



ST. HELENA HOSPITAL

CENTER FOR BEHAVIORAL HEALTH

Adventist Health



2013 – 2015 Community Health Plan

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Overview of Adventist Health



St. Helena Hospital Center for Behavioral Health (SHBN) 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 the Interim Chief Executive Officer of the St. Helena Hospital Region, 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.

St. Helena Hospital Center for Behavioral Health is striving to meet our community's current and future health needs. This past year St. Helena Hospital Napa Valley was ranked in the top 10% of California hospitals and as a high performer in Orthopedics, according to the 2013-2014 *U.S. News & World Report* "Best Hospitals." This award exemplifies our hospital's deep commitment to providing top-notch medical services, patient care, and healing ministry to the Napa, Lake and Solano County communities.

The Community Health Needs Assessment and Community Health Plan thoroughly outlines health status in our community and how our hospital plans to better meet identified priority areas of need. 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. With the intention of becoming a trusted community partner, we listened to our community, and documented successes and opportunities for improvement.

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 review our plan and join us finding opportunities to partner for a healthier region.

Sincerely,

A handwritten signature in black ink that reads "Steven Herber, MD". The signature is written in a cursive, flowing style.

Steven Herber, MD
Interim Chief Executive Officer and Chief Medical Officer
St. Helena Hospital Region

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. This 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 St. Helena Hospital Center for Behavioral Health has adopted the following priority areas for our community health investments for 2013-2015:

- Address the **sources of the leading causes of death** and premature death, including cancer, heart disease, and cerebrovascular disease. Special focus will be put on **preventing overweight and obesity**.
- Address **mental health issues**, including excessive **use of alcohol and drugs**, among all ages.
- Approaches to **coordinate and enhance data systems and communication, system-wide sharing of resources, collaborative efforts and partnerships** between services and organizations in order to meet the complex needs of Napa County residents.

In addition, St. Helena Hospital Center for Behavioral Health 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



St. Helena Hospital Center for Behavioral Health

61 beds

Steven Herber, M.D., Interim CEO

Bill Wing, Chair, Governing Board

525 Oregon St,

Vallejo, CA 94590

707. 649.4040

Who We Are: Located two miles north of St. Helena in the Napa Valley, St. Helena Hospital Napa Valley is a 151-bed full-service, nonprofit, community hospital renowned for excellence in cardiac care and a holistic approach to healing. St. Helena Hospital Napa Valley also includes 61 psychiatric beds at the St. Helena Hospital Center for Behavioral Health in Vallejo and 14 residential wellness program rooms in the St. Helena Center for Health. Since opening its doors in 1878, St. Helena Hospital Napa Valley has remained committed to one basic mission: sharing God's love by providing physical, mental and spiritual healing.

Offering expertly skilled doctors, the latest medical technology and highly-trained staff, St. Helena Hospital Napa Valley serves as a regional center for cancer care, cardiac services, orthopedics, general surgery, obstetrics, plastic & reconstructive surgery, sleep disorders, home care and women's services. A comprehensive range of acute care, behavioral health and wellness programs draw patients from the San Francisco Bay Area and beyond.

Affiliations/Accreditation: St. Helena Hospital Napa Valley and St. Helena Hospital Center for Behavioral Health are members member of [Adventist Health](#), a group of 19 hospitals in the western United States sharing the heritage of humanitarian outreach and wellness education characteristic of the [Seventh-day Adventist Church](#). The Hospital holds teaching affiliations with Napa Valley College, [Pacific Union College](#) and Sonoma State University. Affiliation with [Loma Linda University School of Health](#) allows St. Helena Hospital Napa Valley to attract physicians who are recognized as leaders in their specialties. The hospital is accredited by The Joint Commission.

History: The facility was established in 1878 as the Rural Health Retreat. After the turn of the century, St. Helena Hospital Napa Valley Napa Valley became a full-service, nonprofit community hospital. In 1969, a new wing opened to house the St. Helena Center for Health, thus enhancing the hospital's focus on personal and community wellness. In 1997 St. Helena Hospital Napa Valley Napa Valley purchased First Hospital in Vallejo, a 61-bed mental health facility now known as the St. Helena Hospital Center for Behavioral Health.

Patients: Drawing from a five-county region (Napa, Lake, Mendocino, Solano, Sonoma) and beyond, St. Helena Hospital Napa Valley provided medical, surgical and diagnostic services during 8,050 admissions (includes Family Birth Place and SHCBH), 7,446 emergency department and 92,250 outpatient visits in 2012.

Medical Staff: About 150 physicians on the medical staff represent 44 medical specialties. To locate a physician by location or specialty, please visit our web site at www.sthelenahospitals.org or call our 24/7 physician referral service at 1-800-540-3611.

Employees: The hospital has approximately 886.2 full-time equivalent employees at St. Helena Hospital Napa Valley, St. Helena Hospital Center for Behavioral Health and clinics.

Volunteers: St. Helena Hospital Napa Valley is graced with 297 active volunteers between SHNV and SHCBH.

Community Health Plan Team Members

St. Helena Hospital Napa Valley worked with the Live Healthy Napa County (LHNC) collaborative in order to complete the Community Needs Assessment. LHNC was created from the notion that improving overall health requires a shared responsibility among diverse stakeholders. Its intention is to promote and protect the health and wellbeing of every member of the community.

LHNC is a public-private partnership bringing together, among others, representatives not just from health and healthcare organizations, but also from business, public safety, education, government and the general public to develop a shared understanding and vision of a healthier Napa County.

The process was funded and guided by a Core Support Team consisting of the Napa County Department of Public Health, the Napa Valley Coalition of Non-Profits, Kaiser Permanente, St. Joseph's Queen of the Valley and St. Helena Hospital Napa Valley. LHNC contracted with MIG Consulting and Harder+Company Community Research to assist with the development of the needs assessment.

