



St. Joseph Health, St. Mary

**Fiscal Year 2012 COMMUNITY BENEFIT REPORT
PROGRESS ON FY 12-FY 14 CB PLAN/IMPLEMENTATION STRATEGY**

St. Joseph Health 
St. Mary

EXECUTIVE SUMMARY

Our Mission

To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision

We bring people together to provide compassionate care, promote health improvement and create healthy communities.

Our Values

The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

Who We Are and What We Do

St. Joseph Health, St. Mary is a comprehensive 210-bed nonprofit medical center serving the high desert region of San Bernardino County for over five decades. The hospital employs over 1,400 as one of the region's largest employers. The hospital offers a wide range of services from wellness and prevention programs to emergency department and heart care services including the region's only open heart surgery program. St. Joseph Health, St. Mary services include: 24-hour Emergency Services, Comprehensive Cardiac Services, an Outpatient Surgery Pavilion, Mobile Health Services, Diabetes Education, Level II Neonatal Intensive Care, Robotic-Assisted Surgery Program and a Center for Wound Care & Hyperbaric Medicine, a STEMI receiving center and with Baby Friendly designation. A notable achievement, St. Mary's Community Health department's midwifery program surpassed Healthy People 2020 goals for low birth rate and pre-natal care. Furthering its mission and its commitment to providing access to quality healthcare, St. Joseph, St. Mary is building a new 128 bed hospital that will open in 2016. The new facility will help alleviate the local shortage of local hospital bed availability.

The primary and secondary service areas of St. Mary consist of 400,000 residents living in the communities of Adelanto, Apple Valley, Barstow, Hesperia, Lucerne Valley, Phelan, Oak Hills, Victorville and Wrightwood. 2010 US Census reports a 19.1% increase in population between 2000 and 2010. Hispanic residents now comprise 49.2% of the total population with the African American population estimated at 8.9%. Data from the hospital's interpreter services program indicates Spanish followed by Arabic as the two most commonly requested non English languages for discussing healthcare. The region is impacted significantly in the economic downturn with one of the state's highest home foreclosure rates and a 50% increase in Food Stamp enrollment. The County's unemployment rate was 12.6% (vs. 10.7% for the state) as reported for June 2012 by the state's Employment Development Department.

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Community Benefit programs provided by St. Mary staff are the most comprehensive in the High Desert area. The hospital's programs are recognized by community leaders as the cornerstone of a local safety net providing care to the uninsured, the homeless the unemployed. Current community benefit programs include: three fixed community clinics offering prenatal and primary care as well as a mobile medical service, education on chronic disease and self-care, women's health services including cancer screenings, enrollment of uninsured persons into safety net health insurance programs and access to pro-bono physician care.

In FY 12, St. Joseph, St. Mary provided **\$3,419,170** in total community benefit, excluding Medicare. In FY 12 the hospital incurred **\$8,764,402** in unpaid cost of Medicare.

Community Plan Priorities**Expanding community clinics and primary care services for low income populations**

San Bernardino County has the highest ratio (40 physicians per 100,000 residents) of primary care physicians per 100,000 residents in California. It is anticipated that federal Health Care Reform will increase the numbers of newly insured low income persons seeking medical care. As a result San Bernardino County is recruiting physicians, expanding community clinics and collaborating with hospitals to provide services to the uninsured.

In FY 12 St. Joseph, St. Mary invested \$3,412,406 in community clinic programs providing services to 3,638 low income and uninsured area patients totaling 42,439 encounters across all programs. The Hospital's community benefit programs continued its focus of expanding access to care in a region where 50.4% of residents (compared with a national level of 37.3%) reported experiencing difficulties or delays of some kind in receiving healthcare in the last year and where 80,000 are uninsured. Residents depend on St. Joseph, St. Mary's community benefit services, funding support and partnership. The hospital assisted in the opening of two community clinics (by partner organizations) including the region's first Federally Qualified Health Center (FQHC). The two clinics are serving over 400 low income patients per month. The hospital will continue the access initiative in FY 13 in hopes two additional clinics open. The hospital will continue collaborating with San Bernardino County Public Health especially on the needs of specialty care to low income populations and reaching the uninsured. Finally, the hospital's community grants will continue to support local organizations providing food to the hungry and housing to the homeless.

Targeting eating and play behaviors of young children

According to results from a 2012 County Health Rankings and Roadmaps Report¹ () San Bernardino County ranks 55 out of 56 California counties providing residents clean air, healthy food and adequate access to recreation. And health data reported in St. Joseph Health, St. Mary's 2011 Community Health Needs Assessment (St. Mary CHNA, 2011) reported obesity levels for adults and children above the state average. Data reported by San Bernardino

¹ www.countyhealthrankings.org

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County's Preschool Services department identified 248 local children (ages 3 to 5 years old) either overweight or obese. To better address obesity in a preventative way the hospital expanded its program in partnership with local Head Starts. In FY 12 the program named Healthy For Life touched the lives of 138 Head Start children. The program instructed teachers to increase student activity levels while educating parents to improve their habits with healthy food consumption and exercise. In FY 12 the program provided over 200 one-on-one nutritional counseling sessions with parents and children. By year end the program had successfully assisted 22% of overweight or obese children to stabilize their weight gain in such a way that their Body Mass Index dropped one weight classification. The program is supported by the hospital and San Bernardino County's First 5 Commission which has prioritized obesity as a health issue of young children across the region. St. Joseph, St. Mary will expand the program in FY 13 including the number of local physicians referring patients from their practice.

Combating the rise of chronic diseases with a comprehensive diabetes program

The prevalence of diabetes (14.2%) in the hospital's service area is higher than both the state of California (9.1%) and the national level of 10.1% (St. Mary CHNA, 2011). Additionally, diabetes prevalence increases to 19.2% of persons living in the rural areas and 14.7% of persons living below the Federal Poverty Level. In response, the hospital's Community Health Department started a comprehensive diabetes initiative serving low income and uninsured persons. In FY 12 the program provided comprehensive diabetes services and self-care education to 244 diabetic patients. The initiative is designed from the Healthy People 2020 goal of achieving a 10% increase in the number of diabetic patients with a Hemoglobin A1c value less than 7. The current baseline of patients achieving this standard is 42.9% of patients regularly attending scheduled appointments. The program has 3 components: medical management with a Nurse practitioner, nutrition therapy with a Registered Dietician and diabetes self-management education with a Registered Nurse. During the past year, both uninsured, low income patients as well as Inland Empire Health Plan members have participated in the program, with 65% showing improvement in their hemoglobin as evidenced by a lowering of their HgA1C levels. In the upcoming year, staff will concentrate on ensuring a larger percentage of our patients receive all the recommended health screenings- HgA1C levels at least twice annually, diabetic foot exams and dilated eye exams. Currently, 35% of patients have had 2 lab draws this year, 23% have had eye exams and 98% have had foot exams. While this seems low, prior to this year, none of the patients had completed any of these exams.

Extending Baby Friendly expertise and improving breastfeeding rates in the community

St. Joseph, St. Mary was the first St. Joseph Health ministry hospital to be designated Baby Friendly by Baby Friendly USA. This designation is awarded by the World Health Organization and UNICEF to hospitals that promote, protect and support breastfeeding as the preferred method of infant feeding. This effort was in direct response to maternal and infant health data indicating that a higher percentage of local mothers and infants lag state and national levels for pre-term delivery, low birth rates and breastfeeding, the hospital expanded its maternal health programs with a breastfeeding initiative aimed at improving the percentage of mothers providing breast milk to their infants for a minimum of 50% of their feedings in the first six

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months of life. The community health department provides follow-up services and education to mothers discharged from the hospital as well as working to verify that critical steps in the Baby Friendly designation are working at the hospital. The department is also active in a local collaborative lead by San Bernardino County's Women, Infants and Children program to strengthen collaborative efforts educating and assisting mothers and infants.

INTRODUCTION

Who We Are and What We Do

For over five decades St. Joseph, St. Mary has provided health services to residents of the High Desert region of San Bernardino County. As a hospital affiliated with St. Joseph Health, based in Orange, California community benefit programs are a key element of how the organization implements its mission of “extending the healing ministry of Jesus” and “improving the health and quality of life of people in the communities we serve”.

St. Joseph, St. Mary is a 210 bed acute care “health ministry” striving to provide Perfect Care and Sacred Encounters to hospital patients while partnering with like-minded to create Healthy Communities. The hospital is the only non-profit hospital in the Victor Valley dedicating resources and staff to the operation of comprehensive community benefit programs. Over the last 15 years St. Mary has expanded extensive community health outreach programs that include fixed clinics and mobile medical services.

In FY 12, St. Joseph, St. Mary provided **\$3,419,170** in total community benefit, excluding Medicare. In FY 12 the hospital incurred **\$8,764,402** in unpaid cost of Medicare.

Patient Financial Assistance Program

The mission of St. Joseph, St. Mary is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Joseph Health, St. Mary has a **Patient Financial Assistance Program** that provides free or discounted services to eligible patients. In FY 12 the policy assisted 5,653 patients with an associated hospital cost of **\$7,734,081**.

The Health System enhanced its process for determining charity care by adding an assessment for presumptive charity care. This assessment uses a predictive model and public records to identify and qualify patients for charity care, without a traditional charity care application.

Community Benefit Governance Structure

The St. Joseph Health, St. Mary Community Benefit (CB) Committee is a formal committee of the hospital’s Board of Trustees (BOT) which oversees the direction of programs serving community needs. The CB Committee meets quarterly to review and discuss progress implementing community benefit programs as well as programs exclusively serving the needs of the poor. A board member chairs the CB Committee with additional board members appointed terms. Hospital representatives include the President and Chief Executive Officer and the Vice President for Mission Integration as well as the Director of Community Health and Healthy Communities. Committee membership also includes community leaders with knowledge of health and social needs including care for those without a home or food.

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Committee activities include review of partner and hospital programs addressing social and health needs. The CB Committee reports to the hospital's BOT its recommendations on programs assisting the poor, making grant awards to community partners and which community benefit programs will be pursued.

In FY 11 CB Committee members reviewed and approved results of a Community Health Needs Assessment as well as approval St. Mary's FY 12- FY 14 Community Benefit Plan. The new plan includes initiatives designed to address the following community need: access to care, childhood obesity, diabetes and breastfeeding.

The committee identified these programs based on how these issues were:

- (1) impacting the community,
- (2) the extent to which hospital resources could assist with the issue and
- (3) the quality of partnerships and programs to make a measurable difference.

Feedback from the community identified expanding access to services as the highest community need with job creation a close second.

Overview of Community Needs and Assets Assessment

The hospital's Community Benefit Service Area is defined as serving the Victor Valley a region of San Bernardino County with a total population of 430,795 as reported by 2010 U.S Census Data. The larger communities of Apple Valley, Hesperia and Victorville comprise the hospital's primary service area and the smaller communities of Adelanto, Barstow, Helendale, Lucerne Valley, Oro Grande, Phelan and Oak Hills and Wrightwood are included in the hospital's secondary service area.

The region is 90% desert and the largest nearest metropolitan area - the City of San Bernardino is 40 miles away. The service area is noted as having significantly higher percentages of indigent and uninsured populations when compared with both state and national levels. Additionally, residents suffer from heart disease and stroke at levels well above California and national benchmarks. As a result over 90% of the hospital's community benefit area has been identified as "High Need" from mapping and scoring of socioeconomic indicators contributing to health disparities.

As noted the hospital's service area is comprised of four major communities with some unique demographic, economic and health characteristics. The largest city is Victorville with a population of 130,145 residents. Demographic data indicates that 43.14% of residents are Latino and 28% of families prefer to speak Spanish, their primary language, at home. Socioeconomic data reports 16% of families are living in poverty and health assessment data indicates 24% of residents experience "Fair" or "Poor" physical health, the highest percentage among the four cities. The city of Hesperia has 98,442 residents with 15.4% of families living below poverty and 22% of residents over age 25 with no High School diploma. The hospital's home community of Apple Valley has 78,303 residents.

Residents aged 65 years and older make up 14% of the population the highest concentration in the hospital's service area and 14.6% of families are living below poverty the lowest percentage of any city. The area's fourth city is Adelanto with a population of 32,602 residents. Adelanto is noted for being the region's most ethnically diverse as 63% of residents are Latino and another 10% African American. Socioeconomic data reports 26% of Adelanto families are living in poverty and 28% of households have no high school diploma the highest rankings in the region. For numerous years the hospital's outreach has especially focused on Adelanto given the high need and few community assets serving its residents.

The hospital conducted a needs and assets assessment with consultation and assistance from the St. Joseph Health (SJH) and with numerous community partners including Kaiser Permanente, Loma Linda Medical Center, San Bernardino County's Public Health and Healthy Communities programs and representatives of Healthy High Desert. Mapping to determine need and community profiles was conducted by the SJH Community Health department. This process of collecting and scoring socioeconomic indicators contributing to health disparities (or barriers) was developed by Dignity Health. The quantitative process involves aggregating five socioeconomic indicators: resident income, culture, education, insurance and housing to identify communities with high need.

St. Joseph, St. Mary contracted with Professional Research Consultants Inc. (PRC) to conduct a 156 question community health assessment developed from the CDC's Behavioral Risk Factor Surveillance System (BFRSS). Mapping of community need was conducted using secondary data for five socioeconomic indicators. This quantitative process aggregated data to report community need by city zip code and by block group. Mapping community need has assists community benefit and grant activities to communities with the highest needs.

The hospital serves four high need communities with community clinics, mobile medical services and healthy community programs. Additionally, one of the new primary care clinics is serving one of the highest need communities (Adelanto). Findings from the PRC health survey identified health priorities and recommended areas of intervention based on the information gathered through the health assessment and the guidelines set by Healthy People 2020. In several cases the prevalence of disease in the hospital's secondary service area is higher as a result of residents encountering barriers to accessing care.

The findings of the health survey were discussed by the Community Benefit Committee and with community leaders to identify priorities. In addition, findings were shared with the county's public health department to continue advocacy for community clinics and shared with city leaders to advocate for creation of local Healthy City campaigns. Finally, data was provided to residents for discussion and education and with community partners for the purposes of securing grant funds. The table below lists opportunities identified from the health survey as well as the hospital's responses to these needs. An asterisk * denotes a priority program in the hospital's FY 12- FY 14 Community Benefit Plan.

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Areas of Opportunities identified by 2011 health survey and response by St. Joseph, St. Mary
Access to Healthcare – Lack of insurance, Difficulty Accessing HealthCare Services, Emergency Room Utilization, Perceptions of local healthcare services (Response – open clinics and expand clinic care) *
Cancer – Deaths (Lung, Prostate, Female Breast, Colorectal) (Response – continue screenings for low income)
Diabetes – Deaths, Prevalence (Response – comprehensive program serving the uninsured) *
Disability – Activity Limitations (Response – support four local Healthy City campaigns)
Dementias – Alzheimer’s Disease Deaths (Response – new support group in Senior Program)
Education – Attendance at Health Promotion Events (Response – Healthy City campaigns)
Family Planning – Birth to teens (Response - selective support of Planned Parenthood)
Heart Disease & Stroke – Deaths, Hypertension (Response – Cardiac Health campaign including AHA partnership)
Injury & Violence – Motor Vehicle Crash Deaths, Firearm-related Deaths, Homicides, Violent Crime, including Domestic Violence (Response – Healthy City campaigns promote safety in policies, grants to shelters)
Maternal & Infant Health – Prenatal Care & Low Birth-weight (Response – improve maternal care programs including behavioral health and breastfeeding) *
Nutrition & Overweight – Fruit & Vegetable Consumption, Overweight/Obesity (Response – child obesity and Healthy City campaigns) *
Oral Health – Dental Visits (Adults) (Response – support partner expansion of dental services)
Respiratory Disease – Chronic Lower Respiratory Disease Deaths, Pneumonia/Influenza Deaths (Response – Hospital provides a Better Breathers and Smoking Cessation program)
Substance Abuse – Cirrhosis/Liver Disease Deaths (Response – Healthy City campaigns)
Vision – Blindness/Trouble Seeing, Routine Vision Care (Response - Coordinating free eye exams thru local Lions International during local health fairs)

ST. JOSEPH HEALTH, ST. MARY

FY 12 – FY 14 Community Benefit Plan/Implementation Strategies

FY 12 CB Priority Initiatives Accomplishments

Barriers accessing care primary health care were identified as a significant local community health issue. Low income populations in particular face barriers accessing: low cost primary and specialty care including dental and behavioral health as well as services supporting the homeless.

Initiative Name: Access to Care

Key Community Partners: San Bernardino County Public Health, Kaiser Permanente, San Bernardino County Community Clinic Association, Inland Empire Health Plan, Molina Health, The City of Adelanto, Adelanto Chamber of Commerce, residents of Adelanto, Inland Agency Community ToolBox, City of Hesperia and City of Victorville, Herb Shultz, Region 9 Director of U.S. Health and Human Services, Desert Valley Hospital and Victor Valley Community Hospital, Family Assist Program, San Bernardino County Supervisor First District Brad Mitzelfelt.

Target Population: Low income and uninsured persons needing a medical home

Goal: Expand access of primary care services to uninsured and underinsured individuals in the High Desert

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Scope: Hospital's Healthy Communities Department works with hospitals and community partners to expand primary care services including opening of three (3) or more community clinics serving low income and uninsured persons.

How will we measure success?: The number of community clinics open

Three-Year Target: Three (3) community clinics open in Victor Valley by 2014.

Strategy 1: Collaborate with hospital and community partners interested in opening clinic services providing primary care to low income and uninsured persons.

Strategy Measure 1: The number of partners

- Currently seven (7) community partners are engaged in process

Strategy 2: Mobilize healthcare, government and community stakeholders to understand and support opening of clinics serving low income and uninsured persons.

Strategy Measure 2: The number of stakeholders engaged

- Currently fourteen (14) stakeholders are engaged in process

Strategy 3: The number of patients being seen by clinics

Strategy Measure 3: The number of patients seen by clinics per month

- Currently 400 patients have been seen at clinics

FY 12 Accomplishments: Two (2) community clinics successfully opened. The first clinic opened September 2011 by Molina Healthcare in Adelanto, the poorest city in the Victor Valley. The clinic serves patients in a managed Medi-Cal program while also offering low cost services for the uninsured. The clinic enrolls the community's uninsured and is working with local schools to provide insurance and health services to a population of 8,428 students where 86% are minority and 81% qualify for free and reduced meals.

In March 2012 a Federally Qualified Health Center (FQHC) was opened by San Bernardino County Public Health Department in the city of Hesperia. The clinic is providing primary care services while also insuring uninsured persons into safety net health insurance programs. This clinic also serves a referral for patients needing specialty care at a county hospital approximately 40 miles away. The clinic recently received a HRSA grant to expand the facility to add services including dental care and education on chronic diseases. Efforts to bring a second FQHC to the Victor Valley are in progress in the old town section of Victorville.

Initiative Name: Increase the percentage of women who provide breast milk

Key Community Partners: San Bernardino County WIC and local physicians

Target Population: Women who deliver live births at St. Mary

Goal: Increase the percentage of mother's who provide breast milk at least 50 percent of feedings for 6 months

Scope: All women delivering live births at St. Mary

How will we measure success?: the percentage of mothers self reporting that a minimum of 50 percent of feedings are with breast milk

Three-Year Target: 29 percent of mothers by 2014

Strategy 1: Maintain Baby Friendly best practices on inpatient units and prenatal clinic

Strategy Measure 1: Number of Baby Friendly 10 steps with 80% compliance or greater

- Currently eight (8) steps have been completed

Strategy 2: Provide professional and breastfeeding support for breastfeeding mothers

Strategy Measure 2: Percentage of mothers who provide breast milk to their infants 50% of feedings at one (1) month after delivery: currently 60%

FY 12 Accomplishments: The program continues to reach staff, mothers, and community partners on the importance of breastfeeding with a telephone survey conducted at one, three and six month intervals. Telephone outreach conducted one month after discharge reports that 60% of mothers are breastfeeding at one month whereas data obtained at the county level reports that 20% of mothers are still providing breastfeeding at 2 months post hospital discharge. The department has taken over surveying mothers post discharge in order to improve the quality of data collection. The department is also active in a newly formed local breastfeeding collaborative lead by San Bernardino County's WIC program.

The prevalence of adult and child obesity is reported at 33.7% higher than what is reported at the state level by California and the nation. Additionally, San Bernardino County Public Health, in conjunction with numerous partners, is addressing obesity (as an underlying cause of chronic disease) in a healthy city campaign across 14 communities.

St. Joseph, St. Mary is the only local hospital designated as Baby-Friendly. The hospital seeks to extend its expertise protecting mothers and babies from its hospital and its clinics into the community in an effort to increase the rates of breastfeeding by mothers to their infants. A local breastfeeding collaborative has been formed with the assistance of San Bernardino County's Women, Infants and Children (WIC) program.

Initiative Name: Nutrition, Physical Activity and Weight Status Initiative

Key Community Partners: Pre School Services Department of San Bernardino County, First 5 Commission of San Bernardino County, local pediatricians, local park and recreation programs

Target Population: pre-school children ages 3-5 years and their caregivers

Goal: Reduce prevalence of overweight and obesity in low income children ages 18 years and younger

Scope: Pre-school aged children ages 3 to 5 years in seven schools and children aged 2 to 18 years referred by physician partners

How will we measure success?: Percentage of children who move downward one weight category for BMI by the end of a year. Current baseline is 22%

Three-Year Target: 10% reduction in prevalence of child obesity by 2014

Strategy 1: Recruit physicians and school partners where low income at risk children are identified and referred for pediatric weight management.

Strategy Measure 1: The number of physician (5) and school partners (7): currently 11 partners

Strategy 2: Provide medical nutrition therapy to parents of overweight and obese children.

Strategy Measure 2: The number of counseling sessions provided to parents: currently 57 per month

Strategy 3: Tracking the weight status of children

Strategy Measure 3: The number of children tracked with BMI measures: currently 57

FY 12 Accomplishments: The program expanded into 11 pre-school classrooms and recruited 1 additional pediatrician to refer children and parents for counseling. The program is increasing the volume of counseling sessions provided per month while improving the quality of classroom oversight of the curriculum used as recommended. The program successfully secured additional grant funding to expand the program and is referring children to local Park and Recreation programs for additional play and exercise. The program successfully assisted 23% of a group of at-risk children to move downward one weight classification. The prevalence of diabetes is 14.2% in the area above rates for the state of California and the US.

Initiative Name: Improve clinical outcomes among patients with diabetes

Key Community Partners: Inland Empire Health Plan, physicians

Target Population: Uninsured and low income diabetic patients

Goal: Improve clinical outcomes among patients with diabetes who receive ongoing care at St. Mary Community Clinics

Scope: Low income diabetics, both uninsured and with Inland Empire Health Plan

How will we measure success? Percentage of patients who complete: 2 HgA1Cs (if HgA1C >7); annual dilated eye exam and annual foot exam

Three-Year Target: Greater than or equal to 57.1%

Strategy 1: Increase access to medical care

Strategy Measure 1: Percentage of patients completing all recommended screenings

Strategy 2: Increase access to nutrition therapy

Strategy Measure 2: Percentage of patients visits with Registered Dietitian

Strategy 3: Increase access to diabetes self management education

Strategy Measure 3: The number of patients who attend diabetes classes or support groups

FY 12 Accomplishments: The program is successfully case managing a group of 244 low income diabetic patients. Physicians have been recruited and are providing specialized assistance with eye exams. The program has secured SJH Foundation grant funding for operations for FY 13.

Other Community Benefit Initiatives

San Bernardino County is implementing Healthy City campaigns to mobilize resources and support community level responses to health improvement.

Initiative: Healthy High Desert and Healthy City Campaigns

Key Community Partners: San Bernardino County Public Health, City of Adelanto, Town of Apple Valley, City of Hesperia, City of Victorville

Target Population: Residents of each community

Goal: Reduce the percentage of patients who self-report a health status ranking of “fair or poor”

How will we measure success?: 5 year community health surveys aligned with BFRSS

Three Year Target: No target set; 23% of residents’ self-report “fair or poor” rating in 2012 SJH survey higher than state of California (18.1%) and national (16.8%).

FY 12 Accomplishments: The hospital is expanding resident access to primary care and health education with opening of community clinics and enrollment of uninsured into safety net health insurance programs. The opening of the area’s first FQHC is strengthening patient referrals to public health and the county hospital while also addressing gaps the two organizations can collaborate on. The hospital’s membership with the county’s health insurance initiative enabled 897 local uninsured children to enroll in Medi-Cal or Healthy Families insurance. The hospital successfully opened a specialty care practice and specialists are offering services previously not available locally. The hospital’s community health department is providing primary care services and comprehensive diabetes support to the uninsured.

Community Benefit Investment FY 2012

FY 12 COMMUNITY BENEFIT INVESTMENT
ST. JOSEPH HEALTH, ST. MARY
(ending June 30, 2012)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ²	FY 12 Net Benefit
Medical Care Services for Vulnerable³ Populations	Financial Assistance Program (FAP) (Charity Care-at cost)	\$ 7,734,081
	Unpaid cost of Medicaid ⁴	(\$10,267,582)
	Unpaid cost of other means-tested government programs	\$0
Other benefits for Vulnerable Populations	Community Benefit Operations	\$0
	Community Health Improvements Services	\$2,997,039
	Cash and In-kind contributions for Community Benefit	\$441,128
	Community Building	\$4,240
	Subsidized Health Services	\$2,256,096
Totals Community Benefit for the Vulnerable		\$3,135,002
Other benefits for the Broader Community	Community Benefit Operations	\$183,198
	Community Health Improvements Services	\$45,869
	Cash and In-kind contributions for Community Benefit	\$449
	Community Building	\$51,261
	Subsidized Health Services	\$0
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	\$2,843
	Total Community Benefit for the Broader Community	\$284,168
TOTAL COMMUNITY BENEFIT (excluding Medicare)		\$3,419,170
Medical Care Services for the Broader Community	Unpaid cost of Medicare ⁵ <i>(not included in CB total)</i>	\$8,764,402
TOTAL COMMUNITY BENEFIT (including Medicare)		\$12,183,572

² Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

³ CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid, Medicare, California Children's Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

⁴ Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.

⁵ Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H, we use the Medicare cost report.

Telling Our Community Benefit Story: Non-Financial⁶ Summary of Accomplishments

In FY 12 the community health department was recognized for their excellence in patient satisfaction and its Director of Community Health presented at the national Catholic Health Association conference on the success lowering costs and improving patient outcomes by applying Toyota LEAN and performance improvement techniques.

Significant progress building collaboration at the community and county-wide level occurred in FY 12. In partnership with county public health a region-wide collaborative was formed as well as four local healthy city campaigns. These campaigns are addressing efforts to improve and protect health with an emphasis on improving the system of care in the High Desert. The City of Victorville adopted into its general plan a 73 mile non-motorized transportation plan and implemented San Bernardino County's first Health Vending machine policy. The city of Adelanto became the first city in San Bernardino County to pass a local ordinance to eliminate the sale of Bath Salts and Spice drugs under its Healthy City campaign.

Multiple community partners are using sports and fitness events to fundraise while also engaging residents in exercise. A five acre field has been donated by a local school district to a city (which as no formal parks and recreation programs) for development of a 5 acre public park. Molina Health is expanding its resources and grant support in the High Desert. With the assistance of hospital advocacy and the success of its child obesity programs, San Bernardino's First Five Commission funds obesity programs across the county. Hospital advocacy has lead to passage of a Healthy Foods policy at San Bernardino County's Pre-School Services. The hospital added physician partners who are provide time to support child obesity and provide their time to help the uninsured. Partnering with San Bernardino County Public Health is allowing county resources to develop services to expand specialty care. The hospital has completed its first tele-health clinic and will begin seeing uninsured patients in FY 13.

⁶ Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.



**500 S. Main St., Ste. 1000
Orange, CA**

<http://www.stjhs.org/>

St. Joseph Health (SJH) is an integrated healthcare delivery system providing a broad range of medical services. The system is organized into three regions--Northern California, Southern California, and West Texas/Eastern New Mexico - and consists of 14 acute care hospitals, as well as home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics, and physician organizations. The ministries that comprise SJH offer a wide variety of services within each of the three regions. From well-established acute care hospitals to clinics in non-traditional settings like school rooms, SJH is establishing a "continuum of care," that is, a system that links and coordinates an entire spectrum of health services.