



# St. Bernardine Medical Center

A member of CHW



## St. Bernardine Medical Center Community Benefit Report 2011 Community Benefit Plan 2012

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# EXECUTIVE SUMMARY

St. Bernardine Medical Center (SBMC) was founded in 1931 by the Sisters of Charity of the Incarnate Word. Today, St. Bernardine Medical Center is a member of Catholic Healthcare West (CHW), the state's largest non-profit healthcare provider, and offers a myriad of health care services both locally and to the tertiary communities within the Inland Empire. Licensed for 463 beds with an average daily census of 201 during Fiscal Year 2011, St. Bernardine Medical Center employs 1,654 employees and maintains professional relationships with 500 local physicians. Major programs and services include cardiac care, critical care, orthopedic, bariatric and emergency care as well as obstetrics.

St. Bernardine Medical Center is committed to improving the quality of life in the community. In response to identified unmet health-related needs in the community needs assessment, during FY11 SBMC focused on increasing access to health care for the broader and underserved members of the surrounding community. Additionally, key community benefit activities focused on increased programming emphasizing education for diabetes, obesity and heart disease.

St. Bernardine Medical Center offered the following programs, services and support in Fiscal Year 2011 to address identified community needs:

**Chronic Disease Self-Management Classes** were initiated to address the health needs of the community. With heart disease related diagnoses (DRGs 127, 140, 143) accounting for 57.4% of admissions in FY10, outreach efforts focused on the Stanford model Chronic Disease Self Management program in an effort to avoid admissions and improve the health of those most at risk for heart disease and diabetes as well as other chronic health issues. Particular focus was for the underserved of the community: Spanish speaking, uninsured, under-insured, and those covered by government sponsored programs.

**Health Education** conducted during FY11 included education for both community members as well as health care professionals. Community seminars topics included breast cancer and skin cancer. Community education health fairs included orthopedic health and flu shot clinics. As the leading heart institute in the Inland Empire and the second leading hospital performing cardiac procedures in Southern California, SBMC holds an annual symposium to bring the latest cardiac information to community physicians and other health professionals. Additional professional education topics included diabetes and infectious disease.

FY11 saw the expansion of our **Breast Feeding Center (BFC)** to a new location on the hospital campus. The dedicated support of breast feeding reinforces the Baby Friendly™ designation received from UNICEF in FY10. The BFC focuses on maternal child health and includes education and support group opportunities.

**Family Focus Center** provides the opportunity to educate the community's at-risk youth in the areas of health, drug and gang avoidance, and education promotion. Programs include after school activities, a Saturday night basketball league, summer camp and collaboration with various local agencies.

Our **H Street Clinic Collaboration** seeks to establish medical homes for those with disproportionate unmet health related needs (DUHN). The hospital assists H Street Clinic with financial assistance as well as a reciprocal referral system.

**CHW Community Grants Program** reinforces collaboration with community based organizations that support the health priorities of the hospital. During FY11, grant awards were made to thirteen local non-profit organizations that addressed access to health care, diabetes, obesity, heart disease and asthma.

SBMC's FY2011 Community Benefit Report and FY2012 Community Benefit Plan document our commitment to the health and improved quality of life in our community. The total value of community benefit for FY2011 is **\$39,083,898**.

# MISSION STATEMENT

## I. ST. BERNARDINE MEDICAL CENTER'S MISSION

### A. Mission Statement

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

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

# ORGANIZATIONAL COMMITMENT

## II. ST. BERNARDINE MEDICAL CENTER'S ORGANIZATIONAL COMMITMENT

A. St. Bernardine Medical Center community benefit program reflects our commitment to improve the quality of life in the community. The community benefit planning process is shaped by our Mission and Core Values, which emphasize collaboration, justice, stewardship, dignity of each person, and excellence. We seek to promote a healthier community by supporting partnerships with others. In keeping with our tradition of Catholic health care, we do this with special concern for the poor and disenfranchised.

1. To ensure our community programs would offer access for diverse communities, facilitate institution-wide alignment and accountability and deepen hospital engagement in local communities, a Community Benefit Initiative Committee (CBIC) was formed in 2004. The Community Benefit Initiative Committee is designated as the group charged with oversight and decision making on community benefit issues. The Committee is responsible for developing policies and programs, which address the identified disproportionate unmet health needs of the poor and disenfranchised in the San Bernardino Service Area. The Committee provides oversight in the development and implementation of the triennial Community Needs Assessment and annual Community Benefit Plan and Report as well as continuing oversight and direction to the San Bernardino Service Area's programs and projects. Membership on the committee includes members of the Community Hospital Board, Vice President of Mission Integration, key staff from St. Bernardine Medical Center and Community Hospital of San Bernardino as well as community stakeholders.

While deeply committed to the community's health, hospital staff recognizes that the facility alone cannot provide all necessary programming to effect change. The hospital supports other local non-profit community organizations in their work through the implementation of the CHW Community Grants Program. This collaboration ensures outreach efforts are made to the most vulnerable in our community.

2. The Community Benefits Initiative Committee has specific roles and responsibilities as follows
  - a. Budgeting Decisions
    - i. Review community benefit budget for community benefit activities with explicit understanding and assumption of their role to ensure that the hospital fulfills its obligation to benefit the community
    - ii. Ensure long-term planning and budgeting to set multi-year goals and objectives.
  - b. Program Content
    - i. Review and approve new community benefit program content
  - c. Program Design
    - i. Review and approve overall program design that will best meet the health related need and make optimal use of existing assets in the local community
  - d. Program Targeting

- i. For all community benefit activities, ensure access for populations and communities with disproportionate unmet health needs
  - e. Program Continuation or Termination
    - i. Schedule annual detailed verbal and written reports of progress towards identified performance targets by hospital community benefit leadership
    - ii. Approve continuation or termination of community benefit programs after receiving evaluation findings and other program information from community benefit staff.
  - f. Program Monitoring
    - i. Regular reports are made to the CBIC regarding program progress. For the Community Grants Program, committee members make site visits to see first hand program outcomes.

