



Community Hospital of San Bernardino

A member of CHW



Community Hospital of San Bernardino

Community Benefit Report 2011  
Community Benefit Plan 2012

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# EXECUTIVE SUMMARY

Providing quality, compassionate health care services for nearly 100 years, Community Hospital of San Bernardino was founded by Dr. Henry William Mills in 1910.

Community Hospital of San Bernardino joined the growing faith-based non-profit system of hospitals, Catholic Healthcare West (CHW) in 1998. By joining a system with a shared mission and values, CHSB has furthered its collaboration in the community, particularly through a partnership with neighboring St. Bernardine Medical Center (SBMC).

Community Hospital of San Bernardino continually assesses and responds to community growth and need. Currently 1,476 employees support the operations of this 343-bed acute care hospital, 34-bed Pediatric sub-acute care facility and Community Home Health Services. In FY 2011 the average daily occupancy was 249. 46,539 patients were treated in our Emergency Department.

Community Hospital of San Bernardino offers the following service lines:

- **Women and Children's Services**
- **Behavioral Health Services**
- **Medical/ Surgical Services**
- **Intensive Critical Care Unit (ICCU)**
- **Emergency Care**
- **Adult and Children's Sub-acute Services**
- **Home Health Services**

Major Community Benefit Activities include:

- Community Education Programs and support activities, targeting a vulnerable population documented in the Community Needs Index (CNI) to have the highest level of unmet needs.
- Behavioral health crisis assessment and referral service.
- Daily transportation for means tested clients of behavioral health partial day treatment program.
- Senior drive-through flu clinic.
- Community case managed crisis intervention, specializing in families with children 0-5 years of age.
- Donation of over 19,200 square feet of building space to house outreach and charity operations for Catholic Charities, Focus 92411 Community Homework Center, African American Health Institute of San Bernardino County, Latino Health Collaborative, San Bernardino Clinic Association and the Community Health Information and Education Center
- Provision of facilities, supplies, meals and/or refreshments for priority related community meetings, forums, support groups and outreach holiday events.
- Provision of facilities, supplies, meals and/or refreshments for partners and guests engaged in community capacity building planning and projects.
- Provision of operational support for Catholic Charities operated Focus 92411 Homework Center.

- Collaboration with the California Diabetes Program and other key Inland Empire service agencies/providers in the provision of culturally appropriate diabetic education and intervention, including strategies, protocols and processes for inpatients and outpatients.
- Collaboration with American Lung Association (ALA), Inland Empire Health Plan (IEHP), San Bernardino Unified School District, Molina Healthcare and La Salle Medical Associates to provide pediatric asthma awareness/prevention classes that target the most vulnerable neighborhoods within our community.
- Collaboration with San Bernardino Valley College to support the successful development and graduation of qualified community members in the completion educational requirements that allow them to graduate as licensed registered nurses.
- Collaboration with California State University San Bernardino, San Bernardino Valley College and San Bernardino Unified School District to support the successful entry, development and credentialing of qualified hospital staff; local high school graduates and vocational school students in an allied health career.

CHSB maintains active membership on St. Bernardine Medical Center's Community Benefit Initiative Committee (CBIC). CHSB draws from the input of key community stakeholders who inform the CBIC, as well as feedback from our own unique community partners and internal task force members in reviewing the needs of the community and establishing FY11 priorities and goals for Community Benefit Programs that are described in the Program Digest, beginning on page 16. FY 2011 Community Benefit Programs conform to priorities of:

- Diabetes/Obesity
- Heart Disease/CHF
- Pediatric Asthma
- Access to primary care with the goal of reducing Emergency Department visits

CHSB provided \$10,913,442 in quantifiable community benefit programs and services in FY 2011. A comprehensive program description is on page 12. The financial review for the summary classified in benefits for the means tested population, as well as benefits for the broader community is described on page 19.

# MISSION STATEMENT

## I. COMMUNITY HOSPITAL OF SAN BERNARDINO MISSION

### A. Mission Statement

Catholic Healthcare West and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

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

# ORGANIZATIONAL COMMITMENT

## A. Community Hospital of San Bernardino organizational commitment

1. CHSB is a member of the Catholic Healthcare West (CHW) Hospital System that provides healthcare services in communities across California, Nevada and Arizona. CHSB is 3.5 miles west of St. Bernardine Medical Center (SBMC), a CHW sister facility. Community benefit planning is a collaborative effort shared by CHSB, SBMC and stakeholders of the communities served by these two healthcare providers.
  - a. Being integral components of the mission and philosophy of CHW, CHSB and SBMC, community benefit planning and programming are addressed during a strategic planning process. Corporate as well as service area executive leadership, physicians, board members and key community stakeholders participate in this process. Most important is the strong commitment to support the service area through membership and participation in SBMC Community Benefit Initiative Committee (CBIC) and CHW Community Grant program where CHSB monetary contribution and staff participation support the continuum of care in the community offered and delivered by the service area awardee not-for-profit organizations.
  - b. FY 2011 community benefit planning and program delivery remain under the administrative leadership of Kimiko Ford, Vice President of Mission and Support Services. FY 2012 marks the merging of SBMC/CHSB community benefit operations to provide a community service area or unified approach to meeting the needs of the community known as the Inland Empire. CHSB community benefit operations are transitioning to the administrative leadership of Linda McDonald, Service Area Vice President of Mission Services. Both CHSB and SBMC Board of Directors reviews, advises and approves the community benefit plan on an annual basis.
    - The resources and capital needs necessary for delivering and fulfilling specific goals and objectives identified in the community benefit plan are considered and included during the annual budget and allocation process. During FY 2011 a hospital cost center and one FTE were dedicated to community benefit coordination.
    - Looking to build upon the successes and momentum from FY 2011 community benefit plans, area mission leaders draw further from collaborations/recommendations offered by key community partners/organizations and the FY 2011 Community Needs Assessment (CNA) to craft key elements that comprise the FY 2012 Community Benefit Plan. This plan provides the operational framework from which CHW area leaders and staff will deliver program(s)/process(es) with measurable outcomes thoughtfully crafted to offer the most assistance for Inland Empire families, particularly those who are under

or uninsured, low income and limited English speaking. The mission of the FY 2012 plan is to assist members of the community in 1) overcoming barriers for accessing healthcare services, including dental and mental health; 2) reaching well into the community to deliver understandable information that facilitates changes that produce a healthier lifestyle and aid in the prevention/management of ambulatory lifestyle related chronic conditions; and 3) connecting with community youth to promote their understanding and engagement in healthy lifestyles, education and career development

