

*San Joaquin
Community 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 12
- PARTNER LIST 22
- COMMUNITY BENEFIT INVENTORY 23
- COMMUNITY BENEFIT & ECONOMIC VALUE 26
- CONNECTING STRATEGY & COMMUNITY HEALTH..... 27
- REFERENCES..... 27

- APPENDIX A: COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH PLAN COORDINATION POLICY 29

Overview of Adventist Health

San Joaquin Community Hospital (SJCH) 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



San Joaquin Community Hospital

Number of Hospital Beds: 254

Doug Duffield, CEO

Beth Zachary, Chair, Governing Board

2615 Chester Ave.

Bakersfield, CA 93301

661-395-3000

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 San Joaquin Community Hospital has adopted the following priority areas for our community health investments for 2013-2015:

- Childhood Immunizations
- Chronic Disease: Heart Disease, Cancer, Stroke
- Access to Health Care

In addition, SJCH 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. The data sources and methods for conducting the CHNA are listed below.

Community Profile

The geography selected for the CHNA and CHP is Kern County, CA. This geography was selected because 75% or more of participating hospitals' discharges originated throughout the county. San Joaquin has adopted this same service area for this and future CHNAs/CHPs.

The data collection process of the CHNA included:

Quantitative Data

The quantitative secondary data collection process included a comprehensive collection and review of health and quality of life data, collected and analyzed through the use of the Healthy Communities Network System, a web-based community health data platform developed by Healthy Communities Institute. It includes a comprehensive dashboard of approximately 140 community indicators from over 12 state and national public data sources, covering over 20 topics in the areas of health, determinants of health, and quality of life. For more information on qualitative variables and scoring methods, please review the 2013 CHNA accessible at Adventist Health's website (<https://www.adventisthealth.org/Documents/KERNCHNAFINALREPORT040313.pdf>).

Qualitative Data

The primary qualitative data collection process included two surveys with a total of 1,170 participants (200 in the Delano Community Alliance Needs Assessment Survey and 970 in the Community survey). A total of 27 individual interviews were conducted with key stakeholders in the community to gather a personal perspective from those who had insight into the health of a community or the region. The interviews were

designed to gain insights from diverse community groups and underrepresented populations. For more information on interview questions and results, please review the 2013 CHNA accessible at Adventist Health's website (<https://www.adventisthealth.org/Documents/KERNCHNAFINALREPORT040313.pdf>).

Information Gaps

It should be noted that the qualitative data used in the CHNA and CHP 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.

Member Hospitals and Organizations

The 2013 Community Health Needs Assessment was conducted collaboratively through the Kern County Community Health Needs Assessment Steering Committee. Members included:

- Bakersfield Family Medical Center
- Boys and Girls Club of Kern County
- Delano Regional Medical Center
- Dignity Health (Mercy and Memorial Hospitals)
- Greater Bakersfield Legal Assistance
- Kaiser Permanente
- Kern Community Foundation
- Kern County Public Health Services Department
- Kern Health Systems
- Pacific Health Education Center
- San Joaquin Community Hospital
- St. Francis Catholic Church
- United Way of Kern County

External Consultant: Healthy Communities Institute

The Healthy Communities Institute (HCI) was engaged in the process of conducting the Community Health Needs Assessment. HCI's mission is to improve the health, environmental sustainability and economic vitality of cities, counties and communities worldwide. The HCI team is comprised of experts in public health, health informatics, and health policy. The services team provides customized research, analysis, convening, planning and report writing to meet the organizational goals of health departments, hospitals, and community organizations. To learn more about Healthy Communities Institute please visit www.HealthyCommunitiesInstitute.com.

External Consultant: Strategy Solutions, Inc.

Strategy Solutions, Inc. (SSI) was engaged in the process of conducting the Community Health Needs Assessment. SSI is a business development firm that provides strategic planning, market research services and project management services to organizations and communities who want to grow and thrive. Our cause for existence is "Creating Healthy Communities" which is evidenced by the wide array of clients we work. Our staff has extensive experience in providing solutions for workforce development organizations and enhancing growth in community organizations, non-profit organizations, health care systems, and government entities. To learn more about Strategy Solutions, Inc. please visit www.getstrategy.com/about/.

External Consultant: Loma Linda University Medical Center

A team of public health professionals at Loma Linda University Medical Center's Center for Strategy and Innovation was engaged in the process of writing and updating the Community Health Plan. Team members include:

- Laura Acosta, BS, MPH(c)
- Dora Barilla, DrPH, MPH, CHES
- Marti Baum, MD
- Monideepa B. Becerra, MPH, DrPH(c)
- Evette De Luca, BA
- Tim Gillespie, DMin
- Jessica L.A. Jackson, MA, MPH

San Joaquin Community Hospital 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. However, we did not perceive any such changes in our community in 2014.

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

Identified Need: Childhood Immunizations

Categorized under the Healthy Mothers, Babies and Children Problem Rankings in the Kern County CHNA, Childhood Immunizations is the need that is most in line with the mission and structure of SJCH. The hospital has a long legacy of helping to improve access to childhood immunizations in Kern County. When SJCH's Children's Immunization Program began in 1996, only 39% of Kern County's children were up-to-date on immunizations. Today, statistics show that 94% of Kern County kindergarteners are up to date on their required immunizations – a true testament to the value that Proposition 10 funds bring to our community and an indication that we still have work to do in maintaining this success for the next generation. Although this area is not identified as a current weakness in Kern County, it's fair to ascertain that a de-emphasis or discontinuation of the SJCH Immunization's Program would lead to fewer children being vaccinated and, therefore, the potential re-introduction of vaccine preventable disease. (Healthy Kern, 2015).

Goal: The Children's Mobile Immunization Program will hold 12-14 clinics per month in Bakersfield and outlying Kern County communities. These clinics provide free immunizations to uninsured children between the ages of 0 – 18, with a priority placed on those children under 5 years of age.

Objective: Continue to increase the number of immunized children in Kern County by providing access to free immunizations for uninsured/underinsured patients that would not be able to afford vaccines through traditional means.

Intervention:

1. Children's Mobile Immunization Program: By utilizing a specially-equipped recreational vehicle, the immunizations team provides free immunizations to uninsured children throughout Kern County. The clinics are publicized through the hospital's website and multiple media outlets. Since the program was established, more than 100,000 free immunizations have been provided to the children of Kern County.

Evaluation Indicators:

Short Term – Annually host 150 clinics to provide at least 3,800 children with 12,000 vaccines (number of vaccines is proportionate to total number of patients).

Long Term – Maintain at least 90% of kindergarteners with required immunizations

Update on Indicators for 2014:

2014 was a successful year for the SJCH Children's Mobile Immunization's Program. During this year, the mobile vehicle hosted 198 clinics in Bakersfield and rural Kern County communities. Through these efforts, 14,490 shots were administered to 4,702 children.

Program Highlight:

The SJCH Children's Mobile Immunization program is working to save lives, as well as saving our community more than \$5 million annually according to a recently released report prepared by the Applied Research Center at California State University, Bakersfield. Several cost-benefit studies have been completed on immunization programs for vaccine-preventable diseases. The conclusion of a majority of the studies is that vaccines are considered the most cost-beneficial of health intervention strategies. To determine the savings to our community, the Applied Research Center took the cost of the program and added in the cost of hospitalization, medications and physicians' services to care for a child who contracts a preventable disease. It also took into consideration the cost if that child then passes it on to other family members or possibly even starts a community epidemic.

Immunizations are one of the most important public health interventions in the United States. By immunizing children at an early age, the SJCH Children's Mobile Immunization Program continues to prevent many dreaded diseases and decreases the occurrence of many childhood vaccine-preventable diseases.

Although the SJCH Children's Mobile Immunization Program began in 1996 as a hospital-based effort to immunize Kern County children, the program expanded

exponentially when in 2000, SJCH received a Proposition 10 Grant from First 5 Kern (Kern County Children and Families Commission/KCCFC). With the help of this grant, the SJCH Children's Mobile Immunization Program provides completely free services through a mobile unit that includes immunizations, information and education, and referral and linkage services. The original grant included the purchase of a mobile unit that provided enhanced access to immunizations for families and children in the Greater Bakersfield area as well as outlying areas, including Taft, Arvin, Lamont, McFarland, Delano, Shafter, and Wasco.

Since the program began in March 1996, the Children's Mobile Immunization Program has continually met and exceeded its goals. Over 77,000 children have received more than 198,000 immunizations against dreaded childhood diseases including polio, measles, mumps and rubella, and H=hepatitis A and B. When the program began, only 39% of Kern County's children were up-to-date on immunizations. Today, statistics show that 94% of Kern County Kindergarteners are up to date on their required immunizations – a true testament to the value that Proposition 10 funds bring to our community and an indication that we still have work to do.

Clinics are held at a variety of locations including program sites for the Community Action Partnership of Kern and Clinica Sierra Vista, various shopping center parking lots and at numerous schools throughout Kern County. The hospital also provides education and information to local physicians and their staff on how to reach more children to be immunized. Also in 2009, San Joaquin Community Hospital applied to First 5 Kern (KCCFC) for the continuation of the Children's Mobile Immunization Program and was awarded \$1.8 million for 2010 through 2013. Unfortunately, effective July 1, 2015, funding through the grant is being reduced. At this point, the long-term effects of this reduction in funds is unknown.

As part of the latest grant funding, a new mobile unit was completed in 2011 that allows the SJCH Immunization Team to reach out to additional rural communities such as Lost Hills, Maricopa and Buttonwillow in a more safe and secure unit. The hospital's immunization program coordinator is a member of the Immunization Coalition of the Kern County Department of Public Health. Other agencies represented on the coalition in addition to the Kern County Department of Public Health include Clinica Sierra Vista, Blue Cross, Dignity Health, Lamont School District, Kern Family Health Care, Merck, Center for Disease Control, Jamison Center, Kaiser Permanente, Kern County Economic Development Corporation, WIC and Headstart Programs, and National Health Services.

In 2013, the Center for Disease Control issued new guidance for the use of 317 vaccines. Although these vaccines were offered free of charge to all children under the age of 18 in the past, the vaccines are currently provided at no cost to children who meet one of the following criteria:

- No health insurance
- Under-insured
- Eligible for Medi-Cal and the Child Health and Disability Program
- American Indian or Native Alaskan

With this shift, SJCH has further prioritized hosting clinics in areas with high populations of uninsured or under-insured children.

Priority Area 2

Identified Need: Chronic Disease: Heart Disease and Stroke, Cancer

In 2010-2012, cancer (of all sites) and coronary heart disease were some of the top leading causes of death in Kern County. However, at 157,000 deaths/100,000 population deaths due to cancer, Kern is now exceeding the Healthy People 2020 target of 161.4,000 deaths/100,000 population. The highest cancer death rates are for lung (40.6 deaths/100,000 population), followed by prostate (22.8 deaths/100,000 males) and breast cancer (20.2 deaths/100,000 females). Kern is meeting national Healthy People 2020 goals for lung, colorectal, breast, and overall cancer death rates, and not meeting goals for prostate cancer rates. This is a significant improvement over past years. Altogether, the county's cancer death rates continue to improve on a period-by-period basis (Healthy Kern, 2015).

With 136.4 deaths/100,000 population, Kern County has one of the highest coronary heart disease death rates out of all the California counties for the period of 2010-2012. In addition, with 4067 deaths/100,000 population due to cerebrovascular disease (stroke), the county is performing between the bottom 25th and 50th percentile of all California counties (2010-2012). Kern County is not meeting the Healthy People 2020 goal for either stroke or coronary heart disease death rates (2010-2012) (Healthy Kern, 2015).

Goal: Host, sponsor and participate in ongoing community events to continue to educate individuals about preventative tactics for cancer, heart disease, stroke and other chronic diseases.

Objective: Decrease chronic disease rates within our community by offering educational programs on how to recognize symptoms at an early stage.

Interventions:

1. Community lecture series: In 2015, SJCH will continue to provide a monthly community lecture series, hosted at the hospital with free admittance to the community at-large. Presenters, which will include physicians and service line leaders, will focus on chronic disease prevention, warning signs and management. A past example includes a free seminar conducted by aligned physician Amira Ayad, which focused on maintaining a healthy weight.
2. Community education booths: In conjunction with local non-profit organization and business, SJCH will participate in community health fairs and other key events to create awareness of the disease, conduct screenings, and provide free education on cancer, heart disease and stroke.

Evaluation Indicators:

Short Term – Total number of community outreach events centered on cancer, heart disease and stroke.

Long Term – Increase the referrals for appropriate treatment by identifying early signs of cancer, heart disease, and stroke.

Collective Impact Indicator – Improve the overall percentile rankings for cancer, heart disease and stroke to meet the Healthy People 2020 goals in all areas.

Update on Indicators for 2014:

In 2014, the hospital successfully laid the groundwork for a free community lecture series that would be open to the community. Although early events were not well attended, they served as a useful tool to help choose better topics and inform the community. Toward the end of the year, the hospital hosted a lecture on weight management (obesity is a risk factor of many chronic diseases) that was attended by nearly 50 people. In early 2015, the success of that event has carried over.

In addition, throughout the year, the hospital participated in dozens of health outreach events throughout Bakersfield and the rural areas of Kern County. In October, the hospital held a community wide health fair at its Annual GospelFest event, drawing more than 4,000 people. The health fair focused on showcasing fun ways for the community to learn how to prevent and recognize heart disease, stroke and cancer. In addition, a variety of free screenings – such as, blood pressure and body mass index – were provided to attendees.

Program Highlight:

In 2009, SJCH became a Nationally Accredited Chest Pain Center by the Society of Chest Pain Centers. At the time, this accreditation made SJCH the only hospital between Los Angeles and San Francisco with both a Nationally Certified Stroke Center and Nationally Accredited Chest Pain Center under one roof. In 2014, the Chest Pain Center received the American College of Cardiology Foundation's National Cardiovascular Data Registry ACTION Registry-Get With The Guidelines Platinum Performance Achievement Award – one of only 252 hospitals nationwide to do so.

As an accredited chest pain center, SJCH is viewed as a key component in helping educate the Bakersfield and Kern County community on the importance of recognizing the symptoms of a heart attack, as well as preventing cardiac disease by eliminating key lifestyle risk factors. The Chest Pain Center team has worked diligently to increase education in Kern County, which ranks last out of all California counties for incidence of heart disease. Heart disease is the number one cause of death in America today.

Current efforts include:

- Working with local EMS and hospitals as part of a Stemi System of Care Taskforce. Among other initiatives, this taskforce is focused on improving transfer agreements with all Kern County hospitals and implementing in-field ECGs to help diagnose patients before they get to the hospital.
- Community education events, including health screenings, and public CPR trainings.
- Participation in the Early Heart Attack Education (EHAC) program, with an emphasis on educating SJCH employees to recognize the early symptoms of a heart attack.

Most recently, the hospital's Chest Pain Center was recognized as a Mission Lifeline Heart Attack Receiving Center – only the second hospital in California to receive such recognition. The award is the highest designation given for consistency in treating STEMI (ST segment elevation myocardial infarction) incidents, a severe form of acute heart attack.

In addition, the hospital has also received the Mission Lifeline Gold Plus Award for stroke care, the highest award given by the organization for stroke care. SJCH is working with EMS and other local partners to develop a local taskforce focused on stroke care, similar to the Stemi System of Care Taskforce described previously.

Priority Area 3

Identified Need: Access to Health Care

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone. Access means many things to communities but most often revolves around the topics of availability, cost and levels of coverage for health care. Employment, poverty, education, transportation, cultural identity, communication and language barriers, age, mental health, and a host of social indicators emerge within the topic of health care access.

In 2013, it's estimated that only 93.1 percent of children under 18 years of age and 75.2 percent of adults in Kern County had insurance, placing Kern County between the 25th and 50th percentile of the worst performing counties in California. Only 84.7 percent of individuals reported a usual source of health care, placing Kern at the bottom quartile of California counties for this measure. Especially low health care access was noted among Hispanic/Latino individuals. Only 82.1 percent of Hispanic adults had a regular source of care, including only 63.3 percent for those between the ages of 18 and 24. Kern County is not meeting national Healthy People 2020 goals for health insurance coverage (100% of people insured) and provider stability (95% of people have a specific source of ongoing care) (Healthy Kern, 2015).

Goal: Provide access to health care for the uninsured and underinsured through regular, sustainable outreach programs, such as drive-thru flu clinics and mobile medical outreach.

Objective: Increase access to and use of preventive medical care to the community at-large, specifically the uninsured/underinsured population.

Interventions:

1. Jesus Shack Mobile Medical Unit: With the best interest of the community in mind, SJCH initiated a partnership with Jesus Shack through a \$50,000 donation to help build the Jesus Shack Mobile Medical unit. The vehicle, a customized mobile home, is a doctor's office on wheels that provides a secure and sanitary environment for physicals, lab tests and other medical procedures. If a person requires further diagnostic tests or care, they are referred to a local health provider. SJCH provides ongoing supplies, and support – such as a trained RN – to help manage the program.
2. Drive-Thru flu clinic: Each fall, as flu season begins, the hospital coordinates a community-wide drive-thru flu clinic to provide free flu shots to any adults in need

of the vaccines. In addition, until supplies run out, adults can receive the flu shot at any of the children's immunization clinics.

One small change is being made in this area. In the prior year's report, one of the initiatives was a set of online health care screening tools. With Bakersfield and Kern County falling well below the national benchmarks for internet access, it was determined that this strategy was plausible going forward. In addition, those needing access to health care are much less likely to have internet access and be internet savvy.

Evaluation Indicators:

Short Term – Number of individuals provided with health care services as a result of the hospital's direct outreach.

Collective Impact Indicator – 95 percent of the Kern County population with health insurance.

Update on Indicators for 2014:

In 2014, through the assistance of SJCH, Jesus Shack held 56 clinics and provided free or low cost health care to 575 adults throughout Bakersfield and Kern County. In addition, 425 children received physicals and vision and dental checkups.

The hospital's drive-thru flu clinic, held on November 8, 2014, provided free flu shots to 507 of adults. In addition, an additional 147 adults received vaccines through the mobile children's clinics throughout the year.

Program Highlight:

Dave and Kathy Voss have always had a heart for ministry. As their faith grew, the Vosses realized that a music ministry would be an effective way to reach at-risk youth. In 1997, they started Jesus Shack as a grass-roots concert production company, exclusively staffed by volunteers.

In 2003, the organization's outreach grew with the formation of the Street Team's Ministry. Each month, Jesus Shack Street Teams join with local churches, businesses, non-profit organizations, and city government agencies to take bi-monthly trips into impoverished neighborhoods to deliver food and offer prayer and encouragement. Similar to the concert ministry, Street Teams are heavily reliant on local businesses and individual volunteers to lend time and support.

In the years since, Jesus Shack has continued to enhance its outreach to the community through programs such as Operation Back to School and Kids' Christmas. In addition, Jesus Shack sponsors local events that provide recreational opportunities for youth and young adults in a safe, controlled setting. These activities include the "Hoops Xtreme 3 on 3 Basketball Tournament" and the "Run It Back Flag Football Tournament."

Jesus Shack's most recent outreach program is a first for Kern County. In 2009, Dave Voss approached San Joaquin Community Hospital (SJCH) about partnering to provide free or low-cost health care services to Kern County's uninsured population through a mobile medical program. The idea immediately intrigued SJCH officials who know full well the limited access to health care faced by many individuals in the Kern County community.

With the best interest of the community in mind, SJCH initiated a partnership with Jesus Shack through a \$50,000 donation to help build the Jesus Shack Mobile Medical unit. The vehicle, a customized mobile home, is a doctor's office on wheels that provides a secure and sanitary environment for physicals, lab tests and other medical procedures. If a person requires further diagnostic tests or care, they are referred to a local health provider. SJCH has partnered with Jesus Shack on a voucher program that provides additional services to individuals for minimal co-pay. Although SJCH was the first hospital to adopt the voucher program, other local health providers are beginning to provide free or low-cost services as well.

In addition to SJCH's initial \$50,000 investment, the hospital agreed to donate \$30,000 each year to fund computers, lab equipment and other medical supplies. Since the Mobile Medical unit requires the need for medically-trained volunteers, SJCH regularly invites Jesus Shack to display the unit at many of its hospital and community events, including: GospelFest, Sacred Work Sabbath and Hospital Week. During these events, SJCH officials make regular appeals to physicians, nurses and other medical professionals to lend their time and expertise to the Mobile Medical outreach.

The year 2014 was the fourth full year of the Mobile Medical program. Throughout the year, 56 clinics were held regularly throughout Bakersfield, providing free and low-cost health care to 575 patients. SJCH and Jesus Shack have a long history of providing key outreach services to the community. Both organizations remain committed to partnering to ensure the health and wellness of Bakersfield and Kern County through Jesus Shack Mobile Medical.

Priority Areas Not Addressed

Chronic Disease (Asthma, Obesity, Diabetes) and Infectious Disease (STDs):

Although SJCH provides education and support services in these disease areas, the hospital has decided to center its outreach strategies on higher acuity illnesses that include heart disease, stroke and cancer. However, SJCH does have an American Diabetes Association-accredited education course available to insured patients. Overall, however, the hospital does not have a comprehensive community benefits program to reach the community in these areas. In some cases, i.e. sexually transmitted diseases, a hospital is not as equipped to impact change as other community organizations, such as the Public Health Department and highly focused non-profit organizations.

Healthy Mothers, babies and children (low birth weight, infant mortality, pre-term birth):

Over the past few years, SJCH has helped Kern County make significant leaps in this area, mostly through the opening of a new 9-bed Neonatal Intensive Care Unit which opened in 2009. In a community starved for NICU beds, SJCH's new facility continues to operate at a high capacity. Through work with the March of Dimes, the hospital also joined with other community health care facilities to implement a policy prohibiting elective birth prior to 39 weeks, which has been proven to alleviate many complications arising from premature birth. Moving forward, SJCH is working toward becoming a Baby Friendly Hospital. In part, this program places a strong emphasis on breast-feeding. Although progress is being made toward the accreditation, there is not a specific timeline for completion.

Partner List

SJCH 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:

ASSE Bakersfield	CALBIA	Kern County Cancer Fund
ACNL	CAPK	Kern County Firefighters Union Local 1301
American Cancer Society	Central California Conference	Kern County Museum of Art
American Heart Association	Central Adventist Church	Kern County SHRM
American Legion	Christian Record Services	Kern Economic Development Corporation
American Lung Association	Christmas Parade	Kern Leadership Alliance
American Red Cross	CSUB Foundation	Kern Tax
Arvin High School	Downtown Business Association	Leukemia and Lymphoma Society
AYSO Region 191 SP	Dress for Success	Lights and Sirens Golf Tournament
Bakersfield Adventist Academy	Fellowship of Christian Athletes	Links for Life
Bakersfield City School District	First 5 Kern	Make a Wish
Bakersfield College	Friends of Mercy Foundation	March of Dimes
Bakersfield East Rotary	Global Family	Marine Corps League (Volkslauf)
Bakersfield Firefighters Burn Foundation	Golden Empire Society	Missions of Love
Bakersfield High School	Golden Empire Spartans Football	Northwest Baseball
Bakersfield Homeless Shelter	Greater Bakersfield Chamber of Commerce	Professional in Workers' Comp - Fresno
Bakersfield Master Works Chorale	Hillcrest Adventist Church	Shafter Chamber of Commerce
Bakersfield Museum of Art	Hispanic Chamber of Commerce	Sierra JR Rodeo Association
Bakersfield Police Officers Association	Houchin Community Blood Bank	Southside SDA Church
Bakersfield Rescue Mission	In God We Trust	Tour Davita
Bakersfield West Rotary	Jesus Shack	Utility Safety Expo (Costa Mesa)
BARC	JJ's Legacy	
	KAXL	

Community Benefit Inventory

Year 2014 – Inventory

Activities	Number of Programs
Medical Care Services	
<ul style="list-style-type: none"> • Charity care is care provided to patients who do not have the ability to pay for their care. San Joaquin Community Hospital (SJCH) has had a long-standing policy on charity care compliant with the California Hospital Association’s “Voluntary Principles and Guidelines on Hospital Billing and Collection Practices for Services Provided to Low-income, Uninsured Patients.” Charity care is granted based upon the following income levels: <ul style="list-style-type: none"> ○ Less than 200% of the Federal Poverty Level: 100% Discount ○ 201% to 300% of the Federal Poverty Level: 75% Discount ○ 301% to 350% of the Federal Poverty Level: 50% Discount ○ 351% to 400% of the Federal Poverty Level: 25% Discount 	1
Community Health Improvement	
<ul style="list-style-type: none"> • AIS Cancer Center Look Good Feel Better classes: On the third Monday of each month, the AIS Cancer Center partners with the American Cancer Society to provide free instruction for cancer patients coping with appearance-related side effects during cancer treatment. A complimentary make-up kit is provided to all patrons. • What’s Your Plan Community Lecture Series: SJCH hosts regular education seminars that are free to patients, family members and community members alike. Seminar topics have centered on topics ranging from weight management to new advances in cancer screenings. • Support groups: Monthly support groups focused on helping cancer patients and burn survivors cope with their treatment and/or recovery process are hosted by the hospital and led by licensed professionals. These support groups are open to anyone in the community, whether they have been treated at SJCH or elsewhere. 	8

<ul style="list-style-type: none"> • Online risk assessment tools: On the hospital’s website (www.sjch.us/yourrisk) free health risk assessment tools are featured that be can utilized to indicate whether a person is at low, medium or high risk for heart disease, stroke or multiple types of cancer. These tools have led to early diagnosed illnesses in several cases. • Community outreach: Throughout the year, clinical experts in high-priority areas (stroke, heart attacks, cancer, etc.) are deployed to the community in a wide variety of ways. These initiatives include participating in dozens of community health fairs, speaking at local businesses and participating in non-profit health-centric events. 	
Health Professions Education	
<ul style="list-style-type: none"> • Continuing Medical Education (CME) for physicians: Regular continuing medical education is provided for approximately 500 affiliated physicians. Topics center on issues relating to overall and service line specific quality of care. • Clinical Pastoral Education: SJCH is accredited by the College of Pastoral Supervision and Psychotherapy (CPSP) to provide clinical pastoral education to community pastors and chaplains. The program is centered on equipping spiritual leaders to serve as licensed chaplains in hospitals, hospice centers, federal programs and police departments. • Versant Residency and RN Re-Entry programs: The Versant Residency Program is an 18-week course for new RNs to assist in the transition from the classroom to the bedside. In addition to a classroom setting, each RN is supported by a mentor who helps them adapt to the hospital environment. Similarly, the RN Re-Entry Program re-acclimates licensed RNs that have four or more years of experience but have been out of the health care field for at least four years. 	4
Subsidized Health Services	
<ul style="list-style-type: none"> • The Grossman Burn Center: In 2009, SJCH partnered with the Los Angeles-based Grossman Burn Centers to bring Kern County its first full-treatment burn center. Since opening, the facility has treated more than 2,000 burn survivors. Despite the high patient numbers and generous community support, the center operates at a deficit due to a under/uninsured patient mix, the ongoing nature 	2

<p>of burn care and lack of insurance coverage for necessary treatment materials, such as compression garments.</p> <ul style="list-style-type: none"> • The Mobile Children’s Immunization Program: Since beginning in the late 1990s, SJCH has partnered with First 5 Kern to provide free immunizations to uninsured patients throughout Bakersfield and Kern County. Although the cost of the supplies and equipment is underwritten by First 5, SJCH fronts the cost for the salary of the program director and on-campus space for department operations. With no income generated by the service, this one-of-kind local program is operated at a loss to the hospital. 	
Research	
<ul style="list-style-type: none"> • Community Benefit Coalition: SJCH is a member of the Kern County Community Benefit Coalition. This coalition, formed by local healthcare organizations and other non-profits, jointly operates the website www.healthykern.org. Available to the public, this website features demographic data and updated community dashboards on the current health indicators for Kern County with zip-code drilldown available. • The AIS Cancer Center: As part of the UC Davis Cancer Care Network, The AIS Cancer Center and its oncology team regularly participate in cancer treatment research, including various clinical trials. 	2
Cash and In-Kind Contributions	
<ul style="list-style-type: none"> • Each year, SJCH supports local non-profit organizations and businesses with both cash and in-kind contribution to provide community benefit services to the community. Our partners include: <ul style="list-style-type: none"> ○ American Cancer Society ○ American Heart Association ○ American Lung Association ○ Bakersfield Rotary Clubs ○ CASA of Kern County ○ Garden Pathways ○ Jesus Shack ○ Local Adventist Churches ○ March of Dimes ○ And more... 	N/A

Community Benefit & Economic Value

SJCH's mission is to "share God's love with our community by providing physical, mental and spiritual healing." We have been serving our communities health care needs since 1910. 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

SAN JOAQUIN COMMUNITY 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	3,683,868	1.07%	(0)	3,683,868	1.07%
Public programs - Medicaid	-	0.00%	-	-	0.00%
Medicare	139,270,476	40.34%	136,742,761	2,527,715	0.73%
Other means-tested government programs (Indigent care)	(0)	0.00%	(0)	0	0.00%
Community health improvement services (1)	1,141,153	0.33%	-	1,141,153	0.33%
Health professions education (2)	36,116	0.01%	-	36,116	0.01%
Non-billed and subsidized health services (3)	8,005,363	2.32%	5,584,215	2,421,148	0.70%
Generalizable Research (4)	-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)	157,633	0.05%	-	157,633	0.05%
Community building activities (6)	-	0.00%	-	-	0.00%
TOTAL COMMUNITY BENEFITS	152,294,609	44.11%	142,326,976	9,967,633	2.89%

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.

References

Healthy Kern (2015). Community Dashboard – Adults with Health Insurance. Retrieved from <http://www.healthykern.org/modules.php?op=modload&name=NS-Indicator&file=index>

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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