Adventist Health Feather River

2018 Community Plan Update/Annual Report
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Adventist Health Overview

Adventist Health Feather River is an affiliate of Adventist Health, a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii.

Adventist Health entities include:

- 20 hospitals with more than 3,200 beds
- More than 280 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 includes associates, medical staff physicians, allied health professional and 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 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:
Living God’s love by inspiring health, wholeness and hope.

OUR VISION:
Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.
On November 8, 2018, the lives of thousands of Butte county residents were changed forever. We all felt a deep sense of pain as the devastation of Camp Fire ripped through the town of Paradise, causing residents to flee and businesses to close, including Adventist Health Feather River hospital.

As we individually and collectively turn our attention to support our community, we remain unequivocally committed to the immediate and long-term recovery efforts and improving the health experience for all residents of Butte County.

While the hospital remains closed, we are proud of the fact that access to healthcare is available at our clinics located in Paradise, Chico and Corning, including a new walk-in clinic in Paradise that allows patients to access primary care services without an appointment. We will continue to expand access when and where it is needed most.

Even though we lost some records of the community benefits activities for 2018, we are dedicated to this community and will continue to amplify our efforts of inspiring health, wholeness and hope for all residents of Butte County. We are grateful to our community partners of the past, present and future, and we look forward to joining hands in the work ahead.

Sincerely,

Rick Rawson, President
Adventist Health Feather River
Adventist Health and Rideout
Number of Beds: 100

Mailing Address: 5125 Skyway Rd. Paradise, CA 95969

Contact Information: Rick Rawson, President (530) 751-4242

Healthcare facilities that responded to the health needs of the community from 1/1/2019-11/8/2019

- Feather River Hospital
  - Rural Health Clinics:
    - Canyon View Clinic
    - Corning Health Center (located in Corning, CA)
    - Family Health Center
    - Feather River Health Center
  - Hospital Based Outpatient Clinics:
    - Chico Specialty Health & Diagnostics Center
      - Pulmonology
      - Colorectal Surgery
Community Health Development Team

Jean Aldridge
Manager, Community Outreach

Brad Brown
Director of Mission Integration

CHNA/CHP contact:

Rick Rawson, President (530) 751-4242
Email: Rawsonr@ah.org

Request a paper copy from Administration/President’s office. To provide comments or view electronic copies of current and previous community health needs assessments go to: https://www.adventisthealth.org/about-us/community-benefit/
Invitation to a Healthier Community

Fulfilling AH’s Mission

Where and how we live is vital to our health. We recognize that health status is a product of multiple factors. To comprehensively address the needs of our community, we must consider health behaviors and risks, the physical environment, the health system, and social determinant of health. Each component influences the next and through strategic and collective action improved health can be achieved.

The Community Health Plan marks the second phase in a collaborative effort to systematically investigate and identify our community’s most pressing needs. After a thorough review of health status in our community through the Community Health Needs Assessment (CHNA), we identified areas that we could address through the use of our resources, expertise, and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission, “Living God’s love by inspiring health, wholeness and hope.”

Identified Community Needs

The results of the CHNA guided the creation of this document and aided us in how we could best provide for our community and the most vulnerable among us. As a result, Feather River Hospital has adopted the following priority areas for our community health investments for 2017-2019:

- Access to Health Care
- Chronic Disease
- Substance Abuse

Additionally, we engage in a process of continuous quality improvement, whereby we ask the following questions for each priority area:

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

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly though, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities we all want for ourselves and our families.
Connecting Strategy and Community Health

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.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. 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.

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 Living God’s love by inspiring health, wholeness and hope, 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.
2018 Community Benefit Update

In 2016, Adventist Health Feather River, conducted a community health needs assessment and was followed by a 2017 Community Health Plan (Implementation Plan) that identified the priority needs listed below. The prioritized needs were chosen based on community health data and the voices of our community. Working together with our community is key to achieving the necessary health improvements to create the communities that allow each member to have safe and healthy places to live, learn, work, play, and pray. Below you will find an inventory of additional interventions supporting the health of our communities.

Priority Need – Access to Health Care

Intervention: Adventist Health Feather River opened the Wellness Center: Center for Health, Wholeness and Hope in October 2017. It is a whole person health and wellness resource hub and education center dedicated to inspiring, supporting, promoting and improving the health and well-being of the residents of Paradise and surrounding communities. It has become a community center for education, services, programs and events. Non-profit community groups use the center to hold meetings, educational programs and support groups for patient populations with special needs such as cancer, COPD, grief and loss, smoking cessation, weight loss, nutrition, plant-based meal preparation, diabetes prevention and ministerial association. It is connected to the local gym which increases foot traffic.

- Number of Community Members Served: Unknown due to Camp Fire

Intervention: Transportation can be a barrier to accessing health care services. Insufficient public transportation service or special transportation needs are all potential factors preventing community members from attending scheduled medical appointments or even making timely medical appointments thereby delaying critical medical care. Adventist Health Feather River offers free transportation to our community members to access our rural health center.

- Number of Community Members Served by Clinic Van Service: 2,777

Intervention: A common barrier to accessing health care is the cost of care and the lack of medical insurance. Often this is a matter of community members not knowing how to apply for programs that might be available to them. AHFR employs Patient Financial Services Application Specialists who assist eligible uninsured patients obtain insurance thereby increasing their ability to meet medical needs.

- Number of Community Members Served: 867

Partners

- Paradise Medical Group
- Anthem Blue Cross
- Medi-Cal
Priority Need – Chronic Disease which includes but is not limited to:

Need: General chronic disease support.

- Intervention: Many of our community lack understanding and support for basic dietary and nutritional wellness. One way that we are addressing this need is through nutritional counseling by Registered Dietitians:
  - Number of Community Members Served: Unknown due to Camp Fire

Need: Increase awareness of health principles and health measures to prevent diabetes.

- Intervention: On going diabetes education and support by diabetic education which includes a Diabetes Survival Camp and support group with two Lifestyle coaches trained to conduct CDC approved diabetes prevention education.
  - Number of Community Members Served: Unknown due to Camp Fire

Need: Increase awareness of health principles and preventative measures to obesity:

- Intervention: Piloted Plant Based Cooking Classes and in-depth education on nutrition
  - Number of Community Members Served: 540

Need: Increase awareness of health principles and measures to improve mental health:

- Bereavement Support services including annual Day of Remembrance and Light Up a Life, weekly Brunch Bunch, various grief support groups, personal phone calls from the bereavement programs
  - Number of Community Members Served: 479

Partners

- The Hub
- Butte County Behavioral Health for Youth and Adult
- Paradise Adventist Church
- Paradise Adventist School

Priority Need – Substance Abuse

Program detail and interventions pertaining to Substance Abuse were destroyed in the Camp Fire. Staff who may be able to provide duplicate information have since left the area and are unavailable.
Changes in 2018

The 153,000-acre Camp Fire erupted in Butte County on the morning of November 8, 2018. Roughly 18,000 structures were destroyed in the fire, including about 14,000 homes. City planners expect it will take years if not decades before the number of homes and businesses will recover. While not all the out buildings that comprise the AHFR campus were destroyed, a significant portion was severely impacted. The hospital has been out of service as of November 8, 2018. Adventist Health has studied the clean-up and recovery time and costs from other wildfire tragedies in recent years and compared them to the severity of the damage done in Paradise. We now believe that it will be at least 2020 before services could be reopened on the Pence Rd. campus. Even then, the type of services required for the community that ultimately redevelops in this geography are likely to be different from what we have historically provided.

In 2019, we will focus our attention on helping the people of the community recover, and on meeting the needs of Butte County. We are currently involved with other hospitals to prepare a 2019 Community Health Needs Assessment that considers the new reality of our community. We are committed to Butte County for the long term. We will continue with the post-acute and ambulatory services we have and will add additional services to that portfolio when and where they are needed. Adventist Health Feather River is committed to our mission in this community and are doing everything we can to restore needed services, care for our associates, and bring health, wholeness and hope to Butte County in the wake of the Camp Fire tragedy.
Community Benefit & Economic Value for Prior Year

Our community benefit work is rooted deep within our mission, with a recent recommitment of deep community engagement within each of our ministries.

We have also incorporated our community benefit work to be an extension of our care continuum. 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.

Valuation of Community Benefit

<table>
<thead>
<tr>
<th>Adventist Health Feather River</th>
<th>Community Benefit</th>
<th>% of Total Hospital Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional charity care</td>
<td>$1,536,378</td>
<td>0.86%</td>
</tr>
<tr>
<td>Public programs - Medicaid</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Medicare</td>
<td>$35,126,725</td>
<td>19.74%</td>
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<tr>
<td>Other means-tested government programs (Indigent care)</td>
<td>$0</td>
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<tr>
<td>Community health improvement services</td>
<td>$451,814</td>
<td>0.25%</td>
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<tr>
<td>Health professions education</td>
<td>$421,196</td>
<td>0.24%</td>
</tr>
<tr>
<td>Non-billed and subsidized health services</td>
<td>$6,349,307</td>
<td>3.57%</td>
</tr>
<tr>
<td>Generalizable Research</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Community building activities</td>
<td>$640</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFITS</strong></td>
<td><strong>$43,886,060</strong></td>
<td><strong>24.66%</strong></td>
</tr>
</tbody>
</table>