St. Helena Hospital Napa Valley's Health Plan Team utilized the LHNC Needs Assessment to develop our Community Health Plan. Its membership consists of the following staff:

- Linda Schulz, MA, Principle Author, Director of Community Services
- Jen Ring, MPH, Co-Author, Director of Business Development
- Michelle Van Hoff, Community Outreach Manager
- Steven Herber, MD, Interim CEO and Chief Medical Officer
- Joshua Cowan, MBA, Vice President of Corporate Development

Mission, Vision and Values

Mission

“To Share God’s love by providing physical, mental, and spiritual healing.”

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.”

Values

- Wholeness: We promote optimal health and healing in ourselves as well as in others.
- Excellence: We exceed expectations.
- Respect: We treat others with dignity and compassion.
- Accountability: We take personal responsibility for all our actions.
- Integrity: We act in harmony with our values.
- Community: We lead out in creating a healthy community.

Community Profile

The St. Helena Hospital Center for Behavioral Health is a 61-bed facility that offers comprehensive inpatient and outpatient mental health services. Our wide-ranging mental health services include crisis evaluation, inpatient treatment, transition services, and outpatient programs. Multi-disciplinary treatment plans are based on a continuum of care, placing a strong emphasis on community resources and strengths-based treatment.

St. Helena Hospital's Center for Behavioral Health is the largest behavioral health service provider in Northern California and is in the top 10 performing hospitals in the country for post discharge results. Drawing from a five-county region and as far as 300 miles away, we are one of few hospitals that provide rural mental health services, serving areas where outpatient services may be few and far between. Patients come from as far away as Siskiyou and Shasta counties close to the Oregon border, and as far east and south as Tulare and Fresno counties.

The St. Helena Hospital Center for Behavioral Health is located in Vallejo, California; which is part of Solano County. Solano County is located approximately 45 miles northeast of San Francisco and 45 miles southwest of Sacramento, the County is bordered by Napa, Yolo, Sacramento and Contra Costa counties.

The county covers 909.4 square miles, including 84.2 square miles of water area and 675.4 square miles of rural land area

Map of Solano County, California



Population

A total of 414,209 people live in the 821.55 square mile report area defined for this Population is a key component of demographic analysis. It provides insight into the resources needed for a healthy community. Monitoring population is critical to anticipate changes in the population size and utilization of resources, such as healthcare services.

	Solano County	California
Population, 2012 estimate	420,757	38,041,430
Population, 2010 (April 1) estimates base	413,344	37,253,956
Population, percent change, April 1, 2010 to July 1, 2012	1.80%	2.10%

Data Source: U.S. Census Bureau (2013)

Key Finding:

- Solano County has experienced a small population increase since 2010 (1.80%)

Age

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 healthcare 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 risky behaviors, and environmental exposures.

	Solano County, California					
	Total		Male		Female	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total population	420,757	*****	209,423	+/-604	211,334	+/-604
AGE						
Under 5 years	6.3%	+/-0.1	6.5%	+/-0.1	6.1%	+/-0.1
5 to 9 years	6.2%	+/-0.5	5.7%	+/-0.7	6.8%	+/-0.7
10 to 14 years	6.9%	+/-0.5	7.6%	+/-0.7	6.1%	+/-0.7
15 to 19 years	6.8%	+/-0.1	7.1%	+/-0.1	6.5%	+/-0.2
20 to 24 years	7.4%	+/-0.1	7.9%	+/-0.1	7.0%	+/-0.2
25 to 29 years	7.1%	+/-0.1	7.4%	+/-0.1	6.9%	+/-0.2
30 to 34 years	6.6%	+/-0.1	6.8%	+/-0.1	6.4%	+/-0.1
35 to 39 years	6.1%	+/-0.5	6.6%	+/-0.6	5.6%	+/-0.7
40 to 44 years	6.5%	+/-0.5	6.2%	+/-0.6	6.7%	+/-0.7
45 to 49 years	7.2%	+/-0.1	7.1%	+/-0.1	7.2%	+/-0.1
50 to 54 years	7.6%	+/-0.1	7.5%	+/-0.1	7.6%	+/-0.1
55 to 59 years	7.1%	+/-0.4	6.9%	+/-0.6	7.4%	+/-0.6
60 to 64 years	6.0%	+/-0.4	5.9%	+/-0.6	6.0%	+/-0.6
65 to 69 years	4.6%	+/-0.3	4.4%	+/-0.3	4.9%	+/-0.5
70 to 74 years	2.4%	+/-0.3	2.3%	+/-0.3	2.6%	+/-0.5
75 to 79 years	2.3%	+/-0.3	2.2%	+/-0.3	2.4%	+/-0.4
80 to 84 years	1.4%	+/-0.2	1.2%	+/-0.3	1.7%	+/-0.4
85 years and over	1.5%	+/-0.2	0.8%	+/-0.2	2.1%	+/-0.3
Median age (years)	37.2	+/-0.4	35.9	+/-0.3	38.8	+/-0.7

Note: An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate. Data Source: U.S. Census Bureau, 2012 American Community Survey, 1-Year Estimates (2013)

2012 Center for Behavioral Health Hospital Discharge Summary, by Age		
Age Groups	Number	Percent
01-09	80	3.4%
10-19	733	30.9%
20-29	462	19.4%
30-39	334	14.1%
40-49	318	13.4%
50-59	308	13.0%
60-69	103	4.3%
70-79	32	1.3%
80 years +	6	0.3%
Total	2,376	100.0%

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

**2012 Center for Behavioral Health Hospital
Discharge Summary, by Gender**

Gender	Number	Percent
Female	1,228	51.7%
Male	1,148	48.3%
Total	2,376	100.0%

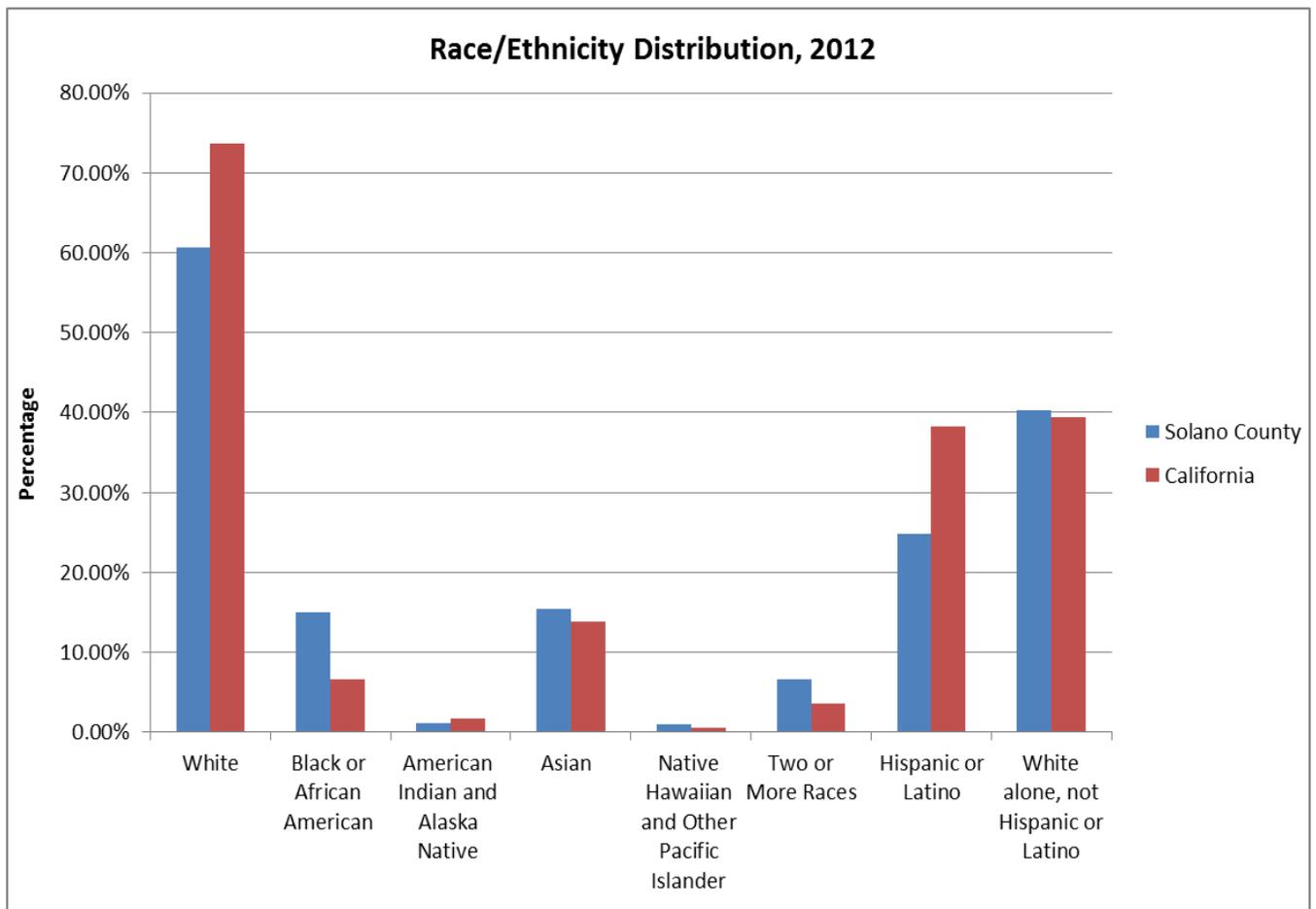
Note: Percentages may not equal 100% because of rounding. Data Source: OSHPHD Healthcare Atlas (2013)

Key Findings:

- Persons aged 50-54 years of age constitute the largest portion of Solano County's population (7.6%).
- The overall median age is 37
- The median age for males is 36
- The median age for females is 39
- There are approximately 209,423 males living in Solano County
- There are approximately 211,334 females living in Solano County
- In 2012, persons aged 20-29 years of age constituted the largest portion of hospital discharges at the Center for Behavioral Health (19.4%).

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.



Note: Includes persons reporting only one race. Hispanics may be of any race, so they are also included in applicable race categories. Data Source: U.S. Census Bureau, 2012 American Community Survey, 1-Year Estimates (2013)

**2012 Center for Behavioral Health Hospital
Discharge Summary, by Race**

Race	Number	Percent
Asian/Pacific Islander	112	4.7%
Black	312	13.1%
Native American/ Eskimo/Aleut	13	0.5%
White	1,899	79.9%
Other	36	1.5%
Unknown	4	0.2%
Total	2,376	100.0%

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

**2012 Center for Behavioral Health Hospital
Discharge Summary, by Ethnicity**

Ethnicity	Number	Percent
Non-Hispanic	2,016	84.85%
Hispanic	353	14.86%
Unknown	7	0.29%
Total	2,376	100.0%

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

Key Findings:

- The majority of residents in Solano County identify as White (60.60%).
- The second largest portion of the population identifies as Asian (15.50%).
- The majority of patients discharged from the Center for Behavioral Health identify as White (79.9%).
- African Americans only comprise about 15% of Solano County’s population, but constitute about 13% of hospital discharges from the Center for Behavioral Health.

Household Characteristics

Homeownership is valued as a means to develop personal wealth, increase social opportunities, prevent financial insecurity, and maximize emotional and physical well-being. Homeowners have an increased emotional well-being, greater attachment to their communities, and higher levels of civic participation. Lack of adequate and stable housing is associated with a number of chronic and severe health problems.

Solano County, California				
	Estimate	Margin of Error	Percent	Percent Margin of Error
HOUSEHOLDS BY TYPE				
Total households	141,139	+/-1,964	141,139	(X)
Family households (families)	99,696	+/-2,787	70.6%	+/-1.6
With own children under 18 years	44,113	+/-2,506	31.3%	+/-1.7
Married-couple family	69,854	+/-2,377	49.5%	+/-1.5
With own children under 18 years	28,218	+/-2,050	20.0%	+/-1.4
Male householder, no wife present, family	8,109	+/-1,437	5.7%	+/-1.0
With own children under 18 years	4,306	+/-1,110	3.1%	+/-0.8
Female householder, no husband present, family	21,733	+/-1,704	15.4%	+/-1.2
With own children under 18 years	11,589	+/-1,607	8.2%	+/-1.1
Nonfamily households	41,443	+/-2,309	29.4%	+/-1.6
Householder living alone	32,956	+/-2,214	23.4%	+/-1.6
65 years and over	12,508	+/-1,341	8.9%	+/-1.0

Note: An '(X)' means that the estimate is not applicable or not available. Data Source: U.S. Census Bureau, 2012 American Community Survey, 1-Year Estimates (2013)

Other Selected Housing Characteristics				
Households with one or more people under 18 years	50,711	+/-2,541	35.9%	+/-1.7
Households with one or more people 65 years and over	36,879	+/-1,259	26.1%	+/-0.8
Average household size	2.90	+/-0.04	(X)	(X)
Average family size	3.41	+/-0.07	(X)	(X)

Note: An '(X)' means that the estimate is not applicable or not available. Data Source: U.S. Census Bureau, 2012 American Community Survey, 1-Year Estimates (2013)

Housing Values

	Estimate	Margin of Error	Percent	Percent Margin of Error
Owner-occupied units	83,408	+/-2,784	83,408	(X)
Less than \$50,000	3,618	+/-931	4.3%	+/-1.1
\$50,000 to \$99,999	3,529	+/-787	4.2%	+/-0.9
\$100,000 to \$149,999	10,168	+/-1,216	12.2%	+/-1.4
\$150,000 to \$199,999	14,964	+/-1,936	17.9%	+/-2.2
\$200,000 to \$299,999	23,437	+/-1,817	28.1%	+/-2.0
\$300,000 to \$499,999	20,713	+/-1,714	24.8%	+/-1.9
\$500,000 to \$999,999	6,009	+/-1,035	7.2%	+/-1.3
\$1,000,000 or more	970	+/-434	1.2%	+/-0.5
Median (dollars)	234,900	+/-6,439	(X)	(X)

Note: An '(X)' means that the estimate is not applicable or not available. Data Source: U.S. Census Bureau, 2012 American Community Survey, 1-Year Estimates (2013)

Key Findings:

- There are approximately 141,139 households in Solano County
- The average household size is 2.90 and the average family size is 3.41
- The median home value in Solano County is \$234,900

Education

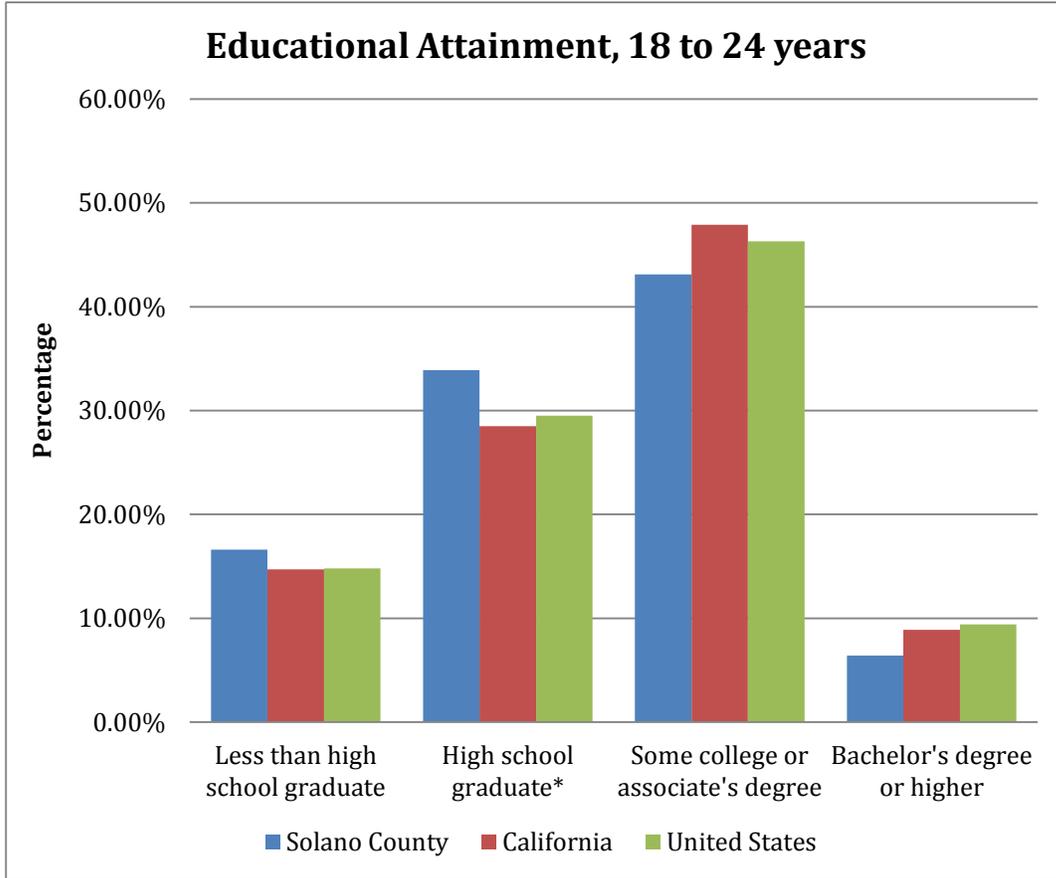
Education is one of the most important determinants of health status. Independent of its relation to behavior, education influences a person's ability to access and understand health information. For example, people who are illiterate will not be helped by written educational materials produced by public health practitioners.

Just as unemployment impacts community health, so does low educational attainment. Understanding the distribution of the educational attainment levels of a community can help ensure business development and promotion of necessary resources.

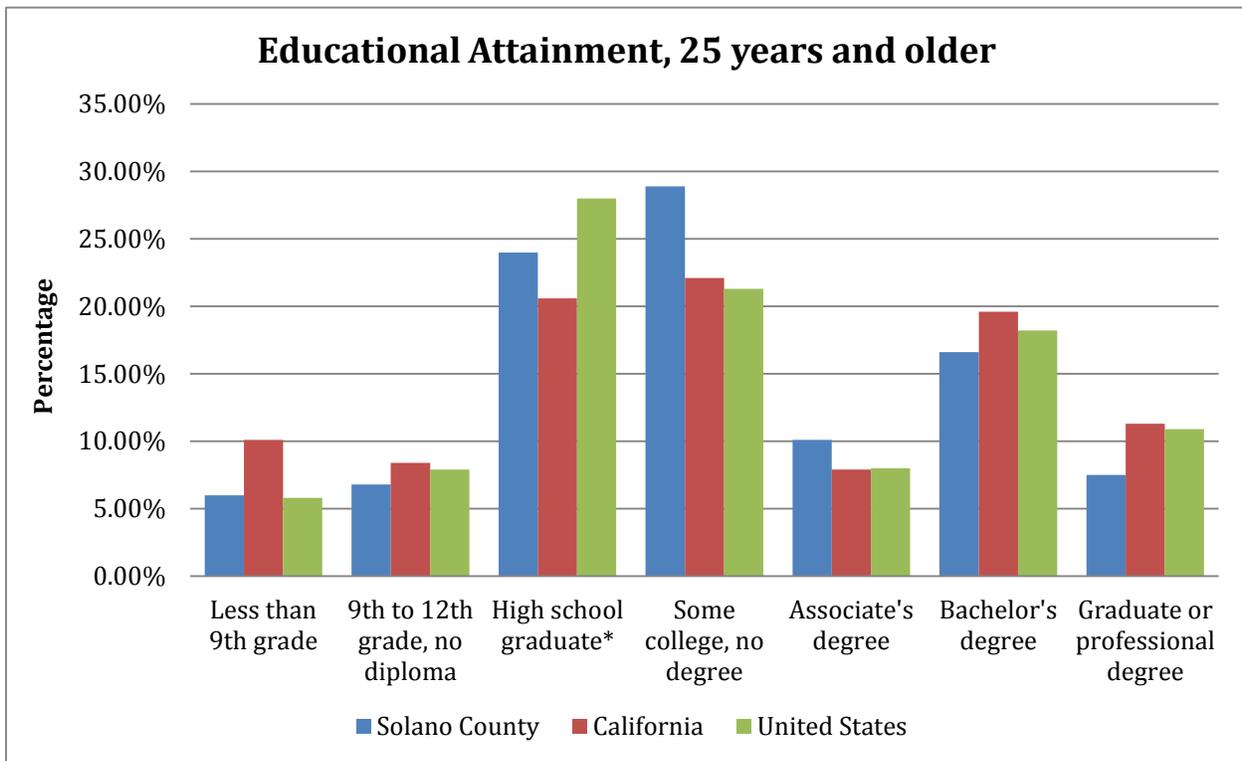
High School Graduation and Dropout Rates, Solano County 2011-2012

	Total Students	High School Graduates	Graduation Rate	Dropouts	Dropout Rate
Solano County	5,220	4,074	78.1	854	16.4
California	501,729	395,002	78.7	65,687	13.1

Data Source: California Department of Education, Data Quest (2013)



Note: * Includes General Equivalency Diploma (GED). Data Source: U.S. Census Bureau, 2012 American Community Survey, 1-Year Estimates (2013)



Note: * Includes General Equivalency Diploma (GED). Data Source: U.S. Census Bureau, 2012 American Community Survey, 1-Year Estimates (2013)

Key Findings:

- Solano County’s graduating class of 2011-2012 has a similar graduation rate to the State
- Solano County’s graduating class of 2011-2012 has a slightly higher dropout rate than the State
- Solano County has a slightly higher percentage of persons (age 18 to 24 years) with a high school diploma than California (33.9% vs. 28.5%)
- Among those 25 and older, Solano County has a much higher percentage of people who have had some college education in comparison to California and the United States (SC=28.9%, CA=22.1%, US=21.3%)

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, the following focus areas/goals were identified as needing immediate attention, moving forward.

Priority Area of Need

Identified Need: Address mental health issues, including excessive use of alcohol and drugs, among all ages.

Mental Health is essential to a person's wellbeing, family and interpersonal relationships, and ability to live a full and productive life. People, including children and adolescents, with untreated mental illness are at higher risk for unsafe behaviors, including alcohol or drug abuse, other self-destructive behaviors, and suicide. Social factors, such as feeling isolated and experiencing racism or bias-motivated harassment, also impact both mental and physical health.

Mental health is "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Among adults in the US, only about 17% are estimated to be in an optimal state of mental health. Mental illness, which is characterized by alterations in thinking, mood, or behavior, is associated with significant morbidity and disability. By 2020 it is estimated that depression, which currently affects 26% of the U.S. adult population, will be second only to heart disease in causes of disability worldwide.

FIGURE 4-32: NON-FATAL HOSPITALIZATION FOR SELF-INFLICTED INJURY BY AGE GROUP, NAPA COUNTY, 2009-2011

Age	N	Population	Rate/100,000
0-9	0	49,386	—
10-14	4	28,842	*
15-19	15	29,182	51.4
20-24	11	23,522	46.8
25-44	69	104,073	66.3
45-64	42	115,075	36.5
65+	15	62,005	24.2
Total**	156	412,085	37.9

Source: California Department of Public Health, California Injury Data Online, <http://epicenter.cdph.ca.gov>

*Rate not calculated if based on fewer than 5 cases

**Denominator (412,085) is the sum of County population estimates for all age groups for each year between 2008-2010.

In Napa County, 15.6% of adults reported needing help for emotional/mental health problems, or for substance use, which is similar to the statewide average of 15.4%. Among adults in Napa County who reported needing help, 68.6% reported that they saw a health care provider for a mental health/emotional and/or substance use problem, which is higher than the statewide average of 56.3%.

In a 2011-2012 California Healthy Kids Survey of Napa County students, 21% of seventh graders, 28% of ninth graders, 33% of eleventh graders, and 42% of non-traditional students reported feeling sad or hopeless almost every day for two weeks or more, to the extent that they stopped doing some usual activities. In the same survey, 17% of 9th graders, 17% of 11th graders, and

30% of non-traditional students indicated that they seriously considered attempting suicide within the past twelve months

Between 2008 and 2010, there were 47 suicides in Napa County, a rate of 11.5 suicide deaths per 100,000 people. The suicide death rate in Napa County is higher than both the statewide rate of 9.7 suicide deaths per 100,000 and the Healthy People objective of 10.2 or fewer suicides per 100,000. Napa County adults age 65+ had the highest rate of suicide deaths (21.6/100,000) during this time period, although age-specific suicide death rates should be interpreted with caution because even when summing the data over three years calculations are based on fewer than twenty deaths in each group.

The Forces of Change Brainstorming Session, held in November 2012 as part of the Napa County Community Health Needs Assessment Steering Committee's second meeting, set out to identify the political, cultural, environmental, and social factors that affect health and quality of life in Napa County. It was designed to create a comprehensive but focused understanding of key factors.

Methodology

The LHNC Steering Committee identified the key forces of change affecting health and wellbeing in the County. Approximately 40 Steering Committee members and 20 audience members divided into small groups to generate responses to the questions noted above. Session facilitators recorded responses.

OVERARCHING THEMES

- Marginalization of the Latino population within the Napa County community.
- Incorporation of mental health within the health care spectrum.
- Need to focus on preventative health care rather than medical treatment.

MENTAL HEALTH

- Attention to/resources for mental health
- Access to mental health information
- Mental health stigma
- Incorporation of mental health within overall personal wellness and preventative care education
- Access to information about mental health in local schools

Use of Mental Health Care Services

- Nearly three quarters (72.5%) of respondents reported that neither they nor their families had used mental health services within the past year.
- Approximately 20% of respondents or their family members had used counseling or therapy services within the past year.
- Only a small percentage of survey takers reported that they or their families had used crisis care, hospitalization, or residential treatment services within the past year.
- Of those who needed, but could not access mental health services, the majority cited cost or lack of insurance as the reason. Others mentioned timing or location of services, fear of employers finding out, lack of time, and waiting lists for services, among other reasons.

Goal 1: Increase awareness regarding available mental health and addiction services available through the St. Helena Center for Behavioral Health.

Objective: 100 people will demonstrate increased knowledge regarding mental health and addiction services through the St. Helena Center for Behavioral Health.

Interventions:

1. Enhanced web presence for the St. Helena Recovery Center.
2. Education regarding addiction services to patients admitted to St. Helena Hospital Napa Valley for substance abuse-related conditions.

Short Term – Increased number of people receiving education regarding mental health and substance abuse services.

Long Term – Increased number of people seeking services and achieving sobriety.

Goal 2: Expand access to acute services for patients with mental health and chronic disease dual-diagnoses.

Objective: Launch new unit at St. Helena Napa Valley for dual-diagnosis patients suffering from acute conditions in 2014.

Interventions:

1. Open new medical-psychiatric unit at St. Helena Hospital Napa Valley in summer of 2015.
2. Provide at least 300 new patients with behavioral and health services within the first twelve months.

Short Term – Increase the proportion of adults aged 18 years (300 per year) and older with mental illness who receive mental health and health related services

Long Term – Decreased risk of mortality for people with mental illness suffering from acute chronic disease co-morbidities.

Goal 3: Provide a venue for peer support to community members living with addiction and their families as they seek to achieve or maintain sobriety.

Objective: 25 people will attend peer support groups, such as Alcoholics Anonymous or support groups for alumni of recovery programs.

Interventions:

Host Alcoholics Anonymous and peer support groups for patients and families of patients working to achieve or maintain sobriety.

Short Term – Increased number of people living with addictions receiving peer support.

Long Term – Increased number of people seeking services and achieving sobriety.

Goal 4: Better align and integrate behavioral health services with medical care and other support services in our community.

Objective: Strengthen integration with other non-profit health care organizations.

Interventions:

Participate in and/or provide financial support to other non-profits that forward integration of SHNV behavioral health services with medical care and other social support services of other non-profit healthcare organizations.

Short Term – Participation in coalitions such as Live Healthy Napa County that support information sharing and better alignment with other non-profit healthcare organizations.

Long Term – Increased number of people undergoing treatment for chronic disease seeking behavioral health services.

Priority Areas Not Addressed

The LHNV Community Needs Assessment identified the following areas of need that were not addressed in SHNV's Community Health Improvement Plan (CHIP):

- Develop **approaches to address disparities** identified throughout this assessment.
- Increase **access to fresh, healthy foods**, especially in schools.

St. Helena Hospital Center for Behavioral Health set community benefit goals to address areas of need that could best benefit from our capabilities and resources. We are working with the LHNV collaborative to develop a countywide CHIP that will address all identified priority areas of need. This plan will be completed in early 2014.

Partner List

St. Helena Hospital Center for Behavioral Health 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 and their participation in the needs assessment process:

- Aldea
- Allen, Shea & Associates
- American Canyon Family Resource Center
- American Canyon Fire Department
- American Medical Response-Napa
- Angwin Community Council
- Area Agency on Aging (AAoA)
- Born To Age
- Calistoga Affordable Housing (CAH)
- Calistoga Family Center
- Calistoga Institute
- Catholic Charities

- Child Start
- Children's Health Initiative
- City of American Canyon
- City of American Canyon Fire Department
- City of Calistoga
- City of Napa Fire Department
- City of Napa Housing and Community Development
- City of Napa Housing Authority
- City of Napa Police Department
- City of St. Helena
- Commission on Aging
- Community Action Napa Valley (CANV)
- Community Church of Lake Berryessa
- Community Health Clinic Ole
- Cope Family Center
- Family Service of Napa Valley
- First 5
- Gasser Foundation
- HEAL Cities Campaign
- Healthy Aging Population Initiative (HAPI)
- Healthy Moms and Babies
- HomeBase/The Center for Common Concerns
- Individual Community Members from the Napa County Community
- Kaiser Community Benefits Napa Solano
- Kaiser Permanente
- La Toque Restaurant
- Legal Aid of Napa
- Local Food Advisory Council
- Moving Forward Towards Independence
- Nap Valley Lutheran Church
- Napa Chamber of Commerce
- Napa College Foundation
- Napa County Assessor's Office
- Napa County Bicycle Coalition
- Napa County Board of Supervisors
- Napa County Commission on Aging

- Napa County Department of Agriculture and Weights and Measures
- Napa County HHSA - Alcohol and Drug Services
- Napa County HHSA-Administration
- Napa County HHSA-Alcohol and Drug Services
- Napa County HHSA-Comprehensive Services for Older Adults
- Napa County HHSA-Mental Health
- Napa County HHSA-Operations
- Napa County HHSA-Public Health
- Napa County HHSA-Quality Management
- Napa County HHSA-Self Sufficiency
- Napa County Housing Authority
- Napa County Office of Education
- Napa County Planning, Building and Environmental Services
- Napa County Probation Department
- Napa County Regional Park and Open Space District
- Napa County Sheriff's Office
- Napa County Transportation and Planning Agency
- Napa Emergency Women's Services (NEWS)
- Napa Farm Bureau
- Napa Health Resource Center
- Napa Learns
- Napa Register
- Napa State Hospital
- Napa Valley Coalition of Nonprofit Agencies
- Napa Valley College
- Napa Valley Community Foundation
- Napa Valley Education Foundation
- Napa Valley Grape Growers
- Napa Valley Hospice & Adult Day Services
- Napa Valley Lutheran Church
- Napa Valley State Parks Association
- Napa Valley TV
- Napa Valley Vintners
- Napa Valley Youth Center (NVYC)
- Napa Valley Hospice & Adult Day Services (NVH-ADS)
- Napa-Solano-Yolo-Marin County Public Health Laboratory

- On the Move
- Pacific Union College SDA Church
- ParentsCAN
- Partnership Health Plan of California
- Planned Parenthood Shasta Pacific
- Puertas Abiertas Community Resource Center
- Queen of the Valley Community Outreach
- Rabobank
- Rianda House-Upper Valley Senior Activity Center
- Somos Napa
- St. Helena Family Center
- St. John's Catholic Church
- St. Joseph Health Queen of the Valley
- State Senator Lois Wolk's Office
- Sustainability Now!
- Sustainable Napa County
- Tobacco Advisory Board
- Town of Yountville
- United Cerebral Palsy of the North Bay (UCPNB)
- United Way of the Bay Area
- Veterans Home of California, Yountville
- Vine Village, Inc.

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.sthelenahospitals.org/visitor-info/financial-assistance>

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>St. Helena Hospital Center for Behavioral Health 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>	1
Community Health Improvement	
<p><u>WorkWell Employer Health Screening Events</u> SHNV partners with local employers to help screen their employees for risk of chronic disease and cancer. In addition to biometrics, screenings include education regarding the impact of lifestyle choices on a person’s long-term health. SHNV went onsite at ten different venues for employers such as Cakebread, Trincherro, Hess, Joseph Phelps, and Solage. Over 512 people were screened in 2013 through the SHNV WorkWell program.</p> <p><u>Other Screening Events</u> Dr. Stewart Allen and Dr. Monica Divakaruni (cardiologists). Over 120 people were screened through these events.</p>	17

Live Younger Longer Newsletter

Three times per year, SHNV distributes our Live Younger Longer magazine. The publication features various community health issues, such as heart health, joint health, physical activity, sinus health, cancer screenings, lung health, and other relevant topics. Live Younger Longer has a distribution of 22,733 people living in Napa County.

Live Healthy Napa County

SHNV was a founding partner of the Live Healthy Napa County Coalition, alongside the Queen of the Valley Medical Center, Kaiser Permanente, the Napa County Department of Health, and the Napa County Coalition of Non-Profits. A coalition consisting of over 50 non-profits, LHNC produced a thorough Community Health Needs Assessment for Napa County. We also completed a comprehensive community health plan outlining how we would work together to mitigate Napa County's most pressing health needs. The LHNC Needs Assessment and Health Plan can be found at <http://www.countyofnapa.org/LHNC/>

Heart Health Seminars

The Adventist Heart Institute provides free educational seminars open to the public on various heart health topics. This year we did several sessions on treatment options for people living with atrial fibrillation as well as PAD. We offered six events educating 1,211 people in 2013.

Joint Health Seminars

The Coon Joint Replacement Institute provides free educational seminars on treatment options for people living with joint pain. In 2013 we did three events educating 815 people.

Diabetes Self-Management Classes

SHNV provided diabetes self-management classes to 35 diabetic community members in 2013. The six week course provides education on nutrition, lifestyle, medication management, and treatment options.

Classes for Expecting and New Parents

SHNV provided childbirth classes to 104 expecting parents and infant CPR education to 60 new parents in 2013.

Health Fairs

SHNV staffed information booths at ten community health fairs, providing health education and information on access to health services to over 1901 people.

Grief Recovery Method Program

SHNV provides support to family members who have gone through loss of a loved one. This past year we provided 36 hours of education on the Grief Recovery Method.

Organized Physical Activity Events and Promotion

SHNV helped staff several organized races in Napa County, such as the Napa Valley Marathon, the Angwin to Angwish Race, the Blue Ribbon Run, and other events to promote and inspire physical activity in our community. SHNV also sponsored a patient to climb Mount Kilimanjaro after having a knee replacement. We documented his journey and distributed his inspiring story to over 20,000 people in our community.

Alcoholics Anonymous and Substance Abuse Recovery Support

SHNV hosts AA meetings and post-recovery treatment support groups that are free and open to the community.

Relay for Life

SHNV hosted an American Cancer Society Relay for Life event in Napa County to help raise awareness and resources toward cancer prevention and treatment in our community.

Community Building Activities

Napa Vine Trail Coalition

SHNV provided staff time, promotional resources, and advocacy support to the Napa Vine Trail Coalition to help build a continuous trail from the City of Napa to Calistoga. Every year, SHNV's emergency team treats several bicyclists in Napa County that have been struck by motor vehicles. SHNV believes the Vine Trail will dramatically improve access to safe venues for physical activity in Napa County.

Recruitment to Underserved Areas

In 2013, SHNV spent over \$130,000 to recruit providers to clinics and facilities located in designated HPSAs, MUAs, or MUPs.

Napa Valley Non-Profit Coalition

SHNV participates in the NVNPC to help better connect and align resources with other non-profits serving our community.

Participation in Career Fairs

SHNV employees participated in several career fairs designed to inspire young people to pursue careers in the health professions. Justin-Siena High School,

Pacific Union College, Foothills Elementary, and Pacific Union College Prep are some of the schools we partnered with in 2013.	
Health Professions Education	
<p><u>Preceptorships for RN Students at Pacific Union College</u> SHNV precepted 14 students working toward their nursing degree. Students shadowed SHNV nurses for an 8 hour shift each week for 14 weeks to earn credits at PUC.</p> <p><u>Continuing Clinical Education for RNs</u> SHNV provides CE units for RNs that are open to the public and promoted through the American Heart Association. Classes offered in 2013 included 12-lead EKG and ACLS.</p>	2
Subsidized Health Services	
<p><u>Free Mammogram, Bone Screenings, and Women's</u></p> <p><u>Ultrasound</u> SHNV provided free screens for 35 women in 2013.</p> <p>Any other subsidized health service that would exacerbate health needs and negatively impact access to care if removed from Napa County.</p>	2
Research	
SHNV's Martin O'Neill Cancer Center participated in clinical trials to forward innovations in cancer treatment.	1
Cash and In-Kind Contributions	
<p>SHNV provided cash or in-kind sponsorship to the following non-profits or charities in 2013 to help forward the goals in our Community Health Plan (in alphabetical order):</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Cancer Society <input type="checkbox"/> American Heart Association <input type="checkbox"/> American Medical Response <input type="checkbox"/> Angwin to Angwish <input type="checkbox"/> Area Agency on Aging <input type="checkbox"/> Carmichael Seventh Day Adventist Church <input type="checkbox"/> Clinic Ole Foundation 	25

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> ConnectHealthCare Health Information Exchange<input type="checkbox"/> Foothills Elementary School<input type="checkbox"/> Girls on the Run<input type="checkbox"/> Kiwanis Club of St. Helena<input type="checkbox"/> Leukemia and Lymphoma Society<input type="checkbox"/> Live Healthy Napa County<input type="checkbox"/> Middletown Adventist School<input type="checkbox"/> Middletown Sport Boosters<input type="checkbox"/> Napa Emergency Women's Services<input type="checkbox"/> Napa Valley Coalition of Non-Profits<input type="checkbox"/> Napa Valley Vine Trail<input type="checkbox"/> Pacific Union College<input type="checkbox"/> Pacific Union College Prep School<input type="checkbox"/> RLS Middle School & Parent Club<input type="checkbox"/> Rotary Club of St. Helena<input type="checkbox"/> St. Helena Chamber of Commerce<input type="checkbox"/> St. Helena Little League<input type="checkbox"/> St. Helena Soroptimists | |
|--|--|

Community Benefit & Economic Value

St. Helena Hospital Napa Valley's mission is to "To Share God's love by providing physical, mental, and spiritual healing." We have been serving our communities health care needs since 1878. 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

(Included with St. Helena Hospital Napa Valley below)

	TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
Traditional charity care	3,216,340	1.60%	1,116,579	2,099,761	1.05%
Public programs - Medicaid	-	-	-	-	-
Medicare	101,089,760	50.34%	71,727,224	29,362,536	14.62%
Other means-tested government programs	10,375,823	5.17%	8,678,312	1,697,511	0.85%
Community health improvement services	200,870	0.10%	65,592	135,278	0.06%
Health professions education	9,489	0.00%	-	9,489	0.00%
Non-billed and subsidized health services	9,858,953	4.91%	5,161,637	4,697,316	2.34%
Research	297,312	0.15%	53,083	244,229	0.12%
Cash and in-kind contributions for community benefit	120,590	0.06%	-	120,590	0.06%
Community building activities	134,886	0.07%	-	134,886	0.07%
TOTAL COMMUNITY BENEFIT	125,304,023	62.40%	86,802,427	38,501,596	19.17%



**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