

*Frank R. Howard
Memorial Hospital*



**2013 - 2015
Community
Health Plan**

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Overview of Adventist Health



Frank R. Howard Memorial Hospital (Howard Memorial Hospital) is an affiliate 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 **entities** include:

- 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:

As Chief Executive Officer of Frank R. Howard Memorial Hospital (HMH), I would like to share our Community Health Plan with you. As you read this plan, please join me in imagining a healthier community and strategizing in how we can align resources for a stronger community.

HMH is striving to meet our community's current and future health needs. Our hospital was recently recognized by iVantage Health Analytics as a HealthStrong™ Award winner for Excellence in Quality, reflecting top quartile performance among all acute care hospitals in the nation. This award and the many others HMH has received, further emphasize our commitment to providing top-quality medical services, patient care, and healing ministry to the Willits community.

The Community Health Needs Assessment & Community Health Plan thoroughly outlines the health status in our community. This process gave us new insight into the health of our community, areas we collectively have identified as priorities, and where we could partner and lead for better health outcomes in our region. We plan to listen to our community, document successes and opportunities for improvement; with the intention of becoming a trusted community partner.

Building a healthy community requires multiple stakeholders working together. We must strive to build lasting partnerships that span across multiple sectors, actively engaging in finding solutions. We invite you to review our assessment and plan and allow us to join you in finding opportunities to partner for a healthier region.

Sincerely,

A handwritten signature in black ink on a light blue rectangular background. The signature is written in a cursive style and reads "Rick B." followed by a period.

Rick Bockmann, CEO
Howard Memorial Hospital

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 Howard Memorial Hospital has adopted the following priority areas for our community health investments for 2013-2015:

- Chronic Disease with emphasis on: *diabetes, heart disease, stroke, and cancer prevention*
- Advanced Aging Care with emphasis on: *accident prevention and orthopedic care*

In addition, Howard Memorial Hospital 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



Frank R. Howard Memorial Hospital

25-bed Critical Access Hospital

Rick Bockmann, CEO

Jeff Eller, Chair, Governing Board

One Madrone Street

Willits, CA 95490

707-459-6801

Community Health Plan Team Members

- Nick Bejarano, Regional Corporate Development and Communications Manager, Principle Author
- Jennifer Ring, MPH, Director of Business Development
- Rick Bockmann, CEO

Mission and Vision

Mission

Howard Memorial Hospital is a family of caring professionals committed to providing the highest quality of service.

In partnership with physicians and community leaders, our purpose is to improve our patients' physical, mental and spiritual well-being, and to enhance the health of our community

Vision

We will become the health care destinations of choice in Northern California by providing excellent healthcare, facilities, and experience to all who seek to live younger longer.

Community Profile

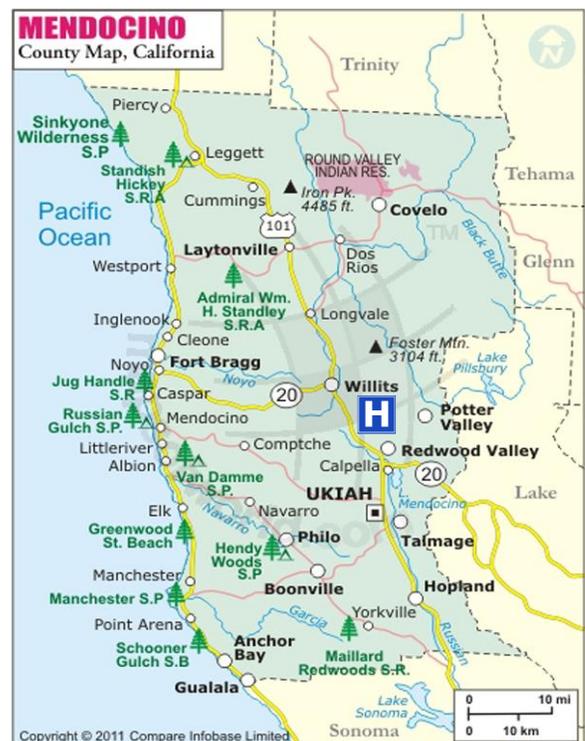
HMH is a 25-bed critical access non-profit hospital located in Willits, California. Founded in 1928, HMH's mission is to provide the highest quality of service. In partnership with physicians and community leaders, our purpose is to improve our patients' physical, mental and spiritual well-being, and to enhance the health of our community.

Services include:

- Discharge Planning
- Health Education
- Emergency Room
- Home Health and Hospice
- ICU
- Laboratory
- Med/Surgery
- Medical Imaging
- Orthopedic Joint Center
- Pet Therapy
- Pharmacy
- Rehabilitation Services
- Respiratory Therapy
- Spiritual Care
- Staff Development
- Surgery

Our beautiful Willits community is about two and a half hours north of San Francisco. It's considered the Gateway to the Redwoods, offering natural beauty and a slower pace of life, while being only a short drive from the Bay Area.

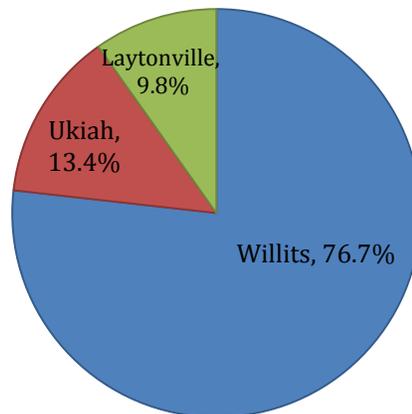
Willits rests in the heart of Mendocino County, a 3,509 square mile rural county in Northern California wherein some geographic areas are actually designated as frontier. It is the 15th largest county in California, and topographically diverse, with ocean, inland valleys, mountains, lakes and rivers and redwood forests.



According to the Office of Statewide Health Planning and Development (OSHPD), in 2011 the majority of patients discharged from HMH reside in Willits (76.7%; 95490 zip code). The rest reside in Ukiah (13.4%, 95482 zip code) and Laytonville (9.8%, 95454 zip code).

To increase our capacity to service, HMH is building a new facility. Crews broke ground August 13, 2012 at the building site located at the corner of East Hill Road and Haehl Creek Drive at the south end of Willits. The two-story, 74,000 square foot hospital will be more than double the size of the current hospital. Construction of the replacement hospital is expected to take two years and be completed in 2014, with occupancy by the end of the year.

Discharges for HMH by Zip Code, 2011



Data Source: OSHPD Healthcare Atlas (2013)

Age and Gender

Age is a critical component of understanding a community's profile and provides elements in planning for needed health services. Younger populations require more prevention and health education while Older populations are prone to certain chronic diseases and require health services in higher acuity settings. With the Baby Boomer Generation aging, chronic diseases are expected to increase. January 2011 marked the beginning stage of Baby Boomers entering the Medicare program. Having an accurate count of the age distribution of the service area is imperative in ensuring availability of adequate health care services.

Males and females have differing health care needs and require targeted services. Understanding gender distributions of the community can ensure appropriate healthcare delivery. Gender also has important health implications in terms of access to resources and services, engagement in risk behaviors, and environmental exposures.

HMH 2012 Emergency Department Encounters, by Age

Age Groups	Number	Percent
01-09	794	9.09%
10-19	1,044	11.95%
20-29	1,390	15.91%
30-39	1,152	13.19%
40-49	955	10.93%
50-59	1,204	13.78%
60-69	920	10.53%
70-79	619	7.08%
80 years +	507	5.80%
Under 1 year	150	1.72%
Unknown	2	0.02%
Total	8,737	100.00%

Note: Percentages may not equal 100% because of rounding. Data Source: OSHPD Healthcare Atlas (2013)

HMH 2012 Hospital Discharge Summary, by Age

Age Groups	Number	Percent
01-09	11	0.8%
10-19	36	2.7%
20-29	75	5.6%
30-39	79	5.9%
40-49	105	7.8%
50-59	223	16.6%
60-69	282	21.0%
70-79	290	21.5%
80 years +	245	18.2%
Total	1,346	100.00%

Note: Percentages may not equal 100% because of rounding. Data Source: OSHPD Healthcare Atlas (2013)

HMH 2012 Emergency Department Encounters, by Gender

Gender	Number	Percent
Female	4,428	50.68%
Male	4,309	49.32%
Total	8,737	100.00%

Note: Percentages may not equal 100% because of rounding. Data Source: OSHPD Healthcare Atlas (2013)

HMH 2012 Hospital Discharge Summary, by Gender

Gender	Number	Percent
Female	741	55.1%
Male	605	44.9%
Total	1,346	100.00%

Note: Percentages may not equal 100% because of rounding. Data Source: OSHPD Healthcare Atlas (2013)

Key Findings:

- In 2012, 13.78% of emergency department encounters were among patients aged 50-59 years.
- 21.5% of all hospital discharges were among patients aged 70-79 years.

Race and Ethnicity

A health disparity is defined as a persistent gap between the health status of minorities as compared to non-minorities in the United States. Despite continued advances in health care and technology, racial and ethnic minorities continue to have higher rates of disease, disability, and premature death than non-minorities.

HMH 2012 Emergency Department Encounters, by Race

Race	Number	Percent
American Indian or Alaska Native	622	7.12%
Asian	27	0.31%
Black or African American	81	0.93%
Native Hawaiian or Other Pacific Islander	1	0.01%
Other Race	64	0.73%
Unknown	44	0.50%
White	7,898	90.40%
Total	8,737	100.00%

Note: Percentages may not equal 100% because of rounding. Data Source: OSHPD Healthcare Atlas (2013)

HMH 2012 Hospital Discharge Summary, by Race

Race	Number	Percent
Asian/Pacific Islander	2	0.1%
Black	8	0.6%
Native American/ Eskimo/Aleut	64	4.8%
White	1,249	92.8%
Other	4	0.3%
Unknown	19	1.4%
Total	1,346	100.00%

Note: Percentages may not equal 100% because of rounding. Data Source: OSHPD Healthcare Atlas (2013)

HMH 2012 Emergency Department Encounters, by Ethnicity

Ethnicity	Number	Percent
Non-Hispanic or Non-Latino	8,096	92.66%
Hispanic or Latino	598	6.84%
Unknown	43	0.49%
Total	8,737	100.00%

Note: Percentages may not equal 100% because of rounding. Data Source: OSHPD Healthcare Atlas (2013)

HMH 2012 Hospital Discharge Summary, by Ethnicity

Ethnicity	Number	Percent
Non-Hispanic	1,289	95.77%
Hispanic	50	3.71%
Unknown	7	0.52%
Total	1,346	100.00%

Note: Percentages may not equal 100% because of rounding. Data Source: OSHPD Healthcare Atlas (2013)

Key Findings:

- The majority of hospital discharges and emergency department encounter were among Non-Hispanic/Non-Latino patients.

Existing Facilities and Resources

As part of our assessment, we compiled a list of existing facilities and resources in the area who were working to address health needs in our community. This was done not only to fulfill the legal requirements set forth by the Affordable Care Act, but also to educate ourselves on community partners and to look for potential connections.

Name	Location	Facility Type
Anderson Valley Health Center	13500 Airport Road Boonville, CA 95415	Total Care Clinic: Primary Care, Dental, Behavioral Health, Pharmacy
Consolidated Tribal Health Project, Inc.	6991 N. State St. Redwood Valley, CA, 95470	Total Care Clinic: Primary Care/Medical, Dental, Behavioral Health
County of Mendocino, CA Behavioral Health & Recovery Services: Fort Bragg	790-B South Franklin Street Ft. Bragg, CA 95437	Behavioral Health
County of Mendocino, CA Behavioral Health & Recovery Services: Ukiah	1120 South Dora Street Ukiah, CA 95482	Behavioral Health
County of Mendocino, CA Behavioral Health & Recovery Services: Willits	221-B South Lenore Avenue Willits, CA 95490	Behavioral Health
County of Mendocino, CA: Fort Bragg Health Center	120 West Fir Street Ft. Bragg, CA 95437	Public Health Center
County of Mendocino, CA: Ukiah Health Center	1120 South Dora Street Ukiah, CA 95482	Public Health Center
County of Mendocino, CA: Willits Health Center	221-B South Lenore Avenue Willits, CA 95490	Public Health Center
Hillside Health Center	333 Laws Avenue, Ukiah, CA 95482	Total Care Clinic: Primary Care/Medical, Dental, Behavioral Health, Specialty Care, Women's Health

Name	Location	Facility Type
Jerold Phelps Community Hospital	733 Cedar St Garberville, CA 95542	Hospital
Lakeside Health Center	5335 Lakeshore Boulevard, Lakeport, CA 95453	Total Care Clinic: Primary Care/Medical, Dental, Behavioral Health, Specialty Care, Women's Health
Little Lake Health Center	45 Hazel St., Willits, CA 95490	Total Care Clinic: Primary Care/Medical, Dental, Behavioral Health, Specialty Care, Women's Health
Long Valley Health Center	50 Branscomb Road Branscomb, CA 95417	Total Care Clinic: Primary Care, Dentistry, Acupuncture, Chiropractic
Mendocino Coast Clinics: South Street	205 South Street Fort Bragg, CA 95437	Total Care Clinic: General Medical, Dental, Behavioral Medicine, Counseling
Mendocino Coast Clinics: Sequoia Circle	855 Sequoia Circle Fort Bragg, CA 95437	Total Care Clinic: OB/GYN, Perinatal, Women's Health Care, Patient Advocates
Mendocino Coast Clinics: Cypress Street	510 Cypress Street Fort Bragg, CA 95437	Pediatric Clinic
Mendocino Coast District Hospital	700 River Drive Fort Bragg, CA 95437	Hospital
Northbrook Nursing and Rehabilitation Center	64 Northbrook Way Willits, CA 95490	Skilled Nursing, Rehabilitation
North Coast Family Health Center	721A River Drive Fort Bragg, CA 95437	Total Care Clinic: Mental Health, Osteopathy Care, Primary Care, Pediatrics, Surgery
North Valley Behavioral Health	1535 Plumas Court Yuba City, CA 95993	Behavioral Health
Redwood Coast Medical Services: Gualala Medical Center	46900 Ocean Drive Gualala, CA 95445	Total Care Clinic: Primary Care, Urgent Care, Women's Health, Pediatric Care, Chronic Disease Management, Behavioral Health
Redwood Coast Medical Services: Point Arena Medical Center	30 Mill Street Point Arena, CA 95468	Total Care Clinic: Primary Care, Urgent Care, Women's Health, Pediatric Care, Chronic Disease Management, Behavioral Health
Redwood Coast Medical Services: Point Arena Dental Center	175 Main Street Point Arena, CA 95468	Dental Clinic

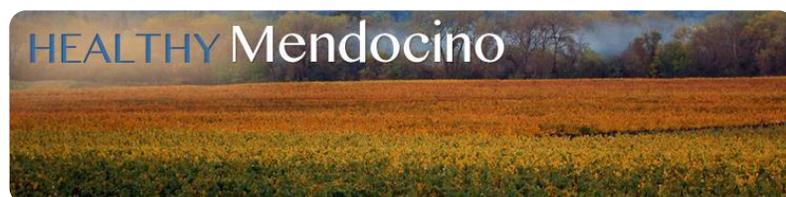
Name	Location	Facility Type
Southern Humboldt Community Clinic	509 Elm St, Garberville, CA 95542	Total Care Clinic: Primary Care/Medical
St. Helena Hospital*	10 Woodland Road, St. Helena, CA 94574	Hospital
St. Helena Hospital for Behavioral Health*	525 Oregon Street Vallejo, CA 94590	Behavioral Health
The Center for Life Choices	425 S Orchard Ave Ukiah, CA 95482	OB/GYN, Sexual Health, Patient Advocates
Ukiah Convalescent Hospital	1349 South Dora Street Ukiah, CA 95482	Skilled Nursing, Rehabilitation
Ukiah Valley Medical Center*	275 Hospital Drive Ukiah, CA 95482	Hospital
*Member of Adventist Health		

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.

The data collection process of the CHNA was a collaborative effort with the “Healthy Mendocino” collaborative. We would like to thank the following partners for their participation:

- Alliance for Rural Community Health (ARCH)
- Anderson Valley Health Center
- Cancer Resource Centers of Mendocino County and UCSF Institute for Health Policy Studies
- Community Development Commission
- Community Foundation of Mendocino County
- Consolidated Tribal Health Project, Inc.
- FIRST 5 Mendocino
- Frank R. Howard Memorial Hospital
- Mendocino County Aids and Viral Hepatitis Network (MCAVHN)
- Mendocino Coast Clinics
- Mendocino Community Health Clinic
- Mendocino County Sheriff's Office
- Mendocino County Health and Human Services Agency
- Mendocino County Youth Project
- MendoLake Credit Union
- North Coast Opportunities (NCO)
- Redwood Children's Services
- Redwood Coast Medical Services
- United Way of the Wine Country



Howard Memorial Hospital 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

- Data on key health indicators, morbidity, mortality, and various social determinants of health were collected from the HealthyMendocino.org Community Dashboard. Indicators available on this site were collected from a variety of sources including: the United States Census Bureau, California Department of Public Health, California Health Interview Survey, County Health Rankings, and other various local, state and federal databases.

Qualitative Data

To validate data and ensure a broad representation of the community, qualitative data was collected as follows:

- Key informant interviews with community leaders to engage them in the development of our interventions and elicit their input to improve the health of our region

Identified Priority 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, two primary focus areas were identified as needing immediate attention, moving forward.

- Chronic Disease with an emphasis on: *diabetes heart disease, stroke, and cancer prevention*
- Advanced Aging Care with an emphasis on: *accident prevention and orthopedic care*

Priority Area 1

Priority Need: Chronic Disease prevention with emphasis on: *diabetes heart disease, stroke, and cancer prevention*

Goal: Improve cardiovascular health and quality of life through prevention, education, and detection of risk factors for diabetes, heart disease, stroke and cancer prevention.

Provide health care education seminars to increase the chance of a positive lifestyle change. By connecting the community with local health care services and providers we can help disrupt popular though and rebuild on the premise that an individual, regardless of environment, can control a portion of their future.

Objective: Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to chronic disease, including diabetes, heart disease, stroke, and cancer prevention.

Interventions:

1. Provide screenings for high blood pressure to 500 adults in our service area.
2. Host approximately 10 health care seminars that will cover topics such as heart health, healthy eating, active living, controlling blood pressure and cancer prevention
3. Conduct outreach activities that will comprise an effective outreach campaign to promote the importance of positive lifestyle changes.
4. Partner with the American Heart Association and the American Stroke Association to create community-based health awareness campaigns to increase healthy lifestyle choices and behaviors.
5. Partner with American Cancer Society to provide no-cost screening and educational events.



Evaluation Indicators:

Short Term – Educate 500 community members with health care services that can help them change their lifestyle.

Long Term – Improved care coordination of chronic disease.

Priority Area 2

Advanced Aging Care with emphasis on: accident prevention and orthopedic care

According to the California Department of Finance, the older adult population, 60 and older increased by slightly over 30% in Mendocino County between 2000 and 2010 whereas the adult population, 30-59 decreased by 7% in the same time period. An estimated 27.7% (more than one-fourth) of Mendocino County residents were diagnosed with arthritis compared to 19% statewide.

Goal: Decreased disability and mortality associated with fractures in elderly populations through increased awareness regarding joint health and accident prevention.

Objective: Educate 50 people regarding joint health and accident prevention.

Interventions:

1. Educational classes, health fairs, and outreach material by the Orthopedic Joint Center regarding joint health and accident prevention. We will co-host at least one educational seminar with local emergency response services.

Evaluation Indicators:

Short Term – Increased number of people educated or receiving outreach material in our community

Long Term – Increased mobility and vitality amongst elderly population as a result of improved joint health., as exhibited by reduced hospitalization rates for injuries.

Partner List

Howard Memorial Hospital 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:

- Alliance for Rural Community Health (ARCH)
- Anderson Valley Health Center
- Cancer Resource Centers of Mendocino County and UCSF Institute for Health Policy Studies
- Community Development Commission
- Community Foundation of Mendocino County
- Consolidated Tribal Health Project, Inc.
- FIRST 5 Mendocino
- Mendocino County Aids and Viral Hepatitis Network (MCAVHN)
- Mendocino Coast Clinics
- Mendocino Community Health Clinic
- Mendocino County Sheriff's Office
- Mendocino County Health and Human Services Agency
- Mendocino County Youth Project
- MendoLake Credit Union
- North Coast Opportunities (NCO)
- Redwood Children's Services
- Redwood Coast Medical Services
- United Way of the Wine Country

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.

Community Benefit 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

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.howardhospital.com/index.php?cID=168>

Community Benefit 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.

Year 2013 – Inventory

Activities	Number of Programs
Medical Care Services	
<p>Howard Memorial Hospital and Adventist Health have 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.</p>	
Community Health Improvement	
<p><u>Community Fair on Fall Preventions</u> Providing health education for our community advancing in age.</p> <p><u>Back to School Sports Physicals</u> Through this program we made exercise and playing sports more accessible to 260 youth throughout the greater Willits community. Conditions that would have probably gone undiagnosed were also discovered during the sports physicals.</p> <p><u>Teach High School Scrubs Class</u> Partner with Ukiah High School in providing nursing education to students interested in entering the medical field.</p>	<p>9</p>

Pink Ribbon Party

Developed an event for women who are non-compliant with their annual mammogram and first time mammogram recipients to have a forum to dialogue while at the same time feeling pampered and cared for with massages, fluffy spa robes and hors d'oeuvres.

Free Children's Health Fair

Worked with Ukiah Valley Medical Center in providing access to community resources and health screenings to over 400 youth and their families.

Cash and In-Kind Contributions

- African Mission Service
- AHI Woodlands Adventist Clinic in Lusaka, Zambia
- Boy Scouts of America
- Cancer Resource Center
- Committee for Citizen Awareness
- Haehl Creek Trail
- Honduras Donation to Kiwanis Club of Willits
- Mendocino College
- Redwood Childrens Services
- Seventh Day Adventist School
- Ukiah High School
- Waldorf School of Mendocino County
- Willits Chamber of Commerce
- Humane Society for Inland Mendocino County
- Willits Community Theater
- Willits Daily Bread
- Willits Frontier Days
- Willits High School
- Willits Otters Swim Team Sponsorship
- Willits Science Fair
- Willits Sober Grad

Community Benefit & Economic Value

Howard Memorial Hospital's mission statement: "Howard Memorial Hospital is a family of caring professionals committed to providing the highest quality of service. In partnership with physicians and community leaders, our purpose is to improve our patients' physical, mental and spiritual well-being, and to enhance the health of our community." We have been serving our communities health care needs since 1986.

The hospital's community benefit work is rooted deep within our mission and merely an extension of our mission and service. We have also incorporated our community benefit work to be an integral component of improving the "triple aim." The "Triple Aim" concept broadly known and accepted within health care includes:

- 1) Improve the experience of care for our residents.
- 2) Improve the health of populations.
- 3) Reduce the per capita costs of health care.

Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

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	1,276,523	3.05%	15,159	1,261,364	3.01%
Public programs - Medicaid	-	-	-	-	-
Medicare	-	-	-	-	-
Other means-tested government programs	3,583,560	8.56%	2,134,315	1,449,245	3.46%
Community health improvement services	-	-	-	-	-
Health professions education	-	-	-	-	-
Non-billed and subsidized health services	-	-	-	-	-
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	42,960	0.10%	-	42,960	0.10%
Community building activities	-	-	-	-	-
TOTAL COMMUNITY BENEFIT	4,903,043	11.71%	2,149,474	2,753,569	6.57%



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

<input type="checkbox"/> Entity:			
<input checked="" type="checkbox"/> System-wide Corporate Policy	Policy No.		
Corporate Policy No. AD-04-006-S	Page		1 of 3
<input checked="" type="checkbox"/> Standard Policy	Department:		Administrative Services
<input type="checkbox"/> 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