

Simi Valley Hospital



**Community
Health Plan
2014 Annual
Update**



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Overview of Adventist Health

Simi Valley Hospital 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

Simi Valley Hospital

Number of Hospital Beds: 144

Caroline Esparza, Interim President & CEO

Beth Zachary, Chair, Governing Board

2975 North Sycamore Drive

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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 toward 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 Simi Valley Hospital has adopted the following priority areas for our community health investments for 2013-2015:

- Access to care
- Cancer
- Cardiovascular disease
- Drug/alcohol and mental health
- Overweight – with a focus on nutrition

In addition, Simi Valley Hospital 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 collection process of the CHNA included collection and analyses of secondary and primary data.

Secondary Data

The CHNA examined up-to-date data sources for the hospital service area to present community demographics, social and economic factors, health access, birth characteristics, leading causes of death, chronic disease, and health behaviors. When applicable, these data were presented in the context of Ventura County and compared to the Healthy People 2020 objectives.

Primary Data

Simi Valley Hospital convened a community meeting on August 6, 2013 to gain insight into the community health needs. Meeting participants included individuals who were leaders and representatives of medically underserved, low-income, minority and chronic disease populations, or regional, State or local health or other departments or agencies that have “current data or other information relevant to the health needs of the community served by the hospital facility.” The participants reviewed the secondary data for the hospital service area and participated in a facilitated discussion that included their views of community needs that impacted the well-being of area residents. The information gathered in the community meeting served to validate the community health needs.

A number of organizations and agencies contributed time and resources to assist with the conduct of this needs assessment:

- Allied Emergency Physicians at Simi Valley Hospital
- Alta California Medical Group
- Boys & Girls Club of Moorpark
- City of Moorpark

- City of Simi Valley
- Food Share
- Free Clinic of Simi Valley
- Loma Linda University Health
- Loma Linda University Medical Center
- Rancho Simi Valley Recreation & Park District
- Simi Valley Police Department
- Simi Valley Unified School District
- St. Rose of Lime Catholic Church
- The Samaritan Center
- Tri-Counties Regional Center
- United Way of Ventura County
- Ventura County Emergency Medical Services Agency
- Ventura County Public Health

Simi Valley 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. In 2014 no changes in community needs were identified.

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, five primary focus areas were identified as needing immediate attention, moving forward:

Priority Area 1

Access to care: Health insurance coverage is considered a key component to accessing health care. In the hospital service area, 88.1% of the population is insured. Adults, ages 18-64, have the lowest rates of health insurance at 84.5%. Children have the highest insurance rates at 93.4%. Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. 94.4% of children in Ventura County have a usual source of care. Among adults, 81.8% of adults have a usual source of care. 5.4% of seniors in the county have a usual source of care. When community meeting participants were asked to identify some of the biggest concerns affecting the well-being of local residents, they identified the following access to care issues:

- Language barriers.
- Need for prescription medications.
- Need for specialty care providers.
- Inadequate health insurance coverage.
- Inadequate transportation.
- Inappropriate use of the ER if people have no primary care provider.
- Doctors leaving the system.

Goal: Improve access to comprehensive, quality health care services.

Objective:

1. Increase the proportion of persons with health insurance.
2. Increase the proportion of insured persons with coverage for clinical preventive services.

Interventions:

1. Health Insurance Enrollment Assistance. Provided enrollment resources for government-sponsored health insurance coverage programs.
2. Partnership with the Free Clinic of Simi Valley. This partnership supported the provision of health care services to those in our community who are uninsured or underinsured. Through this partnership, hospital employees provided needed administrative and clinical training for the Free Clinic staff. We provided lab services, radiology service and mammograms for clinic patients. Additionally, our Scrubs program compensates employees for one shift per year when they volunteer at the Free Clinic of Simi Valley.
3. Health education and screening. Included screenings at hospital and community events, community flu clinics, and physician-led health lectures at various venues throughout the community, which are open to the public at no cost.
4. Transportation resources. Taxi vouchers and bus tokens are provided to low-income patients/families that do not have an alternative form of transportation to and from the hospital.

In 2014 we added classes at Child Development Centers for parents of children with developmental issues, and a medication management class. We provided blood glucose screening and carotid artery scans. To increase access to care to the community we opened the outpatient Wood Ranch Imaging Center in Simi Valley.

Evaluation Indicators:

Short Term – Provide increased access to health care for uninsured and underinsured residents of Simi Valley and Moorpark.

Long Term – Increase rates of insured adults to 90% in the hospital service area.

Update on Indicators for 2014:

In 2014, the Free Clinic of Simi Valley had over 15,000 patient visits. Simi Valley Hospital provided the lab work and some other ancillary services for the clinic patients that could not be provided at the clinic.

To increase access to care, we assisted residents with insurance enrollment.

Program Highlight:

The Free Clinic of Simi Valley, in partnership with Simi Valley Hospital, held its fourth annual Community Health and Fitness Expo and Tooth Fairy Fun Run on October 18, 2014. Approximately 800 people participated in the Expo, which promoted positive health and fitness practices, and activities for youth and adults. The event raised

\$20,000 to benefit the medical, counseling, legal and dental programs of the Free Clinic. Simi Valley Hospital's ten educational booths and free flu clinic provided the following:

- Education on heart health and stroke
- Administered 420 flu shots, 105 glucose screenings, and 18 carotid artery screenings.
- Nutrition education and cooking demonstrations
- Education about breast cancer, emphasizing the importance of mammograms
- Education about women's services

Priority Area 2

Cancer: Cancer is the leading cause of death in the Simi Valley Hospital service area. Lung cancer is the second most frequent cause of premature death in Moorpark and Simi Valley (second to coronary heart disease). In Ventura County, the age-adjusted cancer incidence rate is 499.9 per 100,000 persons. Breast cancer, female genital cancer, urinary system cancer and brain and nervous system cancer occur at rates higher than the state rates for these types of cancer. Among women, 88% had a Pap smear; this is less than the recommended Healthy People 2020 objective of 93% of women having cervical cancer screening.

Goal: Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.

Objective: Reduce the overall cancer death rate through community outreach, education and screening.

Interventions:

1. Provided free mammograms to underserved women in the community.
2. The hospital continued as a screening point for American Cancer Society events and an enrollment point for American Cancer Society studies.
3. Prevention, screening, treatment and survivorship programs were made available to the public at no cost.
4. Provided cancer-related health education sessions and support groups.

Evaluation Indicators:

Short Term – Increase the number of persons receiving cancer prevention screenings annually.

Long Term – Residents of the hospital service area will meet the Healthy People 2020 objectives for obtaining cancer screenings (mammograms, Pap smears, colorectal screening).

Update on Indicators for 2014:

Simi Valley Hospital partnered with the Free Clinic of Simi Valley to provide 20 free mammograms to underserved women in the community.

Supported a Women's Support Group for cancer patients of all ages.

Program Highlight:

Simi Valley Hospital received a grant from the Rotary Club of Simi Sunrise to offer a *Pampered in Pink* event to increase awareness about breast cancer, celebrate survivors and remember loved ones who have lost their battle with cancer. Approximately 100 people attended the event, which included:

- Breast health education
- Information about palliative care
- American Cancer Society informational booth
- Wellness Community informational booth
- Hands-only CPR demonstrations

Priority Area 3

Cardiovascular Disease: Heart disease and stroke are the second and third leading causes of death in the Simi Valley Hospital service area. The heart disease mortality rate in the service area is 118.2 per 100,000 persons, which exceeds the Healthy People 2020 objective of 100.8 deaths per 100,000 persons. The stroke death rate of 34.3 per 100,000 persons is higher than the Healthy People 2020 objective of 33.8 per 100,000 persons. Coronary heart disease is the top cause of premature death in Moorpark and Simi Valley. In Ventura County, 24.5% of adults have been diagnosed with high blood pressure. Of these, 74.5% take medication for their blood pressure. For adults in Ventura County, 6.6% have been diagnosed with heart disease. This is higher than the state rate of 5.9%. In Ventura County, African Americans (10.7%), Asians (4.6%) and Whites (8.2%) have been diagnosed with heart disease at greater rates than found in the state.

Adult Heart Disease by Race/Ethnicity

	Ventura County	California
African American	10.7%	5.8%
Asian	4.6%	3.4%
Latino	4.0%	4.5%
White	8.2%	7.4%

Source: California Health Interview Survey, 2009

Goal: Reduce heart disease incidence.

Objective: Reduce heart disease incidence by promoting healthy and healthy living through community outreach, education, and screenings.

Interventions:

1. Provided Hands Only CPR events and community CPR classes.
2. Offered heart health education, support groups and cardiovascular screening.
3. Continued our support of American Heart Association events.

In 2014, we provided carotid artery scans as part of our community health screenings. To increase access to cardiac diagnostic services to the community we serve, Simi Valley Hospital opened a state-of-the-art Heart Catheterization Lab. This diagnostic and treatment capacity is the first to be available in Simi Valley. By investing in our community, we can provide access to much needed specialty cardiovascular care.

Evaluation Indicators:

Short Term – Increase the number of persons receiving heart health education or cardiovascular screening.

Long Term – Reduce the rate of death for cardiovascular disease (heart disease and stroke) to below the Healthy People 2020 objective (Heart disease: Healthy People 2020 objective of 100.8 deaths per 100,000 persons; Stroke: Healthy People 2020 objective of 33.8 per 100,000 persons).

Update on Indicators for 2014:

- As part of our *Take Heart Simi Valley* initiative, which is an ongoing effort to teach hands-only CPR to all of Simi Valley, Simi Valley Hospital taught more than 1,300 people hands-only CPR throughout the community in 2014.
- We offered heart health education, support groups and cardiovascular screening.
- Presented heart health lectures, reaching more than 200 people.
- Increased community outreach on heart health by including heart health brochures at a variety of community events, and increasing social media mentions of heart health education.
- Continued our support of American Heart Association events. Simi Valley Hospital partnered with the American Heart Association on three events to raise awareness of heart disease in women.

Program Highlight:

Simi Valley Hospital is dedicated to battling heart disease by raising awareness through increased education. In honor of American Heart Month, Simi Valley Hospital sponsored activities to raise awareness about preventing heart disease and living a healthy life. Simi Valley Hospital partnered with the American Heart Association to provide a *Go Red Girlfriends* event on February 5, 2014. The event, attended by 55 women, included a free heart-healthy dinner, educational information about heart care for women, and a presentation by an interventional cardiologist. On September 10, 2014 Simi Valley Hospital once again partnered with the American Heart Association to provide a *Girls Night Out* event to encourage women to learn more about the role of heart disease in women's lives and steps women can take to prevent heart disease. The event, attended by 110 women, offered heart-healthy cooking demonstrations, massage, yoga, blood pressure screenings, heart health education, and hands-only CPR demonstrations.

Priority Area 4

Drug/Alcohol and Mental Health: Among Ventura County adults, 6.5% experienced serious psychological distress in the past year. 16.4% of adults and 6.9% of teens needed help for mental health problems. 12.8% of adults and 13.9% of teens received help for their mental health issue. 13.7% of adults had taken a prescription medication for an emotional or mental health issue in the past year. 42.5% of the adults who sought or needed help for an emotional or mental health problem did not receive treatment. Mental health was listed as the top priority community need during a community convening for the Community Health Needs Assessment. Specific issues were identified:

- There is a shortage of certified behavioral analysts to serve children with autism.
- Lack of services and resources for acute psychiatric episodes – for adults and for teens, irrespective of insurance status. There is a critical need for more facilities, mental health providers, outpatient services, and mental health well care meetings.
- There has been an increase in mental health calls to the Police Department, which is taxing their resources.
- Transportation assistance is needed.
- Lack of coordination between drug/alcohol and mental health services, and resistance to developing MOUs to improve coordination.
- Increased education for emergency responders on mental illnesses is needed.
- Lack of public recognition of the issues/needs/lack of resources – which in turn results in a lack of resources. NAMI is effective in raising public recognition, but they are more focused in Ventura and a local chapter is needed to raise visibility locally.
- Parents of children with special needs have special needs for support themselves, which is often lacking.

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 36.2% in Ventura County had engaged in binge drinking in the past year; 6.4% of teens indicated they had engaged in binge drinking. This is higher than the state rate of 5.8% of teens engaging in binge drinking. 35.1% of teens indicated they had tried an alcoholic drink. 13% of teens in Ventura County have tried illegal drugs and 8.7% have used marijuana in the past year. Alcohol and drug use was listed as the number three top priority in the community. Specific issues were identified:

- There is a need for community partnerships to address issues associated with misuse of alcohol and drugs.
- Gateway to drug use is oftentimes the prescription drugs found in households. Prescription drugs are just as addictive as illegal drugs.
- There may be a lack of awareness in families about alcohol and drug access and use. Oftentimes, parents model use of alcohol and drugs to their children.
- Alcohol and drugs are used to deal with stressful lives and are prevalent among the homeless population.
- A focus on teen use of alcohol, drugs and teens is needed in our community.
- Increased prevention is key to reducing alcohol, drug and tobacco use. Community partnerships that include faith-based agencies will be helpful.

Goal: Increase access to care for mental health and drug/alcohol treatment.

Objective: Increase community outreach, education and treatment options for mental health and drug/alcohol use.

Interventions:

1. Participated with community organizations to develop strategies to improve drug/alcohol and mental health services.
2. Developed inpatient hospital alcohol and drug detoxification services.
3. Provided a cash donation to The Samaritan Center (homeless services) to enable them to maintain needed services for the homeless in our community.

As this is a new priority for Simi Valley Hospital, we had a number of new initiatives in 2014. The Hospital hosted our local high schools for the “Every Fifteen Minutes” program to educate students concerning the dangers of alcohol and drug use. In partnership with the local school district, we provided drug testing for students. Also in 2014 we provided Mental Health First Aid Training for community organizations. We hired a full time social worker to work in the ER to focus on working with patients who have drug/alcohol/mental health concerns. The social worker assisted their families and provided referrals to needed community resources.

Evaluation Indicators:

Short Term – Establish two new community partnerships focused on developing drug/alcohol and mental health services.

Long Term – Increase the availability of mental health and drug/alcohol resources in the community to improve access to care.

Update on Indicators for 2014:

Simi Valley Hospital participated in Simi Valley High School's *Every 15 Minutes* program, which is an educational experience that is designed to dramatically illustrate to teenagers the potentially dangerous consequences of drinking and alcohol while driving.

Priority Area 5

Obesity/Nutrition: Over one-third of adults (33.9%) are overweight in Ventura County and 22.6% are obese. In Moorpark, 29.2% of children are overweight or obese, and in Simi Valley 30.7% are overweight or obese. In the Moorpark schools, 40.5% of 5th grade students and 28.8% in Simi Valley schools tested as needing improvement or at high risk for body composition. Among 9th graders, 33.3% of Moorpark Unified and 34.4% of Simi Valley Unified students did not meet Healthy Fitness Zone criteria for body composition.

Goal: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

Objective: Increase community outreach and provide education to improve healthy eating.

Interventions:

1. Provided free nutrition classes and health education lectures on healthy eating to community residents.
2. Partnered with community groups to support their obesity prevention community health initiatives.

Evaluation Indicators:

Short Term – Increase the number of persons annually participating in healthy eating education and events and obesity prevention initiatives.

Long Term – Reduce overweight and obesity among youth and adults to recommended benchmark levels.

Update on Indicators for 2014:

Simi Valley Hospital provided six first aid booths local 1k/5k/10k runs that encourage healthy lifestyles and provide a fun, safe race experience.

Program Highlight:

Simi Valley Hospital partnered with the Simi Valley YMCA to provide educational booths, health screenings, and a health lecture for the YMCA's *Activate Simi Valley* program. *Activate Simi Valley* is a free eight-week program that encourages participants to make healthy life changes. Approximately 400 participants attended the kick-off Health Fair, weighed in weekly, received nutrition and exercise materials, and attended weekly lectures from health professionals. In addition to a lecture on nutrition, Simi

Valley Hospital provided two booths at the Health Fair; one booth focused on diabetes and offered glucose screenings, and the other booth focused on nutrition education.

Priority Areas Not Addressed

Simi Valley Hospital has chosen not to actively address the remaining health needs identified in the CHNA: autism, social determinants of health, tobacco use and transportation. Taking existing hospital and community resources into consideration, Simi Valley Hospital will concentrate on those health needs that we can most effectively address given our areas of focus and expertise.

Partner List

Simi Valley Hospital 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 toward health improvement.

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

- American Heart Association
- Boys & Girls Club of Moorpark
- City of Moorpark
- City of Simi Valley
- Food Share
- Free Clinic of Simi Valley
- Moorpark Senior Center
- Not One More
- Rancho Simi Valley Recreation & Park District
- Rotary Club of Simi Sunrise*
- Simi Valley Chamber of Commerce
- Simi Valley Police Department
- Simi Valley Senior Center
- Simi Valley Unified School District
- Simi Valley YMCA
- St. Rose of Lime Catholic Church
- The Samaritan Center
- Tri-Counties Regional Center
- United Way of Ventura County
- Ventura County Emergency Medical Services Agency
- Ventura County Fire Department
- Ventura County Public Health

*New partner added in 2014

Community Benefit Inventory

Year 2014 – Inventory

Activities

Medical Care Services

Simi Valley Hospital has a Financial Assistance Policy that provides discounted care and charity assistance for financially qualified patients.

Community Health Improvement

Community Health Education

Provided health education open to the public at no or low cost, which included:

- Hands Only CPR events and community CPR classes
- Heart health education
- House Calls - Physician-led health lectures
- Breast cancer education
- Nutrition classes
- Child Development Centers – Classes for parents of children with developmental issues.
- Medication management
- “Every Fifteen Minutes” drug and alcohol awareness for teens
- Monthly health topic education utilizing local newspaper and social media

Health Screenings and Immunizations

Screenings and vaccinations were offered free of charge at a number of community venues, including health fairs and the Health & Fitness Expo.

- Mammograms for the women in the community
- Community flu clinics
- Glucose screening
- Carotid artery scans
- Drug screening for students

The hospital was a screening point for American Cancer Society events and an enrollment point for American Cancer Society studies.

Support Groups

We hosted Support Groups, which were made available to the public, their families and friends, and survivors. Support groups included:

- Grief Recovery
- Look Good Feel Better
- Stroke and Brain Injury
- Breastfeeding
- Lupus support group

Mental Health First Aid Training

Mental health first aid is an in-person training that teaches the public how to help people developing a mental illness or in a crisis.

Health Insurance Enrollment Assistance

Provided enrollment resources for government-sponsored health insurance coverage programs.

Living Well Magazine

Our free quarterly newsletter, Your Health, is sent to every home in our service area communities. It includes tips for healthy living and news about the hospital, including a listing of health education and support group events available to the public at no charge.

Transportation Resources

Taxi vouchers and bus tokens are provided to low-income patients/families who do not have an alternative form of transportation to and from the hospital.

Health Professions Education

Medical Health Careers Academy

Students at Simi Valley High School’s Health Careers Academy were provided with job shadowing opportunities at Simi Valley Hospital.

Student Preceptorships

Nursing students from the College of the Canyons and Moorpark College received precepted training at the hospital. Radiology Therapy and Respiratory Therapy students also received precepted training at the hospital.

Paramedic Base Station Training

We are a paramedic base station and the hospital provides training for the emergency professionals. We provide the precepting for these individuals.

Subsidized Health Services

Subsidized services are clinical programs that are provided despite a financial loss that remains after removing patient financial assistance, Medi-Cal shortfalls and bad

debt. The services are provided because of an identified community need and if not provided by the hospital would not be available in the area or require the government or other nonprofit organization to provide.

Research

None

Cash and In-Kind Contributions

Support of Free Clinic of Simi Valley

Simi Valley Hospital has an active partnership with the Free Clinic of Simi Valley to support the provision of health care services to those in our community who are uninsured or underinsured. Through this partnership, hospital employees provide needed administrative and clinical training for the Free Clinic staff. We provide lab services, radiology service and mammograms for clinic patients. Additionally, our Scrubs program compensates employees for one shift per year when they volunteer at the Free Clinic of Simi Valley.

Lifeline Program

Emergency contact through Lifeline devices for low-income seniors in Simi Valley and Moorpark. The Lifeline Program provided a system of equipment and trained responders for people who fall or who cannot reach a phone during a health-related emergency. The program averages 300 subscribers a month.

Cash Sponsorships

Simi Valley Hospital provided cash donations to nonprofit organizations to support community events, including the Simi Sunrise Rotary Cajun and Blues Music Festival, the Kiwanis Country Days, the Simi Valley Street Fair and many other community events.

Donated Equipment and Supplies

We donated equipment and supplies to the Free Clinic of Simi Valley, hospitals overseas and to local schools.

Relay for Life First Aid Booth

The Hospital provides a First Aid Booth for the Annual American Cancer Society's Relay for Life.

Staff Service on Community Boards

Each of Simi Valley Hospital's 30 directors serves on the board of a local non-profit community organization.

Community Benefit & Economic Value

Simi Valley Hospital's mission is to "is to demonstrate God's love by providing exceptional service and quality care to meet the physical, mental and spiritual needs of our community." We have been serving our community's health care needs since 1965. 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

SIMI VALLEY 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	2,596,222	2.02%	(0)	2,596,223	2.02%
Public programs - Medicaid	20,337,583	15.83%	13,274,031	7,063,552	5.50%
Medicare	54,388,237	42.33%	43,773,686	10,614,551	8.26%
Other means-tested government programs (Indigent care)	-	0.00%	-	-	0.00%
Community health improvement services (1)	64,027	0.05%	1,997	62,030	0.05%
Health professions education (2)	-	0.00%	-	-	0.00%
Non-billed and subsidized health services (3)	1,619,968	1.26%	-	1,619,968	1.26%
Generalizable Research (4)	-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)	35,822	0.03%	-	35,822	0.03%
Community building activities (6)	-	0.00%	-	-	0.00%
TOTAL COMMUNITY BENEFITS	79,041,858	61.52%	57,049,713	21,992,145	17.12%

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