Adventist Health

*Adventist Medical Center*
*Reedley*

# Community Health Plan 2014 Annual Update

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# Overview of Adventist Health

The Adventist Health Central Valley Network is a nonprofit, faith-based organization operating more than 60 sites in Kings, Tulare, Kern and southern Fresno counties.

The network owns and operates four hospitals: Adventist Medical Center – Hanford, Adventist Medical Center – Selma, Adventist Medical Center – Reedley, Central Valley General Hospital in Hanford. The hospitals, 32 Community Care clinics and outpatient centers experience nearly a million patient interactions a year through more than 2,800 employees.

Adventist Medical Center – Hanford, Adventist Medical Center – Selma, Adventist Medical Center – Reedley, Central Valley General Hospital are 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 235 clinics and outpatient centers
- 14 home care agencies and 7 hospice agencies
- Four joint-venture retirement centers
- Workforce of 28,600 includes more than 20,500 employees; 4,500 medical staff physicians; and 3,600 volunteers

We owe much of our heritage and organizational success to the **Seventh-day Adventist Church**, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths.

Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.
Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as

healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

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

**Our Vision:** Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

# Identifying Information

**Adventist Medical Center - Reedley**
Number of Hospital Beds: 49
Wayne Ferch, CEO & Chair, Governing Board
372 Cypress Ave.
Reedley, CA 93654
559-683-8155

# 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 Adventist Health / Central Valley Network has adopted the following priority areas for our community health investments for 2013-2015:

Please list your priorities for 2013-2015

- Obesity
- Diabetes
- Tobacco Cessation
- Access to Care

In addition, Adventist Health / Central Valley Network 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.

# Community Health Needs Assessment Overview Update

The Community Health Needs Assessment (CHNA) includes both the activity and product of identifying and prioritizing a community's health needs, accomplished through the collection and analysis of data, including input from community stakeholders that is used to inform the development of a community health plan. The second component of the CHNA, the community health plan, includes strategies and plans to address prioritized needs, with the goal of contributing to improvements in the community's health. The data sources and methods for conducting the CHNA are listed below.

### Quantitative Data

Quantitative data was gathered through Kaiser Permanente's CHNA Data Platform. The CHNA Data Platform is a product of the Center for Applied Research and Environmental Systems at the University of Missouri Institute of People, Place and Possibility Community Commons Project. This project is chaired by Tyler Norris, Vice President of Total Health Partnerships at Kaiser Permanente, and Kathryn Johnson, Co-founder of the Center for Global Service. It is comprised of 80 health indicators which overlap *Healthy People 2020*.

### Qualitative Data

A total of 14 focus groups were conducted. In addition, eight facility CEOs or senior executives were interviewed by phone or in person as were all four county public health directors. An online survey was also developed from the focus group questions.

### Information Gaps

It should be noted that the focus group and survey results are not based on a stratified random sample of residents throughout the four counties or a random sample of employees in each agency. The perspectives captured in this data simply represent the community members who completed the survey or attended a focus group with an interest in health care. Similarly, the perspectives of facility staff captured impressions of those who were invited and could attend or chose to complete the survey on line. In addition, the data housed in the CHNA Data Platform are gathered from a variety of governmental and non-governmental database. All limitations inherent in these systems, remain present for this assessment.

## Member Hospitals and Organizations

The Hospital Council of Northern and Central California initiated a four-county community needs assessment report for the first time in 2011 (Fresno, Kings, Madera and Tulare Counties), comprising a significant portion of the San Joaquin Valley. This same collaborative convened again in 2013 to complete the bi-annual CHNA. These hospitals are:

- Adventist Health/Adventist Medical Center - Hanford & Selma
- Adventist Medical Center - Reedley
- Central Valley General Hospital
- Clovis Community Medical Center
- Coalinga Regional Medical Center
- Corcoran District Hospital
- Community Regional Medical Center (includes Community Behavioral Health Center)
- Children's Hospital Central California
- Fresno Heart & Surgical Hospital
- Kaiser Permanente Fresno Medical Center
- Kaweah Delta Health Care District
- Madera Community Hospital
- San Joaquin Valley Rehabilitation Hospital
- Sierra View District Hospital
- Saint Agnes Medical Center
- Tulare Regional Medical Center

The CHP update was prepared in collaboration with:

Laura Acosta, BS, MPH(c)
Dora Barilla, DrPH, MPH, CHES
Marti Baum, MD
Jessica L.A. Jackson, MA, MPH

**Adventist Health / Central Valley Network** feels confident that we are working hard to listen to our community and collectively identify needs and assets in our region. Traditional, publicly available data were included in the assessment, along with qualitative data collected from a broad representation of the community.

Although, the most recent assessment was conducted in 2013, we are continually assessing our communities for growing trends or environmental conditions that need to be addressed before our next assessment in 2016. In 2014 our communities were

affected with the continued drought and many people saw an increase of insurance coverage due to the Affordable Care Act.

# Identified Priority Needs Update

After conducting the CHNA, we asked the following questions:

1) What is really hurting our communities?
2) How can we make a difference?
3) What are the high impact interventions?
4) Who are our partners?
5) Who needs our help the most?

From this analysis, three primary focus areas were identified as needing immediate attention, moving forward for all three hospitals:

## Priority Area 1: Obesity

**Identified Need:**

More than half of the adults in the US are now believed to be overweight or obese. In adults, obesity is defined as a Body Mass Index of 30 kg/m or more and overweight is a BMI of 25 kg/m or more. Figure 19 below shows the rates of obesity for all four counties in our study region fall above the state average. Only Kings County falls below the state average for obesity rates.

| County | Total Population (Age 20) | Number of Obese | Percent Obese | Total Population 18 and older | Number of Overweight | Percent Overweight |
|---|---|---|---|---|---|---|
| Fresno | 615,363.01 | 179,686 | 29.20% | 634,493 | 230,892 | 36.39% |
| Kings | 103,385.45 | 28,431 | 27.50% | 109,265 | 39,095.02 | 35.78% |
| Tulare | 275,836.01 | 85,785 | 31.10% | 288,581 | 108,217.88 | 37.50% |
| California | 26,621,778.01 | 6,188,995 | 23.25% | 13,269,504 | 4,803,560.45 | 36.20% |

Figure 3: Percent of obese individuals age 20 or older and the percent of overweight individuals older than the age 18 who are overweight. Data Source: *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006- 2010.*

**Goal:** Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

**Objective:**

- Reduce the proportion of children and adolescents who are considered obese.
- Improve % of adults that report no leisure time through physical activity.
- Improve access to and education about healthy food.
- Increase the proportion of infants who are breastfed

**Interventions:**

1. Establish partnership with community organizations, schools, and communities that support lifelong healthy lifestyles that focus on reducing addressing the obesity epidemic in our Central Valley.
2. Breast Feeding Support Classes and education through county sponsored breastfeeding coalitions. Promote breastfeeding friendly communities.
3. Advocate and energize establish of parks and recreational facilities
4. Education provided by dieticians and nutritionist at Adventist Health / Community Care Rural Health Clinics.
5. Community cooking classes.
6. Support community organizations and programs that promote wellness and physical activity through sponsorship or partnership.

In 2014 we planned to launch the Fresh Produce Initiative, selling low price high value produce in communities where fresh food access is limited unfortunately the project did not materialize as planned.

**Evaluation Indicators:**

*Short Term* – Increase enrollment of participants in educational program provided by network.

*Long Term* – Reduction of County Health Rankings in adult obesity and physical inactivity.

*Collective Impact Indicators*

- Improve breastfeeding rates
- Reduce obesity in the community by creating awareness of healthy lifestyle choices.
- Improve families' ability to achieve wellness in their own neighborhoods and schools.

**Update on Indicators for 2014:**

In 2014 the enrollments in our diabetes educational programs provided at our Community Care clinics increased. Outreach was also expanded at community events to focus on providing blood glucose screenings when possible and diabetes education.

Our long-term evaluation indicators of reducing of County Health Ranking continue to be in line with the national indicators as well as 2020 Healthy People regarding reducing

obesity by eating a healthy diet, stay physically active, and achieve or maintain a healthy weight

Program Highlight:

In 2014 our network committed to working toward making our hospitals baby friendly and ensuring breastfeeding numbers are improved in our service area through various initiatives to help us toward that goal.

## Priority Area 2: Diabetes

**Identified Need:**
Diabetes is a health need in our service area, as marked by incidence rates and adult hospitalizations than are higher than state average. Its potential impact on the cost of care is not sustainable within our communities. Several factors contribute to the high rates in the region: poor nutrition and/or lack of physical exercise, poor access to care, and poor health literacy. Chronic conditions are clearly a leading source of concern among focus participants, and diabetes was the most often mentioned condition that participants believe needs to be addressed

**Goal:** Reduce diabetes in communities that Adventist Health / Central Valley Network serves.

**Objective:**

- Increase education about diabetes in the community.

**Interventions:**

1. Monthly Diabetes Support Classes in Hanford and Selma.
2. Education provided by dieticians and nutritionist at Adventist Health / Community Care Rural Health Clinics.
3. Actively participate and contribute to Kings County Diabesity Coalition.
4. Diabetes Prevention Program funded by the California Wellness Foundation

**Evaluation Indicators:**
*Short Term* – Increase monthly Diabetes Support Classes attendance.
*Long Term* – Increase diabetes education and screening opportunities in our communities.
*Collective Impact Indicator*– Reduce obesity in the community by creating awareness of healthy lifestyle choices.

**Update on Indicators for 2014:**

Our indicators are not directly aligned with national indicators but are closely tied with nutrition and physical activity which are largely focused on in diabetes education.

Program Highlight:
Our Diabetes Prevention Program funded by the California Wellness Foundation increased enrollment as did our diabetes education programs in our Community Care clinics. We were also approached by many schools on educating students about diabetes in hopes to help with prevention efforts.

## Priority Area 3: Tobacco

**Identified Need:**
The Centers for Disease Control lists use of tobacco as the leading preventable cause of death. One in five deaths in the nation can be attributed to tobacco use or exposure to second hand smoke. Recently, it was reported that among the nation's rural communities, higher rates of tobacco use and exposure to secondhand smoke exist and that there are fewer resources for smoking cessation. This is particularly relevant to the study region given all these counties have large rural areas. The table below illustrates Tulare and Fresno Counties have higher rates of smokers in the region than the state average. Kings slightly below the state average.

| County | Total Population (Age 18) | Number of Cigarette Smokers | Percent Cigarette Smoker |
|---|---|---|---|
| Fresno | 619,334 | 87,945 | 14.20% |
| Kings | 106,151 | 13,800 | 13.00% |
| Tulare | 278,698 | 52,674 | 18.90% |
| California | 26,868,769 | 3,661,739 | 13.63% |

Use of cigarettes by adults across the four county region. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010. Source geography: County.

**Goal:** Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.

**Objective:**

- Expand education and advocacy of tobacco prevention and smoking cessation.
- Support community organizations and programs that promote tobacco prevention.

**Interventions:**

1. Actively participate and contribute in Kings, Tulare and Fresno County Tobacco Coalitions.

**Evaluation Indicators:**

*Short Term* – Work with community partners to identity how to decrease the public use of tobacco products.
*Long Term* –
Improving our County Health Rankings (Adult Smoking).
Create a smoking cessation program for our region.
*Collective Impact Indicator*–
Reduce the number of children who begin smoking.
Provide a resource for those looking to quit smoking.

**Update on Indicators for 2014:**

Worked closely with the Kings and Fresno Tobacco Coalitions to identify ways to work with schools and housing authority to reduce use and effects of tobacco on students and families.

Our tobacco indicators are in line with national indicators and core measures as we work to reduce the usage of tobacco with our patients and communities.

Program Highlight:
In conjunction with our Kings County Tobacco Coalition we have identified areas to increase the number of public non-smoking areas in the county and speak to youth about the negative health effects of tobacco.

## Priority Area 4: Improve Access to Health Care

**Identified Need:**

Summary: Access to Care is a health need in the Fresno Service Area because of its potential impact on the rate of premature deaths that are higher than the state average. The health need is likely being impacted by the shortage of primary care providers, the high number of uninsured individuals, the high number of adults and children living in poverty. In particular, the problem is worse in the rural communities within the Fresno

Service area, possibly due to the lack of appropriate transportation, and the higher rates of people who are linguistically isolated, specifically in Kings and Tulare County.

**Goal:** Improve Access to Health Care

**Objective:**

- Enhance navigation of health services.
- Increase awareness of health and related services available.
- Increase the number of health care providers.
- Reduce barriers and increase awareness of services available

**Interventions:**

- Health Explorer Program increases the number high school students who are interested in a health profession through hands on experiences, lectures and tours.
- Increasing the number of health providers through; University of California San Francisco (UCSF) Fresno Family Medicine Residency Program, Hanford Family Practice Residency Program, Central California Faculty Medical Group (CCFMG)
- Provide online health portal for patients to access health information.
- Physician Recruiting AMCH
- UCSF Medical Residents

**Evaluation Indicators:**

*Short Term* – Increasing the number of patients who are accessing our new online health portal.

*Long Term* – Increase the number of health career connections through local colleges and high schools.

*Collective Impact Indicator* –Increasing the number of health care providers and types of services provided.

**Update on Indicators for 2014:**

We continue to work on registering patients to our online health portal as a way to increase their ability to access their records and information more effectively.

Increasing access to care is a national indicator of health people 2020 that is very important to our network and we continue to add services to better serve our patients. In

2014 we added a Joint Replacement Center, a Community Care clinic in Oakhurst and recruited 23 physicians to the Consolidated Medical Staff.

Program Highlight:
In 2014 the Health Explorer Program expanded from serving 20 students in 2013 to over 40 students and a summer shadow program was begun that served 13 students.

## Priority Areas Not Addressed

Other Needs Identified in the CHNA but not addressed in this plan are mental health and poverty. Our network has not specifically address the following prioritized health needs identified in the CHNA as part of this Community Health Plan due to limited resources and the need to allocate significant resources on the other priority health needs identified above.

Mental Health is currently being addressed by County Departments of Behavior Health and other private agencies. Our network does provide behavioral health services but not at the extent we would like to address this need in our communities.

Poverty is another priority that we do not directly address but our network attempts to link patients to resources that can assist in their needs.

# Partner List

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

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

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

- American Diabetes Association
- American Lung Association in California
- City of Avenal
- City of Hanford
- Chamber of Commerce of Coalinga
- Chamber of Commerce of Corcoran
- Chamber of Commerce of Lemoore
- Chamber of Commerce of Fowler
- Chamber of Commerce of Hanford
- Chamber of Commerce of Kerman
- Chamber of Commerce of Kingsburg
- Chamber of Commerce of Selma
- Coalinga-Huron Recreation and Park District
- Corcoran Family YMCA
- First Five of Fresno County
- First Five of Kings County
- Fresno County Tobacco Partnership
- Hanford Youth Soccer league
- Kings Canyon Unified School District
- Kings Community Action Organization
- Kings County Asthma Coalition
- Kings County Behavioral Health
- Kings County Commission on Aging Council
- Kings County Diabesity Coalition
- Kings County Office of Education
- Kings County Public Health Department
- Kings County Tobacco Partnership
- Kings Partnership for Prevention
- Links for Life
- Main Street Hanford
- Recreation Association of Corcoran
- Soroptimist International of Hanford
- Tulare County Tobacco Partnership
- United Way of Kings Count

# Community Benefit Inventory

Year 2014 – 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 | Number of Programs |
|---|---|
| Adventist Medical Center Reedley has 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** | |
| • Engaged 18 churches in Faith and Health Connect activities.<br>• Held a “Breathe Easy” campaign to encourage smokers to quit as a part of efforts to name all campuses smoke-and tobacco-free.<br>• Continued as the lead sponsor at the 20-week Hanford Thursday Night Market Place and provided hundreds of free health screenings and health information<br>• Educated 596 people on various health topics at 11 “First Friday with a Physician” lectures at Adventist Medical Center – Hanford and a similar lecture in Reedley<br>• Participated in Selma and Hanford Senior Days, serving over 250 people.<br>• Partnered with community groups for the Weight of the Nation event in Hanford. Staff demonstrated how to live a healthier lifestyle to over 100 people.<br>• Educated over 335 people at 26 Diabetes Support Group meetings in Hanford, Sanger, Selma and Reedley. | **12** |

| | |
|---|---|
| • Central Valley's Nutritional Services teamed up with the Kings County Commission on<br>• Aging to provide 90 hot meals four days a week for four congregant meal sites in Kings County, along with 40 frozen meals a day five days a week for home-bound seniors.<br>• Joined community groups in caring for the homeless through two Project Homeless Connect events in Hanford. Staff provided 128 free health screenings and scheduled 23 follow-up appointments.<br>• Provided health education at 7 community events with over 780 people in attendance.<br>• Over 135 families participated in our Back to School Health Fair in Hanford. Staff performed 29 school physicals and immunizations and more than 200 health screenings. | |
| **Cash and In-Kind Contributions** | |
| • Employees gave 100 Christmas gifts for Kings County foster children. | **1** |

# Community Benefit & Economic Value

Adventist Health / Central Valley Network mission is to share God's love by providing physical, mental and spiritual healing. We have been serving our communities health care needs for over 90 years. 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

| ADVENTIST MEDICAL CENTER - REEDLEY<br>Data for Calendar Year 2014 | TOTAL COMMUNITY BENEFIT COSTS | | DIRECT CB REIMBURSEMENT | UNSPONSORED COMMUNITY BENEFIT COSTS | |
|---|---|---|---|---|---|
| | TOTAL CB EXPENSE | % OF TOTAL COSTS | OFFSETTING REVENUE | NET CB EXPENSE | % OF TOTAL COSTS |
| Traditional charity care | 4,648,425 | 8.44% | 0 | 4,648,425 | 8.44% |
| Public programs - Medicaid | - | 0.00% | - | - | 0.00% |
| Medicare | - | 0.00% | - | - | 0.00% |
| Other means-tested government programs (Indigent care) | - | 0.00% | - | - | 0.00% |
| Community health improvement services (1) | 18,129 | 0.03% | - | 18,129 | 0.03% |
| Health professions education (2) | 20,504 | 0.04% | - | 20,504 | 0.04% |
| Non-billed and subsidized health services (3) | - | 0.00% | - | - | 0.00% |
| Generalizable Research (4) | - | 0.00% | - | - | 0.00% |
| Cash and in-kind contributions for community benefit (5) | - | 0.00% | - | - | 0.00% |
| Community building activities (6) | 35,092 | 0.06% | - | 35,092 | 0.06% |
| TOTAL COMMUNITY BENEFITS | 4,722,151 | 8.58% | 0 | 4,722,151 | 8.58% |

# Connecting Strategy & Community Health

Hospitals and health systems are facing continuous challenges during this historic shift in our health system. Given today's state of health, where cost and heartache is soaring, now more than ever, we believe we can do something to change this. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of **reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community** both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

1) The distribution of specific health statuses and outcomes within a population;
2) Factors that cause the present outcomes distribution; and
3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
2) Improve care quality and patient safety and
3) Advance care coordination across the health care continuum.

Our mission as a health system is to share God's love by providing physical, mental and spiritual healing. We believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

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

**Entity:**

| | | |
|---|---|---|
| ☒ **System-wide Corporate Policy** | **Corporate Policy** | **No. AD-04-006-S** |
| ☒ **Standard Policy** | **Department:** | **Administrative Services** |
| ☐ **Model Policy** | **Category/Section:** | **Planning** |
| | **Manual:** | **Policy/Procedure Manual** |

**POLICY SUMMARY/INTENT:**

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

**DEFINITIONS**

1. Community Health Needs Assessment (CHNA)**:** A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

   A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. Community Health Plan: The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.

3. Community Benefit: A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:

   - Improve access to health care services
   - Enhance the health of the community
   - Advance medical or health care knowledge
   - Relieve or reduce the burden of government or other community efforts

   Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

**AFFECTED DEPARTMENTS/SERVICES:**
Adventist Health hospitals

**POLICY: COMPLIANCE – KEY ELEMENTS**

**PURPOSE:**

The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

**A. General Requirements**

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.

2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.

3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.

4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.

5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.

6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

**B. Documentation of Public Community Health Needs Assessment (CHNA)**

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.

2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:

    a. A description of the hospital's community and how it was determined.

    b. The process and methods used to conduct the assessment.

    c. How the hospital took into account input from persons who represent the broad interests of the community served.

    d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.

    e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.

4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).

5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.

6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

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**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**