Dedicated to identifying and meeting the changing healthcare needs of the people of the Monterey Peninsula and surrounding communities.
Executive summary

This community benefit plan for the fiscal year ending December 31, 2019, describes Community Hospital of the Monterey Peninsula’s benefit planning process, the benefits provided, and the economic value of those benefits. Community benefit services are free or subsidized programs and services provided to meet identified community health needs and to serve the public interest. The plan both satisfies the requirements and reflects the spirit of California’s community benefit legislation, SB 697, as well as spells out the addition of an implementation and monitoring plan required by the IRS. It documents organizational leadership, partnerships with other community organizations, and services to meet the health needs of at-risk populations in the community.

REPORT ORGANIZATION

The report is organized to address all the information suggested in the state’s “Checklist for Hospital Community Benefit Plan,” issued April 2000, with the addition of the requirements adopted by the IRS in 2013 regarding an implementation and monitoring plan.

Section 1 documents organizational commitment and participation, including board and hospital staff participation, community involvement, and integration with operational planning. It describes the ways in which the hospital presents the community benefit plan to the public and describes our charity-care policy and non-quantifiable benefits. Appendix A contains a copy of the hospital’s charity-care policy. Appendix B contains a copy of the hospital’s Community Benefit program guidelines.

Section 2 describes the communities served and summarizes the hospital’s community partners by type of organization. Appendix C lists the specific collaborating organizations.

Section 3 summarizes the status of community assessment activities and priority needs identified in the assessment.

Section 4 summarizes the number of provided services by legislative category and links them to identified community needs.

Section 5 summarizes the value of benefits provided by legislative category and links these dollars to identified community needs. Costs for charity care and unpaid costs of public programs (government payer shortfalls) are reported separately. The principal measure for monitoring community benefit services is the dollar value of benefits returned to the community per dollar of tax exemption value received.

Section 6 describes measurable objectives, outcome measurement methods, and results.

Section 7 defines the hospital’s plan for implementing programs and services targeting the highest priority community health needs identified by our Community Health Needs Assessment, lists the identified community needs not selected for focus during the current three-year planning period, and defines the plan for evaluating the impact of those programs and services.

Section 8 contains a summary evaluation of the impact of the implementation plan carried out over the previous three-year planning period of the Community Health Needs Assessment.
SUMMARY OF 2019 COMMUNITY BENEFITS

The community benefit planning process identified 121 benefit services for the current year; these represent an economic value of $173.9 million. Of these dollars, 29 percent ($50.5 million) specifically serve the economically disadvantaged.

Thirty-six hospital departments were active in providing community benefit services, often working in partnership with various community organizations. In addition, the hospital collaborated with a total of 251 organizations in community benefit activities.

The economic value of savings from tax-exempt status was $24,977,452. Thus, the hospital returned $6.96 in community benefits for each $1 saved because of tax-exempt status.

| Hospital cost of community benefits | $173,859,324 |
| Value of tax exemption | $24,977,452 |
| Community benefits per dollar of tax-exemption value | $6.96 |

<table>
<thead>
<tr>
<th>SB 697 category</th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care: vulnerable populations</td>
<td></td>
</tr>
<tr>
<td>Traditional charity care, at cost</td>
<td>$ 3,632,418</td>
</tr>
<tr>
<td>Unpaid cost of Medi-Cal program</td>
<td>$ 45,981,493</td>
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<tr>
<td>Medical care: broader community</td>
<td></td>
</tr>
<tr>
<td>Unpaid cost of Medicare program</td>
<td>$ 85,164,471</td>
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<tr>
<td>Unpaid cost of other government programs</td>
<td>$ 7,914,377</td>
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<tr>
<td>Negative-margin services</td>
<td>$ 22,717,324</td>
</tr>
<tr>
<td>Other benefits:</td>
<td></td>
</tr>
<tr>
<td>Broader community and vulnerable populations</td>
<td>$ 3,782,366</td>
</tr>
<tr>
<td>Health research, education, and training</td>
<td>$ 4,676,875</td>
</tr>
<tr>
<td><strong>Total benefits</strong></td>
<td><strong>$173,869,324</strong></td>
</tr>
</tbody>
</table>
In addition to the $173.9 million in quantifiable community benefit services, board members, physicians, employees, and volunteers reported contributing 15,301 hours of volunteer service to the community.

A summary of benefit services and volunteer hours by community need/focus area is listed in the table below. The summary shows percentages of total benefit dollars and services.

### SUMMARY OF COMMUNITY BENEFITS BY COMMUNITY NEED/FOCUS AREA

<table>
<thead>
<tr>
<th>Community focus area</th>
<th>BENEFIT DOLLARS</th>
<th>BENEFIT SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Percentage</td>
</tr>
<tr>
<td>Building healthy communities</td>
<td>$1,984,276</td>
<td>1.1%</td>
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<tr>
<td>Health education and wellness</td>
<td>$3,592,226</td>
<td>2.1%</td>
</tr>
<tr>
<td>Improving access to care</td>
<td>$167,586,923</td>
<td>96.4%</td>
</tr>
<tr>
<td>Special care for special needs</td>
<td>$705,899</td>
<td>0.4%</td>
</tr>
<tr>
<td>All benefit services</td>
<td>$173,869,324</td>
<td>100%</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>SECTION</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
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<td><strong>SECTION 1</strong></td>
<td>Mission and commitment</td>
<td>1–1</td>
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<tr>
<td></td>
<td>Vision, mission, and guiding principles</td>
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</tr>
<tr>
<td></td>
<td>Organizational commitment</td>
<td>1–3</td>
</tr>
<tr>
<td></td>
<td>Community benefit commitment by related organizations</td>
<td>1–6</td>
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<td></td>
<td>Organizational participation and integration with operational planning</td>
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<td></td>
<td>Community benefit plan responsibility</td>
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<td>Community and collaboration</td>
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<td></td>
<td>Community served</td>
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<td></td>
<td>Target groups</td>
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<td></td>
<td>Collaborations</td>
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<td><strong>SECTION 3</strong></td>
<td>Community Health Needs Assessment</td>
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<td><strong>SECTION 4</strong></td>
<td>Benefit services</td>
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<td>Benefits data collection</td>
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<td></td>
<td>Benefit service tabulations</td>
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<td></td>
<td>Services by SB 697 category</td>
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<td>Community benefit fund grants</td>
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<td><strong>SECTION 5</strong></td>
<td>Value of benefit services</td>
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<td>Cost-based value definitions</td>
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<td>Value by SB 697 category</td>
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<tr>
<td></td>
<td>Value by focus area (community need)</td>
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<tr>
<td></td>
<td>Volunteer hours</td>
<td>5–3</td>
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<td>Evaluating the economic value</td>
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<td></td>
<td>Classes and support groups</td>
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<td><strong>SECTION 7</strong></td>
<td>2020–2022 implementation strategy</td>
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<td>Priority health issues to be addressed</td>
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<td></td>
<td>Community health needs that are not among selected focus areas and why</td>
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<td>Implementation plans</td>
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<td>2017–2019 Community Health Needs Assessment</td>
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</tr>
<tr>
<td></td>
<td>Implementation</td>
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<td></td>
<td>Evaluation of 2017–2019 implementation plans</td>
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<td></td>
<td>Appendix a. Charity-care policy</td>
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<td></td>
<td>Appendix b. Community benefit guidelines</td>
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<td>Appendix c. Community benefit collaborators</td>
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<tr>
<td></td>
<td>Appendix d. Master list of services</td>
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</tr>
<tr>
<td></td>
<td>Appendix e. 2019 Community Health Needs Assessment executive summary</td>
<td>E–1</td>
</tr>
</tbody>
</table>
SECTION 1  Mission and commitment

This section describes the mission, vision, and values guiding Community Hospital of the Monterey Peninsula (Community Hospital) in its commitment to benefiting the communities it serves. It summarizes key elements of organizational commitment and participation in Community Benefit Programs. It concludes with an overview of organizational responsibility for benefit planning.

VISION, MISSION, AND GUIDING PRINCIPLES

Community Hospital is a tax-exempt, nonprofit organization serving the residents of the Monterey Peninsula and surrounding communities. Community Hospital is a subsidiary of Montage Health, a tax-exempt, nonprofit corporation which also owns other healthcare-related entities that closely collaborate to meet the healthcare needs of our community. The Board of Trustees for Montage Health also serves as the Board of Trustees for the hospital. The hospital, established in 1934, is an active, caring member of the community that provides compassionate, high-quality healthcare services at a competitive cost.

The board-approved mission statements for both Montage Health and Community Hospital highlight commitment to the community and its vulnerable populations. The board adopted the Montage Health vision and mission statements in June of 2015 and most recently reaffirmed the hospital’s mission statement in March of 2009 (neither has been modified since). The board also reaffirmed its commitment to and policy governing community benefit services on April 4, 2019.

MONTAGE HEALTH VISION STATEMENT

Dedicated to improving lives by providing exceptional care and inspiring the pursuit of optimal health.

MONTAGE HEALTH MISSION STATEMENT

We believe our community’s greatest resource is the health of its people. Our family of organizations is dedicated to the pursuit of optimal health for all people in Monterey County, from birth to end of life.

We believe the achievement of optimal health requires proactive partnering with physicians and other clinicians, healthcare and community organizations, and, most importantly, each person we serve. Achieving this goal requires our ongoing commitment to delivering exceptional value-based care that is:

- Preventive (building and retaining health)
- Restorative (facilitating recovery from illness or injury)
- Palliative (maximizing well-being when recovery is not possible)

We are dedicated to care that is coordinated across all care settings to meet each person’s own goals and needs.

We believe optimal health on an individual level is possible only when each person actively participates in their own healthcare. We inspire that participation through personalized information, education, and support, provided by a coordinated and compassionate team.
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA MISSION STATEMENT

Community Hospital of the Monterey Peninsula is dedicated to identifying and meeting the changing healthcare needs of the people of the Monterey Peninsula and surrounding communities.

We are committed to providing high-quality services at a competitive cost and within a safe environment.

We provide educational and public-service programs to enhance the health of our community and the competence of those who provide the service.

We care for all who come through our doors, regardless of ability to pay, to the fullest extent allowed by law and available resources.

The hospital’s guiding principles also emphasize commitment to community service by stressing community collaboration, hospital leadership, and quality healthcare services. Our mission and guiding principles are the basis for all our Community Benefit Program decisions.

COMMUNITY HOSPITAL’S GUIDING PRINCIPLES

Patients come first. Their individual satisfaction with our services is the best measure of our success. In every decision, seek to meet their needs above all others.

Our employees, medical staff, and volunteers are our most important organizational resources. Recognize and develop each person’s contribution to the organization. Value the diversity of those whose experiences, cultures, and abilities make up the hospital family and our community.

Broad community participation in our programs is essential. Cultivate thoughtful and active governance, dedicated volunteers, involvement in program planning and assessment, and enlightened philanthropy.

An atmosphere of support and openness encourages innovation. Promote the free exchange of ideas at all levels of our organization.

Quality can be continually improved in an atmosphere of support and openness. Strive to improve service quality by assessing and improving governance, managerial, clinical, and support processes that most affect patient outcomes. Promote the free exchange of ideas and interdisciplinary communication as a critical means to this end. Reward full participation in the improvement of our organizational performance.

Quality care must be affordable. Through the prudent application of resources, deliver excellent programs and services that represent a good value for our healthcare consumers.

Be a significant, positive force in our community. Provide quality services to improve the health of our community and the competence of those who provide healthcare services; become personally involved in community affairs.

Caring is as important to quality healthcare as technology. Empower patients and their families to participate in their healthcare by being sensitive to their experiences, privacy, and dignity.
Facilities and policies should be designed to enhance the healing process. Both should be periodically expanded and updated to meet the growing needs of the community.

We are committed to preserving and enhancing the environment. Our purchasing, operational, and disposal practices must contribute to the long-term health and viability of our beautiful region.

We provide financial resources sufficient to meet the present and future healthcare needs of our community.

Responsibility and honesty are essential. We require the highest standards of ethical behavior, not only of ourselves, but of our colleagues.

Do the right thing. Compliance with all applicable laws and regulations is a cornerstone of our duty to ourselves, our patients, and those with whom we work.

ORGANIZATIONAL COMMITMENT

The depth, breadth, and significant economic value of the benefit services described in this benefit plan, and those of preceding years, demonstrate our strong commitment to community benefit services. Community Hospital's leadership of and participation in hospital-driven and collaborative Community Health Needs Assessment activities and our investment of time and resources in an objective-oriented benefit planning system also show our commitment to community benefit services and the spirit of both SB 697 and IRS requirements.

STRATEGIC PLANNING

The Board of Trustees oversees strategic planning for the hospital and actively supports the hospital's continuing commitment to community leadership and benefit services in its strategic initiatives. Initiatives are selected for implementation, in part, on the basis of the Community Health Needs Assessment activities.

CHARITY CARE

Policy and funding: To help meet the needs of low-income and uninsured or underinsured patients, Community Hospital has been providing care for community residents, without regard to their ability to pay, since the organization was founded. Effective January 1, 2007, the sponsored care and discount program also meets the requirements of AB 774. Funding for the program is provided by philanthropic contributions and through the hospital’s operating budget. The program grants sponsored (charity) care and/or discounted care solely based on a person's financial need, regardless of age, sex, race, national origin, physical or mental disability, sexual orientation, religion, color, ancestry, marital status, citizenship, medical condition, or veteran status. Patients may apply for assistance before receiving hospital services or after the hospital provides the care. Appendix A contains a copy of the policy in effect during 2019.

Provisions of the Affordable Care Act, including the expansion of the Medi-Cal program in California, have contributed to a significant decline in the numbers of uninsured patients in the area served by Community Hospital and an associated decline in the need for charity care.
Implementation and procedures: The Patient Business Services and Care Coordination Services departments screen applicants for the sponsored care and discount programs. Completed applications, including required documentation, are submitted to Patient Business Services or Care Coordination Services for initial review and follow up. The patient/responsible party and/or service department are notified of the final eligibility decision in writing. Should there be any dispute as to the decision made by the hospital on the eligibility or level of eligibility of the patient for either the sponsored care or discount payment program, an appeal of the decision may be made to the director of Patient Business Services.

In 2019, the income limit for sponsored care was 300 percent of the federal poverty level, and the income limit for the discount program was 400 percent of the federal poverty level (these parameters were last modified in 2007). The hospital follows the requirements of AB774 in all respects.

Communication to patients and the community: The hospital provides basic information about the organization in every inpatient room; this guide to hospital services describes the sponsored care and discount programs, and directs application inquiries to the appropriate department. In addition, Community Hospital publicly displays information on the general program in key service locations and provides information to every patient at the time of registration for services and enclosed with billing statements. Information on specialty programs (e.g., free baseline mammography through the Sherry Cockle Fund and rehabilitation services through the Thomas A. Work, Jr., Fund) are provided to patients who register for these specific services.

Through its public web site, Community Hospital also publicizes the sponsored care and discount programs, and illustrates the benefits of the program. A formal presentation about hospital billing practices and sponsored care requirements is provided to community groups on request by our Patient Business Services department.

NON-QUANTIFIED COMMUNITY BENEFITS

Community Hospital is the sole acute-care provider in its primary service area and a vital member of the Monterey Peninsula community. It enhances the health and well-being of the community in a variety of ways not quantified in this community benefit plan. The hospital is the largest private employer on the Monterey Peninsula, with approximately 2,470 employees and an annual payroll, including benefits, of $361.4 million in 2019.

The hospital’s mission has always guided its decisions and policies to improve the overall health of community residents, improve access to health services, and address unmet health needs. Beginning in 1955, trustees voted to build a new facility on 22 acres of donated land to replace an outdated facility which had been serving the community as a hospital since 1934. Gifts from the community financed two-thirds of the cost of this new facility. This partnership and community generosity have continued and allowed the hospital to purchase new equipment and upgrade facilities in response to changing community needs.

The purchase of Eskaton Monterey Hospital in 1982 allowed Community Hospital to merge the two acute-care facilities. Consumers continue to receive the benefit of the significant operating efficiencies produced by the merger, with hospital charges (average charge per stay) that consistently rank near the median for comparable hospitals in Northern California, despite our much higher prevalence of patients covered by government insurance programs than most other hospitals in the region. In response to community need, Community Hospital later converted the former Eskaton Monterey Hospital to the Hartnell Professional Center, a major center for outpatient services. The Recovery Center (a chemical-dependency treatment program for adults), Behavioral Health Services (which offers outpatient mental health services), and outpatient Rehabilitation Services (physical, occupational, and speech
therapy, opened to meet increased community needs in early 2015) are among the services now located there.


Community Hospital’s Carol Hatton Breast Care Center opened in 2002, in direct response to community requests and following compelling input from local women’s organizations. The latest digital screening and diagnostic tools are available to patients under one roof at the center.

Anticipating the wider community’s future growth taking place in Marina, Fort Ord, Seaside, and along the Highway 68 corridor, in 2004 the hospital opened the expansive, centrally located Ryan Ranch Outpatient Campus which houses an expanded Sleep Disorders Center, Outpatient Diabetes and Nutrition Therapy programs, an outpatient imaging center, an additional satellite lab, doctors’ offices, and administrative offices for the hospital’s hospice program and education department.

Three factors drove the decision to develop the Ryan Ranch campus. First, the hospital has provided various outpatient services at the main hospital that could be provided at greater patient convenience and at a lower cost outside the inpatient facility. Second, the hospital had offered services in some 16 different locations across the Peninsula and in Salinas, some of which could ultimately be coordinated on a single campus. Finally, Community Hospital has a long history of growing in the direction, both geographically and medically, of its community. The campus grew again in 2018, with the opening of a new medical office building to house providers from Montage Medical Group (a sister organization under Montage Health). And, in 2019 a groundbreaking took place to start building the new Carol Hatton Breast Care Center to expand women’s health services.

In 2005, the hospital opened a new Cardiac Catheterization Laboratory to help meet the growing local need for treatment of heart disease, the number-one cause of death for both men and women.

In 2006, the first phase of the Pavilions Project was completed; larger operating rooms to accommodate a cardiac surgery program as well as upgraded critical-care facilities were included. The second phase added a new inpatient wing with 120 private rooms (for a net bed increase of approximately 32 beds, as older units were taken out of service) and opened in early 2007. The final phase of the project involved renovation of existing hospital facilities and included Diagnostic and Interventional Radiology services, cardiac and pulmonary diagnostic services, the Cardiac Catheterization Laboratory (including the addition of an electrophysiology laboratory), an inpatient rehabilitation gym, and an expanded pharmacy. The significant investment in the Pavilions Project will support the hospital’s ability to meet growing community demand for hospital services.

In 2011, Community Hospital’s multi-facility Marina campus opened to help address a wide array of unmet needs of the residents of that and surrounding communities. The campus includes Montage Wellness Center (an integrated medical fitness facility, designed to help those at risk for and those facing health challenges reduce their risk and improve their health and wellness); a second location for Montage Medical Group (providing local residents with access to primary care and specialist physicians); outpatient physical therapy services; cardiac and pulmonary rehabilitation programs; and satellite laboratory and radiology facilities.
In 2013, Community Hospital opened a new Inpatient Rehabilitation Unit (IRU) in the main hospital. This post-acute service, providing aggressive physical, occupational, and speech therapy in an inpatient setting for patients who also have complex medical needs, was developed in direct response to the unmet need for this service in the local area. Following an internal study, the hospital discovered that the vast majority of patients leaving its acute-care facility who could benefit from this level of post-acute care did not receive it anywhere, largely because of the challenges of families traveling daily to distant locations to participate in the patients’ care. Today, more people in our community are able to achieve the significant functional improvement required to live as independently as possible following a disabling injury or illness.

In 2014, Montage Medical Group (MMG) further expanded to include cardiology on Garden Court in Monterey and a multi-specialty clinic on Holman Highway in Monterey.

In 2016, a new multi-service facility was opened in Salinas to meet the very high and growing demand for outpatient rehabilitation services (physical, occupational, and speech therapy). The facility also includes a second Montage Wellness Center and outpatient nutrition therapy services.

In 2018, Montage Medical Group opened a 60,000-square-foot office in Ryan Ranch, bringing the total number of providers recruited to more than 60 for improved access to health services for the community. Montage Medical Group celebrated its 10th year serving the community in 2019 and now has a total of 8 locations.

In 2019, MoGo Urgent Care was created to improve access to healthcare for urgent and minor medical needs. Locations to open in 2020 include Monterey, Marina, and Carmel.

COMMUNITY BENEFIT COMMITMENT BY RELATED ORGANIZATIONS

The hospital is part of Montage Health, a tax-exempt, nonprofit organization overseeing a collection of nonprofit entities devoted to a shared vision of improving the lives of those we serve by delivering exceptional care and inspiring the pursuit of optimal health.
Montage Health itself, and the other non-hospital entities, also engage in community benefit activities. While the value of these benefits is excluded from the hospital’s totals reported in this plan, they are significant. In 2019, these benefits included:

<table>
<thead>
<tr>
<th>Entity</th>
<th>Community benefit service</th>
<th>2019 contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montage Health</td>
<td>Physician recruitment program for primary care and specialty physicians; this activity was previously reported as part of the hospital’s community benefit contributions</td>
<td>$16,913,936</td>
</tr>
<tr>
<td>Montage Health</td>
<td>Juvenile Diabetes Research Foundation grant for One Walk Monterey Bay</td>
<td>$10,000</td>
</tr>
<tr>
<td>Montage Health</td>
<td>Mobile clinic (includes both operating costs and capital expenditures to retrofit the former bloodmobile to serve the local homeless population)</td>
<td>$388,090</td>
</tr>
<tr>
<td>Montage Health and Community Health Innovations</td>
<td>County-wide diabetes education and prevention collaborative (also in partnership with Salinas Valley Memorial Healthcare System and Monterey Bay Independent Physician Association)</td>
<td>$433,469</td>
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<tr>
<td>Aspire Health Plan</td>
<td>Medicare Advantage insurance plans for local seniors; operated as a negative-margin service and co-owned by Salinas Valley Memorial Healthcare System</td>
<td>$5,671,518</td>
</tr>
<tr>
<td>Community Health Innovations</td>
<td>Population health management services including transitional care management, primary care medical home, and pediatric wellness coaching; operated as a negative-margin service and co-owned by Salinas Valley Memorial Healthcare System</td>
<td>$1,128,383</td>
</tr>
<tr>
<td>Montage Medical Group</td>
<td>Nonprofit network of primary care and specialty physician clinics dedicated to improving access to care; operated as a negative-margin service</td>
<td>$16,805,829</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$41,351,225</strong></td>
</tr>
</tbody>
</table>
COMMUNITY BENEFIT FUND GRANTS

The hospital’s Community Benefit Program includes a significant annual commitment of funds available for grants to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within our service area. Community Hospital gives higher priority to projects that involve collaboration among organizations and make appropriate use of Community Hospital’s clinical expertise. Grants are awarded under the Community Benefit Program objectives of building healthy communities, health education and wellness, improving access to care, and providing special care for special needs.

The program’s overall priorities and funding are reviewed and approved by the Board of Trustees annually, and grant decisions are made by the hospital’s executive team. Grant applications are welcome at any time. See Appendix B for the complete description of the grant program.

In 2019, Community Hospital awarded a total of $637,945 in 45 grants to 39 organizations.

ORGANIZATIONAL PARTICIPATION AND INTEGRATION WITH OPERATIONAL PLANNING

**Board participation**: The Board of Trustees gives overall leadership to the community benefit process by establishing the mission and strategic goals of the hospital. The board approves the community benefit plan annually, including the program’s own mission, scope, and grant-making guidelines, as well as the triennial Community Health Needs Assessment and its top identified priorities.

Board members serve as ambassadors to the community, serve on board committees, and provide governance to the hospital, the hospital’s tax-exempt parent corporation, and related entities. As residents of the Monterey Peninsula, they are advocates for community needs and encourage active participation of the hospital and its employees and medical staff in meeting those needs.

**Staff participation**: Staff participation begins with an ongoing community benefit inventory to identify community benefit services. Staff works with management in developing mission-driven community benefit activities and in planning appropriate changes to existing services as well as new services. Department directors and their staffs manage and implement essentially all community benefit services, including formulating objectives, collecting data, and providing cost and related data for the community benefit plan.

The following is an overview of the roles of several key departments in community benefit planning and implementation:

- The hospital’s Community Health Committee is an interdisciplinary group responsible for overseeing the triennial Community Health Needs Assessment and for developing the implementation plans associated with the board-approved priority needs. This group is also responsible for planning and coordinating our health education programs and activities, including those for hospital staff, patients, and community members.
- Financial Services oversees the data collection process and produces aggregate reports for the community benefit plan, including required IRS filings.
Communication and Marketing and Financial Services prepare the annual community benefit plan for Board of Trustees review and approval.

Communication and Marketing prepares community reports on the hospital’s Community Benefit Program, including segments in the hospital’s annual report (3,329 copies distributed and 8,316 emails with link to electronic copy), Pulse magazine (28,052 households and 73 emails with link to electronic copy), website (chomp.org), the hospital’s social media sites, fliers, and ads in multiple local newspapers.

Administration, coordinated by a vice president, monitors progress on needs assessment activities, implementation plans, and the Community Benefit Program in relation to the strategic plan, as well as oversees the grant-making program.

**Physician participation:** Physicians contribute through leadership of and participation in community benefit activities. In addition to the chief of staff, there is a designated physician seat on the Board of Trustees. Physicians actively participate in hospital and community programs, in collaborative relationships with Community Hospital and other providers, and through involvement in medical staff committees. Several medical staff committees are directly involved in planning mission-driven community benefit activities. Physicians also provide numerous hours of volunteer work within the community.

**COMMUNITY BENEFIT PLAN RESPONSIBILITY**

The ultimate responsibility and oversight for the implementation of the community benefit plan resides with the Board of Trustees, President’s Administrative Committee (senior executives), and mid-level management (department directors) of Community Hospital of the Monterey Peninsula.
COMMUNITY SERVED

Community Hospital’s primary service area is the Monterey Peninsula, health facility planning area (HFPA) #707. The Monterey Peninsula includes Carmel, Carmel Valley, Del Rey Oaks, Marina, Monterey, Pacific Grove, Pebble Beach, Sand City, Seaside, Big Sur, and unincorporated areas of Monterey County (see service area map).

Factors used in defining the community for community benefit planning purposes include:

1. Community reliance on Community Hospital’s services — the hospital’s market share of Peninsula resident discharges was approximately 78.6 percent in 2019.
2. Hospital reliance on the community — residents of the Peninsula accounted for approximately 79.2 percent of the hospital’s patients in 2019.
3. Community benefit history and collaborative relationships with community organizations.
4. Desires and perspectives of community groups with which the hospital collaborates.

The socioeconomic characteristics of the Monterey Peninsula span a broad spectrum. Carmel and Pebble Beach are relatively affluent communities with substantial retired and senior populations. Big Sur and other unincorporated parts of the county are largely rural in character. The communities surrounding the former Fort Ord army base (Seaside, Marina, and Sand City) are less affluent and continuing to grow, with a younger population, more children, and significant racial and ethnic diversity. In spite of the socioeconomic variations, the Monterey Peninsula is a distinct sub-region of Monterey County with a well-defined sense of community.

TARGET GROUPS

The seven target groups within the service area identified for community benefit planning are:

- Infants/children/youth
- Women
- Men
- Seniors
- Economically disadvantaged
- Community subgroups, e.g., military, students, ethnic populations
- General community

A description of the distribution of benefit services and dollars among these target groups is in Sections 5 and 6.
Since launching our community benefit program, Community Hospital has collaborated with members of our community on both community assessment and community benefit service activities, including through our grant-making program and the extensive community involvement of our staff and physicians.

Benefit service collaborations involved 251 local organizations in 2019. The following is a summary of collaborating organizations by type. Appendix C contains a list of collaborating organizations for community benefit activities.

### COLLABORATING ORGANIZATIONS COMMUNITY BENEFIT ACTIVITIES

<table>
<thead>
<tr>
<th>Type of organization</th>
<th>Number of organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td>31</td>
</tr>
<tr>
<td>Community groups</td>
<td>89</td>
</tr>
<tr>
<td>Educational</td>
<td>52</td>
</tr>
<tr>
<td>Healthcare</td>
<td>47</td>
</tr>
<tr>
<td>Public agencies</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total collaborators</strong></td>
<td><strong>251</strong></td>
</tr>
</tbody>
</table>

### SERVICE AREA MAP

[Map of Monterey County with Service Area highlighted]

Service Area
SECTION 3

Community Health Needs Assessment

Community Hospital continues to be guided by community assessment efforts to measure unmet needs and improve health outcomes. This section describes community assessment methods, results, and future directions.

In 2019, Community Hospital completed an updated, comprehensive assessment of our community’s unmet health needs. Professional Research Consultants (PRC) was retained to conduct a statistically valid telephone survey of 1,000 randomly selected local adults. The survey was based largely on the Centers for Disease Control (CDC) and Prevention behavioral risk factor surveillance system. In addition, we collected and analyzed secondary data from national, state, and local sources such as incidence rates of disease, causes of death, etc. All of the data was then compiled and benchmarked against the goals of the national Healthy People 2020 initiative sponsored by the U.S. Department of Health and Human Services.

The 2019 assessment also included community stakeholder input from key informants. Participants included those with special knowledge of or expertise in public health, as well as others who represent the broad interests of the community we serve. This input was of significant value in our selection of the top-priority needs for focus during the next three years of community benefit planning and service delivery; we very much appreciate the time and expert guidance of the participants.

The analysis of this assessment revealed that the bulk of existing Community Hospital community benefit services, and those of our related organizations described in Section 1, continue to be appropriately directed, but also pointed out potential opportunities to bring greater emphasis to services targeted at the top four priority needs (see Section 7). The complete report on the needs assessment is available on chomp.org/communitybenefit, and an executive summary is attached here as Appendix E.

Residents of the Community Hospital service area are not meeting Healthy People 2020 goals for a few key foundational health elements including mental health, high blood pressure, overweight and obesity, and access to health services.

This finding has, in part, led the organization to develop medical fitness facilities in Marina (2011) and Salinas (2016) which provide health assessments, screenings, and education, as well as medically supervised exercise programs to assist members in improving their health status and in managing chronic conditions. Services and programs are being designed to meet the needs of residents who are obese and/or face other limitations in their physical activity by providing a safe and welcoming environment for those just beginning to address their health issues. These facilities help address mental well-being, high blood pressure, and overweight and obesity.

To address the need for mental healthcare for children and adolescents, Montage Health created Ohana. Ohana provides timely and high-quality evaluations and family-centered, evidence-based treatments for the psychiatric problems that most commonly affect children, teenagers, and their families, including problems with anxiety, mood, attention, self-regulation, eating, and substance abuse. These treatments will be available in outpatient and inpatient programs. Groundbreaking for Ohana’s facility will occur in 2020. Community Hospital’s Behavioral Health Services also continues to recruit mental health providers to increase access to mental health services in the community.

To address access to healthcare, in collaboration with Montage Medical Group, the hospital has been successful in recruiting primary care physicians, as well as addressing a shortage in medical specialists. Additionally, Community Hospital has partnered with MoGo Urgent Care, a new Montage Health subsidiary, to open with three clinics in
2020, further improving access to health services for the community. Additionally, the Mobile Clinic was created in 2017 and visits targeted areas on a scheduled basis, serving those in need (including the homeless). In 2019, it served the community four days a week at multiple locations.

The updated Community Health Needs Assessment again demonstrated that access to affordable health insurance continues to be a critical local issue. In 2013, Montage Health launched Aspire Health Plan, offering a Medicare Advantage insurance plan to Monterey County seniors. Three different plans are offered, including a low-cost option designed to provide affordable access to the traditional healthcare services in our community in addition to the benefits of our disease management, primary care medical home, care management, and other integrated population management expertise. In 2016, Salinas Valley Memorial Healthcare System became part owner of Aspire Health Plan, further strengthening its programs and services.

The complex healthcare needs of the most vulnerable local residents also led to Montage Health’s launch of a major new initiative aimed at improving the health status of and reducing the need for hospitalization by this population. In late 2011, a new nonprofit subsidiary of the hospital’s parent company, Community Health Innovations (CHI), was formed to guide and support area primary care physician practices in implementing the medical home model of care and to support physicians throughout our community in effectively using and sharing electronic health information. CHI also supports the implementation of our integrated population management strategies by providing transition care managers in the hospital who serve a valuable role in ensuring that care across multiple settings (physician’s offices, hospital, post-acute care facility, etc.) is coordinated and that all care team members are engaged in meeting the patient’s goals. In 2016, Salinas Valley Memorial Healthcare System became part owner of CHI; together, both health systems are making significant investments in these programs.

Finally, addressing the alarming rate of diabetes in Monterey County is the primary motivation behind a multi-year effort launched by Montage Health in late 2015 with Salinas Valley Memorial Healthcare System. The Diabetes Collaborative of Monterey County is offering the CDC-sponsored Diabetes Prevention Program to reduce the risk of developing type 2 diabetes. In-person and remote options are available. The Diabetes Collaborative has also worked with local pediatricians to establish the Pediatric Wellness Program, which provides a series of family-based healthy lifestyle education sessions in clinical and community locations throughout the county. More on these programs can be found in Section 7.

Community Hospital’s Kids Eat Right program addresses kids with nutrition and health information in the fourth grade at most schools in Monterey County in a five-week onsite program. The free program reaches kids as they develop healthy habits and could lead to a future of lower obesity rates, lower diabetes, lower blood pressure, and improved mental health.

One or more community assessments have been conducted at least every three years since 1995; the assessment is next scheduled to be updated in 2022.
SECTION 4  Benefit services

This section summarizes benefit activities by SB 697 category, community focus, community need, and target groups. A complete alphabetical master list of benefit services and descriptions is in Appendix D.

BENEFITS DATA COLLECTION

Benefits data collection begins with an annual update of the hospital’s organization-wide inventory of all community benefit activities. The person responsible for each identified benefit service then completes a benefit data form for that service. Information provided includes the following:

- Service title, description, and objectives
- Target groups and community needs served
- Collaborative partners
- Occurrences and number of persons served
- Staff and volunteer hours and costs

Lyon Software’s computer program, CBISA Online, serves as the primary data management tool.

BENEFIT SERVICE TABULATIONS

Each benefit service’s SB 697 category and hospital focus area are identified. The CBISA Online program produces data for tables and cross-tabulations for the following categories.

- SB 697 category
- Target group
- Hospital focus area (community need)

The hospital has established focus areas that encompass community needs identified in the community assessment, while reflecting its own community benefit program vision.

SERVICES BY SB 697 CATEGORY

The community benefit inventory for 2019 identified 121 community benefit services. The distribution of these services as follows:

<table>
<thead>
<tr>
<th>SB 697 category</th>
<th>Number of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care services</td>
<td>10</td>
</tr>
<tr>
<td>Other benefits: broader community</td>
<td>19</td>
</tr>
<tr>
<td>Other benefits: vulnerable populations</td>
<td>11</td>
</tr>
<tr>
<td>Health research, education, and training</td>
<td>81</td>
</tr>
<tr>
<td><strong>Total services</strong></td>
<td><strong>121</strong></td>
</tr>
</tbody>
</table>
SERVICES BY PRIMARY TARGET GROUP

Generally, more than one target group uses individual community benefit services. For example, many services for seniors also serve women. The term “primary target group” designates which group generally comprises the intended primary user group.

<table>
<thead>
<tr>
<th>Primary target group</th>
<th>Number of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children/youth</td>
<td>6</td>
</tr>
<tr>
<td>Women</td>
<td>5</td>
</tr>
<tr>
<td>Men</td>
<td>1</td>
</tr>
<tr>
<td>Seniors</td>
<td>2</td>
</tr>
<tr>
<td>Economically disadvantaged</td>
<td>13</td>
</tr>
<tr>
<td>Community: specific groups (a)</td>
<td>40</td>
</tr>
<tr>
<td>Community: general</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total services</strong></td>
<td><strong>121</strong></td>
</tr>
</tbody>
</table>

(a) Specific groups include both demographic groups and disease-specific groups, e.g., cancer patients.

SERVICES BY FOCUS AREA (COMMUNITY NEED)

The distribution of community benefit services by Community Hospital focus area is as follows:

<table>
<thead>
<tr>
<th>Focus areas</th>
<th>Number of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building healthy communities</td>
<td>21</td>
</tr>
<tr>
<td>Health education and wellness</td>
<td>68</td>
</tr>
<tr>
<td>Improving access to care</td>
<td>16</td>
</tr>
<tr>
<td>Special care for special needs</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total services</strong></td>
<td><strong>121</strong></td>
</tr>
</tbody>
</table>
FIVE HIGHEST-COST BENEFIT SERVICES FOCUS AREAS:

**Building healthy communities**
- Donor Network West
- Carpooling incentives/employee shuttle program
- Emergency preparedness
- Community Health Needs Assessment
- U.S. Open Golf Tournament medical support

**Health education and wellness**
- Family and patient education and counseling
- Website resources
- Kids Eat Right school nutrition and fitness program
- *Pulse* magazine
- Internships for physical therapists

**Improving access to care**
- Unpaid cost of Medicare services
- Unpaid cost of Medi-Cal services
- Negative-margin services
- Unpaid cost of CHAMPUS services
- General charity care (at cost)

**Special care for special needs**
- Community benefit fund grants
- Recovery Center assessment program
- Food donations to community
- Aftercare support groups/continuing care groups
- Bereavement program
HEALTH AND WELLNESS SERVICES BY TYPE OF SERVICE

The distribution of health and wellness community benefit services by type of service is as follows:

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Number of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education classes</td>
<td>19</td>
</tr>
<tr>
<td>Health fairs/screenings</td>
<td>4</td>
</tr>
<tr>
<td>Information and presentations</td>
<td>11</td>
</tr>
<tr>
<td>Support groups</td>
<td>21</td>
</tr>
<tr>
<td>Training classes</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
</tr>
<tr>
<td>Total services</td>
<td>102</td>
</tr>
</tbody>
</table>

COMMUNITY BENEFIT FUND GRANTS

Grants are generally single-year commitments to support current or new programs consistent with the mission of Community Hospital. Applications are reviewed, and awards are made by the hospital’s President’s Administrative Committee. Higher-priority projects are those that involve collaboration among organizations, make appropriate use of Community Hospital’s clinical expertise, and improve access to care. In 2019, there were 45 grants that totaled $637,945, with an average amount of $14,177. The amount and number of grants for each of the four focus areas are listed below:

<table>
<thead>
<tr>
<th>Focus area</th>
<th>Number of grants</th>
<th>Dollar amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building healthy communities</td>
<td>4</td>
<td>$31,695</td>
</tr>
<tr>
<td>Health education and wellness</td>
<td>8</td>
<td>123,750</td>
</tr>
<tr>
<td>Improving access to care</td>
<td>3</td>
<td>180,000</td>
</tr>
<tr>
<td>Special care for special needs</td>
<td>30</td>
<td>302,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>$637,945</strong></td>
</tr>
</tbody>
</table>
SECTION 5  Value of benefit services

This section presents the dollar value of the community benefit services described in the preceding section. It includes tabulations by SB 697 category and hospital-defined focus area, as well as for staff and volunteer hours. The costs for charity care and government payer shortfall (i.e., unpaid costs of public programs) are reported separately, as are costs by each target group.

COST-BASED VALUE DEFINITIONS

As prescribed by SB 697, community benefit dollars presented in this report include only free, discounted, subsidized, or negative-margin services and the unpaid cost of public programs, less funds received from fees and other sources. Unpaid costs of public programs are presented using the hospital’s cost accounting data. No indirect cost is added to unpaid cost of public programs, negative-margin services, general charity, or overhead cost centers. Salaries include employee benefits.

BENEFIT VALUE VERSUS MARKETING VALUE

Community benefit activities are those with uncompensated cost and which address community needs. Health education and wellness are the primary goals of most community benefit programs. While some positive marketing value may occur, this document does not attempt to separate benefit value and marketing value. Estimates of marketing value would be highly speculative and non-informative, since there is no objective way to separate benefit and marketing values.

VALUE BY SB 697 CATEGORY

<table>
<thead>
<tr>
<th>SB 697 category</th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care: vulnerable populations</td>
<td></td>
</tr>
<tr>
<td>Traditional charity care, at cost</td>
<td>$3,632,418</td>
</tr>
<tr>
<td>Unpaid cost of Medi-Cal program</td>
<td>$45,981,493</td>
</tr>
<tr>
<td>Medical care: broader community</td>
<td></td>
</tr>
<tr>
<td>Unpaid cost of Medicare program</td>
<td>$85,164,471</td>
</tr>
<tr>
<td>Unpaid cost of other government programs</td>
<td>$7,914,377</td>
</tr>
<tr>
<td>Negative-margin services</td>
<td>$22,717,324</td>
</tr>
<tr>
<td>Other benefits:</td>
<td></td>
</tr>
<tr>
<td>Broader community and vulnerable populations</td>
<td>$3,782,366</td>
</tr>
<tr>
<td>Health research, education, and training</td>
<td>$4,676,875</td>
</tr>
<tr>
<td><strong>Total benefits</strong></td>
<td><strong>$173,869,324</strong></td>
</tr>
</tbody>
</table>
The five highest-value services for health research, education, and training and other benefits are as follows:

### HEALTH RESEARCH, EDUCATION, AND TRAINING

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and patient education and counseling</td>
<td>$737,436</td>
</tr>
<tr>
<td>Website resources</td>
<td>$349,129</td>
</tr>
<tr>
<td>Community benefit grants — special care for special needs</td>
<td>$302,500</td>
</tr>
<tr>
<td>Kids Eat Right</td>
<td>$281,482</td>
</tr>
<tr>
<td>Pulse magazine</td>
<td>$277,117</td>
</tr>
</tbody>
</table>

### OTHER COMMUNITY BENEFIT PROGRAMS, INCLUDING THOSE BENEFITING VULNERABLE POPULATIONS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor Network West</td>
<td>$690,920</td>
</tr>
<tr>
<td>Non-interest-bearing patient payment plans</td>
<td>$558,692</td>
</tr>
<tr>
<td>Mobile clinic</td>
<td>$516,971</td>
</tr>
<tr>
<td>Carpooling incentives/employee shuttle program</td>
<td>$369,192</td>
</tr>
<tr>
<td>In-home blood collection</td>
<td>$331,833</td>
</tr>
</tbody>
</table>

### VALUE BY FOCUS AREA (COMMUNITY NEED)

The following is the dollar value of and number of services for each hospital-identified focus area:

<table>
<thead>
<tr>
<th>Focus areas</th>
<th>Amount</th>
<th>Number of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building healthy communities</td>
<td>$1,984,276</td>
<td>21</td>
</tr>
<tr>
<td>Health education and wellness</td>
<td>$3,592,226</td>
<td>68</td>
</tr>
<tr>
<td>Improving access to care</td>
<td>$167,586,923</td>
<td>16</td>
</tr>
<tr>
<td>Special care for special needs</td>
<td>$705,899</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total benefits</strong></td>
<td><strong>$173,869,324</strong></td>
<td><strong>121</strong></td>
</tr>
</tbody>
</table>
The following is the percentage of dollars and services for each hospital-identified focus area:

<table>
<thead>
<tr>
<th>Focus areas</th>
<th>Percent of dollars</th>
<th>Percent of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building healthy communities</td>
<td>1.1%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Health education and wellness</td>
<td>2.1%</td>
<td>56.2%</td>
</tr>
<tr>
<td>Improving access to care</td>
<td>96.4%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Special care for special needs</td>
<td>0.4%</td>
<td>13.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**VOLUNTEER HOURS**

In addition to the 50,986 paid staff hours contributed toward community benefit services, board members, physicians, hospital staff, and Auxiliary volunteers reported contributing another 15,301 volunteer hours. These individuals donate their personal time and effort with no reimbursement or payment. Their personal contributions to community benefit activities are an indispensable component of the hospital's contribution and dedication to the community.

<table>
<thead>
<tr>
<th>Focus area</th>
<th>Staff hours</th>
<th>Volunteer hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building healthy communities</td>
<td>13,440</td>
<td>9,044</td>
</tr>
<tr>
<td>Health education and wellness</td>
<td>23,366</td>
<td>1,182</td>
</tr>
<tr>
<td>Improving access to care</td>
<td>11,616</td>
<td>3,696</td>
</tr>
<tr>
<td>Special care for special needs</td>
<td>2,564</td>
<td>1,379</td>
</tr>
<tr>
<td><strong>Total hours</strong></td>
<td><strong>50,986</strong></td>
<td><strong>15,301</strong></td>
</tr>
</tbody>
</table>
One benchmark for evaluating the economic value of community benefit services provided is the dollar value of the hospital’s tax-exempt status. A desirable community benefit dollar value exceeds the value of tax-exemption. Elements included in calculating the value of tax-exempt status include:

- Interest rate differential on tax-exempt financing for long-term debt
- Property tax on assessed value
- State income tax obligation without tax exemption
- Federal income tax obligation without tax exemption

The following table shows that Community Hospital returned to the community far more in community benefits than the value of its tax exemption in 2019:

<table>
<thead>
<tr>
<th>Hospital cost of community benefits</th>
<th>$173,869,324</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of tax exemption</td>
<td>$ 24,977,452</td>
</tr>
<tr>
<td>Community benefits per dollar of tax exemption value</td>
<td>$ 6.96</td>
</tr>
</tbody>
</table>

### COMPARISON WITH PRIOR YEAR

The following table compares the value of community benefits for 2019 with the value for 2018:

<table>
<thead>
<tr>
<th>SB 697 Category</th>
<th>2018</th>
<th>2019</th>
<th>Net change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care: vulnerable populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional charity care, at cost</td>
<td>$ 3,821,927</td>
<td>$ 3,632,418</td>
<td>$ -189,509</td>
</tr>
<tr>
<td>Unpaid cost of Medi-Cal program</td>
<td>45,242,591</td>
<td>45,981,493</td>
<td>738,902</td>
</tr>
<tr>
<td>Medical care: broader community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpaid cost of Medicare program</td>
<td>83,633,659</td>
<td>85,164,471</td>
<td>1,530,812</td>
</tr>
<tr>
<td>Unpaid cost of other government programs</td>
<td>12,428,530</td>
<td>7,914,377</td>
<td>-4,514,153</td>
</tr>
<tr>
<td>Negative-margin services</td>
<td>18,995,219</td>
<td>22,717,324</td>
<td>3,722,105</td>
</tr>
<tr>
<td>Other community benefits</td>
<td>3,316,110</td>
<td>3,782,366</td>
<td>466,256</td>
</tr>
<tr>
<td>Health research, education, and training</td>
<td>4,116,689</td>
<td>4,676,875</td>
<td>560,186</td>
</tr>
<tr>
<td><strong>Total quantified benefits</strong></td>
<td><strong>$171,554,725</strong></td>
<td><strong>$173,869,324</strong></td>
<td><strong>$2,314,599</strong></td>
</tr>
</tbody>
</table>
SECTION 6  Measurable objectives

This section describes measurable objectives, the method for measuring outcomes for those objectives, and the results for the year.

SCOPE OF SERVICES

The primary focus of measurable objectives and outcome measures is on health education and wellness services provided in classroom and support-group settings and through the hospital’s Speakers’ Bureau.

Health education and wellness services comprise 51 percent of benefit services for the year. They are the principal venue for community outreach. In a primary service area of only 140,000 residents, 21,152 (15 percent of service-area residents, assuming no person participated in multiple services) participated in educational classes and support groups alone.

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Number of services</th>
<th>Occurrences</th>
<th>Persons served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class</td>
<td>19</td>
<td>279</td>
<td>10,261</td>
</tr>
<tr>
<td>Health fair/screening</td>
<td>4</td>
<td>7</td>
<td>5,230</td>
</tr>
<tr>
<td>Speakers' Bureau event</td>
<td>1</td>
<td>15</td>
<td>755</td>
</tr>
<tr>
<td>Support group</td>
<td>21</td>
<td>90</td>
<td>4,833</td>
</tr>
<tr>
<td>Training</td>
<td>7</td>
<td>7</td>
<td>73</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>52</strong></td>
<td><strong>398</strong></td>
<td><strong>21,152</strong></td>
</tr>
<tr>
<td>Presentation</td>
<td>10</td>
<td>(a)</td>
<td>(a)</td>
</tr>
<tr>
<td>Other</td>
<td>55</td>
<td>(a)</td>
<td>(a)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117</strong></td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

(a) Persons served and occurrences are difficult to quantify for these types of services (e.g., radio spots and website inquiries).
CLASSES AND SUPPORT GROUPS

GENERAL OBJECTIVES

The general objectives of the health education and wellness benefit services in classroom and support-group settings are as follows:

- **Healthful behavioral change:** Assist participants toward more healthful behavior through improved knowledge and skills
- **Convenience and relevance:** Provide the services in convenient settings with content that meets participants’ perceived needs

MEASURING OUTCOMES

Standardized participant evaluation forms provide the data for measuring how well the services meet the objectives. Participants complete forms at the conclusion of each class and support group. Participant evaluation questions for each of the general objectives are as follows:

**Healthful behavioral change:**
- Was the information helpful?
- Did you learn something new?
- Will you change your lifestyle as a result of what you learned?

**Convenience and relevance:**
- Was the time and location convenient?
- Would you recommend this program to others?

The hospital recognizes that participant “lifestyle-change” statements are often considered to have low reliability as an outcome measure. Lifestyle-change statements are, however, a good indicator of whether the participant has absorbed and processed pertinent information and, in the context of these community benefit services, appear to be best suited as a reporting mechanism.

Community Hospital health education classes, health fairs, support groups, and training programs served 21,152 persons in 2019, at an average cost of $66.74 per participant. Compared to the cost of providing the service, the cost of implementing more sophisticated outcome measures (such as those involving pre- and post-testing, and independent observations with follow-up surveys) would be prohibitive.
SPECIFIC OUTCOMES

For each of the questions, the participants have three choices, two positive (definitely and somewhat) and one negative (not at all). Specific objectives were expressed in terms of the percentage of positive responses of each of the questions. The following table shows the outcomes for 2019.

**OUTCOMES FOR 2019**

<table>
<thead>
<tr>
<th>Participant evaluation question</th>
<th>Percentage positive response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthful behavioral change</td>
<td></td>
</tr>
<tr>
<td>Was the information helpful?</td>
<td>99%</td>
</tr>
<tr>
<td>Did you learn something new?</td>
<td>97%</td>
</tr>
<tr>
<td>Will you change your lifestyle as a result?</td>
<td>97%</td>
</tr>
<tr>
<td>Convenience and relevance</td>
<td></td>
</tr>
<tr>
<td>Was the time and location convenient?</td>
<td>100%</td>
</tr>
<tr>
<td>Would you recommend this program to others?</td>
<td>98%</td>
</tr>
</tbody>
</table>
HEALTH FAIRS AND SCREENING EVENTS

Health fairs and screening events are community outreach services which offer education and screening for specific health risks. In 2019, Community Hospital offered education, screening, immunizations, and tests for the following types of diseases and risks:
- Blood glucose
- Blood pressure
- Cholesterol
- Flu shots
- Infant/child safety
- Prostate cancer

GENERAL OBJECTIVES

The general objectives of the health fairs and screening events are as follows:
- Risk detection, education, and referral: Promote wellness through early detection of risk, education of participants, and referral for appropriate healthcare follow-up.

MEASURING OUTCOMES

The data compiled at health fairs and screening events to evaluate how well they meet their objectives is as follows:

Early risk detection
- Number of participants
- Number of screenings
- Number of abnormal results

Education and referral
- Follow-up and education on abnormal screening results outside normal range
- Advice on appropriate contact with family physician or healthcare resource
The following two tables show the specific objectives and corresponding outcomes for 2019.

### SPECIFIC OBJECTIVES

<table>
<thead>
<tr>
<th>Evaluation measure</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early risk detection</td>
<td></td>
</tr>
<tr>
<td>Number of participants</td>
<td>Within +/- 10% of prior year</td>
</tr>
<tr>
<td>Number of screening tests</td>
<td>At least 61% of participants</td>
</tr>
<tr>
<td>Percentage of abnormal results</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Education and follow-up for abnormal results</td>
<td></td>
</tr>
<tr>
<td>Follow-up and referral</td>
<td>100% of applicable tests (^{(a)})</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Tests sufficiently outside the normal range.

### OUTCOMES FOR 2019

<table>
<thead>
<tr>
<th>Evaluation measure</th>
<th>Data Value</th>
<th>Specific outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early risk detection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of participants</td>
<td>1,084 (^{(a)})</td>
<td>19% increase from prior year</td>
</tr>
<tr>
<td>Number of screening tests</td>
<td>1,007</td>
<td>93% of participants</td>
</tr>
<tr>
<td>Percentage of abnormal results</td>
<td>55</td>
<td>6% abnormal results</td>
</tr>
<tr>
<td>Education and follow-up for abnormal results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up and referral</td>
<td>55</td>
<td>100% of applicable tests</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Excluding 1,000 for Big Sur International Marathon and Half-Marathon health expos.
This section outlines Community Hospital’s plan to address our community’s highest-priority health needs by sustaining and enhancing existing efforts, developing and implementing new programs and initiatives, and promoting an understanding of these health needs among other community organizations and members of the communities we serve. This is a living document that is updated as we continue to explore new opportunities, including the development of additional community partnerships, to address our top four priority health issues.

### PRIORITY HEALTH ISSUES TO BE ADDRESSED

In consideration of the top health priorities identified through the Community Health Needs Assessment process described in Section 3 — and taking into account hospital resources and overall alignment with the hospital’s mission, goals, and strategic priorities — Community Hospital will focus on developing and/or supporting strategies and initiatives to address:

- Access to health services
- Diabetes
- Mental health
- Substance abuse

### INTEGRATION WITH OPERATIONAL PLANNING

See Section 1, Organizational participation and integration with operational planning.

### COMMUNITY HEALTH NEEDS THAT ARE NOT AMONG SELECTED FOCUS AREAS AND WHY

While Community Hospital has chosen specific community health needs to address, the hospital will continue to provide a significant array of community health services in support of the other identified needs as well. Below are the identified health needs not selected for focus during the 2020-2022 implementation period, along with the reason they were not selected.

<table>
<thead>
<tr>
<th>Health needs not selected for focus</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potentially disabling conditions</td>
<td>The hospital and other community organizations currently provide a significant number of support groups and classes addressing this need.</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>The hospital currently provides programs, classes, and a support group addressing this need. Other community organizations are also addressing this issue.</td>
</tr>
<tr>
<td>Health needs not selected for focus</td>
<td>Reason</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Injury and violence</td>
<td>This need falls more within the purview of law enforcement and other government agencies. Limited resources and lower priority excluded this as a focus area for this planning period.</td>
</tr>
<tr>
<td>Family planning</td>
<td>Other community organizations and classes provided by the hospital are currently addressing this need.</td>
</tr>
<tr>
<td>Nutrition, physical activity, and weight</td>
<td>The hospital currently provides education and classes addressing this need. Other community organizations are also addressing this need.</td>
</tr>
<tr>
<td>Cancer</td>
<td>The hospital and other community organizations currently provide a significant number of support groups and classes addressing this need, in addition to a comprehensive array of diagnostic and treatment services.</td>
</tr>
<tr>
<td>Respiratory diseases</td>
<td>The hospital currently offers services and education addressing this need.</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>Other community organizations and a class provided by the hospital are currently addressing this need.</td>
</tr>
</tbody>
</table>
IMPLEMENTATION PLANS

ACCESS TO HEALTH SERVICES

Community partners/planned collaboration
- Access Support Network
- Aspire Health Plan
- CalPERS
- Community Health Innovations
- Montage Health
- Montage Medical Group
- Monterey County Department of Social Services
- Monterey County Health Department
- Monterey Peninsula Unified School District
- Salinas Valley Memorial Healthcare System

Goal
Improve access to healthcare services for individuals and families

Time frame
2020-2022

Scope
Primarily residents of the hospital’s primary service area, with some of the strategies having Monterey County-wide impact

Strategies and objectives
STRATEGY #1: Provide funding and support aimed at improving access to primary care for underserved populations
- Provide financial support for Monterey County Health Department’s medical clinics in Seaside and Marina
- Provide financial support for a school nurse assigned to underserved Monterey Peninsula Unified School District sites
- Provide financial support and staff resources for the Montage Health mobile clinic to serve the homeless population and support for MoGo Urgent Care

STRATEGY #2: Provide medically necessary hospital services for those who are unable to pay for them
- Provide financial assistance program, which includes discounted payments and sponsored care (charity care), for medically necessary hospital services (see Appendix A for details)

STRATEGY #3: Recruit and retain physicians in specialties where a local shortage is demonstrated
- In collaboration with Montage Health, provide financial assistance to recruit additional physicians in demonstrated-shortage specialties to practice in the community and support their ability to establish sustainable practices in the primary service area
- Require physicians who receive recruitment assistance to accept referrals from the hospital for patients with all forms of health insurance accepted by the hospital, including Medicare and Medi-Cal
Anticipated impact

 Residents will have greater access to primary care and specialty physicians
 Hospital patients in need will receive the financial assistance required to get medically necessary care

Evaluation of impact

 Number of primary care physician/nurse Monterey County clinic visits provided in part as a result of grant funding
 Dollar value and number of grants provided to support access to primary care for underserved populations
 Number of visits provided by the mobile health clinic
 Dollar value of care provided through the financial assistance program
 Number of patients benefiting from the financial assistance program
 Number of new physicians hired in demonstrated-shortage specialties

DIABETES

Community partners/planned collaboration

 Anthem Blue Cross
 Aspire Health Plan
 Blue Zones Project
 Boys and Girls Club
 Central Coast YMCA
 Community Health Innovations
 Diabetes Collaborative of Monterey County
 Montage Health
 Montage Medical Group
 Montage Wellness Center
 Monterey County Health Department
 Monterey County Office of Education
 Monterey County school districts
 Natividad Medical Center
 Omada Health
 Rotacare Clinic
 Salinas Valley Medical Clinic
 Salinas Valley Memorial Healthcare System
 Salud Para La Gente
 Solera4me

Goal

 Improve access to prediabetes and diabetes education and care

Time frame

 2020-2022

Scope

 Residents of Monterey County
Strategies and objectives

STRATEGY #1: Increase awareness and identification of prediabetes and diabetes
- Provide community outreach to both the public and providers to increase awareness of the disease, diabetes and prediabetes screening recommendations, and related educational opportunities
- Increase availability of prediabetes and diabetes self-assessment tools and medical screening
- Continue to partner with the Diabetes Collaborative

STRATEGY #2: Improve access to prediabetes and diabetes education and prevention services
- Increase utilization of existing education and prevention services by supporting the referral process from physicians and other medical providers
- Increase availability of remote education programs

STRATEGY #3: Continue to provide nutrition, physical activity, and weight management curriculum through Community Hospital’s Kids Eat Right program
- Provide skilled program oversight by Kids Eat Right program manager
- In collaboration with the Monterey County Office of Education, expand the availability of Kids Eat Right program in Monterey County public schools
- Provide clinical dietitian expertise to guide and support the Kids Eat Right program

Anticipated impact
- Improved access to self-assessment and medical screening for prediabetes and diabetes
- Improved access to education, prevention services, and specialty care

Evaluation of impact
- Number of health fairs/health-related events
- Number of participants
- Number of screenings
- Number of organizations partnering with the Diabetes Collaborative
- Number of classes offered
- Number of support groups offered
- Number of Outpatient Diabetes and Nutrition Therapy Diabetes Self-Management Education (DSME) program participants
- Number of Kids Eat Right participating sites; 5-week series and modified curriculum
- Number of Kids Eat Right students participated/served; 5-week series and modified curriculum
- Program Kids Eat Right participant pre- and post-test results for 5-week series
MENTAL HEALTH

Community partners/planned collaboration
- Beacon Health
- Community Health Innovations
- Community Human Services
- Medi-Cal providers
- Monterey County Behavioral Health
- Montage Health
- Montage Medical Group
- Multi-Disciplinary Outreach Team (MDOT)
- National Alliance on Mental Illness (NAMI)
- Ohana
- Sun Street Centers

Goal
Improve access to general mental health services and align with other agencies to maximize resources for those in need of mental health services

Time Frame
2020-2022

Scope
Residents of Monterey County

Strategies and objectives

STRATEGY #1: Support and improve access to care for mental health services
- Increase the number of mental health practitioners in Outpatient Behavioral Health Services at Hartnell Professional Center and/or available individual appointments
- Provide financial assistance program, which includes discounted payments and sponsored care (charity care), for hospital-provided mental health services

STRATEGY #2: Support and improve access to care for mental health services for children and adolescents
- In collaboration with Ohana, expand number of diagnostic evaluations completed by social workers and reviewed by a behavioral health team (child psychologists and psychiatrists)
- Expand access to effective psychotherapy for the most common psychiatric illnesses of youth, including individual and group treatments

Anticipated impact:
- Increased access to outpatient mental health services
- Improved screening and identification of mental and behavioral health needs
Evaluation of impact
- Number of visits (MD/therapist/nurse practitioner)
- Number of practitioner FTEs at Hartnell Professional Center
- Number of practitioner FTEs hired for adolescent mental health program
- Number of adolescents seen in intensive outpatient program

SUBSTANCE ABUSE

Community partners/planned collaboration
- Beacon House
- Bridge Restoration Ministry
- California Bridge Program
- Community Health Innovations
- Community Human Services
- Door to Hope
- Montage Health
- Montage Medical Group
- Monterey County Health Department
- Monterey Sober Living for Women — The Nest
- Sun Street Centers
- VA Clinic
- Valley Health Associates

Goal
Reduce adult and youth substance abuse

Time frame
2020-2022

Scope
Residents of Monterey County

Strategies and Objectives
STRATEGY #1: Increase community awareness of safe use of opioid prescription medications, reduce inappropriate prescribing of pain medications, and increase awareness of the dangers of street opioids through the Prescribe Safe program
- Offer education to the public and medical community on the dangers of drugs
- Provide safe medication disposal sites
- Provide naloxone and training to the community, healthcare workers, and first responders
STRATEGY #2: Identify resources for patients with alcohol and drug dependency
- Ensure that evidenced-based substance use disorder treatment is accessible in the Emergency department and in all other hospital departments
- Provide Substance Use Navigator in the Emergency department
- Provide referrals to patients for ongoing care, support, and follow-up

STRATEGY #3: Expand substance recovery care to patients
- Provide structured treatment through the Recovery Center’s Intensive Outpatient Program
- Offer support activities for Recovery Center alumni
- Collaborate with local clinics and centers for improving recovery care in our community

Anticipated Impact
- Fewer deaths from opioid-related drug use
- Fewer Emergency department visits from overdose
- Increase in patients participating in the Recovery Center intensive outpatient program

Evaluation
- Number of opioid-related overdose deaths in Monterey County
- Number of visits from overdoses reported in the Emergency department
- Number of Recovery Center patients
- Number of patients seen by Substance Use Navigator
- Number of patients referred to treatment programs
Community Hospital’s 2017 Community Health Needs Assessment implementation plan was reviewed for progress during 2017, 2018, and again in 2019 in each of our identified top five health priority areas, against the baseline measures established in 2017. We have been able to sustain and enhance our efforts in most areas described in our plan.

Our initiatives included mobile health clinic visits, physician recruitment programs, grant funding for community organizations, classes and community events, a nutritional program in Monterey County schools, financial assistance and other forms of charity care, and supporting those with diabetes, chronic diseases, and mental health concerns, just to name a few. See evaluation information below for each of the top five health priorities identified for 2017-2019:

- Access to health services
- Nutrition, physical activity, and weight
- Diabetes
- Mental health
- Heart disease and stroke

### EVALUATION OF 2017-2019 IMPLEMENTATION PLANS

#### ACCESS TO HEALTH SERVICES

**Goal**
 Improve access to healthcare services and insurance coverage for individuals and families

**Evaluation**
 Provide grant funding and support aimed at improving access to primary care for underserved populations

- **Number of primary care physician/nurse visits provided in part as a result of grant funding**
  
  - 2017: 52,922 primary care visits
  - 2018: 54,631 primary care visits
  - 2019: 56,256 primary care visits

  » Visits were a result of an annual $75,000 grant to Monterey County Department of Health’s primary care clinics in Marina and Seaside to improve access to primary care for the underserved.

  » A $60,000 grant was provided annually to the Monterey Peninsula Unified School District to fund a school nurse assigned to underserved school sites; the school district does not currently track individual visits.

- **Number of visits provided by the mobile health clinic**
  
  - 2017: 175 visits were provided at the weekly clinic at Walgreens in Seaside (12 clinics were held in 2017)
  - 2018: 818 patients were seen at the mobile health clinics. There were four different clinic locations in 2018 for a total of 115 clinics
  - 2019: 2,332 patients were seen. There were five different locations (four days a week) for a total of 163 clinics

  » The mobile clinic has continued to increase the number of locations and days in the community. A new location in Marina was added in January 2020 to address the results of the 2019 Community Health Needs Assessment
Number of visits provided by Access Support Network as a result of funding/space provided.
2017: 80 patients were served and 856 visits were provided by Access Support Network
2018: 40 patients were served and 480 visits were provided by Access Support Network
2019: Access Support Network moved to a new location in March 2019. The hospital no longer provides space for their clinics

Provide medically necessary hospital services for those who are unable to pay for them

Dollar value of care provided through the financial assistance program
2017: $3,513,446
2018: $3,821,927
2019: $3,632,418

Number of patients benefiting from the financial assistance program
2017: 2,023 patients
2018: 2,019 patients
2019: 3,608 patients

The dollar value of care provided and number of patients benefiting have increased over the last three years. We will continue this strategy in the next three-year plan.

Recruit and retain primary care physicians, nurse practitioners, physician assistants, and physicians in specialties where a local shortage is demonstrated

Number of new physicians hired in primary care and other demonstrated-shortage specialties
2017: 23 new physicians and 1 new nurse practitioner
2018: 22 new physicians, one physician assistant, and one nurse practitioner
2019: 15 new physicians were hired

The hospital has been successful in recruiting primary care physicians (in collaboration with Montage Medical Group), as well as shortage specialties such as OB/GYNs, urologists, neurologists, cardiologists, and endocrinologists. Thirty-two new physicians were credentialed and joined the medical staff at the hospital. Montage Medical Group has grown to have more than 60 providers at 8 locations.

Increase access to affordable health insurance

Number of enrollees in the Aspire Medicare Advantage plan
2017: 2,487 total enrollees
2018: 3,460 total enrollees
2019: 4,887 total enrollees

In addition to the increase in enrollees, the Aspire Medicare Advantage plan experienced a 97-percent retention rate.

Number of individuals assisted with insurance enrollment by hospital’s Patient Business Services patient advocate and the hospital-subsidized Diversified Healthcare Resources service.
2017: 2,259 individuals
2018: 547 individuals
2019: 734 individuals
Number of enrollees in Cal-PERS exclusive provider insurance plan
- 2017: 2,500 enrollees in CalPERS HMO
- 2018: 2,600 enrollees in CalPERS HMO
- 2019: 3,900 enrollees in CalPERS HMO

» Cal-PERS EPO was eliminated in 2017. It is now an HMO and has grown over the three-year period as its availability, design, pricing, and promotion were improved.

Overall
- The percentage of community residents reporting lack of health insurance in the past three years changed slightly from 9.1 percent in 2016 to 9.3 percent in 2019
- The increased number of new primary care providers hired and the annual grant funding to Monterey County Department of Health’s primary care clinics in Marina and Seaside, may have assisted in maintaining a similar percentage of community residents reporting having difficulty accessing healthcare. It was 48 percent in 2016 and 48.9 percent in 2019. The hospital will continue to focus on improving assess to healthcare services in the coming years
- In collaboration with the Monterey County Health Department, the hospital offered a free flu clinic in 2018 and 2019. Free flu vaccinations were given to adults and children greater than 6 months. Tdap vaccinations were also provided. More than 200 people received free flu shots at the clinic in 2019

NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT

Goal
Provide programs and classes focused on prevention and disease management with an emphasis on nutrition education, physical activity, and weight management.

Evaluation
Build the capacity of Monterey County schools to provide a nutrition, physical activity, and weight management curriculum through Community Hospital’s Kids Eat Right program

- Number of participating school sites
  - 2017: 38 school sites participated in the Kids Eat Right program
  - 2018: 31 school sites participated in the Kids Eat Right program
  - 2019: 39 school sites and 5 independent locations participated in the 5-week program
  - 2 schools and 4 independent locations participated in the modified curriculum

- Number of students participated/served
  - 2017: 3,780 students
  - 2018: 2,610 students
  - 2019: 2,760 students participated in the 5-week program and 300 students participated in the modified curriculum

- Program participant pre- and post-test results
  - 2017: 33.3% increase in nutritional knowledge
  - 2018: 33.3% increase in nutritional knowledge
  - 2019: 36.8% increase in nutritional knowledge

The Kids Eat Right program continues to expand among Monterey County schools and now includes independent sites such as Girl Scouts and Boys & Girls Club of Monterey County. In 2019 a new modified curriculum was offered
in addition to the 5-week curriculum. The number of schools has more than doubled, and the number of students served since 2014 has increased by more than 1,000. The program will continue to expand to reach more kids in Monterey County in the coming years.

Partner with organizations to support access to healthy meals and nutrition education for at-risk populations

- Number of residents served by grants
  - 2017: Boys and Girls Club of Monterey County served 1,201 residents and Meals on Wheels served 166 residents
  - 2018: Boys and Girls Club of Monterey County served 1,254 residents and Meals on Wheels serve 166 residents
  - 2019: Boys and Girls Club of Monterey County served 2,147 residents and Meals on Wheels served 250 residents

Two grants totaling $15,000 were provided annually to support access to healthy meals and nutrition education for at-risk populations. The hospital is committed to supporting healthy meals by these two organizations and will continue to provide funding as appropriate.

Provide a variety of classes that increase physical activity, improve nutrition, and prevent/reduce falls through balance education and exercise

- Number of exercise classes and number of participants
  - 2017: There were 7 exercise classes and 334 participants
  - 2018: There were 12 exercise classes and 764 participants
  - 2019: There were 4 exercise classes and 197 participants

- Number of education classes and number of participants
  - 2017: There were 12 education classes and 976 participants
  - 2018: There were 19 education classes and 1,115 participants
  - 2019: There were 15 education classes and 390 participants

- Percent positive responses to healthy behavior change question on class evaluations

<table>
<thead>
<tr>
<th>SPECIFIC OBJECTIVES (NUTRITION, ACTIVITY, WEIGHT)</th>
<th>Participant evaluation questions</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthful behavioral change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the information helpful?</td>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Will you change your lifestyle as a result?</td>
<td></td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Convenience and relevance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the time and location convenient?</td>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Would you recommend this service to others?</td>
<td></td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
</tr>
</tbody>
</table>
Overall goal
The percentage of adults reporting being overweight increased from 62.2 percent in 2016 to 66.4 percent in 2019. In 2016, the hospital began offering free, one-hour classes on a variety of topics that cover weight management, nutrition, exercise, and smart shopping skills. We will continue to focus on weight management through nutrition and exercise classes and programs.

**DIABETES**

**Goal**
Improve access to prediabetes and diabetes education and care

**Evaluation:**
Increase awareness and identification of prediabetes and diabetes

- **Number of health fairs/health related events**
  - 2017: There were 12 health fairs and 5 health-related events
  - 2018: There were 8 health fairs/health related-events
  - 2019: There were 7 health fairs/health related-events

- **Number of participants**
  - 2017: There were 1,877 participants at health fairs and health related events
  - 2018: There were 913 participants at health fairs and health related events
  - 2019: There were 1,084 participants at health fairs and health related events

- **Number of screenings**
  - 2017: There were 761 total screenings (205 glucose screenings)
  - 2018: There were 558 total screenings (203 glucose screenings)
  - 2019: There were 804 total screenings (281 glucose screenings)

- **Number of organizations collaborating with the Diabetes Initiative**
  - 2017: 10 organizations collaborated
  - 2018: 14 organizations collaborated
  - 2019: 20 organizations collaborated

- **Utilization of the online chomp.org Diabetes Risk Assessment (screening tool)**
  - 2017: 457 people completed the online diabetes risk assessment
  - 2018: 754 people completed the online diabetes risk assessment
  (HRA discontinued at the end of 2018)

Improve access to prediabetes and diabetes education and prevention services, particularly where limited access currently exists

- **Number of locations providing diabetes education**
  - 2017: 4 locations provided diabetes education
  - 2018: 5 locations provided diabetes education
  - 2019: 5 locations

- **Number of classes offered**
  - 2017: 2 classes were offered
  - 2018: 4 classes were offered
  - 2019: 4 classes were offered
Number of support groups offered
2017: 2 support groups were offered
2018: 2 support groups were offered
2019: 2 support groups were offered

Number of physician/provider referrals
2017: There were 795 referrals from physicians/providers to Outpatient Diabetes and Nutrition Therapy and 341 to Diabetes Initiative
2018: There were 1534 referrals from physicians/providers to Outpatient Diabetes and Nutrition Therapy and 134 to Diabetes Initiative
2019: There were 1246 referrals from physicians/providers to Outpatient Diabetes and Nutrition Therapy

Number of Outpatient Diabetes and Nutrition Therapy Diabetes Self-Management Education (DSME) program participants
2017: 220 people participated in the Diabetes Self-Management Education program
2018: 230 people participated in the Diabetes Self-Management Education program
2019: 228 people participated in the Diabetes Self-Management Education program

Participant evaluations or self-reported behavior change
2017: Data was not collected in 2017. Coordinators are developing an evaluation tool for 2018
2018: More than 50% of participants completed the four-class series. Of those participants, some set physical activity as a behavioral goal; 65% achieved this goal 75-100% of the time. A smaller number of participants chose nutrition as their goal; 82% achieved this goal 75-100% of the time
2019: Participants selected different behavioral goals to work on during the program
  Physical activity — 65 percent achieved this goal
  Nutrition — 58 percent achieved this goal
  Blood glucose monitoring — 71 percent achieved this goal

Improve access to endocrinology services for individuals diagnosed with diabetes

Number of hospital-initiated referrals to ambulatory endocrinology care
2017: There were 264 referrals from the hospital to ambulatory endocrinology care
2018: There were 192 referrals from the hospital to ambulatory endocrinology care
2019: There were 334 referrals from the hospital to ambulatory endocrinology care

Overall goal
The percentage of residents reporting a diabetes diagnosis decreased slightly from 11.1 in 2016 to 10.5 in 2019
The percentage of residents reporting a prediabetes or borderline diabetes diagnosis decreased from 11.8 in 2016 to 10.8 in 2019
The percentage of seniors (age 65+) residents reporting a diabetes diagnosis decreased from 24.8 percent in 2016 to 19.3 percent in 2019

The number of classes, and therefore participants, has decreased due to the lack of available space at the hospital and offsite locations. We maintained the number of individuals receiving glucose screenings and results education by registered dietitians and registered nurses. The hospital has partnered with the Diabetes Collaborative at Community Health Innovations to increase the number of screening and referral opportunities.
The outpatient diabetes service continues to offer a variety of free, one-hour classes that focus on nutrition and diabetes prevention. Our 2020-2022 plan will include new prediabetes and diabetes strategies.

**MENTAL HEALTH**

**Goal**
Improve access to general mental health services, improve identification of depression, and reduce the impact of bullying in middle schools

**Evaluation:**
Support and improve access to care for mental health services

- **Number of visits (MD/therapist/nurse practitioner)**
  - 2017: 25,882 visits to Outpatient Behavioral Health Services
  - 2018: 31,036 visits to Outpatient Behavioral Health Services
  - 2019: 29,434 visits to Outpatient Behavioral Health Services

- **Number of new evaluations**
  - 2017: 1,280 new evaluations
  - 2018: 4,103 new evaluations
  - 2019: 2,291 new evaluations

- **Number of practitioner FTEs at Hartnell Professional Center**
  - 2017: Doctors and nurse practitioners = 9.2 FTEs, therapists = 3.6 FTEs
  - 2018: Doctors and nurse practitioners = 12.5 FTEs, therapists = 4.5 FTEs
  - 2019: Doctors and nurse practitioners = 9.3 FTEs, therapists = 5.5 FTEs

- **Dollar value of mental healthcare provided through the financial assistance program**
  - 2017: $766,124 in mental healthcare was provided through the financial assistance program
  - 2018: $902,374 in mental healthcare was provided through the financial assistance program
  - 2019: $920,559 in mental healthcare was provided through the financial assistance program

- **Number of mental health patients benefiting from the financial assistance program**
  - 2017: 196 mental health patients benefited
  - 2018: 202 mental health patients benefited
  - 2019: 298 mental health patients benefited

In early 2019, two psychiatrists (2.0 FTE) stopped practicing in the outpatient behavioral health clinic. This had a significant impact on the number of patient visits. The Behavioral Health Services medical director is actively recruiting new psychiatrists to the practice. The dollar value of mental healthcare provided and number of mental health patients benefiting have increased over the last three years. We will continue this strategy in the next three-year plan.
Improve identification of depression and referrals to available resources

- Number of collaborating organizations and mental health professionals
  
  **2017:** Two organizations (Community Hospital of the Monterey Peninsula and Community Health Innovations), and five mental health professionals met to develop a class about depression. “Understanding Depression” began in 2018
  
  **2018:** Two organizations (Community Hospital of the Monterey Peninsula and Community Health Innovations) provided three Understanding Depression classes
  
  **2019:** Community Hospital of the Monterey Peninsula Behavioral Health Services (BHS) and Emergency department met quarterly with Monterey County Behavioral Health (MCBH) to improve collaborative efforts with shared patients. Community Hospital BHS staff attended MCBH placement team meeting, shared staff contact information to improve overall communication between the two agencies. Community Hospital collaborated with Interim, Inc. for one residential bed in Interim’s Monterey Manzanita House

- Number of information distribution channels deployed for self-assessment tools and referral resources
  
  **2017:** Some tools and referral resources were distributed at the Understanding Depression classes
  
  **2018:** The depression assessment tool (PHQ-9) was geared toward TMS (Transcranial Magnetic Stimulation) referrals
  
  **2019:** The PHQ-9 depression assessment tool continues to be given to patients who are undergoing TMS and is being expanded to include patients receiving Electroconvulsive Therapy (ECT.) The hospital standardized the use of the Columbia-Suicide Severity Rating Scale (C-SSRS) through the electronic health record — Epic. The scale is intended to be used to assist the caregiver in assessing the presence of suicidal ideation

Educate Monterey County middle school students about anti-bullying

- Number of schools presenting anti-bullying program
  
  **2017:** Two schools presented anti-bullying program

- Number of participants
  
  **2017:** 124 students participated in the anti-bullying program

- Participant feedback and evaluations
  
  **2017:** Facilitators did not collect student evaluations

The anti-bullying program was discontinued at the end of 2017 due to the retirement of the lead therapist.

**Overall goal**

The percentage of primary service area residents reporting fair/poor mental health increased from 13.8 percent on the 2016 Community Health Needs Assessment to 17.9 percent in 2019. The hospital will continue to focus on improving access to mental health services and education.

**HEART DISEASE AND STROKE**
Goal
Provide education and services focused on preventing and managing stroke and heart disease

Evaluation
Increase individual awareness of personal heart risk
Number, demographics, and cardiac risk of health risk assessment participants
2017: 495 people completed the heart health risk assessment. Specific demographic data (age, gender, and ethnicity) not collected on “completers” only on total “users” who started but did not complete the assessment

<table>
<thead>
<tr>
<th>10-year risk</th>
<th>Users</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-existing condition</td>
<td>112</td>
<td>23%</td>
</tr>
<tr>
<td>High</td>
<td>18</td>
<td>4%</td>
</tr>
<tr>
<td>Moderate</td>
<td>128</td>
<td>26%</td>
</tr>
<tr>
<td>Low</td>
<td>179</td>
<td>36%</td>
</tr>
<tr>
<td>Unknown</td>
<td>58</td>
<td>12%</td>
</tr>
</tbody>
</table>

2018: 327 people completed the heart health risk assessment. (HRA discontinued at the end of 2018)

<table>
<thead>
<tr>
<th>10-year risk</th>
<th>Users</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-existing condition</td>
<td>103</td>
<td>31%</td>
</tr>
<tr>
<td>High</td>
<td>22</td>
<td>7%</td>
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<tr>
<td>Moderate</td>
<td>71</td>
<td>22%</td>
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<tr>
<td>Low</td>
<td>109</td>
<td>33%</td>
</tr>
<tr>
<td>Unknown</td>
<td>22</td>
<td>7%</td>
</tr>
</tbody>
</table>

Number of “Know Your Numbers” participants
2017: 14 people participated in the Know Your Numbers appointments
2018: 8 people participated in the Know Your Numbers appointments
2019: Know Your Numbers program was discontinued in late 2018 due to lack of enrollment
Provide a variety of classes, support groups, prevention programs, and lectures on heart disease and stroke

Number of health screenings, blood pressure screenings, and health fairs
2017: 9 health screenings, 2 blood pressure screenings, and 12 health fairs were held
2018: 5 health screenings, 1 blood pressure screening, and 8 health fairs were held
2019: 4 health screenings, 1 blood pressure screening, and 7 health fairs were held

Number of participants in health screenings, blood pressure screenings, and health fairs
2017: There were 761 participants in health screenings, 57 participants in blood pressure screenings, and 1,877 participants in health fairs
2018: There were 558 participants in health screenings, 8 participants in blood pressure screenings, and 913 participants in health fairs
2019: There were 804 participants in health screenings, 81 participants in blood pressure screenings, and 1,084 in health fairs

Number of participants and participant feedback in classes, prevention programs, and lectures on heart disease and/or stroke
2017: There were 2,980 participants
2018: There were 1,265 participants
2019: There were 219 participants

### SPECIFIC OBJECTIVES (HEART DISEASE AND STROKE)

<table>
<thead>
<tr>
<th>Participant evaluation questions</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthful behavioral change</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the information helpful?</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Will you change your lifestyle as a result?</td>
<td>95%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Convenience and relevance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the time and location convenient?</td>
<td>87%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Would you recommend this service to others?</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
APPENDIX A

Charity-care policy

COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA DP-5.6630
Patient Business Services Policy: Financial Assistance Programs — Sponsored Care and Discount Payment

A. PURPOSE
As declared in our mission statement, Community Hospital of the Monterey Peninsula is committed to caring for all who come through our doors, regardless of ability to pay, to the fullest extent allowed by law and available resources. This policy is intended to provide the framework of our Sponsored Care Program and Discount Payment Program.

B. POLICY
A. Uninsured patients and patients with high medical costs whose income is at or below 400 percent of the federal poverty level are eligible to apply for financial assistance for medically necessary hospital and hospital-based physician services provided by Community Hospital of the Monterey Peninsula. Qualifying applicants will be granted the highest award for which they are eligible.

1. Sponsored Care – This program may give patient a discount of up to 100 percent on the services she or he received. To qualify, the patient’s gross family income must not be higher than 300 percent of the federal poverty level. Patients must provide information and documentation about their family members’ income and the value of assets and about any health benefits coverage they have.

2. Discount Payment Program – This program may give patient a discount to reduce the amount she or he owes. To qualify, the patient’s gross family income must not be higher than 400 percent of the federal poverty level. Patients must provide information and documentation about their family members’ income and the value of assets and about any health benefits coverage they have.

B. Applications from patients whose income is above 400 percent of the federal poverty level will also be thoroughly reviewed, and awards will be granted on a case-by-case basis.

C. Emergency department physicians who provide emergency medical services at Community Hospital are required to provide discounts to uninsured patients and patients with high medical costs whose income is at or below 400 percent of the federal poverty level.

D. Current and prospective patients may apply for the Sponsored Care Program or the Discount Payment Program. Information about these programs is available at all patient intake and treatment locations within Community Hospital facilities and is provided to each patient presenting for services. An application for the Sponsored Care and Discount Payment programs will be provided to all patients who request one. Additionally, enrollment counselors are available to provide information and applications for Medi-Cal, Medicare, California Health Benefit Exchange, and other available government programs. A pre-screening interview may be done with patients to ensure that they meet the basic eligibility criteria.
E. The criteria Community Hospital of the Monterey Peninsula will follow in verifying a patient’s eligibility for financial assistance programs are described in this policy. Upon approval, financial assistance is provided through one of two programs: (1) the Sponsored Care Program; or (2) the Discount Payment Program. These programs may cover all or part of the cost of services provided, depending on the patient’s eligibility, income, and resultant ability to pay for services. The Sponsored Care and Discount Payment programs are intended for patients whose personal or family financial ability to meet hospital expenses is absent or demonstrably restricted, and the benefits provided by the hospital under these programs inure to the patient. The minimum requirement for both programs is stated below and is based upon the patient’s combined family income as a percentage of the applicable federal poverty level (FPL) as published annually in the Federal Register (http://aspe.hhs.gov/poverty). Given Community Hospital of the Monterey Peninsula’s service area demographics, available resources, and mission to meet the healthcare needs of its community, financial assistance is available for patients with income levels up to 400 percent of the FPL for the patient’s family size. Community Hospital’s Sponsored Care and Discount Payment programs are intended to fully comply with the Hospital Fair Pricing Policies Act and Section 501(r) of the Internal Revenue Code. This policy is intended to be stated as clearly and simply as possible for the benefit of our patients.

Applying for assistance
A. Applications for Sponsored Care or Discount Payment program must be submitted to the Care Coordination Services department prior to service or to the Patient Business Services or Patient Access department during and/or after receiving services by using the Application for Sponsored Care or Discount Payment Program. The application must be received within 240 days of the original bill date. Incomplete applications will be kept on file until all information is received. In addition to a completed application, a letter explaining the patient’s circumstances and/or a letter from the person(s) providing living assistance to the patient may be required to determine eligibility. See Eligibility Criteria below.

B. A patient (or a patient’s legal representative) who requests Sponsored Care or Discount Payment, must make every reasonable effort to provide documentation of income and health benefits coverage. Uninsured patients, who are eligible for a government-sponsored health benefit plan, or health benefit coverage through the California Health Benefit Exchange with a government subsidy, will be encouraged to apply for those programs and comply with the application requirements for those programs. This also applies to patients who are at or below 138 percent of the federal poverty level, who are eligible for modified adjusted gross income Medi-Cal. Hospital enrollment counselors will be available to assist patients with the application process for government-sponsored health benefit plans, health benefit coverage through the California Health Benefit Exchange, Medi-Cal, Medicare, and other available programs. When patients do not cooperate with the enrollment counselors, Community Hospital will make reasonable effort, through letters and telephone calls, to encourage patients to cooperate prior to its review and decision regarding Sponsored Care and/or Discount Payment eligibility. Applications may be denied and the associated account(s) referred to a collection agency if documentation sufficient to determine eligibility is not provided.

C. If a patient applies or has a pending application for another health coverage program at the same time they apply for the hospital Sponsored Care or Discount Payment Program, the pending status of either application shall not prevent or delay the review of or action on the other.
D. This policy applies only to emergency and medically necessary services provided by Community Hospital. Services provided at a hospital facility by private healthcare providers, such as personal physicians and ambulance conveyance, are not covered by the Sponsored Care and Discount Payment programs. Community Hospital maintains a list of providers delivering emergency or other medically necessary care covered by the Sponsored Care and Discount Payment programs. The list is available on the hospital’s website at: chomp.org. These programs are available only for emergency and medically necessary services provided by Community Hospital that are not paid for by any other government programs and/or funding sources, including third-party insurance coverage for which an individual applicant is eligible. See the list of non-covered services below.

Non-covered services
A. All healthcare services not billed by Community Hospital, such as non-hospital based physician services and ambulance transportation;
B. Non-medically necessary bariatric surgery;
C. Cosmetic services;
D. Services which, in the opinion of competent hospital staff, are provided only as a stop-gap when a patient is staying at the hospital, or at Westland House, for the convenience of the family and/or physician;
E. Non-medically indicated care;
F. Durable medical equipment;
G. Oxygen and oxygen supplies, except when pre-approved;
H. Any service or product considered to be experimental;
I. Services or products unapproved for patient use by the FDA; and
J. Services or products that would effectively place the hospital in the position of having to provide such services or products for extended periods of time, including when the patient is not a patient of Community Hospital.

Discount payment program
A. Community Hospital of the Monterey Peninsula is committed to providing qualifying uninsured patients and patients with high medical costs, as defined below, with a discount that exceeds that provided to participants in the Medicare program. The Medicare program, currently the highest paying government-sponsored health benefit program accepted by Community Hospital of the Monterey Peninsula, currently reimburses the hospital an average of 35 percent of total charges, representing a 65 percent discount. However, as an expanded benefit to patients who qualify for the Discount Payment Program, the patient’s obligation will be limited to 29 percent of total charges, representing a 71 percent discount. No individual who qualifies for the Discount Payment Program will be charged more than the amount generally billed (“AGB”) by Community Hospital to individuals who have insurance covering such emergency and/or medically necessary care. Community Hospital calculates the AGB using the prospective Medicare method described in 26 C.F.R. § 1.501(r)-5(b)(4).

B. Uninsured patients who qualify for the Discount Payment Program will also be eligible for a zero-interest extended payment plan on the remaining balance. Insured patients who are eligible for the Discount Payment Program due to high medical costs as defined below will receive a 100-percent discount on all charges in excess of the amount paid by their insurance, provided their insurance has paid at least 29 percent of total charges.

C. The total gross charge for services and the discount to be applied will be shown on the award letter. These discounts apply to co-payments, deductibles, co-insurance amounts, and non-covered medical amounts.
D. Demonstrating eligibility
1. Uninsured patients and patients with high medical costs applying for the Discount Payment Program are required to provide documentation of family income in the form of three months of recent pay stubs or the prior year’s tax return. If the patient is from out of the country, the hospital may request an affidavit to prove income eligibility. For purposes of determining eligibility, neither retirement or deferred compensation plans qualified under the Internal Revenue Service code nor nonqualified deferred compensation plans shall be included. Qualifying income must not exceed 400 percent of the applicable federal poverty level. Patients claiming to have high medical costs must demonstrate proof of costs incurred at the hospital or paid medical expenses as outlined in the Definition section of this policy.

E. Payment Plan
1. Patients who qualify for the Discount Payment Program will also be eligible for an interest-free payment plan not to exceed 72 months in duration. In situations where an agreement cannot be reached, a minimum monthly payment amount should not exceed 10 percent of the patient’s monthly income (after essential living expenses). Any payment plan that remains unpaid for 90 consecutive days will be declared delinquent, and may be advanced for collection activity after attempts have been made to renegotiate the terms of the defaulted payment plan. See Procedure for Financial Assistance Program, Sponsored Care and Discount Payment Program attached.

Sponsored Care (free care)
A. Community Hospital of the Monterey Peninsula is committed to providing qualifying uninsured patients and patients with high medical costs, as defined below, with a 100 percent discount on the amount determined to be due from the patient. This discount.

B. Demonstrating eligibility
1. Uninsured patients and patients with high medical costs applying for Sponsored Care are required to provide documentation of family income in the form of three months of recent pay stubs or the prior year’s tax return. Patients claiming to have high medical costs must demonstrate proof of costs incurred at the hospital or paid medical expenses as outlined in the Definition section of this policy. Additionally, documentation of monetary assets must be provided; this includes documentation of assets held in trust for the patient’s benefit and those held in a special needs trust. Neither assets held in retirement or deferred compensation plans qualified under the Internal Revenue Service code nor nonqualified deferred compensation plans, shall be included. Any patient who owns an interest in more than one parcel of real property or whose family assets include an interest in more than one parcel of real property will not be eligible for Sponsored Care.
2. When determining eligibility for the Sponsored Care Program, the first $10,000 in assets is not counted in determining the patient’s assets and the hospital will only consider 50 percent of the patient’s monetary assets over the first $10,000. After excluding the first $10,000 and 50 percent of the remaining assets, the patient’s assets must not exceed $50,000 in order to qualify.
3. The hospital may require written consent from the patient or the patient’s family authorizing the hospital to obtain account and real estate ownership information from financial or commercial institutions or other entities that hold or maintain the monetary and real property assets in order to verify their value.
**Dispute process**

Any patient who wishes to dispute the determination made on their application for assistance may request a review of the original application by the director of Patient Business Services, provided the request is submitted in writing within 30 days of the latest denial date. The director’s eligibility determination will be final.

**Special circumstances**

Uninsured patients and patients with high medical costs with income that exceeds 400 percent but is less than 500 percent of the applicable federal poverty level will be awarded a 25 percent discount and will also be eligible for a zero-interest extended payment plan for the remaining balance.

**Payments in excess of amount due after discount**

Community Hospital of the Monterey Peninsula will reimburse patients for any amount actually paid in excess of the amount due after Sponsored Care or Discount Payment approval. Interest on the excess payment will also be provided; such interest is calculated from the date the patient payment was received by Community Hospital of the Monterey Peninsula. This does not apply to overpayments of less than $5, but a credit in the amount due will be available for the patient to apply to future services received up to 60 days from the date the amount is due to the patient.

**Policy maintenance and reporting**

This policy document is to be reviewed annually for consistency with all applicable laws and available resources. Additionally, this information must be submitted to Office of Statewide Health Planning and Development every other year on January 1, or whenever a significant change is made. In order to make the Sponsored Care and Discount Payment policies available to the community, the hospital will publish the policy and application on the hospital website and include information about how to apply in its initial billing statements.

**Practice**

See procedure document Financial Assistance Program, Sponsored Care and Discount Payment attached.

**Definitions**

The following terms have the following meanings:

A. Federal poverty level means the poverty guidelines specific to income and family size which are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

B. A patient with high medical costs means a person whose family income does not exceed 400 percent of the applicable federal poverty level who has:
   1. annual out-of-pocket costs incurred as a result of services provided by the hospital that exceed 10 percent of the patient’s family income in the prior 12 months;
   2. annual out-of-pocket medical expenses that exceed 10 percent of the patient’s family income, if the patient provides documentation of the patient’s or family medical expenses paid by the patient or the patient’s family in the prior 12 months.
C. Patient’s family means the following:
   1. For persons 18 years of age and older, family includes spouse, domestic partner as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not.
   2. For persons under 18 years of age, family includes parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

D. Hospital-based physicians means the doctors who provide services at Community Hospital and are billed under Community Hospital’s PIN. These include Emergency department physicians, radiologists, pathologists, cardiologists, radiation oncologists, and psychiatrists.
Community Benefit Program

MISSION:
Community Hospital is committed to taking a leadership role in assessing and improving the health status of the people in the communities we serve. Under the auspices of our Community Benefit Program, we directly provide and financially support programs that achieve those objectives.

We recognize that community health is as much a social, economic, and environmental issue as a medical one and that no hospital or single provider can improve community health alone. In addition to direct services provided throughout our healthcare system, we work in partnership with other providers and award grants to support independent projects, particularly those which involve collaboration among organizations.

SCOPE:
Community Hospital’s Community Benefit Program includes two primary elements:

1. Direct Provision of Services
   Community Hospital is a nonprofit, integrated healthcare delivery system providing healthcare services from birth to end of life. Services include acute medical and surgical care, skilled nursing care, emergency care, outpatient and home-based services, satellite laboratories, mental health clinics, chemical dependency treatment, health education and wellness programs, and hospice care. Many of these services are provided free or at very low cost, and sponsored care is available for those in financial need.

2. Community Benefit Fund
   Community Hospital makes grants from the Community Benefit Fund to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within our service area.

   Community Hospital gives higher priority to projects that:
   ✔ Increase access to healthcare for residents of our community (the highest priority)
   ✔ Involve collaboration among organizations
   ✔ Make appropriate use of Community Hospital’s clinical expertise

Grants are awarded under the following Community Benefit Program objectives:
- Building healthy communities — assessing community health needs; addressing the health-related goals identified by regional collaboratives such as the TELLUS Project and Community of Caring Monterey Peninsula
- Health education and wellness — improving the individual’s knowledge of health risks and the impact of lifestyle choices on those risks; strengthening the individual’s role in self-care and management of health and disease; early detection of health problems; and enhancing the competence of healthcare professionals
- Improving access to care — removing barriers to receiving healthcare services, particularly primary care (currently the highest priority)
Special care for special needs — meeting the physical and behavioral healthcare needs of those at risk due to age, domestic or other violent crime, chemical dependency, mental illness, HIV status, or socioeconomic status. Grants from the Community Benefit Fund are generally single-year commitments from $250 to $10,000 to support current or new programs consistent with the mission of Community Hospital and our Community Benefit Program.

Community Hospital does not make grants to organizations that discriminate in the hiring, advancement, or recruitment of employees or volunteers (including board members) or in the provision of services on the basis of sex, (including gender and gender identity), race, religion, national origin, physical or mental disability, sexual orientation, age, color, ancestry, marital status, pregnancy, citizenship, medical condition, veteran status, or genetic information.

Community Hospital does not generally make grants to support individuals; capital projects or endowment funds; or clinical research projects. Solicitation of Community Hospital employees for contributions of money or time on behalf of grant recipients is prohibited.

GRANTMAKING PROCESS:
The Community Benefit Program, including program objectives and priorities, is reviewed and approved by Community Hospital’s Board of Trustees annually. An annual Community Benefit Plan is prepared in compliance with SB697 and submitted to the Office of Statewide Health Planning and Development; summaries of the plan are published in Community Hospital publications and the local newspaper, and complete copies are available to any interested party.

Applications in the form of letter proposals are accepted at any time and are reviewed as received. Grant decisions are made by the hospital’s President’s Administrative Committee. Prospective applicants are encouraged to call to discuss the hospital’s potential interest in the project or send a brief letter proposal to:

Cynthia L. Peck, Vice President
Community Hospital of the Monterey Peninsula
P.O. Box HH
Monterey, California 93942
(831) 625-4518    |   Fax (831) 625-4948

Letter proposals should include:
- Name and brief description of the organization applying for the grant
- Summary description and timeline of the proposed project or program
- Amount requested and specific purpose of the grant
- Total cost of the proposed project or program
- Identification of any organizations collaborating on the proposed project or program
- Relevance of the project or program to the mission of Community Hospital and our Community Benefit Program
- Statement that the organization is, and will remain so for the duration of the program for which the grant is being sought, in full compliance with Community Hospital’s non-discrimination policy as described above
- Tax Identification Number
- Internal Revenue Source Code (for example 501c3)
- Name, address, and telephone number of contact person who can provide additional information if needed
APPENDIX C

Community benefit collaborators

BUSINESS ORGANIZATIONS

AT & T Pebble Beach National Pro-Am Tournament
Bojuka Ryu School of Martial Arts
California Highway Adoption Company
Chamisal Tennis & Fitness Club
Club at Crazy Horse Ranch, The
Del Monte Shopping Center
Digital First Media News Service
Forest Hill Manor
Hahn Family Wines
KION TV
KSBW TV
Lyon Software, Inc.
Meadowbrook Swim and Tennis Club
Monterey Bay Kayaks
Monterey Bay Sea Otters Dive Club
Monterey County Herald
Monterey Jet Center
Monterey Peninsula Country Club

Pacific Meadows Senior Housing, L.P.
Pajaro Dunes North Association
Pilates Monterey
Poppy Hills Golf Course
Professional Research Consultants, Inc.
Santa Lucia Preserve
Steinbeck House Restaurant
Tanimura & Antle
Tribune Content Agency
Twin Creeks Golf Course
United States Open Golf Championship
Vitalant
Weather Tech Raceway

COMMUNITY GROUPS AND NONPROFIT ORGANIZATIONS

AIM for Mental Health
Animal Friends Rescue Project
Aromas Bible Church and Preschool
Aromas Grange
Bethlehem Lutheran Church
Big Sur Land Trust
Big Sur Marathon Foundation
Blind and Visually Impaired Center
Boys and Girls Clubs of Monterey County
Buddhist Temple of Salinas
California Product Stewardship Council
Calvary Baptist Church
Caregiver Solutions
Carmel Foundation, The
Carmel Valley Community Youth Center
Carmel Valley Kiwanis Club
CASA of Monterey County
Catholic Charities
Child Abuse Prevention Council of Monterey County
Christian Church of Pacific Grove
Church of the Good Shepherd
Ciclovia Salinas
Community Church of the Monterey Peninsula
Community Emergency Response Team
Community Homeless Solutions
Community Partnership for Youth

Community Reuse Network
Compass Church
Covenant Presbyterian Church
El Estero Presbyterian Church
Elk’s Lodge, Monterey
Faith Community Church
First 5 of Monterey County
First Baptist Church
First Presbyterian Church
First Tee, Salinas
First United Methodist Church
Franciscan Workers of Junipero Serra
Gathering for Women
Girl Scouts, Monterey Bay Chapter
Girls Inc. of the Central Coast
Greater Victory Temple
Hartnell Little League
Hospice Foundation
Interim, Incorporated
ITN Monterey County
Japanese American Citizens League
Jr. Giants Marina
Kernes Adaptive Aquatics
Kingdom Hall of Jehovah’s Witnesses
Kinship Center
Live 360°
Loaves, Fishes and Computers
Lutheran Church of Our Savior
Lutheran Church of the Good Shepherd
Meals on Wheels of the Monterey Peninsula
Monterey Bridge Center
Monterey Church
Monterey County Agricultural Education, Inc.
Monterey County Diabetes Initiative
Monterey County Rape Crisis Center
Monterey Jazz Festival
Monterey Peninsula Foundation
Monterey Peninsula Yacht Club
Monterey Sober Living for Women
Monterey Surf Soccer Club
Mount Nebo Missionary Church
MY Museum
Northminster Presbyterian Church, Salinas
Rancho Cielo Youth Campus
Rose Foundation for Communities and the Environment

EDUCATIONAL ORGANIZATIONS

Alisal Union School District
All Saints’ Day School
Aromas-San Juan Unified School District
Cabrillo Community College
California Northstate University
California State University, East Bay
California State University, Long Beach
California State University, Monterey Bay
Carmel Unified School District
Central Coast College
Chartwell School & The New High School Project
Defense Language Institute
Greenfield Unified School District
Hartnell Community College
HealthImpact
International School of Monterey
King City Unified School District
Loma Linda University
Middlebury Institute of International Studies
Mission Union School District
Monterey Bay Aquarium Research Institute
Monterey Bay Charter School
Monterey County Office of Education
Monterey Peninsula College
Monterey Peninsula Unified School District
Mount St. Mary’s University
Naval Postgraduate School
North Monterey County Unified School District

Run in the Name of Love
Salinas Valley Community Church
Salvation Army Monterey Peninsula Corps
Second Harvest Food Bank
Shoreline Community Church
SPCA of Monterey County
St. Joseph’s Church
St. Jude’s Church and Shrine
Twin Lakes Church
Unitarian Universalist Church of Monterey
United Way of Monterey County
University Village Apartments
Veteran’s Transition Center
YMCA of the Monterey Peninsula
YMCA, Salinas Community
YMCA, San Benito County
YMCA, South Monterey County
YMCA, Watsonville Family

Notre Dame High School
Pacific Grove Parent-Teacher Association
Pacific Grove Unified School District
Palma High School
Rocky Mountain University
Salinas City Elementary School District
Salinas Union High School District
Samuel Merritt University
San Antonio Union School District
San Ardo Union Elementary School District
San Carlos School, Monterey
San Jose State University
San Lucas Union Elementary School District
Santa Catalina High School
Santa Rita Union School District
Soledad Unified School District
Spreckels Union School District
Stevenson School
University of California, San Francisco
University of St. Mary
University of the Pacific
University of the Redlands
Washington Union School District
York School
HEALTH-RELATED ORGANIZATIONS

Action Council of Monterey County
ALS Association
Alzheimer's Association
American Bone Health
American Cancer Society
American Heart Association
American Medical Response
American Parkinson Disease Association
American Red Cross
Arthritis Foundation
Balance Physical Therapy
Big Sur Health Center
Blue Zones Project
Breast Cancer Assistance Group of Monterey County
California Physical Therapy Association
Central Coast Quality of Life Programs
Coastal Kids Home Care
Dentistry 4 Vets
Dientes Community Dental Care
Doctors on Duty
Door to Hope
Elderday Adult Day Health Care
Healthcare Foundation of Northern and Central California
Healthy Mothers, Healthy Babies
Hospital Council of Northern and Central California
Jacob's Heart Children's Cancer Support Services
Medshare International
Montage Health Mobile Health Clinic
Monterey Bay Sleep Center
Monterey Peninsula Dental Group
Monterey Peninsula Pediatric Medical Group
Monterey Prescribe Safe
Monterey Spine and Joint Center
Natividad Medical Center
Project DNA
Pulmonary Associates of the Monterey Peninsula, Inc.
Relay for Life, Monterey
Relay for Life, Watsonville
Rite Aid Pharmacy
Rotacare Bay Area Inc.
Salinas Dialysis Center
Salinas Valley Memorial Healthcare System
Soledad Community Healthcare
Sun Street Center
Vantage Eye Center
Vantage Surgery Center
Walgreens Pharmacy

PUBLIC AGENCIES

Big Sur Volunteer Fire Brigade
Castroville Water District
City of Monterey
City of Pacific Grove
City of Seaside
King City
Marina Department of Public Safety
Marina PAL
Marina Police Department
Monterey Bay Unified Air Pollution Control District
Monterey County Child Support Services
Monterey County Department of Health
Monterey County Department of Health-Clinic Services Bureau
Monterey County Department of Housing
Monterey County Juvenile Hall
Monterey County Office of Emergency Communication 911
Monterey County Office of Emergency Services
Monterey County Probation Department
Monterey County Regional Fire Department
Monterey Peninsula Regional Park District
Monterey Regional Waste Management District
Monterey Regional Water Pollution Control Agency
Monterey-Salinas Transit
Prunedale Senior Center
Salinas Municipal Pool
Salinas Sports Complex and Rodeo
Salinas Valley Solid Waste Authority
Sand City
Santa Cruz Metropolitan Transit District
Seaside Police and Fire Departments
Soledad Mission Recreation District
U.S. Forest Service-Monterey Ranger District
<table>
<thead>
<tr>
<th>TITLE OF SERVICE</th>
<th>DESCRIPTION OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced healthcare planning class</td>
<td>Class to assist with completion of form to document participants’ wishes for treatment and care, and to submit this form into participants’ electronic medical records.</td>
</tr>
<tr>
<td>Advanced weight-loss surgery support group</td>
<td>A support group for individuals who have already undergone weight-loss surgery at least 12 months prior to program involvement.</td>
</tr>
<tr>
<td>Aftercare support groups/ continuing care groups</td>
<td>Help for Recovery Center patients and families to stay drug-free.</td>
</tr>
<tr>
<td>Alzheimer’s family support group</td>
<td>Biweekly support group to provide families of patients with Alzheimer’s disease with information, education, and support.</td>
</tr>
<tr>
<td>AT&amp;T National Pro-Am Golf Tournament medical support</td>
<td>Registered nurse volunteers (CHOMP and non-CHOMP) to staff medical tents throughout the tournament and provide first-aid supplies.</td>
</tr>
<tr>
<td>Automated external defibrillator program</td>
<td>Assist community organizations in obtaining AEDs for installation in community venues; provide oversight, maintenance, training, and compliance services. Free loans of automated external defibrillators (AEDs) for public events.</td>
</tr>
<tr>
<td>AWAKE support group</td>
<td>Presentations regarding the medical aspects of sleep apnea and sleep disorders.</td>
</tr>
<tr>
<td>Base hospital coordinator</td>
<td>Part-time nurse coordinating all pre-hospital provider activities for Community Hospital and Monterey County.</td>
</tr>
<tr>
<td>Bereavement program</td>
<td>Program of individual and group support for coping with death-related grief.</td>
</tr>
<tr>
<td>Big Sur Half and International Marathons-medical support</td>
<td>Physician and nurse support, and medical supplies for race events.</td>
</tr>
<tr>
<td>Billing support services for patients</td>
<td>Service to support patients with complex medical conditions through reading, understanding, and paying health bills from multiple providers.</td>
</tr>
<tr>
<td>Bipolar disorder support group</td>
<td>Support group for individuals with bipolar disorder.</td>
</tr>
<tr>
<td>BLS, CPR, and AED training</td>
<td>Provide BLS, CPR, and AED training open to community members and healthcare providers.</td>
</tr>
<tr>
<td>Body mechanics applied to nursing</td>
<td>Class for first-year nursing students on proper body mechanics in patient care.</td>
</tr>
<tr>
<td>Brain injury support group</td>
<td>Interactive support group to assist those affected by traumatic or acquired brain injury.</td>
</tr>
<tr>
<td>Breast cancer early support</td>
<td>An education and support group for women with early diagnosis of breast cancer.</td>
</tr>
<tr>
<td>Breastfeeding success</td>
<td>Class to get breastfeeding off to a good start, prevent problems, and focus on the role of nutrition.</td>
</tr>
<tr>
<td>Program Name</td>
<td>Description</td>
</tr>
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<td>--------------------------------------------------</td>
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</tr>
<tr>
<td>Cancer Care Symposium</td>
<td>Symposium for clinicians and community members addressing the risks, benefits, and alternatives to cancer screening and improving clinical practices of diagnostic evaluation and treatment.</td>
</tr>
<tr>
<td>Cancer survivorship celebration</td>
<td>Picnic luncheon/program for cancer survivors and families at Monterey Peninsula College.</td>
</tr>
<tr>
<td>Cancer wellness support group</td>
<td>Weekly support group for any person with cancer and their support person(s).</td>
</tr>
<tr>
<td>Caregiver’s drop-in program</td>
<td>Provides support, information, and self-care for family, friends, and caregivers of cancer patients.</td>
</tr>
<tr>
<td>Carpooling incentives/employee shuttle program</td>
<td>Incentives given to employees to encourage them to not drive to work alone; free employee shuttle between CHOMP and area cities.</td>
</tr>
<tr>
<td>Childhood education class</td>
<td>Small-size class taught by a Lamaze-trained labor and delivery registered nurse. Ideal for women in second or early part of third trimester.</td>
</tr>
<tr>
<td>Children's supplies in hospital waiting areas</td>
<td>Distribution of children’s supplies (crayons, coloring books, toys, etc.) to Emergency department and other waiting rooms and public areas throughout the hospital.</td>
</tr>
<tr>
<td>Chronic pain support group</td>
<td>Ongoing support group teaching coping skills to people with chronic pain.</td>
</tr>
<tr>
<td>Clinical affiliation with Cabrillo College radiotherapy program</td>
<td>Training program at community college for radiologic technologists.</td>
</tr>
<tr>
<td>Community benefit grants</td>
<td>Community benefit grants to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within the hospital’s service area.</td>
</tr>
<tr>
<td>Community benefit operations</td>
<td>Staffing and other operational support required for tracking and reporting community benefits.</td>
</tr>
<tr>
<td>Community Blood Drive</td>
<td>Obtain safe, quality blood donations from Monterey Peninsula residents to aid blood supply shortage.</td>
</tr>
<tr>
<td>Community garden</td>
<td>Project that allows participants to gain access to fresh, local, organic produce through creating and maintaining a community garden.</td>
</tr>
<tr>
<td>Community Health Needs Assessment</td>
<td>Triennial comprehensive community health needs assessment to identify the highest-priority unmet health needs of our community.</td>
</tr>
<tr>
<td>Considering joint replacement?</td>
<td>Informational class for people considering knee, hip, or shoulder replacement.</td>
</tr>
<tr>
<td>Continuing medical education</td>
<td>Accredited medical education program open to all physicians in the community to maintain, develop, or increase knowledge, skills, and professional performance.</td>
</tr>
<tr>
<td>Cooking for Life</td>
<td>Hands-on cooking class designed to teach participants how to prepare simple, healthy, and delicious meals.</td>
</tr>
<tr>
<td>Diabetes support group</td>
<td>Group for those with type 1 or type 2 diabetes focused on living with the day-to-day challenges and conflicts of self-management.</td>
</tr>
<tr>
<td><strong>Donation of electronic materials</strong></td>
<td>Donation of electronic materials and equipment to charitable organizations.</td>
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</tr>
<tr>
<td><strong>Donation of supplies and equipment</strong></td>
<td>Donation of miscellaneous supplies and equipment to charitable organizations.</td>
</tr>
<tr>
<td><strong>Donations of medications for community events</strong></td>
<td>Medications donated to the Big Sur Half and International Marathons, and the AT&amp;T National Pro-Am golf tournament.</td>
</tr>
<tr>
<td><strong>Donor Network West</strong></td>
<td>Program that provides organs for transplant through the California Transport Donor Network.</td>
</tr>
<tr>
<td><strong>Drug take-back program</strong></td>
<td>Program to collect dangerous and unused medications from the community and ensure their safe disposal.</td>
</tr>
<tr>
<td><strong>Electronic greeting cards</strong></td>
<td>Print and distribute electronic patient greeting cards that arrive via e-mail from the community hospital website.</td>
</tr>
<tr>
<td><strong>Emergency preparedness</strong></td>
<td>Collaboration with the Monterey County EMS agency to develop an updated, comprehensive emergency preparedness plan and a community awareness campaign.</td>
</tr>
<tr>
<td><strong>Emergency preparedness fair</strong></td>
<td>Program to provide the public with information and resources to help them prepare their families and homes for a disaster.</td>
</tr>
<tr>
<td><strong>Family/patient education and counseling</strong></td>
<td>Education and counseling for families and patients regarding cancer issues.</td>
</tr>
<tr>
<td><strong>Food donations to community</strong></td>
<td>Donation of food for community events.</td>
</tr>
<tr>
<td><strong>Free prescriptions for patients in financial need</strong></td>
<td>Underwriting the cost of discharge/outpatient prescriptions for those unable to pay.</td>
</tr>
<tr>
<td><strong>General charity care (at cost)</strong></td>
<td>Hospital services for patients in financial need.</td>
</tr>
<tr>
<td><strong>Global Big Latch-On</strong></td>
<td>An international event to raise awareness about the benefits of breastfeeding and break the world record for simultaneous breastfeeding.</td>
</tr>
<tr>
<td><strong>Griefbusters</strong></td>
<td>Children’s bereavement program offered through schools.</td>
</tr>
<tr>
<td><strong>Hands-only CPR</strong></td>
<td>Program at local schools to teach students hands-only CPR.</td>
</tr>
<tr>
<td><strong>Hand sanitizer and flu mask distribution</strong></td>
<td>Distribute hand sanitizer and flu masks free to the public throughout the hospital.</td>
</tr>
<tr>
<td><strong>Healing art retreat</strong></td>
<td>A six-hour art therapy program for people with cancer and their support persons.</td>
</tr>
<tr>
<td><strong>Healthcare career fair</strong></td>
<td>Introduce high school students to nursing and allied health careers.</td>
</tr>
<tr>
<td><strong>Health fairs</strong></td>
<td>Health fairs providing information to the public on health issues as well as blood pressure, blood sugar, and cholesterol screening.</td>
</tr>
<tr>
<td><strong>Health fair – Labor of Love</strong></td>
<td>Health fair providing information about pregnancy and pregnancy services at CHOMP.</td>
</tr>
<tr>
<td>Health fair – Men's Wellness Night</td>
<td>A prostate cancer screening and health fair aimed at high-risk males who have not had a screening for prostate cancer in the past.</td>
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<tr>
<td>Health information series</td>
<td>Free monthly workshops on health topics such as heart disease, cancer, and arthritis.</td>
</tr>
<tr>
<td>Health news sponsorship</td>
<td>Sponsored airing of health news segments on KION and KSBW TV.</td>
</tr>
<tr>
<td>Health resource library</td>
<td>Free health library for the public, including computer searches and referrals.</td>
</tr>
<tr>
<td>Health Smart lecture series</td>
<td>Sixty-minute lectures on health topics to improve quality of life.</td>
</tr>
<tr>
<td>Healthier Living with a Chronic Condition</td>
<td>Class to help individuals who live with ongoing health conditions such as arthritis; diabetes; and heart, breathing, or back problems work with their doctors and better manage their symptoms.</td>
</tr>
<tr>
<td>Hereditary Cancer Conference</td>
<td>Interspecialty collaborative conference aimed at raising awareness between providers and patients about hereditary cancer syndromes.</td>
</tr>
<tr>
<td>Hospice patient support services</td>
<td>Volunteer respite and psychosocial support for hospice patients' caregivers and families.</td>
</tr>
<tr>
<td>Hospital and community service</td>
<td>Leadership of and participation in community organizations.</td>
</tr>
<tr>
<td>Hospital call center</td>
<td>Call center provides information regarding hospital classes, support groups, and services.</td>
</tr>
<tr>
<td>Hospital tours</td>
<td>Tours provided by Auxiliary volunteers to schools and professional groups interested in hospital operations.</td>
</tr>
<tr>
<td>In-home blood collection</td>
<td>Phlebotomist sent to homes and skilled nursing facilities to collect blood samples for non-ambulatory patients.</td>
</tr>
<tr>
<td>Internships for exercise physiologist students</td>
<td>Free 12-week internships for cardiac/pulmonary rehabilitation.</td>
</tr>
<tr>
<td>Internships for occupational therapy students</td>
<td>Free 4-12 week internships for in- and outpatient rehabilitation settings.</td>
</tr>
<tr>
<td>Internships for physical therapy students</td>
<td>Free 4-12 week internships for in- and outpatient rehabilitation settings.</td>
</tr>
<tr>
<td>Internships for speech therapy students</td>
<td>Free 4-12 week internships for in- and outpatient rehabilitation settings.</td>
</tr>
<tr>
<td>Kids Eat Right</td>
<td>Program for elementary schools that includes education, food preparation, and physical activity.</td>
</tr>
<tr>
<td>Live Longer, Live Stronger</td>
<td>Cancer survivorship program addressing the physical, psychological, social, financial, and spiritual issues that survivors confront.</td>
</tr>
<tr>
<td>Living With Stroke</td>
<td>Support and information for stroke survivors and their families.</td>
</tr>
<tr>
<td>Medical respite center</td>
<td>Public/private partnership providing beds for homeless patients being discharged from participating Monterey County hospitals.</td>
</tr>
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</tr>
<tr>
<td>Mindfulness Meditation</td>
<td>An 8-week course of intensive training in mindfulness meditation, gentle movement, and group support.</td>
</tr>
<tr>
<td>Mobile Clinic</td>
<td>Free basic healthcare services for homeless and underserved populations.</td>
</tr>
<tr>
<td>Monterey County Community Health Centers</td>
<td>Community Hospital representative serves on board of directors for Monterey County Community Health Centers.</td>
</tr>
<tr>
<td>Monterey County Science and Engineering Fair — Judge</td>
<td>Judge Monterey County high school students’ science projects at Monterey County-wide event.</td>
</tr>
<tr>
<td>Monterey Jazz Festival Medical Support</td>
<td>Orthopedics department partners with American Bone Health to present exercise demonstration. Registered nurses volunteer to staff medical tent at the festival and provide first-aid supplies.</td>
</tr>
<tr>
<td>Multiple Sclerosis support group</td>
<td>Support persons with MS while presenting exercises to help with strength, posture, flexibility, and balance.</td>
</tr>
<tr>
<td>Music at the bedside</td>
<td>Live music at patients’ bedsides to help relieve anxiety and stress, induce relaxation, and bring comfort.</td>
</tr>
<tr>
<td>MY Museum</td>
<td>Provide permanent, secure parking space for children’s museum mobile unit.</td>
</tr>
<tr>
<td>Negative-margin services</td>
<td>Subsidized cost of services for Outpatient Immunology Services, inpatient and outpatient Behavioral Health Services, the Cardiopulmonary Wellness Program, Westland House, and Hospice of the Central Coast.</td>
</tr>
<tr>
<td>Non-interest-bearing patient payment plans</td>
<td>Non-interest-bearing payment plans for patients.</td>
</tr>
<tr>
<td>Ostomy support group</td>
<td>Education and support for people who have had or will have ostomy surgery, their family members, and friends.</td>
</tr>
<tr>
<td>Parent support group</td>
<td>Education and support for parents of adolescents who are struggling with drug or alcohol abuse and behavior problems.</td>
</tr>
<tr>
<td>Partial hospitalization program support group</td>
<td>Support group for patients who have been in the partial hospitalization program.</td>
</tr>
<tr>
<td>Patient transportation</td>
<td>Free transportation to medical appointments within the community for chronically and terminally ill patients.</td>
</tr>
<tr>
<td>Pharmacy student clinical rotations</td>
<td>Ten-week rotations for pharmacy students with hands-on and didactic experience in a hospital pharmacy practice.</td>
</tr>
<tr>
<td>Pulse magazine</td>
<td>Free publication containing practical health and wellness information on a variety of topics for the lay audience.</td>
</tr>
<tr>
<td><strong>“Quinn On Nutrition” weekly newspaper column</strong></td>
<td>Weekly column discussing nutrition published in the <em>Monterey Herald</em>, Digital First Media News Service, and syndicated through Tribune Content Agency.</td>
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</tr>
<tr>
<td><strong>Recovery Center alumni association</strong></td>
<td>Weekly meeting/support activity for Recovery Center alumni.</td>
</tr>
<tr>
<td><strong>Recovery Center assessment program</strong></td>
<td>Free assessment interview/consultation for substance abuse disorders, mental health, and dual disorder treatment.</td>
</tr>
<tr>
<td><strong>Research program: high-flow nasal cannula</strong></td>
<td>Program to determine impact of high-flow nasal cannula on ability to swallow under modified barium swallow study.</td>
</tr>
<tr>
<td><strong>Restless Legs Syndrome support group</strong></td>
<td>A support group for individuals who suffer from restless legs and/or periodic limb movement disorder.</td>
</tr>
<tr>
<td><strong>RotaCare Clinic</strong></td>
<td>A non-invasive, acute-care clinic for underserved populations, staffed by volunteer physicians, nurses, and clerical support. The hospital provides blood tests, X-rays, ultrasound exams, and electrocardiograms.</td>
</tr>
<tr>
<td><strong>Scholarship program</strong></td>
<td>Program providing need-based scholarships for students pursuing healthcare careers, both undergraduate and graduate.</td>
</tr>
<tr>
<td><strong>School and youth group field trips</strong></td>
<td>Familiarize youth with the hospital to relieve anxiety about hospital visits and to provide exposure to healthcare careers.</td>
</tr>
<tr>
<td><strong>Sewing committee</strong></td>
<td>Annual volunteer activity to sew gifts for newborns and inpatients during the holiday season.</td>
</tr>
<tr>
<td><strong>Sexual Assault Response Team</strong></td>
<td>Training of new nurses for Sexual Assault Response Team (SART); maintenance of training equipment for the SART teams.</td>
</tr>
<tr>
<td><strong>Smoking cessation assessment</strong></td>
<td>A free individual assessment with smoking cessation counselor in the Kick the Nic program.</td>
</tr>
<tr>
<td><strong>Speakers Bureau</strong></td>
<td>Bureau providing expert speakers on a variety of medical and health topics to community groups free of charge.</td>
</tr>
<tr>
<td><strong>T’ai Chi for Health</strong></td>
<td>Basic t’ai chi orientation and movements for people of all abilities.</td>
</tr>
<tr>
<td><strong>Telecare service</strong></td>
<td>A daily reassurance telephone call to house-bound community residents.</td>
</tr>
<tr>
<td><strong>Topics in Diabetes</strong></td>
<td>A monthly education group for people wanting more information about diabetes.</td>
</tr>
<tr>
<td><strong>Total joint replacement class</strong></td>
<td>Class offered to total joint replacement patients on expected hospital course, exercises, equipment and procedures, and pain management.</td>
</tr>
<tr>
<td><strong>United Way employee campaign</strong></td>
<td>Employee participation in the United Way campaign to raise funds for local nonprofit organizations.</td>
</tr>
<tr>
<td><strong>Unpaid cost of CHAMPUS</strong></td>
<td>Unpaid cost of care for patients covered by CHAMPUS program.</td>
</tr>
<tr>
<td><strong>Unpaid cost of Medi-Cal</strong></td>
<td>Unpaid cost of care for patients covered by Medi-Cal program.</td>
</tr>
<tr>
<td><strong>Unpaid cost of Medicare</strong></td>
<td>Unpaid cost of care for patients covered by Medicare program.</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>U.S. Open Golf Tournament medical support</strong></td>
<td>Registered nurse volunteers (CHOMP and non-CHOMP) to staff medical tents throughout the tournament and provide first-aid supplies.</td>
</tr>
<tr>
<td><strong>Volunteer hours served by hospital trustees</strong></td>
<td>Members of the organization’s Board of Trustees serve in a volunteer capacity on the board and on numerous committees.</td>
</tr>
<tr>
<td><strong>Walk and Win</strong></td>
<td>Class series on beginning an exercise program.</td>
</tr>
<tr>
<td><strong>Website</strong></td>
<td>Free health information offered via web site.</td>
</tr>
<tr>
<td><strong>Weigh of Life class</strong></td>
<td>Class providing information on the immune system, basic nutrition, food safety, and food supplements.</td>
</tr>
<tr>
<td><strong>Weigh of Life II support group</strong></td>
<td>Weight management support group for men and women.</td>
</tr>
<tr>
<td><strong>Weight-loss surgery support group</strong></td>
<td>Support and information group for anyone who has undergone gastric bypass or lap-band surgery, has plans to undergo the surgery in the future, or is contemplating undergoing the surgery.</td>
</tr>
</tbody>
</table>
In the spring of 2019, Community Hospital of the Monterey Peninsula again embarked on a comprehensive Community Health Needs Assessment (CHNA) process to identify and prioritize the key health issues for our community.

This Community Health Needs Assessment, a follow-up to nearly identical studies conducted in 2007, 2010, 2013 and 2016 (and to similar assessment efforts conducted since the mid-1990s), is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the hospital’s primary service area. This information is used to inform decisions and guide efforts to improve community health and wellness, allowing those investments to make the greatest possible impact on community health status.

The Community Health Needs Assessment supports three basic goals:

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility of preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting community health needs assessments such as this in hundreds of communities across the United States since 1994.

**DEFINITION OF THE COMMUNITY SERVED**

**CHNA community definition**

Community Hospital of the Monterey Peninsula’s community, as defined for the purposes of the community health needs assessment, included each of the residential ZIP codes that comprise the hospital’s primary service area (PSA), including: 93950, 93940, 93941, 93942, 93943, 93944, 93920, 93921, 93922, 93923, 93955, 93933, 93953, 93908 and 93924. This included Monterey, Carmel, Big Sur, Seaside, Marina, Pacific Grove, Pebble Beach, the Highway 68 corridor, and Carmel Valley. A geographic description is illustrated by the map at right.
Demographics of the community
The population of the hospital’s primary service area is estimated at 143,307 people. It is predominantly non-Hispanic White but also has a substantial Hispanic population. The demographic breakdown, according to the US Census Bureau, is non-Hispanic White (60.7 percent), Hispanic (21 percent), Asian (8.6 percent), African American/Black (3.8 percent), and other (5.4 percent).

HOW CHNA DATA WERE OBTAINED

CHNA methodology
This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an online key informant survey.

Community health survey
The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by CHOMP and PRC and is similar to the previous surveys used in the region, allowing for data trending.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 1,000 individuals age 18 and older in the primary service area. All administration of the surveys, data collection, and data analysis was conducted by PRC. For statistical purposes, the maximum rate of error associated with a sample size of 1,000 respondents is ±3.1% at the 95-percent level of confidence.

Online key informant survey
To solicit input from key informants, those individuals who have a broad interest in the health of the community, an online key informant survey was also implemented as part of this process. A list of recommended participants was provided by Community Hospital of the Monterey Peninsula; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.
Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 106 community stakeholders took part in the online key informant survey, as outlined below:

### ONLINE KEY INFORMANT SURVEY PARTICIPATION

<table>
<thead>
<tr>
<th>Key informant type</th>
<th>Number invited</th>
<th>Number participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>67</td>
<td>24</td>
</tr>
<tr>
<td>Other health provider</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Public health representative</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Social services provider</td>
<td>81</td>
<td>28</td>
</tr>
<tr>
<td>Community/business leader</td>
<td>110</td>
<td>40</td>
</tr>
</tbody>
</table>

Public health, vital statistics, and other data

A variety of existing (secondary) data sources were consulted to complement the research quality of this community health needs assessment. This secondary data was available at the county level; to best match the primary service area, data from Monterey County was used. These were obtained from a variety of sources (specific citations are included in the CHNA report), such as:

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Information gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.
For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. Inevitably, there are medical conditions that are not specifically addressed.

**Vulnerable populations**
The CHNA analysis and report yielded a wealth of information about the health status, behaviors, and needs of our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic, and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations such as uninsured persons, low-income persons, and racial/ethnic minority groups.

For additional statistics about uninsured, low-income, and minority health needs, please refer to the complete community health needs assessment report.

**Public Dissemination**
This community health needs assessment is available to the public at chomp.org. This report is also available via HealthForecast.net™, an interactive, dynamic tool designed to share CHNA data with community partners and the public at large by:

- Informing readers that the CHNA report is available and providing instructions for downloading it
- Offering the CHNA report in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the report
- Granting access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website

Links to this dedicated HealthForecast.net™ site are also made available at chomp.org/chna.

Community Hospital will provide any individual requesting a copy of the written report with the web address where the document can be accessed. Community Hospital will also maintain at its facilities a hard copy of the CHNA report that may be viewed by any who request it.

**SUMMARY OF FINDINGS**

**Prioritization of health needs**
On July 24, 2019, Community Hospital of the Monterey Peninsula convened two meetings to evaluate, discuss, and prioritize health issues for the community, based on findings of this CHNA. The first meeting included 31 community stakeholders (representing a cross-section of community-based agencies and organizations); the second included representation of hospital leadership and staff.
Following the data review, PRC answered questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Finally, participants were provided an overview of the prioritization exercise that followed.

To assign priority to the identified health needs, a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

1. **Scope and severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
   - How many people are affected?
   - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
   - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?
   
   Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

2. **Ability to impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals’ ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Mental health
2. Access to healthcare services
3. Diabetes
4. Substance abuse

Additional needs identified as areas of opportunity were not deemed as significant needs and did not rank highly enough to earn a prioritized ranking due to the number of population affected, the hospital’s ability to improve the issue, or the existence of other resources devoted to the issue elsewhere in the community.

1. Heart disease and stroke
2. Nutrition, physical activity, and weight
3. Cancer
4. Potentially disabling conditions
5. Respiratory diseases
6. Injury and violence
7. Tobacco use
8. Family planning

**Community-wide community benefit planning**

The community benefit plan will be submitted in 2019. Community Hospital is committed to continuing to partner with other organizations in the county to positively impact the overall health of individuals in the community and promote access to care. To this end, the hospital has dedicated significant resources to making Monterey County a more healthy community. As individual organizations begin to use the information from the 2019 community health needs assessment, it is hoped that additional collaboration will occur in support of community-wide health improvement.