



Community Hospital of San Bernardino San Bernardino, California

**Community Health Implementation Strategy
2017 – 2019**

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EXECUTIVE SUMMARY

Community Hospital of San Bernardino (CHSB) serves a service area that encompasses 17 ZIP Codes representing 8 cities in San Bernardino County. The population of the hospital service area is 861,860. Children and youth, ages 0-19, make up over one-third (34.9%) of the population; 36.2% are 20-44 years of age; 21.4% are 45-64; and 7.7% of the population are seniors, 65 years of age and older. Over half the population in the service area is Hispanic or Latino (63.8%) and 19.4% of the population is White. Black or African Americans make up 10.2% of the population in the service area, while Asians/Pacific Islanders are 4.2% of the population. Among area residents, 17.8% are at or below 100% of the federal poverty level (FPL) and 61.8% are at 200% of FPL or below (low-income). Of the population aged 25 and over, 29.8% lack a high school diploma. The service area insurance rate is 77%. This is below the rate for the county (80.9%) and state (83.3%). Among children in the service area, 89.5% have insurance coverage, and 68.2% of non-senior adults are insured. Nearly all seniors are insured (95.4%).

The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at <https://www.dignityhealth.org/about-us/community-health/community-health-programs-and-reports/community-health-needs-assessments>. Additional details about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report. As well, a description of program impact during the three years since the last Implementation Strategy can be found in the 2017 CHNA.

As part of the CHNA process, the significant community health needs were prioritized with input from the community, which yielded this prioritized list of significant health needs:

1. Access to health care
2. Chronic diseases
3. Substance abuse
4. Mental health
5. Community safety/violence prevention
6. Homelessness
7. Overweight and obesity
8. Preventive practices
9. Birth indicators
10. Sexually transmitted infections

For the next three years, CHSB plans to address access to health care (including preventive practices), birth indicators, chronic diseases (including overweight and obesity), homelessness and youth development focused on at-risk youth (including safety and violence prevention) through a number of initiatives and a commitment of resources, including the Dignity Health Community Grants Program. A full listing of the programs and activities planned to meet the selected health needs is outlined in the following report.

This document is publicly available on the hospital's website at: <https://www.dignityhealth.org/about-us/community-health/community-health-programs-and-reports/community-health-needs-assessments> and a paper copy is available for inspection upon request at CHSB's Mission Integration Office. Written comments on this report can be submitted to CHSB's Mission Integration Office at 1805 Medical Center Drive, San Bernardino, California, 92411 or by email to Kathleen.McDonnell@DignityHealth.org. This Implementation Strategy was adopted by the CHSB Community Board on October 25, 2017.

MISSION, VISION AND VALUES

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

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

Our Values

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

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

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

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

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

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

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

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

OUR HOSPITAL AND OUR COMMITMENT

Providing quality, compassionate health care services for over 100 years, Community Hospital of San Bernardino was founded by Dr. Henry William Mills in 1910. Community Hospital of San Bernardino joined the faith-based non-profit system of Dignity Health hospitals in 1998. By joining a system with a shared mission and values, CHSB has furthered its collaboration in the community, particularly through a partnership with neighboring St. Bernardine Medical Center, another Dignity Health hospital. Licensed for 347 acute care beds and 84 pediatric sub-acute beds, the hospital has 1,330 employees and is supported by 236 physicians and 19 Allied Health Professionals. In FY 2017 the average daily occupancy was 242.

Major programs and service lines include: behavioral health services, obstetrics, pediatrics, emergency care and adult and children's sub-acute services. As one of two hospitals in the city of San Bernardino, CHSB has a busy Emergency Department that received 68,598 patients in FY2017.

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

The Community Benefit Initiative Committee (CBIC) ensures our community programs offer access for diverse communities, facilitate institution-wide alignment and accountability and deepen hospital engagement in local communities. The CBIC is a committee of the Community Board and is charged with oversight and decision making on community benefit issues. The Committee is responsible for developing policies and programs which address the identified disproportionate unmet health needs of the poor and disenfranchised in the Inland Empire Service Area. The CBIC also provides oversight in the development and implementation of the triennial Community Health Needs Assessment and annual Community Benefit Report and Plan. The Vice President of Mission Integration chairs the CBIC and membership includes members of the Community Hospital Board, key staff from Community Hospital of San Bernardino, including the Director of Community Health who has oversight of our outreach programs. Key community stakeholders also participate on the committee and provide valuable insight into the special needs of the populations they serve. A roster of board and committee members, with affiliations, can be found in Appendix A.

The Community Benefit Initiative Committee has specific roles and responsibilities:

- Community Health Needs Assessment (CHNA)
 - Determine key stakeholder interviews and focus groups.
 - Based on results of CHNA, prioritize unmet health-related needs to provide for the development of the Implementation Strategy to address these needs.
 - Review and approve the CHNA with recommendation to the Community Board for the same.

- Program Content and Design
 - Review and approve new community benefit program content.
- Review and approve overall program design that will best meet the health related need and make optimal use of existing assets in the local community.
- Program Targeting
 - Ensure access for populations and communities with disproportionate unmet health needs.
- Program Continuation or Termination
 - Approve continuation or termination of community benefit programs after receiving evaluation findings and other program information from community benefit staff.
- Program Monitoring
 - Regular reports are made to the CBIC regarding program progress.

Community Hospital of San Bernardino's community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit community organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report. In addition, we are investing in community capacity to improve health – which includes addressing the social determinants of health – through Dignity Health's Community Investment Program. Dignity Health provides a line of credit to the Inland Caregiver Resource Center (ICRC) of working capital for health-related programs. ICRC provides an array of supportive services to family caregivers of adults with brain-impaired conditions (e.g. Alzheimer's disease, traumatic brain injury).

DESCRIPTION OF THE COMMUNITY SERVED

Community Hospital of San Bernardino (CHSB) serves a diverse population with the majority of the communities served embodying high need. Seventy-five percent (75%) of discharges come from seventeen (17) zip codes concentrated in the following cities: Bloomington, Colton, Fontana, Hesperia, Highland, Rialto, San Bernardino, and Victorville.

The Inland Empire is a diverse and struggling region. Community Hospital of San Bernardino is an identified Disproportionate Share Hospital, thus making it a safety net for the many low-income, vulnerable and uninsured populations in the community. While the service area continues to improve from the depths of the Great Recession of 2008, unemployment still remains higher than surrounding counties at 7%¹. Currently, 8.5% to 46.6% of the population lives at or below 100% of the Federal Poverty Level. In 2017, San Bernardino County was ranked 46 (out of 57) among counties in California for Health Outcomes by County Health Rankings & Roadmaps², placing it in the bottom 20% of California counties for health outcomes. As reported in the *San Bernardino Sun*, WalletHub ranks San Bernardino as the seventh most stressed city in the United States, using factors of income growth as well as poverty, unemployment and crime rates. Having filed for Chapter 9 bankruptcy protection in July 2012, the City of San Bernardino officially exited bankruptcy on June 15, 2017 – good news for our community!

The following reflects demographics for the service area in 2016:

- Total Population: 877,238
- Diversity: Hispanic (66.2%), Caucasian (17.2%), African American (9.8%), Asian and Pacific Islander (4.5%), All Others (2.3%)
- Median Household Income: \$51,506
- Uninsured: 7.9%
- Unemployment: 9.0%
- No High School Diploma: 29.1%
- CNI Score: 4.6
- Medi-Cal Population: 38.8% (does not include individuals dually-eligible for Medi-Cal and Medicare)
- Other Area Hospitals: 6
- Medically Underserved Areas or Populations: Yes

Source: Truven Health Analytics, Inc.

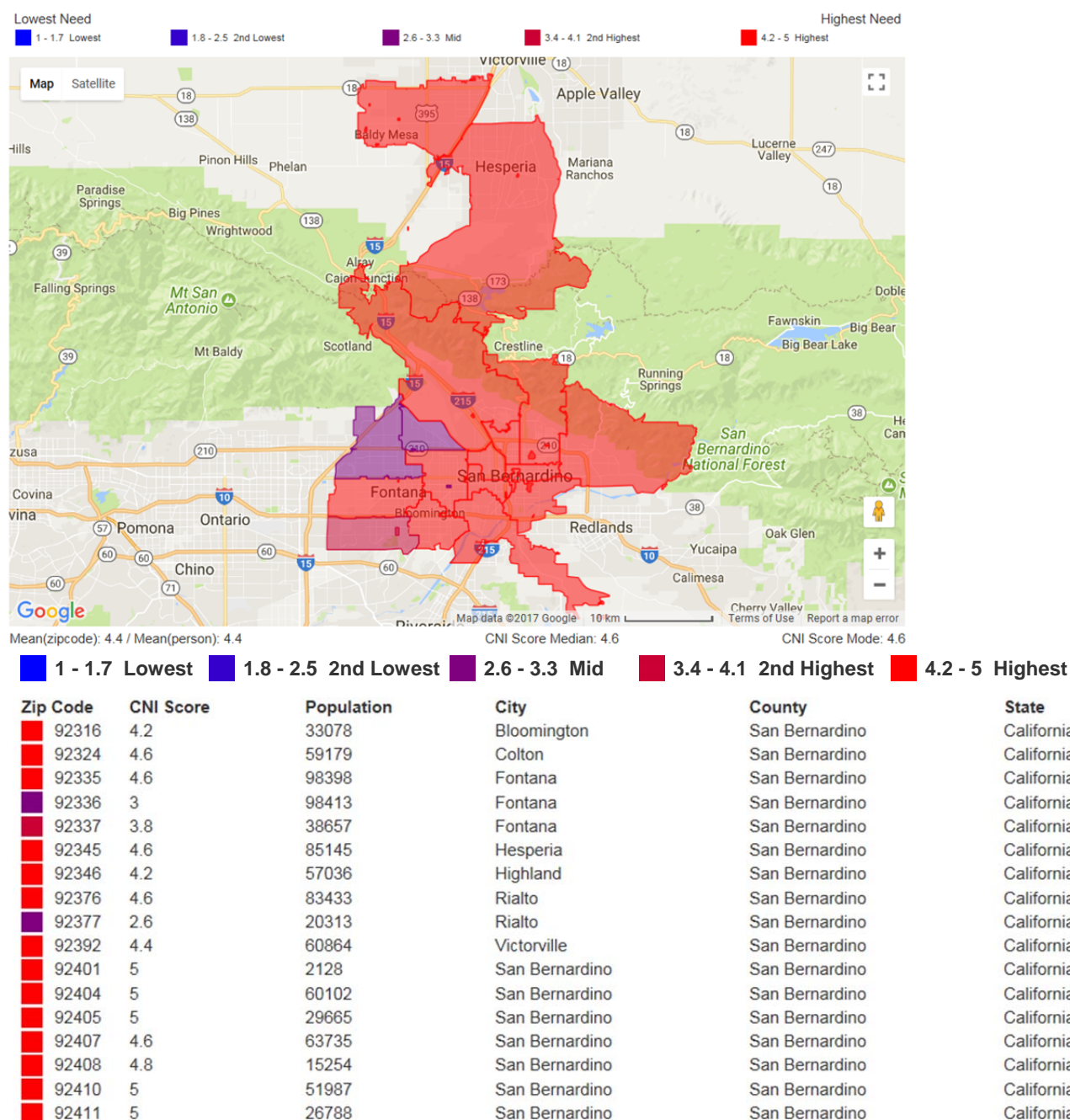
One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest

¹ Source: California Employment Development Department, *Labor Market Information, 2015* (CHNA Report available online)

² A collaboration between the Robert Wood Johnson Foundation & the University of Wisconsin Population Health Institute

barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. The average CNI for the service area is 4.6, which indicates a service area of high need.

Community Needs Index (CNI) Map



Implementation Strategy Development Process

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

Community Health Needs Assessment Process

The most recently completed CHNA was adopted by the Community Hospital of San Bernardino Community Board in June 2017. The Community Health Needs Assessment process was undertaken in collaboration with St. Bernardine Medical Center. Secondary data were collected from a variety of local, county, and state sources to present community demographics; social and economic factors; health access; birth indicators; leading causes of death; chronic disease; mental health and substance abuse; health behaviors; and preventive practices. Analysis of the secondary data included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures CHSB data findings with Healthy People 2020 objectives. For the CHNA, information was obtained through focus groups and interviews with key community stakeholders, public health, service providers, members of medically underserved, low-income, and minority populations in the community and individuals or organizations representing the interests of such populations.

Community Hospital of San Bernardino makes the CHNA and the Implementation Strategy widely available to the public and welcomes comments on them. The CHNA report is available to the public at <https://www.dignityhealth.org/about-us/community-health/community-health-programs-and-reports/community-health-needs-assessments> and a paper copy is available for inspection upon request at the Mission Integration Office. Written comments on this report can be submitted to CHSB's Mission Integration Office at 1805 Medical Center Drive, San Bernardino, California, 92411 or by email to Kathleen.McDonnell@DignityHealth.org. Public comment was requested on the previous CHNA and Implementation Strategy. All written comments were reviewed and, where appropriate, are included in the CHNA.

CHNA Significant Health Needs

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

To determine size and seriousness of the problem, health indicators identified in the secondary data were measured against benchmark data, specifically California rates and Healthy People 2020 objectives, where available. Health indicators that performed poorly against one or more of these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources (interview and focus group participants) were asked to identify and validate community and health issues; information gathered from these sources helped determine significant health needs.

The following significant health needs were determined:

- Access to care – Health insurance coverage is considered a key component to accessing health care including regular primary care, specialty care and other health services that contributes to one's health status. In the hospital service area, 77% of residents are insured.
- Birth indicators – There were 14,080 births in the service area in 2012; 70% of births were to Latinas. The area has high rates of teen births (11.4%) and low birth weight babies (7.4% of live births).
- Chronic diseases (asthma, cancer, diabetes, heart disease) – Diabetes is a growing concern in the community; 12.5% of adults in San Bernardino County have been diagnosed with diabetes, and 10.2% have been diagnosed as pre-diabetic. In San Bernardino County, 24.7% of adults have been diagnosed with high blood pressure, and of those, 62.9% take medication to control their hypertension. 14.5% of the population has been diagnosed with asthma; 87.7% have had symptoms in the past year. Cancers of male genitals, digestive system, respiratory system, female genitals and urinary systems were all higher in San Bernardino County than found in the state.
- Community safety/violence prevention – Crime statistics indicate that the rate of violent crime in the service area is 591.1 per 100,000 persons; higher than the state. San Bernardino County has higher rates of violent crime than the state, with 940.5 crimes per 100,000 persons, more than double the California rate of 423.1.
- Homelessness – The number of homeless identified in the 2017 “point-in-time” count was 1,866; 63% of these persons are unsheltered. Among the homeless subpopulations in San Bernardino County, 37% are chronically homeless and 31% have chronic health conditions.
- Mental Health – In San Bernardino County, 5% of adults experienced serious psychological distress in the past year. 14.7% of adults saw a health care provider for emotional, mental health, alcohol or drug issues, however, 47.8% of those who sought or needed help did not receive treatment. Community stakeholders identified a lack of mental health resources as a barrier to accessing care in San Bernardino County.
- Overweight and Obesity – Being overweight is a precursor to many chronic diseases. In San Bernardino County, 38% of the adult population reported being overweight. The county adult rate of overweight exceeds the state rate of 35.5%. 26.3% of teens and 31.5% of children in the county are overweight. In San Bernardino County, 34% of adults and 11.1% of teens are obese. Obesity levels have increased over time and Latinos and African Americans experience higher rates of overweight and obesity.
- Preventive Practices – 35% of San Bernardino County residents have received a flu shot, which is

less than the 70% rate recommended by Healthy People 2020. The County also has low rates of screening mammograms and colorectal screening.

- Sexually Transmitted Infections – Rates of chlamydia are higher in the county than found in the state. Community members noted the continued need for education and prevention messages.
- Substance abuse (alcohol, drug, tobacco use) – In San Bernardino County, 12.8% of adults smoke cigarettes, and 42.2% of county adults had engaged in binge drinking in the past year. 14.8% of teens in San Bernardino County had tried marijuana, cocaine, sniffing glue or other drugs; this is higher than the state rate of 12.4%.

Significant Health Needs the Hospital will Address

The community stakeholder interviews and focus groups were used to prioritize the significant health needs. The stakeholder interviews used the following criteria to prioritize the health needs:

- Severity – the perceived impact of the health need on the community.
- Change over time – determination if the health need has improved, stayed the same or worsened.
- Resources – availability of resources in the community to address the health need.

The stakeholder interviewees were sent a link to an electronic survey (Survey Monkey) in advance of the interview. They were asked to rank each identified health need.

The community input yielded this prioritized list of significant health needs:

1. Access to health care
2. Chronic diseases
3. Substance abuse
4. Mental health
5. Community safety/violence prevention
6. Homelessness
7. Overweight and obesity
8. Preventive practices
9. Birth indicators
10. Sexually transmitted infections

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

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

After a thorough process that applied these criteria to the identified significant health needs, CHSB selected to address the following needs:

- Access to health care/preventive practices
- Birth indicators
- Chronic diseases/overweight and obesity
- Homelessness
- Youth development for at-risk youth, including safety and violence prevention

Significant Health Needs the Hospital will Not Address

Taking existing hospital and community resources into consideration, CHSB will not directly address the remaining health needs identified in the CHNA including: mental health, sexually transmitted infections and substance abuse. The hospital cannot address all the health needs present in the community; therefore, it will concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise.

Creating the Implementation Strategy

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

- **Focus on Disproportionate Unmet Health-Related Needs:** Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention:** Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Contribute to a Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration:** Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

CHSB staff provided the CBIC with information regarding current programs already addressing identified health needs as well as evidence of success. Programs continue to be impacted by growing need, and it was determined these programs are valuable tools in improving community health. Discussion also focused on programs in the community and the importance of collaborating with local non-profit organizations through the Dignity Health Community Grants Program.

Planning for the Uninsured/Underinsured Patient Population

In keeping with its mission, the hospital offers patient financial assistance (also called charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care. The hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C. Community Hospital of San Bernardino notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process. At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy. Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

2017-2019 Implementation Strategy

This section presents strategies, programs and initiatives the hospital intends to deliver, fund or collaborate with others to address the selected significant community health needs over the next three years. It includes summary descriptions, anticipated impacts, planned collaboration, and detailed “program digests” on select initiatives. The strategy specifies planned activities consistent with the hospital’s mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community.

Strategy and Program Plan Summary

The following programs and initiatives address the significant health needs the hospital has chosen to address.

Access to Health Care, including Preventive Practices

- Financial assistance for uninsured/underinsured and low income residents – The hospital provides discounted and free health care to qualified individuals, following Dignity Health’s Financial Assistance Policy.
- Dignity Health Community Grants Program.
- Community Education – Offered free of charge to community members, addresses a variety of health issues.
- Community Health Navigator – The Navigator contacts all uninsured individuals seen but not admitted in the Emergency Department in an effort to find a more suitable medical home as well as connection to other social services agencies providing basic needs.
- Free flu shots to the community – Free flu shots will be offered through a variety of flu shot clinics in the community.

Birth Indicators

- Sweet Success Program – Sweet Success Program provides monitoring and education to gestational diabetic women to ensure a healthy birth with a second goal of ensuring better health for the mother post-partum.
- Community Education – Classes centering on lactation support, healthy pregnancies and pre/postnatal care will be provided at the Health Education Center.
- CHSB has earned the Baby-Friendly® acute care hospital designation.

Chronic Diseases, including diabetes, overweight and obesity, heart disease, cancer, asthma and COPD.

- Stanford model Chronic Disease Self-Management Programs – Classes for chronic disease and diabetes specific will be offered in English and Spanish to community members free of charge.
- Dignity Health Community Grants Program

- Sweet Success Program – Sweet Success Program provides monitoring and education to gestational diabetic women to ensure a healthy birth with a second goal of ensuring better health for the mother post-partum.
- Community Education – Classes centering on healthy eating and active living will be provided at the Health Education Center.
- Support groups focused on women with breast cancer.

Homelessness

- Financial assistance for uninsured/underinsured and low income residents – The hospital provides discounted and free health care to qualified individuals, following Dignity Health's Financial Assistance Policy.
- Dignity Health Community Grants Program.
- Community Health Navigator – The Navigator contacts all uninsured individuals seen but not admitted in the Emergency Department in an effort to find a more suitable medical home as well as connection to other social services agencies providing basic needs.

Youth Development including healthy lifestyle alternatives, safety, violence prevention, education promotion and career development.

- Stepping Stones – Stepping Stones provides an opportunity to teens and young adults to gain valuable hospital workplace experience through both volunteer and mentor activities.
- Catholic Charities Focus 92411 Community Homework Center receives in-kind space.

Anticipated Impact

The anticipated impacts of specific, major program initiatives, including goals and objectives, are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact and address the underlying causes of persistent health problems through health promotion and disease prevention. The Community Benefit Initiative Committee, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health programs by conducting Community Health Needs Assessments every three years.

Planned Collaboration

Community Hospital of San Bernardino is dedicated to community building in the surrounding neighborhoods.

The following agencies are involved in our community programs: American Diabetes Association, American Lung Association, Catholic Charities, Community Action Partnership Utilities Assistance,

Family Services Association, Housing Authority, , Inland Caregivers Resource Center, Latino Health Collaborative, Lestonnac Free Clinic, Mary's Table, Mexican Consulate, Victor Services, WIC (Women, Infants and Children).

Program Digests

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

Dignity Health Community Grants Program	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Access to Health Care/ Preventive Practices ✓ Chronic Diseases/Overweight & Obesity ✓ Homelessness ✓ Youth Development/Community Safety & Violence Prevention
Program Emphasis	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Awards funds to local non-profit organizations to be used to effect collective impact, addressing the health priorities established by the hospital (based on the most recent Community Health Needs Assessment). Awards will be given to agencies with a formal collaboration of at least three agencies and a link to the hospital.
Community Benefit Category	E1a – Cash Donation
Planned Actions for 2017 - 2019	
Program Goal / Anticipated Impact	Focused attention on service high utilizers will provide connections to needed medical care and social services, thereby providing more appropriate care to the individual and reducing unnecessary financial burden to the hospital.
Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> • Funding will be provided to implement programs that support hospital priorities and demonstrate strong collaboration with the hospital. • 100% of funded programs will report objectives as a result of CHSB Community Grants on both a mid-year and annual basis.
Intervention Actions for Achieving Goal	All awarded agencies will work with Director of Community Health to ensure programs are meeting the objectives stated in their grant proposals. Mid-year reporting by the agencies will provide documentation of progress as well as identify any unexpected challenges that can then be readily addressed.
Planned Collaboration	Awarded agencies will actively collaborate with the partners stated on their grant proposal and they will also continue to work with the Director of Community Health to ensure hospital collaboration. Case Management and Community Health Navigators will play vital role in collaboration.

Health Education Center	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Access to Health Care/Preventive Practices ✓ Birth Indicators ✓ Chronic Diseases/Overweight & Obesity
Program Emphasis	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	The Health Education Center (HEC) provides a multitude of services targeted to underserved residents and their families. In addition to breastfeeding support and education, health educators lead a variety of community education sessions. HEC staff can refer clients to the Sweet Success program located in the Diabetes Wellness Center. and encourages healthy lifestyles post-partum. Vulnerable populations are of highest priority.
Community Benefit Category	A1a Community Education
Planned Actions for 2017 - 2019	
Program Goal / Anticipated Impact	Improve the health of families through education on a variety of topics focusing on diabetes, heart disease, obesity and stress management.
Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> • Maintain participation levels in each area of service (education, referrals, breastfeeding) in the HEC. • Participants will reflect increased knowledge of education topic and how their actions affect their health. • <i>Sweet Success</i> participants will deliver full-term infants and experience zero fetal demise. • Hospital will maintain its <i>Baby Friendly</i> designation.
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> 1. Individuals will complete pre-and post-tests demonstrating knowledge gained from classes. 2. Further population health through strengthened partnerships by the addition of at least one new non-profit community partner. 3. Encourage breastfeeding for inpatient and community members. 4. Conduct breastfeeding support groups. 5. Offer Sweet Success counseling to women with gestational diabetes.
Planned Collaboration	Our program will continue to collaborate with local non-profit agencies.

Community Health Navigator	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Access to Care/Preventive Practices ✓ Homelessness
Program Emphasis	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	The Community Health Navigator follows up with all uninsured and homeless patients who were seen in the ED but not admitted. Uninsured patients are provided with community resources (English and Spanish), including sites offering specialty care. Assistance is provided for enrolling in government sponsored plans as well as arranging referrals for needed services from local non-profit agencies.
Community Benefit Category	A3 Health Care Support Services
Planned Actions for 2017 - 2019	
Program Goal / Anticipated Impact	Assist the uninsured in finding a medical home instead of using the ED as regular source of health care. Connection to social service agencies will be provided as appropriate.
Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> • 60% of uninsured and/or homeless ED patients who are seen but not admitted will be contacted by the Community Health Navigator. • 90% of those contacted by the Navigator will receive a referral to a free clinic.
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> 1. Navigator will follow up by phone all uninsured non-admitted patients who were seen in the ED. 2. ED Admitting staff also provides Navigator information to patients.
Planned Collaboration	The Community Health Navigator works closely with Director of Community Health and Care Coordination Team from the hospital, as well as several local non-profit social services agencies.

Stepping Stones Program	
Significant Health Needs Addressed	✓ Youth Development
Program Emphasis	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Stepping Stones provides an opportunity to teens and young adults to gain valuable hospital workplace experience through both volunteer and mentor activities. This program encourages youth development and supports and encourages high school graduation and continued education.
Community Benefit Category	F5c – Leadership Development; Career Development
Planned Actions for 2017 - 2019	
Program Goal / Anticipated Impact	Provide an opportunity for youth volunteer activities that will deliver exposure to a hospital environment in the hopes of encouraging students to stay in school and consider a career in the health care field.
Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> • The number of students in the Stepping Stones Program will increase by 10%.
Intervention Actions for Achieving Goal	<ol style="list-style-type: none"> 1. Conduct information nights and promote the program with local high schools and colleges. 2. Ensure colleges are aware that opportunities exist for interns to gain needed experience in order to fulfill graduation requirements.
Planned Collaboration	Local high schools, San Bernardino Valley College, California State University San Bernardino, Loma Linda University, Inland Empire Job Corps Center, Health Education Center (HEC),

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

Hospital Fiduciary/Subsidiary Board Members

Mary Connick

Senior Vice President
Finance and Corporate Controller
Dignity Health

Claudia Davis, PhD

Board Vice Chairman
Associate Professor
California State University San Bernardino

Richard Gonzalez, Esq.

Attorney at Law

Tony Myrell

Owner
Premier Medical Transportation

Gabriel Ramirez

Registered Representative
New York Life Insurance Company

Julie Sprengel

Service Area Vice President
Southern California
Dignity Health

Gary Greensweig, DO

Vice President & Chief Physician Executive for
Physician Integration
Dignity Health

Vicki Lee

Homeless Liaison
Family Resource Center

Joe Mawad, MD

Chairman
CHSB Department of OB/GYN

Bruce Swartz

Senior Vice President Physician Integration
Dignity Health

Rachelle Wenger

Director Public Policy & Community
Advocacy
Dignity Health

Ex Officio Members

June Collison

President
Community Hospital of San Bernardino

Hendirk DeJager, MD

President, Medical Staff
Community Hospital of San Bernardino

Community Benefit Initiative Committee Membership

Fr. Michael Barry
Mary's Mercy Center

Tarrisyna Bartley
IESA³ Manager, Social Work Services
Dignity Health

Joanne Claytor, LCSW
St. Bernardine Medical Center

Claudia Davis, PhD
Associate Professor & Faculty Fellow
Center for Health Disparities Research & Training
College of Natural Science | Department of Nursing
California State University San Bernardino

Deborah Davis
Legal Aid of San Bernardino

Sr. Deenan Hubbard, CCVI
CHSB Board Member
Villa de Matel

Stephanie Johnson
Manager Marketing & Advertising
Southern California
Dignity Health

Vicki Lee
Homeless Liaison, SBCUSD
Family Resource Center

Christopher Lopez
San Bernardino Mayor's Chief of Staff

Linda McDonald
VP Mission Integration Southern California
Dignity Health

Kathleen McDonnell
IESA Director of Mission Integration
Dignity Health

Dan Murphy
IESA Vice President Foundation
Dignity Health

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

Rev. Tom Rennard
First Presbyterian Church of San Bernardino

Jordan Wright
Policy Advisor
Board of Supervisors, Supervisor 5th District

Margo Young, C.P.P.S., MD
IESA Director of Community Health
Dignity Health

³ Inland Empire Service Area

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of 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 its commitment to improving community health and well-being.

Dignity Health established a system-wide initiative to address the issue of Human Trafficking. Community Hospital of San Bernardino has embraced this cause, understanding that this crime against the most vulnerable in our society is in direct opposition to our values of dignity and justice. In addition to training staff to recognize the red flags of human trafficking, presentations have been made to community organizations to raise awareness, and collaboration with agencies supporting victims and survivors of human trafficking is underway to build strong, multi-agency resource networks. Dignity Health advocates for laws and policies that prevent exploitation as well as those that protect victims and vulnerable populations, and Community Hospital of San Bernardino's community partners have responded to our requests to express their support of these laws to their legislative representatives.

Dignity Health again partnered with Kids for Peace to sponsor The Great Kindness Challenge, a global program that aims to inspire people to make a lifelong commitment to service and kindness. The Great Kindness Challenge School Edition is an anti-bullying initiative dedicated to creating a culture of kindness in elementary, middle, and high schools worldwide. Community Hospital of San Bernardino partnered with Lincoln Elementary and Howard Inghram Elementary schools in the San Bernardino City Unified School District to encourage the students to perform acts of kindness. The hospital also collaborated with the Holy Rosary Academy of the Diocese of San Bernardino Catholic to promote the challenge at our local Catholic elementary school

In addition to collaboration with local agencies, Community Hospital of San Bernardino continues to engage in the annual California Statewide Medical and Health Exercise (SWMHE), a realistic exercise meant to aid healthcare entities and their partners in developing operational plans in the event of a community emergency. This exercise is sponsored by the California Department of Public Health and the Emergency Medical Services Authority with representatives from multiple additional agencies.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan. You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below.

Community Hospital of San Bernardino 1805 Medical Center Drive, San Bernardino, CA 92411
Financial Counseling 909-806-1317 | Patient Financial Services 909-806-1281
www.dignityhealth.org/san-bernardino/paymenthelp.