

Bakersfield Memorial Hospital

Community Benefit 2022 Report and 2023 Plan

Adopted October 2022



A message from

Ken Keller, President and CEO of Memorial Hospital, and Robert Noriega, Chair of the Dignity Health Memorial Hospital Board of Directors.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Memorial Hospital shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2022 Report and 2023 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. 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 2022 (FY22), Memorial Hospital provided \$50,623,333 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$24,477,947 in unreimbursed costs of caring for patients covered by fee-for-service Medicare.

The hospital's Board of Directors reviewed, approved and adopted the Community Benefit 2022 Report and 2023 Plan at its October 26, 2022 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to Donna Sharp, Regional Director for the Department of Special Needs and Community Outreach, at (661) 632-5467.

Ken Keller

President

Robert Noriega

Chairperson, Board of Directors

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At-a-Glance Summary

Community Served 	Dignity Health Bakersfield Memorial Hospital is located in Kern County, in California's Central Valley. The hospital service area encompasses 14 ZIP Codes in the cities of Bakersfield, Lake Isabella, Taft and Tehachapi.		
Economic Value of Community Benefit 	\$50,623,333 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits \$24,477,947 in unreimbursed costs of caring for patients covered by fee-for-service Medicare		
Significant Community Health Needs Being Addressed 	The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are: <table border="1"> <tbody> <tr> <td> • Access to health care • Chronic diseases • Food insecurity • Mental health </td><td> • Overweight and obesity • Preventive practices • Substance use </td></tr> </tbody> </table>	• Access to health care • Chronic diseases • Food insecurity • Mental health	• Overweight and obesity • Preventive practices • Substance use
• Access to health care • Chronic diseases • Food insecurity • Mental health	• Overweight and obesity • Preventive practices • Substance use		
FY22 Programs and Services 	The hospital delivered several programs and services to help address identified significant community health needs. These included: <i>Access to Health Care</i> Financial assistance Connected Community Network Prescription purchasing Homemaker Care Program Community Wellness Program Community Health Initiative Community Health Improvement Grants Program <i>Chronic Diseases</i> Chronic Disease Self-Management Programs Community Wellness Program Community Health Improvement Grants Program <i>Food Insecurity</i> Learning and Outreach Centers Connected Community Network Community Health Improvement Grants Program		

	<i>Mental Health</i> Art and Spirituality Center Mental health support groups Community Health Improvement Grants Program <i>Overweight and Obesity</i> Healthy Kids in Healthy Homes Community Wellness Program Community Health Improvement Grants Program <i>Preventive Practices</i> Community Wellness Program Community Health Improvement Grants Program <i>Substance Use</i> Anti-vaping program Emergency Department Substance Use Navigator program Community Health Improvement Grants Program
FY23 Planned Programs and Services 	FY22 programs will continue with the following changes: The expansion and inclusion of mental health and substance use activities through the Community Health Initiative and Community Wellness Program.

This document is publicly available at <https://www.dignityhealth.org/central-california/locations/memorial-hospital/about-us/community-benefit-report-health-needs-assessment>.

Written comments on this report can be submitted to the Special Needs and Community Outreach office at 2215 Truxtun Avenue, Bakersfield, California 93301 or by e-mail to Donna.Sharp@commonspirit.org.

Our Hospitals and the Community Served

About the Hospitals

Bakersfield Memorial Hospital is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in 21 states coast to coast, serving 20 million patients in big cities and small towns across America.

Memorial Hospital is located at 420 34th Street, Bakersfield, California 93301. Memorial Hospital opened its doors to the public in 1956 to serve the growing needs of the community and is Bakersfield's largest acute care hospital facility. The hospital has more than 400 licensed beds and includes a full-service Emergency Department with an Accredited Chest Pain Center and Nationally Certified Stroke Center. The facility also features the Robert A. Grimm Children's Pavilion for Emergency Services, Kern County's first and only dedicated children's ER. Memorial Hospital is home to the Sarvan and Heart and Brain Center, offering innovative and minimally-invasive procedures, such as Transcatheter Aortic Valve Replacement (TAVR) and WATCHMAN device implant.

In addition to its nationally recognized cardiovascular and neurological services, world-class inpatient and outpatient burn care is provided through the S.A. Camp Companies Burn Unit in partnership with The Grossman Burn Center. The hospital also provides expert pediatric acute care and intensive care through the Lauren Small Children's Center, and has a Level II NICU, expanded maternity and family care, Center for Wound Care and Hyperbarics, Center for Healthy Living, robotic surgery program, oncology, and orthopedics among its family of service lines.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

Memorial Hospital serves 12 ZIP codes representing three cities in Kern County. A summary description of the community is below. Additional details can be found in the CHNA report online.

Memorial Hospital Service Area

Place	ZIP Code
Bakersfield	93304, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93314
Shafter	93263
Taft	93268

Kern County covers more than 8,100 square miles, geographically making it the third largest county in the state. The landscape is diverse, ranging from high desert to mountains to vast expanses of rich agricultural flatlands. Kern County consistently ranks among the top five most productive agricultural counties in the United States and is one of the nation's leading petroleum-producing counties. Seasonal and cyclical fluctuations in employment in the agriculture and petroleum industries drive Kern County's unemployment rate consistently well above the state average.

The population of the Memorial Hospital's service area is 622,303. Children and youth, ages 0-17, make up 29.5% of the population, 59.6% are adults, ages 18-64, and 10.9% of the population are seniors, ages 65 and older. Almost half of the population in the service area identifies as Hispanic/Latino (49.4%). 37.4% of the population identifies as White/Caucasian, 5.4% as Black/African American, 4.9% as Asian and 2.2% of the population identifies as multiracial (two-or-more races), 0.5% as American Indian/Alaskan Native, and 0.1% as Native Hawaiian/Pacific Islander.

Among the residents in the service area, 20.2% are at or below 100% of the federal poverty level (FPL) and 43.4% are at 200% of FPL or below. Educational attainment is a key driver of health. In the hospital's service area, 22.3% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.7%). 18.3% of area adults have a Bachelor's or higher degree. Bakersfield is designated as a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health.

Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited, to conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in May 2022.

This document also reports on programs delivered during fiscal year 2022 that were responsive to needs prioritized in the hospital's previous CHNA report.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <https://www.dignityhealth.org/central-california/locations/memorial-hospital/about-us/community-benefit-report-health-needs-assessment> or upon request at the hospital's Community Health office.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to health care	Access to health care refers to the availability of primary care, specialty care, vision care and dental care services. Health insurance coverage is considered a key component to ensure access to health care. Barriers to care can include lack of transportation, language and cultural issues.	•
Chronic diseases	A chronic disease or condition usually lasts for three months or longer and may get worse over time. Chronic diseases can usually be controlled but not always cured. The most common types of chronic diseases are cancer, heart disease, stroke, diabetes, and arthritis.	•
COVID-19	The Coronavirus disease (<i>COVID-19</i>) is an infectious disease caused by the SARS-CoV-2 virus. In the U.S., over one million persons have died as a result of contracting COVID.	
Dental care/oral health	Oral health refers to the health of the teeth, gums, and the entire oral-facial system. Some of the most common diseases that impact our oral health include cavities (tooth decay), gum (periodontal) disease, and oral cancer.	
Economic insecurity	Economic insecurity is correlated with poor health outcomes. Persons with low incomes are more likely to have difficulty	

Significant Health Need	Description	Intend to Address?
	accessing health care, have poor-quality health care, and seek health care less often.	
Environmental conditions	Polluted air, contaminated water, and extreme heat are environmental conditions that can negatively impact community health.	
Food insecurity	The USDA defines food insecurity as limited or uncertain availability of nutritionally adequate foods or an uncertain ability to acquire foods in socially-acceptable ways.	•
Housing and homelessness	Homelessness is known as a state of being unhoused or unsheltered and is the condition of lacking stable, safe, and adequate housing.	
Mental health	Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act.	•
Overweight and obesity	Overweight and obesity are common conditions that are defined as the increase in size and amount of fat cells in the body. Obesity is a chronic health condition that raises the risk for heart disease and is linked to many other health problems, including type 2 diabetes and cancer.	•
Pregnancy and birth outcomes	Poor pregnancy and birth outcomes include low birthweight, preterm births and infant mortality. These are associated with late or no prenatal care, unplanned pregnancy, cigarette smoking, alcohol and other drug use, being HIV positive, obesity, maternal age, and poor nutrition.	
Preventive practices	Preventive practices refer to health maintenance activities that help to prevent disease. For example, vaccines, routine health screenings (mammogram, colonoscopy, Pap smear) and injury prevention are preventive practices.	•
Sexually transmitted infections	Sexually transmitted infections (STIs) usually pass from one person to another through sexual contact. Common STIs include syphilis, gonorrhea, and chlamydia.	
Substance use	Substance use is the use of tobacco products, illegal drugs, prescription drugs, over-the-counter drugs or alcohol. Excessive use of these substances, or use for purposes other than those for which they are meant to be used, can lead to physical, social or emotional harm.	•
Violence and unintentional injury	Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Injuries are caused by accidents, falls, hits, and weapons, among other causes.	

Significant Needs the Hospital Does Not Intend to Address

Taking existing hospital and community resources into consideration, Memorial Hospital will not directly address dental care, economic insecurity, environmental conditions, housing and homelessness, pregnancy and birth outcomes, sexually transmitted infections, violence prevention and unintentional injuries as priority health needs. Additionally, the hospital does not intend to emphasize community COVID-19 interventions at this point in the pandemic, but will continue to deliver acute medical care to address COVID-19. Knowing there are not sufficient resources to address all the community health needs, Memorial Hospital chose to concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise. The hospitals have insufficient resources to effectively address all the identified needs and, in some cases, the needs are currently addressed by others in the community.

2022 Report and 2023 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY22 and planned activities for FY23, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

The programs and initiatives described here were selected on the basis of:

- Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.
- Established Relationships: There are established relationships with community partners 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: The hospitals have acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.



Memorial Hospital engaged the Community Benefit Committee and the Special Needs and Community Outreach Leadership Team to examine the identified health needs according to these criteria. The CHNA served as the resource document for the review of health needs as it provided statistical data on the severity of issues and also included community input on the health needs. As well, the community prioritization of the needs was taken into consideration. As a result of the review of needs and application of the above criteria, Memorial Hospital chose to focus on: access to care, chronic disease, food insecurity, mental health, substance use, overweight and obesity, and preventive practices.

For each health need the hospital plans to address, the Community Benefit Report and Plan describes: actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospitals and other organizations. In most cases, the strategies identified to address the selected needs are based on existing programs that have evidence of success.

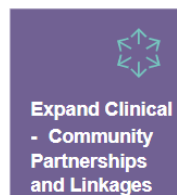
Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



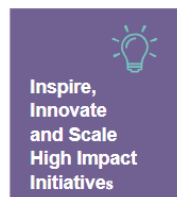
Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

 Health Need: Access to Health Care (Including preventive practices)			
Strategy or Program	Summary Description	Active FY22	Planned FY23
Financial assistance for the uninsured or underinsured	Memorial Hospital provides financial assistance to those who have health care needs and are uninsured, underinsured, ineligible for a government program or unable to pay.	☒	☒
Connected Community Network (CCN)	Hospital care coordination and community partner agencies work together to identify the health and health-related social needs of vulnerable patients, and	☒	☒

	electronically link health care providers to organizations that provide direct services.		
Community Wellness Program	Provides community health screenings and health education on a variety of prevention topics.	☒	☒
Community Health Initiative	Increases access to health insurance and health care for hard-to-reach individuals in Kern County. Provides application assistance and educates families on the importance of preventive care.	☒	☒
Homemaker Care Program	Provides in-home services, linkages to health care resources and social services that improve the quality of life for vulnerable clients.	☒	☒
Outpatient Nurse Navigator Program	Comprehensive case management is provided to patients who are identified as being at high risk for unnecessary hospital readmission. Services are initiated by referral from the Care Coordination team.	☒	☒
Prescription Purchases for Indigents	Purchases necessary medications in emergency situations for people who must have the medicines for their health but have no money to buy them.	☒	☒
Community Health Improvement Grants Program	Offers grants to nonprofit community organizations that provide health care access and preventive care programs and services.	☒	☒

Goal and Impact: The hospital's initiatives to address access to care and preventive practices are anticipated to result in: increased access to health care for the medically underserved, reduced barriers to care, and increased availability and access to preventive care services.

Collaborators: Key partners include: community clinics, faith groups, community-based organizations, public health and city agencies.



Health Need: Chronic Diseases (Including overweight and obesity)

Strategy or Program	Summary Description	Active FY22	Planned FY23
Asthma Management Program	Asthma educators provide education to individuals and monitor clients' usage of both rescue and controller medications.	☒	☒
Healthy Kids in Healthy Homes	Provides students with health education to make positive behavior changes in their nutrition and physical activity.	☒	☒
Community Wellness Program	Provides health education on nutrition, diabetes,	☒	☒

	cholesterol and hypertension.		
Chronic Disease/Diabetes Self-Management Program	Provides residents who have chronic diseases, including diabetes, with the knowledge, tools and motivation needed to become proactive in their health through six-week workshops.	☒	☒
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide programs and services that address chronic disease prevention and treatment and healthy eating and active living.	☒	☒

Goal and Impact: The hospital's initiatives to address chronic diseases, including overweight and obesity, are anticipated to result in: increased focus on chronic disease prevention and treatment education, increased compliance with chronic disease management recommendations, and improved healthy eating and physical activity behaviors.

Collaborators: Key partners include: community-based organizations, public health, faith community, senior service agencies, youth organizations, community clinics, schools and school districts.



Health Need: Food Insecurity

Strategy or Program	Summary Description	Active FY22	Planned FY23
Learning and Outreach Centers	Provides referral services, food, clothing, and education to the most vulnerable and needy residents of the community. After school programs at the centers provide tutoring support to underserved youth.	☒	☒
Connected Community Network	Addresses the social determinants of health and links referred patients to appropriate and needed community-based services.	☒	☒
Homemaker Care Program	Provides in-home services, linkages to health care resources and social services that improve the quality of life for vulnerable clients.	☒	☒
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide programs, services and resources focused on the social determinants of health and basic needs.	☒	☒

Goal and Impact: The hospital's initiative to address the social determinants of health and food insecurity are anticipated to result in: increased access to health and social services to help residents of Kern County stay healthy and experience a better quality of life.

Collaborators: Key partners include: public health, faith community, community clinics, food bank/pantries, housing and homelessness agencies, senior centers and community-based organizations.



Health Need: Mental Health

Strategy or Program	Summary Description	Active FY22	Planned FY23
Art and Spirituality Center	Provides opportunities for artistic expression, meditation, relaxation, and creativity to promote health and well-being, aiding in physical, mental, and emotional recovery, including relieving anxiety and decreasing the perception of pain.	☒	☒
Mental health support groups	The Community Health Initiative provides free mental health support groups to individuals.	☒	☒
Behavioral Health Navigator Program	Supports the emergency department as a primary access point for the treatment of substance use disorders and co-occurring mental health conditions. Utilizes trained navigators to identify patients who would benefit from initiating medication for addiction treatment (MAT) or mental health services.	☒	☒
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide mental health and substance use programs and services.	☒	☒

Goal and Impact: The hospital's initiative to address mental health is anticipated to result in: increased access to mental health services in the community, and improved screening and identification of mental health needs.

Collaborators: Key partners include: schools and school districts, community-based organizations, youth programs, law enforcement, and collaborative organizations that seek to support mental health and substance use needs.



Health Need: Substance Use

Strategy or Program	Summary Description	Active FY22	Planned FY23
Anti-Vaping program	Offers anti-vaping education programs at local schools.	☒	☒
Behavioral Health Navigator Program	Supports the emergency department as a primary access point for the treatment of substance use disorders and co-occurring mental health conditions. Utilizes trained navigators to identify patients who would benefit from initiating medication for addiction treatment (MAT) or mental health services.	☒	☒
Community Health Improvement Grants	Offers grants to nonprofit community organizations that	☒	☒

provide mental health and substance use programs and services.		
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Goal and Impact: The hospital's initiatives to address substance use are anticipated to result in: increased access to substance use services in the community, and improved screening and identification of substance use needs.

Community Health Improvement Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to nonprofit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY22, Mercy and Memorial Hospitals awarded the grants below totaling \$400,332. As in previous years, the hospitals combined resources to fund the projects.

Grant Recipient	Project Name	Amount
Alpha House	Alpha House Shelter Program	\$ 40,792
CityServe Network	CityServe Educational Collaborative Vocational Training	\$ 40,040
Grimm Family Education Foundation	The Edible Gardens at Bakersfield College and CSUB	\$ 50,000
Kern Partnership for Children and Families	Healthy Babies and Healthy Mothers: Reaching Toward a Better You	\$ 29,500
Mercy House Living Centers	Brundage Lane Navigation Center	\$ 75,000
St. Vincent de Paul	The Homeless Assistance Program	\$ 25,000
Teen Challenge of Southern California, Kern County Chapter	Residential and Substance Abuse Project	\$ 30,000
Valley Fever Institute at Kern Medical	Improving Access to Valley Fever Care	\$ 60,000
Wounded Heroes Fund	Empowering Veterans of Kern County - 2021 (EMKC 22)	\$ 50,000

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

 Community Health Improvement Grants Program	
Significant Health Needs Addressed	• Access to health care • Chronic diseases • Food insecurity • Mental health • Overweight and obesity • Preventive practices • Substance use
Program Description	Award grant funds to local non-profit organizations to be used to effect collective impact, addressing the health priorities established by the hospitals (based on the most recent Community Health Needs Assessment). Awards will be given to agencies with a formal collaboration and links to the hospitals.
Population Served	Vulnerable and underserved populations in Kern County.
Program Goal / Anticipated Impact	Increased access and reduced barriers to health care, preventive care, mental health and substance abuse services, basic needs and chronic disease prevention and treatment for the medically underserved. The hospital actively partners with non-profit organizations working to improve health status and quality of life in the communities we serve. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations and reduce disparities.
FY 2022 Report	
Activities Summary	Mercy and Memorial Hospitals awarded \$400,332 in grant funding to nine Kern County non-profit organizations.
Performance / Impact	• The Community Grants Committee reviewed all grant proposals and provided recommendations for organizations and projects to be funded. • Grant projects addressed the following identified health needs: ○ Access to care ○ Birth indicators ○ Chronic diseases ○ Dental care ○ Food insecurity ○ Housing and homelessness ○ Substance use and misuse

	- o Mental health - o Preventive practices - o Violence and Injury
Hospital's Contribution / Program Expense	The total FY22 expense was \$400,332. Other hospital contributions include grant administration.
FY 2023 Plan	
Program Goal / Anticipated Impact	• The Community Grants Committee will review all grant proposals and provide recommendations for organizations and projects to be funded.
Planned Activities	No planned changes from the previous year.



Community Health Initiative

Significant Health Needs Addressed	• Access to care • Mental health
Program Description	The Community Health Initiative works with public, private and non-profit organizations to enroll individuals in health insurance programs. We provide training and referrals to partner agencies, and work at the local and state levels to help streamline the sometimes burdensome process of navigating the public health system.
Population Served	We work to provide access to care for individuals and families. Mental health activities are provided to Spanish-speaking populations.
Program Goal / Anticipated Impact	Kern County residents will have access to health care, will be able to navigate health insurance coverage to access care, and will utilize preventive care.
FY 2022 Report	
Activities Summary	Review the “Path to Good Health” booklet with every client to ensure they understand and know how to access care. Make follow-up utilization calls to those individuals who are assisted with health insurance enrollment to ensure they have selected a health plan, primary care physician and have scheduled their first appointment.
Performance / Impact	• 85% of individuals who begin the health insurance application process will complete enrollment. • 43% of enrolled individuals will schedule their first doctor visit within six months of enrollment. • 91% of individuals who enroll in health insurance will select a health plan
Hospital's Contribution / Program Expense	The total FY22 expense for the Community Health Initiative was \$345,851. Of this amount, \$139,531 was grant dollars and donations, and

	\$206,320 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, fundraising support, bookkeeping, and human resources support.
FY 2023 Plan	
Program Goal / Anticipated Impact	• 80% of individuals who begin the health insurance application process will complete enrollment. • 90% of individuals who enroll in health insurance will select a health plan • 75% of individuals who participate in mental health presentations will report having a better understanding of mental health. • 50% of individuals who attend a mental health workshop will report a willingness to seek professional help.
Planned Activities	We will continue to work with several local organizations to reach the different populations residing in Kern County. Partners will include: community health centers, public health, social services, school districts, community-based organizations, churches, Promotoras and others. Support groups, workshops and presentations will be provided to help reduce the stigma of mental health in Latino communities.



Community Wellness Program

Significant Health Needs Addressed	• Access to health care • Chronic diseases • Overweight and obesity • Preventive practices • Substance use
Program Description	The Community Wellness Program is focused on preventive health by providing on-site screenings and health and wellness education and services for residents throughout Kern County. The Community Wellness Program encompasses programs that address prevention through screening for cancer, and education on cardiovascular disease, asthma, diabetes, and obesity.
Population Served	The population served are low-income individuals and families without health insurance and/or qualify for publicly funded health care plans and have a chronic condition or live with someone with a chronic condition.
Program Goal / Anticipated Impact	The Community Wellness Program will increase access to preventive health screenings and education for residents of Kern County.

FY 2022 Report	
Activities Summary	• Provided community health education classes that focus on the following significant health needs – obesity, diabetes, asthma, and cardiovascular disease. • Outreached to 2 new communities for health education classes. • Developed and strengthened educational opportunities throughout the community.
Performance / Impact	• 84% of health screening participants surveyed reported making a positive lifestyle change. • 883 flu shots provided. • 100% of the 470 children who attended Healthy Kids in Healthy Homes workshops attended six out of eight classes. • 93% of health education participants surveyed reported having a better understanding of how to live a healthy lifestyle. • Provided at least one cancer education or screening every quarter, which resulted in 69 uninsured women 40 years and older receiving a mammogram and 211 women being educated on breast health.
Hospital's Contribution / Program Expense	The total FY22 expense for the Community Wellness Program was \$254,060. Of this amount, \$84,843 was grant dollars and donations, and \$169,217 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, fundraising support, bookkeeping, and human resources support.
FY 2023 Plan	
Program Goal / Anticipated Impact	The Community Wellness Program will increase access and availability to preventive health screenings and education for residents of Kern County. The anticipated impact of these services include: • 75% of health screening participants surveyed will report making a positive lifestyle change. • Provide 1,000 flu immunizations for residents of Kern County. • 80% of children who attended Healthy Kids in Healthy Homes workshops will complete the workshop by participating in six out of eight classes. • 90% of health education participants surveyed will report having a better understanding of how to live a healthy lifestyle. • 80% of children who attend the Youth Tobacco Prevention workshops will complete the workshop by participating in 3 out of 4 classes. • Plan and deliver quarterly cancer education and screening events.
Planned Activities	Along with addressing substance use in schools, our programs will continue to collaborate with community health centers, churches, school districts, health care providers, health plans, and family resource centers.



Chronic Disease/Chronic Pain/Diabetes Self-Management Programs

Significant Health Needs Addressed	• Chronic diseases
Program Description	The Healthier Living Self-Management Programs (Chronic Disease, Chronic Pain and Diabetes) are designed for persons who have diabetes and other chronic illnesses, providing them with the knowledge, tools and motivation needed to become proactive in their health. The length of each seminar varies from six to eight weeks covering a variety of topics including nutrition, exercise, use of medications, and communication with doctors, stress management, and evaluating new treatments.
Population Served	The primary participants are individuals without health insurance and/or qualify for publicly funded health care plans and have a chronic condition or live with someone with a chronic condition.
Program Goal / Anticipated Impact	Decrease hospital admissions for two of the most prevalent ambulatory care sensitive conditions in our community (diabetes and congestive heart failure).
FY 2022 Report	
Activities Summary	• Delivered 20 seminars that are between six to eight weeks in length targeted at persons with diabetes and other chronic diseases during the fiscal year. • At least 84% of seminar participants were uninsured and/or populations who qualify for publicly funded health care plans. • Provided continuing education for 6 leaders to ensure the Healthier Living Self-Management Programs provide quality service.
Performance / Impact	• 99% of participants who register for Healthier Living completed the seminar by attending 4 out of 6 classes. • 100% of participants with a chronic disease who complete Healthier Living seminars remained healthier after their seminars, as measured by those who avoided admissions to the hospital or emergency department for three months following their participation in the program. • Outreached to 2 new communities in Kern County in order to expand our services - Lost Hills and Lamont
Hospital's Contribution / Program Expense	The total FY22 expense for the Disease Self-Management Programs was \$36,697. Of this amount, \$10,910 was grant dollars and donations, and \$25,787 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, fundraising support, bookkeeping, and human resources support.

FY 2023 Plan

Program Goal / Anticipated Impact	The hospital's initiatives to address chronic diseases are anticipated to result in increased focus on chronic disease prevention education and increase compliance with chronic disease management recommendations. The anticipated impact of the Healthier Living program includes: • 75% of participants who register for Healthier Living will complete the seminar by attending 4 out of 6 classes. • 90% of participants with a chronic disease who complete Healthier Living seminars will remain healthier after their seminars, as measured by those who avoid admissions to the hospital or emergency department for three months following their participation in the program.
Planned Activities	We will continue to partner with community health centers, churches, school districts, senior centers, and family resource centers.



Homemaker Care Program

Significant Health Needs Addressed	• Access to care
Program Description	Provides non-medical, in-home supportive services to seniors and disabled adults. All of the clients served are partially or wholly subsidized, primarily from hospital funds. In addition, it increases community capacity in these areas by providing free vocational training to unemployed individuals wishing to transition into the workforce as in-home care providers. Some graduates are hired by the hospital to sustain our services, others are hired by other agencies, organizations or families to meet their needs.
Population Served	Seniors, disabled adults, adult-children caregivers, and unemployed individuals are the primary beneficiaries.
Program Goal / Anticipated Impact	Provide seniors and disabled adults with high-quality supportive services, allowing them to remain in their homes, living independently as possible and for as long as possible. Provide job-seeking individuals with comprehensive caregiver training to increase their knowledge, skills, and confidence to provide competent caregiving services to seniors and disabled adults.

FY 2022 Report

Activities Summary

- Collaborated with senior-related and health care related companies, organizations and public agencies to increase our ability to advocate for our clients and help all seniors advocate for themselves.
- Provided services to increase access to care for vulnerable seniors and disabled clients.
- Linked underserved clients to needed health care and social service resources.
- Collaborated with other organizations to identify candidates for the training program.

Performance / Impact

- 100% of home care clients reported an improved quality of life.
- Home care clients reported an overall, average satisfaction rating for excellence in maintaining dignity and quality of service of 95.9%.
- Conducted one caregiver training class with 100% of graduates completing the course with grades exceeding 80%.
- 100% of caregiver training graduates achieved increased knowledge, skill, and confidence in serving seniors and disabled adults.

Hospital's Contribution / Program Expense

The total FY22 expense for the Homemaker Care Program was \$328,442. Of this amount, \$212,369 was client fees and donations, and \$116,073 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, fundraising support, bookkeeping, and human resources support.

FY 2023 Plan

Program Goal / Anticipated Impact

- Improving the quality of life for 100% of clients as determined by an annual survey.
- Maintaining a minimum overall satisfaction level of 90% for excellence in maintaining dignity and quality of service as determined by a monthly survey.
- Conduct 4 training sessions with at least 80% of the graduates obtaining final course grades of 70% or more.
- Improve the knowledge and skills of 100% of the graduating students as disclosed by a comparison of a pre-course assessment to a post-course examination for each graduate.

Planned Activities

No planned change in activities.



Social Determinants of Health (Basic Needs Services)

Significant Health Needs Addressed	• Preventive practices • Food insecurity • Mental health
Program Description	The Learning and Outreach Centers are located in economically depressed neighborhoods of southeast Bakersfield. These centers serve as strategic hubs of our community outreach efforts. In collaboration with other community service agencies, the centers provide referral services, food, clothing, education, and health screenings to the most vulnerable and needy residents of the community. The after school program provides tutoring support five days a week to underserved youth. The Art and Spirituality Center provides opportunities to experience the healing benefits that may come from creative expression, meditation, movement, self-reflection, and prayer. These experiences promote health and well-being by aiding in physical, mental, and emotional recovery including relieving anxiety and decreasing the perception of pain.
Population Served	The Learning and Outreach Centers serve individuals living in underserved areas of southeast Bakersfield. The Art and Spirituality Center programs are available to all in the community who may benefit from healing through creative expression.
Program Goal / Anticipated Impact	Increase access to health and social services to help residents of Kern County stay healthy physically, emotionally and spiritually.
FY 2022 Report	
Activities Summary	• The Learning and Outreach Centers provided basic need services to vulnerable residents living in underserved neighborhoods of southeast Bakersfield. • The Art and Spirituality Center offered programs in a variety of artistic classifications, both in-person and virtually, to promote physical, emotional and spiritual healing and well-being.
Performance / Impact	• 38,161 individuals were assisted with basic living necessities at the Learning & Outreach Centers. • 100% of Art and Spirituality Center participants reported feeling a general sense of well-being and improved quality of life after completing their workshop(s).
Hospital's Contribution / Program Expense	The total FY22 expense for the Learning and Outreach Centers and the Art and Spirituality Center was \$376,538. Of this amount, \$33,416 was grant dollars and donations, and \$343,122 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, fundraising support, bookkeeping, and human resources support.

FY 2023 Plan	
Program Goal / Anticipated Impact	• 35,000 individuals will be assisted with basic living necessities at the Learning & Outreach Centers. • 98% of Art and Spirituality Center participants will feel a general sense of well-being and improved quality of life after completing their workshop(s).
Planned Activities	Our programs will continue to partner with local community-based organizations to achieve their goals. Some partners include school districts, food banks, and family resource centers.

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and our commitment to improving community health and well-being.

Health Professions Education – Memorial Hospital regularly sponsors training for medical students, nurses, and other students in the health care field. Hundreds of hours each year are committed to providing a clinical setting for undergraduate training and internships for dietary professionals, technicians, social workers, pharmacists, and other health professionals from universities and colleges.

Prescription Program - The Prescription Purchase for Indigent Program purchases necessary medications in emergency situations for people who must have the medicines for their health but have no money or insurance to purchase them. The hospital's social workers identify patients in need of medication and request the medication from Komoto Pharmacy.

Homemaker Care Program: Hospital to Home Stat – This program provides a solution to meet the frequent challenges our case managers face with discharging a patient home safely. These patients require immediate, non-medical assistance at home to avoid hospital readmission, to provide safety and support for improved patient experiences, and once again become independent in their homes.



Economic Value of Community Benefit

324 Bakersfield Memorial Hospital					
Complete Summary - Classified Including Non					
Community Benefit (Medicare)					
For period from 7/1/2021 through 6/30/2022					
	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expenses
<u>Benefits For Poor</u>					
Financial Assistance	25,850	6,336,425	0	6,336,425	1.2%
Medicaid	74,880	202,065,588	161,270,852	40,794,736	7.5%
<u>Community Services</u>					
A - Community Health Improvement Services	26,808	1,327,059	220,101	1,106,958	0.2%
C - Subsidized Health Services	92	332,340	0	332,340	0.1%
E - Cash and In-Kind Contributions	5,944	611,238	2,550	608,688	0.1%
F - Community Building Activities	152	50,585	0	50,585	0.0%
G - Community Benefit Operations	0	583,473	0	583,473	0.1%
Totals for Community Services	32,996	2,904,695	222,651	2,682,044	0.5%
Totals for Poor	133,726	211,306,708	161,493,503	49,813,205	9.2%
<u>Benefits for Broader Community</u>					
<u>Community Services</u>					
B - Health Professions Education	551	715,778	160	715,618	0.1%
E - Cash and In-Kind Contributions	70	17,419	0	17,419	0.0%
F - Community Building Activities	2,073	70,591	0	70,591	0.0%
G - Community Benefit Operations	0	6,500	0	6,500	0.0%
Totals for Community Services	2,694	810,288	160	810,128	0.1%
Totals for Broader Community	2,694	810,288	160	810,128	0.1%
Totals - Community Benefit	136,420	212,116,996	161,493,663	50,623,333	9.3%
Medicare	19,167	114,130,421	89,652,474	24,477,947	4.5%
Totals with Medicare	155,587	326,247,417	251,146,137	75,101,280	13.9%

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

Hospital Board and Committee Rosters

Memorial Hospital Board of Directors

Morgan Clayton
Tel-Tec Security

Daniel Clifford
Bolthouse Farms

Christina Del Toro-Dias
Physician

John R. Findley, MD
Physician

Brad Hannink
Finance Advisor

Ken Keller
Bakersfield Memorial Hospital

Donald McMurtrey
Retired, Business Owner

Javier Miro, MD
Physician

Robert Noriega
Young & Woolridge

B.J. Predum
Mercy Hospitals of Bakersfield

Susie Small
Oilfield Construction

Jon Van Boening
Dignity Health

Community Benefit Committee

Felicia Boyd
Mercy and Memorial Hospitals

Morgan Clayton
Tel-Tec Security
Board Member, Mercy Hospitals

Paula De La Riva
First 5 Kern

Aaron Falk
Kern Community Foundation

Steve Flores
Community member

Jennifer Giese
American Cancer Society

Toni Harper
Friends of Mercy Foundation

Mikie Hay
Jim Burke Ford

Pam Holiwell
Community member

Louie Iturruria
Kern Health Systems

Lisa Jacoby
Mercy and Memorial Hospitals

Adrianna Kessler
Kern County Department of Human Services

Beth Miller
Bakersfield Memorial Hospital

Sr. Judy Morasci
Community Member

Jeremy Oliver
Kern County Aging and Adult Services

Michele Shain
Bakersfield Memorial Hospital

Donna Sharp
Mercy and Memorial Hospitals

Caryl Schweitzer
Bakersfield Memorial Hospital Foundation

Morgan Topper
Mercy Hospitals of Bakersfield

Amanda Valenzuela
Alzheimer's Association, Kern County

Frenchy Valenzuela
Mercy and Memorial Hospitals

Joan Van Alstyne
Mercy Hospitals of Bakersfield

Michelle Willow
Dignity Health Central California Service Area

Evelyn Young-Spath
Board Member, Mercy Hospitals

Hope Youngblood
Mercy Hospitals of Bakersfield