

# Ukiah Valley Medical Center



## 2013 – 2015 Community Health Plan

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# Overview of Adventist Health



Ukiah Valley Medical Center is an affiliate of Adventist Health, a faith-based, not-for-profit, **integrated health care delivery system** headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawaii, Oregon and Washington.

Adventist Health **entities** include:

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

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

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

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

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and nearly 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole



person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

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

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

# Letter from the CEO



Dear Community:

What an exciting time in Ukiah Valley Medical Center's history to be assessing the health care needs of this wonderful community we are privileged to call home.

As this assessment and community benefit plan comes to completion, Ukiah Valley Medical Center (UVMC) is busy making preparations to break ground on a new Emergency Department, Intensive Care Unit and a new oncology suite that will be able to take better care and provide much needed cancer treatment options in our community – all projects made possible by the generous support of you, our community, and our Adventist Health family.

These newly renovated facilities will allow us to better meet the growing critical care needs of Mendocino and surrounding counties, expanding our ability to care for the vulnerable populations identified in the following report.

Throughout this assessment, and plan you will see examples of how UVMC has taken actions to work with our community partners to provide active support for some of the most emergent trends affecting us.

Our mission is to share God's love to our community by providing care to the whole person; mind, body and spirit. Our mission guides our work every day, and I hope you experience our compassionate care through each and every one of your interactions with us.

As the face of health care continues to evolve with a myriad of complex regulatory changes, I am eager to meet the needs of Mendocino County alongside such a mission-driven team of health care professionals, a generous community, strong set of community partners, and Adventist Health.

It is an honor and a privilege to serve you in this new era of health care; our community, our partners, our neighbors . . . our family.

Sincerely,

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

Gwen Matthews  
Chief Executive Officer, Ukiah Valley Medical Center

# 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 Ukiah Valley Medical Center has adopted the following priority areas for our community health investments for 2013-2015:

- Behavioral Health
- Chronic Disease with emphasis on: *diabetes, heart disease, stroke, and cancer prevention*

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

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

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

# Community Health Plan Team Members

Ukiah Valley Medical Center worked with the Healthy Mendocino Coalition in order to complete our Community Benefit Needs Assessment. We also were grateful for the expertise and assistance from Loma Linda University Health's Institute for Community Partnerships in the development of our Community Benefit Plan.

UVMC's Community Health Plan Team membership consists of the following staff:

- Nick Bejarano, Regional Corporate Development and Communications
- Linda Schulz, MA, Principle Author, Director of Community Services
- Jen Ring, MPH, Co-Author, Director of Business Development
- Sandy O'Ferrall, Special Assistant to the President
- Gwen Matthews, President and CEO
- Aaron Poole, Regional Director of Finance

# Identifying Information



**Ukiah Valley Medical Center**  
50-bed Acute Care Hospital  
(67 licensed beds, 50 operational)  
Gwen Matthews, CEO  
Jeff Eller, Chair, Governing Board  
275 Hospital Drive  
Ukiah, CA 95482  
707.462.3111

# Mission, Vision and Values

## Mission

We reflect God's love to our community 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

We will fulfill our Mission by:

- Being compassionate to patients, their loved ones, and each other.
- Operating with fiscal responsibility thereby ensuring continuous service.
- Working together as a team.
- Providing high quality, technically advanced services.
- Preserving individual dignity.
- Protecting confidentiality.
- Being integral to our community.
- Promoting well living in our community.
- Being adaptable, innovative, and flexible.
- Being expert listeners.

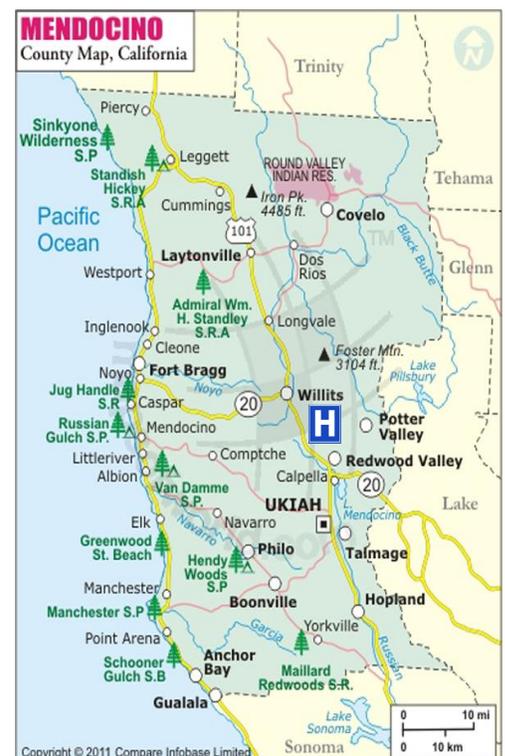
# Community Profile

Ukiah Valley Medical Center is a 50-bed, not-for-profit hospital located in Ukiah, the county seat of Mendocino County. As the largest and most comprehensive healthcare facility in the county, UVMC offers a complete range of health care services for the communities we serve. Our emergency department operates with a physician on duty 24-hours a day and is designated as a Level IV Trauma Center. Each year, UVMC treats more than 25,000 patients in its emergency room, performs more than 5,000 surgical procedures in its hospital based and ambulatory surgery center, delivers nearly 850 babies, and performs more than 43,000 radiology tests. Our facilities include:

- 24-hour Emergency Care and Trauma Center
- Advanced Wound Center
- Intensive Care Unit
- Level II Intensive Care Nursery
- Family Birth Center
- Women's Services
- Cardiac Services
- Pediatrics
- Family Practice
- Pain Management Center
- Rapid Care Extended Hours
- State-of-the-art Diagnostic Services
- Inpatient & Outpatient Surgical Services
- Rehabilitation Services
- Health Education

Ukiah, California, in Mendocino County, is 55 miles NW of Santa Rosa, California and 100 miles NW of Sacramento, California. The city has a population of 16,330. Ukiah rests in the heart of Mendocino County, California. Mendocino County is a 3,509 square mile rural county in Northern California wherein some geographic areas are actually designated as frontier. It is the 15th largest county in California, and topographically diverse, with ocean, inland valleys, mountains, lakes and rivers and redwood forests.

According to the Office of Statewide Health Planning and Development (OSHPD), in 2011 the majority of patients discharged from Ukiah Valley reside in Ukiah (84.4%, 95482 zip code). The remainder resides in Willits (15.6%, 95490 zip code).



## Age and Gender

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

Males and females have differing 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 risk behaviors, and environmental exposures.

### Key Findings:

- In 2012, 17.34% of emergency department encounters were among patients aged 20-29 years.
- 18.9% of all hospital discharges were among patients under one year old.

2012 Emergency Department Encounters, by Age		
Age Groups	Number	Percent
01-09	2,576	11.89%
10-19	2,534	11.70%
20-29	3,757	17.34%
30-39	3,000	13.85%
40-49	2,778	12.82%
50-59	2,736	12.63%
60-69	1,701	7.85%
70-79	1,026	4.74%
80 years +	1,079	4.98%
Under 1 year	479	2.21%
<b>Total</b>	<b>21,666</b>	<b>100.00%</b>

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

2012 Hospital Discharge Summary, by Age		
Age Groups	Number	Percent
01-09	47	1.0%
10-19	166	3.4%
20-29	690	14.0%
30-39	532	10.8%
40-49	333	6.7%
50-59	485	9.8%
60-69	598	12.1%
70-79	481	9.7%
80 years +	669	13.6%
Under 1 year	935	18.9%
<b>Total</b>	<b>4,936</b>	<b>100.0%</b>

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

2012 Emergency Department Encounters, by Gender		
Gender	Number	Percent
Female	11,622	53.64%
Male	10,044	46.36%
<b>Total</b>	<b>21,666</b>	<b>100.00%</b>

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

2012 Hospital Discharge Summary, by Gender		
Gender	Number	Percent
Female	3,059	62.0%
Male	1,877	38.0%
<b>Total</b>	<b>4,936</b>	<b>100.0%</b>

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

## 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.

### Key Findings:

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

**2012 Emergency Department Encounters, by Race**

Race	Number	Percent
American Indian or Alaska Native	1,520	7.02%
Asian	127	0.59%
Black or African American	412	1.90%
Native Hawaiian or Other Pacific Islander	4	0.02%
Other Race	536	2.47%
Unknown	565	2.61%
White	18,502	85.40%
<b>Total</b>	<b>21,666</b>	<b>100.00%</b>

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

**2012 Hospital Discharge Summary, by Race**

Race	Number	Percent
Asian/Pacific Islander	49	1.0%
Black	59	1.2%
Native American/ Eskimo/Aleut	262	5.3%
White	4,118	83.4%
Other	73	1.5%
Unknown	375	7.6%
<b>Total</b>	<b>4,936</b>	<b>100.0%</b>

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

**2012 Emergency Department Encounters, by Ethnicity**

Ethnicity	Number	Percent
Hispanic or Latino	4,190	19.34%
Non-Hispanic or Non-Latino	17,032	78.61%
Unknown	444	2.05%
<b>Total</b>	<b>21,666</b>	<b>100.00%</b>

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

**2012 Hospital Discharge Summary, by Ethnicity**

Ethnicity	Number	Percent
Non-Hispanic	3,701	74.98%
Hispanic	900	18.23%
Unknown	335	6.79%
<b>Total</b>	<b>4,936</b>	<b>100.00%</b>

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

## Existing Facilities and Resources

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

Name	Location	Facility Type
Anderson Valley Health Center	13500 Airport Road Boonville, CA 95415	Total Care Clinic: Primary Care, Dental, Behavioral Health, Pharmacy
Consolidated Tribal Health Project, Inc.	6991 N. State St. Redwood Valley, CA, 95470	Total Care Clinic: Primary Care/Medical, Dental, Behavioral Health
County of Mendocino, CA Behavioral Health & Recovery Services: Fort Bragg	790-B South Franklin Street Ft. Bragg, CA 95437	Behavioral Health
County of Mendocino, CA Behavioral Health & Recovery Services: Ukiah	1120 South Dora Street Ukiah, CA 95482	Behavioral Health
County of Mendocino, CA Behavioral Health & Recovery Services: Willits	221-B South Lenore Avenue Willits, CA 95490	Behavioral Health
County of Mendocino, CA: Fort Bragg Health Center	120 West Fir Street Ft. Bragg, CA 95437	Public Health Center
County of Mendocino, CA: Ukiah Health Center	1120 South Dora Street Ukiah, CA 95482	Public Health Center
County of Mendocino, CA: Willits Health Center	221-B South Lenore Avenue Willits, CA 95490	Public Health Center
Frank R. Howard Memorial Hospital*	One Madrone Street Willits, CA 95490	Hospital
Hillside Health Center	333 Laws Avenue, Ukiah, CA 95482	Total Care Clinic: Primary Care/Medical, Dental, Behavioral Health, Specialty Care, Women's Health
Jerold Phelps Community Hospital	733 Cedar St Garberville, CA 95542	Hospital
Lakeside Health Center	5335 Lakeshore Boulevard, Lakeport, CA 95453	Total Care Clinic: Primary Care/Medical, Dental, Behavioral Health, Women's Health
Little Lake Health Center	45 Hazel St., Willits, CA 95490	Total Care Clinic: Primary Care/Medical, Dental, Behavioral Health, Specialty Care, Women's Health
Long Valley Health Center	50 Branscomb Road Branscomb, CA 95417	Total Care Clinic: Primary Care, Dentistry, Acupuncture, Chiropractic
Mendocino Coast Clinics: South Street	205 South Street Fort Bragg, CA 95437	Total Care Clinic: General Medical, Dental, Behavioral Medicine, Counseling

Name	Location	Facility Type
Mendocino Coast Clinics: Sequoia Circle	855 Sequoia Circle Fort Bragg, CA 95437	Total Care Clinic: OB/GYN, Perinatal, Women's Health Care, Patient Advocates
Mendocino Coast Clinics: Cypress Street	510 Cypress Street Fort Bragg, CA 95437	Pediatric Clinic
Mendocino Coast District Hospital	700 River Drive Fort Bragg, CA 95437	Hospital
Northbrook Nursing and Rehabilitation Center	64 Northbrook Way Willits, CA 95490	Skilled Nursing, Rehabilitation
North Coast Family Health Center	721A River Drive Fort Bragg, CA 95437	Total Care Clinic: Mental Health, Osteopathy Care, Primary Care, Pediatrics, Surgery
North Valley Behavioral Health	1535 Plumas Court Yuba City, CA 95993	Behavioral Health
Redwood Coast Medical Services: Gualala Medical Center	46900 Ocean Drive Gualala, CA 95445	Total Care Clinic: Primary Care, Urgent Care, Women's Health, Pediatric Care, Chronic Disease Management, Behavioral Health
Redwood Coast Medical Services: Point Arena Medical Center	30 Mill Street Point Arena, CA 95468	Total Care Clinic: Primary Care, Urgent Care, Women's Health, Pediatric Care, Chronic Disease Management, Behavioral Health
Redwood Coast Medical Services: Point Arena Dental Center	175 Main Street Point Arena, CA 95468	Dental Clinic
Southern Humboldt Community Clinic	509 Elm St, Garberville, CA 95542	Total Care Clinic: Primary Care/Medical
St. Helena Hospital*	10 Woodland Road, St. Helena, CA 94574	Hospital
St. Helena Hospital for Behavioral Health*	525 Oregon Street Vallejo, CA 94590	Behavioral Health
The Center for Life Choices	425 S Orchard Ave Ukiah, CA 95482	OB/GYN, Sexual Health, Patient Advocates
Ukiah Convalescent Hospital	1349 South Dora Street Ukiah, CA 95482	Skilled Nursing, Rehabilitation

\*Member of Adventist Health

# Community Health Needs Assessment Overview

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

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

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



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

### *Quantitative Data*

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

### *Qualitative Data*

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

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

# Identified Priority Needs

After conducting the CHNA, we asked the following questions:

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

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

- Behavioral Health
- Chronic Disease with emphasis on: *diabetes heart disease, stroke, and cancer prevention*

## Priority Area One

**Identified Priority:** Behavioral Health.

Good mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. It is estimated that about 17% of U.S adults are considered to be in a state of optimal mental health. Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease. In addition, alcohol or substance abuse can greatly decrease mental functioning, increase symptoms of mental illness, and decrease overall quality of life. **Ukiah Valley Medical Center recognizes the importance of whole person care and is striving to improve behavioral health outcomes in our community.**

- Mendocino County had almost twice the rate of substance use during pregnancy than California for tobacco, alcohol, and marijuana. 55.5% of pregnant women in Mendocino County reported use of these substances prior to knowledge of pregnancy compared to 23.7% for California.

- The suicide death rate for Mendocino County (23.7 per 100,000) is significantly worse than the rate for California (9.6 per 100,000) or Healthy People 2020 (4.8 or less per 100,000).
- According to the California Department of Justice, felony and misdemeanor adult (19-69 years old) drug-related arrest rates per 1,000 in Mendocino County continue to be considerably higher than the State rates.

**Goal:** Provide more seamless behavioral health and primary care services to people living with mental illness.

**Objective:** By 2015, provide patient-centered medical homes to over 200 people living with mental illness at the new clinic in 2015.

**Intervention:**

- 1) We will co-locate a primary care clinic next door to the County's mental health 24/7 crisis center on State Street.
- 2) UVMC will intentionally align with existing mental health services in the community and create a patient-centered health home for mentally ill patients and their families.
- 3) Partner with local universities and community-based agencies to promote preventative care for people most at risk for behavioral health issues to identify strategies to provide a seamless continuum of services.

**Evaluation Indicators:**

*Short Term* – Number of people served in the new clinic.

*Long Term* – Reduced burden of chronic disease experienced by people living with mental illness.

## Priority Area Two

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

Chronic disease management is a broad term that encompasses many different models for improving care for people with chronic diseases. Elements of a structured chronic disease management program may include a treatment plan with regular monitoring, coordination of care between multiple providers and/or settings, medication management, and support for patient self-management. **Ukiah Valley Medical Center is taking an active role in improving the continuum of care for individuals experiencing chronic disease** and is committed to bridging preventive strategies in the clinical setting, as well as, in the community. This strategy will be focused on heart disease, stroke, cancer, and associated co-morbidities (such as obesity); with coordination among services/programs, as necessary.

- According to the County Health Status Profiles 2011, the 3-year average for 2007-2009 age adjusted death rate for Coronary Heart Disease in Mendocino County per 100,000 population was 139.4 compared to 128.0 statewide.
- 
- Mendocino County's rates are considerably higher than the State for Breast Cancer and slightly higher for Lung Cancer. Rates for Mendocino and State Colorectal Cancer are similar.

**Goal:** Decrease the burden of chronic disease in the Mendocino services area. Increased knowledge in the community regarding healthy behaviors and lifestyle.

### **Objectives:**

1. Recruit and onboard physicians in Invasive cardiology/electrophysiology, Urology, ENT, Orthopedics, Gastroenterology. Increase accessibility by expanding hours and services provided by our Rural Health Centers (4), Hospital Based Outpatient Clinics (3), radiology and laboratory services.
2. Educate over 500 people regarding healthy behaviors that mitigate the onset and impact of diabetes, heart disease, stroke, and cancer prevention.

### **Interventions:**

1. Ensure adequate primary care and specialty physicians in our service area
2. Educational classes, health fairs, and outreach material on healthy behaviors and lifestyle with special emphasis on diabetes, heart disease, stroke, and cancer prevention.
3. Launch the Early Detection Lung Cancer Screening program in Mendocino County.
4. Provide Patient-Center Health Homes in our Rural Health Centers to patients at risk for chronic disease.

### **Evaluation Indicators:**

*Short Term* – Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines

*Long Term* – Increased number of patients educated and screened.

*Collective Impact Indicator:* Overall reduced burden of chronic disease in the UVMC service area.

## Community Need Not Addressed in this Plan

UVMC is collaborating with our Adventist Health affiliate Frank R. Howard Memorial Hospital (HMH) to meet the third priority need that was identified in our community needs assessment:

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

HMH will be undertaking an outreach and education initiative to address this community need.

# Partner List

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

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

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

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

# Connecting Strategy and Community Health

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

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

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

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

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

Improving population health requires effective initiatives to:

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



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

# Community Benefit Terms and Definitions

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

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

## ***Community Health Improvement***

Activities that are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs.

Community-building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness, and environmental hazards.

## ***Health Professions Education***

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

## ***Subsidized Health Services***

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt, and Medicaid shortfalls. The service is provided because it meets

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

### ***Research***

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

### ***Cash and In-Kind Contributions***

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

### ***Financial Assistance Policy***

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

# 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
<b>Medical Care Services</b>	
<p>Ukiah Valley Medical Center 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: <b>1)</b> 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; <b>2)</b> the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or <b>3)</b> contractual adjustments with any third-party payers.</p>	
<b>Community Health Improvement</b>	
<p><b><u>Diabetes Education</u></b> Provide diabetes screenings, education, seminars, and self-management consultations to residents of Mendocino county. This service is provided free of charge and had an impact on over 2,000 people throughout the county.</p> <p><b><u>Employer Health Education</u></b> Developed health education seminars and screenings for county employers, working with their employees. Goal was to educate and provide access to services.</p> <p><b><u>Hospital Volunteering</u></b> Hospital volunteers play a crucial role in assisting clinical staff in patient care and other needs around the hospital campus. This invaluable service touches the lives of patients, family, and community members on a daily basis.</p>	18

<p><b><u>Employee Health and Wellness</u></b> As community members and one of the largest employers in the county the wellbeing of employees has a direct impact on the health of the community. We work with our employees providing them with opportunities to improve their overall health through education, screenings, discounts memberships to local health clubs, and nutrition education.</p> <p><b><u>Community Health Education</u></b> By providing seminars we made a direct impact on the health of our community. Our presenters are physicians who have an interest in benefiting the community through lifestyle choice and their services. Through this venue we had a direct impact on the lives of event attendees, putting them in direct contact with services that could improve their lives. Our events are also videotaped and archived and then played back on Mendocino Access TV for future viewing.</p> <p><b><u>CUSOC (Chronic User System of Care)</u></b> A collaborative partnership of intensive case management for high utilizers of community services, e.g. hospital, jail, food bank, shelter.</p> <p><b><u>Free Children’s Health Fair</u></b> For the past five years we have spearheaded a partnership with other county non-profit agencies to provide access to resources and services that support the growth and healthy development of children and families in our community. This venue allows children to be screened by health care professionals for free.</p>	
<b>Health Professions Education</b>	
<p><b><u>Grandrounds physician and nurse continuing medical education</u></b> Through this venue we are able to help supply the need for continued medical education to health care providers throughout our county and sister hospital facilities. Each educational lecture is broadcast over the internet allowing other physicians to not have to come to our physical location, and to stream the lecture over the internet. Once the lecture is over physicians are required to fill out an evaluation form to receive credit for attending the CME event.</p>	1
<b>Cash and In-Kind Contributions</b>	
<ul style="list-style-type: none"> <li>• Art Center</li> <li>• Boys &amp; Girls Club</li> <li>• Cancer Resource Center Of Mendocino County</li> </ul>	33

- Cardinal Health
- Committee For Citizens Awareness
- Dana Gray Parents
- Employers Council Of Mendocino County
- Ford Street Project
- Hopland Bears Foot
- Leadership Mendocino
- Mendocino College
- North Coast Opportunities
- North Coast Stride
- Nuestra Casa
- Phoenix Hospice
- Plowshare-Empty Bowls Donation
- Plowshares
- Rotary Club Of South Ukiah
- Rotary Club Of Ukiah
- Senior Center event
- Seventh-day Adventist Church
- St. Mary's
- Sunriver Mission Project Donation Pledge
- Survivors Reunion
- *Ukiah Daily Journal*
- Ukiah Dolphin Swim
- Ukiah High School
- Ukiah High School
- Ukiah Junior Academy
- Ukiah Senior Center
- Ukiah Unified School District
- Ukiah Valley Association
- Willits Rotary

# Community Benefit & Economic Value

Ukiah Valley Medical Centers' mission is: "We reflect God's love to our community by providing physical, mental and spiritual healing." 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	3,672,185	3.38%	-	3,672,185	3.38%
Public programs - Medicaid	-	-	-	-	-
Medicare	40,762,204	37.52%	34,400,372	6,361,832	5.86%
Other means-tested government programs	7,056,130	6.49%	2,163,952	4,892,178	4.50%
Community health improvement services	-	-	-	-	-
Health professions education	-	-	-	-	-
Non-billed and subsidized health services	534,729	0.49%	-	534,729	0.49%
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	98,867	0.09%	-	98,867	0.09%
Community building activities	-	-	-	-	-
<b>TOTAL COMMUNITY BENEFIT</b>	<b>52,124,115</b>	<b>47.97%</b>	<b>36,564,324</b>	<b>15,559,791</b>	<b>14.32%</b>



# **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

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**Policy: Community Health Needs Assessment and  
Community Health Plan Coordination**

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**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.

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**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  
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