

Simi Valley Hospital

Adventist Health



**2013 - 2015
Community
Health Plan**

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Overview of Adventist Health



Simi Valley 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:

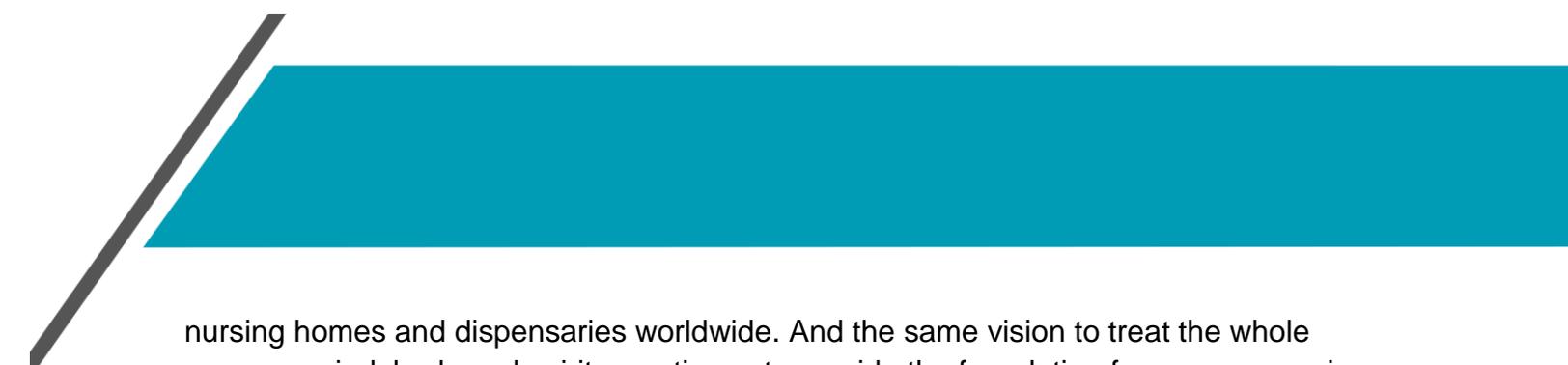
- 19 **hospitals** with more than 2,700 beds
- More than 220 **clinics** and outpatient centers
- 14 **home care agencies** and 7 hospice agencies
- Four joint-venture **retirement centers**
- Workforce of 28,600 includes more than 20,500 employees; 4,500 medical staff physicians; and 3,600 volunteers

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:

As Chief Executive Officer of Simi Valley Hospital, I would like to thank you for your interest in the health of our community and for allowing Simi Valley Hospital to be your partner in this effort to improve the health of our region. It is my pleasure to share with you our 2013-15 Community Health Plan.



This plan illustrates our strategic effort to make concentrated impact in our community by shifting our investments to more community-based preventive interventions and collective strategies when feasible. The Affordable Care Act has highlighted the importance of designing new and innovative approaches to improving the health of our region with a significant emphasis on community-based prevention. Improving community health requires expertise and engagement beyond the hospital campus and the health sector. It requires the wisdom of all community members in our service area. We are committed to finding innovative ways to work with all sectors to ensure systemic and sustainable health interventions.

We call upon you to imagine a healthier region, and invite you to work with us to implement the solutions outlined in this report. We look forward to our journey together, and thank you for your interest in creating a healthier community for everyone.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kim Milstien'. The signature is stylized and fluid, with a long horizontal stroke extending to the right.

Kim Milstien
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 Simi Valley Hospital has adopted the following priority areas for our community health investments for 2013-2015:

Simi Valley Hospital will address the following health needs through our community benefit programs and activities for 2013-2015:

- Access to care
- Cancer
- Cardiovascular disease
- Drug/alcohol and mental health
- Overweight-with a focus on nutrition

In addition, Simi Valley 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

Simi Valley Hospital

Number of Hospital Beds: 144

Kim Milstien, President & CEO

Beth Zachary, Chair, Governing Board

2975 North Sycamore Drive

Simi Valley, CA, 93065

(805) 955-6000



Mission, Vision and Values

Mission

To provide exceptional service and quality care to meet the physical, mental and spiritual needs of our community.

Vision

Simi Valley Hospital will be our community's hospital of choice, providing high-quality of care within the scope of services appropriate to the needs of the people we serve.

