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Mercy & Memorial Hospitals

Members of CHW



COMMUNITY BENEFIT REPORT 2011
COMMUNITY BENEFIT PLAN 2012

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EXECUTIVE SUMMARY

Catholic Healthcare West (CHW) is the largest health care provider in California. The three CHW hospitals in Bakersfield are the largest providers of health services in the Southern San Joaquin Valley, serving a diverse population of urban and rural residents with a cancer center, an orthopedic clinic, a childcare facility, home health services, wound care, and three community outreach centers. Our hospitals provide a comprehensive range of health services with a strategic emphasis on cardiac services, pediatric services, cancer care, orthopedic care and maternal/child health. Our mission is to provide quality, compassionate health care to our patients and to advocate on behalf of the poor.

CHW hospitals in the service area include:

Bakersfield Memorial Hospital – 420 34th Street, Bakersfield, CA 93301, (661) 327-4647.

Bakersfield Memorial Hospital was created to meet the needs of our community, and has grown from a small local facility to a large regional acute hospital serving all of Kern County. Today, Memorial has 418 general acute beds, nearly 50 intensive care and cardiovascular recovery units, 13 state-of-the-art surgical suites, a full-service Emergency Department with a Joint Commission Certified Stroke Center and the Chest Pain Center. In addition, we offer newly expanded birthing suites, a family care center, a 31-bed Neonatal Intensive Care Unit, a 20-bed Pediatric Unit, a full complement of diagnostic laboratory and imaging services, and an outpatient surgery center. This facility employs 1,825 people.

Mercy Hospitals of Bakersfield

Celebrating its 100th anniversary this year, Mercy's humble beginnings started in a home converted by the Sisters of Mercy to care for the poor and infirmed. Mercy Hospitals provides quality health services at two campuses.

Mercy Hospital – 2215 Truxtun Avenue, Bakersfield, CA 93301, (661) 632-5000.

The acute care hospital on this downtown Bakersfield campus is licensed for 144 beds. Mercy Hospital offers a full range of medical/surgical services, including the Florence R. Wheeler Cancer Center, Kern County's only hospital-based oncology services program. This facility employs 1,016 people.

Mercy Southwest Hospital – 400 Old River Road, Bakersfield, CA 93311, (661) 663-6000.

This 78-bed acute care hospital focuses on outpatient and short-stay services specializing in Women's services including obstetrics/gynecology, neonatal intensive care unit (NICU), prenatal education, breastfeeding education and support. In 2009 the Orthopedic and Hand Center opened offering comprehensive orthopedic services. Two professional medical service office buildings are located on the hospital campus. This facility employs 460 people.

Caring for the community beyond the hospital walls led to the founding in 1991 of the Department of Special Needs and Community Outreach. In response to identified unmet health-related needs in the community, today the department operates more than 58 programs in Bakersfield, Arvin, Shafter, McFarland, Delano, Lake Isabella, Ridgecrest, Taft, Tehachapi, and other outlying communities in Kern County where there is limited access to health care and related services.

With 24 employees (22.5 FTEs) and an annual budget of \$2,014,844, the department's programs target low-income, uninsured, or underinsured individuals, as well as Kern County citizens with unmet health needs, including migrant farm workers and other disenfranchised populations. The department frequently collaborates with more than 80 public, private, and nonprofit organizations.

Outreach Centers -**Learning Center**

631 E. California Avenue, Bakersfield, CA 93307, (661) 325-2995

Outreach Center

1627 Virginia Avenue "C", Bakersfield, CA 93307, (661) 323-7964

Community Wellness Center

2634 G Street, Bakersfield, CA 93301, (661) 861-0852

The Learning Center and the Outreach Center are located in economically depressed neighborhoods of southeast Bakersfield. These centers serve as strategic hubs of our community outreach efforts. In collaboration with other community service agencies, the centers provide referral services, food, clothing, shelter, education, and health screenings to the most vulnerable and needy residents of the community. Our three outreach centers employ a total of 16 people and utilize an average of 139 volunteers each month.

Mercy and Memorial Hospitals FY 2011 Community Benefit Report and FY 2012 Community Benefit Plan document our commitment to the health and improved quality of life in our community. For FY 2011 the Net Quantifiable Community Benefit of Mercy Hospital/Mercy Southwest Hospital was \$29,523,561 and \$25,533,373 for Bakersfield Memorial Hospital.

Following are the highlights of major community benefit activities during FY 2011:

Community Wellness Program - provides personalized in-home health education and monitoring, community health screening clinics, health education classes, and referrals to other local health care and social service resources. In FY 2011, the program served 7,112 patients through educational classes on high blood pressure, cancer, diabetes, and nutrition. A total of 28,457 blood pressure, cholesterol, and glucose screenings were provided at monthly clinics throughout Kern County. 51.4% of 25 case managed clients saw a decrease from baseline screening levels. In 2011, this program received the Jackson Healthcare Hospital Charitable Services Award, an \$18,000 grant from Ronald McDonald House Charities and a Beautiful Bakersfield Award from the Bakersfield Chamber of Commerce.

Chronic Disease Self-Management Program – provides patients who have chronic diseases with the knowledge, tools and motivation needed to become proactive in their health. Each program seminar consists of six (6) weekly classes covering a variety of topics including nutrition, exercise, use of medications, communication with doctors, stress management, and evaluating new treatments. In FY 2011, three English and four Spanish seminars were held in Kern County areas with a Community Need Index (CNI) score of 3 or above. Of the 60 participants who completed the seminar, 83.3% self reported a decrease in readmissions to the hospital/ER during the six months following their seminar.

Homemaker Care Program - provides homemaker services to frail elderly by helping them live independently for as long as possible. This program also provides job training to unemployed individuals by helping them learn marketable skills and transition into the work force. In FY 2011, 61 senior clients received 8,082 hours of homemaker care services. Of the 66 individuals who completed the training program, 67% found employment.

Homework Club – provides after-school academic tutoring for low-income children in kindergarten through seventh grade and engages them in structured, academic and cultural/social enrichment activities. In FY 2011, 35 students participated in the program. To monitor the academic progress of first through seventh grade students, the Homework Club staff uses the Kauffman Test of Educational Achievement (KTEA). The KTEA test is also used in the Bakersfield City School District, the largest elementary school district in the state. Results of the KTEA test indicated that 72% of the first through seventh grade students were reading at or above grade level. 91% of 1st through 7th grade students achieved at or above grade level in Mathematics.

Children's Health Initiative of Kern County (CHI) – increases access to health insurance and healthcare for children, and promotes the use of medical/dental homes for all Kern County children. Studies show that insured children are less likely to miss school due to illness, more likely to make "well-

child” doctor visits, and more likely to receive early treatment that may prevent an illness from becoming more serious. To assist in this effort, CHI collaborates with over 50 social service and health care organizations, community groups and agencies throughout Kern County. CHI provides training for application assistance, and educates families on the importance of preventive care. In FY 2011, 8,181 children were enrolled in Medi-Cal, Healthy Families, and Healthy Kids Kern County health insurance programs. With the help of the Friends of Mercy Foundation, the CHI has generated more than \$385,000 in grant support for uninsured children during this past year.

Mercy and Memorial Hospitals are key players when it comes to building a healthier Kern County. This is demonstrated by several on-going programs including:

Share Mercy - provides employees up to 80 hours per year of paid work time as a volunteer with qualified agencies and organized programs that respond to a community need. During FY 2011, 508 Share Mercy hours were used to provide services for the Santa Barbara Crusade for Christian Growth, HELPS, International, Veterans’ Assistance Foundation, Cal State University – Bakersfield, Children’s Lightseekers Summer Camp, Boy Scouts of America, and the Haiti Endowment Fund.

Sexual Assault Response Team (S.A.R.T.) - a multi-disciplinary group of county and city agencies brought together for one purpose – to assist sexual assault victims in a more supportive and effective manner. A collaborative team was formed of all the agencies involved to create a process that would be less stressful to the victim and ensure better outcomes in the courts. During FY 2011, 58 sexual assault victims were assisted through the program.

Also during FY 2011:

- 34,752 hot meals were served to the homeless and low-income families through our Breakfast Club and Dinner Bell programs.
- 692 prescriptions were filled for the homeless and low-income individuals through our Prescriptions Purchases for Indigents Program. (\$184,001.03)
- 363 patients received clothing through our In-Hospital Clothes Closet. (\$3,973.29)
- 52 families unable to pay for funeral services for their loved one received financial assistance through our Funeral Expense Program. (\$12,345.00)
- 14 car seats were provided to families in need through our Car Seat Program. (\$784.35)
- 435 children in need received school supplies and clothing through our Operation Back to School program.
- 1,462 adults and children in need received toys, clothing and food to enjoy during the holiday season through our Shared Christmas Program.

Our Mission

Mercy and Memorial Hospitals 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.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.

Our Values

Mercy and Memorial Hospitals are dedicated to providing high-quality, affordable health care to the communities we serve. Above all else we value:

Dignity	Respecting the inherent value and worth of each person.
Collaboration	Working together with people who support common values and vision to achieve shared goals.
Justice	Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.
Stewardship	Cultivating the resources entrusted to us to promote healing and wholeness.
Excellence	Exceeding expectations through teamwork and innovation.

ORGANIZATIONAL COMMITMENT

Hospitals' Organizational Commitment

Mercy Hospitals of Bakersfield has a community board of directors and Bakersfield Memorial Hospital has a fiduciary board. The boards are responsible for ensuring that community health is one of the major goals in the strategic planning process. The two boards of directors are diverse groups that include community members, physicians, faith-based representatives, and business health executives who provide a broad spectrum of perspectives on plans presented for their approval. Mercy and Memorial hospitals' presidents are committed to the Community Benefit process and accountable to CHW system leadership.

A Community Benefit Committee assists the Department of Special Needs and Community Outreach in prioritizing programs that are in line with the hospitals' strategic plans. Committee members include representatives of the hospitals' Executive Management Teams, the business community, social service agencies, community volunteers, CHW board members, and employees. This group meets four times annually to help ensure that our outreach services respond to identified community needs and are effectively working to improve the overall health status of the community. The Committee provides input, advice, and approval for the Community Benefit Plan. The approved plan is then submitted to the boards of Mercy Hospitals and Bakersfield Memorial Hospital for final approval. Members of the Community Benefit Committee have remained the same from FY 2010 to FY 2011 with the exception of Elena Acosta, Kern County Department of Human Services, who resigned from the Committee. Pam Holiwell, Kern County Department of Human Services, has joined the Committee in her place. A roster of current Committee members is attached as APPENDIX 1.

The boards' involvement is further reflected in their on-going endorsement of the CHW Community Grants Program which supports the continuum of care in the community offered by other not-for-profit organizations. Every year Mercy and Memorial Hospitals contribute to a fund for the CHW Community Grants Program. This program awards grants to nonprofit organizations in Kern County whose proposals respond to the priorities identified in the health assessment and community benefit plan for our hospitals. CHW grant funds are used to provide services to underserved populations. During FY 2011, the following grants were awarded:

Alliance Against Family Violence and Sexual Assault: \$17,775
Alzheimer's Disease Association of Kern County: \$16,000
Bakersfield Police Activities League: \$35,000
California Veterans Assistance Foundation: \$23,000
Court Appointed Special Advocates (CASA): \$15,000
Golden Empire Gleaners: \$10,000
Links for Life: \$25,000
Mastering Abilities Riding Equines (MARE): \$20,000
MS Society: \$10,000
Henrietta Weill Child Guidance Clinic: \$25,000
West Side Community Resource Center: \$20,992

The hospitals' boards are responsible for the following areas regarding the community benefit activities:

- **Budgeting Decisions**
 - Review community benefit budget for the Department of Special Needs and Community Outreach with explicit understanding and assumption of their role to ensure that the hospitals fulfill their obligation to benefit the community.
 - Ensure long-term planning and budgeting to set multiyear goals and objectives.
 - Budget adequate financial resources to hire competent employees to plan, develop, implement, and effectively manage community benefit initiatives.

- Program Content
 - The selection of priority program content areas by community benefit employees and diverse local stakeholders is based upon the following objective criteria:
 - ✓ Size of the problem (i.e., number of people per 1,000, 10,000, or 100,000)
 - ✓ Seriousness of the problem (i.e., impact at individual, family, and community levels)
 - ✓ Economic feasibility (i.e., cost of the program, internal resources, and potential external resources)
 - ✓ Available expertise (i.e., can we make an important contribution?)
 - ✓ Necessary time commitment (i.e., overall planning, implementation, evaluation)
 - ✓ External prominence (i.e., evidence that it is important to diverse community stakeholders)

- Program Design
 - The selection and design of community benefit activities are based on the following criteria:
 - Estimated effectiveness/efficiency (i.e., What is the track record to date on this approach? Are there adequate resources to implement this intervention strategy?)
 - Existing efforts (i.e., Who else is working on this? What is our role? Is it meaningful? How can we best complement/enhance an existing effort?)
 - Collaborative opportunities with local stakeholders in a community health assessment that establishes priorities, develops a plan to address identified needs, and integrates community health priorities into the strategic planning and annual budgeting process.

- Program Targeting
 - The targeting of specific project activities is based on the following criteria:
 - Target Population(s) (i.e., Will the intervention fit the needs and characteristics of the people we are trying to serve?)
 - Number of people (i.e., How many people will be helped by this intervention?)
 - Degree of controversy (i.e., Is this intervention acceptable to the community? Will this intervention offend important constituents?)

- Program Continuation or Termination
 - Schedule annual, detailed verbal and written reports of progress towards identified performance targets by hospital community benefit leadership.
 - Approve continuation or termination of community benefit programs after receiving evaluation findings and other program information from community benefit employees and the Community Benefit Committee.

- Program Monitoring
 - Use the Community Benefit Inventory for Social Accountability (Lyon Software) to identify, track, quantify, and report community benefit initiatives.
 - Continue on-going efforts to align all programs with these five core principles:
 - Focus on populations with disproportionate unmet health-related needs
 - Emphasize primary prevention
 - Build a seamless continuum of care
 - Increase community capacity
 - Strengthen collaborative governance

Non-Quantifiable Benefits

Working collaboratively with community partners, the hospitals provide leadership and advocacy, stewardship of resources, assistance with local capacity building, and participation in community-wide health planning. Employees of the Department of Special Needs and Community Outreach participate and chair a variety of collaborative committees throughout Kern County including the Kern Promotoras Network, Kern County Needs Assessment Committee, and "Ray of Hope" Luncheons.

These employees serve on 16 different boards or committees that respond to a wide variety of community concerns. Each quarter all hospital exempt employees report the names of the community organizations, neighborhood groups, and related community health activities in which they participate. Our participation as a collaborative partner provides an opportunity to share information, resources and ideas, solve problems, identify options, and evaluate the success of our efforts.

COMMUNITY

Mercy and Memorial Hospitals serve all of Kern County, including Bakersfield (the county seat) and outlying rural communities such as Taft, Arvin, and Lake Isabella. The county covers more than 8,100 square miles, geographically making it the third largest county in the state. The landscape is diverse, ranging from high desert to mountains to vast expanses of rich agricultural flatlands. Kern County consistently ranks among the top five most productive agricultural counties in the United States and is one of the nation's leading petroleum-producing counties. Agriculture is the third largest industry in the county and accounts for 16.1 percent of total employment. Seasonal and cyclical fluctuations in employment in the agriculture and petroleum industries drive Kern County's unemployment rate consistently well above the state average. Kern County's annual unemployment rate in 2010 ranged from 14 percent to 18 percent of the adult civilian population (2010 Kern County Community Health Needs Assessment).

According to the California Department of Finance, Kern County's estimated population for 2011 is 846,883. It is the 11th largest county based on population. Bakersfield's population of 351,443 makes it the 9th largest city in California and places it among the top 100 largest metropolitan areas in the nation. The median household income for Kern County is \$46,216. According to the 2009 American Community Survey, approximately 38% of Kern County's population resides in rental-occupied housing units.

Based on Census 2010 population estimates (California Department of Finance), Kern County's population is ethnically and culturally diverse with 38.6 percent white (non-Hispanic/Latino), 49.2 percent Hispanic/Latino, 5.4 percent African American, 4.0 percent Asian/Pacific Islander, 0.7 percent American Indian/Alaskan, and 1.9 percent multiracial. The demographics are dramatically shifting in Kern County as seen in the population of children of the county with nearly 63.8 percent of the 0 to 4 year old population now being Hispanic (California Department of Finance). Based on the 2009 American Community Survey, 60.3 percent of persons age 5 years and older speak only English at home, 35.4 percent speak Spanish at home, and 4.3 percent speak other languages at home. Filipino and Punjabi are the most prevalent in this "other" category.

Based on the 2000 Census, Children Living Below Poverty Level is 28.2%, Families Living Below Poverty Level is 16.8%, and People Living Below Poverty Level is 20.8%. Only People 65+ Living Below Poverty Level is low at 10.5%. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the community (2010 Kern County Community Health Needs Assessment). The indicators for Kern County, based on 2007 data, show that Adults with Private Health Insurance and People with a Usual Source of Health Insurance are 57% and 87.5%, respectively, and Children with Health Insurance is at 91%. African American and Latinos who have health insurance are lowest at 47.9% and 36.3% (2010 Kern County Community Health Needs Assessment). In one year alone, uncompensated and undercompensated care expenses for uninsured and Medi-Cal patient populations admitting to the three service area hospitals in Kern County decreased by 36% with the help of the preventative health care programs sponsored by the hospitals

Nearly two-thirds of Kern County's residents—and most of its major health care providers—are clustered in and around Bakersfield. In addition to Mercy and Memorial Hospitals, other health providers in Kern County include Kern Medical Center, Kaiser Permanente, San Joaquin Community Hospital, The Heart Hospital, Good Samaritan Hospital, Clinica Sierra Vista and National Health Services. The service area for these providers is Kern County. Whenever possible, an effort is made for community-based collaboration to solve problems and ensure sustainable health programs over the long term to populations that need it the most.

The Health Resources and Services Administration Shortage Designation Branch develops shortage designation criteria and uses them to decide whether or not a geographic area, population group or facility is a Health Professional Shortage Area or a Medically Underserved Area or Population.

Among the highlights:

- Medically Underserved Areas
 - East Bakersfield
 - Lakeview
 - La Loma

- Medically Underserved Populations
 - Delano
 - McFarland
 - Ridgecrest

Many of Bakersfield's poorest residents are concentrated in the city's southeast quadrant, the site of two of our community outreach centers. The population is largely African American and Hispanic/Latino, with a high concentration of limited-English speaking individuals (many undocumented), elevated youth gang activity, and a high unemployment rate. These neighborhoods include seedy motels that house a transient homeless population, including many families with children.

Most of these residents have not received health services or assistance because of poverty, chronic substance abuse, language barriers, lack of transportation, a strong mistrust of established institutions, and lack of knowledge and understanding about accessing and using available services. For many low-income individuals and families living in the outlying rural communities of Kern County, geographic isolation heightens these barriers to health care and other services.

COMMUNITY BENEFIT PLANNING PROCESS

Community Needs and Assets Assessment Process

Mercy and Memorial Hospitals' designated service area is Kern County. The hospitals primarily utilize the following methods to assess community needs and the effectiveness of our response to these challenges: The Kern County Community Needs Assessment, Community Needs Index (CNI), community leaders, residents, and direct input from staff of our Department of Special Needs and Community Outreach. The annual Kern County Network for Children Report Card is also used to corroborate the focus of our services.

The selection of priority needs involves collaboration with a variety of internal and external stakeholders. As an adjunct to the organization's Strategic Planning Process, community benefit planning derives input and guidance from administrative leadership and the Boards of Directors. The regional Community Benefit Committee is directly involved in selection of priorities and development of specific program goals and objectives. It is also their responsibility to ensure quality services are provided with each program and those we serve are satisfied with our services.

Kern County Community Assessment

The 2010 Kern County Community Needs Assessment (APPENDIX 5) combines quantitative and qualitative information based on review of health and quality of life data and interviews with community leaders and representatives of local agencies. To assist with identifying priorities, comparisons are made to other California counties, as well as to national benchmarks such as Healthy People 2020, which is a set of key national health objectives.

The needs assessment is a collaborative effort by Bakersfield Memorial Hospital, Delano Regional Medical Center, Kaiser Permanente, Kern County Department of Public Health Services, Mercy Hospitals of Bakersfield, San Joaquin Community Hospital and other local partners. Debbie Hull, Regional Director of Community Benefit for Mercy and Memorial Hospitals convened this collaborative group. The 2010 assessment is a Web-based, living community needs assessment, which uses the Healthy Communities Network (HCN) Web tool to display health status and track progress in the community. The 2010 assessment highlights important issues in the community.

The Kern County HCN Website, www.HealthyKern.org, provides over 120 health and quality of life indicators for Kern County. Rather than focus on one isolated area of need, the needs assessment sought to create a comprehensive needs assessment for the county using multiple health and quality of life indicators. The needs assessment process involved assessment and understanding of demographics, health access, health care usage, health behaviors, health status, as well as social and environmental factors that ultimately affect health outcomes. The review and evaluation of this quantitative data, combined with community consultation and feedback, have enabled us to identify key priority areas in the community that require attention. The findings of this needs assessment are being used to inform strategic planning, decision-making, and resource investments and allocations.

The Center for Healthy Aging (CHA), an independent consulting group, analyzed each of the indicators on the www.HealthyKern.org website. CHA presented their findings to the collaborative for their input. The top ten priority areas were agreed upon by the collaborative. Once the priorities were determined, the collaborative created a set of interview questions and obtained input from key stakeholders in the community to validate the top issues, identify gaps, and suggest evidenced-based and/or promising practices to address the issues

Key Findings

The top five priority areas of the 2011 needs assessment are:

- *Obesity*
- *Basic Needs/Unemployment Rate*
- *Education Attainment*
- *Access to Health Care*
- *Mortality Rates*

Community Needs Index (CNI)

The CHW Reporting Sheet for the Community Needs Index (CNI) for Kern County, prepared by Thomson/CHW (APPENDIX 2), is used to further validate the identification of communities (based on ZIP codes) that are the most socio-economically disadvantaged and thus most in need. Residents of these communities tend to have Disproportionate Unmet Health-Related Needs (DUHN): lack of education, lack of health care insurance, homelessness or transient lifestyles, no or limited access to quality health care, high prevalence of conditions such as diabetes, heart disease, obesity, and substance abuse.

Those communities identified on the CNI for Kern County (2009) with the highest CNI score (rated 1 to 5 with 5 being the most economically disadvantaged and most in need) are the primary focus of programs and services coordinated by Mercy and Memorial Hospitals.

This summary provides a focus for our hospitals to increase the health and quality of life of residents in Kern County.

Arvin (93203 Zip Code)	5	Mojave	4.8
Bakersfield (93301 Zip Code)	5	Bakersfield (93306 Zip Code)	4.6
Bakersfield (93304 Zip Code)	5	Boron	4.6
Bakersfield (93305 Zip Code)	5	Buttonwillow	4.6
Bakersfield (93307 Zip Code)	5	California City	4.6
Delano	5	Dustin Acres	4.6
Lost Hills	5	Oildale	4.4
McFarland	5	Rosamond	4.4
Shafter	5	Bakersfield (93309 Zip Code)	4.2
Weedpatch	5	Kernville	4.2
Maricopa	4.8	Lake Isabella	4.2

The community needs assessment is available for all residents. Those who have computer access can go to www.HealthyKern.org and find the assessment posted on the site. Those who do not have computer access can visit one of the many libraries throughout Kern County.

Assets Assessment

In addition to identifying community need, the collaborative also identified community assets and promising practices available in Kern County that respond to the needs. Also, by virtue of their frequent contact with residents of Kern County's most disadvantaged communities, employees of the Department of Special Needs and Community Outreach are familiar with the community assets available to address health and human service issues that affect the residents. Listed below are some of the promising practices in Kern County.

Obesity

- Mercy and Memorial Hospitals – Healthy Kids in Healthy Homes
- Community Action Partnership of Kern - Shafter Youth Center

Basic Needs

- 23 Collaboratives and Family Resource Centers throughout Kern County
- St. Vincent De Paul – Services for the Homeless
- Garden Pathways – Family to Family Mentoring

Educational Attainment

- Mercy and Memorial Hospitals – Homemaker Care Program Training
- Kern County Network for Children – The Dream Center
- United Way – Financial Literacy Program
- Clinica Sierra Vista – Cal-Learn Program

Access to Health Care

- Free clinics accessible to farm workers
- Community Action Partnership of Kern County – Family Health Clinic
- Partners in Care and Visiting Nurse Community Services – Care-A-Van Mobile Medical Clinic

Mortality Rates

- Mercy and Memorial Hospitals' Chronic Disease Self-Management Program
- Low cost/no cost health insurance

Developing the Hospitals' Implementation Plan (Community Benefit Report and Plan)

Each year Department employees present progress reports to the Community Benefit Committee. During 2011, the Committee concentrated on program expansions and service quality. The Committee, as well as management and executive employees of each hospital, provide input and, as a result, make adjustments to programs, services, and the Community Benefit Plan. The Plan is then submitted to the boards for final approval.

Other stakeholders involved in the selection of priorities are those organizations with which our hospitals cosponsor community benefit programs and outreach activities. Some include the Kern County Public Health Services Department, Greater Bakersfield Legal Assistance, Clinica Sierra Vista, United Way of Kern County, Goodwill Industries of South Central California, Community Action Partnership of Kern, Kern Family Health Care, Kern Partnership of Wellness, Kern County Department of Human Services, National Health Services, Kern County Network for Children, First 5 Kern and Stop the Violence.

Each initiative in the Community Benefit Plan for Mercy and Memorial Hospitals relates directly to one or more needs identified in the Community Assessment. Other factors considered in selecting priorities for programs include:

- Size of the problem
- Severity of the problem
- Resources required and available
- Sustainability
- Availability of appropriate collaborators
- Efforts by other organizations

Intervention to address identified health issues is achieved through the following five main programs:

- Community Wellness Program (community health screening clinics; in-home health consultations, education, and monitoring; health education classes/seminars; and referrals to other local health care and social service agencies)
- Homework Club (after-school tutoring and social/cultural enrichment activities)
- Homemaker Care Program (homemaker services for the frail elderly and job training for unemployed adults)

- Children’s Health Initiative (access to health care insurance for low-income children age 0 – 18 years and the establishment of a medical and dental health care home for all children in Kern County)
- Chronic Disease Self-Management Programs (provides patients who have chronic diseases with the knowledge, tools and motivation needed to become proactive in their health)

Whenever possible, priority is given to the southeast Bakersfield neighborhoods where we have an established presence by virtue of our two outreach Centers: Learning Center and Outreach Center. These neighborhoods contain a high concentration of vulnerable population groups, including children, seniors, limited-English-speaking individuals, and low-income families.

Programs offered through these centers respond to the identified needs in the county-wide assessment. They provide youth activities to deter delinquency, develop leadership skills, enhance literacy and academic achievement, cultivate community responsibility, and provide educational and cultural enrichment opportunities. In addition, the centers are the hubs for many programs that provide basic support services to families in Bakersfield’s most economically depressed areas. Programs include health screenings, meal and nutrition services, clothing, counseling, transportation, child protection services, family support, and enrollment in low or no-cost health insurance programs. Our newest Outreach Center – The Community Wellness Center in downtown Bakersfield – gives us the opportunity to expand our preventative health care services in another underserved area of Bakersfield.

Because of our health education component and the depth of the collaboration with other local organizations, our community benefit programs help to contain the growth of community health care costs. For example, our Community Wellness Program raises awareness of risk factors such as high cholesterol, high blood pressure, and obesity. It helps people develop and maintain a healthy lifestyle. As a result, individuals will be better qualified to self-manage their health and thus avoid costly visits to Emergency Rooms. Additionally, our programs are structured to share resources and expertise with partner organizations. In short, our community benefit programs do not just apply a band-aid to unmet health-related needs, but are designed to improve health outcomes through changes in each individual situation and through the capacity of our community to respond to unmet health-related needs.

Planning for the Uninsured/Underinsured Patient Population

Mercy and Memorial Hospitals are committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or 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, Mercy and Memorial Hospitals strive 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 the hospitals’ procedures for obtaining financial assistance and contribute to the cost of their care based on individual ability to pay. (APPENDIX 3) Brochures announcing financial assistance are located in each Emergency Department, patient registration area and various locations throughout each facility for patient and family review. Every patient is given a financial assistance brochure upon admission. If admitted in an emergent manner, the patient information binder contains the financial assistance information. Each facility also has financial counselors on site to assist patients and their families upon discharge with bill resolution and applications for government sponsored insurance services.

Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services. Additionally, through grants from First 5 Kern and Kern County Public Health Services Department, Mercy and Memorial Hospitals coordinate the County’s Children’s Health Initiative. It uses monthly meetings, websites, a strong network of partner agencies, and other methods to enroll and renew children into Medi-Cal and Healthy Families, and minimize or eliminate barriers to enrollment. The Children’s Health Initiative of Kern County conducts outreach to inform and enroll children from low-income families into health insurance, and to build awareness and support in the

community at large. The Children's Health Initiative also works to develop new ways that children might access healthcare outside of an insurance program so that all Kern County children might have a medical home.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Below are the major initiatives and key community based programs of Mercy and Memorial Hospitals. Programs were developed in response to the 2010 Kern County Community Needs Assessment and are guided by the following five core principles:

- Focus on Populations with Disproportionate Unmet Health-Related Needs
Seeking to accommodate the needs of communities with disproportionate unmet health-related needs.
- Emphasize Primary Prevention
Addressing the underlying causes of persistent health problem.
- Build a Seamless Continuum of Care
Emphasizing evidence-based approaches by establishing a link between clinical services and community health improvement services.
- Increase Community Capacity
Targeting charitable resources to mobilize and build the capacity of existing community assets.
- Strengthen Collaborative Governance
Engaging diverse community stakeholders in the selection, design, implementation, and evaluation of program activities

Initiative I: Obesity

- Boy Scouts/Girl Scouts
- Healthy Kids in Healthy Homes
- Health Education Seminars and Classes
- In Home Health Education

Initiative II: Basic Needs - Poverty and Unemployment

- Breakfast Club
- Dinner Bell Program
- Emergency Pantry Baskets
- Food Certificate Program
- Guidance and Referrals to Community Services
- Holiday Food Baskets
- Hygiene/Diaper Distribution
- Pack-A-Sack Lunch Program
- Senior Grocery Bingo
- Shared Christmas

Initiative III: Educational Attainment

- Homemaker Care Program - Training
- Homework Club
- Operation Back to School
- Subsidized Child Care

Initiative IV: Access to Health Care

- Breast Health Program
- Charity Care for uninsured/underinsured and low income residents
- Children's Health Initiative
- Emergency Department Physician Services for Indigent Patients
- Enrollment Assistance/Government Programs
- Flu Clinics
- Guidance and Referrals to Community Services

- Health Fairs
- Health Screenings
- Healthy Promotions Dental Program
- Homemaker Care Program - In-Home Care
- Prescription Purchases for Indigents
- S.A.R.T. (Sexual Assault Response Team)

Initiative V: Mortality

- Cancer Detection Program
- Car Seat Program
- CHAMP® (Congestive Heart Active Management Program)
- Chronic Disease Self-Management Program
- Diabetes Self-Management Program

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

The following pages include Program Digests for five key programs that address one or more of the Identified Needs listed above.

PROGRAM DIGEST- COMMUNITY WELLNESS PROGRAM

PROGRAM OVERVIEW	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Access to Healthcare • Diabetes • Obesity • Basic Needs: Poverty and Unemployment
Program Emphasis	<ul style="list-style-type: none"> <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	<p>According to the 2010 Kern County Community Health Needs Assessment,</p> <ul style="list-style-type: none"> • 29.3% of adults in the County are obese and the percentage has continued to increase over the 2003-2007 timeframe. Latinos are leading at 34% with Whites next at 26%. Males between the ages of 45 and 65 have the highest obesity rates. • Kern County places in the bottom quartile of California counties for <i>all</i> diabetes-related indicators. The age-adjusted diabetes death rate averaged over 3 years (2006-2008) is nearly 34% per 100,000 compared to the State value of 21% per 100,000. • During the 2006-08 measurement period the hospitalization rate due to diabetes was 28.4 hospitalizations per 10,000 population and Kern County ranked 55 out of 58 California counties. • The indicators for Kern County, based on 2007 data, show that adults with private health insurance and people with a usual source of health insurance are 57% and 87.5%, respectively, and children with Health Insurance is at 91%. African American and Latinos who have health insurance are lowest at 47.9% and 36.3%.
Program Description Community Wellness Program	The Community Wellness Program is focused on preventative health care by providing on-site screenings and health and wellness education classes on relevant topics for residents throughout Kern County.
REPORT FOR FY 2011	
Goal FY 2011	The Community Wellness Program will increase access to preventative health screenings and education for residents of Kern County.
Results FY 2011	<p>During FY 11, the Community Wellness Program accomplished the following:</p> <ul style="list-style-type: none"> • Provided 28,457 (114% of goal) blood pressure, cholesterol, glucose and BF% screenings throughout Kern County. (Goal: 25,000) • Provided 7,112 (119% of goal) clients with health education through in home visits /on site classes. (Goal: 6,000 clients) • 18 of 35 (51.4%) case managed clients saw a decrease in their screening levels. (Goal: 96% of 35) <ul style="list-style-type: none"> ▪ 11/35 (31.4%) improved in one area ▪ 5/35 (14.3%) improved in two areas ▪ 2/35 (5.7%) improved in three areas ▪ 17/35 (48.6%) showed no improvement <p>Enhancement strategies completed:</p> <ul style="list-style-type: none"> • Employees of the Community Wellness Program moved into the new Community Wellness Center building in August 2010. Services continued without interruption. • The menu of health education topics to assist in the primary prevention of prevalent diseases and health issues in Kern County increased with the addition of classes including, <i>Fall Prevention, Move to Improve, Exercise and Cancer, and Senior Wellness</i>. • Creating an environment of seamless continuum of care between the hospital, the provider and the Community Wellness Program was enhanced by the addition of a part-time Program Specialist for our Chronic Disease Self-Management Program and Healthy Kids in Healthy Homes Program. Also, the addition of a part-time CHAMP Coordinator (Congestive Heart Failure Disease Management Support Program) has increased the number of CHF patients participating in the program and acts as a liaison between patients and the Community Wellness Program.
Hospital's Contribution / Program Expense	The total FY 2011 expense for the Community Wellness Program was \$730,439.00. Of this amount, \$99,998.24 was grant dollars, \$16,000.00 was fee for service, and \$614,440.76 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, strategic planning, evaluation, fundraising support, educational materials, liability insurance for both the program and program's clinic van, bookkeeping, and human resource support for the program.
UPDATE FOR FY 2012	
Goal FY 2012	The Community Wellness Program will increase access to preventative health screenings and education for residents of Kern County.

COMMUNITY WELLNESS PROGRAM – CONTINUED

2012 Objectives Measure/Indicator of Success	<p>The Objectives for FY 2012 are:</p> <ul style="list-style-type: none"> • Provide 26,000 blood pressure, cholesterol, glucose and BF% screenings throughout Kern County. • Provide 6,500 clients with health education through in-home visits and classes/seminars including Chronic Disease Self-Management, Healthy Kids in Healthy Homes, and Diabetes Self-Management. • Decrease the screening levels of 50% of 75 case-managed clients (15 individuals from each of five Community Clinics). <p>Enhancement strategies are:</p> <ul style="list-style-type: none"> • Research an evidence-based case-management model to ensure positive outcomes in health screening levels and healthy behavior patterns. • Develop and expand health and wellness services offered at the Community Wellness Center. • Offer an ever-increasing menu of health education topics to assist in the primary prevention of prevalent diseases and health issues in Kern County. • Report the impact on hospital utilization patterns by working in an environment of seamless continuum of care between the hospital, the provider and the Community Wellness Program.
Baseline	<ul style="list-style-type: none"> • Provided 28,457 blood pressure, cholesterol, glucose and BF% screenings throughout Kern County. • Provided 7,112 clients with health education through in home visits/on-site classes. • 51.4% of 35 case managed clients saw a decrease in their screening levels.
Intervention Strategy for Achieving Goal	<p>Intervention Strategies are:</p> <ul style="list-style-type: none"> • Increase participation in our regularly scheduled Community Clinics in order to provide more residents with access to a model continuum of care. • Enhance our work with Mercy and Memorial Hospitals' Case Management Departments and other health care entities to implement a model continuum of care. • Increase utilization of our wellness software program to create improved tracking mechanisms that will enhance monitoring, follow-up, and retention of Community Clinic participants. • Demonstrate the impact on hospital utilization patterns by expanding the environment of seamless continuum of care between the hospital, the provider and the Community Wellness Program.
Community Benefit Category	<p>A1-a Community Health Education - Lectures/Workshops A1-c Community Health Education - Individual health ed. for uninsured/under insured A2-d Community Based Clinical Services - Immunizations/Screenings</p>

PROGRAM DIGEST- CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS

PROGRAM OVERVIEW	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Diabetes • Obesity • Access to Healthcare
Program Emphasis	<ul style="list-style-type: none"> <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	<p>According to the 2010 Kern County Community Health Needs Assessment,</p> <ul style="list-style-type: none"> • 29.3% of adults in the County are obese and the percentage has continued to increase over the 2003-2007 timeframe. Latinos are leading at 34% with Whites next at 26%. Males between the ages of 45 and 65 have the highest obesity rates. • Kern County places in the bottom quartile of California counties for <i>all</i> diabetes-related indicators. The age-adjusted diabetes death rate averaged over 3 years (2006-2008) is nearly 34% per 100,000 compared to the State value of 21% per 100,000. • During the 2006-08 measurement period, the hospitalization rate due to diabetes was 28.4 hospitalizations per 10,000 population and ranked 55 out of 58 California counties.
Program Description Chronic Disease Self-Management Programs	<p>Our comprehensive Chronic Disease Self-Management Program and Diabetes Self-Management Program are designed to provide patients who have Diabetes and other chronic illnesses with the knowledge, tools and motivation needed to become proactive in their health. Each program seminar consists of six (6) weekly classes covering a variety of topics including nutrition, exercise, use of medications, communication with doctors, stress management, and evaluating new treatments.</p>
REPORT FOR FY 2011	
Goal FY 2011	<p>The Chronic Disease Self-Management Program will achieve a 5% decrease in hospital readmissions for participants taking part in this preventative health intervention.</p>
Results FY 2011	<p>During FY 2011, our Chronic Disease Self-Management Program accomplished the following:</p> <ul style="list-style-type: none"> • Completed three English and five Spanish seminars in Kern County areas with a Community Index (CNI) score of 3 or above. • Hospital readmissions decreased by 83.3% for participants completing the program. 2 of 60 (1.7%) participants completing the seminar were admitted to the hospital or ER within 6 months of intervention. • 60 of 91 (66%) participants have completed the Chronic Disease Self-Management seminar. • A private viewing and health education room has been designated within the Community Wellness Center with DVDs covering a wide array of chronic illnesses. A projector, flat screen, and DVD player have been purchased for the Health Education Resource Center. Health assessment equipment has been purchased to provide a resource for individuals to obtain baseline readings and help them set future goals for improvement. • 5 employees of the Community Wellness Program received Leader Training for the Stanford University English Diabetes Self-Management Program. • 3 employees received Leader Training for the Stanford University Spanish Diabetes Self-Management Program. • A referral process for hospital patients with CHF has been established between the CHAMP Program Coordinator (Congestive Heart Failure Disease Management Support Program) and the Community Wellness Program. <p>Enhancement strategies completed:</p> <ul style="list-style-type: none"> • A part-time Program Specialist was hired to coordinate Chronic Disease Self-Management and Healthy Kids in Healthy Homes to allow for greater community awareness, interest and participation in the programs. • A partnership was established between the Community Wellness Program and the Kern County Department of Public Health Services to coordinate the expansion of the Chronic Disease Self-Management Program throughout Kern County. This partnership resulted in the increase of trained facilitators and greater community awareness and access. • A provider referral process has been established with the CHAMP Program Coordinator and continues with Kern Health Systems.
Hospital's Contribution/Program Expense	<p>Mercy and Memorial Hospitals have contributed \$27,350.91 to the Chronic Disease Self-Management Program's annual budget. They also provide program supervision, strategic planning, evaluation, fundraising support, educational materials, liability insurance, bookkeeping, and human resource support for the program.</p>
UPDATE FOR FY 2012	
Goal FY 2012	<p>By offering evidence-based chronic disease self-management (CDM) programs, Mercy and Memorial Hospitals will be effective in avoiding hospital admissions for two of the most prevalent ambulatory care sensitive conditions in our community (Diabetes and Congestive Heart Failure).</p>

CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS

– CONTINUED

2012 Objectives Measure/Indicator of Success	<p>The objectives for FY 2012 are:</p> <ul style="list-style-type: none"> • Provide four English and four Spanish Chronic Disease Self-Management seminars in Kern County areas with a Community Needs Index (CNI) score of 3 or above. • Provide four English and four Spanish Diabetes Self-Management seminars in Kern County areas with a Community Needs Index (CNI) score of 3 or above. • 85% of all participants completing the Chronic Disease Self-Management Program will avoid admission to the hospital or emergency department for their identified Chronic Disease the six months following their participation in the program. • 70% of all participants completing the Diabetes Self-Management Program will avoid admission to the hospital or emergency department for the six months following their participation in the program for diabetes related illnesses. • Increase participation for Chronic Disease Self-Management and Diabetes Self-Management seminars to 160 participants (132% increase). • Increase CHF patient referrals from Mercy and Memorial Hospitals to the Community Wellness Center and improve follow-up and tracking process. <p>Enhancement strategies are:</p> <ul style="list-style-type: none"> • Expand access to Chronic Disease Self-Management and Diabetes Self-Management education to residents of Kern County by continuing to establish key community partnerships that will allow for sharing of resources, expertise, and increase opportunities for community awareness. • Continue to work toward increasing provider referral processes for program participants.
Baseline	<ul style="list-style-type: none"> • Completed three English and five Spanish Chronic Disease Self-Management seminars in Kern County areas with a Community Index (CNI) score of 3 or above. • Completed one Spanish Diabetes Self-Management seminar in Kern County areas with a Community Index (CNI) score of 3 or above. • Of the number of participants who completed the Chronic Disease Self-Management seminar, 1.7% reported being admitted to the hospital or ER during the 6 months following their seminar (98.3% avoided admission). • 60 participants completed the Chronic Disease Self-Management seminar during FY 2011. • 9 participants completed the Diabetes Self-Management seminar during FY 2011.
Intervention Strategy for Achieving Goal	<p>Intervention strategies are:</p> <ul style="list-style-type: none"> • Engage clinical health professionals in the expansion of the program. • Facilitate a multidisciplinary team to include home health, outpatient case management, finance, IT and outreach. • Focus on the uninsured and populations covered by Medicaid, Medicare/Medicaid. • Expand awareness and access of Chronic Disease Self-Management and Diabetes Self-Management Programs by increasing the number of trained lay leaders and engaging in awareness campaigns that include organized marketing efforts with community partners. • Encourage and support continuing education for staff development to ensure quality service is offered by the Chronic Disease Self-Management and Diabetes Self-Management Programs.
Community Benefit Category	A1-a Community Health Education - Lectures/Workshops

PROGRAM DIGEST – CHILDREN’S HEALTH INITIATIVE

PROGRAM OVERVIEW	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Access to Healthcare • Diabetes • Mortality Rates
Program Emphasis	<ul style="list-style-type: none"> <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	<p>Although Kern County is above the state average in the number of children with health insurance, local healthcare experts feel that this issue still requires focus. The indicators for Kern County, based on 2007 data, show that 91% of children have Health Insurance. However, this same study shows that 51% of Kern’s children rely on a public health insurance program compared to 34% for the state. The UCLA Center for Health Policy Studies estimates that the rate of uninsured California children jumped 40% between 2007 and 2009 due to the decline in employer-sponsored coverage and the increase in unemployment. Getting children enrolled into a public program is a good first step, but keeping children enrolled through annual renewal processes requires an ongoing focus. Studies show that children with a usual source of care are more likely to receive routine checkups and screenings, and their parents are more likely to know where to go when their child needs treatment in acute situations. Not having a usual source of care or a usual place to go to when sick or in need of health advice can cause a delay of necessary care, leading to increased risk of complications.</p>
Program Description: Children’s Health Initiative	<p>The Children’s Health Initiative of Kern County is a grant-funded project which works with more than 50 public, private and non-profit organizations to enroll children into health insurance programs. The Children’s Health Initiative works to provide access to healthcare for children for whom no insurance program is available. The Children’s Health Initiative provides training for Certified Application Assistants and referrals to partner agencies, and works at the local and state levels to help streamline the sometimes-burdensome process of navigating through the public health system.</p>
REPORT FOR FY 2011	
Goal FY 2011	The Children’s Health Initiative will ensure that 95% of all Kern children have access to health care through a health insurance plan or another type of Medical Home environment.
Results FY 2011	<p>During FY 2011, the Children’s Health Initiative accomplished the following:</p> <ul style="list-style-type: none"> • Verified 8,181 children enrolled or renewed. (Goal: 6,000 enrolled or renewed) • Retained 84% of Healthy Kids members at renewal. Information is not yet available for Medi-Cal and Healthy Families. (Goal: 50% of children in Medi-Cal, Healthy Families, and Healthy Kids Kern County) • Trained 303 CAAs. (Goal: 200 trained) • It was not feasible to secure agreements with local clinic groups for uninsured children. (Goal: develop options for children not eligible for Medi-Cal or Healthy Families) • Obtained 1 Letter of Support for program. (Goal: 30 letters) Letters are of most value for federal grant applications, and none have been available in FY 2011. • Conducted 6 activities to improve public awareness of the services of the Children’s Health Initiative. (Goal: 6 activities) • Obtained a total of \$90,000 in new program funding. (Goal: continue development of continuous flow of funding for program sustainability) • Participated with state Children’s Health Initiatives to expand local role to include adults under National Health Care Reform changes. (Goal: explore options for potential to expand scope of Children’s Health Initiative services) <p>Enhancement strategies completed:</p> <ul style="list-style-type: none"> • Provided 99% of Kern County residents’ access to enrollment assistance available within 10 miles of their residence. (Goal: 95% within 10 miles)
Hospital’s Contribution/Program Expense	The total FY 2011 expense for the Children’s Health Initiative was \$347,188. Of this amount, \$254,738 was grant dollars and \$92,450 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, office space, fundraising support, bookkeeping, and human resource support.
UPDATE FOR FY 2012	
Goal FY 2012	The Children’s Health Initiative will ensure that 95% of all Kern children have access to health care through a health insurance plan or another type of Medical Home environment.

CHILDREN'S HEALTH INITIATIVE – CONTINUED

2012 Objectives Measure/Indicator of Success	<p>The objectives for FY 2012 are:</p> <ul style="list-style-type: none"> • Coordinate enrollment or renewal of 8,300 children into health insurance programs. • Retain 50% of children enrolled through the SAS program at annual renewal in Medi-Cal and Healthy Families. • Conduct trainings for 250 participants through certification and refresher trainings, and CAA Network meetings. • Provide support and guidance to 20 agencies to improve their rate of success when assisting applications. • Develop capacity to support regular access to medical care for low-income children who aren't eligible for Medi-Cal or Healthy Families by March 31, 2012. <p>Enhancement strategies are:</p> <ul style="list-style-type: none"> • Explore ways to expand the scope of Children's Health Initiative services to include adults under the Affordable Care Act (ACA).
Baseline	<ul style="list-style-type: none"> • Verified the enrollment or renewal of 8,181 children into a health insurance program. • 303 Certified Application Assistants received training. • Six activities were held to improve public awareness and \$90,000 in new program funding was obtained.
Intervention Strategy for Achieving Goal	<p>Intervention strategies are:</p> <ul style="list-style-type: none"> • Continue development of continuous flow of funding for program sustainability. • Provide training and education sessions that support the objectives of the program, targeting populations that have been hard-to-reach through our traditional channels. • Eliminate barriers and streamline application processes.
Community Benefit Category	<p>A3-d Health Care Support Services - Enrollment Assistance</p>

PROGRAM DIGEST – HOMEMAKER CARE PROGRAM

PROGRAM OVERVIEW	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Basic Needs: Poverty and Unemployment • Education Attainment • Access to Healthcare
Program Emphasis	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	<p>According to the 2010 Kern County Community Health Needs Assessment,</p> <ul style="list-style-type: none"> • Kern County's unemployment rate rose to 15.7% compared to the State of California unemployment rate of 12.2% in June 2010. The unemployment rate is a key indicator of the local economy: a high unemployment rate has personal and societal effects. • In Kern County, 10.5% of seniors 65 years or older live in poverty. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. • Kern County's high school dropout rate is 5.5%, placing the county 42nd out of 56 reporting counties. Students who do not finish high school are more likely to lack the basic skills required to function in an increasingly complicated job market and society.
Program Description Homemaker Care Program	<p>The Homemaker Care Program provides in-home supportive services to homebound seniors ages 65 and older and adults with disabilities living in poverty. Case management of the seniors is conducted in the form of wellness checks and home visits to track client safety, nutrition, and program satisfaction.</p> <p>The Homemaker Care Program provides a two-week comprehensive employment readiness skills training focusing on individuals transitioning from unemployment into the workforce. Participants are trained to offer competent and reliable services to the ever growing senior population.</p>
REPORT FOR FY 2011	
Goal FY 2011	<p>The Homemaker Care Program will provide in-home support services to homebound low-income seniors and disabled adults allowing them to remain in their homes.</p> <p>The Homemaker Care Program will provide employment readiness training for individuals transitioning from unemployment into the workforce.</p>
Results FY 2011	<p>During FY 2011, the Homemaker Care Program accomplished the following:</p> <ul style="list-style-type: none"> • Trained 72 individuals during five two-week trainings. (Goal: Train 40 individuals during five two-week training sessions) • Ensured that 66 of 72 (92%) trainees completed the program. (Goal: 32 of 40, or 80% completion rate) • Provided 8,081 hours of services to 74 senior clients in 61 households. (Goal: Serve 60 senior and/or disabled adult clients) • Provided 62 of 74 (84%) program seniors with health screenings. (Goal: 48 of 60, or 80% of program seniors with health screenings) <p>Enhancement strategies completed:</p> <ul style="list-style-type: none"> • Improved sustainability of the program with 19 new senior clients, of which 12 were full paying. • Offered Health Screenings to 19 (100%) of new clients and 35 of 42 (83%) remaining clients. • Offered 10 continuing education classes to seven In-Home Care Attendants: Fall Prevention (7 of 7), Nutrition (2 of 7), Alzheimer's Disease 4 of 7), Multiple Sclerosis (2 of 7), Senior Safety (3 of 7), Elder Abuse Prevention (1 of 7), Urinary Incontinence (4 of 7), Asthma and COPD (2 of 7), Healthy Lifestyles (2 of 7), Amyotrophic lateral sclerosis (ALS) (1 of 7), • Enhanced the training curriculum by adding a fall prevention/home safety component as well as the basics of exercise. • Enhanced recruitment of the program by advertising in 2 church bulletins, providing 35 community presentations, developing new program brochure, new advertisement and graduation materials, and participating on four community collaborative groups. Additionally, we increased program visibility throughout Mercy and Memorial Hospitals by distributing program materials, department presentations, and program highlight in the Mercy and Memorial Newsletters.
Hospital's Contribution/Program Expense	<p>The total FY 2011 expense for the Homemaker Care Program was \$209,901. Of this amount, \$25,115 was grant dollars, \$77,636 was fee for service, and \$107,150 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, human resource support, office space, fundraising support, bookkeeping, strategic planning and evaluation support for the program.</p>
UPDATE FOR FY 2012	
Goal FY 2012	<p>The Homemaker Care Program will provide in-home support services to homebound low-income seniors and disabled adults allowing them to remain in their homes.</p> <p>The Homemaker Care Program will provide employment readiness training for individuals transitioning from unemployment into the workforce.</p>

HOMEMAKER CARE PROGRAM – CONTINUED

<p>2012 Objectives Measure/Indicator of Success</p>	<p>The objectives for FY 2012 are:</p> <ul style="list-style-type: none"> • Train 80 individuals during five two-week training sessions, which include case management and employment development services. • Ensure 72 of 80 (90%) trainees complete the program. • Ensure 56 of 80 (70%) trainees gain employment. • Establish an on-site employment resource center. • Enhance 13 of 26 (50%) training components, focusing on curriculum content and classroom delivery. • Ensure 90 senior and/or disabled adult households receive case management and affordable supportive services (personal care, meal preparation, housekeeping, laundry, errands, and other home activities). • Provide 100% of new households with health screenings. • Provide 12,000 hours of in-home supportive services. <p>Enhancement strategies are:</p> <ul style="list-style-type: none"> • Develop job club to enhance employment assistance. • Ensure sustainability of the program by increasing number of full paying seniors and serving low-income senior population. • Ensure senior client awareness of program updates. • Enhance recruitment efforts for the program. • Research and develop a business plan that provides clear direction for future growth of the program
<p>Baseline</p>	<ul style="list-style-type: none"> • 72 individuals participated in five Homemaker Care Training sessions • 66 of 72 (92%) completed the training • 8,081 hours of service to 74 senior clients in 61 households received in-home supportive services • 62 of 74 (84%) of seniors received health screenings
<p>Intervention Strategy for Achieving Goal</p>	<p>Intervention strategies are:</p> <ul style="list-style-type: none"> • Provide trainees with transportation assistance during the 2-week training. • Provide opportunities for trainees to conduct on-line applications and job search at the Wellness Center. • Conduct monthly community presentations and agency visits to promote the training program and senior services. • Schedule monthly meetings with In-Home Care Attendants to discuss quality service to each senior client. • Conduct monthly wellness checks on each senior client to ensure that their needs are met. • Distribute quarterly newsletter to senior clients.
<p>Community Benefit Category</p>	<p>E3-d In-kind Assistance - Basic services for individuals F5-c Leadership Dev/Training for Community Members - Career development</p>

PROGRAM DIGEST – HOMEWORK CLUB

PROGRAM OVERVIEW	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Educational attainment • Obesity • Access to healthcare • Basic needs
Program Emphasis	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	<ul style="list-style-type: none"> • In Kern County, only 63% of 4th grade students are proficient in math and just 56% of 4th grade students are proficient in reading. • The high school graduation rate for Kern County is 79.5%. • Only 67.1% of Kern County's 7th grade students are physically fit and only 70.4% of teens report engaging in vigorous physical exercise 3 out of every 7 days. • Just 53.6% of children in Kern County eat at least 5 servings of fruits and vegetables each day. • 28.2% of children under 18 are living below the Federal poverty level. (www.healthykern.org)
Program Description: Homework Club	<p>The Homework Club provides an academically structured after school program for underserved students attending kindergarten through seventh grades. The Program focuses on providing a safe environment for pre-teens to work on homework and other academic skills. The Homework Club promotes a commitment to community through participation in community service activities and offers cultural enrichment and socialization opportunities for grade school aged children after school. The Program encourages and rewards positive behaviors and teamwork. The importance of physical exercise is stressed through daily exercise routines and games. Quarterly nutritional education classes are offered to the Homework Club students. The program also provides students' families the opportunity to access other services that will improve the quality of life for the family unit. The Homework Club offers a six week summer program when school is not in session.</p>
REPORT FOR FY 2011	
Goal FY 2011	Low income/at-risk students, ages 5 to 13, will receive after school tutoring and mentoring.
Results FY 2011	<p>During FY 2011, the Homework Club accomplished the following:</p> <ul style="list-style-type: none"> • 94% of the 35 students attended the Homework Club on a consistent basis. (Goal: 88%) • 91% of 34 first through seventh grade students performed at or above grade level in math. (Goal: 90%) 72% of 34 first through seventh grade students performed at or above grade level in reading. (Goal: 80%) • All students were screened for enrollment in a health care plan with the following results: 92% of 35 students are enrolled in a health care plan and have a medical/dental home through a physician or clinic. (Goal: All students screened and encouraged to establish a medical/dental home) • 100% of 35 students demonstrated improved knowledge of making healthy food choices and the importance of daily exercise after two health/nutrition classes. (Goal: 80%) • 83% of 35 students participated in 2 nutrition education classes. (Goal: 90% participate in 2 classes) • 95% of 35 students participated in a 20 minute exercise activity a minimum of 3 times per week. (Goal: 90%) 21 students (60%) participated in 2 community walks. (Goal: 60% participate in 2 community walks) • 100% of 35 students participated in 13 community service projects. (Goal: 85% participate in fifteen community service projects) • 82% of parents attended 3 of 4 scheduled parent group meetings. (Goal: 80% attend 3 of 4 scheduled parent group meetings) <p>Enhancement strategies completed:</p> <ul style="list-style-type: none"> • Completed comprehensive curriculum binder for Homework Club program. • Formalized a process for seventh grade students exiting the Program to transition into tutors for the younger students. (This includes application, interview, evaluation, and rewards/incentives.) • Implemented <i>Wellness Screenings</i> component for parents. Ongoing, these screenings will be offered monthly.
Hospital's Contribution/Program Expense	The total FY 2011 expense for the Homework Club was \$28,995.25. Of this amount, \$8,285.20 was grant dollars, \$0.00 was fee for service, and \$20,410.05 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include fundraising, human resource support, project supervision, training of staff, bookkeeping, strategic planning, and evaluation support.

HOMework CLUB – CONTINUED

UPDATE FOR FY 2012	
Goal FY 2012	Low income/at-risk students, ages 5 to 13, will receive after school tutoring and mentoring.
2012 Objectives Measure/Indicator of Success	<p>The objectives for FY 2012 are:</p> <ul style="list-style-type: none"> • Ensure 95% of 35 students have perfect attendance. • Ensure 90% of 35 students achieve at least grade level outcomes on the KTEA Math Assessment in a nine-month period. • Ensure 80% of 35 students achieve at least grade level outcomes on the KTEA Reading Assessment in a nine-month period. • Ensure all students are screened for enrollment in a health care plan and are encouraged to establish a medical and dental home. • Ensure 90% of 35 students demonstrate improved knowledge through pre and post questions regarding healthy food choices and the importance of daily exercise and participate in a minimum of two nutrition education programs. • Ensure 75% of 35 students demonstrate overall improvement in three fitness areas (push-ups, curl-ups, and sit 'n reach), and 70% of students participate in at least two community "walks". • Ensure 90% of 35 students participate in 15 community service projects offered through the program. • Ensure 84% of parents attend a minimum of 3 of the 4 parent group meetings. <p>Enhancement strategies based on ASACB principles are:</p> <ul style="list-style-type: none"> • Expand tutor recruiting process for seventh grade students exiting the Program to include formal weekly meetings, educational opportunities, and recognition ceremony. • Develop educational opportunities for parents that include ESL classes and parenting skills workshops.
Baseline	<ul style="list-style-type: none"> • 94% of 35 students attended program on a consistent basis. • 91% of 35 students achieved at least grade level results in math and 72% of students achieved at least grade level results in reading. • All students were screened for health insurance coverage. • 100% of 35 students demonstrated improved knowledge of making healthy food choices and the importance of daily exercise and 83% of 35 students participated in 2 nutrition education classes. • 100% of 35 students participated in 13 community service projects. • 82% of parents attended 3 of 4 scheduled parent group meetings.
Intervention Strategy for Achieving Goal	<p>Intervention strategies are:</p> <ul style="list-style-type: none"> • Offer after-school tutoring, nutrition education, mentoring, exercise activities, and educational field trips from 2:30 pm to 4:30 pm, Monday through Friday. • Case manage health insurance enrollment and utilization of health care services. • Schedule a minimum of 15 meaningful community service projects that youth can accomplish and that encourage involvement/participation of parents. • Maintain data collection and evaluation records for students on a weekly, monthly and annual basis. • Provide to Homework Club parents: <ul style="list-style-type: none"> Health screenings and health education opportunities. Educational and personal development classes. Quarterly parent group meetings.
Community Benefit Category	F3-Community Support

COMMUNITY BENEFIT AND ECONOMIC VALUE

Classified Summary of Un-sponsored Community Benefit

Mercy and Memorial Hospitals utilize the Community Benefit Inventory for Social Accountability (CBISA) computer program created by Lyon Software to track Community Benefit activities. This software enhances our ability to capture data uniformly over a multiyear period and allows data to be updated as needed to develop trending information. The Classified Summary of Un-sponsored Community Benefit Expense is included as APPENDIX 4a and 4b.

Patient costs are determined by utilizing the HBOC Cost Accounting System.

Success Stories

Homemaker Care Program

Sometimes the little things in life can lead to important changes. "Faith," one of our clients in the Homemaker Care Program, faces mobility challenges daily due to several serious medical conditions. Once an active and independent individual, she fell into a depression because of the constant pain and the knowledge that she now has to depend on family and an in-home care attendant to help her with her everyday needs. Our goal was to help improve Faith's mobility and give her back a feeling of independence. Faith usually received sponge baths in bed, but one day her in-home care attendant successfully got her into the shower. This one small gain in her recovery lifted Faith's spirits so much that she came out of the shower singing and was even able to walk a short distance. She remarked on how good she felt and that she looked forward to "doing this" at every visit.

Community Wellness Program

Diabetes Self-Management Program:

Feelings of frustration, hopelessness, and desperation led "Ana" and her husband to reach out for help. The couple are Spanish-speaking only and had recently lost custody of their 11-year old son because his diabetes was dangerously out of control. Because of the language barrier, the couple was unable to adequately learn about the disease and help their son manage his condition. Ana heard about our educational programs, and she and her husband enrolled in our first Spanish-language Diabetes Self-Management seminar. After the first session, they felt a renewed sense of hope and encouragement. They were able to understand the curriculum, and the interactive exercises allowed them to practice what they had learned. They look forward to attending each weekly session because the knowledge they are gaining helps bring them closer to reunification with their son.

Healthy Kids in Healthy Homes:

We often hear that knowledge is power. "Christina" and her daughter "Sarah" used their newly learned knowledge to empower themselves to make better choices for healthier lives. As participants in Healthy Kids in Healthy Homes offered by the Community Wellness Program, Christina and Sarah incorporated everything they learned into their family's daily routine. Christina began walking 60 minutes each day, paid closer attention to food labels and portion sizes, and increased her consumption of fruits and vegetables. As a result, she is now 40 lbs. lighter, and Sarah has lost 10 lbs., bringing her weight into the ideal range for her age and height. Christina is so pleased with the results that she registered her family to participate a second time in the program.

Learning Center

Homework Club:

One definition of a circle is "an area of action or influence." Adrian Cruz reflects that characterization. A former Homework Club student, he now supervises the Academia Tutoring program in Bakersfield, one of the services offered at our Learning Center. As a child, Adrian attended the Homework Club after school

each day until he entered middle school and “aged out.” In high school he was a volunteer tutor for the Homework Club, and during college he served as an intern for the program. Upon graduation from Fresno State in 2010, Adrian quickly found his niche. He is a supervisor for Academia Tutoring and interviews prospective tutors, meets every parent before accepting their child into the program, schedules monthly meetings with all Academia tutors, and has developed a roster of more than 200 hundred students in his first year as an Academia supervisor. Thirteen of our Homework Club students are tutored through this program. Under Adrian’s circle of influence, many of these children will likely follow in his footsteps to success.

**The clients’ names in these stories have been changed.*

As in prior years, the final community benefit report will be publicized and distributed to our partner agencies, elected officials, schools, and faith-based organizations throughout the county. A summary report will be produced for public distribution at community meetings and our outreach centers.

The annual report and most recent needs assessment will also be posted on the facilities’ Websites at

www.bakersfieldmemorial.org

www.mercybakersfield.org

Note: The needs assessment report can be found on www.healthykern.org.

The Community Benefit Report and Plan of Mercy and Memorial Hospitals is the result of research and input from a number of sources. The draft document is widely circulated for comments and suggestions.

The comments and suggestions received are summarized as follows:

- I think it is very comprehensive and well organized. I am always amazed at all the services provided and the amount of impact that is made in the community. This document conveys both points wonderfully.
- The data collection is impressive and shows accountability and good stewardship of the handling and reporting of use of funds.
- I enjoyed the structure and flow of the document, particularly the historical account of the Community Benefit Plan. The descriptions of the programs were clear and concise.
- Very comprehensive. The information shared provides a clear description to each component of the programs and thus enables the reader to paint a clear picture of how each component fits into the whole plan.
- I think this document gives good background information on the community needs and what we are doing to address each of those needs.
- Very well done and thorough. Found the information to be compelling and useful. Mercy and Memorial Hospitals’ commitment to making Kern County a healthier, happier community is clearly outlined and admirable. Many thanks to our community benefit team for your outstanding work!



Department of Special Needs & Community Outreach

Community Benefit Committee Membership

Felicia Barraza, Community Benefit CBISA Coordinator, Mercy & Memorial Hospitals
Morgan Clayton, President, Tel-Tec Security
Tom Corson, Executive Director, Kern County Network for Children
Rita Flory, Community Benefit Coordinator, Mercy & Memorial Hospitals
Gary Frazier, Vice President, Business Development, Bakersfield Memorial Hospital
Judith Harniman, Assistant Director, First 5 Kern
Mikie Hay, Director of Community Affairs, Jim Burke Ford
Della Hodson, President & CPO, United Way Kern County
Pam Holiwell, Assistant Director, Kern County Department of Human Services
Debbie Hull, Regional Director, Special Needs and Community Outreach, Mercy & Memorial Hospitals
Louis Iturriria, Manager of Marketing and Public Affairs, Kern Health Systems
Gloria Morales, Services Coordinator, Mercy Services Corp.
Sr. Judy Morasci, Vice President, Mission Integration, Mercy Hospitals of Bakersfield
Genie Navarro, Property Manager, Mercy Services Corp.
Eddie Paine, President, Edward Paine & Associates
Sandra Serrano, Chancellor, Kern Community College District
Joan Van Alstyne, Director, Quality Management, Bakersfield Memorial Hospital
Cindy Wasson, Director of Public Health Nursing, Kern County Public Health Services Department
Stephanie Weber, Executive Director, Friends of Mercy Foundation
Jonathan Webster, Executive Director, Brotherhood Alliance
Jeremy Zoch, Chief Operating Officer, Mercy Hospitals of Bakersfield

Thomson/CHW Reporting Sheet for CNI

Market Name: Kern County

Market 2009 Population: 827,559

ZIP	State	County	CNI Score	Income Ranking	Education Ranking	Cultural Ranking	Insurance Ranking	Housing Ranking	HH Poverty 65+	Fam Poverty w kids	Fam Poverty F Hd	Prct 25+ wo HS dip	Prct NWhite Hisp	Pop 5+ Ltd Eng	Prct Unemployed	Percent Uninsured	Prct Renting
93203	CA	Kern County	5	5	5	5	5	5	26%	34%	67%	74%	92%	37%	28%	37%	46%
93205	CA	Kern County	3.6	3	4	3	5	3	9%	24%	19%	29%	16%	0%	11%	34%	22%
93206	CA	Kern County	4.6	3	5	5	5	5	10%	28%	26%	57%	80%	20%	14%	23%	46%
93215	CA	Kern County	5	5	5	5	5	5	22%	32%	55%	52%	93%	25%	31%	34%	42%
93224	CA	Kern County	4.6	4	5	5	4	5	20%	11%	50%	33%	45%	4%	9%	18%	36%
93225	CA	Kern County	3.8	4	2	4	5	4	8%	14%	44%	16%	24%	1%	9%	21%	25%
93226	CA	Kern County	3.4	1	2	4	5	5	0%	0%	0%	13%	29%	0%	0%	38%	33%
93238	CA	Kern County	4.2	5	3	4	5	4	8%	36%	65%	20%	27%	0%	1%	33%	28%
93240	CA	Kern County	4.2	4	5	3	5	4	15%	22%	45%	31%	16%	0%	11%	33%	27%
93241	CA	Kern County	5	5	5	5	5	5	18%	37%	60%	72%	95%	31%	21%	38%	48%
93243	CA	Kern County	3.8	1	5	5	4	4	19%	3%	0%	31%	37%	7%	11%	13%	28%
93249	CA	Kern County	5	5	5	5	5	5	10%	29%	55%	80%	95%	50%	23%	21%	64%
93250	CA	Kern County	5	5	5	5	5	5	12%	37%	70%	57%	92%	27%	23%	36%	44%
93251	CA	Kern County	4.4	3	5	5	4	5	13%	7%	33%	34%	45%	4%	7%	19%	38%
93252	CA	Kern County	4.8	4	5	5	5	5	9%	16%	45%	31%	38%	5%	10%	26%	33%
93255	CA	Kern County	4.4	5	5	4	5	3	8%	44%	67%	31%	21%	3%	18%	37%	22%
93263	CA	Kern County	5	5	5	5	5	5	13%	30%	62%	52%	82%	19%	21%	34%	40%
93268	CA	Kern County	4.6	5	4	4	5	5	10%	27%	57%	27%	34%	4%	12%	36%	39%
93276	CA	Kern County	3.8	1	5	5	3	5	0%	0%	0%	33%	45%	3%	6%	15%	44%
93280	CA	Kern County	5	5	5	5	5	5	11%	30%	57%	45%	87%	16%	20%	31%	41%
93283	CA	Kern County	4.2	4	5	4	5	3	16%	30%	40%	39%	19%	1%	12%	35%	19%
93285	CA	Kern County	3.4	4	3	3	5	2	10%	25%	39%	18%	14%	1%	9%	29%	18%
93287	CA	Kern County	4	5	2	4	5	4	0%	50%	100%	16%	25%	0%	11%	39%	27%
93301	CA	Kern County	5	5	5	5	5	5	9%	36%	59%	30%	60%	4%	11%	43%	64%
93304	CA	Kern County	5	5	5	5	5	5	11%	30%	51%	37%	77%	10%	13%	40%	46%
93305	CA	Kern County	5	5	5	5	5	5	15%	41%	62%	49%	83%	17%	19%	43%	52%
93306	CA	Kern County	4.6	4	4	5	5	5	8%	20%	41%	26%	64%	8%	8%	23%	33%
93307	CA	Kern County	5	5	5	5	5	5	20%	32%	53%	54%	85%	15%	16%	39%	38%
93308	CA	Kern County	4.4	4	4	4	5	5	8%	20%	50%	23%	24%	2%	8%	29%	40%
93309	CA	Kern County	4.2	3	3	5	5	5	6%	17%	34%	17%	52%	4%	7%	27%	48%
93311	CA	Kern County	3	2	2	5	2	4	7%	6%	20%	12%	47%	2%	4%	11%	24%
93312	CA	Kern County	1.8	2	1	4	1	1	9%	4%	19%	10%	30%	2%	4%	7%	11%
93313	CA	Kern County	3.4	3	4	5	3	2	11%	12%	33%	22%	61%	5%	5%	14%	16%
93314	CA	Kern County	2.2	2	2	4	2	1	5%	7%	24%	13%	30%	2%	5%	8%	11%
93501	CA	Kern County	4.8	5	4	5	5	5	13%	38%	66%	27%	49%	7%	13%	43%	43%
93505	CA	Kern County	4.6	5	3	5	5	5	16%	20%	58%	17%	48%	1%	9%	24%	33%
93516	CA	Kern County	4.6	5	4	4	5	5	16%	25%	55%	25%	24%	3%	11%	37%	38%
93518	CA	Kern County	3.6	3	4	4	5	2	19%	21%	21%	23%	20%	2%	6%	36%	15%
93519	CA	Kern County	1.8	5	1	1	1	1	0%	100%	100%	0%	0%	0%	0%	0%	0%
93523	CA	Kern County	2.8	2	1	4	2	5	14%	5%	17%	8%	34%	1%	4%	7%	77%
93527	CA	Kern County	3.2	3	2	3	5	3	3%	18%	36%	14%	15%	2%	10%	22%	19%
93528	CA	Kern County	3.4	1	3	4	5	4	11%	0%	0%	19%	18%	1%	11%	29%	25%
93531	CA	Kern County	2.4	4	1	4	2	1	5%	10%	50%	7%	20%	0%	4%	9%	10%
93554	CA	Kern County	3.4	1	3	4	5	4	14%	0%	0%	19%	17%	1%	10%	33%	26%
93555	CA	Kern County	4	4	2	4	5	5	6%	16%	38%	13%	29%	3%	7%	23%	34%
93560	CA	Kern County	4.4	4	4	5	5	4	13%	14%	46%	24%	53%	4%	9%	22%	30%
93561	CA	Kern County	4	3	3	5	5	4	13%	11%	35%	19%	39%	3%	6%	23%	26%



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

185 Berry Street, Suite 300
 San Francisco, CA 94107
 (415) 438-5500 telephone
 (415) 438-5724 facsimile

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.

Exhibit A

Bakersfield Memorial Hospital
 Classified Summary of Quantifiable Benefits
 For period from 7/1/2010 through 6/30/2011
 Classified as to Low Income and Broader Community

	Persons Served	Total Expense	Offsetting Revenue	Net Community Benefit	% of Total Expense	% of Total Revenue
Benefits for Low Income						
Traditional Charity Care	3,997	\$ 3,504,965	-	\$ 3,504,965	1.3%	1.1%
Unpaid Costs of Medicaid/Medi-Cal	45,758	85,297,180	80,128,169	5,169,011	1.9%	1.7%
Other Public Programs						
Community Services:						
Cash and In-Kind Contribution	27,943	1,836,646	41,472	1,795,174	0.7%	0.6%
Community Benefit Operations	5,057	73,845	0	73,845	0.0%	0.0%
Community Building Activities	4,004	42,025	0	42,025	0.0%	0.0%
Community Health Improvement Services	19,459	470,499	0	470,499	0.2%	0.2%
Subsidized Health Services	40,071	1,844,300	0	1,844,300	0.7%	0.6%
Totals for Community Services	96,534	4,267,315	41,472	4,225,843	1.6%	1.4%
Totals for Low Income	146,289	93,069,460	80,169,641	12,899,819	4.8%	4.1%
Benefits for Broader Community						
Community Services:						
Cash and In-Kind Contributions	822	304,037	-	304,037	0.1%	0.1%
Community Benefit Operations	400	58,076	-	58,076	0.0%	0.0%
Community Building Activities	1,143	52,307	-	52,307	0.0%	0.0%
Community Health Improvement Services	5,990	221,668	21,214	200,454	0.1%	0.1%
Health Professions Education	9	5,313	-	5,313	0.0%	0.0%
Totals for Community Services	8,364	641,401	21,214	620,187	0.2%	0.2%
Totals for Broader Community	8,364	641,401	21,214	620,187	0.2%	0.2%
Grand Total excluding unpaid cost of Medicare:	154,653	\$ 93,710,861	\$ 80,190,855	\$ 13,520,006	5.1%	4.3%
Unpaid Costs of Medicare	11,221	68,812,798	56,799,431	12,013,367	4.5%	3.8%
Grand Total including unpaid cost of Medicare:	165,874	\$ 162,523,659	\$ 136,990,286	\$ 25,533,373	9.6%	8.2%

FY11 Community Benefit Report approved by JSA Date: 11/14/11
 Chief Financial Officer

Exhibit A

Mercy Hospitals Bakersfield
 Classified Summary of Quantifiable Benefits
 For period from 7/1/2010 through 06/30/2011
 Classified as to Low Income and Broader Community

	Persons Served	Total Expense	Offsetting Revenue	Net Community Benefit	% of Total Expense	% of Total Revenue
Benefits for Low Income						
Traditional Charity Care	4,566	\$ 3,596,486	-	\$ 3,596,486	1.5%	1.3%
Unpaid Costs of Medicaid/Medi-Cal	23,561	41,534,040	33,309,794	8,224,246	3.4%	2.9%
Other Public Programs						
Community Services:						
Cash and In-Kind Contribution	30,769	626,624	40,663	585,961	0.2%	0.2%
Community Benefit Operations	4,096	138,142	-	138,142	0.1%	0.0%
Community Building Activities	4,259	85,162	-	85,162	0.0%	0.0%
Community Health Improvement Services	21,641	1,090,300	-	1,090,300	0.4%	0.4%
Subsidized Health Services	27,950	406,996	-	406,996	0.2%	0.1%
Totals for Community Services	88,715	2,347,224	40,663	2,306,561	1.0%	0.8%
Totals for Low Income	116,842	47,477,750	33,350,457	14,127,293	5.8%	4.9%

Benefits for Broader Community

Community Services:						
Cash and In-Kind Contributions	1,294	242,560	-	242,560	0.1%	0.1%
Community Benefit Operations	406	96,858	-	96,858	0.0%	0.0%
Community Building Activities	2,388	65,512	-	65,512	0.0%	0.0%
Community Health Improvement Services	8,282	1,764,918	1,068,401	696,517	0.3%	0.2%
Health Professions Education	136	284,680	-	284,680	0.1%	0.1%
Research	-	222,983	-	222,983	0.1%	0.1%
Totals for Community Services	12,506	2,677,511	1,068,401	1,609,110	0.7%	0.6%
Totals for Broader Community	12,506	2,677,511	1,068,401	1,609,110	0.7%	0.6%
Grand Total excluding unpaid cost of Medicare:	129,348	\$ 50,155,261	\$ 34,418,858	\$ 15,736,403	6.5%	5.5%
Unpaid Costs of Medicare	14,491	58,442,862	44,655,704	13,787,158	5.7%	4.8%
Grand Total including unpaid cost of Medicare:	143,839	108,598,123	79,074,562	29,523,561	12.2%	10.3%

Date: 11/16/11

[Signature]
 Chief Financial Officer

FY11 Community Benefit Report approved by _____

KERN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

www.HealthyKern.org

Executive Summary

The 2010 Kern County Community Needs Assessment combines quantitative and qualitative information based on review of health and quality of life data and interviews with community leaders and representatives of local agencies. To assist with identifying priorities, comparisons are made to other California counties, as well as to national benchmarks such as Healthy People 2020, which is a set of key national health objectives. This report summarizes the results of the 2010 Kern County Community Needs Assessment.

The needs assessment is a collaborative effort by Bakersfield Memorial Hospital, Delano Regional Medical Center, Kaiser Permanente, Kern County Department of Public Health, Mercy Hospitals of Bakersfield, San Joaquin Community Hospital and other local partners. The 2010 assessment is a web-based, living community needs assessment, which uses the Healthy Communities Network (HCN) web tool to display health status and track progress in the community. The 2010 assessment highlights important issues in the community. The next steps will be to propose an implementation strategy for the priority areas.

The Kern County HCN website, www.HealthyKern.org, provides over 120 health and quality of life indicators for Kern County. Rather than focus on one isolated area of need, the needs assessment sought to create a comprehensive needs assessment for the county using multiple health and quality of life indicators. The needs assessment process involves assessment and understanding of demographics, health access, health care usage, health behaviors, health status, as well as social and environmental factors that ultimately affect health outcomes. The review and evaluation of this quantitative data combined with community consultation and feedback have enabled us to identify key priority areas in the community that require attention. The findings of this need assessment can be used to inform strategic planning, decision-making, and resource investments and allocations.

The Center for Healthy Aging (CHA), independent consultants, analyzed each of the indicators on the www.HealthyKern.org website. CHA presented their findings to the collaborative for their input. The top ten priority areas were agreed upon by the collaborative. Once the priorities were determined, the collaborative created a set of interview questions and obtained input from key stakeholders in the community to validate the top issues, identify gaps, and suggest evidenced-based and/or promising practices to address the issues. Next steps will be to create the strategic plan to target the top priority areas.

This summary highlights the identified county needs to focus on in order to increase the health and quality of life of residents in Kern County.

Key Findings and Themes

- *Top health problems and community issues (not ranked)*
 - Obesity
 - Basic Needs: Poverty and Unemployment
 - Educational Attainment
 - Sexually Transmitted Infections
 - Access to Healthcare
 - Teen Birth Rate and Infant Health
 - Diabetes
 - Mortality rates
 - Air Quality
 - Public Safety and Social Environment

Obesity

Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings. 29.3% of Kern County [adults are obese](#) and the percentage has consistently increased over the 2003 – 2007 timeframe. Latinos are leading at 34% with Whites next at 26%. Males between the ages of 45 and 65 have the highest obesity rates. Healthy People 2020 national health target is to reduce the proportion of adults who are obese to 15%. If accomplished, this would be about a 50% reduction in the rate of obesity in Kern County.

Kern County would benefit in reducing the number of diabetes deaths and related diabetes attributes by focusing their efforts on reducing obesity and increasing physical activity in the low ranking categories noted above.

Basic Needs: Poverty and Unemployment

All but one of the Kern County 'below poverty level' indicators are high: Based on the 2000 Census, [Children Living Below Poverty Level](#) is 28.2%, [Families Living Below Poverty Level](#) is 16.8%, and [People Living Below Poverty Level](#) is 20.8%. Only [People 65+ Living Below Poverty Level](#) is low at 10.5%. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the community (which coincides with the high unemployment rate). Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival. Children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Seniors often live on a fixed income from pensions or other retirement plans and social security. If this income is insufficient in the face of increasing prescription costs and other costs of living, most seniors have no way to supplement their income. Retirement plans may be vulnerable to fluctuations in the stock market as well; the increasing reliance of retirees on stock market based retirement plans may explain why more seniors nationwide are now slipping into poverty.

Kern County is experiencing [high unemployment](#) rates. The June 2010 unemployment rate rose to 15.7% compared to the State of California unemployment rate of 12.2%. During the past year, the unemployment rate ranged from 14% to 18.3% of the adult civilian population in Kern County. The unemployment rate is a key indicator of the local economy: a high unemployment rate has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs. Families with unemployed adults face significant challenges in caring for and meeting their health needs and the health needs of their children.

Educational Attainment

Kern County schools are struggling with low assessment rates and high drop out rates. From 2005 – 2008 the number of students who [completed high school](#) decreased from 81.6% to 73.5%. The dropout rate during this period was 5.5%, placing Kern County 42nd out of 56 reporting counties. Students who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime. Completion of high school

and achieving standard literacy levels align with future employment opportunities, and encourage the transition from adolescence to responsible adulthood.

In 2009, the educational indicators of 4th grade students proficient in [math](#) and [reading](#) were low at 56% and 51%, respectively. Competence in mathematics and reading are essential for functioning in everyday life. The ability to read proficiently is a fundamental skill that affects the learning experiences and school performance of children and adolescents. Students who take higher level mathematics and science courses, which require strong fundamental skills in mathematics and who are competent readers are more likely to attend and to complete college. The high [Student-to-Teacher Ratio](#) may be contributing to the low achievement levels of students in Kern County. In 2007-2008, the student-to-teacher ratio was high in Kern County at 18.3 students/teacher, with 50% of the U.S. counties having 14.4 students/teacher or less. This indicator does not take class size into consideration; however, the student-teacher ratio is often a reasonable proxy for estimates of class size. The student-teacher ratio is an indicator of how well a school or district is preparing their students to function in society.

Sexually Transmitted Infections

Kern County has exceedingly high rates of sexually transmitted infections. The major areas identified are [HIV](#), [chlamydia](#), and [gonorrhea](#) rates. The HIV prevalence rate 62.5 cases per 100,000 population, ranking 49th out of 58 California counties. The chlamydia incidence rate ranks 58th of 58 counties in California; the gonorrhea incidence rate ranks 55th. In 2009, Kern County had 622.8 cases per 100,000 female population of chlamydia. The cases of chlamydia have primarily increased from 2004 to 2008 with a small decline in 2006 and again in 2009. Under reporting of chlamydia is substantial, as most people with chlamydia are not aware of their infections and do not seek testing. This can lead to more serious health outcomes such as Pelvic Inflammatory Disease and infertility.

The gonorrhea incidence rate in Kern County does not meet national targets. In 2009, the gonorrhea incidence rate in Kern County was 98.8 per 100,000 population; whereas, the Healthy People 2020 target is 19 per 100,000 population. However, unlike chlamydia, gonorrhea rates have been in steady decline since 2006.

Compared to older adults, adolescents are at higher risk for acquiring sexually transmitted diseases (STDs) for a number of reasons, including limited access to preventive and regular health care and physiologically increased susceptibility to infection. Responsible sexual behavior can eliminate or reduce the chances of contracting a sexually transmitted disease and unintended pregnancies, thus reducing the number of cases of STDs and births. The Healthy People 2020 national health target is to increase the proportion of adolescents aged 17 years and younger who have never had sexual intercourse to 75%.

Access to Healthcare

Although the access to healthcare indicators are not showing in the 'red' for Kern County, there is still concern by Kern County healthcare experts that this is an issue that needs to be addressed. The indicators for Kern County, based on 2007 data, show that [adults with private health insurance](#) and [people with a usual source of health insurance](#) are 57% and 87.5%, respectively, and [children with Health Insurance](#) is at 91%. African American and Latinos who have health insurance are lowest at 47.9% and 36.3%. A high rate of private insurance coverage may indicate greater financial security, since it means that more businesses are able to provide insurance, and more individuals can afford to purchase it when necessary. Areas with high rates of private insurance coverage also place less strain on the public programs that are available. People with a usual source of care are more likely to go in for routine checkups and screenings, and are more likely to know where to go for treatment in acute situations. Not having a usual source of care or a usual place to go to when sick or in need of health advice can cause a delay of necessary care, leading to increased risk of complications.

Teen Birth Rate and Infant Health

The teen birth rate in Kern County has been consistently high for many years. This has led to more low birth weight babies, and also leads to a lack of education attainment for female youth. In 2006-2008, Kern County had the highest [teen birth rate](#) of all California counties at 63.7 births per 1,000 female ages 15 – 19, compared to 36.6 per 1,000 females ages 15 – 19 in the State of California.

High teen birth rates result in a high percent of babies with a low (<2500 grams) or very low (<1500 grams) birth weight. The Healthy People 2020 national health target is to reduce the proportion of [infants born with low birth weight](#) to 5.0%. In California, 6.9% of infants have a low birth weight. Kern County ranks 50th among the 58 counties in California at 7.4%. The percentage of babies with a low birth weight has continued to increase over the past five years. While it is not trending up in high percentages, infants born with [very low birth weight](#) is also rising. The 2010 national health target is to reduce the proportion of infants born with very low birth weight to .09%. In 2009, 1.4% of babies in Kern County were born with a very low birth weight.

Babies born with a low or very low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in the intensive care unit. Low birth weight is often associated with premature birth and babies born with very low birth weight are at the highest risk of dying in their first year. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability.

The [Infant Mortality Rate](#) in Kern County is also exceedingly high. Kern County ranks 45th out of all 58 counties in California with an infant mortality rate of 7.2/1,000 and the trend is rising. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. The Healthy People 2020 national health target is to reduce the infant mortality rate to 4.5 deaths per 1,000 live births.

[Preterm births](#) from 2005 to 2008 in Kern County have been rising steadily. The 2008 preterm birth rate was 13.9%. The Healthy People 2020 national health target is to reduce the proportion of infants who are born preterm to 7.6%. In all of the above cases, the most important things an expectant mother can do to prevent and/or reduce prematurity, low and very low birth weight and also preterm births are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care. The good news is that the trend of mothers who received early prenatal care is going up. Kern County is at 72.2%, close to meeting the State of California at 78.7%, and is rising to meet the 2010 Healthy People 2020 goal of 90%.

Disparities can be seen among indicators of teen sexual health, maternal health, and infant health such as teen birth rate, prenatal care, low birth weight, and infant mortality rates. Birth and infant health outcomes tend to be the worst for African Americans. Additionally, in Kern County, African American and Hispanic teens have a birth rate nearly 3.5 times as high as White females.

Diabetes

Kern County places in the bottom quartile of California counties for *all* diabetes-related indicators. The age-adjusted diabetes death rate averaged over 3 years (2006-2008) is nearly 34 per 100,000 compared to the State value of 21 per 100,000. Diabetes risk factors such as obesity and physical inactivity contribute to the prevalence of diabetes and diabetes-related health outcomes in the community. Age, race, and ethnicity are also important risk factors. In Kern County, Asians have the lowest diabetes death rate of 17.5 per 100,000 population; whereas African Americans, Hispanics, and American Indians have death rates 3 – 4 times this rate.

Kern County ranks in the bottom ten percent for all hospital utilization rates due to diabetes-related admissions and emergency room visits. During the 2006-2008 measurement period, the hospitalization rate due to diabetes was 28.4 hospitalizations per 10,000 population and ranked 55 out of 58 California counties. The hospitalization rate due to long-term and short-term complications of diabetes was 17.2 and

8.9 hospitalizations per 10,000 population, respectively – ranking 52nd and 54th out of 58 California counties.

Persons with diabetes are at risk for ischemic heart disease, neuropathy, and stroke. Healthy People has identified 17 goals that aim to “reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.” Goals include improved diabetes education, improved compliance with recommended care and screening procedures, and reduced rates of serious complications such as foot ulcers, amputation, and death.

Mortality Rates

The high mortality rates in Kern County point to multiple systemic problems in the health care system. Mortality rates in Kern County rank in the bottom third of all California counties. In addition, the rates for nearly all causes of death are increasing over time. The age-adjusted death rates due to coronary heart disease, diabetes, stroke, suicide, and influenza and pneumonia all place in the bottom quartile of all California counties. The suicide death rate is more than double the Healthy People 2020 national target, and the heart disease death rate is 25% higher than the national target. Significant racial and ethnic disparities exist for many death rates, especially for African Americans.

Air Quality

Ozone is the primary ingredient of smog air pollution. Inhaling ozone can result in a number of health effects including induction of respiratory symptoms, inflammation of airways, and decreased lung functioning. During 2006 -2008, the [annual ozone air quality](#) was rated an “F” (a 5 in the numeric scale) in Kern County, whereas the US standard is a B or better (a 1 or a 2 in the numeric scale). [Annual particle pollution](#) is also very high, rating an “F”, or 5, during the 2006 – 2008 measurement period. Particle pollution refers to the amount of particulate matter in the atmosphere. In addition to poor air quality due to high ozone and particulate matter, the quantity (in pounds) of [carcinogens released](#) into the air is increasing over time in Kern County. All of these factors result in poor air quality in Kern County and can adversely affect health through illnesses such as asthma, cardiovascular problems, or premature death.

Public Safety and the Social Environment

Kern County is disproportionately affected by violence. In 2008, Kern County ranked 27th of 35 reporting counties in California, with a [Violent Crime Rate](#) of 562.3 crimes per 1,000 population. The violent crime rate includes homicide, assault, rape and robbery. Violence surrounds and threatens many people in their homes, schools and neighborhoods. In addition, race, ethnic and gender disparities are an issue. In addition to a high violent crime rate, the [Child Abuse Rate](#) in Kern County ranks 52nd of the 58 California counties. From 2004-2008 child abuse in Kern County steadily increased. In 2009, the rate decreased from 22.3 cases/1,000 population to 18.5 cases/1,000 population - a step in the right direction; however, the Healthy People 2020 national health target is to reduce the child maltreatment rate to 10.3 cases per 1,000 children under 18 years of age. The current rate in Kern County is nearly two times the target value. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. Abuse can affect a person’s ability to lead a healthy life at home, at work, and at school.

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It is clear that Kern County has many health and quality of life areas that need attention and concerted effort to improve. This 2010 Kern County Community Needs Assessment is the beginning effort to address the most pressing needs. These needs will be addressed by the individual hospitals, health and human service organizations within the community, as well as the collaborative efforts by the organizations gathered to create the most significant needs summarized in this needs assessment. The 2010 needs assessment provided a listing of the top ten health priority areas that the county of Kern would need to address in order to create a healthier community for its residents. Of those ten identified areas, five rose to the top of the list as critical to the immediate health crisis in our community. Our

community in collaboration through public agencies, private organizations and non profit groups will work diligently to implement evidence based strategies to close the gaps for service and quality thus creating a healthier community.

The top five priority areas of the 2010 needs assessment are:

1. *Obesity*
2. *Basic Needs/Unemployment Rate*
3. *Education Attainment*
4. *Access to Healthcare*
5. *Mortality Rates*