

*San Joaquin  
Community Hospital*



**2013 – 2015  
Community  
Health Plan**

# Table of Contents

<b>Letter from the CEO</b> .....	<b>4</b>
<b>Identifying Information</b> .....	<b>8</b>
<b>Community Health Plan Team Member</b> .....	<b>9</b>
<b>Mission, Vision and Values</b> .....	<b>10</b>
<b>Community Profile</b> .....	<b>11</b>
<b>Community Health Needs Assessment Overview</b> .....	<b>17</b>
<b>Partner List</b> .....	<b>33</b>
<b>Connecting Strategy and Community Health</b> .....	<b>35</b>
<b>Terms and Definitions</b> .....	<b>37</b>
<b><i>Financial Assistance Policy</i></b> .....	<b>38</b>
<b>Community Benefit &amp; Economic Value</b> .....	<b>43</b>
<b>Community Benefit Summary</b> .....	<b>44</b>
<b>References</b> .....	<b>45</b>
<b>Appendix A – Policy: Community Health Needs Assessment and Community Health Plan Coordination</b> .....	<b>47</b>

# Overview of Adventist Health



San Joaquin Community Hospital (SJCH) is an affiliate of Adventist Health, a faith-based, not-for-profit, **integrated health care delivery system** headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawaii, Oregon and Washington.

Adventist Health **entities** include:

- 19 **hospitals** with more than 2,700 beds
- More than 220 **clinics** and outpatient centers
- 14 **home care agencies** and 7 hospice agencies
- Four joint-venture **retirement centers**
- Workforce of 28,600 includes more than 20,500 employees; 4,500 medical staff physicians; and 3,600 volunteers

We owe much of our heritage and organizational success to the **Seventh-day Adventist Church**, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths.

Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as



healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and nearly 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

**Our Mission:** To share God's love by providing physical, mental and spiritual healing.

**Our Vision:** Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

# Letter from the CEO

Dear Community:

There's nothing quite like being part of a community. For more than 100 years, San Joaquin Community Hospital has been an integral part of Bakersfield and Kern County. That was the vision of Margaret Quinn and Mary O'Donnell from the beginning. Seeing a need for additional health care options in a community that was booming with oil and agricultural growth, Quinn and O'Donnell – who were working at another local hospital at the time – decided to pool their own money to build a new hospital in downtown Bakersfield. With the help of a few generous and prominent business leaders, the young ladies gathered enough seed money to turn the dream into reality. In 1910, a 26-bed facility they named San Joaquin Hospital opened on the corner of 27<sup>th</sup> and Eye streets.



The entrepreneurial spirit that SJCH was built on has continued to drive every aspect of our organization. We've achieved a number of community "firsts" that have propelled health care forward in Kern County. You may not know that SJCH was the first local hospital to perform open-heart surgery in 1972. More recently, we became the first hospital between Los Angeles and San Francisco to have both a nationally accredited chest pain center and a nationally certified stroke center under one roof. These advances in health care are especially important in Kern County where access to health care, chronic disease and poor environmental and lifestyle indicators, make our community one of the unhealthiest places in California.

At SJCH, our credo is to focus on solutions. That's why we've met the challenges stated above with a number of programs and initiatives. One of our most significant efforts began in 1996 when we launched our Children's Mobile Immunization Program. With

support from First 5 Kern, we have provided more than 198,000 free immunizations to Kern County children. In this report, you'll learn more about the health issues facing our community. But more importantly, you'll gain an appreciation for what SJCH is doing to help ensure our community members live longer, healthier lives.

Sincerely,

A handwritten signature in blue ink, appearing to read "D Duffield".

Doug Duffield  
President and CEO

# Invitation to a Healthier Community

**Where** and **how** we live is vital to our health. As you read this document, think about health in our communities as the environment in which we live, work, and play. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population.

The Community Health Plan marks the second phase in a collaborative effort to identify our community's most pressing health needs. A Community Health Needs Assessment (CHNA) was conducted in 2013 to identify potential priority areas for community health. The CHNA was conducted not only in response to California's community benefit legislation (SB 697), Oregon's community benefit legislation (HB 3290) and The Affordable Care Act (H.R. 3590), but to truly fulfill the mission of the Adventist Health, "To share God's love by providing physical, mental and spiritual healing."

Community-based prevention, particularly interventions that look upstream to stop the root causes of disease, can reduce the burden of preventable illnesses. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are all key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population. Adventist Health uses [The Community Guide](#), a free resource, to help communities choose programs and policies to improve health and prevent disease. This resource guides communities towards interventions that have proven to be effective, are appropriate for each unique community and evaluate the costs and return on investment for community health interventions.

Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. To aid in comparability across

regions, it is important to identify and be in alignment with statewide and national indicators.

When available, Healthy People 2020 was used as targets to align our local interventions. The Healthy People 2020 initiative provides science-based, 10-year national objectives for improving the health of all Americans.

The results of the CHNA guided the creation of a detailed plan to meet identified community needs, as well as community plans to address needs that our hospital may not be able to provide. In response to those identified needs, SJCH has adopted the following priority areas for our community health investments for 2013-2015:

- Childhood Immunizations
- Chronic Disease: Heart Disease, Cancer, Stroke
- Access to Health Care

In addition, SJCH continues to provide leadership and expertise within our health system by asking the questions for each priority area:

- 1) Are we providing the appropriate resources in the appropriate locations?
- 2) Do we have the resources as a region to elevate the population's health status?
- 3) Are our interventions making a difference in improving health outcomes?
- 4) What changes or collaborations within our system need to be made?
- 5) How are we using technology to track our health improvements and provide relevant feedback at the local level?

Building a healthy environment requires multiple stakeholders working together with a common purpose. We invite you to explore our health challenges in our communities outlined in this assessment report. More importantly, though, we hope you imagine a healthier region and collectively prioritize our health concerns and find solutions across a broad range of sectors to create communities we all want for ourselves and our children

# Identifying Information



## **San Joaquin Community Hospital**

Number of Hospital Beds: 254

Doug Duffield, CEO

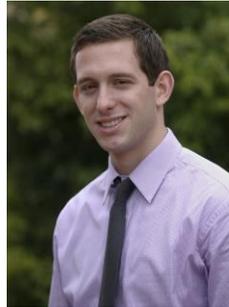
Beth Zachary, Chair, Governing Board

2615 Chester Ave.

Bakersfield, CA 93301

661-395-3000

# Community Health Plan Team Member



**Jimmy Phillips**  
Director of Marketing  
Principal Author

Per the Section B(3) of the Adventist Health Community Needs Assessment and Community Health Plan Coordination Policy (AD-04-006-S), the CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review the CHNA and CHP with the local governing board.

**SJCH Governing Board** members include: Bernie Barmann, Attorney (Retired); Brian Brenner, M.D. Doug Duffield, SJCH President and CEO; John Dovichi, Dovichi Custom Homes; Chris Frank, Bakersfield Chamber of Commerce (Retired); Kenneth Gibb, Retired SJCH CFO; Steve Horton, Central California Conference of SDA; Hormuz Irani, M.D.; Joe MacIrvine, Paramount Farming Company; Debbie Moreno, Bakersfield Chamber of Commerce (Retired); John Owens, M.D.; Cary Shakespeare, M.D.; Scott Reiner (Chair), Adventist Health President and CEO.

# Mission, Vision and Values

## Mission

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

## Vision

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

## Values

Compassion: The compassionate, healing ministry of Jesus.

Respect: Human dignity and individuality.

Integrity: Absolute integrity in all relationships and dealings.

Quality: Excellence in clinical and service quality.

Stewardship: Responsible resource management in serving our communities.

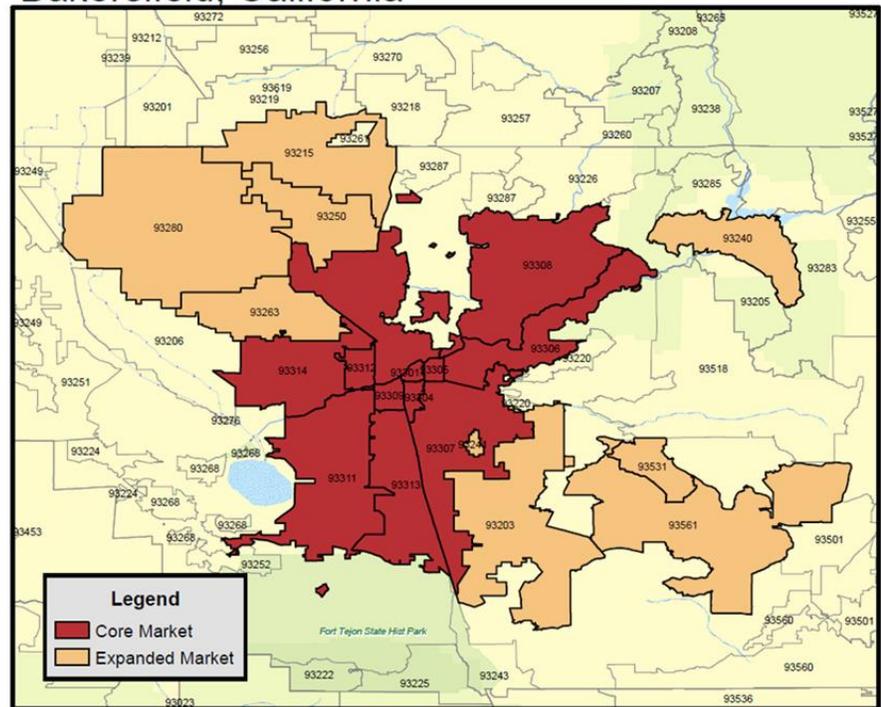
Wholeness: The health care heritage of the Seventh-day Adventist Church.

Family: Each other as members of a caring family.

# Community Profile

SJCH is a not-for-profit, full service, acute care hospital with 254 licensed beds boasting the highest ratio of private rooms in Kern County. Having served the community for over 100 years, SJCH continues to be a pioneer of health care innovation in the San Joaquin Valley. In 2009, the hospital became the first between Los Angeles and San Francisco to have both a Nationally Certified Stroke Center and Nationally Accredited Chest Pain Center. In addition, SJCH is home to Kern County's only full-treatment burn center; an award-winning Maternity Care Center; The Wellness Center for diabetes education and cardiac rehab; and Quest Imaging, a top-notch radiology and diagnostic imaging center. In 2013, the hospital opened The AIS Cancer Center, a comprehensive cancer treatment facility affiliated with the UC Davis Comprehensive Cancer Center.

Bakersfield, California



SJCH serves its primary service area, Bakersfield, with a population over 350,000. The secondary service area is the rest of Kern County, with a population of over 850,000 (United States Census Bureau, 2013).

Kern County was created from parts of Los Angeles and Tulare counties in 1866. The county derived its name from the Kern River, which was named for Edward Kern, topographer of General John Fremont's 1845 California expedition. Kern County is California's third-largest county in land area, covering more than 8,000 square miles with three distinct physical environments: valley, mountain, and desert.

Kern County is among the fastest growing counties in the state, seeing both natural growth and migration. Kern County has sometimes been referred to as "The Golden Empire," because of its rich history of gold, oil, and agricultural production. Located at the southern end of California's Central Valley, Kern County consistently ranks among the top five most-productive agricultural counties in the United States and is one of the nation's leading petroleum-producing counties. Because of its unique geographical positioning, Kern has also become the distribution center for some of the world's largest companies. The county is already host to a major freeway system, providing access to California's central coast, Arizona, Nevada, and Utah.

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

The Census Bureau reports Kern County's 2008-2012 median household income was \$47,727. By comparison, the median household income in California was \$61,400. The per capita income figure is often used to measure the economic health of counties and other regions. It is calculated by dividing an area's total income by the number of residents. According to the Census Bureau, the Kern County per capita income was \$20,216. By comparison, the per capita income in California was \$29,551 during the same year (United States Census Bureau, 2013).

### **Quality of Life Factors**

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

Bakersfield offers the best of what California has to offer – affordable land, an abundant and qualified workforce, diversified employment opportunities, a cooperative city and county government, strong family values bolstered by over 550 churches and synagogues, and community programs committed to the growth and stability of the family. Housing and housing development – considered among the most affordable in California – contribute significantly to Bakersfield's allure. According to Kern County Economic Development Corporation, Kern's median housing value is \$171,200 for existing single-family dwellings, compared to the State of California's median housing price of \$383,900. Bakersfield has also earned statewide recognition for its residential building quality, with many newer homes designed to be some of the most energy efficient in the country (United States Census Bureau, 2013).

