

*Frank R. Howard
Memorial Hospital*



**Community
Health Plan
2014 Annual
Update**



Contents

- OVERVIEW OF ADVENTIST HEALTH 3
- IDENTIFYING INFORMATION..... 5
- INVITATION TO A HEALTHIER COMMUNITY 6
- COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW UPDATE..... 8
- IDENTIFIED PRIORITY NEED UPDATE..... 11
- PARTNER LIST 15
- COMMUNITY BENEFIT INVENTORY 16
- COMMUNITY BENEFIT & ECONOMIC VALUE 18
- CONNECTING STRATEGY & COMMUNITY HEALTH..... 19
- APPENDIX A: COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY
HEALTH PLAN COORDINATION POLICY..... 20

Overview of Adventist Health

Frank R. Howard Memorial Hospital (HMH) is an affiliate of [Adventist Health](#), a faith-based, not-for-profit, integrated health care delivery system headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawaii, Oregon and Washington.

Adventist Health entities include:

- 19 hospitals with more than 2,700 beds
- More than 235 clinics and outpatient centers
- 14 home care agencies and 7 hospice agencies
- Four joint-venture retirement centers
- Workforce of 28,600 includes more than 20,500 employees; 4,500 medical staff physicians; and 3,600 volunteers

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

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

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

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

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

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

Identifying Information



Frank R. Howard Memorial Hospital

25-bed Critical Access Hospital

Rick Bockmann, CEO

Jeff Eller, Chair, Governing Board

One Madrone Street

Willits, CA 95490

707-459-6801

Invitation to a Healthier Community

Where and **how** we live is vital to our health. As you read this document, think about health in our communities as the environment in which we live, work, and play. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population.

The Community Health Plan marks the second phase in a collaborative effort to identify our community's most pressing health needs. A Community Health Needs Assessment (CHNA) was conducted in 2013 to identify potential priority areas for community health. The CHNA was conducted not only in response to California's community benefit legislation (SB 697), Oregon's community benefit legislation (HB 3290) and The Affordable Care Act (H.R. 3590), but to truly fulfill the mission of the Adventist Health, "To share God's love by providing physical, mental and spiritual healing."

Community-based prevention, particularly interventions that look upstream to stop the root causes of disease, can reduce the burden of preventable illnesses. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are all key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population. Adventist Health uses [The Community Guide](#), a free resource, to help communities choose programs and policies to improve health and prevent disease. This resource guides communities towards interventions that have proven to be effective, are appropriate for each unique community and evaluate the costs and return on investment for community health interventions.

Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. To aid in comparability across regions, it is important to identify and be in alignment with statewide and national indicators.

When available, Healthy People 2020 was used as targets to align our local interventions. The Healthy People 2020 initiative provides science-based, 10-year national objectives for improving the health of all Americans.

The results of the CHNA guided the creation of a detailed plan to meet identified community needs, as well as community plans to address needs that our hospital may not be able to provide. In response to those identified needs HMH has adopted the following priority areas for our community health investments for 2013-2015:

- Behavioral Health: Working with Mendocino County Coalition to Provide Adequate Mental Health Services and Continuum of Care for Mentally Ill Patients.
- Chronic Disease: Provided Diabetes Education Classes, Support Group and One-on-One Counseling. Provide Weekly Smoking Cessation Classes For Community Members.
- Advanced Aging Care: Recruited an Orthopedic Surgeon to Provide Orthopedic Care for Aging Population.

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

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

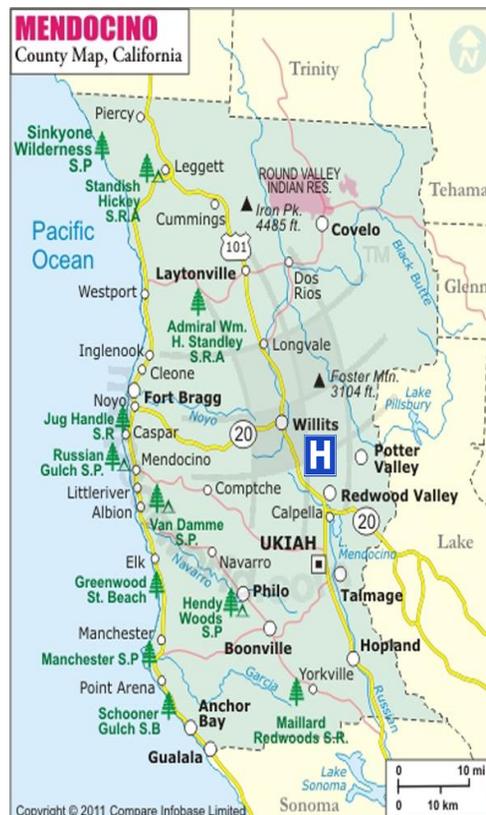
Building a healthy environment requires multiple stakeholders working together with a common purpose. We invite you to explore our health challenges in our communities outlined in this assessment report. More importantly though, we hope you imagine a healthier region and collectively prioritize our health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

Community Health Needs Assessment Overview Update

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

Community Profile

Frank R. Howard Memorial Hospital primary service area is comprised of residents from the cities Ukiah and Willits in Mendocino County. According to the Office of Statewide Health Planning and Development (OSHPD), in 2011 the majority of patients discharged from HMH reside in Willits (76.7%; 95490 zip code). The rest reside in Ukiah (13.4%, 95482 zip code) and Laytonville (9.8%, 95454 zip code).



The data collection process of the CHNA included key informant interviews to engage community leaders in the formation of our priority areas and interventions. The key informants were asked three central questions, with probing and follow-up questions when necessary:

- What is your vision of a healthy community?
- What is your perception of our hospital in general and of specific programs and services?
- What can we do to improve the health and quality of life in the community?

Key informant interviews were comprised of key leaders from an array of agencies across Mendocino County, ranging from not-for-profits, faith-based organizations, policy groups, elected officials and their staff, to educational institutions and local businesses. These were conducted by phone.

Data was also collected from community health data compiled by www.healthymendocino.org.

Information Gaps

It should be noted that the key informant interviews are not based on a stratified random sample of residents throughout the region or a random sample of employees in each agency. The key informants were not chosen based on random sampling technique, but were instead invited because their comments represented the underserved, low income, minority, and chronically ill populations. In addition, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

Collaborations:

The CHP and CHP update was prepared in collaboration with:

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

Although, the most recent assessment was conducted in 2013, we are continually assessing our communities for growing trends or environmental conditions that need to be addressed before our next assessment in 2016. In 2014 no changes were made to the CHNA. In addition, our CHP addressed all of our identified priority areas from the 2013 CHNA.

Identified Priority Need Update

After conducting the CHNA, we asked the following questions:

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

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

Priority Area 1

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

- Mendocino County had almost twice the rate of substance use during pregnancy than California for tobacco, alcohol, and marijuana. 55.5% of pregnant women in Mendocino County reported use of these substances prior to knowledge of pregnancy compared to 23.7% for California.
- The suicide death rate for Mendocino County (23.7 per 100,000) is significantly worse than the rate for California (9.6 per 100,000) or Healthy People 2020 (4.8 or less per 100,000).
- According to the California Department of Justice, felony and misdemeanor adult (19-69 years old) drug-related arrest rates per 1,000 in Mendocino County continue to be considerably higher than the State rates.

Goal: Provide adequate mental health resources and continuum of care for the continually growing mental health population of Mendocino County.

Objective: Work with a coalition of community leaders to provide the best resources and services that will help mentally ill community members.

Interventions:

1. Develop a Mendocino County Mental Health Coalition to Care For Mentally Ill Population.

Evaluation Indicators:

Short Term – Create an integrated care model for those experiencing mental health issues.

Long Term – Increase the proportion of residents with mental health disorders who receive treatment.

Collective Impact Indicator – Increase appropriate utilization of healthcare services for the experiencing mental health issues.

Update on Indicators for 2014:

Currently working on the JAG coalition which is seeking to help law enforcement and first responders provide the right services for mentally ill. Since AB-109

Priority Area 2

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

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

Goal: Help improve the overall health and quality-of-life of individual community members suffering from reversible and improvable chronic diseases.

Objective:

1. Increase patient participation in diabetes education classes.
2. Increase patient participation in smoking cessation classes.
3. Increase in percentage of patients that quit smoking for more than 6 months....”

Interventions:

1. Conducted 16 Diabetes Education Classes that Reached 98 Community Members.
2. Hosted 10 Diabetes Support Groups that Reached 125 Community Members.
3. Provided Free Smoking Cessation Classes for Tobacco and Marijuana Users.

Evaluation Indicators:

Short Term – Increase community access to diabetes support and smoking cessation resources provided by HMM.

Long Term – Have an integrated system in which our community of physicians helps us identify and respond to individuals who are at risk for preventable chronic disease.

Priority Area 3

Advanced Aging Care: Accident Prevention and Orthopedic Care

Goal: Increase access to appropriate medical care services.

Objective: Reduce delays in care for Mendocino County Residents experiencing falls.

Interventions:

1. Acquired Stryker Performance Solutions to Help Improve Quality Outcomes, and Patient Satisfaction of Orthopedic Procedures.
2. Received Blue Distinction Centers for Knee and Hip Replacement from BlueCross and BlueShield Association.
3. Ensure Mendocino County has a General Orthopedic Surgeon

Evaluation Indicators:

Short Term – Provide Access to Orthopedic Care and Education Through the Orthopedic Joint Center of Northern California.

Long Term – Provide Greater Access to Care and Community Education Opportunities.

Partner List

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

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

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

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

Community Benefit Inventory

Year 2014 – Inventory

Activities	Number of Programs
Medical Care Services	
<p>HMH and Adventist Health have an extensive charity care policy, which enables the HMH to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and nonemergency health care. Charity care does not include: 1) bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing such care to such patients; 2) the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or 3) contractual adjustments with any third-party payers.</p>	
Community Health Improvement	
<p><u>Back to School Sports Physicals</u> Through this program we made exercise and playing sports more accessible to 260 youth throughout the greater Willits community. Conditions that would have probably gone undiagnosed were also discovered during the sports physicals.</p> <p><u>Teach High School Scrubs Class</u> Partner with Ukiah High School and Willits High School in providing nursing education to students interested in entering the medical field.</p> <p><u>Mendocino College Career Fair</u> Provided Emergency Health Education and awareness for students in the nursing program</p> <p><u>Pink Ribbon Party</u> Developed an event for women who are non-compliant with their annual mammogram and first time mammogram recipients to have a forum to dialogue while at the same time feeling pampered and cared for with massages, fluffy spa robes and hors d'oeuvres.</p>	5

Cash and In-Kind Contributions

- African Mission Service
- Mendocino Community College
- Willits Rotary Club
- American Cancer Society
- North Coast Opportunities
- North Coast Striders
- Space Performing Arts
- Willits Kids Club
- Ukiah Junior Academy
- Phoenix Certified Hospice

21

Community Benefit & Economic Value

HMH mission is to share God’s love by providing physical, mental and spiritual healing. We have been serving our communities health care needs since 1927. Our community benefit work is rooted deep within our mission and merely an extension of our mission and service. We have also incorporated our community benefit work to be an integral component of improving the “triple aim.” The “Triple Aim” concept broadly known and accepted within health care includes:

- 1) Improve the experience of care for our residents.
- 2) Improve the health of populations.
- 3) Reduce the per capita costs of health care.

Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

Community Benefit Summary

FRANK R. HOWARD MEMORIAL HOSPITAL Data for Calendar Year 2014	TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
Traditional charity care	1,006,005	2.23%	(0)	1,006,005	2.23%
Public programs - Medicaid	-	0.00%	-	-	0.00%
Medicare	-	0.00%	-	-	0.00%
Other means-tested government programs (Indigent care)	-	0.00%	-	-	0.00%
Community health improvement services (1)	-	0.00%	-	-	0.00%
Health professions education (2)	20,000	0.04%	-	20,000	0.04%
Non-billed and subsidized health services (3)	-	0.00%	-	-	0.00%
Generalizable Research (4)	-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)	34,885	0.08%	-	34,885	0.08%
Community building activities (6)	-	0.00%	-	-	0.00%
TOTAL COMMUNITY BENEFITS	1,060,890	2.35%	(0)	1,060,890	2.35%

Connecting Strategy & Community Health

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

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

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

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

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

Improving population health requires effective initiatives to:

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

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

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

Entity:

- System-wide Corporate Policy
 - Standard Policy
 - Model Policy

Corporate Policy
Department:
Category/Section:
Manual:

No. AD-04-006-S
Administrative Services
Planning
Policy/Procedure Manual

POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

DEFINITIONS

1. **Community Health Needs Assessment (CHNA):** A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. **Community Health Plan:** The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.
3. **Community Benefit:** A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:
 - Improve access to health care services
 - Enhance the health of the community
 - Advance medical or health care knowledge
 - Relieve or reduce the burden of government or other community efforts

Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

AFFECTED DEPARTMENTS/SERVICES:

Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS**PURPOSE:**

The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.
2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.
3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.
4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.
5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.
6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

B. Documentation of Public Community Health Needs Assessment (CHNA)

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.
2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:
 - a. A description of the hospital's community and how it was determined.
 - b. The process and methods used to conduct the assessment.
 - c. How the hospital took into account input from persons who represent the broad interests of the community served.
 - d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.
 - e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).
5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.
6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use)

References: Replaces Policy: AD-04-002-S

Author: Administration

Approved: SMT 12-9-2013, AH Board 12-16-2013

Review Date:

Revision Date:

Attachments:

Distribution: AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors