

White Memorial Medical Center



2013 – 2015 Community Health Plan

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Overview of Adventist Health



White Memorial Medical Center 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, dating 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 President & CEO



Dear Community:

As Chief Executive Officer of White Memorial Medical Center, I would like to thank you for your interest in the health of our community and allowing our organization, as part of Adventist Health, to be your regional health partner. The passage of the Affordable Care Act has highlighted the importance of understanding our community's needs and in turn designing new and innovative approaches to improving the health of our population with a significant emphasis on community-based prevention. It is my pleasure to share our 2013-2015 Community Health Plan.

White Memorial Medical Center is committed to delivering a Whole Community Care Model with a focus on the communities of East and South Los Angeles. We are dedicated to training the physicians needed by our community, and are proud to note that our Family Practice Residency Program is ranked #1 in the State of California. We also understand that improving community health requires expertise and engagement beyond the health sector and hospital campus. It requires collective community wisdom. Finding innovative ways to work with all health-related sectors is our goal.

We call upon you to imagine a healthier region, and invite you to partner in the solutions outlined in this report. Help us continue to prioritize our health concerns and find interventions across a broad range of health needs. Thank you for your interest in creating a healthier community. We look forward to our journey together.

Sincerely,

A handwritten signature in black ink that reads "Beth D. Zachary". The signature is fluid and cursive, with a long, sweeping underline.

Beth D. Zachary, 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 White Memorial Medical Center has adopted the following priority areas for our community health investments for 2013-2015:

Priority Areas for 2013-2015

- Access to Health Care
- Chronic Diseases Prevention:
 - Cancer
 - Diabetes
 - Heart Disease & Stroke
 - Obesity, especially childhood obesity/Type II diabetes
- Maternal Child Health
- Respiratory Illness/COPD/Asthma

In addition, White Memorial Medical Center continues to provide leadership and expertise within our health system by asking the following 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 the 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



White Memorial Medical Center
Number of Hospital Beds: 353
Beth Zachary, President & CEO
Scott Reiner, Chair, Governing Board
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Community Health Plan Team Members



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Chair Dept. of Emergency Medicine



Miguel Martinez, MD
Chief of Staff



John Raffoul
Senior VP & CFO Finance

Photo unavailble
Blin Richards
Controller

Mission, Vision and Values

Our Mission

As a Seventh-day Adventist medical center, we are a family of caring professionals serving our community with a passion for excellence, a spirit of Christian service, and a commitment to medical education.

Our Vision

White Memorial Medical Center, along with its physicians and community partners, will become an integrated health system that cares for its community and those who come from throughout the region for specialty care. Because of our size, scope of service and reputation, we will be an indispensable component of any larger network wishing to serve Eastern Los Angeles. When it comes to value, White Memorial Medical Center will perform in the top quartile of providers in Southern California.

Our Guiding Principles

At White Memorial, we pledge to uphold the hospital's values as a Christian organization, by living these six Guiding Principles every day. This is our promise to our patients, our community and each other.

I will reach for the highest standards in my work.

I will provide services that my customers say are excellent.

I will treat others with the same compassion and respect that I would want my family to experience.

I will take personal responsibility to ensure the safety of patients, co-workers and all others I come into contact with at work.

I will use all resources responsibly and efficiently.

I will be honest in all things

Community Profile

WMMC is a 353-bed not-for-profit, faith-based, teaching hospital, that provides a full range of inpatient, outpatient, emergency, and diagnostic services to communities in and near downtown Los Angeles (LA). Keeping our community healthy has been the mission of WMMC since 1913, when our hospital was founded by the Seventh-day Adventist Church. We are located in a federally-designated Medically Underserved Area (MUA).

Today, WMMC is one of the region's leading not-for-profit hospitals. Services include behavioral medicine, cardiac and vascular care, intensive and general medical care, oncology, orthopedic care, rehabilitation, specialized and general surgery, and women's and children's services. As a major teaching hospital, WMMC also plays an important role in training physicians, nurses and other medical professionals. And we are an employer of choice for the communities we serve.

WMMC's service area is primarily comprised of three Service Planning Areas in Los Angeles County. A Service Planning Area, or SPA, is simply a specific geographic region within Los Angeles County. Due to the large size of Los Angeles County (4,300 square miles), it has been divided into 8 geographic areas. These distinct regions allow the Department of Public Health to develop and provide more relevant public health and clinical services targeted to the specific health needs of the residents in these different areas. **WMMC's service areas are comprised of SPAs 4, 6 and 7:**

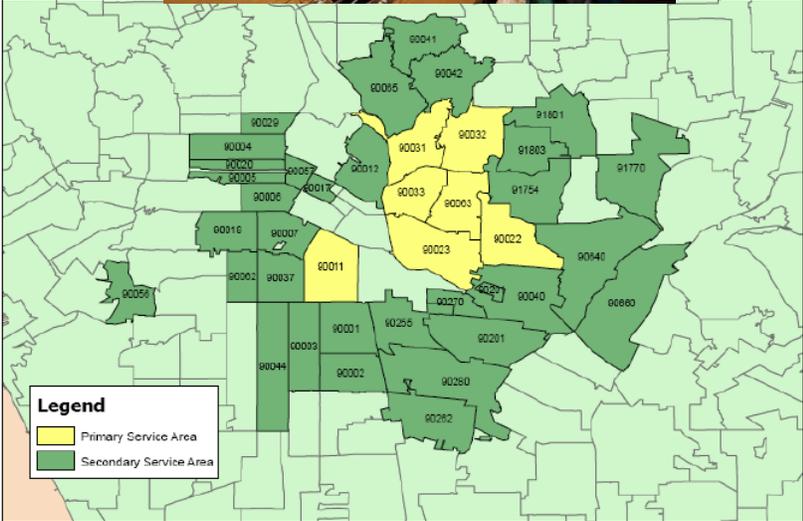
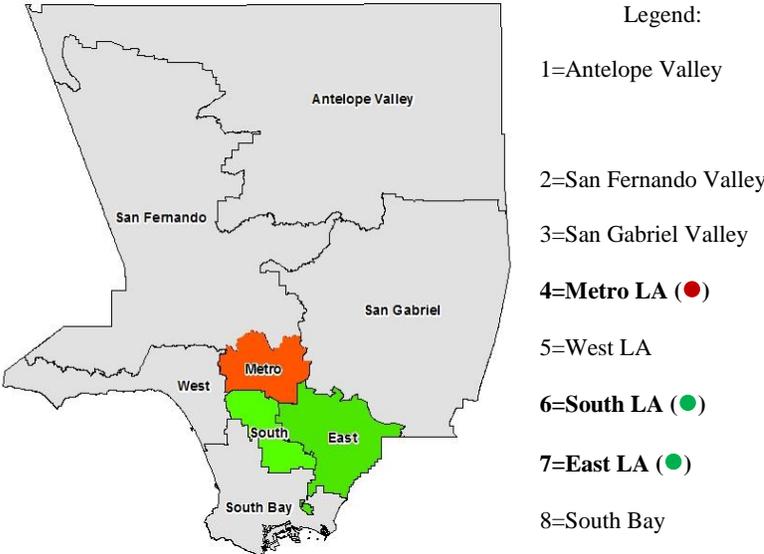
- **Primary Service Area (PSA):**
 - SPA 4 corresponds to Metro LA and is comprised of the following communities: Boyle Heights, Central City, Downtown LA, Echo Park, El Sereno, Hollywood, Mid-City Wilshire, Monterey Hills, Mount Washington, Silverlake, West Hollywood and Westlake.

- **Secondary Service Areas (SSAs):**
 - SPA 6 corresponds to South LA and is comprised of the following communities: Athens, Compton, Crenshaw, Florence, Hyde Park, Lynwood, Paramount and Watts.

 - SPA 7 corresponds to East LA and is comprised of the following communities: Artesia, Bell, Bellflower, Bell Gardens, Cerritos, City of Commerce, City Terrace, Cudahy, Downey, East Los Angeles, Hawaiian Gardens, Huntington Park, La Habra Heights, Lakewood, La Mirada, Los

Nietos, Maywood, Montebello, Norwalk, Pico Rivera, Santa Fe Springs, Signal Hill, South Gate, Vernon, Walnut Park, Whittier and others.

Service Planning Areas in Los Angeles County



SPA 4	Central Downtown, Chinatown	90012
	Boyle Heights	90033
	Byzantine-Latino Quarter, Harvard Heights, Koreatown	90006
	Downtown West	90017
	East Hollywood	90029
	Echo Park, Silver Lake	90026
	El Sereno	90032
	Hollywood	90028,
		90038,
		90068,
		90069
	Rampart Village, Virgil Village, Wilshire Center	90004
	University Park	90007
	West Hollywood	90046,
		90048,
		90069
Western Wilton, Wilshire Center, Windsor Square	90020	
Westlake	90057	
Wilshire	90005,	
	90010	

Data Source: Los Angeles County Department of Public Health, Community Health Services (2013) & Los Angeles Almanac (2013)

SPA 6	South Los Angeles	90037,
		90044,
		90047,
		90061,
		90062
	Compton	90220,
		90221,
		90222,
		90224
	Florence-Graham	90001
	Hyde Park	90043
	Jefferson Park, Leimert Park	90018
	Ladera Heights	90056
	Lynwood	90262
	Paramount	91101,
		91103,
	91104,	
	91105,	
	91106,	
	91107	
South Gate	90280	
Watts	90002,	
	90059	

Data Source: Los Angeles County Department of Public Health, Community Health Services (2013) & Los Angeles Almanac (2013)

SPA 7

East LA	90022
Alhambra	91801, 91803
Bell Gardens, Bell, Cudahy	90201, 90270
Broadway/Manchester	90003
City Terrace	90063
Commerce, East LA	90023
Downey	90240, 90241, 90242
Glassell Park	90065
Hawaiian Gardens	90716
Highland Park	90042
Huntington Park	90255
La Habra Heights	90631
La Mirada	90638
Lakewood	90712, 90713, 90715
Lincoln Heights	90031
Los Nietos	90606
Maywood	90270
Montebello	90640
Monterey Park	91754, 91755
Norwalk	90650
Pico Rivera	90660
Rosemead	91770
Santa Fe Springs	90670
Signal Hill	90755
South Gate	90280
Southeast LA	90011
Vernon	90058
Walnut Park	90255

Data Source: Los Angeles County Department of Public Health, Community Health Services (2013) & Los Angeles Almanac (2013)

2011 Patient Origin Study

TOTAL WMMC DISCHARGES						Total	Market	Market			
→ 20,082						Population	Draw Rate	Size	Share		
Primary Service Area (50%)	1	90033	Boyle Heights	2,357	11.7%	48,992	4.8%	6,305	37.4	PSA Discharges	12,024
	2	90063	Los Angeles	1,739	20.4%	56,069	3.1%	5,435	32.0		
	3	90023	Los Angeles	1,455	27.6%	45,691	3.2%	5,026	28.9	PSA Market	84,998
	4	90011	Los Angeles	1,255	33.9%	105,370	1.2%	10,528	11.9%		
	5	90022	East Los Angeles	1,055	39.1%	67,168	1.6%	6,829	15.4%		
	6	90255	Huntington Park	873	43.5%	76,677	1.1%	6,873	12.7%		
	7	90032	El Sereno	591	46.4%	45,390	1.3%	4,948	11.9%		
	8	90001	Florence	549	49.2%	57,575	1.0%	6,318	8.7%		
	9	90031	Lincoln Heights	528	56.4%	40,560	1.3%	3,605	14.6%		
	10	90201	Bell Gardens	527	58.2%	100,410	0.5%	8,123	6.5%		
	11	90640	Montebello	397	62.7%	62,739	0.6%	7,006	5.7%		
	12	90042	Los Angeles	358	64.1%	63,954	0.6%	5,854	6.1%		
	13	90003	Los Angeles	340	65.3%	69,525	0.5%	8,148	4.2%		
Secondary Service Area (75%)	14	90270	Maywood	278	66.5%	26,965	1.0%	2,696	10.3	SSA Discharges	2,979
	15	90280	South Gate	297	67.6%	96,182	0.3%	7,812	3.8		
	16	90012	Chinatown	266	68.6%	33,828	0.8%	2,751	9.7	SSA Market	91,368
	17	90002	Los Angeles	251	69.4%	52,758	0.5%	6,011	4.2%		
	18	90044	Los Angeles	238	70.2%	91,161	0.3%	11,872	2.0%		
	19	90037	Los Angeles	226	70.9%	63,517	0.4%	7,169	3.2%		
	20	90065	Los Angeles	196	71.6%	46,353	0.4%	4,384	4.5%		
	21	90026	Los Angeles	165	72.3%	67,763	0.2%	5,884	2.8%		
	22	90660	Pico Rivera	161	72.9%	63,114	0.3%	7,118	2.3%		
	23	90006	Los Angeles	142	73.6%	59,804	0.2%	5,542	2.6%		
	24	90018	Los Angeles	141	74.1%	51,994	0.3%	6,924	2.0%		
	25	90057	Los Angeles	135	74.7%	44,184	0.3%	5,283	2.6%		
	26	91732	El Monte	128	75.2%	62,496	0.2%	6,347	2.0%		
	27	90262	Lynwood	125	75.7%	68,789	0.2%	6,947	1.8%		
	28	90040	Commerce	115	76.2%	14,251	0.8%	1,287	8.9%		
	29	91754	Monterey Park	115	76.6%	33,511	0.3%	3,341	3.4%		
General Service Area (80%)	30	90029	Los Angeles	107	77.1%	38,638	0.3%	4,516	2.4	GSA Discharges	1,039
	31	90059	Los Angeles	95	77.5%	40,733	0.2%	5,200	1.8		
	32	90004	Los Angeles	93	77.9%	61,172	0.2%	5,506	1.7	GSA Market	56,512
	33	90007	Los Angeles	92	78.2%	42,613	0.2%	2,921	3.1%		
	34	91770	Rosemead	92	78.6%	62,846	0.1%	5,972	1.5%		
	35	91733	South El Monte	87	78.9%	44,029	0.2%	4,313	2.0%		
	36	90016	Los Angeles	71	79.2%	48,775	0.1%	6,308	1.1%		
	37	90058	Los Angeles	69	79.6%	3,527	2.0%	378	18.3%		
	38	90062	Los Angeles	69	79.9%	31,949	0.2%	4,009	1.7%		
	39	90013	Los Angeles	67	79.9%	13,219	0.5%	2,015	3.3%		
	40	91744	La Puente	66	79.9%	83,916	0.1%	8,128	0.8%		
	41	91803	Alhambra	66	79.9%	30,705	0.2%	2,675	2.5%		
	42	91801	Alhambra	65	79.9%	53,409	0.1%	4,571	1.4%		

(Data Source: Intellimed / OSHPD (2011))

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.

White Memorial Medical Center 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. The data collection process of the CHNA included quantitative and qualitative data.

Quantitative Data

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

- Data on key health indicators, morbidity, mortality.
- Various social determinants of health were collected from U.S. Census Bureau, California Department of Public Health, Los Angeles County Public Health Department, County Health Rankings, and other various local, state and federal databases.

Qualitative Data

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

- Surveys with community agencies serving our primary service area and secondary service areas.

- Key informant interviews with community leaders to engage them in the development of our interventions and elicit their input to improve the health of our region.
- Focus groups with end users of hospital services to hear directly from our patients on how we can better serve their health needs.

Identified Priority Needs

OPPORTUNITIES TO IMPROVE THE HEALTH OF OUR COMMUNITY

The 2013 Community Health Needs Assessment and Healthy People 2020 Guidelines have identified the following “health priorities”

- Access to Health Care
- Chronic Diseases Prevention:
 - Cancer
 - Diabetes
 - Heart Disease & Stroke
 - Obesity, especially childhood obesity/Type II diabetes
- Maternal Child Health
- Respiratory Illness/COPD/Asthma

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? and 5) Who needs our help the most?**

From this analysis, White Memorial identified three focus areas:

- Access To Health Care
- Chronic Disease Prevention - Diabetes & Obesity
- Maternal and Child Health

Priority Area 1 – Access to Health Care

Identified Need: Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts:

- Overall physical, social and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

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

Objective: Lower the barriers that prevent equitable access to quality health care services by:

1. Gaining entry into the health care system
2. Accessing a health care location where needed services are provided
3. Finding a health care provider with whom the patient can communicate and trust

Interventions:

1. Provide on-site enrollment services for state-funded insurance plans.
2. Increase community awareness of health services offered, wellness classes and upcoming health fairs and screenings.
3. Work with Mexican American Opportunity Foundation (MAOF) satellite office to provide information and referral services to seniors in our community.
4. Expand transportation for those who need a ride to and/or from the hospital - \$65,000 will be invested to service our secondary service area for needed transportation to our hospital.
5. Provide low-cost or free parking to those accessing health care services on our campus.
6. Establish clinics in the community to provide access.

Evaluation Indicators:

Short Term – Increased number of adults and children who have health insurance through either Medi-Cal expansion or insurance through Covered California. Increased referrals and services for formerly uninsured or underserved community members.

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



Program Highlight: White Memorial Medical Center in partnership with the MAOF Senior Resources program has been increasing annually the number of encounters and services offered through the MAOF satellite office. This includes offering discounted parking, free transportation and referrals to upcoming health fairs, free screenings and services and, workshops among other services.

Priority Area 2 – Obesity & Diabetes

Identified Need: Obesity

Understanding weight status in a community is critical in ensuring health promotion. Diet and body weight are related to health status and overweight and obesity is associated with a higher risk of heart disease and stroke morbidity and mortality.

1 in 3 American adults are obese. Between 1998 and 2008 the adult obesity rate doubled while the childhood obesity rate has tripled. Increased body mass index (BMI) has been associated with heightened risk of several chronic diseases, including heart and cerebrovascular disease. In 2008, medical costs related with obesity were estimated at \$147 billion; the medical costs for people who are obese were \$1,429 higher than those of normal weight. Obesity affects some groups more than others. For example, non-Hispanic Blacks have the highest age-adjusted rates of obesity (49.5%) compared with Mexican Americans (40.4%), all Hispanics (39.1%) and non-Hispanic Whites (34.3%).

In June of 2013, the American Medical Association formally adopted a policy that recognizes obesity as a disease requiring a range of medical interventions to advance obesity treatment and prevention. This action will allow physicians to better serve patients by offering more diverse options for combating obesity.

Obesity Prevalence by SPA, Los Angeles County						
	SPA 4	SPA 6	SPA 7	Los Angeles County	United States	HP 2020
Percent of Children in Grades 5, 7, and 9 who are obese (BMI > 95th percentile), 2010	26.7	29.0	25.7	22.4	*	*
Percent of Obese Adults (BMI ≥ 30.0), 2011	20.1	32.7	30.1	23.6	28.3	30.5
Percent of adults who are overweight (25.0 ≤ BMI < 30.0), 2011	33.2	37.3	40.1	37.1	34.5	*

Note: * Data is not available. Data Source: Los Angeles County Department of Public Health (2013)

Selected Characteristics for Diabetes					
	SPA 4	SPA 6	SPA 7	LA County	United States
Percent of adults ever diagnosed with diabetes, 2011	7.3	10.1	15.1	9.5	9.0
Diabetes death rate (age-adjusted per 100,000 population), 2009	18.1	34.1	27.5	20.2	20.8

Data Source: Los Angeles County Department of Public Health (2013).

Obesity and Diabetes Programs: Obesity is the single most important risk factor for Type II diabetes. Childhood obesity is related to numerous chronic adult disease including Type II diabetes, cardiovascular disease, several kinds of cancer, and osteoarthritis. Overweight children and adolescents are more likely to become overweight or obese adults. Diabetes and obesity prevention programs including screenings, education and outreach throughout our Diabetes programs continues to be a top priority for White Memorial. The most recent Los Angeles County Health Survey indicates a steady rise in the rate of diabetes. As these tables indicate our SPA 6 and 7 are higher than the LA County and the United States Averages.

	SPA 4	SPA 6	SPA 7	LA County	United States
Percent of adults ever diagnosed with diabetes, 2011	7.3	10.1	15.1	9.5	9.0
Diabetes death rate (age-adjusted per 100,000 population), 2009	18.1	34.1	27.5	20.2	20.8

Data Source: Los Angeles County Department of Public Health (2013).

Goal: Promote health and reduce prevalence of chronic disease risk through community strategies that promote healthful diets, active living and maintenance of health body weights.

Objective: Decrease the prevalence of diabetes and obesity in our community through access to education, resources and information.

Interventions:

1. WMMC will be the lead partner with YMCA in developing Diabetes prevention programs and access to healthcare clinics in Boyle Heights, Maywood and Montebello.
2. Provide diabetes education and prevention through White Memorial's free community classes and support groups including: the Healthy Eating Lifestyle Program (H.E.L.P.) and the Living With Diabetes support group. Most classes are held in English and on separate days in Spanish.
3. Provide free glucose screenings to at-risk populations at health fairs (local and on-campus) and other community settings.
4. Provide free or low-cost wellness, weight management and exercise programs onsite at our medical center, at clinics and within our service community.
5. Publish information on healthy lifestyle and nutrition in the quarterly community publication.

Evaluation Indicators:

Short Term – Increased number of hospital and community-based access points for healthy eating, active living education.

Long Term – Reduce the number of preventable hospital readmissions related to diabetes and obesity.

Program Highlight:

The Healthy Eating Lifestyle Program (H.E.L.P.) is a pediatric obesity prevention program designed to help children and their families adopt a new healthier eating style and increase physical activity habits. H.E.L.P. emphasizes on long-term lifestyle changes, rather than short-term diets. As a result of these lifestyle changes, all participants are expected to make healthier food choices and integrate exercise into their everyday activities. Child participants are expected to maintain their weight and achieve a decrease in body mass index as they grow.

The highlights of the HELP program in the recent years are as follows:

- Avocado from Mexico Puss N' Boots Premier contest in 2012
- Avocado from Mexico Cooking Demo with Chef Aquiles Chavez in honor of National obesity week on July 2, 2013.

- Councilmember, Jose Huizar, generously donated memberships to the Weingart East Los Angeles YMCA to four families who are participants of the WMMC's Diabetes H.E.L.P. Program for their commitment and motivation to live healthier lives.

Stats:

Success is defined as the number of participants, both child and adult who maintain or reduce BMI by the end of the program. Retention is defined as the number of participants, child/parent pair, who attend all HELP classes during the program.

- Success: 80 % for Sept. to October
- Success: 93.7% for Nov. to Dec.
- Retention: 100% Retention for Sept. to October
- Retention: 90% Retention for November to December.

In Summary, the Healthy Eating Lifestyle Program focuses on the child, but has an overall impact on the family. WMMC aims to contribute to the fight against the high rate of obesity in the service area by providing the culturally-competent education and skills needed for both children and adults to make healthier nutrition and lifestyle choices. The significance of decreasing the rate of obesity is the impact it will have on the overall quality of life in years to come. Preventing obesity means there will also be decreasing the rates of Type II Diabetes, hypertension, cardiovascular disease (stroke), and related kidney disease. Focusing on the child is an investment in our future and the future health of the community we serve. Currently the H.E.L.P. program graduates an average of 30 participants with each workshop (approximately 180 participants per year). The waiting list for H.E.L.P. is approximately four months. We plan to increase classes to meet the demand (to better serve the need) as funding is available.

Priority Area 3 – Maternal and Child Health

Identified Need: Maternal and Child Health

As the smallest voice in a region of minimal resources, children are our most at-risk population. Addressing children's health begins at an early stage, from lowering infant mortality rate to preventing childhood obesity. Adequate maternal and child health also encompasses prenatal care, infectious disease prevention and nutrition. The United States Surgeon General has identified the obesity epidemic as one of the greatest health problems facing the nation today. Childhood obesity has been associated with a number of problems including health, social, and economic consequences. Childhood obesity is related to numerous chronic adult disease including Type II diabetes, cardiovascular disease, several kinds of cancer, and osteoarthritis. Overweight children and adolescents are more likely to become overweight or obese adults. For example, if a child is obese at the age of four, he or she will have a 20 percent likelihood of being overweight as an adult. White Memorial Medical Center recognizes that our children are our future and is committed to improving the health of all children living in the region by: promoting lifelong healthy eating patterns through education and behavior change practices, encouraging physically active lifestyles, and supporting community programs that promote its general health.

- Highest percent of low birth weights in Los Angeles County and SPAs 4, 6 and 7 are among African-Americans.
- The highest rate of infant death is in SPA 6 (6.7 per 1,000 births). In terms of race/ethnicity African-Americans had the highest rate of infant death in SPAs 4 and 6 (14.4 and 9.5 per 1,000, respectively) and Los Angeles County (9.8 per 1,000) as a whole.
- In SPAs 4, 6 and 7, the percent of obese children (grades 5, 6, and 7) is higher than the average for Los Angeles County (**4**= 26.7%, **6**= 29%, **7**=25.7%, **LA**=22.4).

Goal: Improve the health and well-being of women, infants, children and families in our service area.

Objective: Increase the proportion of children who report positive health status as a result of improved nutrition and increased physical activity.

Interventions:

1. Promote lifelong healthy eating patterns through education and behavior change practices.
2. Encourage physically active lifestyle in partnerships with YMCA and other local wellness programs.
3. Encourage community to use our on-campus half-mile walking path.
4. Support community programs that promote health and wellness programs through our community sponsorships and involvement.
5. Provide free glucose screenings to at-risk populations through health fairs (local and on-campus) and multiple community-based venues.
6. Provide prevention and educational services related to prenatal care, infectious disease prevention and nutrition education and awareness.
7. Provide access to community health and wellness programs and resources by opening a Community Resource Center in Medical Plaza II. Provide education on health, nutrition and wellness on campus and at local schools.
8. Host educational workshops provided by our physicians and health care experts.

Evaluation Indicators:

Short Term – Increased locations in the WMMC service area for community-based maternal child health education and management programs.

Long Term – Reduce the proportion of mothers and children who are overweight or obese.

Collective Impact Indicator: UniHealth is a supportive partner in HELP. UniHealth supports the vision to create a transformation in the delivery of diabetes care the development of outpatient programs to promote better control, including a reduction in obesity as a major risk factor. We also partner with YMCA in a collaborative effort to



keep kids active and reinforce the HELP message. Avocados for Mexico has made contributions directly to HELP for operations and supplies to promote healthy nutrition.

Program Highlight: Workshops for seniors and caregivers in partnership with MAOF assists community in understanding their part in caring for their own health. Participants are able to participate in various program targeting the prevention of chronic diseases like heart disease, diabetes and cancer. Additionally classes offered include education on safety and fall prevention.

Priority Areas Not Addressed

White Memorial Medical Center is taking an active role to improve the continuum of care for individuals experiencing chronic disease and is committed to an inclusive emphasis on improving the efficiency of health care and bridging preventive strategies in the clinical setting, as well as in the community. This strategy will be focused on heart disease, stroke, cancer, and associated co-morbidities (such as obesity) with coordination among services/programs, as necessary. Our objective: Prevention and early detection for identified priorities.

Partner List

White Memorial Medical Center 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.

WMMC continually invests in partnerships with community organizations that share our vision for a healthy community. We would like to thank our partners for their service to our community:

<ul style="list-style-type: none"> • American Diabetes Association • American Heart Association • Archdioceses of Los Angeles Youth Program • Art Share Los Angeles • American Red Cross San Gabriel Pomona Valley • Archdiocesan Youth Employment Services • Asian Pacific Community Fund • Barrio Action Family & Youth Center • Bishop Mora Salesian High School • Boyle Heights Chamber of Commerce • Boyle Heights College Institute • Boyle Heights Lions Club 	<ul style="list-style-type: none"> • Heart & Soul Christian Education Fund • Hollenbeck Police & Youth Center • Homeboy Industries • Lincoln Heights Chamber of Commerce • La Plaza de Culturas y Artes • Los Angeles Area Chamber of Commerce • Los Angeles Conservation Corps • Los Angeles Music and Art School • Lincoln Heights Neighborhood Council • Los Angeles Music & Art School • Lucille and Edward R. Roybal Foundation • MAOF SHIAS Program
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| <ul style="list-style-type: none"> • Boyle Heights Neighborhood Council • Casa 101, Inc. • Catholic Association of Latino Leaders – LA Chapter • Catholic Schools from Local Deanery • Central City Association • Church of Resurrection • Community Health Councils • Congressional Student Art Contest • Dolores Mission • East Los Angeles Chamber of Commerce • East Los Angeles Community Youth Center • East Los Angeles Women’s Center • East Los Angeles YMCA • El Arca • Familia Unida Living With Multiple Sclerosis • FIS Feria del Libro • Girls Today Women Tomorrow • Glendale Adventist Medical Center Health Care Foundation • Hollenbeck Police Business Council • Homeboy Industries • LAFD Station 2 | <ul style="list-style-type: none"> • Mariachi Festival Foundation • Mexican American Opportunity Foundation • Mexican Consulate of Los Angeles • Mothers of East Los Angeles • Oldtimers Foundation • Oscar de la Hoya/Golden Boy Foundation • Patient Care Foundation of Los Angeles • Police and Business Association of Hollenbeck • Pepperdine University Hispanic Council • Project Amiga • Proyecto Pastoral at Dolores Mission • Queens Care • Resurrection Church • Resurrection School • Rancho Los Amigos Foundation • Salesian Boys & Girls Club • South Central Family Health Center • TELACU Educational Foundation • USC/MAAA • Variety Boys & Girls Club • White Memorial Adventist School • Young Life Del Rio |
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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 the 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.

Community Benefit 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.whitememorial.com/for-patients-and-visitors/financial-assistance-faq>

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

Medical Care Services

White Memorial Medical Center 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

Quarterly Community Wellness Calendar

WMMC provides access to broader community such as local chambers of commerce, schools, churches and other community agencies to support community development and community health education by providing access to information and services through our community calendar. The calendar provides information on upcoming health fairs, free screenings, support groups and workshops held on our campus and at community partner sites

Diabetes Clinical Research Study

In 2013 the hospital closed a long-running national diabetes clinical research project that provided free medical exams and insulin to diabetics from the community who qualified for the clinical trial.

Child Care on Campus

White Memorial partners with the Mexican American Opportunity Foundation (MAOF), to operate the Rainbow Children's Center, a child care center on-campus. The center serves 85 children from the community at low or no cost with a sliding scale fee which allows the parents to work and provide for their families. The center also provides educational experiences monthly for the parents such as what to do when your child becomes ill, the importance of hand washing, what healthy foods should your child be eating, etc.

Healthy Eating Lifestyle Program (H.E.L.P.)

The hospital offers a Healthy Eating Lifestyle Program for children and their families to address high obesity and diabetes rates in our community among children ages 5-12 and their families.

Health Fairs

White Memorial hosted the Bridge to Health – Health, Wellness & Safety Health Fair on October 12, 2013 providing free flu shots, health and dental screenings, fitness classes, resources and education to nearly 1500 community residents.

The Seventh-Day Adventist Church in collaboration with White Memorial hosted a free community health fair on May 19, 2013. They offered free screenings, consultations, education and information. Nearly 500 community participants were served.

Support Groups

WMMC assists the House of Ruth with counseling and support. Additionally our Homeless Project delivers food, water and clothing to local homeless population. Monthly a group of volunteers cooks and serves dinner to about 100 homeless men living at the Dolores Mission Shelter.

MAOF – SHIAS Senior Resources Program

MAOF Senior Hispanic Information and Assistance Program (SHIAS) serviced 2,499 Seniors in 2013. Services included free taxi coupons and bus tokens, assistance completing forms for Social Security and Medicare, home energy applications, referrals to meal sites, senior housing, Home Secure Program, Handy Worker Program and other transportation needs. Additionally, MAOF hosts health and educational workshops on WMMC's campus for family caregivers and seniors.

Free Flu Shot Clinic

White Memorial hosted a press conference and free flu shot clinic for our community on December 12, 2013 as part of National Influenza Vaccination Week — a national observance established by

the Centers for Disease Control and Prevention (CDC). The event featured a free flu vaccination clinic for children ages 7 and up and adults who are uninsured or underinsured, as well as a kids' coloring contest judged by Lalo Alcaraz, a popular local artist. The coloring contest was a form of creating awareness and educating children and their families on the importance of getting vaccinated each year.

Breast Cancer Support Group & Workshops

The Cecilia Gonzalez de la Hoya Cancer Center provides a monthly breast cancer support group for patients that have cancer. Additionally, the Cancer Center partners with City of Hope Minority Cancer Awareness and the Susan G Komen for the Cure to provide workshops for Cancer Survivors, Breast Cancer Awareness and a lecture series on Lymphodema and Physical Therapy Options amongst others.

Little Angels of White Memorial

Providing support for mothers who have lost or miscarried, Little Angels of White Memorial offers free monthly support groups to help families cope and heal from their loss. Annually in October on National Remembrance Day Little Angels of White Memorial host a candle light ceremony in honor of mothers, their families and babies.

Health Professions Education

Residency Programs

WMMC has educational programs for physicians, interns and residents, medical students, nurses and nursing students and other health professionals when that education is necessary for a degree, certificate, or training that is required by the state law, accrediting body or health profession society.

Training Nurses

The hospital provides scholarships and support to 10 students from the community annually, assisting them in completing their RN degrees at Rio Hondo College, and also subsidizing their medical language training in Spanish. The program is administered by WMMC's partner, TELACU Educational Foundation. Many of these nurses as well as other employees also go on to get their master's through a subsidized tuition program offered by the hospital.

Career Pathway Interns

Local high school and college students qualify for internships provided by the hospital Through a Bank of American Grant, allowing them to learn job skills in different parts of the hospital. Many of these students continue volunteering even after their 10-week internship program is completed.

Subsidized Health Services

Discounted and Free Transportation

Seniors received a 50% parking discount and patients received free transportation for medical services if they live within a 5-mile radius of the hospital. Most of the patients have no income to pay for transportation, or have family members who can assist them. This service is provided on a case-by case basis, need is determined by MAOF SHIAS Senior Representatives. In 2013, 1,232 senior discount cards were provided.

Free Lamaze & Infant Baby CPR & Safety Classes

Hosted at White Memorial as part of our pre-natal and post-natal services. Other classes include Natural Breastfeeding Classes, Baby Ease Child Birth Classes and Welcome Baby Program Nutrition education.

Mammography & Prostrate Screenings

Screenings and mammograms provided to uninsured women over 40 for free through our partnerships with the Susan K Komen for a Cure Foundation. Additionally, in May prostate screenings for men were provided at the San Gabriel Adventist Health Fair.

Diabetes Services

The Diabetes Program at White Memorial engages the community by participating at various local community events including the Diabetes Expo, NLBWA-LA Transform Your Lifestyle Women's Health Event, Health Fairs as well as on campus events that include patient education for diabetes, free BMI and glucose screenings and Diabetes Risk tests.

Welcome Baby Program

The Welcome baby is a voluntary, universally provided hospital and home-based intervention program for pregnant and postpartum women. The primary objective of Welcome Baby is to work with families to maximize the health, safety and security of the baby and parent-child relationship and to facilitate access to support and services when needed. The program provides parents with an opportunity to learn about such topics as parenting and early child development, and to obtain assistance on issues such as basic health care, insurance coverage, nutrition, breastfeeding, family violence, maternal depression and improving home safety. Welcome Baby is a Frist 5 LA funded program. White Memorial works to implement the program to serve the Best Start East LA and South East LA Communities and surrounding areas.

Research

TrialNet: Type 1 Diabetes

TrialNet is an international network of researchers who are exploring ways to prevent, delay and reverse the progression of type 1 diabetes. Studies are available for people newly diagnosed with type 1 diabetes, as well as for relatives of people with type 1 diabetes who are at greater risk of developing the disease. TrialNet is jointly funded by:

- American Diabetes Association ([ADA](#))
- Juvenile Diabetes Research Foundation International ([JDRF](#))
- The National Center for Research Resources at the NIH, which provides support through its General Clinical Research Centers ([GCRC](#)) Program
- The National Institute of Allergy and Infectious Diseases ([NIAID](#))
- The National Institute of Child Health and Human Development ([NICHD](#))
- The National Institute of Diabetes and Digestive and Kidney Diseases ([NIDDK](#))

ACCORDION (sponsored by NHLBI) is a prospective, observational follow-up study of at least 8,000 participants who were treated and followed in the Action to Control Cardiovascular Risk in Diabetes (ACCORD) Trial. Treatment in ACCORD ended in 2009 and ACCORDION is designed to further elucidate the long-term effects of the ACCORD treatment strategies and provide additional data on the relationships among various cardiovascular and diabetic risk factors.

Cash and In-Kind Contributions

Philippines Medical Mission

A total of 39 clinical and non-clinical White Memorial employees and their families participated in a medical mission to the Philippines. Over \$20,000 was spent on medication and vitamins for adults and children, screenings, ultrasounds, education, hospitalization for emergency patients, x-rays, patient transport and supplies. 2,150 people were served including 69 BATAK families and 110 prisoners.

The Dupper Fund

Provided financial emergency assistance to patients for housing, funeral services and expenses, transportation, assistance with utilities and rent and purchases such as a refrigerator for a diabetic patient who needed to store his medications.

Employee Giving Campaign

Each year monies are transferred from the WMMC Charitable Foundation to the hospital to help pay for many services for our community. These generous donations given by employees assist several hospital programs such as Pediatrics, Cleft Palate, Maternity, Senior Care, Emergency Care and other important services. In 2013 over \$3.5 million was donated.

Over 1,700 Toys Distributed

Over 1,000 families benefited from toys donated through the Charitable Foundation for needy families in the community. For many children this is the only toy they will receive at Christmas.

Community Benefit & Economic Value

White Memorial Medical Center's mission is to serve our community with a passion for excellence, a spirit of Christian service, and a commitment to medical education. We have been serving our communities health care needs since 1913. Our community benefit work is rooted deep within our mission and is 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; 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	14,061,207	3.85%	-	14,061,207	3.85%
Public programs - Medicaid	-	-	-	-	-
Medicare	119,269,991	32.64%	114,085,715	5,184,276	1.42%
Other means-tested government programs	-	-	-	-	-
Community health improvement services	2,348,889	0.64%	50,676	2,298,213	0.63%
Health professions education	16,346,250	4.47%	2,558,574	13,787,676	3.77%
Non-billed and subsidized health services	4,987,582	1.36%	1,383,737	3,603,845	0.99%
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	285,240	0.08%	-	285,240	0.08%
Community building activities	215,517	0.06%	-	215,517	0.06%
TOTAL COMMUNITY BENEFIT	157,514,676	43.10%	118,078,702	39,435,974	10.80%

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



Entity:

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

Policy No. 1 of 3
Page
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
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