- Programs are evaluated on an ongoing basis. The service area CBIC with representation from hospital board of directors, physicians, leadership and staff together with community stakeholders of the relevant initiatives review outcomes and share comments and recommendations that offer the most solid pathway to success in meeting the Inland Empire's unmet needs. Particular attention has been given to initiatives which seek to reduce the disparities in social and health indicators within specific neighborhoods (zip codes) of our community.
- c. Individuals who comprise the SBMC and CHSB Board of Directors offer backgrounds and rich histories that correspond well with the diversity, interests and needs depicted in SBMC/CHSB neighboring service area.

#### B. Non-Quantifiable Benefits

1. - CHSB provides a wealth of resources, including operational offices/meeting space and advocacy provided through the participation of hospital leadership, clinicians, educators and staff as collaborators with non- profit community organizations to carry on a mission to increase access and reduce disparities in the delivery of health care services for members of the community.
  2. - CHSB provides facilities and staff to ensure that adequate resources are directed toward the success of community organizations who have come together to address the specific need for a healthier/safe community. CHSB has been present at the table and has played a significant role in the mission and successes of:
    - Healthy San Bernardino
    - San Bernardino Diabetes Collaborative
    - Inland Empire Asthma Coalition
    - San Bernardino Clinic Association
    - Focus 92411 Homework Center/Catholic Charities
    - African American Health Initiative of San Bernardino
    - Latino Health Collaborative
- CHSB actively and aggressively approaches ecological issues through its Environmental Action Committee (EAC) which meets quarterly to define, plan and track programs that promote awareness and initiatives that promote a "green facility and community." Actions from the EAC have earned CHSB the Partner for Change Award from Practice Greenhealth. In celebration of CHSB's Centennial Celebration staff and community partners collaborated to plant 100 trees throughout the hospital's service area. Outdated and unusable electronics are recycled through a partnership with Goodwill Industries. Usable Textiles and unexpired pantry items are recycled through Catholic Charities. Clean discarded blue wrap items are recycled to animal shelters for bedding purposes.

# COMMUNITY

## II. COMMUNITY

### A. CHSB Community

1. In defining the community served by CHSB, strong consideration was focused upon specific resources, including OSHPD's definition of community as the service area, as well as demographic information provided by the United States Bureau of the Census 2005-2009, American Community Survey, ESRI Business Analyst 2010, Nielsen Claritas 2010, healthcity.org, California Employment Development Department, California Department of Public Health 2007-2009 and California Health Interview Survey 2009. In addition recognition of pertinent information regarding the patients or clients that are served in this program, other criteria that has been considered includes:
  - Needs to serve – those who are documented to have the greatest need for services
  - Can most readily serve – those in the service area's immediate vicinity
  - Identified in the Community Need Index (CNI) – those key ambulatory sensitive conditions that must be appropriately addressed for those living in neighboring ZIP codes that are measured to be within the 4.2 to 5.0 category of greatest need.
  - Identified in the Community Needs Assessment (CNA) – those prioritized service elements that are identified in the FY 2011 CNA
2. The CHSB service area includes 14 Zip Codes that comprise San Bernardino, Rialto, Colton, Highland, Fontana and Bloomington. The average CNI for this area currently measures 4.8.
  - CHSB service area population includes 662,647 persons
  - CHSB serves a very young population with 36% being from 0-20 years of age.
  - Seniors 65+ comprise 11% of CHSB's service area population.
3. Service Area Culture and Language  
The ethnicity of the service area reflects 61.7% Hispanic; 12.4% African American; 19.2% Caucasian; 4.8% Asian and 1.9% other.

In the overall CHSB Service Area English and Spanish are the two most frequently spoken languages. Spanish is spoken by more residents than English within the communities of Bloomington, Fontana 92335, San Bernardino, 92411 and San Bernardino 92410. In Zip 92410 13.6% of those who speak Spanish do not speak English. Fontana 92335 and San Bernardino 92410 and 92411 have high rates of households whose members are linguistically isolated.

4. Economic Indicators  
The median income of the 182,459 households in this service area is \$43,195. An average of 19.4% of the service area population lives in poverty. 32% of families residing in Zip Codes 92401, 92410 and 92411 live in poverty. 11.8% of San Bernardino's families have a female head of household. Unemployment for San Bernardino County is 13.7%. CHSB service area rate of unemployment is 16.6%. The homeless count is close to 18,000 with 56% living unsheltered. 34% of the sheltered homeless are families with children.
5. CHSB payor experience for FY 2011 was 7.2% uninsured; 64.6% Medi Cal; Medicare only 19.1%  
Health Insurance Percentages in San Bernardino County:

Age	Emp.	Medi-Cal	SCHIP	Uninsured	Medicare	M/M	Priv	Other
0-17	2.2	29.1	10.4	7.5	-	-	3.2	2.2
18-64	50.2	9.9	-	28.3	1.3	1.8	4.6	3.4
Senior	-	-	-	-	1.9	20.3	-	6.2

# Community Benefit Planning Process

## III. PLANNING PROCESS

### A. Developing Community Hospital of San Bernardino’s Community Benefit Report and Plan

1. CHSB/SBMC FY 2011 Community Needs Assessment was conducted to survey the primary Service areas of both hospitals. This survey is conducted by Biel Consulting and is a tool used in determining a plan that outlines how CHSB will address unmet community health needs by giving back to the community in the form of health care and other community services.
2. CHSB and SBMC carefully crafted a list of 25 key stakeholders (individuals, agencies, organizations, coalitions) who are well aligned in the ongoing mission and collaboration to meet the unmet needs of the service area. Biel Consulting used this list to collect primary data through conducting stakeholder interviews. Executive officers/administrators were interviewed.

Stakeholder		Stakeholder	
1.	African American Health Institute of S.B.	14.	Inland Congregations United for Change
2.	Al-Shifa Free Clinic	15.	Knott's Family Agency
3.	American Heart Association	16.	Latino Health Collaborative Executive Director
4.	American Lung Association in California	17.	Mary's Mercy Center
5.	Arrowhead United Way	18.	Northwest Redevelopment Project Area Comm.
6.	Catholic Charities	19.	San Bernardino Co. Dept. of Behavioral Health
7.	City of Fontana, Fontana Senior Center	20.	San Bernardino Co. Dept. of Public Health.
8.	City of San Bernardino	21.	San Bernardino Unified School District
9.	Community Clinic Association of S.B. Co.	22.	Sexual Assault Services of San Bernardino
10.	CHSB Board of Directors President	23.	SBMC Board of Directors Member Faye Pointer
11.	Community Volunteer Dorothy Grant	24.	St. Catherine of Sienna Catholic Church –Fr. Porter
12.	Diocese of San Bernardino	25.	Time for a Change Foundation
13.	H Street Clinic		

3. This assessment incorporates
  - a) primary data collection
    - targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital (see table above).
    - eight focus groups (6 English/2 Spanish) were conducted with 90 area residents who are clients of community organizations in the service area.
    - qualitative data was obtained via 100 public surveys completed by hard paper copy or via input provided through survey link posted on CHSB website.
  - b) secondary data collected/conducted at the most local level possible for CHSB service area
    - Zip code, local, county and state sources to frame community profile, birth indicators, leading causes of death, access to care, chronic disease, health behaviors, social issues, and school/student characteristics.
    - data sets presented at county and state level depict the scope of an issue as it relates to the broader community
    - benchmark data compares CHSB community data findings with the newly released Healthy People 2020 objectives
  - c) prevention quality indicators
    - developed by the agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators (PQIs) measure and examine CHSB FY 2010 discharge data to identify quality of care for 14 different “ambulatory care sensitive conditions.” This is a key component of our community benefit work, as it demonstrates the success of programs to address unmet health needs in the community and thereby reducing unnecessary hospitalizations.

4. Results of Needs Assessment for CHSB Service Area
- a. Secondary Data Findings:
- Leading Cause of Death: 1) Heart Disease; 2) Cancer; 3) Chronic Respiratory Disease
  - Birth Characteristics: 1) Teen birth rate exceeds state rate; 2) Low birth weight rate exceeds state rate; 3) CHSB new mothers breastfeeding rate does not meet Healthy People 2020 objective
  - Access to Health Care: Insured rate for community members does not meet Healthy People 2020 objective
  - Delayed Medical Care: Compared to state rate, incidence of delayed medical care in area population is greater, especially for people 18-64 years old
  - Dental Care: State and local area experience for uninsured adults is similar at 33%. Children without coverage exceeds the state rate
  - Chronic Disease: Hypertension and diabetes rates exceed those of the state. The rates for childhood asthma and diabetes mirror those of the state
  - Cancer: While overall incidence of cancer in area residents is lower than the state, the rate for lung/bronchus, colorectal, cervical and esophageal cancer exceeds the state rate.
  - HIV/AIDS: Rate for HIV is double that of the state. Rate for AIDS is lower than the state
  - STD Cases: Area rates are lower than those of the state
  - Preventive Practices: Overall area participation does not meet Healthy People 2020 objectives but are similar to the same participation levels as described in state statistics
  - Overweight/Obese: 68.1% of county adult and 34.3% of youth populations are considered either overweight or obese
  - Smoking: The rate for area residents who are current or former smokers exceed the state rate
  - Mental Health: 53.5% of adults who needed help for an emotional or mental health problem do not receive treatment
- b. Prevention Quality Indicator (PQI) Findings:  
5.7% of CHSB discharges were for ambulatory sensitive (ASC) conditions. 68.9% of ACS discharges were for four conditions: 1) bacterial pneumonia; 2) angina; 3) adult asthma; 4) Chronic obstructive pulmonary disease (COPD). Discharge data for angina reflects higher than expected number of discharges for Hispanic and African American individuals ages 18-39 and African American individuals ages 40-64.
- c. Primary Data Findings:  
Stakeholder interviews and focused surveys reflect the following priority concerns/needs:
- access to services, including health/dental/behavioral care due to no/under insurance
  - access to basic needs due to bad economic climate that has led to joblessness with scarcity of resources and understandable information/education at neighborhood level necessary for developing and maintaining healthy lifestyles
  - programs that address youth issues, including teen pregnancy, gangs/violence, drugs, alcohol, obesity and truancy

CHW Community Needs Index is an invaluable tool that is referenced to govern decisions regarding what specific targeted areas (Zip Codes) have residents who are faced with greater disproportionate unmet health needs due to the presence of barriers, including poverty, lack of educational opportunity, cultural isolation, under/uninsured and lack of affordable/available housing. On a scale of 1-5 (5 = greatest need) the CNI designates the San Bernardino Service area a score of 4.8.

## B. Assets Assessment

CHSB participates with key community stakeholders in identifying and mapping community assets. Members of the Hospital Association of Southern California Community Benefit Initiative have joined staff from Loma Linda University Medical School of Allied Health in producing a detailed community asset map.

Several CIBIC members are very involved in this project. Recently program leaders for Healthy San Bernardino have joined this project. The value of this tool is recognized, and early drafts are already supporting decision making to improve the health and environment of this community.

Both area CHW hospitals partner with key community stakeholders and organizations through the funding that is provided to them by their successful applications to the CHW Community Grant Program. The projects funded through this program must address the priorities identified through the CNA findings and adopted/promoted by the CBIC.

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

The priorities for this plan were determined through a process of consensus provided by members of the service area CBIC following their review and deliberation of the FY 2011 CNA findings, hospital utilization rates determined from discharge data, size of target population, severity of the health issue, availability of hospital resources/expertise and availability/expertise of community partners.

Plan Health Priorities include:

1. **Access to care** with focus on:
  - a. health care resources
  - b. dental care resources
  - c. mental health resources
2. **Chronic disease self-management** with focus on:
  - a. diabetes
  - b. congestive heart failure
  - c. asthma
  - d. chronic obstructive pulmonary disease (COPD)
3. **Youth development** with focus on:
  - a. healthy lifestyle alternatives
  - b. teen pregnancy
  - c. education promotion
  - d. career development

Access to care will be addressed through the following community benefit programs: 1) Charity Care for the uninsured/underinsured and low income residents; 2) Enrollment assistance for government sponsored insurance programs; 3) Support for low/no cost clinics; 4) Support of community non-profit organizations whose mission and action plans support access to health, dental and behavioral services for the means tested population with focused support for those who are funded through the CHW Community Grant Program; 5) Health Information and Education Center; 6) Community Education and Fairs; 7) Health Professionals Education Programs.

Chronic disease self-management will be promoted by: 1) offering the Stanford Model Chronic Disease Self-Management Program in both English and Spanish to community members at no cost; 2) holding a minimum of one Leader Training session in both English and Spanish to facilitate program expansion and reach into the community; 3) supporting community non-profit agencies whose programs address prevention/management of diabetes, congestive heart failure, asthma or COPD through their participation as an awardee of the CHW Community Grant Program.

CHSB joins SBMC in addressing area youth development programs which target area at-risk youth. Through funding from the CHW Community Grant Program the Focus 92411 Homework Center will be addressing at risk youth education and obesity through its after school activities that focus upon homework work completion, active lifestyle and healthy diet. CHSB partners with San Bernardino Unified School District and others to promote awareness of Allied Health Career opportunities to service area youth.

D. Planning for the Uninsured/Underinsured Patient Population

It is CHW's belief inability to pay for services should never prevent anyone from seeking medical care at any CHW facility. CHSB adheres to the Charity Care/Financial Assistance Policy established by Catholic Healthcare West and makes available free or discounted care to uninsured individuals with income up to 500% of the federal poverty level. An Executive Summary of this hospital's Financial Assistance/Charity can be found in the Appendix.

CHSB Admitting and Patient Financial Services Department staff is knowledgeable and guided by hospital financial assistance policies. During the admitting process each patient receives a colorful brochure that describes CHW/CHSB financial assistance options. This handout is printed in English on one side and Spanish on the other. Bilingual signage and pamphlets that address the hospital Payment Assistance Program are posted in key areas of the hospital facility, including points of entry and waiting areas. Uninsured patients are assisted through a process to apply for coverage through state and federally funded programs. During FY 2011 CHSB assisted 12,182 individuals through this enrollment process.

# PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

## IV. PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

### A. Summary of key programs and initiatives that have been a major focus for CHSB over FY 2011.

#### 1. Health Information and Education Center

The Health Information and Education Center (HIEC). Major program elements include:

- Resource hub for the distribution of internal and external health/social service educational brochures, booklets, flyers, calendars, schedules, maps and directions. Internal educational materials are bilingual and adjusted to the literacy level of the target population.
- Community educational offerings (single event, series and support groups), providing an educational resource hub for on-site or off-site delivery of a variety of health-related topics that create awareness leading to prevention and management of lifestyle-related chronic conditions.
- Community stakeholders joined hands as members of task forces who participated in the development and delivery of culturally sensitive and literacy adjusted programs for FY 2011 Community Benefit priorities of diabetes and pediatric asthma.
- Case managed assistance/referral site that targets young children with high level of need.
- Childbirth education and new mother support group with lactation support group

This program corresponds directly to the priorities identified in the CNA for access to healthcare and resource information that is understandable by the target population. The programs focus upon the needs of pregnant/new mothers and children 0-5, providing a high correlation to the identified need associated with the maternal/ child population in the CHSB service area.

With positive feedback coming from HIEC participants, we have found that our efforts have addressed a previously unmet community need. The HIEC is a walkup culturally sensitive neighborhood center from which mothers and caretakers of young children can move from confusion and instability through a pathway of hand-to-hand assistance, including in-home visits and intervention(s). HIEC case managers call upon community partners and resources to assist families in reaching a position of stability that supports a sustainable environment of health. The HIEC team has a vehicle, equipment and materials that enable them to take health education and screening out into the neighborhoods of CHSB's most vulnerable zip codes.

In FY 2011 a total of 5,908 individuals were served by HIEC programs.

#### 2. UNICEF/ WHO Baby Friendly Hospital Practices

Promotes the improvement of infant and child health through educating and supporting new mothers to adopt breastfeeding as the exclusive means of nourishment for their newborn.

- Scientific studies have shown the breastfed children have fewer and less serious illnesses than those who have never received breast milk, including reduced risk of SIDS and less childhood cancer and diabetes.
- Mothers who choose to breastfeed enjoy decreased risks of breast and ovarian cancer, anemia and osteoporosis.

- Mother and newborn enjoy the emotional benefits of the very special and close relationship formed through breastfeeding.
- The benefits of infant attachment and bonding have been found to promote healthy social relationships between mothers, fathers and infants leading to healthy communities.

