic Disease Prevention and Access to Healthcare. The number of Gilroy residents who report they have been told they have diabetes is 6% higher than in the County. Diabetes Education has been and will continue to be a major focus for us. We are working on grant applications in order to continue diabetes education to the Hispanic community as the REACH grant funding ends in September 2012. Our evaluative process indicated that people are requesting more education so that will become a focus.

Since obesity is a precursor to diabetes, heart disease and stroke, we are planning to collaborate with the Santa Clara Public Health Department (SCCPHD) in a Nutrition Program geared to those receiving Food Stamps (Cal-Fresh). This education will be provided by Promotores. All training and materials will be provided by the SCCPHD.

SLRH has a Master Site Planning document which has had input from many local community leaders. Senior leadership and several department directors participate in quarterly data collection of benefits provided to the community through our charity care program and other community services.

Participation in local and county wide collaboratives also provides input in our planning process. The collaboratives include the following: South County Collaborative, Nutrition and Health Sub-Committee, and the Board of Directors of the South County Collaborative. During this year, we are active participants in the Santa Clara Community Benefits Coalition and preparing for the Community Health Needs Assessment which is to be completed by the end of this fiscal year.
Additionally various members of senior leadership participate on local Chambers of Commerce and Rotary Clubs.

Health Screenings are provided at various locations: the Learning and Loving Center in Morgan Hill, the Gilroy Community Health Day, community events at Arteagas Super Market in Gilroy, the Senior Centers in Morgan Hill and Gilroy as well as health fairs and several businesses who employ low income persons. Results of these screenings assist in the Priority Setting Process.
Saint Louise Regional Hospital
Community Benefit Plan
2012 - 2013

The 2012 – 2013 Community Benefit Plan at Saint Louise Regional Hospital will focus its efforts on two areas noted in the 2010 Community Health Profile:

Chronic Disease Prevention especially Diabetes/Obesity/Stroke
Access to Healthcare

Goal #1: Promote diabetes education in the Hispanic population through the Promotores program.

- Continue to utilize the 4 session model.
- Provide 2 support sessions per year.
- Obtain grant funding to assist in providing education when REACH grant ends. (September 30, 2012)

Goal #2: Improve diabetes education in the entire service area.

- Provide individual and monthly classes for persons with diabetes.
- Continue to schedule afternoon and evening series of classes.
- Provide 2 support sessions per year.
- Provide blood glucose screenings to vulnerable populations and assure follow up care is provided.

Goal #3: Provide assistance with access to healthcare services/education and low cost insurance through the Health Benefits Resource Center.

- Provide assistance with applications for Healthy Families, Medi-Cal, Healthy Kids, and Kaiser Childcare.
- Provide adult persons with insurance information and access as available.
- Provide assistance to other community resources based on criteria.
- Enhance services through increased outreach to the community.

Goal #4: Collaborate with others in the community.

- Assist in the planning of community events designed to promote health and wellness.
- Provide sponsorships to events that promote health and wellness.
Goal #5: Provide services that enhance health and wellness and reduce obesity.

- Provide B/P and Blood Cholesterol screenings to vulnerable populations and assure follow up care is provided.
- Provide scholarships for Childbirth Education Classes to those unable to pay.
- Partner with The Health Trust in the provision of meals to seniors in need.
- Provide Flu shots to vulnerable populations.
- Provide advocacy for those in need.
- Support the maintenance of the Heliport.
- Host support groups.
- Maintain disaster readiness and participate in County and State planning efforts.
- Provide opportunities for students to receive clinical experience in health related occupations.
- Sponsor staff members to attend Leadership training.
- Provide sponsorships for various non-profit community events.
- Collaborate with the SCCPHD in the provision of nutrition education for CalFresh members.
<table>
<thead>
<tr>
<th></th>
<th>Persons</th>
<th>Total Expense</th>
<th>Offsetting Revenue</th>
<th>Net Benefit</th>
<th>% of Organization Expenses</th>
<th>Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits for Living in Poverty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>1,736</td>
<td>1,315,810</td>
<td>0</td>
<td>1,315,810</td>
<td>1.4</td>
<td>1.5</td>
</tr>
<tr>
<td>Medicaid</td>
<td>4,773</td>
<td>18,776,103</td>
<td>10,874,070</td>
<td>7,902,033</td>
<td>8.5</td>
<td>9.1</td>
</tr>
<tr>
<td>Community Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Improvement Service</td>
<td>3,747</td>
<td>267,033</td>
<td>269,059</td>
<td>17,974</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Financial and In-Kind Contributions</td>
<td>700</td>
<td>6,000</td>
<td>0</td>
<td>6,000</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Totals for Community Services</td>
<td>4,447</td>
<td>293,033</td>
<td>269,059</td>
<td>23,974</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Totals for Living in Poverty</td>
<td>10,986</td>
<td>20,384,546</td>
<td>11,143,129</td>
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<td>Benefits for Broader Community</td>
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<td>Community Services</td>
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<td>Community Benefit Operations</td>
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<td>Community Building Activities</td>
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<td>Financial and In-Kind Contributions</td>
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<td>Totals for Community Services</td>
<td>22,211</td>
<td>896,610</td>
<td>23,108</td>
<td>889,502</td>
<td>0.9</td>
<td>1.0</td>
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<tr>
<td>Totals for Broader Community</td>
<td>22,211</td>
<td>896,610</td>
<td>23,108</td>
<td>889,502</td>
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<td>Unpaid Cost of Medicare</td>
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<td>Totals with Medicare</td>
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<td>58,759,255</td>
<td>38,343,740</td>
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<td>Totals Including Medicare and Bad Debt</td>
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<td>38,343,740</td>
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