3. Rosters of Community Board and Board Committee members are included in Addendum A.

#### B. Non-Quantifiable Benefits

1. Many examples of non-quantifiable benefits are direct outcomes to the community outreach efforts of the hospital. These benefits include: working collaboratively with community partners, the hospital provided leadership and advocacy, stewardship of resources, assisted with local capacity building, and participated in community-wide health planning.
2. St. Bernardine Medical Center is dedicated to community building in the surrounding neighborhoods. While not counted as a community benefit by the IRS, SBMC nonetheless is committed to building healthier communities through leadership development; our Family Focus Center and Stepping Stones Programs are directed toward adolescent, teen and young adult leadership and career development. Additionally, SBMC actively partners with Healthy San Bernardino, a multi-agency collaboration devoted to advocating for community health improvement, especially in the areas of transportation, safe public places for exercise, and access to healthy food sources for the DUHN population.

As part of the commitment to building healthier communities, SBMC constantly seeks ways to be an example of a responsible employer by reducing our own environmental hazards and waste as well as partnering with others to advance ecological initiatives. Our internal efforts captured the Partner for Change Award from Practice Greenhealth as well as the WRAP Award from the state of California.

Innovative recycling efforts include ongoing education for employees, partnerships with Goodwill Industries for household and electronic recycling, Nike Corporation for tennis shoe recycling, the Lions Club for eyeglass recycling, Staples for pen and marker recycling, Cellphone Bank for cell phone recycling and overseas missions for recycling of excess inventory of medical supplies no longer of service in our hospital. While these recycling efforts help educate our employees on a personal basis, more importantly they assist the efforts of our partners in either raising necessary funds or outreach efforts for the vulnerable they serve.

3. The mission of St. Bernardine Medical Center is one that is also embraced by staff. Community requests met by SBMC employees in FY11 include:
  - Over 100 prom dresses were collected and donated to San Bernardino County Schools for students who had no means to purchase prom dresses but, with donations of the dresses, were able to attend their schools' proms.
  - Through collaboration with the Diocese of San Bernardino and the *Get OnThe Bus* Program, activity bags were provided for 25 children who were able to reunite with their incarcerated fathers on Father's Day.
  - Monthly food drives are held for Mary's Table, a center for food distribution to the poor in the community. Over the course of the year, hundreds of pounds of food have been donated by employees of the hospital.

# COMMUNITY

## III. COMMUNITY

### A. Definition of community

1. St. Bernardine Medical Center serves a broad and diverse population in multiple zip codes. While a few of the zip code communities enjoy a higher standard of living, the majority of the communities served are high need. The zip codes falling in our primary service area for community outreach include: Bloomington (92316), Colton (92324), Crestline (92325), Fontana (92335, 92336), Hesperia (92345), Highland (92346), Rialto (92376, 92377), Yucaipa (92399) and San Bernardino (92401, 92404, 92405, 92407, 92408, 92410 and 92411). SBMC is a regional referral for heart procedures, thus many other zip codes from outlying regions are also reflected in discharge data.
2. The population in the SBMC service area increased to 796,534 in 2010. A growth in population of 3.8% is estimated from 2010 to 2015. The population served is a relatively young one with children and youth ages 0-19 making up over one-third (35.3%) of the population; 35.8% are 20-44 years of age; 20.8% are 45-64; and 8.1% of the population are seniors, 65 years of age and older. Over half the population (57.1%) in the SBMC service area is Hispanic or Latino, and 25.8% of the population is White. African Americans make up 10.7% of the population in the SBMC service area. Asians/Pacific Islanders are 4.2% of the population. In the SBMC service area there is a higher percentage of Hispanics/Latinos and African Americans than found in the county and the state.

The Inland Empire has been severely impacted by the recession. Within the service area, unemployment had risen to 16.2% in 2010. Areas with the highest unemployment are: San Bernardino (18.2%) and Bloomington (18.1%). Crestline (12.5%) and Yucaipa (11%) have the lowest unemployment rates. The data indicate that within the SBMC Service Area, poverty increased markedly for the population at or below 200% of the Federal Poverty Level. Many of the neighborhoods served by SBMC have close to half of the residents living at or below 200% of the Federal Poverty Level. In San Bernardino 92410, over two-thirds of the population is at this level of poverty (67.7%), followed closely by San Bernardino 92411 (63.3%) and San Bernardino 92408 (61.1%). In San Bernardino 92401, 83% of individuals live at or below the 200% poverty level. Contributing to the dismal earning potential of its residents, the community has a low education rate. Of the population age 25 and over, 30.6% have less than a high school diploma; this is lower than county or state completion rates. For 28.9% of area adults, high school graduation was their highest level of educational attainment. During FY11, 28.8% of patients seen at SBMC were MediCal recipients and 2.5% were uninsured.

Within the service area there are two Catholic Healthcare West hospitals Community Hospital of San Bernardino and St. Bernardine Medical Center, Arrowhead Regional Medical Center and a Kaiser Permanente hospital. Additionally, SBMC operates two Urgent Care facilities (Fontana and Highland). Community clinics are operated by Inland Behavioral & Health Services (three Federally Qualified Health Care Providers), SAC Health System (three clinics, currently seeking FQHC status), Community Health Systems, Inc. (one FQHC), Highland Indian Clinic (FQHC), H Street Clinic and Al-Shifa Clinic.

3. Many of the neighborhoods served have been federally designated as a Medically Underserved Area (MUA). Portions of the following zip codes served by the hospital fall in a Medically Underserved Area: 92401, 92404, 92405, 92335, 92336 and 92399. When reviewing Community Grant proposals, special attention is paid to those organizations serving these areas.

# COMMUNITY BENEFIT PLANNING PROCESS

## IV. PLANNING PROCESS

### A. Community Needs Assessment Process

In FY11 St. Bernardine Medical Center, in collaboration with Community Hospital of San Bernardino conducted a Community Health Needs Assessment. *Biel Consulting* was engaged to conduct the assessment for the primary service area of the hospital.

CHSB and SBMC carefully crafted a list of 25 key stakeholders (individuals, agencies, organizations, coalitions) who are well aligned in the ongoing mission and collaboration to meet the unmet needs of the service area. *Biel Consulting* used this list to collect primary data through conducting stakeholder interviews. Executive officers/administrators were interviewed

Stakeholder	Stakeholder
African American Health Institute of S.B.	Inland Congregations United for Change
Al-Shifa Free Clinic	Knotts Family Agency
American Heart Association	Latino Health Collaborative Executive Director
American Lung Association in California	Mary's Mercy Center
Arrowhead United Way	Northwest Redevelopment Project Area Committee
Catholic Charities	San Bernardino County Dept. of Behavioral Health
City of Fontana, Fontana Senior Center	San Bernardino County Dept. of Public Health.
City of San Bernardino	San Bernardino Unified School District
Community Clinic Association of S.B. Co.	Sexual Assault Services of San Bernardino
CHSB Board of Directors President	SBMC Board of Directors Member Faye Pointer
Community Volunteer Dorothy Grant	St. Catherine of Sienna Catholic Church –Fr. Porter
Diocese of San Bernardino	Time for a Change Foundation
H Street Clinic	

This assessment incorporated:

#### 1. Primary Data Collection

- 25 targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital (see table above).
- 8 focus groups (6 English and 2 Spanish) were conducted with 90 area residents who are clients of community organizations in the service area.
- 107 public surveys were completed by hard paper copy or via the internet through a survey link posted on the SBMC website.

#### 2. Secondary Data

- Data was obtained from several resources, including California Department of Public Health, ESRI Business Analyst, Nielsen Claritas, Housing Authority of San Bernardino County, HUD, U.S. Bureau of the Census, California Employment Development Department, California Department of Education, California Health Interview Survey and National Cancer Institute.
- Data was broken down by zip code, local, county and state to frame community profile, birth indicators, leading causes of death, access to care, chronic disease, health behaviors, social issues and school/student characteristics.
- Benchmark data compared SBMC community data findings with the newly released Healthy People 2020 objectives.

#### 3. Prevention Quality Indicators

- Developed by the agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators (PQIs) measure and examine SBMC FY10 discharge data to identify quality of care for fourteen (14) different “ambulatory care sensitive conditions.” This is a key component of our community benefit work, as it demonstrates the success of programs to address unmet health needs in the community and thereby reducing unnecessary hospitalizations

## Results of the Needs Assessment for SBMC Service Area:

### 1. Primary Data Findings

- Stakeholder interviews and focus groups reflect the following concerns:
  - Access to services, including healthcare, dental and mental health care.
  - Access to basic needs due to poor economy that has led to joblessness and scarcity of resources. Additionally, understandable information and education at local neighborhood is necessary for developing and maintaining healthy lifestyles.
  - Programs are needed that address youth issues, including teen pregnancy, gangs/violence, drugs, alcohol, obesity and truancy.

### 2. Secondary Data Findings

- Leading Cause of Death: 1) Heart Disease; 2) Cancer; 3) Chronic Respiratory Disease
- Birth Characteristics: 1) Teen birth rate exceeds state rate; 2) Low birth weight rate exceeds state rate; 3) SBMC new mothers' breastfeeding rate of 86.5% exceeds Healthy People 2020 objective of 81.9%, but is less than the state rate of 89.6%
- Access to Health Care: Insured rate for community members does not meet Healthy People 2020 objective
- Delayed Medical Care: Compared to state rate, incidence of delayed medical care in area population is greater, especially for people 18-64 years old
- Dental Care: State and local area experience for uninsured adults is similar at 33%. Children without coverage exceeds the state rate
- Chronic Disease: Hypertension and diabetes rates exceed those of the state. The rates for childhood asthma and diabetes mirror those of the state
- Cancer: While overall incidence of cancer in area residents is lower than the state, the rate for lung/bronchus, colorectal, cervical and esophageal cancer exceeds the state rate.
- HIV/AIDS: Rate for HIV is doubles that of the state. Rate for AIDS is lower than the state
- STD Cases: Area rates are lower than those of the state
- Preventive Practices: Overall area participation does not meet Healthy People 2020 objectives but are similar to the same participation levels as described in state statistics
- Overweight/Obese: 68.1% of county adult and 34.3% of youth populations are considered either overweight or obese
- Smoking: The rate for area residents who are current or former smokers exceed the state rate
- Mental Health: 53.5% of adults who needed help for an emotional or mental health problem do not receive treatment

### 3. Prevention Quality Indicator (PQI) Findings:

- 4.2% of SBMC discharges were for ambulatory care sensitive (ASC) conditions. The following three ASC conditions account for 64.4% of all ACS discharges: congestive heart failure (CHF), chronic obstructive pulmonary disorder (COPD) and long-term diabetes. If diabetes-related conditions (short-term, long-term, uncontrolled and lower extremity amputation) are combined, the CHF, COPD and diabetes account for 75.6% of the discharges.

The Community Need Index is a tool developed by CHW to measure community need in a specific geography through analyzing the degree to which a community has the following health care access barriers: 1) Income Barriers, 2) Educational Barriers, 3) Cultural Barriers, 4) Insurance Barriers and 5) Housing Barriers. Communities with scores of "5" are more than twice as likely to need inpatient care for preventable conditions (ear infection, etc.) than communities with a score of "1". The median CNI

score of the hospital's service area is 4.8, with five of the zip code communities scoring 5. A copy of the CNI map is included in the Appendix.

The complete Community Health Needs Assessment can be accessed from the hospital website: [http://www.stbernardinemedicalcenter.org/Who\\_We\\_Are/Serving\\_the\\_Community/index.htm](http://www.stbernardinemedicalcenter.org/Who_We_Are/Serving_the_Community/index.htm). A community-wide postcard will be mailed to the community announcing both the CHNA and the Annual Plan availability with the link to the website for easy access.

#### B. Assets Assessment

Information on community assets is regularly shared by members of the CBIC who are key stakeholders in the community. These members engage with a variety of community agencies and are keenly aware of both the programs offered by these groups as well as challenges faced.

SBMC partners with many of these agencies through the CHW Community Grants Program. Specifically, agencies operating programs or offering services that align with the health priorities of the hospital receive funding and the support of the CBIC.

#### C. Developing the Hospital's Implementation Plan (Community Benefit Report and Plan)

The results of the Community Health Needs Assessment were presented in oral and written form to the CBIC for review and feedback as well as establishing the health priorities. Discussion included evaluating discharge data to determine utilization rates, the size of the target population, severity of the problem, existing hospital expertise and available community partners.

Identified health priorities include:

1. **Access to care** with focus on:
  - a. health care resources
  - b. dental care resources
  - c. mental health resources
2. **Chronic disease self management** with focus on:
  - a. Diabetes
  - b. Congestive heart failure
  - c. Asthma
  - d. Chronic Obstructive Pulmonary Disease (COPD)
3. **Youth development** with focus on:
  - a. Healthy lifestyle alternatives
  - b. Teen pregnancy
  - c. Education promotion
  - d. Career development

Access to care will be addressed in the following manner: 1) Charity Care for the uninsured or underinsured and low income residents; 2) Enrollment Assistance for governments sponsored insurance plans; 3) Financial support of H Street Clinic; 4) support of community non-profit agencies that assist in accessing care through the CHW Community Grant Program; 5) Baby & Family Center; 6) Community Education; and 7) Health Professionals Education Programs

Chronic disease self management will be addressed in the following manner: 1) offering the Stanford Model Chronic Disease Self-Management Program in both English and Spanish to community members free of charge; 2) holding a minimum of one Leader training session in English and a minimum of one Leader training session will be conducted in Spanish in order to expand the program throughout the community; 3) support of community non-profit agencies that address diabetes, congestive heart failure, asthma or COPD through the CHW Community Grant Program.

Youth development will be addressed in the following manner: 1) continuing the Family Focus Center programs which target at-risk youth in the community; 2) continuing the Teen Choices program which strives to ensure healthy birth outcomes and improve parenting skills among teen parents; 3) continuing the Stepping Stones program which provides community youth with hospital-based

volunteer opportunities and mentoring to increase exposure to and employment in the healthcare career field and 4) support of community non-profit agencies that offer youth development programs through the CHW Community Grant Program.

Needs identified in the CHNA not addressed in the established health priorities include: HIV/AIDS, cancer screenings and prevention practices (senior flu shot, colorectal cancer screening, pap smear mammogram). While recognizing that these are valid health concerns, with limited resources the committee elected to focus on areas where programs were in place either through the facility or community partners.

D. Planning for the Uninsured/Underinsured Patient Population

It is CHW's belief that fear of a hospital bill should never prevent someone from seeking medical care at one of their hospitals. SBMC adheres to the Charity Care/Financial Assistance policy established by Catholic Healthcare West, and makes available free or discounted care to uninsured individuals with income up to 500% of the federal poverty level. An Executive Summary of the hospital's Financial Assistance/Charity can be found in the Appendix.

In addition to having Admitting Department and Patient Financial Services staff fully versed in all financial assistance policies, a flyer entitled, *Financial Assistance* is included in our patient packets which are distributed to all inpatient and outpatient individuals. This four-color flyer is printed in English on one side and Spanish on the other. Additionally, signage and pamphlets in both English and Spanish for our *Payment Assistance Program* appear throughout the hospital, including points of entry and waiting areas. Patients without insurance are assisted to obtain health care coverage through state and federally funded programs. During Fiscal Year 2011, St. Bernardine Medical Center assisted 982 individuals to enroll in such programs.

Payment assistance information is also available on the hospital's website at:

[http://www.stbernardinemedicalcenter.org/Patients\\_And\\_Visitors/Billing\\_Information/SBSV2\\_M063819](http://www.stbernardinemedicalcenter.org/Patients_And_Visitors/Billing_Information/SBSV2_M063819).

# PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

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

Below are the major initiatives and key community based programs operated or substantially supported by St. Bernardine Medical Center in FY11. Programs intended to be operating in 2012 are noted by an asterisk. Programs were developed in response to the current Community Health Needs Assessment and are guided by the following five core principles:

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

Initiative I: Improve **access to healthcare** with the goal of reducing unnecessary Emergency Room visits

- Charity Care for uninsured/underinsured and low income residents\*
- Enrollment Assistance for governments sponsored insurance plans\*
- Financial support of H Street Clinic\*
- CHW Community Grant Program (complete list of recipients is listed on the following page) \*
  - Al-Shifa Clinic, Inc.
  - Assistance League of San Bernardino – Dr. Earl R. Crane's Children's Dental Health Center
  - H Street Clinic
  - Inland Empire Palliative Care Coalition
  - Legal Aid Society of San Bernardino
  - Mary's Mercy Center
  - Option House
  - Salvation Army
  - San Bernardino Sexual Assault Services
- In-house Grants Program
- Baby & Family Center\*
- Community Education\*
- Health Professionals Education Programs\*

Initiative II: Preventing and/or Managing **Chronic Health Conditions**: diabetes/obesity, heart disease, asthma

- Stanford Model Chronic Disease Self-Management Program\*
  - English classes
  - Spanish classes
- CHW Community Grant Program (complete list of recipients is listed on the following page) \*
  - American Lung Association
  - Boys & Girls Club of Redlands
  - Catholic Charities
  - Special Olympics of San Bernardino & Riverside County

Initiative III: **Youth development** with focus on: healthy lifestyle alternatives, preventing teen pregnancy, education promotion and career development

- Family Focus Center\*
- Teen Choices\*
- Stepping Stones\*

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

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

<b>Organization</b>	<b>Amount</b>	<b>Use of Community Grant</b>
Al Shifa Clinic	\$25,000	Provides free primary and specialty health care to un-insured and under-insured
American Lung Association	\$5,000	Provides Asthma Education for children with asthma
Assistance League of San Bernardino	\$ 25,000	Funds Dr. Earl R. Crane Children’s Dental Health Center, as they offer dental care for children from low income families
Boys & Girls Club of Redlands	\$5,000	Provides education and healthy activities to promote healthy lifestyles
Catholic Charities	\$10,000	Links impoverished children and families with specific needs to linkages that provide interventions such as preventive education and basic living needs
H Street Clinic	\$20,000	Provides primary care and preventive health education geared to serve homeless and/ or impoverished un-insured/ under-insured, including HIV+, families and young women with children, at-risk youth, immigrants, veterans, ex-prisoners, etc.
Inland Empire Palliative Care Coalition	\$5,689	Provides staff/public education on quality palliative care, specifically around the POLST document
Legal Aid Society of San Bernardino	\$25,000	Assists Guardians and/or conservators in acquiring legal status and guidance that facilitate appropriate decisions in accessing health care and wellness information on behalf of children and/or disabled persons for whom they hold responsibility
Mary’s Mercy Center	\$25,000	Provides smoking cessation, nutrition, drug/alcohol counseling/rehabilitation, pre-natal/post-natal classes to residents of the shelter.
Option House, Inc.	\$17,000	Provides temporary crisis intervention/shelter programs and wellness information for victims of family/domestic violence.
Salvation Army Riverside/San Bernardino Counties	\$17,000	Provides shelter and basic needs for means tested homeless men
San Bernardino Sexual Assault Services	\$20,000	Promotes change in attitudes and beliefs relative to sexual violence amongst high school students in a program that builds leadership and mentoring among youth.
Special Olympics	\$5,000	Promotes health through exercise for disabled youth
	\$204,689	

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

# PROGRAM DIGEST

<b>H Street Clinic</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Diabetes/Obesity <input type="checkbox"/> Heart Disease <input type="checkbox"/> Asthma <input checked="" type="checkbox"/> Access to health care
<b>Program Emphasis</b>	<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
<b>Link to Community Needs Assessment</b>	CHNA shows close to one-fifth (19.3%) of the population of San Bernardino County visited the Emergency Room in the last 12 months. This rate is higher among adults ages 18-64 (20.0%) and low-income (22.8%) and poverty level (26.6%) residents.
<b>Program Description</b>	Financial support of a clinic located in DUHN neighborhood offering affordable primary health care for all ages.
<b>FY 2011</b>	
<b>Goal FY 2011</b>	Increase access to primary health care for underserved and uninsured residents in the SBMC service area.
<b>2011 Objective Measure/Indicator of Success</b>	90% of H Street Clinic patients are screened for eligibility for low cost or no cost insurance programs. 5% decrease in Clinic patients who access the ER for non-emergent care over a 12 month period.
<b>Baseline</b>	In response to the CHNA's demonstration of the need for many in the community to have a medical home, H Street Clinic was established as a medical site.
<b>Intervention Strategy for Achieving Goal</b>	Financial support for the clinic. Hospital CFO sits on the Board of Directors of the clinic to help guide and ensure financial stability. Community physician acted as strong champion and liaison with clinical staff to evaluate and refine process for improved tracking.
<b>Result FY 2011</b>	With financial assistance from the hospital 4, 767 patients were seen at H Street Clinic in FY11. This includes 786 new patients. 81% of these new patients said they would return to the clinic for care. 171 (22%) of the new patients stated that without the clinic they would have sought care at St. Bernardine Medical Center's emergency department.
<b>Hospital's Contribution / Program Expense</b>	\$150,000
<b>FY 2012</b>	
<b>Goal 2012</b>	Increase access to primary health care for underserved and uninsured residents in the SBMC service area.
<b>2012 Objective Measure/Indicator of Success</b>	The number referred from the ED to H Street Clinic will be tracked to confirm they have found a medical home.
<b>Baseline</b>	The most recent CHNA reaffirms the lack of access to health care, especially affordable or free care.
<b>Intervention Strategy for Achieving Goal</b>	In addition to providing financial assistance, the Emergency Department Patient Navigator will refer to H Street Clinic in an effort to find a medical home for the uninsured. Patients referred to H Street Clinic from the ED will be tracked to confirm that they found a medical home for primary care.
<b>Community Benefit Category</b>	E1a - Cash Donation

<b>CHW Community Grants Program</b>	
<b>Hospital CB Priority Areas</b>	X Diabetes/Obesity X Heart Disease X Asthma X Access to health care
<b>Program Emphasis</b>	X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
<b>Link to Community Needs Assessment</b>	CHNA shows access to care continues to be a challenge as well as the rates of diabetes and obesity in the community.
<b>Program Description</b>	Provide funds to non-profit organizations that will be used to provide services to the underserved populations, following the health priorities established by the hospital.
<b>FY 2011</b>	
<b>Goal FY 2011</b>	Build community capacity and expand outreach by identifying and funding CBO programs that align with hospital priority areas and meet one or more of the 5 core principals listed below.
<b>2011 Objective Measure/Indicator of Success</b>	Funding will be provided to implement programs that support hospital priorities and align with the 5 core principals of 1) focus on disproportionate unmet health related needs; 2) emphasize primary prevention/address underlying causes of health problems; 3) contribute to seamless continuum of care; 4) build community capacity; and 5) emphasize collaborative governance. 100% of funded programs will report activities and numbers served as a result of SBMC Community Grants on an annual basis.
<b>Baseline</b>	Establish partnerships with Community Based Organizations (CBOs) to fund programs that align with hospital health priorities, area compatible with the hospital's mission and values, and meet one or more of the 5 core principals indicated above.
<b>Intervention Strategy for Achieving Goal</b>	In addition to the grant award luncheon where each recipient/program is highlighted, a networking luncheon was added so recipients could report on successes/challenges as well as collaborate on areas of difficulty.
<b>Result FY 2011</b>	13 CBOs were awarded grants ranging from \$5,000 to \$25,000
<b>Hospital's Contribution / Program Expense</b>	\$128,408
<b>FY 2012</b>	
<b>Goal 2012</b>	Build community capacity and expand outreach by identifying and funding CBO programs that align with hospital priority areas and meet one or more of the 5 core principals listed below.
<b>2012 Objective Measure/Indicator of Success</b>	Funding will be provided to implement programs that support hospital priorities and align with the 5 core principals of 1) focus on disproportionate unmet health related needs; 2) emphasize primary prevention/address underlying causes of health problems; 3) contribute to seamless continuum of care; 4) build community capacity; and 5) emphasize collaborative governance.
<b>Baseline</b>	The current economy continues to provide multiple challenges to the San Bernardino community. At a time when more individuals are seeking services than ever before, budgets are being cut at an unprecedented rate. The health priorities of the hospital reflect the alarming increasing rates of obesity and diabetes in the community, and access to health care continues to be out of reach for many.
<b>Intervention Strategy for Achieving Goal</b>	Halfway through the year, a networking luncheon will be held to bring together all recipients for updates and discussion. Site visits will be conducted at each grant recipient site to track progress, offer support and increase collaboration. The CBIC members will assume responsibility for the site visits.
<b>Community Benefit Category</b>	E1a - Cash Donation

