

*Sonora Regional
Medical Center*



**Community
Health Plan
2014 Annual
Update**



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Overview of Adventist Health

Sonora Regional Medical Center is an affiliate of [Adventist Health](#), a faith-based, not-for-profit, integrated health care delivery system headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawaii, Oregon and Washington.

Adventist Health entities include:

- 19 hospitals with more than 2,700 beds
- More than 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



Sonora Regional Medical Center

Number of Hospital Beds: 152

Andrew Jahn, President and CEO

Wayne Ferch, Chair, Governing Board

1000 Greenley Road

Sonora, CA 95370

209-536-5000

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. 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 Sonora Regional Medical Center has adopted the following priority areas for our community health investments for 2013-2015:

- Childhood Obesity
- Adult Smoking Cessation
- Senior Health and Fitness
- Substance Abuse
- Access to Specialty Services in our Rural Health Clinic

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

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

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

Community Health 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 an initial meeting of the Tuolumne County Community Health Assessment (TCCHA) Steering Committee to plan a TCCHA project. The Steering Committee consisted of local community leaders including business owners, non-profit executive directors, seniors, county and state social service directors, health care providers, community members and law enforcement. The committee members dedicated their time, knowledge, expertise and resources throughout the 10-month process.

A Mission Statement for the Committee was adopted, establishing the TCCHA as “a collaboration of Tuolumne County government, private agency, business and community representatives committed to the performance and reporting of a Community Health Assessment for Tuolumne County.”

To assure conceptual uniformity, the following definitions were accepted by the TCCHA Steering Committee:

Community Health Assessment: “A process of collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public’s health.” (Public Health Accreditation Board, 2011)

Health: “Health is physical, social, emotional, mental and spiritual balance throughout life.”

The TCCHA Steering Committee adopted the six goals of the Let's Get Healthy California Task Force Final Report as an initial structure for selecting indicators with which to measure the status of health in Tuolumne County.

- 1) Healthy Beginnings: Laying the Foundation for a Healthy Life
- 2) Living Well: Preventing and Managing Chronic Disease
- 3) End of Life: Maintaining Dignity and Independence
- 4) Redesigning the Health System: Efficient, Safe and Patient-Centered Care
- 5) Creating Healthy Communities: Enabling Healthy Living
- 6) Lowering the Cost of Care: Making Coverage Affordable and Aligning Financing to Health Outcomes

Subcommittees were assigned to each of these goals. Members were asked to review the list of indicators proposed by the Let's Get Healthy California Task Force and modify them according to the needs of our county. Subcommittees were also asked to add to the list of indicators where gaps existed according to the special needs of Tuolumne County.

The process of data collection was shared by each of the Subcommittees, with data analysis conducted and reviewed by the full Steering Committee and in some cases by other members of the community. Multiple meetings were conducted by each Subcommittee over a period of six months with extraordinary in-kind contributions of time and resources from the Steering Committee membership. The data was compiled and edited with further review by the Steering Committee to arrive at a final document.

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

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 there were no changes.

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:

Childhood Obesity

Identified Need: More Tuolumne County students are at a healthy weight than demographically similar counties and the state. However, approximately 30% of our children are overweight or obese. The increase in obesity has significant implications for

Overweight and Obese Students by County: 2006 - 2010

Region	Percent				
	2006	2007	2008	2009	2010
California	37.9%	37.9%	37.9%	38.0%	38.0%
Amador County	31.5%	32.5%	35.8%	35.8%	37.0%
Calaveras County	30.8%	33.3%	30.0%	30.1%	32.7%
Tuolumne County	29.9%	27.0%	29.9%	28.2%	29.5%

Source: As cited on kidsdata.org, Babey, S. H., et al. (2011). A patchwork of progress: Changes in overweight and obesity among California 5th-, 7th-, and 9th-graders, 2005-2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy. Funded by RWJF; California Department of Education, Physical Fitness Testing Research Files.

the health of our children now and as they age. Obese children are at risk for a range of social and physical health problems including low self-esteem, discrimination from others, joint problems, sleep apnea, and asthma. Obese children, along with

overweight children are also more likely to develop serious chronic diseases such as diabetes and heart disease and are liable to remain overweight or obese throughout their lives. The risk factors for obesity include heredity, limited exercise and physical activity at home and school, increased portion sizes of meals, and increased consumption of high calorie/low nutrient (“junk”) food and sugary drinks.

Goal: Align with the Tuolumne County Superintendent of Schools and Tuolumne County Public Health Department to promote healthy nutrition and physical activity among school children and increase the number of schools participating in the Fit for the Future program with the ultimate goal of 100 percent participation. The goal of the Fit for the Future program is to eliminate childhood obesity in Tuolumne County.

Objective: Expand the Fit for the Future program to reach more kids, incorporating basic nutrition education and using highly focused fitness activities to improve students' scores on state physical fitness testing.

Interventions:

1. Fit for the Future is a collaborative effort between Sonora Regional Medical Center, the Superintendent of Schools Office, and the Tuolumne County Public Health Department. A registered nurse and registered dietitian from Sonora Regional Medical Center will be working with PE teachers and educators to capitalize on physical education time. The program began with two elementary schools in the 2011-2012 school year with plans to expand to all schools in the county.

Evaluation Indicators:

Short Term – Improved scores in Tuolumne County schools on state physical fitness testing.

Long Term – Expanded reach of Fit for the Future program to all schools in Tuolumne County.

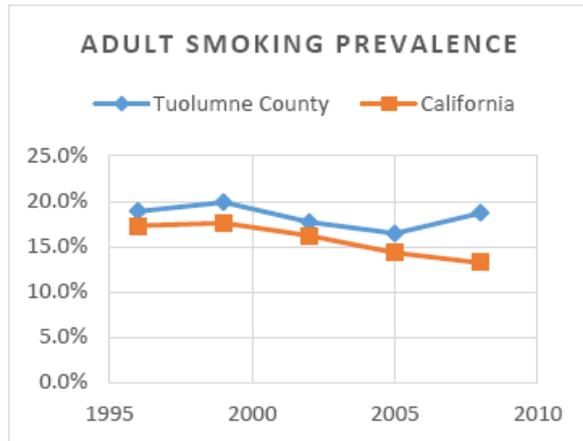
Collective Impact Indicator – Reduced rates of childhood obesity in Tuolumne County.

Update on Indicators for 2014:

- Tuolumne County students continue to improve their fitness scores. They scored twice as high as the rest of the state in 2014.
- Funding was secured to extend the reach of the Fit for the Future program to all schools in Tuolumne County in 2015.

Program Highlight: In December 2014, the Fit for the Future program was recognized by the California School Board Association as an outstanding program and was presented with a Golden Bell Award.

Adult Smoking Cessation



Source: CA Tobacco Control Program, C-stats data

Identified Need: Tuolumne County adults exhibit a much higher smoking rate than the state. The smoking rate may actually be even higher than reported by the California County and Statewide Archive of Tobacco Statistics (C-STATS) data. A professional 2012 telephone survey of 420 Tuolumne County homes was conducted under the Community Transformation Initiative in coordination with the Public Health Institute with a margin of sampling error +/- 4.9%. This survey indicates a current adult cigarette smoking rate in Tuolumne County of 26%

with 35% of households having at least one cigarette smoker and nearly 49% of households including at least one tobacco consumer using either smokeless tobacco, cigarettes, cigars and/or pipes.

Compared with nonsmokers, smoking is estimated to increase the risk of:

- Coronary heart disease by 2 to 4 times and stroke by 2 to 4 times
- Men developing lung cancer by 23 times
- Women developing lung cancer by 13 times
- Dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times

Goal: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure among Tuolumne County residents.

Objectives:

1. Reduce tobacco use for program participants.
2. Increase the proportion of program participants who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

Interventions:

Expand programs to support tobacco users in quitting and improve quality of life for those suffering the effects of tobacco use. Partner with community agencies to communicate the dangers of smoking to prevent youth from developing tobacco addiction.

