



St. Bernardine Medical Center Community Benefit 2015 Report and 2016 Plan





A message from Darryl VandenBosch, 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 by and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. Dignity Health's comprehensive approach to community health improvement includes multi-pronged initiatives directed at significant health needs, partnering with others in the community working to improve health, and investing in efforts that address social determinants of health.

St. Bernardine Medical Center shares a commitment to improve the health of our community, and delivers programs and services to achieve that goal. The Community Benefit 2015 Report and 2016 Plan describes much of this work. This report meets requirements of not-for-profit hospitals in the Patient Protection and Affordable Care Act to adopt a community health Implementation Strategy at least every three years, and in California state law (Senate Bill 697) to produce an annual community benefit report and plan. Dignity Health complies with both mandates in all of its hospitals, including those in Arizona and Nevada. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2015 (FY15), St. Bernardine Medical Center provided \$14,803,176 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. Including the unreimbursed costs of caring for patients covered by Medicare, the hospital's total community benefit expense was \$17,336,734.

Dignity Health's St. Bernardine Medical Center Board of Directors reviewed, approved and adopted the Community Benefit 2015 Report and 2016 Plan in November, 2015.

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

A handwritten signature in black ink that reads "Darryl VandenBosch".

Darryl VandenBosch
President/CEO

A handwritten signature in black ink that reads "Lawrence Walker".

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

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EXECUTIVE SUMMARY

St. Bernardine Medical Center (SBMC) serves a broad and diverse population residing 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 total population of these communities is 1,279,196.

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 2015 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, cancer and heart disease; and programs focused on youth development. St. Bernardine Medical Center offered the following programs, services and support to address identified community needs:

Diabetes Education continues to address one of the chronic health needs of the community. The Sweet Success Program for gestational diabetes education is an integral component, as is the evidenced-based Stanford model Chronic Disease Self-Management Program. Both are offered free to the community.

Health Improvement Services includes a variety of educational opportunities for the community. Free community seminar 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 San Bernardino High School, Aquinas High School, San Bernardino Diocese, Goodwill and for community members attending the free Thanksgiving Dinner & Health Fair sponsored by the hospital.

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 and renewed in Fiscal Year 2014. The BFC offers free bilirubin checks to all new babies within 48 hours of delivery to ensure any infant with high bilirubin levels receives 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, leadership development, 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.

The Dignity Health Community Grants Program reinforces collaboration with community based organizations that support the health priorities of the hospital. During FY2015, grant awards were made to twelve local non-profit organizations that addressed access to health care; education focused on chronic disease: diabetes, obesity, heart disease and asthma; and youth development.

Community Health Navigator Program seeks to establish a medical home for the uninsured by counseling non-admitted emergency department patients following discharge and assisting them in making appointments with one of the local free/low cost area clinics. The navigator also makes referrals to social service agencies for support services and can help guide eligible individuals in enrolling in government sponsored programs.

The economic value of community benefit provided by St. Bernardine Medical Center in FY2015 was \$14,803,176 excluding unpaid costs of Medicare in the amount of \$2,533,558. St. Bernardine Medical Center Bernardino maintains its strong, mission-based commitment to caring for all members of the community, especially the vulnerable, as evidenced by the increase in the number of Medi-Cal patients served. The hospital served 106,879 Medi-Cal patients in FY15, compared to 86,986 in FY14, a 23% percent increase.

St. Bernardine Medical Center shares its Community Benefit Report and Plan through a variety of communication venues, including:

- The hospital website: <http://www.dignityhealth.org/stbernardinemedical/>. The St. Bernardine Medical Center website hosts the Annual Community Benefit Report as well as information on classes, events and support groups. An additional website link, www.SBMCO Outreach.org, will directly guide the user to the section containing this report.
- Distribution to key community partners and constituents. Extensive outreach work includes printed and electronic copies of the Community Health Needs Assessment and Implementation Strategy 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.

The significant community health needs that form the basis of this report and plan were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at <http://www.dignityhealth.org/stbernardinemedical/>. Additional detail about identified needs, data collected, community input obtained and prioritization methods used can be found in the CHNA report. An additional website link, www.SBMCO Outreach.org, will directly guide the user to the section containing this report.

MISSION, VISION AND VALUES

Our Mission

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.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

St. Bernardine Medical Center 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 342 beds with an average daily census of 194 during Fiscal Year 2015, St. Bernardine Medical Center employs 1,711 employees and maintains professional relationships with 385 local physicians and 55 Allied Health Professionals. As one of two hospitals in the city of San Bernardino, SBMC has a busy Emergency Department that received 81,891 visits in FY2015.

Major programs and services include cardiac care, critical care, orthopedic, bariatric, emergency care and obstetrics. In FY2015, HealthGrades® named St. Bernardine Medical Center as one of America's 100 Best hospitals for orthopedic surgery (third consecutive year) and critical care (second consecutive year). HealthGrades® also awarded SBMC several five-star ratings in: Cardiac, Orthopedics, Neurosciences, Vascular, Gastrointestinal and Critical Care. Excellence Awards were given in four categories: Orthopedic Surgery, Joint Replacement, Neurosurgery and Critical Care.

Rooted in Dignity Health's mission, vision and values, St. Bernardine Medical Center is dedicated to delivering community benefit with the engagement of its management team, Community Board and Community Benefit Initiative Committee. The board and committee include community members who provide stewardship and direction for the hospital as a community resource.

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 CBIC is a committee of the Community 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 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 Board for the same.
- 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 Board and CBIC members are included in Appendix A.

St. Bernardine Medical Center's community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, health professions education and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit community organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – which includes addressing the social determinants of health – through Dignity Health's Community Investment Program. Dignity Health provides a line of credit to the Inland Caregiver Resource Center (ICRC) of working capital for health-related programs. ICRC provides an array of supportive services to family caregivers of adults with brain-impaired conditions (e.g., Alzheimer's disease, traumatic brain injury, etc.).

DESCRIPTION OF THE COMMUNITY SERVED

St. Bernardine Medical Center serves a broad and diverse population residing 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%). Confirming the difficult economics of the region, in July 2012 the City of San Bernardino filed for Chapter 9 bankruptcy protection. Most recently, Los Angeles Times reporter Joe Mozingo painted a dismal picture of San Bernardino in a June 14, 2015 article entitled, “*San Bernardino: Broken City*”. Still, many citizens, businesses and non-profit agencies remain committed to the city and work creatively and collaboratively together to improve the lives of our residents. And improvements have been made. In 2010, San Bernardino County was ranked 45th (out of 56) among counties in California for Health Outcomes by County Health Rankings & Roadmaps¹. In 2015, the county rose to 37th place.

The following² reflects demographics for the service area:

- Population: 1,279,196
- Diversity: Hispanic (56.3%), Caucasian (27.2%), African American (8.7%), Asian & Pacific Islander (5.0%), American Indian/Alaska Native (0.4%), Other Race/Multiracial (2.4%)
- Median Household Income: \$48,575
- Uninsured: 11.3%
- Unemployment: 9.2%
- No High School Diploma: 25.0%
- MediCal Population: 35.9%³

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 4.2 with five (5) of the San Bernardino city zip code communities scoring a “5”.

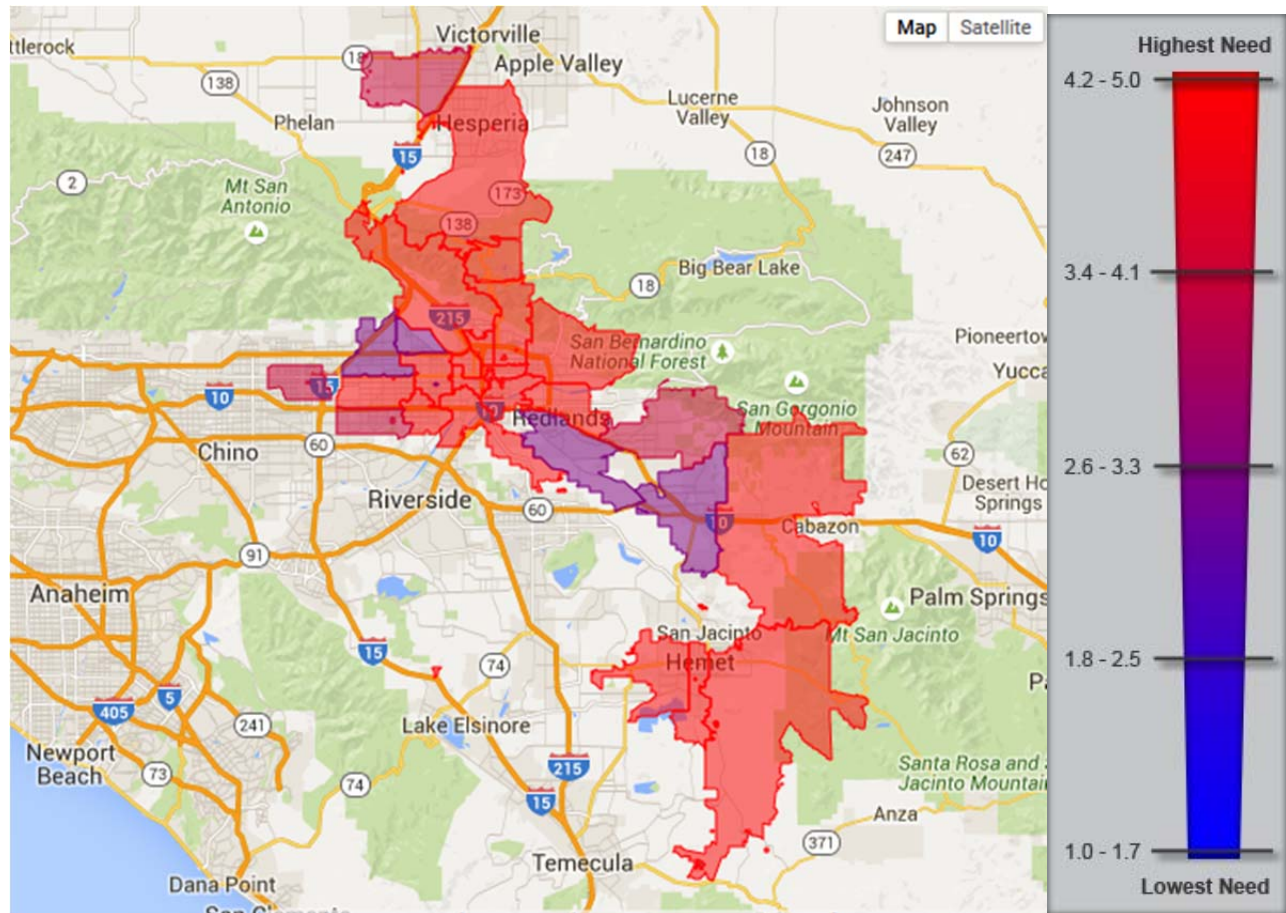
Many of the neighborhoods served have been federally designated as a Medically Underserved Area (MUA). Portions of the following zip codes served by the hospital fall in a MUA: 92401, 92404, 92405, 92335, 92336 and 92399. When reviewing Community Grant proposals, special attention is paid to organizations serving these areas.

¹ A collaboration between the Robert Wood Johnson Foundation & the University of Wisconsin Population Health Institute

² Source: © 2015 The Nielsen Company, © 2015 Truven Health Analytics, Inc.

³ Does not include individuals dually-eligible for MediCal and Medicare.

COMMUNITY NEEDS INDEX MAP



ZIP CODE	CNI SCORE	POPULATION	CITY	ZIP CODE	CNI SCORE	POPULATION	CITY
91730	3.6	70,777	Rancho Cucamonga	92377	2.8	20,228	Rialto
92220	4.2	32,815	Banning	92392	4.0	59,527	Victorville
92223	3.2	48,836	Beaumont	92399	3.4	54,467	Yucaipa
92316	4.2	32,332	Bloomington	92401	5.0	2,237	San Bernardino
92324	4.6	57,740	Colton	92404	5.0	58,899	San Bernardino
92325	4.2	8,788	Crestline	92405	5.0	29,441	San Bernardino
92335	4.6	97,041	Fontana	92407	4.4	61,399	San Bernardino
92336	3.2	95,212	Fontana	92408	4.8	15,696	San Bernardino
92337	3.6	38,060	Fontana	92410	5.0	49,977	San Bernardino
92345	4.6	83,154	Hesperia	92411	5.0	26,210	San Bernardino
92346	4.2	56,269	Highland	92543	5.0	34,431	Hemet
92373	3.2	33,439	Redlands	92544	4.2	45,714	Hemet
92374	4.2	41,508	Redlands	92545	4.2	42,866	Hemet
92376	4.8	82,133	Rialto				

COMMUNITY BENEFIT PLANNING PROCESS

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Benefit Initiative Committee and other stakeholders in the development and annual updating of the community benefit plan.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

The most recent CHNA was adopted by the Board of Directors in June, 2014, and was conducted in collaboration with Community Hospital of San Bernardino (CHSB). *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
Eric Goddard	Director of Administration	CSUSB, 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
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	

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.SBMCOutreach.org and at http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/235156.pdf on the Dignity Health website.

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 11).
- 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.

CHNA SIGNIFICANT HEALTH NEEDS

Based on the results of the primary and secondary data collection, significant health needs were identified. Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (relative portion of population afflicted by the problem) or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health need indicators identified in the secondary data were measured against benchmark data,

specifically county or state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem. The identified significant health needs included:

- Access to care
- Alcohol/drugs/tobacco
- Chronic diseases (asthma, cancer, heart disease, diabetes)
- Community growth and enrichment (safety, homelessness, education, economic development)
- Dental health
- Mental health
- Overweight/obesity (healthy eating and physical activity)
- Preventive health care (screenings, immunizations)

The Community Benefit Initiative Committee convened to review the significant health needs identified in the Community Health Needs Assessment and to establish the process and criteria to prioritize the health needs. The following criteria were used to prioritize the significant health needs:

- Size of the problem – the relative portion of population afflicted by the problem.
- Existing infrastructure – hospital has programs, systems, staff and support resources in place to address the issue.
- Ongoing investment - existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus area – hospital has acknowledged competencies and expertise to address the issue.

Significant health needs identified in the CHNA that will not be addressed are alcohol/drugs/tobacco and 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. 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.

COMMUNITY BENEFIT PLAN DEVELOPMENT PROCESS

As a matter of Dignity Health policy, the hospital's community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- **Disproportionate Unmet Health-Related Needs:** Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention:** Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **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.

SBMC staff provided CBIC with information regarding current program already addressing identified health needs as well as evidence of success. Programs continue to be impacted by growing need, and it was determined these programs are valuable tools in improving community health. Discussion also focused on

programs in the community and the importance of collaborating with them on a regular basis as well through the Dignity Health Community Grants Program. These programs and strategies are highlighted on page 15.

PLANNING FOR THE UNINSURED/UNDERINSURED PATIENT POPULATION

In keeping with our mission, the hospital offers patient financial assistance (also called charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay. The hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. The amount of financial assistance provided in FY15 is listed in the Economic Value of Community Benefit section of this report.

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. The brochure is available in English and Spanish. 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. Payment assistance information is available in English and Spanish on the hospital's website:

<http://www.dignityhealth.org/stbernardinemedical/patients-and-visitors/patients/billing-and-payments/payment-assistance>.

2015 REPORT AND 2016 PLAN

This section presents programs and initiatives the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It includes both a report on activities for FY15 and planned programs with measurable objectives for FY16.

Below are community benefit and community health programs and initiatives operated or substantially supported by the hospital FY15, and those planned to be delivered in FY16. Programs that the hospital plans to deliver in 2016 are denoted by *.

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

- Financial assistance for uninsured/underinsured and low income residents* – The hospital provides discounted and free health care to qualified individuals, following Dignity Health’s Financial Assistance Policy.
- Financial support of H Street Clinic* – The hospital provides financial assistance to H Street Clinic, a local FQHC to ensure a medical home for the uninsured and homeless.
- Dignity Health Community Grants Program* – The following agencies were funded for programs addressing Access to Care:
 - Catholic Charities/San Bernardino Sexual Assault Services/American Lung Association
 - Dr. Earl R. Crane Children’s Dental Health Center/San Bernardino Unified School District/Assistance League of San Bernardino
 - Legal Aid of San Bernardino/San Bernardino Sexual Assault Services/Libreria del Pueblo
 - Mary’s Mercy Center/Inland Behavioral Health Services/Volunteers of America
 - Well of Healing Mobile Medical Clinic/El Sol Neighborhood Education Center/Lestonnac Free Clinic
- Baby & Family Center* - Provides dedicated support of breast feeding, free bilirubin checks to all new babies within 48 hours of delivery and is the site for multiple support groups.
- Community Education* - Offered free of charge to community members, addressing a variety of health issues.
- Health Professionals Education Programs* - As the leading heart hospital in the Inland Empire, we offer a Cardiac Symposium to local physicians and health professionals sharing information and latest research. A Diabetes Symposium also brings current information to health professionals.
- Community Health Navigator* - The Navigator contacts all uninsured individuals seen but not admitted in the Emergency Department in an effort to find a more suitable medical home as well as connection to other social services agencies providing basic needs.
- Free flu shots to the community* - In an effort to keep the community healthy, free flu shots will be offered through a variety of flu shot clinics, as well as going to various social agencies to serve their population.

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

- Stanford model Chronic Disease Self-Management Programs – Classes for both chronic disease and diabetes specific will be offered in English and Spanish to community members free of charge.
- Dignity Health Community Grants Program* - The following agencies were funded for programs addressing Chronic Health Conditions:
 - Catholic Charities/San Bernardino Sexual Assault Services/American Lung Association
 - Well of Healing Mobile Medical Clinic/El Sol Neighborhood Education Center/Lestonnac Free Clinic
- Heart Care Clinic* - The HCC provides free services to referred patients diagnosed with heart disease from SBMC and CHSB as well as drop-ins from the community.

- Sweet Success Program* - Sweet Success Program provides monitoring and education to gestational diabetic women to ensure a healthy birth with a second goal of ensuring better health for the mother post-partum.
- Community Education – Classes centering on healthy eating and active living will be provided at hospital outreach centers.
- Support Groups* - Support groups for chronic health conditions include obesity, breast cancer (groups in both English and Spanish); *Look Good Feel Better* is offered to women undergoing breast cancer treatments; a bereavement support group meets twice a month with a hospital chaplain.

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

- Dignity Health Community Grants Program * - The following agencies were funded for programs addressing Youth Development:
 - Catholic Charities/San Bernardino Sexual Assault Services/American Lung Association
 - Legal Aid of San Bernardino/San Bernardino Sexual Assault Services/Libreria del Pueblo
- Family Focus Center* - A program geared to at-risk youth in the community. The hospital has space off-site, located across the street from San Bernardino High School offering after school programs.
- Stepping Stones*- Stepping Stones provides an opportunity to teens and young adults to gain valuable hospital workplace experience through both volunteer and mentor activities.

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.

The Dignity Health Community Grants Program went through significant changes in FY2015 in an effort to achieve collective impact for some of our community’s most challenging issues. Individual agencies are no longer awarded grants; rather, a collaboration of at least three (3) agencies must come together and partner effectively to promote change. The collaboratives receiving funding in FY2015 are listed below.

Dignity Health SBMC/CHSB Community Grants Program FY2015

Collaborating Organizations	Amount	Program
Catholic Charities San Bernardino Sexual Assault Services American Lung Association	\$40,000	HOPE in the City
Dr. Earl R. Crane Children’s Dental Health Center San Bernardino Unified School District Assistance League of San Bernardino	\$50,864	Connecting Low Income San Bernardino Children & Adults to Oral Health & Oral Health Care Resources
Legal Aid of San Bernardino San Bernardino Sexual Assault Services Libreria del Pueblo	\$67,500	Bridging Barriers to Healthy Homes
Mary’s Mercy Center Inland Behavioral Health Services Volunteers of America	\$25,000	Better Parenting Through Partnership
Well of Healing Mobile Medical Clinic El Sol Neighborhood Education Center Lestonnac Free Clinic	\$75,000	Community Health & Education Collaborative (CHEC)
TOTAL	\$258,364⁴	

⁴ Reflects the combined total commitment from both SBMC and CHSB

ANTICIPATED IMPACT

The anticipated impacts of specific program initiatives, including goals and objectives, are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Benefit Initiative Committee, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. In addition, the hospital evaluates impact and sets priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

PLANNED COLLABORATION

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.”

SBMC staff has been integral in a three year process to develop a countywide Community Vital Signs Transformational Plan, beginning with multiple community meetings to define key issues to developing a multi-agency plan to lead change through Education, Economy, Access to Health & Wellness and Safety.

Lastly, the following agencies are involved in our community programs: American Cancer Society, Aquinas High School, California State University San Bernardino, Childhelp USA, Department of Public Health, Diocese of San Bernardino, Fontana Community Assistance Program (CAP), Inland Empire Access to Cancer Care Coalitions, Inland Empire Baby Friendly, Inland Empire Breastfeeding Coalition, Inland Empire Palliative Care Coalition, Latino Health Collaborative, San Bernardino County Sexual Assault Services, San Bernardino High School and Victor Community Support Services.

This community benefit plan specifies significant community health needs that the hospital plans to address in whole or in part, in ways consistent with its mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in other community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community.

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report.

PROGRAM DIGESTS

Dignity Health Community Grants Program	
Significant Health Needs Addressed	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
Program Description	Award funds to non-profit organizations to be used to effect collective impact, addressing the health priorities established by the hospital (based on the results of the latest Community Health Needs Assessment). Awards will be given to agencies with a formal collaboration and focus on underserved populations and a link to the hospital.
Planned Collaboration	Proposals will be awarded to collaborations that provide a link to a hospital need and/or program.
Community Benefit Category	E1a - Cash Donation
FY 2015	
Program Goal Anticipated Impact	Build community capacity and expand outreach by identifying and funding Community Based Organizations (CBO) programs that align with hospital priority areas (listed above). Applying agencies must come together to form a collaborative approach in addressing a health priority.
Measureable Objective With Indicator	Funding will be provided to implement programs that support hospital priorities. 100% of funded programs will report objectives as a result of SBMC Community Grants on an annual basis.
Baseline/Needs Summary	The 2014 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.
Intervention Actions for Achieving Goal	A community workshop was hosted by the hospital to review the collaborative approach and new proposal guidelines. Regular contact was kept with agencies submitting applications through emails, and information was shared with all to ensure transparency.
Program Performance/Outcome	5 collaborative proposals, representing 15 local non-profit agencies, were awarded grants ranging from \$25,000 to \$75,000 addressing access to care, chronic disease and youth development.
Hospital's Contribution Program Expense	\$156,324
FY 2016	
Program Goal Anticipated Impact	Build community capacity and expand outreach by identifying and funding CBO collaborative programs that align with hospital priority areas and based on a Collective Impact Model to address complex health issues.
Measurable Objective With Indicator	Funding will be provided to implement programs that support hospital priorities. 100% of funded programs will report objectives as a result of SBMC Community Grants on an annual basis.
Baseline Needs Summary	Unfortunately, change is slow to occur, and access to care as well as chronic diseases continue to plague our community. The health priorities of the hospital remain the same based on the 2014 CHNA. Improved opportunities for youth address some of the social determinants of health and are needed if we are to see an improvement in education levels, reduction of youth violence and improved nutrition as our youth enter adulthood.
Intervention Actions for Achieving Goal	A community meeting was held in June 2015 for local non-profit agencies to describe the grants process that will be applied in FY2016. Additionally, a subsequent workshop was held for those agencies that were invited to submit proposals. Agencies were encouraged to bring their (partially completed) proposals, and staff members answered questions and reviewed proposals prior to submission.

H Street Clinic	
Significant Health Needs Addressed	X Access to Care <input type="checkbox"/> Chronic Disease Self Management <input type="checkbox"/> Youth Development
Program Emphasis	X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Program Description	Financial support of a clinic located in DUHN neighborhood offering low-cost primary health care for all ages.
Planned Collaboration	Community Health Navigator will refer to H Street Clinic for those without a medical home.
Community Benefit Category	E1a - Cash Donation
FY 2015	
Program Goal Anticipated Impact	Increase access to primary health care for underserved and uninsured residents in the SBMC service area.
Measurable Objective With Indicator	90% of H Street Clinic patients are screened for eligibility for low cost or no cost insurance programs.
Baseline Needs Summary	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.
Intervention Actions 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. During FY2015, the Board sought to connect with an FQHC to assume operation of the clinic, believing it would provide greater capacity to serve the community. In November 2015, Central Neighborhood Health Foundation, an FQHC with current operations in Los Angeles, assumed operations of H Street Clinic, and the current Board was dissolved.
Program Performance Outcome	With financial assistance from the hospital 1,524 unduplicated patients were seen at H Street Clinic in FY2014. This includes 506 unduplicated new patients.
Hospital’s Contribution Program Expense	\$300,000
FY 2016	
Program Goal Anticipated Impact	Increase access to primary health care for underserved and uninsured residents in the SBMC service area.
Measurable Objective With Indicator	Increase capacity of H Street Clinic by 10% for unduplicated new patients.
Baseline/Needs Summary	The most recent CHNA reaffirms the lack of access to health care, especially affordable or free care.
Intervention Actions for Achieving Goal	The Community Health Navigator will refer homeless and uninsured patients to H Street Clinic in an effort to find a medical home.

Baby & Family Center	
Significant Health Needs Addressed	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 <input type="checkbox"/> Collaborative Governance
Program Description	The Baby & Family Center (BFC) 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.
Planned Collaboration	The Baby Family Center collaborates with WIC, California Highway Patrol (car seat safety), Birth Your Way Birthing Center, Loma Linda Medical Center, Arrowhead Regional Medical Center, and Kaiser Fontana.
Community Benefit Category	A1a – Community Education
FY 2015	
Program Goal Anticipated Impact	Improve the health of pregnant mothers and their families through education with an emphasis on breastfeeding and diabetes education.
Measurable Objective With Indicators	Increased breastfeeding among new mothers by 2%. For Sweet Success participants, deliver full term infants and experience zero fetal demise.
Baseline/Needs Summary	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 exceed that of the state rate (71.3 vs. 68.0); births to teens for the service area exceed that of the state rate (121.6 vs. 84.8).
Intervention Actions for Achieving Goal	Encourage breastfeeding for inpatient and community members; conduct breastfeeding support groups; offer Sweet Success counseling to women with gestational diabetes.
Program Performance/Outcome	Over 900 unduplicated individuals received services at the Baby & Family Center in FY2015. An additional 110 unduplicated gestational diabetic mothers received care through the Sweet Success Program. None of the women seen through Sweet Success Program experienced a fetal demise.
Hospital's Contribution Program Expense	\$71,741
FY 2016	
Program Goal Anticipated Impact	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.
2016 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.
Baseline/Needs Summary	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.

Community Health Navigator	
Significant Health Needs Addressed	<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 type="checkbox"/> Collaborative Governance
Program Description	The Community Health Navigator follows up by phone all uninsured and homeless patients who were seen in the ED but not admitted. Uninsured patients are provided with community resources (English and Spanish), including the sites offering specialty care. Assistance is provided for enrolling in government sponsored plans as well as arranging referrals for needed services from local non-profit agencies.
Planned Collaboration	Major collaborators include, but are not limited to: Lestonnac Free Clinic, H Street Clinic and Mary's Table.
Community Benefit Category	A3 – Healthcare Support Services Information & Referral
FY 2015	
Program Goal Anticipated Impact	Assist the homeless and uninsured in finding a medical home instead of using the ED as a regular source of health care.
Measurable Objective With Indicator	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 2014 6,288 uninsured patients were seen in ED and not admitted.
Intervention Actions for Achieving Goal	Navigator follows up by phone all uninsured non-admitted patients who were seen in the ED. The navigator tries to make appointments with the individuals to assist them in finding the necessary services, be it a link to a local clinic or a social service agency for needed services.
Result FY 2015	ED Navigator made contact with 4,106 uninsured individuals. It had been anticipated that a planned free clinic would open in FY15. Unfortunately, this did not happen until FY16.
Hospital's Contribution Program Expense	\$81,229
FY 2016	
Program Goal Anticipated Impact	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.
Measurable Objective With Indicator	5% of those contacted by the Navigator will receive a referral to a free clinic.
Baseline	In FY2015 5,788 uninsured patients seen in ED and not admitted.
Intervention Actions for Achieving Goal	The Navigator makes initial contact with those seen in the ED within 48-72 hours and follows up again two weeks later. The Navigator will also be out in the community offering resources as well and building trust. 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.

Family Focus Center	
Significant Health Needs Addressed	<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
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.
Planned Collaboration	Family Focus Center collaborates with San Bernardino High School, Arrowview Middle School, San Bernardino Sexual Assault Services, Victor Valley Agency, San Bernardino Department of Public Health, Santa Claus Inc. and Inland Valley Recovery.
Community Benefit Category	A4 – Social and Environmental Improvement Activities
FY 2015	
Program Goal Anticipated Impact	Improve the lives of those attending Family Focus Center.
Measurable Objective With Indicator	The number of youth completing the Values to Success Program will increase by 5%.
Baseline/Needs Summary	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. FY2014 saw 214 enrolled in the Values to Success Program with 114 completing (53%).
Intervention Actions 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.
Program Performance/Outcome	FY2015: 115 enrolled in the Values to Success Program with 60 completing (52%).
Hospital's Contribution Program Expense	\$362,934 (for all programs at Family Focus Center)
FY 2016	
Program Goal Anticipated Impact	Improve the lives of those attending Family Focus Center.
Measurable Objective With Indicator	Increase the percentage of youth completing the Values to Success Program.
Baseline/Needs Summary	FY2015: 115 enrolled in the Values to Success Program with 60 completing (52%).
Intervention Actions for Achieving Goal	Components of the program include workshops, presentations, and activities striving to increase participants' overall knowledge of healthy behaviors, build character, and promote a sense of self-worth. A good citizen component promotes social responsibility and service to others. 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.

ECONOMIC VALUE OF COMMUNITY BENEFIT

St. Bernardine Medical Center
 Complete Summary - Classified Including Non Community Benefit (Medicare)
 For period from 7/1/2014 through 6/30/2015

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
<u>Benefits for Living In Poverty</u>						
Financial Assistance	341	3,745,090	0	3,745,090	1.3	1.3
Medicaid	106,879	172,553,831	165,489,452	7,064,379	2.4	2.4
Community Services						
Community Benefit Operations	0	237,786	0	237,786	0.1	0.1
Community Health Improvement Services	8,293	750,676	1,260	749,416	0.3	0.3
Financial and In-Kind Contributions	0	2,103,550	0	2,103,550	0.7	0.7
Totals for Community Services	8,293	3,092,012	1,260	3,090,752	1.1	1.0
Totals for Living in Poverty	115,513	179,390,933	165,490,712	13,900,221	4.8	4.7
<u>Benefits for Broader Community</u>						
Community Services						
Community Building Activities	744	129,086	14,530	114,556	0.0	0.0
Community Health Improvement Services	2,099	121,926	0	121,926	0.0	0.0
Financial and In-Kind Contributions	1,918	22,405	0	22,405	0.0	0.0
Health Professions Education	79	546,200	12,520	533,680	0.2	0.2
Subsidized Health Services	0	1,030	0	1,030	0.0	0.0
Research	0	109,358	0	109,358	0.0	0.0
Totals for Community Services	4,840	930,005	27,050	902,955	0.3	0.3
Totals for Broader Community	4,840	930,005	27,050	902,955	0.3	0.3
Totals - Community Benefit	120,353	180,320,938	165,517,762	14,803,176	5.1	5.0
Medicare	19,476	56,399,192	53,865,634	2,533,558	0.9	0.9
Totals with Medicare	139,829	236,720,130	219,383,396	17,336,734	5.9	5.9

Cost Accounting methodology used

APPENDIX A

HOSPITAL COMMUNITY ADVISORY BOARD MEMBERS ROSTER - FY2015

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

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

Rosella Bernal
Retired
Union Bank

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

Toni Callicott
Retired, President
American Red Cross Inland Empire

Wilfrid Lemann
Fullerton Lemann Schaefer & Dominick, LLC

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

Vellore Muraligopal, M.D.
Neonatology Medical Group

Osvaldo Garcia, DDS
Osvaldo R. Garcia & Associates

Sr. Nancy Jurecki, OP
Adrian Dominican Sisters

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

Ron Rezek
Rezek Equipment

Ex Officio Members

Steve Barron, President
St. Bernardine Medical Center

Richard Biama, M.D.
Chief of Staff (through December 31, 2014)

June Collison, President
Community Hospital of San Bernardino

Yaser Slayyeh, MD
Chief of Staff (effective January 1, 2015)

COMMUNITY BENEFIT INITIATIVE COMMITTEE - FY 2015

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

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

Deborah Davis
Interim Director
Legal Aid of San Bernardino

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

Valthia Head
IESA⁵ Director
Strategic Business Development

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

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

Stephanie Johnson
Manager Marketing & Advertising Southern
California

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

Lowell King
Regional Operations Officer
Goodwill Southern California

Chuck Leming
Department of Public Health
San Bernardino County

Linda McDonald
IESA Vice President, Mission Integration

Kathleen McDonnell
IESA Manager, Community Benefit

Elizabeth Moran
IESA Manager
Communications/Media/Advocacy

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

Faye Pointer
Community Member

Sandra Rodriguez
Principal
San Bernardino High School

Carrie Schmidt
Manager, Volunteer Services
Community Hospital of San Bernardino

Regina Webster
Manager, Major Gifts Office
St. Bernardine Medical Center

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

⁵ Inland Empire Service Area (includes Community Hospital of San Bernardino and St. Bernardine Medical Center)

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
- Arrowhead Regional Medical Center
- Community Hospital of San Bernardino
- Kaiser Permanente
- Loma Linda University Health
- Redlands Community Hospital
- San Antonio Community Hospital
- San Bernardino Dept. of Public Health
- St. Bernardine Medical Center
- 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 2015.

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.