

*Sonora Regional
Medical Center*



**2013 - 2015
Community
Health Plan**

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Overview of Adventist Health



Sonora Regional Medical Center 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:

Sonora Regional Medical Center is committed to providing excellent quality care that meets the health needs of our community. To ensure that our goals for the future are consistent with the needs of our community, we partnered with local agencies and community leaders to complete a health needs assessment in 2013. This report is helping guide us as we prioritize our community benefit programs.



From the health needs assessment we identified five priority areas on which to focus in 2014: childhood obesity, adult smoking cessation, senior health and fitness, substance abuse, and access to specialty services. On the following pages our community benefit plan for 2014, addressing these five priority areas, is described in detail.

Our mission is to share God's love by providing physical, mental and spiritual healing and our vision is to be an excellent place to receive care, practice medicine and work. We can extend this commitment to our community beyond the walls of the Medical Center by leveraging programs to reach our entire community, improving the health and vitality of everyone we serve.

Sincerely,

A handwritten signature in black ink that reads "Jeff Eller". The signature is written in a cursive, flowing style.

Jeff Eller
President and CEO

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.

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 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 Sonora Regional Medical Center has adopted the following priority areas for our community health investments for 2013-2015:

- Childhood Obesity
- Adult Smoking Cessation
- Senior Health and Fitness
- Substance Abuse and Mental Health
- Access to Specialty Services in our Rural Health Clinic

In addition, Sonora Regional Medical Center 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



Sonora Regional Medical Center

Number of Hospital Beds: 152

Jeff Eller, President and CEO

Wayne Ferch, Chair, Governing Board

1000 Greenley Road

Sonora, CA 95370

209-536-5000

Community Health Plan Team Members



Joe Silva
Superintendent of Schools



Fred Mathews, DDS
Health & Wellness
Council Chair



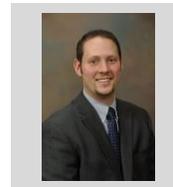
James Comazzi, MD
Cardiologist



Jeff Eller
President & CEO



Julie Kline, RN
Chief Nursing Officer



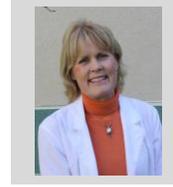
Rick Dodds
Vice President



Gail Witzlsteiner
Foundation Director



Bruce Chan
Director of Business
Planning



Jodie Rodriguez
Dietitian



Tami Burns
Dietitian



Michelle Crownover
Cardiopulmonary
Coordinator



Julie Mena, RN, MSN, CNS
Rehabilitation Antioagulation
and Heart Failure



Krista Howell
Exercise Physiologist



Chad Ballard, PT
Director of Rehabilitation



Amy Rolston
Live Well Be Well Coordinator

Mission, Vision and Values

Mission

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

Vision

Sonora Regional Medical Center will be an:

Excellent place to receive care

Excellent place to practice medicine

Excellent place to work.

Values

The compassionate healing ministry of Jesus.

Human dignity and individuality.

Absolute integrity in all relationships and dealings.

Excellence in clinical and service quality.

Responsible resource management in serving our communities.

The health care heritage of the Seventh-day Adventist Church.

Each other as members of a caring family.

Community Profile

Demographics

Tuolumne County is in the central eastern section of California. It covers 2,221 square miles and ranges in elevation from about 300 feet in the Sierra Nevada foothills to almost 13,000 feet in the eastern regions. More than 70% of the land is publicly owned. The 2013 U.S. Census estimates that 54,008 people resided in the county in 2012. However when factoring in the population of the Sierra Conservation Center which in 2012 housed 4,687 maximum security prisoners, the population is more accurately depicted as 49,321 people. Although California had a 2.1% increase in population from 2010 to 2012, Tuolumne County lost 2.5% of its population. Due to tourism, the local population can increase by more than 50% during peak tourist season. The county population is older than the state, with 12% of the state being over 65 years old compared to 22% of Tuolumne County being that age. Tuolumne County is also predominantly of a single ethnicity with 81.7% of its population being White alone, not Hispanic or Latino, compared to 39.4% of the state being White alone, not Hispanic or Latino. Even more telling is that in the years 2007 to 2011, 7.7% of Tuolumne County residents aged 5 and older spoke a language other than English at home compared to 43.2% in the state.

Another major difference between Tuolumne County and California is in housing and home ownership. In the years 2007 to 2011, 70.8% of county residents owned their homes; this compares to 56.7% of people in the state. During that same time period, 8.9% of dwelling units in the county were multi-unit housing; the state had 30.8%.

Economy

Bordered by rivers to the north and south, by the Sierra Nevada to the east and the San Joaquin valley to the west, Tuolumne County represents a portion of the southern reach of the historic Mother Lode gold country. With portions of Yosemite National Park in the southern sectors, tourism drives a significant percentage of the local economy. The government is the top employer in Tuolumne County, followed by health and social assistance and retail trade.

Health Literacy

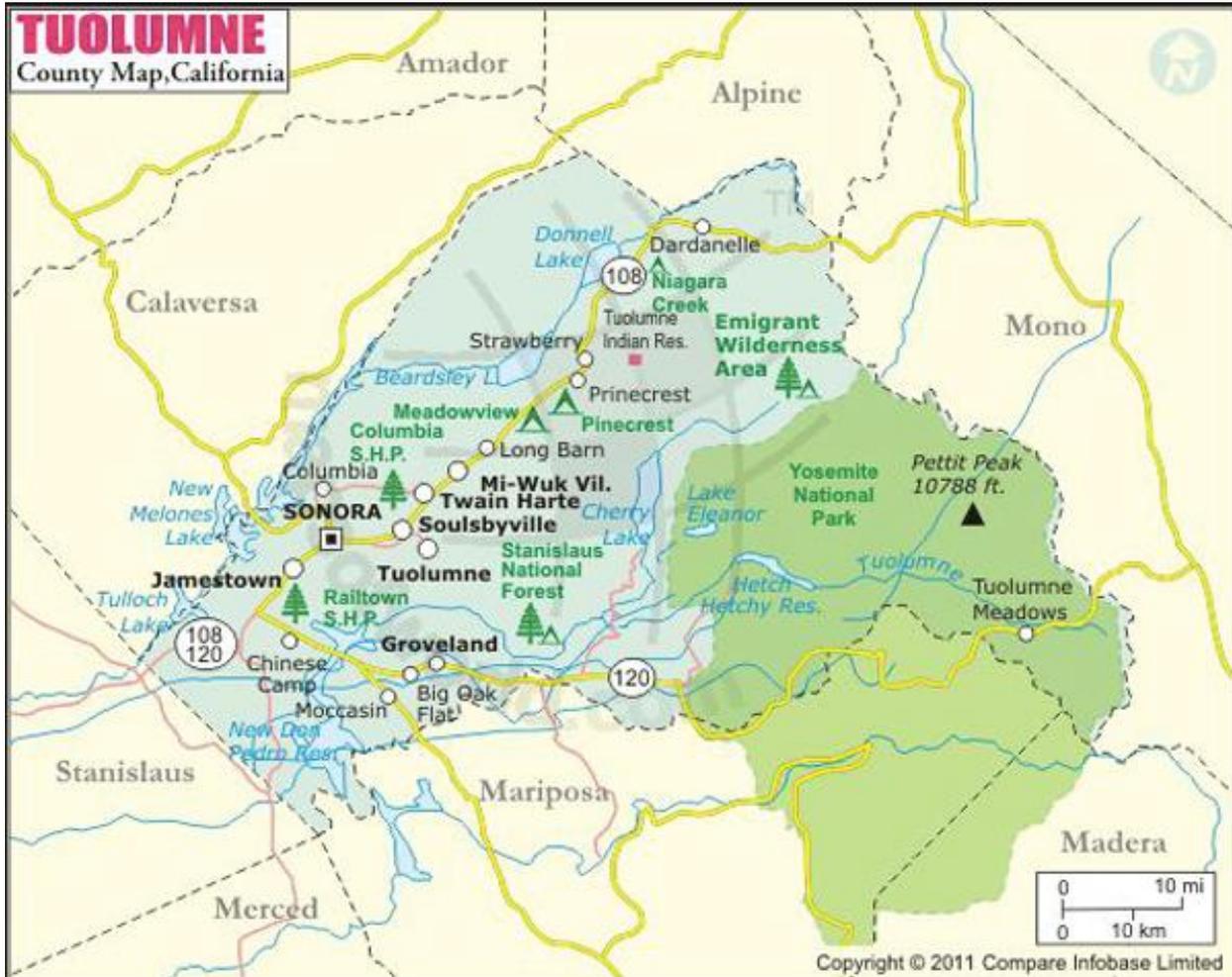
The Institute of Medicine defines Health Literacy as “the degree to which individuals can



obtain, process and understand the basic health information and services they need to make appropriate health decisions.”

One application of this definition pertains to the vocabulary of health care financing. For example, deductibles, copayments, co-insurance, and insurance exchanges are often difficult terms to comprehend. Another component of Health Literacy relates to an understanding of how to participate in the algorithms of health care. An example of this is when an injury might require an Emergency Department X-ray, when antibiotics might be called for during an illness, or how to monitor ones blood pressure or glucose level.

Still another component has to do with understanding the genuine relative risks of illness or injury that face us each day, or avoiding the pitfalls of marketing campaigns and media headlines that tend to distort the more tangible threats to our health. It is the sincere hope of the TCCHA Steering Committee that this document will serve in some degree to advance health literacy for our communities.



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 included an initial meeting of the Tuolumne County Community Health Assessment (TCCHA) Steering Committee to plan a TCCHA project. The Steering Committee consisted of local community leaders including business owners, non-profit executive directors, seniors, county and state social service directors, health care providers, community members and law enforcement. The committee members dedicated their time, knowledge, expertise and resources throughout the 10-month process.

A Mission Statement for the Committee was adopted, establishing the TCCHA as “a collaboration of Tuolumne County government, private agency, business and community representatives committed to the performance and reporting of a Community Health Assessment for Tuolumne County.”

To assure conceptual uniformity, the following definitions were accepted by the TCCHA Steering Committee:

Community Health Assessment: “A process of collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public’s health.” (Public Health Accreditation Board, 2011)

Health: “Health is physical, social, emotional, mental and spiritual balance throughout life.”

The TCCHA Steering Committee adopted the six goals of the Let's Get Healthy California Task Force Final Report as an initial structure for selecting indicators with which to measure the status of health in Tuolumne County.

- 1) Healthy Beginnings: Laying the Foundation for a Healthy Life
- 2) Living Well: Preventing and Managing Chronic Disease
- 3) End of Life: Maintaining Dignity and Independence
- 4) Redesigning the Health System: Efficient, Safe and Patient-Centered Care
- 5) Creating Healthy Communities: Enabling Healthy Living
- 6) Lowering the Cost of Care: Making Coverage Affordable and Aligning Financing to Health Outcomes

Subcommittees were assigned to each of these goals. Members were asked to review the list of indicators proposed by the Let's Get Healthy California Task Force and modify them according to the needs of our county. Subcommittees were also asked to add to the list of indicators where gaps existed according to the special needs of Tuolumne County.

The process of data collection was shared by each of the Subcommittees, with data analysis conducted and reviewed by the full Steering Committee and in some cases by other members of the community. Multiple meetings were conducted by each Subcommittee over a period of six months with extraordinary in-kind contributions of time and resources from the Steering Committee membership. The data was compiled and edited with further review by the Steering Committee to arrive at a final document.

2013 COMMUNITY HEALTH ASSESSMENT STEERING COMMITTEE

S. Todd Stolp, MD—Co-Chair & Editor

Public Health Officer, Tuolumne County Health Department

Bruce Chan—Co-Chair

Director of Marketing, Sonora Regional Medical Center

Patricia Jones, MBA—Project Director & Author

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Kathy Amos RN, PHN

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Director, Tuolumne County Behavioral Health Department

Chief Mike Barrows

Chief, Sonora Fire Department

Julie Boucher

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Principal, Breeze-Martin Consulting

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Ann Connolly

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President, Sonora Regional Medical Center

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Jim Gianelli, JD

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Executive Director, Amador Tuolumne Community Action Agency

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Executive Director, Tuolumne Me-Wuk Indian Health Clinic

Fred Mathews, DDS

Board Member, Sonora Regional Medical Center

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Judy Myers

Community Member and Retired Hospice Director

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Eric Runte, MD

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Superintendent, Tuolumne County Office of Education

Patty Steele

Beyond Fear, Inc.

Clarence Teem, MS

Coordinator, Tuolumne County Emergency Medical Services

Evelyn Thompson

Executive Director, Infant/Child Enrichment Services, Inc.

Pauline White

Executive Director, Area 12 Agency on Aging

Maureen Woods, RN, PHN

Community Member and Retired Public Health

Nursing Director

Sonora Regional Medical Center 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. These unbiased and well-sourced data

will set an informed base-line to be used for education, priority setting, resource-seeking and community planning.

More than 20 community partners from all sectors of the county spent countless hours and resources to create the Community Health Needs Assessment. They identified where the county is doing well, and areas to improve. The people of Tuolumne County can use the Assessment to identify aspects of the community they wish to keep and strengthen as solid pillars of health, and aspects which warrant efforts to enhance the determinants of health in the environment and thereby improve the future.

Quantitative Data

Information for the assessment was collected from many sources including local, state, and national agencies:

- 2011-2012 California Health Interview Study
- Area 12 Agency on Aging
- Bureau of Labor Statistics
- California Air Resources Board
- California Department of Education
- California Department of Public Health
- California Healthy Kids Survey
- California Tobacco Control Program
- CCLHO-CHEAC Chronic Disease Prevention Project
- Centers for Disease Control and Prevention
- Central Sierra Continuum of Care
- Child Welfare Services Reports
- Health Services Advisory Group
- Hospital Compare
- Institute for Health Metrics and Evaluation
- KidsData.org
- Local Surveys
- Office of Statewide Health Planning and Development
- Physical Fitness Testing Research Files
- Sonora Regional Medical Center
- Tuolumne County Department of Public Health
- Tuolumne County Department of Social Services
- Tuolumne County Emergency Services
- U.S. Census Bureau
- U.S. Department of Health and Human Services
- U.S. Department of Labor
- UCLA Center for Health Policy Research
- University of Wisconsin Population Health Institute
- World Health Statistics, Part III Global Health Indicators

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, five primary focus areas were identified as needing immediate attention, moving forward:

- Childhood Obesity
- Adult Smoking Cessation
- Senior Health and Fitness
- Substance Abuse
- Access to Specialty Services

Childhood Obesity

Identified Need: More Tuolumne County students are at a healthy weight than demographically similar counties and the state. However, approximately 30% of our children are overweight or obese. The increase in obesity has significant implications for

Overweight and Obese Students by County: 2006 - 2010

Region	Percent				
	2006	2007	2008	2009	2010
California	37.9%	37.9%	37.9%	38.0%	38.0%
Amador County	31.5%	32.5%	35.8%	35.8%	37.0%
Calaveras County	30.8%	33.3%	30.0%	30.1%	32.7%
Tuolumne County	29.9%	27.0%	29.9%	28.2%	29.5%

Source: As cited on kidsdata.org, Babey, S. H., et al. (2011). A patchwork of progress: Changes in overweight and obesity among California 5th-, 7th-, and 9th-graders, 2005-2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy. Funded by RWJF; California Department of Education, Physical Fitness Testing Research Files.

the health of our children now and as they age. Obese children are at risk for a range of social and physical health problems including low self-esteem, discrimination from others, joint problems, sleep apnea, and asthma. Obese children, along with

overweight children are also more likely to develop serious chronic diseases such as diabetes and heart disease and are liable to remain overweight or obese throughout their lives. The risk factors for obesity include heredity, limited exercise and physical activity at home and school, increased portion sizes of meals, and increased consumption of high calorie/low nutrient (“junk”) food and sugary drinks.

Goal: Align with the Tuolumne County Superintendent of Schools and Tuolumne County Public Health Department to promote healthy nutrition and physical activity among school children and increase the number of schools participating in the Fit for the Future program with the ultimate goal of 100 percent participation. The goal of the Fit for the Future program is to eliminate childhood obesity in Tuolumne County.

Objective: Expand the Fit for the Future program to reach more kids, incorporating basic nutrition education and using highly focused fitness activities to improve students’ scores on state physical fitness testing.

Interventions:

1. Fit for the Future is a collaborative effort between Sonora Regional Medical Center, the Superintendent of Schools Office and the Tuolumne County Public Health Department. A registered nurse and registered dietitian from Sonora

Regional Medical Center will be working with PE teachers and educators to capitalize on physical education time. The program began with two elementary schools in the 2011-2012 school year with plans to expand to all schools in the county.

Evaluation Indicators:

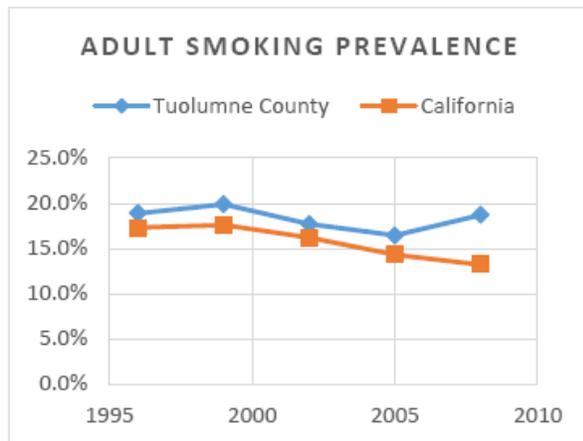
Short Term – improved scores in Tuolumne County schools on state physical fitness testing

Long Term – expanded reach of Fit for the Future program to all schools in Tuolumne County

Collective Impact Indicator – reduced rates of childhood obesity in Tuolumne County

Program Highlight: In the fall of 2013, representatives of the Fit for the Future program were invited to speak at a State Health and Human Services “Keeping California Healthy” task force meeting. The program was recognized for helping Tuolumne County students achieve the highest fitness scores in the state. Scores were above 50 percent compared to the state average of 30 percent.

Adult Smoking Cessation



Source: CA Tobacco Control Program, C-stats data

Identified Need: Tuolumne County adults exhibit a much higher smoking rate than the state. The smoking rate may actually be even higher than reported by the California County and Statewide Archive of Tobacco Statistics (C-STATS) data. A professional 2012 telephone survey of 420 Tuolumne County homes was conducted under the Community Transformation Initiative in coordination with the Public Health Institute with a margin of sampling error +/- 4.9%. This survey indicates a current adult cigarette smoking rate in Tuolumne County of 26%

with 35% of households having at least one cigarette smoker and nearly 49% of households including at least one tobacco consumer using either smokeless tobacco, cigarettes, cigars and/or pipes.

Compared with nonsmokers, smoking is estimated to increase the risk of:

- Coronary heart disease by 2 to 4 times and stroke by 2 to 4 times
- Men developing lung cancer by 23 times
- Women developing lung cancer by 13 times
- Dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times

Goal: Expand programs to support tobacco users in quitting and improve quality of life for those suffering the effects of tobacco use. Partner with community agencies to communicate the dangers of smoking to prevent youth from developing tobacco addiction.

Objective: Reduce tobacco use among Tuolumne County residents.

Interventions:

1. The Smoke Free Campus Initiative at all of Sonora Regional Medical Center's facilities spreads a message against tobacco use for patients, visitors and

employees. Information cards are available at each facility entrance providing resource information encouraging smokers to quit.

2. Freedom from Smoking classes are offered by Sonora Regional Medical Center throughout the year. Class participants in this American Lung Association endorsed program learn how to overcome tobacco addiction. The Medical Center has partnered with the Public Health Department to provide grants for low-income individuals without health insurance to participate in the program.
3. The goal of Sonora Regional Medical Center's Pulmonary Rehabilitation program is to improve the quality of life for individuals with chronic pulmonary disease by providing education and exercise plans tailored to each patient.
4. Student Interventions include presenting the dangers of smoking at area schools. The Medical Center has also partnered with and provides financial support to the YES Partnership which supports Tuolumne County youth and families to prevent substance abuse, including tobacco, alcohol and other drugs.

Evaluation Indicators:

Short Term – continued support of the smoke-free campus initiative, Freedom from Smoking program, Pulmonary Rehabilitation, and the YES Partnership

Long Term – increased participation in the Freedom from Smoking and Pulmonary Rehabilitation programs

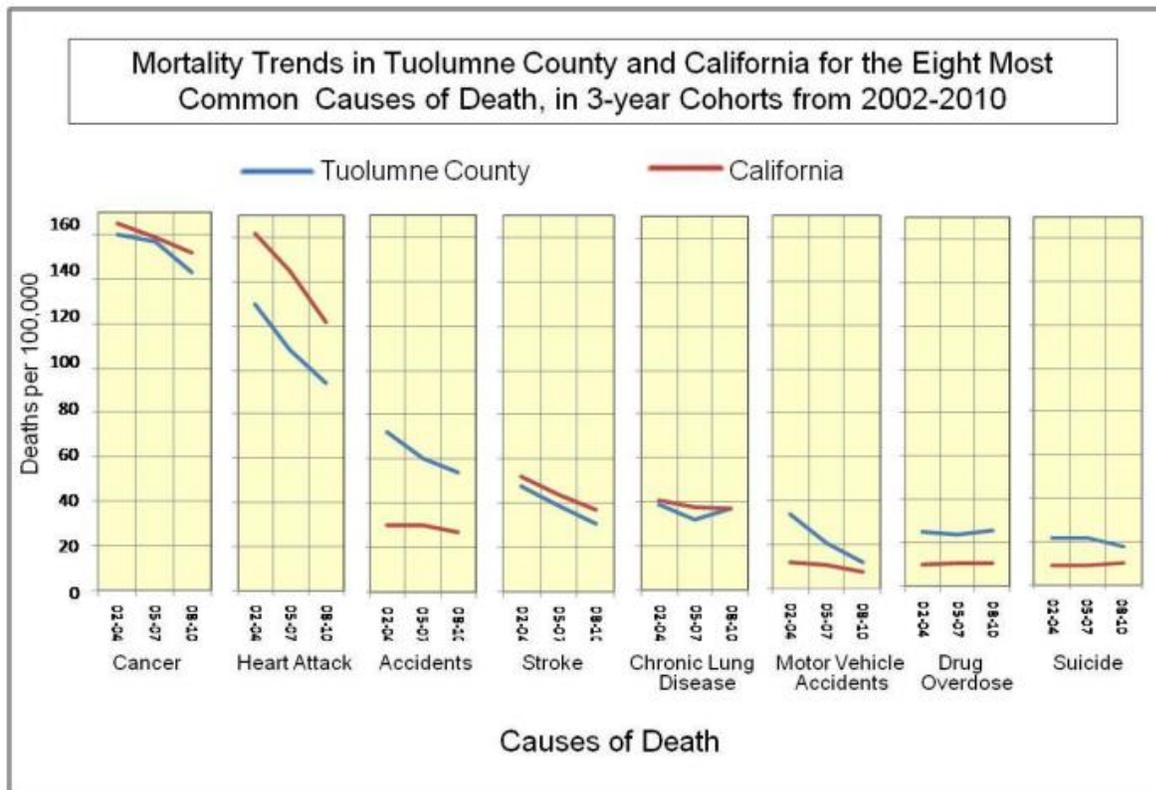
Collective Impact Indicator – reduced rates of tobacco use in Tuolumne County

Program Highlight: The volunteers at Sonora Regional Medical Center continually raise funds and collectively decide where to allocate the money. To help support the Medical Center's efforts in reducing the rate of tobacco use in the county, the volunteers have granted \$50 scholarships for 20 individuals to participate in the Freedom from Smoking class.

