



St. Bernardine Medical Center

Community Benefit Report 2014 Community Benefit Implementation Plan 2015

**A message from
Steve Barron, President and CEO of St. Bernardine Medical Center, and
Dr. Lawrence Walker, Chair of the Dignity Health St. Bernardine Medical Center Community Board**

The **Hello humankindness** campaign launched by Dignity Health is a movement ignited and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. At Dignity Health the comprehensive approach to community health improvement recognizes the multi-pronged effort needed to meet immediate and pressing needs, to partner with and support others in the community, and to invest in efforts that address the social determinants of health.

At St. Bernardine Medical Center we share a commitment to improve the health of our community and have offered programs and services to achieve that goal. The 2014 Annual Report and 2015 Plan for Community Benefit fulfills section 501 (r) of the Patient Protection and Affordable Care Act, where each hospital must complete a community health needs assessment every three years and develop a community health implementation plan to document how it will address the significant health needs of the community. We are proud to provide this report as a continuation of the work we have done over the past 83 years to better the health of the communities we serve.

In addition, California State Senate Bill 697 requires not-for-profit hospitals to annually report its community benefit efforts and measurable objectives as well as its plans for the coming year. Encouraged and mandated by its governing body, Dignity Health hospitals comply with both mandates at each of its facilities, including those in Nevada and Arizona, and is proud of the outstanding programs and services that have been offered to improve the health of the communities we serve.

In fiscal year 2014, St. Bernardine Medical Center provided **\$48,874,420** in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, the total expense was **\$53,941,897**.

Dignity Health's St. Bernardine Medical Center Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 1, 2014 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at (909) 475-5083.



Steve Barron
President/CEO



Lawrence Walker, M.D.
Chairperson, Board of Directors

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EXECUTIVE SUMMARY

St. Bernardine Medical Center (SBMC) was founded in 1931 by the Sisters of Charity of the Incarnate Word. Today, St. Bernardine Medical Center is a member of Dignity Health and offers a myriad of health care services both locally and to the tertiary communities within the Inland Empire. Licensed for 463 beds with an average daily census of 194 during Fiscal Year 2014, St. Bernardine Medical Center employs 1,667 employees and maintains professional relationships with 385 local physicians and 57 Allied Health Professionals.

Major programs and services include cardiac care, critical care, orthopedic, bariatric, emergency care and obstetrics. In 2014, HealthGrades® named SBMC as one of America's 100 Best hospitals for orthopedic surgery and critical care. St. Bernardine Medical is an Accredited Community Cancer Center by the American College of Surgeons' Commission on Cancer. As one of two hospitals in San Bernardino, SBMC has a busy Emergency Department that received 76,604 visits in FY2014.

St. Bernardine Medical Center 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, during Fiscal Year 2014 SBMC focused on increased access to health care for the broader and underserved members of the surrounding community; increased programming emphasizing education for diabetes, obesity and heart disease; and programs focused on youth development. St. Bernardine Medical Center offered the following programs, services and support in Fiscal Year 2014 to address identified community needs:

Diabetes Education continued to address one of the chronic care health needs of the community. The Sweet Success Program for gestational diabetes education is an integral component, as the majority of pregnant women in the program were either borderline diabetic or diagnosed with diabetes prior to their pregnancies. The certified instructor educates to ensure a healthy delivery as well as health post partum.

Health Improvement Services during Fiscal Year 2014 included education for community members as well as health care professionals. Free community seminars topics included prostate cancer, breast cancer, and healthy habits for breast cancer survivors. Free flu shots were offered at many local schools and businesses, including Goodwill, San Bernardino High School, Aquinas High School and for community members attending the free Thanksgiving Dinner & Health Fair sponsored by the hospital. SBMC hosts an annual Diabetes Symposium as well as a Cardiac Symposium to bring the latest medical information to community physicians and other health professionals.

The **Baby & Family Center** (BFC) focuses on maternal child health and includes education and support group opportunities. The BFC provides dedicated support of breast feeding, reinforcing the Baby Friendly™ designation received from UNICEF in Fiscal Year 2010. Additionally, the BFC sponsors "Teen Choices", a program aimed to provide expert information and advice for pregnant and parenting teens who want to make the best decisions for their babies and themselves. The BFC offers free bilirubin checks to all new babies within 48 hours of delivery to ensure any infants with high bilirubin levels receive an immediate referral to their pediatrician.

Family Focus Center provides the opportunity to educate the community's at-risk youth in the areas of health, drug and gang avoidance, and education promotion to improve high school graduation rates. Programs include after school activities, a summer camp and collaboration with various local agencies to bring information and resources to this vulnerable population.

H Street Clinic Collaboration seeks to establish medical homes for those with disproportionate unmet health related needs (DUHN). SBMC partners with H Street Clinic by providing financial assistance as well as a reciprocal referral system. Collaboration is strengthened by membership on the H Street Clinic Board of Directors by the hospital's CFO and community benefit manager.

The Dignity Health Community Grants Program reinforces collaboration with community based organizations that support the health priorities of the hospital. During FY2014, 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 seeks to establish a medical home for the uninsured by counseling emergency department patients following 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.

St. Bernardine Medical Center's FY2014 Community Benefit Report and FY2015 Community Benefit Plan document our commitment to health and improved quality of life in our community. The total value of community benefit for FY2014 was **\$48,874,420**. Including the shortfall from Medicare, the total expense for community benefit was **\$53,941,897**.

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

St. Bernardine Medical Center's 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, and excellence. In keeping with our tradition of Catholic health care, we do this with special concern for the poor and disenfranchised. St. Bernardine Medical Center and Community Hospital of San Bernardino, both Dignity Health hospitals, collaborate 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.

The Community Benefit Initiative Committee (CBIC) ensures our community programs offer access for diverse communities, facilitate institution-wide alignment and accountability and deepen hospital engagement in local communities. The Community Benefit Initiative Committee is a committee of the Community Hospital Board and is charged with oversight and decision making on community benefit issues. The Committee is responsible for developing policies and programs which address the identified disproportionate unmet health needs of the poor and disenfranchised in the Inland Empire Service Area. The CBIC also provides oversight in the development and implementation of the triennial Community Health Needs Assessment and annual Community Benefit Report and Implementation Plan. The CBIC is chaired by the Vice President of Mission Integration and membership on the committee includes members of the Community Hospital Board, key staff from St. Bernardine Medical Center and Community Hospital of San Bernardino as well as community stakeholders.

The Community Benefit Initiative Committee has specific roles and responsibilities as follows:

- Community Health Needs Assessment (CHNA)
 - Determine key stakeholder interviews and focus groups.
 - Based on results of CHNA, prioritize unmet health-related needs to provide for the development of the Implementation Strategy to address these needs.
 - Review and approve the CHNA with recommendation to the Community Hospital Board for the same.
- Budgeting Decisions
 - Review community benefit budget for community benefit activities with explicit understanding of their role to ensure that the hospital fulfills its obligation to benefit the community.
- Program Content & Design
 - Review and approve new community benefit program content.
 - Review and approve overall program design that will best meet the health related need and make optimal use of existing assets in the local community.
- Program Targeting
 - Ensure access for populations and communities with disproportionate unmet health needs.
- Program Continuation or Termination
 - Approve continuation or termination of community benefit programs after receiving evaluation findings and other program information from community benefit staff.
- Program Monitoring
 - Regular reports are made to the CBIC regarding program progress.

Rosters of Community Hospital Board and CBIC members are included in Addendums A and B, respectively.

While deeply committed to the community's health, hospital leadership recognizes that the facility alone cannot provide all necessary programming to effect change. The hospital supports other local non-profit community organizations in their work through the administration of the Dignity Health Community Grants Program. This collaboration helps to ensure that the continuum of care is maintained through outreach efforts for the most vulnerable in our community. The CBIC serves as the Dignity Health Community Grants Program review committee.

NON-QUANTIFIABLE BENEFITS

SBMC staff provides resources and experiences that are generously shared with and sought by the community. Working collaboratively with community partners, the hospital provides leadership and advocacy, assists with local capacity building and participates in community-wide health planning through its involvement with organizations that address specific needs for a healthier and safer community including:

- Healthy San Bernardino
- Diocese of San Bernardino Health Committee
- Community Vital Signs (CVS)
- Hospital Association of Southern California (HASC) Community Benefit Stakeholders
- Mobilizing Action through Planning and Partnership (MAPP) Work Group for CVS

St. Bernardine Medical Center is dedicated to community building in the surrounding neighborhoods. SBMC 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 Stakeholders Committee, SBMC 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)

As part of our commitment to building healthier communities, SBMC seeks ways to be an example of a responsible employer by reducing our own environmental hazards and waste as well as partnering with others to advance ecological initiatives. *Practice Greenhealth* recognized St. Bernardine Medical Center’s recycling and stewardship innovations with their *Partner for Change Award* in 2014.

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

The mission of St. Bernardine Medical Center is one that is also embraced by staff. Community requests met by SBMC employees in Fiscal Year 2014 include:

- a. More than three dozen prom dresses were collected and donated to San Bernardino County Schools for students who had no means to purchase prom dresses.
- b. Through collaboration with the Diocese of San Bernardino’s *Get On The Bus Program*, SBMC and Community Hospital of San Bernardino employees provided activity bags for 90 children who were able to reunite with their incarcerated mothers and fathers on Mother’s Day and Father’s Day, respectively.
- c. Monthly food drives were held for Mary’s Table, a center for food distribution to the poor in the community. Over the course of the year, hundreds of pounds of food were donated by hospital staff.

COMMUNITY

St. Bernardine Medical Center serves a broad and diverse population in multiple zip codes, as it serves as a regional referral for heart procedures. While a few of the zip code communities enjoy a higher standard of living, the majority of the communities served are high need. Eighty percent (80%) of discharges come from twenty-seven (27) zip codes concentrated in the following cities: Banning, Beaumont, Bloomington, Colton, Crestline, Fontana, Hemet, Hesperia, Highland, Rancho Cucamonga, Redlands, Rialto, San Bernardino, Victorville and Yucaipa.

The Inland Empire continues to suffer the effects of the Great Recession of 2008. Within the service area, unemployment had risen as high as 16.2% in 2010. Currently, 7.5% to 48.5% of the population lives at or below 100% of the Federal Poverty Level. In San Bernardino 92401, 88.5% of individuals live at or below the 200% poverty level, followed by 92411 (72.5%) and 92410 (71.0%). Contributing to the dismal earning potential of its residents, the community has a low education rate. While the high school graduation rate has improved slightly, of the population age 25 and over, 24.8% have less than a high school diploma, compared to the state rate of 19%. Furthermore, for 27% of area adults, high school graduation was their highest level of educational attainment.

Confirming the difficult economics of the region, in July 2012 the City of San Bernardino filed for Chapter 9 bankruptcy protection. Crime has risen, businesses have fled and this past year recall efforts supported the recall of two city council members and the city attorney.

The following¹ reflects demographics for the service area:

- Population: 1,231,262
- Diversity: Hispanic (53.1%), Caucasian (30.5%), African American (9.1%), Asian & Pacific Islander (4.6%), American Indian/Alaska Native (0.5%), Other Race/Multiracial (2.2%)
- Median Household Income: \$51,844
- Uninsured: 16.6%
- Unemployment: 12.7%
- No High School Diploma: 24.8%
- Renters: 34.2%
- CNI Score: 4.6
- MediCal Patients: 28.0%

In addition to St. Bernardine Medical Center and Community Hospital of San Bernardino, other hospitals serving the area include: Arrowhead Regional Medical Center, Kaiser Permanente-Fontana, Loma Linda University Medical Center, Redlands Community Hospital and San Antonio 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 **4.6** 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, 92336 and 92399. When reviewing Community Grant proposals, special attention is paid to organizations serving these areas.

¹ St. Bernardine Medical Center 2014 Community Health Needs Assessment – complete report at www.SBMCO Outreach.org

COMMUNITY BENEFIT PLANNING PROCESS

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

St. Bernardine Medical Center is committed to serving those who not only pass through the doors of the hospital, but also live in the surrounding communities. Eighty percent (80%) of discharges come from twenty-seven (27) zip codes concentrated in the following cities: Banning, Beaumont, Bloomington, Colton, Crestline, Fontana, Hemet, Hesperia, Highland, Rancho Cucamonga, Redlands, Rialto, San Bernardino, Victorville and Yucaipa. While data is obtained from these areas, programming is focused on outreach efforts for underserved communities and federally designated Medically Underserved Areas (MUAs).

In FY2014 St. Bernardine Medical Center, in collaboration with Community Hospital of San Bernardino (CHSB), conducted a Community Health Needs Assessment. *Biel Consulting, Inc.* was engaged to conduct the assessment for the primary service area of the hospital. Twenty community stakeholders, identified by the Community Benefit Initiative Committee, were contacted and asked to participate in the needs assessment. Interview participants included leaders and representatives of medically underserved, low-income, and minority populations, as well as the local health department that has “current data or information relevant to the health needs of the community served by the hospital facility,” per IRS requirements. *Biel Consulting, Inc.* used this list to collect primary data through stakeholder interviews.

Community Stakeholder Interviews

Contact	Title	Organization
Leslie Bramson, Dr.PH	Assistant Professor	Department of Pediatrics, Loma Linda University Medical Center
Aviana Cerezo	Mayor’s Office Legislative Aide/ Healthy San Bernardino Coalition Co-Chair	City of San Bernardino
Ellen Daroszewski, NP	Executive Director	H Street Clinic
Deborah Davis	Executive Director	Legal Aid Society of San Bernardino
Alexander Fajardo	Executive Director	El Sol Neighborhood Educational Center
Alton Garrett, Jr.	President of Board of Directors	African American Health Institute of San Bernardino County
Eric Goddard	Director of Administration	California State University San Bernardino, Re-Entry Initiative (CSRI)
Salvador Gutierrez	Program Manager	Latino Health Collaborative
Tom Hernandez	Homeless Services Manager	Office of Homeless Services, Department of Behavioral Health
Angela Jones, RN	Health Services Coordinator	San Bernardino City Unified School District
Matthew Keane	Executive Director	Community Clinic Association of San Bernardino County
Chuck Leming	Staff Analyst II	San Bernardino County Department of Public Health, Healthy Communities Program
David Nagler	Pastor/CEO	Central City Lutheran Mission
Faye Pointer	Board Member	St. Bernardine Medical Center
Fr. Stephen Porter	Pastor	St. Catherine of Siena Catholic Church
Terry Roberts	Area Director	American Lung Association of California
Ken Sawa	CEO	Catholic Charities San Bernardino & Riverside Counties
Candy Stallings	Executive Director	San Bernardino Sexual Assault Services
Monique Stensrud	Business Development Director, Inland Empire Division Office	American Heart Association
Michael Wright	Community Services Supervisor	City of Fontana, Community Services Department

Additionally, SIX focus groups were conducted to obtain input from those who are direct recipients of services in the community and included members of medically underserved populations.

Focus Groups

Group	Total Participants	Number of Males	Number of Females	Population
El Sol Neighborhood Center	6	0	6	Spanish-Speaking Promotoras
Mary's Mercy Center	7	0	7	Spanish-Speaking Women
Al-Shifa Clinic	8	2	6	Clinic Patients and Staff
Salvation Army Transitional Living Program	12	3	9	Homeless Adults
Goodwill Industries	9	1	8	Employees
Catholic Charities	12	4	8	Program Participants, Age 18-24
TOTAL	54	10	44	

This assessment incorporated both quantitative and qualitative data:

Primary Data Collection

- 20 targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital (see table on page 9).
- 6 focus groups (4 English and 2 Spanish) were conducted with 54 area residents who are clients and direct recipients of community organizations in the service area.

Secondary Data

- Data was obtained from several resources, including California Department of Public Health, Housing Authority of San Bernardino County, HUD, U.S. Bureau of the Census, California Employment Development Department, California Department of Education, California Health Interview Survey, San Bernardino County 2013 Homeless Count and Subpopulation Survey, San Bernardino County: Our Community Vital Signs Data Report 2013, UDS Mapper, Inland Empire United Way and National Cancer Institute.
- Data was broken down by zip code, local, county and state to frame community profile, birth indicators, leading causes of death, access to care, chronic disease, health behaviors, social issues and school/student characteristics.
- Benchmark data compared SBMC community data findings with Healthy People 2020 objectives.

Results of the Needs Assessment for St. Bernardine Medical Center Service Area:

Primary Data Findings from stakeholder interviews and focus groups reflect the following concerns:

- The economy, including high rates of unemployment, underemployment, lack of jobs, low median income, large number of low-wage jobs and lack of affordable housing.
- High rates of poverty and related issues, such as lack of access to health care and limited access to other services, poor education levels, lack of affordable housing, homelessness, focus on meeting basic needs (e.g., food, shelter, clothing), inability to purchase healthier food or gym memberships for exercise, poor life skills, and chronic stress.
- Poor health outcomes, including high rates of cardiovascular disease, diabetes and obesity. Reasons given for poor health status included high poverty rates, shortage of affordable health care resources for primary care, safety concerns that prevent outdoor exercise, lack of access to healthy and affordable food (i.e., a food desert), air quality, smoking rates, chronic stress, lack of understanding of how to navigate the system and access available resources, large numbers of poor and undocumented people in the area who do not qualify for health coverage, under-resourced health department and distance to Arrowhead Regional Medical Center in Rialto.

- High crime rates and lack of public safety, including thefts and violent crime, gang activity and prostitution resulting in fear among residents.
- Poor education levels and limited educational opportunities, including dropout rate and a poor school system.
- Unsettled city government (i.e., City Council and Mayor) that is struggling to address current needs and issues.
- Perceived lack of voice/empowerment among Latino population to organize, to advocate for their issues and concerns, and to effect policy change. Cultural and immigration issues including losing ties to culture, discrimination against Latinos, deportations, and people without papers/lack of documentation.
- Lack of funding to the community from local and statewide foundations.
- Family stress, including kids raising kids because parents are on drugs and a disproportionate burden on women.
- Lack of activities for youth.
- Infrastructure concerns, such as potholes that cause flooding when it rains, uneven sidewalks, lack of sidewalks and transportation.
- Lack of support for ex-felons who get dumped into the streets, and so are likely to act out again.

Secondary Data Findings

- Leading Cause of Death: 1) Heart Disease; 2) Cancer; 3) Chronic Lower Respiratory Disease.
- Birth Characteristics: 1) Teen birth rate exceeds state rate; 2) Low birth weight rate exceeds state rate; 3) SBMC new mothers' breastfeeding rate of 86.1% exceeds Healthy People 2020 objective of 81.9%, but is less than the state rate of 92.2%.
- Access to Health Care: Insured rate for community members does not meet Healthy People 2020 objective.
- Dental Care: 12.3% of children ages 2-11 had never been to a dentist which exceeds the state rate. The main reason for this was lack of insurance and affordability.
- Chronic Disease (Adults): Hypertension and diabetes rates exceed those of the state. The rates for heart disease and asthma mirror those of the state.
- Chronic Disease (Children): Asthma rates exceed those of the state, with female children having higher rates of asthma than males.
- Cancer: While overall incidence of cancer in area residents is lower than the state, the rate for prostate, lung/bronchus, colorectal, cervical and esophageal cancer exceeds the state rate.
- HIV/AIDS: San Bernardino County is the 7th highest among 58 counties in the state based on the number of diagnosed HIV cases. It is the 9th highest for number of diagnosed AIDS cases.
- STD Cases: Area rates are higher than those of the state for chlamydia and gonorrhea.
- 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: 69.1% of county adult and 39.3% of youth populations are considered either overweight or obese.
- Smoking: The rate for area residents who are current smokers exceed the state rate, and smokers in San Bernardino County tend to be heavier smokers (number of cigarettes smoked in a day) than Californians in general.
- Mental Health: 42.9% of adults who needed help for an emotional or mental health problem did not receive treatment.

The CHNA was first shared with members of the CBIC and hospital board members, of whom 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 St. Bernardine Medical Center website at www.SBMCO Outreach.org and at http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/235156.pdf on the Dignity Health website.

ASSETS ASSESSMENT

Part of the Community Health Needs Assessment included an assessment of the assets available in the community to address the significant health needs identified in the CHNA. This information is included in Addendum D.

DEVELOPING THE HOSPITAL'S IMPLEMENTATION PLAN

The results of the Community Health Needs Assessment were presented in oral and written form to the CBIC for their review and feedback as well as for establishing the health priorities. Discussion included establishing the process and criteria to prioritize the health needs. The following criteria were used to prioritize the significant health needs: size of the problem, existing infrastructure, ongoing investment, and focus area alignment with hospital mission.

The health needs that will be addressed in the Implementation Strategy are:

1. **Access to care** with a focus on:
 - a. Health care resources, including preventive health care.
 - b. Dental care resources.
 - c. Mental health resources.
2. **Chronic health conditions** with a focus on:
 - a. Diabetes, including risk factors of obesity, lack of physical activity and unhealthy eating.
 - b. Heart disease.
 - c. Cancer.
 - d. Asthma.
 - e. Chronic Obstructive Pulmonary Disease (COPD)
3. **Youth development** with a focus on:
 - a. Healthy lifestyle alternatives, including alcohol, drugs and tobacco avoidance.
 - b. Teen pregnancy avoidance.
 - c. Education promotion.
 - d. Career development.

Access to care will be addressed in the following manner: 1) Financial Assistance for the uninsured or underinsured and low income residents; 2) Enrollment Assistance for government sponsored insurance plans; 3) Financial support of H Street Clinic; 4) support of community non-profit agencies that assist in accessing care through the Dignity Health Community Grant Program; 5) ED Patient Navigator; 6) Baby & Family Center; 7) Community Education; 8) free flu shots to the community; and 9) Health Professionals Education Programs.

Chronic health conditions will be addressed in the following manner: 1) offering the Stanford model Chronic Disease and Diabetes Self-Management Programs in both English and Spanish to community members free of charge; 2) implementing other chronic disease programming centered on healthy eating and active living; 3) supporting community non-profit agencies that address diabetes, heart disease, cancer, asthma or COPD through the Dignity Health Community Grants Program, 4) providing the Sweet Success Program for pregnant women with gestational diabetes to improve delivery outcomes and provide diabetes education; and 5) providing education and support at the Heart Care Center to those with congestive heart failure; and 6) offering support groups to those experiencing chronic health conditions.

Youth development will be addressed in the following manner: 1) continuing the Family Focus Center programs which target at-risk youth in the community; 2) continuing the Teen Choices program which strives to ensure healthy birth outcomes and improve parenting skills among teen parents; 3) continuing the Stepping Stones program which provides community youth with hospital-based volunteer opportunities and mentoring to increase exposure to and employment in the healthcare career field and 4) supporting community non-profit agencies that offer youth development programs through the Dignity Health Community Grants Program.

Significant health needs identified in the CHNA that are not addressed in the Implementation Strategy are community growth and enrichment (safety, homelessness, education, economic development) specific to adult populations. We are strongly committed to breaking the cycle of phenomena (i.e. education, poverty, and employment) that impact the social determinants of health. Therefore our efforts at community growth and enrichment are targeted to youth. While recognizing that there are other valid concerns that impact the health of the community, the CBIC identified the hospital has limited resources. Therefore, the committee elected to focus on this issue specific to at-risk youth populations as there are existing programs in place with community partners to address these issues with the adult population.

PLANNING FOR THE UNINSURED/UNDERINSURED PATIENT POPULATION

It is Dignity Health's belief that fear of a hospital bill should never prevent someone from seeking medical care at one of their hospitals. SBMC adheres to the Patient Payment Assistance Policy established by Dignity Health, and makes available free or discounted care to uninsured individuals with incomes 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.

In addition to having Admitting Department and Patient Financial Services staff fully versed in all payment assistance policies, a brochure entitled *Hospital Billing Process & Payment Assistance Options* is included in our patient packets which are distributed to all inpatient and outpatient individuals. This four-color brochure is available in English and Spanish. Additionally, signage and pamphlets in both English and Spanish about our payment assistance policies appear throughout the hospital, including points of entry and waiting areas. Patients without insurance are assisted to obtain health care coverage through state and federally funded programs. During Fiscal Year 2014, St. Bernardine Medical Center assisted 1,280 individuals to enroll in such programs.

Payment assistance information is also available in English and Spanish on the hospital's website at: http://www.stbernardinemedicalcenter.org/Patients_And_Visitors/Billing_Information/SBSV2_M063819.

The past year provided an unprecedented opportunity to make sure eligible citizens were provided with medical insurance information through the Affordable Care Act's enrollment period through Covered California™. Dignity Health hospitals came together to strategically engage community partners as well as key hospital staff to offer free educational meetings in both English and Spanish to build awareness and to educate our community members about coverage options. Local insurance brokers were also engaged to offer enrollment assistance and facilitate educational seminars; these agents were certified by Covered California™.

Seminars were advertised in local media outlets including: *The Sun*, *The Black Voice News*, *Highland Community News*, *Fontana Herald News*, *El Chicano* and *Rialto Records*. Media coverage incorporated spots on KFWB News Radio (AM980), which included an interview with Dr. Michael Mesisca, a physician with Dignity Health hospitals who spoke on the "last chance" enrollment event conducted by Dignity Health hospitals in the Southern California East region in April. Social media was also utilized through the creation of a Facebook page: Facebook.com/enrollmenthelp. Additionally, brochures in both English and Spanish were created to answer questions and guide individuals through the enrollment process.

PLAN REPORT AND UPDATE

INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Below are the major initiatives and key community based programs operated or substantially supported by St. Bernardine Medical Center in FY2014. Programs intended to be operating in 2015 are noted by an asterisk (*). Programs were developed in response to the most recent Community Health Needs Assessment and are guided by the following five core principles:

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

Initiative I: **Access to Care** including preventive care, dental care resources and mental health resources.

- Financial assistance for uninsured/underinsured and low income residents*
- Enrollment Assistance for government sponsored insurance plans
- Financial support of H Street Clinic*
- Dignity Health Community Grants Program (list of recipients is listed on the following page)*
 - Al-Shifa Clinic, Inc.
 - Alzheimer's Association
 - Assistance League of San Bernardino – Dr. Earl R. Crane's Children's Dental Health Center
 - Central City Lutheran Mission
 - H Street Clinic
 - Inland Caregivers Resource Center
 - Inland Empire Palliative Care Coalition
 - Legal Aid Society of San Bernardino
 - Lestonnac Free Clinic
 - Mary's Mercy Center
 - Salvation Army
 - San Bernardino Sexual Assault Services
- Baby & Family Center*
- Community Education*
- Health Professionals Education Programs*
- Emergency Department Patient Navigator*

Initiative II: **Chronic Health Conditions:** diabetes/obesity, heart disease, cancer, asthma and COPD

- Dignity Health Community Grants Program (list of recipients is listed on the following page)*
 - American Lung Association
 - Catholic Charities
 - El Sol Neighborhood Center
 - Special Olympics of San Bernardino & Riverside County
- Heart Care Clinic*
- Sweet Success Program*
- Support Groups*

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

- Dignity Health Community Grants Program (list of recipients is listed below)*
 - Boys & Girls Club of Redlands
- Family Focus Center*
- Teen Choices*
- Stepping Stones*

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

Dignity Health SBMC/CHSB Community Grants Program FY2014

Organization	Amount	Use of Community Grant
Al Shifa Clinic	\$25,000	Free primary and specialty health care.
Alzheimer's Association	\$5,254	<i>Living with Alzheimer's Disease Educational Series</i> in both English and Spanish.
American Lung Association	\$ 5,254	Provides Asthma Education for children with asthma, including education for adult caretakers and families.
Assistance League of San Bernardino	\$18,750	Dr. Earl R. Crane Children's Dental Health Center.
Boys & Girls Club of Redlands	\$13,750	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	\$11,250	Healthcare for homeless men residing in cold weather shelter.
El Sol Neighborhood Center	\$13,483	Obesity prevention and nutrition education to Latinos.
H Street Clinic	\$11,000	Primary care and preventive health education.
Inland Caregivers Resource Center	\$13,750	Bi-lingual in-home assessments, case management, education and short-term counseling.
Inland Empire Palliative Care Coalition	\$13,750	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.
Lestonnac Free Clinic	\$13,750	Free primary health care to the uninsured residents.
Mary's Mercy Center	\$25,000	Case management for residents of the shelter (homeless women and children).
Salvation Army Riverside/San Bernardino Counties	\$15,000	Provides shelter and basic needs for homeless men.
San Bernardino Sexual Assault Services	\$25,000	Provide 24-hour/seven days a week crisis intervention, counseling and support services.
Special Olympics	\$10,000	Promote health through exercise for disabled youth.
TOTAL	\$263,741²	

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

² Reflects the combined total commitment from both SBMC and CHSB

PROGRAM DIGESTS

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 2014	
Goal FY 2014	Build community capacity and expand outreach by identifying and funding Community Based Organizations (CBO) programs that align with hospital priority areas (listed above) 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 one or more of 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.
Implementation 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.
Result FY 2014	17 CBOs were awarded grants ranging from \$5,254 to \$25,000.
Hospital's Contribution Program Expense	\$159,738
FY 2015	
Goal 2015	Build community capacity and expand outreach by identifying and funding CBO collaborative programs that align with hospital priority areas and meet one or more of the 5 core principals listed below.
2015 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	Grant awards in prior years were provided to single agencies that provided programming that was aligned with hospital health priorities and 5 core principals. The maximum award was \$25,000.
Implementation Strategy for Achieving Goal	A community meeting was held in June 2014 for local non-profit agencies to describe the new grants process that will be applied in FY2015. The new process requires a partnership with a minimum of three (3) community-based organizations that leverage resources and address priority health issues in creative ways that have a direct, positive and lasting impact on the health of disadvantaged individuals and families in our community. Programs will prove a direct link to local Dignity Health hospitals. The maximum award will be increased to \$75,000 per collaborative partnership.
Community Benefit Category	E1a - Cash Donation

H Street Clinic	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Chronic Disease Self Management <input type="checkbox"/> Youth Development
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Health Needs Assessment	CHNA shows close to one-fifth (19.3%) of the population of San Bernardino County visited the Emergency Room in the last 12 months. This rate is higher among adults ages 18-64 (20.0%) and low-income (22.8%) and poverty level (26.6%) residents. Access to services, including health care services, was ranked as a “biggest issue or concern in the community” by those participating in both the key stakeholder interviews and focus groups.
Program Description	Financial support of a clinic located in DUHN neighborhood offering low-cost primary health care for all ages.
FY 2014	
Goal FY 2014	Increase access to primary health care for underserved and uninsured residents in the SBMC service area.
2014 Objective Measure/Indicator of Success	90% of H Street Clinic patients are screened for eligibility for low cost or no cost insurance programs. 5% decrease in Clinic patients who access the ER for non-emergent care over a 12 month period.
Baseline	In response to the CHNA's demonstration of the need for many in the community to have a medical home, H Street Clinic was established as a medical site.
Implementation Strategy for Achieving Goal	Provide financial support for the clinic. Hospital CFO serves on the Board of Directors of the clinic to help guide and ensure financial stability. SBMC manager of community benefit serves on Board of Directors to lend support and align clinic outreach with hospital strategy of unnecessary Emergency Department visits.
Result FY 2014	With financial assistance from the hospital almost 1,500 unduplicated patients were seen at H Street Clinic in FY2014. This includes 909 unduplicated new patients. 78.44% of these new patients said they would return to the clinic for care. 28.16% of the new patients stated that without the clinic they would have sought care at St. Bernardine Medical Center's emergency department.
Hospital's Contribution Program Expense	\$150,000
FY 2015	
Goal 2015	Increase access to primary health care for underserved and uninsured residents in the SBMC service area.
2015 Objective Measure/Indicator of Success	Individuals referred from the hospital emergency department to H Street Clinic will be tracked to confirm they have established a medical home.
Baseline	The most recent CHNA reaffirms the lack of access to health care, especially affordable or free care.
Implementation Strategy for Achieving Goal	In addition to providing financial assistance, the Emergency Department Patient Navigator will refer to H Street Clinic in an effort to find a medical home for the uninsured. Patients referred to H Street Clinic from the emergency department will be tracked to confirm that they found a medical home for primary care.
Community Benefit Category	E1a - Cash Donation

Baby & Family Center	
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 reflects many concerns with healthy deliveries (rates are per 1,000 live births): The rate of late entry into prenatal care exceeds that of the state rate (183.7vs. 167.1); low birth weight babies exceeds that of the state rate (71.3 vs. 68.0); births to teens for the service area exceeds that of the state rate (121.6 vs. 84.8)
Program Description	The Baby & Family Center is an education site providing a multitude of services targeted to pregnant women and their families. In addition to breastfeeding support and education, the site provides health educators who lead a variety of support groups. Vulnerable populations are of highest priority. The Sweet Success program is housed at the BFC to focus on gestational diabetes. Incorporating Sweet Success in the BFC enhances the continuum of care effort to make families aware of all of the services of the BFC and encourages healthy lifestyles post partum. BFC staff also partners with San Bernardino High School to bring the Teen Choices Program to pregnant and parenting teens. The program provides education and training for students to enhance parenting skills as well as decision making skills for a health and improved quality of life.
FY 2014	
Goal FY 2014	Improve the health of pregnant mothers and their families through education with an emphasis on breastfeeding and diabetes education.
2014 Objective Measure/Indicator of Success	Increased breastfeeding among new mothers. For Sweet Success participants, deliver full term infants and experience zero fetal demise. Teen Choices participants will reflect increased parenting skills and knowledge of community resources.
Baseline	The rate of late entry into prenatal care exceeds that of the state rate (183.7vs. 167.1); low birth weight babies exceeds that of the state rate (71.3 vs. 68.0); births to teens for the service area exceeds that of the state rate (121.6 vs. 84.8)
Implementation Strategy for Achieving Goal	Encourage breastfeeding for inpatient and community members; conduct breastfeeding support groups; offer Sweet Success counseling to women with gestational diabetes; partner with San Bernardino High School and community agencies for Teen Choices Program.
Result FY 2014	Over 1,600 unduplicated individuals received services at the Baby & Family Center in FY2014. An additional 165 unduplicated gestational diabetic mothers received care through the Sweet Success Program. Eight teens completed the Teen Choices Program.
Hospital's Contribution Program Expense	\$83,585
FY 2015	
Goal 2015	Improve the health of pregnant mothers and their families through education with an emphasis on breastfeeding and diabetes education. Participants in the program will understand that breastfeeding is best for baby and results in reduced obesity rates.
2015 Objective Measure/Indicator of Success	Increase in-hospital breastfeeding (any and exclusive) rates by 2%. Sweet Success participants will deliver full-term infants and experience zero fetal demise. Teen Choices participants will reflect increased parenting skills and knowledge of community resources.
Baseline	Any inpatient breastfeeding 86.1%; exclusive inpatient breastfeeding 59.6%
Implementation Strategy for Achieving Goal	Encourage breastfeeding for inpatient and community members; conduct breastfeeding support groups; offer Sweet Success counseling to women with gestational diabetes; partner with San Bernardino High School and community agencies for Teen Choices Program.
Community Benefit Category	A1a – Community Education

Emergency Department Navigator	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Chronic Disease Self Management <input type="checkbox"/> Youth Development
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Health Needs Assessment	CHNA shows over one-fifth (21.9%) of the population of San Bernardino County visited the Emergency Room in the last 12 months. This rate is higher among adults ages 18-64 (23.5%) and low-income (21.2%) and poverty level (29.2%) residents. Access to services, including health care services, was ranked as a “biggest issue or concern in the community” by those participating in both the key stakeholder interviews and focus groups.
Program Description	The ED patient navigator began as a collaborative effort with Inland Empire Health Plan (IEHP) to identify those who could be better served by linking with a community health care provider rather than accessing the ED for their health needs. The ED Navigator saw all IEHP and uninsured patients upon discharge. The ED Navigator also followed up by phone (as time permitted) for those patients who were seen in the ED when the Navigator was not on site. Uninsured patients are provided with community resources (English and Spanish), including the sites offering specialty care.
FY 2014	
Goal FY 2014	Assist the uninsured in finding a medical home instead of using the ED as a regular source of health care.
2014 Objective Measure/Indicator of Success	Have contact with 10% of uninsured patients seen in the Emergency Department who were not admitted to determine their needs and/or barriers to healthcare.
Baseline	In 2013 6,288 uninsured patients were seen in ED and not admitted.
Implementation Strategy for Achieving Goal	The ED Navigator saw all IEHP and uninsured patients upon discharge. The ED Navigator also followed up by phone (as time permitted) for those patients who were seen in the ED when the Navigator was not on site. Uninsured patients were provided with community resources (English and Spanish).
Result FY 2014	ED Navigator made contact with 1,356 uninsured individuals.
Hospital's Contribution Program Expense	\$58,796
FY 2015	
Goal 2015	Assist the uninsured in finding a medical home instead of using the ED as regular source of health care. Connection to social service agencies will be provided as appropriate. The name of the program will change to Community Health Navigator to better reflect the focus on population health and the comprehensive outreach being done by the navigators.
2015 Objective Measure/Indicator of Success	5% of those contacted by the ED Navigator will have established a medical home at a free clinic.
Baseline	6,288 uninsured patients seen in ED and not admitted.
Implementation Strategy for Achieving Goal	It was determined that the ED Navigator could better serve the targeted population by working out of the freestanding Heart Care Center (located across the street from the Emergency Department) and following up with patients a week after discharge, and hours were changed to 8:00 AM - 5:00 PM. The Heart Care Center will also house the Lestonnac Clinic, a free clinic partially funded by the 2013 Dignity Health Community Grants Program. The Navigator will also be out in the community offering resources as well and building trust; to demonstrate the change, the position will now be called a Community Health Navigator. Additional enhancements will be made to more closely follow up with uninsured to confirm that a medical home has been established and/or connection with appropriate social services agencies has occurred. The ED Navigator position now falls under the supervision of the Director of Community Health.
Community Benefit Category	A3 – Healthcare Support Services Information & Referral

Family Focus Center	
Hospital CB Priority Areas	<input type="checkbox"/> Access to Care <input type="checkbox"/> Chronic Disease Self Management <input checked="" type="checkbox"/> Youth Development
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Health Needs Assessment	CHNA shows those under 19 years make up one-third of the populations (33.7%), alcohol use among teens higher in SB County than in the state, unemployment is higher in the service area than the state, 30.2% of families in zip code 92405 (where the Family Focus Center is located) are living in poverty and Female HOH with children living in poverty in 92405 is 48.5%. The graduation rate for San Bernardino City Unified District is 73.5%. Concerns linked to the youth were voiced in both the Community Stakeholder Interviews and Focus Groups.
Program Description	A program geared to at-risk youth in the community. The Family Focus Center is located across the street from San Bernardino High School. Services provided by the hospital at the center include: after school activities, career development, Late Night Hoops, Summer Camp (summer months only), Drug & Violence Prevention and Health & Nutrition. In FY2012 a community garden was added. In FY2013 the Values to Success Program was added to increase participants overall knowledge of healthy behaviors, help build character and promote a sense of self-worth and self-efficacy.
FY 2014	
Goal FY 2014	Improve the lives of those attending Family Focus Center.
2014 Objective Measure/Indicator of Success	The number of youth completing the Values to Success Program.
Baseline	FY2013 saw 235 enrolled in the Values to Success Program with 76 completing (32%).
Implementation Strategy for Achieving Goal	Components of the program include workshops, presentations, and activities striving to increase participants overall knowledge of healthy behaviors, help build character, and promote a sense of self-worth and self-efficacy. Each aspect of the program is focused on helping our youth achieve both their short and long terms goals, while creating motivated, confident, healthy youth that will acquire the knowledge and resources to achieve success. For all youth that participate in the Values to Success program with a minimum of 90% attendance will be eligible to earn a field trip to a theme park, or \$50.00 gift card.
Result FY 2014	FY2014 saw 214 enrolled in the Values to Success Program with 114 completing (53%).
Hospital's Contribution Program Expense	\$335,628 (for all programs at Family Focus Center)
FY 2015	
Goal 2015	Improve the lives of those attending Family Focus Center.
2015 Objective Measure/Indicator of Success	Increase the percentage of youth completing the Values to Success Program.
Baseline	FY2014 saw 214 enrolled in the Values to Success Program with 114 completing.
Implementation Strategy for Achieving Goal	Components of the program include workshops, presentations, and activities striving to increase participants overall knowledge of healthy behaviors, help build character, and promote a sense of self-worth and self-efficacy. Each aspect of the program is focused on helping our youth achieve both their short and long terms goals, while creating motivated, confident, healthy youth that will acquire the knowledge and resources to achieve success. For all youth that participate in the Values to Success program with a minimum of 90% attendance will be eligible to earn a field trip to a theme park, or \$50.00 gift card.
Community Benefit Category	A4 – Social and Environmental Improvement Activities

Stepping Stones Program	
Hospital CB Priority Areas	<input type="checkbox"/> Access to Care <input type="checkbox"/> Chronic Disease Self Management <input checked="" type="checkbox"/> Youth Development
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Health Needs Assessment	CHNA shows that unemployment is higher in the service area than the state, 30.2% of families in zip code 92405 (where the Family Focus Center is located) are living in poverty and Female HOH with children living in poverty in 92405 is 48.5%. The graduation rate for San Bernardino City Unified District is 73.5%. Concerns linked to the youth were voiced in both the Community Stakeholder Interviews and Focus Groups.
Program Description	Stepping Stones provides an opportunity for teens and young adults to gain valuable hospital workplace experience through both volunteer and mentor activities. Volunteers are immersed in the hospital environment to witness firsthand the duties of a variety of healthcare workers. Staff provides mentoring and suggestions regarding career paths as well as the education needed to achieve success.
FY 2014	
Goal FY 2014	Provide community youth with hospital-based volunteer opportunities and mentoring to increase exposure to health careers.
2014 Objective Measure/Indicator of Success	An increase in the number of participants in the Stepping Stones Program and one additional department that will be open to volunteers.
Baseline	FY2013 volunteers in the program: 115 volunteers
Implementation Strategy for Achieving Goal	With forecasts for employment in the health care field expected to continue, the opportunity for employment with health care benefits would assist participants. Continue partnership with community stakeholders, increase awareness of program via high school counselors. Increase mentoring awareness among SBMC Leadership.
Result FY 2014	130 unduplicated participants volunteered in the Stepping Stones Program, an increase of 13% over FY2013. The following departments were added to our programs: Critical Care Unit and Baby & Family Center. Additionally, a new position – the Emergency Department Ambassador – was added as an opportunity for college age volunteers.
Hospital's Contribution Program Expense	\$113,687
FY 2015	
Goal 2015	Provide community youth with hospital-based volunteer opportunities and mentoring to increase exposure to health careers.
2015 Objective Measure/Indicator of Success	An increase in the number of participants in the Stepping Stones Program and one additional department that will be open to volunteers.
Baseline	FY2014 volunteers in the program: 130 volunteers
Implementation Strategy for Achieving Goal	With forecasts for employment in the health care field expected to continue, the opportunity for employment with health care benefits would assist participants. Continue partnership with community stakeholders, increase awareness of program via high school counselors. Increase mentoring awareness among SBMC Leadership.
Community Benefit Category	F5c – Leadership Development

COMMUNITY BENEFIT AND ECONOMIC VALUE

371 St. Bernardine Medical Center
 Complete Summary - Classified Including Non Community Benefit (Medicare)
 For period from 7/1/2013 through 6/30/2014

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
<u>Benefits for Living In Poverty</u>						
Financial Assistance	1,282	5,899,990	0	5,899,990	1.8	1.9
Medicaid	86,986	113,602,219	77,178,056	36,424,163	11.0	11.6
Means-Tested Programs	1,728	4,665,150	751,936	3,913,214	1.2	1.3
Community Services						
Community Benefit Operations	41	231,223	0	231,223	0.1	0.1
Community Building Activities	1,543	337,776	1,415	336,361	0.1	0.1
Community Health Improvement Services	5,135	786,347	0	786,347	0.2	0.3
Financial and In-Kind Contributions	19	935,204	0	935,204	0.3	0.3
Totals for Community Services	6,738	2,290,550	1,415	2,289,135	0.7	0.7
Totals for Living in Poverty	96,734	126,457,909	77,931,407	48,526,502	14.6	15.5
<u>Benefits for Broader Community</u>						
Community Services						
Community Building Activities	671	114,220	16,600	97,620	0.0	0.0
Community Health Improvement Services	3,465	135,518	0	135,518	0.0	0.0
Financial and In-Kind Contributions	2,845	39,986	0	39,986	0.0	0.0
Health Professions Education	297	132,792	61,040	71,752	0.0	0.0
Subsidized Health Services	326	3,042	0	3,042	0.0	0.0
Totals for Community Services	7,604	425,558	77,640	347,918	0.1	0.1
Totals for Broader Community	7,604	425,558	77,640	347,918	0.1	0.1
Totals - Community Benefit	104,338	126,883,467	78,009,047	48,874,420	14.7	15.6
Medicare	23,352	58,529,400	53,461,923	5,067,477	1.5	1.6
Totals with Medicare	127,690	185,412,867	131,470,970	53,941,897	16.2	17.2



Darryl VandenBosch, CFO

Cost Accounting methodology used

TELLING THE STORY

St. Bernardine Medical Center promotes its Community Benefit program through a variety of communication venues, including:

- The hospital website: <http://www.stbernardinemedicalcenter.org/index.htm>. The St. Bernardine Medical Center website hosts the Annual Community Benefit Report and Community Health Needs Assessment as well as classes, events and support group information. Support group topics range from bereavement and breast cancer to diabetes and pulmonary hypertension. An additional website link, www.SBMCOutreach.org, will directly guide the user to the section containing these reports.
- Inland Empire media. In general, the Inland Empire daily and weekly newspapers, along with radio stations (KVCR and KSGN) support hospital news and events by including stories in the newspapers and during news/community broadcasts. Throughout FY2014, many of the print and electronic inclusions addressed community outreach work performed by the hospital, i.e., recipients of the Dignity Health Community Grants, free flu shot clinic, jacket drive, and Affordable Care Act seminars.
- Distribution to key community partners and constituents. Extensive outreach work includes printed and electronic copies of the Community Health Needs Assessment and Implementation Plan and hospital Fact Sheets made available to numerous community partners and stakeholders. These include members of the Community Benefit Initiative Committee and St. Bernardine Community Hospital Board whose members represent a diverse mix of community leaders. In addition, St. Bernardine's Community Benefit programs are featured in press kits and in packets of materials shared with our elected representatives and/or their staff.
- http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044509: The Dignity Health website also publishes the Annual Community Benefit Report and Community Health Needs Assessment for each of the hospitals in the system.

ADDENDUM A

HOSPITAL COMMUNITY ADVISORY BOARD MEMBERS ROSTER FY2014

Toni Callicott
Retired, President
American Red Cross Inland Empire

Jean-Claude Hage, M.D.
Family Practice Medical Group of San Bernardino

Robert Carlson, PhD
Retired, Educator
California State University San Bernardino

Sr. Deenan Hubbard, CCVI
Sponsoring Order
Sisters of Charity of the Incarnate Word

May Farr
Community Member
Mental Health & Advocacy Outreach

Vellore Muraligopal, M.D.
Neonatology Medical Group

Osvaldo Garcia, DDS
Osvaldo R. Garcia & Associates

Faye Pointer
Community Member
Social Services/Family Services

Ray Gonzalez
Retired, Regional Manager of Public Affairs
Southern California Edison

Lawrence Walker, M.D., Board Chair
Arrowhead Orthopaedics

Ex Officio Members

Steve Barron, President
St. Bernardine Medical Center

Paul Ryan, M.D.
Chief of Staff (through December 31, 2013)

June Collison, President
Community Hospital of San Bernardino

Richard Biama, M.D.
Chief of Staff (effective January 1, 2014)

ADDENDUM B

COMMUNITY BENEFIT INITIATIVE COMMITTEE FY 2014

Nick Calero
District Director (Senate District 23)
Office of Senator Mike Morrell

Cynthia Luna
Partner
LF Leadership

Aviana Cerezo
Community Recreation Manager
Parks & Recreation
City of San Bernardino

Linda McDonald
IESA Vice President, Mission Integration
St. Bernardine Medical Center

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

Kathleen McDonnell
IESA Manager, Community Benefit
St. Bernardine Medical Center

Deborah Davis
Interim Director
Legal Aid of San Bernardino

Elizabeth Moran
IESA Manager
Communications/Media/Advocacy

Beverly Earl
Director, Family & Community Services
Catholic Charities San Bernardino/Riverside

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

Valthia Head
IESA³ Director
Strategic Business Development
Community Hospital of San Bernardino

Faye Pointer
Board Member
St. Bernardine Medical Center

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

Michelle Rainer
Vice President
St. Bernardine Medical Center Foundation

Sr. Deenan Hubbard, CCVI
Board Member & Sponsoring Order
St. Bernardine Medical Center

Sandra Rodriguez
Principal
San Bernardino High School

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

Carrie Schmidt
Manager, Volunteer Services
Community Hospital of San Bernardino

Lowell King
Regional Operations Officer
Goodwill Southern California

Sr. Margo Young, MD
IESA Director, Community Health
St. Bernardine Medical Center

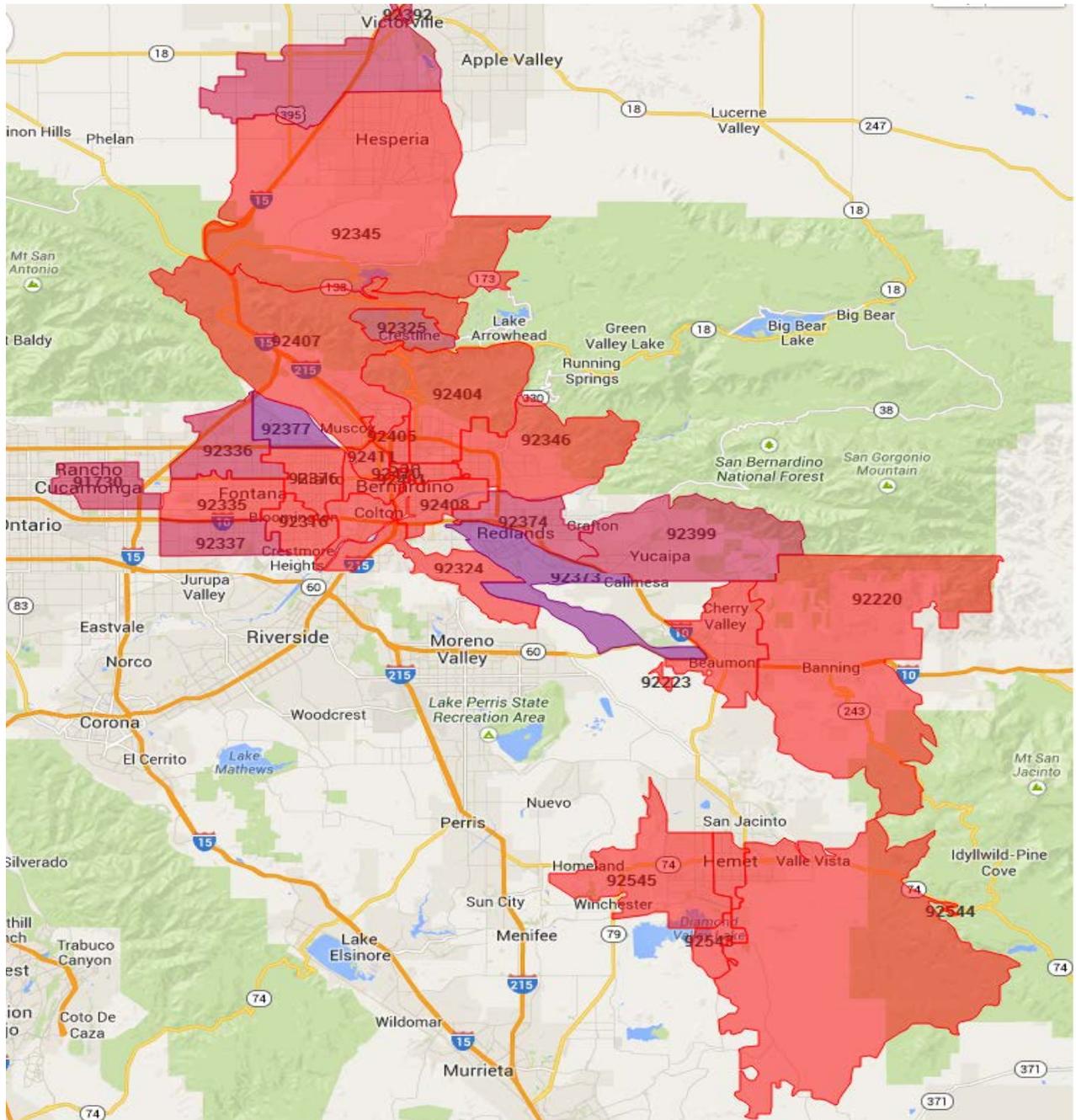
Chuck Leming
Department of Public Health
San Bernardino County

Sandee Zschomler
Vice President
Community Hospital of San Bernardino Foundation

³ Inland Empire Service Area

ADDENDUM C

COMMUNITY NEEDS INDEX MAP



ADDENDUM D

ASSETS ASSESSMENT

Significant Health Needs	Potential Measures	Community Resources
Access to Health Care	<ul style="list-style-type: none"> Population with health insurance coverage. Population with a usual source of primary care. Reduced use of ER for routine care. Reduced barriers to accessing care or delaying access to care. 	Community Hospital of San Bernardino, Arrowhead Regional Medical Center, Kaiser Permanente Fontana, Loma Linda University Medical Center, County Public Health Clinics, H Street Clinic, SACH Clinics, La Salle, El Sol Neighborhood Educational Center, Al-Shifa Clinic, Whitney Young Family Health Clinic, Buddhist Tzu Chi Free Medical Clinic, Latino Health Collaborative, Healthy San Bernardino, Community Clinic Association of San Bernardino County, VA, Inland Family Community Health Center D Street Clinic, WIC, Metropolitan Family Medical Clinics
Alcohol/Drugs/Tobacco	<ul style="list-style-type: none"> Smoking incidence. Binge drinking incidence. Drug use incidence. Chronic disease incidence. Death rates. 	County Department of Public Health, American Lung Association, American Heart Association, Arrowhead Regional Medical Center, VA, County Department of Behavioral Health, Salvation Army, Catholic Charities
Chronic Disease (Asthma, Cancer, Cardiovascular Disease, Diabetes)	<ul style="list-style-type: none"> Incidence rates. Hospitalization rates. Use of the ER. Death rates. 	Inland Empire Heart & Vascular Institute at St. Bernardine Medical Center, Community Hospital of San Bernardino, Arrowhead Regional Medical Center, Kaiser Permanente Fontana, Loma Linda University Medical Center, County Public Health Clinics, H Street Clinic, El Sol, SACH Clinics, American Heart Association, American Diabetes Association, Al-Shifa Clinic, Whitney Young Family Health Clinic, Buddhist Tzu Chi Free Medical Clinic, Inland Empire Asthma Coalition, Inland Family Community Health Center D Street Clinic, American Lung Association

Significant Health Needs	Potential Measures	Community Resources
Community Growth and Enrichment (Safety, Homelessness, Education, Economic Development)	<ul style="list-style-type: none"> • Unemployment rates. • High school graduation rates. • Rates of homelessness. • Crime rates. • Perceptions of safety among area residents. • Access to affordable housing. 	School districts, police departments, CSRI, Boys & Girls Club, Boy Scouts, Girl Scouts, Rim Family Services, Young Visionaries, Department of Public Health, San Bernardino Guns and Drugs Task Force, Healthy San Bernardino, Time for Change Foundation, Mil Mujeres, Catholic Charities, Rialto Community Center, Red Cross, Salvation Army, Goodwill Industries, Mary's Mercy Center, Option House, Office of Homeless Services Department of Behavioral Health, U.S. Veterans Initiative, Restoration House of Refuge, Operation Grace, Turrill Transitional Assistance Program
Dental Health	<ul style="list-style-type: none"> • Population with insurance coverage. • Reduced barriers to accessing dental care. 	Loma Linda University School of Dentistry, Inland Family Community Health Center D Street Clinic, Dr. Earl R. Crane Children's Dental Center, Whitney Young Family Health Clinic, SAC Clinics (Norton, Arrowhead, Frazee), New Hope Free Clinic
Mental Health	<ul style="list-style-type: none"> • Population with insurance coverage. • Reduced barriers to accessing mental health care. 	County Department of Behavioral Health, Salvation Army, Catholic Charities, San Bernardino Sexual Assault Services, Native American Resource Center, VA, Inland Family Community Health Center D Street Clinic, Phoenix Clinic, Arrowhead Regional Medical Center
Overweight and Obesity Healthy Eating Physical Activity	<ul style="list-style-type: none"> • Access to healthy foods. • Body Mass Index (BMI). • Access to open spaces and safe places for exercise. • Increase in physical activity among residents. 	El Sol Promotoras, Latino Health Collaborative, Catholic Charities, St. Catherine of Siena Catholic Church, H Street Clinic, Al-Shifa Clinic, American Heart Association, WIC, Partners for Health, Healthy San Bernardino, Nutrition Network, El Sol Neighborhood Center, Credible Edible Community Garden, YMCA, Arrowhead Regional Medical Center
Preventive Health Care	<ul style="list-style-type: none"> • Population with insurance coverage. • Compliance with recommended prevention screenings, vaccines. 	Community Hospital of San Bernardino, Arrowhead Regional Medical Center, Kaiser Permanente Fontana, Loma Linda University Medical Center, County Public Health Clinics, H Street Clinic, La Salle, El Sol Neighborhood Educational Center, Department of Public Health, SACH Clinics, Al-Shifa Clinic, Inland Family Community Health Center D Street Clinic

ADDENDUM E

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.