

*San Joaquin
Community Hospital*



**Community Benefit Report
2011**

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Our Mission

To share God's love with our community by providing physical, mental and spiritual healing.

Our Vision

Be the hospital of choice for our community by being the best place to receive care, practice medicine and work.

Our Values

Compassion:	<i>The compassionate, healing ministry of Jesus.</i>
Respect:	<i>Human dignity and individuality.</i>
Integrity:	<i>Absolute integrity in all relationships and dealings.</i>
Quality:	<i>Excellence in clinical and service quality.</i>
Stewardship:	<i>Responsible resource management in serving our communities.</i>
Wholeness:	<i>The health care heritage of the Seventh-day Adventist Church.</i>
Family:	<i>Each other as members of a caring family.</i>

Community Benefit Assessment, Plan & Reporting

The Community Benefit Assessment, Plan and Report are communicated at least annually to the Community Benefit Committee and Governing Board of San Joaquin Community Hospital (SJCH) for their approval and support.

SJCH Governing Board

Robert J. Beehler

President & CEO, SJCH

Brian Brenner, MD

Physician: Orthopedics

Donald Cornforth, M.D.

Physician: Radiology

Frank Dominguez

Community Member

John W. Dovichi

Dovichi Custom Homes

Chris Frank

*Foundation Immediate Past Chair, SJCH
Retired President, Chamber of Commerce*

Ken Gibb

Retired CFO

Marshall Hollingsead, M.D.

Retired Physician

Steve Horton (Vice Chairman)

*Central California Conference of
Seventh-day Adventists*

Jamey Houghton

Pastor, Hillcrest Seventh-day Adventist Church

Hormuz Irani, M.D.

Physician: Surgeon

Joe MacIlvaine

President, Paramount Farming Company

John Owens, M.D

Physician: OB/GYN

Scott Reiner (Chairman)

Executive Vice President, Adventist Health

Cary Shakespeare, M.D.

Physician: OB/GYN, Chief of Staff

Community Benefit Contacts & Community Benefit Committee

At the January 2010 SJCH Foundation Board Meeting, it was unanimously approved that the Foundation Board would serve as the Community Benefit Committee for the Community Benefit Plan and Community Benefit Report.

SJCH Foundation Board / Community Benefit Committee

- | | |
|---|---|
| <p>Deborah Alexander
<i>Prudential Tobias Realtors</i></p> <p>Robert J. Beehler
<i>President & CEO, SJCH</i></p> <p>Kevin Burton
<i>Foundation President/Executive Director, SJCH</i></p> <p>Matthew C. Clark
<i>Chain Cohn Stiles</i></p> <p>Janet Clary
<i>Community Volunteer</i></p> <p>Donald Cornforth, M.D.
<i>Quest Imaging at SJCH</i></p> <p>Wayne Deats
<i>Financial Advisor</i></p> <p>Beckie Diltz
<i>Proforma Solutions for Printing and Promotions</i></p> <p>John W. Dovichi
<i>Dovichi Custom Homes</i></p> | <p>Chris Frank
<i>Foundation Immediate Past Chair, SJCH
Retired President, Chamber of Commerce</i></p> <p>Ron Frazee (Chairman)
<i>Bakersfield Fire Department (retired)</i></p> <p>Paul Fuller, M.D.
<i>Kaiser Permanente</i></p> <p>Jarrold McNaughton
<i>Vice President of Marketing and Development, SJCH</i></p> <p>Darlene Mohlke
<i>Castle and Cooke</i></p> <p>Debbie Moreno
<i>Greater Bakersfield Chamber of Commerce</i></p> <p>Monique Rogers
<i>ARRC Technology</i></p> <p>Brent Soper
<i>Vice President & CFO, SJCH</i></p> |
|---|---|

The responsibilities of Community Benefit Committee Members:

1. Act as a liaison between the hospital and community.
2. Provide support for the good of the hospital.
3. Offer suggestions for improvement of services.
4. Be ambassadors of goodwill.
5. Bring to the hospital any complaint or suggestion that may better our relationships.
6. Attend bi-monthly meetings.

The following individuals participate as Community Benefit Planners and Reporting Managers and work with the Community Benefit Committee (SJCH Foundation Board).

2011 Community Benefit Planning & Reporting contacts

Communication			Financial	
Jimmy Phillips	Marketing	661-869-6563	Katie Delmore	661-869-6889
Jarrold McNaughton	VP - SJCH	661-869-6560		

Defining our Communities

The National/International Community

Adventist Health is part of a national and international community that improves health and wellness through over 500 facilities worldwide. As part of a larger organization, we have access to information and resources, which are shared amongst the individual facilities.

The Regional Community

San Joaquin Community Hospital is part of Adventist Health, an 18-hospital integrated health care system with hospital located in California, Hawaii, Oregon and Washington.

Primary and Secondary Service Areas

San Joaquin Community Hospital located in Bakersfield, is a not-for-profit, full service, acute care hospital with 254 licensed beds boasting the highest ratio of private rooms in the county. Having served the community for over 100 years, SJCH continues to be a pioneer of health care innovation in the San Joaquin Valley. Recently, the hospital became the first between Los Angeles and San Francisco to have both a Nationally Certified Stroke Center and Nationally Accredited Chest Pain Center. In addition, SJCH is home to Kern County's only full-treatment burn center; an award-winning Maternity Care Center; Bariatric Solutions, a weight-loss center; The Wellness Center for diabetes education and cardiac rehab; and Quest Imaging, a top-notch radiology and diagnostic imaging services. In the May of 2011, SJCH announced plans to build a 60,000-square-foot cancer center.

SJCH serves its primary service area, Bakersfield, with a population over 350,000. The secondary service area is the rest of Kern County, with a population of over 845,000¹.

Population of Kern County Cities - 2011	
City	Population
Arvin	19,596
Bakersfield	351,443
California City	12,858
Delano	53,155
Maricopa	1,161
McFarland	12,739
Ridgecrest	27,768
Shafter	17,283
Taft	9,321
Tehachapi	14,523
Wasco	25,781
Balance of County	301,255
Total Kern County	846,883

Population estimates from California Department of Finance Demographic Research Unit.

Kern County's predominant industries are government, agriculture, trade, transportation and utilities. Government is the largest industry employer, accounting for almost 23 percent of Kern's employment. Jobs in local government (including local education, county government, and city government) account for almost 70 percent of the county's total government employment.³

According to Kern Economic Development Corporation's 2011 Market Overview, Kern County continues to receive high accolades for labor market growth:

- Only major labor market in the nation to gain manufacturing jobs between 2000 and 2010.
- Ranked top major metro in the state for job growth between 2004 and 2009.
- Ranked top 2 major metro in the state for private-sector job growth between 2000 and 2010.
- Ranked top 2 large metro in the state for growth of job compensation.
- Ranked 27th best-performing metro in the nation and best-performing in California, Nevada and Arizona regions.

The Census Bureau reports Kern County's 2006-2010 median household income was \$47,089. By comparison, the California 2008 median household income was \$60,883 in California and \$51,914 nationwide⁴. Kern County's median family income was 22.7 percent less than the state and 9.3 percent less than the nation.

The per capita income figure is often used to measure the economic health of counties and other regions. It is calculated by dividing an area's total income by the number of residents. According to the Census Bureau⁵, the Kern County per capita income was \$20,100. By comparison, the per capita income in California was \$29,188 and in the nation was \$27,334 during the same year. Using the Census measure, Kern County's per capita income was 31.1 percent below the state and 26.5 percent less than the nation.

There are approximately 217,000 Medi-Cal recipients in Kern County.⁶

Quality of Life Factors

Today, more than ever before, Bakersfield is poised to embrace the challenges, which often accompany the coming of age.

Bakersfield offers the best of what California has to offer – affordable land, an abundant and qualified workforce, diversified employment opportunities, a cooperative city and county government, strong family values bolstered by over 550 churches and synagogues, and community programs committed to the growth and stability of the family. Housing and housing development – considered among the most affordable in California – contribute significantly to Bakersfield's allure. According to Kern County Economic Development Corporation, Kern's median housing value is \$130,500⁷, compared to the State of California's median housing price of \$268,280.⁸ Bakersfield has also earned statewide recognition for its residential building quality, with many newer homes designed to be some of the most energy efficient in the country.

With growth comes practical concerns such as transportation. Kern County offers a wide variety of local and commuting public transit services. Amtrak serves the Central Valley with daily train service going north and connecting bus service to the south. The Golden Empire Transit District (GET) provides daily bus services throughout the Bakersfield area. The Kern Regional Transit System (KRT) provides bus service connecting Bakersfield with the rest of the county.

The William M. Thomas Air Terminal at Meadows Field, located in Bakersfield, provides commercial flight service for passengers and freight plus a variety of aviation services. Flights to Denver, Houston, Los Angeles, Phoenix, and San Francisco provide easy access to hundreds of domestic and international destinations. Current carriers are United Express and U.S. Airways.

The economic base of Bakersfield and Kern County has traditionally been driven by agriculture and petroleum-related enterprises. Diversification of the local economy has been underway for several years now. However, attraction of new businesses such as IKEA, Famous Footwear and Target Distribution Centers and the expansion of national and international agricultural markets, has positively impacted Bakersfield's unemployment rates and has added to our growing economy.

Bakersfield is fortunate to have the finest of medical professionals and the latest in health care technologies right in the community. From trauma to surgical to occupational medicine centers, family services and counseling to specialized clinics, home care agencies to health, fitness and education facilities plus many support organizations such as American Cancer, Diabetes, Heart, Lung and Alzheimer's Associations - Bakersfield offers a wide range of places to turn to for help and to ensure that everyone's health and well-being are in good hands. Local physicians can perform virtually every medical and surgical procedure in local hospitals. Seven local hospitals and over 700 physicians provide the foundation for a solid, however, universally challenging health care economy.

Kern County's future is buoyed by a solid and ever-growing educational system. Supported by private, city and county K-12 systems, California State University, Bakersfield (CSUB), Bakersfield College, Taft College, as well as a number of higher education alternatives (UC Merced, DeVry University, Fresno Pacific University, John William University, Kaplan College, National University, Point Loma Nazarene University, University of LaVerne, University of Phoenix, Santa Barbara Business College, San Joaquin Valley College) - Bakersfield is committed to equipping its residents with the knowledge and skills required to lead our community into the future. The availability of outside cultural and recreational activities in and near Bakersfield contributes to our quality of life, as well.

Entertainment and cultural opportunities have grown to accommodate a wide spectrum of tastes in recent years. Bakersfield's Rabobank Arena and Theater serves as a reminder of Bakersfield's heritage and growth and are a direct reflection of both city and private industry joining forces to ensure a greater appeal for visitors and residents. Rabobank Arena, which seats up to 14,000, serves as home to the Condors - Bakersfield's own

professional hockey team. CSUB, currently a NCAA Division I independent, participates in a variety of men's and women's varsity athletics.

Not to be outdone by the sports-minded, residents enthusiastically support their own symphonic orchestra – The Bakersfield Symphony Orchestra – and the Masterworks Chorale, CSUB's Musica de Camera, and several local theaters that host both national touring company productions as well as local theater group productions.

In 1997, country music legend Buck Owens memorialized his own musical career with the opening of the Buck Owens Crystal Palace featuring live country music, dinner shows, dancing, and a well-stocked museum hosting some of the finest western memorabilia displayed in the U.S.

And for those who prefer still art and a more sedate form of expression, the Bakersfield Museum of Art, the CSUB Art Gallery, the Kern County Museum & Lori Brock Children's Discovery Center, as well as the development of a downtown arts district featuring a variety of galleries and exhibit, offer something for everyone's taste and design for cultural and recreational entertainment.

Health Care

Health care services in Kern County include:

- 1 Psychiatric Hospital
- 1 Rehabilitation Hospital
- 1,660 Hospital Beds
- 121 Chiropractors
- 13 Emergency/Medical Rooms
- 13 General Hospitals
- 22 Surgical Services
- 250 Dentists
- 28 Residential Care Homes
- 30 Convalescent Hospitals
- 4 Ambulance Services
- 45 Home Health Care Agencies
- 60 Optometrists
- 750 Physicians and Surgeons
- 85 Clinical/Medical Groups

Health Status Indicators

A recently published report from the Robert Wood Johnson Foundation, in conjunction with the University of Wisconsin Population Health Institute ranks Kern County:

#51 out of 56 California counties in overall Health Outcomes¹

#56 out of 56 in overall Health Factors²

#46 out of 56 in Mortality³

#54 out of 56 in Morbidity⁴

#55 out of 56 in Health Behaviors⁵

#49 out of 56 in overall Clinical Care⁶

#53 out of 56 in Social & Economic Factors⁷

#56 out of 56 in overall Physical Environment⁸

¹ Health Outcomes: describes current health status of a county.

² Health Factors: describes what influences the health of a county.

³ The mortality rank represents the length of life based on a measure of premature death (the years of potential life lost prior to age 75).

⁴ The morbidity rank is based upon measures that represent health-related quality of life and birth outcomes.

⁵ Health behaviors include measures of smoking, diet and exercise, alcohol use and risky sex behavior.

⁶ Clinical care includes measures of access to care and quality of care.

⁷ Social and economic factors include measures of education, employment, income, family and social support and community safety.

⁸ The physical environment includes measures of environment quality and the built environment.

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 Health Care
- 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 health care spending and lost earnings. 29.3 percent of Kern County adults are obese and the percentage has consistently increased over the 2003 – 2007 timeframe. Latinos are leading at 34 percent with Whites next at 26 percent. 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 percent. If accomplished, this would be about a 50 percent 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 percent, Families Living Below Poverty Level is 16.8 percent, and People Living Below Poverty Level is 20.8 percent. Only People 65+ Living Below Poverty Level is low at 10.5 percent. 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 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 percent compared to the State of California unemployment rate of 12.2 percent. During the past year, the unemployment rate ranged from 14 percent to 18.3 percent 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 to 2008 the number of students who completed high school decreased from 81.6 percent to 73.5 percent. The dropout rate during this period was 5.5 percent, 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 percent and 51 percent, 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 percent 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

Summary of Key Findings of Kern County Needs Assessment

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. Underreporting 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 percent.

Access to Health Care

Although the access to health care indicators are not showing in the red for Kern County, there is still concern by Kern County health care 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 percent and 87.5 percent, respectively, and children with health insurance is at 91 percent. African-American and Latinos who have health insurance are lowest at 47.9 percent and 36.3 percent. 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 percent. In California, 6.9 percent of infants have a low birth weight. Kern County ranks 50th among the 58 counties

Summary of Key Findings of Kern County Needs Assessment

in California at 7.4 percent. 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 percent. In 2009, 1.4 percent 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 percent. The Healthy People 2020 national health target is to reduce the proportion of infants who are born preterm to 7.6 percent. 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 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 percent, close to meeting the State of California at 78.7 percent, and is rising to meet the Healthy People 2020 goal of 90 percent.

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 birthrate 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 three to four times this rate.

Summary of Key Findings of Kern County Needs Assessment

Kern County ranks in the bottom 10 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 2020 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, influenza and pneumonia all place in the bottom quartile of all California counties. The suicide rate is more than double the Healthy People 2020 national target, and the heart disease death rate is 25 percent 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” (5 in the numeric scale) in Kern County, whereas the US standard is a B or better (1 or 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.

Summary of Key Findings of Kern County Needs Assessment

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.

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 Kern County 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 Health care*
5. *Mortality Rates*

Community Needs

Hospital Expansion

In May 2007, San Joaquin Community Hospital opened a much-needed 130,000-square-foot patient tower. This five-story tower expanded the hospital's ICU, Emergency Department, and operating areas; providing easier access with a new patient drop-off and loading area; tripled the size of the Maternity Care Center; and added a nine-bed Neonatal Intensive Care Unit. When the new tower was completed, we began renovating the existing tower, retrofitting it to create private rooms for our patients as well as meet the new seismic regulations. With the new tower opening in May of 2007, SJCH renewed its commitment to our city and county.

The new tower provided SJCH with the necessary resources to offer new, state-of-the-art services previously unavailable in Kern County. These services include opening the first Nationally Certified Stroke Center in the county in May 2008. To earn this distinction, SJCH's Stroke Center underwent an extensive, on-site evaluation by a team of The Joint Commission reviewers. The program was evaluated against The Joint Commission standards through an assessment of the program's processes, ability to evaluate and improve care within its own organization, and interviews with patients and staff.

The success of the Stroke Center became evident in late 2008 when the American Stroke Association presented SJCH with the Get With The GuidelinesSM-Stroke (GWTG-Stroke) Bronze Performance Achievement Award, in 2009 with the Silver Plus Achievement Award, and in 2010 and 2011 with both the Gold Performance Achievement Award and Gold Plus Performance Achievement Award. To achieve the Gold Award, the Stroke Center had to reach 85 percent or higher adherence to all stroke performance achievement indicators for at least 12 months. By achieving this standard, and having a compliance of 75 percent in at least six of 10 additional stroke quality measures during the same period, SJCH achieved the Gold Plus Award. These awards recognize SJCH's commitment and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to nationally accepted standards and recommendations.

In 2009, SJCH became a Nationally Accredited Chest Pain Center by the Society of Chest Pain Centers. This accreditation made SJCH the only hospital between Los Angeles and San Francisco with both a Nationally Certified Stroke Center and Nationally Accredited Chest Pain Center under one roof. In 2011, the Chest Pain Center received the American College of Cardiology Foundation's National Cardiovascular Data Registry ACTION Registry-Get With The Guidelines Silver Performance Achievement Award – one of only 94 hospitals nationwide to do so.

Seeing a need for highly specialized burn services in our community, in 2008 SJCH made the announcement of a new partnership that would bring the world-renowned Grossman Burn Centers (GBC) to Bakersfield. In June 2009, The Aera (outpatient) Burn Clinic of the Grossman Burn Center at SJCH opened with much fanfare and in September 2010, the inpatient ICU opened. Over 1,000 patients have received treatment at the burn unit since June 2009 – with more than 40 percent being children. The majority of the children treated

at the burn unit have been under the age of five, and most suffered from a scald injury occurring in the home.

In late 2010, SJCH announced the purchase of Quest Imaging, an outpatient radiology facility providing magnetic resonance imaging (MRI), computed tomography, nuclear medicine, mammography and other imaging services. Quest Imaging originally was founded in 2002 by Dr. Donald Cornforth and Dr. Donald Fitzgerald, who perceived the need for a new outpatient center based on assessment of quality imaging services at that time and the continued, as well as projected, growth of the community. The addition of Quest's employees bring SJCH's workforce to over 2,000 employees.

Cancer Care at SJCH

Kern County has one of the highest cancer rates in California, and cancer cases are expected to double in the next 10 years. Currently, 20 percent of cancer patients leave Kern County for cancer treatment. Realizing the need for an increase in high-quality cancer care, SJCH broke ground on a 60,000-square-foot Cancer Center across the street from the main hospital campus on May 16, 2011. Construction and hiring of the staff are well under way and the center is expected to open in late 2012.

Children's Mobile Immunizations Program

The SJCH Mobile Immunization program is working to save lives, as well as saving our community more than \$5 million annually according to a recently released report prepared by the Applied Research Center at California State University, Bakersfield. Several cost-benefit studies have been completed on immunization programs for vaccine-preventable diseases. The conclusion of a majority of the studies is that vaccines are considered the most cost-beneficial of health intervention strategies. To determine the savings to our community, the Applied Research Center took the cost of the program and added in the cost of hospitalization, medications and physicians' services to care for a child who contracts a preventable disease. It also took into consideration the cost if that child then passes it on to other family members or possibly even starts a community epidemic.

Immunizations are one of the most important public health interventions in the United States. By immunizing children at an early age, the SJCH Children's Mobile Immunization Program continues to prevent many dreaded diseases and decreases the occurrence of many childhood vaccine-preventable diseases.

Although the SJCH Children's Mobile Immunization Program began in 1996 as a hospital-based effort to immunize Kern County children, the program expanded exponentially when in 2000, SJCH received a Proposition 10 Grant from First 5 Kern (Kern County Children and Families Commission/KCCFC). With the help of this grant, the SJCH Children's Mobile Immunization Program provides completely free services through a mobile unit that includes immunizations, information and education, and referral and linkage services. The original grant included the purchase of a mobile unit that provided enhanced access to immunizations for families and children in the Greater Bakersfield area as well as outlying areas including Taft, Arvin, Lamont, McFarland, Delano, Shafter, and Wasco.

Since the program began in March 1996, the Children's Mobile Immunization Program has continually met and exceeded its goals. Nearly 65,000 children have received more than 120,000 immunizations against dreaded childhood diseases including polio, measles, mumps and rubella, and H=hepatitis A and B. When the program began, only 39 percent of Kern County's children were up-to-date on immunizations. Today, statistics show that 70 percent of Kern County children are now up-to-date with their required childhood immunizations, a true testament to the value that Proposition 10 funds bring to our community and an indication that we still have work to do.

During 2011, 173 pediatric clinics were held with 9,062 patients receiving over 28,972 vaccines. Clinics are held at a variety of locations including program sites for the Community Action Partnership of Kern and Clinica Sierra Vista, various shopping center parking lots and at numerous schools throughout Kern County. The hospital also provides education and information to local physicians and their staff on how to reach more children to be immunized.

Also in 2009, San Joaquin Community Hospital applied to First 5 Kern (KCCFC) for the continuation of the Children's Mobile Immunization Program and was awarded \$1.8 million for 2010 through 2013. This grant award not only validates the necessity of the program for the children in Kern County, but also endorses the effort and excellence that SJCH's program has provided. Through the continued implementation of this mobile immunization unit, SJCH expects to increase the number of children immunized to 90 percent by 2013.

As part of the latest grant funding, a new mobile unit was completed in 2011 that allows the SJCH Immunization Team to reach out to additional rural communities such as Lost Hills, Maricopa and Buttonwillow in a more safe and secure unit.

The hospital's immunization program coordinator is a member of the Immunization Coalition of the Kern County Department of Public Health. Other agencies represented on the coalition in addition to the Kern County Department of Public Health include Clinica Sierra Vista, Blue Cross, Dignity Health, Lamont School District, Kern Family Health Care, Merck, Center for Disease Control, Jamison Center, Kaiser Permanente, Kern County Economic Development Corporation, WIC and Headstart Programs and National Health Services.

Immunization Tracking Registry System (ITRS): San Joaquin Community Hospital is an active participant in the County's ITRS. All children from birth to five years old are entered into the system.

Jesus Shack Mobile Medical

Dave and Kathy Voss have always had a heart for ministry. As their faith grew, the Vosses realized that a music ministry would be an effective way to reach at-risk youth. In 1997, they started Jesus Shack as a grass-roots concert production company, exclusively staffed by volunteers.

In 2003, the organization's outreach grew with the formation of the Street Team's Ministry. Each month, Jesus Shack Street Teams join with local churches, businesses, non-profit organizations, and city government agencies to take bi-monthly trips into impoverished neighborhoods to deliver food and offer prayer and encouragement. Similar to the concert ministry, Street Teams are heavily reliant on local businesses and individual volunteers to lend time and support.

In the years since, Jesus Shack has continued to enhance its outreach to the community through programs such as Operation Back to School and Kids' Christmas. In addition, Jesus Shack sponsors local events that provide recreational opportunities for youth and young adults in a safe, controlled setting. These activities include the Hoops Xtreme 3 on 3 Basketball Tournament and the Run It Back Flag Football Tournament.

Jesus Shack's most recent outreach program is a first for Kern County. In 2009, Dave Voss approached San Joaquin Community Hospital about partnering to provide free or low-cost health care services to Kern County's uninsured population through a mobile medical program. The idea immediately intrigued SJCH officials who know full well the limited access to health care faced by many individuals in the Kern County community (Access to Health Care, pg. 15).

With the best interest of the community in mind, SJCH initiated a partnership with Jesus Shack through a \$50,000 donation to help build the Jesus Shack Mobile Medical unit. The vehicle, a customized mobile home, is a doctor's office on wheels that provides a secure and sanitary environment for physicals, lab tests and other medical procedures. If a person requires further diagnostic tests or care, they are referred to a local health provider. SJCH has partnered with Jesus Shack on a voucher program that provides additional services to individuals for a minimal co-pay. Although SJCH was the first hospital to adopt the voucher program, other local health providers are beginning to provide free or low-cost services as well.

In addition to SJCH's initial \$50,000 investment, the hospital agreed to donate \$30,000 each year to fund computers, lab equipment and other medical supplies. Since the Mobile Medical unit requires the need for medically-trained volunteers, SJCH regularly invites Jesus Shack to display the unit at many of its hospital and community events, including: GospelFest, Sacred Work Sabbath and Hospital Week. During these events, SJCH officials make regular appeals to physicians, nurses and other medical professionals to lend their time and expertise to the Mobile Medical outreach.

The year 2011 was the first full year of the Mobile Medical program. Clinics were held regularly throughout Bakersfield, mostly in church parking lots in areas of town with a high ratio of uninsured families. SJCH and Jesus Shack have a long history of providing key outreach services to the community. Both organizations remain committed to partnering to ensure the health and wellness of Bakersfield and Kern County through Jesus Shack Mobile Medical.

2011 Objectives

Objective #1: Continue to increase number of immunized children in Kern County.

The SJCH Mobile Immunization Program was established in March 1996. The goal of the program is to make vaccines both accessible and affordable to children in Kern County and to bring the immunization rate up to 90 percent by 2013. The county immunization rate has improved from 27 percent in 1996 to 70 percent in 2007.

In 2009, SJCH received a \$1.8 million grant from First 5 Kern for the continuation of the Children’s Mobile Immunization Program through 2013.

Program	2011 Objective	Evaluation	2011 Statistics
Children’s Mobile Immunization Program	Hold 12 to 14 immunization clinics per month	Track number of clinics held, patients seen and immunizations given	173 clinics provided 9,062 children with 28,972 immunizations

Objective #2: Provide free health care to Bakersfield via Jesus Shack’s Mobile Unit.

Support Jesus Shack’s Mobile Medical Unit which provides primary medical care free of charge thanks in part to funding from San Joaquin Community Hospital for equipment, supplies and lower cost ancillary services. In addition, spiritual counseling and prayers for healing are also offered.

Program	2011 Objective	Evaluation	2011 Statistics
Jesus Shack Mobile Medical Program	Provide health care services to 50 patients monthly	Track number of clinics held and patients seen	13 clinics held, 170 patients seen

Community Benefits and Economic Value

Hospital Admissions

In 2011, the hospital had 20,815 admissions – an 8.2 percent increase over 2010 (19,100).

Emergency Department Visits

In 2011, 62,708 patients were seen in the hospital's emergency department – an increase of 20.5 percent over 2010 (49,879).

Maternity Care Center

SJCH's Maternity Care Center (MCC) opened in 2007 in its new location with private rooms and state-of-the-art equipment. In 2011, the MCC delivered 2,676 babies – an increase of 6.2 percent over 2010 (2,509).

Home Health Care Services

In 2011, there were 16,567 home health visits – a 14.7 percent increase over 2010 (14,135).

Outpatient Procedures

SJCH performed 76,627 outpatient procedures in 2011, a 322 percent increase over 2010 (23,755). This growth can be attributed to the purchase of Quest Imaging in late 2010, as well as a substantial increase in lab, radiology, burn center outpatient visits, cath lab procedures and optional surgeries at SJCH.

Other Benefits for the Community

SJCH provides a number of classes and services to promote the health, well-being and safety of our community.

Childbirth Education

SJCH continues to offer a variety of childbirth classes and support services to expectant parents including four-week and two-week childbirth education courses, breastfeeding basic training, a support group for mothers, infant CPR, and Maternity Care Center tours.

Postpartum Telephone Follow-Up

Nursing staff follow up by telephone with all patients who have delivered at the hospital. They provide one-on-one counseling for any parent in need of lactation consultation, special infant feeding needs or infant care.

The Wellness Center

The Wellness Center is the only hospital-based diabetes education program in Kern County that is American Diabetes Association-approved. The hospital provides group education classes for the diabetic population. Individual counseling sessions are provided for inpatients and are available on an outpatient basis. The Wellness Center also provides the patients with an opportunity to improve their cardiac and pulmonary health, prevent further heart/lung problems and increase the quality of their life through education and lifestyle changes.

Housing

The hospital provides discounted and/or free overnight lodging for family members of cardiac or surgery patients who travel from out of town.

Health Fairs

SJCH personnel participated in several health fairs during 2010. A variety of educational materials were provided at these events along with services such as blood pressure checks, glucose testing, diabetes education, childhood immunizations, cardiac rehabilitation education, pulmonary disease education, physical rehabilitation education and both surgical and non-surgical weight loss information from SJCH's Bariatric Solutions program.

Baby Buntings Project

For the last 11 years, SJCH volunteers have been making baby buntings for the Maternity Care Center. From Thanksgiving through Christmas, every baby born at SJCH will be sent home in one of the homemade creations. Over the last decade, volunteers have sewn more than 1,000 buntings.

Christmas at Home

SJCH ended the year by adopting 15 of our own employees that were having financial trouble in their personal lives. This employee-driven project collected gifts of food, clothing and other needs specific to each family to enhance their holiday season.

Professional Education

Each year the hospital provides professional education classes for physicians and allied health professionals. These classes or lectures include:

- Advanced Cardiac Life Support
- Medical Education Lectures
- Nursing Symposiums

Scholarships

San Joaquin Community Hospital believes that obtaining an education is very important. During 2011, \$4,000 in scholarships were given to high school/college students planning or studying for a career in the health care field.

SJCH has collaborated with California State University, Bakersfield, Bakersfield College and Aetna Insurance to expand their nursing programs and offer scholarships to qualified employees and community members.

Student Training Programs

The hospital provides training and clinical rotation for students.

- **Bakersfield College** - Radiology technology, RN and LVN students are provided clinical rotations
- **California State University, Bakersfield** - RN students are provided clinical rotation in medical/surgical units

- **Regional Occupation Program** - High school students are provided preceptorship in diagnostic imaging, emergency department and cardiac rehabilitation
- **Kern High School Medical Academies** - High school students shadow medical personnel in several departments
- **San Joaquin Valley College, Inc.** - Medical assisting, respiratory care, and surgical technology students are provided clinical externships

Donations/Miscellaneous

SJCH and its employees provided donations of money and/or supplies to the following agencies, which provide a variety of services for special needs groups or the underprivileged:

426 Squad Club	Brandon & Katie's RFR/CJF
Active 20-30 Club	Brigade Recreational Soccer
Adventist Health International	CAHP Widows and Orphans' Trust Fund
Aliza McCracken & Associates	California Living Museum
Alliance Against Family Violence & Sexual Assault	Calvary Chapel Westbrook
Alumni Association of LLUSM	Campus Life
Alzheimer's Association	CASA of Kern County
American Cancer Society	Castle Medical Center
American Heart Association	Centennial High School
American Lung Association	Central High School Football
American Nephrology Nurses' Association	Christian Record Services
American Red Cross	City of Bakersfield
Angela McCutchen	Community Action Partnership of Kern
Arthritis Association of Kern County	Coyote Club
Arts Council of Kern	CSUB Foundation
Arvin High School	CSUB International Women's Day
Aspiranet	CSUB Kegley Institute of Ethics
ASSE	CSUB Rotaract Club
Assistance League of Bakersfield	CSUB School of Social Science and Engineering
AYSO Region 359	Downtown Business Association
B.A.R.C.	First 5 Kern
B.A.R.C. Foundation	Fish & Game Habitat Club
Bakersfield Adventist Academy	Flood Bakersfield Ministries
Bakersfield Blaze	Foothill Foundation
Bakersfield Breakfast Rotary Foundation	Fox Theater Foundation
Bakersfield Christmas Parade	Garden Pathways, Inc.
Bakersfield College Athletics	The Gift Gallery
Bakersfield College Foundation	Girl Scouts of Central California - South
Bakersfield East Rotary Foundation	Global Family
Bakersfield Firefighters Burn Foundation	Greater Bakersfield Chamber of Commerce
Bakersfield Foundation	Grupo Folklorico Escuelas Unidas
Bakersfield Homeless Center	Heal Our World
Bakersfield Museum of Art	Healthcare Foundation
Bakersfield PAL	Hillcrest Seventh-Day Adventist Church
Bakersfield Prayer Breakfast	Hina Patel Foundation for Sickle Cell Disease
Bakersfield Rescue Mission	Hoffman Hospice
Bakersfield Symphony Orchestra	Houchin Community Blood Bank
Bakersfield's AIDS Project	Imagine Ballet Company of Bakersfield
Bike Bakersfield	In God We Trust - America, Inc
Boys & Girls Club of Kern County	Jeremy Staat Foundation
Brain Injury Association of California	Jesus Shack

Community Benefits and Economic Value

JJ's Legacy	Make A Wish Foundation of Central California
Junior Achievement	March of Dimes
Junior League of Bakersfield	Mended Hearts Chapter #77
Juvenile Diabetes Research Foundation	Mendiburu Magic Foundation
KAXL 88.3	Mira Monte High School
Kegley Institute of Ethics	Nelligan Sports Marketing
Kern Assistive Technology Center	North of the River Chamber of Commerce
Kern Association of Health Underwriters	Optimal Hospice Foundation
Kern County Ambulance Association	Professionals in Workers Comp
Kern County Chapter Society of HR Management	Relay for Life
Kern County Hockey Club	South of the Tracks Youth Softball
Kern County Human Relations Commission	Spotlight Theatre
Kern County Partnership for Children and Families	St John's Lutheran School
Kern County Student Leadership	St. Baldrick's Foundation
Kern County Superintendent of Schools	Stay Focused Ministries
Kern County Taxpayers Education Fund	Stockdale Car Show
Kern County Young Republicans	Stockdale High School
Kern Economic Development Corp	Stop the Violence
Kern Leadership Alliance	Taft Rotary
Kern Nurse Practitioner Physician Assistant Association	Tehachapi AYSO Region 479
Kern Partnership for Children and Families	The Leukemia & Lymphoma Society
Kern Seventh-Day Adventist Elementary School	The Spotlight Theatre
Kern Tax Payers Association	Todd Randall Bloodworth Memorial Relief Fund
Kern Veterans Memorial Foundation	United Way of Kern County
Kings Regional Health Foundation	Valley Bible Fellowship
Leukemia & Lymphoma Society	Valley Fever Americas Foundation
Links for Life	Volkslauf Marine Corps League
Loma Linda Pilipino SDA Church	WHS Athletics Boosters
MAHI International	

In addition to donations from the hospital, SJCH employees supported many of the same service organizations, schools, churches, community programs and non-profits with nearly 19,000 hours of volunteer time. Below are the key areas in which SJCH employees donated their time to the community:

- Accounting/Math Tutor
- Art/Holiday Projects
- Board/Committee Member
- Career Day Participant
- Computer Project
- Church Leader/Teacher
- Drama/Theatre Project
- Field Trip Chaperone
- Foreign Language Tour
- General Classroom Assistance
- Guest Speaker
- Health Presenter/Screenner
- Library Volunteer
- Mentor
- Mission (Church-Related) Trips
- Multicultural Event/Projects
- Music Tutor/Project
- Physical Education/Sports Projects
- Program Tour Guide
- Reading Tutor
- Service Organization

The following community benefit policy and community benefit reporting forms were used in the Community Benefit planning and implementation process.



<input type="checkbox"/> Facility		
<input checked="" type="checkbox"/> System-wide Corporate Policy	Policy No.	AD-04-002-S
<input checked="" type="checkbox"/> Standard Policy	Page	1 of 1
<input type="checkbox"/> Model Policy	Department:	Administrative Services
	Category/Section:	Planning
	Manual:	Policy/Procedure Manual

POLICY: COMMUNITY BENEFIT COORDINATION

POLICY SUMMARY/INTENT:

The following community benefit coordination plan was approved by the Adventist Health Corporate President's Council on November 1, 1996, to clarify community benefit management roles, to standardize planning and reporting procedures, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

POLICY: COMPLIANCE – KEY ELEMENTS

1. The Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines* will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.
2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by engaging in the process identified in the Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines*.
3. The Adventist Health Government Relations Department will monitor hospital progress on community needs assessment, community benefit plan development, and community benefit reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The Adventist Health Budget & Reimbursement Department will monitor community benefit data gathering and reporting in Adventist Health hospitals.
5. California Adventist Health hospitals' finalized community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.
6. The corporate office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.

AUTHOR: Administration
APPROVED: AH Board, SLT
EFFECTIVE DATE: 6-12-95
DISTRIBUTION: AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors
REVISION: 3-27-01, 2-21-08
REVIEWED: 9-6-01; 7-8-03

COMMUNITY BENEFIT REPORT FORM - 2011
Return to Community Benefit Coordinator

Hospital _____ Date _____

Service/Program _____ Target Population _____

The service is provided primarily for The Poor Special Needs Group Broader Community

Coordinating Department _____

Contact Person _____ Phone/Ext _____

Brief Description of Service/Program _____

Caseload _____ Persons Served or _____ Encounters

<i>Names of Hospital Staff Involved</i>	<i>Hospital Paid Hours</i>	<i>Unpaid Hours</i>	<i>Total Hours</i>
Total Hours			

1. Total value of donated hours (multiply total hours above by \$41.01) _____

2. Other direct costs _____
 Supplies _____
 Travel Expense _____
 Other _____
 Hospital Facilities Used _____ hours @ \$_____/hour _____

3. Value of other in-kind goods and services donated from hospital resources _____
 Goods and services donated by the facility (describe): _____

4. Goods and services donated by others (describe): _____

5. Indirect costs (hospital average allocation _____ percent) _____

Total Value of All Costs (add items in 1-5) _____

6. Funding Sources _____
 Fundraising/Foundations _____
 Governmental Support _____

Total Funding Sources (add items in 6) (_____)

Net Quantifiable Community Benefit
 (subtract "Total Funding Sources" from "Total Value of All Costs") _____

PLEASE USE OTHER SIDE TO REPORT NON-QUANTIFIABLE COMMUNITY BENEFITS AND HUMAN INTEREST STORIES

NON-QUANTIFIABLE COMMUNITY BENEFIT AND HUMAN INTEREST STORIES

Please fill in the date and complete the lines above the table on other side of worksheet

Who: _____

What: _____

When: _____

Where: _____

How: _____

Additional information may be obtained by contacting: _____

Phone: _____ Fax: _____ Email: _____


 San Joaquin Community Hospital Foundation
 
 Community Benefits Survey

Please report ONLY on those activities that you provided as a VOLUNTEER
*(meaning you were **not** compensated/paid for your work) for January 1 to Dec. 31, 2011.*

<input type="checkbox"/> Accounting / Math Tutor Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Fieldtrip Chaperone Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Mission (Church-related) Trip Organization: _____ # Hours (approx.): _____
<input type="checkbox"/> Art / Holiday Projects Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Foreign Language Tutor Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Multicultural Event / Project Organization: _____ # Hours (approx.): _____
<input type="checkbox"/> Board / Committee Member Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> General Classroom Assistance Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Music Tutor / Project Organization: _____ # Hours (approx.): _____
<input type="checkbox"/> Career Day Participant Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Guest Speaker Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Physical Ed. / Sports Project Organization: _____ # Hours (approx.): _____
<input type="checkbox"/> Computer Project Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Health Presenter Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Program Tour Guide /Docent Organization: _____ # Hours (approx.): _____
<input type="checkbox"/> Church Leader / Teacher Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Library Volunteer Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Reading Tutor Organization: _____ # Hours (approx.): _____
<input type="checkbox"/> Drama / Theatre Project Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Mentor Organization: _____ # Hours (approx.): _____	<input type="checkbox"/> Service Organization Organization: _____ # Hours (approx.): _____

? Not sure where to list your project? _____
No problem! Just provide a brief _____
 synopsis here of your community _____
 volunteer work and approximately _____
 how many hours you donated. _____

Name (please print): _____

Date: _____ Department: _____

Please return this form to the SJCH Marketing Department
 via interoffice mail or FAX: 869-6930
All forms are due no later than Friday, February 18, 2012.

Community Benefit Summary

**San Joaquin Community Hospital
Community Benefit Summary
December 31, 2011**

	CASELOAD				TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	NUMBER OF PROGRAMS	PERSONS SERVED	UNITS OF SERVICE NUMBER	MEASURE	TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
*BENEFITS FOR THE POOR									
Traditional charity care	1		558 / 240	Pt. Days / Visits	5,793,246	2.35%	0	5,793,246	2.35%
Public programs - Medicaid	1		10,954 / 17,023	Pt. Days / Visits	31,519,056	12.80%	22,878,353	8,640,703	3.51%
Other means-tested government programs					-	0.00%	-	-	0.00%
Community health improvement services					-	0.00%	-	-	0.00%
***Non-billed and subsidized health services					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit					-	0.00%	-	-	0.00%
Community building activities	1				-	0.00%	-	-	0.00%
TOTAL BENEFITS FOR THE POOR					37,312,302	15.15%	22,878,353	14,433,949	5.86%
**BENEFITS FOR THE BROADER COMMUNITY									
Medicare			/	Pt. Days / Visits	-	0.00%	-	-	0.00%
Community health improvement services	28		28	Programs	464,375	0.19%	-	464,375	0.19%
Health professions education	7		7	Programs	11,305	0.00%	-	11,305	0.00%
***Non-billed and subsidized health services			351	Patient Days	908,507	0.37%	332,673	575,834	0.23%
Generalizable Research					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit	172		172	Organizations	671,378	0.27%	-	671,378	0.27%
Community building activities	5		5	Organizations	3,908	0.00%	-	3,908	0.00%
All other community benefits					-	0.00%	-	-	0.00%
TOTAL BENEFITS FOR THE BROADER COMMUNITY					2,059,473	0.84%	332,673	1,726,800	0.70%
TOTAL COMMUNITY BENEFIT					39,371,775	15.99%	23,211,026	16,160,749	6.56%

*Persons living in poverty per hospital's charity eligibility guidelines

**Community at large - available to anyone

***AKA low or negative margin services

¹ State of California, Department of Finance, E-1 Population Estimates for Cities, Counties and the State with Annual Percent Change — January 1, 2010 and 2011. Sacramento, California, May 2011

² California Department of Finance (E-2 Report) (Demographic Report – Kern.xls)

³ Kern Economic Development Corporation, Bakersfield and Kern County 2006

⁴ US Census Bureau – State & County Quickfacts
(<http://quickfacts.census.gov/qfd/states/06/06029.html>)

⁵ US Census Bureau – State & County Quickfacts
(<http://quickfacts.census.gov/qfd/states/06/06029.html>)

⁶ California Health Interview Survey (CHIS) 2009

⁷ Kern Economic Development Corporation, Kern Economic Journal 1Q 2010

⁸ California Association of Realtors (<http://www.car.org/marketdata/marketglance/>)