



Dominican Hospital

A member of CHW



Dominican Hospital

**Community Benefit Report 2011
Community Benefit Plan 2012**

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EXECUTIVE SUMMARY

I. EXECUTIVE SUMMARY

Dominican Hospital is a religious-sponsored not-for-profit community hospital located in the city of Santa Cruz, California, seventy miles south of San Francisco along the coastline of the Monterey Bay. This 325-bed facility is part of Catholic Healthcare West (CHW), a system of 40 hospitals and medical centers that is one of the largest in the United States. Celebrating seventy years in Santa Cruz, Dominican has a rich tradition of collaboration with the community. Dominican serves the health care needs of the approximately 262,382 people who populate Santa Cruz County. The organization has about 1600 employees, 300 volunteers, and a medical staff of around 500 physicians and allied health professionals. The hospital organization has an annual admission of over 12,700 inpatients. The emergency department sees over 40,700 visits and about 141,000 patients are seen annually on an outpatient basis.

The macro service lines of the hospital, as defined by Medicare DRG codes and ranked by encounters are:

- General Medicine
- Cardiovascular
- OB/GYN
- Orthopedics
- Behavioral Health
- General Surgery
- Rehabilitation
- Pulmonary
- Neurosciences
- Normal Newborns
- Oncology
- Neonatology
- Trauma
- Cardiac / Thoracic / Vascular Surgery

In the Dominican Hospital Community Benefit Report 2011 and Community Benefit Plan 2012 we attempt to set forth our commitment to the care of the poor, to education, to wellness promotion and to disease prevention. In addition, we demonstrate our attempts to reduce services for ambulatory sensitive condition visits to the Emergency Department and the Hospital, to build community linkages, to promote social justice, and to act as advocates of the disadvantaged and forgotten. As with other financial information, we have made our best efforts to place an economic value on the various benefits to the community. There are other contributions that are not quantified herein, such as Dominican's leadership in community initiatives, consultation services and other supportive efforts for community projects. The total economic value of community benefits for FY2011 is \$70,700,000.

Our most prominent programs and those that have the broadest reach in the community continue to be the **Pediatric Clinic** and the **Prenatal Services Clinic**, both of which provide primary health services to low income patients, the **Katz Cancer Resource Center**, which provides information and services related to all aspects of cancer care, and **KidSmart in Schools**, providing preventative health screening for children in grades K-10 in public and private schools.

A new program in 2011 is **PEP Classes to Prevent Health Problems**, which is aimed at individuals with disabilities and the aging population. These people experience more difficulty with community integration and are at higher risk for health related problems. Providing appropriate preventative services improves the health and welfare of these individuals, promotes an independent lifestyle and keeps people out of the Emergency Room and Hospital.

Dominican has selected two programs for long term improvement efforts: the Diabetic Inpatient Transition Program and the Dominican Heart Failure Program.

- The **Diabetic Inpatient Transition Program** is a discharge information consultation service triggered by inpatient referrals from physician or nurse orders generated through the computer system. A certified diabetic educator from Dominican's outpatient Lifestyle Program visits high risk diabetics prior to discharge. Emphasis is on successful community transition to diabetic out-patient systems and home support.
- The purpose of the **Heart Failure Program** is to build a sustainable patient-centered program that focuses on reduction of Emergency Department and Hospital readmits. This will be done by discharge tracking and with increased use of evidence-based discharge plans by hospitalist and non-cardiologists.

The Dominican Hospital Community Benefit Report 2011 and Community Benefit Plan 2012 outlines Dominican's on-going process to reaffirm the hospital's Mission, to incorporate the community assessment results and shared community goals into the strategic planning process, to focus and prioritize development of programs/services based on needs identified by the broader community, and to establish the community benefit budget. The Community Benefit Report and Plan follows the State of California Office of Statewide Health Planning and Development recommended reporting format first developed in 1996.

MISSION STATEMENT

II. HOSPITAL'S MISSION

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
- Partnering with others in the community to improve the quality of life

The commitment of the organization to improve the health of the community and address unmet health needs, particularly those of the poor, disadvantaged and underserved, ensures that the hospital's decisions and processes are guided by the Mission and the Vision and Values of the Adrian Dominican Sisters. Dominican has provided leadership in community improvement through the sponsorship of the Santa Cruz County Community Assessment Project, now in its 17th year. This collaborative project is designed to measure and improve the quality of life in Santa Cruz County. Community benefit programs addressing unmet community needs are targeted in Dominican's Strategic, Operational, and Financial Plan.

ORGANIZATIONAL COMMITMENT

III. ORGANIZATIONAL COMMITMENT

Dominican Hospital has a local Board of Directors accountable to the CHW System Board. The President of Dominican heads the Hospital's leadership team, comprised of the Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, Chief Nursing Officer, Vice President – Human Resources, Vice President - Sponsorship, a Director of Community Engagement, and a Director of Strategic Development. Dominican's President and the Executive team take an active role in managing the Community Benefit Process. The Board of Directors of the Hospital has appointed several members of the Board to serve on the Dominican Community Advisory Committee, known as the Dominican Community Advisors. These Board members and other appointed community members comprise the full complement of the Dominican Community Advisors which directly oversees the Community Benefit programs.

Dominican's leadership system is driven by the core values of CHW: Dignity, Justice, Collaboration, Stewardship and Excellence. Dominican Hospital's Strategic Planning process establishes strategic initiatives that are aligned with the Corporate Vision for a growing, diversified health care ministry distinguished by excellent quality and committed to furthering efforts on community wellness and engagement. Dominican's Community Benefit Programs and initiatives align with the CHW Strategic Focus on Growth: Partnering in the community to increase public/private collaboration to address disproportionate unmet health needs.

The annual Hospital budget is created by Hospital staff and approved by the Hospital President and Executive Management Team. The Board of Directors of Dominican Hospital then approves the annual Community Benefit budget. Several of the Community Benefit programs are departments of the Hospital and those budgets have been thus examined in detail. New Community Benefit programs must be accepted as part of the Strategic Plan of the Hospital before they can be included in the Community Benefit process.

Responsibilities of the Dominican Community Advisors

A gap analysis of the health needs in the community is done in the Fall to determine needs that the Advisors see arising because of their close contacts in the community. The Dominican Community Advisors are thereby able to suggest gaps in service in the County and recommend new programs that Dominican may consider developing as a Community Benefit program.

Dominican Hospital participates in the CHW grants program annually. Priorities of annual grant funding are determined based on specific needs that the Dominican Community Advisors have identified as they fall within

the broader CHW objectives. Requests for applications are solicited and then reviewed and awards determined by a sub group of the Advisors. Dominican awarded \$152,643 to local non-profits in 2011.

Dominican Community Advisors will review the progress of former grantees through presentations at their quarterly meetings. Outstanding outcomes were presented by 2010 awardees Community Bridges and the Homeless Services Project.

The Dominican Community Advisors will recommend that a program continue or terminate based on information they gather and feedback from Dominican staff or the community. Members of the Dominican Community Advisors also visit several of the larger Community Benefit projects on location annually to see Community Benefit work in action.

Non-Quantifiable Benefits

Dominican works collaboratively with many community partners, such as United Way, Santa Cruz County, Second Harvest Food Bank, the Homeless Services Center and Central California Alliance for Health in spearheading and developing innovative ways to serve the health needs of the Community. The hospital provides leadership and advocacy in providing resources to assist with local capacity building, and participates in community-wide health planning through sponsorship of community surveys to improve the wellbeing of the community.

Dominican sets an example for the community in many ways. Among them are having a smoke-free campus, holding a weekly Farmers' Market for the community and providing space for a community garden. The Hospital provides recycling bins, purchases fair trade coffee and sponsors workshops on growing your own food. Many employees devote non-paid time to participating in fundraising events for non-profits in the community, especially health-related events. Several employees volunteer one evening a week to work in the RotaCare clinic.