1. The Smoke Free Campus Initiative at all of Sonora Regional Medical Center's facilities spreads a message against tobacco use for patients, visitors and employees. Information cards are available at each facility entrance providing resource information encouraging smokers to quit.
2. Freedom from Smoking classes are offered by Sonora Regional Medical Center throughout the year. Class participants in this American Lung Association endorsed program learn how to overcome tobacco addiction. The Medical Center has partnered with the Public Health Department to provide grants for low-income individuals without health insurance to participate in the program.
3. The goal of Sonora Regional Medical Center's Pulmonary Rehabilitation program is to improve the quality of life for individuals with chronic pulmonary disease by providing education and exercise plans tailored to each patient.
4. Student Interventions include presenting the dangers of smoking at area schools. The Medical Center has also partnered with and provides financial support to the YES Partnership which supports Tuolumne County youth and families to prevent substance abuse, including tobacco, alcohol and other drugs.

Evaluation Indicators:

Short Term – Continued support of the smoke-free campus initiative, Freedom from Smoking program, Pulmonary Rehabilitation, and the YES Partnership

Long Term – Increased participation in the Freedom from Smoking and Pulmonary Rehabilitation programs

Collective Impact Indicator – Reduced rates of tobacco use in Tuolumne County

Update on Indicators for 2014:

The Medical Center continues to support the smoke-free campus initiative as well as offering the Freedom from Smoking program and Pulmonary Rehabilitation. The Medical Center also supports and works closely with the YES Partnership, working to

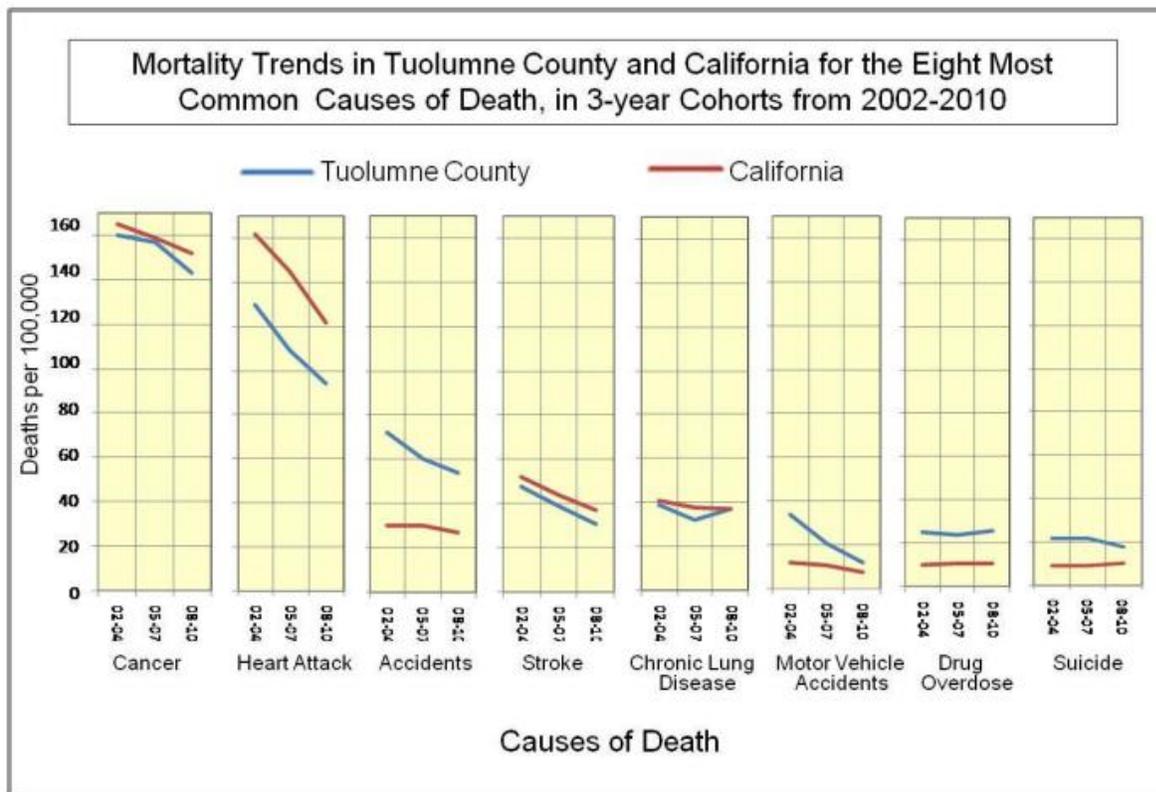
prevent tobacco and other substance abuse among families and youths in Tuolumne County.

