



ST. HELENA HOSPITAL

CLEAR LAKE

Adventist Health



Community Health Plan 2014 Annual Update

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Overview of Adventist Health



St. Helena Hospital Clear Lake 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 nearly 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



St. Helena Hospital Clear Lake
25-bed Critical Access Hospital
Steven Herber, MD, CEO
Bill Wing, Chair, Governing Board
15630 18th Avenue
Clearlake, CA 95422
707.994.6486

Who We Are: St. Helena Hospital Clear Lake is a Critical Access Hospital serving the communities of Middletown, Hidden Valley, Cobb, Lower Lake, Kelseyville, Clearlake and Clearlake Oaks. St. Helena Hospital Clear Lake offers 24-hour emergency care, an Intensive Care Unit, obstetric, cardiopulmonary, medical imaging, surgery, rehabilitation (pulmonary, physical, occupational, speech) and laboratory services as well as a Rural Health Clinic System.

History: Established in 1968 as a 27-bed district hospital, St. Helena Hospital Clear Lake added an Intensive Care Unit in 1983 and increased to 40 beds. The hospital was purchased by Adventist Health in 1997 with the obligation to maintain and operate as an acute care hospital including basic emergency and perinatal services. In 1998, St. Helena Hospital Clear Lake and St. Helena Hospital Napa Valley combined administration to better coordinate health care to the region.

Invitation to a Healthier Community

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

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

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

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

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

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

- Chronic Disease: Promotion and support of healthy choices/healthy behaviors
- Promotion and support of emotional and mental health and well being.
- Prevention and treatment of use/misuse of legal and illegal substances, including prescription drugs and medications
- Promotion of collaborative relationships and coordination of services among Lake County health and human services providers.

In addition, St. Helena Hospital Clear Lake continues to provide leadership and expertise within our health system by asking the questions for each priority area:

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

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

Community Health Needs Assessment Overview Update

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

Community Profile

St. Helena Hospital Clear Lake, selected all of Lake County, California as its selected community for the 2013 collaborative CHNA. Moving forward, St. Helena Hospital Clear Lake has adopted this geographical region as the service area for future CHNAs and CHPs.

Quantitative Data

Existing data were collected from all applicable existing data sources including governmental agencies (e.g., California Department of Health Care Services, California Department of Finance, Office of Statewide Health Planning and Development) and other public and private institutions. These data included demographic, economic and health status indicators, and service capacity/ availability. Where trend data was readily available, they were presented in the CHNA. For more information on selection of quantitative variables and analysis, please review the 2013 CHNA accessible at Adventist Health's website

<https://www.adventisthealth.org/Documents/CHNA%20St%20Helena%20Hospital%20Clear%20Lake%202013%20CHNA,0.pdf>).

Qualitative Data

A questionnaire was developed in English and Spanish for the general public that solicited people's opinions about most-important health needs, ideas for responsive solutions, and habits they used to maintain their own personal health. Certain questions that serve as markers for access to services were also included. The survey was

distributed in hard copy by members of the Collaborative to locations where the groups of interest would best be reached, such as at casinos, a bowling alley, branches of public libraries, and family resource centers throughout the county. In addition, the survey was available by computer (English only) and notices about the online version were posted on the County's and various organizations' websites and in their newsletters. All of the electronic and hard-copy survey data were cleaned, coded, and entered into an Excel spreadsheet and analyzed using SPSS Version 19.0.

Key community-based organizations were identified by the Collaborative and asked to host a focus group. Focus groups were co-scheduled at the sites among participants who were already meeting there for other purposes (e.g., young mothers at a preschool parenting meeting) to facilitate access and promote attendance. Although the participants constituted a convenience sample, there was the expectation that in the aggregate the groups would be diverse and include the populations of highest interest.

Telephone interviews using a structured set of questions (with additional, personalized questions to obtain more in-depth information) were conducted with 16 individuals whose perceptions and experience were intended to inform the assessment. The interviews provided an informed perspective from those working directly with the public, increased awareness about agencies and services, offered input about gaps and possible duplication in services, and solicited ideas about recommended strategies and solutions. For more information survey results and interview questions, please review the 2013 CHNA accessible at Adventist Health's website (<https://www.adventisthealth.org/Documents/CHNA%20St%20Helena%20Hospital%20Clear%20Lake%202013%20CHNA,0.pdf>).

