



SAN ANTONIO COMMUNITY HOSPITAL



**San Antonio Community Hospital
Community Benefit Implementation Plan
2014-2016**

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BACKGROUND

San Antonio Community Hospital (SACH) is dedicated to improving the health and well-being of the community. To this end, a Community Health Needs Assessment (CHNA) was conducted in 2013 to identify health-related needs. Following the collection and analysis of extensive secondary data, primary data was collected to validate the findings of the secondary data research. Throughout the primary research process, SACH engaged residents, stakeholders, agencies, and organizations to provide feedback about the most pressing health issues facing our community. Firsthand accounts from local residents were collected through focus groups, key informant interviews, and an online survey.

The primary data collection, comprised of focus groups, key informant interviews, and an online survey, was administered through a partnership with Loma Linda University's School of Public Health *MBA Health Care Administration* and *MPH Health Policy and Leadership* programs. Focus group participation included community members representing various geographic, age, ethnic, socioeconomic, and occupational constituencies. The key informant interviews were conducted in person or on the phone and were designed to gain an informed perspective on health issues affecting this region. The online survey was emailed to individuals within SACH's primary and secondary service areas; and again, participant selection was carefully structured to solicit input from a broad spectrum of the community.

IDENTIFIED COMMUNITY NEEDS

All of the assessment instruments revealed community perceptions regarding health concerns, and, in many cases, common themes were revealed regarding areas in need of attention due to inadequate resources, as well as programs and services that could be expanded due to widespread popularity. The identified health needs were summarized into the following categories (listed alphabetically) through a compilation and analysis of the CHNA findings:

- Access to Healthcare
- Behavioral Medicine
- Economy
- Health Literacy
- Health Management
- Healthy Environment
- Transportation

The tables that follow summarize the primary assessment findings from the focus groups, key informant interviews, and the community survey. Common responses and themes from participants have been summarized and incorporated into the major areas of need identified above.

Focus Group Findings	
Unmet Health Need	Responses/Themes
Access to Healthcare	<ul style="list-style-type: none"> • People sometimes have to prioritize basic needs such as food and shelter over healthcare, costs are a deterrent for receiving services • Lack of financial resources • Health needs/costs compete with other family needs such as housing and food • Families working multiple jobs and unable to schedule/attend medical appointments for themselves or their families, especially when services are not available during non-routine work hours (i.e., evenings and weekends)
Behavioral Medicine	<ul style="list-style-type: none"> • Lack of behavioral medicine services for children and adults, specifically among underserved populations • Scarce resources and lack of awareness • Treating a mental illness can be costly
Healthy Environment (surroundings/infrastructure to support a healthy lifestyle)	<ul style="list-style-type: none"> • A theme repeated frequently in the focus groups was the importance for the environment to support healthy behaviors (i.e., environments in lower-income neighborhoods tend to have a greater presence of inexpensive unhealthy foods – via fast food outlets and convenience stores) along with minimal access to healthier, fresh foods which can also be more expensive. • The lack of parks/green spaces or places for outdoor activity in which people feel safe is also a significant barrier to managing chronic disease
Health Literacy	<ul style="list-style-type: none"> • Lack of awareness that moderate changes in behavior can make a difference • Difficulty for people in making behavior changes, even small ones (e.g., losing weight, starting to exercise) • Lack of understanding about the value of the information from health indicators that can be obtained through screenings (e.g., triglycerides, cholesterol, blood pressure), and how to impact these indicators • Obtaining care that is culturally and linguistically competent and appropriate • Reluctance to seek assistance, perhaps due to not wanting to be seen as a bother or embarrassment that they are not able to help themselves

Focus Group Findings	
Unmet Health Need	Responses/Themes
Health Management	<ul style="list-style-type: none"> • Obesity <ul style="list-style-type: none"> - Lack of awareness about healthy weight - Lack of awareness that children are obese and it is a problem • Diabetes • Hypertension and Heart Disease • No connection with a primary care provider/health care provider for prevention services and chronic disease management • Lack of access to preventive, routine, and specialty care services • Lack of awareness or education regarding chronic disease symptoms and the actions/behaviors needed to prevent and manage those symptoms
Transportation	<ul style="list-style-type: none"> • Lack of transportation to health facilities, specifically mentioned in the senior adult focus group

Key Informant Interview Findings	
Unmet Health Need	Responses/Themes
Access to Healthcare	<ul style="list-style-type: none"> • Lack of available low-cost services (health, dental, and behavioral) • Lack of insurance • Lack of financial resources • Lack of health insurance or ability to pay for care and/or medications
Behavioral Medicine	<ul style="list-style-type: none"> • Lack of services for underserved populations • Availability of resources need to be better communicated
Economy	<ul style="list-style-type: none"> • Cut backs in wages and hours • Increased stress and depression within families due to financial pressures
Healthy Environment	<ul style="list-style-type: none"> • Lack of healthy food options • Lack of green spaces
Health Literacy	<ul style="list-style-type: none"> • Bilingual materials: language barriers noted, particularly for Spanish-speaking communities • Lack of knowledge about available services • Difficulty navigating the health care system for patients
Health Management	<ul style="list-style-type: none"> • Childhood obesity is alarming in this region • Prevalence of heart disease risk factors among women • Lack of physical activity as one of the leading risk factors for heart disease • Availability of cancer resources and reduced-cost screenings
Transportation	<ul style="list-style-type: none"> • Transportation to services, particularly noted among senior service organizations

Survey Response Findings	
Unmet Health Need	Responses/Themes
Access to Healthcare	<ul style="list-style-type: none"> • It is confusing • Cost of insurance is a deterrent • Availability of physician (Time of Day or Day of Week, appointment scheduling)
Healthy Environment	<ul style="list-style-type: none"> • Exercise opportunities • Availability of healthy foods
Chronic Conditions (ranked by response rate)	<ul style="list-style-type: none"> • Heart Disease (#1 issue) • Hypertension • Arthritis • Cancer • Diabetes • Congestive Heart Failure • Osteoporosis • Asthma
Health Management	<ul style="list-style-type: none"> • Lack of understanding on how to manage condition • Navigating healthcare system is confusing • Unable to access alternative treatment (i.e., physical therapy, massage, etc.) • Follow-up appointments are needed to better manage condition • Physician assistance is needed to help manage condition (knowledge, availability)
Health Literacy	<ul style="list-style-type: none"> • Lack of health education • Effective disease prevention efforts health fairs, education, screenings • Responsibility of hospital to lead efforts in disease prevention

PRIORITIZATION PROCESS

Once the master list of identified community needs was compiled, the CHNA research team was asked to score each need based on the following criteria:

- Importance of the need to the community
- Alignment with the hospital's mission, scope, and strategic Plan
- Resources required to address the community need
- Hospital's Ability to impact the community need

To determine the relative importance of each criterion, a weight was assigned to each health need from one (low importance) to five (high importance). The following table illustrates the scoring instrument used to prioritize each need.

Priority Level	Importance of the Need to the Community	Alignment with Mission, Scope, and Strategic Plan	Resources Required to Address the Need	Hospital's Ability to Impact Need
Highest Priority= 5	High	Consistent with two or more SACH strategies	No additional resources needed, or services are currently in place	Can provide a service likely to measurably improve the community's health status
Moderate Priority= 3	Moderate	Consistent with one of the SACH strategies	Minimal resources needed to initiate new or extend a current service	Can provide a service likely to measurably improve the community's health status; may involve collaboration with other community organizations
Lower Priority= 1	Low	Inconsistent with SACH strategies	Requires significant resources	Inability to measurably improve this need; outside hospital scope

SCORING COMMUNITY HEALTH NEEDS

Using the scoring criteria described in the foregoing matrix, CHNA team members jointly assigned a rating for each category of health need. Based on the detailed findings of the assessment and the resulting prioritization score, four major priority areas were identified to describe the most pressing health needs: Access to Healthcare (20 points), Health Literacy (20 points), Health Management (20 points), and Healthy Environment (18 points). As the table below illustrates, the remaining categories received substantially lower scores, i.e., Behavioral Medicine (8 points), Economy (6 points), and Transportation (10 points). This result was due, in part, to the hospital’s limited ability to impact these areas, but it was also due to a lower importance ascribed to these needs by the community. Given these results, the hospital will focus its planning and implementation efforts in the areas of Access to Healthcare, Health Literacy, Health Management, and a Healthy Environment.

Identified Community Needs	Importance of the Need to the Community	Alignment with Mission, Scope, and Strategic Plan	Resources Needed to Address the Issue	Hospital's Ability to Impact	Priority Score
Access to Healthcare	5	5	5	5	20
Behavioral Medicine	3	3	1	1	8
Economy	3	1	1	1	6
Health Literacy	5	5	5	5	20
Health Management	5	5	5	5	20
Healthy Environment	5	5	3	5	18
Transportation	3	1	5	1	10

IMPLEMENTATION PLAN

Everyone participating in the CHNA recognized that the causes of community health needs are both complex and challenging to articulate. Equally challenging is the task of addressing these needs in meaningful and impactful ways. With the completion of the CHNA and the prioritization process, the CHNA team embarked on the next step to develop an array of Community Benefit Programs aimed at addressing the health needs identified in the CHNA. During this process, the team developed goals, objectives, and initiatives to address the priority health needs that were identified. Using primary and secondary data from the CHNA, the team offered input regarding opportunities to address health issues, identified potential challenges, and provided insight into established activities and programs that currently address the health priorities.

At the conclusion of strategic planning sessions spanning more than two months, a comprehensive Community Benefit Implementation Plan was created that identifies priority goals and strategies to measurably improve the health of the community. Each initiative in the Implementation Plan for San Antonio Community Hospital relates directly to one or more of the four priority areas and the specific needs identified in the CHNA.

The remainder of this document is devoted to the presentation of the initiatives contained in the Implementation Plan. The new initiatives for years 2014 – 2016 are presented first, followed by the existing programs and services that will continue during the 2014 – 2016 implementation period. Most of the new initiatives will require substantive planning during 2014, with the program or activity to be launched in 2015. During 2016, evaluation and adjustment will occur to ensure that the initiative is achieving the desired outcome.

NEW COMMUNITY BENEFIT SERVICES AND PROGRAMS

The following table lists the new initiatives for 2014 – 2016 sorted by the categories recommended by the Catholic Health Association (CHA) in their *A Guide for Planning & Reporting Community Benefit*. Each initiative's application to the four priorities, which have been identified by separate colors, is noted for ease of comparison.

KEY COMMUNITY BENEFIT SERVICES AND PROGRAMS					
NEW FOR 2014-2016					
CHA CATEGORY	INITATIVE	ACCESS TO HEALTHCARE	HEALTH LITERACY	HEALTH MANAGEMENT	HEALTHY ENVIRONMENT
COMMUNITY HEALTH EDUCATION	<i>Survive and Thrive</i> (Cancer Support Network)	X	X	X	
	<i>Seniors Helping Seniors</i> (Peer Support Program)		X	X	
	Communication Plan	X	X	X	X
	Grant Opportunities	X	X	X	X
	Bilingual Educational Materials	X	X	X	X
SELF-HELP PROGRAMS	<i>Generations Ahead Stepping Out</i> (walking program)		X	X	X
	<i>Survivors Fit for Life</i>		X	X	X
	<i>Community Fit for Life</i>		X	X	X
COMMUNITY BASED HEALTHCARE SERVICES	<i>Community Health Improvement Program</i> (CHIP)	X	X	X	
	<i>Know Your Numbers</i> (screening program)	X	X	X	
	HELP Expansion 12+	X	X	X	X
HEALTHCARE SUPPORT SERVICES	Spanish Community Presentations	X	X	X	
COMMUNITY BUILDING ACTIVITIES	Community Garden	X	X	X	X

STRATEGIES TO ADDRESS COMMUNITY HEALTH NEED PRIORITIES

In support of the 2013 Community Health Needs Assessment, and ongoing community benefit initiatives, the hospital plans to implement the following new strategies to impact and measure community health improvement. SACH's Community Benefit Implementation Plan addresses the health needs of the broader population with a special focus on those members of the population who demonstrate the greatest need. The priority areas and the initiatives most strongly aligned with each priority area are summarized below.

PRIORITY AREA: ACCESS TO HEALTHCARE

Link to 2013 Community Health Needs Assessment:

- Primary and secondary data collection revealed concerns about healthcare cost, shortage of health care providers, and health insurance cost.
- Healthcare access continues to be a major concern in this region as people are without employment which limits their access to health coverage and providers.
- Assessment revealed that community members are unable to identify resources or access healthcare services.

GOAL

Address identified healthcare needs in our community by increasing access to healthcare services, especially for our most vulnerable populations

OBJECTIVE

Assist patients in navigating the healthcare system and increasing access to healthcare providers by enhancing consumer awareness of available resources.

STRATEGY-1

Communication Plan

RATIONALE

CHNA findings indicated that some members of the community are unaware of the services available to assist them with their health.

TACTICS/ACTIVITIES

Develop a communication plan to promote current health services available to community members. Raising awareness of the hospital's existing community benefit program will enhance community access to important health services.

KEY INDICATORS

1. Awareness among community members regarding SACH services
2. Program attendance and participation (community lectures and men's and women's health events)

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS:

SACH, San Bernardino County Department of Public Health, other Healthcare Providers

RESOURCES REQUIRED

Collateral Materials

LEAD

Cathy Rebman, Director of Business Development and Community Outreach

SUPPORT STAFF

Kristen Compean, Community Health Specialist

TIMEFRAME

Launch Second Quarter 2014

PRIORITY AREA: ACCESS TO HEALTHCARE

STRATEGY-2

Grant Opportunities

RATIONALE

Accessing healthcare services was consistently mentioned throughout the CHNA. To increase access to healthcare services, the hospital will leverage grant funding to expand current community benefit offerings.

TACTICS/ACTIVITIES

Identify grants and other funding sources to support health and wellness and disease prevention/management activities (i.e., screenings, immunizations, etc.) for vulnerable populations.

KEY INDICATORS

1. Grant applications submitted
2. Program funding awarded

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS

E-Civis Membership, Stakeholder Organizations, and San Antonio Community Hospital Foundation

RESOURCES REQUIRED

None

LEAD

Kristen Compean

SUPPORT STAFF

Student Interns, Loma Linda University MBA and MPH Programs

TIMEFRAME

Launch 2014

PRIORITY AREA: HEALTH LITERACY

Link to 2013 CHNA

- Focus group participants were in consensus that navigating through the healthcare system is confusing and more education should be provided.
- Primary data collection revealed that the hospital is viewed as the primary source of health information within the community
- Focus group participants identified a lack of health education materials in the Spanish language.

GOAL

Raise awareness of available health resources and services that improve the health and quality of life for members of the community

OBJECTIVE

Increase health literacy opportunities and develop a communication plan to promote available health services offered by the hospital to the Hispanic population, particularly those for whom Spanish is their primary language.

STRATEGY-1

Bilingual Educational Materials

RATIONALE

Primary data demonstrated the need for more education in different languages, specifically Spanish. Making materials available in other languages at community events would increase health literacy and understanding of health issues.

TACTICS/ACTIVITIES

Increase access to bilingual materials (brochures and flyers).

KEY INDICATORS

1. Number of bilingual materials distributed at health screenings or events
2. Number bilingual staff and volunteers supporting health screenings or events

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS

SACH Community Outreach, Bilingual Publications/Materials

LEAD

Kristen Compean, Community Health Specialist

SUPPORT STAFF

Bilingual clinical and support staff; bilingual volunteers

RESOURCES REQUIRED

Bilingual Collateral Materials

TIMEFRAME

Launch 2014

PRIORITY AREA: HEALTH LITERACY

STRATEGY-2

Seniors Helping Seniors (satellite *Generations Ahead* program)

RATIONALE

Seniors are faced with limited access to transportation; however, it is readily available to and from local senior centers. These local senior centers are seen as a natural place for congregating and present an ideal opportunity to expand the *Generations Ahead* program.

TACTICS/ACTIVITIES

Explore the opportunity to bring the exceptional services offered through the *Generations Ahead* program directly to area senior centers.

KEY INDICATORS

1. Number of satellite *Generations Ahead* sites
2. Number of education programs led by *Generations Ahead* members
3. *Generations Ahead* membership

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS

City Senior Centers, Physicians, Collateral Materials, *Generations Ahead* Membership Cards and Recipe Card Program

LEAD

Kristen Compean, Community Health Specialist

SUPPORT STAFF

SACH Volunteers
Generations Ahead Ambassadors

RESOURCES REQUIRED

Collateral Materials

TIMEFRAME

Test Pilot Chino Hills, First Quarter 2014

PRIORITY AREA: HEALTH LITERACY

STRATEGY-3

Spanish Community Presentations

RATIONALE

Throughout the assessment, participants noted language barriers as a challenge in accessing or understanding health information. There are not enough opportunities to increase their knowledge of health because of the limited number of presentations or workshops offered in their primary language (Spanish).

TACTICS/ACTIVITIES

Explore the feasibility of offering community educational programs in Spanish.

KEY INDICATORS

1. Awareness among community members regarding SACH services
2. Program attendance (community lectures, Men's and Women's health events)

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS:

SACH Community Outreach, Physician Relations

RESOURCES REQUIRED

SACH Staff, Bilingual Physicians, Bilingual Volunteers

LEAD

Kristen Compean, Community Health Specialist

SUPPORT STAFF

Cathy Rebman, Director of Business Development and Community Outreach
Roldan Aguilar, Physician Relations Specialist

TIMEFRAME

Development 2014
Launch 2015

PRIORITY AREA: HEALTH MANAGEMENT

Link to 2013 Community Health Needs Assessment:

- Primary data collection revealed that community members feel management of health is the most pressing health issue as it enables one to stay healthy and increases longevity.
- San Bernardino County continues to have one of the highest coronary heart disease mortality rates among California's 58 counties.
- Obesity and lack of physical activity are leading causes of diabetes, which has become an increasing health risk across the nation and in our community, for both adults and children.
- San Bernardino County has one of the highest age-adjusted death rates due to all cancers in the state, ranking 40th out of California's 58 counties.

GOAL

Improve the health and well-being of the community.

OBJECTIVE

Empower community members to manage their own health, the health of their families, and the health of the community as a whole.

STRATEGY-1

Community Health Improvement Program (CHIP – chronic disease management program).

RATIONALE

Chronic disease management was identified as a top priority in the CHNA. Increasing chronic disease management skills will reduce hospital readmission rates, minimize chronic disease co-morbidities, and improve the quality of life among community members with chronic diseases.

TACTICS/ACTIVITIES

Explore the development of CHIP, a coordinated care model designed to provide comprehensive care management through a combination of follow-up clinic services and an in-home visitation program staffed by health coaches who are college students who are recruited and specially trained for this role.

KEY INDICATORS

1. Number of program participants
2. Readmission rate of patients in the program

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS

SACH, Local Universities, San Bernardino County Department of Public Health, and Community-Based Organizations

RESOURCES REQUIRED

Clinic/Office Space, Affiliation with Colleges, Personnel, Computer Equipment, and Curriculum

LEAD

Ron Nowosad, Director of Program Development and Clinic Operations

SUPPORT STAFF

Medical Director (to be named)

Program Director (to be named)

Student Health Coaches

TIMEFRAME

Operational in 2014

PRIORITY AREA: HEALTH MANAGEMENT

STRATEGY-2

Survive and Thrive (cancer support network)

RATIONALE

The CHNA identified the need for increased cancer programming for patients and their families. A support network led by survivors will focus on recovery and survivorship by providing support and resources for cancer patients and their families.

TACTICS/ACTIVITIES

Explore the development of a cancer support program that enables cancer survivors to facilitate support groups and programs for cancer patients, their caretakers, and other cancer survivors.

KEY INDICATORS

1. Number of survivor-led programs
2. Number of program participants

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS:

SACH Cancer Center, American Cancer Society, Susan G. Komen Inland Empire Affiliate, and Local Community Clinics

RESOURCES REQUIRED

Network Leader/ Educators, Collateral Materials, and Meeting Space

LEAD

Livia Vargas, Nurse Navigator

SUPPORT STAFF

Kristen Compean, Community Health Specialist
Lorene Highbridge, American Cancer Society

TIMEFRAME

Exploration/Planning 2014
Launch in 2014 or 2015

PRIORITY AREA: HEALTH MANAGEMENT

STRATEGY-3

Know Your Numbers (screening program)

RATIONALE

The CHNA disclosed the need for prevention measures such as health screenings, education, and counseling among low-income, uninsured, or underinsured populations. Local food banks were identified as potential outlets to serve this population.

TACTICS/ACTIVITIES

Explore the development of a program to identify chronic conditions, specifically targeting low-income, uninsured, or underinsured persons served by food banks in the area.

KEY INDICATORS

1. Number of screening sites
2. Number of participants screened

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS:

SACH Community Outreach, Nursing Schools, Food Banks, and Faith-Based Organizations

RESOURCES REQUIRED

Clinical Staff, Screening Supplies, and Collateral Materials

LEAD

Kristen Compean, Community Health Specialist

SUPPORT STAFF

Nurses and other clinical staff to be determined

TIMEFRAME

Development 2014

Operational 2015

PRIORITY AREA: HEALTH MANAGEMENT

STRATEGY-4

Seniors Helping Seniors (peer-to-peer support network)

RATIONALE

Seniors are faced with limited access to transportation; however, local senior centers, where transportation is readily available, are natural places for seniors to congregate and present an ideal location to expand the *Generations Ahead* program.

TACTICS/ACTIVITIES

Investigate the development of a peer-to-peer health education and social support program through a train-the-trainer, lay health educator model using active senior leaders.

KEY INDICATORS

1. Number of satellite *Generations Ahead* sites
2. Number of education and support programs led by *Generations Ahead* members
3. *Generations Ahead* membership

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS

Generations Ahead, City Senior Centers, and San Bernardino County Department on Aging

RESOURCES REQUIRED

Educators, Collateral Materials, and Promotional Items

LEAD

Kristen Compean, Community Health Specialist

SUPPORT STAFF

SACH Volunteers

Generations Ahead Ambassadors

TIMEFRAME

Development 2014

Operational 2015

PRIORITY AREA: HEALTHY ENVIRONMENT

Link to 2013 CHNA

- Survey respondents said the most important resources that aid in a healthy lifestyle are activities or amenities that encourage physical activity and businesses or venues that promote or encourage healthy eating.
- Efforts to improve the built space and availability of healthy food options can have a positive effect on many existing chronic conditions.

GOAL

Improve the health and well-being for all that live, work, and play within the hospital's community.

OBJECTIVE

Empower community members to manage their own health, the health of their families, and the health of the community as a whole.

STRATEGY-1

Expand the HELP (*Healthy Eating and Lifestyles Program*) for children age 12 and older

RATIONALE

CHNA participants recognized that there are numerous programs available for younger children, but health education is vital as a child continues to age. While HELP has improved health within families, many feel that older children are missing out on important health information that can affect the health of the overall family.

TACTICS/ACTIVITIES

Explore expanding the HELP program to older children by integrating the "Body Works" curriculum with HELP as a means to increase participation for children 12 and older.

KEY INDICATORS

1. Program integration at existing HELP sites
2. Participation among children ages 12-18

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS

SACH Community Outreach, SACH Nutrition Services, HELP sites, and Healthy Cities Partners

LEAD

Kristen Compean, Community Health Specialist

SUPPORT STAFF

SACH Dietician
SACH laboratory staff

RESOURCES REQUIRED

Nutrition Training, Laboratory Technicians, Screening Supplies, Collateral Materials, and Curriculum

TIMEFRAME

Launch Fourth Quarter 2014

PRIORITY AREA: HEALTHY ENVIRONMENT

STRATEGY-2

Generations Ahead Stepping Out (walking program)

RATIONALE

Only a few of the cities surrounding the hospital have dedicated hiking, biking, and walking trails. Some residents voiced concerns regarding their personal safety on their streets and in their neighborhoods.

TACTICS/ACTIVITIES

Investigate the feasibility of implementing a walking program for *Generations Ahead* members utilizing the walking path around the hospital.

KEY INDICATORS

1. Walking club members
2. Steps/miles walked

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS

SACH Community Outreach, SACH Facilities/Engineering, and City of Upland

LEAD

Kristen Compean, Community Health Specialist

SUPPORT STAFF

SACH Volunteers

Generations Ahead Ambassadors

RESOURCES REQUIRED

Walking Path, *Generations Ahead Stepping Out Club* Shirts, and Pedometers

TIMEFRAME

Launch Fourth Quarter 2014/First Quarter 2015

PRIORITY AREA: HEALTHY ENVIRONMENT

STRATEGY-3

Fit for Life (community exercise program)

RATIONALE

San Bernardino County is experiencing unprecedented obesity, especially among children, and almost 35% of California residents report that they do not engage in any physical activity. CHNA participants suggested exercise programs at the hospital or opportunities to participate in recreational programming in their city as a means to address the obesity epidemic and to improve overall health.

TACTICS/ACTIVITIES

Explore the development of a community exercise program using the hospital walking path to encourage physical activity for the family unit.

KEY INDICATORS

1. Program participants
2. Recorded steps
3. BMI score

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS

SACH Community Outreach, SACH Facilities/Engineering, Healthy Cities Partners

LEAD

Kristen Compean, Community Health Specialist

SUPPORT STAFF

Gene Santilli, Director of Facilities

Steve Baumstark, Maintenance and Projects Manager

RESOURCES REQUIRED

Community Service Programs, Walking Path, *Fit for Life* Shirts, Pedometers, HELP Sites

TIMEFRAME

Launch 2015

PRIORITY AREA: HEALTHY ENVIRONMENT

STRATEGY-4

Fit for Life for Cancer Survivors (exercise program)

RATIONALE

More patients than ever before are surviving cancer today. The five-year survival rate for all cancers that were diagnosed from 1999–2005 is 68%. For this reason, exercise has been identified as an important healing method to reduce the side effects of treatment while improving the quality of life for patients.

TACTICS/ACTIVITIES

Explore the expansion of SACH's Cancer Resource Center exercise program (e.g., Yoga class, relaxation class) to alleviate symptoms, improve functional capacity, and restore muscle function for cancer patients.

KEY INDICATORS

1. Program members
2. Class offerings

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS

SACH WBIC, YMCA, Fitness Instructors

LEAD

Livia Vargas, Nurse Navigator

RESOURCES REQUIRED

Fitness Instructor, Meeting Space

TIMEFRAME

Development 2014

Launch 2015

PRIORITY AREA: HEALTHY ENVIRONMENT

STRATEGY-5

Community Garden

RATIONALE

Access to healthy food was mentioned frequently throughout the CHNA. Many participants acknowledged farmer's markets and community gardens as sources for healthy foods. A community garden would address concerns regarding access to healthy food while enriching the neighborhood by bringing community members together in a healthy learning environment.

TACTICS/ACTIVITIES

Prepare a feasibility study to develop a community garden as a method to increase healthy food options and promote wellness.

KEY INDICATORS

1. Gardening members
2. Educational programs
3. Healthy eating knowledge

EXISTING COMMUNITY ASSETS TO ADDRESS NEEDS

SACH Community Outreach, City of Upland, City of Rancho Cucamonga, *Generations Ahead* Members

LEAD

Kristen Compean, Community Health Specialist

SUPPORT

Cathy Rebman, Director of Business Development and Community Outreach

RESOURCES REQUIRED

Garden Manager, Gardening Beds, Gardening Supplies, Site Development, Water Access, Community Garden Policy and Procedures

TIMEFRAME

Development 2014

Planting in 2015

CONTINUING COMMUNITY BENEFIT SERVICES AND PROGRAMS

Beyond the hospital’s commitment to explore and develop new Community Benefit Initiatives, SACH has implemented many other Community Benefit services and programs that address critical health needs within our community. As part of the CHNA prioritization process, each program or activity was reevaluated to determine its efficacy and alignment with the 2014 – 2016 priority areas, i.e., Access to Healthcare, Health Literacy, Health Management, and Healthy Environment.

The tables that follow illustrate the ongoing projects that will be retained as part of the 2014 – 2016 Community Benefit Implementation Plan as each initiative brings considerable value to our local community and furthers SACH’s commitment to Community Benefit with regard to the four identified health need priorities. As in the previous table depicting the new initiatives, the categories were defined by the Catholic Health Association (CHA) in their *A Guide for Planning & Reporting Community Benefit*.

KEY COMMUNITY BENEFIT SERVICES AND PROGRAMS CONTINUING FOR 2014-2016					
CATEGORY	INITIATIVE	HEALTHCARE ACCESS	HEALTH LITERACY	HEALTH MANAGEMENT	HEALTHY ENVIRONMENT
COMMUNITY HEALTH EDUCATION	Cancer Education & Support		X	X	
	Cardiac Education & Support		X	X	
	Healthy Beginnings & Maternity Education Support	X	X		
	Chronic Disease Prevention & Support		X	X	
	H.E.L.P. (<i>Healthy Eating Lifestyles Program</i>)		X	X	X
	Community Health Education, Wellness, & Support		X		X
	Men's Health Event		X	X	
	<i>Girls Night Out</i>		X	X	

**KEY COMMUNITY BENEFIT SERVICES AND PROGRAMS
CONTINUING FOR 2014-2016**

CATEGORY	INITIATIVE	ACCESS TO HEALTHCARE	HEALTH LITERACY	HEALTH MANAGEMENT	HEALTHY ENVIRONMENT
COMMUNITY BASED HEALTHCARE SERVICES	Blood Drives	X			
	Dental Center	X	X		
	Health & Fitness Screenings	X	X	X	X
	<i>HAPPY Club</i>	X			
	Influenza Immunization Program	X	X		X
HEALTHCARE SUPPORT SERVICES	Meals on Wheels		X	X	X
MEDICAL & PROFESSIONAL EDUCATION	Physicians, Medical Students, Nurses, & Other Professionals	X	X	X	
	Physician Symposium	X	X	X	
EMERGENCY SERVICES	Paramedic Base Station	X			
COMMUNITY BUILDING ACTIVITIES	Healthy Cities & Healthy Communities Collaboratives	X	X	X	X
	Community Coalition Building	X	X	X	X
	Community Support & Donations	X	X	X	

COMMUNITY HEALTH NEEDS NOT ADDRESSED

San Antonio Community Hospital recognizes that it is not possible for a single hospital, government agency, community-based organization, or any other entity to address all of the health needs identified in its CHNA. For this reason, priorities were established using a rigorous process that ensured the documented unmet community health needs incorporated into the Community Benefit Implementation Plan intersect with the hospital's mission and key clinical strengths. As a result of this prioritization process, SACH is focusing its efforts to improve community health through community benefit initiatives that target Access to Healthcare, Health Literacy, Health Management, and a Healthy Environment.

With the foregoing rationale in mind, the remaining health needs that emerged as priorities for the community, i.e., the economy, behavioral health, and transportation, reside outside of SACH's scope as an acute care hospital. While the hospital does not have the capacity to substantively impact the economy, behavioral medicine, or transportation, we are committed to participating in the ongoing needs assessment process to determine how we can strengthen partnerships to improve outcomes in these areas.

NEXT STEPS

The foregoing Implementation Plan will be rolled out over the next three years, from January 2014 through December 2016. San Antonio Community Hospital's Community Health Specialist will work with community partners, health professionals, and health policy experts to further develop and execute the plan using the following work process:

- Identify what other local organizations are doing to address the health priority
- Develop support and participation for these approaches to address health needs
- Develop specific, quantitative and/or qualitative outcomes so that the effectiveness of these approaches can be measured
- Develop detailed work plans
- Ensure appropriate coordination with other efforts to address the issue
- Prepare annual reports to share progress toward established goals and objectives

At the conclusion of the three-year Implementation Plan, a comprehensive report will be created to document and share the community health improvement that has been achieved through the strategies contained in the Plan. This report will also address lessons learned and recommendations for future planning efforts.

APPROVAL FROM GOVERNING BODY

San Antonio Community Hospital's Planning Committee of the Board of Trustees met on October 8, 2013 to review the findings of the CHNA, and on November 12, 2013 the Planning Committee reviewed the Community Benefit Implementation Plan. On December 16, 2013, the Board of Trustees accepted the results of the CHNA and approved the 2014-2016 Community Benefit Implementation Plan.

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