Program Highlight: The volunteers at Sonora Regional Medical Center continually raise funds and collectively decide where to allocate the money. To help support the Medical Center's efforts in reducing the rate of tobacco use in the county, the volunteers have once again granted \$50 scholarships for individuals to participate in the Freedom from Smoking class.

Senior Health and Fitness

Identified Need: We found that our seniors face many challenges yet they have many resources to help them address these challenges and often do not make the connections. The two leading causes of death in the county are heart disease and cancer. While cancer-related fatalities significantly outnumber deaths due to heart attacks, if other forms of heart disease are included (congestive heart failure, valvular heart disease etc...), then the fatality rates for these two causes are essentially equal. In the cumulative years of 2008 through 2010, almost 25% of the 1,764 Tuolumne County residents who died did so prior to reaching 65 years old.

Of all deaths, many were related to modifiable risk factors, like tobacco or other substance abuse and poor physical fitness.



Source: California Department of Public Health

Goal: Improve the health, function, and quality of life of older adults.

Objective:

1. Reduce readmission rates for COPD and cardiovascular conditions among seniors.
2. Increase the proportion of older adults who have are referred to social and medical services upon discharge.

Interventions:

Offer a broad array of educational opportunities and support to address the needs of the high-risk senior population

1. Senior Fitness Classes offered through the Live Well Be Well Center at Skyline Place, an assisted living facility, and at the senior center in Sonora.
2. Cardiac Rehabilitation Phase II is a 12-week program designed to help patients regain confidence and quality of life following coronary artery stents, bypass surgery, heart attacks, heart valve repair, chest pain, and heart transplants.
3. The Heart Failure Resource Center provides specialized care for patients with heart failure. Patients at the Resource Center learn how to control heart failure through medication compliance, dietary changes, lifestyle changes, and ensuring regular physician visits.
4. Sonora Regional Medical Center provides a full range of Skilled Nursing and Long-Term Care services with a 68-bed facility staffed by licensed nurses and certified nursing assistants directed by a devoted and knowledgeable medical staff.
5. The OakPlus Senior Wellness Program is offered by Sonora Regional Medical Center to those 65 and older. Members enjoy benefits including monthly wellness seminars presented by physicians and other experts on important health topics and discounts on prescriptions through the Medical Center's Community Pharmacy.

Evaluation Indicators:

Short Term – Continue offering programs targeted to the high-risk senior population.

Long Term – Expand programs and increase participation in senior wellness initiatives.

Collective Impact Indicator – Reduced readmissions for COPD and cardiovascular conditions.

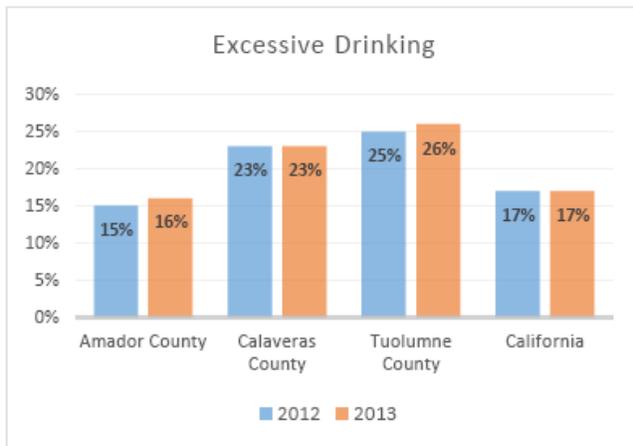
Update on Indicators for 2014:

The Medical Center added several class offerings for seniors including a monthly dementia lecture series and additional exercise class times and locations.

Program Highlight: The Medical Center's senior fitness classes were so well attended in 2014 that additional times and locations were added to meet the demand.

Substance Abuse

Identified Need: The self-reported alcohol consumption rates are slightly higher in Tuolumne County than Calaveras County and considerably higher than for Amador County or statewide. University of Wisconsin Population Health Institute's Rankings and Roadmaps states that "excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic



Source: University of Wisconsin Population Health Institute. County Health Rankings 2013

beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

Between 1991 and 2008 the overdose death rate in the United States increased by three fold. Risk factors for overdose death include rural communities, White non-Hispanic race/ethnicity, lower socioeconomic status and use of prescription opiates. The peak age for overdose death is 45 to 54 both in Tuolumne County and

across the United States. These deaths occurred almost equally between males and females in Tuolumne County, but nationally there is a preponderance of overdoses among males.

Goal: To establish partnerships with community agencies and physician partners to mitigate substance abuse in Tuolumne County.

Objective: To reduce the rate of substance abuse and overdose deaths in Tuolumne County.

Interventions:

1. Patients at the Medical Center's rural health clinic, Forest Road Health and Wellness Center, who are managing chronic pain and prescribed potentially addictive medications to treat their pain, must sign a Medication Agreement. This contract is shared with the Medical Center's emergency department and prompt care clinics to prevent patients from attempting to obtain additional medications.

Education is provided to patients about the potential dangers of pain medications to help them uphold the conditions of the agreement.

2. Drug Take Back Days are planned throughout the year by the Medical Center's pharmacy department, providing a safe way to dispose of unused prescription drugs that could otherwise wind up in the hands of someone who wishes to sell, trade or otherwise use the drugs illegally.
3. Educational Opportunities for our physician partners are provided on various topics relating to prescription and illicit drug use to equip the medical staff with tools to help their patients avoid problems with substance abuse.
4. Leadership from Sonora Regional Medical Center works with the YES Partnership, a community agency that supports youth and families in preventing substance abuse.
5. Under the Affordable Care Act, insurance coverage for drug and alcohol programs has changed. Sonora Regional Medical Center is educating staff to help link patients to these newly covered programs.

Evaluation Indicators:

Short Term – Strengthened partnerships with community agencies and physician partners to mitigate substance abuse.

Long Term – Expanded programs to support efforts to reduce substance abuse and overdose in Tuolumne County.

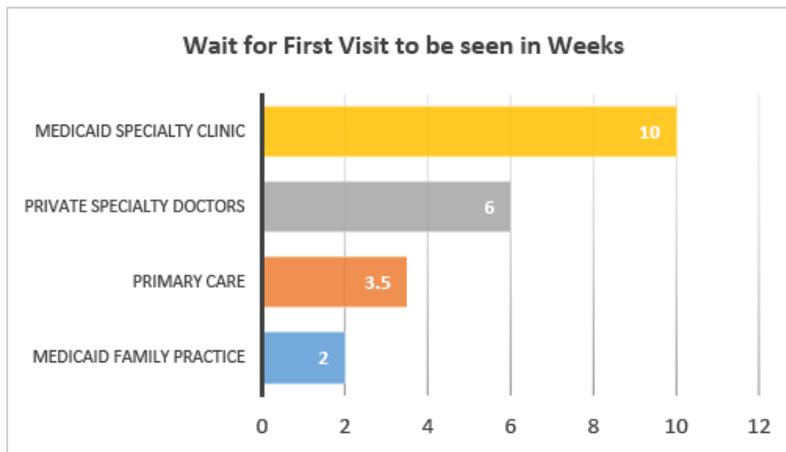
Collective Impact Indicator – Reduced substance abuse and overdose in Tuolumne County.

Update on Indicators for 2014:

The Medical Center continues to support and works closely with the YES Partnership, working to prevent substance abuse among families and youths in Tuolumne County. The Rural Health Clinic continued to offer buprenorphine for treatment of opioid addiction.

Access to Specialty Services

Identified Need: The time for a new patient to be seen in a primary care practice in Tuolumne County is between 2 and 5 weeks. The time to see a specialty doctor is significantly longer, especially for those patients with MediCal as their primary insurer. This wait puts a burden not only on the patient, but on the entire system. Patients who cannot wait that long will visit urgent care clinics or the emergency department for what would normally be a primary care visit. Those who require specialty care will often leave the area to receive care more quickly. Some patients may simply wait, which may impact their health negatively; others may give up.



Source: Local survey

Goal: Restructure the Forest Road Health and Wellness Center to allow for more patient visits and develop physician recruitment and relations plan to address specialties with the longest wait times for new patients.

Objective: Increase access to specialty services by reducing wait times for new patients to be seen by specialty physicians.

Interventions:

1. In 2014, Sonora Regional Medical Center will be expanding services at the Forest Road Health and Wellness Center. In addition to changes in clinic space to accommodate more patients, processes will also be streamlined, increasing specialist coverage at the clinic. Specialties include dermatology, ENT, gastroenterology, podiatry, OB/GYN, behavioral health, general surgery, urology, and orthopedics.

2. To develop a Physician Recruitment Plan, Sonora Regional Medical Center accesses information on the population regarding prevailing health conditions and compares these results with the number of practicing physicians in the area to determine which specialties need to be recruited to the county. A dedicated physician recruiter works year round to bring experienced, caring physicians to Tuolumne County.

Evaluation Indicators:

Short Term – Expand services at the Forest Road Health and Wellness Center.

Long Term – Develop a physician recruitment plan and recruit needed physicians to Tuolumne County.

Collective Impact Indicator – Reduced wait times for new patients to be seen by specialty physicians.

Update on Indicators for 2014:

As explained above, in 2014 services were expanded at the Forest Road Health and Wellness Center with additional clinic space and physician coverage for specialty services.

Program Highlight: Several new physicians were recruited in 2014 including specialists in OB/GYN, oncology, radiology, and sleep medicine as well as four primary care physicians.

Partner List

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

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

- Amador Tuolumne Community Action Agency
- Area 12 Agency on Aging
- Catholic Charities
- Interfaith
- Sierra Senior Providers
- Sonora Area Foundation
- Sonora Seventh-day Adventist Church
- Soroptimists
- Tuolumne County Health and Human Services
- Tuolumne County Office of Education
- Tuolumne County Public Health
- Tuolumne County Sheriff's Office
- WATCH Resources, Inc.
- YES Partnership
- Faith Community Nursing Program:
- All Saints Catholic Church- Twain Harte
- Chapel in the Pines- Twain Harte
- Christian Heights Assembly of God- Sonora
- Columbia Church of the 49ers- Columbia
- Faith Lutheran Church- Murphys
- First Congregational Church- Murphys
- First Baptist Church- Sonora
- Foothill Community Church- Angels Camp
- Greeley Hill Seventh-day Adventist Church

- Groveland Seventh-day Adventist Church
- Lake Tulloch Bible Church- Copperopolis
- Mountain Calvary Lutheran Church- Sugar Pine
- New Hope Community Church- Sonora
- Oak Hills Presbyterian Church- Sonora
- Rivers of Life Christian Fellowship- Sonora
- St, James Episcopal Church- Sonora
- St. Matthew Lutheran Church- Sonora
- Sierra Bible Church- Sonora
- Sonora Baptist Church- Sonora
- Sonora United Methodist Church- Sonora
- Soulsbyville United Methodist Church
- Twain Harte Bible Church- Twain Harte
- Word of Life Fellowship- MiWuk

Community Benefit Inventory

Year 2014 – Inventory

Activities
Medical Care Services
<p>Sonora Regional Medical Center and Adventist Health have an extensive charity care policy which enables the Medical Center to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and non-emergency health care.</p>
Community Health Improvement
<p>Spiritual Support- The Medical Center’s chaplains provided 4,230 patient visits, pastoral counseling and support for 2,610 community members, and 829 hours of employee counseling and support. The chaplains officiated 23 memorial services and five weddings. The chaplains also facilitated support groups, participated in the Suicide Prevention Task Force, provided five suicide prevention presentations, gave three presentations on overcoming depressions and provided a grief education symposium for medical professionals, clergy and the community. In addition, the chaplains also coordinated the Chaplain’s Fund, used to assist patients, employees and their families during times of need. In 2014, the chaplains were able to assist 144 families with over \$25,219 raised for the Chaplain’s Fund.</p> <p>Low-Cost Health Screening- Thousands of community members take advantage of multiple health fairs throughout the region where Sonora Regional Medical Center provides low-cost blood draws and free health screenings including blood pressure, bone density, anemia, lung function, and fall risk assessment, as well as nutritional counseling with registered dietitians and prescription counseling with licensed pharmacists. In 2014, the Medical Center administered over 3,000 low-cost blood draws as well as thousands of other free health screenings.</p> <p>Oak Plus- The Oak Plus wellness program for older adults invites program members to free monthly seminars where they can learn from physicians and other health experts about various topics like nutrition, advanced directives, Alzheimer’s, cancer, and back pain. An average of 75 seniors attend each monthly lecture. The program</p>

also provides generous prescription discounts at both Community Pharmacy locations and many local businesses.