Information Gaps

It should be noted that the key informant interviews, focus groups, and survey results are not based on a stratified random sample of residents throughout the region or a random sample of employees in each facility. The perspectives captured in this data simply represent the community members who attended a focus group with an interest in health care. Similarly, the perspectives of community partners captured impressions of those who were invited to complete the health questionnaire. The key informants were not chosen based on random sampling technique, but were instead invited because their comments represented the underserved, low income, minority, and chronically ill populations. Finally, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

Member Hospitals

The 2013 CHNA was conducted through the Lake County Community Health Needs Assessment Collaborative Committee. Member organizations include:

- Mendocino Community Health Clinic, Inc.
- Lake County Tribal Health
- Lake Family Resource Center
- Sutter Lakeside Hospital
- Lake County Health Services
- Sutter Lakeside Hospital
- San Francisco VA Medical Center
- St. Helena Hospital Clear Lake
- Area Agency on Aging of Lake and Mendocino Counties
- Health Leadership Network

External Consultant: BARBARA AVED ASSOCIATES (BAA)

BARBARA AVED ASSOCIATES (BAA), a Sacramento-based consulting firm, was retained to carry out the 2013 CHNA. BAA met with the Collaborative over the course of nearly a year, designed the project, developed the data collection instruments, collected and analyzed the community input and statistical data, and prepared the final products.

External Consultant: Loma Linda University Medical Center

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

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

St. Helena Hospital Clear Lake 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 we saw the following environmental changes that impacted our community health outreach efforts:

Implementation of the Affordable Care Act's Health Benefit Exchange Board. As of March 1, 2014, 2,313 in Lake Co. were enrolled in health care benefits purchased through Covered California,¹ the State's official Health Benefit Exchange Board. Covered California improved access to healthcare services to Lake County uninsured and underinsured populations, and brought relief to many families who struggle to afford health insurance. However, SHCL experience with the first Covered California open enrollment period was that it was plagued with significant confusion over who was eligible, how to enroll, and what physicians and services were covered under which plan. In response to the challenges faced in the 2013-2014 enrollment, SHCL became a Certified Enrollment Entity with Covered California. We now have seven trained Enrollment Counsellors trained and available to provide one-on-one enrollment assistance for both Covered California and Medi-Cal benefits. Access will be a major area of focus in 2015 for our Community Benefit programming.

¹ Covered California March 2014 Enrollment Tables by County. http://www.coveredca.com/news/PDFs/regional-stats-march/March_RegionalEnrollmentTables_forWeb_ss.pdf

Identified Priority Need Update

After conducting the CHNA, we asked the following questions:

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

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

Priority Area 1: Chronic Disease, including Heart Disease and Cancer

Chronic diseases (e.g., cancer, diabetes, heart disease) cost the nation's economy more than \$1 trillion a year in lost productivity and treatment costs according to cost burden estimates. The researchers—who conducted a state-by-state analysis of 7 common chronic diseases (e.g., cancer, diabetes, heart disease)—concluded that “investing in good health would add billions of dollars in economic growth in the coming decades.” California was in the top quartile of states with the lowest rates of chronic diseases. According to California Health Interview Survey data, Kern County and Lake County reported the highest burden of chronic health conditions statewide in 2011.

Heart Disease

“Heart disease” refers to a variety of conditions including coronary artery disease, heart attack, heart failure, and angina, and is the leading cause of death in California. Smoking, being overweight or physically inactive, and having high cholesterol, high blood pressure, or diabetes are risk factors that can increase the chances of having heart disease. In addition, heart disease is a major cause of chronic illness

In 2009-2011, Lake County's overall death rate was higher than the state's and 58th highest of 58 counties. Diseases of the circulatory system—coronary heart disease and stroke—are responsible for about one-quarter of Lake County's deaths. Death rates due to stroke have met Healthy People (HP) 2020 objective, but coronary heart disease exceeds state and national rates.

Summary rankings for Health Factors for Lake County show a wide range. For measures of physical environment, the county ranked at almost the top, 2nd best in the state, in 2010 but dropped to 20th place in 2012, possibly because additional environmental factors were added in the later period (e.g., number of fast food restaurants, that influenced the ranking). Lake County ranked dead last among counties in the category of health behaviors and 49th worst in social/economic factors in 2012. For clinical care, the county ranked almost in the middle at 31st in 2010 but fell to 45th in 2012. *Health behaviors* include things like smoking and exercise; *clinical care* includes measures of access to medical care; *social and economic* factors include education, employment, and community safety; and *physical environment* is a combination of environmental quality and the “built environment” (human-created or arranged physical objects and places people interact most directly with such as structures and landscapes).

Goal: To increase awareness and education of cardiovascular risk factors and modifiable lifestyle behaviors.

Objective: Align with Healthy People 2020 goal of: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke.

Interventions:

1. Provide educational materials at health fairs, seminars, health events, school sites.
2. Promoting healthy choices and behaviors to the community and schools through health fairs and screening events. As well as partnering with local coalitions to create a large event which touched over 1000 people.
3. Implement the Exercise Affiliate Program, a partnership between personal trainers and the Adventist Heart Institute.
4. Take a leadership role in the “Climb to the Peak of Health” initiative aimed at increasing physical activity throughout Lake County.
5. Promotion of collaborative relationships and coordination of services among Lake County health and human services providers

Evaluation Indicators:

SHCL provides health education and information regarding access to health services at events and health fairs across Lake County. In 2014, we provided information and health education at six events to over 1785 people.

SHCL is the fiscal sponsor for Climb to the Peak of Health, a collaborative effort of over 20 non-profits aimed at improving health outcomes in Lake County. In 2012, the group received a Community Transformation Grant funding from the Centers for Disease Control to focus efforts on increasing physical activity, smoking cessation and increasing use of evidence-based protocols to screen for mental health issues that create barriers to wellness. Highlights of the group's achievements in 2014 include enrolling over 2000 people in an online challenge to increase their physical activity for 14 weeks, hosting a Field Day Fitness Expo attended by over 200 community members, mailers to over 15,000 raising awareness about smoking cessation resources and resources for parents to reduce stress at home, and the implementation of a screening protocol to identify children with high Adverse Childhood Event scores and connect them with treatment.

Short Term – Number of people receiving education. Two hundred and fifty people will demonstrate increased knowledge about cardiovascular risk factors, modifiable lifestyle behaviors, and treatment options.

Long Term – Number of people demonstrating increased knowledge about cardiovascular health risk factors, lifestyle modification, and treatment options. Increase in the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week to decrease the incidence of obesity in our service area.

Collective Impact Indicator – Reduced cardiovascular disease burden in our communities.

Identified Need: Cancer

Cancer remains a leading cause of death in the United States, second only to Heart Disease. Cancer accounts for about 1 out of every 4 deaths in Lake County. The county ranks 52nd of 58 counties in death rate due to all cancers in 2009-2011 and is higher than both the statewide rate and the HP 2020 national objective. The rate of death from lung cancer, for example, is substantially higher than the state rate. Nevertheless, mirroring the California trend, there was a statistically significant downward trend in Lake County's mortality rate for cancer between 2000 and 2010 (Figure 13). Lake

County's age-adjusted cancer death rate dropped from 232.3 in 2000 to 193.3 in 2010, an 18.9% decrease. California's age-adjusted cancer death rate dropped from 182.2 in 2000 to 156.6 in 2010, a 16.8% decrease

Program Highlight: Give a brief overview (snapshot) of a favorite program or intervention *or highlight from 2014.*

Goal: To increase awareness and education of risk factors for cancer and the importance of early detection.

Objective: Increased knowledge about risk factors for cancer and the importance of early detection.

Interventions:

1. Provide educational materials at health fairs, seminars, WorkWell events, and school sites.
2. Participate in Relay for Life.
3. Provide reduced cost mammograms or low-dose lung CTs for appropriate patients according to accepted national screening guidelines.
4. Provide a leadership role in the "Climb to the Peak of Health" initiative aimed at increasing smoking cessation throughout the county.
5. Promotion of collaborative relationships and coordination of services among Lake County health and human services providers

Evaluation Indicators:

Short Term – Increased knowledge about risk factors for cancer and the importance of early detection.

Long Term – Increased number of people receiving appropriate cancer screenings with referrals to appropriate treatment.

Collective Impact Indicator – Reduced burden of cancer in our service areas.

Priority Area 2: Prevention and treatment of use/misuse of legal and illegal substances, including prescription drugs and medications.

There is ample research that indicates the majority of money spent on medical care goes to treating patients with interrelated health problems; that is, both physical and mental health problems. Much of what is understood in this area comes from research in the field of epidemiology; the scientific study of patterns of health and illness within a population. A key component of community health is “recognizing the relationship between mental and physical health and ensuring that services account for that relationship.”

Mental health problems are among the most important contributors to the burden of disease and disability nationwide and are common in the United States and internationally. An estimated 26.2% of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder in a given year. Projecting this estimate of need to Lake County’s population, up to 12,864 persons age 18 and older in the county could suffer from some level of mental health problem or disorder. The county’s disproportionate number of veterans could increase this number. Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. While depression is under-detected at all ages, much more funding is available for treating younger people, for example. A key disparity often hinges on a person’s financial status; formidable financial barriers block needed mental health care regardless of whether one has health insurance with inadequate mental health benefits or lack of any insurance.

Goal: Improve mental health through prevention and by promoting healthy lifestyle behaviors.

Objective: Increase trauma adaption and awareness of available mental health services

Interventions:

1. Conduct 2-3 events per year aimed at promoting healthy lifestyle choices.
2. Participate in “Climb to the Peak of Health” community events aimed at increasing trauma adaption and awareness of mental health services available through St. Helena Hospital Napa Valley and other mental health providers in the county.

3. Promotion of collaborative relationships and coordination of services among Lake County health and human services providers.
4. SHCL is the fiscal sponsor for Climb to the Peak of Health, a collaborative effort of over 20 non-profits aimed at improving health outcomes in Lake County. In 2012, the group received a Community Transformation Grant funding from the Centers for Disease Control to focus efforts on increasing physical activity, smoking cessation and increasing use of evidence-based protocols to screen for mental health issues that create barriers to wellness.
5. Implementation of a screening protocol to identify children with high Adverse Childhood Event scores and connect them with treatment.

Evaluation Indicators:

Short Term – 100 people will demonstrate increased knowledge about healthy lifestyle behaviors.

Long Term – Increase the proportion of adults with behavioral health disorders who receive mental health offerings.

Collective Impact Indicator – Reduced incidence of mental health disorders in our communities.

Update on Indicators for 2014:

1. 2000 people were enrolled in an online challenge to increase their physical activity for 14 weeks.
2. 200 community members attended
3. 15,000 community members received mailers raising awareness about smoking cessation resources and resources for parents to reduce stress at home

Priority Areas Not Addressed

None

Partner List

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

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

- Community Care Management Corporation
- Lake County Behavioral Health Department
- Lake County Board of Supervisors
- Lake County Board of Supervisors
- Lake County Office of Education
- Lake County Public Health Department
- Lake County Veteran's Services
- Lake Family Resource Center
- Lucerne Community Clinic
- Partnership Health Plan
- Sutter Lakeside Hospital
- Sutter Lakeside Hospital
- Tribal Health

Community Benefit Inventory

Year 2014

| Activities | Number of Programs |
|--|--------------------|
| Medical Care Services | |
| Any charity care or unreimbursed Medicaid expense. | 1 |
| Community Health Improvement | |
| <p><u>Health Fairs and Screening Events</u> SHCL provides health education and information regarding access to health services at events and health fairs across Lake County. In 2014, we provided information and health education at six events to over 1785 people.</p> <p><u>Live Younger Longer Newsletter</u> Three times per year, SHH distributes our Live Younger Longer newsletter. The publication features various community health issues, such as heart health, joint health, physical activity, sinus health, cancer screenings, lung health, and other relevant topics. Live Younger Longer has a distribution of 22,589 people living in Lake County.</p> <p><u>Climb to the Peak of Health</u> SHCL is the fiscal sponsor for Climb to the Peak of Health, a collaborative effort of over 20 non-profits aimed at improving health outcomes in Lake County. In 2012, the group received a Community Transformation Grant funding from the Centers for Disease Control to focus efforts on increasing physical activity, smoking cessation and increasing use of evidence-based protocols to screen for mental health issues that create barriers to wellness. Highlights of the group’s achievements in 2014 include enrolling over 2000 people in an online challenge to increase their physical activity for 14 weeks, hosting a Field Day Fitness Expo attended by over 200 community members, mailers to over 15,000 raising awareness about smoking cessation resources and resources for parents to reduce stress at home, and the implementation of a screening protocol to identify children with high Adverse Childhood Event scores and connect them with treatment.</p> <p><u>Clearlake Initiative</u> The Clearlake Initiative is a workgroup aimed at developing community initiatives that address the root cause for much of the poor health outcomes that plague Clearlake: poverty. In 2014, the Clearlake Initiative launched the “Heros of Parenting” social media campaign aimed at reducing stress and trauma for at-risk children. The Initiative also opened the “Hub,” a one-stop shop for resources for</p> | 11 |

families with children at risk for poor emotional health outcomes. SHCL spent 40 hours engaging in this initiative.

Rural Health Network Development

SHCL was the fiscal sponsor for a federal grant on behalf of the Health Leadership Network, a collaborative of over 20 non-profits, aimed at increasing the use of evidence-based practices across organizations to mitigate the top causes of premature death and disease in Lake County. The group is in the process of developing a plan to improve access to smoking cessation services, improve physical activity, and to better connect children with high ACE factors with services.

Way to Wellville

Lake County was selected as one of five communities nationally to compete in a five year health outcomes challenge. The winning community will be awarded a \$5 million prize toward their efforts. SHCL has provided over 40 hours and other resources toward forwarding this unique challenge.

Relay for Life

SHCL hosted an American Cancer Society Relay for Life event in Lake County to help raise awareness and resources toward cancer prevention and treatment in our community.

Community Building Activities

Transportation Services

SHCL operates a shuttle for patients who have logistical barriers to care. The shuttle provides rides between SHCL clinics in Lake County as well as rides to St Helena Napa Valley, SHCL's sister Adventist Health tertiary hospital.

Recruitment to underserved areas

In 2013, St. Helena Napa Valley spent over \$144,000 to recruit providers to clinics located in designated HPSAs, MUAs, or MUPs. Several of these clinic locations are located in Lake County.

Covered California Enrollment Entity Certification

In order to help eligible Lake County residents enroll in Covered California and Medi-Cal, SHCL went through the process to become a Covered California Certified Enrollment Entity. We now have seven Certified Enrollment Councilors who provided enrollment assistance to 15 in Lake County.

Health Professions Education

SHCL preceptored three medical imaging students for 164 hours.

2

| | |
|---|---|
| St. Helena Napa Valley provides significant support to nursing students at Pacific Union College toward their education requirements. | |
| Subsidized Health Services | |
| Any subsidized health service that will cause an exacerbation of health needs and negatively impact access to care in Lake County. | 1 |
| Research | |
| n/a | 0 |
| Cash and In-Kind Contributions | |
| <p>SHCL provided cash or in-kind sponsorship to the following non-profits, coalitions, or charities in 2014 to help forward the goals in our Community Health Plan:</p> <ul style="list-style-type: none"> • American Cancer Society • Climb to the Peak of Health • Health Leadership Network • Heros of Parenting Event • Lake County Milers Club • Lake Co. Wine Alliance • Lake Co. Relay for Life • Lake Co. Fair • Kelseyville Pear Festival • Garamendia Wellness Fair • Heros and Health and Safety Fair • Clearlake State Park • Latino Coalition Health Fair • Southshore Little League • Keys to Healing • Medical Clinic in Baja Mexico | |

Community Benefit & Economic Value

St. Helena Hospital Clear Lake’s mission is, “Caring for our community, sharing God’s love.” We have been serving our communities health care needs since 1963. 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

| ST. HELENA HOSPITAL CLEAR LAKE Data for Calendar Year 2014 | TOTAL COMMUNITY BENEFIT COSTS | | DIRECT CB REIMBURSEMENT | UNSPONSORED COMMUNITY BENEFIT COSTS | |
|---|----------------------------------|---------------------|----------------------------|--|---------------------|
| | TOTAL CB EXPENSE | % OF TOTAL COSTS | OFFSETTING REVENUE | NET CB EXPENSE | % OF TOTAL COSTS |
| Traditional charity care | 1,881,455 | 2.74% | 8,441 | 1,873,014 | 2.73% |
| Public programs - Medicaid | - | 0.00% | - | - | 0.00% |
| Medicare | 28,945,485 | 42.14% | 24,357,361 | 4,588,124 | 6.68% |
| Other means-tested government programs (Indigent care) | 5,272,043 | 7.67% | 3,353,159 | 1,918,884 | 2.79% |
| Community health improvement services (1) | 376,750 | 0.55% | - | 376,750 | 0.55% |
| Health professions education (2) | - | 0.00% | - | - | 0.00% |
| Non-billed and subsidized health services (3) | 4,083,050 | 5.94% | 3,690,902 | 392,148 | 0.57% |
| Generalizable Research (4) | - | 0.00% | - | - | 0.00% |
| Cash and in-kind contributions for community benefit (5) | 3,916 | 0.01% | - | 3,916 | 0.01% |
| Community building activities (6) | 153,742 | 0.22% | - | 153,742 | 0.22% |
| TOTAL COMMUNITY BENEFITS | 40,716,441 | 59.27% | 31,409,863 | 9,306,578 | 13.55% |

Connecting Strategy and 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:

| | | |
|--|-------------------|-------------------------|
| <input checked="" type="checkbox"/> System-wide Corporate Policy | Corporate Policy | No. AD-04-006-S |
| <input checked="" type="checkbox"/> Standard Policy | Department: | Administrative Services |
| <input type="checkbox"/> Model Policy | Category/Section: | Planning |
| | Manual: | 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