

MERCY AND MEMORIAL HOSPITALS **COMMUNITY BENEFIT COMMITTEE CHARTER**

PURPOSE:

The Boards of Directors for both Mercy and Memorial Hospitals are responsible for the implementation of projects and programs aimed at improving the health of the Kern County Community. The Community Benefit Committee is a committee of the boards and exists to guide and participate in the planning, development and implementation of projects and programs aimed at improving the health of the Kern County residence. It is their responsibility to address the needs of those communities where there are disproportionate unmet health needs. The committee will represent diverse sectors of the community and interact to raise issues and identify areas for community outreach opportunities. The Committee will serve as a catalyst for relationship building and partnering with community organizations, populations with disproportionate unmet health needs, the business community, and the individuals who live in the community.

COMPOSITION:

The Community Benefit Committee shall consist of up to 25 members, including 2 hospital Board members, 4 department staff members, Medical Staff member, 2 hospital Foundation representatives, four Management Team representatives and 12 community leaders representing the communities served by the hospitals. (Non-profit community organizations, other health care organizations, business and neighborhoods and populations with disproportionate unmet health needs) The Chair will be selected by the Regional Director of the Department of Special Needs and Community Outreach. Nominees to fill Committee vacancies will be identified by an Ad Hoc Committee, which is appointed by the Chair. This committee works with the Regional Director to identify potential new members to the Community Benefit Committee. The Regional Director will present nominees to the full Committee for approval by general consensus.

An overarching concern for Mercy and Memorial's Community Benefit Committee (CBC) is to maintain a high level of diversity in terms of the gender, race, ethnicity, age and culture of its committee members. In order to ensure informed decision making, the hospitals will establish formal criteria for the recruitment of CBC members. The CBC membership will be expected to reflect a breadth of knowledge, experience, and expertise in the following areas:

- Characteristics, dynamics, and history of communities with disproportionate unmet health-related needs in Kern County
- Community-based organizations in Kern County
- Public sector agencies and policy issues in Kern County
- Education
- Social Services
- Clinical service delivery
- Analysis of service utilization and population health data

- Primary prevention
- Legal issues
- Finance and accounting
- Immigration
- Housing
- Addiction
- Children, youth and family services
- Faith Community
- Physical Infrastructure (Concern for public and private space)
- Minority health and health disparities

Effort will be made to recruit individual committee members with experience and expertise in multiple areas.

TERM OF OFFICE:

Chair and members serve three-year terms. Members may be re-appointed for an additional three-year term and three one-year addition terms.

MEETING FREQUENCY:

The Community Benefit Committee shall meet at least four times a year.

RESPONSIBILITIES:

The Community Benefit Committee will be responsible for:

Community Benefit Plan - The Community Benefit Report and Plan is written by the Special Needs and Community Outreach staff members with the input of the CBC. The report provides a thorough summary of all of the hospitals’ community benefit activities from the previous fiscal year and outlines goals and objectives for the coming fiscal year, as well as two-and-three-year long term goals. The Plan is submitted to the Presidents of Mercy and Memorial Hospitals and both Boards of Directors for approval before going to the CHW System Office and the State of California.

Advocacy - The CBC works with the department and staff on advocacy for healthcare related issues. The Committee may monitor federal, state and local legislation, which may have a direct impact on the community benefit work conducted by Mercy and Memorial Hospitals, and with approval from the hospitals’ Boards, may advocate as needed.

Budgeting Review and Recommendations - The annual Community Benefit Budgets are developed by the Special Needs and Community Outreach staff members for review by the Committee. The goal of the CBC review is to make recommendations concerning the budget to the Regional Director. The focus of the review is to help integrate the budget proposal into the overall strategic plan of the Community Benefit program.

Program Design - The CBC will review and provide input on draft program design developed by Special Needs and Community Outreach staff. CBC will also review the final version and make recommendations to the Hospital Presidents and Hospital Boards. Program activities will be targeted and designed to ensure accessibility for communities and populations with disproportionate unmet health needs in Mercy and Memorial Hospitals' service area of Kern County.

Program Performance Review for Continuation - The Special Needs and Community Outreach Staff will make recommendations to the CBC for program continuation based on program performance and identified measurable objectives, available resources, level/form of community ownership, and alignment with criteria for inclusion as a priority. The Community Benefit Committee's Statement of Purpose shall provide guidance, based on the five core principles:

- Emphasis on Communities with Disproportionate Unmet Health Needs
- Emphasis on Primary Prevention
- Build a Seamless Continuum of Care
- Community Capacity Building
- Collaborative Governance

After integration of CBC input, final recommendations are presented for approval to the Hospital Presidents and Hospital Boards.

Program Monitoring - Program monitoring is the responsibility of the Special Needs and Community Outreach staff. Progress toward measurable objectives is presented periodically to the CBC for input. The CBC will participate in the development of the Community Benefit Plan on a yearly basis and monitor the implementation and achievement of the Community Benefit goals on a regular basis.

Recommend Funding Sources - The CBC's responsibility is to help recommend new possible sources of funding or resources. Securing outside funding is generally the responsibility of the Special Needs and Community Outreach staff, with the support of The Friends of Mercy Foundation and Bakersfield Memorial Health Foundation. The CBC and the Boards of Mercy and Memorial Hospitals play supportive roles (letters of support, assistance with external donors) when appropriate.

GEOGRAPHICAL BOUNDARIES

The service area for Mercy and Memorial Hospitals includes all of Kern County with a primary focus in the greater Bakersfield area of the County. Mercy and Memorial Hospitals' Community Benefit activities will be limited to this geographic area of Kern County and the communities within the area.

FULL DISCLOSURE

To ensure a transparent decision making process all members of the CBC are requested to fully disclose affiliations (financial and otherwise) with organizations that might create a conflict of interest.

NEW PROGRAM SELECTION

New program content areas may be presented for discussion at any time. Each year the county-wide Community Assessment will provide an additional resource for selection of new content areas. Proposed content areas may originate with the Special Needs and Community Outreach staff, senior hospital leadership, the Hospital Boards or the CBC. The Special Needs and Community Outreach staff may bring a limited slate of program content areas for consideration to the CBC, with a preliminary evaluation of how each area meets explicit criteria outlined below. The CBC will proceed with a consensus decision-making process that includes a detailed discussion of options.

After the selection of a program content area, Special Needs and Community Outreach staff will develop a preliminary design for program activities. After integration of CBC input, a final version is presented to the CBC for approval and recommendation to the Hospitals' Presidents.

Criteria for Priority Setting

Criteria for priority setting include five primary criteria and six secondary criteria:

Primary criteria:

- Program addresses populations with disproportionate unmet health needs
- Program addresses primary prevention
- Program advances a continuum of care
- Program increases community capacity
- Program involves collaborative governance and input from the community and individuals effected

Secondary criteria:

- Size of problem (i.e. number of people per 1,000, 10,000 or 100,000)
- Seriousness of problem (i.e. health impact at individual, family and community level)
- Economic feasibility (i.e. program cost, internal and potential external resources)
- Available expertise (i.e. can we make an important contribution?)
- Time Commitment (i.e. overall planning, implementations, evaluation)
- External Salience (i.e. evidence that it is important to community stakeholders)

DECISION MAKING PROCESS

The CBC uses the following process to guide decision-making.

General Understanding and Expectation – The CBC makes decisions by general consensus. Consensus decision-making is based upon the belief that each person has some part of the truth and that no one has all of it. Consensus decision-making enables a group to take advantage of all group members' ideas, and yield a higher quality decision than can be produced through a vote.

Ground Rules

- All participants are equal; rank, status, and other external considerations are set aside.
- Confidentiality – Everything said within the group stays within the group.
- Each member is a fair and reasonable person of integrity with a commitment to uphold the larger interests of the group.
- Ideas and issues are to be discussed and fleshed out; argument and advocacy is inappropriate. Everyone agrees to listen to other people's ideas and try to understand their reasoning.
- Avoid changing your mind only to reach agreement and avoid conflict. Do not “go along” with decisions until you have resolved any reservations that you consider important.

Steps

1. Chair's responsibility in the decision making process.

The Chair's primary role in the decision making process is to ensure that everyone is heard, that all ideas are incorporated, and that the final decision is agreed upon by everyone. The Chair needs to be patient, intuitive, and have a good sense of humor. S/he should always be on the lookout for something missing—a member who wants to speak but is shy, an idea that was badly articulated or dismissed too quickly but has potential, or anything happening on the nonverbal level that might be significant.

2. Present and discuss data and information.

All facts necessary to guide decision-making are presented by Special Needs and Community Outreach staff and discussed among CBC members. For example, in the selection of priority content areas, staff will present how different options are weighed as they relate to priority setting criteria. The group would then offer perspectives and additional information to supplement facts presented by staff members.

3. Proposals

At the completion of the former discussion, a proposal for resolution is put forward. It is then amended and modified through more discussion, or withdrawn if it seems to be a dead end. Chair would ask if there are any objections or reservations.

4. Decisions

If there are no further amendments or concerns offered, there can be a call for consensus. After a few minutes of silence, the group can accept the proposal. If on the other hand, one or two people have concerns that have not been addressed, further discussion is needed. It is critically important that the group view those withholding consensus as doing so out of their highest understandings and beliefs. Similarly, the individual(s) withholding consensus are not doing so out of self-interest, bias, vengeance, or similar feelings. A refusal to enter consensus should be

based upon a strong belief that the decision is wrong, and that the dissenter(s) would be doing the group a disservice by allowing the decision to go forward.