Senior Health and Fitness

Identified Need: We found that our seniors face many challenges and that they also have many resources to help them address these challenges. Most significantly, in Tuolumne County, both men and women are living longer, with the two leading causes of death in the county being heart disease and cancer. While cancer-related fatalities significantly outnumber deaths due to heart attacks, if other forms of heart disease are included (congestive heart failure, valvular heart disease etc...), then the fatality rates for these two causes are essentially equal. In the cumulative years of 2008 through 2010, almost 25% of the 1,764 Tuolumne County residents who died did so prior to reaching 65 years old.

Of all deaths, many were related to modifiable risk factors, like tobacco or other substance abuse and poor physical fitness.



Source: California Department of Public Health

Goal: Offer a broad array of educational opportunities and support to address the needs of the high-risk senior population.

Objective: Monitor readmission rates for COPD and cardiovascular conditions and effectively reduce readmissions for seniors with these diagnoses by working to ensure appropriate follow-up care and support after discharge.

Interventions:

1. Senior Fitness Classes offered through the Live Well Be Well Center at Skyline Place, an assisted living facility, and at the senior center in Sonora.
2. Cardiac Rehabilitation Phase II is a 12-week program designed to help patients regain confidence and quality of life following coronary artery stents, bypass surgery, heart attacks, heart valve repair, chest pain, and heart transplants.
3. The Heart Failure Resource Center provides specialized care for patients with heart failure. Patients at the Resource Center learn how to control heart failure through medication compliance, dietary changes, lifestyle changes, and ensuring regular physician visits.
4. Sonora Regional Medical Center provides a full range of Skilled Nursing and Long-Term Care services with a 68-bed facility staffed by licensed nurses and certified nursing assistants directed by a devoted and knowledgeable medical staff.
5. The OakPlus Senior Wellness Program is offered by Sonora Regional Medical Center to those 65 and older. Members enjoy benefits including monthly wellness seminars presented by physicians and other experts on important health topics and discounts on prescriptions through the Medical Center's Community Pharmacy.

Evaluation Indicators:

Short Term – continue offering programs targeted to the high-risk senior population

Long Term – expand programs and increase participation in senior wellness initiatives

Collective Impact Indicator – reduced readmissions for COPD and cardiovascular conditions

Program Highlight: Sonora Regional Medical Center presented many interesting and important health topics in 2013 through the OakPlus Senior Wellness Program lecture series. An average of 50 seniors from the community attended each of the lectures which included:

“Gastrointestinal Issues” presented by Gastroenterologist Brian Carlson, MD

“Heart Health for Women” presented by Cardiac Rehabilitation Director Julie Mena, RN, and Exercise Physiologist Krista Howell

“Diverticulitis and Food Allergies” presented by Internal Medicine Specialist Martin Dielmann, MD

“Health Care Decisions” a presentation by Licensed Social Worker Susan Endter about end of life care and advanced directives

“Comfort Care for You and Your Loved Ones” presented by Linda Sue Murray, RN, from Hospice of the Sierra

“Colon Cancer and Screening” presented by Gastroenterologist Rodney Eddi, MD

“Creating Peace of Mind” a presentation about estate planning by Jim Gianelli, JD LLM, and Robert Hoffman, CSPG, CFRE

“Understanding COPD” presented by Pulmonologist/Intensivist Artin Mahmoudi, MD

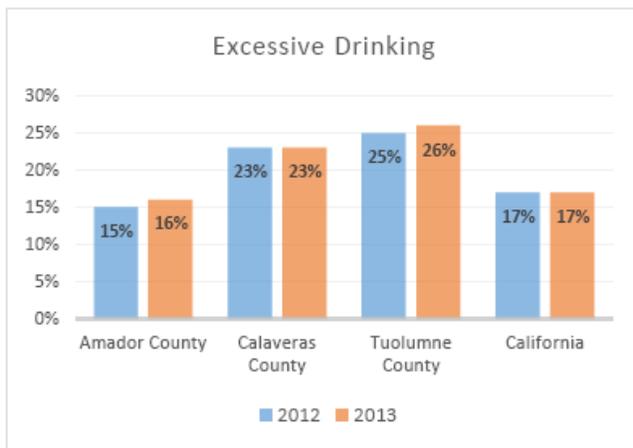
“Life Fitness for Seniors” presented by Live Well Be Well Center Coordinator Amy Rolston

“Can You Hear Me Know” presented by Otolaryngologist James Reese, MD

“Medicare Advantage Plan for Tuolumne County” presented by Hank Osowski and David Schmidt

Substance Abuse

Identified Need: The self-reported alcohol consumption rates are slightly higher in Tuolumne County than Calaveras County and considerably higher than for Amador County or statewide. University of Wisconsin Population Health Institute's Rankings and Roadmaps states that "excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic



Source: University of Wisconsin Population Health Institute. County Health Rankings 2013

beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

Between 1991 and 2008 the overdose death rate in the United States increased by three fold. Risk factors for overdose death include rural communities, White non-Hispanic race/ethnicity, lower socioeconomic status and use of prescription opiates. The peak age for overdose death is 45 to 54 both in Tuolumne County and

across the United States. These deaths occurred almost equally between males and females in Tuolumne County, but nationally there is a preponderance of overdoses among males.

Goal: To establish partnerships with community agencies and physician partners to mitigate substance abuse in Tuolumne County.

Objective: To reduce the rate of substance abuse and overdose deaths in Tuolumne County.

Interventions:

1. Patients at the Medical Center's rural health clinic, Forest Road Health and Wellness Center, who are managing chronic pain and prescribed potentially addictive medications to treat their pain, must sign a Medication Agreement. This

contract is shared with the Medical Center's emergency department and prompt care clinics to prevent patients from attempting to obtain additional medications. Education is provided to patients about the potential dangers of pain medications to help them uphold the conditions of the agreement.

2. Drug Take Back Days are planned throughout the year by the Medical Center's pharmacy department, providing a safe way to dispose of unused prescription drugs that could otherwise wind up in the hands of someone who wishes to sell, trade or otherwise use the drugs illegally.
3. Educational Opportunities for our physician partners are provided on various topics relating to prescription and illicit drug use to equip the medical staff with tools to help their patients avoid problems with substance abuse.
4. Leadership from Sonora Regional Medical Center works with the YES Partnership, a community agency that supports youth and families in preventing substance abuse.
5. Under the Affordable Care Act, insurance coverage for drug and alcohol programs has changed. Sonora Regional Medical Center is educating staff to help link patients to these newly covered programs.

Evaluation Indicators:

Short Term – strengthened partnerships with community agencies and physician partners to mitigate substance abuse

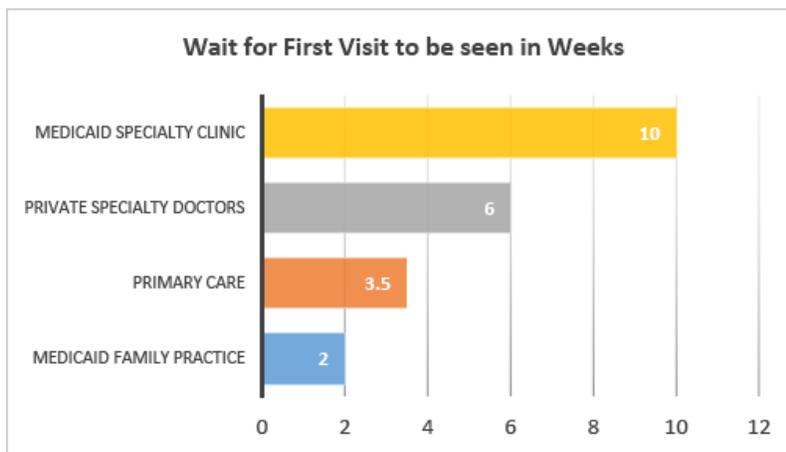
Long Term – expanded programs to support efforts to reduce substance abuse and overdose in Tuolumne County

Collective Impact Indicator – reduced substance abuse and overdose in Tuolumne County

Program Highlight: Sara Richey, MD, is a family practice physician at the Forest Road Health and Wellness Center, Sonora Regional Medical Center's rural health center serving Medi-Cal and CMSP patients. Dr. Richey has attained certification as a buprenorphine prescriber, providing an effective alternative to methadone for treatment of opioid addiction. Dr. Richey is helping patients overcome patterns of substance abuse and avoid the potential for overdose, improving the health of the community one patient at a time.

Access to Specialty Services

Identified Need: The time for a new patient to be seen in a primary care practice in Tuolumne County is between 2 and 5 weeks. The time to see a specialty doctor is significantly longer, especially for those patients with Medi-Cal as their primary insurer. This wait puts a burden not only on the patient, but on the entire system. Patients who cannot wait that long will visit urgent care clinics or the emergency department for what would normally be a primary care visit. Those who require specialty care will often leave the area to receive care more quickly. Some patients may simply wait, which may impact their health negatively; others may give up.



Source: Local survey

Goal: Restructure the Forest Road Health and Wellness Center to allow for more patient visits and develop a physician recruitment and relations plan to address specialties with the longest wait times for new patients.

Objective: Increase access to specialty services by reducing wait times for new patients to be seen by specialty physicians.

Interventions:

1. In 2014, Sonora Regional Medical Center will be expanding services at the Forest Road Health and Wellness Center. In addition to changes in clinic space to accommodate more patients, processes will also be streamlined, increasing specialist coverage at the clinic. Specialties include dermatology, ENT,

gastroenterology, podiatry, OB/GYN, behavioral health, general surgery, urology, and orthopedics.

2. To develop a Physician Recruitment Plan, Sonora Regional Medical Center accesses information on the population regarding prevailing health conditions and compares these results with the number of practicing physicians in the area to determine which specialties need to be recruited to the county. A dedicated physician recruiter works year round to bring experienced, caring physicians to Tuolumne County.

Evaluation Indicators:

Short Term – expand services at the Forest Road Health and Wellness Center

Long Term – develop a physician recruitment plan and recruit needed physicians to Tuolumne County

Collective Impact Indicator – reduced wait times for new patients to be seen by specialty physicians

Program Highlight: In 2013, Sonora Regional Medical Center was able to attract several new physicians to the area. These included two pediatricians, two gastroenterologists, an internal medicine specialist, a pulmonologist/intensivist, and radiologist. For 2014, the physician recruiter is anticipating several more new physicians to ensure that residents of Tuolumne County have access to the medical care they need.

Partner List

Sonora Regional Medical Center 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:

- All Saints Catholic Church- Twain Harte
- Amador Tuolumne Community Action Agency
- Area 12 Agency on Aging
- Catholic Charities
- Chapel in the Pines- Twain Harte
- Christian Heights Assemble of God- Sonora
- Columbia Church of the 49ers- Columbia
- Faith Community Nursing Program:
- Faith Lutheran Church- Murphys
- First Baptist Church- Sonora
- First Congregational Church- Murphys
- Foothill Community Church- Angels Camp
- Greeley Hill Seventh-day Adventist Church
- Groveland Seventh-day Adventist Church
- Interfaith
- Lake Tulloch Bible Church- Copperopolis
- Mountain Calvary Lutheran Church- Sugar Pine
- New Hope Community Church- Sonora

- Oak Hills Presbyterian Church- Sonora
- Rivers of Life Christian Fellowship- Sonora
- Sierra Bible Church- Sonora
- Sierra Senior Providers
- Sonora Area Foundation
- Sonora Baptist Church- Sonora
- Sonora Seventh-day Adventist Church
- Sonora United Methodist Church- Sonora
- Soroptimists
- Soulsbyville United Methodist Church
- St. James Episcopal Church- Sonora
- St. Mathew Lutheran Church- Sonora
- Tuolumne County Health and Human Services
- Tuolumne County Office of Education
- Tuolumne County Public Health
- Tuolumne County Sheriff's Office
- Twain Harte Bible Church- Twain Harte
- WATCH Resources, Inc.
- Word of Life Fellowship- Miwuk
- YES Partnership

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

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.sonoramedicalcenter.org/about-us/patient-financial-services>

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

Medical Care Services

Simi Valley 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.

Community Health Improvement

Free Dental Clinic- Sonora Regional Medical Center's rural health clinic provides quality health care for those who might otherwise be without access to services. The primary purpose is to serve and care for the community's Medi-Cal and County Medical Services Program (CMSP) clients. The clinic offers primary care, specialty clinic and dental services. In 2013, the dental clinic provided \$26,000 worth of free dental care to adult Medi-Cal patients without dental coverage.

Spiritual Support- The Medical Center's chaplains provided 3,798 patient visits, pastoral counseling and support for 2,530 community members, and 792 hours of employee counseling and support. The chaplains officiated 19 memorial services and four weddings. The chaplains also facilitated support groups, participated in the Suicide Prevention Task Force, provided suicide prevention education for the office staff at three physician practices and participated in six community events. In addition, the chaplains also coordinated the Chaplain's Fund, used to assist patients, employees and their families during times of need. In 2013, the chaplains were able to assist 130 families with over \$24,800 raised for the Chaplain's Fund.

Low-Cost Health Screening- Thousands of community members take advantage of multiple health fairs throughout the region where Sonora Regional Medical Center provides low-cost blood draws and free health screenings including blood pressure, bone density screening, clinical breast exam, anemia screening, and fall risk assessment, as well as nutritional counseling with registered dietitians and prescription counseling with licensed pharmacists. In 2013, the Medical Center administered over 3,500 low-cost blood draws as well as thousands of other free health screenings.

Oak Plus- The Oak Plus wellness program for older adults invites program members to free monthly seminars where they can learn from physicians and other health experts about various topics like advanced directives, diverticulitis, heart health, and fitness. The program also provides generous prescription discounts at both Community Pharmacy locations and many local businesses.

Seminar Topic	Presenter	Seniors in Attendance
Gastrointestinal Issues	Brian Carlson, MD, Gastroenterologist	109
Heart Health for Women	Krista Howell and Julie Mena, RN, MSN, CNS	59
Diverticulitis and Food Allergies	Martin Dielmann, MD, Internal Medicine	44
Health Care Decisions	Sue Endter, LCSW, ACHP-SW	33
Colon Cancer and Screening	Rodney Eddi, MD, Gastroenterologist	37
Creating Peace of Mind	James Gianelli, JD LLM and Robert Hoffman, CSPG CFRE	64
Understanding Chronic Obstructive Pulmonary Disease	Artin Mahmoudi, MD, Pulmonologist/Intensivist	30
Life Fitness for Seniors	Amy Rolston, Live Well Be Well Center Coordinator	40
Can You Hear Me Now?	James Reese, MD, Otolaryngologist	36
Medicare Advantage Plan for Tuolumne County	Hank Osowski and David Schmidt	50

Live Well Be Well Center- The Live Well Be Well Center is overseen by the Health and Wellness Council, a sub-committee of the Governing Board of the Medical Center charged with providing leadership and oversight of community health and wellness initiatives including:

- Medical Center employee fitness and wellness programs
- Senior wellness in the community
- Childhood obesity prevention programs

- Wellness programs for community businesses and organizations
- Disease-specific education support group development

Some of the many classes and support groups offered through the Medical Center in 2013 include:

- | | | |
|--------------------------------|----------------------------------|------------------------------|
| • Adult Diabetes Support Group | • Whole Life Fitness for Seniors | • Preparation for Childbirth |
| • Cancer Support Group | • Freedom From Smoking | • Pulmonary Rehabilitation |
| • Cardiac Rehabilitation | • Grief Support | • Safe Sitter |
| • Cardio Blast | • Mended Hearts Group | • Senior Center Fitness |
| • Family Fit Program | • Neurological Support Group | • The Marvelous Mind |
| • First Aid/CPR | • Nutritional Therapy | • Total Fitness Boot Camp |
| • Freedom From Fear | • Ostomy Support Group | • Yoga |

Chronic Disease Self Management Program- Working in conjunction with the Tuolumne County Public Health department, the Medical Center is offering Chronic Disease Self Management workshops designed to help people learn to manage their chronic health conditions such as heart disease, diabetes, asthma, high blood pressure, osteoporosis, and other chronic conditions.

Faith Community Nursing- The mission of Adventist Health is to share God’s love by providing physical, mental and spiritual healing. Partnering with area churches provides us with the opportunity to work within the framework of that mission. The many Faith Community Nurses, coordinated by the Medical Center’s Faith Community Nursing Coordinator, are integrators of faith and health; serve as health educators, counselors and advocates; and develop support groups within their congregations or faith communities. In 2013 the Faith Community Nurses provided 3,288 home visits and church contacts, 288 hospital visits, 2,658 phone calls, 158 blood pressure clinics, 118 referrals, and transportation for 274 individuals. The total volunteer hours was 6,575.

Cancer Patient Support Fund- In 2013, Sonora Regional Medical Center raised more than \$95,800 for the Cancer Patient Support Fund. This fund provides financial support to cancer patients who are going through treatment and need assistance. The Medical Center’s social worker uses the fund to help lift some of life’s financial burdens so the cancer patients can focus on their health.

Hospice of the Sierra- Hospice of the Sierra treats the physical, emotional and spiritual needs of terminal and dying patients in their homes or homelike setting. Hospice focuses on helping patients make the most of their time while meeting the needs of the entire family. Hospice provides care to anyone regardless of their ability to pay by providing financial assistance. In 2013, Hospice of the Sierra raised over \$83,000 to provide care for our community.

Community Events- The Medical Center participates in many community events throughout the year including the Annual Home and Garden Show and the Mother Lode Fair. We provide our mobile health van and a staff of nurses, physicians and other licensed or certified medical personnel to provide first aid services at these events. While there are costs associated with operating and staffing the health van during these multi-day events, we offer this service at no charge as a benefit to our community supporting family-friendly activities.

Sports Physicals- The Medical Center fosters healthy activities for area children by providing free and low-cost sports physical clinics. Children are required to have a physical before participating in many organized sports, summer camps, and other activities. This can be cost prohibitive for many families if they lack health insurance or have high deductibles. By providing free and low-cost physicals, the Medical Center enabled over 400 local children to gain the physical and social benefits of participating in sports and other activities. In 2013, the Medical Center also revamped the Sports Physical program to include more comprehensive check-ups including injury prevention screening and visits with physician specialists including cardiologists and orthopedists.

Healthy Living- each quarter, the Medical Center publishes a newsletter reaching nearly 20,000 households in the Mother Lode. *Healthy Living* is a journal of health and wellness featuring articles to promote healthy lifestyles and educate the community of available health and wellness services.

Employee Giving- The Medical Center provides many opportunities throughout the year for its employees to demonstrate their love for the community with direct contributions for various needs including:

- Donating 12,665 pounds of food to local families through the Food for Families program
- Giving 559 Christmas gifts for community members of all ages who were in need during the holidays

Smoke-Free Campus Initiative- In 2013, the Medical Center initiated a tobacco-free campus policy, helping to build a healthier community by prohibiting tobacco use anywhere on Medical Center property. The Medical Center used many resources to educate the community about this policy and continues to provide education and support for those encouraged to quit.

Health Professions Education

Sonora Regional Medical Center provides training and internship programs for hundreds of students throughout the Northern California including:

- Abrams College Paramedic Students
- California State University, Chico Rural Health RN Program Students
- California State University, Sacramento Emergency Medical Technician/Paramedic Students
- Emery University Wound, Ostomy and Continence Nursing Education
- Kaplan College Respiratory Therapy Students
- Merced College Nursing Students
- Modesto Junior College Nursing, Emergency Medical Technician and Respiratory Therapy Students
- Sonoma State University Nursing Students
- University of the Pacific Pharmacy Students

In addition to field-specific instruction and work experience, students are provided orientation and ongoing training which may include Basic Life Support, Advanced Cardiovascular Life Support, Pediatric Advanced Life Support, Neonatal Resuscitation, and Non-Violent Crisis Intervention.

Subsidized Health Services

Primary Care Clinics- Sonora Regional Medical Center operates nine primary care clinics, 12 specialty clinics, two prompt cares, a dental clinic and an occupational health clinic. These clinics represent a large portion of physician clinics in Tuolumne and Calaveras counties, most of which operate at a loss to the Medical Center. Without these clinics, the community would have few resources for medical care without traveling out of the area.

Project HOPE- Project HOPE (Health Outreach Education and Prevention) is one of our greatest community wellness programs. Staffed by an experienced and compassionate nurse practitioner, Project HOPE provides free medical care from the safety, convenience and privacy of our mobile health van every Monday and Friday. In 2013, Project HOPE provided 1,252 free patient visits.

Sonora Regional Home Care- Operating both home health and hospice services, Sonora Regional Home Care provides a vital service to the community. Hospice of the Sierra provides services to anyone with a terminal illness regardless of their ability to pay and works to raise funds each year to ensure that every community member can receive the care they need. Home Care also provides volunteer training for caregivers and grief support counselors, increasing the amount of free services and support available to the community.

Lifeline- Sonora Oxygen & Medical Supply, operated by Sonora Regional Medical Center, coordinates Lifeline phone alert services for persons at risk of illness or injury.

Long-Term Care and Transitional Care Units- Sonora Regional Medical Center's long term care and transitional care units provide a safe and loving environment for residents with limited financial resources who need special care. This is the only facility in the county providing skilled nursing care for Medi-Cal patients.

Oak Plus- The Oak Plus wellness program for older adults provides generous prescription discounts at both Community Pharmacy locations.

Cash and In-Kind Contributions

Employee reported community volunteer hours:
399 hours / \$16,319

Tuolumne County Health Fair staffing for free health screenings:
448 hours / \$18,323

Groveland Health Fair staffing for free health screenings:
50 hours / \$2,045

Mother Lode Fair staffing for first aid station:
72 hours / \$2,945

Mother Lode Home and Garden Show staffing for first aid station:
28 hours / \$1,145

Community Benefit & Economic Value

Sonora Regional Medical Center's mission is to share God's love by providing physical, mental and spiritual healing. We have been serving our communities health care needs for more than 100 years. Our 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	2,729,221	1.39%	-	2,729,221	1.39%
Public programs - Medicaid	-	-	-	-	-
Medicare	101,105,201	51.64%	82,764,792	18,340,409	9.37%
Other means-tested government programs	9,156,546	4.68%	5,140,196	4,016,350	2.05%
Community health improvement services	-	-	-	-	-
Health professions education	-	-	-	-	-
Non-billed and subsidized health services	12,240,144	6.25%	10,127,583	2,112,561	1.08%
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	-	-	-	-	-
Community building activities	-	-	-	-	-
TOTAL COMMUNITY BENEFIT	125,231,112	63.96%	98,032,571	27,198,541	13.89%



**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