



Community Hospital of San Bernardino

Community Benefit Report 2013
Community Benefit Implementation Plan 2014



A message from June Collison, Chief Executive Officer, and Marvin Reiter, Board Chair, Community Hospital of San Bernardino

When we talk about health care today, the words *budget*, *cut*, and *restraint* get used a lot. It is impersonal and it is a way to look at health care by the numbers rather than by the patient. One word that has somehow lost its meaning is also the word we believe in most of all – the word *care*. At Community Hospital of San Bernardino we strive to reintroduce humankindness to an industry focused on finance.

The Affordable Care Act created the National Prevention Council and called for the development of a National Prevention Strategy to realize the benefits of prevention for the health of all Americans. The overarching goals of the plan are to empower people, ensure healthy and safe community environments, promote clinical and community preventive services, and eliminate health disparities.

The Dignity Health system goals reflect those of health reform, namely expanding access, redesigning the delivery system, and utilizing limited resources in better, more coordinated ways so that quality can be continuously improved and patients and communities are healthier. These goals will be achieved through thoughtful *care*, whether it is demonstrated in the hospital or through the programs and services we offer in the community.

At Community Hospital of San Bernardino we share a commitment to optimize the health of our community. In fiscal year 2013 Community Hospital of San Bernardino provided **\$16,559,289** in financial assistance, community benefit and unreimbursed patient care. Including the shortfall from Medicare, the total provided for community benefit was **\$22,540,356**. Because we care, how we contribute to the quality of life and the environment in our communities has always been and will continue to be a key measure of our success.

In accordance with policy, the Community Hospital of San Bernardino Community Board has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 23, 2013 meeting.

June Collison, President
Community Hospital of San Bernardino

Marvin M. Reiter, CPA
Community Board Chair

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EXECUTIVE SUMMARY

Providing quality, compassionate health care services for over 100 years, Community Hospital of San Bernardino (CHSB) was founded by Dr. Henry William Mills in 1910. Community Hospital of San Bernardino joined the faith-based non-profit system of hospitals Dignity Health, formerly Catholic Healthcare West (CHW),¹ in 1998. By joining a system with a shared mission and values, CHSB has furthered its collaboration in the community, particularly through a partnership with neighboring St. Bernardine Medical Center (SBMC), another Dignity Health hospital. Currently 1,230 employees support the operations of this 347-bed acute care hospital, 34-bed Pediatric sub-acute care facility and Community Home Health Services. In FY 2013 the average daily occupancy was 260.

Major programs and service lines include: behavioral health services, obstetrics, pediatrics, emergency care and adult and children's sub-acute services. In 2013, HealthGrades® recognized CHSB with its Five-Star Recognition in the following areas of care: cholecystectomy, overall critical care, treatment of heart failure, treatment of pneumonia, treatment of respiratory failure and treatment of sepsis.

Community Hospital of San Bernardino continually assesses and responds to community growth and need and is committed to improving the quality of life in the community. In response to unmet health-related needs identified in the community health needs assessment, CHSB focused on increased access to health care for the broader and underserved members of the surrounding community, programming emphasizing education for chronic disease and activities to promote positive youth development. Community Hospital of San Bernardino offered the following programs, services and support in Fiscal Year 2013 to address identified community needs:

Health Education Center provides free education focused on health related and life skills issues including asthma and diabetes management and prevention, low cost healthy eating and weight management. Community Health Forums are held to address a focused topic each month. Specific efforts are made to reach the vulnerable populations, and case managers are available to work one-on-one with individuals.

Behavioral health crisis assessment and referral service for area facilities. As a recognized leader in the behavioral health area, CHSB fills a desperate need for behavioral health care in the Inland Empire. Services include daily transportation for clients without means or access for the behavioral health partial day treatment program.

In-kind donations are made to non-profit community partners whose goals are aligned with the mission and strategic plan of CHSB to address the needs of the community. This includes over 19,200 square feet of building space to house outreach and charity operations for: Catholic Charities, Focus 92411 Community Homework Center, African American Health Institute, Latino Health Collaborative and San Bernardino Clinic Association.

The Dignity Health Community Grants Program reinforces collaboration with community based organizations that support the health priorities of the hospital. During FY13, grant awards were made to seventeen local non-profit organizations that addressed access to health care; education focused on chronic disease: diabetes, obesity, heart disease and asthma and youth development.

Emergency Department Patient Navigator Program assists the uninsured in establishing a medical home by counseling emergency department patients upon discharge and assisting them in making appointments with one of the many local free/low cost area clinics. This service is provided free of charge.

Community Hospital of San Bernardino's FY2013 Community Benefit Report and FY2014 Community Benefit Implementation Plan document our commitment to the health and improved quality of life in our community. The total value of community benefit for FY2013 is **\$16,559,289**. Including the shortfall from Medicare, the total expense for community benefit is **\$22,540,356**.

¹ For more information on the name change, please visit www.dignityhealth.org

MISSION STATEMENT

Dignity Health Mission Statement

We 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

The Community Hospital of San Bernardino 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 mission, we do this with special concern for the poor and disenfranchised. Community Hospital of San Bernardino (CHSB) and St. Bernardine Medical Center (SBMC), both Dignity Health hospitals, work together as a Service Area in order to better align and complement services and outreach efforts in a strategic manner for the benefit of the community.

Being integral components of the mission and philosophy of Dignity Health, CHSB and SBMC community benefit planning and programming are addressed during a strategic planning process. Corporate as well as service area executive leadership, physicians, board members and key community stakeholders participate in this process. Most important is the strong commitment to support the service area through membership and participation in the SBMC Community Benefit Initiative Committee (CBIC) and Dignity Health Community Grants Program where CHSB monetary contribution and staff participation support the continuum of care in the community offered and delivered by the service area awardee not-for-profit organizations.

CHSB community benefit operations fall under the administrative leadership of Linda McDonald, Service Area Vice President of Mission Services. Margo Young, C.P.P.S., MD, a Sister of the Precious Blood and a Board Certified Internist, serves as Director of Community Health and ensures alignment of community health priorities and outreach programs. Kathleen McDonnell, Service Area Manager for Community Benefit provides daily oversight of community benefit programming. Both CHSB and SBMC Boards of Directors review, advise and approve the community benefit plan on an annual basis.

- The resources and capital needs necessary for delivering and fulfilling specific goals and objectives identified in the community benefit plan are considered and included during the annual budget and allocation process.
- Looking to build upon the successes and momentum from FY 2012 community benefit plans, area mission leaders draw further from collaborations/recommendations offered by key community partners/organizations and the FY 2011 Community Health Needs Assessment (CHNA) to craft key elements that comprise the FY 2013 Community Benefit Implementation Plan. This plan provides the operational framework from which Dignity Health area leaders and staff will deliver program(s)/process(es) with measurable outcomes thoughtfully crafted to offer the most assistance for Inland Empire families, particularly those who are under or uninsured, low income and limited English speaking. The mission of the FY 2013 plan is to assist members of the community in 1) overcoming barriers for accessing healthcare services, including dental and mental health; 2) reaching well into the community to deliver understandable information that facilitates changes that produce a healthier lifestyle and aid in the prevention/management of lifestyle related chronic conditions; and 3) connecting with community youth to promote their understanding and engagement in healthy lifestyles, education and career development.
- Programs are evaluated on an ongoing basis. The service area CBIC with representation from the hospital board of directors, physicians, leadership and staff together with community stakeholders of the relevant initiatives, review outcomes and share comments and recommendations that offer the most solid pathway to success in meeting the Inland Empire's unmet needs. Particular attention has been given to initiatives which seek to reduce the disparities in social and health indicators within specific neighborhoods (zip codes) of our community.

Rosters of the Board of Directors and CBIC members are included in Addendum A.

CHSB offers a wealth of resources, including operational offices/meeting space and advocacy provided through the participation of hospital leadership, clinicians, educators and staff as collaborators with non-profit community organizations to carry on a mission to increase access and reduce disparities in the delivery of health care services for members of the community.

Providing facilities and staff to ensure that adequate resources are directed toward the success of community organizations is only part of our efforts. CHSB has been present at the table and has played a significant role in the mission and successes of many agencies that have come together to address the specific need for a healthier and safe community:

- Healthy San Bernardino
- Hospital Association of Southern California (HASC) Community Benefit Committee
- San Bernardino Clinic Association
- Focus 92411 Homework Center/Catholic Charities
- African American Health Initiative of San Bernardino
- Latino Health Collaborative

CHSB actively partners with Healthy San Bernardino, a multi-agency collaboration devoted to advocating for community health improvement, especially in the areas of access to healthy food; safe streets and public spaces, schools, parks and open spaces; appropriate healthcare, wellness and prevention, including behavioral health; and personal awareness, motivation and responsibility with a community-wide sense of hope and purpose.

As a member of the Hospital Association of Southern California (HASC) Community Benefit Committee, CHSB joined other local hospitals in establishing the goal of “displacing heart disease as the leading cause of death in San Bernardino County.” Partners include:

- American Heart Association
- Community Hospital of San Bernardino
- Loma Linda University Health
- San Antonio Community Hospital
- St. Bernardine Medical Center
- Arrowhead Regional Medical Center
- Kaiser Permanente
- Redlands Community Hospital
- San Bernardino Dept. of Public Health
- St. Mary Medical Center (St. Joseph Health)

CHSB actively approaches ecological issues through its Environmental Action Committee (EAC) which meets quarterly to define, plan and track programs that promote awareness and initiatives that promote a “green facility and community.” Outdated and unusable electronics are recycled through a partnership with *Goodwill Industries*. Usable textiles and unexpired pantry items are recycled through *Catholic Charities*. Clean discarded blue wrap items are recycled to animal shelters for bedding purposes.

COMMUNITY

Community Hospital of San Bernardino is located in an area that has struggled economically for years, and has only seen the quality of life plummet with the recent national economic downturn. Eighty percent (80%) of discharges come from fifteen (15) zip codes concentrated in the following cities: Bloomington, Fontana, Rialto and San Bernardino.

The Inland Empire has been severely impacted by the recession. Within the service area, unemployment had risen to 16.2% in 2010. The data indicate that within the CHSB Service Area, poverty increased markedly for the population with incomes at or below 200% of the Federal Poverty Level. Many of the neighborhoods served by CHSB have close to half of the residents living with incomes at or below 200% of the Federal Poverty Level. In San Bernardino 92410, over two-thirds of the population live 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, 31.9% have less than a high school diploma, more than double the state rate of 14.9%. Furthermore, for 26.9% of area adults, high school graduation was their highest level of educational attainment. Only 12.7% of the population holds a Bachelor's Degree or greater.

Confirming the difficult economics of the region, in July 2012 the City of San Bernardino filed for Chapter 9 bankruptcy protection. This action will exacerbate the ability of non-profits to aid the most vulnerable in our community.

The following² reflects demographics for the primary service area:

- Population: 727,409
- Diversity: Hispanic (67.3%), Caucasian (15.4%), African American (10.5%), Asian & Pacific Islander (4.7%), American Indian/Alaska Native (0.3%), Two or more races (1.6%), all others (0.2%)
- Average Income: \$60,391
- Uninsured: 20.8%
- Unemployment: 12%
- No High School Diploma: 31.9%
- Renters: 36.2%
- CNI Score: 4.8
- MediCal Patients: 25.5%

In addition to Community Hospital of San Bernardino and St. Bernardine Medical Center, other hospitals serving the area include: Arrowhead Regional Medical Center, Kaiser Permanente-Fontana, Loma Linda University Medical Center and Redlands Community Hospital.

The Community Need Index (CNI) is a tool developed by Dignity Health 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 as communities with a score of "1". The median CNI score of the hospital's service area is **4.8** with six (6) of the zip code communities scoring a "5". A copy of the CNI map is included in Addendum C.

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 MUA: 92401, 92404, 92405, 92335 and 92336. When reviewing Community Grant proposals, special attention is paid to organizations serving these areas.

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COMMUNITY BENEFIT PLANNING PROCESS

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

In FY11 Community Hospital of San Bernardino (CHSB) in collaboration with St. Bernardine Medical Center (SBMC) conducted a Community Health Needs Assessment. The Community Health Needs Assessment was conducted to survey the primary service areas of both hospitals and is a tool used in determining a plan that outlines how CHSB will address unmet community health needs by giving back to the community in the form of health care and other community services.

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 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	Knott's 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 Comm.
Catholic Charities	San Bernardino Co. Dept. of Behavioral Health
City of Fontana, Fontana Senior Center	San Bernardino Co. 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 Siena Catholic Church –Fr. Porter
Diocese of San Bernardino	Time for a Change Foundation
H Street Clinic	

This assessment incorporated:

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/2 Spanish) were conducted with 90 area residents who are clients of community organizations in the service area.
- Qualitative data was obtained via 107 public surveys completed by hard paper copy or via input provided through survey link posted on CHSB website.

Secondary Data

- Zip code, local, county and state sources to frame community profile, birth indicators, leading causes of death, access to care, chronic disease, health behaviors, social issues, and school/student characteristics.
- Data sets presented at county and state level depict the scope of an issue as it relates to the broader community
- Benchmark data compares CHSB community data findings with the Healthy People 2020 objectives

Prevention Quality Indicators

- Developed by the agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators (PQIs) measure and examine CHSB FY2010 discharge data to identify quality of care for 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 Needs Assessment for CHSB Service Area

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 available at the 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.

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) CHSB new mothers breastfeeding rate does not meet Healthy People 2020 objective.
- 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 exceed 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 double that of the state. Rate for AIDS is lower than the state rate.
- 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 rates 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.

Prevention Quality Indicator (PQI) Findings:

- 5.7% of CHSB discharges were for ambulatory care sensitive conditions (ASC) . 68.9% of ASC discharges were for four conditions: 1) bacterial pneumonia; 2) angina; 3) adult asthma; and chronic obstructive pulmonary disease (COPD). Discharge data for angina reflects a higher than expected number of discharges for Hispanic and African American individuals ages 18-39 and African American individuals ages 40-64.

The CHNA was first shared with members of the CBIC and hospital board members, of which many are community stakeholders. The final report was sent to all who participated in the Key Stakeholder Interviews as well as the Focus Group organizations. The complete Community Health Needs Assessment can be accessed from the hospital website: www.CHSBOutreach.org.

ASSETS ASSESSMENT

CHSB participates with key community stakeholders in identifying community assets. 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. Additionally, residents of San Bernardino County may enlist assistance from 211, a United Way initiative that provides information regarding free and low-cost resources 24-hours a day, seven days a week. Accessible by phone, residents simply dial 2-1-1, or for on-line connections, type in www.211sb.org.

Both area Dignity Health hospitals partner with organizations through the funding that is provided to them by their successful applications to the Dignity Health Community Grants Program. The projects funded through this program must address the priorities identified through the CHNA findings and adopted/promoted by the CBIC.

DEVELOPING CHSB'S IMPLEMENTATION PLAN (COMMUNITY BENEFIT REPORT AND IMPLEMENTATION PLAN)

The priorities for this plan were determined through a process of consensus provided by members of the service area CBIC following their review and deliberation of the FY2011 CHNA findings, hospital utilization rates determined from discharge data, size of target population, severity of the health issue, availability of hospital resources/expertise and availability/expertise of community partners.

Plan 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 through the following community benefit programs: 1) Charity Care/Financial Assistance for the uninsured and underinsured and low income residents; 2) Enrollment assistance for government sponsored insurance programs; 3) Support of community non-profit organizations that assist in accessing care to health, dental and behavioral services through the Dignity Health Community Grants Program; 4) Emergency Department Patient Navigator; 5) Health Education Center; 6) Community Education and Fairs.

Chronic disease self-management will be promoted by: 1) offering the Stanford Model Chronic Disease Self-Management Program in both English and Spanish to community members at no cost through a collaborative effort with St. Bernardine Medical Center; 2) Diabetes education through CHSB's ADA certified Diabetes Wellness Center; 3) supporting community non-profit agencies whose programs address prevention/management of diabetes, congestive heart failure, asthma or COPD through the Dignity Health Community Grants Program.

CHSB joins SBMC in addressing area youth development programs which target area at-risk youth. Through funding from the Dignity Health Community Grants Program, the Focus 92411 Homework Center addresses at-risk youth education and obesity through its after school activities that focus upon homework completion, active lifestyle and healthy diet. The Stepping Stones Program at CHSB provides community youth with hospital-based volunteer opportunities and mentoring to increase exposure to and employment in the healthcare career field.

Needs identified in the CHNA with unfavorable comparisons to the goals established by Healthy People 2020 that are not addressed in the established health priorities include: HIV/AIDS, cancer screenings and prevention practices (senior pneumonia shot, colorectal cancer screening, Pap smear, and 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.

PLANNING FOR THE UNINSURED/UNDERINSURED PATIENT POPULATION

It is Dignity Health's belief that fear of a hospital bill should never prevent anyone from seeking medical care at one of their hospitals. CHSB adheres to the Charity Care/Patient Payment Assistance Policy established by Dignity Health 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 Patient Payment Assistance Policy can be found in Addendum B.

CHSB Admitting and Patient Financial Services Department staff is knowledgeable and guided by hospital financial assistance policies. During the admitting process each patient receives a colorful brochure that describes financial assistance options. This handout is printed in English on one side and Spanish on the other. Bilingual signage and pamphlets that address the hospital Payment Assistance Program are posted in key areas of the hospital facility, including points of entry and waiting areas. Uninsured patients are assisted through a process to apply for coverage through state and federally funded programs.

Payment assistance information in both English and Spanish is also available on the hospital's website at: http://www.chsb.org/Patients_And_Visitors/Billing_Information/CSAV2_M063819.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Below are the major initiatives and key community based programs operated or substantially supported by Community Hospital of San Bernardino in FY2013. Programs intended to be operating in FY2014 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 problems.
- **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/Financial Assistance for uninsured/underinsured and low income residents*
- Enrollment Assistance for governments sponsored insurance plans*
- Dignity Health Community Grants 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
 - Legal Aid Society of San Bernardino
 - Mary’s Mercy Center
 - Salvation Army
 - San Bernardino Sexual Assault Services
- Health Education Center*
- Behavioral health crisis assessment and referral service for area facilities*
- Community Education*
- Emergency Department Patient Navigator*

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

- Stanford Model Chronic Disease Self-Management Program in collaboration with SBMC*
 - English classes
 - Spanish classes
- Dignity Health Community Grants 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
- Diabetes Wellness Center*
- Sweet Success Program*

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

- Dignity Health Community Grants Program (complete list of recipients is listed below)*
 - Catholic Charities Focus 92411 Community Homework Center
- 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, and the Community Board receive quarterly updates on program performance and news.

Dignity Health CHSB/SBMC Community Grants Program FY2013

Organization	Amount	Use of Community Grant
Al Shifa Clinic	\$18,750	Free primary and specialty health care.
Alzheimer's Association	\$11,250	<i>The Savvy Caregiver</i> Program in both English and Spanish.
American Lung Association	\$ 6,750	Provides Asthma Education for children with asthma.
Assistance League of San Bernardino	\$ 25,000	Funds Dr. Earl R. Crane Children's Dental Health Center.
Boys & Girls Club of Redlands	\$11,250	Education and healthy activities at Waterman Gardens.
Catholic Charities	\$18,750	Links impoverished families to services that provide interventions such as preventive education and basic needs.
Central City Lutheran Mission	\$15,000	Healthcare for homeless men residing in cold weather shelter.
El Sol Neighborhood Center	\$18,315	Preventive obesity and nutrition education to Latinos.
H Street Clinic	\$20,000	Primary care and preventive health education.
Inland Caregivers Resource Center	\$11,250	Bi-lingual in-home assessments, case management, education and short-term counseling.
Inland Empire Palliative Care Coalition	\$11,250	Reducing unnecessary and unwanted hospital admissions.
Legal Aid Society of San Bernardino	\$25,000	Assists Guardians and/or conservators in acquiring legal status on behalf of children and/or disabled persons for whom they hold responsibility.
Mary's Mercy Center	\$25,000	Provides transportation service to medical/dental care for residents of the shelter.
Salvation Army Riverside/San Bernardino Counties	\$11,250	Provides shelter and basic needs for homeless men.
San Bernardino Sexual Assault Services	\$18,750	Provide 24hour/seven days a week crisis intervention, counseling and support services.
Smiles for Seniors	\$ 2,392	Low income senior assistance for Medicare co-pays, medications and medical equipment.
Special Olympics	\$ 7,500	Promotes health through exercise for disabled youth.
TOTAL	\$257,457³	

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

³ Reflects the combined total commitment from both CHSB and SBMC

PROGRAM DIGEST

Dignity Health Community Grants Program	
Hospital CB Priority Areas	X Access to Care X Chronic Disease Self Management X Youth Development
Program Emphasis	X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Health Needs Assessment	CHNA shows access to care continues to be a challenge as well as the rates of diabetes and obesity in the community. Primary data from focus groups targeted opportunities for youth as a key issue.
Program Description	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 based on the results of the latest Community Health Needs Assessment.
FY 2013	
Goal FY 2013	Build community capacity and expand outreach by identifying and funding CBO programs that align with hospital priority areas (listed above) and meet one or more of the 5 core principals listed below.
2013 Objective Measure/Indicator of Success	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.
Baseline	Establish partnerships with Community Based Organizations (CBOs) to fund programs that align with hospital health priorities, are compatible with the hospital's mission and values, and meet one or more of the 5 core principals indicated above.
Intervention Strategy for Achieving Goal	In addition to the grant award luncheon where the program for each recipient/program is highlighted, an annual networking luncheon takes place six (6) months following the award so recipients can report on successes/challenges as well as collaborate on areas of difficulty. CBIC members conduct site visits to the agencies to ensure they are on-track with the grant funded programs.
Result FY 2013	17 CBOs were awarded grants ranging from \$2,392 to \$25,000.
Hospital's Contribution / Program Expense	\$100,132
FY 2014	
Goal 2014	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.
2014 Objective Measure/Indicator of Success	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.
Baseline	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.
Intervention Strategy for Achieving Goal	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 by CBIC members to track progress, offer support and increase collaboration.
Community Benefit Category	E1a - Cash Donation

Diabetes Education Program	
Hospital CB Priority Areas	X Access to Care X Chronic Disease Self Management <input type="checkbox"/> Youth Development
Program Emphasis	X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Health Needs Assessment	In San Bernardino County, 68.1% of adults and 34.4% of children (ages 12-17) are overweight or obese. Adults in San Bernardino County diagnosed with diabetes are 10.6%, much higher than the 8.5% for the state.
Program Description	CHSB community health educators utilize an educational approach to provide accessible no cost monthly bilingual literacy adjusted diabetes education classes that assess pre- and post-knowledge and disease management skill levels of the classroom participants. The goal is for each participant to gain solid basic knowledge of lifestyle risks and behaviors that lead to the acquisition and prevention of type II diabetes. Participants are connected with vital and useful instruction that is critical in the prevention and management of type II diabetes. Participants are encouraged to become energized and compliant with proper eating and exercising habits/skills.
FY 2013	
Goal FY 2013	By offering evidence-based chronic disease self-management (CDSM) programs, hospital admissions for diabetes will be avoided among program participants.
2013 Objective Measure/Indicator of Success	Participants in the CDSM program will avoid admissions to the hospital or ED for the six (6) months following their participation in the program.
Baseline	Rate of people diagnosed with diabetes in California: 8.5%; San Bernardino County: 10.6%.
Intervention Strategy for Achieving Goal	All ED and inpatient patients who are admitted with a diagnosis of diabetes receive a referral to the educational interventional program held at the Wellness Center, and community education also takes place at the Health Education Center. Purpose of education provided through the program is to support informed decision making, self-care behaviors, problem solving and active collaboration with the health care team to improve clinical outcomes and health status. At the Wellness Center, blood sugars will be monitored, and follow up surveys will be conducted to determine behavioral changes.
Result FY 2013	For the tracking period, the Wellness Center and Health Education Center provided the educational intervention for 347 participants. Six (6) participants returned to CHSB for the treatment of diabetes within 6 months of taking the education intervention program, a rate of 1.73%
Hospital's Contribution / Program Expense	\$82,038
FY 2014	
Goal 2014	By offering evidence-based chronic disease self-management (CDSM) programs, hospital admissions for diabetes will be avoided.
2014 Objective Measure/Indicator of Success	Participants in the CDSM program will avoid admissions to the hospital or ED for the 3 months following their participation in the program.
Baseline	Incidence of people diagnosed with diabetes in California is 8.5%, and in San Bernardino County it is 10.6%.
Intervention Strategy for Achieving Goal	Referrals for Diabetes Education will be received from the PCP's office or in-house from hospital admissions. These patients will receive education and training using the Interdisciplinary team approach recommended by the ADA. The 7 self-care behavior framework curriculum from the ADA will be utilized.
Community Benefit Category	A1a – Community Health Education – Lectures/Workshops

COMMUNITY BENEFIT AND ECONOMIC VALUE

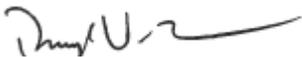
Community Hospital of San Bernardino

Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2012 through 6/30/2013

Cost Accounting Method Used

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Financial Assistance	838	5,780,007	0	5,780,007	2.7	3.0
Medicaid	54,482	141,575,403	139,305,662	2,269,741	1.1	1.2
Means-Tested Programs	1,403	6,518,174	1,910,704	4,607,470	2.1	2.4
Community Services						
Community Benefit Operations	0	100,572	0	100,572	0.0	0.1
Community Health Improvement Services	15,436	1,277,309	78,000	1,199,309	0.6	0.6
Financial and In-Kind Contributions	1,274	2,212,399	0	2,212,399	1.0	1.1
Totals for Community Services	16,710	3,590,280	78,000	3,512,280	1.6	1.8
Totals for Living in Poverty	73,433	157,463,864	141,294,366	16,169,498	7.5	8.4
<u>Benefits for Broader Community</u>						
Community Services						
Community Building Activities	710	121,799	0	121,799	0.1	0.1
Community Health Improvement Services	1,798	204,533	26,770	177,763	0.1	0.1
Financial and In-Kind Contributions	3,363	90,229	0	90,229	0.0	0.0
Totals for Community Services	5,871	416,561	26,770	389,791	0.2	0.2
Totals for Broader Community	5,871	416,561	26,770	389,791	0.2	0.2
Totals - Community Benefit	79,304	157,880,425	141,321,136	16,559,289	7.7	8.6
Unpaid Cost of Medicare	8,250	25,119,953	19,138,886	5,981,067	2.8	3.1
Totals with Medicare	87,554	183,000,378	160,460,022	22,540,356	10.5	11.7



Darryl VandenBosch, CFO

ADDENDUM A
Board of Directors Roster
FY2013

Steve Barron
President, St. Bernardine Medical Center
Dignity Health Appointee

Peggy Merryman
Secretary
Community Member

Paulette Brown, Ph.D.
Community Member

Vellore Muraligopal, M.D.
Community Member

Bruce Ermann, M.D.
Director of Medical Management, Dignity Health
Dignity Health Appointee

Tony Myrell
Community Member

Richard Gonzalez, Esq.
Community Member

Nitin Nanda, M.D.
Community Member

Margaret Hill
Vice-Chair
Community Member

Marvin O'Quinn
Senior Executive VP/Chief Operating Officer, Dignity Health
Dignity Health Appointee

Albert Karnig, Ph.D.
Community Member

Marvin M. Reiter, CPA
Chair
Community Member

Deisell Martinez, Ph.D.
Dignity Health Appointee

Susan Whitten
VP Corporate Sales & Marketing, Dignity Health
Dignity Health Appointee

Ex-Officio Voting Member
Alvaro Bolivar, M.D.
President, Medical Staff

Ex-Officio Non-Voting Member
June Collison
President, Community Hospital of San Bernardino

Community Benefit Initiative Committee FY13

Nick Calero
Field Representative
Supervisor Neil Derry, 3rd District

Aviana Cerezo
Assistant to the Mayor
City of San Bernardino

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

Beverly Earl
Director
Catholic Charities San Bernardino/Riverside

Ray Gonzalez
Board Member
St. Bernardine Medical Center

Peggi Hazlett
Director of Business, Finance & Communications
Public Safety Academy

Valithia Head
IESA⁴ Director of Strategic Business Development

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

Jackie Kimball, RN
Manager, Clinical Support Services
St. Bernardine Medical Center

Cynthia Luna
Executive Director
Latino Health Collaborative

Linda McDonald
IESA Vice President, Mission Integration

Kathleen McDonnell
IESA Manager, Community Benefit

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

Elizabeth Moran
IESA Manager
Communications/Media/Advocacy

Roz Nolan, RN
Home Health/Education/ Workforce Development
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

Michelle Rainer
Vice President/Executive Director
St. Bernardine Medical Center Foundation

Carrie Schmidt
Manager, Volunteer Services
Community Hospital of San Bernardino

Roberta Shouse⁵
Executive Director
Legal Aid Society of San Bernardino

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

Kimberly VandenBosch
Senior Director Southern California East/West
Marketing, Communications & Advocacy

Margo Young, C.PP.S., MD
IESA Director, Community Health

Sandee Zschomler
Vice President/Executive Director
Community Hospital of San Bernardino Foundation

⁴ Inland Empire Service Area includes both CHSB and SBMC

⁵ Sadly, Roberta Shouse passed away July 4, 2013

ADDENDUM B

DIGNITY HEALTH

SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY

(June 2012)

Policy Overview:

Dignity Health is committed to providing payment 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, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment 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 Payment Assistance:

- Eligibility for payment 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 payment 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 Dignity Health 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 payment assistance and a determination of financial need occur prior to rendering of services. The need for payment 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 payment assistance becomes known.
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Payment 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 termination 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 Dignity Health 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 Dignity Health 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 Dignity Health facility.

Dignity Health’s administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

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

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health 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 Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment 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:

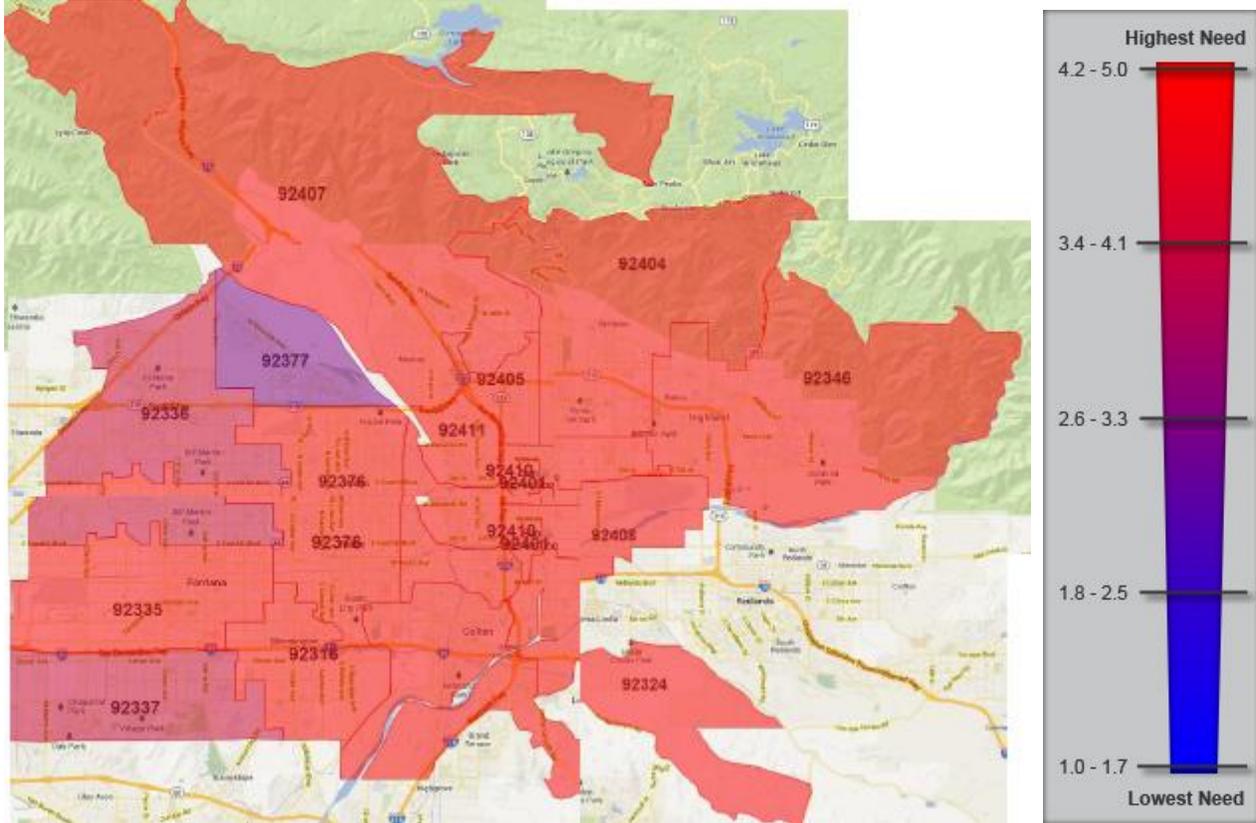
- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient’s good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient’s good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health 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, Dignity Health management and Dignity Health 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



Zip Code	CNI Score	Population	City	County
92316	4.6	28,235	Bloomington	San Bernardino
92324	4.8	55,101	Colton	San Bernardino
92335	4.8	91,688	Fontana	San Bernardino
92336	3.6	86,343	Fontana	San Bernardino
92337	3.8	37,983	Fontana	San Bernardino
92346	4.2	52,995	Highland	San Bernardino
92376	4.6	78,264	Rialto	San Bernardino
92377	2.6	22,614	Rialto	San Bernardino
92401	5	1,982	San Bernardino	San Bernardino
92404	5	53,549	San Bernardino	San Bernardino
92405	5	26,064	San Bernardino	San Bernardino
92407	4.6	62,533	San Bernardino	San Bernardino
92408	5	15,077	San Bernardino	San Bernardino
92410	5	48,174	San Bernardino	San Bernardino
92411	5	24,635	San Bernardino	San Bernardino

CNI Median Score: 4.8