With growth come practical concerns such as transportation. Kern County offers a wide variety of local and commuting public transit services. Amtrak serves the Central Valley with daily train service going north and connecting bus service to the south. The Golden Empire Transit District (GET) provides daily bus services throughout the Bakersfield area. The Kern Regional Transit System (KRT) provides bus service connecting Bakersfield with the rest of the county. The William M. Thomas Air Terminal at Meadows Field, located in Bakersfield, provides commercial flight service for passengers and freight plus a variety of aviation services. Flights to Denver, Houston, Los Angeles, Phoenix, and San Francisco provide easy access to hundreds of domestic and international destinations. Current carriers are United Express and U.S. Airways.

The economic base of Bakersfield and Kern County has traditionally been driven by agriculture and petroleum-related enterprises. Diversification of the local economy has been underway for several years now. However, attraction of new businesses such as IKEA, Famous Footwear and Target distribution centers and the expansion of national and international agricultural markets, has positively impacted Bakersfield's unemployment rates and has added to our growing economy. In 2013, work began on a new outlet mall, located just off Interstate 5 at the southern edge of the San Joaquin Valley, which will attract millions of travelers between Northern and Southern California.

Bakersfield is fortunate to have the finest of medical professionals and the latest in health care technologies right in the community. From trauma to surgical to

occupational medicine centers, family services and counseling to specialized clinics, home care agencies to health, fitness and education facilities, plus many support organizations such as American Cancer, Diabetes, Heart, Lung and Alzheimer's associations – Bakersfield offers a wide range of places to turn to for help and to ensure that everyone's health and well-being are in good hands. Local physicians can perform virtually every medical and surgical procedure in local hospitals. Despite uncertainty in the health care industry, seven local hospitals and over 700 physicians provide the foundation for a solid health care economy.

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

Entertainment and cultural opportunities have grown to accommodate a wide spectrum of tastes in recent years. Bakersfield's Rabobank Arena and Theater serves as a reminder of Bakersfield's heritage and growth and is a direct reflection of both city and private industry joining forces to ensure a greater appeal for visitors and residents. Rabobank Arena, which seats up to 14,000, serves as home to the Condors – Bakersfield's own professional hockey team. CSUB, a member of the NCAA's Western Athletic Conference, participates in a variety of men's and women's varsity athletics. Not to be outdone by the sports-minded, residents enthusiastically support their own symphonic orchestra, The Bakersfield Symphony Orchestra. In addition, the Masterworks Chorale, CSUB's Musica de Camera, and several local theaters host both national touring company productions as well as local theater group productions. In 1997, country music legend Buck Owens memorialized his own musical career with the opening of the Buck Owens Crystal Palace, featuring live country music, dinner shows,

dancing, and a well-stocked museum hosting some of the finest western memorabilia displayed in the U.S.

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

### **Community Snapshot**

**Population:** In 2011, the population of Kern County was 851,710 persons, or 2.3 percent of California's population. The county covers 5.2 of California's land area.

**Age:** Kern County has a greater proportion of youth under 18 years of age (29.9%) compared to California (24.6%) and the United States (23.7%). There is also a smaller portion of person 65 and over (9.1%) as compared to the state (11.7%) and the nation (13.3%).

**Income:** Kern County has less per capita income (\$20,100) and median household income (\$47,089) compared to California (\$29,188, \$60,883, respectively), and United States (\$27,334, \$51,914, respectively).

**Poverty:** Kern County has a higher poverty rate (20.6%) compared to California (13.7%) and the United States (13.8%).

**Race/Ethnicity:** Approximately 83% of the Kern County population is White (83%), however only 37.9% is non-Hispanic White. Individuals with Hispanic or Latin origin make up a large proportion of the community (50%), a higher proportion compared to California (38.1%) and the United States (16.7%). Those that identify as Black make up 6.3% of the population, similar to California (6.6%) but less than the United States (13.1%). Asians make up a smaller proportion of the community (4.7%) compared to California (13.6%), but similar to the United States (5%).

**Immigrants:** There are fewer foreign born individuals (20.5%) compared to California (27.2%), but greater than the United States (12.7%). There is a high proportion of



individuals 5 years or older who speak a language other than English at home (41%). This is similar to California (43%), but higher than the United States (20.1%).

Note: All data in the “Community Snapshot” section was taken from the Kern County Community Health Needs Assessment.

# Community Health Needs Assessment Overview

The Community Health Needs Assessment (CHNA) includes both the activity and product of identifying and prioritizing a community's health needs, accomplished through the collection and analysis of data, including input from community stakeholders that is used to inform the development of a community health plan. The second component of the CHNA, the community health plan, includes strategies and plans to address prioritized needs, with the goal of contributing to improvements in the community's health.

In Kern County, the not-for-profit hospitals have a long history of working together to actively engage in a number of practices that aim to improve the health of the community. These practices, commonly known as community benefit, are programs and services intended to improve access for disadvantaged groups or to address important health care matters for a defined population.

We are pleased to deliver the Community Health Needs Assessment (CHNA) for Kern County. The main purpose of this report is to gain insight into current conditions and trends of various health indicators and to identify areas for improvement. This 2012/2013 Assessment is a collaborative effort of the Kern County Community Benefit Collaborative that is comprised of Delano Regional Medical Center, Dignity Health (Mercy and Memorial Hospitals), Kaiser Permanente, and San Joaquin Community Hospital.

The Collaborative hopes that this community needs assessment will be used to inform and engage local stakeholders and community members to promote collaborative efforts based on data, community input and group consensus in order to improve the health of local residents.

By examining unmet health care needs of Kern County, the Collaborative hopes to:

- Engage local stakeholders
- Generate knowledge that will lead to collaborative action
- Identify data that would be useful for policy and advocacy work
- Assess community needs and assets
- Develop a community dissemination plan
- Provide on-going tracking and monitoring

As an important companion to this report, an interactive website was created in 2010 that contains detailed information concerning the residents of Kern County. The website is located at [healthykern.org](http://healthykern.org). The Kern County Community Health Needs Assessment Steering Committee greatly acknowledges all current and former sponsors of the website – Bakersfield Family Medical Center, Boys and Girls Club of Kern County, Delano Regional Medical Center, Dignity Health (Mercy and Memorial Hospitals), Greater Bakersfield Legal Assistance, Kaiser Permanente, Kern Community Foundation, Kern County Public Health Services Department, Kern Health Systems, Pacific Health Education Center, San Joaquin Community Hospital, St. Francis Catholic Church, and United Way of Kern County.

SJCH feels confident that we are working hard to listen to our community and collectively identify needs and assets in our region. In an effort to examine the health related needs of the residents of Kern County and to meet all of the known guidelines and requirements of the IRS 990 standards that have been published to date, the Steering Committee and consulting team employed both qualitative and quantitative data collection and analysis methods. Qualitative methods ask questions that are exploratory in nature and are typically employed in interviews and/or focus groups. Quantitative data is data that can be displayed numerically. In addition, both primary and secondary data were collected. Primary data is data that was collected specifically for this study by the Steering Committee members and consultant team. Secondary data includes data and information that was previously collected and published by some other source.

### *Quantitative Data*

The quantitative secondary data collection process included a comprehensive collection and review of health and quality of life data, collected and analyzed through the use of Healthy Communities Network System, a web-based community health data platform developed by Healthy Communities Institute. The system is hosted on the Healthy Kern website located at [healthykern.org](http://healthykern.org). It includes a comprehensive dashboard of approximately 140 community indicators from over 12 state and national public data sources, covering over 20 topics in the areas of health, determinants of health, and quality of life. The dashboard utilizes a color-coding methodology where the colored gauge provides a visual representation of how Kern County is doing in comparison to other communities. The three-colored gauge represents distribution of values from the reporting regions (e.g. counties in the state) ordered from those doing the best to those doing the worst (sometimes lower values are better and in other cases higher values are better). From that distribution, the green represents the top 50<sup>th</sup> percentile, the yellow represents the bottom 25<sup>th</sup> to 50<sup>th</sup> percentile, and the red represents the “worst” quartile. In order to determine community needs, each of the approximately 140 available indicators was analyzed on the following criteria.

1. Was Kern County in the worst performing half of all counties in the state or nation?
2. Did Kern County fail to meet the national Healthy People 2020 goals?
3. Was there an apparent health disparity?

When over 80% of the indicators met at least one of these criteria, the highest priority needs were determined by further refining the criteria to select only indicators that were in red or yellow and did not meet the Healthy People 2020 goals. These highest priority areas are included in the study. The basis of the Healthy People 2020 goal is to provide science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 continued in this tradition with the launch on December 2, 2010 of its ambitious, 10-year agenda for improving the nation’s health. Healthy People 2020 is the result of a multiyear process that reflects input from a diverse group of individuals and organizations.



The primary data collection process in Kern County included two surveys with a total of 1,170 participants (200 in the Delano Community Alliance Needs Assessment Survey and 970 in the Community Survey). The Needs Assessment Survey was conducted by Strategy Solutions to support the CHNA process.

### ***Qualitative Data***

To validate the data, and to ensure a broad representation of the community, qualitative data was collected through a total of 27 individual interviews with key stakeholders in the community. These interviews helped gather a personal perspective from those who have insight into the health of the community and region. The interviews were designed to gain insights from diverse community groups and underrepresented populations. These individuals also provided suggested activities from improving the health of the region.

# Identified Priority Needs

After conducting the CHNA, we asked the following questions:

- 1) What is really hurting our communities?
- 2) How can we make a difference?
- 3) What are the high impact interventions?
- 4) Who are our partners?
- 5) Who needs our help the most?

On November 16, 2012 the Collaborative invited hospital and community leaders to review the data and prioritize the needs and issues. In preparation for the meeting, the group discussed and identified four different criteria by which the issues would be evaluated. A “criteria matrix” exercise was developed using the OptionFinder audience response technology, to demonstrate immediate results. The group identified the top 10 priorities using the criteria rating system. Collaborative members agreed that each hospital would develop their individual action plans addressing the issues that each felt were top priority for them, based on the results of the study.

From this analysis, SJCH identified three primary focus areas as needing immediate attention, moving forward:

## Priority Area 1

### **Identified Need:** Childhood Immunizations

Categorized under the Healthy Mothers, Babies and Children Problem Rankings in the Kern County CHNA, Childhood Immunizations is the need that is most in line with the mission and structure of SJCH. The hospital has a long legacy of helping to improve access to childhood immunizations in Kern County. When SJCH’s Children’s Immunization Program began in 1996, only 39% of Kern County’s children were up-to-date on immunizations. Today, statistics show that 94% of Kern County kindergarteners are up to date on their required immunizations – a true testament to the value that

Proposition 10 funds bring to our community and an indication that we still have work to do in maintaining this success for the next generation (Healthy Kern, 2014).

**Goal:** Increase immunization rates and reduce preventable infectious diseases for children ages 0 – 18 with a focus on those children under 5 years of age.

**Objective:** Increase effective vaccination coverage levels for universally recommended vaccines among children in Kern County (priority ages 0 – 5 years).

**Interventions:**

1. Children’s Mobile Immunization Program: By utilizing a specially-equipped recreational vehicle, the immunizations team provides free immunizations to uninsured children throughout Kern County. The clinics are publicized through the hospital’s website and multiple media outlets. Since the program was established, more than 100,000 free immunizations have been provided to the children of Kern County.

**Evaluation Indicators:**

Short Term – Host 175 clinics to provide at least 17,500 children with required immunizations in 2014

Long Term – Maintain at least 90% of kindergarteners with required immunizations.

Collective Impact Indicator: Reduce illness, disability and mortality related to infectious disease due largely to immunizations in Kern County.

**Program Highlight:** The SJCH Children’s Mobile Immunization program is working to save lives, as well as saving our community more than \$5 million annually according to a recently released report prepared by the Applied Research Center at California State University, Bakersfield. Several cost-benefit studies have been completed on immunization programs for vaccine-preventable diseases. The conclusion of a majority

of the studies is that vaccines are considered the most cost-beneficial of health intervention strategies. To determine the savings to our community, the Applied Research Center took the cost of the program and added in the cost of hospitalization, medications and physicians' services to care for a child who contracts a preventable disease. It also took into consideration the cost if that child then passes it on to other family members or possibly even starts a community epidemic.

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

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

Since the program began in March 1996, the Children's Mobile Immunization Program has continually met and exceeded its goals. Over 77,000 children have received more than 198,000 immunizations against dreaded childhood diseases including polio, measles, mumps and rubella, and H=hepatitis A and B. When the program began, only 39% of Kern County's children were up-to-date on immunizations. Today, statistics show that 94% of Kern County Kindergarteners are up to date on their required immunizations – a true testament to the value that Proposition 10 funds bring to our community and an indication that we still have work to do.

During 2013, 176 pediatric clinics were held with 5,509 patients receiving 17,832 vaccines. Clinics are held at a variety of locations including program sites for the

Community Action Partnership of Kern and Clinica Sierra Vista, various shopping center parking lots and at numerous schools throughout Kern County. The hospital also provides education and information to local physicians and their staff on how to reach more children to be immunized. Also in 2009, San Joaquin Community Hospital applied to First 5 Kern (KCCFC) for the continuation of the Children's Mobile Immunization Program and was awarded \$1.8 million for 2010 through 2013. This grant award not only validates the necessity of the program for the children in Kern County, but also endorses the effort and excellence that SJCH's program has provided.

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

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

In 2013, the Center for Disease Control issued new guidance for the use of 317 vaccines. Although these vaccines were offered free of charge to all children under the age of 18 in the past, the vaccines are currently provided at no cost to children who meet one of the following criteria:

- No health insurance
- Under-insured
- Eligible for Medi-Cal and the Child Health and Disability Program
- American Indian or Native Alaskan

With this shift, SJCH has further prioritized hosting clinics in areas with high populations of uninsured or under-insured children.

## Priority Area 2

### **Identified Need:** Chronic Disease: Heart Disease and Stroke, Cancer

In 2008-2010, cancer (of all sites) and coronary heart disease were top leading causes of death in Kern County. At 167.9 deaths/100,000 population deaths due to cancer, Kern is performing in the bottom 25<sup>th</sup> percentile of counties in the nation. The highest cancer death rates are for lung (45.1 deaths/100,000 population), followed by prostate (25.1 deaths/100,000 males) and breast cancer (21.8 deaths/100,000 females). Kern is meeting national Healthy People 2020 goals for colorectal and lung cancer death rates, and not meeting goals for breast, prostate and overall cancer rates.

With 166.2 deaths/100,000 population, Kern County has the highest coronary heart disease death rate out of all the California counties (2008-2010). In addition, with 43.7 deaths/100,000 population due to cerebrovascular disease (stroke), the county is performing between the bottom 25<sup>th</sup> and 50<sup>th</sup> percentile of all California counties (2008-2010). Kern County is not meeting the Healthy People 2020 goal for either stroke or coronary heart disease death rates (2008-2010).

**Goal:** Improve cardiovascular health and quality of life through community-based prevention, detection, and treatment of risk factors for heart disease, stroke and cancer.

**Objective:** Educate the community on how to prevent chronic disease and recognize the symptoms at an early stage.

### **Interventions:**

1. Hold at least 30 community education events centering on prevention and early detection of cancer, heart disease and stroke.
2. Community lecture series: In 2014, SJCH will launch a community lecture series, hosted at the hospital with free admittance to the community at-large. Presenters, which will include physicians and service line leaders, will focus on chronic disease prevention, warning signs and management. A past example includes a

free seminar conducted by The AIS Cancer Center, which focused on cancer-friendly nutrition.

3. Hold community education workshops to increase knowledge and behavior related to consumption of fresh fruits and vegetables, and promote physical activity.
4. Community education booths: In conjunction with local non-profit organization and business, SJCH will participate in community health fairs and other key events to create awareness of the disease, conduct screenings and provide free education on cancer, heart disease and stroke.

**Evaluation Indicators:**

*Short Term* – Increase community access to educational and screening events centered on cancer, heart disease, and stroke prevention.

*Long Term* – Improve the overall percentile rankings for cancer, heart disease and stroke by one quartile.

*Collective Impact Indicator:* Identify and address substantial gaps in the cardiovascular surveillance system across the Kern County Community Benefit Collaborative.

**Program Highlight:** In 2009, SJCH became a Nationally Accredited Chest Pain Center by the Society of Chest Pain Centers. At the time, this accreditation made SJCH the only hospital between Los Angeles and San Francisco with both a Nationally Certified Stroke Center and Nationally Accredited Chest Pain Center under one roof. In 2011, the Chest Pain Center received the American College of Cardiology Foundation’s National Cardiovascular Data Registry ACTION Registry-Get With The Guidelines Silver Performance Achievement Award – one of only 94 hospitals nationwide to do so. In 2012, the Chest Pain Center once again earned full accreditation with PCI from the Society of Cardiovascular Patient Care (formally, the Society of Chest Pain Centers).

As an accredited chest pain center, SJCH is viewed as a key component in helping educate the Bakersfield and Kern County community on the importance of recognizing the symptoms of a heart attack, as well as preventing cardiac disease by eliminating key lifestyle risk factors. The Chest Pain Center team has worked diligently to increase

education in Kern County, which ranks last out of all California counties for incidence of heart disease. Heart disease is the number one cause of death in America today. Current efforts include:

- Working with local EMS and hospitals as part of a Stemi System of Care Taskforce. Among other initiatives, this taskforce is focused on improving transfer agreements with all Kern County hospitals and implementing in-field ECGs to help diagnose patients before they get to the hospital.
- Community education events, including health screenings and public CPR trainings.
- Participation in the Early Heart Attack Education (EHAC) program, with an emphasis on educating SJCH employees to recognize the early symptoms of a heart attack.

Most recently, the hospital's Chest Pain Center was recognized as a Mission Lifeline Heart Attack Receiving Center – only the second hospital in California to receive such recognition. The award is the highest designation given for consistency in treating STEMI (ST segment elevation myocardial infarction) incidents, a severe form of acute heart attack.

In addition, the hospital has also received the Mission Lifeline Gold Plus Award for stroke care, the highest award given by the organization for stroke care. SJCH is working with EMS and other local partners to develop a local taskforce focused on stroke care, similar to the Stemi System of Care Taskforce described previously.

## Priority Area 3

### **Identified Need:** Access to Health Care

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone. Access means many things to communities but most often revolves around the topics of availability, cost and levels of coverage for health care. Employment, poverty, education, transportation, cultural identity, communication and language barriers, age, mental health, and a host of social indicators emerge within the topic of health care access.

In 2009, it's estimated that only 94.2% of children under 18 years of age and 77.1% of adults in Kern County had insurance in 2009, it's estimated that only 94.2% of children under 18 years of age and 77.1% of adults in Kern County had health insurance, placing Kern County between the 25<sup>th</sup> and 50<sup>th</sup> percentile of the worst performing counties in California. Only 77.6% of individuals reported a usual source of health care, placing Kern at the bottom quartile of California counties for this measure. Especially low health care access was noted among Hispanic/Latino individuals. An estimated 6.6% of Hispanic children, 34.3% of Hispanic/Latino adults, and 19.8% of disabled Hispanic/Latino adults were uninsured. Only 78.6% of Hispanic adults had a regular source of care. Kern County is not meeting national Healthy People 2020 goals for health insurance coverage (100% of people insured) and provider stability (95% of people have a specific source of ongoing care).

In 2009, only 66.7% of adults received a colon cancer screening, placing Kern between the 50<sup>th</sup> and 25<sup>th</sup> percentile of the worst performing counties in California. In 2007, only 80.3% of women aged 18 and over received a pap smear in the past three years, placing Kern in the worst performing quartile of counties in California.

**Goal:** Improve access to comprehensive health care services.

**Objective:** Increase the number of adults and children who have health care coverage in our service area.

## **Interventions:**

1. Jesus Shack Mobile Medical Unit: With the best interest of the community in mind, SJCH initiated a partnership with Jesus Shack through a \$50,000 donation to help build the Jesus Shack Mobile Medical unit.
2. If a person requires further diagnostic tests or care, they are referred to a local health provider. SJCH has partnered with Jesus Shack on a voucher program that provides additional services to individuals for minimal co-pay.
3. Provide healthcare to at least 50 individuals per month through the mobile medical clinic; have at least 50 individuals complete online health risk assessments per month.
4. SJCH will provide six online screening tools free to the public, the tools focus on cancer (breast, prostate, colorectal, lung), heart disease and stroke.
5. SJCH's aligned service lines will provide proactive follow-up to patients who show up as "high risk" after completing an assessment. As an anecdote, an individual who completed the online risk assessment was subsequently diagnosed and is currently receiving treatment for lung cancer.

## **Evaluation Indicators:**

*Short Term* – Number of individuals provided with healthcare services as a result of the online screening tools and mobile outreach.

*Long Term* – Total percentage of the Kern County population with health insurance.

*Collective Impact Indicator* – Increase the proportion of adults and children who have a specific source of care across the Kern County Community Benefit Collaborative.

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

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

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

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

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

In addition to SJCH's initial \$50,000 investment, the hospital agreed to donate \$30,000 each year to fund computers, lab equipment and other medical supplies. Since the Mobile Medical unit requires the need for medically-trained volunteers, SJCH regularly invites Jesus Shack to display the unit at many of its hospital and community events,



including: GospelFest, Sacred Work Sabbath and Hospital Week. During these events, SJCH officials make regular appeals to physicians, nurses and other medical professionals to lend their time and expertise to the Mobile Medical outreach.

The year 2013 was the third full year of the Mobile Medical program. Throughout the year, 85 clinics were held regularly throughout Bakersfield, provided free and low-cost health care to 553 patients. SJCH and Jesus Shack have a long history of providing key outreach services to the community. Both organizations remain committed to partnering to ensure the health and wellness of Bakersfield and Kern County through Jesus Shack Mobile Medical.

## Priority Areas Not Addressed

### **Chronic Disease (Asthma, Obesity, Diabetes) and Infectious Disease (STDs):**

Although SJCH provides education and support services in these disease areas, the hospital has decided to center its outreach strategies on higher acuity illnesses that include heart disease, stroke and cancer. However, SJCH does have an American Diabetes Association-accredited education course available to insured patients. Overall, however, the hospital does not have a comprehensive community benefits program to reach the community in these areas. In some cases, i.e. sexually transmitted diseases, a hospital is not as equipped to impact change as other community organizations, such as the Public Health Department and highly focused non-profit organizations.

### **Healthy Mothers, babies and children (low birth weight, infant mortality, pre-term birth):**

Over the past few years, SJCH has helped Kern County make significant leaps in this area, mostly through the opening of a new 9-bed Neonatal Intensive Care Unit which opened in 2009. In a community starved for NICU beds, SJCH's new facility continues to operate at a high capacity. Through work with the March of Dimes, the hospital also joined with other community health care facilities to implement a policy prohibiting elective birth prior to 39 weeks, which has been proven to alleviate many complications arising from premature birth. Moving forward, SJCH is working toward becoming a Baby Friendly Hospital. In part, this program places a strong emphasis on breast-feeding. Although progress is being made toward the accreditation, there is not a specific timeline for completion.

# Partner List

SJCH supports and enhances regional efforts in place to promote healthier communities. Partnership is not used as a legal term, but a description of the relationships of connectivity that is necessary to collectively improve the health of our region. One of the objectives is to partner with other nonprofit and faith-based organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community. Many important systemic efforts are underway in our region, and we have been in partnership with multiple not-for-profits to provide quality care to the underserved in our region.

We believe that partnerships are effective tools in improving the health of our community. Together, we are able to leverage our resources and strengths and have a greater impact. We can build a greater sense of community and a shared commitment towards health improvement.

We would like to thank our partners for their service to our community:

Adventist Medical Center: Selma Foundation  
American Cancer Society  
American Heart Association  
American Legion Post 26  
American Lung Association  
Anthony's Seeing is Believing  
ASSE Symposium  
Assistance League of Bakersfield  
AYSO Region 181  
Bakersfield Adventist Academy  
Bakersfield Central SDA Church  
Bakersfield Firefighters Burn Foundation

Bakersfield Firefighters Relief Association  
Bakersfield Museum of Art  
Bakersfield Senior Center  
Bakersfield Symphony Orchestra  
Bakersfield Twilight Rotary Foundation  
BARC Foundation  
Bethany Homeless Center  
BHS Cross Country Booster Club  
BHS Forensics  
Boys & Girls Club of Kern County  
Brain Injury Association of California  
CASA of Kern County  
Centennial High School

Central Cal Type One Diabetes Foundation  
Central California Conference  
Cruising for a Wish  
CSUB Foundation  
CSUB School of Business  
Downtown Business Association  
Dress for Success  
FIRST5 Kern  
Friends of Mercy Foundation  
Frontier FFA  
Garden Pathways  
Global Family  
Global Medical Missions  
Grace Christian Center of Bakersfield  
Greater Bakersfield Chamber of Commerce  
Hillcrest Seventh-day Adventist Church  
Hoffmann Hospice  
Houchin Community Blood Bank  
Jesus Shack  
JJ's Legacy  
Kegley Institute of Ethical Kern County Cancer Fund  
Kern County Economic Summit  
Kern County Fair: Junior Livestock  
Kern County Taxpayers Association  
Kern County Taxpayers Education Fund  
Kern Leadership Alliance  
Kings Regional Health Foundation  
Leukemia & Lymphoma Society

Liberty High School  
Links for Life  
March of Dimes  
Nelligan Sports Marketing  
Optimal Hospice Foundation  
P2E  
Professionals in Workers' Comp (PIWC)  
Rabobank Arena/SMG Truxtun  
Risk & Insurance Management Society  
Rotary Club Bakersfield West  
Sierra Junior Rodeo Association  
Simi Valley Hospital Foundation  
Southside SDA Church  
The Plank Foundation  
The Rotary Club of Taft Foundation  
Volkslauf Marine Corps League

# Connecting Strategy and Community Health

Hospitals and health systems are facing continuous challenges during this historic shift in our health system. Given today's state of health, where cost and heartache is soaring, now more than ever, we believe we can do something to change this. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of **reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community**, both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution; and
- 3) Interventions that may modify the factors to improve health outcomes.



Improving population health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
- 2) Improve care quality and patient safety; and
- 3) Advance care coordination across the health care continuum.

Our mission as a health system is to share God's love by providing physical, mental and spiritual healing. We believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

# Terms and Definitions

## ***Medical Care Services (Charity Care and Unreimbursed Medi-Cal and Medicare and Other Means-Tested Government Programs)***

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity Care also includes the cost of providing care for patients who failed to complete the financial assistance application, and who we have deemed would more likely than not have qualified for free or discounted health services had the financial assistance been requested. The difference between the cost of care provided under Medicaid, Medicare or other means-tested government programs, and the revenue derived therefrom are separately reported. Clinical services are provided regardless of any financial losses incurred by the organization.

## ***Community Health Improvement***

Activities that are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low-cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs.

Community-building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness, and environmental hazards.

## ***Health Professions Education***

This category includes educational programs for physicians, interns, and residents, medical students, nurses and nursing students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate, or training that is required by state law, accrediting body or health profession society.

## ***Subsidized Health Services***

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial

assistance, bad debt, and Medicaid shortfalls. The service is provided because it meets an identified community need and if no longer offered, it would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization to provide.

### ***Research***

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal).

### ***Cash and In-Kind Contributions***

Financial or “in-kind” contributions to support community benefit activities provided by other entities. In-kind contributions include non-cash goods and services donated by the organization to another group that provides community benefit. Donations in this category must be restricted by the organization to a community benefit purpose.

### ***Financial Assistance Policy***

We’re committed to keeping you healthy. As a result, your ability to pay should never stop you from seeking needed care. If you are uninsured or have a limited income, you may be eligible for a payment discount. You also may qualify for government programs such as Medicaid. The most recent financial assistance policy can be found at the hospital’s website: <http://sjch.us/for-patients-and-visitors/financial-assistance-policy>

# Community Benefit Inventory

Year 2013 – Inventory

In addition to the priority areas listed previously, the hospital offers many community health development interventions. As we shift into strategic initiatives to improve health within the communities we serve we will continue to support additional efforts identified as priorities to our communities. Below you will find a summary of our key interventions that may not have been included in the priority areas for the hospital.

Activities	Number of Programs
<b>Medical Care Services</b>	
<p>SJCH and Adventist Health have an extensive charity care policy, which enables the Medical Center to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and non-emergency health care. Charity care does not include: <b>1)</b> bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing such care to such patients; <b>2)</b> the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or <b>3)</b> contractual adjustments with any third-party payers.</p>	1
<b>Community Health Improvement</b>	
<ul style="list-style-type: none"> <li>• <b>AIS Cancer Center Lunch &amp; Learn education series:</b> The AIS Cancer Center at SJCH hosts regular education seminars that are free to patients, family members and community members alike. Seminar topics have centered on healthy nutrition for cancer patients and lung cancer treatment options.</li> <li>• <b>AIS Cancer Center Look Good Feel Better classes:</b> On the third Monday of each month, the AIS Cancer Center partners with the American Cancer</li> </ul>	6

Society to provide free instruction for cancer patients coping with appearance-related side effects during cancer treatment. A complimentary make-up kit is provided to all patrons.

- **Support groups:** Monthly support groups focused on helping cancer patients and burn survivors cope with their treatment and/or recovery process are hosted by the hospital and led by licensed professionals. These support groups are open to anyone in the community, whether they have been treated at SJCH or elsewhere.
- **Freedom From Smoking classes:** The AIS Cancer Center has teamed up with the American Cancer Society to provide an eight-session quit smoking workshop. Hosted at the AIS Cancer Center, the event is \$55 for community members; however, each person that completes the workshop will receive \$25 back.
- **Online risk assessment tools:** On the hospital's website ([www.sjch.us/yourrisk](http://www.sjch.us/yourrisk)) free health risk assessment tools are featured that be can utilized to indicate whether a person is at low, medium or high risk for heart disease, stroke or multiple types of cancer. These tools have led to early diagnosed illnesses in several cases.

### Health Professions Education

<ul style="list-style-type: none"> <li>• <b>Continuing Medical Education (CME) for physicians:</b> Regular continuing medical education is provided for approximately 500 affiliated physicians. Topics center on issues relating to overall and service line specific quality of care.</li> <li>• <b>Clinical Pastoral Education:</b> SJCH is accredited by the College of Pastoral Supervision and Psychotherapy (CPSP) to provide clinical pastoral education to community pastors and chaplains. The program is centered on equipping spiritual leaders to serve as licensed chaplains in hospitals, hospice centers, federal programs and police departments.</li> <li>• <b>Versant Residency and RN Re-Entry programs:</b> The Versant Residency Program is an 18-week course for new RNs to assist in the transition from the classroom to the bedside. In addition to a classroom setting, each RN is supported by a mentor helps them adapt to the hospital environment. Similarly, the RN Re-Entry Program reacclimates licensed RNs that have four or more years of experience but have been out of the health care field for at least four years.</li> </ul>	4
<b>Subsidized Health Services</b>	
<ul style="list-style-type: none"> <li>• <b>The Grossman Burn Center:</b> In 2009, SJCH partnered with the Los Angeles-based Grossman Burn Centers to bring Kern County its first full-treatment burn center. Since opening, the facility has treated nearly 2,000 burn survivors. Despite the high patient numbers and generous community support, the center operates at a deficit due to a under/uninsured patient mix, the ongoing nature of burn care and lack of insurance coverage for necessary treatment materials, such as compression garments.</li> <li>• <b>The Mobile Children’s Immunization Program:</b> Since beginning in the late 1990s, SJCH has partnered with First 5 Kern to provide free immunizations to uninsured patients throughout Bakersfield and Kern County. Although the cost of the supplies and equipment is underwritten by First 5, SJCH fronts the cost for the salary of the program director and on-campus space for department operations. With no income generated by the service, this one-of-kind local program is operated at a loss to the hospital.</li> </ul>	2

Research	
<ul style="list-style-type: none"> <li>• <b>Community Benefit Coalition:</b> SJCH is a member of the Kern County Community Benefit Coalition. This coalition, formed by local healthcare organizations and other non-profits, jointly operates the website <a href="http://www.healthykern.org">www.healthykern.org</a>. Available to the public, this website features demographic data and updated community dashboards on the current health indicators for Kern County with zip-code drilldown available.</li> <li>• <b>Cancer Prevention Study-3:</b> In 2013, SJCH hosted the American Cancer Society's CPS-3 study, a nationwide multi-year cancer prevention research study centered on protecting future generations from cancer. Utilizing SJCH as a host site allowed community members to register for the multi-year study, which will be delivered via mail to registrants at selected intervals. This ground-breaking study is one of the largest cancer research studies ever performed.</li> </ul>	2
Cash and In-Kind Contributions	
<ul style="list-style-type: none"> <li>• Each year, SJCH supports local non-profit organizations and businesses with both cash and in-kind contribution to provide community benefit services to the community. Our partners include: <ul style="list-style-type: none"> <li>○ American Cancer Society</li> <li>○ American Heart Association</li> <li>○ American Lung Association</li> <li>○ Bakersfield Central SDA Church</li> <li>○ Bakersfield Firefighters Burn Foundation</li> <li>○ Bakersfield Rotary Clubs</li> <li>○ CASA of Kern County</li> <li>○ First 5 Kern</li> <li>○ Friends of Mercy Foundation</li> <li>○ Garden Pathways</li> <li>○ Hillcrest SDA Church</li> <li>○ Jesus Shack</li> <li>○ March of Dimes</li> </ul> </li> </ul>	N/A

# Community Benefit & Economic Value

San Joaquin Community Hospital's mission is to "share God's love with our community by providing physical, mental and spiritual healing." We have been serving our communities health care needs since 1910. Our community benefit work is rooted deep within our mission and merely an extension of our mission and service. We have also incorporated our community benefit work to be an integral component of improving the "Triple Aim." The "Triple Aim" concept broadly known and accepted within health care includes:

- 1) Improve the experience of care for our residents.
- 2) Improve the health of populations.
- 3) Reduce the per capita costs of health care.

Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low income populations avoid preventable pain and suffering; in turn, allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

# Community Benefit Summary

	TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
Traditional charity care	9,405,835	2.80%	456,383	8,949,452	2.66%
Public programs - Medicaid	-	-	-	-	-
Medicare	138,610,729	41.22%	135,454,132	3,156,597	0.94%
Other means-tested government programs	4,860,883	1.45%	591,624	4,269,259	1.27%
Community health improvement services	952,346	0.28%	-	952,346	0.28%
Health professions education	115,327	0.03%	-	115,327	0.03%
Non-billed and subsidized health services	14,464,444	4.30%	11,086,817	3,377,627	1.00%
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	122,700	0.04%	-	122,700	0.04%
Community building activities	-	-	-	-	-
<b>TOTAL COMMUNITY BENEFIT</b>	<b>168,532,264</b>	<b>50.12%</b>	<b>147,588,956</b>	<b>20,943,308</b>	<b>6.22%</b>

## References

Healthy Kern (2014). Community Health Needs Assessment. Retrieved from <http://www.healthykern.org/index.php?module=htmlpages&func=display&pid=5017>

Healthy Kern (2014). Kindergarteners with Required Immunizations. Retrieved from <http://www.healthykern.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=7805500>

United States Census Bureau (2010). Kern County, California. Retrieved from <http://quickfacts.census.gov/qfd/states/06/06029.html>



# **Appendix A: Policy Community Health Needs Assessment and Community Health Plan Coordination**

<input type="checkbox"/> Entity:			
<input checked="" type="checkbox"/> System-wide Corporate Policy	Policy No.		
Corporate Policy No. AD-04-006-S	Page		1 of 3
<input checked="" type="checkbox"/> Standard Policy	Department:		Administrative Services
<input type="checkbox"/> Model Policy	Category/Section:		Planning
	Manual:		Policy/Procedure Manual

---

## Policy: Community Health Needs Assessment and Community Health Plan Coordination

---

### POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

### DEFINITIONS

1. Community Health Needs Assessment (CHNA): A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. Community Health Plan: The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.
3. Community Benefit: A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:
  - Improve access to health care services
  - Enhance the health of the community
  - Advance medical or health care knowledge
  - Relieve or reduce the burden of government or other community efforts

Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

**AFFECTED DEPARTMENTS/SERVICES:**

Adventist Health hospitals

**POLICY: COMPLIANCE – KEY ELEMENTS**

**PURPOSE:**

The provision of community benefit is central to Adventist Health’s mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission “To share God’s love by providing physical, mental and spiritual healing.” The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health’s policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health’s policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health’s community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

**A. General Requirements**

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.
2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.
3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.
4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.
5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.
6. The financial summary of the community benefit report will be approved by the hospital’s chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

**B. Documentation of Public Community Health Needs Assessment (CHNA)**

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.
2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:
  - a. A description of the hospital's community and how it was determined.
  - b. The process and methods used to conduct the assessment.
  - c. How the hospital took into account input from persons who represent the broad interests of the community served.
  - d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.
  - e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and 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 CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).
5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.
6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

---

**Corporate Initiated Policies: (For corporate office use)**

**References:** Replaces Policy: AD-04-002-S  
**Author:** Administration  
**Approved:** SMT 12-9-2013, AH Board 12-16-2013  
**Review Date:**  
**Revision Date:**  
**Attachments:**  
**Distribution:** AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors