



ST. HELENA HOSPITAL
NAPA VALLEY



ST. HELENA HOSPITAL
CENTER FOR BEHAVIORAL HEALTH



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Overview of Adventist Health

St. Helena Hospital Napa Valley (SHNV) and St. Helena Hospital Center for Behavioral Health (SHBH) are affiliates 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 Napa Valley



St. Helena Hospital Napa Valley

Number of Hospital Beds: 151

Steven Herber, President & CEO

Bill Wing, Chair, Governing Board

10 Woodland Avenue

St. Helena, CA, 94574

707.963.3611

Who We Are: Located two miles north of St. Helena in the Napa Valley, St. Helena Hospital Napa Valley is a 151-bed full-service, nonprofit, community hospital renowned for excellence in cardiac care and a holistic approach to healing. St. Helena Hospital Napa Valley also includes 61 psychiatric beds at the St. Helena Hospital Center for Behavioral Health in Vallejo and 14 residential wellness program rooms in the St. Helena Center for Health. Since opening its doors in 1878, St. Helena Hospital Napa Valley has remained committed to one basic mission: sharing God’s love by providing physical, mental and spiritual healing.

Offering expertly skilled doctors, the latest medical technology and highly-trained staff, St. Helena Hospital Napa Valley serves as a regional center for cancer care, cardiac services, orthopedics, general surgery, obstetrics, plastic & reconstructive surgery, sleep disorders, home care and women’s services. A comprehensive range of acute care, behavioral health and wellness programs draw patients from the San Francisco Bay Area and beyond.

History: The facility was established in 1878 as the Rural Health Retreat. After the turn of the century, St. Helena Hospital Napa Valley became a full-service, nonprofit community hospital. In 1969, a new wing opened to house the St. Helena Center for Health, thus enhancing the hospital’s focus on personal and community wellness. In 1997 St. Helena Hospital Napa Valley purchased First Hospital in Vallejo, a 61-bed mental health facility now known as the St. Helena Hospital Center for Behavioral Health.

Identifying Information – Center for Behavioral Health



St. Helena Hospital Center for Behavioral Health

61 beds

Steven Herber, M.D., President & CEO

Bill Wing, Chair, Governing Board

525 Oregon St,

Vallejo, CA 94590

707. 649.4040

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 Napa Valley & Center for Behavioral Health have adopted the following priority areas for our community health investments for 2013-2015:

- Address the **sources of the leading causes of death** and premature death, including cancer, heart disease, and cerebrovascular disease. Special focus will be put on **preventing overweight and obesity**.
- Address **mental health issues**, including excessive **use of alcohol and drugs**, among all ages.
- Approaches to **coordinate and enhance data systems and communication, system-wide sharing of resources, collaborative efforts and partnerships** between services and organizations in order to meet the complex needs of Napa County residents.

In addition, St. Helena Hospital Napa Valley & Center for Behavioral Health continue 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 (Describe the process for your community health needs assessment data section). Please also include any collaborative partners included in the CHNA.

St. Helena Hospital Napa Valley & Center for Behavioral Health 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:

- **2014 South Napa Earthquake.** On August 24, 2014 at 3:20 am, a 6.0 magnitude earthquake struck on the Napa Ridge Fault south of the City of Napa near American Canyon. One person was killed and over 200 people were injured. Over 600 buildings were red or yellow tagged causing massive displacement of families, businesses, and services. Thankfully, SHNV and its clinics did not sustain major structural damage. While the Queen of the Valley Hospital's Emergency Room received the majority of those injured due to its proximity to the epicenter, SHNV quickly responded to the crisis through support of affected employees, monetary support of relief agencies, a series of donation drives, and disaster preparedness outreach and education. This signified a major shift in our community benefit programming in 2014.

- **Implementation of the Affordable Care Act's Health Benefit Exchange Board.** As of March 1, 2014, 5,496 people in Napa County and 9,879 in Solano County 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 Napa and Solano's uninsured and underinsured populations, and brought relief to many families who struggle to afford health insurance. However, SHNV's experience with the first Covered California open enrollment period was that it was plagued with significant confusion over whom 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, SHNV became a Certified Enrollment Entity with Covered California. We now have seven trained Enrollment Counselors 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.
- **Implementation and Evaluation of the Live Healthy Napa County 2014-2017 Community Health Plan.** Live Healthy Napa County (LHNC) is a coalition of over 50 non-profits with common missions of improving health and wellbeing in Napa County. After LHNC completed our Community Health Needs Assessment in 2013, we developed a Community Health Plan, ratified the plan in early 2014. We spent the remainder of the year implementing the plan. In order to ensure our collective activities are adequately addressing the needs identified in the Community Health Plan, we engaged an external evaluator who will report findings in early 2015. The implementation of the LHNC Community Health Plan brought forth several new opportunities to support our community that were not in our original Community Benefit Plan.

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 – St. Helena Hospital Napa Valley

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

Priority Areas

- Chronic Disease Management and Awareness
- Coordinated and Enhanced Data Systems for Community Resources

Priority Area 1: Chronic Disease Management and Awareness

Goal: Promote health and reduce chronic disease risk through the consumption of healthful diets and active living to prevent the leading causes of death including cancer, heart disease, and cerebrovascular disease.

Objectives:

- 1. Increase the awareness and education of risk factors and early detection for cancer and heart disease.
- 2. Increase partnerships with community stakeholders to increase awareness of risk factors for chronic disease.

Objectives	Progress
Two hundred and fifty people will demonstrate increased knowledge about cardiovascular risk factors, modifiable lifestyle behaviors, and treatment options.	Complete

Two hundred and fifty people will demonstrate increased knowledge about risk factors for cancer and the importance of early detection.	Complete
100 people will demonstrate increased knowledge about healthy lifestyle behaviors.	Complete

Interventions:

1. In conjunction with the Live Healthy Napa County Coalition, we completed a county-wide Community Health Plan for 2015-2017 based on the Community Needs Assessment. See Appendix A to review the executive summary of the plan.
2. We provided educational materials regarding risk factors for cancer, heart disease, and cerebrovascular disease, and used CDC-endorsed My Plate curricula at six health fairs, 6 heart health seminars, twenty-one classes, and ten health screening events. We also began offering monthly weight loss seminars for the morbidly obese, co-hosted by our Center for Health and our Bariatric and Metabolic Health Institute. In total, over 3,500 people in our target communities received education how to prevent leading causes of death.
3. We started implementing the Exercise Affiliate Program, a partnership between personal trainers and the Adventist Heart Institute. Gym and training vendors have been vetted, and we look to implement the program in 2015.
4. We provided diabetes self-management education for 27 individuals diagnosed with diabetes. Two classes were offered free of charge.
5. We participated in Relay for Life, raising awareness regarding cancer screening with over 1,000 participants.
6. We provided 18 ultrasounds, 9 dexameter bone scans, and 4 free reduced-dose lung CTs for appropriate patients according to accepted national screening guidelines. St. Helena also supported Operation Access in 2014, a program to connect uninsured and underinsured patients with elective outpatient surgeries. We committed \$25,000 in program support and will be performing at least ten general, plastic, and cardiovascular surgeries in 2015.

Changes in Interventions for 2014:

St. Helena did not deviate significantly from our original Community Benefit Plan in 2014. However, we do plan to make the following changes to our program in 2015:

- We will be focusing a significant amount of our Community Benefit cash outlays toward bringing the Nightengale House to Napa County in order to benefit homeless patients in all our primary service areas. The Nightengale House is a medical respite for homeless patients who were just discharged from inpatient care who need additional support. SHNV has pledged \$150,000 in 2015 toward this initiative.
- Assisting people obtain access to health insurance through Covered California and Medi-Cal will be a focus area for Community Benefit in 2015. Access to healthcare services is a major determinant in survivorship for people living with heart and vascular disease, as well as cancer.
- We will also review the findings of the LHNC program evaluation and make changes to our Community Benefit programming should it seem prudent.

Evaluation Indicators:

Short Term – Increase number of people receiving education for **premature death – cancer, heart disease, cerebrovascular disease, with a focus on overweight and obesity.**

Long Term – Number of people demonstrating increased knowledge about modifiable lifestyle behaviors and risk factors for sources of leading causes of death. Number of people receiving cancer screens.

Collective Impact Indicator- Reduced cancer, heart disease, and cerebrovascular disease burden in Napa and Solano County.

Update on Indicators for 2014: St. Helena is on track with meetings our short and long-term objectives. We plan to work with LHNC in order to assess our progress toward our collective impact indicators through the program evaluation as well as our 2017-2020 Community Needs Assessment.

Priority Need 2: Address **mental health issues**, including excessive **use of alcohol and drugs**, among all ages.

Goal 2a: Increase awareness regarding available mental health and addiction services available through St. Helena Center for Behavioral Health.

Goal 2b: Expand access to acute services for patients with mental health and chronic disease dual-diagnoses.

Objectives:

1. Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year.
2. Increase the proportion of patients with mental health problems who receive treatment

Objectives	Progress
100 people will demonstrate increased knowledge regarding mental health and addiction services through St. Helena Center for Behavioral Health.	COMPLETE
Serve over 300 new patients in the first year of service.	In progress. The program launched in October 2014.

Interventions:

1. We supported the Catalyst Coalition, a Napa County collaborative between mental health care providers, law enforcement, public health, and social service agencies aimed at breaking the cycle of addiction to drugs and alcohol. We helped plan and participated in several Catalyst Coalition initiatives.
2. We provided peer support groups, such as Alcoholics Anonymous and our Recovery Center alumni group, for people who had previously participated in addiction therapy and need support for ongoing sobriety. We estimate that over 612 people received support through these programs
3. We provided education regarding addiction services to patients admitted to SHNV for substance abuse-related conditions.

4. We opened a new medical-psychiatric unit at SHNV to increase access throughout Northern California to acute inpatient medical care for patients with complicating behavioral health co-morbidities.

Short Term – Number of people receiving education regarding mental health and substance abuse services. Opening of new unit. Number of people served.

Long Term – Number of people seeking services and achieving sobriety. Decreased risk of mortality for people with mental illness suffering from acute chronic disease co-morbidities.

Update on Indicators for 2014: St. Helena is on track with meetings our short and long-term objectives. We expect to meet our objectives toward numbers served by our new med-psych unit in 2015. We plan to work with LHNC in order to assess our progress toward our collective impact indicators through the program evaluation as well as our 2017-2020 Community Needs Assessment.

Priority Need 3 (Shared Priority)

Coordinate and enhance data systems and communication, system-wide sharing of resources, collaborative efforts and partnerships between services and organizations in order to meet the complex needs of Napa County residents.

Goal 3: Increase St. Helena Hospital's strategic partnerships and collaborations to decrease fragmentation of services amongst vulnerable populations in our service areas.

Objective: Increased number of strategic partnerships and ability to exchange data with other non-Adventist Health healthcare providers **in the community**.

Interventions:

1. We provided \$35,587 in cash contributions and over 40 hours of in-kind support of the ConnectHealth Health Information Exchange (HIE) effort in Napa, Solano, and Sonoma Counties. The goal of ConnectHealth is for Napa County Department of Public Health, Sonoma County Department of Public Health, Yolo County Department of Public Health, St. Joseph's Health

System, Clinic Ole, Partnership Health Plan, Quest Diagnostics, and NorthBay Hospital to be able to exchange health information in real time to improve care of patients in our service areas. In 2014 we transmitted our first batch of real data.

2. We continued our participation and sponsorship of the Live Healthy Napa County Coalition.
3. We participated in the Napa County Coalition for Non-Profits to align resources and strategies. In collaboration with the Coalition, we pledged \$1,000 in cash support toward a “Bridges Out of Poverty” two-day educational seminar to help non-profits and private businesses in Napa County improve economic opportunities for low-income people in our county.

Evaluation Indicators:

Short Term – Increased participation and sponsorship of multi-disciplinary non-profit coalitions aimed at improving health of Napa County residents.

Long Term – Ability to exchange data with other healthcare providers in our service areas.

Update on Indicators for 2014: St. Helena is on track with meetings our short and long-term objectives. We expect to meet our objectives toward numbers served by our new med-psych unit in 2015. We plan to work with LHNC in order to assess our progress toward our collective impact indicators through the program evaluation as well as our 2017-2020 Community Needs Assessment.

Priority Areas Not Addressed

All priorities were addressed as planned in 2014.

Identified Priority Need Update – Center for Behavioral Health

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

Priority Areas

- Behavioral Health
- Coordinated and Enhanced Data Systems for Community Resources

Priority Need 1: Address **mental health issues**, including excessive **use of alcohol and drugs**, among all ages.

Goal 1a: Increase awareness regarding available mental health and addiction services available through St. Helena Center for Behavioral Health.

Goal 1b: Expand access to acute services for patients with mental health and chronic disease dual-diagnoses.

Objectives:

1. Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year.
2. Increase the proportion of patients with mental health problems who receive treatment

Objectives	Progress
100 people will demonstrate increased knowledge regarding mental health and addiction services through St. Helena Center for Behavioral Health.	COMPLETE
Serve over 300 new patients in the first year of service.	In progress. The program launched in October 2014.

Interventions:

1. We supported the Catalyst Coalition, a Napa County collaborative between mental health care providers, law enforcement, public health, and social service agencies aimed at breaking the cycle of addiction to drugs and alcohol. We helped plan and participated in several Catalyst Coalition initiatives.
2. We provided peer support groups, such as Alcoholics Anonymous and our Recovery Center alumni group, for people who had previously participated in addiction therapy and need support for ongoing sobriety. We estimate that over 612 people received support through these programs
3. We provided education regarding addiction services to patients admitted to SHNV for substance abuse-related conditions.

4. We opened a new medical-psychiatric unit at SHNV to increase access throughout Northern California to acute inpatient medical care for patients with complicating behavioral health co-morbidities.

Short Term – Number of people receiving education regarding mental health and substance abuse services. Opening of new unit. Number of people served.

Long Term – Number of people seeking services and achieving sobriety. Decreased risk of mortality for people with mental illness suffering from acute chronic disease co-morbidities.

Update on Indicators for 2014: St. Helena is on track with meetings our short and long-term objectives. We expect to meet our objectives toward numbers served by our new med-psych unit in 2015. We plan to work with LHNC in order to assess our progress toward our collective impact indicators through the program evaluation as well as our 2017-2020 Community Needs Assessment.

Priority Need 2 (Shared Priority)

Coordinate and enhance data systems and communication, system-wide sharing of resources, collaborative efforts and partnerships between services and organizations in order to meet the complex needs of Napa County residents.

Goal 2: Increase St. Helena Hospital's strategic partnerships and collaborations to decrease fragmentation of services amongst vulnerable populations in our service areas.

Objective: Increased number of strategic partnerships and ability to exchange data with other non-Adventist Health healthcare providers **in the community**.

Interventions:

1. We provided \$35,587 in cash contributions and over 40 hours of in-kind support of the ConnectHealth Health Information Exchange (HIE) effort in Napa, Solano, and Sonoma Counties. The goal of ConnectHealth is for Napa County Department of Public Health, Sonoma County Department of Public Health, Yolo County Department of Public Health, St. Joseph's Health System, Clinic Ole, Partnership Health Plan, Quest Diagnostics, and NorthBay Hospital to be able to exchange health information in real time to improve care of patients in our service areas. In 2014 we transmitted our first batch of real data.
2. We continued our participation and sponsorship of the Live Healthy Napa County Coalition.
3. We participated in the Napa County Coalition for Non-Profits to align resources and strategies. In collaboration with the Coalition, we pledged \$1,000 in cash support toward a "Bridges Out of Poverty" two-day educational seminar to help non-profits and private businesses in Napa County improve economic opportunities for low-income people in our county.

Evaluation Indicators:

Short Term – Increased participation and sponsorship of multi-disciplinary non-profit coalitions aimed at improving health of Napa County residents.

Long Term – Ability to exchange data with other healthcare providers in our service areas.

Update on Indicators for 2014: St. Helena is on track with meetings our short and long-term objectives. We expect to meet our objectives toward numbers served by our new med-psych unit in 2015. We plan to work with LHNC in order to assess our progress toward our collective impact indicators through the program evaluation as well as our 2017-2020 Community Needs Assessment.

Priority Areas Not Addressed

All priorities were addressed as planned in 2014.

Partner List

St. Helena Hospital Napa Valley and Center for Behavioral Health support 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:

- Aldea
- Allen, Shea & Associates
- American Canyon Family Resource Center
- American Canyon Fire Department
- American Medical Response-Napa
- Angwin Community Council
- Area Agency on Aging (AAoA)
- Born To Age
- Calistoga Affordable Housing (CAH)
- Calistoga Family Center
- Calistoga Institute
- Catholic Charities
- Child Start
- Children's Health Initiative
- City of American Canyon
- City of American Canyon Fire Department
- City of Calistoga
- City of Napa Fire Department
- City of Napa Housing and Community Development
- City of Napa Housing Authority
- City of Napa Police Department
- City of St. Helena
- Commission on Aging
- Community Action Napa Valley (CANV)
- Community Church of Lake Berryessa
- Community Health Clinic Ole

- Cope Family Center
- Family Service of Napa Valley
- First 5
- Gasser Foundation
- HEAL Cities Campaign
- Healthy Aging Population Initiative (HAPI)
- Healthy Moms and Babies
- HomeBase/The Center for Common Concerns
- Individual Community Members from the Napa County Community
- Kaiser Community Benefits Napa Solano
- Kaiser Permanente
- Napa County HHSA - Alcohol and Drug Services
- Napa County HHSA-Administration
- Napa County HHSA-Alcohol and Drug Services
- Napa County HHSA-Comprehensive Services for Older Adults
- Napa County HHSA-Mental Health
- Napa County HHSA-Operations
- Napa County HHSA-Public Health
- Napa County HHSA-Quality Management
- Napa County HHSA-Self Sufficiency
- Napa County Housing Authority
- Napa County Office of Education
- La Toque RestaurantLegal Aid of Napa
- Local Food Advisory Council
- Moving Forward Towards Independence
- Nap Valley Lutheran Church
- Napa Chamber of Commerce
- Napa College Foundation
- Napa County Assessor's Office
- Napa County Bicycle Coalition
- Napa County Board of Supervisors
- Napa County Commission on Aging
- Napa County Department of Agriculture and Weights and Measures
- Napa County Planning, Building and Environmental Services
- Napa County Probation Department
- Napa County Regional Park and Open Space District
- Napa County Sheriff's Office
- Napa County Transportation and Planning Agency
- Napa Emergency Women's Services (NEWS)
- Napa Farm Bureau
- Napa Health Resource Center
- Napa Learns
- Napa Register
- Napa State Hospital
- Napa Valley Coalition of Nonprofit Agencies
- Napa Valley College
- Napa Valley Community Foundation

- Napa Valley Education Foundation
- Napa Valley Grape Growers
- Napa Valley Hospice & Adult Day Services
- Napa Valley Lutheran Church
- Napa Valley State Parks Association
- Napa Valley TV
- Napa Valley Vintners
- Napa Valley Youth Center (NVYC)
- Napa Valley Hospice & Adult Day Services (NVH-ADS)
- Napa-Solano-Yolo-Marin County Public Health Laboratory
- On the Move
- Pacific Union College SDA Church
- ParentsCAN
- Partnership Health Plan of California
- Planned Parenthood Shasta Pacific
- Puertas Abiertas Community Resource Center
- Queen of the Valley Community Outreach
- Rabobank
- Rianda House-Upper Valley Senior Activity Center
- Somos Napa
- St. Helena Family Center
- St. John's Catholic Church
- St. Joseph Health Queen of the Valley
- State Senator Lois Wolk's Office
- Sustainability Now!
- Sustainable Napa County
- Tobacco Advisory Board
- Town of Yountville
- United Cerebral Palsy of the North Bay (UCPNB)
- United Way of the Bay Area
- Veterans Home of California, Yountville
- Vine Village, Inc.

Community Benefit Inventory

Year 2014

In addition to the priority areas listed previously, the hospital offers many community health development interventions. As we shift into strategic initiatives to improve health within the communities we serve we will continue to support additional efforts identified as priorities to our communities. Below you will find a summary of our key interventions that may not have been included in the priority areas for the hospital.

Activities	Number of Programs
Medical Care Services	
Includes any charity care or unreimbursed Medicaid expense.	1
Community Health Improvement	
<p><i>Community Health Improvement</i></p> <p><u>WorkWell Employer Health Screening Events</u> SHNV partners with local employers to help screen their employees for risk of chronic disease and cancer. In addition to biometrics, screenings include education regarding the impact of lifestyle choices on a person’s long-term health. SHNV went onsite at six different venues for employers such as Trincherro, Solage, Pacific Union College, the Culinary Institute of America, and Diageo. Over 800 people were screened in 2014 through the SHNV WorkWell program.</p> <p><u>Other Screening Events</u> Outside the WorkWell program, SHNV provided health screening services to the Rianda House senior center, the City of Calistoga, and conducted several Heart Health events featuring Dr. Stewart Allen and Dr. Monica Divakaruni (cardiologists). Over 368 people were screened through these events.</p> <p><u>Live Younger Longer Newsletter</u> Three times per year, SHNV distributes our Live Younger Longer magazine. The publication features various community health issues, such as heart health, joint health, physical activity, cancer screenings, nutrition, options for weight loss, lung health, and other relevant topics. Live Younger Longer has a distribution of 21,572 people living in Napa County.</p> <p><u>Live Healthy Napa County</u></p>	16

SHNV was a founding partner of the Live Healthy Napa County Coalition, alongside the Queen of the Valley Medical Center, Kaiser Permanente, the Napa County Department of Health, and the Napa County Coalition of Non-Profits. A coalition consisting of over 50 non-profits, LHNC produced a thorough Community Health Needs Assessment for Napa County in 2013. In 2014, we approved a final draft of a Community Health Plan outlining how we will work together to mitigate Napa County's most pressing health needs. At the end of 2014 we began conducting a formal evaluation of how well we are executing the Community Health Plan. The LHNC Needs Assessment and Health Plan can be found at <http://www.countyofnapa.org/LHNC/>

Heart Health Seminars

The Adventist Heart Institute provides free educational seminars open to the public on various heart health topics. This year we did several sessions on treatment options for people living with atrial fibrillation. We offered 6 events educating 1000 people in 2014.

Joint Health Seminars

The Coon Joint Replacement Institute provides free educational seminars on treatment options for people living with joint pain. In 2014 we did 10 events educating 2500 people.

Options for Weight Loss Seminars

In conjunction with the Center for Health, the St. Helena Metabolic and Bariatric Institute provides free education seminars for the morbidly obese on various options for weight loss, including bariatric surgery. In 2014 we did twelve seminars educating 180 people.

Diabetes Self-Management Classes

SHNV provided diabetes self-management classes to 27 diabetic community members in 2014. The six week course provides education on nutrition, lifestyle, medication management, and treatment options. We offered two classes free of charge this year for people who did not have insurance coverage or could not afford the class fees.

Cancer Survivorship and Support Groups

The Martin O'Neill Cancer Center offers free support groups to cancer patients and their families going through treatment, survivorship educational series and support groups, and programming to help promote healthy habits to prevent cancer. Examples of classes offered by the MOCC include "Bright Colors, Bold Flavors, and Better Health," "Keys to Healing," "Awaken your Mind, Body, and Spirit," and "Silver Linings for Family Members." Over 268 people received education or support group services through the MOCC in 2014.

Lung Health Education

Smoking is a major cause of premature death in Napa County. New standards in cancer screening indicate that people over the age of 55 who have been smoking more than 20 pack years should receive a low-dose CT screen annually to monitor for early stage lung cancer. SHNV has provided over 1664 hours in educating health care providers and patients about the new guidelines. We have also provided free or reduced cost low-dose CT screens to 4 patients.

Classes for Expecting and New Parents

SHNV provided childbirth classes to 103 expecting parents in 2014.

Health Fairs

SHNV staffed information booths at six community health fairs, providing health education and information on access to health services to over 918 people.

Grief Recovery Method Program

SHNV provides support to family members who have gone through loss of a loved one. This past year we provided 40 hours of education on the Grief Recovery Method.

Organized Physical Activity Events and Promotion

SHNV helped staff several organized races in Napa County, such as the Napa Valley Marathon, the Angwin to Angwish Race, the Run for Fun at RLS Middle School, Vichy Elementary Jog-a-Thon, and other events to promote and inspire physical activity in our community. Well over a 1000 people participated in these runs in Napa County.

Alcoholics Anonymous and Substance Abuse Recovery Support

SHNV hosts AA meetings and post-recovery treatment support groups that are free and open to the community. We also provide peer support groups for alumni for our Recovery Center, which are open to anyone who has undergone addiction treatment who needs support maintaining sobriety.

Relay for Life

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

Community Building Activities

Nightengale Medical Respite for the Homeless

SHNV is working with the Queen of the Valley Hospital and Napa County Health and Human Services to bring Nightengale Medical Respite services to Napa County. This service will meet a tremendous unmet need in our community, providing shelter and non-medical supervision to homeless patients who have been recently discharged from a hospital and need light assistance with discharge instructions. SHNV has made a significant financial commitment over the next three years to bring this service to Napa.

Transportation Services

SHNV operates a shuttle for patients who have logistical barriers to care. The shuttle provides rides to the hospital and clinics.

Napa Vine Trail Coalition

SHNV provided staff time, promotional resources, and advocacy support to the Napa Vine Trail Coalition to help build a continuous trail from the City of Napa to Calistoga. Every year, SHNV’s emergency team treats several bicyclists in Napa County that have been struck by motor vehicles. SHNV believes the Vine Trail will dramatically improve access to safe venues for physical activity in Napa County.

Recruitment to Underserved Areas

In 2014, SHNV spent over \$336,333 to recruit providers to clinics and facilities located in designated HPSAs, MUAs, or MUPs.

Covered California Enrollment Entity Certification

In order to help eligible Napa County residents enroll in Covered California and Medi-Cal, SHNV went through the process to become a Covered California Certified Enrollment Entity. We now have seven Certified Enrollment Councilors who provided enrollment assistance to 12 in Napa County.

Catalyst Coalition

SHNV supports and works with the Catalyst Coalition, a coalition of non-profits and law enforcement aimed at reducing substance abuse in young people in Napa County.

Napa Valley Non-Profit Coalition

SHNV participates in the NVNPC to help better connect and align resources with other non-profits serving our community.

Health Professions Education

Preceptorships for RN Students at Pacific Union College

2

<p>SHNV provided preceptorship to 110 students working toward their nursing degree. Students shadowed SHNV nurses for an 8 hour shift each week for 14 weeks to earn credits at PUC.</p> <p><u>Continuing Clinical Education for RNs</u> SHNV provides CE units for RNs that are open to the public and promoted through the American Heart Association. Classes offered in 2014 included 12-lead EKG and ACLS.</p>	
Subsidized Health Services	
<p><u>Free Mammogram, Bone Screenings, and Women's Ultrasound</u> SHNV provided 25 mammograms, 18 ultrasounds, 9 dexa bone scans, and 4 low-dose CT lung screens at no cost to people who could not afford them. Any other subsidized health service that would exacerbate health needs and negatively impact access to care if removed from Napa County.</p>	2
Research	
<p>SHNV's Martin O'Neill Cancer Center participated in clinical trials to forward innovations in cancer treatment.</p>	1
Cash and In-Kind Contributions	
<p>SHNV provided cash or in-kind sponsorship to the following non-profits or charities in 2014 to help forward the goals in our Community Health Plan (in alphabetical order):</p> <ul style="list-style-type: none"> • Alzheimer's Association • American Cancer Society • American Heart Association • Angwin to Angwish • Catalyst Coalition • Clinic Ole • Connect Health Care • Girls on the Run • Leukemia and Lymphoma Society • Live Healthy Napa County • Napa County Health and Human Services • Operation Access • Pacific Union College • Rianda House • Relay for Life 	13

Community Benefit & Economic Value

St. Helena Hospital Napa Valley & Center for Behavioral Health’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 NAPA VALLEY Data for Calendar Year 2014	TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
Traditional charity care	2,004,284	0.93%	(2,093)	2,006,377	0.93%
Public programs - Medicaid	-	0.00%	-	-	0.00%
Medicare	109,726,544	50.82%	78,748,932	30,977,612	14.35%
Other means-tested government programs (Indigent care)	-	0.00%	-	-	0.00%
Community health improvement services (1)	281,762	0.13%	-	281,762	0.13%
Health professions education (2)	1,934	0.00%	-	1,934	0.00%
Non-billed and subsidized health services (3)	7,911,387	3.66%	5,466,329	2,445,058	1.13%
Generalizable Research (4)	205,678	0.10%	146,572	59,106	0.03%
Cash and in-kind contributions for community benefit (5)	82,965	0.04%	-	82,965	0.04%
Community building activities (6)	354,725	0.16%	-	354,725	0.16%
TOTAL COMMUNITY BENEFITS	120,569,278	55.84%	84,359,740	36,209,539	16.77%

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:

- 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: