Community Hospital of the Monterey Peninsula®

2014 COMMUNITY BENEFIT PLAN

APRIL 2015 Dedicated to identifying and meeting the changing healthcare needs of the people of the Monterey Peninsula and surrounding communities.

Prepared by:

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Executive Summary

This community benefit plan for the fiscal year ending December 31, 2014, describes Community Hospital of the Monterey Peninsula's benefit planning process, the benefits provided, and the economic value of those benefits. Community benefit services are free or subsidized programs and services provided to meet identified community needs and to serve the public interest. The plan both satisfies the requirements and reflects the spirit of California's community benefit legislation, SB 697, as well as spells out the addition of an implementation and monitoring plan required by the IRS. It documents organizational leadership, partnerships with other community organizations, and services to meet the needs of at-risk populations in the community.

Report Organization

The report is organized to address all the information suggested in the state's "Checklist for Hospital Community Benefit Plan," issued April 2000, with the addition of the requirements adopted by the IRS in 2013 regarding an implementation and monitoring plan.

- **Section 1** documents organizational commitment and participation, including board and hospital staff participation, community involvement, and integration with operational planning. It describes the ways in which the hospital presents the community benefit plan to the public and describes our charity-care policy and non-quantifiable benefits. Appendix A contains a copy of the hospital's charity-care policy. Appendix B contains a copy of the hospital's community benefit program guidelines.

- **Section 2** describes the communities served and summarizes the hospital's community partners by type of organization. Appendix C lists the specific collaborating organizations.

- **Section 3** summarizes the status of community assessment activities and priority needs identified in the assessment.

- **Section 4** summarizes the number of provided services by legislative category and links them to identified community needs.

- **Section 5** summarizes the value of benefits provided by legislative category and links these dollars to identified community needs. Costs for charity care and unpaid costs of public programs (government payer shortfalls) are reported separately. The principal measure for monitoring community benefit services is the dollar value of benefits returned to the community per dollar of tax exemption value received.

- **Section 6** describes measurable objectives, outcome measurement methods, and results.
- **Section 7** defines the hospital's plan for implementing programs and services targeting the highest priority community health needs identified by our community health needs assessment, lists the identified community needs not selected for focus during the current planning period, and defines the plan for evaluating the impact of those programs and services.

Summary of 2014 Community Benefits

The community benefit planning process identified 134 benefit services for the current year; these represent an economic value of $168.3 million. Of these dollars, 22.9 percent ($38.5 million) specifically serve the economically disadvantaged.

Thirty-seven hospital departments were active in providing community benefit services, often working in partnership with various community organizations. In addition, the hospital collaborated with a total of 242 organizations in community benefit activities.

The economic value of savings from tax-exempt status was $25,486,520. Thus, the hospital returned $6.60 in community benefits for each $1.00 saved because of tax-exempt status.

Hospital cost of community benefits	$168,251,147
Value of tax exemption	$ 25,486,520
Community benefits per dollar of tax exemption value	$6.60

SB 697 Category	**Dollars**
Medical care: vulnerable populations	
Traditional charity care, at cost	$ 4,100,403
Unpaid cost of Medi-Cal program	$34,441,856
Medical care: broader community	
Unpaid cost of Medicare program	$88,194,949
Unpaid cost of other government programs	$9,993,737
Negative-margin services	$16,253,454
Other benefits:	
Broader community and vulnerable populations	$12,054,311
Health research, education, and training	$3,212,437
Total benefits	**$168,251,147**

In addition to the $168.3 million in quantifiable community benefit services, board members, physicians, employees, and volunteers reported contributing 19,016 hours of volunteer service to the community.

A summary of benefit services and volunteer hours by community need/focus area is listed in the table below. The summary shows percentages of total benefit dollars and services.

Summary of Community Benefits by Community Need/Focus Area					
	Benefit Dollars		**Benefit Services**		
Community Focus Area	**Total**	**Percentage**	**Total**	**Percentage**	**Volunteer Hours**
Building Healthy Communities	$1,172,509	0.7%	20	14.9%	8,623
Health Education and Wellness	$2,662,432	1.6%	74	55.2%	2,118
Improving Access to Care	$163,115,637	96.9%	20	15.0%	3,664
Special Care for Special Needs	$1,300,569	0.8%	20	14.9%	4,611
All Benefit Services	**$168,251,147**	**100.0%**	**134**	**100.0%**	**19,016**

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Section 1 Mission and Commitment

This section describes the mission, vision, and values guiding Community Hospital of the Monterey Peninsula (Community Hospital) in its commitment to benefiting the communities it serves. It summarizes key elements of organizational commitment and participation in community benefit programs. It concludes with an overview of organizational responsibility for benefit planning.

Mission, Vision, and Guiding Principles

Community Hospital is a nonprofit, integrated healthcare delivery system serving the residents of the Monterey Peninsula and surrounding communities. Community Hospital is a subsidiary of Community Hospital Foundation, a tax-exempt, nonprofit corporation which also owns other healthcare-related entities. The hospital, established in 1934, is an active, caring member of the community that provides compassionate, high-quality healthcare services at a competitive cost. Our board-approved statement gives emphasis to commitment to the community and its vulnerable populations. The board most recently reaffirmed the mission statement on March 5, 2009 (it has not been modified since), and its commitment to and policy governing community benefit services on April 3, 2014.

Mission Statement

Community Hospital of the Monterey Peninsula is dedicated to identifying and meeting the changing healthcare needs of the people of the Monterey Peninsula and surrounding communities.

We are committed to providing high-quality services at a competitive cost and within a safe environment.

We provide educational and public service programs to enhance the health of our community and the competence of those who provide the service.

We care for all who come through our doors, regardless of ability to pay, to the fullest extent allowed by law and available resources.

The hospital's guiding principles and vision statement also emphasize commitment to community service by stressing community collaboration, hospital leadership, and quality healthcare services. Our mission, vision, and guiding principles are the basis for all our community benefit program decisions.

Guiding Principles

Patients come first. Their individual satisfaction with our services is the best measure of our success. In every decision, seek to meet their needs above all others.

Our employees, medical staff, and volunteers are our most important organizational resources. Recognize and develop each person's contribution to the organization. Value the diversity of those whose experiences, cultures, and abilities make up the hospital family and our community.

Broad community participation in our programs is essential. Cultivate thoughtful and active governance, dedicated volunteers, involvement in program planning and assessment, and enlightened philanthropy.

An atmosphere of support and openness encourages innovation. Promote the free exchange of ideas at all levels of our organization.

Quality can be continually improved in an atmosphere of support and openness. Strive to improve service quality by assessing and improving governance, managerial, clinical, and support processes that most affect patient outcomes. Promote the free exchange of ideas and interdisciplinary communication as critical means to this end. Reward full participation in the improvement of our organizational performance.

Quality care must be affordable. Through the prudent application of resources, deliver excellent programs and services that represent a good value for our healthcare consumers.

Be a significant, positive force in our community. Provide quality services to improve the health of our community and the competence of those who provide healthcare services; become personally involved in community affairs.

Caring is as important to quality healthcare as technology. Empower patients and their families to participate in their healthcare by being sensitive to their experiences, privacy, and dignity.

Facilities and policies should be designed to enhance the healing process. Both should be periodically expanded and updated to meet the growing needs of the community.

We are committed to preserving and enhancing the environment. Our purchasing, operational, and disposal practices must contribute to the long-term health and viability of our beautiful region.

We provide financial resources sufficient to meet the present and future healthcare needs of our community.

Guiding Principles (Continued)
Responsibility and honesty are essential. We require the highest standards of ethical behavior, not only of ourselves, but of our colleagues. ***Do the right thing.*** Compliance with all applicable laws and regulations is a cornerstone of our duty to ourselves, our patients, and those with whom we work.

Vision Statement
Community Hospital of the Monterey Peninsula will be the healthcare organization in our region most concerned for those we serve, most chosen for the quality and value of our service, and most respected for the integrity, competency, and commitment of our employees, medical staff, and volunteers.

Organizational Commitment

The depth, breadth, and significant economic value of the benefit services described in this benefit plan, and those of preceding years, demonstrate our strong commitment to community benefit services. Community Hospital's leadership of and participation in hospital-driven and collaborative community needs assessment activities and our investment of time and resources in an objective-oriented benefit planning system also show our commitment to community benefit services and the spirit of both SB 697 and IRS requirements.

Strategic Planning

The hospital's most recent strategic plan, adopted by the Board of Trustees in December 2014, supports the hospital's continuing commitment to community leadership and benefit services in its strategic intents and initiatives. Initiatives are selected for implementation on the basis of community needs assessment activities.

Community Benefit-Related Strategic Plan Goals (excerpts)

Strategic Intent #1 — Better Care/High-Reliability Healthcare: We will be relentless in eliminating preventable harm, aggressively integrate evidence-based best practices in the delivery of highly reliable care (including the appropriate utilization of services), and provide an optimal patient and caregiver experience with our services.

Related Strategic Initiatives:

- Improve outpatient diabetes services and programs to ensure effective coordination with and patient transition from the inpatient setting, achieving Joint Commission certification for the program.

Strategic Intent #2 — Better Health/Population Health Management: We will lead the implementation of population health management strategies, spanning the continuum from wellness through chronic and complex disease management to palliative and end-of-life care.

Related Strategic Initiatives:

- Open a second location for Peninsula Wellness Center, an integrated medical fitness facility including outpatient rehabilitation services, in Salinas.

Strategic Intent #4 — Physician and Healthcare Community Collaboration: We will convene and/or collaborate with our community to address the changing healthcare needs that drive health status. Critical issues to address include: patient access to physician and other healthcare services; physician leadership development; and enhancing the community's capacity to evolve and innovate to address both the medical and nonmedical factors that drive health status.

Related Strategic Initiatives:

- Set community physician recruitment priorities and evolve programs to meet the changing physician workforce needs.
- Participate in the development of and foster the California Hospital Association Physician Leadership Program.

Charity Care

Policy and Funding: To help meet the needs of low-income and uninsured or underinsured patients, Community Hospital has been providing care for community residents, without regard to their ability to pay, since the organization was founded. Effective January 1, 2007, the sponsored care and discount program also meets the requirements of AB 774. Funding for the program is provided by philanthropic contributions and through the hospital's operating budget. The program grants sponsored (charity) care and/or discounted care solely based on a person's financial need, regardless of age, sex, race, national origin, physical or mental disability, sexual orientation, religion, color, ancestry, marital status, citizenship, medical condition, or veteran status. Patients may apply for assistance before receiving hospital services or after the hospital provides the care. (Appendix A contains a copy of the policy in effect during 2014.)

Implementation and Procedures: The Patient Business Services and Social Services departments screen applicants for the sponsored care and discount programs. Completed

applications, including required documentation, are submitted to Patient Business Services or Social Services for initial review and follow up. The patient/responsible party, and/or service department are notified of the final eligibility decision in writing. Should there be any dispute as to the decision made by the hospital on the eligibility or level of eligibility of the patient for either the sponsored care or discount payment program, an appeal of the decision may be made to the director of Patient Business Services.

In 2014, the income limit for sponsored care was 250 percent of the federal poverty guidelines, and the income limit for the discount program was 350 percent of the federal poverty guidelines (these parameters were last updated in 2007). The hospital follows the requirements of AB774 in all respects.

Communication to Patients and the Community: Each patient receives a guide for patients and visitors while in the hospital. This guide describes the sponsored care and discount programs and directs application inquiries to the appropriate department. In addition, Community Hospital publicly displays information on the general program in key service locations and provides information to every patient at the time of registration for services and enclosed with billing statements. Information on specialty programs (e.g., free baseline mammography through the Sherry Cockle Fund and rehabilitation services through the Thomas A. Work, Jr., Fund) are provided to patients who register for these specific services.

Through its public web site, Community Hospital also publicizes the sponsored care and discount programs and illustrates the benefits of the program. A formal presentation about hospital billing practices and sponsored care requirements is provided to community groups on request by our Patient Business Services department.

Non-Quantified Community Benefits

Community Hospital is the sole acute-care provider in its primary service area and a vital member of the Monterey Peninsula community. It enhances the health and well-being of the community in a variety of ways not quantified in this community benefit plan. The hospital is the largest private employer on the Monterey Peninsula, with approximately 2,048 employees and an annual payroll, including benefits, of $256 million in 2014.

The hospital's mission has always guided its decisions and policies to improve the overall health of community residents, improve access to health services, and address unmet health needs. Beginning in 1955, trustees voted to build a new facility on 22 acres of donated land to replace an outdated facility which had been serving the community since 1934. Gifts from the community financed two-thirds of the cost of this new facility. This partnership and community generosity have continued and allowed the hospital to purchase new equipment and upgrade facilities in response to changing community needs.

The purchase of Eskaton Monterey Hospital in 1982 allowed Community Hospital to merge the two acute-care facilities. Consumers continue to receive the benefit of the significant operating efficiencies produced by the merger, with hospital charges (average charge per stay) that consistently rank in the lowest quartile for comparable hospitals in Northern California. In response to community need, Community Hospital later converted the former Eskaton Monterey Hospital to the Hartnell Professional Center, a major center for outpatient services. The Recovery Center (a chemical-

dependency treatment program for both teens and adults), Behavioral Health Services (which offers outpatient mental health services), and outpatient Rehabilitation Services (physical, occupational, and speech therapy, opened to meet increased community needs in early 2015) are among the services now located there.

The hospital established an outpatient surgery center in 1987 and expanded its Rehabilitation Services facility in 1992. A new Family Birth Center opened in 1996, offering single-room maternity care. Acquisition and integration of Hospice of the Central Coast and Westland House (formerly called Hospice House) into Community Hospital occurred in 1997, and the Comprehensive Cancer Center facility opened in late 1999.

Community Hospital's Carol Hatton Breast Care Center opened in 2002, in direct response to community requests and following input from local women's organizations. The latest digital screening and diagnostic tools are available to patients under one roof at the center. The center is the most innovative and comprehensive center for the prevention, diagnosis, treatment, and recovery of breast cancer and breast disease on the Central Coast, and the only center in the region to have achieve Center of Excellence designation from the American College of Radiology.

Anticipating the wider community's future growth taking place in Marina, Ft. Ord, Seaside, and along the Highway 68 corridor, in 2004 the hospital opened the expansive, centrally located Ryan Ranch Outpatient Campus which houses an expanded Sleep Disorders Center, Diabetes and Nutrition Therapy programs, an outpatient imaging center, an additional satellite lab, a health resource library, doctors' offices, and administrative offices for the hospital's hospice program and education department.

Three factors drove the decision to develop the Ryan Ranch facility. First, the hospital has provided various outpatient services at the main hospital that could be provided at greater patient convenience outside the inpatient facility. Second, the hospital had offered services in some 16 different locations across the Peninsula and in Salinas, some of which could be coordinated on a single campus. Finally, Community Hospital has a long history of growing in the direction, both geographically and medically, of its community.

In 2005, the hospital opened a new cardiac catheterization laboratory to help meet the growing local need for treatment for heart disease, the number-one cause of death for both men and women.

The final phase of construction of the Pavilions Project concluded in 2012. The first phase, which included larger operating rooms to accommodate a cardiac surgery program as well as upgraded critical-care facilities, opened in late 2006. The second phase, which added a new inpatient wing with 120 private rooms (for a net bed increase of approximately 32 beds, as older units were taken out of service) opened in early 2007. The final phase of the project involved renovation of existing hospital facilities, and was completed in several sub-phases. The first group of services to open in expanded facilities included diagnostic and interventional radiology services, cardiac and pulmonary diagnostic services, the cardiac catheterization laboratory (including the addition of an electrophysiology laboratory), an inpatient rehabilitation gym, and an expanded pharmacy. The significant investment in the Pavilions Project will allow the hospital to meet growing community demand for hospital services.

In 2011, Community Hospital's multi-facility Marina campus opened to help address a wide array of unmet needs of the residents of that and surrounding communities. The campus includes

Peninsula Wellness Center (an integrated medical fitness facility designed to help those at risk for and those facing health challenges reduce their risk and improve their health and wellness); a second location for Peninsula Primary Care (providing local residents with access to primary care physicians); outpatient physical, occupational, and speech therapy services; cardiac and pulmonary rehabilitation programs; and satellite laboratory and radiology facilities. In addition, the campus also includes a second location for Monterey Bay Urgent Care, a local physician-owned service in which Community Hospital owns a minority interest.

In 2013, Community Hospital opened a new Inpatient Rehabilitation Unit (IRU) in the main hospital. This new service, providing aggressive physical, occupational, and speech therapy in an inpatient setting, was developed in direct response to the unmet need for this service in the local area. Following an internal study, the hospital discovered that the vast majority of patients leaving its acute-care facility who could benefit from this level of post-acute care did not receive it anywhere, largely because of the challenges of families traveling daily to distant locations to participate in the patients' care. We now expect that more people in our community will be able to achieve the significant functional improvement required to live as independently as possible following a disabling injury or illness.

In 2014, Peninsula Primary Care (PPC) further expanded to include PPC-Cardiology on Garden Court in Monterey, and a multi-specialty clinic on Holman Highway in Monterey.

Community Benefit Fund Grants

The hospital's community benefit program includes a significant annual commitment of funds available for grants to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within our service area. Community Hospital gives higher priority to projects that involve collaboration among organizations and make appropriate use of Community Hospital's clinical expertise. Grants are awarded under the community benefit program objectives of building healthy communities, health education and wellness, improving access to care, and providing special care for special needs.

The program's overall priorities and funding are reviewed and approved by the Board of Trustees annually, and grant decisions are made by the hospital's executive team. Grant applications are welcome at any time. See Appendix B for the complete description of the grant program.

In 2014, Community Hospital awarded a total of $252,040 in 28 grants to 24 organizations.

Organizational Participation and Integration With Operational Planning

Board Participation: The Board of Trustees gives overall leadership to the community benefit process by establishing the mission and strategic goals of the hospital. The board approves the community benefit plan annually, including the program's own mission, scope, and grantmaking guidelines, as well as the triennial community health needs assessment and its top identified priorities.

Board members serve as ambassadors to the community, serve on board committees, and provide governance to the hospital, the foundation (the hospital's tax-exempt parent corporation), and

related entities. As residents of the Monterey Peninsula, they are advocates for community needs and encourage active participation of the hospital and its employees and medical staff in meeting those needs.

Staff Participation: Staff participation begins with an ongoing community benefit inventory to identify community benefit services. Staff works with management in developing mission-driven community benefit activities and in planning appropriate changes to existing services as well as new services. Department directors and their staffs manage and implement essentially all community benefit services, including formulating objectives, collecting data, and providing cost and related data for the community benefit plan.

The following is an overview of the roles of several key departments in community benefit planning and implementation:

- The hospital's community health committee is an interdisciplinary group responsible for overseeing the triennial community health needs assessment and for developing the implementation plans associated with the board-approved priority needs. This group is also responsible for planning and coordinating our health education programs and activities, including those for hospital staff, patients, and community members.

- Administration, coordinated by a vice president, monitors progress on needs assessment activities, implementation plans, and the community benefit program in relation to the strategic plan, as well as oversees the grantmaking program.

- Financial Services oversees the data collection process and produces aggregate reports for the community benefit plan.

- Administration and Financial Services prepare the annual community benefit plan for Board of Trustees review and approval.

- Communication and Marketing prepares community reports on the hospital's community benefit program including segments in the hospital's annual report (3,311 copies distributed), *Pulse* magazine (27,328 households; 2 issues per year), web site (www.chomp.org), and large ads in multiple local newspapers.

Physician Participation: Physicians contribute through leadership of and participation in community benefit activities. In addition to the chief of staff, there is a designated physician seat on the Board of Trustees. Physicians actively participate in hospital and community programs, in collaborative relationships with Community Hospital and other providers, and through involvement in medical staff committees such as the community health committee. Several medical staff committees are directly involved in planning mission-driven community benefit activities. Physicians also provide numerous hours of volunteer work within the community.

Community Benefit Plan Responsibility

The ultimate responsibility and oversight for the implementation of the community benefit plan resides with the Board of Trustees, President's Administrative Committee (senior executives), and mid-level management (department directors) of Community Hospital of the Monterey Peninsula.

Section 2 Community and Collaboration

Community Served

Community Hospital's primary service area is the Monterey Peninsula, health facility planning area (HFPA) #707. The Monterey Peninsula includes Carmel, Carmel Valley, Del Rey Oaks, Marina, Monterey, Pacific Grove, Pebble Beach, Sand City, Seaside, Big Sur, and unincorporated areas of Monterey County (see service area map).

Factors used in defining the community for community benefit planning purposes include:

1. Community reliance on Community Hospital's services — the hospital's market share of Peninsula resident discharges was approximately 75 percent in 2014.

2. Hospital reliance on the community — residents of the Peninsula accounted for approximately 82 percent of the hospital's patients in 2014.

3. Community benefit history and collaborative relationships with community organizations.

4. Desires and perspectives of community groups with which the hospital collaborates.

The socioeconomic characteristics of the Monterey Peninsula span a broad spectrum. Carmel and Pebble Beach are relatively affluent communities with substantial retired and senior populations. Big Sur and other unincorporated parts of the county are largely rural in character. The communities surrounding the former Fort Ord army base (Seaside, Marina, and Sand City) are less affluent and continuing to grow, with a younger population, more children, and significant racial and ethnic diversity. In spite of the socioeconomic variations, the Monterey Peninsula is a distinct sub-region of Monterey County with a well-defined sense of community.

Target Groups

The seven target groups within the service area identified for community benefit planning are:

- Children/Youth
- Women
- Men
- Seniors
- Economically disadvantaged
- Community subgroups, e.g., military, students, ethnic populations
- General community

A description of the distribution of benefit services and dollars among these target groups is in Sections 5 and 6.

Collaborations

Since launching our community benefit program, Community Hospital has collaborated with the community on both community assessment and community benefit service activities, including through our grantmaking program and the extensive community involvement of our staff and physicians.

Benefit service collaborations involved 242 local organizations in 2014. The following is a summary of collaborating organizations by type. Appendix C contains a list of collaborating organizations for community benefit activities.

Collaborating Organizations Community Benefit Activities	
Type of Organization	**Number of Organizations**
Business Organizations	34
Community Groups	73
Educational Organizations	52
Healthcare Organizations	44
Public Agencies	39
Total Collaborators	**242**

SERVICE AREA MAP

SERVICE AREA MAP

Section 3 Community Health Needs Assessment

Community Hospital continues to be guided by a number of community assessment efforts to measure unmet needs and improve health outcomes. This section describes community assessment methods, results, and future directions.

Physician Manpower Assessment and Action

Since 1999, Community Hospital has engaged in periodic assessment of the adequacy of physician resources needed to meet community healthcare needs. The first study demonstrated that there were unmet needs in certain physician specialties, and that the problem would likely worsen over the next several years. Because the shortages did, in fact, worsen in the intervening years, the Board of Trustees established a formal physician recruitment program in 2001 to provide significant financial support and a more aggressive organizational commitment to meeting these community needs and improving access to care for local residents.

The physician recruitment program includes ongoing assessment of the changing needs and demographics of the hospital's service area, changing market conditions, and active medical staff demographics and practice patterns. The program is regularly updated to reflect this assessment data (as well as changes in applicable laws governing such programs), and recruitment priorities are established annually by hospital administration and medical staff leadership. The program is designed to provide the assistance necessary to bring physicians in specialties with demonstrated local shortages to the hospital's primary service area.

Through 2014, the hospital had successfully recruited 84 physicians to the Monterey Peninsula under the program. All are required to participate in the Medicare, Medi-Cal, and CHAMPUS/TriCare programs, because the shortage of physicians on the Monterey Peninsula willing to do so is particularly acute.

Current recruitment priorities include:

- adult primary care (family/internal medicine and hospitalists)
- cardiology
- endocrinology
- general and vascular surgery
- infectious disease
- neurology
- obstetrics/gynecology
- pediatrics
- psychiatry
- urology

Because the shortage of primary care physicians is one of the most acute physician manpower issue and unmet healthcare needs facing the hospital's community, in 2008 the Board of

Trustees took official action to create Peninsula Primary Care, a new nonprofit subsidiary of Community Hospital Foundation.

Peninsula Primary Care (PPC) opened its initial site at the Crossroads in Carmel in September 2009. This site was selected to help address a significant unmet need among the Medicare population in that community. A second site opened in 2011 in Marina. Not only is this community underserved in primary care, but Marina residents also visit an emergency room at a much higher rate than residents of other local communities. As a result, the site includes an urgent care center as well as radiology and laboratory services.

In 2013, Peninsula Primary Care grew to include specialty as well as primary care physicians. PPC now includes physical medicine and rehabilitation, psychiatry, and neurology; cardiology, sleep medicine, pulmonology, urology, and obstetrics and gynecology were added in 2014 along with a third and fourth clinic site (both in Monterey).

The goal is to recruit additional physicians to practice in our community, as well as provide a stable practice environment for some existing physicians to prevent their leaving the community. We anticipate that each PPC site will require an annual subsidy from Community Hospital of approximately $1 million when fully operational.

Other Hospital-Driven Assessment Activities

In 2013, Community Hospital completed an updated, comprehensive assessment of our community's unmet health needs. Professional Research Consultants (PRC) was retained to conduct a statistically valid telephone survey of 1,000 randomly selected local adults. The survey was based largely on the Centers for Disease Control and Prevention behavioral risk factor surveillance system. In addition, we collected and analyzed secondary data from national, state, and local sources such as incidence rates of disease, causes of death, etc. All of the data was then compiled and benchmarked against the goals of the national Healthy People 2010 initiative sponsored by the U.S. Department of Health and Human Services.

The 2013 assessment also included community stakeholder input in the form of two key informant focus groups. Attendees included those with special knowledge of or expertise in public health, as well as others who represent the broad interests of the community we serve. This input was of significant value as we selected the top priority needs for focus during the next three years of community benefit planning and service delivery; we very much appreciate the time and expert guidance of the participants.

The analysis of this assessment revealed that the bulk of existing Community Hospital community benefit services continue to be appropriately directed, but also pointed out potential opportunities to bring greater emphasis to services targeted at the top five priority needs (see Section 7). The complete report on the needs assessment is available on www.chomp.org, and an executive summary is attached here as Appendix G.

Residents of the Community Hospital service area are failing to meet Healthy People 2020 goals for such foundational health elements as blood pressure screening, high cholesterol, and diabetes deaths (among others). This finding has, in part, led the organization to develop a medical fitness facility in Marina which will provide health assessment, screening, and education, as well as medically supervised exercise programs to assist members in improving their health status and in managing chronic conditions. Services and programs are being designed to meet the needs of residents who are obese and/or face other limitations on their physical activity by providing a safe and

welcoming environment for those just beginning to address their health issues. The facility opened in 2011, and a second site in Salinas is slated to open in late 2015 or early 2016.

The complex healthcare needs of the most vulnerable local residents also led to the launch of a major new initiative aimed at improving the health status and reducing the need for hospitalization by this population. In late 2011, Community Hospital Foundation established a new nonprofit subsidiary, Community Health Innovations (CHI), to guide and support area primary care physician practices in implementing the medical home model of care and to support physicians throughout our community in effectively using and sharing electronic health information. CHI also supports the implementation of our integrated population management strategies by providing transition care managers in the hospital who serve a valuable role in ensuring that care across multiple settings (physician's offices, hospital, post-acute care facility, etc.) is coordinated and that all care team members are engaged in meeting the patient's goals. A significant investment is being made in these programs.

Another key finding of the assessment was the higher prevalence of stroke and the higher rate of death from stroke in the local population, when compared to Healthy People 2020 goals. In 2009, Community Hospital became the first Joint Commission-certified primary stroke center in Monterey County and launched an active public education campaign regarding the risk factors for stroke as well as the importance of recognizing and seeking immediate treatment for the signs of stroke. The quality of care for local stroke patients has improved demonstrably as a result of this successful initiative.

Finally, the updated community needs assessment again demonstrated that access to affordable health insurance continues to be a critical local issue. In 2011, Community Hospital launched a locally owned and operated self-insured health insurance organization to improve access to affordable health insurance for our community. And in 2013, Community Hospital began enrolling Monterey County seniors in our Medicare Advantage insurance plan, offering two types of insurance policies for area Medicare recipients designed to offer affordable access to the traditional healthcare services in our community in addition to the benefits of our disease management, primary care medical home, care management, and other integrated population management expertise.

One or more community assessments has been conducted at least every three years since 1995; the assessment is next scheduled to be updated in 2016.

Section 4 Benefit Services

This section summarizes benefit activities by SB 697 category, community focus, community need, and target group. A complete alphabetical master list of benefit services and descriptions is in Appendix D.

Benefits Data Collection

Benefits data collection begins with an annual update of the hospital's organization-wide inventory of all community benefit activities. The person responsible for each identified benefit service then completes a benefit data form for that service. Information provided includes the following:

- Service title, description, and objectives
- Target groups and community needs served
- Collaborative partners
- Occurrences and number of persons served
- Staff and volunteer hours and costs

Lyon Software's computer program, CBISA Online, serves as the primary data management tool.

Benefit Service Tabulations

Each benefit service's SB 697 category and hospital focus area are identified. The CBISA Online program produces data for tables and cross-tabulations for the following categories.

- SB 697 category
- Target group
- Hospital focus area (community need)

The hospital has established focus areas that encompass community needs identified in the community assessment, while reflecting its own community benefit program vision.

Services by SB 697 Category

The community benefit inventory for 2014 identified 134 community benefit services. The distribution of these services as follows:

SB 697 Category	Number of Services
Medical care services	15
Other benefits: broader community	18
Other benefits: vulnerable populations	9
Health research, education, and training	92
Total Services	**134**

Services by Primary Target Group

Generally, more than one target group uses individual community benefit services. For example, many services for seniors also serve women. The term “primary target group” designates which group generally comprises the intended primary user group.

Primary Target Group	Number of Services
Children/youth	6
Women	5
Men	1
Seniors	3
Economically disadvantaged	13
Community: specific groups [(a)]	47
Community: general	59
Total Services	**134**

(a) Specific groups include both demographic groups and disease-specific groups, e.g., cancer patients.

Services by Focus Area (Community Need)

The distribution of community benefit services by Community Hospital focus area is as follows:

Focus Areas	Number of Services
Building healthy communities	20
Health education and wellness	74
Improving access to care	20
Special care for special needs	20
Total Services	**134**

The five highest-cost benefit services for each of the focus areas are shown below.

Focus Areas: Five Highest-Cost Benefit Services
Building healthy communities ➢ Carpooling incentives/employee shuttle program ➢ Automated external defibrillator program ➢ California transplant donor network ➢ Community health needs assessment ➢ United Way employee campaign
Health education and wellness ➢ Scholarship program ➢ Family and patient education and counseling ➢ Web site resources ➢ *Pulse* magazine ➢ Health news sponsorship
Improving access to care ➢ Unpaid cost of Medicare services ➢ Unpaid cost of Medi-Cal services ➢ Negative-margin services ➢ Unpaid cost of CHAMPUS services ➢ Physician recruitment program
Special care for special needs ➢ Monterey Bay Independent Physician Association, Inc., grant ➢ Aftercare support groups/continuing care groups ➢ Food donations to community ➢ Community benefit fund grants ➢ Recovery Center assessment program

Health and Wellness Services by Type of Service

The distribution of health and wellness community-benefit services by type of service is as follows:

Type of Service	Number of Services
Health education classes	24
Health fairs/screenings	5
Information and presentations	8
Support groups	25
Training classes	8
Other	40
Total Services	**110**

Community Benefit Fund Grants

Grants are generally single-year commitments to support current or new programs consistent with the mission of Community Hospital. Applications are reviewed and awards are made by the hospital's President's Administrative Committee. Higher priority projects are those that involve collaboration among organizations, make appropriate use of Community Hospital's clinical expertise, and improve access to care. In 2014, there were 28 grants that totaled of $252,040, with an average amount of $9,001. The amount and number of grants for each of the four focus areas are listed below:

Focus Area	Number of Grants	Dollar Amounts
Building healthy communities	**5**	**$ 20,790**
Health education and wellness	**12**	**55,250**
Improving access to care	**1**	**75,000**
Special care for special needs	**10**	**101,000**
Total	**28**	**$252,040**

Section 5 Value of Benefit Services

This section presents the dollar value of the community benefit services described in the preceding section. It includes tabulations by SB 697 category and hospital-defined focus area, as well as for staff and volunteer hours. The costs for charity care and government payer shortfall (i.e., unpaid costs of public programs) are reported separately, as are costs by each target group.

Cost-Based Value Definitions

As prescribed by SB 697, community benefit dollars presented in this report include only free, discounted, subsidized, or negative-margin services and the unpaid cost of public programs, less funds received from fees and other sources. Unpaid costs of public programs are presented using the hospital's cost accounting data. No indirect cost is added to unpaid cost of public programs, negative-margin services, general charity, or overhead cost centers. Salaries include employee benefits.

Benefit Value versus Marketing Value

Community benefit activities are those with uncompensated cost and which address community needs. Health education and wellness are the primary goals of most community benefit programs. While some positive marketing value may occur, this document does not attempt to separate benefit value and marketing value. Estimates of marketing value would be highly speculative and non-informative, since there is no objective way to separate benefit and marketing values.

Value by SB 697 Category

SB 697 Category	Dollars
Medical care: vulnerable populations	
Traditional charity care, at cost	$ 4,100,403
Unpaid cost of Medi-Cal program	$34,441,856
Medical care: broader community	
Unpaid cost of Medicare program	$88,194,949
Unpaid cost of other government programs	$9,993,737
Negative-margin services	$16,253,454
Other benefits:	
Broader community and vulnerable populations	$12,054,311
Health research, education, and training	$3,212,437
Total benefits	**$168,251,147**

The five highest-value services for health research, education, and training and other benefits are as follows:

Health Research, Education, and Training	
Benefit	**Amount**
Scholarship program	$452,092
Family and patient education and counseling	$443,402
Web site resources	$283,134
Pulse magazine	$234,134
Health news sponsorship	$175,000
Other Community Benefit Programs, Including Those Benefiting Vulnerable Populations	
Benefit	**Amount**
Physician recruitment program	$8,148,212
Carpooling incentives/employee shuttle program	$703,478
In-home blood collection	$417,679
Free prescriptions for needy patients	$332,789
Non-interest-bearing patient payment plans	$313,819

Value by Focus Area (Community Need)

The following is the dollar value of and number of services for each hospital-identified focus area:

Focus Areas	Amount	Number of Services
Building healthy communities	$1,172,509	20
Health education and wellness	$2,662,432	74
Improving access to care	$163,115,637	20
Special care for special needs	$1,300,569	20
Total benefits	**$168,251,147**	**134**

The following is the percentage of dollars and services for each hospital-identified focus area:

Focus Areas	Percent of Dollars	Percent of Services
Building healthy communities	0.7%	14.9%
Health education and wellness	1.6%	55.2%
Improving access to care	96.9%	15.0%
Special care for special needs	0.8%	14.9%
Total	**100.0%**	**100.0%**

Volunteer Hours

In addition to the 38,586 paid staff hours contributed toward community benefit services, board members, physicians, hospital staff, and Auxiliary volunteers reported contributing another 19,016 volunteer hours. These individuals donate their personal time and effort with no reimbursement or payment. Their personal contributions to community benefit activities are an indispensable component of the hospital's contribution and dedication to the community.

Focus Area	Staff Hours	Volunteer Hours
Building healthy communities	7,428	8,623
Health education and wellness	16,595	2,118
Improving access to care	11,039	3,664
Special care for special needs	3,524	4,611
Total hours	38,586	19,016

Evaluating the Economic Value

One benchmark for evaluating the economic value of community benefit services provided is the dollar value of the hospital's tax-exempt status. A desirable community benefit dollar value exceeds the value of tax-exemption. Elements included in calculating the value of tax-exempt status include:

- ✓ Interest rate differential on tax-exempt financing for long-term debt
- ✓ Property tax on assessed value
- ✓ State income tax obligation without tax exemption
- ✓ Federal income tax obligation without tax exemption

The following table shows that Community Hospital returned to the community far more in community benefits than the value of its tax exemption in 2014:

Hospital cost of community benefits	$168,251,147
Value of tax exemption	$ 25,486,520
Community benefits per dollar of tax exemption value	$6.60

Comparison with Prior Year

The following table compares the value of community benefits for 2014 with the value for 2013:

SB 697 Category	2013	2014	Net Change
Medical care: vulnerable populations			
Traditional charity care, at cost	$13,624,921	$ 4,100,403	$ -9,524,518
Unpaid cost of Medi-Cal program	29,936,439	34,441,856	4,505,417
Medical care: broader community			
Unpaid cost of Medicare program	75,527,959	88,194,949	12,666,990
Unpaid cost of other government programs	11,476,536	9,993,737	-1,482,799
Negative-margin services	16,045,330	16,253,454	208,124
Other community benefits	13,825,899	12,054,311	-1,771,588
Health research, education, and training	3,632,579	3,212,437	-420,142
Total quantified benefits	**$164,069,663**	**$168,251,147**	**$4,181,484**

Section 6 Measurable Objectives

This section describes measurable objectives, the method for measuring outcomes for those objectives, and the results for the year.

Scope of Services

The primary focus of measurable objectives and outcome measures is on health education and wellness services provided in classroom and support-group settings and through the hospital's speakers' bureau.

Health education and wellness services comprise 69 percent of benefit services for the year. They are the principal venue for community outreach. In a primary service area of only 140,000 residents, 22,106 (16 percent of service area residents, assuming no person participated in multiple services) participated in educational classes and support groups alone.

Type of Service	Number of Services	Occurrences	Persons Served
Class	24	130	6,697
Health fair/screening	5	22	5,589
Speakers Bureau event	2	42	1,246
Support group	25	95	8,439
Training	8	9	135
Subtotal	**64**	**298**	**22,106**
Presentation	6	(a)	(a)
Other	40	(a)	(a)
Total	**110**	**---**	**---**

(a) Persons served and occurrences are difficult to quantify for these types of services (e.g., radio spots and Web site inquiries).

Classes and Support Groups

General Objectives

The general objectives of the health education and wellness benefit services in classroom and support-group settings are as follows:

- **Healthful Behavioral Change**: Assist participants toward more healthful behavior through improved knowledge and skills.

- **Convenience and Relevance**: Provide the services in convenient settings with content that meets participants' perceived needs.

Measuring Outcomes

Standardized participant evaluation forms provide the data for measuring how well the services meet the objectives. Participants complete forms at the conclusion of each class and support group. Participant evaluation questions for each of the general objectives are as follows:

Healthful Behavioral Change:

- Was the information helpful?
- Did you learn a new skill?
- Will you change your lifestyle as a result of what you learned?

Convenience and Relevance:

- Were the time and location convenient?
- Did the instructor meet your needs?
- Would you recommend this class to others?

The hospital recognizes that participant "lifestyle-change" statements are often considered to have a low reliability as an outcome measure. Lifestyle-change statements are, however, a good indicator of whether or not the participant has absorbed and processed pertinent information and, in the context of these community benefit services, appear to be best suited as a reporting mechanism.

Community Hospital health education classes, health fairs, support groups, and training programs served 22,106 persons in 2014, at an average cost of $40.26 per participant. Compared to the cost of providing the service, the cost of implementing more sophisticated outcome measures (such as those involving pre- and post-testing and independent observations with follow-up surveys) would be prohibitive.

Specific Objectives and Outcomes

For each of the questions, the participants have three choices, two positive (definitely and somewhat) and one negative (not at all). Specific objectives were expressed in terms of the percentage of positive responses of each of the questions. The following two tables show the specific objectives and corresponding outcomes for 2014. In the aggregate, the outcomes more than meet the specific objectives for all the questions.

SPECIFIC OBJECTIVES	
Participant Evaluation Question	**Percentage Positive Response**
Healthful Behavioral Change	
Was the information helpful?	100%
Did you learn a new skill?	96%
Will you change your lifestyle as a result?	94%
Convenience and Relevance	
Were the time and location convenient?	99%
Did the instructor meet your needs?	100%
Would you recommend this service to others?	99%

OUTCOMES FOR 2014		
Type of Service	**Percentage Positive Responses**	
	Class	**Support Group**
Helpful Behavioral Change		
Was the information helpful?	100%	100%
Did you learn a new skill?	96%	96%
Will you change your lifestyle as a result?	94%	94%
Convenience and Instructors		
Were the time and location convenient?	99%	99%
Did the instructor meet your needs?	100%	100%
Would you recommend this service to others?	99%	99%

Health Fairs and Screening Events

Health fairs and screening events are community outreach services which offer education and screening for specific health risks. In 2014, Community Hospital offered education, screening, and tests for the following types of diseases and risks:

- Blood glucose
- Blood pressure
- Lung function
- Cholesterol
- Infant/child safety
- Peripheral vascular disease

General Objectives

The general objectives of the health fairs and screening events are as follows:

- **Risk Detection, Education, and Referral**: Promote wellness through early detection of risk, education of participants, and referral for appropriate healthcare follow-up.

Measuring Outcomes

The data compiled at health fairs and screening events to evaluate how well they meet their objectives are as follows:

Early Risk Detection

- Number of participants
- Number of screenings
- Number of abnormal results

Education and Referral

- Follow-up and education on abnormal screening results outside normal range
- Advice on appropriate contact with family physician or healthcare resource

Specific Objectives and Outcomes

The following two tables show the specific objectives and corresponding outcomes for 2014.

SPECIFIC OBJECTIVES	
Evaluation Measure	**Objective**
Early Risk Detection	
Number of participants	Within +/- 10% of prior year
Number of screening tests	At least 43% of participants
Percentage of abnormal results	Not applicable
Education and follow-up for abnormal results	
Follow-up and referral	100% of applicable tests [(a)]
[(a)] Tests sufficiently outside the normal range.	

OUTCOMES FOR 2014		
Evaluation Measure	**Data Value**	**Specific Outcome**
Early Risk Detection		
Number of participants	4,324 [(a)]	Within +/- 2% of prior year
Number of screening tests	1,836	Slightly less than one screening per two participants
Number of abnormal results	348	19% abnormal results
Education and follow-up for abnormal results		
Follow-up on abnormal results	348	100% of applicable tests
[(a)] Excluding 8,000 for Big Sur Marathon and Half-Marathon Health Expos.		

Section 7 2014-2016 Implementation Strategy

This section outlines Community Hospital's plan to address our community's highest priority health needs by sustaining and enhancing existing efforts, developing and implementing new programs and initiatives, and promoting an understanding of these health needs among other community organizations and within the public itself. This a living document that is updated as we continue to explore new opportunities including the development of additional community partnerships to address our top five priority health issues.

Priority Health Issues to be Addressed

In consideration of the top health priorities identified through the community health needs assessment process described in Section 3 — and taking into account hospital resources and overall alignment with the hospital's mission, goals, and strategic priorities — Community Hospital will focus on developing and/or supporting strategies and initiatives to address:

- **access to health services**
- **nutrition, physical activity, and weight**
- **education and community-based programs**
- **mental health and mental disorders**
- **heart disease and stroke**

Integration with Operational Planning

See Section 1, Organizational Participation and Integration with Operational Planning.

Community Health Needs That Are Not Among Selected Focus Areas and Why

While CHOMP has chosen specific community health needs to focus on, the hospital will continue to provide a significant array of community health services in support of the other identified needs as well. Below are the identified health needs not selected for focus during the 2014-2016 implementation period, along with the reason they were not selected.

Health Needs Not Selected for Focus	Reason
Chronic kidney disease	Given the small number of people affected, this was not among the top five needs identified for this planning period.
Chronic pain and disabling conditions	The hospital and other community organizations currently provide a significant number of support groups and classes addressing this need. This was not among the top five needs identified for this planning period.

Dementias	The hospital currently provides several support groups addressing this need, and other community organizations are also addressing this issue.
Immunization and infectious diseases	Other government and community organizations address this issue, so it was not among the top five needs identified for this planning period.
Injury and violence prevention	This need falls more within the purview of law enforcement and other government agencies. Limited resources and lower priority excluded this as a focus area for this planning period.
Maternal/infant health and family planning	Other community organizations and several classes provided by CHOMP are currently addressing this need. This was not among the top five needs identified for this planning period.
Oral health	This area falls more within the purview of the county health department and other community organizations. Limited resources and lower priority excluded this as a focus area for this planning period.
Sexually transmitted disease	This area falls more within the purview of the county health department and other community organizations. Limited resources and lower priority excluded this as a focus area for this planning period.
Substance abuse	CHOMP currently provides a comprehensive treatment program, support groups, and classes addressing this need. Other community organizations are also addressing it. This was not among the top five needs identified for this planning period.
Tobacco use	CHOMP provides education material and a smoking cessation program. This was not among the top five needs identified for this planning period.

2014 Implementation Plan Evaluation

Community Hospital's 2014-2016 community needs assessment implementation plan was reviewed for progress during 2014 in sustaining and enhancing our existing efforts and implementing new programs and initiatives for our identified top five health priorities. We also established initial outcome measurements for the program plan elements in 2014. Modifications to the originally projected programming and metrics have been made where needed.

We have been able to sustain and enhance our efforts in most areas described in our plan. Those efforts included insurance products, physician recruitment, grant funding, classes and community events, a nutrition program in Monterey County schools, employer-based health and wellness programs, charity care and other forms of financial assistance, supporting those with chronic diseases and mental health concerns, and a congestive heart failure disease management program, just to name a few. See the 2014 detailed information below for each of the top five health priorities.

Implementation Plans

ACCESS TO HEALTH SERVICES

Community Partners/Planned Collaboration

- Aspire Health Plan
- Cal-PERS
- Community Hospital Foundation
- Monterey County Department of Health
- Monterey County Department of Social Services
- Monterey Peninsula Unified School District
- Peninsula Primary Care

Goal

Improve access to healthcare services and insurance coverage for individuals and families

Time Frame

2014-2016

Scope

Primarily residents of the hospital's primary service area, with some of the strategies having Monterey County-wide impact

Strategies and Objectives

Strategy #1:
Provide grant funding aimed at improving access to primary care for underserved populations

- Provide financial support for Monterey County Department of Health's primary care clinics in Seaside and Marina
- Provide financial support for a school nurse assigned to underserved Monterey Peninsula Unified School District sites

Strategy #2:
Provide medically necessary hospital services for those who are unable to pay for them

- Provide financial assistance program, which includes discounted payments and sponsored care (charity care) for medically necessary hospital services (see Appendix A for details)

Strategy #3:
Recruit and retain primary care and other physicians in specialties where a local shortage is demonstrated

- Provide financial assistance to recruit additional physicians in demonstrated-shortage specialties to practice in the community and support their ability to establish sustainable practices on the Peninsula
- Require physicians who receive recruitment assistance to accept referrals from the hospital for patients with all forms of health insurance accepted by the hospital, including Medicare and Medi-Cal

Strategy #4:
Increase access to affordable health insurance

- Provide Medicare Advantage insurance plan in Monterey County
- Provide assistance to the uninsured in enrolling in health insurance programs available in our county
- Provide a value-based insurance option for Cal-PERS enrollees in Monterey County

Anticipated Impact

- Residents will have enhanced options for affordable health insurance coverage
- Residents will have greater access to primary care and other physicians
- Hospital patients will receive assistance in enrolling in available insurance programs
- Hospital patients in need will receive the financial assistance required to get medically necessary care

Plan to Evaluate Impact

Strategy #1:

- Number of primary care physician/nurse visits provided in part as a result of grant funding
  2014 Outcome: 46,003 primary care visits were provided as a result of a $75,000 grant to Monterey County Department of Health's primary care clinics in Marina and Seaside to improve access to primary care for the underserved. A $60,000 grant provided a school nurse assigned to underserved school sites; the school district does not currently track individual visits with students.

- Dollar value and number of grants provided to support access to primary care for underserved populations
  2014 Outcome: Two grants totaling $135,000 were provided to directly impact underserved populations.

Strategy #2:

- Dollar value of care provided through the financial assistance program
  2014 Outcome: $4,100,403 was provided through the financial assistance program.

- Number of patients benefitting from the financial assistance program
  2014 Outcome: 1,804 patients benefitted from the financial assistance program.

Strategy #3:

- Number of new physicians hired in primary care and other demonstrated-shortage specialties
  2014 Outcome: Five new physicians were hired in primary care and other demonstrated-shortage specialties.

Strategy #4:

- Number of enrollees in the Aspire Medicare Advantage Plan
  2014 Outcome: 783 enrollees in the Aspire Medicare Advantage Plan

- Number of physician visits by Aspire Medicare Advantage Plan members
  2014 Outcome: 2,923 physician visits to Aspire Medicare Advantage providers by plan members.

- Number of individuals assisted with insurance enrollment by hospital's Patient Business Services patient advocate and the hospital-subsidized Diversified Healthcare Resources service
  2014 Outcome: 2,186 individuals were referred by the hospital's to the subsidized Diversified Healthcare resources service; 27 individuals were referred by Patient Business Service's patient advocate to Covered California.

- Number of enrollees in Cal-PERS exclusive provider insurance plan
  2014 Outcome: 564 enrollees in Cal-PERS exclusive provider insurance plan.

Overall

- Improvement in the percentage of community residents reporting lack of health insurance and having difficulty accessing healthcare in the past year on the 2016 community health needs assessment as compared to the 2013 assessment
  2014 Outcome: Not available until 2016 community health needs assessment.

- Improvement in the percentage of community residents reporting having difficulty accessing healthcare in the past year on the 2016 community health needs assessment as compared to the 2013 assessment
  2014 Outcome: Not available until 2016 community health needs assessment.

NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT

<u>Community Partners/Planned Collaboration</u>

- Boys & Girls Clubs of Monterey County
- Meals on Wheels of the Monterey Peninsula
- Monterey County Food Bank
- Monterey County Office of Education
- Monterey County school districts (see Appendix C)
- Peninsula Primary Care

Goal

Provide programs and services focused on prevention and disease management with an emphasis on nutrition education, physical activity, and weight management.

Time Frame

2014-2016

Scope

Residents of Monterey County

Strategies and Objectives

Strategy #1:
Build the capacity of local schools to provide a nutrition, physical activity, and weight management curriculum through the Kids Eat Right program

- Provide skilled program oversight by Kids Eat Right program coordinator
- In collaboration with school districts, transition Kids Eat Right from an after-school program to a school-based curriculum
- In collaboration with school districts and county Office of Education, expand Kids Eat Right program to most public schools in Monterey County
- Provide clinical dietitian time and expertise to guide the Kids Eat Right program

Strategy #2:
Increase participation in the Diabetes Prevention Program

- Educate physicians about the program and its referral process
- Educate the community about the program and its benefits

Strategy #3:
Partner with organizations to support access to healthy meals and nutrition education for at-risk populations

- Provide food donations to the Monterey County Food Bank
- Provide grant funding to organizations that serve meals to at-risk populations (such as Meals on Wheels and Boys & Girls Clubs of Monterey County)
- Provide clinical dietitian time and expertise to guide the nutrition program of Boys and Girls Clubs of Monterey County

Anticipated Impact

- Residents are more knowledgeable about the importance of healthy eating, physical activity, and weight management for disease management and prevention
- Health enhancement due to behavior modification
- Improved access to healthy meals for at-risk populations
- Improved access to nutrition, physical activity, and weight management services among underserved community areas

Plan to Evaluate Impact

Strategy #1:

- Number of participating school sites
  2014 Outcome: 12 school sites participated in the Kids Eat Right program.

- Number of students participating/served
  2014 Outcome: 1,430 students participated in the Kids Eat Right program.

- Program participant pre- and post-tests
  2014 Outcome: Pre- and post-test results indicate that participants demonstrated a 68.6 percent improvement in their knowledge of the subject matter.

Strategy #2:

- Number of enrollees in the program
  2014 Outcome: Diabetes Prevention Program had 16 enrollees (9 completed the 16-week sessions, and 8 completed the entire program).
- Program participant weight loss
  2014 Outcome: A 3.5 percent weight loss among enrollees in the Diabetes Prevention Program was demonstrated.

Strategy #3:

- Dollar value and number of grants provided to support healthy meals
  2014 Outcome: Two grants totaling $7,500 were provided to support healthy meals; Boys and Girls Clubs of Monterey County received $2,500 for their Healthy Lifestyles Initiative, and Meals on Wheels of the Monterey Peninsula received $5,000 for Save Our Breakfast.

- Number of meals served by grant-supported meal programs
  2014 Outcome: Boys and Girls Clubs of Monterey County served 773 residents, and Meals on Wheels served 750 meals.

Overall:

- Improvement in the percentage of residents reporting being overweight and receiving medical advice on nutrition in the past year on the 2016 community health needs assessment as compared to the 2013 assessment
  2014 Outcome: Not available until 2016 community health needs assessment.

- Improvement in the percentage of residents reporting having received medical advice on nutrition in the past year on the 2016 community health needs assessment as compared to the 2013 assessment
  2014 Outcome: Not available until 2016 community health needs assessment.

EDUCATION and COMMUNITY-BASED PROGRAMS

Community Partners/Planned Collaboration

- Alliance on Aging
- City of Marina
- City of Seaside
- Maurine Church Coburn School of Nursing
- Monterey County Department of Health
- Monterey County employers (see appendix E)
- Monterey Peninsula College

Goal

Enhance health literacy by providing health education, health screenings, and preventive services

Time Frame

2014-2016

Scope

Residents of Monterey County, particularly in the underserved cities of Seaside and Marina

Strategies and Objectives

Strategy #1:
Provide improved access to community health fairs and preventive screenings

- Provide disease prevention education for the top 5 priority community health needs at hospital-sponsored health fairs
- Increase capacity of health screenings at health fairs
- Educate community about the availability and value of health fairs and screenings, including enhanced communication with existing clubs, churches, and community groups
- Expand preventive screening opportunities

Strategy #2:
Provide a variety of classes, support groups, prevention programs, and lectures

- Educate community about availability and value of classes, programs, lectures, etc.
- Inform and educate the community about health issues and the importance of prevention

Strategy #3:
Partner with the County of Monterey to expand the Stanford Chronic Disease Self-Management Program's Living Well Workshop to additional cities in service area

- Educate physicians about the program and its referral process
- Conduct the workshop at least annually, using skilled facilitators
- Identify new locations in addition to Seaside

Strategy #4:
Provide wellness services at area employers through Working Well Initiative

- Assist area employers in promoting a healthy workforce
- Provide subsidized services to employers, including but not limited to health fairs, biometric screenings, "lunch and learn" programs, wellness challenges, and group exercise classes

Anticipated Impact

- Increased knowledge of disease prevention and risk factors
- Increased knowledge of educational and wellness opportunities
- A greater number of residents being screened for key diseases
- Improved rate of early detection of key diseases
- Improved management of chronic diseases

Plan to Evaluate Impact

Strategy #1:

- Number of participants in hospital-sponsored health fairs
  2014 Outcome: 4,324 individuals participated in hospital sponsored health fairs.

- Number of preventive screenings provided
  2014 Outcome: 1,836 preventive screenings were provided.

- Improvement in the percentage of Seaside and Marina residents reporting attendance at health events on the 2016 community health needs assessment as compared to the 2013 assessment
  2014 Outcome: Not available until 2016 community health needs assessment.

- Participant evaluations
  2014 Outcome:

SPECIFIC OUTCOMES **2014 Health Fairs**	
Participant Evaluation Question	**Percentage Positive Response**
Healthful Behavioral Change	
Was the information helpful?	100%
Will you change your lifestyle as a result?	89%
Convenience and Relevance	
Were the time and location convenient?	100%
Would you recommend this service to others?	100%
For each of the questions, the participants have three choices, two positive (definitely and somewhat) and one negative (not at all). Specific outcomes were expressed in terms of the percentage of positive responses of each of the questions.	

Strategy #2:

- Number of classes, support groups, prevention programs, and lectures offered
  2014 Outcome: 124 classes, support groups, prevention programs, and lectures were offered.

- Number of participants in classes, support groups, prevention programs, and lectures
  2014 Outcome: There were 24,131 participants in these programs.

- Participant evaluations
  2014 Outcome:

SPECIFIC OUTCOMES 2014 Classes, Support Groups, Prevention, Lectures	
Participant Evaluation Question	**Percentage Positive Response**
Healthful Behavioral Change	
Was the information helpful?	100%
Will you change your lifestyle as a result?	94%
Convenience and Relevance	
Were the time and location convenient?	99%
Would you recommend this service to others?	99%
For each of the questions, the participants have three choices, two positive (definitely and somewhat) and one negative (not at all). Specific outcomes were expressed in terms of the percentage of positive responses of each of the questions.	

Strategy #3:

- Number of Living Well workshops
  2014 Outcome: Three Living Well Workshops were offered.

- Number of participants in Living Well workshops
  2014 Outcome: There were 27 workshop participants.

- Number of communities where workshop is offered
  2014 Outcome: The workshop was offered in Seaside.

- Participant evaluations
  2014 Outcome:

SPECIFIC OUTCOMES 2014 Living Well Workshops	
Participant Evaluation Question	**Percentage Positive Response**
Healthful Behavioral Change	
Was the information helpful?	100%
Will you change your lifestyle as a result?	100%
Convenience and Relevance	
Were the time and location convenient?	100%
Would you recommend this service to others?	100%
For each of the questions, the participants have three choices, two positive (definitely and somewhat) and one negative (not at all). Specific outcomes were expressed in terms of the percentage of positive responses of each of the questions.	

Strategy #4:

- Number of employers serviced by the Working Well Initiative
  2014 Outcome: 99 employers were serviced by the Working Well Initiative.

- Number of participants in employer-based Working Well programs
  2014 Outcome: There were 13,125 participants in employer-based Working Well programs.

MENTAL HEALTH and MENTAL DISORDERS

Community Partners/Planned Collaboration

- City of Seaside
- Community Hospital Foundation
- Peninsula Primary Care

Goal

Provide access to general mental health services and education related to ADD/ADHD and depression

Time Frame

2014-2016

Scope

Residents in the hospital's primary service area

Strategies and Objectives

Strategy #1:
Support and improve access to care for mental health services

- Provide financial assistance program, which includes discounted payments and sponsored care (charity care) for hospital-provided mental health services (see Appendix A for details)
- Provide financial assistance to recruit additional psychiatrists to practice in the community and support their ability to establish sustainable practices on the Peninsula
- Staff hospital-sponsored health fairs with a mental health professional who will provide information about mental health services and classes

Strategy #2:
Educate the community concerning ADD/ADHD

- Provide classes concerning ADD/ADHD

Strategy #3:
Educate the community concerning depression and anxiety

- Provide classes concerning depression and anxiety

Anticipated Impact

- Access to mental health services improved
- Improved knowledge of available mental health services and classes
- Reduction in reported cases of depression in the hospital's primary service area
- Improved knowledge about managing ADD/ADHD and depression/anxiety issues

Plan to Evaluate Impact

Strategy #1:

- Dollar value of mental healthcare provided through the financial assistance program
  2014 Outcome: $1,582,211.79 in mental healthcare was provided through the financial assistance program.

- Number of mental health patients benefitting from the financial assistance program
  2014 Outcome: 258 mental health patients benefitted from the financial assistance program.

- Number of new psychiatrists hired
  2014 Outcome: There were no new psychiatrists added in 2014.

- Number of hospital events where information about mental health services and class information is provided
  2014 Outcome: Mental health services and class information was provided at six hospital events.

Strategy #2:

- Number of classes on ADD/ADHD offered
  2014 Outcome: Three classes on ADD/ADHD were scheduled but had to be cancelled due to lack of enrollment.

- Number of participants in classes on ADD/ADHD
  2014 Outcome: None.

- Participant evaluations
  2014 Outcome: Not applicable.

Strategy #3:

- Number of classes on depression and anxiety
  2014 Outcome: Five classes on depression and anxiety were held.

- Number of participants in classes on depression and anxiety
  2014 Outcome: There were 160 participants.

- Participant evaluations
  2014 Outcome:

SPECIFIC OUTCOMES 2014 O/P Behavioral Health-Classes, Support Groups & Lectures	
Participant Evaluation Question	**Percentage Positive Response**
Healthful Behavioral Change	
Was the information helpful?	100%
Will you change your lifestyle as a result?	90%
Convenience and Relevance	
Were the time and location convenient?	100%
Would you recommend this service to others?	100%
For each of the questions, the participants have three choices, two positive (definitely and somewhat) and one negative (not at all). Specific outcomes were expressed in terms of the percentage of positive responses of each of the questions.	

Overall

- Improvement in the percentage of primary service area residents reporting fair/poor mental health on the 2016 community health needs assessment as compared to the 2013 assessment
  2014 Outcome: Not available until 2016 community health needs assessment.

- Improvement in the percentage of primary service area residents reporting chronic depression on the 2016 community health needs assessment as compared to the 2013 assessment
  2014 Outcome: Not available until 2016 community health needs assessment.

HEART DISEASE and STROKE

Community Partners/Planned Collaboration

- Aspire Health Plan
- Community employers and health plans (See appendix E for complete list)
- Community Health Innovations
- Home healthcare agencies (VNA, Choice, and Alliance)
- Physicians

Goal

Provide programs and services focused on increasing detection of hypertension and improving chronic disease management

Time Frame

2014-2016

Scope
Residents of Monterey County

Strategies and Objectives

Strategy #1:
Increase the percentage of adults in the hospital's primary service area who have had their blood pressure checked

- Provide blood pressure screening at all hospital-sponsored community health events

Strategy #2:
Expand Life Connections disease management services (diabetes, coronary artery disease, hypertension, and lipid management)

- Work with Community Health Innovations and Aspire Health Plan care managers to enroll eligible participants in Life Connections program
- Expand the Life Connections program to an additional four employers or health plans

Strategy #3:
Implement congestive heart failure disease management program

- Educate physicians about program and its referral process
- Educate home healthcare agencies about program and its access requirements
- Identify and educate eligible patients about program benefits and facilitate enrollment

Anticipated Impact

- Increased access to blood pressure assessment and hypertension information
- Improved detection of hypertension
- Improved management of hypertension, diabetes, coronary artery disease, congestive heart failure and hyperlipidemia

Plan to Evaluate Impact

Strategy #1:

- Number of residents receiving blood pressure screening
  2014 Outcome: 502 adults received blood pressure screening at hospital events.

- Improvement in the percentage of residents reporting a blood pressure check in the past 2 years on the 2016 community health needs assessment compared to the 2013 assessment
  2014 Outcome: Not available until 2016 community health needs assessment.

Strategy #2:

- Number of participants enrolled in Life Connections program
  2014 Outcome: 424 participants were enrolled in the Life Connection program, including 144 new enrollees.

- Number of added employers/health plans offering Life Connections program
  2014 Outcome: One employer and one health plan with 36 employers added Life Connections program.

Strategy #3:

- Number of physicians referring participants to the congestive heart failure disease management program
  2014 Outcome: Six physicians referred participants to the congestive heart disease management program.

- Number of participants enrolled in congestive heart failure disease management program
  2014 Outcome: Six participants enrolled in and completed the congestive heart disease management program.

- Improvement in participant functional capacity and quality of life measures (as measured by the program)
- **2014 Outcome:** There was improvement in functional capacity and quality of life measures.
  - Average metabolic equivalent level change: 58.17 percent (ranged from -33 percent to 152 percent)
  - Average quality of life score improvement: 12.71 percent (ranged from -5 percent to 27 percent)

- Participant evaluations
  2014 Outcome: Not available; an outside vendor collects data and the hospital receives an aggregate report all cardiac and pulmonary rehabilitation patients. This measure will be omitted beginning in 2015.

Appendix A. Charity-Care Policy

POLICY TITLE: FINANCIAL ASSISTANCE PROGRAM SPONSORED CARE & DISCOUNT PAYMENT POLICY	**POLICY NUMBER**: POLADM5 Page A-1 of 10
ORIGINATING DEPARTMENT: PATIENT BUSINESS SERVICES & SOCIAL SERVICES **DISTRIBUTION**: SOCIAL SERVICES, PAC, SERVICE DEPARTMENTS, PBS	ORIGINAL DATE: 12/01 LAST REVIEW DATE: 12/2013 APPROVED BY RCMT: 12/2013 REVISION DATE: 12 /2013 NEXT REVIEW DATE: 12/2014

POLICY STATEMENT

Community Hospital of the Monterey Peninsula strives to provide quality services in a caring environment and to make a positive, measurable difference in the health of individuals we serve. Helping to meet the needs of low-income uninsured and underinsured patients is an important component of our commitment to the community.

The criteria Community Hospital of the Monterey Peninsula will follow in qualifying patients for financial assistance programs are described in this policy. Upon approval, financial assistance is provided through one of two programs: (1) the Sponsored Care Program; or (2) the Discount Payment Program. These programs may cover all or part of the cost of services provided, depending on the patient's eligibility, income and resultant ability to pay for services. The Sponsored Care and Discount Payment Programs are intended for patients whose personal or family financial ability to meet hospital expenses is absent or demonstrably restricted, and the benefits provided by the hospital under these programs inure to the benefit of the patient. The minimum requirement for both programs is stated below and is based upon the patient's combined family income as a percent of the Federal Poverty Guidelines (FPL) that are published annually in the Federal Register. http://aspe.hhs.gov/poverty . Given Community Hospital of the Monterey Peninsula's service area demographics, available resources and mission to meet the healthcare needs of its community, financial assistance is available for patients with income levels up to 350 percent of the FPL. Community Hospital's Sponsored Care and Discount Payment Programs are intended to fully comply with the Hospital Fair Pricing Policies Act. This policy is intended to be stated as clearly and simply as possible for the benefit of our patients.

The hospital's Sponsored Care Program provides uninsured or underinsured eligible patients with a discount of up to 100% on medically necessary services provided by the hospital. To qualify for the Sponsored Care Program the patient family's gross income must not exceed 250% of the Federal Poverty Level referred to above. In addition, to qualify for the Sponsored Care Program, the value of the patient's monetary assets must not exceed $110,000.

The Discount Payment Program establishes a discount to be applied to uninsured or underinsured patient accounts and reduce patient liability to the payment amount the hospital would receive from the most generous government sponsored health benefit program under which the hospital participates. Patients with incomes at or below 350% of the Federal Poverty Guidelines may be eligible for the Discount Payment Program.

Patients who are eligible for the Sponsored Care or Discount Payment Program may agree to a reasonable payment plan and make monthly payments if they cannot pay their bill in a lump sum. Such payment

plans will be negotiated with the patient and will be interest free. However, the payment plan may be terminated if the patient does not make all scheduled payments.

ELIGIBILITY AND SERVICES

Patients may be eligible for the Sponsored Care or Discount Payment Program if the following criteria are met. Three classifications of patients may be eligible for participation in the Sponsored Care or Discount Payment Program:

- A self pay patient may be eligible for either the Sponsored Care or Discount Payment Program if the patient does not have third party health insurance coverage, a health care service plan, Medicare or MediCal, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or any other insurance that may cover the hospital services provided to the patient.

- An insured patient may be eligible for the Discount Payment Program if the patient has high medical costs and does not receive a discounted rate from the hospital because of the patient's insurance, provided the patient's out of pocket medical expenses in the 12 months before hospital services were provided exceed 10% of the patient's family income during the same 12 month period.

- An insured patient may be eligible for the Sponsored Care Program if the patient's income and monetary assets meet the eligibility standards explained below and the patient has any out of pocket medical expenses.

- **Documentation Requirements** –

  Income: As a condition of eligibility, patients are required to submit proof of their own and their family members' income. As a condition of eligibility, all applicants are required to submit tax returns for the most recently completed calendar year or pay stubs for the last three months to verify their own and their family members' income. If the patient and/or family members do not have income tax returns or pay stubs, the hospital may deny the application for Sponsored Care and Discount Payment.

  Monetary Assets: To qualify for the Sponsored Care program, patients are required to provide documentation to establish the value of the patient's monetary assets, in addition to documentation regarding income. Monetary assets include cash, liquid assets, investments, savings, gold, checking accounts, and certificates of deposit. Patients are required to provide bank statements, brokerage account statements and other documentation to verify monetary assets. **Patients are not required to provide documentation of income from retirement plans or deferred compensation plans.**

  High Medical Costs: Patients who apply for the Discount Payment Policy due to high medical costs must provide bills, cancelled checks, statements, explanation of benefit documents, or other documentation to prove the amount of the patient's out of pocket medical expenses in the most recent 12 months before hospital services were provided. If the patient pays his/her own insurance premiums, these may be included as medical expenses during the 12 month period. Such out of pocket expenses must amount to at least 10% of the reported family income for the included 12 months.

  The patient's failure to provide documentation of income, assets, medical expenses, health benefits coverage, family unit or other requested documentation or to apply for public or private insurance in a timely manner as requested may result in denial of the patient's application for Sponsored Care and Discount Payment Program assistance.

- **Services** - This policy applies only to medically necessary services provided by Community Hospital on or after January 1, 2007. Services provided at the hospital by private health care providers, such as personal physicians and ambulance conveyance, are not covered by this policy. The Sponsored Care Program and Discount Payment Program are available for services provided by Community Hospital that are not paid for by any federal, state, or county programs, entities and/or funding sources, or third party insurance coverage for which an individual applicant is eligible. The hospital may require an uninsured patient to apply for private or public health insurance or sponsorship that may fully or partially cover the charges for care rendered by the hospital, and will provide applications for or referral to these programs to the patient.

  Services that are not covered include, but are not limited to:

- All non-hospital billed services such as:
  - Non-hospital based Physicians' Services
  - Ambulance transportation
- Medications
- Non-medically necessary bariatric surgery
- Cosmetic services
- Services for which, in the opinion of competent hospital staff, are provided only as a stop-gap when a patient is staying at the hospital, or at Westland House, for the convenience of the family and/or physician.
- Non-medically indicated care.
- Durable Medical Equipment
- Oxygen and oxygen supplies
- Any service or product considered to be experimental by the major payers; services or products unapproved for patient use by the FDA; services or products the provision of which would effectively place the hospital in the position of having to provide such services or products for extended periods of time including when the patient is not a patient of Community Hospital.

- **Application** – Patients may apply for assistance under either the Discount Payment Program or the Sponsored Care Program, or both programs. A patient who applies under both programs and meets eligibility criteria for both programs will be approved for the benefit that is most favorable to the patient. If a patient applies for the Sponsored Care Program, but is ineligible, the hospital will review the application to determine if the patient is eligible for the Discount Payment Program. Applications for the Sponsored Care or Discount Payment Program must be submitted to the hospital within 120 days of the date services were provided, or within 90 days of payment made to the hospital by third party coverage.

- **Family**- For purposes of the Sponsored Care Program and the Discount Payment Program, "family" is defined as follows: For persons 18 years of age or older, family includes the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not. For persons under 18 years of age, family includes the patient's parent(s) or caretaker relatives and other children of the parent(s) or caretaker relative who are under 21 years of age.

- **Interest Free Payment Plans-** Patients who are eligible for the Sponsored Care or Discount Payment Program, and have a non-covered portion of their bill remaining, may agree to a reasonable payment plan and make monthly payments if they cannot pay their bill in a lump sum. Such payment plans will be negotiated with the patient and will be interest free. However, the hospital may terminate the interest free payment plan if the patient does not timely make all scheduled payments.

Eligibility Criteria Applicable To the Sponsored Care Program

Financial Qualification- two classifications of patients may be eligible for participation in the Sponsored Care Program:

1. A self pay patient who does not have third party health insurance coverage, a health care service plan, Medicare or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or any other insurance that may cover the hospital services provided to the patient.

2. An insured patient whose income and monetary assets meet the eligibility standards explained below and the patient has any out of pocket medical expenses.

Income – To qualify for the **Sponsored Care Program** the patient's family gross income must not exceed 250% of the current federal poverty level (FPL). The FPL is published annually and this policy is updated by incorporating each subsequent edition of the FPL as an attachment.

Monetary Assets- For purposes of eligibility for the Sponsored Care Program, the value of the patient's monetary assets must not exceed $110,000 Monetary assets are defined as cash, liquid assets, investments, savings, gold, checking accounts, and certificates of deposit. Monetary assets do not include retirement or deferred compensation plans. When determining eligibility for the Sponsored Care Program, the hospital will only consider 50% of the patient's monetary assets over the first $10,000, (the first $10,000 is not counted in determining the patient's assets). After this calculation, if a patient's **net** monetary assets exceed $50,000, the patient is not eligible for the Sponsored Care Program.

The hospital may require waivers or releases from the patient or the patient's family, authorizing the hospital to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value.

Patients wishing to qualify for the Sponsored Care Program must apply for and comply with MediCal or other state or county program requirements before being considered for Sponsored Care. This includes spend down provisions that may be invoked in the qualification for county or state programs.

Eligibility Criteria Applicable To The Discount Payment Program

Financial Qualification- two classifications of patients may be eligible for participation in the **Discount Payment Program**:

1. A self pay patient who does not have third party health insurance coverage, a health care service plan, Medicare or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or any other insurance that may cover the hospital services provided to the patient. This includes VA patients who refuse to access VA facilities for treatment, MIA Patients who refuse to access the county facility or any other likely payer.

2. An insured patient with high medical costs who does not receive a discounted rate from the hospital because of the patient's insurance, provided the patient's out of pocket medical expenses in the 12 months before hospital services were provided exceed 10% of the patient's family income during the same 12 month period. This includes self-paid health insurance premiums if that coverage is used for care at Community Hospital.

Income – To qualify for the Discount Payment Program the patient's family gross income must not exceed 350% of the current federal poverty level (FPL). The FPL is published annually and this policy is updated by incorporating each subsequent edition of the FPL as an attachment.

BENEFITS

Sponsored Care Program

- The Sponsored Care Program provides eligible patients with up to a 100% discount on medical services provided by the hospital. The discount is determined based on the patient's income and monetary assets and the amount of the hospital bill or the portion of the bill that remains unpaid after receipt of payment by the patient's insurer. The discount is described in this policy and on the attached Matrix of Sponsored Care.
- For example, a self pay patient with a gross family income at or below 150% of the federal poverty level whose total hospital charges for medically necessary service would normally cost more than $10,000 and who qualifies for the Sponsored Care Program will receive a 100% discount, resulting in a bill of zero. An eligible self pay patient with a gross family income between 201 and 250% of the federal poverty level will receive an 85% discount on the total regular hospital charges for medically necessary services provided between $10,000 and $20,000.
- An insured patient who is eligible for the Sponsored Care program and with a gross family income at or below 150% of the federal poverty level who owes the hospital less than $5,001 after payment to the hospital by the patient's insurance company will receive a 95% discount on the portion of the bill due from the patient. An eligible insured patient with gross family income between 200% and 250% of the federal poverty level who owes the hospital $10,500 after the patient's insurance company pays its share will receive an 85% discount on the patient's portion of the bill.
- However, a patient who is eligible for the Sponsored Care Program will not be charged more than the highest amount the hospital would receive for providing the services from the highest paying government sponsored health benefit program in which the hospital participates. If the payment received by the hospital from an insured patient's insurance company exceeds the amount the hospital would have received from the highest paying government sponsored health benefits program, the patient will not be charged any additional amount for the medically necessary services rendered.

Discount Payment Program

- The Discount Payment Program provides eligible patients a discount on the cost of hospital services.

  Eligible patients will not be charged more than the highest amount the hospital would receive for providing the services to a beneficiary of the highest paying government sponsored health benefit program in which the hospital participates. Eligible insured patients with high medical costs will be charged a maximum of the difference between the amount their insurance company pays for services and the highest amount the hospital would receive for the services from a government sponsored health benefit program. Patients who qualify for the Discount Payment Program will be offered the opportunity to agree to interest free extended payment plans for any charges they are unable to pay in a lump sum. Eligible patients must agree in writing to a payment plan within 120 days of receiving services from the hospital. Upon request, a payment plan will be negotiated with each eligible patient, and will remain interest free only if the patient makes timely payments in accordance with the terms of the payment plan. If the patient fails to make regularly scheduled payments during any 90 day period, the hospital may terminate the payment plan, and the entire unpaid balance will be due, together with interest that will accrue on the remaining balance from the date of default at the maximum legal rate. If the patient defaults on any payment, he/she may request that the payment plan be renegotiated.

  Only the patient's income and the patient's family members' income, as measured by income tax records or pay stubs, will be requested or considered in determining eligibility for the Discount Payment Program.

- To qualify for services under the Sherry Cockle Fund, a breast care screening program, patients must work in Monterey County and their treating physician must be practicing in Monterey County. Sherry Cockle Fund approval does not require a Medi-Cal denial or financial qualification.

PRACTICE

1. Current and prospective patients may apply for the Sponsored Care or the Discount Payment Program. Information about these programs will be made available at all patient intake and treatment points within Community Hospital facilities, and will be provided to each patient presenting for services. An application for the Sponsored Care and Discount Payment Programs will be provided to all patients who are interested. Additionally, information and applications (if available) for State Medi-Cal, the Healthy Families Program, and any other available government program will be provided to patients upon request and as required by law. A pre-screening interview may be done with patients to ensure that they meet the basic eligibility criteria. Patients will be referred to other available programs if appropriate, including Medi-Cal, the MIA program, and Medicare SSI and other programs described on the attached list of programs and resources. Assistance in applying for these and other Federal, State or County programs is available to any interested patient. An eligible patient who is in the process of obtaining healthcare benefits from a third party or government program may be granted Sponsored Care or Discount Payment benefits under this policy while their application is pending. If the third party healthcare benefits are granted, Patient Business Services will determine whether the coverage is retroactive to the period covered by Sponsored Care or Discount Payment benefits and then file for claim coverage and reverse the hospital's Sponsored Care or Discount Payment award upon receipt of the third party program payment.

2. Patients and prospective patients may request applications under any of the following circumstances:
   a) Prior to scheduling inpatient or outpatient services
   b) While receiving recurring outpatient services;
   c) During an inpatient stay. A Patient Access financial counselor will interview all self-pay inpatients while in the hospital to determine the level of need and may assist the patient in applying for assistance under this policy;
   d) Up to 120 days following services or up to 90 days following payment of benefits to the hospital due from a third party or parties.

   The hospital's Social Services Department reviews applications for Sponsored Care and Discount Payment assistance prior to the provision of services if possible, and for ongoing post hospital continuing care. Sponsored Care or Discount Payment Assistance, ER services, direct admits and post services are reviewed by Patient Access and/or Patient Business Services. The reviewing department verifies that an applicant meets basic eligibility criteria. If basic eligibility criteria are not met, the applicant is not eligible for financial assistance through either the Sponsored Care or Discount Payment Program. The responsibilities, in practice, for the reviewing department in determining initial eligibility are as follows:
   e) Determine that the patient is financially eligible using the eligibility criteria specified in this policy.
   f) Verify the most recent 12 months of family income. If the patient applies only for the Discount Payment Program, only income information can be requested. The income information that can be requested is limited to the patient's and patient's family

member's tax returns or pay stubs. Income from line 22 of the federal tax return is compared with the Federal Poverty Guidelines. If the patient is applying for sponsored care and the line 22 income is below $10,000 the hospital may request documentation to explain how the individual is living in this area with an income below $10,000 (e.g. other sources of support, living circumstances, etc.). If these forms of documentation are not available, or are not timely provided by the patient, the hospital may deny the application.

g) If the patient applies for Sponsored Care verify the patient's assets in accordance with this policy.

3. In support of an application for the Sponsored Care Program, the patient must also identify and provide the value of the patient's assets. Monetary assets include cash, liquid assets, investments, savings, gold, checking accounts, and certificates of deposit. **Monetary assets also include assets held in trust for the patient's benefit (including without limitation assets held in a "special needs trust") to the extent such assets are currently payable to or for the benefit of the patient, or may be payable to or for the benefit of the patient in the discretion of the trustee.** Patients are required to provide bank statements, brokerage account statements and other documentation to verify monetary assets. **Patients are also required to provide a copy of any written trust documentation for a trust which may hold assets includable as monetary assets hereunder, as well as a current account or report describing the nature and value of such trust assets.** Patients are not required to provide documentation of income from retirement plans or deferred compensation plans.

   For purposes of eligibility for the Sponsored Care Program the value of the patient's monetary assets must not exceed $110,000. Monetary assets are defined as cash, liquid assets, investments, savings, gold, checking accounts, and certificates of deposit. **Monetary assets also include assets held in trust for the patient's benefit (including without limitation assets held in a "special needs trust") to the extent such assets are currently payable to or for the benefit of the patient, or may be payable to or for the benefit of the patient in the discretion of the trustee.** Monetary assets do not include retirement or deferred compensation plans. When determining eligibility for the Sponsored Care Program, the hospital will only consider 50% of the patient's monetary assets over the first $10,000 (the first $10,000 is not counted in determining the patient's monetary assets). After this calculation, if a patient's net monetary assets exceed $50,000, the patient is not eligible for the Sponsored Care Program.

   The hospital may require waivers or releases from the patient or the patient's family, authorizing the hospital to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value.

   Patients wishing to qualify for the Sponsored Care Program must apply for and comply with MediCal or other state or county program requirements before being considered for Sponsored Care. This includes spend down provisions that may be invoked in the qualification for county or state programs.

   If the patient is not eligible for the Sponsored Care Program because the patient's monetary assets exceed the allowable limit, or because the patient fails to timely provide requested documentation in order to allow the hospital to verify the patient's monetary assets, the application and the patient and patient's family's income information will be reviewed to determine if the patient is eligible for the Discount Payment Program.

4. Once the application is completed, the patient provides all requested documentation, and the patient meets all eligibility standards, the application may be approved per the hospital's Approval Process described below.

5. Patients who were approved for financial assistance prior to January 1, 2007 under the hospital's financial assistance program may be required to apply for the Sponsored Care or Discount Payment program, and provide documentation in support of their application.

6. Eligibility for the Sponsored Care or Discount Payment Program does not guarantee eligibility for subsequent hospital services. Each application must be evaluated separately. However, a patient may be presumptively eligible if they reapply for the Sponsored Care or Discount Payment Program for hospital services provided within 120 days of a prior approval. For patients who are receiving recurring services (daily, weekly, etc.) the 120 day reapplication requirement may be waived and they may be required to reapply within one year from the date of approval of their application, rather than every 120 days, as long as the recurring services are ongoing. However, the hospital reserves the right to require the patient to reapply for the Sponsored Care or Discount Payment Program and submit documentation in support of the application during the 120 day or one year presumptive eligibility period. Beyond 120 days from completion of services a new application will be required. Sponsored Care and Discount Program coverage for Behavioral Health services will be limited to 30 visits per calendar year, following the limits of coverage found in most insurance benefits packages, unless prior approval by the Director(s) of Behavioral Health Services and Patient Business Services. Sponsored Care and Discount Program eligibility for Recovery Center Services will be limited to a series of 3 extended treatment plans in a lifetime. Failure to complete a treatment plan counts as one full treatment plan for the purpose of this policy.

APPROVAL PROCESS

Pre-Service & Ongoing Hospital or Extra-hospital Services

1. Pre-Service Assistance is reviewed and administered/coordinated by the director of Social Services.
2. If appropriate Pre-Service Assistance is reviewed and signed by the Director of Patient Business Services, Vice President, or President/CEO.
3. Final approval will not be given until approval signatures are obtained.
4. The patient/responsible party, and/or service department are notified of final approval in writing.

Approval Limits:

Cost of Services	Approval Responsible Party
Up to $1,000	Social Services Staff
Up to $5,000	Director of Social Services (UR)
Over $5,000	Director of Patient Business Services, Vice President or CEO.

Post or Mid Hospital-based Services

1. Post or mid-service assistance is reviewed and determined by Patient Business Services, based on the approval limits stated below.
2. If necessary, post or mid-service assistance is reviewed and determined by the Vice President/CFO.
3. Final approval will not be given until all approval signatures are obtained.
4. The patient/responsible party, and/or service department will be notified of final approval in writing.

Approval Limits:

Cost of Services	Approval Responsible Party
Patient Business Services Representatives	up to $1,000.00
Patient Business Services Lead	$1,001.00 to $10,000.00

Patient Business Services Supervisor	$10,001.00 to $15,000.00
Assistant Director of Patient Business Services	$15,001.00 to $25,000.00
Director of Patient Business Services	$25,000.00 to $50,000.00
Hospital Chief Financial Officer	$50,001.00 and above

APPEAL AND DISPUTE RESOLUTION

Should there be any dispute as to the decision made by the hospital on the eligibility or level of eligibility of the patient for either the Sponsored Care or Discount Payment Program, appeal of the decision may be made to the Director of Patient Business Services. The patient must initiate the appeal by submitting a written appeal within 30 days of the denial of the patient's application for Sponsored Care or Discount Payment. Patients are required to submit additional or different information or documentation to substantiate the reason for the appeal.

The director will review the basis of the dispute or appeal and will render a decision in keeping with the legal obligations of the hospital. Such decision will be given in writing within a reasonable time of receipt of the appeal, usually within 10 working days following the receipt of the patient's Dispute or Appeal. The director's decision will be final.

Refunds

Any amount collected from an eligible patient in excess of the amount due under the hospital's Sponsored Care or Discount Payment Policy will be refunded to the patient together with interest. Please refer to the Patient Business Services Policy: POLCASH2: *Refunds to Patients and Insurance* for interest rate and calculation information.

Other Programs/Resources Available To Patients

- Medi-Cal (Regular, Emergency, Pru-col)
- Medically Indigent Adult (MIA)
- Healthy Families
- CaliforniaKids
- Breast Cancer Early Detection Program (BCEDP) - mammograms
- Breast Cancer Cervical Cancer Treatment Program (BCCCTP) – mammograms & pap smears
- Impact (Prostate Cancer)
- PACT (Contraceptives/Contraceptive devices)
- Children's Health & Disability Program CHDP – dental, vision, annual exam
- California Children Services CCS
- Access for Infants & Mothers AIM – maternity and infant care

Appendix B. Community Benefit Guidelines

Mission:
Community Hospital is committed to taking a leadership role in assessing and improving the health status of the people in the communities we serve. Under the auspices of our Community Benefit Program, we directly provide and financially support programs that achieve those objectives.

We recognize that community health is as much a social, economic, and environmental issue as a medical one and that no hospital or single provider can improve community health alone. In addition to direct services provided throughout our healthcare system, we work in partnership with other providers and award grants to support independent projects, particularly those which involve collaboration among organizations.

Scope:
Community Hospital's Community Benefit Program includes two primary elements:

1. *Direct Provision of Services*
   Community Hospital is a nonprofit, integrated healthcare delivery system providing healthcare services from birth to end of life. Services include acute medical and surgical care, skilled nursing care, emergency care, outpatient and home-based services, satellite laboratories, mental health clinics, chemical dependency treatment, health education and wellness programs, and hospice care. Many of these services are provided free or at very low cost, and Sponsored Care is available for those in financial need.

2. *Community Benefit Fund*
   Community Hospital makes grants from the Community Benefit Fund to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within our service area.

   Community Hospital gives higher priority to projects that:
   - increase access to healthcare for residents of our community (the highest priority);
   - involve collaboration among organizations; and
   - make appropriate use of Community Hospital's clinical expertise.

   Grants are awarded under the following Community Benefit Program objectives:
   - **Building Healthy Communities** — assessing community health needs; addressing the health-related goals identified by regional collaborative organizations.
   - **Health Education and Wellness** — improving the individual's knowledge of health risks and the impact of lifestyle choices on those risks; strengthening the individual's role in self-care and management of health and disease; early detection of health problems; and enhancing the competence of healthcare professionals.
   - **Improving Access to Care** — removing barriers to receiving healthcare services, particularly primary care (currently the highest priority).
   - **Special Care for Special Needs** — meeting the physical and behavioral healthcare needs of those at risk due to age, domestic or other violent crime, chemical dependency, mental illness, HIV status, or socioeconomic status.

Grants from the Community Benefit Fund are generally single-year commitments from $250 to $10,000 to support current or new programs consistent with the mission of Community Hospital and our Community Benefit Program.

Community Hospital does not make grants to organizations that discriminate in the hiring, advancement, or recruitment of employees or volunteers (including board members) or in the provision of services on the basis of sex (including gender and gender identity), race, religion, national origin, physical or mental disability, sexual orientation, age, color, ancestry, marital status, pregnancy, citizenship, medical condition, veteran status, or genetic information.

Community Hospital does not generally make grants to support individuals, capital projects or endowment funds, or clinical research projects. Solicitation of Community Hospital employees for contributions of money or time on behalf of grant recipients is prohibited.

Grantmaking Process:
The Community Benefit Program, including program objectives and priorities, is reviewed and approved by Community Hospital's Board of Trustees annually. An annual Community Benefit Plan is prepared in compliance with S.B. 697 and submitted to the Office of Statewide Health Planning and Development; summaries of the plan are published in Community Hospital publications and the local newspaper, and complete copies are available to any interested party.

Applications in the form of letter proposals are accepted at any time and are reviewed as received. Grant decisions are made by the hospital's President's Administrative Committee. Prospective applicants are encouraged to call to discuss the hospital's potential interest in the project or send a brief letter proposal to:

Cynthia L. Peck, Vice President, Community Hospital of the Monterey Peninsula
P.O. Box HH, Monterey, California 93942
(831) 625-4528 (831) 625-4948 fax

Letter proposals should include:

- Name and brief description of the organization applying for the grant
- Summary description and timeline of the proposed project or program
- Amount requested and specific purpose of the grant
- Total cost of the proposed project or program
- Identification of any organizations collaborating on the proposed project or program
- Relevance of the project or program to the mission of Community Hospital and our Community Benefit Program
- Statement that the organization is, and will remain so for the duration of the program for which the grant is being sought, in full compliance with Community Hospital's non-discrimination policy as described above.
- Tax identification number
- Applicable Internal Revenue Code section (for example 501(c)(3))
- Name, address, and telephone number of contact person who can provide additional information if needed.

Appendix C. Community Benefit Collaborators

BUSINESS ORGANIZATIONS	
American Supply Company	Meadowbrook Swim and Tennis Club
AT & T Pebble Beach National Pro-Am Tournament	*Monterey County Herald*
Blach Construction	Monterey Jet Center
Carepayment Company	Monterey Peninsula Country Club
Carmel Valley Manor	Nature Valley Company
Chamisal Tennis & Fitness Club	Nature Valley's 1st Tee Golf Tournament
Club at Crazy Horse Ranch, The	Pacific Gas & Electric Company
Community Emergency Response Volunteers, Inc.	Pajaro Dunes North Association
Del Mesa Carmel, Adult Community	Pasadera Country Club
Del Monte Shopping Center	Pebble Beach Company
Digital First Media News Service	Poppy Hills Golf Course
Driscoll Strawberry Associates, Inc.	Safe Sitter, Inc.
Growers Express	Santa Lucia Preserve
Hahn Family Wines	SaveMart Supermarkets
KION TV	Taylor Farms
KSBW TV	Tribune Content Agency
Lyon Software, Inc.	Twin Creeks Golf Course

COMMUNITY GROUPS	
AIM for Mental Health	Monterey Bay Village
Alcoholics Anonymous	Monterey Bridge Center
Bethel Baptist Church, Seaside	Monterey County Agricultural Education, Inc.
Bethlehem Lutheran Church	Monterey County Deputy Sheriff's Benefit Association
Big Sur International Marathon	Monterey Jazz Festival
Boys and Girls Clubs of Monterey County	Monterey Peninsula Foundation
Calvary Baptist Church	Monterey Peninsula Yacht Club
Cancer Survivors' Backpack Run	Monterey Rape Crisis Center
Carmel Foundation, The	Mount Nebo Missionary Church
Carmel Valley Kiwanis Club	Northminster Presbyterian Church, Salinas
Church of the Good Shepherd	Philanthropic Educational Organization, Pebble Beach Chapter
CIT International	Prescribe Safe Initiative
Citizen Corps of Monterey County	Prunedale Senior Center
Community Connection	Relay for Life, Monterey
Community Partnership for Youth	Run in the Name of Love
Compassionate Care Alliance	Salinas Valley Community Church
Court Appointed Special Advocates (CASA)	Salinas Women's Crisis Center
Deaf and Hard of Hearing Center	San Carlos Catholic Church, Monterey

El Estero Presbyterian Church	Second Harvest Food Bank
Elk's Lodge, Monterey	Shoreline Community Church
Everyone's Harvest	SPCA of Monterey County
First Baptist Church	St. John's Episcopal Church, Monterey
First 5 of Monterey County	St. Joseph's Church
First Presbyterian Church, Monterey	St. Jude's Church and Shrine
First Presbyterian Church, Salinas	Steinbeck House Restaurant
Girl Scouts, Monterey Bay Chapter	Steinbeck Youth Football
Goodwill Industries	The Salvation Army Monterey Peninsula Corps
Habitat for Humanity	United Methodist Women
Hope Services	United Way of Monterey County
Hospice Foundation	Ventana Wildlife Society
Interim, Incorporated	Veterans Transition Center
Kinship Center	Village Project, Inc., The
Lutheran Church of Our Savior	YMCA of the Monterey Peninsula
Marian PAL	YMCA, Salinas Community
Marina Tree and Garden Club	YMCA, San Benito County & Watsonville Family
Meals on Wheels of the Monterey Peninsula	YMCA, South Monterey County
Monterey Bay Geriatric Resource Center	

EDUCATIONAL ORGANIZATIONS	
Alisal Union School District	Monterey Peninsula College
All Saints' Day School	Monterey Peninsula Unified School District
Aromas-San Juan Unified School District	National Steinbeck Center
AT Still University	Naval Postgraduate School
Cabrillo College Foundation	North Monterey County Unified School District
Cabrillo Community College	Notre Dame High School
California Institute for Nursing & Health Care	Oakwood University, Alabama
California State University, Fresno	Pacific Grove Unified School District
California State University, Monterey Bay	Palma High School
California State University, Sacramento	Rocky Mountain University
Carmel Unified School District	Salinas Adult School
Central Coast College	Salinas Unified High School District
Chartwell School & The New High School Project	San Ardo Union Elementary School District
Defense Language Institute	Santa Catalina High School
Greenfield Unified School District	Santa Rita Union School District
Harnett College	Soledad Unified School District
International School of Monterey	Spreckels Union School District
Junior Wings, Nanao, Japan	Stevenson School
Kaplan University	University College Sealand, Slagelse, Denmark
King City Unified School District	University of California, San Francisco
Lagunita Elementary School District	University of North Carolina, Chapel Hill
Loma Linda University	University of Southern Alabama
Mission Trail, ROP	University of the Pacific

Monterey Bay Aquarium Research Institute	Washington Union School District
Monterey County Office of Education	Western University of Health Services
Monterey Institute of International Studies	York School

HEALTH-RELATED ORGANIZATIONS	
Academy of Nutrition and Dietetics	Juvenile Diabetes Research Foundation
Alzheimer's Association	Laurel Family Practice Clinics
American Bone Health	Mee Memorial Hospital
American Cancer Society	Monterey Bay Independent Physician Association, Inc.
American Heart Association	Monterey Bay Urgent Care
American Medical Response	Monterey Peninsula Dental Group
American Red Cross	Monterey Peninsula Pediatric Medical Group
Balance Physical Therapy	Monterey Spine and Joint Center
Big Sur Health Clinic	Multiple Sclerosis Society
Blanco Circle Dental Care	Natividad Medical Center
California Transplant Donor Network	Ordway Pharmacy
Central Coast Visiting Nurse Association & Hospice	Salinas Dialysis Center
Cottages of Carmel, Senior Living	Salinas Valley Memorial Healthcare System
Dientes Community Dental Care	Salinas Valley Plastic Surgery Associates
Doctors on Duty	Salud Para La Gente
Dominican Hospital	Soledad Medical Facility
Eden Valley Care Center	Sun Street Center
Elderday Adult Care Center	Vantage Eye Center
Hazel Hawkins Hospital	Vantage Surgery Center
Healthy Mothers, Healthy Babies	Walgreen's Pharmacy
Hospital Council of Northern and Central California	Watsonville Community Hospital
Improving Birth	

PUBLIC AGENCIES	
Cal Fire – CA Department of Forestry & Fire Protection	Monterey County Emergency Medical Service Agency
California Department of Fish and Game	Monterey County Juvenile Hall
California Highway Patrol	Monterey County Office of Emergency Communication 911
California Office of Emergency Services	Monterey County Office of Emergency Services
Carmel Regional Fire/Ambulance Department	Monterey County Probation Department
Castroville Water District	Monterey County Sheriff's Department
City of Marina	Monterey County WIC Program
City of Monterey	Monterey Police and Fire Departments
City of Pacific Grove	Monterey Regional Airport
City of Sand City	Monterey Regional Fire Department
City of Seaside	Monterey-Salinas Transit
Covered California	National Fallen Firefighters Foundation

Cypress Fire Protection District	Presidio of Monterey
Marina Department of Public Safety	Salinas Municipal Pool
Monterey County Child Support Services	Salinas Sports Complex and Rodeo
Monterey County Coroner	Seaside Police and Fire Departments
Monterey County Department of Health	Soledad Mission Recreation District
Monterey County Department of Housing	Solid Waste Authority
Monterey County Department of Social and Employment Services	U.S. Forest Service Monterey Ranger District
Monterey County District Attorney's Office	

Appendix D. Alphabetical Master List

Title of Service	Description of Service
A Conversation with Life program	An information and discussion program on the personal, practical, medical, and spiritual aspects of end-of-life preparation. Learn what to do to prepare, and how best to communicate healthcare wishes to family and medical team, before being unable to speak for yourself.
Advanced weight-loss surgery support group	A support group for individuals who have already undergone weight-loss surgery at least 12 months prior to program involvement.
Aftercare support groups/continuing care groups	Help for Recovery Center patients and families to avoid recurrences of drug abuse and stay drug-free.
Alzheimer's family support group	Biweekly support group to provide families of patients with Alzheimer's disease with information, education, and support.
Aromatherapy	Provide appropriate aromatherapy applications, therapeutic quality essential oils, and equipment to enhance comfort and quality of life for patients, families, and caregivers.
Athlete Playbook	Program and service designed to provide school coaches and athletes with organized, custom tools to support students' athletic development needs.
Automated external defibrillator program	Assist community organizations in obtaining AEDs; provide oversight, maintenance, training, and compliance services.
AWAKE support group	Presentations regarding the medical aspects of sleep apnea and sleep disorders.
Base Hospital Coordinator	Part-time nurse coordinating all pre-hospital provider activities for Community Hospital and Monterey County.
Be Happy	Interactive, goal-oriented class targeting reduction in stress and improvement in emotional well-being through small, achievable steps.
Bereavement program	Program of individual and group support for coping with death-related grief.
Big Sur Half and International Marathons-medical support	Physician and nurse support and medical supplies for race events.
Billing support services for patients	Service helps support patients with complex medical conditions through reading, understanding, and paying health bills from multiple providers.
Bipolar support group	Provide additional supportive care for patients.
Blood Center volunteer services	Volunteers assist clinical staff on mobile sites and in the Blood Center.
Body mechanics applied to nursing	Class for first-year nursing students on proper body mechanics in patient care.
Bone health lecture series	Lecture series for the public on bone health.
Breast cancer early support	An education and support group for women with early diagnosis of breast cancer.
Breastfeeding: the beginning	Class to get breastfeeding off to a good start, prevent problem, and focus on the role of nutrition.
Cabrillo College radiologic technologist class	Training program at community college for radiologic technologists.
California Transplant Donor Network	Program that provides organs from deceased patients to the California Transport Donor Network.
Cancer Care Symposium	Symposium for clinicians and community members addressing the risks, benefits, and alternatives to cancer screening and improving clinical practices of diagnostic evaluation and treatment.

Title of Service	Description of Service
Cancer Survivorship Celebration	Picnic luncheon/program for cancer survivors and families at Monterey County Fairgrounds.
Cancer wellness support group	Weekly support group for any person with cancer and their support person(s).
Caregiver's drop-in program	Provides support, information, and self-care for family, friends, and caregivers of cancer patients.
Carpooling incentives/employee shuttle program	Incentives given to employees to encourage them not drive to work alone. Free employee shuttle between CHOMP and area cities.
Central Coast Health Connect	Subsidize the purchase of ambulatory electronic medical record systems to encourage physician adoption of technology in their offices.
Children's supplies in CHOMP waiting areas	Distribution of children's supplies (crayons, coloring books, toys, etc.) to Emergency department and other waiting rooms and public areas throughout the hospital.
Chronic pain support group	Ongoing support group teaching coping skills to people with chronic pain.
Collaboration with area schools, colleges and community groups	Collaboration, consultation with area schools, colleges and community groups to review drug policies, education & "best practices" to address substance abuse issues.
Community benefit grants	Community benefit grants to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within the hospital's service area.
Community benefit operations	Staffing and other operational support required for tracking and reporting community benefits.
Community garden	Project that allows marginalized people to gain access to fresh, local, organic produce through creating and maintaining a community garden.
Community health needs assessment	Comprehensive community health needs assessment to identify the highest priority unmet health needs of our community.
Continuing medical education	Accredited medical education program open to all physicians in the community to maintain, develop, or increase knowledge, skills, and professional performance.
Cooking for Life	Hands-on cooking class designed to teach participants how to prepare simple, healthy, and delicious meals.
Diabetes support group	Group for those with type 1 and type 2 diabetes focused on living with the day-to-day challenges and conflicts of self-management.
Discharge clothing	Provide clothing prior to discharge for Emergency department patients whose clothes have been damaged or destroyed.
Donation of electronic materials	Disposal of electronic waste.
Donation of materials to the community	Donation of miscellaneous supplies and equipment to charitable organizations.
Donations to community events	Medications donated to the Big Sur International Marathon and the National Pro-AM golf tournament.
Electronic greeting cards	Print and distribute electronic greeting cards for patients that arrive via e-mail from the CHOMP web site.
Emergency preparedness	Collaboration with the Monterey County EMS agency to develop an updated, comprehensive emergency preparedness plan and a community awareness campaign.
Emergency preparedness fair	Program to provide the public with information and resources to help them prepare their families and homes for a disaster.
Family Birth Center tour	Orientation and tour of the Family Birth Center for parents-to-be.

Title of Service	Description of Service
Family/patient education and counseling	Education and counseling for families and patients regarding cancer issues.
Food donations to community	Donation of food for community events.
Free Emergency department medical records	Free copies of Emergency department medical records.
Free prescriptions for needy patients	Underwriting the cost of discharge/outpatient prescriptions for those unable to pay.
General charity care (at cost)	Hospital services for patients in financial need.
Griefbusters	Children's bereavement program offered through schools.
Hand sanitizer distribution	Distribute hand sanitizer free to the public throughout the hospital.
Healing art retreat	A six-hour art therapy program for people with cancer and their support persons.
Health fair – Educational & Diabetes Nutrition Services	Health fairs providing information to the public on health issues as well as blood pressure, blood sugar, and cholesterol screening.
Health fair – Labor of Love	Health fair providing information about pregnancy and pregnancy services at CHOMP.
Health fair – Mental Health and Substance Abuse	Health fairs providing information to the public on mental health and substance abuse issues and other problems.
Health information series	Free monthly workshops on health topics such as heart disease, cancer, and arthritis.
Health news sponsorship	Sponsored airing of health news segments on KION and KSBW TV.
Health resource library	Free health library for the public including computer searches and referrals.
Heart Smart supermarket tour	Tours of local supermarkets with instruction on healthy foods and how to read food labels to avoid unhealthy foods.
HIV/AIDS care	HIV education, testing, and counseling; clinical care throughout full spectrum of the disease.
Hospice patient support services	Volunteer respite and psychosocial support for hospice patients' caregivers and families.
Hospital and community service	Leadership and participation in community organizations.
Hospital call center	Call center provides continuous customer service for information regarding hospital classes, support groups, and services.
In-home blood collection	Phlebotomist sent to homes and skilled nursing facilities to collect blood samples for non-ambulatory patients.
Internship for master of healthcare administration	Internship for MHA student to provide understanding of various business functions within the hospital over a 12-week period.
Internships for master of social work students	Provide internships for students in master of social work program.
Internships for dietetics students	Internships offering students an opportunity for volunteer hours needed to complete college programs in dietetics.
Internships for physical therapy students	Free 4-12 week internships for in- and out-patient rehabilitation settings.
Kids Eat Right	After-school program at local elementary schools that includes education, food preparation, and physical activity.
Legs for Life Screening	Free screening for peripheral vascular disease (PVD), a common circulatory condition associated with leg pain, aching, and/or cramping that comes on with exercise.
Live longer, live stronger	Cancer survivorship program addressing the physical, psychological, social, financial, and spiritual issue that survivors confront.

Title of Service	Description of Service
Living Well workshop	Developed at Stanford University, this class helps individuals who live with ongoing health conditions such as arthritis, diabetes, or heart, breathing, or back problems to work with their doctors and better manage their symptoms.
Look Good, Feel Better	Class for cancer patients covering practical techniques for wearing wigs and scarves and using makeup to enhance appearance during treatment.
Mental health information and referral service	Phone intake for new patient appointments, information, and referrals to appropriate mental health services and community resources.
Mindfulness Meditation	An 8-week course which consists of intensive training in mindfulness meditation, gentle movement, and group support.
Monterey Bay Independent Physician Network	Grant to support physician network providing heath care services to seniors of Monterey County.
Monterey County Community Health Centers	Community Hospital representative serves on board of directors for Monterey County Community Health Centers.
Monterey County Science and Engineering Fair - Judge	Judge Monterey County high school students' science projects at Monterey County-wide event.
Mood management class	A class to help you understand the connection between thoughts and emotions and learn practical ways of managing change.
Mood management support group	Ongoing group for Recovery Center patients who are diagnosed with an adjustment, mood, or anxiety disorder.
Multiple Sclerosis Free From Falls program	A comprehensive fall prevention program for people with multiple sclerosis.
Music at the bedside	Live music at patients' bedside to help relieve anxiety and stress, induce relaxation, and bring comfort.
National Pro-AM Golf Tournament Medical Support	Registered nurse volunteers (CHOMP and non-CHOMP) to staff medical tents throughout the tournament and provide first-aid supplies.
Negative margin services	Subsidized cost of services for Outpatient Immunology Services and Blood Center.
Non-interest-bearing patient payment plans	Non-interest-bearing payment plans for patients.
Ostomy support group	Education and support for people who have had or will have ostomy surgery, their family members, and friends.
Parent support group	Education and support for parents of adolescents who are struggling with drug or alcohol abuse and behavior problems.
Partial hospitalization program support group	Support group for patients who have been in partial hospitalization program.
Patient discharge binders	Durable binders containing patients' medical information and post-discharge follow-up instructions for use in managing their care in the community setting.
Patient navigator training	Trained volunteers who are matched with cancer patients and their supporters to assist them in navigating through the challenges of cancer.
Patient transportation	Free transportation to medical appointments within the community for chronically and terminally ill patients.
Physician recruitment program	Recruit and retain local physicians for critically needed medical specialties.
Prostate cancer self-help group	Monthly support group for men with prostate cancer.

Title of Service	Description of Service
Public access defibrillator loaner project (AED)	Donation of automated external defibrillators (AEDs) to public sites on the Monterey Peninsula.
Public speaking: review of medication issues and pharmacy careers	Speaker at various groups to review medication issues related to various conditions, services and careers.
Pulmonary Wellness alumni class	A refresher course for graduates of the Pulmonary Wellness Program including nutrition, oxygen, and exercise information.
Pulse magazine	Free publication containing practical health and wellness information on a variety of topics for the lay audience.
“Quinn On Nutrition” weekly newspaper column	Weekly column discussing nutrition published in *The Monterey County Herald*, Digital First Media News Service and syndicated through Tribune Content Agency.
Recovery Center alumni association	Weekly meeting/support activity for Recovery Center alumni.
Recovery Center assessment program	Free assessment interview/consultation for substance abuse disorders, mental health, and dual disorder treatment..
Restless Leg Syndrome support group	A support group for individuals who suffer from restless legs and/or periodic limb movement disorder.
Safe Sitter course	Babysitting course for children 11-13 years old including instruction on safety, child development, and ethics of babysitting.
Scholarship program	Program providing need-based scholarships for students pursuing healthcare careers, both undergraduate and graduate.
School and youth group field trips	Familiarize youth with the hospital to relieve anxiety about hospital visits and to provide exposure to healthcare careers.
Sewing committee	Annual volunteer activity to make sewing projects for newborns and inpatients during the holiday season.
Sexual Assault Response Team	Training of new nurses for Sexual Assault Response Team (SART); maintenance of training equipment for the SART teams.
Smoking cessation assessment	A free individual assessment with smoking cessation counselor in the Kick the Nic program.
Speaker's Bureau	Bureau providing expert speakers on a variety of medical and healthy industry topics to community groups free of charge.
T’ai chi for health	Basic t'ai chi orientation and movements for people of all abilities.
Telecare service	A daily reassurance telephone call to house-bound community residents.
Topics in Diabetes	A monthly education group for people wanting more information on diabetes.
Total joint replacement class	Class offered to total joint replacement patients on expected hospital course, exercises, equipment and procedures, and pain management.
Tour du CHOMP	Behind-the-scenes tours of nursing roles in various hospital departments for collegiate and junior Auxiliary volunteers.
Transitions	Provides case management and volunteer services to clients suffering from life threatening illness with a prognosis of 12 months or less.
United Way employee campaign	Employee participation in the United Way campaign to raise funds for local nonprofit organizations.
Unpaid cost of CHAMPUS	Unpaid cost of care for patients covered by CHAMPUS program.

Title of Service	Description of Service
Unpaid cost of Medi-cal	Unpaid cost of care for patients covered by Medi-Cal program.
Unpaid cost of Medicare	Unpaid cost of care for patients covered by Medicare program.
Volunteer hours served by hospital trustees	Members of the organization's Board of Trustees serve in a volunteer capacity on the board and on numerous committees.
Walk and Win	Class series on beginning an exercise program.
Web site	Free health information offered via web site.
Weigh of Life class	Class providing information on the immune system, basic nutrition, food safety, and food supplements.
Weigh of Life II support group	Weight management support group for men and women.
Weight-loss surgery nutrition class	Class on post-gastric bypass nutrition and eating.
Weight-loss surgery support group	Support and information group for anyone who has undergone gastric bypass surgery, has plans to undergo the surgery in the future, or is contemplating the procedure.
Weight-loss surgery: back on track support group	Lecture series with a variety of topics designed to help people better obtain and maintain their weight-loss goals after surgery.
Weight-loss surgery banding support group	Providing peer-to-peer support to those with adjustable gastric bands, with professional guidance and education.
Women's cancer support group	A bi-weekly support group for women facing issues associated with a cancer diagnosis.
Women's Forum for Health	A lecture to promote health education, awareness, and partnerships among local women.
Writing your Memoirs	Journal-writing program for patients.

Appendix E. Monterey County Employers Participating in Working Well Initiative

Monterey County Employers – 2014*	
Advanta Care	Monterey Peninsula Airport District
All Saints Episcopal Day School	Monterey Peninsula Chamber of Commerce
Asilomar Conference Center	Monterey Peninsula College
Bayonet & Blackhorse Golf Courses	Monterey Peninsula Country Club
Bernardus Lodge	Monterey Peninsula Engineering
Canterbury Woods	Monterey Peninsula Water Management District
Carmel Valley Athletic Club	Monterey Peninsula Unified School District
Carmel Valley Manor	Monterey Plaza Hotel LLP
Church Brothers	Monterey Regional Waste Management District
City of Carmel	Monterey Regional Water Pollution Control Agency
City of Marina	Monterey Salinas Transit
City of Monterey	Naval Postgraduate School (military)
City of Pacific Grove	Naval Postgraduate School (non-military)
City of Salinas	NewStar
City of Sand City	NOAA
City of Seaside	North County Fire Protection District
Clement Hotel	North County Water Resource Agency
CostCo	North Monterey Unified School District (Calpers)
County of Monterey	Ocean Mist Farms
CSUMB - California State University- Monterey Bay	Pacific Cancer Care
CSUMB - Registar	Pacific International
CSUMB - Student Affairs	Pebble Beach Co.
CTB McGraw-Hill Co	PG & E - Salinas
Defense Manpower Data Center - Dept of Defense	PG & E - Monterey

Department of Corrections Training Facility (Calpers)	Portola Plaza Hotel
Dept. of Mental Health Psych Program (Calpers)	Presidio (Civilian)
Dole - Monterey	Presidio of Monterey
Dole - Soledad	Pro Act
Earthbound Farm	Quail Lodge
Embassy Suites Monterey Bay	REI
Fenton & Keller	Robert Talbott Inc
Fisherman's Grotto	Rocket Farms
Fleet Numerical	RockTenn Corp
Fresh Express	Salinas Valley State Prison (Calpers)
Green Mountain Coffee Roasters	Salinas Valley State Prison psych unit (Calpers)
Hyatt (Carmel)	San Juan Oaks Golf Club
Hyatt Regency (Monterey)	Santa Lucia Preserve
International School of Monterey	Scheid Vineyards
Laguna Seca	Sequoia (Amtrust) Insurance
Language Line	Sierra Instruments
Lansmont	Stevenson School
Marina Coast Water District	Superior Court of Monterey County (Calpers)
Marriott Monterey	Tanimura & Antle
Monterey Bay Aquarium	Taylor Farms Food Services
Monterey Bay Bouquet	Taylor Farms- Retail
Monterey Bay Pollution Control Board	The Park Lane
Monterey Bay Urgent Care	Wells Fargo
Monterey Beach Hotel	West Marine
Monterey County Regional Fire District (Calpers)	
Monterey County Schools Insurance Group	
Monterey Mushroom	

Appendix F. 2013 Community Health Needs Assessment Executive Summary

In the spring of 2013, Community Hospital of the Monterey Peninsula (CHOMP) embarked on a comprehensive community health needs assessment (CHNA) process to identify and address the key health issues for our community.

Community Hospital, founded in 1934 and located at 23625 Holman Highway in Monterey, has grown and evolved in direct response to the changing healthcare needs of the people it serves. It is a nonprofit healthcare provider with 207 staffed acute-care hospital beds, 13 inpatient rehabilitation beds, and 28 skilled-nursing beds, delivering a continuum of care from birth to end of life, and every stage in between.

With approximately 2,000 employees, CHOMP provides services primarily to residents of the Monterey Peninsula and the surrounding communities within Monterey County. The hospital also serves the notable number of individuals who visit the Monterey Peninsula year round. Its services are provided at several locations including the main hospital, outpatient facilities, satellite laboratories, a mental health clinic, a short-term skilled nursing facility, Hospice of the Central Coast, and business offices. CHOMP is accredited by Joint Commission.

Mission:

Community Hospital of the Monterey Peninsula is dedicated to identifying and meeting the changing healthcare needs for the people of the Monterey Peninsula and surrounding communities. We are committed to providing high-quality services at a competitive cost and within a safe environment. We provide educational and public service programs to enhance the health of our community and the competence of those who provide the service. We are committed to caring for all who come through our doors, regardless of ability to pay, to the fullest extent allowed by law and available resources.

Departments and Services

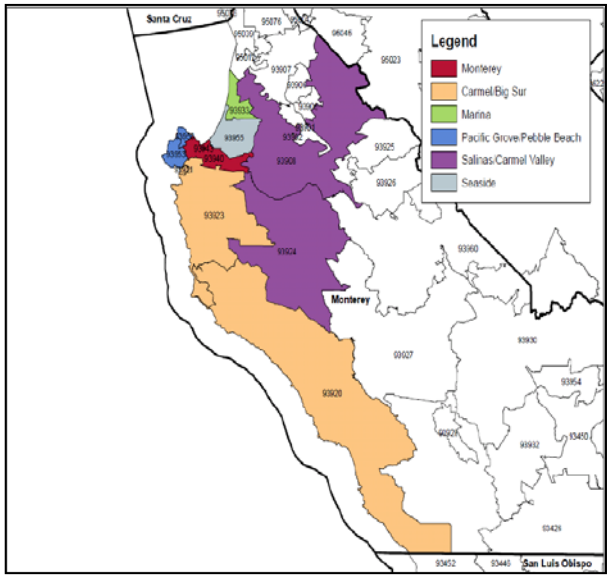
- **24-hour emergency care**
- **Advanced Lipid Management Program**
- **Bariatric surgery program**
- **Behavioral Health Services**
- **Blood Center**
- **Cardiopulmonary Wellness Program**
- **Carol Hatton Breast Care Center**
- **Chaplain Services**
- **Comprehensive Cancer Center**
- **Diabetes and Nutrition Therapy Program**
- **Diagnostic and Interventional Radiology**
- **Family Birth Center**
- **Health Resource Library**
- **Hospice of the Central Coast**
- **Inpatient and outpatient surgery**
- **Inpatient Rehabilitation Unit**
- **Intensive Care Unit**

- **Intermediate Intensive Care Nursery**
- **Laboratory Services**
- **Outpatient Immunology Services**
- **Outpatient Surgery Center**
- **Perioperative clinic**
- **Palliative Medicine Service**
- **Radiation Oncology**
- **Rehabilitation Services**
- **Recovery Center (substance abuse treatment)**
- **Sleep Disorders Center**
- **Social services**
- **Stroke Program**
- **Tyler Heart Institute**
- **Westland House skilled nursing facility**
- **Wound Health and Hyperbaric Medicine**

Definition of the Community Served [IRS Form 990, Schedule H, Part V, Section B, 1a, 2]

Community Hospital of the Monterey Peninsula completed its last community health needs assessment in 2010.

CHNA Community Definition



CHOMP's community, as defined for the purposes of the community health needs assessment, included each of the residential ZIP codes that comprise the hospital's primary service area (PSA), including: 93950, 93940, 93941, 93942, 93943, 93944, 93920, 93921, 93922, 93923, 93955, 93933, 93953, 93908 and 93924. This included Monterey, Carmel, Big Sur, Seaside, Marina, Pacific Grove, Pebble Beach, the Highway 68 corridor, and Carmel Valley. A geographic description is illustrated by the map at right.

This community definition was determined because 79 percent of CHOMP's patients originate from this area.

Demographics of the Community [IRS Form 990, Schedule H, Part V, Section B, 1b]

The population of the hospital's primary service area is estimated at 143,307 people. It is predominantly non-Hispanic White but also has a substantial Hispanic population. The demographic breakdown, according to the US Census Bureau, is non-Hispanic White (60.7 percent), Hispanic (21 percent), Asian (8.6 percent), African American/Black (3.8 percent), and other (5.4 percent).

Resources Available to Address the Significant Health Needs [IRS Form 990, Schedule H, Part V, Section B, 1c]

The following represent potential measures and resources (e.g., programs, organizations, and facilities) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this community health needs assessment.

- Alliance on Aging
- Alzheimer's Association
- Aspire Health
- Beacon House
- Central California Alliance for Health
- Central Coast Citizenship Project
- Chamber of Commerce
- Clinica de Salud del Valle de Salinas
- Community Health Innovations
- Community Hospital of the Monterey Peninsula (CHOMP)
- Community Partnership for Youth
- Compassionate Alliance
- Dorothy's House
- Family Resource Center
- Food Bank of Monterey County
- Harmony House
- Home health agencies
- Homelessness prevention organizations
- Hospice of the Central Coast
- Insurance agencies
- Interim, Inc.
- Law enforcement agencies
- Libraries
- Local employers
- Media
- Monterey County Behavioral Health Division
- Monterey County Clinic Services Division
- Monterey County Department of Health
- Monterey County's Federally Qualified Health Centers
- Natividad Medical Center
- Paradigm Day Program
- Peninsula Wellness Center
- Primary care providers
- Private psychiatrists
- Public transportation agencies
- Read 4 Life
- RotaCare Clinic
- Rural health clinics
- Salinas Valley Memorial Healthcare System
- School districts
- Smoking cessation programs
- Social service providers
- Sun Street Centers
- United Way of Monterey County
- Visiting Nurses Association (VNA)
- Wellness programs
- YMCA

How CHNA Data Were Obtained [IRS Form 990, Schedule H, Part V, Section B, 1d]

CHNA Goals and Objectives

This community health needs assessment is a follow-up to a similar study conducted in 2010. It is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the primary service area of the Community Hospital of the Monterey Peninsula. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

The community health needs assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. The 2013 PRC Community Health Needs Assessment serves as a tool for reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting community health needs assessments such as this in hundreds of communities across the United States since 1994.

CHNA Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels.

Qualitative data input includes primary research gathered through two key informant focus groups.

Community Health Survey

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by PRC, with input from the hospital.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 1,000 individuals age 18 and older in the primary service area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the primary service area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Public Health, Vital Statistics, and Other Data

A variety of existing (secondary) data sources were consulted to complement the research quality of this community health needs assessment. This secondary data was available at the county level; to best match the primary service area, data from Monterey County was used. These were obtained from a variety of sources (specific citations are included in the CHNA report), such as:

- Centers for Disease Control and Prevention
- National Center for Health Statistics, State Department of Public Health
- State Department of Health and Human Services
- State Uniform Crime Report
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Community Stakeholder Input [IRS Form 990, Schedule H, Part V, Section B, 1h & 3]

As part of the community health needs assessment, there were two key informant focus groups held in the service area. These key informant focus groups allowed for input from persons with special knowledge of or expertise in public health, as well as others who represent the broad interests of the

community served by Community Hospital. Participants included 28 key informants in the region, including physicians, other health professionals, social service providers, business leaders, and other community leaders.

Potential participants were chosen because of their ability to identify primary health concerns of the populations with whom they work, as well as of the community overall. Participants included representatives of public health, as well as several individuals who work with low-income, minority, and/or other medically underserved populations, and those who work with persons with chronic disease conditions. Specific names/titles of those participating are available upon request.

Key Informant Focus Groups	Date
Physicians and other clinicians	June 10, 2013
Other healthcare providers, social services, public health, and community leaders	June 10, 2013

Information Gaps

[IRS Form 990, Schedule H, Part V, Section B, 1i]

While this community health needs assessment is quite comprehensive, Community Hospital and PRC recognize that we cannot measure all possible aspects of health in the community, nor can we adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Vulnerable Populations

[IRS Form 990, Schedule H, Part V, Section B, 1f]

The CHNA analysis and report yielded a wealth of information about the health status, behaviors, and needs of our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic, and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations such as uninsured persons, low-income persons, and racial/ethnic minority groups.

For additional statistics about uninsured, low-income, and minority health needs, please refer to the complete PRC Community Health Needs Assessment report.

Public Dissemination [IRS Form 990, Schedule H, Part V, Section B, 5-5c]

This community health needs assessment will be made available to the public at www.chomp.org. This report will also be available via HealthForecast.net™, an interactive, dynamic tool designed to share CHNA data with community partners and the public at large by:

- Informing readers that the CHNA report is available and providing instructions for downloading it;
- Offering the CHNA report in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the report;
- Granting access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website.

Links to this dedicated HealthForecast.net™ site are also made available at http://www.chomp.org.

CHOMP will provide any individual requesting a copy of the written report with the web address where the document can be accessed. CHOMP will also maintain at its facilities a hard copy of the CHNA report that may be viewed by any who request it.

Health Needs of the Community [IRS Form 990, Schedule H, Part V, Section B, 1e]

Prioritized Health Needs

A representative group of the hospital came together on August 29, 2013, to determine the health needs to be prioritized for action. During the detailed presentation of the CHNA findings, consultants from PRC used audience response system (ARS) technologies to lead participants through a process of understanding key local data findings (areas of opportunity) and ranking identified health issues against the following established, uniform criteria:

- **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Healthy People targets.
- **Impact/Seriousness.** The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Feasibility.** The ability to reasonably impact the issue, given available resources.
- **Consequences of Inaction.** The risk of not addressing the problem at the earliest opportunity.

From this exercise, the areas of opportunity were prioritized by the group as follows and subsequently confirmed on September 9, 2013 by the hospital's Community Health Committee.

Prioritization of Significant Health Needs		
1	**Access to health services**	Lack of health insurance coverage Insurance instability Cost as a barrier to doctor visits Access to children's healthcare Seaside and Marina residents frequently reported greater difficulty accessing healthcare services than those in other parts of the CHOMP service area
2	**Nutrition, physical activity, and weight**	Obesity prevalence Chronic disease management (heart disease, obesity, diabetes) Overweight/obesity prevalence highest in Seaside/Marina Physical activity indicators least favorable in Seaside community
3	**Mental health and mental disorders**	Chronic depression Suicide ADD/ADHD prevalence Depression and mental health status indicators suggest that Seaside and Marina residents might have greater unaddressed mental health needs
4	**Educational and community-based programs**	Attending health promotion events Health literacy Prevention not valued
5	**Heart disease and stroke**	Hypertension prevalence Chronic cardiovascular disease management

Additional needs identified as areas of opportunity were not deemed as significant needs and did not rank highly enough to earn a prioritized ranking due to the number of population affected, the hospital's ability to improve the issue, or the existence of other resources devoted to the issue elsewhere in the community.

Other Identified Health Needs	
Chronic pain and disabling conditions	Activity limitations Osteoporosis Chronic neck pain
Chronic kidney disease	Kidney disease deaths
Dementias	Alzheimer's disease deaths
Substance abuse	Cirrhosis/liver disease deaths Drug-induced deaths Chronic drinking
Tobacco use	Seaside residents report a relatively high prevalence of cigarette smoking

Community-Wide Community Benefit Planning [IRS Form 990, Schedule H, Part V, Section B, 6c-6d]

The community benefit plan will be submitted in 2014. CHOMP is committed to continuing to partner with other organizations in the county to positively impact the overall health of individuals in the community and promote access to care. To this end, the hospital has dedicated significant resources to making Monterey County a more healthy community. As individual organizations begin to use the information from the 2013 community health needs assessment, it is hoped that additional collaboration will occur in support of community-wide health improvement.