Adventist Health

Adventist Medical Center
Reedley

2013 - 2015 Community Health Plan

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Overview of Adventist Health

The Adventist Health Central Valley Network is a nonprofit, faith-based organization operating more than 60 sites in Kings, Tulare, Kern and southern Fresno counties.

The network owns and operates four hospitals: Adventist Medical Center – Hanford, Adventist Medical Center – Selma, Adventist Medical Center – Reedley, Central Valley General Hospital in Hanford. The hospitals, 32 Community Care clinics and outpatient centers experience nearly a million patient interactions a year through more than 2,800 employees.

Adventist Medical Center – Hanford, Adventist Medical Center – Selma, Adventist Medical Center – Reedley, Central Valley General Hospital are affiliates of Adventist Health, a faith-based, not-for-profit, **integrated health care delivery system** headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawaii, Oregon and Washington.

Adventist Health as a system includes:

- 19 **hospitals** with more than 2,700 beds
- More than 220 **clinics** and outpatient centers
- 14 **home care agencies** and 7 hospice agencies
- Four joint-venture **retirement centers**
- Workforce of 28,600 includes more than 20,500 employees; 4,500 medical staff physicians; and 3,600 volunteers

We owe much of our heritage and organizational success to the **Seventh-day Adventist Church**, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths.

Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and nearly 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

Our Mission: To share God's love by providing physical, mental and spiritual healing.

Our Vision: Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

Letter from the CEO

Dear Community Members:

Thank you for your interest in improving the health of our communities. I'm pleased to share with you our 2013 Community Health Plan that identifies our region's most pressing health needs. It also outlines our projects and initiatives aimed at making our communities better places for everyone to live, work and have fun.

As the region's leading health care organization, we strive to elevate our population's health status in many ways, whether it be through increasing access to health care, investing in our communities, or participating in community-based prevention efforts. We also made efforts to decrease smoking through our second annual Breathe Easy Smoke-and-Tobacco-Free Campaign, uniting all Adventist Health locations, local businesses and schools in creating smoke-free environments. In addition, we increased diabetes education and partnered with community groups to treat and prevent asthma and obesity.

This year, we will continue to increase access to health care and work with our community partners to provide obesity and nutrition education, enhance asthma and diabetes prevention efforts and increase health promotion.

I invite you to partner with us to ignite healthy lifestyles in all of our citizens. It's an honor to work with you in finding solutions to the areas outlined in this report. Partnering with existing resources and assets in our communities is the key to unlock and reveal a healthier region, and I look forward to aligning our goals to build a healthier environment for everyone.

Sincerely,

Wayne Ferch
President and CEO
Adventist Medical Center - Reedley

Invitation to a Healthier Community

Where and **how** we live is vital to our health. As you read this document, think about health in our communities as the environment in which we live, work, and play. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population.

The Community Health Plan marks the second phase in a collaborative effort to identify our community's most pressing health needs. A Community Health Needs Assessment (CHNA) was conducted in 2013 to identify potential priority areas for community health. The CHNA was conducted not only in response to California's community benefit legislation (SB 697), Oregon's community benefit legislation (HB 3290) and The Affordable Care Act (H.R. 3590), but to truly fulfill the mission of the Adventist Health, "To share God's love by providing physical, mental and spiritual healing."

Community-based prevention, particularly interventions that look upstream to stop the root causes of disease, can reduce the burden of preventable illnesses. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are all key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population. Adventist Health uses ***The Community Guide***, a free resource, to help communities choose programs and policies to improve health and prevent disease. This resource guides communities towards interventions that have proven to be effective, are appropriate for each unique community and evaluate the costs and return on investment for community health interventions.

Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. To aid in comparability across regions, it is important to identify and be in alignment with statewide and national indicators.

When available, Healthy People 2020 was used as targets to align our local interventions. The Healthy People 2020 initiative provides science-based, 10-year national objectives for improving the health of all Americans.

The results of the CHNA guided the creation of a detailed plan to meet identified community needs, as well as community plans to address needs that our hospital may not be able to provide. In response to those identified needs Adventist Medical Center – Reedley has adopted the following priority areas for our community health investments for 2013-2015:

2013 – 2015 priorities for Adventist Medical Center – Reedley:

- Obesity
- Diabetes
- Tobacco Cessation
- Access to Care

In addition, Adventist Medical Center – Reedley continues to provide leadership and expertise within our health system by asking the questions for each priority area:

1) Are we providing the appropriate resources in the appropriate locations?
2) Do we have the resources as a region to elevate the population's health status?
3) Are our interventions making a difference in improving health outcomes?
4) What changes or collaborations within our system need to be made?
5) How are we using technology to track our health improvements and providing relevant feedback at the local level?

Building a healthy environment requires multiple stakeholders working together with a common purpose. We invite you to explore our health challenges in our communities outlined in this assessment report. More importantly though, we hope you imagine a healthier region and collectively prioritize our health concerns and find solutions across a broad range of sectors to create communities we all want for ourselves and our children.

Identifying Information

Adventist Medical Center - Reedley
Number of Hospital Beds: 49
Wayne Ferch, CEO
Bill Wing, Chair, Governing Board
372 Cypress Ave.
Reedley, CA 93654
559-683-8155

Community Health Plan Team Members

- Charles Sandefur
  Vice President of Mission and Community Development

- Leticia Lopez
  Grants and Community Development Manager, Adventist Health /Central Valley Network

- Rebecca Goodstein, M.P.H, R.D.
  Network Director of Hospitality Services, Adventist Health /Central Valley Network

- Matthew Beehler, M.B.A.
  Director of Business Development, Adventist Health /Central Valley Network

- John Zweifler, M.D., M.P.H.
  Adventist Health /Central Valley Network

- Christine Pickering
  Marketing Department, Adventist Health /Central Valley Network

- Annie Wong, M.D.
  Adventist Health /Central Valley Network

- Jeff Garner
  Executive Director, Kings Community Action Organization

Mission, Vision and Values

Mission

To share God's love by providing physical, mental and spiritual healing.

Vision

To be the best place to receive care, the best place to practice medicine and the best place to work.

Values

At Adventist Medical Center - Reedley, we value:

- Heartfelt Compassion
- Enthusiastic Respect
- Inner Integrity
- Vital Quality
- Thoughtful Stewardship
- Human Wholeness
- Loving Family
- Personal Contribution

Community Profile

Adventist Medical Center – Reedley, formerly Sierra Kings District Hospital, offers:

- 24-hour emergency department with 10 beds
- Family Birth Center with 20 large private rooms
- 49 beds
- Inpatient and outpatient surgery
- Laboratory
- Medical imaging, including CT, MRI, digital mammography, X-ray, 3-D ultrasound and bone-density screening.

Our primary service area is the city of Reedley located in Fresno County, California. However we also serve the counties of Tulare and Kings (San Joaquin Valley). Reedley is located in the San Joaquin Valley, 22 miles (35 km) east-southeast of Fresno. The population at the 2010 census was 24,194. Its chief economic source is agriculture, particularly fruit and vegetable cultivation. The city dubs itself "The World's Fruit Basket". Reedley holds many festivals year round. As of the census of 2000, there were 20,756 people, 5,761 households, and 4,643 families residing in the city. The population density was 4,700.1 people per square mile. The racial makeup of the city was 51.76% White, 1.73% Black or African American, 1.21% Native American, 8.83% Asian, 37.72% from other races, and 4.44% from two or more races. 57.59% of the population were Hispanic or Latino of any race.

There were 5,761 households out of which 46.8% had children under the age of 18 living with them, 61.5% were married couples living together, 12.9% had a female householder with no husband present, and 19.4% were non-families. 15.8% of all households were made up of individuals and 8.5% had someone living alone who was 65 years of age or older.

In the city the population was spread out with 32.1% under the age of 18, 12.2% from 18 to 24, 29.1% from 25 to 44, 15.2% from 45 to 64, and 11.3% who were 65 years of age or older.

The median income for a household in the city was $34,682, and the median income for a family was $37,000. The per capita income for the city was $12.1 thousand. About 18.5% of families and 21.4% of the population were below the poverty line, including 31.6% of those under age 18 and 10.4% of those age 65 or over.

Demographic Profile

In order to understand the health needs of our target region, we begin with a demographic overview of the population looking at age, gender, and languages spoken. One key distinction of the region is the sizable youth population in the Service Area and the relatively young age of residents on average.

County	Population	Persons Under 18	Median Household Income	Hispanic, Black and Asian Populations
Fresno	930,450	29.8% (277,507 kids)	$46,903	Hispanic 50.3% Black 5.3% Asian 9.6%
Tulare	442,179	32.6% (144,124 kids)	$43,550	Hispanic 60.6% Black 1.6% Asian 3.4%
Kings	152,982	27.8% (42,548 kids)	$48,838	Hispanic 50.9 Black 7.2% Asian 1.7%
California	37,253,956	25.0% (9,295,040 kids)	$61,632	Hispanic 37.6% Black 6.2% Asian 13.0%

Figure 1:Based on current Census data—2010 estimates census.gov

The region also possesses tremendous ethnic diversity that links back to early settlements by Native Americans and the *early Californians* who farmed this region of the San Joaquin Valley. Historians have documented the many Mexicans who settled in what was then referred to as *Alta California* and became part of the local economy in the Valley as early as 1849. California is also home to 97 Native American tribes and this study region holds seven different Tribal Lands primarily in Kings, Fresno, and Tulare County.

Unique Conditions—Environment

The San Joaquin Valley has several conditions which foster high levels of air pollution. The factors that impact the study region center on the large concentration of pesticides, diesel fuel exhaust, and dust that is the result of farming activities.

Recent research conducted in Fresno suggests that the presence of pollution exacerbates asthma in children leading to a greater likelihood of hospitalization and more long term impact to their immune system. When combined with exposure to second hand smoke, the severity of this detrimental impact increases[1]. The Center for Regional Change at UC Davis identified a total of $6 billion in savings if environmental quality standards were met in the San Joaquin Valley largely attributed to reduced health care costs, missed work and school absentee days, and premature death[2]. Community leaders suggest that greater awareness of where individuals live and their exposure to pollution, especially for children, must become an integral part of assessing and treating asthma.

Social Determinants of Health throughout the Region

Increasing attention has been given to the social determinants of health that impact health outcomes. Public health researchers, health advocates and social epidemiologists see these as key drivers that influence population health and thus can be important in predicting health needs. Three drivers of health were used in our review of the populations served in this region:

1. The percent of individuals living below 100% of the Federal Poverty Level
2. The percent of the population that is uninsured
3. The percent of adults without a high school diploma of the population.

As can be seen in Figure 1 below, all three counties as a whole have high rates of poverty and residents who are uninsured, as well as having limited education. By comparison, California's poverty rate as a whole is 13.7%. The uninsured in California are 17.92% of the population. California residents without a high school diploma make up 19.32% of the population.

[1] Nadeau, K., McDonald-Hyman, C., North, E., Pratt, B., Hammond, S., Balmes, J., and Tager, I. Ambient air pollution impairs regulatory T-cell function in asthma. The Journal of Allergy and Clinical Immunology. Volume 126, Issue 4 , Pages 845-852.e10, October 2010

[2] London, Jonathan; Huang, Ganlin; Zagofsky, Tara. Land of Risk/ Land of Opportunity: Cumulative Environmental Vulnerability in California's San Joaquin Valley. Davis, CA: UC Davis Center for Regional Change November 2011.

Report Area	Total Population for Whom Poverty Status is Determined	Percent Population in Poverty (100% of the Federal Poverty Level)	Total Population (For Whom Insurance Status is Determined)	Percent Uninsured	Total Population For Whom Educational Attainment is Determined	Percent of Population with No High School Diploma
Fresno County	890,694	**22.49%**	908,058	**19.57%**	529,358	**26.94%**
Kings County	133,206	**19.30%**	132,274	**20.19%**	91,224	**30.12%**
Tulare County	423,902	**22.89%**	433,349	**22.55%**	242,813	**32.74%**
California	35,877,036	**13.71%**	36,414,292	**17.92%**	23,497,944	**19.32%**

Figure 2: This table summarizes the status of three key drivers of health in all four counties. *Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates. Source geography: Tract*

In general, Central Valley counties show lower educational attainment than does California as a whole. This is reflected in several measures, including high school completion, possession of a bachelor's degree, rate of taking the Scholastic Aptitude Test (SAT), and enrollment of graduating high school seniors as college freshmen.

Community Health Needs Assessment Overview

The Community Health Needs Assessment (CHNA) includes both the activity and product of identifying and prioritizing a community's health needs, accomplished through the collection and analysis of data, including input from community stakeholders that is used to inform the development of a community health plan. The second component of the CHNA, the community health plan, includes strategies and plans to address prioritized needs, with the goal of contributing to improvements in the community's health.

Adventist Medical Center –Reedley feels confident that we are working hard to listen to our community and collectively identify needs and assets in our region. Traditional, publicly available data were included in the assessment, along with qualitative data collected from a broad representation of the community.

Quantitative Data

- Social Determinants of Health collected from the U.S. Census Bureau, American Community Survey.
- Health Indicator Data Collected from a variety of publicly available data.
- Morbidity and Mortality collected from the County Health Profiles.

Qualitative Data

- Physician Surveys, to identify areas in which the health system can support the health of their patients in our community initiatives.
- Community Agencies, serving our primary service area, to assess their needs and to identify areas that Adventist Health / Central Valley Network can be a strategic partner.
- Telephone interviews from consumers in the primary service area.
- Key informant interviews from key leaders, to engage them in the development of our interventions and solicit their input to improving the health of our region.
- Focus groups with our patients with broad and diverse perspectives.
- Focus groups with our chaplains, fire departments, and nurses.

Identified Community Needs

After conducting the CHNA, we asked the following questions:

1) What is really hurting our communities?
2) How can we make a difference?
3) What are the high impact interventions?
4) Who are our partners?
5) Who needs our help the most?

From this analysis, four primary focus areas were identified as needing immediate attention, moving forward:

Due to the hospital areas service area overlap, the priority areas are the same for each licensed hospital in the network.

Priority Area 1: Obesity

Identified Need:

County	Total Population (Age 20)	Number of Obese	Percent Obese	Total Population 18 and older	Number of Overweight	Percent Overweight
Fresno	615,363.01	179,686	29.20%	634,493	230,892	36.39%
Kings	103,385.45	28,431	27.50%	109,265	39,095.02	35.78%
Tulare	275,836.01	85,785	31.10%	288,581	108,217.88	37.50%
California	26,621,778.01	6,188,995	23.25%	13,269,504	4,803,560.45	36.20%

Figure 3: Percent of obese individuals age 20 or older and the percent of overweight individuals older than the age 18 who are overweight. Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006- 2010.*

More than half of the adults in the US are now believed to be overweight or obese. In adults, obesity is defined as a Body Mass Index of 30 kg/m2 or more and overweight is a BMI of 25 kg/m2 or more20. Figure 19 below shows the rates of obesity for all four counties in our study region fall above the state average. Only Kings County falls below the state average for obesity rates.

Goal: Reduce obesity. Decrease incidence of obesity through prevention strategies and improved lifestyle behaviors related to population burden of obesity.

Objectives:

- Promote reduction of obesity through physical activity.
- Improve access to and education and marketing related to fresh fruit and vegetable consumption.
- Promote breastfeeding (initiation, duration and exclusivity).**Interventions:**
- Establish multi-sectoral partnerships with community organizations, schools, and communities that support lifelong healthy lifestyles that focus on reducing and addressing the causal factors of the obesity epidemic in our Central Valley.
- Promote breastfeeding friendly communities by providing breast feeding support lasses and education through county sponsored breastfeeding coalitions.
- Advocate and mobilize community partners to establish or renovate at least one new park and additional community recreational facilities.
- Market and deliver education provided by dieticians and nutritionist at Adventist Health / Community Care Rural Health Clinics.
- Provide resources to deliver community cooking classes.
- Launch Fresh Produce Initiative via Fresh Fuel Produce Truck that will sell fresh produce in communities where fresh food access is limited in our network.
- Support community organizations and programs that promote wellness and physical activity through sponsorship or partnership.

Evaluation Indicators:

Short Term – Increase enrollment of participants in educational programs provided by our network.

Long Term – Increase access and use of community and hospital environments to support healthful eating and physical activity in diverse county settings.

Improve families' abilities to achieve wellness in their own neighborhoods and schools.

Collective Impact Indicator

- Improve breastfeeding rates by increasing the number of community agencies, practices and policies that support breastfeeding.
- Improve County Health Rankings by reducing adult obesity and physical inactivity.

Success metric:

- County Health Rankings (Adult obesity, Physical inactivity, Access to recreational facilities and Limited access to healthy foods)
- Increased number of participates of Breast Feeding Support Classes and education.
- Increased number of patients who receive nutrition education at Adventist Health / Community Care Rural Health Clinics.
- Number of aligned interventions that are occurring in network related to reducing obesity.
- Increased number of community organizations and programs that focus on reducing obesity.
- Percentage of community members who exhibit an increase in behaviors related to healthy eating, active living.

Program Highlight:

Through our partnership with the Kings County Diabesity Coalition we were able assist in providing a series of healthier lifestyle workshops in Corcoran for over 30 families. The turnout and feedback was very positive. The program is being expanded to other communities in 2014.

Priority Area 2: Diabetes

Identified Need:
Diabetes is a health need in our service area, as marked by incidence rates and adult hospitalizations than are higher than state average. Its potential impact on the cost of care is not sustainable within our communities. Several factors contribute to the high rates in the region: poor nutrition and/or lack of physical exercise, poor access to care, and poor health literacy. Chronic conditions are clearly a leading source of concern among focus participants, and diabetes was the most often mentioned condition that participants believe requires intervention.

Goal: Reduce diabetes Decrease the disease and burden of diabetes and improve the quality of life for people who have, or are at risk.

Objective:

- Reduce the annual number of new cases of diagnosed diabetes in communities that Adventist Health / Central Valley Network serves. Increase education about diabetes in the community. Increase the rate of healthy eating and active living for people most at risk for diabetes/and or who have been diagnosed with diabetes.

Interventions:

1. Provide monthly Diabetes Support Classes in Reedley and Selma.
2. Provide education by dieticians and nutritionist at Adventist Health / Community Care Rural Health Clinics.
3. Actively participate and contribute to Kings County Diabesity Coalition.
4. Provide a diabetes Prevention Program funded by the California Wellness Foundation.
5. Provide strategic community marketing strategies to increase access to diabetes education and prevention services.

Evaluation Indicators:
Short Term – Increase monthly Diabetes Support Classes attendance.
Long Term – Increase diabetes education and screening opportunities in our communities.

Collective Impact Indicator– Reduce obesity rates in adults and children in the community by creating awareness of healthy lifestyle choices and environments that support healthy behavioral changes.

Success metric:

- Number of participates in the Diabetes Prevention Program.
- Lower the rate of new cases of people diagnosed with diabetes.

Program Highlight:

Our Diabetes Prevention Program funded by the California Wellness Foundation and began in the fall of 2013 out of various Rural Health Community Care clinics. The program has demonstrated to be improving the health of participates. A number of participates lost weight, lowered blood pressure within the first three months of the program. In 2014 the program hopes to expand the number of participates and locations it is available.

Priority Area 3: Tobacco

Identified Need:

The Centers for Disease Control lists use of tobacco as the leading preventable cause of death. One in five deaths in the nation can be attributed to tobacco use or exposure to second hand smoke. Recently, it was reported that among the nation's rural communities, higher rates of tobacco use and exposure to secondhand smoke exist and that there are fewer resources for smoking cessation. This is particularly relevant to the study region given the fact that all of these counties have large rural areas. The table below illustrates Tulare and Fresno Counties have higher rates of smokers in the region than the state average. Kings slightly below the state average.

County	Total Population (Age 18)	Number of Cigarette Smokers	Percent Cigarette Smoker
Fresno	619,334	87,945	14.20%
Kings	106,151	13,800	13.00%
Tulare	278,698	52,674	18.90%
California	26,868,769	3,661,739	13.63%

Figure 4: Use of cigarettes by adults across the four county region. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010. Source geography: County.

Goal: Tobacco Prevention and Smoking Cessation Decrease the rates of illness, disability, and death related to tobacco use and secondhand smoke exposure.

Objective:

- Increase county access to cessation interventions and support by xpanding education and advocacy of tobacco prevention and smoking cessation.
- Support community organizations and programs that promote tobacco prevention.

Interventions:

- Actively participate and contribute in Kings, Tulare and Fresno County Tobacco Coalitions by providing resources, dedicated staff/volunteers, and supporting community advocacy campaigns.
- Create strategic marketing campaigns, such as the essay and poster contest for "Be Smoke & Tobacco Free Community Campaign" targeting sixth grade students across Kings County School Districts.

- Participate in County Tobacco Prevention Meetings.
- Provide hospital space and resources to host tobacco education and prevention activities.

Evaluation Indicators:
Short Term Increased marketing campaigns with related educational programs to decrease public use of tobacco products.
Long Term – Provide a resource for those looking to quit smoking.
Create a multi-sectoral smoking cessation program with indicators, metrics and strategic strategies for our region.
Collective Impact Indicator–
Reduce the number of children who begin smoking.

Success metric:
- Number of activities Adventist Health participates in to promote Tobacco Prevention and Smoking Cessation.
- Number of students who participated in "Be Smoke & Tobacco Free Community Campaign".
- County Health Rankings (Adult Smoking)

Program Highlight:
For our "Be Smoke & Tobacco Free Community Campaign" 6th grade students were asked to write a letter to a smoker they knew asking them to stop. Many letters were received and in many cases parents and siblings quit smoking because the impact of the letter was so great.

Priority Area 4: Improve Access to Health Care

Identified Need:

Summary: Access to inclusive, quality health care services is important for the realization of health parity and to increase the quality of population health. Appropriate access to healthcare positively impacts quality of life, life expectancy, and general mental, physical and social health. Access to care is a critical health need in the Fresno Service Area because of its potential impact on the rate of premature deaths, which are higher than the state average. The shortage of primary care providers in our service area negatively impacts healthcare access. Additionally, the high number of uninsured individuals and the high amount of adults and children living in poverty impedes access to quality health care. In particular, the problem is worse in the rural communities within the Fresno Service area, specifically in Kings and Tulare County, possibly due to prevalent barriers such as lack of appropriate transportation, hospitalizations that may have been prevented, and the higher rates of people who are linguistically isolated. In general, access to health services encompasses four components: coverage, services, timeliness, and workforce.

Goal: Improve Access to comprehensive, quality health services and care.

Objective:

- Enhance navigation of health services.
- Increase awareness of health and related services available.
- Increase the number of health care providers.
- Reduce barriers and increase awareness of services available.
- Increase entry into the local health care system.

Interventions:

- Provide the health Explorer Program to increase the number of high school students who are interested in and knowledgeable about a health profession through hands on experiences, lectures and tours.
- Increase the number of health providers through recruitment of professionals from the University of California San Francisco (UCSF), Fresno Family Medicine Residency Program, Hanford Family Practice Residency Program, and Central California Faculty Medical Group (CCFMG).
- Market and provide online health portal for patients to access health information.
- Develop and implement hysician Recruiting strategies and programs to AMCH
- Recruit and create pipelines for UCSF Medical Residents

Evaluation Indicators:

Short Term – Increase the number of patients who are accessing our new online health portal.

Long Term – Increase the number of health career connections through local colleges and high schools.

Collective Impact Indicator –Increase the number of health care providers and types of services provided in our region

Success metric:

- Increased number of health explorer participants.
- Increased number of patients using the online health portal.

Program Highlight:

2013 was the inception of our Health Explorer program, which was headed by our volunteer services. Twenty high school students from area high schools were able to shadow, attend lectures and ask questions to various health related professions. The program is being expanded in 2014 to be offered to more students who are interested in entering a health related field.

Partner List

Adventist Medical Center – Reedley supports and enhances regional efforts in place to promote healthier communities. Partnership is not used as a legal term, but a description of the relationships of connectivity that is necessary to collectively improve the health of our region. One of the objectives is to partner with other nonprofit and faith-based organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community. Many important systemic efforts are underway in our region, and we have been in partnership with multiple not-for-profits to provide quality care to the underserved in our region.

We believe that partnerships are effective tools in improving the health of our community. Together, we are able to leverage our resources and strengths and have a greater impact. We can build a greater sense of community and a shared commitment towards health improvement.

We would like to thank our partners for their service to our community.

- American Diabetes Association
- American Lung Association in California
- City of Avenal
- Chamber of Commerce of Coalinga
- Chamber of Commerce of Corcoran
- Chamber of Commerce of Lemoore
- Chambers of Commerce of Fowler
- Chambers of Commerce of Hanford
- Chambers of Commerce of Kerman
- Chambers of Commerce of Kingsburg
- Chambers of Commerce of Selma
- Coalinga-Huron Recreation and Park District
- Corcoran Family YMCA
- First Five of Kings County
- Fresno County Tobacco Partnership
- Hanford Youth Soccer league
- Kings Canyon Unified School District
- Kings Community Action Organization
- Kings County Asthma Coalition
- Kings County Behavioral Health
- Kings County Commission on Aging Council
- Kings County Diabesity Coalition
- Kings County Office of Education

Connecting Strategy and Community Health

Hospitals and health systems are facing continuous challenges during this historic shift in our health system. Given today's state of health, where cost and heartache is soaring, now more than ever, we believe we can do something to change this. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of **reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community** both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

1) The distribution of specific health statuses and outcomes within a population;
2) Factors that cause the present outcomes distribution; and
3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
2) Improve care quality and patient safety and
3) Advance care coordination across the health care continuum.

Our mission as a health system is to share God's love by providing physical, mental and spiritual healing. We believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

Terms and Definitions

Medical Care Services (Charity Care and Unreimbursed Medi-Cal and Medicare and Other Means-Tested Government Programs)

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity Care also includes the cost of providing care for patients who failed to complete the financial assistance application, and who we have deemed would more likely than not have qualified for free or discounted health services had the financial assistance been requested. The difference between the cost of care provided under Medicaid, Medicare or other means-tested government programs, and the revenue derived therefrom are separately reported. Clinical services are provided regardless of any financial losses incurred by the organization.

Community Health Improvement

Activities that are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs. Community-building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness, and environmental hazards.

Health Professions Education

This category includes educational programs for physicians, interns, and residents, medical students, nurses and nursing students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate, or training that is required by state law, accrediting body or health profession society.

Subsidized Health Services

Clinical services are provided, despite a financial loss to the organization; measured after removing losses, and measured by cost, associated with bad debt, charity care, Medicaid, and other means-tested government programs. Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt, and Medicaid shortfalls. The service is provided because it meets an identified

community need and if no longer offered, it would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization to provide.

Research

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal).

Cash and In-Kind Contributions

Financial or “in-kind” contributions to support community benefit activities provided by other entities. In-kind contributions include non-cash goods and services donated by the organization to another group that provides community benefit. Donations in this category must be restricted by the organization to a community benefit purpose.

Financial Assistance Policy

We’re committed to keeping you healthy. As a result, your ability to pay should never stop you from seeking needed care. If you are uninsured or have a limited income, you may be eligible for a payment discount. You also may qualify for government programs such as Medicaid. The most recent financial assistance policy can be found at the hospital’s website:http://www.adventisthealthcv.com/about_publications.html

Community Benefit Inventory

Year 2013 – Inventory

In addition to the priority areas listed previously, the hospital offers many community health development interventions. As we shift into strategic initiatives to improve health within the communities we serve we will continue to support additional efforts identified as priorities to our communities. Below you will find a summary of our key interventions that may not have been included in the priority areas for the hospital.

Activities	Number of Programs
Adventist Medical Center Reedley has an extensive charity care policy, which enables the Medical Center to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and non-emergency health care. Charity care does not include: 1) bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing such care to such patients; 2) the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or 3) contractual adjustments with any third-party payers.	
Community Health Improvement	
• Engaged 18 churches in Faith and Health Connect activities. • Held a “Breathe Easy” campaign to encourage smokers to quit as a part of efforts to name all campuses smoke-and tobacco-free. • Continued as the lead sponsor at the 20-week Hanford Thursday Night Market Place and provided hundreds of free health screenings and health information • Educated 596 people on various health topics at 11 “First Friday with a Physician” lectures at Adventist Medical Center – Hanford and a similar lecture in Reedley • Participated in Selma and Hanford Senior Days, serving over 250 people. • Partnered with community groups for the Weight of the Nation event in Hanford. Staff demonstrated how to live a healthier lifestyle to over 100 people. • Educated over 335 people at 26 Diabetes Support Group meetings	**12**

in Hanford, Sanger, Selma and Reedley. • Central Valley's Nutritional Services teamed up with the Kings County Commission on • Aging to provide 90 hot meals four days a week for four congregant meal sites in Kings County, along with 40 frozen meals a day five days a week for home-bound seniors. • Joined community groups in caring for the homeless through two Project Homeless Connect events in Hanford. Staff provided 128 free health screenings and scheduled 23 follow-up appointments. • Provided health education at 7 community events with over 780 people in attendance. • Over 135 families participated in our Back to School Health Fair in Hanford. Staff performed 29 school physicals and immunizations and more than 200 health screenings.	
Cash and In-Kind Contributions	
• Employees gave 100 Christmas gifts for Kings County foster children.	**1**

Community Benefit Summary

	TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
Traditional charity care	3,829,805	8.77%	-	3,829,805	8.77%
Public programs - Medicaid	-	-	-	-	-
Medicare	8,242,070	18.87%	4,969,806	3,272,264	7.49%
Other means-tested government programs	14,580	0.03%	-	14,580	0.03%
Community health improvement services	39,452	0.09%	-	39,452	0.09%
Health professions education	-	-	-	-	-
Non-billed and subsidized health services	-	-	-	-	-
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	300	0.00%	-	300	0.00%
Community building activities	-	-	-	-	-
TOTAL COMMUNITY BENEFIT	12,126,207	27.76%	4,969,806	7,156,401	16.38%

Appendix A: Policy Community Health Needs Assessment and Community Health Plan Coordination

Adventist Health

☒ System-wide Corporate Policy	Policy No.	
Corporate Policy No. AD-04-006-S	Page	1 of 3
☒ Standard Policy	Department:	Administrative Services
☐ Model Policy	Category/Section:	Planning
	Manual:	Policy/Procedure Manual

POLICY: Community Health Needs Assessment and Community Health Plan Coordination

POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

DEFINITIONS

1. Community Health Needs Assessment (CHNA)**:** A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

   A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. Community Health Plan: The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.

3. Community Benefit: A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:

   - Improve access to health care services
   - Enhance the health of the community
   - Advance medical or health care knowledge
   - Relieve or reduce the burden of government or other community efforts

   Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

AFFECTED DEPARTMENTS/SERVICES:
Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS

PURPOSE:

The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.

2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.

3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.

4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.

5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.

6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

B. Documentation of Public Community Health Needs Assessment (CHNA)

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.

2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:

    a. A description of the hospital's community and how it was determined.

    b. The process and methods used to conduct the assessment.

    c. How the hospital took into account input from persons who represent the broad interests of the community served.

    d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.

    e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and 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 CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).

5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.

6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use)
References: **Replaces Policy: AD-04-002-S**
Author: **Administration**
Approved: **SMT 12-9-2013, AH Board 12-16-2013**
Review Date:
Revision Date:
Attachments:
Distribution: **AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors**