



ST. HELENA HOSPITAL

CLEAR LAKE

Adventist Health



2013 – 2015 Community Health Plan

Table of Contents

Overview of Adventist Health	2
Letter from the CEO	4
Invitation to a Healthier Community	5
Identifying Information	7
Community Health Plan Team Members	9
Mission, Vision, and Values	10
Partner List	25
Connecting Strategy and Community Health	26
Community Benefit Terms and Definitions	27
Community Benefit & Economic Value	32
Community Benefit Summary	33
Appendix B - Policy: Community Health Needs Assessment and	35
Community Health Plan Coordination	35

Overview of Adventist Health



St. Helena Hospital Clear Lake 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 Clear Lake is striving to meet our community's current and future health needs. This past year the hospital was awarded a Community Transformation Grant from the Centers for Disease Control (CDC) to bring about vital systems changes to improve health outcomes in Lake County. This award exemplifies St. Helena Hospital Clear Lake's deep commitment to our healing ministry in the Lake County community.



The Community Health Needs Assessment and Community Health Plan thoroughly outlines health status in our community and how St. Helena Hospital Clear Lake 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. We listened to our community, documented successes and opportunities for improvement; with the intention of becoming a trusted community partner. Building a healthy community requires multiple stakeholders working together. We must strive to build lasting partnerships that span across multiple sectors, actively engaging in finding solutions. We invite you 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

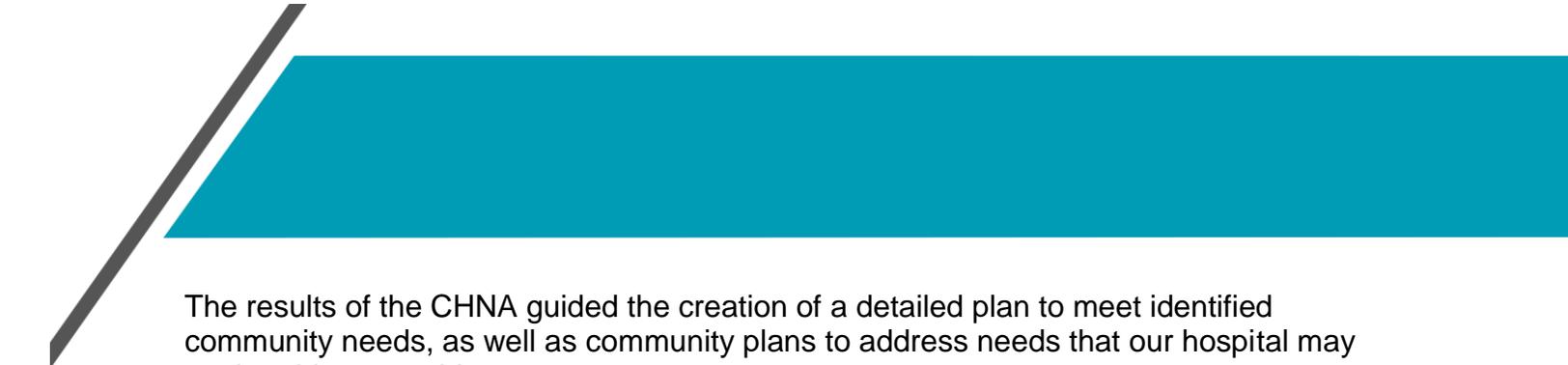
Where and **how** we live is vital to our health. As you read this document, think about health in our communities as the environment in which we live, work, and play. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are key determinants in shaping 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. 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 St. Helena Hospital Clear Lake has adopted the following priority areas for our community health investments for 2013-2015:

- Promotion and support of emotional and behavioral health and well being.
- Prevention and treatment of use/misuse of legal and illegal substances, including prescription drugs and medications.
- Chronic Disease with an emphasis on Heart Disease and Cancer

Cross Cutting Objectives

- Promotion and support of healthy choices/healthy behaviors.
- Promotion of collaborative relationships and coordination of services among Lake County health and human services providers.

In addition, St. Helena Hospital Clear Lake 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 Clear Lake

25-bed Critical Access Hospital

Steven Herber, MD, Interim CEO

Bill Wing, Chair, Board of Trustees

15630 18th Avenue

Clearlake, CA 95422

707.994.6486

Who We Are: St. Helena Hospital Clear Lake is a Critical Access Hospital serving the communities of Middletown, Hidden Valley, Cobb, Lower Lake, Kelseyville, Clearlake and Clearlake Oaks. St. Helena Hospital Clear Lake offers 24-hour emergency care, an Intensive Care Unit, obstetric, cardiopulmonary, medical imaging, surgery, rehabilitation (pulmonary, physical, occupational, speech) and laboratory services as well as a Rural Health Clinic System.

Affiliations/Accreditation: St. Helena Hospital Clear Lake is a 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 is accredited by The Joint Commission.

History: Established in 1968 as a 27-bed district hospital, St. Helena Hospital Clear Lake added an Intensive Care Unit in 1983 and increased to 40 beds. The hospital was purchased by Adventist Health in 1997 with the obligation to maintain and operate as an acute care hospital including basic emergency and perinatal services. In 1998, St. Helena Hospital Clear Lake and St. Helena Hospital Napa Valley combined administration to better coordinate health care to the region. In 2003, the Clearlake Family Medical Clinic broke ground, followed in 2007 by the Hidden Valley Lake Medical Clinic. In 2005, the hospital became a 25-bed critical access hospital enabling better funding for operations and capital spending. The hospital is managed by a Vice President of Operations. Today, St. Helena Hospital Clear Lake continues to expand and improve operations on an ongoing basis.

Patients: Drawing from a 2000-square mile county, St. Helena Hospital Clear Lake treated a wide variety of medical problems through more than 19,180 emergency department; 1,383 inpatient; 77,663 outpatient and 7,607 home health visits in 2013.



Medical Staff: Our more than 40 physicians represent 18 medical specialties. To locate a physician by specialty, please visit www.shhclearlake.org.

Employees: The hospital has approximately 326 Full-Time Equivalent employees at St. Helena Hospital Clear Lake and the four rural health clinics.

Volunteers: SHCL is fortunate to have approximately 51 active volunteers.

Community Health Plan Team Members

The Community Benefit Committee provides leadership in planning and directing the activities of our Community Benefit program. The following individuals participate on the Community Benefit Committee:

- Linda Schulz, MA, Director of Community Services, Principle Author
- Jennifer Ring, MPH, Director of Business Development, Co-Author
- David Santos, MBA, Vice President, Operations
- Joshua Cowan, MBA, Vice President, Corporate Development
- Kimberly Tangerman, RN, Director of the Family Health Center
- Michelle Van Hoff, Community Services Manager

The Community Health Needs Assessment and Community Health Plan are communicated at least annually to the Governing Board of St. Helena Hospital Clear Lake for their approval and support. The following individuals participate as Community Benefit Planners and Reporting Managers:

- David Santos, MBA, Vice President, Operations
- Duane Barnes, CPA, Director, Finance
- Jennifer Ring, MPH, Director of Business Development

St. Helena Hospital Clear Lake collaborated with Sutter Lakeside Hospital and the Lake County Department of Public Health to retain Barbara Aved and Associates to prepare the Community Needs Assessment.

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

“Our county ranks so low on health and so high on needs that you don’t even know where to begin to try to address the problems .” — Key informant interview

“Health has become a talking point. People never used to talk about it; now it’s on the table.” — Key informant interview when commenting on what has changed for the positive in Lake County over the last several years.



A community health needs assessment builds the foundation for all community health planning, and provides appropriate information on which policymakers, provider groups, and community advocates can base improvement efforts; it can also inform funders about directing grant dollars most appropriately.

In 2012-2013, a Collaborative that included the two Lake County hospitals, St. Helena Hospital Clear Lake and Sutter Lakeside, joined by public health and other local organizations conducted a Community Health Needs Assessment. The purpose of the study was to examine relevant community health indicators, identify the highest unmet needs and prioritize areas for improving community health. The assessment meets the provisions in the Patient Protection and Affordable Care Act (ACA) for community health needs assessments and guides the hospitals in updating their Community Benefits Plans to meet SB 697 requirements.

Community Benefit Service Area: Lake County, including the cities of Clear Lake and Lakeport and several unincorporated communities located in Northern California (predominantly rural).

Two primary data sources were used in the process: the most recently-available demographic, socioeconomic and health indicator data commonly examined in needs assessments; and, data from a community input process that helped put a “human face” on the statistics. The community input—a widely distributed online and hard-copy survey; focus groups; and key informant interviews intended to solicit opinions about health needs and suggestions for improvements—validated and enriched the statistical data.

This *2013 Lake County Community Health Needs Assessment* presents the community with an overview of the state of health-related needs and trends from which to gauge progress. It also provides documentation for decision-making to direct funding and other support towards the highest-priority health needs in the community.

Key Findings

Demographics

- With 21% of residents over the age of 65, the county has nearly twice the proportion of older residents than California as a whole. The over-age-60 group is estimated to increase 59% from 2010 to 2030. The anticipated significant growth in this age group will put a larger burden on the health care system and local economy, which may not have sufficient community services or tax base to support it.
- Lake County’s population is projected to become increasingly culturally diverse in coming years. For example, the Hispanic population is projected to increase slightly more than 3-fold and persons identifying as multi-race by about 2-fold from 2010 to 2050.

Socioeconomic Factors

- Recovery from the recession has been slow; 21.4% (up from 17.9% in 2008) of Lake County residents, one-third higher than the state average, lived below the federal poverty level in 2011.
- One-third of the population was reported to be “food insecure.” And, in 2011, 61% of students across the county were receiving free-reduced price lunches. These findings, however, showed slight improvement from the prior assessment period.

- Lake County has the highest percentage of seniors covered by a combination of Medicare and Medi-Cal in the Northern and Sierra Counties region. It has the second lowest percentage of seniors that have private supplemental coverage in addition to Medicare.
- 26% of Lake County residents are uninsured; this is slightly higher than the state uninsured rate of 24.3%
With a population that is older, poorer and with less employer-based health insurance coverage, a larger segment of a rural county's population is dependent upon public health care programs such as Medi-Cal, Medicare, and State Children's Health Insurance Programs.

Selected Health Status Indicators

- Summary rankings for Health Outcomes show Lake County in 2012 as 57th (of 57 California counties included in the analysis⁴⁵) worst in the state on mortality and 38th worst for measures of morbidity.
- In 2009-2011, Lake County's overall death rate was higher than the state's and 58th highest of 58 counties. Diseases of the circulatory system—coronary heart disease and stroke—are responsible for about one-quarter of Lake County's deaths.
- Cancer accounts for about 1 out of every 4 deaths in Lake County. The county ranks 52nd of 58 counties in death rate due to all cancers in 2009-2011 and is higher than both the statewide rate and the HP 2020 national objective.



Community Health Needs Assessment Overview

Community needs assessments and environmental scans involve gathering, analyzing and *applying* data and other information for strategic purposes. These methods provide the necessary input to inform decision makers and funders about the challenges they face in improving community health, and the priority areas where support is most needed. The information is also useful for community organizations by having comprehensive, local data located in one document. Both quantitative and qualitative methods—described in the footnote below¹—were used to collect the information for this assessment.

SECONDARY DATA: PUBLICLY-AVAILABLE STATISTICS

Existing data were collected from all applicable existing data sources including government agencies (e.g., California Department of Health Care Services, California Department of Finance, Office of Statewide Health Planning and Development) and other public and private institutions. These data included demographic, economic and health status indicators, and service capacity/ availability. Where trend data were readily available, they are presented in this report.

While data at the national and state level are generally available for community health-related indicators, local data—from counties and cities—are less accessible and sometimes less reliable. For example, small sample sizes can result in statistical “instability,” and well-meaning data collection methods without appropriate “rigor” may limit the value of the findings. Because data from publicly-available sources typically lag by at least 2 years—because it takes time for reported data to be received, reviewed, approved, analyzed, and prepared for presentation—data may not always be as current as needed. And, some data may only be reported as 3-year averages, not annually.

DOCUMENT REVIEW

A document review was undertaken that collected relevant information about the community, health status, where health services are obtained, other related services,

¹ *Quantitative* data are numeric information such as statistics (e.g., the number of vehicular crashes, the percentage of low birth weight babies born). *Qualitative* data provide information such as people’s attitudes and opinions that can help shed additional light on the issues being studied. *Secondary* data are the statistics and other data already published or reported. An example of this would be rates of childhood obesity. New data gathered by a researcher to investigate and help respond to a problem are called *primary* data. An example of this would be the percentage of focus group participants who ranked obesity as a top health problem.

and gaps in services. This information was found in documents and records of facilities such as data from local clinics and state government, reports from earlier needs assessments conducted related to health, and reports about specific health programs or services.

PRIMARY DATA: COMMUNITY INPUT

Three primary methods of collecting input from the community were used in the assessment.

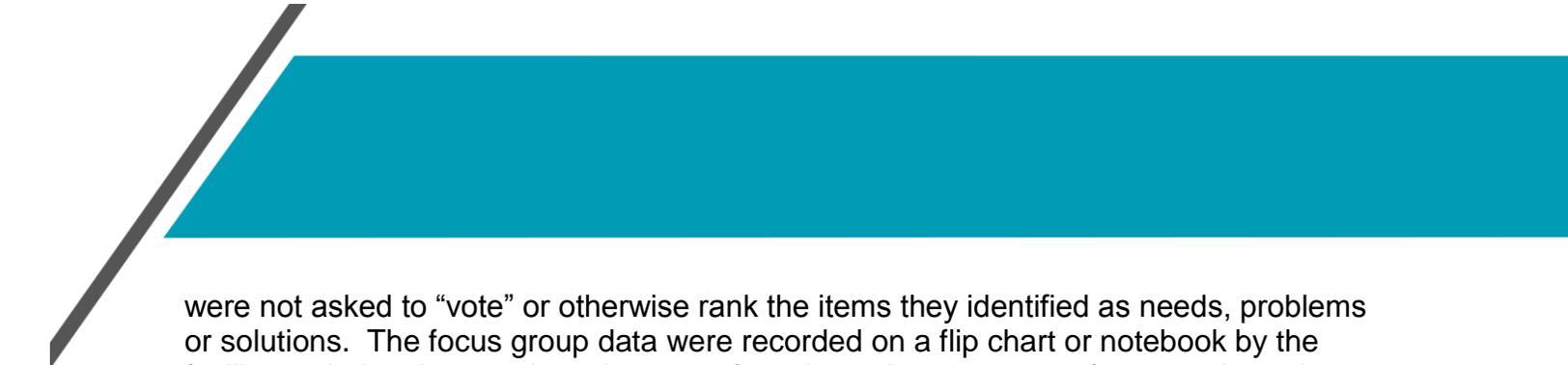
Community Survey

A questionnaire was developed in English and Spanish for the general public that solicited people's opinions about most-important health needs, ideas for responsive solutions, and habits they used to maintain their own personal health (Appendix 5). Certain questions that serve as markers for access to services were also included. The survey was distributed in hard copy by members of the Collaborative to locations where the groups of interest would best be reached, such as at casinos, a bowling alley, branches of public libraries, and family resource centers throughout the county. In addition, the survey was available by computer (English only) and notices about the online version were posted on the County's and various organizations' websites and in their newsletters. All of the electronic and hard-copy survey data were cleaned, coded, and entered into an Excel spreadsheet and analyzed using SPSS Version 19.0.

Community Focus Groups

Four locations—Clearlake, Middletown, Lakeport and Kelseyville—ensured geographic representation and 8 community focus groups were conducted at sites intended to draw populations that typically gathered there. Key community-based organizations were identified by the Collaborative and asked to host a focus group. Focus groups were co-scheduled at the sites among participants who were already meeting there for other purposes (e.g., young mothers at a preschool parenting meeting) to facilitate access and promote attendance. Although the participants constituted a convenience sample, there was the expectation that *in the aggregate* the groups would be diverse and include the populations of highest interest.

One of the groups was facilitated in Spanish with bilingual/ bicultural facilitators and the same set of structured key questions was used for all groups (Appendix 2). The questions were generally open-ended; prompting with information or data was limited to reduce the potential for bias or leading of participants to any conclusions. Participants



were not asked to “vote” or otherwise rank the items they identified as needs, problems or solutions. The focus group data were recorded on a flip chart or notebook by the facilitator during the meetings then transferred to written summary formats where the notes were then coded and analyzed.

A \$10 Safeway gift card was offered in most groups where it was practical* in appreciation for participation. Agencies and organizations that sponsored the community meetings helped to publicize the meetings and promote attendance.

Key Informant Interviews

Telephone interviews using a structured set of questions (with additional, personalized questions to obtain more in-depth information) were conducted with 16 individuals whose perceptions and experience were intended to inform the assessment. The interviews provided an informed perspective from those working directly with the public, increased awareness about agencies and services, offered input about gaps and possible duplication in services, and solicited ideas about recommended strategies and solutions. The interviews also focused the needs assessment on particular issues of concern where individuals with certain expertise could confirm or dispute patterns in the data and identify data and other studies of which the Collaborative might not otherwise be aware.

PRIORITY SETTING PROCESS

After the assessment data were compiled and analyzed, the Collaborative reviewed the draft report and engaged in a discussion that led to recommended priorities for funding. The process included determining criteria for selecting priorities; listing key issues and common themes; identifying findings that were unexpected and surprising and assumptions that were supported by the data; addressing the challenges and barriers; and determining opportunities with long-term benefit for improving community health in Lake County.

* For example, because the Senior Center group was very large and people came and went near the end of the session, it was not practical to distribute the gift cards.

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?

Priority Areas of Need

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

- Chronic Disease: Promotion and support of emotional and mental health and well being.
- Prevention and treatment of use/misuse of legal and illegal substances, including prescription drugs and medications.

Cross Cutting Objectives

- Promotion and support of healthy choices/healthy behaviors.
- Promotion of collaborative relationships and coordination of services among Lake County health and human services providers.

The following goals were set in order to address the identified priority areas of need:

Priority Area 1

Identified Need: Chronic Disease, including Heart Disease and Cancer

Chronic diseases (e.g., cancer, diabetes, heart disease) cost the nation's economy more than \$1 trillion a year in lost productivity and treatment costs according to cost burden estimates. The researchers—who conducted a state-by-state analysis of 7 common chronic diseases (e.g., cancer, diabetes, heart disease)—concluded that “investing in good health would add billions of dollars in economic growth in the coming decades.” California was in the top quartile of states with the lowest rates of chronic diseases. According to California Health Interview Survey data, Kern County and Lake County reported the highest burden of chronic health conditions statewide in 2007.

Heart Disease

“Heart disease” refers to a variety of conditions including coronary artery disease, heart attack, heart failure, and angina, and is the leading cause of death in California. Smoking, being overweight or physically inactive, and having high cholesterol, high blood pressure, or diabetes are risk factors that can increase the chances of having heart disease. In addition, heart disease is a major cause of chronic illness.

In 2009-2011, Lake County's overall death rate was higher than the state's and 58th highest of 58 counties. Diseases of the circulatory system—coronary heart disease and stroke—are responsible for about one-quarter of Lake County's deaths. Death rates due to stroke have met Healthy People (HP) 2020 objective, but coronary heart disease exceeds state and national rates.

Summary rankings for Health Factors for Lake County show a wide range. For measures of physical environment, the county ranked at almost the top, 2nd best in the state, in 2010 but dropped to 20th place in 2012, possibly because additional environmental factors were added in the later period (e.g., number of fast food restaurants, that influenced the ranking). Lake County ranked dead last among counties in the category of health behaviors and 49th worst in social/economic factors in 2012. For clinical care, the county ranked almost in the middle at 31st in 2010 but fell to 45th in 2012. *Health behaviors* include things like smoking and exercise; *clinical care* includes measures of access to medical care; *social and economic* factors include education, employment, and community safety; and *physical environment* is a combination of environmental quality and the “built environment” (human-created or arranged physical objects and places people interact most directly with such as structures and landscapes).

Goal: To increase awareness and education of cardiovascular risk factors and modifiable lifestyle behaviors. Suggestion: another option might be to align with Healthy People 2020 goal of: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke.

Objective: To increase awareness and education of cardiovascular risk factors and modifiable lifestyle behaviors.

Interventions:

1. Provide educational materials at health fairs, seminars, WorkWell events, school sites.
2. Promotion and support of healthy choices/healthy behaviors.
3. Implement the Exercise Affiliate Program, a partnership between personal trainers and the Adventist Heart Institute.
4. Take a leadership role in the “Climb to the Peak of Health” initiative aimed at increasing physical activity throughout Lake County.
5. Promotion of collaborative relationships and coordination of services among Lake County health and human services providers

Evaluation Indicators:

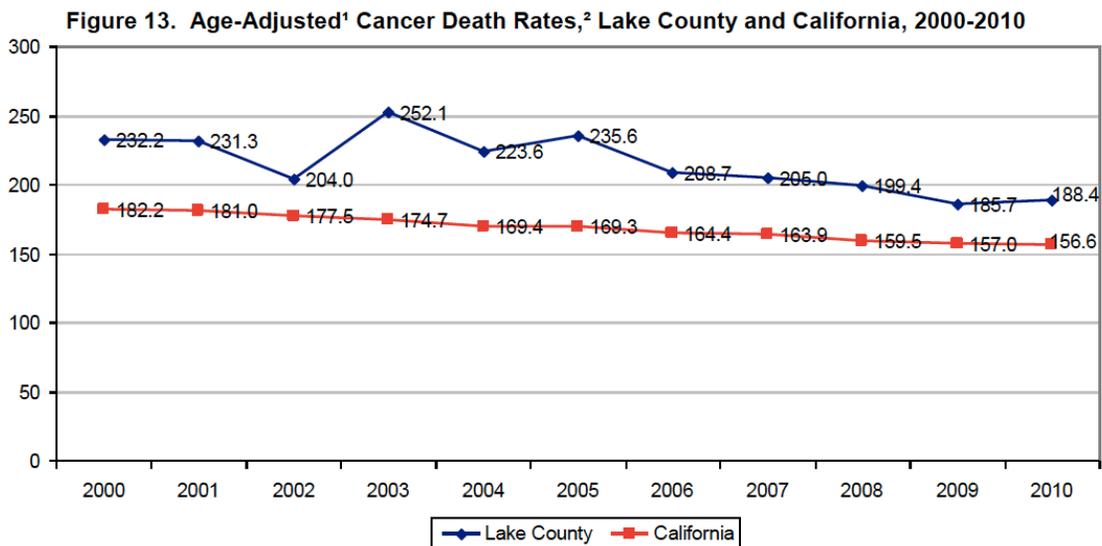
Short Term – Number of people receiving education. Two hundred and fifty people will demonstrate increased knowledge about cardiovascular risk factors, modifiable lifestyle behaviors, and treatment options.

Long Term – Number of people demonstrating increased knowledge about cardiovascular health risk factors, lifestyle modification, and treatment options. Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week to decrease the incidence of obesity in our service area.

Collective Impact Indicator – Reduced cardiovascular disease burden in our communities.

Identified Need: Cancer

Cancer remains a leading cause of death in the United States, second only to Heart Disease. Cancer accounts for about 1 out of every 4 deaths in Lake County. The county ranks 52nd of 58 counties in death rate due to all cancers in 2009-2011 and is higher than both the statewide rate and the HP 2020 national objective. The rate of death from lung cancer, for example, is substantially higher than the state rate. Nevertheless, mirroring the California trend, there was a statistically significant downward trend in Lake County's mortality rate for cancer between 2000 and 2010 (Figure 13). Lake County's age-adjusted cancer death rate dropped from 232.3 in 2000 to 193.3 in 2010, an 18.9% decrease. California's age-adjusted cancer death rate dropped from 182.2 in 2000 to 156.6 in 2010, a 16.8% decrease.



Sources: State of California, Department of Finance, Race/Hispanics Population with Age and Gender Detail, 2000–2010. Sacramento, California, September 2012. State of California, Department of Public Health, Death Records.

1 Rates are age-adjusted using the year 2000 U.S. standard population.

2 Rates are per 100,000 population. More information about rate calculation is in the Technical Notes.

Goal: To increase awareness and education of risk factors for cancer and the importance of early detection.

Objective: 250 people will demonstrate increased knowledge about risk factors for cancer and the importance of early detection.

Interventions:

1. Provide educational materials at health fairs, seminars, WorkWell events, and school sites.
2. Participate in Relay for Life.
3. Provide reduced cost mammograms or low-dose lung CTs for appropriate patients according to accepted national screening guidelines.
4. Provide a leadership role in the “Climb to the Peak of Health” initiative aimed at increasing smoking cessation throughout the county.
5. Promotion of collaborative relationships and coordination of services among Lake County health and human services providers

Evaluation Indicators:

Short Term – Increased knowledge about risk factors for cancer and the importance of early detection.

Long Term – Increased number of people receiving appropriate cancer screens.

Collective Impact Indicator – Reduced burden of cancer in our service areas.

Priority Area 2

Identified Need: Behavioral Health: Prevention and treatment of use/misuse of legal and illegal substances, including prescription drugs and medications.

There is ample research that indicates the majority of money spent on medical care goes to treating patients with interrelated health problems; that is, both physical and mental health problems. Much of what is understood in this area comes from research in the field of epidemiology; the scientific study of patterns of health and illness within a population. A key component of community health is “recognizing the relationship between mental and physical health and ensuring that services account for that relationship.”

Mental health problems are among the most important contributors to the burden of disease and disability nationwide and are common in the United States and internationally. An estimated 26.2% of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder in a given year. Projecting this estimate of need to Lake County’s population, up to 12,864 persons age 18 and older in the county could suffer from some level of mental health problem or disorder. The county’s disproportionate number of veterans could increase this number. Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. While depression is under-detected at all ages, much more funding is available for treating younger people, for example. A key disparity often hinges on a person’s financial status; formidable financial barriers block needed mental health care regardless of whether one has health insurance with inadequate mental health benefits or lack of any insurance.

Use of Treatment Resources

Close to fifteen percent of Lake County residents reported to the 2009 CHIS they needed help for emotional/mental health problems or use of alcohol/drug in the last year, and 76.1% indicated they had sought such help (Table 44). The proportion of help seeking was higher in Lake County than the state average. And, while there was little difference in gender for California, the proportion of help seeking in Lake County was higher for females than males (81.2% vs. 67.6%).

The 2009 California Health Interview Survey asked respondents whether they had seen their primary care physician or any other professional, such as a counselor, psychiatrist, or social worker, for problems with mental health, emotions, nerves or use of alcohol or

drugs in the last twelve months. A greater proportion of Lake County residents, 14.9%, than California residents on average, 10.9%, reported accessing one of these treatment resources.

Table 44. Need for Mental Health and Use of Resources, Lake County and California Adults

	Lake County			California		
	Male	Female	Total	Male	Female	Total
Needed help for emotional/mental health problems or use of alcohol/drug	11.3%	18.1%	14.8%	11.9%	16.6%	14.3%
Needed help and sought it for self-reported mental/emotional and/or alcohol-drug issues	67.6%	81.2%	76.1%	51.5%	58.4%	55.5%
Saw any healthcare provider for emotional-mental and/or alcohol-drug issues in past year	11.1%	18.5%	14.9%	8.4%	13.4%	10.9%

Source: 2009 California Health Interview Survey

Goal: Improve mental health through prevention and by promoting healthy lifestyle behaviors.

Objective: Increase trauma adaption and awareness of available mental health services.

Interventions:

1. Conduct 2-3 events per year aimed at promoting healthy lifestyle choices.
2. Participate in “Climb to the Peak of Health” community events aimed at increasing trauma adaption and awareness of mental health services available through St. Helena Hospital Napa Valley and other mental health providers in the county.
3. Promotion of collaborative relationships and coordination of services among Lake County health and human services providers.



Evaluation Indicators:

Short Term – 100 people will demonstrate increased knowledge about healthy lifestyle behaviors.

Long Term – Increase the proportion of adults with behavioral health disorders who receive mental health offerings.

Collective Impact Indicator – Reduced incidence of mental health disorders in our communities.

Partner List

St. Helena Hospital Clear Lake 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:

- Community Care Management Corporation
- Lake County Behavioral Health Department
- Lake County Board of Supervisors
- Lake County Board of Supervisors
- Lake County Office of Education
- Lake County Public Health Department
- Lake County Veteran's Services
- Lake Family Resource Center
- Lucerne Community Clinic
- Partnership Health Plan
- Sutter Lakeside Hospital
- Sutter Lakeside Hospital
- Tribal Health

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 and we believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

Community Benefit Terms and Definitions

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

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

Community Health Improvement

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

Health Professions Education

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

Subsidized Health Services

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt, and Medicaid shortfalls. The service is provided because it meets an identified community need and if no longer offered, it would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization to provide.

Research

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

Cash and In-Kind Contributions

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

Financial Assistance Policy

We’re committed to keeping you healthy. As a result, your ability to pay should never stop you from seeking needed care.

If you are uninsured or have a limited income, you may be eligible for a payment discount. You also may qualify for government programs such as Medicaid.

The most recent financial assistance policy can be found at the hospital’s website:

<http://www.sthelenahospitals.org/visitor-info/financial-assistance>

Community Benefit Inventory

Year 2013 – Inventory

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

Activities	Number of Programs
Medical Care Services	
<p>St. Helena Hospital Clear Lake and Adventist Health have an extensive charity care policy, which enables the Medical Center to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and non-emergency health care. Charity care does not include: 1) bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing such care to such patients; 2) the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or 3) contractual adjustments with any third-party payers.</p>	
Community Health Improvement	
<p><u>Health Fairs and Screening Events</u> SHCL provides health education and information regarding access to health services at events and health fairs across Lake County. In 2013, we provided information and health education at 15 events to over 2,495 people.</p> <p><u>Childbirth Education</u> SHCL provided childbirth preparedness information to 36 people in 2013.</p>	<p>10</p>

Live Younger Longer Newsletter

Three times per year, SHH distributes our Live Younger Longer newsletter. 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 23,334 people living in Lake County.

Climb to the Peak of Health

SHCL is the fiscal sponsor for Climb to the Peak of Health, a collaborative effort of over 20 non-profits aimed at improving health outcomes in Lake County. In 2012, the group received Community Transformation Grant funding from the Centers for Disease Control to focus efforts on increasing physical activity, smoking cessation and increasing use of evidence-based protocols to screen for mental health issues that create barriers to wellness. Highlights of the group's achievements in 2013 include enrolling over 950 people in an online challenge to increase their physical activity for 14 weeks.

Lake County Needs Assessment

SHCL partnered with the Lake County Department of Public Health and Sutter Lakeside hospital to provide funding and in-kind resources to develop a comprehensive community needs assessment of Lake County.

Clearlake Initiative

The Clearlake Initiative is a workgroup aimed at developing community initiatives that address the root cause for much of the poor health outcomes that plague Clearlake: poverty. SHCL spent 31 hours engaging in this initiative.

Relay for Life

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

Community Building Activities

Transportation Services

SHCL operates a shuttle for patients who have logistical

<p>barriers to care. The shuttle provides rides between SHCL clinics in Lake County as well as rides to St. Helena Hospital Napa Valley, SHCL's sister Adventist Health tertiary hospital.</p> <p><u>Recruitment to underserved areas</u> In 2013, St. Helena Hospital Napa Valley spent over \$130,000 to recruit providers to clinics located in designated HPSAs, MUAs, or MUPs. Several of these clinic locations are located in Lake County.</p>	
<p>Health Professions Education</p>	
<p>St. Helena Hospital Napa Valley provides significant support to nursing students at Pacific Union College toward their education requirements.</p>	<p>1</p>
<p>Subsidized Health Services</p>	
<p>Any subsidized health service that will cause an exacerbation of health needs and negatively impact access to care in Lake County.</p>	<p>1</p>
<p>Cash and In-Kind Contributions</p>	
<p>SHCL 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"> • Lake County Chamber of Commerce • Lake County Basketball Club • Lower Lake High School • Lower Lake Youth Football • Middletown High School • Pride Foundation • Rotary Club of Clearlake • Rotary Club of Middletown • Toys for Tots 	

Community Benefit & Economic Value

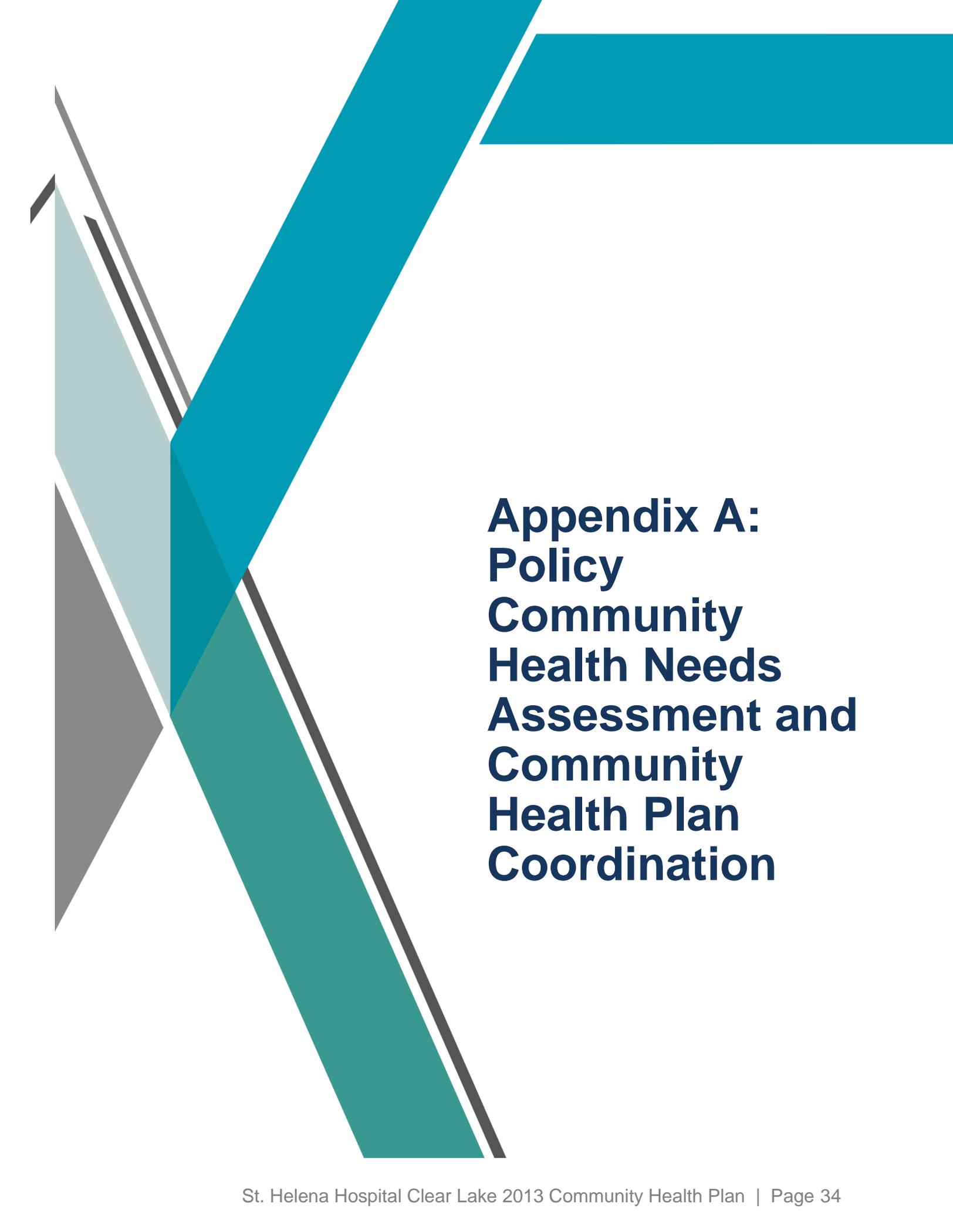
St. Helena Hospital Clear Lake's mission is to "share God's love by providing physical, mental and spiritual healing." We have been serving our communities health care needs since 1968. Our community benefit work is rooted deep within our mission and merely an extension of our mission and service. We 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	2,687,755	3.98%	-	2,687,755	3.98%
Public programs - Medicaid	-	-	-	-	-
Medicare	29,436,077	43.63%	22,552,634	6,883,443	10.20%
Other means-tested government programs	5,120,295	7.59%	3,489,046	1,631,249	2.42%
Community health improvement services	340,893	0.51%	252,003	88,890	0.13%
Health professions education	-	-	-	-	-
Non-billed and subsidized health services	14,665,786	21.74%	10,175,302	4,490,484	6.66%
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	5,230	0.01%	-	5,230	0.01%
Community building activities	52,229	0.08%	-	52,229	0.08%
TOTAL COMMUNITY BENEFIT	52,308,265	77.54%	36,468,985	15,839,280	23.48%



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

Entity:

- System-wide Corporate Policy
- Corporate Policy No. AD-04-006-S
- Standard Policy
- Model Policy

Policy No.

Page

Department:

Category/Section:

Manual:

1 of 3

Administrative Services

Planning

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