<b>Chronic Disease Self Management Program</b>	
<b>Hospital CB Priority Areas</b>	X Diabetes/Obesity X Heart Disease X Asthma X Access to health care
<b>Program Emphasis</b>	X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	In San Bernardino County, 68.1% of adults and 34.4% of children (ages 12-17) are overweight or obese. The leading causes of death in the SBMC service area are heart disease, cancer and lung disease. The service area has an average three-year rate of death due to heart disease of 151.0 per 1,000 persons. This exceeds the Healthy People 2020 Objective of 100.8 deaths per 100,000 persons.
<b>Program Description</b>	Stanford University Chronic Disease Self Management Program will be offered in both English and Spanish, with focus on diabetes and heart disease.
<b>FY 2011</b>	
<b>Goal FY 2011</b>	By offering evidence-based chronic disease self-management (CDSM) programs, hospital admissions for diabetes and congestive heart failure will be avoided.
<b>2011 Objective Measure/Indicator of Success</b>	Participants in the CDSM program will avoid admissions to the hospital or ED for the 6 months following their participation in the program.
<b>Baseline</b>	In response to the CHNA's documentation of the high rate of obesity, diabetes and heart disease, provide education thereby enabling individuals to better manage their chronic diseases and avoid hospitalizations.
<b>Intervention Strategy for Achieving Goal</b>	CDSM Programs were conducted with focus on diabetes and heart disease. Classes were offered in English and Spanish, and were conducted in the community as well as the hospital site.
<b>Result FY 2011</b>	45 individuals served
<b>Hospital's Contribution / Program Expense</b>	\$30,500
<b>FY 2012</b>	
<b>Goal 2012</b>	By offering evidence-based chronic disease self-management (CDSM) programs, hospital admissions for diabetes and congestive heart failure will be avoided.
<b>2012 Objective Measure/Indicator of Success</b>	Participants in the CDSM program will avoid admissions to the hospital or ED for the 6 months following their participation in the program.
<b>Baseline</b>	In response to the CHNA's documentation of the high rate of obesity, diabetes and heart disease, provide education thereby enabling individuals to better manage their chronic diseases and avoid hospitalizations.
<b>Intervention Strategy for Achieving Goal</b>	A minimum of 3 courses will be conducted in English, and a minimum of 2 courses will be conducted in Spanish for the community. In order to expand the program throughout the community, we will train lay leaders to conduct the program. A minimum of one Leader training session will be conducted in English and a minimum of one Leader training session will be conducted in Spanish
<b>Community Benefit Category</b>	A1e – Community Health Education – Self help

<b>Baby &amp; Family Center</b>	
<b>Hospital CB Priority Areas</b>	<input checked="" type="checkbox"/> Diabetes/Obesity <input type="checkbox"/> Heart Disease <input type="checkbox"/> Asthma <input checked="" type="checkbox"/> Access to health care
<b>Program Emphasis</b>	<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
<b>Link to Community Needs Assessment</b>	CHNA shows access to care continues to be a challenge as well as the rates of diabetes and obesity in the community. In San Bernardino County, 68.1% of adults and 34.4% of children (ages 12-17) are overweight or obese. Additionally, teen birth rates occurred at a three-year average rate of 14.4%, much higher than the California state rate of 9.4%. The service area also has a higher rate of low birth weight babies (7.4%) than the state (6.8%).
<b>Program Description</b>	The Baby & Family Center seeks to increase health and well-being in families through education and support.
<b>FY 2011</b>	
<b>Goal FY 2011</b>	Increase health and well-being in families.
<b>2011 Objective Measure/Indicator of Success</b>	Increase the number of new mothers who both initially breastfeed and continue to breastfeed their babies longer, number of pediatric referrals, number of community based agency referrals to Baby & Family Center.
<b>Baseline</b>	In response to the CHNA's documentation of the high rate of obesity and diabetes, educate families via programs addressing safety, nutrition, health and fitness for the family with an emphasis on health and well-being.
<b>Intervention Strategy for Achieving Goal</b>	Integrate Breastfeeding Center into Baby & Family Center and expand services, build community network for referrals, build pediatrician network for referrals, seek funding through grant process..
<b>Result FY 2011</b>	301 individuals served
<b>Hospital's Contribution / Program Expense</b>	\$356,031 (Most of these costs were capital expenses to get the Center opened. Some grant funding is included)
<b>FY 2012</b>	
<b>Goal 2012</b>	Increase health and well-being in families.
<b>2012 Objective Measure/Indicator of Success</b>	Increase the capacity of the BFC by tracking the number of visits for education, services or referrals made.
<b>Baseline</b>	CHNA shows access to care continues to be a challenge as well as the rates of diabetes and obesity in the community. In San Bernardino County, 68.1% of adults and 34.4% of children (ages 12-17) are overweight or obese. Additionally, teen birth rates occurred at a three-year average rate of 14.4%, much higher than the California state rate of 9.4%. The service area also has a higher rate of low birth weight babies (7.4%) than the state (6.8%). Need more supportive services for families and babies.
<b>Intervention Strategy for Achieving Goal</b>	Teen Choices Program has been moved to the BFC umbrella of services. In order to increase capacity, a minimum of one new program held at the BFC will be initiated.
<b>Community Benefit Category</b>	A1 – Community Health Education

# COMMUNITY BENEFIT AND ECONOMIC VALUE

371 St. Bernardine Medical Center  
 Complete Summary – Classified Including Non Community Benefit (Medicare)  
 For period from 7/1/2010 through 6/30/11

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
<b><u>Benefits for Poor</u></b>						
Traditional Charity Care	1,311	5,604,945	0	5,604,945	1.8	1.7
Unpaid Cost of Medicaid	61,768	105,014,827	76,107,521	28,907,306	9.4	8.9
Means-Tested Programs	166	1,273,594	238,786	1,034,808	0.3	0.3
<b>Community Services</b>						
Cash and In-Kind Contributions	6,467	1,302,827	0	1,302,827	0.4	0.4
Community Benefit Operations	0	160,335	0	160,335	0.1	0.0
Community Building Activities	2,441	451,867	1,705	450,162	0.1	0.1
Community Health Improvement Services	6,061	1,422,209	0	1,422,209	0.5	0.4
<b>Totals for Community Services</b>	<b>14,969</b>	<b>3,337,238</b>	<b>1,705</b>	<b>3,335,533</b>	<b>1.1</b>	<b>1.0</b>
<b>Totals for Poor</b>	<b>78,214</b>	<b>115,230,604</b>	<b>76,348,012</b>	<b>38,882,592</b>	<b>12.6</b>	<b>11.9</b>
<hr/>						
<b><u>Benefits for Broader Community</u></b>						
<b>Community Services</b>						
Cash and In-Kind Contributions	2,474	30,091	0	30,091	0.0	0.0
Community Health Improvement Services	372	47,336	0	47,336	0.0	0.0
Health Professions Education	306	138,909	24,850	114,059	0.0	0.0
Subsidized Health Services	375	9,820	0	9,820	0.0	0.0
<b>Totals for Community Services</b>	<b>3,527</b>	<b>226,156</b>	<b>24,850</b>	<b>201,306</b>	<b>0.1</b>	<b>0.1</b>
<b>Totals for Broader Community</b>	<b>3,527</b>	<b>226,156</b>	<b>24,850</b>	<b>201,306</b>	<b>0.1</b>	<b>0.1</b>
<hr/>						
<b>Totals - Community Benefit</b>	<b>81,741</b>	<b>115,456,760</b>	<b>76,372,862</b>	<b>39,083,898</b>	<b>12.7</b>	<b>12.0</b>
<b>Unpaid Cost of Medicare</b>	<b>26,021</b>	<b>60,348,213</b>	<b>60,880,747</b>	<b>(532,534)</b>	<b>(0.2)</b>	<b>(0.2)</b>
<b>Totals with Medicare</b>	<b>107,762</b>	<b>175,804,973</b>	<b>137,253,609</b>	<b>38,551,364</b>	<b>12.5</b>	<b>11.8</b>

Cost Accounting methodology used

# Addendum A

## Hospital Community Advisory Board Members Roster

### FY11

Steve Barron  
President, St. Bernardine Medical Center

Vellore Muraligopal, MD  
Physician

Toni Callicott  
President/CEO Red Cross Inland Empire  
May Farr  
Mental Health Advocacy and Outreach

Diane Nitta  
Interim President, Community Hospital of San Bernardino  
Faye Pointer  
Social Services/Family Services

Ray Gonzales  
Retired  
Regional Manager-Southern California Edison

John Thornes  
Investment Broker

Jean-Claude Hage, MD  
Physician

Lawrence Walker, M.D., Chairman of the Board  
Orthopedic Surgeon

Gloria Macias Harrison  
President, Crafton Hills College

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Ex-Officio Member  
Shang Bai, MD  
Physician, Chief of Staff

Ex-Officio Member  
Sr. Cathy Murray, OP  
Dominican Sisters of San Rafael

Ex-Officio Member  
Sr. Deenan Hubbard, CCVI  
Sisters of Charity of the Incarnate Word

# Community Benefit Initiative Committee FY11

Nick Calero  
Field Representative  
Supervisor Neil Derry, 3<sup>rd</sup> District

Joanne Claytor, LCSW  
Social Services Supervisor  
St. Bernardine Medical Center

Patricia Davis  
President  
St. Bernardine Medical Center Foundation

Evette De Luca  
Executive Director  
Latino Health Collaborative

Beverly Earl  
Director  
Catholic Charities San Bernardino/Riverside

Ray Gonzalez  
Board Member  
St. Bernardine Medical Center

Peggi Hazlett  
Assistant to the Mayor  
City of San Bernardino

Michael J. Hein  
Vice President/Administrator  
Mary's Mercy Center

Jackie Kimball, RN  
Palliative Care Coordinator  
St. Bernardine Medical Center

Lowell King  
Regional Operations Officer  
Goodwill Southern California

Linda McDonald  
Inland Empire Service Area Vice President  
Mission Integration

Kathleen McDonnell  
Inland Empire Service Area Manager  
Community Benefit

Astrid Mickens-Williams, DrPH, CHES, CLE  
Manager of Health Information Education Center  
Community Hospital of San Bernardino

Renee Paramo, RN, IBCLC  
Manager Baby and Family Center  
St. Bernardine Medical Center

Faye Pointer  
Board Member  
St. Bernardine Medical Center

Roz Nolan, RN  
Home Health/Education/ Workforce Development  
Community Hospital of San Bernardino

Tobey Robertson  
Inland Empire Service Area Manager  
Communications, Media Relations & Advocacy

Roberta Shouse  
Executive Director  
Legal Aid Society of San Bernardino

Evelyn Trevino, MS  
County of San Bernardino  
Department of Public Health

Kimberly VandenBosch  
Inland Empire Service Area Director  
Communications, Media Relations & Advocacy

Sr. Margo Young, MD  
Inland Empire Service Area Director  
Community Health

Sandee Zschomler  
Vice President  
Community Hospital of San Bernardino Foundation

# ADDENDUM B

## CATHOLIC HEALTHCARE WEST

### SUMMARY OF PATIENT FINANCIAL ASSISTANCE POLICY

(June 2008)

#### Policy Overview:

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

#### Eligibility for Patient Financial Assistance:

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

#### Determination of Financial Need:

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

#### Patient Financial Assistance Guidelines:

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

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;

- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the CHW facility.

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

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

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

Budgeting and Reporting:

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

Relationship to Collection Policies:

- CHW system management has developed 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.

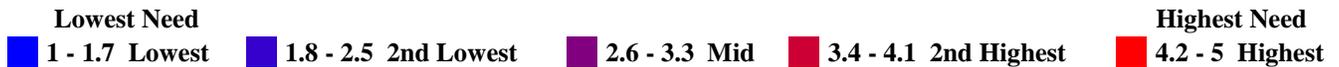
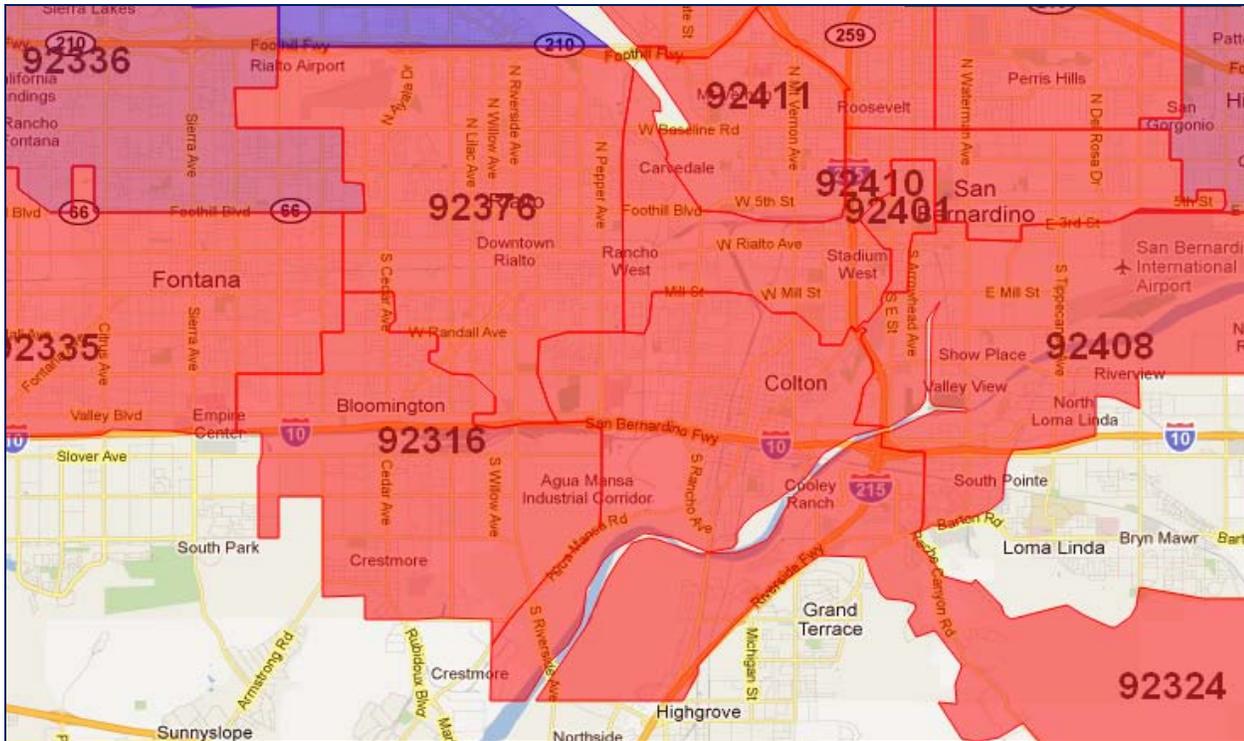
Regulatory Requirements:

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.

# ADDENDUM C

## Community Needs Index Map

### St. Bernardine Medical Center



	Zip Code	CNI Score	Population	City	County	State
<span style="color: red;">■</span>	92316	4.4	27362	Bloomington	San Bernardino	California
<span style="color: red;">■</span>	92324	4.8	56494	Colton	San Bernardino	California
<span style="color: red;">■</span>	92325	3.4	9430	Crestline	San Bernardino	California
<span style="color: red;">■</span>	92335	4.8	93800	Fontana	San Bernardino	California
<span style="color: red;">■</span>	92336	3.4	85677	Fontana	San Bernardino	California
<span style="color: red;">■</span>	92345	4.2	86065	Hesperia	San Bernardino	California
<span style="color: red;">■</span>	92346	4	53910	Highland	San Bernardino	California
<span style="color: red;">■</span>	92376	4.8	75929	Rialto	San Bernardino	California
<span style="color: blue;">■</span>	92377	2.4	22692	Rialto	San Bernardino	California
<span style="color: red;">■</span>	92399	3.6	52214	Yucaipa	San Bernardino	California
<span style="color: red;">■</span>	92401	5	1915	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92404	4.8	54177	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92405	5	26741	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92407	4.6	61321	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92408	5	15244	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92410	5	48878	San Bernardino	San Bernardino	California
<span style="color: red;">■</span>	92411	5	24820	San Bernardino	San Bernardino	California