

Mercy Hospital Downtown Mercy Hospital Southwest

Community Benefit 2023 Report and 2024 Plan

Adopted October 2023



A message from

Benjamin Predum, President, and Morgan Clayton, Chair of the Dignity Health Mercy Hospitals' Community Board.

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.

Mercy Hospitals 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 2023 Report and 2024 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 2023 (FY23), Mercy Hospitals provided \$48,610,958 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$20,311,419 in unreimbursed costs of caring for patients covered by fee-for-service Medicare.

The hospitals' Community Board reviewed, approved and adopted the Community Benefit 2023 Report and 2024 Plan at its October 25, 2023 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.

Benjamin Predum

President





Morgan Clayton


Chairperson, Board of Directors

Table of Contents

At-a-Glance Summary	4
Our Hospital and the Community Served	6
About the Hospital	6
Our Mission	6
Financial Assistance for Medically Necessary Care	6
Description of the Community Served	7
Community Assessment and Significant Needs	7
Community Health Needs Assessment	7
Significant Health Needs	8
2023 Report and 2024 Plan	11
Creating the Community Benefit Plan	11
Community Health Strategic Objectives	12
Report and Plan by Health Need	12
Community Health Improvement Grants Program	16
Program Highlights	17
Other Programs and Non-Quantifiable Benefits	26
Economic Value of Community Benefit	27
Hospital Board and Committee Rosters	28

At-a-Glance Summary

Community Served 	<p>Mercy has two hospital facilities in Bakersfield: Mercy Hospital Downtown and Mercy Hospital Southwest (Mercy Hospitals). These hospital facilities operate under one license. The hospitals' service area encompasses 14 ZIP Codes in the cities of Bakersfield, Lake Isabella, Taft and Tehachapi.</p>	
Economic Value of Community Benefit 	<p>\$48,610,958 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p>	
	<p>\$20,311,419 in unreimbursed costs of caring for patients covered by fee-for-service Medicare</p>	
Significant Community Health Needs Being Addressed 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospitals' most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p>	
	<ul style="list-style-type: none"> • Access to health care • Chronic diseases • Food insecurity • Mental health 	<ul style="list-style-type: none"> • Overweight and obesity • Preventive practices • Substance use
FY23 Programs and Services 	<p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p>	
	<p><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</p> <p><i>Chronic Diseases</i> Self-Management Programs Community Wellness Program Community Health Improvement Grants Program</p> <p><i>Food Insecurity</i> Learning and Outreach Centers Connected Community Network Community Health Improvement Grants Program</p>	

	<p><i>Mental Health</i> Art and Spirituality Center Mental health support groups Community Health Improvement Grants Program</p> <p><i>Overweight and Obesity</i> Healthy Kids in Healthy Homes Community Wellness Program Community Health Improvement Grants Program</p> <p><i>Preventive Practices</i> Community Wellness Program Community Health Improvement Grants Program</p> <p><i>Substance Use</i> Anti-vaping program Emergency Department Substance Use Navigator program Community Health Improvement Grants Program</p>
<p>FY24 Planned Programs and Services</p> 	<p>All FY23 programs will continue with no changes, as listed above and described elsewhere in this report.</p>

This document is publicly available at <https://www.dignityhealth.org/central-california/locations/mercy-bakersfield/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

Mercy Hospital Downtown and Mercy Hospital Southwest are 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.

Mercy Hospital Downtown is located at 2215 Truxtun Avenue, Bakersfield, California, 93301. Founded in 1910 by the Sisters of Mercy and situated in downtown Bakersfield, Mercy Hospital Downtown is licensed for 144 acute care beds, including a 31-bed medical unit, a 31-bed surgical unit, a 31-bed telemetry unit, a 29-bed guarded care unit and a 20-bed adult ICU. The full range of medical and surgical services also includes; a 14-station, Level II Base-Station Emergency Department; six surgical suites; post anesthesia care unit; ambulatory and prep units; outpatient surgery and outpatient GI laboratory. Mercy Hospital Downtown is also home to the area's only inpatient oncology unit.

Mercy Hospital Southwest is located at 400 Old River Road, Bakersfield, California, 93311. Mercy Hospital Southwest opened in 1992. This 78-bed facility adjacent to California State University, Bakersfield includes our respected Family Birth Center, which features a labor delivery recovery postpartum unit (LDRP), a postpartum unit, and a NICU. Mercy Hospital Southwest is the only acute care hospital west of Hwy 99 in Bakersfield. It boasts a 14-bed Level II Emergency Department, an 8-bed ICU along with 10 tele beds, and 6 operating rooms.

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 hospitals' website.

Description of the Community Served

Mercy Hospitals serve 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.

Mercy Hospitals 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 Mercy Hospitals' 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 hospitals' 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 hospitals' 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 2023 that were responsive to needs prioritized in the hospitals' 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/mercy-bakersfield/about-us/community-benefit-report-health-needs-assessment> or upon request at the hospitals' 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 accessing health care, have poor-quality health care, and seek health care less often.	

Significant Health Need	Description	Intend to Address?
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, Mercy Hospitals 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, Mercy Hospitals 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.



2023 Report and 2024 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 FY23 and planned activities for FY24, 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 hospitals' 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.



Mercy Hospitals 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, Mercy Hospitals 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 hospitals plan to address, the Community Benefit Report and Plan describes: actions the hospitals intend 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.

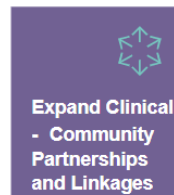
Community Health Strategic Objectives

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.



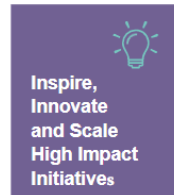
Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



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 FY23	Planned FY24
Financial assistance for the uninsured or underinsured	Mercy Hospitals provide financial assistance to those who have health care needs and are uninsured, underinsured, ineligible for a government program or unable to pay.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	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 hospitals' 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, and public health and city agencies.



Health Need: Chronic Diseases (Including overweight and obesity)

Strategy or Program	Summary Description	Active FY23	Planned FY24
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.		
Self-Management Programs	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 hospitals' 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 FY23	Planned FY24
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.	☒	☒
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 hospitals' 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 FY23	Planned FY24
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health support groups	The Community Health Initiative provides free mental health support groups to individuals.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide mental health and substance use programs and services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Goal and Impact: The hospitals' 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 FY23	Planned FY24
Anti-Vaping program	Offers anti-vaping education programs at local schools.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide substance use programs and services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Goal and Impact: The hospitals' 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 FY23, Mercy and Memorial Hospitals awarded the grants below totaling \$424,604. As in previous years, the hospitals combined resources to fund the projects.

Grant Recipient	Project Name	Amount
Alpha House	Alpha House Shelter Program	\$ 75,000
Alzheimer's Disease Association of Kern County	Alzheimer's and Dementia Care Force	\$ 53,634
Bakersfield Pregnancy Center	A Safe Pregnancy Initiative	\$ 35,000
Casa Esperanza	Welcome Home Project 2.0	\$ 68,544
The Open Door Network	Enhancing Mental Health and Wellness Among Homeless Children	\$ 55,338
St. Vincent de Paul	The Homeless Assistance Program	\$ 68,544
Wounded Heroes Fund	Empowering Veterans of Kern County	\$ 68,544



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	<ul style="list-style-type: none"> • 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	<p>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.</p> <p>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.</p>
FY 2023 Report	
Activities Summary	Mercy and Memorial Hospitals awarded \$424,604 in grant funding to nine Kern County non-profit organizations.
Performance / Impact	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Access to care ○ Birth indicators ○ Chronic diseases ○ Dental care ○ Food insecurity ○ Housing and homelessness ○ Substance use and misuse

	<ul style="list-style-type: none"> ○ Mental health ○ Preventive practices ○ Violence and Injury
Hospital's Contribution / Program Expense	The total FY23 expense was \$424,604. Other hospital contributions include grant administration.
FY 2024 Plan	
Program Goal / Anticipated Impact	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 2023 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	<ul style="list-style-type: none"> • 92% of individuals who began the health insurance application process completed enrollment. • 99% of individuals who enrolled in health insurance selected a health plan. • 100% of individuals who participated in mental health presentations reported having a better understanding of mental health. • 95% of individuals who attended a mental health workshop reported a willingness to seek professional help.

Hospital's Contribution / Program Expense	The total FY23 expense for the Community Health Initiative was \$377,827. Of this amount, \$137,390 was grant dollars and donations, and \$240,437 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, fundraising support, bookkeeping, and human resources support.
FY 2024 Plan	
Program Goal / Anticipated Impact	<ul style="list-style-type: none"> • 85% of individuals who begin the health insurance process will complete enrollment. • 65% of enrolled individuals will receive utilization services. • 75% of individuals who complete an evaluation will report feeling a sense of well-being after attending mental health support group sessions.
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	<ul style="list-style-type: none"> • 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, education on cardiovascular disease, asthma, diabetes, and obesity, and outpatient nurse navigation services for patients at high risk of hospital readmission.
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 2023 Report

Activities Summary	<ul style="list-style-type: none"> • Provided health screenings at 14 community sites. • Provided the Healthy Kids in Healthy Homes program to 2nd, 3rd, and 4th graders at 3 Bakersfield City School District school sites. • Provided community health education classes that focus on the following priorities – obesity, diabetes, asthma, cardiovascular disease, breast health, and substance abuse.
Performance / Impact	<ul style="list-style-type: none"> • 80% of health screening participants reported making a positive lifestyle change. • 805 flu shots were provided. • 85% of children who attended Healthy Kids in Healthy Homes workshops participated in 6 out of 8 classes. • 99% of health education participants surveyed reported having a better understanding of how to live a healthy lifestyle. • 99% of children who attended the Youth Tobacco Program participated in 3 out of 4 classes. • Provided 12 cancer education classes and 2 mammogram screenings, which resulted in 59 uninsured women 40 years and older receiving a mammogram and 98 women being educated on breast health.
Hospital's Contribution / Program Expense	<p>The total FY23 expense for the Community Wellness Program was \$569,475. Of this amount, \$147,916 was grant dollars and donations, and \$421,559 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, fundraising support, bookkeeping, and human resources support.</p>

FY 2024 Plan

Program Goal / Anticipated Impact	<p>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:</p> <ul style="list-style-type: none"> • 75% of health screening participants surveyed will report making a positive lifestyle change. • Provide 800 flu immunizations for residents of Kern County. • 80% of children who attend 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 5 classes. • 70% of Asthma Management Program participants will have their asthma as “controlled” when exiting the program. • Plan and deliver quarterly cancer education and screening events. • 95% of the Outpatient Nurse Navigator program patients will avoid readmission to the hospital within 7 days of their discharge date.
-----------------------------------	---

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.
--------------------	--



Self-Management Programs

Significant Health Needs Addressed	<ul style="list-style-type: none"> Chronic diseases
Program Description	The Healthier Living Self-Management Programs (Chronic Disease, Chronic Pain, Diabetes, Enhanced Fitness and Fall Prevention) 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 2023 Report

Activities Summary	<ul style="list-style-type: none"> Delivered 26 seminars that are between six to eight weeks in length targeted at persons with diabetes and other chronic diseases during the fiscal year. Updated training for Healthier Living facilitators was provided by the Self-Management Resource Center. Enhanced Fitness training provided to 2 additional facilitators.
Performance / Impact	<ul style="list-style-type: none"> 100% of participants who registered 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.
Hospital's Contribution / Program Expense	The total FY23 expense for the Self-Management Programs was \$87,960. Of this amount, \$16,250 was grant dollars and donations, and \$71,710 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, fundraising support, bookkeeping, and human resources support.

FY 2024 Plan

Program Goal / Anticipated Impact	<p>The hospital's initiatives to address chronic diseases are anticipated to result in increased focus on chronic disease prevention education and increased compliance with chronic disease management recommendations. The anticipated impact of the Healthier Living program includes:</p> <ul style="list-style-type: none"> • 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
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	<ul style="list-style-type: none"> • Access to care
Program Description	<p>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.</p>
Population Served	<p>Seniors, disabled adults, adult-children caregivers, and unemployed individuals are the primary beneficiaries.</p>
Program Goal / Anticipated Impact	<p>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.</p> <p>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.</p>

FY 2023 Report	
Activities Summary	<ul style="list-style-type: none"> • 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. • Provided in-person caregiver training.
Performance / Impact	<ul style="list-style-type: none"> • 100% of home care clients reported an improved quality of life. • Home care clients reported an overall, average satisfaction rating of 96%. • 3 classes were conducted with 100% of caregiver training graduates completing the course with grades exceeding 70%. • 100% of caregiver training graduates achieved increased knowledge, skill and confidence in serving seniors and disabled adults.
Hospital's Contribution / Program Expense	The total FY23 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 2024 Plan	
Program Goal / Anticipated Impact	<ul style="list-style-type: none"> • Improving the quality of life for 100% of clients as determined by an annual survey. • Conduct 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	<ul style="list-style-type: none"> • Preventive practices • Food insecurity • Mental health
------------------------------------	--

Program Description	<p>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.</p> <p>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.</p>
Population Served	<p>The Learning and Outreach Centers serve individuals living in underserved areas of southeast Bakersfield.</p> <p>The Art and Spirituality Center programs are available to all in the community who may benefit from healing through creative expression.</p>
Program Goal / Anticipated Impact	Increase access to health and social services to help residents of Kern County stay healthy physically, emotionally and spiritually.
FY 2023 Report	
Activities Summary	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • The Learning & Outreach Centers served 40,152 clients with basic need services. • 99% 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 FY23 expense for the Learning and Outreach Centers and the Art and Spirituality Center was \$430,948. Of this amount, \$42,536 was grant dollars and donations, and \$388,412 was contributed by Mercy and Memorial Hospitals. Other hospital contributions include program supervision, fundraising support, bookkeeping, and human resources support.

FY 2024 Plan

Program Goal / Anticipated Impact

- 35,000 individuals will be assisted with basic living necessities at the Learning & Outreach Centers.
- 85% of students will maintain a 2.5 grade point average or higher.
- Provide services 7,000 individuals through Art and Spirituality Center programs.
- 99% of Art for Healing participants will report an improved sense of well-being as a result of 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

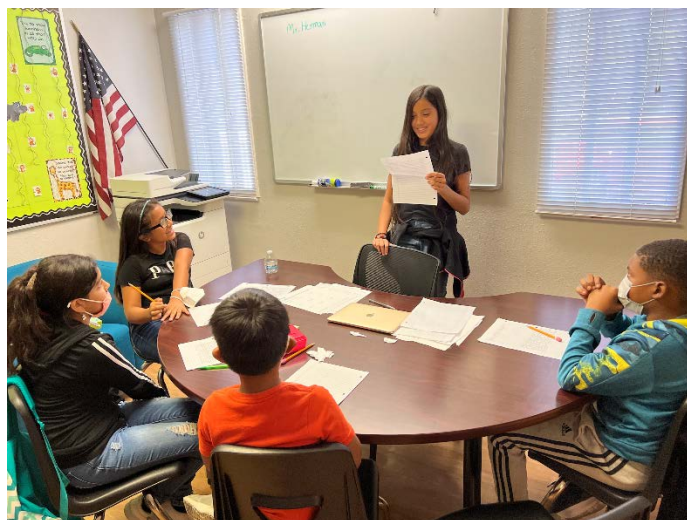
The hospitals deliver community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospitals' mission and our commitment to improving community health and well-being.

Health Professions Education – Mercy Hospitals 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 hospitals' 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.

Homework and After School Clubs - The Learning and Outreach Centers provide an academically structured after school program for underserved students attending first through sixth grade. The program focuses on providing a safe environment for children to work on homework and other academic skills.



Economic Value of Community Benefit

322 Mercy Hospitals of Bakersfield					
Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare and Bad Debt)					
For period from 07/01/2022 through 06/30/2023					
	<u>Persons</u>	<u>Expense</u>	<u>Offsetting Revenue</u>	<u>Net Benefit</u>	<u>% of Expenses</u>
<u>Benefits for Poor</u>					
Financial Assistance	25,824	\$5,049,282	\$0	\$5,049,282	1.3%
Medicaid	48,290	\$201,991,838	\$161,832,084	\$40,159,754	10.7%
<u>Community Services</u>					
A - Community Health Improvement Services	32,416	\$1,229,601	\$190,132	\$1,039,469	0.3%
C - Subsidized Health Services	28	\$61,098	\$0	\$61,098	0.0%
E - Cash and In-Kind Contributions	913	\$700,562	\$2,050	\$698,512	0.2%
F - Community Building Activities	196	\$73,978	\$0	\$73,978	0.0%
G - Community Benefit Operations	Unknown	\$629,557	\$0	\$629,557	0.2%
Totals for Community Services	33,553	\$2,694,796	\$192,182	\$2,502,614	0.7%
Totals for Benefits for Poor	107,667	\$209,735,916	\$162,024,266	\$47,711,650	12.7%
<u>Benefits for Broader Community</u>					
<u>Community Services</u>					
B - Health Professions Education	377	\$807,792	\$0	\$807,792	0.2%
E - Cash and In-Kind Contributions	Unknown	\$1,997	\$0	\$1,997	0.0%
F - Community Building Activities	1,468	\$87,769	\$0	\$87,769	0.0%
G - Community Benefit Operations	Unknown	\$1,750	\$0	\$1,750	0.0%
Totals for Community Services	1,845	\$899,308	0	\$899,308	0.2%
Totals for Broader Community	1,845	\$899,308	\$0	\$899,308	0.2%
Totals - Community Benefit	109,512	\$210,635,224	\$162,024,266	\$48,610,958	13.0%
Medicare	8,810	\$61,324,492	\$41,013,073	\$20,311,419	5.4%
Totals Including Medicare	118,322	\$271,959,716	\$203,037,339	\$68,922,377	18.4%

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

Mercy Hospitals Community Board

A.J. Antongiovanni
President, Mission Bank

Dana Brennan
Director of Corporate/Government Affairs,
Grimmway Farms

Pat Campbell
Retired, Marketing

Morgan Clayton - Chair
President, Tel-Tec Security

Sr. Patricia Creedon
Executive Director, Religious Order of the Sacred
Heart Oakwood Community

John R. Findley, MD
Physician

Ken Keller
President, Bakersfield Memorial Hospital

Geoffrey King
Partner, Barbich Hooper King Dill Hoffman,
Accountancy

Lorenc Malellari, MD
Physician

Donald McMurtrey
Retired, Business Owner

Robert Noriega
Attorney, Young & Woolridge

Benjamin Predum
President, Mercy Hospitals of Bakersfield

Evelyn Young Spath, EdD
Retired, Education

Jay Tamsi
President, Kern County Hispanic Chamber of
Commerce

Jigisha Upadhyaya, MD
Physician

Community Benefit Committee

Felicia Boyd
Mercy and Memorial Hospitals

Desiree Brandon
Bakersfield Memorial Hospital

Brynn Carrigan
Kern County Public Health

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

Amanda Frank
Kern County Superintendent of Schools

Jennifer Giese
American Cancer Society

Cherese Grell
CityServe

Toni Harper
Friends of Mercy Foundation

Mikie Hay
Jim Burke Ford Foundation

Pam Holiwell
Community member

Louie Iturruria
Kern Health Systems

Lisa Jacoby
Mercy and Memorial Hospitals

Adrianna Kessler
Kern County Department of Human Services

Anna Laven
National Healthcare and Housing Advisors

Ben Locklear
Mercy Hospitals of Bakersfield

Christina Lostaunau
Bakersfield Memorial Hospital

Sr. Judy Morasci
Community member

Jeremy Oliver
Kern County Aging and Adult Services

Fabiana Rienzo
Bakersfield Memorial Hospital

Michele Shain
Bakersfield Memorial Hospital

Donna Sharp
Mercy and Memorial Hospitals

Amanda Valenzuela
Alzheimer's Association, Kern County

Frenchy Valenzuela
Mercy and Memorial Hospitals

Joan Van Alstyne
Mercy Hospitals of Bakersfield

Evelyn Young-Spath
Board Member, Mercy Hospitals