### 3. Pediatric Asthma Education Program

- CHSB's HIEC Pediatric Asthma Education Program continues with its partners, the American Lung Association (ALA), San Bernardino Unified School District, and Inland Empire Health Plan (IEHP), to offer Asthma Awareness/prevention and Open Airways classes that specifically address the secondary effects of smoking on a child's airway health.
  - With a growing roster of partners and mobilization of the HIEC team, CHSB's program reach remains at the neighborhood level.
  - CHSB and the HIEC will attempt to expand the partner roster to include additional community clinics, a strategy that unifies and consolidates community resources and also reaches out to families who reside in the neighborhoods identified to have the highest cultural and linguistic barriers under our uninsured issues, and unmet needs.
  - Pediatric asthma education participants will continue to be tracked to determine the effectiveness of CHSB's long term improvement plan of intervention which seeks a FY 2012 outcome of maintaining a less than 5% Emergency Department revisit rate for children and families who follow up their ED/Pediatric Floor discharge referrals to the HIEC where they complete the Pediatric Asthma Education Intervention Program.
  - Asthma awareness/education classes were provided to 183 participants in FY 2011.

### 4. Diabetes Education Awareness and Prevention Program

- The Diabetes Educational awareness/prevention project has been mobilized and will continue outreach into the community. As a FY 2007-08 product of the Diabetes Task Force (now known as San Bernardino Diabetes Collaborative), this program delivery option is well publicized and is an option that addresses a need for providing information and services to local community partner organizations in their facilities. A major component of awareness/prevention is a focus on exercise and diet, as each impacts proper weight management (obesity) and how this has such a positive effect in stabilizing blood glucose levels. Whenever possible, cooking classes in English and Spanish are added to reinforce the effectiveness of this program.
  - Diabetes education participants are tracked to determine the effectiveness of CHSB's long term improvement program objective to maintain a less than 5% Emergency Department revisit rate for newly diagnosed diabetic patients who follow up their ED/hospital discharge referral to the HIEC where they complete the Diabetic Education Intervention Program.
  - The relationship with our community clinics allows HIEC staff to refer individuals found to be at risk or in need of treatment to the clinics for primary care, thus addressing the health issues at earlier stages of intervention.
  - Diabetes awareness/education programs were provided in English and Spanish for 111 community members during FY 2011.

### 5. Basic Living Needs/ Food Security and Support

- Basic living needs and support issues will be addressed utilizing the collaborative CHSB/SBMC Community Grants Program. In FY 2011 the following agencies were supported with local grants through this initiative:

**CHW CHSB/ SBMC Community Grants Program FY11**

<b>Organization</b>	<b>Amount</b>	<b>Use of Community Grant</b>
Al Shifa Clinic	\$25,000	Provides free primary and specialty health care to un-insured and under-insured
American Lung Association	\$5,000	Provides Asthma Education for children with asthma
Assistance League of San Bernardino	\$ 25,000	Funds Dr. Earl R. Crane Children's Dental Health Center, as they offer dental care and nutritional guidance for children from low income families who have no insurance or other forms of public support
Boys & Girls Club of Redlands	\$5,000	Provides education and healthy activities to promote healthy lifestyles
Catholic Charities	\$10,000	Links impoverished children and families with specific needs to linkages that provide interventions such as preventive education and sources that address basic living needs
H Street Clinic	\$20,000	Provides primary care and preventive health education geared to serve homeless and/ or impoverished un-insured/ under-insured, including HIV+, families and young women with children, at-risk youth, immigrants, veterans, ex-prisoners, etc.
Inland Empire Palliative Care Coalition	\$5,689	Provides quality conferences on quality palliative care
Legal Aid Society of San Bernardino	\$25,000	Assists Guardians and/or conservators in acquiring legal status and guidance that facilitate appropriate decisions in accessing health care and wellness information on behalf of children and/or disabled persons for whom they hold responsibility
Mary's Mercy Center	\$25,000	Provides smoking cessation, nutrition, drug/alcohol counseling/rehabilitation, pre-natal/post-natal classes to residents of the shelter.
Option House, Inc.	\$17,000	Provides temporary crisis intervention/shelter programs and wellness information for victims of family/domestic violence.
Salvation Army Riverside/San Bernardino Counties	\$17,000	Provides shelter and basic needs for means tested homeless men
San Bernardino Sexual Assault Services	\$20,000	Promotes change in attitudes and beliefs relative to sexual violence amongst high school students in a program that builds leadership and mentoring among youth.
Special Olympics	\$5,000	Promotes health through exercise for disabled youth
	\$204,689	

- The priority community health issues of nutrition, obesity and diabetes have been identified for FY 2011 and will be utilized as criteria for funding of this year's community grants.

6. Focus 92411 Homework Center – Community Capacity Building

- Mentoring and supporting at-risk youth has been an important component of CHSB's community benefit programs since the Focus 92411 collaborative was initiated over ten years ago. Today, CHSB in partnership with Catholic Charities, support the provision of Focus 92411's Homework Center. This center currently provides tutoring and a safe after-

school program for over fifty active neighborhood children, with an average attendance of fifteen per day.

7. Behavioral Health Services Community Crisis Intervention Program

- Community Hospital of San Bernardino provides no cost Behavioral Health Assessments by qualified BHS professionals as a community service. The program is utilized by community members experiencing problems with substance abuse, depression, stress and mental illness.
- The goal is to create access to assessment services so that community members in need, together with healthcare professionals and law enforcement officials, can make appropriate decisions in directing a plan of care for people who have the potential of harming themselves or others. A major component of this program that increases client satisfaction and improves client quality of life is no-cost round trip transportation to daily therapy provided for each participant.

# PROGRAM DIGEST –

<b>Community Pediatric Asthma Program</b>	
<b>Hospital CB Priority Areas</b>	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here <input type="checkbox"/> Priority Area 1 <input checked="" type="checkbox"/> Priority Area 2 <input type="checkbox"/> Priority Area 3 <input type="checkbox"/> Priority Area 4 <input type="checkbox"/> Priority Area 5
<b>Program Emphasis</b>	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Lifestyle related and ambulatory sensitive conditions. Chronic disease prevention and management
<b>Program Description</b>	Through a collaborative process with community partners, CHSB utilizes a multidisciplinary approach to provide accessible no cost monthly bilingual literacy adjusted asthma education classes that assess pre and post knowledge and disease management skill levels of the classroom participants. The goal is for each participant to gain solid basic knowledge of asthma and its triggers. Patients, parents and caregivers are connected with vital and useful information. Participants are encouraged to become energized/compliant with proper eating, exercising and airway monitoring habits/skills.
<b>FY 2011</b>	
<b>Goal FY 2011</b>	Continue with goal to collect data that measures HIEC post-educational impact on ED re-admissions of attendees to reflect a post-intervention re-visit rate of less than 5%.
<b>FY 2011 Objective Measure/Indicator of Success</b>	Screen Emergency Department admissions records to identify visits/re-visits by program participants for treatment of asthma. Only those visiting/re-visiting the ED within 6 months of educational intervention are counted.
<b>Baseline</b>	Incidence of children diagnosed with asthma in California = 16.1%; San Bernardino County = 17.1%
<b>Intervention Strategy for Achieving Goal</b>	All ED and inpatient pediatric patients who are admitted with a diagnosis of asthma receive a referral to the educational interventional program held monthly at the HIEC. The HIEC community educator facilitates a one hour class that ensures that participants understand and remember key elements involved in the prevention and management of pediatric asthma.
<b>Result FY 2011</b>	The HIEC community educator provided the educational intervention for 151 participants. No participants returned to CHSB for the treatment of asthma within 6 months of taking the education interventional program.
<b>Hospital's Contribution / Program Expense</b>	During FY 2011 CHSB provided a total of \$3,616 to provide this program.
<b>FY 2012</b>	
<b>Goal 2012</b>	Demonstrate a 5% decrease of pediatric asthma readmission rates for participants in the asthma education program.
<b>FY 2012 Objective Measure/Indicator of Success</b>	Pediatric asthma patients will be followed 3 months following educational intervention to determine if patients have been readmitted.
<b>Baseline</b>	Incidence of children diagnosed with asthma in California = 16.1%; San Bernardino County = 17.1%
<b>Intervention Strategy for Achieving Goal</b>	All cases of pediatric patients with a diagnosis of asthma will be reviewed for appropriate education referrals. If under age 6, patient and family will be referred to class offered by American Lung Association. If insured with Inland Empire Health Plan (IEHP), patient and family will be referred to class offered by IEHP. All others will be seen by community health educator prior to discharge for education and discharge plan.
<b>Community Benefit Category</b>	A1-a Community Health Education – Lectures/Workshops

# PROGRAM DIGEST –

<b>Community Diabetes Education Program</b>	
<b>Hospital CB Priority Areas</b>	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here <input type="checkbox"/> Priority Area 1 <input checked="" type="checkbox"/> Priority Area 2 <input type="checkbox"/> Priority Area 3 <input type="checkbox"/> Priority Area 4 <input type="checkbox"/> Priority Area 5
<b>Program Emphasis</b>	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Lifestyle related and ambulatory sensitive conditions. Chronic disease prevention and management
<b>Program Description</b>	CHSB participates in a collaborative process with community partners, CHSB community health educators utilize an educational approach to provide accessible no cost monthly bilingual literacy adjusted diabetes education classes that assess pre and post knowledge and disease management skill levels of the classroom participants. The goal is for each participant to gain solid basic knowledge of lifestyle risks and behaviors that lead to the acquisition and prevention of type II diabetes. Participants are connected with vital and useful instruction that is critical in the prevention and management of type II diabetes. Participants are encouraged to become energized and compliant with proper eating and exercising habits/skills.
<b>FY 2011</b>	
<b>Goal FY 2011</b>	Continue with goal to collect data that measures HIEC post-educational impact on ED/hospital re-admissions of class attendees to reflect a post-intervention ED re-visit rate of less than 5%.
<b>FY 2011 Objective Measure/Indicator of Success</b>	Screen Emergency Department admissions records to identify visits/re-visits by program participants for treatment of type II diabetes. Only those visiting/re-visiting the ED within 6 months of educational intervention are counted.
<b>Baseline</b>	Incidence of people diagnosed with diabetes in California = 8.5%; San Bernardino County = 10.6%
<b>Intervention Strategy for Achieving Goal</b>	All ED and inpatient patients who are admitted with a diagnosis of diabetes receive a referral to the educational interventional program held monthly at the HIEC. The HIEC community educator facilitates a one hour class that ensures that participants understand and remember key elements involved in the prevention and management of type II diabetes.
<b>Result FY 2011</b>	The HIEC community educator provided the educational intervention for 68 participants. No participants returned to CHSB for the treatment of diabetes within 6 months of taking the education interventional program.
<b>Hospital's Contribution / Program Expense</b>	CHSB provided a total of \$32,788 for FY 2011 to provide this program.
<b>FY 2012</b>	
<b>Goal FY 2012</b>	By offering evidence-based chronic disease self-management (CDSM) programs, hospital admissions for diabetes will be avoided.
<b>FY 2012 Objective Measure/Indicator of Success</b>	5% of the patients successfully completing the Diabetes Self Management Education and Training (DSME/T) Program will maintain a random blood glucose level within a normal range, as evidenced by 30, 60 and 90 days evaluation of random blood glucose. After completion of the education process, 5% of the non-pregnant patients that are referred for DSME/T will have a decrease in at least one of the following criterion: weight, random blood glucose or blood pressure. A baseline will be attained during the initial visit at the Diabetes & Family Wellness Center.
<b>Baseline</b>	Incidence of people diagnosed with diabetes in California is 8.5%, and in San Bernardino County it is 10.6%.
<b>Intervention Strategy for Achieving Goal</b>	Referrals for Diabetes Education will be received from the PCP's office or in-house from hospital admissions. These patients will receive education and training using the Interdisciplinary team approach recommended by the ADA. The 7 self-care behavior framework curriculum from the ADA will be utilized.
<b>Community Benefit Category</b>	A1e – Community Health Education – Self help

# COMMUNITY BENEFIT AND ECONOMIC VALUE

## V. COMMUNITY BENEFIT AND ECONOMIC VALUE

### Accounts for UCBE Reporting

Exhibit A

#### A. FY 11 Classified Summary of Un-sponsored Community Benefit Expense

Note: This summary based upon cost accounting methodology

	Persons Served	Total Expense	Offsetting Revenue	Net Community Benefit	% of Total Expense	% of Total Revenue
<b>Benefits for the Means-Tested Population</b>						
Traditional Charity Care	811	3,858,719	0	3,858,719	2.0%	1.9%
Unpaid Costs of Medicaid/ Medi-Cal	42,464	126,799,652	125,853,631	946,021	0.5%	0.5%
Mean-Tested Programs	551	2,817,494	974,225	1,843,269	0.9%	0.9%
<b>Community Services</b>						
Community Benefit Operations	0	193,201	0	193,201	0.1%	0.1%
Community Building Activities	820	109,142	0	109,142	0.1%	0.1%
Community Health Improvement Services	23,705	1,370,369	0	1,370,369	0.7%	0.7%
Financial and In-Kind Contributions	110	1,604,861	0	1,604,861	0.8%	0.8%
<b>Total Community Services</b>	<b>23,635</b>	<b>3,277,573</b>	<b>0</b>	<b>3,277,573</b>	<b>1.7%</b>	<b>1.7%</b>
<b>Total Benefits for the Vulnerable Population</b>	<b>67,461</b>	<b>136,753,438</b>	<b>126,827,856</b>	<b>9,925,582</b>	<b>5.1%</b>	<b>5.0%</b>
<b>Benefits for Broader Community</b>						
<b>Community Services</b>						
Community Building Activities	0	16,681	0	16,681	0.0%	0.0%
Community Health Improvement Services	6,735	419,695	0	419,695	0.2%	0.2%
Financial and In-Kind Contributions	7,913	193,804	0	193,804	0.1%	0.1%
Health Professions Education	20	357,680	0	357,680	0.2%	0.2%
<b>Total Benefits for the Broader Community</b>	<b>14,668</b>	<b>987,860</b>	<b>0</b>	<b>987,860</b>	<b>0.5%</b>	<b>0.5%</b>
<b>Total Community Benefits</b>	<b>82,129</b>	<b>137,741,298</b>	<b>126,827,856</b>	<b>10,913,442</b>	<b>5.6%</b>	<b>5.5%</b>
Unpaid Costs of Medicare	7,360	24,850,339	23,775,199	1,075,140	0.6%	0.6%
<b>Total Community Benefits Including Unpaid Costs of Medicare</b>	<b>89,489</b>	<b>162,591,637</b>	<b>150,603,055</b>	<b>11,988,582</b>	<b>6.2%</b>	<b>6.1%</b>

## B. Non-quantifiable Benefit

Community Hospital of San Bernardino's non-quantifiable benefit is not only present throughout its campus but also extends well beyond institutional walls deep into many areas of this impoverished service area.

- A 36-year-old Hispanic and Spanish-speaking only mother of a 2-year old dropped in to seek service from the CHSB Health Information and Education Center (HIEC). Her immediate needs were for food and diapers. During the interview process it was determined that this mother was also a victim of domestic violence and that her partner was currently incarcerated on domestic violence charges. The community case manager placed a referral for domestic violence counseling on this client's behalf to Catholic Charities. During the course of follow-up the client expressed her gratitude, as she was benefitting greatly from this program. In continuing with the recommendations provided by this program, this mother is working through the process of obtaining United States citizenship and continuing with her counseling sessions.
- A 21-year-old single mother of two boys, ages 5 and 2 months, came into the HIEC for assistance with food, formula and diapers. The interview conducted by the community case manager revealed that the 5-year-old boy had not been enrolled in school for 5 months because his immunization card was not up-to-date. The mother lacked funds for the \$25 fee to update the immunization records. She is unemployed and is receiving cash aid and food stamps. This client was referred to the San Bernardino Department of Public Health where she was able to obtain services necessary to facilitate the enrollment of this child into school.
- A 29-year-old American Indian mother of a 1-month old boy came to the HIEC for assistance with diapers and formula. This mother worked as a cashier at a local grocery store prior to her maternity leave. During her interview with the community case manager, it was determined that this mother was struggling because she had not received her disability check. With the assistance and guidance of the HIEC and other community partners, this mother received the services necessary for her to survive until she returned to work and to also arrange for proper affordable day care for her infant son. This mother is also being encouraged to attend classes to earn her General Education Diploma (GED).
- A 67-year-old grandfather with custody over two of his grandchildren came to the HIEC for emergency assistance for his one-month-old granddaughter. Her biological mother had been revoked of custody of her children. The client was supporting his household through welfare and supplemental Social Security Income (SSI). At the time of his visit he was out of diapers for a newborn and still had a week until he would receive any funds or assistance from the Department of Children Services. The community case manager made the arrangements for this client to receive a week's supply of diapers and wipes plus connecting him with other resources to properly foster his granddaughters.

## VI. Telling the Story

### Public Review:

The Community Benefit Plan for CHSB is a result of research, input, and collaboration from a number of sources. This process ensures an open dialogue regarding important healthcare and environmental issues. CHSB conducts open Town Hall meetings periodically. The hospital also works closely with a local community based organization known as "Focus 92411 Neighborhood Partnership." This close relationship allows for the sharing of information and an active forum for receiving feedback and reaching consensus concerning current priority community issues. Community members play a very key role in the community assessment process.

A variety of methods are utilized in sharing assessment findings with community members. The assessment findings presentation remains a fluid process, as it is adjusted to address the most recent community feedback.

Examples of the means and methods for distributing or reporting community assessment findings include:

1. Verbal and written reports to CHSB Governing Board
2. Verbal and written reports to CHSB Expanded Leadership
3. Presentations and materials delivered during Town Hall meetings
4. Presentations and materials delivered to Catholic Charities/ Focus 92411 Partnership meetings
5. Reports and materials distributed to community non-profit organizations as requested
6. Reports and materials distributed to funding partners, First 5 San Bernardino and Loma Linda University Medical Center School of Allied Health
7. Presentations of the CHSB Community Benefit Program/ Report are distributed and shared with networking, collaborative, task force partners; (i.e. any organization or group of organizations in which CHSB holds membership and meets with on a regular basis for the purpose of advancing the improvement of health and living environment for the community)
8. Distribution and discussion of CNA Report and CHSB Community Benefit Programs to new community service agencies, civic organizations, as well as potential sponsors of community benefit programs
9. CHW and CHSB website links

# APPENDIX

**CATHOLIC HEALTHCARE WEST**  
**SUMMARY OF PATIENT FINANCIAL ASSISTANCE POLICY**  
(June 2008)

Policy Overview:

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

Eligibility for Patient Financial Assistance:

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

Determination of Financial Need:

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

Patient Financial Assistance Guidelines:

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

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at

the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;

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

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

#### Communication of the Financial Assistance Program to Patients and the Public:

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

#### Budgeting and Reporting:

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

#### Relationship to Collection Policies:

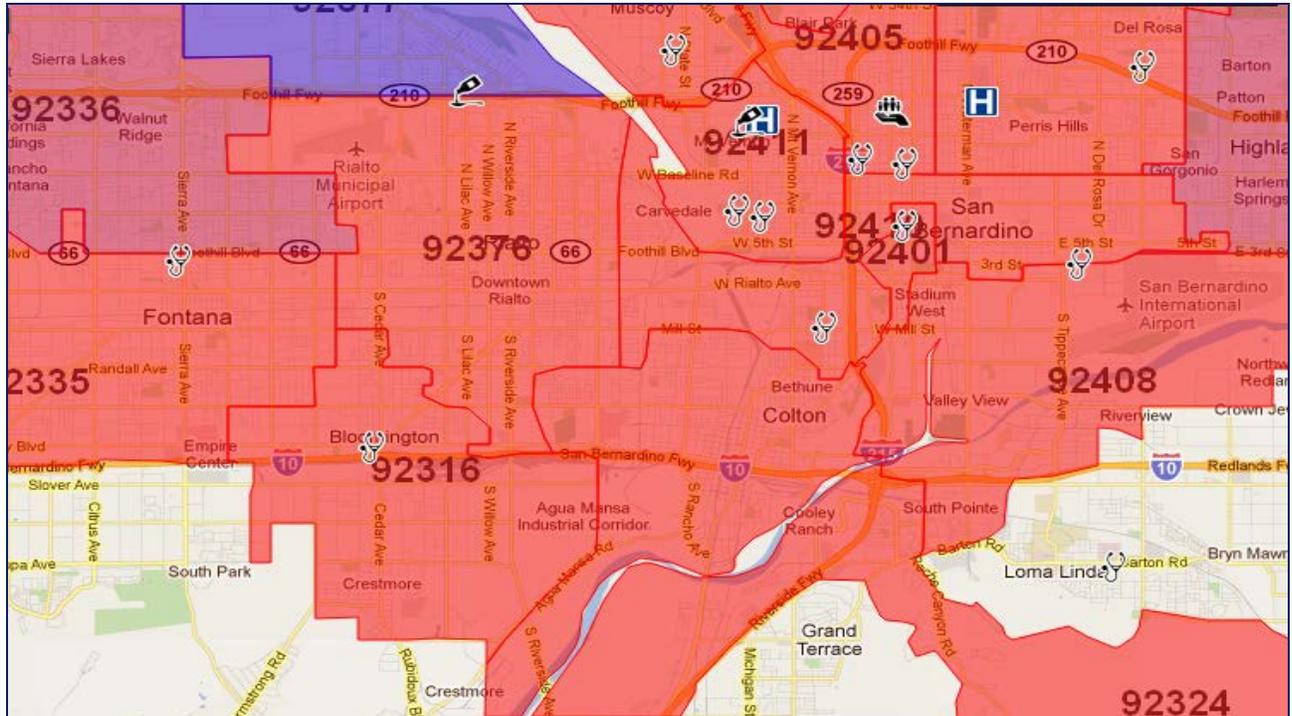
- CHW system management shall develop policies and procedures for internal and external collection practices by CHW facilities that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial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

#### Regulatory Requirements:

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

# Community Needs Index Map:

## Community Hospital of San Bernardino



**Lowest Need** ■ 1 - 1.7 **Lowest** ■ 1.8 - 2.5 **2nd Lowest** ■ 2.6 - 3.3 **Mid** ■ 3.4 - 4.1 **2nd Highest** ■ 4.2 - 5 **Highest Need**

Zip Code	CNI Score	Population	City	County
92316	4.4	27362	Bloomington	San Bernardino
92324	4.8	56494	San Bernardino County	San Bernardino
92335	4.8	93800	San Bernardino County	San Bernardino
92336	3.4	85677	Fontana	San Bernardino
92346	4	53910	San Bernardino County	San Bernardino
92376	4.8	75929	Rialto	San Bernardino
92377	2.4	22692	Rialto	San Bernardino
92401	5	1915	San Bernardino	San Bernardino
92404	4.8	54177	San Bernardino County	San Bernardino
92405	5	26741	San Bernardino	San Bernardino
92407	4.6	61321	San Bernardino County	San Bernardino
92408	5	15244	San Bernardino	San Bernardino
92410	5	48878	San Bernardino	San Bernardino
92411	5	24820	San Bernardino	San Bernardino



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FY 2011**

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