Values

Compassion: We demonstrate empathy and kindness to every person, while providing medical care to alleviate their fear, pain and suffering.

Integrity: We conduct our business with integrity, fairness and accountability.

Excellence: We strive to provide a level of excellence in service, which meets our customer's expectations.

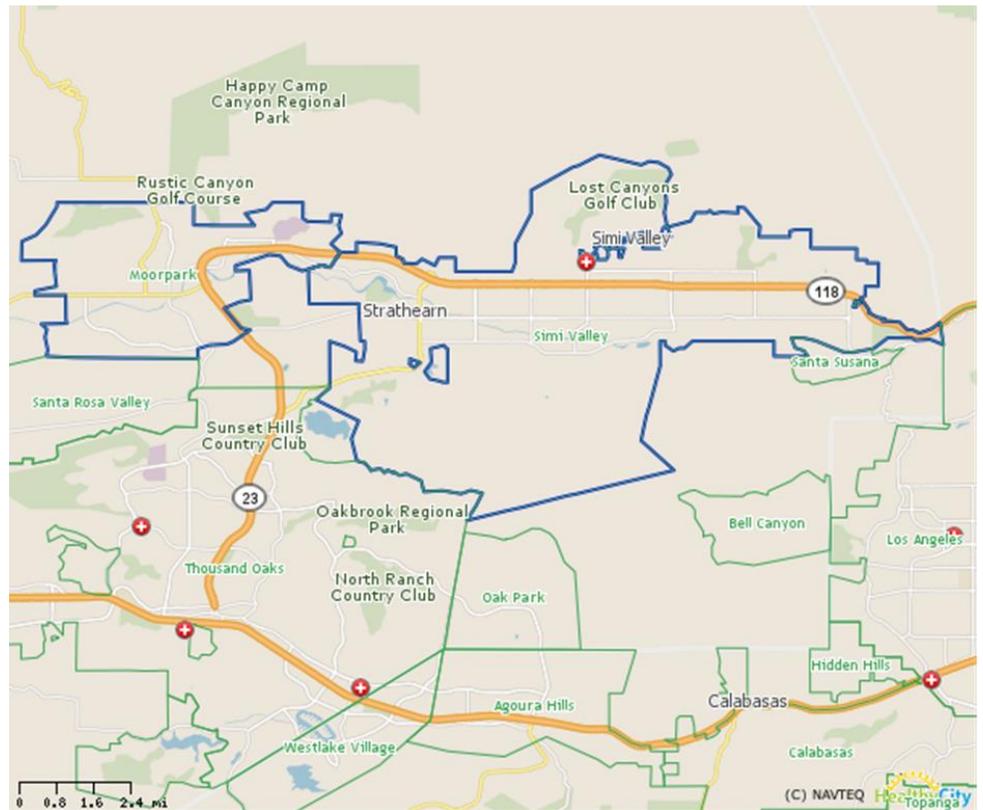
Respect: We appreciate and respect the diversity of our patients, employees, physicians, volunteers, business colleagues, visitors and all who interact with us.

Community Profile

Located in Ventura County, Simi Valley Hospital's service area includes the cities of Simi Valley and Moorpark. Inpatient hospital acute admission data from 2012 indicate that 83% of admissions come from Simi Valley (zip codes 93063 and 93065) and Moorpark (zip code 93021).

At the time of the 2010 Census, the population for Simi Valley Hospital's primary service area was 163,296. Among these residents, 5.7% are at or below 100% of the federal poverty level (FPL) and 16.8% are at 200% of FPL or below. These rates of poverty are lower than found in the county.

Additionally, the population of the service area consists primarily of White/Caucasians (61.8%) and Latinos (25%). Asian/Pacific Islanders comprise 8.4% of the population, and African Americans, Native Americans and other races combined total 4.8% of the population. 72.1% of residents in the service area speak English. Spanish is spoken in 17.8% of the homes.



Social and Economic Factors: Among the residents in the Simi Valley Hospital service area, 5.7% are at or below 100% of the federal poverty level (FPL) and 16.8% are at 200% of FPL or below. These rates of poverty are lower than found in the county where 9.9% of residents are at poverty level and 26.1% are at 200% of FPL or below.



The median household income in the area ranges from \$84,813 in Simi Valley 93063 to \$103,214 in Moorpark. The communities in the service area have median household incomes that are higher than the county median household income.

10.6% of the population age 25 and over have less than a high school diploma, which is better than county and state completion rates. The cities that make up the Simi Valley Hospital service area have relatively low unemployment rates when compared to the county and the state. Moorpark's unemployment rate in 2012 was 8.4% and in Simi Valley unemployment was at a rate of 7.4%. The number of students eligible for the free and reduced price lunch program is one indicator of the socioeconomic status of a school district's student population. In the Moorpark school district one-third of the children (33.8%) are eligible for the program. In Simi Valley Unified, 28.3% of children meet program eligibility requirements. These districts have lower rates of low-income eligible students than the county or state.

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.

Simi Valley 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.
- California Health Interview Survey
- Demographic, economic, birth and death data from the California Departments of Public Health, Employment Development, Education and Justice.

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

Qualitative Data

- A community meeting to identify areas in which the health system can support the health of their patients in our community initiatives.
- Facilitated focus groups of community members from our primary service area, to assess their needs and to identify areas that Simi Valley Hospital can be a strategic partner.

Identified Priority Needs

In 2013, Simi Valley Hospital conducted a Community Health Needs Assessment (CHNA) to comply with state and federal regulations guiding tax-exempt hospitals. The Community Health Needs Assessment incorporated existing demographic and health data for the community served by the hospital. It included collection and analysis of input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of public health.

The health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. The needs were indicated by stakeholders at a community meeting and by secondary data sources. The needs were confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (relative portion of population afflicted by the problem); or the seriousness of the problem (impact at individual, family, and community levels). The health needs were prioritized through a structured process using defined criteria. This Implementation Strategy addresses the health needs identified through the CHNA.

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?

Simi Valley Hospital plans to meet the identified priority health needs through a commitment of resources with the following programs and services. Included in our strategies are components of preventive health care practices and coordination of services. From our analysis, three primary focus areas were identified as needing immediate attention, moving forward:

Priority Area 1: Access to Health Care

Simi Valley Hospital (SVH) is an acute care facility serving a moderately high socio-economic population. In the hospital service area, 88.1% of the population is insured. Adults (ages 18-64) have the lowest rates of health insurance at 84.5%. Children have the highest insurance rates at 93.4%. The northern part of Simi Valley 93063 is designated as a Health Professionals Shortage Area (HPSA) for a population group. 94.4% of children and 81.8% of adults in Ventura County have a usual source of care. 95.4% of seniors in the county have a usual source of care. A smaller percentage of Asians (87.2%) and Latinos (76.9%) have a usual source of care or medical home than compared to African Americans (98.6%) and Whites (92.4%). In Ventura County many of the specialty services are clustered on the West side of the County (on the West side of the Conejo grade) making it more difficult to access needed services on the East side of the County. Coordinated care to connect people to a medical home has been identified as a community need.

Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. 15.2% of the population in the service area is categorized as low-income (200% of Federal Poverty Level) and 5.2% of the population are living in poverty. There are a number of Section 330 funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) that serve the area. Even with Section 330 funded Community Health Centers serving the area, there are a significant number of low-income residents who are not served by one of these clinic providers. There remain 23,307 low-income residents, approximately 94% of the population at or below 200% FPL that are not served by a Section 330-funded grantee.

Goal: Improve local community access to comprehensive, quality primary health care services.

Objective: Strengthen the continuum of health care and create additional access points with a focus on adults, ages 18 – 64, and those living below 200% of the FPL.

Interventions:

1. Expand service access through our ambulatory care networks by opening an Urgent Care Center in Moorpark and an Imaging Center in Simi Valley.
2. Continue the partnership with the Free Clinic of Simi Valley to support the provision of health care services to uninsured and underinsured persons in our service area. This includes our provision of lab services, radiology service and mammograms for clinic patients.
3. Provide 3-4 hospital employees to train Free Clinic staff in administrative and clinical practices related to our continuum of care.
4. Train staff or enlist volunteers to partner with local clinics to provide coordinated care services, including transportation services, availability of medications, access to specialists, and linguistically and culturally appropriate health information (i.e. Health Leads Model).
5. Train 2-4 employees to enroll low-income patients in government sponsored programs for health care coverage. Research the feasibility of becoming an enrollment site for Covered California and training employees to become certified Covered California Enrollment Counselors.
6. Provide financial assistance or “charity care” to patients without insurance or financial resources.
7. Provide prevention and early detection services. These include health screenings at hospital and community events, community flu clinics, and no-cost physician-led health lectures at community venues.

Evaluation Indicators:

Short Term – Increased number of adults and children who have health insurance through either Medi-Cal expansion or insurance through Covered California.

Long Term – Decreased rates of adults and children in service area who go without care due to lack of access to appropriate care.

Priority Area 2: Cancer

Identified Need: Cancer and other chronic diseases are overtaking acute illnesses as the leading healthcare demand among Americans. These chronic diseases are among the most common, costly and preventable of all health problems in the US. Cancer remains a leading cause of death in the United States, second only to heart disease. It is also one of the leading causes of death in the Simi Valley Hospital service area. The cancer death rate is 124.3 per 100,000 persons. This rate is lower than the county rate for cancer mortality and is also lower than the Healthy People 2020 objective of 160.6 per 100,000 persons. Lung cancer is one of the top two causes of premature death in Moorpark and Simi Valley.

Cancer Mortality Rates, per 100,000 Persons, Age-Adjusted, 2005-2009

	Ventura County		California
	Number	Rate	Rate
Cancer, all sites	5,816	153.1	162.7
Digestive system	1,462	38.5	42.7
Respiratory system	1,410	37.8	41.0
Male genital	343	23.4	23.7
Female genital	312	14.7	15.4

Goal: Promote healthy living through prevention, treatment and support strategies that encompass community education programs and medical treatment.

Objective: Reduce cancer morbidity and unnecessary inpatient readmissions.

Interventions:

1. Provide free prostate cancer screenings for men in our service area.
2. Provide no-cost mammograms for women in our service area.

3. Provide no-cost breast cancer education throughout our service area.
4. Continue as a screening and enrollment point for American Cancer Society events.
5. Offer public Cancer Support Groups to those suffering from cancer, families and friends and survivors.
6. Develop and present no-cost prevention, screening, treatment and survivorship programs to the public.
7. Implement client reminders to increase screening for breast and cervical cancers.
8. Develop and provide a continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment.

Evaluation Indicators:

Short Term –Decreased rates of hospitalization or readmission for cancer-related treatment.

Long Term – Increased screenings by primary care providers and increased community health resources for healthy living.

Priority Area 3: Heart Disease

Identified Need: Heart disease is the primary cause of mortality in the United States; stroke is the third leading cause of death. Collectively, heart disease and stroke are among the most prevalent and costly health challenges facing our healthcare system. Of adults in Ventura County, 6.6% have been diagnosed with heart disease. This is higher than the state diagnosis rate of 5.9%. Among these adults, only 48.7% are very confident they can manage their condition. 74.5% of adults in the county have a management care plan developed by a health care professional.

Heart disease and stroke are among the three leading causes of death in the Simi Valley Hospital service area. The heart disease mortality rate in the service area is 118.2 per 100,000 persons, which exceeds the Healthy People 2020 objective of 100.8 deaths per 100,000 persons. The stroke death rate of 34.3 per 100,000 persons is higher than the Healthy People 2020 objective of 33.8 per 100,000 persons. In Ventura County, 24.5% of adults have been diagnosed with high blood pressure. Of these, 74.5% take medication for this condition. Cardiac catheterization treatment capacity is currently not available in Simi Valley.

Leading Causes of Premature Death, 3-Year Average Death Rates, 2006-2008

	Moorpark	Simi Valley	Ventura County
Coronary heart disease	68	112	No Data
Lung cancer	19	30	37.6
Motor vehicle crash	16.6	9.4	12.5
Suicide	9.2	10.8	11.5
Drug overdose	3	11	8.6

Source: Ventura County Public Health, Community Health Status Report, 2011

Goal: Promote cardiovascular health and healthy living through the provision of specialty cardiovascular care, community education, and prevention services.

Objective: To reduce cardiac disease morbidity and unnecessary inpatient readmissions.

Interventions:

1. Increase access to cardiac diagnostic services and treatment by opening a state-of-the-art Heart Catheterization Lab in 2013.

Provide community-based prevention and awareness education that includes Hands Only CPR events.

2. Provide no-cost heart education classes and awareness education.
3. Provide the “Smoking Cessation” brochure in the Admitting packet.
4. Expand access to the Employee Wellness Committee activities to the community.
5. Conduct post-discharge phone calls to assess patient compliance with medications, nutrition, activity and follow-up MD care.

It is important to address the population of adults and children without health insurance in the SVH service area to further promote heart health; lack of insurance may significantly affect cardiovascular health.

Evaluation Indicators:

Short Term –Decreased rate of hospitalizations and/or readmission for cardiovascular disease.

Long Term – Increased locations in the Simi Valley Hospital Service Area for community-based cardiovascular education and management programs.

Priority Area 4: Mental Health

Identified Need: A person's mental health status determines one's perception, and how one interacts and functions within relationships, the work place and the world. Mental disorders are one of the most common causes of disability in our Nation. Substance abuse includes related conditions associated with the consumption of mind- and behavior-altering substances that negatively impact behavior and health. The interplay of social attitudes and political and legal intricacies makes substance abuse a complex public health challenge.

Drug use: 13% of teens in Ventura County have tried illegal drugs and 8.7% have used marijuana in the past year. These rates of drug use are lower than found in the state.

Alcohol consumption: Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 36.2% in Ventura County had engaged in binge drinking in the past year; 6.4% of teens indicated they had engaged in binge drinking. This is higher than the state rate of 5.8%. 351% of teens indicated they had tried an alcoholic beverage. At a death rate of 11 per 100,000 persons, the suicide rate in the SVH service area is higher than Ventura County (9.8) and Healthy People 2020 objectives (10.2). Community members in our service area have identified that increased behavioral health education for emergency responders is necessary. They have also identified a shortage of facilities, mental health providers, outpatient services and mental health "well care" meetings for acute psychiatric episodes. The Simi Valley Police Department has noted an increase in mental health calls, which is taxing their resources.

Mental Health: Among Ventura County adults, 65% experienced serious psychological distress in the past year. 16.4% of adults and 6.9% of teens needed help for mental health problems. 12.8% of adults and 13.9% of teens received help for their mental health needs. 13.7% of adults had taken a prescription medication for an emotional or mental health issue in the past year. 42.5% of the adults who sought or needed help for an emotional or mental health problem did not receive treatment. When asked if emotions interfered with their lives, 4.2% of Ventura County adults indicated that emotions severely impaired their family lives. Severe social life impairment was

experienced by 4.6% of adults, and 5.5% stated that their work was severely impaired by emotions.

Mental Health Indicators

	Ventura County	California
Adults who Likely Had Serious Psychological Distress During Past Year	6.5%	6.5%
Adults who Needed Help for Emotional-Mental and/or Alcohol-Drug Issues in Past Year	16.4%	14.3%
Teens who Needed Help for Emotional-Mental Health Problems in Past Year	6.9%	12.9%
Adults who Saw a Health Care Provider for Emotional/Mental Health and/or Alcohol-Drug Issues in Past Year	12.8%	10.9%
Teens Received Psychological/ Emotional Counseling in Past Year	13.9%	9.5%
Adult Who Has Taken Prescription Medicine for Emotional/Mental Health Issue in Past Year	13.7%	9.7%
Sought/Needed Help but Did Not Receive Treatment	42.5%	44.5%

Goal: Improve mental health and reduce substance abuse through prevention, access to appropriate treatment and quality mental health services.

Objective: Decrease visits to the Emergency Department by increasing behavioral health screening and treatment services.

Interventions:

1. Recruit psychiatric staff to increase SVH's capacity for behavioral health treatment.
2. Develop inpatient hospital alcohol and drug detoxification programs.
3. Collaborate with local behavioral health community organizations to increase prevention and treatment services for behavioral health needs.
4. Provide meeting space for Alcoholics Anonymous, Narcotics Anonymous and Over-Eaters Anonymous Groups.

5. Provide resources to the County Mental Health Office serving the community population.
6. Provide onsite contact persons to screen patients to increase access to and insurance coverage for treatment and prevention services.
7. Collaborate with the faith community and partners and provide space for positive parenting education and strategic alignment around the Adverse Childhood Experience (ACE) Study to reduce risk factors for youth.

Evaluation Indicators:

Short Term – Increased number of persons in our service area who have health coverage that includes mental health benefits.

Long Term – Increased screenings by primary care providers and increased community behavioral health resources.

Priority Area 5: Overweight and Nutrition

Identified Need: Diet and body weight correlate with health status. Individuals who are at and maintain a healthy weight are less likely to develop chronic diseases. According to a Healthy People 2020 midcourse review, most Americans need to improve some element of their diet. Over one-third of adults (33.9%) are overweight in Ventura County and 22.6% are obese. In Moorpark 29.2% of children are overweight or obese, and in Simi Valley 30.7% are overweight or obese.

Children Overweight and Obesity, 2010

Geographic Area	Overweight and Obese
Moorpark	29.2%
Simi Valley	30.7%
Ventura County	35.0%
California	38.0%

Source: California Center for Public Health Advocacy, 2011

In the Moorpark schools, 40.5% of 5th grade students and 28.8% in Simi Valley schools tested as needing improvement or as being high risk for body composition. Among 9th graders, 33.3% of Moorpark Unified and 34.4% of Simi Valley Unified students did not meet Healthy Fitness Zone criteria for body composition.

5th and 9th Graders, Body Composition, Needs Improvement + High Risk

School District	Fifth Grade	Ninth Grade
Moorpark Unified	40.5%	33.3%
Simi Valley Unified District	28.8%	34.4%
Ventura County	46.4%	37.4%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011-2012

Fast Food Consumption, 3-4 Times a Week or more

	Ventura County	California
Total Population	18.4%	19.6%
Ages 0-17	38.4%	37.0%
Ages 18-64	20.9%	22.6%
Ages 65+	7.4%	7.7%

Source: California Health Interview Survey, 2009

Soda or Sweetened Drink Consumption, Two or More the previous day

	Ventura County	California
Teens and Children	12.6%	14.7%

Source: California Health Interview Survey, 2009

55.3% of the children in Ventura County consume five fruits and vegetables in a given day. This is higher than the state rate of 48.4%. Fresh fruit and vegetable consumption decreases considerably among teens. Only 16.3% of teens consume five or more fresh fruits and vegetables per day.

Consumption of 5+ Fresh Fruits and Vegetables a Day

	Ventura County	California
Children	55.3%	48.4%
Teens	16.3%	19.9%

Source: California Health Interview Survey, 2009

Goal: Promote health and reduce chronic disease through nutrition interventions and the promotion of healthy weight status.

Objective: Reduce the BMI for 5th graders in the Simi Valley or Moorpark School Districts.

Interventions:

1. Align resources and hospital-based treatment with community-based obesity prevention and intervention programs.
2. Provide no-cost nutrition classes, demonstrations and health education lectures.
3. Provide no-cost nutrition and active living education onsite at middle schools located in our service area.
4. Provide health fairs with BMI analysis and prevention resources to local community members to promote healthy living.

- 
5. Provide harvest of the season education, healthy food preparation demonstrations and BMI analysis at local middle schools.
 6. Offer worksite nutrition and weigh-management classes for hospital employees and their families.

Evaluation Indicators:

Short Term – Increase the number of children and adults involved in healthy lifestyle interventions with regards to nutrition, physical activity, and related domains of comprehensive health outcomes.

Long Term – Increase the proportion of primary care physicians who regularly assess body mass index (BMI) of their patients.

Collective Impact Indicator – Reduce overweight status in Ventura County and align with Healthy People 2020 objectives.

Priority Areas Not Addressed

Simi Valley Hospital has chosen not to actively address the remaining health needs identified in their Community Health Needs Assessment. These include autism, Social Determinants of Health, tobacco use and transportation.

Taking existing hospital and community resources into consideration, SVH will concentrate on those health needs that we can most effectively address given our areas of focus and expertise. Therefore, the hospital's charitable resources will be allocated to the selected priority health needs as defined in this document.

Partner List

Simi Valley 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:

- Allied Emergency Physicians at Simi Valley Hospital
- Alta California Medical Group
- Boys & Girls Club of Moorpark
- City of Moorpark
- City of Simi Valley
- Food Share
- Free Clinic of Simi Valley
- Loma Linda University Health
- Loma Linda University Medical Center
- Rancho Simi Valley Recreation & Park District
- Simi Valley Police Department
- Simi Valley Unified School District
- St. Rose of Lime Catholic Church
- The Samaritan Center
- Tri-Counties Regional Center
- United Way of Ventura County
- Ventura County Emergency Medical Services Agency
- Ventura County Public Health Department

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 Policy

We’re 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 Medicaid. The most recent financial assistance policy can be found at the hospital’s website: <http://www.simivalleyhospital.com/services/finance/assistance.php>

Community Benefit Inventory

Year 2013 – 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.

Activities

Medical Care Services

Simi Valley 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

Community Health Education

Provided health education open to the public at no or low cost, which included:

- Hands Only CPR events and community CPR classes
- Heart health education
- House Calls - Physician-led health lectures
- Breast cancer education
- Nutrition classes

Health Screenings and Immunizations

Screenings and vaccinations were offered free of charge at a number of community venues, including health fairs and the Health & Fitness Expo.

- Prostate cancer screenings for men in the community
- Mammograms for the women in the community
- Community flu clinics

The hospital was a screening point for American Cancer Society events and an enrollment point for American Cancer Society studies.

Support Groups

We hosted Support Groups, which were made available to the public, their families and friends, and survivors. Support groups included:

- Grief Recovery
- Look Good Feel Better
- Stroke and Brain Injury
- Breastfeeding

Health Insurance Enrollment Assistance

Provided enrollment resources for government-sponsored health insurance coverage programs.

Your Health Magazine

Our free quarterly newsletter, Your Health, is sent to every home in our service area communities. It includes tips for healthy living and news about the hospital, including a listing of health education and support group events available to the public at no charge.

Transportation Resources

Taxi vouchers and bus tokens are provided to low-income patients/families who do not have an alternative form of transportation home from the hospital.

Health Professions Education

Medical Health Careers Academy

Students at Simi Valley High School's Health Careers Academy were provided with job shadowing opportunities at Simi Valley Hospital.

Student Preceptorships

Nursing students from the College of the Canyons and Moorpark College received preceptor training at the hospital. Radiology Therapy and Respiratory Therapy students also received preceptor training at the hospital.

Paramedic Base Station Training

We are a paramedic base station and the hospital provides training for the emergency professionals. We provide the preceptorship for these individuals.

Subsidized Health Services

Subsidized services are clinical programs that are provided despite a financial loss that remains after removing patient financial assistance, Medi-Cal shortfalls and bad debt. The services are provided because of an identified community need and if not provided by the hospital would not be available in the area or require the government or other nonprofit organization to provide. At Simi Valley Hospital we provided the following subsidized health services:

- Emergency Department
- Home Health
- Hospice
- Child Development Center

Cash and In-Kind Contributions

Support of Free Clinic of Simi Valley

Simi Valley Hospital has an active partnership with the Free Clinic of Simi Valley to support the provision of health care services to those in our community who are uninsured or underinsured. Through this partnership, hospital employees provide needed administrative and clinical training for the Free Clinic staff. We provide lab services, radiology service and mammograms for clinic patients. Additionally, our Scrubs program compensates employees for one shift per year when they volunteer at the Free Clinic of Simi Valley.

Lifeline Program

Emergency contact through Lifeline devices for low-income seniors in Simi Valley and Moorpark. The Lifeline Program provided a system of equipment and trained responders for people who fall or who cannot reach a phone during a health-related emergency. The program averages 300 subscribers a month.

Cash Sponsorships

Simi Valley Hospital provided cash donations to nonprofit organizations to support community events.

Donated Equipment and Supplies

We donated equipment and supplies to the Free Clinic of Simi Valley, hospitals overseas and to local schools.

Relay for Life First Aid Booth

The Hospital provided the First Aid Booth for the Annual American Cancer Society's Relay for Life.

Staff Service on Community Boards

Simi Valley Hospital leadership staff dedicated time to serving on boards of community organizations.

