



## 2011 Community Benefits Report

*A Century of Caring for our Community*

*White Memorial  
Medical Center*



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[www.whitememorial.com](http://www.whitememorial.com)

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## INTRODUCTION

White Memorial Medical Center (WMMC) is a not-for-profit, faith-based teaching hospital that provides a full range of inpatient, outpatient, emergency and diagnostic services to communities in and near downtown Los Angeles. Services include behavioral medicine, cleft palate program, cardiac and vascular care, diabetes care, diagnostic imaging, intensive and general medical care, oncology, orthopedic care, rehabilitation, specialized and general surgery, and women's and children's services.

One of the greatest assets an organization can possess is the trust of its community—both internal and external. WMMC devotes a significant amount of financial and human resources to carry on its legacy of almost 100 years of community-centered service. Beyond our role as one of the leading providers of health care in our community, we are committed to operating as a socially responsible organization as we meet the needs of our different stakeholders—our patients, physicians, workforce, neighbors, partners and donors.

Our goal is to enable people to achieve more than just good health; it is to create opportunities for growth and development that will make a real, lasting impact on the health of our community. White Memorial is proud to present this 2011 Community Benefits Report to fulfill the requirements of Senate Bill 697 and to demonstrate our ongoing commitment to our patients and our community. The report is based on the hospital's 2007 Community Health Needs Assessment.

## OUR MISSION

As a Seventh-day Adventist medical center, we are a family of caring professionals serving our community with a passion for excellence, a spirit of Christian service and a commitment to medical education.

## OUR VISION: INSPIRED BY KNOWLEDGE/FUELED BY EXCEPTIONAL PEOPLE/GUIDED BY FAITH

White Memorial Medical Center, along with our physicians and community partners, will become an integrated health care system that cares for our community and those who come from throughout the region for specialty care. Because of our size, scope of service and reputation, we will be an indispensable component of any larger network wishing to serve Eastern Los Angeles. When it comes to value, White Memorial Medical Center will perform within the top quartile of providers in Southern California.

## OUR GUIDING PRINCIPLES

As a White Memorial employee, I pledge to uphold the hospital's values as a Christian organization by living these six guiding principles as I do my job every day. I will:

- Take personal responsibility to ensure the safety of patients, co-workers and all others I come into contact with while at work.
- Reach for the highest standards in my work.
- Be honest in all things.
- Provide services that my customers say are excellent.
- Use all resources responsibly and efficiently.
- Treat others with the same compassion and respect I would want my family to experience.

## COMMUNITY OVERVIEW

White Memorial is located in the Boyle Heights neighborhood of Los Angeles. Our vibrant urban setting offers many opportunities to provide valuable health services both in the hospital and in the community and to partner with community-based organizations in a variety of projects that benefit the residents of our community.

- **DENSELY POPULATED:** There are more than one million people living within five miles of White Memorial and is expected to grow 3.6 percent in the next five years.
- **ETHNICALLY HOMOGENEOUS:** 81 percent of our community is Hispanic and 64 percent speak Spanish as a predominant language.
- **YOUNG:** 29 percent of the population is less than 17 years old. About 42 percent of the female population is of childbearing age.
- **LIMITED EDUCATION:** 33 percent of the population 25 years of age and older have less than a high school education – which is higher than the 19 percent for the State of California.
- **LOW INCOME:** 57 percent of the households have an annual income of less than \$25,000 – 41 percent earn less than \$15,000 annually which is well-below the federal poverty level.



## COMMUNITY BENEFITS PLANNING PROCESS

White Memorial Medical Center fulfills its mission and responsibility to stakeholders through a variety of hospital- and community-based programs and services. Our mission and commitment to social responsibility drive our strategic and community benefits planning process.

With valuable input from our community, administration and governing board as well as oversight from our Organizational Performance Council (see Appendix 3), White Memorial formulates the goals, objectives and strategies to address the services identified.

## SOCIAL RESPONSIBILITY APPROACH

Specifically, our Social Responsibility Program pairs ongoing community health initiatives with broader community and organizational improvement goals. By identifying and addressing the broader operational and social issues, White Memorial's health improvement efforts can have maximum impact.

The social responsibility approach covers the concerns and needs of four major stakeholder groups:

- **Patients** — Providing excellent, compassionate care to patients is our reason for being. In doing this, we must treat patients with respect, ensure their safety and protect their rights. We focus on people's physical, mental and spiritual wellness.
- **Physicians** — Physicians are our partners in providing patient care. They are not employees of WMMC—they choose to practice here. We are responsible to provide our physicians with a supportive, rewarding environment and the best staff and equipment available to assist them in providing quality care.
- **Employees** — We have a responsibility to ensure that our employees have the opportunity to learn and grow, receive competitive compensation, and work in a safe, respectful environment that supports their professional and spiritual needs.
- **Community** — Our responsibility to community goes beyond providing quality care. We are also a major employer and economic force in our community. We collaborate with other organizations to assess community needs and make decisions to invest in our community accordingly.

The specific focus of this report is our responsibility to community.

## COMMUNITY HEALTH NEEDS ASSESSMENT

Every three years, WMMC conducts a community health needs assessment that helps to characterize the health care gaps that exist within the hospital's service areas. The assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents.

There are three sources of data for the Community Health Needs Assessment. This Community Benefits Report is based on the Community Needs Assessment generated in 2007:

- **Community Needs Survey**  
Conducted by Omaha-based Professional Research Consultants, Inc. (PRC), this survey provides a comprehensive view of the health status and behaviors of service-area residents through a randomized telephone survey. (See Appendix 1 for instructions to access the survey and the full assessment online.)
- **Existing Data**  
Public health data and statewide and nationwide risk assessments, especially, complement the survey process and, in some cases, provide a benchmark against which the results of the community needs survey may be compared. (For a list of secondary sources used for the survey, access the full assessment online using the instructions in Appendix 1.)
- **Community Health Panels**  
Community leaders and others who have insight into various segments of WMMC's service-area population offer their unique perspectives through participation on our boards and through other open forum meetings.

## ORGANIZATIONAL PERFORMANCE COUNCIL

The Organizational Performance Council (see Appendix 3 for the council structure) places great value on the hospital's relationships with the community. We work in creative ways with long-standing partners to serve identified needs in the community and form new relationships to increase the effectiveness of both our efforts and those of other organizations with similar goals.

- The Organizational Performance Council begins each planning cycle with a review of the triennial community health needs assessment, the current year's strategic plan, the previous year's community benefits plan, community benefits report and the results of these efforts. In addition, the council engages the community through different forums, including individual and group meetings and sponsorship and/or participation in community events and activities. As always, the hospital's mission, vision and guiding principles provide the framework for these activities.
- The result of this work forms the basis for the Community Benefits Report, which includes specific goals, benchmarked objectives, strategies to reach those objectives and key measures all based on the findings of the 2007 Community Health Needs Assessment.
- After review and approval from the Organizational Performance Council and the hospital's executive leadership, the community benefits report is presented to the hospital's governing board for final approval.

## COLLABORATING WITH COMMUNITY PARTNERS

It is essential to work closely with key community stakeholders to develop and strengthen the partnerships necessary to address the health needs of our community and to create innovative solutions to issues of access, outreach, education and prevention. See Appendix 2 for a list of our community partners.

## COMMUNITY BENEFITS REPORT BUDGET FOR FISCAL YEAR 2011

<b>Program/Activity</b>	<b>2011 Budget</b>
Community Needs Assessment conducted in 2011	\$25,500
Community Benefits Report	\$3,000
Finance	\$3,000
Marketing	\$3,000
<b>TOTAL</b>	<b>\$34,500</b>

## 2011 INVESTMENT IN OUR COMMUNITY

### OBJECTIVES, SERVICES AND MEASUREMENTS OF COMMUNITY BENEFITS

A number of community health priorities were formulated on the basis of the 2007 Community Needs Assessment and guidelines from Healthy People 2010. Those high-priority health care challenges are outlined in the following section along with a listing of WMMC services and programs that were used to meet the needs based on the 2007 data as well as indicators of progress being reported for 2011.

#### ACCESS TO HEALTH CARE SERVICES

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Objectives:

- Maintain and expand programs that provide the community with clear and direct access to the hospital, a physician or information about low-cost or no-cost health care programs.
- Continue to develop and participate in effective strategies to respond to the needs of the local Medi-Cal, Medicare and uninsured population within the hospital's mission and financial capacity.

Challenge	Service	Indicator of Progress
Access to primary care	Expanded access to medical care by bringing new physicians onto our medical staff in response to our designation by the federal government as serving medically underserved areas.	<b>15</b> new primary care physicians
Access to specialty care	Expanded access to medical care by bringing new physicians onto our medical staff in response to our designation by the federal government as serving medically underserved areas.	<b>25</b> new specialty care physicians
Access to emergency care	Provided 24-hour emergency care.	<b>44,775</b> visits
Transportation	Provided van shuttle for those who need a ride to and/or from the hospital.	<b>2,195</b> encounters
Access to free or low-cost parking for seniors	Provided free or low cost parking available for community to access low-cost and free hospital services and events.	<b>37,198</b> encounters
Access to health insurance information	Provided on-site enrollment assistance for state-funded insurance plans.	<b>748</b> individuals served
Access by seniors	In August of 2008, the MAOF satellite office opened in the Medical Plaza II and began providing information and referral services to seniors in our community.	<b>469</b> encounters

Access by women	<p>Provided free educational classes on parenting, Lamaze, child safety, nutrition and educational tours through the medical facility:</p> <ul style="list-style-type: none"> <li>• Family Focus Education</li> <li>• Maternity Tours</li> </ul>	<b>2,209</b> encounters
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**REDUCE DEATH AND DISABILITY FROM CANCER**

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Objectives:

- Continue to develop programs and services that address cancer education, prevention and early detection.
- Expand outreach to higher-risk and/or lower-income communities.

<b>Challenge</b>	<b>Service</b>	<b>Indicator of Progress</b>
Cancer detection education and prevention for high-risk/low-income community	<p>Promoted cancer awareness and offered free cancer screenings for breast, cervical, prostate and/or colorectal cancer.</p> <p>Provided trained health care educators to carry out grass-roots education and prevention activities for specific types of cancer.</p> <p>Provided support groups for cancer patients battling the disease.</p> <ul style="list-style-type: none"> <li>• Cancer Support Groups</li> <li>• Breast Cancer Awareness Outreach at Health Fairs</li> <li>• Breast Health Awareness Night at Staples Center.</li> </ul>	<b>1,826</b> people served

## REDUCE DEATH AND DISABILITY FROM HEART DISEASE AND STROKE

Objective:

- Continue developing and improving education and outreach to the community regarding lifestyle improvement, healthy diet and heart disease and stroke risk factors.

Challenge	Service	Indicator of Progress
Cardiovascular education and prevention	<p>Provided low-income community and seniors with various lectures on cardiovascular health and educational classes on nutrition, heart attack and risk factors as well as access to blood pressure screenings.</p> <ul style="list-style-type: none"> <li>• Cardiac Rehab events</li> </ul>	<b>171</b> encounters

## REDUCE DEATH AND DISABILITY FROM DIABETES AND OTHER CHRONIC DISABLING CONDITIONS

Objectives:

- Work with community partners to provide outreach, awareness training, lifestyle education, wellness programs and screenings.
- Maintain and expand a seamless referral system of care for patients with diabetes.
- Continue to improve patient self-management skills, consumerism and personal responsibility.

Challenge	Service	Indicator of Progress
Diabetes education and glucose screenings	<p>Educated at-risk population on diabetes prevention, nutrition and gestational diabetes education prevention for moms to be.</p> <ul style="list-style-type: none"> <li>• HELP program 11 workshops, 32 families served, 240 served.</li> <li>• World Diabetes Day</li> <li>• Hike for Diabetes</li> <li>• Managing Diabetes classes in Spanish</li> <li>• Ask the Diabetes Expert</li> <li>• Pump Clinic</li> <li>• Pediatric Support Group for Diabetic Children</li> </ul>	<b>782</b> people served
	<p>Provided glucose screenings to at-risk populations.</p> <ul style="list-style-type: none"> <li>• Diabetes Awareness Day</li> </ul>	<b>100</b> screenings provided

## EDUCATION AND COMMUNITY-BASED PROGRAMS

### Objectives:

- Continue development, distribution and communication of health care information.
- Continue and expand community outreach through grassroots efforts.
- Maintain and develop partnerships with community-based organizations.

Challenge	Service	Indicator of Progress
Health education for lower-income communities	<p>WMMC participated in community health fairs, providing information, “Ask a Doctor” opportunities and health screenings.</p> <ul style="list-style-type: none"> <li>• USC/White Memorial Health Fair</li> <li>• “Health Fridays” Boyle Heights Farmers’ Market</li> <li>• Mexican Consulate of Los Angeles Ventanilla de Salud</li> </ul>	<b>1,400</b> people served
Education about health topics and available services	<p>WMMC developed, printed and distributed a quarterly publication, <i>Your Health</i>, to senior residents in the hospital’s primary and secondary service areas. It contained articles in English and Spanish, with information on healthy eating and lifestyles, as well as resources available at the hospital</p> <p>WMMC developed a wellness calendar to keep the community informed of health-related classes being offered</p>	<p><b>41,000</b> issues of <i>Your Health</i> distributed</p> <p><b>600</b> copies distributed</p>
Access to information about hospital services by broader community	WMMC provided support to local chambers of commerce, schools, churches and other community agencies to support community development and community health education	<b>18</b> encounters with community constituents

## SEEKING HELP FOR ALCOHOL/DRUG PROBLEMS

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Objective:

- Continue and expand outreach and communication regarding the health risks and social stigma involved with alcohol and drug abuse.

Challenge	Service	Indicator of Progress
High percentage of drinking and driving	WMMC continued to host the Hospital and Morgue program (previously known as Straight Talk), in which local judges send individuals convicted of drunk driving, minors in possession and other high-risk behaviors for a lecture and morgue tour	<b>539</b> participants

## REDUCE DEATH AND DISABILITY FROM DEPRESSION

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Objective:

- Continue to expand outreach and communication regarding options for minimizing stress, anxiety, depression and improving mental health.
- Provide support groups to former patients who have lost their child before, during or after birth

Challenge	Service	Indicator of Progress
Access to emotional/spiritual support	Provide patients with visits during their hospital stay, participate in speaking engagements and provide devotionals to community.	<b>30,073</b> visits
Support groups for grieving women	Provide support groups to former patients who have lost their child before, during and after birth. <ul style="list-style-type: none"> <li>• Resolve Through Sharing Support Group and candlelight vigil</li> <li>• Referrals to Health and Wellness Calendar</li> </ul>	<b>38</b> people served

## NON-QUANTIFIABLE COMMUNITY BENEFITS

A significant portion of the mission-driven benefits that WMMC provides to its community is intangible or otherwise difficult to quantify. The following brief story illustrates this reality.

### MEETING THE COMMUNITY'S HEALTH CARE NEEDS

In November 2010 Philip Murray Simmons was getting ready to board a Greyhound bus to visit his sister in Texas when he suffered a devastating stroke. He awoke at White Memorial not knowing who he was or what had happened to him; with his wallet missing he had no I.D., and believed he'd been robbed.

For a long time no one knew who Philip was, he was listed as a John Doe. He had no insurance and was denied Medi-Cal. Yet for four months our physicians and medical staff went the extra mile to provide him with all the care he needed to slowly begin fighting his way back to recovery.

Finally in March 2011 Philip was well enough to leave White Memorial -- but he couldn't live on his own he needed continued care for his recovery. His only relative was his sister in Texas. But neither Philip nor his sister had the funds to get him there.

Seeing the need, a team of social workers, case managers and nurses swung into action. As a team they secured a flight and then obtained a donated walker and wheelchair from WMMC vendors. The hospital's home health liaison identified a qualified home health volunteer to accompany Philip to Texas who then paid for her own trip. Social workers coordinated with Philip's sister. Nurses, therapists and physicians worked tirelessly to improve Philip's functionality to enable him to fly safely. Another employee secured a donated ambulance ride to get Philip to the airport and assisted in making final flight arrangements. A friend found Philip's wallet and I.D. in the luggage he'd left behind at the bus station all those months ago and brought both to him at the hospital.

Despite the barriers, the team's persistence and tireless work paid off. When Philip left, the team had tears in their eyes, proud and happy of the vital part they had played in his care and in getting Philip to Texas and into his sister's arms. Today Philip's condition continues to improve under the safe and loving care of his sister. This is just one example on how our White Memorial employees, a family of caring individuals go above and beyond each day to meet the health care needs of our community.

## APPENDICES

### APPENDIX 1: ACCESSING THE WMMC 2011 COMMUNITY NEEDS ASSESSMENT AND SURVEY ONLINE

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1. Navigate to [www.prceasyview.com](http://www.prceasyview.com)
2. Type *WMMC* as the user name and *survey* as the password.
3. Select “2007 Community Needs Assessment” from the dropdown menu under “My Studies,” and under “Applications,” choose *Reports* then click on “Go.”
4. Follow the instructions on the page to view the report.

### APPENDIX 2: COMMUNITY COLLABORATION

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WMMC continually invests in partnerships with community organizations that share our vision for the community. In 2011, the hospital collaborated with the following organizations:

<ul style="list-style-type: none"><li>• American Diabetes Association</li><li>• American Heart Association</li><li>• Archdiocese of Los Angeles Youth Program</li><li>• Art Share Los Angeles</li><li>• Asian Pacific American Legal Center</li><li>• Asian Pacific Community Fund</li><li>• Barrio Action Family &amp; Youth Center</li><li>• Bishop Mora Salesian High School</li><li>• Boyle Heights Chamber of Commerce</li><li>• Boyle Heights College Institute</li><li>• Boyle Heights Lions Club</li><li>• Boyle Heights Neighborhood Council</li><li>• Catholic Schools from Local Deanery</li><li>• Central City Association</li><li>• Church of Resurrection</li><li>• Community Health Councils</li><li>• Congressional Student Art Contest</li><li>• Daniel Hernandez Youth Foundation</li><li>• East Los Angeles Chamber of Commerce</li><li>• East Los Angeles Community Youth Center</li><li>• East Los Angeles YMCA</li><li>• El Arca</li><li>• Familia Unida Living With Multiple Sclerosis</li><li>• FIS Feria del Libro</li><li>• Girls Today Women Tomorrow</li><li>• Glendale Adventist Medical Center Healthcare Foundation</li></ul>	<ul style="list-style-type: none"><li>• Heart &amp; Soul Christian Education Fund</li><li>• Hollenbeck Police &amp; Youth Center</li><li>• Homeboy Industries</li><li>• Lincoln Heights Chamber of Commerce</li><li>• Lincoln Heights Neighborhood Council</li><li>• Los Angeles Music &amp; Art School</li><li>• Mexican American Opportunity Foundation</li><li>• MAOF SHIAS Program</li><li>• Mexican Consulate of Los Angeles</li><li>• Mothers of East Los Angeles</li><li>• Oldtimers Foundation</li><li>• Oscar de la Hoya/Golden Boy Foundation</li><li>• Police and Business Association of Hollenbeck</li><li>• Pepperdine University Hispanic Council</li><li>• Project Amiga</li><li>• Proyecto Pastoral at Dolores Mission</li><li>• Salesian Boys &amp; Girls Club</li><li>• Senior Assistance</li><li>• South Central Family Health Center</li><li>• TELACU Educational Foundation</li><li>• USC/MAAA</li><li>• Variety Boys &amp; Girls Club</li><li>• White Memorial School</li><li>• Young Life Del Rio</li></ul>
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### APPENDIX 3: COMMUNITY BENEFITS OVERSIGHT STRUCTURE

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The Organizational Performance Council oversees the development and implementation of our Social Responsibility Program, including Community Benefits Planning and Reporting. This interdisciplinary approach supports our commitment to address the deeply entrenched societal needs – such as gainful employment and physical safety – and White Memorial’s operational capacity in conjunction with improvement efforts.

#### Organizational Performance Council Composition

<b>Council Chairperson</b> Beth Zachary President & CEO	Mara Bryant, Vice President Organizational Excellence	John Raffoul Senior Vice President & CFO Finance
Lynne Whaley, RN Senior Vice President & CNE Clinical Operations	David G. Wortham, MD Senior Vice President and Chief Medical Officer	Albert Deininger Vice President Facilities & Construction
Roland Fargo Vice President Business Development	Natasha Milatovich Associate Vice President Human Resources	Sharon McCoy, RN Associate Vice President Ancillary Services
Amber Gollogly, RN, BSN Director Education & Training	Monica Hopper Director Decision Support	Virginia Pellegrino Director Business Development
Blin Richards Controller	Cindy Rose, RN Director Telemetry/CV DOU	Ralf Weissenberger Director Information Systems
Tracy Todorovich Manager Strategic & Business Planning		

**APPENDIX 4: COMMUNICATION AND FINANCIAL MANAGERS OF COMMUNITY BENEFITS PLANNING AND REPORTING**

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Roland Fargo  
Vice President  
Business Development  
323.881.8888

John Raffoul  
Senior Vice President & CFO  
Finance  
323.260.5847

Blin Richards  
Controller  
323.260.5000 x 1473

**APPENDIX 5: COMMUNITY BENEFITS ACTIVITY COLLECTION TOOL**

**2011 WHITE MEMORIAL MEDICAL CENTER COMMUNITY BENEFIT REPORT FORM**

**Date:** \_\_\_\_\_

Return to Cynthia Serna, Ext. 1474

**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>
<b>Total Hours</b>			

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 \_\_\_\_\_%) \_\_\_\_\_

**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:** \_\_\_\_\_

Return to Cynthia Serna, Ext. 1474

PLEASE USE OTHER SIDE TO REPORT QUANTIFIABLE COMMUNITY BENEFITS



Facility

System-wide Corporate Policy

Standard Policy

Model Policy

Policy No.

AD-04-002-S

Page

1 of 1

Department:

Administrative Services

Category/Section:

Planning

Manual:

Policy/Procedure Manual

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**POLICY: COMMUNITY BENEFIT COORDINATION**

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**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

White Memorial Medical Center  
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		TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
			NUMBER	MEASURE					
<b>*BENEFITS FOR THE POOR</b>									
Traditional charity care	1		1,950 / 3,145	Pt. Days / Visits	16,485,566	5.27%	252,895	16,232,671	5.19%
Public programs - Medicaid	1		49,634 / 41,110	Pt. Days / Visits	3,500,814	1.12%	2,099,585	1,401,230	0.45%
Other means-tested government programs						0.00%			0.00%
Community health improvement services	3	610			7,992	0.00%	-	7,992	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					-	0.00%	-	-	0.00%
<b>TOTAL BENEFITS FOR THE POOR</b>					<b>19,994,373</b>	<b>6.40%</b>	<b>2,352,480</b>	<b>17,641,893</b>	<b>5.64%</b>
<b>**BENEFITS FOR THE BROADER COMMUNITY</b>									
Medicare	1		/	Pt. Days / Visits	-	0.00%	-	-	0.00%
Community health improvement services	188	36,819			618,462	0.20%	-	618,462	0.20%
Health professions education					13,457,190	4.31%	-	13,457,190	4.31%
***Non-billed and subsidized health services					1,354,567	0.43%	-	1,354,567	0.43%
Generalizable Research					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit					317,576	0.10%	-	317,576	0.10%
Community building activities					195,078	0.06%	-	195,078	0.06%
All other community benefits					1,126,998	0.36%	-	1,126,998	0.36%
<b>TOTAL BENEFITS FOR THE BROADER COMMUNITY</b>					<b>17,069,871</b>	<b>5.46%</b>	<b>-</b>	<b>17,069,871</b>	<b>5.46%</b>
<b>TOTAL COMMUNITY BENEFIT</b>					<b>37,064,244</b>	<b>11.86%</b>	<b>2,352,480</b>	<b>34,711,764</b>	<b>11.10%</b>

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

\*\*Community at large - available to anyone

\*\*\*AKA low or negative margin services