



2012 Community Benefits Report

A Century of Caring for our Community

*White Memorial
Medical Center*



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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 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 2012 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 2011 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 281,127 households in the hospital's service area, with a total population of just over 1 million and is expected to grow 3.6 percent by 2015.
- **ETHNICALLY HOMOGENEOUS:** 80 percent of our community is Hispanic and 64 percent speak Spanish as a predominant language.
- **YOUNG:** 29 percent of the population is less than 15 years old. The share of this age group is expected to grow over the period, as is the share of seniors in the area, from 7.7 percent to 8.4 percent. 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 19 percent for the State of California.
- **LOW INCOME:** More than 64 percent of the households have an annual income of less than \$50,000. Over 20 percent earn less than \$15,000 annually which is well-below the federal poverty level. With a per capita income of less than \$20,000, the hospital's service area is one of the poorest in the county.

PRIMARY SERVICE AREA

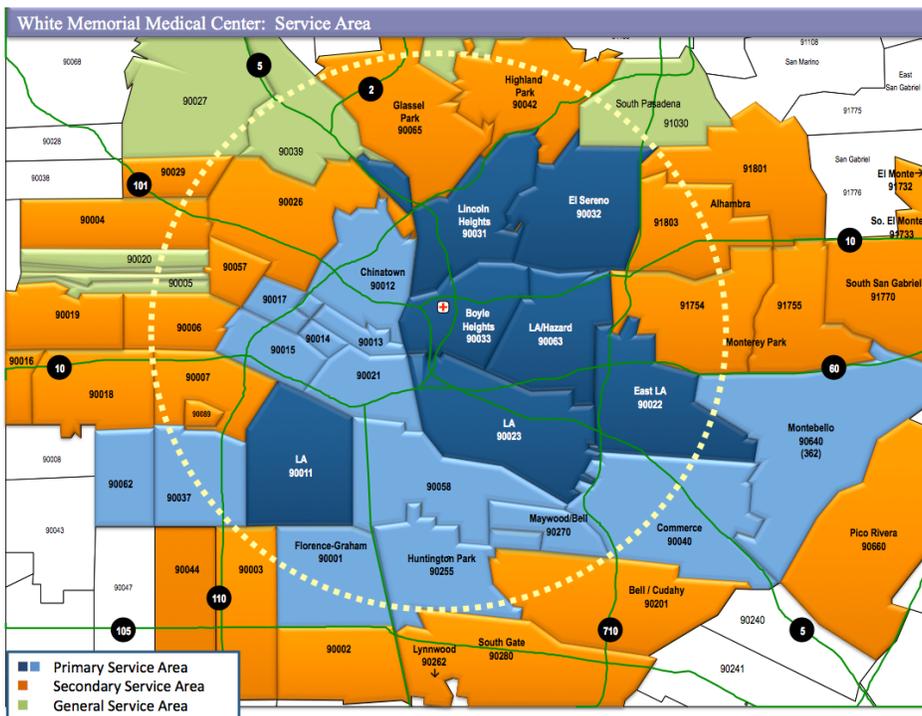
WMMC's primary service area comprises all or part of the following incorporated cities or communities: Boyle Heights, Chinatown, Commerce, East Los Angeles, El Sereno, Glassell Park, Highland Park, Huntington Park, Lincoln Heights, Los Angeles, Los Angeles/Hazard, Maywood and Montebello.

SECONDARY SERVICE AREA

WMMC's secondary service area comprises all or part of the following incorporated cities or communities: Alhambra, Bell, Covina, Cudahy, Echo Park, Los Angeles, Lynwood, Monterey Park, Oakwood, Pico Rivera, Silver Lake, South El Monte, South Gate and South San Gabriel.

GENERAL SERVICE AREA

WMMC's general service area comprises parts of the following incorporated cities or communities: Los Angeles, Silver Lake, and South Pasadena.



The blue highlighted areas on the map represent WMMC's primary service area, (dark blue is our core zip code area). The orange colored area represents our secondary service area. The green areas are considered general service areas because some part of their ZIP code touches a five-mile radius of WMMC (represented by the yellow dotted circle).