Community Benefit & Economic Value

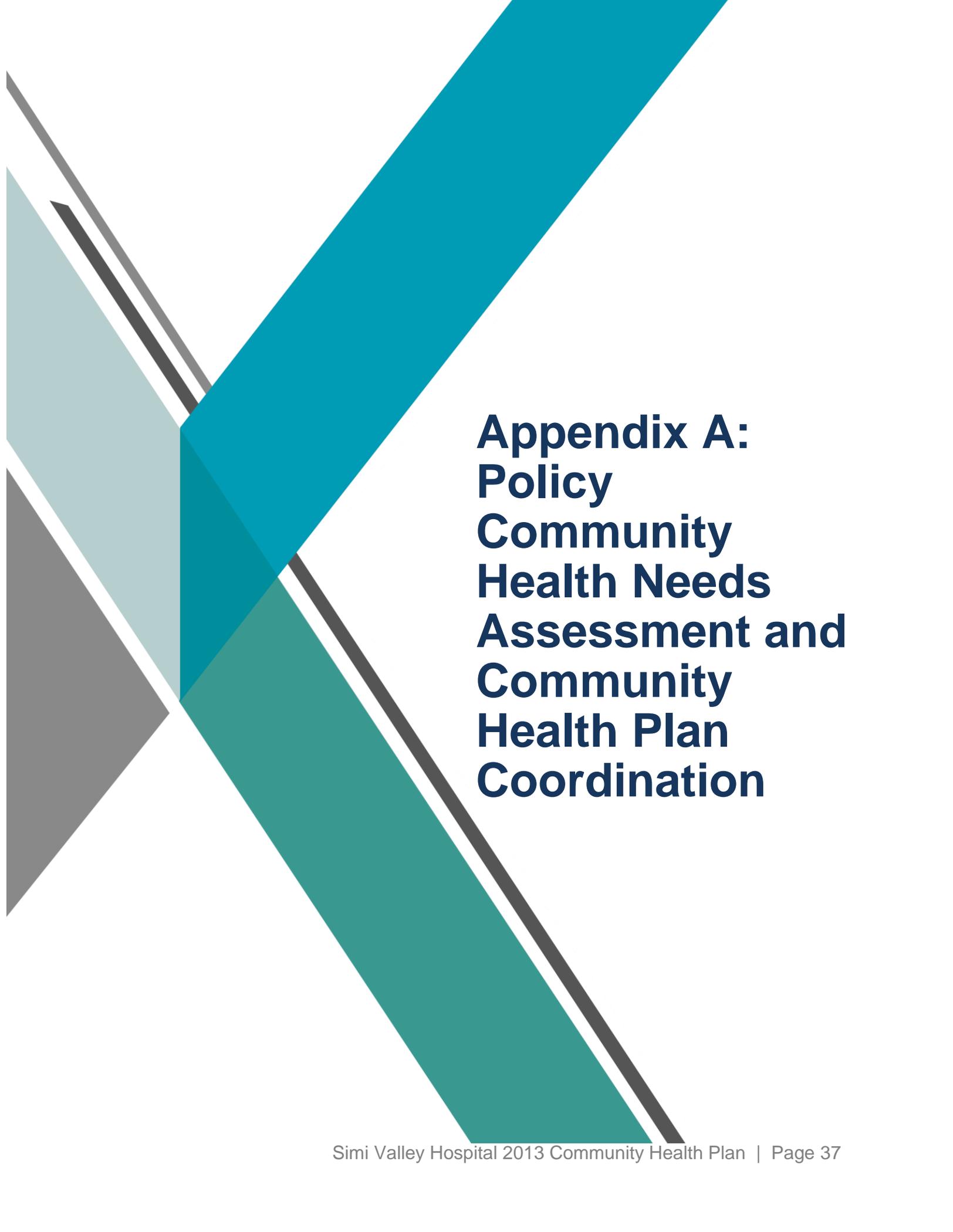
Simi Valley Hospital's mission is "to provide exceptional service and quality care to meet the physical, mental and spiritual needs of our community." We have been serving our communities health care needs since 1965. Our community benefit work is rooted deep within our mission and merely an extension 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	3,125,192	2.63%	-	3,125,192	2.63%
Public programs - Medicaid	14,828,010	12.48%	11,008,997	3,819,013	3.21%
Medicare	51,622,370	43.45%	37,180,976	14,441,394	12.15%
Other means-tested government programs	-	-	-	-	-
Community health improvement services	26,568	0.02%	12,932	13,636	0.01%
Health professions education	-	-	-	-	-
Non-billed and subsidized health services	861,317	0.72%	-	861,317	0.72%
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	202,035	0.17%	-	202,035	0.17%
Community building activities	-	-	-	-	-
TOTAL COMMUNITY BENEFIT	70,665,492	59.47%	48,202,905	22,462,587	18.89%



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

<input type="checkbox"/> Entity:			
<input checked="" type="checkbox"/> System-wide Corporate Policy	Policy No.		
Corporate Policy No. AD-04-006-S	Page		1 of 3
<input checked="" type="checkbox"/> Standard Policy	Department:		Administrative Services
<input type="checkbox"/> Model Policy	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