Seminar Topic	Presenter
Understanding Cataracts Makoplasty New Cardiac Technology Pharmacy Brown Bag Nutrition and Sleep Dental Implants Advanced Medical Directives Gynecological Issues Understanding Alzheimer's Cancer Center Services – Head & Neck Cancers Back Pain	Gerard Ardron, MD John Nelligan, MD Eric Hemminger, MD Pharmacy Services Staff Mattea Salas, DO Michael Scherer, DDS Sue Endter, LCSW, ACHP-SW Christopher Jones, MD Jason Jeffery, MD Shane Tipton, PA-C Garth Greenwell, MD

Live Well Be Well Center- The Live Well Be Well Center is overseen by the Health and Wellness Council, a sub-committee of the Governing Board of the Medical Center charged with providing leadership and oversight of community health and wellness initiatives including:

- Medical Center employee fitness and wellness programs
- Senior wellness in the community
- Childhood obesity prevention programs
- Disease-specific education and support group development

Some of the many classes and support groups offered through the Live Well Be Well Center in 2014 include:

Adult Diabetes Support Group Cancer Support Group Dementia Lecture Series Family Fit Program Freedom From Fear Whole Life Fitness for Seniors Freedom From Smoking	Grief Support Mended Hearts Neurological Support Group Nutritional Therapy One-on-One Personal Training Ostomy Support Group Preparation for Childbirth	Pulmonary Rehabilitation Safe Sitter Senior Center Fitness Classes The Marvelous Mind Total Fitness Boot Camp Yoga
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Chronic Disease Self-Management Program- Working in conjunction with the Tuolumne County Public Health department, the Medical Center offered Chronic Disease Self-Management, a free, six-week workshop, designed to help people learn to manage their chronic health conditions such as heart disease, diabetes, asthma, high blood pressure, osteoporosis, and other chronic conditions.

Faith Community Nursing- The mission of Adventist Health is to share God's love by providing physical, mental and spiritual healing. Partnering with area churches provides us with the opportunity to work within the framework of that mission. There are 39 Faith Community Nurse volunteers, coordinated by the Medical Center's Faith Community Nursing Coordinator, who are integrators of faith and health. They serve as health educators, counselors and advocates and develop support groups within their congregations or faith communities. In 2014, 20 of the Faith Community Nurses kept a log of their volunteer activities and together they provided 938 home visits and church contacts, 152 hospital visits, 1,150 phone calls, 256 blood pressure readings, 81 referrals and transportation for 350 individuals. The total volunteer hours just for those who logged their work was 3,154 hours.

Hospice of the Sierra- Hospice of the Sierra treats the physical, emotional and spiritual needs of terminal and dying patients in their homes or homelike setting. Hospice focuses on helping patients make the most of their time while meeting the needs of the entire family. Hospice provides care to anyone regardless of their ability to pay by providing financial assistance. In 2014, Hospice of the Sierra raised \$96,647 to provide care for our community.

Community Events- The Medical Center participates in many community events throughout the year including the Annual Home and Garden Show and the Mother Lode Fair. We provide our mobile health van and a staff of nurses, physicians and other licensed or certified medical personnel to provide first aid services at these events. While there are costs associated with operating and staffing the health van during these multi-day events, we offer this services at no charge as a benefit to our community supporting family-friendly activities.

Sports Physicals- The Medical Center fosters healthy activities for area children by providing free and low-cost sports physical clinics. Children are required to have a physical before participating in many organized sports, summer camps, and other activities. This can be cost prohibitive for many families if they lack health insurance or have high deductibles. By providing free and low-cost physicals, the Medical

Center enabled over 360 local children to gain the physical and social benefits of participating in sports and other activities.

Healthy Living- Each quarter, the Medical Center publishes a newsletter reaching nearly 20,000 households in the Mother Lode. *Healthy Living* is a journal of health and wellness featuring articles to promote healthy lifestyles and educate the community of available health and wellness services.

Employee Giving- the Medical Center provides many opportunities throughout the year for its employees to demonstrate their love for the community with direct contributions for various needs including:

- Donating 11,643 pounds of food to local families through the Food for Families program
- Giving 1,087 new pairs of socks and 213 pairs of new shoes for community members in need during the holiday season.

Health Professions Education

Sonora Regional Medical Center provides training and internship programs for hundreds of students throughout Northern California including:

Abrams College Paramedic Students

California State University, Chico Rural Health RN Program Students

California State University, Sacramento Emergency Medical Technician/Paramedic Students

Kaplan College Respiratory Therapy Students

Merced College Nursing Students

Modesto Junior College Nursing, Emergency Medical Technician and Respiratory Therapy Students

Sonoma State University Nursing Students

University of the Pacific Pharmacy Students

In addition to field-specific instruction and work experience, students are provided orientation and ongoing training which may include Basic Life Support, Advanced Cardiovascular Life Support, Pediatric Advanced Life Support, Neonatal Resuscitation, and Non-Violent Crisis Intervention.

Subsidized Health Services

Primary Care Clinics- Sonora Regional Medical Center operates 13 primary care clinics, 12 specialty clinics, two prompt cares, a dental clinic and an occupational health clinic. These clinics represent a large portion of physician clinics in Tuolumne

and Calaveras counties, most of which operate at a loss to the Medical Center. Without these clinics, the community would have few resources for medical care without traveling out of the area.

Sonora Regional Home Care- Operating both home health and hospice services, Sonora Regional Home Care provides vital services for the community. Hospice of the Sierra provides services to anyone with a terminal illness regardless of their ability to pay and works to raise funds each year to ensure that every community member can receive the care they need. Home Care also provides volunteer training for caregivers and grief support counselors, increasing the amount of free services and support available to the community.

Lifeline- Sonora Oxygen & Medical Supply, operated by Sonora Regional Medical Center, coordinates Lifeline phone alert services for persons at risk of illness or injury.

Long-Term Care and Transitional Care Units- Sonora Regional Medical Center's long term care and transitional care units provide a safe and loving environment for residents with limited financial resources who need special care. This is the only facility in the county providing skilled nursing care for Medi-Cal patients.

Oak Plus- The Oak Plus Senior wellness program for older adults provides generous prescription discounts at both Community Pharmacy locations.

Research

N/A

Cash and In-Kind Contributions

Tuolumne County Health Fair staffing for free health screenings:
570 hours / \$24,499

Groveland Health Fair staffing for free health screenings:
50 hours / \$2,149

Mother Lode Fair staffing for first aid station:
80 hours / \$3,438

Mother Lode Home and Garden Show staffing for first aid station:
30 hours / \$1,289

Angels Camp Farmers Market sponsorship
\$1,000

Calaveras County Fair sponsorship
\$1,500

Mother Lode Fair sponsorship
\$2,500

Sonora Lions Club "Pride Stride" sponsorship
\$500

Tuolumne County Sheriff's Posse Annual Rodeo sponsorship
\$2,500

Additional donations to local schools and organizations
\$41,906

Community Benefit & Economic Value

Sonora Regional Medical Center's mission is to *share God's love by providing physical, mental and spiritual healing*. We have been serving our communities health care needs for more than 100 years. 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

SONORA REGIONAL MEDICAL CENTER 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	3,255,759	1.52%	(0)	3,255,759	1.52%
Public programs - Medicaid	-	0.00%	-	-	0.00%
Medicare	110,848,700	51.70%	90,020,461	20,828,239	9.71%
Other means-tested government programs (Indigent care)	256,970	0.12%	169,656	87,313	0.04%
Community health improvement services (1)	394,883	0.18%	31,888	362,995	0.17%
Health professions education (2)	-	0.00%	-	-	0.00%
Non-billed and subsidized health services (3)	12,982,196	6.05%	11,025,057	1,957,139	0.91%
Generalizable Research (4)	-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)	29,205	0.01%	-	29,205	0.01%
Community building activities (6)	25,608	0.01%	2,652	22,956	0.01%
TOTAL COMMUNITY BENEFITS	127,793,321	59.60%	101,249,714	26,543,607	12.38%

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