2012 Community Benefits Report

Adventist Health
Adventist Medical Center
Reedley

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Adventist Medical Center
Selma

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INTRODUCTION

Adventist Medical Center – Reedley (AMC-R) and Adventist Medical Center – Selma (AMC-S) (operated as a service of Adventist Medical Center – Hanford) are part of the Adventist Health / Central Valley Network (AHCVN), a faith-based network of four hospitals, 30 rural health clinics and more than 20 other service locations that specializes in providing access to personal, high-quality health care services in more than 45 communities in California's Central Valley. The network sees more than a million health care interactions a year throughout a 2,500-square-mile region.

Adventist Medical Center - Reedley
Adventist Health began operating Sierra Kings District Hospital in 2011 as Adventist Medical Center- Reedley and its five clinics. AMC-R is the only hospital in the city of Reedley.

Adventist Medical Center – Reedley

49 Beds
24-hour Emergency Services
12 Community Care rural health clinics
Family Birth Center with 20 large private rooms
Chaplain Services
Inpatient and Outpatient Imaging
Inpatient and Outpatient Laboratory
Inpatient and Outpatient Surgery
Medical/Surgical Nursing Care
Physical Therapy
Social Services

AMC-R 2012 data:
15,209 Emergency visits
2,040 Inpatient visits
Total Clinical Staff: 344

Adventist Medical Center - Selma became part of Adventist Health in 1998 as Selma Community Hospital (SCH). In 2005, the hospital licenses of Hanford Community Medical Center and Selma Community Hospital were combined, and Central Valley General Hospital took over the SCH clinics to consolidate operations among the three hospitals in an effort to improve access, quality and strength. In 2011 Selma Community Hospital's AMC-S name was changed to Adventist Medical Center – Selma. The hospital continues to be the only one in the city of Selma and serves as a primary provider of health services for southern Fresno County. As an integral member of the community, AMC-S is committed to delivering health care services to our residents to enhance the present and future quality of life for our patients.

Adventist Medical Center – Selma
57 Beds
24-hour Emergency Services
Birthing Center
Cardiology
Chaplain Services
Direct Observation Unit
Inpatient and Outpatient Imaging
Inpatient and Outpatient Laboratory
Inpatient and Outpatient Surgery
Physical Therapy

AMC-S 2012 data:
47,919 Emergency visits
4,127 Inpatient visits
Total Clinical Staff: 397

Adventist Health / Central Valley Network 2012 data:
582 physicians
2,793 employees
224 active volunteers
4,173 babies delivered
120,873 (3% growth from 2011) ER visits
454,868 combined outpatient clinic visits

MISSION, VISION AND VALUES

Our Mission
To share God's love by providing physical, mental and spiritual healing.

Our Vision
To be a regional health care network that is recognized as the best place to receive care, the best place to practice medicine and the best place to work.

Our Values
Heartfelt Compassion
Inner Integrity
Enthusiastic Respect
Vital Quality
Thoughtful Stewardship
Loving Family
Human Wholeness
Personal Contribution

COMMUNITY OVERVIEW

AHCVN's Primary Service Area (PSA) and Community Benefit Area encompasses about 2,500 square miles in Kings, southern Fresno and eastern Tulare counties. Communities and ZIP codes include:

Armona 93202	Hanford 93230	Orange Cove 93646
Avenal 93204	Kettleman City 93239	Reedley 93654
Caruthers 93609	Kingsburg 93631	Riverdale 93656
Coalinga 93210	Huron 93234	Sanger 93657
Corcoran 93212	Laton 93242	Selma 93662
Dinuba 93618	Lemoore 93245	
Fowler 93625	Parlier 93648	

Our secondary markets include communities and ZIP codes:

Culter 93615	Orosi 93647	Visalia 93277
Del Rey 93616	Raisin 93652	Visalia 93291
Fresno 93706	Stratford 93266	Visalia 93292
Fresno 93725	Tulare 93274	

Within the geographic region of Selma, Reedley, Kingsburg, Fowler, Sanger, Parlier and surrounding areas, there were approximately 130,000 individuals in 2011. These communities hold many diverse cultures, including Hispanics, Sikhs, Japanese and a mix of European ancestries. Most, however, are multigenerational families who have established roots in the area. The area is permeated with various businesses and industries that have located in the area for the characteristics for which a small, rural town is known. Reedley and Selma lie in California's agriculture-rich Central Valley, at the foot of the Sierra Nevada Mountains. This region of the San Joaquin Valley was founded by the agriculture industry that is at the economic backbone of Central California. These areas rely heavily upon the agricultural industry and housing market for economic stability.

Economics

The region has been particularly hard hit by the recent economic downturn. These economic factors are exacerbated by the cyclical nature of the agriculture industry, compounding the situation during periods of low agricultural activity. These rural cities generally have a higher rate of poverty, with the rural population having less formal education. Rural counties, with lower wages, often lose their young people to urban counties; this leaves an aging population. Income and education are both measures of socioeconomic status. Inequality in income and education underlie many health disparities. Research indicates that population groups that suffer the worst health status are also those that have the highest poverty rates and least education. Income data provides an assessment of the resources available to individuals or families to acquire food, housing, clothing, and health care.

Regions Population, Unemployment and Median Household Incomes

City	Population (US Census 2011)	Unemployment (December 2012)	Median Household Incomes (US Census 2011)
Caruthers	2,883	14.9%	-
Cutler	5,000 (2010)	15.7%	$32,940
Fowler	5,646	14.9%	$54,698
Kingsburg	11,537	14.2%	$58,091
Orange Cove	9,196	16.2%	$27,642
Orosi	8,770	15.7%	$35,512
Parlier	14,692	16%	$36,388
Reedley	24,520	14.9%	$46,776
Sanger	24,599	23.6%	$41,987
Selma	23,535	15.7%	$42,459
California	37,683,933	9.8%	$61,632
United States	313,914,040	7.80%	$52,762

(Sources: United States Census Bureau 2011 and Labor Force Statistics)

ORGANIZATIONAL COMMITMENT

Governance and Management Structure
The Governing Board works in harmony with hospital administration and community leaders, for the welfare of the people in Kings, southern Fresno and eastern Tulare counties. The Board provides oversight to the hospitals in activities that benefit the county, which is plagued with high unemployment and poverty rates.

The composition of the Governing Board includes two hospital executives, six physicians, a registered nurse and ten community members. They are:

Scott Reiner, Chairman
Ramiro Cano
Dawn Bickner
David (Bud) Dickerson
Richard K. Ellsworth, DO
Wayne Ferch
Kenneth Gibb
Robert Hansen
George Johnson
Larry M. Jorge
Mary Ann Landis
Adam Mackey
Grant Mitchell, JD
Gloria Pierson, RN
Nicholas Reiber, MD
Daniel Schlund, MD
Ashok Verma, MD
J. Darrick Wells, MD Annie Wong, MD

Community Benefit Planners and Reporting Managers
The following individuals participate as Community Benefit Planners and Reporting Managers:

Charles Sandefur
Vice President, Mission and Community Development

Carla Smith
Director, Accounting

Christine Pickering
Director, Marketing & Communications

2013 COMMUNITY NEEDS ASSESSMENT

One of the reforms included in the **Patient Protection and Affordable Care Act** (PPACA) **of 2010**, Code Section 501(r)(3) is that nonprofit hospitals conduct a community health needs assessment (CHNA) at least every three years and adopt an implementation strategy for meeting the health needs identified through that assessment. This process must take "input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health" and must make the CHNA "widely available to the public."

In California, community needs assessment reporting requirements have been in effect since 1994 with passage of Senate Bill 697. The notable difference in new federal statutes is the emphasis being placed on adopting a clear strategy for addressing the needs identified in the assessment process and the application of this requirement.

The recommended framework for completing the community needs assessment report includes gathering information about the demographics of the communities served by a hospital; the status of known determinants of health disparity (poverty, poor education, lack of insurance); health outcomes, and key drivers of health outcomes (socio-economic factors, health behaviors, access to healthcare, etc).

Once the data was gathered, the next stage of work is to prioritize the community health needs that will be addressed by hospitals. This effort was completed by the members of the Hospital Council Community Benefits Work Group.

Community Needs Assessment Process
The mission of the Hospital Council of Northern and Central California is to help members provide high quality health care and to improve the health status of the communities they serve. Through a wide range of activities, the Hospital Council brings hospitals together to identify best practices that promote excellent patient care and achieve community health through coordinated activities. To this end, the Hospital Council of Northern and Central California initiated a four-county community needs assessment report for the first time in 2011 (Fresno, Kings, Madera and Tulare Counties), comprising a significant portion of the San Joaquin Valley. This report represents the collective hospital community's second health needs assessment and the commitment to bi-annually conduct this assessment. These hospitals are:

1. Adventist Medical Center - Hanford (includes Adventist Medical Center – Selma)
2. Adventist Medical Center - Reedley
3. Central Valley General Hospital
4. Clovis Community Medical Center
5. Coalinga Regional Medical Center
6. Corcoran District Hospital
7. Community Regional Medical Center (includes Community Behavioral Health Center)
8. Children's Hospital Central California
9. Fresno Heart & Surgical Hospital
10. Kaiser Permanente Fresno Medical Center
11. Kaweah Delta Health Care District
12. Madera Community Hospital

13. San Joaquin Valley Rehabilitation Hospital
14. Sierra View District Hospital
15. Saint Agnes Medical Center
16. Tulare Regional Medical Center

The 2013 report is a continuation of that collaborative effort and emphasizes a stronger focus on gathering additional perspectives on the health needs of the communities and to mobilize action across the region to address targeted health needs.

The needs assessment highlights that much of the economic and environmental conditions that have historically impacted this area of the San Joaquin Valley remain unchanged. Concentrated poverty, poor educational attainment, poor air quality and high rates of uninsured residents continue to play a significant role in health outcomes and health disparities among key populations.

COMMUNITY BENEFITS PLANNING PROCESS

AHCVN'S community benefits planning process is driven by the hospital's mission, vision and values, and the health concern and broader societal needs expressed by our community. The hospital leadership team strives to keep the organization financially viable in order to successfully and completely realize the goals of the community benefits plan and other community initiatives.

AHCVN has engaged members of the leadership team to become actively involved in local non-profit community organizations whose goal is to create a healthier community. The result has been a collaboration and partnership between local community groups who provide feedback and data from patients, community leaders, service area residents and other key stakeholders regarding the needs of our primary and secondary area.

COMMUNITY BENEFIT PLAN AND RESULTS

Our vision to be the best place lead us into new areas of improvement in 2012 and the future, according to our 2012-2016 Strategic Plan. In addition to continuing to improve patient, employee, physician and volunteer perception of our network, we will also strive to be the safest health care organization in America and to create healthier communities. The Community Benefit Planning Committee used the information from the 2011 Community Needs Assessment to identify the following goals for 2012, basing priorities on both quantitative and qualitative data. Results are listed below each objective.

Goal 1

Achieve participation from 80 service area churches in "Faith and Health Connect," a collaboration between Adventist Health and churches.

Evaluation Method

- Track the numbers of outreach activities and participants in Faith and Health Connect (FHC) activities.

Results

- Engaged 18 churches in Faith and Health Connect activities.

Goal 2

Reduce obesity, tobacco use, and improve access to healthy foods.

Evaluation Method

- Use California County Health Rankings as measure.
- Conduct advocacy campaigns and program interventions among workforce and across our service area in collaboration with other community organizations to reduce obesity, reduce tobacco use and improve access to healthy foods.
- Increase and track the number of blood pressure, blood glucose and blood cholesterol checks.
- Percentage of "excellent" responses to the community survey question, "Overall, how would you rate Adventist Health on improving community health?"

Results

- Held a "Breathe Easy" campaign to encourage smokers to quit as a part of efforts to name all campuses smoke-and tobacco-free.
- Participated in 14 farmer's market nights in Reedley and provided hundreds of free health screenings and health information.
- Educated 596 people on various health topics at 11 "First Friday with a Physician" lectures at Adventist Medical Center – Hanford and a similar lecture in Reedley.
- Participated in Selma and Hanford Senior Days, serving over 250 people.
- Educated over 335 people at 26 Diabetes Support Group meetings in Hanford, Sanger, Selma and Reedley.
- Donated over 300 canned goods and 40 toys to Street Light Ministries in Reedley.

Goal 3

Expand workforce participation in community and government activities and decision-making related to population health determinants of health (fitness, bike paths, parks, recreation, etc.)

Evaluation Method

- Increase the number of employees and physicians serving our community.
- Track engagement at events with the community.

Results

- Partnered with the Selma Fire Department to donate over 200 toys to Burn Foundation children.
- Mentored 10 Doctors Academy students from Selma and Caruthers high schools as part of the University of California, San Francisco-Fresno Latino Center for Medical Education and Research Program.
- Provided health education at 7 community events with over 780 people in attendance.

Creating Healthy Communities

	Year Measure	2012 Goal	2012 Actual
Create healthier communities	CA County Health Rank (Kings County Overall Rank)	14th Percentile	29th percentile (40 out of 56)
Create healthier communities	Community Survey (Improving Community Health)	45.1%	49%
Goal 1	FHC participation	16 churches	18 churches
Goal 2	Tobacco use population % (Percent of adults that report smoking)	71%	13% (Percent of adults that report smoking >= 100 cigarettes and currently smoking)
Goal 2	Obesity rankings (Percent of adults that report a BMI >= 30)	26th Percentile	Score 28% (ranking 46out of 58) 14th Percentile
Goal 2	Healthy Food access population % (Access to healthy foods)	71% (29% using new definition: Percent of population who are low-income and do not live close to a grocery store)	17% Measure: Limited access to healthy foods
Goal 2	Community/gov't/civic participation	25 staff	27 staff
Goal 3	Healthy Communities collaborations	1 Community	1 Community

Appendix 1:

Online Access to 2013 Community Needs Assessment
http://www.hospitalcouncil.net/report/community-needs-assessment-2013

Appendix 2: Community Collaboration

AMC-S and AMC-R continually invests in partnerships with community organizations that share our vision for a healthy community. These include but are not limited to:

American Cancer Association
American Diabetes Association
Dinuba Recreation Department
City of Fowler
City of Reedley
City of Selma
First 5 Fresno County
Greater Reedley Chamber of Commerce
Kings Canyon Unified School District
Reedley Downtown Association
Reedley Kiwanis
Selma District Chamber of Commerce
Fresno Spanish Seventh-day Adventist Church
YMAP Reedley

Appendix 3: Community Benefits Activity Collection Tool

COMMUNITY BENEFIT REPORT FORM – 2012

Return to Community Benefit Coordinator

Hospital _____ Date _____

Service/Program _____ Target Population _____

The service is provided primarily for ☐ The Poor ☐ Special Needs Group ☐ Broader Community

Coordinating Department _____

Contact Person _____ Phone/Ext _____

Brief Description of Service/Program _____

Caseload _____ Persons Served or _____ Encounters

Names of Hospital Staff Involved	*Hospital Paid Hours*	*Unpaid Hours*	*Total Hours*
Total Hours			

1. Total value of donated hours (multiply total hours above by $41.76) _____
2. Other direct costs _____
   - Supplies _____
   - Travel Expense _____
   - Other _____
   - Hospital Facilities Used _____ hours @ $_____/hour _____
3. Value of other in-kind goods and services donated from hospital resources _____
   Goods and services donated by the facility (describe): _____
4. Goods and services donated by others (describe): _____ _____
   _____
5. Indirect costs (hospital average allocation _____%)
   _____

Total Value of All Costs (add items in 1-5) _____

6. Funding Sources
   - Fundraising/Foundations _____
   - Governmental Support _____

Total Funding Sources (add items in 6) (_____)

Net Quantifiable Community Benefit
(Subtract "Total Funding Sources" from "Total Value of All Costs") _____

PLEASE USE OTHER SIDE TO REPORT NON-QUANTIFIABLE COMMUNITY BENEFITS AND HUMAN INTEREST STORIES

NON-QUANTIFIABLE COMMUNITY BENEFIT AND HUMAN INTEREST STORIES

Please fill in the date and complete the lines above the table on other side of worksheet

Who: _____

_____

_____

What: _____

_____

_____

When: _____

_____

_____

Where: _____

_____

_____

How: _____

_____

_____

Additional information may be obtained by contacting:

_____

Phone: _____ Fax: _____ Email: _____

PLEASE USE OTHER SIDE TO REPORT QUANTIFIABLE COMMUNITY BENEFITS

☐ **Facility**

☒ **System-wide Corporate Policy**	**Policy No.**	**AD-04-002-S**
☒ **Standard Policy**	**Page**	**1 of 1**
☐ **Model Policy**	**Department:**	**Administrative Services**
	Category/Section:	**Planning**
	Manual:	**Policy/Procedure Manual**

POLICY: COMMUNITY BENEFIT COORDINATION

POLICY SUMMARY/INTENT:
The following community benefit coordination plan was approved by the Adventist Health Corporate President's Council on November 1, 1996, to clarify community benefit management roles, to standardize planning and reporting procedures, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

POLICY: COMPLIANCE – KEY ELEMENTS

1. The Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines* will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.

2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by engaging in the process identified in the Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines*.

3. The Adventist Health Government Relations Department will monitor hospital progress on community needs assessment, community benefit plan development, and community benefit 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 Adventist Health Budget & Reimbursement Department will monitor community benefit data gathering and reporting in Adventist Health hospitals.

5. California Adventist Health hospitals' finalized community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.

6. The corporate office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.

AUTHOR:	**Administration**
APPROVED:	**AH Board, SLT**
EFFECTIVE DATE:	**6-12-95**
DISTRIBUTION:	**AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors**
REVISION:	**3-27-01, 2-21-08**
REVIEWED:	**9-6-01; 7-8-03**

Appendix 5: Community Benefit
Financial Summary

Adventist Medical Center - Hanford (includes Adventist Medical Center - Selma under same license)
Community Benefit Summary
Year Ending December 31, 2012

	CASELOAD				TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	NUMBER OF PROGRAMS	PERSONS SERVED	UNITS OF SERVICE NUMBER	UNITS OF SERVICE MEASURE	TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
***BENEFITS FOR THE POOR**									
Traditional charity care					6,418,131	3.01%	(0)	6,418,131	3.01%
Public programs - Medicaid					68,531,721	32.17%	56,681,026	11,850,695	5.56%
Other means-tested government programs (Indigent care)					-	0.00%	-	-	0.00%
Community health improvement services (1)	2	200	200	ENCOUNTERS	2,069	0.00%	-	2,069	0.00%
***Non-billed and subsidized health services (3)					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)			4,250	DOLLARS	4,250	0.00%	-	4,250	0.00%
Community building activities (6)					-	0.00%	-	-	0.00%
TOTAL BENEFITS FOR THE POOR					74,956,170	35.19%	56,681,026	18,275,145	8.58%
****BENEFITS FOR THE BROADER COMMUNITY**									
Medicare				Pt. Days / Visits	69,552,580	32.65%	60,155,830	9,396,750	4.41%
Community health improvement services (1)	86	8,055	8,055	ENCOUNTERS	105,773	0.05%	-	105,773	0.05%
Health professions education (2)	1	2	2	STUDENTS	104,438	0.05%	-	104,438	0.05%
***Non-billed and subsidized health services (3)					-	0.00%	-	-	0.00%
Generalizable Research (4)					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)			23,827	DOLLARS	23,827	0.01%	-	23,827	0.01%
Community building activities (6)	1	1			640,719	0.30%	-	640,719	0.30%
All other community benefits (7)					-	0.00%	-	-	0.00%
TOTAL BENEFITS FOR THE BROADER COMMUNITY					70,427,336	33.06%	60,155,830	10,271,507	4.82%
TOTAL COMMUNITY BENEFIT					145,383,507	68.25%	116,836,855	28,546,651	13.40%

*Persons living in poverty per hospital's charity eligibility guidelines
**Community at large - available to anyone
***AKA low or negative margin services