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 2011:

- **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 2011 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 2012

Program/Activity	2012 Budget
Community Health Fairs	\$10,000
Community Partnerships & Collaborations	\$20,000
Finance	\$3,000
Marketing	\$3,000
TOTAL	\$36,000



2012 INVESTMENT IN OUR COMMUNITY

OBJECTIVES, SERVICES AND MEASUREMENTS OF COMMUNITY BENEFITS

A number of community health priorities were formulated on the basis of the 2011 Community Health Report AKA Community Health 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

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.	11 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.	22 new specialty care physicians
Access to emergency care	Provided 24-hour emergency care.	51,034 visits
Transportation	Provided van shuttle for those who need a ride to and/or from the hospital.	2,105 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.	37,593 encounters
Access to health insurance information	Provided on-site enrollment assistance for state-funded insurance plans.	621 individuals served
Access by seniors	In October of 2008, the MAOF satellite office opened in the Medical Plaza II and provides information and referral services to seniors in our community.	1,425 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"> • Family Focus Education • Maternity Tours 	2,243 encounters
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REDUCE DEATH AND DISABILITY FROM CANCER

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.

Challenge	Service	Indicator of Progress
<p>Cancer detection education and prevention for high-risk/low-income community.</p>  <p>Locks-of-Love event – August 30</p>	<p>Promoted cancer awareness.</p> <p>Provided support groups for cancer patients battling the disease.</p> <ul style="list-style-type: none"> • Cancer Support Groups • Breast Cancer Awareness Outreach at Health Fairs • Locks-of-Love donation of hair by employees and community that will create free wigs to children suffering from hair loss due to a medical condition such as cancer. 	632 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	In partnership with the American Heart Association we provided low-income community, women and seniors with various lectures, screenings and workshops on cardiovascular health and educational classes on nutrition, heart attack and risk factors as well as access to blood pressure screenings.	1,818 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  270 screenings provided	Educated at-risk population on diabetes prevention, nutrition and gestational diabetes education prevention for moms to be. <ul style="list-style-type: none"> • Healthy Eating & Living Lifestyle (HELP) program • World Diabetes Day • Hike for Diabetes • Managing Diabetes classes in Spanish • Ask the Diabetes Expert • Pediatric Support Group for Diabetic Children • Provided glucose screenings and Diabetes risk tests to at-risk populations 	1265 people served

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
<p>Health education for lower-income communities</p>	<p>WMMC participated in community health fairs, providing information, “Ask a Doctor” opportunities and health screenings.</p> <ul style="list-style-type: none"> • USC/White Memorial “Bridge to Health” Health Fair – October 13, 2012 • Mexican Consulate of Los Angeles Ventanilla de Salud (Window of Health) Education and distribution of Community Calendar of Free Services offered at White Memorial 	<p>1,400 people served</p>
<p>Education about health topics and available services</p>	<p>WMMC developed a wellness calendar to keep the community informed of health-related classes being offered</p>	<p>4,000 copies of White Memorial bilingual Community Calendar distributed</p>
<p>Access to information about hospital services by broader community</p> 	<p>WMMC provided support to local chambers of commerce, schools, churches and other community agencies to support community development and community health education by providing access to information and services through our community calendar, providing information at health fairs and making information available to community-based organizations, community partners and through our community rack providing educational information on services and upcoming events.</p>	<p>86,153 encounters with community constituents</p>

SEEKING HELP FOR ALCOHOL/DRUG PROBLEMS

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.	644 participants

REDUCE DEATH AND DISABILITY FROM DEPRESSION

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.	38,988 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"> • Resolve Through Sharing Support Group and candlelight vigil • Referrals to Health and Wellness Calendar 	93 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 MORE THAN COMMUNITY'S HEALTH CARE NEEDS



Every month, White Memorial employees participate in an evening of good food and good conversation. Employees volunteer at the Dolores Mission Guadalupe Homeless Project Meals Program cooking for about 75 homeless men residing there. The group serves and sits to enjoy dinner with them. From this encounter, a homeless man by the name of Eduardo Fernando Quinonez befriended WMMC's Chaplain Edgar Urbina. Eduardo was not always homeless; he actually was an accountant in his home of Guatemala and studied for three years at a University. So what brought him to Dolores Mission?

"When I came to the United States I studied to be an electrician and worked for the Los Angeles Unified School District as an electrician for new schools. Due to the economy, I lost my job. I went four months without a job which ruptured my marriage." Without a job and separated from his wife, Eduardo ended up homeless and then at Dolores Mission.



Chaplain Urbina was volunteering with a group of WMMC employees at Dolores Mission one evening when Eduardo collapsed and had a seizure. Lynne Whaley, senior vice president of clinical operations and chief nurse executive, Amada Zumido, MSN educator, and others cared for him on the spot and brought him to the ED.

Through the Dupper Fund, the White was able to provide him the necessary medication and medical care thanks to the support of employees who donate to the Dupper Fund as part of the Employee Giving Campaign. After Eduardo recovered, he came to Chaplain Urbina and asked for help; he wanted to take his GED and it required \$150 which he did not have. Chaplain Urbina provided him the money once again from the Dupper Fund. It was set; the GED exam was scheduled for February 11. On January 31, while protesting the removal of programs from local schools, he fell down the stairs ending up at a hospital in a coma. On February 5 he awoke from the coma and left the hospital a day before his scheduled February 11 exam. "Someone gave me the opportunity and I did not want to fail them, I had to keep my exam date," said Eduardo. In June of 2012 Eduardo walked proudly into Chaplain Urbina's office at the White to show off his new High School Diploma; his very own State of California High School Equivalency Certificate. He was very proud of this accomplishment and now wants to pursue a college degree. "God gave me another opportunity through the White. I came to Chaplain Urbina to ask for help and today I present to him my diploma."

The White is here for the community to help improve not just their health but together with our employees, volunteers, board members and physicians to touch lives every day and guide them on-board life's train to success.

APPENDICES

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

1. Navigate to www.prceasyview.com.
2. Type *WMMC* as the user name and *survey* as the password.
3. Select “2011 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

WMMC continually invests in partnerships with community organizations that share our vision for the community. In 2012, the hospital collaborated with the following organizations:

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

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

Council Chairperson Mara Bryant, Vice President Organizational Excellence	Beth Zachary President & CEO	John Raffoul Executive Vice President & CFO
Roland Fargo Regional Senior Vice President Strategy & Business Development, Adventist Health/ Southern California Network	Natasha Milatovich Associate Vice President Human Resources	Lynne Whaley, RN Senior Vice President & CNE Clinical Operations
Marianne Dickey Director, Clinical Informatics	Erika Fulgoni Customer Loyalty Representative	Monica Hopper Director Decision Support
Sharon McCoy Associate Vice President Ancillary Services	Virginia Pellegrino Director Business Development	Blin Richards Controller Director, Finance
Tracy Todorovich Regional Director Strategic Planning & Performance	Ralf Weissenberger Director Information Systems	Sara Rubalcava-Beck Manager Marketing & Communications & Community Relations

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

Roland Fargo
Regional Senior Vice President
Strategy & Business Development, Adventist Health/ Southern California Network
323.881.8888

John Raffoul
Executive Vice President & CFO Finance
323.260.5847

Blin Richards
Controller/Director of Finance
323.268.5000 x 1473

APPENDIX 5: COMMUNITY BENEFITS ACTIVITY COLLECTION TOOL

2012 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>
Total Hours			

1. Total value of donated hours (multiply total hours above by \$41.76) _____

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

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

APPENDIX 7: COMMUNITY BENEFIT SUMMARY

White Memorial Medical Center Community Benefit Summary Year Ending December 31, 2012

	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					17,690,612	5.06%	53,787	17,636,825	5.05%
Public programs - Medicaid					1,253,700	0.36%	1,196,530	57,170	0.02%
Other means-tested government programs (Indigent care)						0.00%			0.00%
Community health improvement services (1)	10	38143			81,062	0.02%	-	81,062	0.02%
***Non-billed and subsidized health services (3)					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)					-	0.00%	-	-	0.00%
Community building activities (6)					-	0.00%	-	-	0.00%
TOTAL BENEFITS FOR THE POOR					19,025,374	5.44%	1,250,317	17,775,057	5.09%
**BENEFITS FOR THE BROADER COMMUNITY									
Medicare				Pt. Days / Visits	-	0.00%	-	-	0.00%
Community health improvement services (1)	205	58,015			1,409,300	%	-	1,409,300	0.40%
Health professions education (2)					15,696,706	%	2,723,524	12,973,182	3.71%
***Non-billed and subsidized health services (3)					544,185	%	1,443,231	(899,046)	-0.26%
Generalizable Research (4)					-	%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)					452,167	%	-	452,167	0.13%
Community building activities (6)					256,118	%	-	256,118	0.07%
All other community benefits (7)					1,136,522	%	-	1,136,522	0.32%
TOTAL BENEFITS FOR THE BROADER COMMUNITY					19,494,998	5.58%	4,166,755	15,328,243	4.38%
TOTAL COMMUNITY BENEFIT					38,520,371	11.02%	5,417,072	33,103,300	9.47%

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

**Community at large - available to anyone

***AKA low or negative margin services