COMMUNITY

IV. COMMUNITY

Dominican Hospital's primary service area is Santa Cruz County. Community is further defined within Dominican's Mission, which is to meet the health care needs of the people of Santa Cruz County with high quality, high value health care services, without distinguishing by race, creed, religion or source of payment.

Santa Cruz County has a population of approximately 262,382 and covers 445 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, had an estimated population of 60,800 as of January 2011. Santa Cruz is one of California's most popular seaside resorts with its historic Boardwalk, spectacular coastline and accessible beaches. Watsonville, at the southern end of the county, is the center of the county's agricultural activity. Food harvesting, canning and freezing are the major industries of this city that had an estimated population of 51,495 as of January 2011. Other incorporated areas in the county include the cities of Scotts Valley and Capitola. Approximately 49% of the population lives in the unincorporated parts of the county, including the towns of Aptos, Davenport, Freedom, Soquel, Felton, Ben Lomond and Boulder Creek, and districts such as the San Lorenzo Valley, Live Oak and Pajaro.

The County is approximately 60% white and 32% Hispanic with the remainder of the population comprised of Asian/Pacific Islander, African American, American Indian and other ethnic backgrounds. The county has a relatively youthful population with 60% of the residents' ages 0 to 45 years old, which is slightly lower than the state (64%). The senior population, those aged 65 and older, represent approximately 11% of the population, consistent with the state's senior population (11%). The county's largest and fastest growing ethnic group is Hispanic.

Our Health

Regular Source of Care

- There was a statistically significant difference between the percent of Caucasian (91%) and Latino (68%) Community Assessment Project (CAP) telephone survey respondents who had a regular source of care in 2011.
- Nearly 1 in 4 CAP telephone survey respondents who had a regular source of care were using the emergency room regularly.

Health Insurance

- There was a statistically significant difference between the percent of Caucasian (90%) and Latino (51%) CAP telephone survey respondents who currently had health insurance in 2011. Overall, the county has seen a decrease in health coverage since 2007.
- The percent of county children 0-17 with health insurance coverage dropped to 92% in 2009 from 98% in 2007, with more than 1 in 4 (28%) county children 15-17 years old without coverage in 2009.

Mental Health

- Over one-fourth (26%) of Latino CAP telephone survey respondents in 2011 reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, compared to 9% of Caucasian respondents.

Overall Health

- The breast cancer death rate (25.8 per 100,000) in the county was higher than the state (21.3 per 100,000) and Healthy People 2010 objectives (20.6 per 100,000), and according to the community health guide was an area for concern in comparison to the US and similar demographic (peer) counties' death rate.
- Almost 1 in 3 (30%) Latino CAP telephone survey respondents in 2011 indicated that in general their overall health was 'fair' or 'poor' compared to 14% of Caucasian respondents, a statistically significant difference.
- For those whose income was less than \$35,000 per year, 30% of survey respondents indicated that their health was 'fair' or 'poor,' compared to only 6% of survey respondents earning \$65,500 or more per year, a statistically significant difference.

Obesity

- Almost 1 in 4 county children ages 5 – 19 were at risk for obesity in 2009.
- 86% of Cap telephone survey respondents with income \$34,999 or less per year engaged in physical activity for a combined total of 30 minutes or more a day compared to 95% of those with incomes \$65,500 or more per year, a statistically significant difference.
- There was a statistically significant difference in the overweight or obese Latino (70%) and Caucasian (54%) adult CAP telephone survey respondents.

PER CAPITA PERSONAL INCOME

REGION	2001	2003	2004	2006	2007	2008	2009	01-09 % CHANGE
Santa Cruz County	\$38,551	\$37,477	\$39,815	\$45,194	\$48,337	\$51,140	\$49,145	27.5%
California	\$32,892	\$33,400	\$35,219	\$39,626	\$41,805	\$43,852	\$42,395	28.9%
United States	\$30,527	\$31,484	\$33,050	\$36,714	\$38,615	\$40,166	\$39,635	29.8%

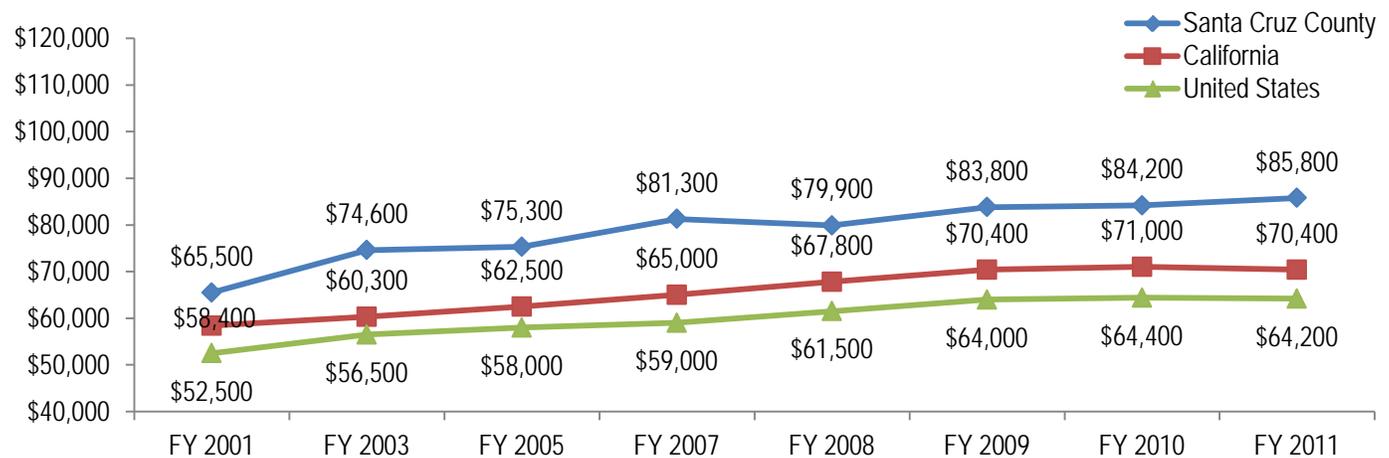
Source: U.S. Department of Commerce, Bureau of Economic Analysis (2004). 2001 *Survey of Current Business*.

U.S. Department of Commerce, Bureau of Economic Analysis (2010). 2003-2009 *Regional Economic Information System*.

Note: Per capita personal income (PCPI) is calculated by dividing the total personal income by the total population for a given county. Total personal income (TPI) includes the earnings (wages and salaries, other labor income, proprietors' income); dividends, interest, and rent; and transfer payments received by the residents of Santa Cruz County.

Note: Data presented are the most recent available.

MEDIAN FAMILY INCOME



Source: U.S. Department of Housing and Urban Development (2011). 2001-2011 *HUD User, Policy Development and Research Information Services, Income Limits*.

HOUSING TENURE, SANTA CRUZ COUNTY

HOUSING UNITS	2005	2007	2008	2009	2010
Occupied Housing Units	93,076	93,690	93,759	92,227	94,355
Owner-Occupied Housing Units	59.8%	59.5%	59.7%	60.7%	57.5%
Rent-Occupied Housing Units	40.2%	40.5%	40.3%	39.3%	42.5%
Average Household Size of Owner-Occupied Unit	2.63	2.67	2.64	2.69	2.65
Average Household Size of Renter-Occupied Unit	2.51	2.50	2.67	2.69	2.69

Source: U.S. Census Bureau (2010). 2005-2010 *Census*.

HOUSING OCCUPANCY, SANTA CRUZ COUNTY

HOUSING UNITS	2005	2007	2008	2009	2010
Total Housing Units	101,686	102,874	103,480	103,731	104,476
Occupied Housing Units	91.5%	91.1%	90.6%	88.9%	90.3%
Vacant Housing Units	8.5%	8.9%	9.4%	11.1%	9.7%
Homeowner Vacancy Rate (Percent)	0.2%	0.6%	2.0%	1.2%	1.6%
Rental Vacancy Rate (Percent)	2.5%	3.8%	3.6%	5.6%	3.5%

Source: U.S. Census Bureau (2010). 2005-2010 *Census*.

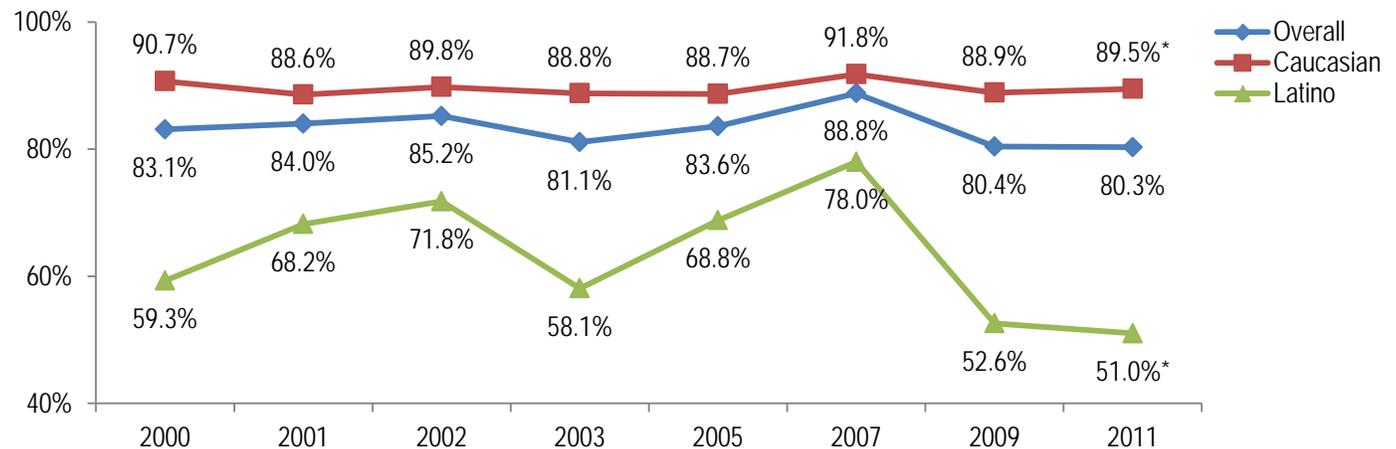
PERCENT OF POPULATION LIVING BELOW THE POVERTY LEVEL, BY AGE GROUP

REGION / AGE GROUP	2004	2005	2006	2007	2008	2009	2010	04-10 NET CHANGE
Santa Cruz County								
Under 18 Years	15.9%	15.4%	12.5%	12.4%	17.8%	14.9%	17.3%	1.4
18 to 64 Years	8.8%	11.2%	12.0%	10.0%	13.4%	14.7%	14.8%	6.0
65 Years and Over	8.1%	7.2%	7.3%	6.2%	6.7%	6.8%	8.5%	0.4
California								
Under 18 Years	18.9%	18.6%	18.1%	17.3%	18.5%	19.9%	22.0%	3.1
18 to 64 Years	11.9%	11.9%	11.9%	11.1%	12.0%	12.8%	14.5%	2.6
65 Years and Over	7.8%	8.1%	8.4%	8.2%	8.7%	8.7%	9.7%	1.9
United States								
Under 18 Years	18.4%	18.5%	18.3%	18.0%	18.2%	20.0%	21.6%	3.2
18 to 64 Years	11.6%	11.9%	12.0%	11.6%	11.9%	13.1%	14.2%	2.6
65 Years and Over	9.4%	9.9%	9.9%	9.5%	9.9%	9.5%	9.0%	-0.4

Source: United States Census Bureau (2010). 2004-2010 American Community Survey.

Note: Percentages are calculated for age-specific populations.

Do you currently have health insurance? (Respondents answering "Yes")



Overall N: 2000=652; 2001=706; 2002=684; 2003=702; 2005=709; 2007=710; 2009=849, 2011=719; Caucasian N: 2000=441; 2001=493; 2002=478; 2003=491; 2005=496; 2007=496; 2009=595, 2011=501; Latino N: 2000=140; 2001=159; 2002=154; 2003=157; 2005=159; 2007=159; 2009=191, 2011=162

Source: Applied Survey Research (2011). 2000-2011 Santa Cruz County Community Assessment Project, Telephone Survey.

*Significance Testing: Caucasian respondents were significantly more likely than Latino respondents to have health insurance in 2011.

Does your health insurance cover...? (Respondents answering "Yes")

TYPE OF COVERAGE	2000	2001	2002	2003	2005	2007	2009	2011	00-09 NET CHANGE
Dental Care	53.6%	63.8%	67.0%	71.6%	64.8%	66.5%	62.4%	57.1%	3.5
Prescriptions	91.5%	79.4%	84.9%	83.3%	80.4%	89.3%	90.0%	88.6%	-2.9
Dependents	68.6%	56.7%	60.0%	64.6%	61.7%	47.7%	52.4%	66.0%	-2.6
Mental Health	NA	NA	NA	NA	82.0%	81.8%	61.1%	82.3%	NA

Dental Care N: 2000=593; 2001=593; 2002=583; 2003=568; 2005=589; 2007=628; 2009=682; 2011=571.

Prescriptions N: 2000=540; 2001=593; 2002=582; 2003=569; 2005=576; 2007=616; 2009=682; 2011=556.

Dependents N: 2000=516; 2001=552; 2002=550; 2003=523; 2005=534; 2007=624; 2009=652; 2011=396.

Mental Health N: 2005=434; 2007=472; 2009=682; 2011=380.

Source: Applied Survey Research (2011). 2000-2011 Santa Cruz County Community Assessment Project, Telephone Survey.

NOTE: THE QUESTION REGARDING MENTAL HEALTH INSURANCE COVERAGE WAS ADDED IN 2005.

PERCENT OF CHILDREN AGES 0-17 CURRENTLY INSURED

REGION/AGE GROUP	2001	2003	2005	2007	2009	01-09 NET CHANGE
Santa Cruz County - Children 0-17 Years	93.3%	96.2%	97.4%	97.9%	92.1%	-1.2
Children 0-4 Years	93.0%	100.0%	95.6%	100.0%	92.1%	-0.9
Children 5-11 Years	89.7%	93.2%	98.1%	97.4%	99.1%	9.4
Children 12-14 Years	98.3%	97.3%	100.0%	100.0%	89.9%	-8.4
Children 15-17 Years	96.7%	97.6%	95.2%	93.3%	71.9%	-24.8
California – Children 0-17 Years	90.6%	92.9%	93.6%	94.3%	95.1%	4.5
Children 0-4 Years	93.4%	95.7%	94.4%	96.0%	96.4%	3.0
Children 5-11 Years	90.5%	93.1%	94.0%	94.2%	95.4%	4.9
Children 12-14 Years	88.7%	91.4%	92.9%	92.8%	93.4%	4.7
Children 15-17 Years	88.5%	89.8%	92.1%	93.7%	94.0%	5.5

Source: UCLA Center for Health Policy Research (2011). 2001-2009 *California Health Interview Survey*.

Note: Data presented are the most recent available.

PERCENT OF RESPONDENTS AGED 65 AND OLDER WHO SAID THEY WERE COVERED BY MEDICARE AND MEDI-CAL, OR MEDICARE AND A SUPPLEMENTAL POLICY

COVERAGE/REGION	2003	2005	2007	2009	03-09 NET CHANGE
MediCare and Medi-Cal Coverage					
Santa Cruz County	12.0% ¹	14.7% ¹	15.5% ¹	14.7% ¹	2.7
California	20.3%	20.0%	18.6%	18.6%	-1.7
MediCare Coverage and a Supplemental Policy					
Santa Cruz County	78.7%	71.5%	68.1%	75.9%	-2.8
California	68.2%	67.8%	68.9%	71.6%	3.4

Source: UCLA Center for Health Policy Research (2011). 2003-2009 *California Health Interview Survey*.

Note: Data presented are the most recent available.

¹ Statistically unstable due to a low number of respondents.

MEDICALLY UNDERSERVED AREAS / POPULATIONS (MUA/P)

State	County, State	Service Area Name	Service Area Type	Census Tract	IMU Score	Status	Designation Type	MUA/P Designation Date String
CA	"Santa Cruz County, CA"	"Low Inc - Felton/West Santa Cruz Service Area"	"Partial County"	"1003.00"	46.7	"Designated"	"Medically Underserved Population"	"1995/02/12"
CA	"Santa Cruz County, CA"	"Low Inc - Felton/West Santa Cruz Service Area"	"Partial County"	"1004.00"	46.7	"Designated"	"Medically Underserved Population"	"1995/02/12"
CA	"Santa Cruz County, CA"	"Low Inc - Felton/West Santa Cruz Service Area"	"Partial County"	"1005.00"	46.7	"Designated"	"Medically Underserved Population"	"1995/02/12"
CA	"Santa Cruz County, CA"	"Low Inc - Felton/West Santa Cruz Service Area"	"Partial County"	"1006.00"	46.7	"Designated"	"Medically Underserved Population"	"1995/02/12"
CA	"Santa Cruz County, CA"	"Low Inc - Felton/West Santa Cruz Service Area"	"Partial County"	"1007.00"	46.7	"Designated"	"Medically Underserved Population"	"1995/02/12"
CA	"Santa Cruz County, CA"	"Low Inc - Felton/West Santa Cruz Service Area"	"Partial County"	"1010.00"	46.7	"Designated"	"Medically Underserved Population"	"1995/02/12"
CA	"Santa Cruz County, CA"	"Low Inc - Felton/West Santa Cruz Service Area"	"Partial County"	"1011.00"	46.7	"Designated"	"Medically Underserved Population"	"1995/02/12"
CA	"Santa Cruz County, CA"	"Low Inc - Felton/West Santa Cruz Service Area"	"Partial County"	"1012.00"	46.7	"Designated"	"Medically Underserved Population"	"1995/02/12"
CA	"Santa Cruz County, CA"	"Low Inc - Felton/West Santa Cruz Service Area"	"Partial County"	"1202.00"	46.7	"Designated"	"Medically Underserved Population"	"1995/02/12"

Source: U.S. Department of Health and Human Services. (2011). *Health Resources and Service Administration, Data Warehouse.*

COMMUNITY BENEFIT PLANNING PROCESS

V. PLANNING PROCESS

Community Needs and Assessment Process

Over the past sixteen years, a consortium of public and private health, education, human service, and civic organizations, convened by the United Way of Santa Cruz County, have sponsored the Community Assessment Project of Santa Cruz County (CAP), a collaborative project to measure and improve the quality of life in Santa Cruz County by:

- raising public awareness of human needs, changing trends, emerging issues, community assets and challenges;
- providing accurate, credible and valid information on an ongoing basis to guide decision-making.
- setting community goals that will lead to positive healthy development for individuals, families, and communities; and
- supporting and assisting collaborative action plans to achieve the community goals.

Applied Survey Research (ASR), a not-for-profit social research firm, was originally contracted by the United Way to incorporate best practices from other assessment efforts across the nation into a community assessment model that would provide public and private interests with clear information about past trends and current realities. Under the guidance of the CAP Steering Committee, ASR continues to manage the project, collecting secondary (pre-existing) data and conducting a bi-annual community survey for primary data.

The Santa Cruz County CAP was chosen as an example of one of the best community indicator projects in the United States; the project won first place in the 2007 Community Indicators Consortium Innovation Awards sponsored by the Brookings Institution in Washington D.C. The Santa Cruz County CAP is profiled in a book, *Community Quality of Life Indicators, Best Practices III* about best practices in community indicator projects throughout the world and in the Organization for Economic Co-operation and Development's (OECD) "Statistics, Knowledge and Policy 2007: Measuring and Fostering the Progress of Societies." In 2009, ASR worked with the OECD and the Council of Europe to write an international handbook about community indicator projects. The United States General Accounting Office (GAO) determined that the Santa Cruz County CAP project is a best practice methodology for indicator reports. The Santa Cruz County CAP is the second oldest report of its kind in the United States.

Model Summary

The CAP community assessment model, now implemented for its sixteenth year, provides a comprehensive view of the quality of life in Santa Cruz County. It is based on credible primary data and secondary data that are gathered for a series of indicators in six areas: Economy, Education, Health, Public Safety, the Natural Environment, and the Social Environment.

The CAP has nurtured and encouraged a community focus by establishing Community Goals for improvement. There are several goals for each of the six topical areas. The Community Goals for the year 2010 were created with more than 1,000 community members, stakeholder groups, and organizations. Groups and organizations are asked to become champions to help achieve the Community Goals. The following groups led the community

goal-setting process: The Workforce Investment Board, The Volunteer Center, Ecology Action, The Health Improvement Partnership Council, the County Probation Department, and representatives of Cabrillo College. To become a champion and to see what progress has been made, visit santacruzcountycap.org. At the beginning of each of the subject chapters in this report is a list of community goals and community heroes who are helping to achieve those goals.

Selected CAP Outcomes

One of the primary purposes of CAP is to encourage collaborative community action that will positively impact the Community Goals. The Committee is pleased to note that community action has occurred at the individual organizational level as well as the community group level over a sixteen-year period.

The first CAP published in 1995 showed alarming rates of youth who were using drugs and alcohol. A coalition of over 110 agencies and individuals was mobilized to seek solutions to youth substance abuse. The group, known as Together for Youth/Unidos Para Los Jovenes, developed seven strategies including new laws, public education programs, a grand jury report, youth leadership training, referral and home visiting programs, new teen centers and treatment services, and a public policy panel on youth access to alcohol. By 1998, the previously increasing trend lines in teen substance abuse began to decline. Since then, subsequent CAPs have shown consistent decreases in overall alcohol and drug use among 9th and 11th grade students. Substance abuse has decreased in California as a whole, but the decreases in Santa Cruz County are larger than the decreases in the state. Since 2000 Dominican has sponsored the Annual Crisis Intervention Symposium to address problems with young people.

Early CAP data findings in the late 1990's also led to a change in the way health care is provided to children in the county. CAP data from early reports showed that children's access to health care was a major issue for the county, especially for low-income and immigrant children who did not qualify for other federal and state health programs. As a result of those early findings, there was a county-wide effort to improve health care for children. In 2004, a coalition of over twenty organizations, including Dominican Hospital, launched a new initiative to create an insurance program for low-income children, regardless of their immigration status. The program, known as the Healthy Kids Health Plan is now providing medical, dental, vision, and mental health coverage for children 0-18 in the county. Many of these children are seen at the Pediatric Clinic at Dominican.

CAP results regarding housing and homelessness in Santa Cruz County led to the development of the Homeless 2000 Committee. The committee commissioned an in-depth Homeless 2000 Census and Needs Assessment to both count the number of homeless in the county and survey the homeless about their lives. Those data were critical in securing additional funds to provide services to homeless people. The census and survey has now been repeated several times (2005, 2007, 2009) to track the status of homeless people in the county. The Homeless Action Partnership (HAP) now has more than 50 member agencies and recently was awarded four million dollars in federal stimulus funds for homeless prevention and rapid re-housing. Dominican has provided grant funding to local agencies which address problems with the homeless.

Another collaborative created due to CAP findings is Go for Health!. Recent CAP data showed that Santa Cruz County was one of the worst counties in California for our obesity rates of children and youth. The Go for Health! Collaborative was created in 2004 to increase healthy eating and regular physical activity for all children and youth in Santa Cruz County. Go for Health! has a five year plan to promote healthy eating and regular physical

activity, and has over 150 member organizations working to achieve the 24 outcomes set forth in the plan. So far, Go For Health! has placed fruit stands on school campuses, worked with public works departments to add more bike lanes, and worked with grocery stores to replace candy with fruit at the check-out aisles. Dominican has also provided grant funding to Go for Health! and has partnered with the program at both the Prenatal and Pediatric Clinics.

Current year healthcare goals are identified in Section VI, Plan Report and Update.

The Community Needs Index is another indicator that we use. The CNI attempts to isolate the neediest areas of the county by zip code. The findings confirm what has been demonstrated by the CAP report in locating the neediest areas of our county. Please see the CNI map in Appendix B.

The Hospital's Financial Assistance and Charity Care Policy follow the CHW Corporate policy. Please see Appendix C.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

VI. PLAN REPORT AND UPDATE

Summary of Key Programs and Initiatives – FY 2011

The Dominican Strategic Plan indicates that access to care initiatives are strong and we continue to explore partnerships throughout the Santa Cruz service area.

Healthcare goals identified by the 2010 CAP Report that Dominican will continue to work on over the next 4 years:

- Goal 1:** By the year 2015, access to primary care will improve as measured by:
 - 95% of Santa Cruz County residents will report having a regular source of health care;
 - Less than 10% will report the ED as one of their regular sources of health care
 - No significant difference between the percent of Caucasian and Latino residents reporting a regular source of health care.
- Goal 2:** By the year 2015, 98% of Santa Cruz County children 0 to 17 will have comprehensive health care coverage as measured by the CAP Survey.
- Goal 3:** By the year 2015, the prevalence of childhood obesity in Santa Cruz County will decrease as measured by:
 - % of children under 5 years who are overweight or obese will decrease from 15% to 12%,
 - % of children 5 to 19 years who are overweight or obese will decrease from 26% to 21%

The following are the five core guiding principles of the CHW objectives:

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

Our Community Benefit program efforts continue to reflect the Hospital strategic goals, the CAP community goals and the CHW objectives. Many of these programs were developed several years ago in response to earlier CAP surveys and are still relevant and needed today. Several are new this year as we respond to the needs of the community. We plan to continue all of these in the next year.

Initiative I Improving Access to Healthcare

- Dominican Pediatric Clinic - Primary Health and Dental Care; mental health assessment
- Dominican Subspecialty Program for Pediatrics- Early Infant Development, GI, Pulmonary
- Wellness Health Clinic (New)
- RotaCare evening clinic sponsored with Rotary
- KidSmart in Schools
- Community Social Service Consultation and Referral
- Community Grant – Healthy Kids
- Community Grant – RotaCare
- Oral Surgery Program
- SANE/SART in cooperation with the County for victims of domestic violence

Initiative II Preventing and/or Managing Chronic Health Conditions

- Lifestyle Management – physical, neuro, diabetes, cardio
- Annual Crisis Intervention Symposium
- Community Grant – Hospice of Santa Cruz County
- Well Checks at Community Health Fairs (several community sponsors)
- Cardiac LTIP (includes Stroke Program)
- Diabetes LTIP
- PEP Classes to Prevent Health Problems
- Community Grant – Pajaro Valley Community Health

Initiative III Improving Physical Activity and Nutritional Health

- First Aid at Community Events
- Athletic Training Program with high schools
- Second Harvest – Food distribution and Nutritional Education
- Sweet Success (Lifestyle Management for Children)
- Community Grant – Second Harvest Food Bank
- Community Grant – United Way 5210 Initiative
- Community Grant – Community Bridges

Initiative IV Improving Women’s Health and Birth Outcomes

- Dominican Prenatal Program
- Sweet Success (Diabetic Education for Pregnant Women)
- Centering Pregnancy Program
- Lactation Consultation
- Cancer Detection Program
- Katz Cancer Program
- Low Cost Mammograms
- Early Infant Development Program collaborative with Stanford

Initiative V Improving Life in the Community

- Community Garden and Farmers’ Market
- Tattoo Removal
- Low-cost apartments
- Educational Opportunities through internships and partnership with local institutions
- Personal Assistance Programs to patients
- Community Grant – Homeless Services Center

We plan to continue all of the above in some way and consolidate others, based on recommendations from the Community Advisors Board that are in process.

New Programs added this year include the following:

- **Wellness Health Clinic** – serving Santa Cruz County, this Mobile Van provides health clinic services to people who are uninsured. Not only is treatment provided, but referrals are made for access to a health home. This program has barely begun and will be fully operational in 2012.
- **PEP Classes to Prevent Healthcare Problems** – provides appropriate preventative services to improve the health and welfare of individuals with disabilities. This is in response to the aging of the population and an increase of disabilities in that age group. Basic data for the program was based on quality of life information in the 2009 CAP report and correlates with the Dominican Mission and disproportionate unmet health needs (DUHN).

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Dominican Community Advisors, Executive Leadership, Dominican Board of Directors and Catholic Healthcare West receive quarterly updates on program performance.

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

PROGRAM DIGEST

Dominican Pediatric Clinic	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Improving Access to Healthcare <input checked="" type="checkbox"/> Preventing and/or Managing Chronic Health Conditions <input checked="" type="checkbox"/> Improving Physical Activity and Nutritional Health <input type="checkbox"/> Improving Women's Health and Birth Outcomes <input type="checkbox"/> Improving Life in the Community
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	This program is targeted primarily to the poor and underserved but also reaches the broader community. It serves foster children and children of incarcerated parents as well as children of single parent and dual parent families. High risk children with multiple diagnoses are often identified in this population.
Program Description	The program provides primary health services on a routine basis for low-income children living in Santa Cruz County. Services include those of pediatricians, mid-level providers, a registered dietician and a social worker.
FY 2011	
Goal FY 2011	Continue to support the Dominican Pediatric Clinic and determine methods to decrease the number of children with a diagnosis of obesity. Develop an interdisciplinary Child Development Clinic for foster children < 5 years old and services of a mental health liaison worker to assess children in our Pediatric Clinic to be able to access services within the County.
2011 Objective Measure/Indicator of Success	To increase access to primary care to the poor and underserved pediatric patients. To develop the interdisciplinary child development program.
Baseline	This clinic is the only one in the county that addresses the health needs of the low income with multiple medical diagnoses as well as social issues, .i.e, foster care, parent incarcerated, on drugs, etc.
Intervention Strategy for Achieving Goal	Through collaboration with Santa Cruz County Mental Health, First Five, Childrens' Mental Health, and Lucile Salter Packard Hospital for children, the Neuro Development Program will ensure assessment, treatment and follow up for children ages 6 months – 5 years identified with potential neuro development conditions . Children identified with obesity in the Dominican Pediatric Clinic are referred to Sweet Success for nutritional education for healthy lifestyle changes.
Result FY 2011	6,224 patients were seen in the clinic, an increase of 3%. 115 children received nutritional counseling for a change in their lifestyle, making better food choices and exercising. One person was seen for Mental Health.
Hospital's Contribution / Program Expense	Expenses of \$1,136,912 partially covered by Revenues of \$249,000, with a net Community Benefit of \$887,917. 4.9 FTEs
FY 2012	
Goal 2012	Continue to support the Dominican Pediatric Clinic and measure the impact of the new Open Access Program, which allows for drop in appointments, and the resulting effect on Emergency Room visits.
2012 Objective Measure/Indicator of Success	To increase access to primary care to the poor and underserved pediatric patients. To develop the interdisciplinary child development program.
Baseline	6,224 children received health services in 2010.
Intervention Strategy for Achieving Goal	Ensuring access to healthcare for children with nutritional and neurological issues.

RotaCare Free Health Clinic	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Improving Access to Healthcare <input type="checkbox"/> Preventing and/or Managing Chronic Health Conditions <input type="checkbox"/> Improving Physical Activity and Nutritional Health <input type="checkbox"/> Improving Women's Health and Birth Outcomes <input type="checkbox"/> Improving Life for the Community
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Located in the unincorporated area of the County, this program is targeted primarily to the poor and underserved. It reaches the working poor with no insurance and the Latino population.
Program Description	In collaboration with local Rotary clubs, RotaCare provides access for episodic medical services at no cost and assists patients in establishing a health home.
FY 2011	
Goal FY 2011	To increase the number of persons accessing episodic health care at the clinic in an effort to decrease the number of inappropriate visits to the Emergency Room and potential admissions to Dominican Hospital.
2011 Objective Measure/Indicator of Success	Continue to provide health related services, medications, education for diabetes, eye exams/ glasses, and diagnostic testing to uninsured/underinsured populations at no cost to the patient in the clinic or in the hospital. Dominican Hospital provides pharmaceuticals, other medical supplies and in/outpatient services at no cost to the patient.
Baseline	Need to provide access to primary healthcare for under / uninsured residents residing in poor sections of Santa Cruz County.
Intervention Strategy for Achieving Goal	Clinic provides healthcare at no cost to the patient. All staff are volunteers.
Result FY 2011	Approximately 203 persons received outpatient services at Dominican Hospital. Estimated 1500 episodic care visits per year. As a result of the economic crisis, visits to Rotacare continued to increase.
Hospital's Contribution / Program Expense	\$27,361 Hospital Expenses, plus an additional \$22,360 included in Charity Care and \$25,000 as part of the CHW Community Grant. Total Benefit is \$74,721
FY 2012	
Goal 2012	Continue to support the RotaCare Free Health Clinic.
2012 Objective Measure/Indicator of Success	Continue to provide health related services, medications, education for diabetes, eye exams/ glasses, and diagnostic testing to uninsured/underinsured populations at no cost to the patient in the clinic or in the hospital. Dominican Hospital provides pharmaceuticals, other medical supplies and in/outpatient services at no cost to the patient.
Baseline	203 were seen in the hospital in 2010 continue to provide free health services.
Intervention Strategy for Achieving Goal	The RotaCare Free Health Clinic will continue operations weekly at the local senior center.

Tattoo Removal Program	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Improving Access to Healthcare <input type="checkbox"/> Preventing and/or Managing Chronic Health Conditions <input type="checkbox"/> Improving Physical Activity and Nutritional Health <input type="checkbox"/> Improving Women's Health and Birth Outcomes <input checked="" type="checkbox"/> Improving Life of the Community (Reduction in Juvenile Crime)
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	This program is particularly targeted to members of gangs and other youth with visible tattoos. It is available to both the Broader community and the Poor and underserved.
Program Description	In cooperation with local plastic surgeons, the program provides tattoo removal, medical care and counseling services to high-risk youth and young adult population.
FY 2011	
Goal FY 2011	To continue to support the Tattoo Removal Program and to enable program participants to obtain gainful employment or enrollment in educational programs.
2011 Objective Measure/Indicator of Success	Increase number of participants in this Program with special focus on teens and pregnant teens.
Baseline	This program provides laser treatment for the removal of gang related tattoos to enable patients to leave gang involvement.
Intervention Strategy for Achieving Goal	This program distributes fliers at local health fairs. Word of mouth is the best advertisement for the program. Dominican is the only program in our county and the only one that accepts patients over 25 years of age.
Result FY 2011	911 patient visits for laser procedures. an increase of 27% over prior year. We counted patients who received a visit for tattoo removal. We have specific codes in our patient accounting system to capture visits and writeoffs.
Hospital's Contribution / Program Expense	\$70,127 for space for the clinic and supplies, .4 FTE to schedule visits.
FY 2012	
Goal 2012	To continue to support the Dominican Tattoo Removal Program and monitor completion of process outcomes. To secure additional grant funds this year and increase physician participation.
2012 Objective Measure/Indicator of Success	Increase number of participants in this Program with special focus on teens and pregnant teens.
Baseline	911 patients were served in FY2011.
Intervention Strategy for Achieving Goal	See Goal 2012.

KidSmart in Schools – Screening Clinic	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Improving Access to Healthcare <input checked="" type="checkbox"/> Preventing and/or Managing Chronic Health Conditions <input type="checkbox"/> Improving Physical Activity and Nutritional Health <input type="checkbox"/> Improving Women's Health and Birth Outcomes <input type="checkbox"/> Improving Life In the Community
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Broader Community, Poor, Homeless, Uninsured/Underinsured
Program Description	Provides vision, hearing, and scoliosis screenings to school aged children at no cost to the schools with intervention when necessary for newly identified problems – glasses, lens correction, hearing aids, and physician referral for scoliosis.
FY 2011	
Goal FY 2011	Continue to collaborate with both public and private schools in Santa Cruz County to meet the State mandates of providing preventive screenings of vision, hearing, and scoliosis and follow-up (when indicated) for school-aged children.
2011 Objective Measure/Indicator of Success	To increase the number of children screened to identify early on problems with vision, hearing, or scoliosis.
Baseline	In order to meet the State mandates and due to a lack of school nurses, Dominican Hospital provides vision and hearing screenings in 50 schools – public and private – and scoliosis screenings in 7 schools.
Intervention Strategy for Achieving Goal	In collaboration with local schools, services will be scheduled and provided with follow up as needed.
Result FY 2011	9,023 school-aged children were screened in 50 schools (47 public and 12 private) in 6 school districts of Santa Cruz County. 15,278 Screenings were performed. 480 students needed recheck exams for visual correction and 319 students needed recheck exams for possible hearing loss. Students identified with scoliosis already have a medical provider. There were 58 follow up visits with a doctor reported.
Hospital's Contribution / Program Expense	Dominican Hospital contributed \$157,078 in Community Benefits Expense in 2011.
FY 2012	
Goal 2012	Continue to collaborate with the school districts and provide vision, hearing, and scoliosis screenings for school aged children with follow-up treatment as indicated.
2012 Objective Measure/Indicator of Success	Refer to above
Baseline	9,023 children were screened in 2010/2011.
Intervention Strategy for Achieving Goal	Evaluate services needed and proceed as indicated.

PEP Classes for Individuals with Disabilities	
Hospital CB Priority Areas	<input type="checkbox"/> Improving Access to Healthcare <input checked="" type="checkbox"/> Preventing and/or Managing Chronic Health Conditions <input checked="" type="checkbox"/> Improving Physical Activity and Nutritional Health <input checked="" type="checkbox"/> Improving Women's Health and Birth Outcomes <input checked="" type="checkbox"/> Improving Life in the Community
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	<p>Improving Life in the Community, Preventing and Managing Health Conditions.</p> <ul style="list-style-type: none"> ▪ According the 2009 Santa Cruz County Community Assessment <ul style="list-style-type: none"> ○ The number of households with individuals who have been diagnosed with a disability significantly increased from 16.7% (in 2007) to 21.6% ○ The percentage of people with disabilities who are able to participate in community life at the levels he or she desires fell from 63.1% (2007) to 55.1%. ○ The largest growth in diagnosed disabilities was in the 55 to 74 year old group at 13.1% change from 2007 to 2009 <p>Disabilities include impaired mobility & balance; sensory loss; functional skills including self care & going outside the home.</p>
Program Description	The Personal Enrichment Program (PEP) provides preventative educational services designed to improve the health and welfare of individuals in the Santa Cruz community particularly the elderly and disabled.
FY 2011	
Goal FY 2011	Support the Dominican PEP Programs addressing our priority areas by offering them at little or no cost. To reduce unnecessary visits to the Emergency Room. Although we have no empirical data, we believe these programs prevent unnecessary hospital admissions by preventing falls and pressure ulcers. We also contend that by reducing the burden of care and functional dependence individuals with disabilities are able to remain in their homes By keeping individuals in their homes and as independent as possible we are supporting the physicians within our community and providing a resource they can utilize for their at risk patients.
2011 Objective Measure/Indicator of Success	Increase registrations or registrations related to prevention or management of health conditions.
Baseline	<ul style="list-style-type: none"> ▪ The programs annually service approximately: <ul style="list-style-type: none"> ○ Fall Risk Reduction – 34 ○ Upper-Body Functional Recovery for People with Stroke & Traumatic Brain Injury – 26 ○ Strength Building for People with Neurological Impairment – 252 ○ Senior Strength & Conditioning - 194 ▪ Many of the individuals who register for these classes are on a fixed income and struggle to pay the minimal fees. The fees range from \$6.00 to \$10.00 a session. The sessions normally are 1 hour in length. ▪ Additional classes will be added as community needs require. Areas would include Exercise and Fitness, Childbirth and Parenting, Lifestyle Management
Intervention Strategy for Achieving Goal	N/A
Result FY 2011	2,775 people participated in PEP classes.
Hospital's Contribution / Program Expense	Dominican provided \$382,713 in support, offset by \$42,038 in revenue, for Unsponsored Benefit of \$340,675.
FY 2012	
Goal 2012	We envision this as one step toward a Healthier Community
2012 Objective Measure/Indicator of Success	N/A
Baseline	2,775 people in FY11
Intervention Strategy for Achieving Goal	Additional classes will be added as community needs require. Areas would include Exercise and Fitness, Childbirth and Parenting, Lifestyle Management

COMMUNITY BENEFIT AND ECONOMIC VALUE

VII. COMMUNITY BENEFIT AND ECONOMIC VALUE

Please see attached a copy of the Classified Summary of Un-sponsored Community Benefit Expense.

Costs for Charity, Medicare, Medi-Cal and Indigent Programs (Medicruz, a Santa Cruz County program for the working poor) were calculated using data from the Dominican Cost Accounting system. Program cost is actual data tracked and recorded through the payroll system and the general ledger system and ultimately entered into CBISA, a database for tracking community benefits by program. Indirect costs are applied based on data obtained through the cost accounting system.

Telling the Story

Annually, Dominican Hospital publishes the Summary of Un-sponsored Community Benefit as part of the Fall issue of *Focus on Health*. Also included in the issue is a summary of the CAP report to the community for the current year. Santa Cruz County, in keeping with its leadership in community assessment, evaluation and reporting, is the only place in the United States that can be identified wherein a community assessment piece arrives in the mail to over 93,000 households. The entire CAP report may be seen at [Santa Cruz County Cap Report 16](#).

10/12/2011
 253 Dominican Santa Cruz
 Complete Summary - Classified Including Non Community Benefit (Medicare)
 For period from 7/1/2010 through 6/30/2011

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Traditional Charity Care	5,444	6,863,146	0	6,863,146	2.2	1.9
Unpaid Cost of Medicaid	31,155	66,863,745	34,679,673	32,184,072	10.2	8.8
Means-Tested Programs	4,446	8,992,763	5,025,740	3,967,023	1.3	1.1
Community Services						
Community Benefit Operations	0	254,003	0	254,003	0.1	0.1
Community Building Activities	52	2,079,621	1,575,442	504,179	0.2	0.1
Community Health Improvement Services	3,259	846,916	0	846,916	0.3	0.2
Financial and In-Kind Contributions	10	182,872	0	182,872	0.1	0.1
Subsidized Health Services	9,105	1,811,704	249,000	1,562,704	0.5	0.4
Totals for Community Services	12,426	5,175,116	1,824,442	3,350,674	1.1	0.9
Totals for Living in Poverty	53,471	87,894,770	41,529,855	46,364,915	14.7	12.7
<u>Benefits for Broader Community</u>						
Community Services						
Community Benefit Operations	1	166,032	24,852	141,180	0.0	0.0
Community Building Activities	46	19,699	0	19,699	0.0	0.0
Community Health Improvement Services	20,950	1,618,653	42,038	1,576,615	0.5	0.4
Financial and In-Kind Contributions	149,744	252,430	0	252,430	0.1	0.1
Health Professions Education	21	52,717	0	52,717	0.0	0.0
Research	6	2,020	0	2,020	0.0	0.0
Subsidized Health Services	4,292	275,838	0	275,838	0.1	0.1
Totals for Community Services	175,060	2,387,389	66,890	2,320,499	0.7	0.6
Totals for Broader Community	175,060	2,387,389	66,890	2,320,499	0.7	0.6
Totals - Community Benefit	228,531	90,282,159	41,596,745	48,685,414	15.4	13.3
Unpaid Cost of Medicare	76,347	111,385,029	89,318,956	22,066,073	7.0	6.0
Totals with Medicare	304,878	201,667,188	130,915,701	70,751,487	22.4	19.4
Totals Including Medicare	304,878	201,667,188	130,915,701	70,751,487	22.4	19.4

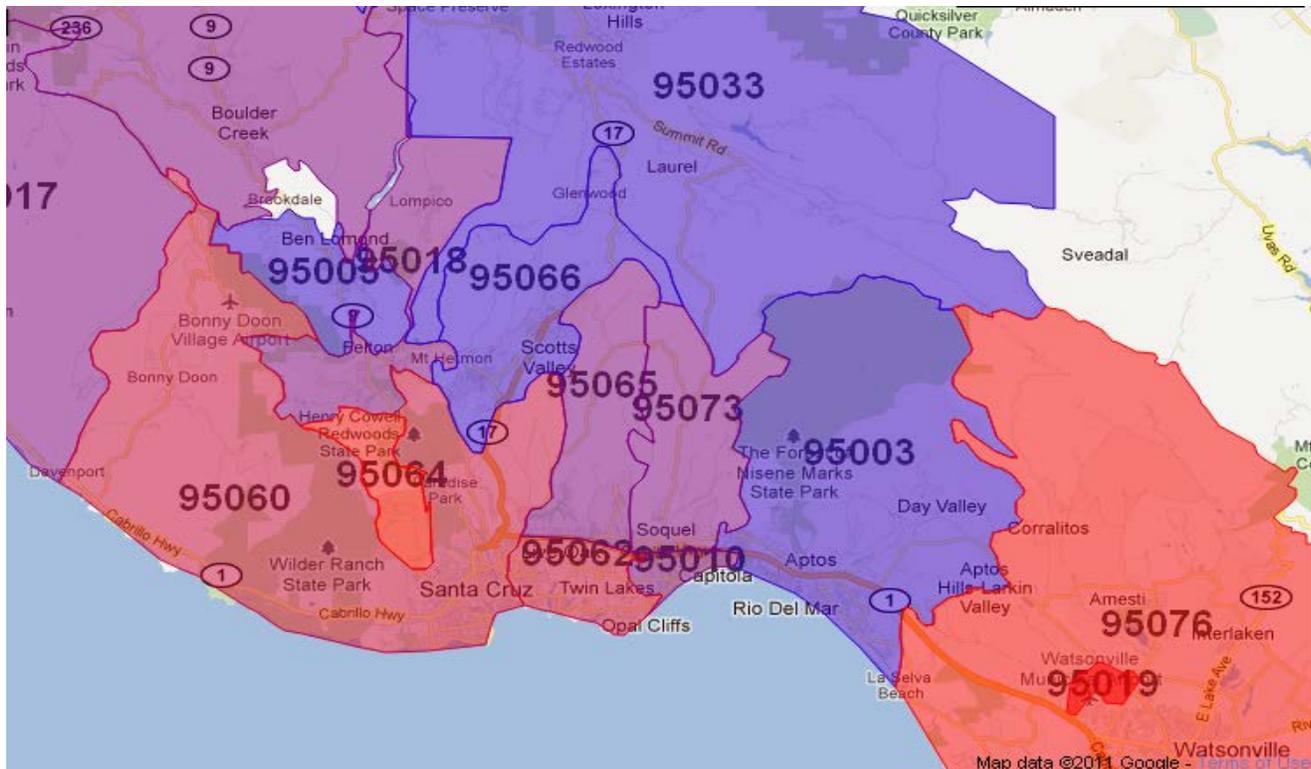
DOMINICAN HOSPITAL BOARD OF DIRECTORS
Membership 2010/2011

Carlos Arcangeli, MD Physician
Nancy Austin, Business Professional
Diana Bader, OP, PhD., Adrian Dominican Sponsor
John Burroughs, Dominican Hospital Foundation Chairperson, ex-officio
Jimmy Chung, MD, Physician, Chief of Staff, ex-officio
Stephanie Harkness, Business Professional
Carlene Hawksley, MD, Physician
Edison Jensen, JD, Board Chairperson
Gabrielle Marie Jones, RSM Auburn Mercy Sponsor
Dean Kashino, MD Physician
Brian King, EdD, JD, Educator
Grace Laurencin, MD Physician
Nanette Mickiewicz, MD, Hospital President, ex-officio
Stewart Mumm, MD, Physician
Jorge Sanchez, Business Professional
Pamela Santacroce, RN, Community Member
Lois Silva, OP, San Rafael Dominican Sponsor
Diane Siri, Educator
Claire Sommargren, RN, PhD, Educator

DOMINICAN COMMUNITY ADVISORS
A Committee of the Dominican Hospital Board of Directors
Membership 2010/2011

Michael Bethke	Community Member
Susan Brutschy	Community Member
Mary Lou Goeke	Community Member
Dan Haifley	Community Member
Deidre Hamilton	Community Member
Mary Hammer	Community Member
Samuel Leask	Member, Dominican Hospital Foundation
Rabbi Richard Litvak	Community Member
Nannette McAlister	Community Member
Brenda Moss	Community Member
Poki Namkung, MD	Community Member
Paul O'Brien	Community Member
Larry Pearson	Community Member
Joaquin Sanchez	Community Member
Jorge Sanchez	Member, Dominican Hospital Board of Directors
Pam Santacroce	Member, Dominican Hospital Board of Directors
Sister Lois Silva, OP	Member, Dominican Hospital Board of Directors
Carole Mulford for Michael Watkins	Community Member
George Wolfe, MD	Community Member

Community Needs Index Map



Lowest Need

Highest 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

Zip Code	CNI Score	Population	City	County	State
95003	2.4	22792	Aptos	Santa Cruz	California
95005	2.2	7709	Ben Lomond	Santa Cruz	California
95006	2.6	9145	Boulder Creek	Santa Cruz	California
95010	3	8845	Capitola	Santa Cruz	California
95017	2.6	431	Santa Cruz	Santa Cruz	California
95018	2.6	8709	Felton	Santa Cruz	California
95019	4.8	7054	Watsonville	Santa Cruz	California
95033	2	9090	Santa Cruz Mountains	Santa Cruz	California
95060	3.4	44511	Santa Cruz	Santa Cruz	California
95062	3.4	35986	Santa Cruz/Live Oak	Santa Cruz	California
95064	4.2	4651	UC Santa Cruz	Santa Cruz	California
95065	3	7715	Santa Cruz	Santa Cruz	California
95066	2.4	14647	Scotts Valley	Santa Cruz	California
95073	2.8	10033	Soquel	Santa Cruz	California
95076	4.4	83175	Watsonville	Santa Cruz	California

CATHOLIC HEALTHCARE WEST**POLICY AND PROCEDURE**

FROM: CHW Board of Directors

SUBJECT: Patient Payment Assistance Policy

ADOPTED: November 14, 2006

EFFECTIVE: January 1, 2007

REPLACES: CHW 4.50 Charity Care/Financial Assistance Policy, January 27, 2004; CHW 4.50 Patient Financial Assistance Policy, May 18, 2004; CHW 4.50 Patient Payment Assistance Policy, June 2, 2005; June 27, 2006

REVIEWED: November 16, 2009

I. POLICY

Catholic Healthcare West (CHW) is committed to providing payment assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program and are 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. Payment assistance is not considered to be a substitute for personal responsibility and patients are expected to cooperate with CHW's procedures for obtaining payment assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health and protection of their individual assets.

In order to manage its resources responsibly and to allow CHW facilities to provide the maximum level of assistance to the greatest number of persons in need, the Board of Directors of CHW establishes the following guidelines for the provision of patient payment assistance. Each CHW facility shall implement this Policy in accordance with procedures established by applicable CHW system departments.

II. PROCEDURES

A. Services Eligible Under this Policy. For purposes of this policy, "payment assistance" refers to health care services provided without charge or at a discount to qualifying patients. The following health care services are eligible for payment assistance:

1. emergency medical services provided in an emergency room setting;

2. services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. non-elective services provided in response to life-threatening circumstances in a non-emergency room setting;
4. medically necessary services provided to Medicaid beneficiaries that are not covered by their respective Medicaid programs;
5. any other medically necessary services, evaluated on a case by case basis at the CHW Facility's discretion.

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

C. Determination of Financial Need.

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may (a) include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need; (b) include reasonable efforts by the CHW Facility to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs; (c) take into account the patient's available assets, and all other financial resources available to the patient; and (d) include a review of the patient's outstanding accounts receivables for prior services rendered and the patient's payment history.
2. It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance shall be re-evaluated at each subsequent rendering of services, if the last financial evaluation was completed more than a year prior, and at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
3. CHW's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the CHW Facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

D. Patient Payment Assistance Guidelines. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, as follows:

1. Patients whose income is at or below 200% of the FPL are eligible to receive free care;
2. 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 for providing services from Medicare, Medi-Cal, Healthy Families, or any other government-sponsored health program of health benefits in which the hospital participates, whichever is greater;

3. 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 of payment the CHW facility would receive for providing services from Medicare, Medi-Cal, Healthy Families, or any other government-sponsored health program of health benefits in which the hospital participates, whichever is greater;

4. 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.

E. Communication of the Payment Assistance Program to Patients and the Public. Information about patient payment assistance available from CHW, which shall include a toll free contact number, shall be disseminated by the CHW Facility by various means, including, without limitation, the publication of notices in patient bills and by posting notices in emergency rooms, urgent care centers, admitting and registration departments, hospital business offices and patient financial services offices that are located on facility campuses, and at other public places as the CHW Facility may elect. Information shall also be included on facility websites and in the Conditions of Admission form. Such information shall be provided in the primary languages spoken by the populations served by the CHW Facility. Referral of patients for payment assistance may be made by any member of the CHW Facility staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for payment assistance may be made by the patient, or a family member, a close friend or associate of the patient, subject to applicable privacy laws.

F. Budgeting and Reporting. Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the CHW Facility. CHW Facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report (see CHW Policy 3.45) and may voluntarily report such information as deemed appropriate. Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

G. 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 payment assistance, a patient's good faith effort to apply for a governmental program or for payment 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 payment assistance and who are cooperating in good faith to resolve their hospital bills, CHW Facilities will 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.

H. Regulatory Requirements. In implementing this Policy, CHW management and CHW Facilities shall comply with all other federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy.