

2012 COMMUNITY BENEFIT REPORT



flourish



grow



live



*Ukiah Valley  
Medical Center*

**Adventist  
Health**

building a community of

care

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“We reflect God’s love to our community by providing physical, mental and spiritual healing.”

## From the Desk of Gwen Matthews

*Chief Executive Officer*

I am grateful to have the opportunity to serve our community. We are at the threshold of ushering in a new era of health care.

Access to health care is a crucial aspect of the Affordable Care Act. Ukiah Valley Medical Center (UVMC) is continually exploring and opening avenues to provide the best resources available for the families we serve throughout our 3,700-square mile service area.

Very soon you will begin to see visible signs of progress being made on our campus as construction of our new emergency department, intensive care unit, and trauma center will be underway. We are investing heavily in our community - doing whatever it takes to ensure we have the resources necessary to keep you, our community healthy and happy for generations to come.



We are family!

Our mission is to reflect God's love to our community by providing physical, mental and spiritual care. We take these words to heart and hope you experience it as compassionate care through each and every one of your interactions with us.

Throughout this report, you will see examples of how UVMC has taken actions to work with our community partners to provide active and progressive support for some of the most emergent trends affecting our community. We are continually accomplishing this by donating our time, talents and financial resources. I am proud and humbled to work with such a giving and caring group of individuals—an attitude that earned UVMC the “Best Nursing Team” in the nation during 2012 as named by Advance For Nurses magazine.

“We are neighbors, brothers, sisters, mothers, fathers, daughters, sons, and friends. We are providers and users of the health care we deliver.”

With this team and our community partnerships, the future of health care in our community looks bright.

Sincerely,

*Gwen Matthews*

## Introduction: Who We Are

From humble beginnings as a small community hospital in the 1950s, UVMC has grown to a state-of-the-art medical center, which is part of Adventist Health – an organization affiliated with the Seventh-day Adventist church that improves health and wellness worldwide.

Our mission is to provide balance of physical, mental and spiritual health through prevention and treatment of disease. UVMC brings together employees, physicians and volunteers who are committed to meeting the needs of our community. UVMC employs approximately 700 individuals who collaborate with our medical staff (representing 27 medical specialties). Our 60 volunteers share in a wide range of service activities to help the hospital better serve the community.

UVMC offers 24-hour emergency-trauma care, inpatient and outpatient surgical services, intensive care (with intensivist), specialty consultation via telemedicine, diagnostic services, family birth center with Level II NICU, rehabilitation services, health education, advanced wound care including hyperbaric oxygen therapy and more. Ukiah Valley

Rural Health Center offers outpatient care in the following specialties: Allergy, Behavioral Health, Cardiology, Family Practice, General, Vascular and Laparoscopic Surgery, Internal Medicine, Obstetrics & Gynecology, Oncology, Ophthalmology, Orthopedics, Pain Management, Pediatrics and Adolescent Care and Urology.

UVMC employs technology that is well above that found in many rural settings. Some of the state-of-the-art technology and services include a 64-slice CT scanner, able to detect vascular and heart disease non-invasively; one of the most powerful Magnetic Resonance Imaging (MRI) units in Northern California; digital mammography; mobile PET/CT services for cancer detection; Lithotripsy (non-invasive removal of kidney stones); Nuclear medicine diagnostic imaging; Remote Presence Robotic system; a family-oriented birthing center with special care nursery and the Advanced Wound Center with advanced wound care treatment including hyperbaric oxygen therapy chambers.



“From humble beginnings as a small community hospital in the 1950s, UVMC has grown to a state-of-the-art medical center.”



“We commit to be good corporate citizens through caring, competence, and stewardship.”



## Commitment to our Community

### *Mission*

We reflect God's love to our community by providing physical, mental and spiritual healing.

### *Employee Focus*

We strive to provide every team member with purposeful, worthwhile work and to help them recognize the contribution they make personally.

### *Community Focus*

We commit to be good corporate citizens through caring, competence, and stewardship.

### *We will fulfill our Mission by...*

- being compassionate to patients, their loved ones, and each other;
- operating with fiscal responsibility thereby ensuring continuous service;
- working together as a team;
- providing high-quality, technically-advanced services;
- preserving individual dignity;
- protecting confidentiality;
- being integral to our community;
- promoting well living in our community;
- being adaptable, innovative, and flexible;
- being expert listeners.

## Communication & Financial Managers for Community Benefit Planning & Reporting

The Community Benefit Assessment, Plan and Report are communicated at least annually to the Governing Board and Community Advisory Council of Ukiah Valley Medical Center for their approval and support. The following individuals participate as Community Benefit Planners and Reporting Managers:

### *Corporate Development and Communications*

Linda Schulz  
Director of Communications  
Northern California Network  
707-967-7516

Nick Bejarano  
Sr. Communications Manager  
Ukiah Valley Medical Center  
707-463-7524

### *Finance*

Brandon Parker  
Chief Financial Officer  
Mendocino Region  
707-463-7360

Chris Sauder  
Director of Finances  
Mendocino Region  
707-463-7636

### *Decision Support*

Laurie Wood  
Regional Director of Strategic  
Performance Analytics  
Northern California Network  
707-463-7615

Mary Logan  
Decision Support Analyst  
707-463-7615

## Governing Board

The Governing Board at UVMC is involved in strategic planning and policy approval. As part of these responsibilities, it provides members with the most recent Community Health Status Report when it is published every two years. Members are asked to approve the Community Benefit goals annually. The Board ensures that the hospital's community service role is in alignment with the hospital's mission, vision, and goals.

The Governing Board at Ukiah Valley Medical Center includes:

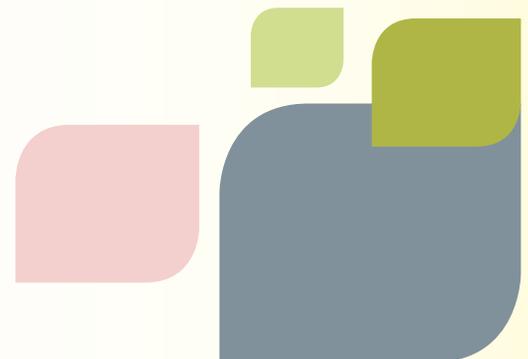
- ◆ Bill Wing, Chairman, Senior Vice President, Adventist Health
- ◆ Marc Woodson, Vice Chairman, Executive Secretary, Northern California Conference of Seventh-day Adventists
- ◆ Terry Newmyer, President and Chief Executive Officer of the Northern California Network of Adventist Health
- ◆ Gwen Matthews, CEO, UVMC
- ◆ Nancy Biggins, Attorney, Retired
- ◆ Jorge Allende, MD, Chief of Staff
- ◆ Channing Cornell, Local Business Professional
- ◆ Donald Coursey, MD
- ◆ Danni Hendricks, Certified Public Accountant
- ◆ Thomas Jutzy, DDS
- ◆ Marty Lombardi, Senior Vice President, Savings Bank of Mendocino County
- ◆ Jeremy Mann, MD
- ◆ Marvin Trotter, MD, CMO
- ◆ Margie Salcedo-Rice, Concertmistress, Ukiah Symphony
- ◆ Donald Rones, Sr., Retired Business Professional
- ◆ Charlie Evans, MD, Vice Chief of Staff
- ◆ Laura Winkle, MD

## Community Advisory Council

The Community Advisory Council (CAC) is comprised of community leaders dedicated to improving local health care by providing information and recommendations to the hospital regarding community needs and fundraising. CAC members also act as ambassadors of good will on the hospital's behalf throughout the community and provide input into the hospital's strategic plan. They are solicited for their opinion regarding the Community Benefit goals each year. Members attend quarterly meetings.

The Community Advisory Council includes:

- ◆ Martha Barra, Vineyard/Winery Owner
- ◆ Bob Blanc, Retired Executive
- ◆ Allyne Brown, Directory of Philanthropy, UVMC
- ◆ Anil Buhla, Owner, Fairfield Inn
- ◆ Melissa Burke, Owner, Credit Bureau of Ukiah
- ◆ Bonnie Carter, Community Volunteer
- ◆ Mary Louise Chase, Vineyard Owner
- ◆ Lynn Chevalier, Volunteer Director, UVMC
- ◆ Richard Cooper, Mendo Lake Credit Union
- ◆ Diane Daubeneck, Principal, Insurance Services
- ◆ Keith Dobbs, Administrative Director, Marketing Communications, Business Development & Physician Recruitment, UVMC
- ◆ Guil Dye, Owner, KWINE/KMYX Radio
- ◆ Ed Eversole, Eversole Mortuary
- ◆ Jim Goltz, Owner, Retech Systems
- ◆ Rich Hearney, Retired Military
- ◆ Monte & Kay Hill, Community Members
- ◆ Brenda Hoek, Community Member
- ◆ Steve Johnson, Attorney
- ◆ Marty Lombardi, Senior Vice President, Savings Bank of Mendocino County
- ◆ Dede Ledford, Property Manager
- ◆ Gwen Matthews, CEO, UVMC
- ◆ John Mayfield, Consultant
- ◆ Carol Mordhorst, Retired (former Director, Mendocino County Public Health)
- ◆ Deborah Pardee, CAL Star Representative
- ◆ Margie Salcedo-Rice, Concertmistress, Ukiah Symphony
- ◆ Sharon Ruddick, Agriculture
- ◆ Neelam Salem, Investment Counselor
- ◆ Joan Schlienger, Board Member for Mendocino County Foundation
- ◆ Francine Salem, Assistant Principal Ukiah High School (retired)
- ◆ Dick Selzer, Owner, Selzer Realty
- ◆ Ann Thornhill, Retired Teacher
- ◆ Heather Van Housen, VP of Patient Care, UVMC
- ◆ Jim Wattenburger, Retired CAL Fire
- ◆ Raymond Worster, Certified Public Accountant
- ◆ Steve Zuieback, Consultant



# Community Needs Assessment

## *Executive Summary: Mendocino Community Health Status Report 2010*

Mendocino County Health & Human Services Agency (HHSA), Community Health Services Branch, continues to provide some answers to the question “How healthy is our community?” in the Community Health Status Report (CHSR). This eighth biennial report introduces Social Determinants of Health and Health Equity and updates a selection of health-related and demographic indicators. Traditional health indicators such as birth rates, death rates and numbers of reported cases for various communicable diseases as well as broader determinants of economic, social and environmental health are also included. Some of the key findings and points of interest are included in this summary.

### **What makes us healthy or unhealthy?**

- ◆ Social determinants of health are the factors embedded in our social and physical environments that impact health either directly or indirectly and are often beyond the control

of the individual. These include socioeconomic status, transportation, education, housing, access to services, discrimination, and environmental conditions.

- ◆ Health inequities arise from health differences that result from inequitable distribution of social determinants and are both preventable and unfair and affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, socioeconomic status, education and other characteristics linked to discrimination.
- ◆ While lower income and educational levels and less access to services and health insurance generally translate into worse health status and earlier mortality, this is often not the case for Latino immigrants. This is called the Latino Paradox.
- ◆ When it comes to county data by race/ethnicity for residents living in poverty, household income and education, it can be seen that residents of the white race do better overall than American Indians and somewhat better than Hispanics.



“While lower income and educational levels and less access to services and health insurance generally translate into worse health status and earlier mortality, this is often not the case for Latino immigrants.”



- ◆ Looking at age-adjusted death rates by race/ethnicity, Hispanics have the lowest death rate with whites having the highest. Due to small numbers of population and deaths, American Indian death rates are unstable and trends not reliable.
- ◆ In terms of life expectancy by race/ethnicity, the opposite patterns can be seen: Hispanics have the highest life expectancy with whites following and American Indians not reliable (sometimes high, sometimes low) due to small numbers.

### *County Health Status*

Mendocino County is compared with the State across a sub-set of health status indicators that have been selected by the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics (NCHS) as basic measures of the health of the nation called Healthy People 2010 (HP 2010) Objectives. Mendocino County rates for these indicators are compared with the HP 2010 objectives and with the State for the period 2005-2007 below.

Mendocino County rates were:

- ◆ Not significantly different than California death rates for motor vehicle crash, firearm injury, all cancers, lung cancer, female breast cancer, stroke, infant, and diabetes; and birth rates to teens aged 15-19 and percent of low-birth-weight infants;
- ◆ Significantly better than California death rates for coronary heart disease; were significantly worse than California death rates for unintentional injury and suicide and percent of late or no prenatal care;
- ◆ Met the HP 2010 Objectives for death rates due to coronary heart disease, stroke, all cancers, lung cancer and female breast cancer and infants, but not for motor vehicle crashes, unintentional injuries, suicides, and percent of late prenatal care and percent of low birth weight infants.

Another look at County Health Indicator Rankings comes from the Mobilizing Action Toward Community Health (MATCH) project from the University of Wisconsin Population Health Institute. Health indicators for each county are ranked within each state giving an indication of how healthy counties are in relation to other counties in a state. Mendocino County had the following selected rankings compared to other California counties:

- ◆ Overall health outcomes – 43<sup>rd</sup> out of 56 health jurisdictions
- ◆ Mortality, including premature death – 50<sup>th</sup> out of 56
- ◆ Health behaviors, including smoking, obesity, STDs, binge drinking, etc. – 36<sup>th</sup> out of 56
- ◆ Clinical care, including insurance coverage, screenings, etc. – 27<sup>th</sup> out of 56
- ◆ Social & economic factors, including unemployment, poverty, income inequality, etc. – 43<sup>rd</sup> out of 56
- ◆ Physical environment, including access to health foods, air pollution, etc. – 3<sup>rd</sup> out of 56

### *Demographics and Socio-Economic Environment*

#### **Demographics**

- ◆ The population of Mendocino County increased by 20% from 1980 to 1990 but only by 7% from 1990 to 2000. With a population projection of 93,166 in 2010, Mendocino County would show an increase of 7% from 2000 to 2010.
- ◆ State estimates for 2010 show that children and youth under the age of 18 make up 25.7% of Mendocino County's total population and children under the age of 10 make up 12.5% of the population.

- ◆ 2010 estimates indicate the age groups with the largest populations were the 20-29 year-old group with 14,049 or 15% of the population and the 50-59 year-old group with 13,797 or 14.8% of the population. Residents over 60 made up 23% of the population.
- ◆ In 2010 estimates, 68.9% of residents were Caucasian, 20.6% were Hispanic and 6.3% were American Indian. The Hispanic population is expected to increase to 24% by 2015.
- ◆ According to the US Census Bureau, American Community Survey for 2008, 27.5% of Mendocino County residents were high school graduates, 24.9% had some college and 31.4% had a degree beyond high school.
- ◆ The Census County Bureau estimated that in 2008, 19% of Mendocino County residents lived in poverty compared to 13.3% statewide. For persons with children under 18, the percent's increased to 23.2% for Mendocino compared to 18.5% statewide.
- ◆ The median household income in 2008 for Mendocino County was \$43,205 and \$61,021 for California.
- ◆ An estimated 8,260 (9.2% of the 2008 population) residents received public assistance which includes CalWORKS, Foster Care, Welfare to Work and Food Stamps.
- ◆ According to the 2009 Mendocino County Homeless Census, at any one point-in-time, an estimated 1,206 homeless people are on the streets or in emergency shelters.

### Socio-Economic Environment

- ◆ The county unemployment rate followed the same decline as seen in the State rate through 2006 with both beginning to increase in 2007. By 2009, Mendocino County rates were at 10.1% with the State rate at 12.2%. By March 2010, County rates were at 9.7% and California at 12.6%.

“State estimates for 2010 show that children and youth under the age of 18 make up 25.7% of Mendocino County’s total population and children under the age of 10 made up 12.5% of Mendocino’s population.”

### Physical Environment

#### *Healthy Behaviors, Access to Healthy Food and Physical Activity*

- ◆ According to Community Health Indicator Survey 2007, almost three in four Mendocino County residents were in excellent to good health, two in five got moderate to vigorous physical activity, half ate five-a-day fruits and vegetables with two out of five unable to afford enough food.
- ◆ The number of persons seeking food stamps in September 2009 was 19,356 (about 11.5% of the population). It is estimated that less than half of those eligible for food stamps receive them.

### Alcohol Outlets, Tobacco Sales to Minors

- ◆ The number of retail liquor outlets in the County continues to be almost twice that of the State since 1992 (43 county outlets vs. 19 state outlets per 10,000 residents).
- ◆ In October 2009, 15% of tobacco retailers surveyed in the County sold to underage youth.

## Environmental Health

- ◆ Between 2008 and 2009, 1,248 routine inspections were conducted by the HHSA Environmental Health (EH) Division.
- ◆ A total of 248 public nuisance complaints were lodged with EH with 27% involving septic systems, 32% involving food facilities and 7% involving food borne illness.
- ◆ The Redwood Empire Hazardous Incident Team (REHIT) responded to and oversaw 13 illegal drug sites: 11 involving indoor marijuana gardens and two involving methamphetamine labs.
- ◆ A yearly average of 314 animals biting humans were reported between 2004 and 2008; only two of those tested positive for rabies.
- ◆ The highest reported application for pesticides in Mendocino County is sulfur on grape and pear crops. The annual usage of all pesticides increased by 44% from 2006 due to an increase in board feet of treated lumber in 2007.

## Availability and Utilization of Health Services

### *Medical Facilities, Emergency Medical Service*

- ◆ Health care resources available in Mendocino County include: three hospitals, eight Federally Qualified Health Centers and 10 Rural Health Clinics.

- ◆ Acute care hospitalization remains the most costly form of health care in Mendocino County. During 2006-2008, almost 40% of all hospital discharges were paid through Medicare and more than 30% through Medi-Cal. A different pattern of payment is seen for ER visits where almost 40% were paid through Medi-Cal and almost 20% through Medicare. Other 3rd-party insurance covered 23% for hospitalization and 23% for ER visits.
- ◆ Outpatient services at the two Indian Health Clinics were offered to 5,132 patients in 2008, with over 60% of all patients being American Indian. The Alliance for Rural Community Health (ARCH) clinics saw a total of 41,283 patients in 2008 with 68% seen for medical visits, 25% for dental visits and 9.5% for mental health visits.
- ◆ In 2008, the Emergency Medical Services program in Mendocino County logged 11,202 requests for services by ambulance, an increase of 15% since 2006.

## Health Insurance Coverage

- ◆ In Mendocino County in July 2008, there were 20,296 people (22.6% of the total population) enrolled in the Medi-Cal program and 2,505 people (2.8% of the total population) were enrolled in the County Medical Services Program (CMSP).





- ◆ According to the California Health Interview Survey (CHIS) 2007, comparing Mendocino County to the State, 39.9% of County residents had job-based insurance compared to 69.6% statewide; 22.2% had Medi-Cal compared to 15.2% statewide; 15.8% were uninsured compared to 14.6% statewide.
- ◆ According to the Mendocino Children's Health Initiative, it was estimated that there were between 2,500 and 3,000 uninsured children, some of whom were eligible for Medi-Cal or the Healthy Families Program. Those not eligible for these programs, but still income eligible, can obtain CalKids coverage through Healthy Kids Mendocino. In December 2008, 387 kids were enrolled in CalKids.

### Mental Health Services

- ◆ For Fiscal Year 2008-2009, the County Mental Health services and its contractors served 2,736 people. Approximately 80% of the charges for these clients were paid by Medi-Cal.
- ◆ Total "out-of-home" child placements in 2009 were 269. Expanded mental health treatment within the County has reduced the number of children in placement and lowered many associated costs.
- ◆ Adult psychiatric placements for 2008 were 53 and psychiatric hospitalizations were 179. The number of placements has been reduced by improving crisis response, providing local support services and returning clients home as promptly as possible rather than into out-of-county placements or hospitalizations.
- ◆ The Mendocino County Office of Education provides the Special Education Local Plan Areas (SELPA) with special services for children received interventions by staff.

### Health of Mothers and Infants

- ◆ Birth rates in the County and the State continue to decrease slowly with the greatest decrease in births to women of the white race. Total number of births in Mendocino County was 1,106 in 2006, 1,145 in 2007 and 1,168 in 2008. Birth rates by race have remained fairly constant for the past five years with proportions for 2008 being 53% of births to white, 38% to Hispanic and 5% to Native Americans.
- ◆ The birth rate (per 1,000 teens) of teenage girls ages 15-17 in Mendocino County varies from year to year but generally dropped through 2002 but rose in 2007 and 2008. The numbers of births to teens dropped from 48 in 2002 to 29 in 2006 and increased to 40 in 2007 and 35 in 2008.
- ◆ The 2-year aggregate infant death rate (per 1,000 births) for Mendocino County fluctuated between 6.2 for 1999-2000 to a high of 10.3 during 2005-2006 and is often higher than the State.
- ◆ In 2008, low birth weight babies accounted for 6.2% of births to County residents, not significantly different from the State rate but an increase from 5.8% in 2007. The rise of this indicator is being closely monitored by Public Health.
- ◆ The percentage of women receiving prenatal care in the first trimester has been slowly rising from a low of 58.7% in 1999 to 69.6% in 2008, but remains significantly lower than the State's 82.9% in 2007.

- ◆ Data from the perinatal substance abuse screening project for 2006-2009 of the Mendocino County Child and Adolescent Health (MCAH) program revealed that 52.5% of women reported using alcohol or other drugs in the month before they knew they were pregnant dropping to 26.9% after they knew they were pregnant.

### Health of Children and Adolescents

- ◆ In FY 2007-2008, 3,994 children received Child Health and Disability Prevention (CHDP) preventive health care services, providing regular preventive health assessments and immunizations to Medi-Cal eligible children 0-19 years old.
- ◆ During FY 2008-2009, approximately 500 children with chronic illnesses or disabilities were enrolled in the California Children's Services (CCS) program in Mendocino County and received specialized medical care and rehabilitation.
- ◆ Data from the California Physical Fitness Test for school year 2008-2009 revealed that over 73% of 5th graders, 75% of 7th and 76% of 9th graders achieved four out of six health standards, an increase since last reported.
- ◆ According to CHIS 2007, an estimated 84% of children were normal weight for age, 69% of teens were normal weight, 51% of children ate five or more fruits & vegetables daily, 61% of teens ate fast food in past week, 86% of children engaged in physical activity at least three days per week and 39% of teens were physically active every day.
- ◆ From 2004 through 2006, injuries due to falls and motor vehicle accidents accounted for 42% of all nonfatal hospitalized injuries to children and youth 0-20 years old. Injuries also accounted for 44% of all deaths to children and youth from 0-20 years old.
- ◆ According to the Child Death Review Team (CDRT) information, 13 children under the age of 18 years died in 2008 in Mendocino County; 46% (6) by natural causes and 54% (7) by accident.
- ◆ Between 2004 and 2006, the number of hospitalized, nonfatal suicide attempts in the age group 13-15 was three and the number of suicide deaths was one. However, a much higher number of suicide attempts show up in the ER each year.
- ◆ In 2008, a total of 1,699 children were reported to the Children's System of Care/Social Services Branch of HHSA for suspected child abuse or neglect, which was a decrease of 15% from 2007.
- ◆ In January 2007, 252 children were in out-of-home placement including 42% in foster care, 16% in group homes, and 33% in a relative's home. More than 3/4ths of the cases reported were from general neglect.



“Data from the California Physical Fitness Test for school year 2008-09 revealed that over 73% of 5th graders, 75% of 7th and 76% of 9th graders achieved 4 out of 6 health standards, an increase since last reported.”

“According to the estimates from the State, the senior population, 60 and older, in Mendocino County increased by almost 26% between 2000 and 2010.”

- ◆ Results from the California Healthy Kids Survey of 2006-2008 indicates that 51% of 11th grade respondents reported past 30-day alcohol use while 83% of these respondents perceived alcohol use to be harmful; 27% of 11th grade respondents reported past 30-day marijuana use while 77% reported perceived harm from frequent marijuana use. These percents decreased for 8th graders and 7th graders.

### Health of Adults and Older Adults

- ◆ According to the estimates from the State, the senior population, 60 and older, in Mendocino County increased by almost 26% between 2000 and 2010. Seniors were estimated as 22.8% (more than one in five) of the county population.
- ◆ Falls to seniors 65 and over account for the largest number of non-fatal hospitalized injuries. During the period 2004-2006, there were 713 nonfatal hospitalized falls of seniors out of 1,080 total hospitalizations (66%).
- ◆ According to CHIS 2007, an estimated 25% of adults in Mendocino County were obese.
- ◆ Mendocino County adult (ages 18-69) felony and misdemeanor drug-related arrest rates per 1,000 continue to be consistently higher than State rates. Adult arrest rates for driving-under-the-influence (DUI), which are also higher for the County than

the State, were fairly consistent for the County and the State from 2001 through 2005 and then increased in 2006 due to an increase in patrols for DUIs in Ukiah from 2006 to 2007.

- ◆ Alcohol-related hospitalizations (not including ER data) for Mendocino County averaged 635 between 2003 and 2007 while drug-related hospitalizations averaged 530 between 2003 and 2007.
- ◆ Domestic Violence-related calls to law enforcement in Mendocino County began to decrease in 2005 with 594 calls through 2008 with 485 calls. However, the number of arrests for spousal abuse has remained fairly constant over the past five years with an average of 168 per year, about the same as the last five-year period.
- ◆ In Mendocino County during FY 2008-2009, a total of 649 elderly and dependent adults were reported as victims of suspected abuse and neglect, a decrease from the 676 reports in FY 2007-2008.

### Infectious Disease

- ◆ Chlamydia is the most frequently reported Sexually Transmitted Disease (STD) in Mendocino County. Of the 216 reported cases of chlamydia in 2009, 32% (almost 1/3 of all cases) were teens.
- ◆ A total of seven active TB cases were reported to the Health Department in 2008-09.
- ◆ A total of 12 confirmed cases of Neisseria meningitis were reported to the Health Department in 2008 and 2009.
- ◆ In 2009, four residents died from the H1N1flu virus. Many other residents were ill with the virus but recovered. At the end of 2009, approximately 30,000 doses of vaccine had been disseminated.
- ◆ Hepatitis C is the fastest growing infection in the County with 945 new cases reported between 2005 and 2009.
- ◆ As of July 2009, HIV staff in the County had knowledge of 575 individuals with HIV infection or AIDS who have used services since 1982. Of those, 135 (24%) are living.

- ◆ In the ninth (and last) year of operation (FY 2008-2009), the Mendocino County Needle Exchange Program has exchanged over 500,000 needles and syringes.

### Chronic Disease

- ◆ Cancer was the primary cause of death in Mendocino County for the three-year period 2005-2007 with a rate of 163.4 per 100,000 population compared to the State rate of 159.3 for the same time period.
- ◆ Coronary Heart Disease (CHD), one of the many “Diseases of the Heart” has historically been the second leading cause of death, behind cancer. When adjusted for age and averaged over three years, death rates for CHD were 123.0 per 100,000 for 2005-2007 in Mendocino County, which was lower than the State rate of 145.2.
- ◆ Lung cancer continues to be the most common cause of death with female breast cancer a distant second. Related to this is the 2007 CHIS estimate of the population of current smokers: 25% in Mendocino, 13% statewide.
- ◆ For the three-year period 2005-2007, Mendocino County had a yearly average of 44 deaths from lung cancer, followed by colon cancer with 18 deaths and breast cancer with 13 deaths.
- ◆ According to CHIS 2007, an estimated 27.7% of Mendocino County residents have been diagnosed with arthritis. Related to this is the 2007 CHIS estimate of 25% of Mendocino County residents who are obese.
- ◆ CHIS 2007 estimates 7.5% of Mendocino County resident have been diagnosed with diabetes. In 2008, 5% of clients seen at the ARCH clinics and 29% of clients seen at the Indian Health Centers were diagnosed with diabetes.

### Deaths from All Causes

- ◆ Between 2005 and 2007, a yearly average of 794 residents of Mendocino County died.
- ◆ All cancer deaths account for 22% of all deaths in 2005-2007, whereas, Coronary Heart Disease accounts for 16.2% of all deaths for the same time period.

The complete report is now available. Check the public health website at [www.co.mendocino.ca.us/hhsa/newsletters.htm](http://www.co.mendocino.ca.us/hhsa/newsletters.htm) for additional copies in pdf format.



## Strategy / Goals: Community Benefit Initiative and Results

### *Goal: Collaboration with Community Healthcare Resources*

During 2012, Ukiah Valley Medical Center is continuing to provide leadership for a local consortium referred to as the CUSOC group, an acronym for Chronic Users System of Care. UVMC and its Rural Health Clinic, along with Mendocino Community Health Clinic, Ford Street (a homeless shelter and additional counseling service), MCAVHN (Mendocino County AIDS/Viral Hepatitis Network) and the Mendocino County Sheriff's Department developed a plan in 2010 to identify and assess the impact of individuals who are intense users of health care services within Mendocino county. The California Medical Services Program (CMSP) provided a grant to undertake that planning activity which engaged many additional services and care providers. CMSP provides health coverage for low-income, indigent adults in 34 primarily rural California counties. The team obtained voluntary HIPAA-compliant consent from 19 individuals and created a data map of services provided them over a 22-month period. From that assessment and planning effort, the CUSOC group implemented a case management model designed to provide intensive, focused assistance to a small group of frequent users of health care and other services.

The goal of the collaboration is to develop a management system for chronic health care users that would lower

costs, provide better and appropriate treatment, and offer a unified medical management service for the chronic users. While our initial group of 19 clients has been identified, our goal is to have 50 participants during this first year and up to 200 by the end of year two. The CUSOC group is committed to this project and was awarded for a subsequent implementation grant by CMSP. However, all key partners must bring something to the table (in-kind donations) as the grant does not cover all expenses or needs.

### **2012 Results**

In the first six months of the project, CUSOC had a total of 41 clients. These clients are receiving case management based on acuity, medical care, and behavioral health or drug/alcohol treatment. Several clients are incarcerated but will be released into the CUSOC program after completing their sentence. Care management is initiated while in jail. Most clients are referred from the jail. However, they can be referred from any agency as long as they are "chronic" users of care and are CMSP or CMSP-eligible.

Clients are tracked by The County of Mendocino Homeless Continuum of Care web-based software "Client Track." This software is used to monitor clients and track services received throughout the system. The County paid for four additional licenses for the first six months as their in-kind donation.

The goal of CUSOC is to develop a management system for chronic health care users that would lower costs, provide better and appropriate treatment, and offer a unified medical management service for the chronic users."



As a result of CUSOC, UVMC has seen a decrease in ER/in patient charges of \$113,894 for the original 19 members over a one-year span from 2010 to 2012.

***Strategy / Goal: Introduction of an Expansion Project for a new Emergency Department and Intensive Care Unit at UVMC***

Responding to growing community need for strong local emergency services, trauma care, and services for acutely-ill patients in the service area, UVMC will launch a fundraising campaign to build a new 20-bay emergency department with trauma bays, isolation area, two secured treatment areas for behavioral health patients, and a specialized area for rape victims. The Intensive Care Unit (ICU) will feature a state-of-the-art, eight-bed unit designed for easy patient telemetry monitoring and space for renal procedures, ventilators, ultrasound equipment, bladder scanners and multiple IV pumps. The total cost of the project is \$22,350,000 with \$4 million to be raised from employees, medical staff and community friends.

Following a successful employee and physician capital campaign to raise \$1.15 million in 2012, a Community Campaign Cabinet was formed to meet with community members to move forward on the emergency department and intensive care

unit project. Generous gifts were secured from community leaders, such as Pauline and Morgan Ruddick, whose gift will provide a rooftop helipad and Albert Beltrami who honored his late wife, Patricia, by naming the emergency department lobby in her memory. Leadership gifts have been received from dozens of grateful patients and their family members who believe in the importance of providing for the future of health care in the Ukiah Valley. To date, more than \$2.5 million of the \$4 million goal has been raised from employee, physicians and community members.

***Strategy / Goal: Coordinated Wellness Program***

Building on previous year's strategies and at the request of major employers in the community, UVMC plans to develop a coordinated health and wellness program. Currently the medical center offers a range of independent programs from various departments. During 2012, UVMC will package a cafeteria-style program where employers can select from a menu of services including diabetes education (in English and Spanish), smoking cessation classes, orthopedic and arthritis programs, occupational health services, family and children programs (such as breastfeeding classes and prenatal programs) and a health-risk



assessment. This tool will allow the medical center to match resources with specific community need.

Also included will be diagnostic services such as laboratory services, and radiological services for detection and preventive health care including mammography, pap smears and prostate-specific antigen tests.

Medical center employees will be engaged in the program to help control insurance costs and reduce time off for illness. While lower insurance costs are an objective, having our employees and their families more healthy is the real goal.

### 2012 Results

UVMC closed out the year with 533 participants who conducted their Health Risk Assessment (HRA) as part of the LivingWell program. From their HRA, high risk areas have been identified. Educational programs and incentives will be based on bringing the high-risk employees and their spouses into the mid-risk category and ensuring that mid-risk participants do not move to the high-risk category.

Return on investment is generally quoted as a \$1 investment in wellness programs saves \$3 in health care costs per person.

Our UVMC LivingWell program goals are to:

- ◆ Further our mission of caring for employees' physical, emotional and spiritual needs.
- ◆ Decrease employee and dependent health care costs.
- ◆ Further connect UVMC with our community through educational outreach to employee groups.
- ◆ Assist with improved management of chronic health conditions for employees and dependents.
- ◆ Decrease employee injury rates, workers compensation and disability costs, missed work days caused by illness or injury.
- ◆ Develop external program offerings to potentially include a Regional Wellness Consultation, wellness programs for other employers and community educational programs.

## Additional Community Benefits

### *Special Care Nursery*

#### *(HHS AAB – Special Populations)*

The UVMC Special Care Nursery offers the community intensive care services for babies that would otherwise have to travel 60 – 200 miles to Santa Rosa or the Bay Area to receive care. In 2012, we admitted 33 babies to the NICU, for a total of 134 patient days. Room and board was offered to the mothers of Special Care Nursery patients.

### *Sexual Assault Response Team (SART)*

#### *(HHS AAB – Community Safety)*

SART is a collaborative community effort that includes law enforcement, medical examiners, the District Attorney's office, protective services and advocacy groups working together to improve the investigation and prosecution of sexual-assault cases, and ensuring appropriate care and treatment of victims. Through support from the Soroptomist International of Ukiah, UVMC was able to acquire a colposcope. Colposcopes are used during sexual-assault examinations, and can be instrumental in both assessing a patient's condition and providing details to help apprehend and prosecute those who perpetrate violence against women. UVMC continues to offer nursing services, space and other staffing support to SART and provided 12 SART exams in 2012 — five adults and seven children. It

also provides free education to SANE (Sexual Assault Nurse Examiners).

### *Under-reimbursed Care*

#### *(HHS AAB – Access to Care)*

In addition to traditional charity care, UVMC provides health care services to those who can only pay for part of their care, either through government assistance or other means. Several years ago, the hospital expanded its charity care policy to include patients with incomes up to 400 percent of the Federal Poverty Level.

### *Low-cost Copies of Medical Records*

#### *(HHS AAB – Access to Care)*

The UVMC Health Information Management Department (Medical Records) frequently provides free or low-cost records to patients who request copies of their information. Although most copied records are fewer than 50 pages, some can take more than eight hours to produce. In 2012, the Medical Records staff filled 1,750 patient requests free of charge.

### *Free Notary Services*

#### *(HHS AAB – Access to Care)*

The hospital president's assistant is a notary public and notarized 89 documents for employees, medical staff and community members free of charge in 2012.



“Several years ago, the hospital expanded its charity care policy to include patients with incomes up to 400 percent of the Federal Poverty Level.”



### ***Leadership Mendocino***

UVMC donated \$1,000 to the Leadership Mendocino program, which teaches local leaders to learn about the whole county and encourages them to connect with one another to solve county-wide problems. In addition to supporting the program financially, the hospital consistently sponsors individual employees to participate in the program.

### ***Mendocino College Nursing Program***

***(HNSAAB – Access to Care)***

In 2012, UVMC provided \$60,000 worth of funding for a clinical instructor in the RN program at Mendocino College to benefit nursing education. This collaborative effort recognizes the importance of supporting health care education programs that introduce well-trained nurses into the local health care system.

### ***United Way Day of Caring***

On September 14th, 25 UVMC employees participated in the United Way Day of Caring. Day of Caring allows volunteers to experience first-hand the needs in our community and then roll up their sleeves and help. The experience, which started with a morning rally and concluded with dozens of completed projects, left volunteers feeling energized and deeply connected to their community.

### ***American Cancer Society's Relay for Life***

UVMC staffed a first aid tent at the event. The ACS is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

### ***Free Use of Hospital Conference Rooms***

In 2012, UVMC offered its conference rooms to various community groups for no charge. This service benefited 700 people with more than 200 hours of conference time donated.

### ***Tours of the Hospital for Elementary and High School Students***

In 2012, UVMC staff continued the hospital's tradition of providing hospital tours to school children. The tours focus on the responsibilities of various departments, the types of positions available in hospitals and the importance of teamwork, infection control and helping others. The tour guide provides students with a small gift, such as a hospital coloring book. Several schools participated, serving approximately 60 students.

### ***Spiritual Care Department (SCD)***

At UVMC, the SCD is involved in counseling, crisis intervention, and yearly holiday food and toy drives. SCD chaplains act as liaisons between the hospital and the leaders of various religious organizations in Mendocino County, and refer patients to appropriate community agencies to meet spiritual, mental, and financial needs. At times, the chaplain is called upon for mediation services between medical personnel and faith groups with distinctive practices. We continued a "Hope for Grieving Families" support group for those that have lost a child at any age. In addition, UVMC took part in the world-wide candle lighting ceremony for lost children.

### ***Volunteer First Aid Stations***

UVMC employees voluntarily staff first aid booths at several community events, such as South Ukiah Rotary's Triathlon, Ukiah's Country PumpkinFest and the American Cancer Society's Relay for Life.

### ***Free and Low Cost Mammograms***

***(HNSAAB – Access to Care)***

To celebrate National Breast Cancer Awareness Month, UVMC provided 25 women with free mammograms and another 63 were provided with low-cost mammograms during the month of October.

### *Smoking Cessation Class (HHSAAAB – Healthy Lifestyles)*

The six-week program is based on the Freedom from Smoking Program offered by the American Lung Association. The program is part of the UVMC community wellness education program. The group serves approximately 12 people at each of its weekly meetings. The mentor program, guest speakers and the on-going support provided by the program are quoted as the most helpful aspects of the program for those wanting to quit.

### *Participation in Coordination of Care (HHSAAAB – Access to Care)*

UVMC leaders worked with other health care professionals from community agencies and health care organizations to better coordinate the provision of and the referral to health services. UVMC also hosted the Emergency Medical Care Council meetings, participated in pre-hospital chart review for paramedics and EMTs, and assisted in the quality review for the local jail.

### *Hospital Volunteer Program*

The volunteers from UVMC are an active group of 50 – 60 dedicated people who collectively have given more than 100,000 hours of service over the years to the community. Most of the group has volunteered for at

least 15 –25 years. Volunteers greet people as they come into the hospital, manage the gift shop, deliver flowers to patients and aid many of the hospital's departments with clerical support duties. In 2012, proceeds from bake sales or donations from the volunteer gift shop were provided to St. Mary of the Angels Catholic School, Ukiah Firemen, Ukiah Valley Christmas effort, the Mendocino County Farm Bureau, Diabetes Education Fund, and our emergency department. In 2012, they volunteered more than 10,000 hours to the hospital. Volunteers in the chaplain's office donated hundreds of hours of service.

### *Licensed Vocational Nurse (LVN) and Registered Nurse (RN) Training (HHSAAAB – Access to Care)*

Every year, UVMC employees give free instruction to college nursing students as they train at the hospital to become LVNs and RNs. LVN instruction includes approximately 720 hours per student for 30 LVN students. RN instruction includes two classes of up to 24 students, whose combined clinical learning time is approximately 1,700 hours.

In addition, RN students have the option of doing their senior preceptorship at UVMC, which is 120 hours per nurse (10 shifts). Experienced UVMC nurses spent this time with the senior nursing students giving them one-on-one instruction.



“Volunteers greet people as they come into the hospital, manage the gift shop, deliver flowers to patients and aid many of the hospital's departments with clerical support duties.”

### ***Procurement and Donation of Hospital Supplies for Local Schools & Mission Trips***

The Materials Management Department donated medical supplies to the Ukiah Adult School Medical Assistant and LVN classes. It also donated supplies to medical mission trips, including those to Guatemala and Haiti.

### ***Publication of Free Health Newsletter***

UVMC works with Coffey Communications and Blue Spire to publish a free community health newsletter, *HealthScene* and Live Younger Longer. The publication is sent to households in Mendocino, Lake and Northern Sonoma counties, and includes health articles and a calendar of health classes. The newsletter is published three times a year and is mailed to more than 50,000 homes on a quarterly basis.

### ***Free Education to Emergency Personnel (HHSAAAB – Access to Care)***

In 2012, the UVMC Emergency Department continued its tradition of providing free education to local paramedics, firefighters and emergency medical technicians (EMTs). UVMC provides eight-hour preceptorships to approximately 60 EMT students (40 from the Ukiah Adult School and 20 from Anderson Valley Fire Department) and 240-hour preceptorships to seven paramedic students from Mendocino College.

### ***UVMC and Me Seminar Series***

#### ***(HHSAAAB – Health Lifestyles/Environmental Health)***

This program offers free information to community members through seminars and screenings. Topics range from managing pain to how to use Facebook. The program serves approximately 30 people per month and provides access to information and providers. In 2012, we hosted 12 UVMC and Me events.



The Materials Management Department donated medical supplies to the Ukiah Adult School Medical Assistant and LVN classes. It also donated supplies to medical mission trips, including those to Guatemala and Haiti.”



“CWF is UVMC’s version of speed dating and focus group merged into one.”

### ***Connecting with Focus (CWF)***

CWF is UVMC’s version of speed dating and focus group merged into one. At this event we invite our Community Advisory Council members to host and invite their contacts to each CWF event. Community members sit at tables while four different presenters rotate the room in an effort to inform about hospital resources and to get feedback as to community needs. From this event, we have been able to garner several ideas on how to share our services with local employers and community members. In 2012, we hosted 12 CWF meetings.

### ***Public Radio Show on KZYX&Z***

The UVMC marketing department scheduled speakers for a bi-monthly one-hour health education radio show in conjunction with Dr. Marvin Trotter. Annually, 24 programs on health-related topics were broadcast at no charge. Many of the speakers are affiliated with Ukiah Valley Medical Center.

### ***Supporting Health-Related Charities***

In 2012, UVMC donated to the Cancer Resource Centers of Mendocino County, Ukiah Valley Association for Habilitation, Nuestra Casa, the Mendocino County Sheriff’s Activities League, and the Mendocino County AIDS Viral Network.

### ***Education for Local Students***

#### ***(HNSAAB – Access to Care)***

UVMC participated in the SCRUBs class at the local high school by having several leaders lecture on various aspects of health care, working in a hospital, and the hospital’s role in the community.

### ***World Diabetes Day***

On November 14, 2012, we hosted a World Diabetes Day drive-thru diabetes screening open to our employees and local community. UVMC’s diabetes education department performed the screening and tested 83 people, of which 10 had elevated blood sugar levels and were offered help through the diabetes education program.

### *Free Birthing Classes*

UVMC offered free birthing classes throughout the year. A six-week, two-hour course, one-day-a-week was offered 12 times during the year. Fast track birthing classes were also offered once a month throughout the year. These day-long birthing classes afforded those who could not commit to a six-week course the opportunity to participate. The class covers all aspects of pregnancy, signs and stages of labor, the labor and birth process, options for coping and pain management, newborn and infant care, and breastfeeding.

### *Diabetes Education and Support Group*

Every second Tuesday of the month a free diabetes education and support group class was offered. The classes were team-taught by a registered nurse and a registered dietitian. The classes provided an

understanding of the disease process and evidence based tools to support a positive lifestyle change. Guest speakers also participated discussing subjects from nutrition education to preventing strokes.

### *Bariatric Weight Loss Support Group*

On the fourth Thursday of every month, UVMC offered a Bariatric Weight-Loss Support Group designed for patients who have undergone bariatric surgery and those considering the procedure. The support group lead by a registered dietitian and a medical assistant helped patients through their weight-loss journey before and after surgery, as well as inspiring patients to continue to be motivated to reach their goals. The support group provided a platform for patients to share their successes and challenges with one another.



# Community Benefit Report Form - 2012

Return to Nick Bejarano, Sr. Communications Manager

[bejaranr@ah.org](mailto:bejaranr@ah.org)

**DO NOT TYPE IN SHADED CELLS**

Hospital Ukiah Valley Medical Center Date April 18, 2013

Service/Program \_\_\_\_\_ Target Population \_\_\_\_\_

The service is provided primarily for  The Poor  Special Needs Group  Broader Community

Coordinating Department \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone/Ext \_\_\_\_\_

Brief Description of Service/Program \_\_\_\_\_

Caseload \_\_\_\_\_ Persons Served or \_\_\_\_\_ Encounters

<i>Names of Hospital Staff Involved</i>	<i>Hospital Paid Hours</i>	<i>Unpaid Hours</i>	<i>Total Hours</i>
			-
			-
			-
			-
			-
			-
			-
<i>Total Hours</i>	-	-	-

1. Total value of donated hours (multiply hours above by \$41.76) \$ -

2. Other direct costs \$ -

Supplies \$ -

Travel Expense \$ -

Other \$ -

Hospital Facilities Used \_\_\_\_\_ hours @ \$ \_\_\_\_\_ per hour \$ -

3. Value of other in-kind goods and services donated from hospital resources \$ -

Goods and services donated by the facility (describe): \_\_\_\_\_

\_\_\_\_\_

4. Goods and services donated by others (describe): \_\_\_\_\_ \$ -

\_\_\_\_\_

5. Indirect costs (hospital average allocation \_\_\_\_\_ %) \$ -

**Total Value of All Costs** (add items in 1~5) **\$ -**

6. Funding Sources \$ -

Fundraising/Foundations \$ -

Governmental Support \$ -

**Total Funding Sources** (add items in 6) **\$ -**

**Net Quantifiable Community Benefit** **\$ -**

(Subtract "Total Funding Sources" from "Total Value of All Costs")

## NON-QUANTIFIABLE COMMUNITY BENEFIT AND HUMAN INTEREST STORIES

*Please fill in the date and complete the lines above the table on other side of worksheet*

Who: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information may be obtained by contacting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Ukiah Valley Medical Center**  
**Community Benefit Summary**  
 December 31, 2012

	CASELOAD				TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	NUMBER OF PROGRAMS	PERSONS SERVED	UNITS OF SERVICE		TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
			NUMBER	MEASURE					
<b>*BENEFITS FOR THE POOR</b>									
Traditional charity care					3,082,514	2.98%	(0)	3,082,515	2.98%
Public programs - Medicaid					6,413,932	6.21%	1,454,118	4,959,813	4.80%
Other means-tested government programs (Indigent care)						0.00%	-	-	0.00%
Community health improvement services (1)						0.00%	-	-	0.00%
***Non-billed and subsidized health services (3)						0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)						0.00%	-	-	0.00%
Community building activities (6)						0.00%	-	-	0.00%
<b>TOTAL BENEFITS FOR THE POOR</b>					<b>9,496,446</b>	<b>9.19%</b>	<b>1,454,118</b>	<b>8,042,328</b>	<b>7.78%</b>
<b>**BENEFITS FOR THE BROADER COMMUNITY</b>									
Medicare			Pt. Days / Visits		38,289,835	37.05%	31,754,548	6,535,288	6.32%
Community health improvement services (1)						0.00%	-	-	0.00%
Health professions education (2)						0.00%	-	-	0.00%
***Non-billed and subsidized health services (3)					124,068	0.12%	246,203	(122,135)	-0.12%
Generalizable Research (4)						0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)					251,465	0.24%	-	251,465	0.24%
Community building activities (6)						0.00%	-	-	0.00%
All other community benefits (7)						0.00%	-	-	0.00%
<b>TOTAL BENEFITS FOR THE BROADER COMMUNITY</b>					<b>38,665,368</b>	<b>37.42%</b>	<b>32,000,751</b>	<b>6,664,618</b>	<b>6.45%</b>
<b>TOTAL COMMUNITY BENEFIT</b>					<b>48,161,815</b>	<b>46.61%</b>	<b>33,454,868</b>	<b>14,706,946</b>	<b>14.23%</b>

\*Persons living in poverty per hospital's charity eligibility guidelines

\*\*Community at large - available to anyone

\*\*\*AKA low or negative margin services



Facility

System-wide Corporate Policy

Standard Policy

Model Policy

Policy No.

AD-04-002-S

Page

1 of 1

Department:

Administrative Services

Category/Section:

Planning

Manual:

Policy/Procedure Manual

## **POLICY: COMMUNITY BENEFIT COORDINATION**

### **POLICY SUMMARY/INTENT:**

The following community benefit coordination plan was approved by the Adventist Health Corporate President's Council on November 1, 1996, to clarify community benefit management roles, to standardize planning and reporting procedures, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

### **POLICY: COMPLIANCE – KEY ELEMENTS**

1. The Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines* will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.
2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by engaging in the process identified in the *Adventist Health OSHPD Community Benefit Planning & Reporting Guidelines*.
3. The Adventist Health Government Relations Department will monitor hospital progress on community needs assessment, community benefit plan development, and community benefit reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The Adventist Health Budget & Reimbursement Department will monitor community benefit data gathering and reporting in Adventist Health hospitals.
5. California Adventist Health hospitals' finalized community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.
6. The corporate office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.

**AUTHOR:** Administration

**APPROVED:** AH Board, SLT

**EFFECTIVE DATE:** 6-12-95

**DISTRIBUTION:** AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors

**REVISION:** 3-27-01, 2-21-08

**REVIEWED:** 9-6-01; 7-8-03

Live *Younger* Longer.

*Ukiah Valley  
Medical Center*



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