Adventist Health

Feather River Hospital

2013 - 2015 Community Health Plan

Table of Contents

Overview of Adventist Health 2

Letter from the CEO 4

Invitation to a Healthier Community 5

Identifying Information 7

Community Health Plan Team Members 8

Mission, Vision and Values 9

Community Profile 10

Community Health Needs Assessment Overview 13

Identified Priority Needs 15

Partner List 19

Connecting Strategy and Community Health 20

Terms and Definitions 22

Financial Assistance 23

Community Benefit Inventory 24

Community Benefit & Economic Value 27

Community Benefit Summary 28

Appendix A – Policy: Community Health Needs Assessment and Community Health Plan Coordination 29

Overview of Adventist Health

Feather River Hospital is an affiliate of Adventist Health, a faith-based, not-for-profit, **integrated health care delivery system** headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawaii, Oregon and Washington.

Adventist Health **entities** include:

- 19 **hospitals** with more than 2,700 beds
- More than 220 **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.

Letter from the CEO

Dear Community:

In this “2013 Community Health Plan” we recap the services and programs Feather River Hospital provided to the community during the past year. As you browse this publication, you will see how committed Feather River Hospital is to our local community, employees, volunteers and providers.

Since “history tends to repeat itself,” we strive to learn from our past experiences (by reflecting on our past successes and challenges); we work together to find ways to improve the quality of care we provide to our patients; and we listen to you, our customer, so we can provide the right kind of services in the right way.

During the past year, we worked collaboratively with Enloe Medical Center, Biggs-Gridley (Orchard) Medical Center and Butte County to conduct a Community Health Needs Assessment, which provided us with valuable data concerning the specific health care needs of our community. The results from this survey indicate that the top priorities for 2014 should be focused on the following:

- Our number one priority is to increase the availability of health care services in the community. We plan to do this by improving and increasing access to care through expanded services and improved transportation.
- Our second priority is to address chronic disease by increasing awareness of healthy eating and exercise habits through education and support groups.
- Our third priority is to decrease the number of smokers in our community by encouraging cessation and providing assistance to those wanting to change their daily habits.

As we plan for the coming year, we hope you will find that our community outreach efforts will continue to meet your needs. Your feedback is always welcome. Share your thoughts and ideas with us at www.frhosp.org.

Sincerely,

Kevin R Erich, MBA, FACHE
President & CEO

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 Feather River Hospital has adopted the following priority areas for our community health investments for 2013-2015:

- Access to Healthcare
- Obesity
- Heart Disease
- Diabetes
- Smoking Cessation

In addition, Feather River Hospital continues to provide leadership and expertise within our health system by asking the questions for each priority area:

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

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

Identifying Information

Feather River Hospital
Number of Hospital Beds: 100
Kevin Erich, President & CEO
Jeff Eller, Chair, Governing Board
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Paradise, CA, 95969
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Community Health Plan Team Members

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Media and Community Relations Coordinator

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Medical Director, Community Wellness and Foundation

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AVP, Communications

Mission, Vision and Values

Mission

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

Vision

Feather River Hospital will be a recognized leader in mission focus, quality care and fiscal strength.

Values

At Feather River Hospital, we value:

- The compassionate healing ministry of Jesus;
- Human dignity and individuality;
- Absolute integrity in all relationships and dealings;
- Excellence in clinical and service quality;
- Responsible resource management in serving our communities;
- The health care heritage of the Seventh-day Adventist Church; and
- Each other as member of a caring family.

Community Profile

Counties: Butte County

Major Towns: Paradise & Magalia
Secondary Towns: Chico, Oroville, Durham, Yankee Hill, Concow, Orland

Our location: Paradise is an incorporated town in Butte County, in the northwest foothills of California's Central Valley, in the Sierra. The town is considered part of the Chico Metropolitan Area. The population was 26,249 as of 2011 down from 26,408 at the 2000 census. Paradise is 10 miles (16 km) east of Chico and 85 miles (137 km) north of Sacramento

Geography: The town of Paradise is spread out on a wide ridge which rises between deep canyons on either side. These canyons are formed by the west branch of the Feather River to the east, and Butte Creek to the west. The Paradise area extends northwards from Paradise to include the unincorporated town of Magalia and smaller communities such as Stirling

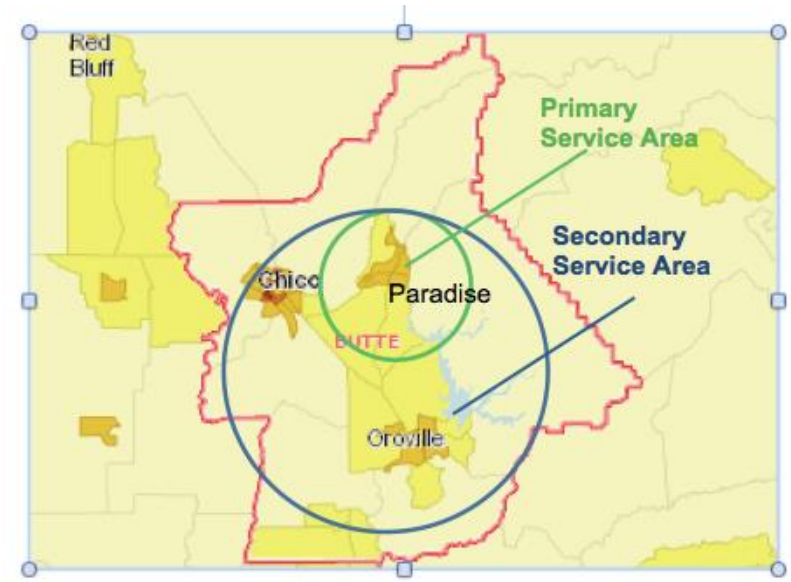
Income: According to the 2008-2012 American Community Survey 5-Year Estimates, 9.5% of Paradise's Families/Persons having an income below the poverty line with the mean income for a household being $56,000.

Health Insurance: According to the 2008-2012 American Community Survey 5-Year Estimates, 13% of adults (those 18 & older) are without health insurance and 17% of children(younger than 18) are without health insurance in Paradise. The Healthy People 2020 Goal for adults and children without health insurance is 0%.

Transportation: There are not many options for transportation within Paradise other than driving an automobile. The Paradise/Magalia area is served by the "B Line" Butte County Transit. Butte Community College also runs bus service for students. The Paradise Memorial Trail is a paved pedestrian and bicycle path which runs through town on the path of the former railroad tracks leading up the ridge. However, aside from points along this path, the very hilly terrain of the town, coupled with the large spacing of

commercial areas and large land area make Paradise difficult to navigate on foot or on a bicycle, in addition to the lack of sidewalks.

Figure 1 Map of Feather River Hospital Service Area



Indicators that Contribute to Priority Areas

- **Fruit and vegetable consumption:** this indicator reports the percentage of adults aged 18 and older who self-reported consuming less than 5 servings of fruits and vegetables each day. Around 76% of adults in Butte County did not consume the recommended 5 servings a day.

- **Tobacco usage:** this indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. In Butte County nearly 19% of respondents smoked compared to the nation at 13%.

- **Diabetes Prevalence:** this indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. Butte County is at 9%.

- **Heart Disease Prevalence:** this indicator reports the percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. More than 5% of adults in Butte County have been diagnosed with cardiovascular disease compared to the state average of 3%.

- **Obesity (adult):** this indicator reports the percentage of adults aged 20 and older who self-report that they have a body Mass Index greater than 30.0 (obese). In Butte County the percentage of fast food restaurants is much higher at 54% than state (48%) or national (27%) percentages with 7% of the population having limited access to healthy foods in comparison to state (3%) and National (1%) levels. In Butte County, 25% of adults are obese compared to 24% in the state.

- **Ratio of Primary Care Physicians:** this indicator reports that there is a ratio of 1,497:1 for primary care physicians compared to the state average of 1,341:1. Access to physicians was an area of concern noted in the Community Health Survey performed and Focus Group discussion.

- **Socioeconomic:** The median household income in Butte County is reported at more than $16,000—less than the state median and almost $9,000 less than the national median.

Community Health Needs Assessment Overview

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 distributing a community health survey throughout Butte County in paper and electronic format. Butte County Dept. of Health, Enloe Hospital, Feather River Hospital, and Orchard Hospital (formerly Biggs-Gridley Memorial Hospital) collaborated to create, distribute, collect and analyze the data from the survey. Also data was gathered from county and national resources to help build the picture of the current health situation of our community and factors that impact it.

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

Quantitative Data

- Morbidity and Mortality collected from the County Health Profiles.
- Social Determinants of Health collected from the U.S. Census Bureau, American Community Survey.
- Health Indicator Data Collected from a variety of publicly available data.

Qualitative Data

To validate the data, and to ensure a broad representation of the community, qualitative data was collected from:

- Community Health Survey conducted in 2013.
- Focus groups with our patients with broad and diverse perspectives.
- Focus groups with our local community leaders and representatives from community service groups.

Identified Priority Needs

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

Access to Healthcare: Access to healthcare is another major need in our community. This comprises several key contributors including but not limited to: the number of physicians in community, the number of physicians accepting new patients, being uninsured or underinsured, services available in-area, transportation and awareness of availability of services

Goal: Increase the availability of healthcare services in the community as well as community members' ability to access care.

Objective: Create additional locations/clinics for services to meet the increasing needs of our community

Interventions:

1. Open new clinics for a variety of services including primary care.
2. Increase awareness of available services through community publications.
3. Increase awareness of services through community service organizations.
4. Provide enhanced healthcare services at existing locations
5. Continue to educate care providers of health services available to the community and offer CME lectures.

Evaluation Indicators:

Short Term – Increase in primary care providers accepting new patients, decreased wait times to access health services

Long Term – Decrease in patients going out of area for services offered in Paradise

Priority Area 2

Decrease in Obesity, Diabetes and Heart Disease Rates: Nearly 34.0% of American adults and 16.2% of children and adolescents are obese. Obesity-related illnesses include heart disease, stroke, and type 2 diabetes, which are among the leading causes of death in our nation. Overweight and obesity significantly increase medical costs and pose a staggering burden on the U.S. health care system.

Of those living in Butte County 25% are considered to be obese compared to the state average of 24%. This indicates an unhealthy lifestyle and puts individuals at risk for further health issues. In Butte County the percentage of fast food restaurants is higher at 54% than state (48%) or national (27%) percentages with 7% of the population having limited access to healthy foods compared to state (3%) and National (1%) levels.

Goal: Improve the quality of life for persons who have, or are at risk for these obesity, diabetes, and heart disease.

Objective: Increase awareness of healthy eating and exercise habits

Interventions:

1. Distribution of information on proper diet, exercise, and other healthy lifestyle habits throughout the community
2. Dinner with the Doctor Lectures held each month.
3. Health Meal Plans/Recipes published in community magazine 3 times a year.
4. Encourage healthy lifestyle among employees and their families through organized activities and wellness programs
5. Promote Diabetes Education and awareness with 5k Fun Run
6. Provide classes for Management of Diabetes

Evaluation Indicators:

Short Term – Increased attendance at lectures, increase in nutritional counseling, improved health of workforce, and increase participation in "fun run."

Long Term – Decrease in obesity rates, increase in fruit & vegetable consumption and increase in regular exercise

Priority Area 3

Smoking Cessation: Tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. In Butte County nearly 19% of respondents smoked compared to the nation at 13%. Over the last 3 years the number of adults who smoke has decreased at a state and national level however the number of adults in Butte County smoking has stayed consistent an in one year jumped to recede the following year.

Goal: Reduce illness, disability, and death related to tobacco use and second hand smoke exposure.
Objective: Reduce cigarette smoking rates for those living in Butte County.

Interventions:

1. Provide smoking cessation education and give assistance to those who want to quit smoking in clinic waiting rooms.
2. Provide lectures about the harms of smoking and provide smoking cessation assistance.
3. Increase awareness of Smoking Cessation classes available at FRH.
4. Provide worksite-based interventions to improve employee wellness

Evaluation Indicators:

Short Term – Increase in attendance and graduation of smoking cessation classes.

Long Term – Decrease in numbers of those who smoke.

Priority Areas Not Addressed

One of the needs identified by our community not addressed is mental health facilities and treatment. This need is not unimportant to our organization, but at this time we are not prepared to address the issue alone. Discussions with the Butte County Department of Health are in progress.

Partner List

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

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

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

American Cancer Society
American Diabetes Association
Butte College: Nursing Advisory Board, Respiratory Therapy Advisory Board
Butte County Community Action Agency
Butte County ROP Advisory Board
Boys & Girls Club
Chico State University Advisory Board-Nutritional Services
Chico State University Simulation Lab Advisory Lab
Paradise Business Association
Paradise Chamber of Commerce
Paradise Citizen's Alliance
Paradise Ministerial Association
Paradise Parks Recreation
Paradise Ridge Chamber of Commerce
Paradise Seniors Center
Paradise Unified School District
Town of Paradise

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.

Terms and Definitions

Medical Care Services (Charity Care and Unreimbursed Medi-Cal and Medicare and Other Means-Tested Government Programs)

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity Care also includes the cost of providing care for patients who failed to complete the financial assistance application, and who we have deemed would more likely than not have qualified for free or discounted health services had the financial assistance been requested. The difference between the cost of care provided under Medicaid, Medicare or other means-tested government programs, and the revenue derived therefrom are separately reported. Clinical services are provided regardless of any financial losses incurred by the organization.

Community Health Improvement

Activities that are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs. Community-building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness, and environmental hazards.

Health Professions Education

This category includes educational programs for physicians, interns, and residents, medical students, nurses and nursing students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate, or training that is required by state law, accrediting body or health profession society.

Subsidized Health Services

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt, and Medicaid shortfalls. The service is provided because it meets an identified community need and if no longer offered, it would either be unavailable in

the area or fall to the responsibility of government or another not-for-profit organization to provide.

Research

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal).

Cash and In-Kind Contributions

Financial or “in-kind” contributions to support community benefit activities provided by other entities. In-kind contributions include non-cash goods and services donated by the organization to another group that provides community benefit. Donations in this category must be restricted by the organization to a community benefit purpose.

Financial Assistance

We are committed to keeping you healthy. As a result, your ability to pay should never stop you from seeking needed care. If you are uninsured or have a limited income, you may be eligible for a payment discount. You also may qualify for government programs such as Medi-Cal. A summary of our financial assistance policy can be found on the hospital’s website at http://www.frhosp.org/guest/patient/financial.php.

Community Benefit Inventory

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.

Year 2013 – Inventory

Activities	Number of Programs
Medical Care Services	
Feather River Hospital and Adventist Health have an extensive charity care policy, which enables the Medical Center to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and non-emergency health care. Charity care does not include: **1)** bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing such care to such patients; **2)** the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or **3)** contractual adjustments with any third-party payers.	
Community Health Improvement	
Health & Safety Expo Annual Free Event run by Feather River Hospital showcasing booths from Feather River Hospital's Departments and community organizations educating and creating awareness about health and safety. Topics covered include nutrition, free cancer screenings (oral), emergency preparedness, fire safety and more.	1
Dinner with the Doctor Monthly Lecture Series held at different locations in the community covering a wide variety of topics focused on health and wellness, prevention and awareness. A different doctor presents each month.	10

Strides for Diabetes Educational Fair 3k/5k Walk/Run Annual event to raise awareness of diabetes and methods of prevention. Funds raise go towards scholarships for diabetes management classes.	1
Blood Pressure Clinic Staff are available at a community retirement center to provide free blood pressure checks on a weekly basis.	Weekly
Health Alert Screening Community Members are able to get low-cost blood work including: Complete Metabolic Panel, Lipid Panel, Thyroid Screening, Hemogram, A1C, Hemoglobin and Prostate Cancer Screening. Other free checkups including blood pressure, weight, and glucose are also offered. This meets a great need in the underinsured/uninsured population. Prices range from $15 - $45 depending on test.	3
Free Flu Shot Clinics Flu shots provided by Butte County Department of Health are distributed for free to community members.	2
Bereavement Support Group Held weekly this support group provides a community for healing for those who are dealing with the loss of a loved one.	52
Health Professions Education	
Hospice and Palliative Care In-services In-services with staff of assisted living and other care homes to educate of the needs, signs, and resources available to patients in end-of-life situations. Also for how they can help their patients and their families best. These help increase quality of life/ quality of care in our community.	20
Subsidized Health Services	
Healthy Mothers Pregnancy Education Monthly classes are offered to prepare expectant mothers for their pregnancy and birth experience as well as educational on taking care their babies.	Ongoing
Research	
Cancer Prevention Study Assisted the American Cancer Society by getting individuals with no cancer history to fill out surveys and submit lab work to help identify links to cancer prevention in their CPS 3 study.	1

Cash and In-Kind Contributions	
Party in the Park - Sponsor Rotating departments staff educational booths each week encourage health and wellness and create awareness of health resources available in the community. This event is organized by the Paradise Chamber of Commerce and held in a community park during the summer.	12
Gift of Giving Employees, volunteers and physicians donate their time and money to prepare complete thanksgiving meal boxes for over 250 families in the community.	1
Meals on Wheels FRH sustains a Meals on Wheels program to meet the needs of shut-ins, and other individuals with compromised access to proper meals. Support includes preparation of meals, managing subscriptions, creating program awareness, and organizing distribution of meals which are delivered 5 days a week.	Ongoing

Community Benefit & Economic Value

Feather River Hospital's mission is to "To share God's love by providing physical, mental and spiritual healing." We have been serving our communities health care needs since 1951. 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

	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	1,933,985	1.09%	-	1,933,985	1.09%
Public programs - Medicaid	-	-	-	-	-
Medicare	92,557,758	52.35%	73,135,439	19,422,319	10.98%
Other means-tested government programs	8,493,667	4.80%	5,711,127	2,782,540	1.57%
Community health improvement services	334,067	0.19%	10,290	323,777	0.18%
Health professions education	12,508	0.01%	-	12,508	0.01%
Non-billed and subsidized health services	1,110,022	0.63%	850,014	260,008	0.15%
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	699,909	0.40%	-	699,909	0.40%
Community building activities	-	-	-	-	-
TOTAL COMMUNITY BENEFIT	105,141,916	59.47%	79,706,870	25,435,046	14.38%

Appendix A: Policy Community Health Needs Assessment and Community Health Plan Coordination

Adventist Health

☐ **Entity:**

☒ **System-wide Corporate Policy**
Corporate Policy No. AD-04-006-S
☒ **Standard Policy**
☐ **Model Policy**

Policy No.	
Page	**1 of 3**
Department:	**Administrative Services**
Category/Section:	**Planning**
Manual:	**Policy/Procedure Manual**

Policy: Community Health Needs Assessment and Community Health Plan Coordination

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**