Adventist Medical Center – Hanford

Adventist Medical Center-Selma

2017 Community Health Plan

Table of Contents

Adventist Health Overview 3

Letter from the President 4

Hospital Identifying Information 5

Community Health Development Team 7

Invitation to a Healthier Community 8

Community Profile 9

Community Health Needs Assessment Overview 11

Identified Priority Needs from 2016 CHNA 13

Identified Needs from CHNA, Not Addressed 16

Making a difference: Evaluation of 2014-2016 CHP 17

Strategic Partner List 19

Community Benefit Inventory 20

Connecting Strategy and Community Health 24

Financial Assistance Policies 25

Community Benefit & Economic Value for Prior Year 29

Appendices 30

Adventist Health Overview

Adventist Medical Center-Hanford and Adventist Medical Center-Selma are affiliates of Adventist Health, a faith-based, nonprofit, integrated health system headquartered in Roseville, California. We provide compassionate care in more than 75 communities throughout California, Hawaii, Oregon and Washington.

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.

Adventist Health entities include:

- 20 hospitals with more than 2,700 beds
- More than 260 clinics (hospital-based, rural health and physician clinics)
- 15 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Workforce of 32,900 includes more than 23,600 employees; 5,000 medical staff physicians; and 4,350 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.

Letter from the President

Dear friends and colleagues,

Whole-person health—optimal wellbeing in mind, body and spirit—reflects our heritage and guides our future. Adventist Medical Center-Hanford and Adventist Medical Center - Selma are part of Adventist Health, a faith-based, nonprofit health system serving more than 75 communities in California, Hawaii, Oregon and Washington. Community has always been at the center of Adventist Health's mission—living God's love by inspiring health, wholeness and hope.

The Community Health Plan is one way we put our faith-based mission into action. Every year, we review and update our Community Health Needs Assessment plan of action to ensure that our practices and services best meet the needs of those living in the communities that we serve. We recognize that we serve multiple and diverse rural communities with many different health needs and challenges.

Every single life is important to us. We strive to partner with our communities to not only provide excellent care within the walls of our facilities, but to collaborate with our communities and partner organizations. Working together, we are able to partner on multiple different outreach efforts to improve lives and health outcomes throughout the communities in which we are privileged to serve.

We welcome community input and participation in our health improvement efforts and look forward to continued partnership and collaboration.

Sincerely,

Andrea Kofl,

President, Adventist Health – Central Valley Network

Hospital Identifying Information

Adventist Medical Center

Hanford

Number of Beds: 142

Mailing Address: 115 Mall Drive, Hanford CA 93230

Contact Information: Andrea Kofl, President

Existing healthcare facilities that can respond to the health needs of the community:

24-hour Emergency Services
Breast Care Center
Cardiac Catheterization Laboratory
Cardiopulmonary Services
Chaplain Services
Dialysis Services
Family Birthing Center
Inpatient and Outpatient Imaging
Inpatient and Outpatient Laboratory
Inpatient and Outpatient Surgery
Intensive Care Services
Lung Care Center
Medical/Surgical Nursing Care
Physical Therapy
Cancer Center
Sleep Apnea Center
Social Services
Intensive Care Neonatal Nursery
Physicians Network

Adventist Medical Center

Selma

Number of Beds: 57

Mailing Address: 1141 Rose Ave, Selma CA 93612

Contact Information: Andrea Kofl, President

Existing healthcare facilities that can respond to the health needs of the community:

24-hour Emergency Services
Chaplain Services
Inpatient and Outpatient Imaging
Inpatient and Outpatient Laboratory
Inpatient and Outpatient Surgery
Medical/Surgical Nursing Care
Physical Therapy
Social Services

Community Health Development Team

Nina Cornell Plata, RN, BSN, MS

Network Vice President Population Health

Rebecca Russell, MPH, RD

Community Wellness Director

CHNA/CHP contact:

Rebecca Russell, MPH, RD
Community Wellness Director
1524 W Lacey Blvd, Suite 205, Hanford CA 93230
To request a copy, provide comments or view electronic copies of current and previous community health needs assessments:
https://www.adventisthealth.org/central-valley/pages/about-us/our-publications.aspx

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 take into account 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, "to share God's love by providing physical, mental and spiritual healing."

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, Adventist Medical Center-Hanford and Adventist Medical Center - Selma have adopted the following priority areas for our community health investments for 2017-2019:

- Access to Care
- Breathing Problems (Asthma)
- Diabetes
- Mental Health and Substance Abuse
- Obesity

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

- Do our interventions make 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.

OUR MISSION:
Living God's love by inspiring health, wholeness and hope

Community Profile

How our community is defined

The word community can mean many different things to many different people and organizations. For the purposes of this report, we consider the word "community" to be the geographic area served by Adventist Medical Center-Hanford and Adventist Medical Center-Selma and the population that we serve.

Demographics of our community

Predominantly Hispanic or Latino population:

	Total Population	Hispanic or Latino Population	White	Black	Asian	Native American Alaska Native	Native Hawaiian Pacific Islander	Some Other Race	Multiple Races
Fresno County, CA	956,749	494,077	76,374	48,499	93,499	9,796	2,010	194,114	38,380
Kings County, CA	150,998	79,452	23,837	9,397	5,602	1,993	382	23,637	6,698

Data source: www.chna.org

Limited English Households

	Total Population Age 5+	Linguistically Isolated Population	Percent Linguistically Isolated Population
Fresno County, CA	877,304	87,313	9.95%
Kings County, CA	138,825	11,453	8.25%

Data source: www.chna.org

Age

	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Fresno County, CA	8.30%	20.73%	11.22%	14.68%	12.16%	11.95%	10.07%	10.88%
Kings County, CA	8.06%	19.51%	11.42%	16.61%	13.89%	12.74%	9.01%	8.75%

Data source: www.chna.org

Living at 100% of Poverty

	Total Population	Population in Poverty	Percent Population in Poverty
Fresno County, CA	939,536	252,187	26.84%
Kings County, CA	132,265	29,900	22.61%

Data source: www.chna.org

Education Level

	Total Population Age 25+	Population Age 25+ with No High School Diploma	Percent Population Age 25+ with No High School Diploma
Fresno County, CA	571,585	151,212	26.45%
Kings County, CA	92,122	25,610	27.80%

Data source: www.chna.org

OUR MISSION:
Living God's love by inspiring health, wholeness and hope

Priority Areas Identified

The top five common health needs are **Access to Care, Breathing Problems (Asthma), Diabetes, Mental Health and Substance Abuse, and Obesity**. Access to care remains a high concern. Fresno and Kings County are considered Health Professional Shortage Areas due to the shortage of primary medical care, dental or mental health providers. Other factors that influence access to care include the cost of copays and deductibles, wait times to see a doctor and limited number of non-emergency health facilities open during the weekend or evening hours. Socioeconomic conditions throughout our communities including poverty, education and access to food influence access to care.

The high number of days that are both excessively hot and exceed clean air standards as well as a limited number of places to exercise safely are seen as key obstacles to a healthy environment in which community members live and work. Community members also see substance abuse, poor eating and limited exercise as contributing factors to poor health outcomes in their community. Overall life stress regarding economic and environmental factors also raise concern regarding health outcomes in the communities we serve.

Information gaps

The communities that we serve are complex and diverse. Building trusting relationships to truly be able to understand the unique challenges that our communities face takes time and perseverance. While the CHNA process used to prioritize areas was an excellent start, the participant group was not completely reflective of our communities. For instance, 100% of respondents spoke English, and more than half of respondents worked in a health care related field and this is not reflective of the entire community that we serve.

Moving forward, we will be working through a local collaborative to capture feedback and opinions from cohort groups that more closely align with our diverse population. This process will assist us in developing more comprehensive and effective programs and initiatives that will address root causes of issues and immediate needs of those we serve.

Community Health Needs Assessment Overview

Link to final CHNA report

Our CHNA was approved and published in December 2016. The CHNA can be downloaded from our website: https://www.adventisthealth.org/central-valley/pages/about-us/our-publications.aspx

Methodology for CHNA

The community was engaged in order to solicit their feedback and understand their perceptions of the most pressing health needs in their community. This effort included CHNA Surveys, focus groups and key stakeholder interviews with public health directors, hospital CEOs and nonprofit organization leaders serving unique segments of the community (i.e. the disabled, poor, or unique ethnic groups). These three methodologies were used in order to reach community members who might be more comfortable sharing their perspectives on an individual survey versus attending a focus group and vice versa.

In order to leverage the opportunity to use a consistent set of questions across all four counties, the Workgroup selected a CHNA Survey designed by the Healthy Madera Coalition with the County Public Health Department staff. Thirty-six questions centered on key health concerns and factors that influence the health of the community and included demographic information.

The CHNA Survey centered on soliciting input on:

- community health needs
- environmental factors that influence the health of the community
- behaviors that impact health
- barriers to getting health care
- indicators of a healthy community
- areas in their community needing most improvement

The final step in the CHNA process was to order the health needs identified from highest importance to less importance. The workgroup identified 92 community stakeholders to complete a poll that would ask them to rank the importance of the health needs by county. They were asked to base their ranking on the degree to which the health need **impacts a large number of residents**, **severely impacts quality of life** and has a **disproportionate impact on vulnerable populations**. The ranking survey was completed by 43 individuals who were largely community leaders in the public and nonprofit sectors. An even representation of stakeholders in each county participated in this ranking of health needs. None of these individuals were affiliated with any of the hospitals involved in this CHNA process.

Collaborative Partners

In order to conduct the regional CHNA for Fresno, Kings, Madera and Tulare counties, hospital leaders from each county engaged with the Hospital Council of Northern and Central California to form the Hospital Council Community Benefit Workgroup. This workgroup represents 15 hospitals throughout the four counties. Under their direction, consultants reviewed the secondary data in the region in order to begin looking for evidence of

health needs, to design a community engagement process to solicit feedback on these needs and create a process to prioritize these needs based on community input.

Community Voices

Two community organizations were contracted to assist with the community outreach efforts. These were: Fresno Metro Ministry—a nonprofit established in 1970 with a mission to advocate for the health and well-being of the community –and Centro La Familia Advocacy Services—a nonprofit working to empower low income people to access life sustaining resources through education, training and social services. In addition, the Madera County Department of Public Health and Camarena Health – a Federally Qualified Health Center assisted with the outreach efforts in their own county and provided the community survey used for this CHNA.

The CHNA survey was placed on Survey Monkey, an online web platform, in both Spanish and English and corresponding website links were emailed to hospital and facility staff as well as community members.

A total of 15 focus groups were conducted ranging in size from 4 to 24 participants. The focus groups were attended by hospital and facility staff, community leaders from nonprofit and faith-based organization and elected officials and residents. These sessions were conducted primarily in English. Focus groups comprised of primarily residents, including mothers and youth were conducted in English and Spanish. Childcare was provided at two of the focus groups.

The workgroup identified approximately 95 individuals considered to be key stakeholders in the region that would be important to interview. Consultants contacted each stakeholder offering to conduct phone or in-person interviews. Thirty-five stakeholder interviews were conducted. The format for these was identical to the focus group process. Participants in this effort included the following stakeholders in all four counties: County Public Health Directors, hospital executives and nonprofit leaders who serve the community with social, health, or educational support services. These key stakeholders were selected by the workgroup because they would provide a unique perspective on the health of the community, health care delivery systems in place and overall conditions that influence health behaviors.

OUR MISSION:
Living God's love by inspiring health, wholeness and hope

Identified Priority Needs from 2016 CHNA

Identified Needs

Top priorities identified in partnership with our communities

Prioritized Need	**Health Indicator**
Access to Health Care	Preventable hospital stays, underinsured, inadequate utilization, lack of education about the system
Diabetes	Diabetes rates, economic security, food security, education level, key health behavior
Obesity	Overweight/physical activity, adult/youth obesity, economic security, food security
Respiratory Illnesses	Air quality, health behavior, Asthma, COPD
Mental Health and Substance Abuse	Access through integrated services, referrals, physician recruitment

Goal

Improve the overall health and wellness of our communities through provision of services, community collaboration and innovation.

Short-term Objective

Objective 1: Decrease glycosylated hemoglobin levels (HgbA1c) and all-cause readmission rates for those with a diagnosis of diabetes. (Diabetes)

- Introduce Diabetes Self-Management Education and new support groups throughout our communities for those living with diabetes.
- Development of active case management for our most at risk population with diabetes to improve health outcomes.

Objective 2: Improve the overall health of the community through increased health awareness and access to needed services. (Access to Care, Mental Health & Substance Abuse))

- Increase access to addiction and substance abuse treatment programs through community collaboration with partner agencies.
- Implement respite care programs for safe discharge options for homeless and inadequately housed patients.
- Community education classes and trainings for health educators to improve access and knowledge at all points of contact in our communities.

- Partnership with local school districts, churches and other organizations to offer targeted health education and screenings to children and their families at greatest risk and greatest need of services.

Objective 3: Decrease adult smoking rates and avoidable admissions from lung related diseases like asthma and COPD. (Breathing Problems, Asthma)

- Expand smoking cessation services to patients through Lung Care center and specialty services.
- Increase asthma prevention and treatment education, resources and services through primary care and community partnerships.
- Increase availability of education and support for people living with chronic lung disease including asthma, COPD, sleep apnea and more.

Intermediate Objective

Objective 1: Decrease body mass index across community populations. (Obesity)

- Partner with community organizations to expand safe and affordable physical activity options.
- Partner with community organization to develop workplace wellness programs to improve access to activity and healthy eating with local employers.
- Partner with community organizations to provide education and resources to increase physical activity and healthy eating behaviors.

Long-term Objective

Objective 1: Create healthy, livable communities through collaboration and expansion of needed services and support.

Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Increase number of patients with HgbA1c ≤ 8%	32%	59%	% of patients with a HgbA1c indicating controlled diabetes	HEDIS measure
Diabetes admissions	Increasing trend	Decreasing trend	Admission rates	Adventist Health admission data
Decrease Adult Smoking Rates	Fresno County: 13.5%; Kings County: 12.6%	California Average: 12.8%	Percent Adult Population Smoking Cigarettes	CDC 2006-2012 data source www.chna.org
Asthma and COPD admissions	Increasing trend	Decreasing trend	Admission rates	Adventist Health admission data

OUR MISSION:
Living God's love by inspiring health, wholeness and hope

Decrease Obesity Rates	Fresno County: 26.5%; Kings County: 26.4%	California Average: 22.4%	Percentage of adults with BMI > 30	CDC 2013 data www.chna.org

Community Partners

Partner Organization	Role in Addressing Priority Need
Champions Recovery Alternatives	Kings County: Substance abuse and addiction treatment; Respite Care
Kings Partnership For Prevention	Kings County: Community collaborative that focuses on healthy eating (diabetes, obesity and nutrition), healthy living (physical activity at work and community environment), mental health and wellbeing, Kings County Asthma Workgroup/Coalition, local resource awareness and access to care
Kings United Way	HMIS system for active interagency case management of homeless, substance abuse and mentally ill population
Bringing Broken Neighborhoods Back	Fresno County: Selma Community Collaborative to address health needs and disparities in Selma.
Central California Asthma Collaborative	Asthma and clean air education and resources
American Lung Association	Freedom From Smoking curriculum and Better Breather's Clubs and Better Breather's Symposium

Identified Needs from CHNA, Not Addressed

Through community collaboration, we have been involved in multiple initiatives throughout our communities that address access to care, mental health, obesity, diabetes, and breathing problems.

In 2016, many new collaboratives were developed under the leadership and/or participation of Adventist Health. These include the Kings County Wellness Bridge, designed to address homelessness, substance abuse and mental health in Kings County. This collaborative is new in 2016. New resources and programs that will impact communities will start to be rolled out in 2017. Also in 2016, the Kings County Asthma Workgroup/Coalition was re-energized through the leadership of Kings Partnership for Prevention, which Adventist Health is a member organization. This new coalition will be rolling out new programs and initiatives targeting asthma awareness and education in 2017.

OUR MISSION:
Living God's love by inspiring health, wholeness and hope

Making a difference: Evaluation of 2014-2016 CHP

Our 2014-2016 CHP effectively focused on three main areas: obesity, diabetes and access to care.

Priority Area 1: Obesity

	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Fresno County, CA	650,410	173,009	26.50%
Kings County, CA	105,277	27,793	26.40%

Data source: www.chna.org

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

Interventions:

- Establish partnership with community organizations, schools, and communities that support lifelong healthy lifestyles that focus on reducing the obesity epidemic in our Central Valley.
- Support and promote breastfeeding friendly communities' efforts in our region. Continue to hold Breast Feeding Support Classes and education through county sponsored breastfeeding coalitions.
- Advocate and energize efforts to establish parks and recreational facilities. Support community organizations and programs that promote wellness and physical activity through sponsorship or partnership.
- Education provided by dieticians and nutritionist at Adventist Health / Community Care Rural Health Clinics.

Outcomes

- Every hospital campus in our network now has a lactation room available to nursing mothers.
- In 2016, the first monthly farmers' market started in Avenal, located in Kings County.
- Partnership with Kings Partnership for Prevention workgroups – active participants in Community Nutrition Action Plan, healthy retail initiatives, and active living workgroup to increase employer involvement in workplace wellness programs.

Priority Area 2: Diabetes

	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Fresno County, CA	650,394	61,137	9.4	9.40%
Kings County, CA	105,693	7,927	7.5	8.20%

Data source: www.chna.org

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

Interventions:

- Monthly Diabetes Support Classes in Hanford and Selma.
- Education provided by dieticians and nutritionist at Adventist Health / Community Care Rural Health Clinics.
- Actively participate and contribute to Kings County Diabesity Coalition.
- Eat Healthy, Live Strong Weekly Community Workshop Series.

OUR MISSION:
Living God's love by inspiring health, wholeness and hope

Outcomes

- Created Community Wellness Department to address lifestyle disease and to streamline outpatient and community education and access to services. The Community Wellness Director chairs the Kings County Diabesity Coalition, a collation of stakeholders in Kings County working to address obesity and diabetes in Kings County.
- Hosted the first annual Kings County Diabesity Symposium to educate community health educators and providers on current best practices in preventing and treating obesity and diabetes.
- Launched "Esperanza," a one-minute, 10-episode telenovela on a local Spanish television station to educate the Spanish-speaking community about diabetes and ways to manage it by eating healthier and exercising. Provided portion plate and food journal to those who requested through our website at http://www.ahsaludporvida.com.

Priority Area 3: Improve Access to Health Care

	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Fresno County, CA	965,974	679	70.29
Kings County, CA	150,269	67	44.59
California	38,802,500	33,638	86.7
United States	318,857,056	279,871	87.8

Data source: www.chna.org

Goal: Improve Access to Health Care.

Interventions:

- Increase the number of health care providers
- Provide online health portal for patients to access health information
- Provide free shuttle services to patients requiring transportation to appointments
- Provide health screenings at community events

Outcomes

- Added 6 rural health clinics to our network from 2014-2016.
- Shuttle services – provided 13,841 round trip services in 2016.
- Health screenings – provided 3,752 screenings in 2016.
- Provider recruitment outcomes:

	2014	2015	2016
Family Medicine Physicians	11	5	3
Specialty Physicians	18	19	15
Mid-level Providers	10	21	20

Strategic Partner List

Adventist Medical Center-Hanford and Adventist Medical Center-Selma support local partners to augment our own efforts, and to promote a healthier community. Partnership is not used as a legal term, but a description of the relationships of connectivity that are necessary to collectively improve the health of our region. One of our 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.

Community Partners	
• Champions Recovery Alternatives	• Kings Partnership for Prevention
• Kings United Way	• Kings Gospel Mission
• Kings County Department of Public Health	• Kings County Behavioral Health
• Episcopal Church of the Saviour (Soup Kitchen)	• Bringing Broken Neighborhoods Back
• Kings Tulare Homeless Alliance	• Kings County Wellness Bridge
• Kings County Action Organization	• Kings County Commission on Aging
• CalViva/HealthNet	• Anthem Blue Cross
• Central California Asthma Collaborative	• American Lung Association

OUR MISSION:
Living God's love by inspiring health, wholeness and hope

Community Benefit Inventory

Adventist Medical Center-Hanford and Adventist Medical Center-Selma know working together 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 taken from our Community Benefit Inventory for Social Accountability (CBISA) software and documented activities.

Year 2016-Inventory

Priority Need	Interventions	Description	Partners	# of community members served	Measures of Success/Outcomes
Access to Care	Round trip transportation to medical appointments	Provide transportation to those without access to increase attendance at scheduled appointments	Central Valley Transport	13,841	Number of round trips provided
	Rural Health Clinics	Expansions of services through rural health clinics	Adventist Health		Visits
	Specialty Based Recruitment	Strategic physician recruitment to meet community health needs			Number of providers added to network
	Residency Clinic	Rural health clinic residency program	Loma Linda University		Number of new providers in program; number who stay in community

	Explorer Program	Education opportunity for high school students interested in healthcare careers	Local school districts		Number of participants
Diabetes and Obesity	Diabesity Symposium	Diabetes and Obesity education for providers	Kings County Diabesity Symposium, Kings County Department of Public Health	39	Attendance
	Diabetes Outpatient Education	Support Group, Diabetes Self-Management Classes, one-on-one counseling			Attendance No-show rates
	Community Nutrition Education	Eat Smart, Live Strong, Chat with the RD, General Nutrition	Kings County Commission on Aging, KCAO – Barbara Saville Women's Shelter, Kings Gospel Mission	558	Attendance
	Health Screenings	Farmers' Market and other health fairs and community events		3,752	Number of Screenings
Breathing Problems (Asthma)	Better Breather's Club	Support Group for those with chronic lung conditions including Asthma and COPD	American Lung Association	40	Attendance
	Freedom From Smoking	Smoking Cessation	American Lung Association	20	Attendance Cessation Rate
	Respiratory Rally	Education & Resources for those living with lung disease	American Lung Association	87	Attendance

	Kings County Asthma Coalition	Community Collaboration to address Asthma	Kings Partnership for Prevention, Central California Asthma Collaborative		Re-establish community coalition to address issues and initiatives to improve health
Mental Health and Substance Abuse	Kings County Wellness Bridge	Coalition to address mental health, substance abuse and homelessness	Kings County Partnership for Prevention, Kings County Health Department, Champions Recovery, Kings United Way, Soup Kitchen, Kings Gospel Mission, Kings County Behavioral Health, Anthem, Kings Tulare Homeless Alliance		Program development for community needs; Number of program touches
	Addiction Specialist Services	Treat addiction and substance abuse	Champions Recovery Alternatives		Number of patients assisted
Other Community Benefit Activities	Project Homeless Connect	Provided screening and provider visits	Residency clinic, Kings Tulare Homeless Alliance, Kings United Way		Attendance
	Creation Health	Healthy lifestyle education	Kings Canyon School District		Attendance
	Bringing Broken Neighborhoods Back	Community outreach events	Selma Police Department, Selma churches		Number of touches

	Vision Screening	Vision service plan			Number of screenings

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 to share God's love by providing physical, mental and spiritual healing and 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.

OUR MISSION:
Living God's love by inspiring health, wholeness and hope

Financial Assistance Policies

Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

ADVENTIST HEALTH CALIFORNIA CHARITY POLICY PERTAINING TO ELIGIBILITY:

1. **Documentation Requirements:**

    a. **Application:** In order to qualify for Charity care, a Confidential Financial Statement will be completed. **The Confidential Financial Statement allows for the collection of information**. Income and documentation requirements are defined below.

        i. Pending the completion of such application, the patient should be treated as a pending charity care patient in accordance with the hospital's policies and the appropriate financial class recorded to reflect this status.

        ii. For Emergency Related Services: A full Confidential Financial Statement to include income verification documents will be required.

        iii. For Rural Health Clinic visits: An abbreviated Confidential Financial Statement will be required. Income verification documents are not required.

    b. **Family Members:** Patients will be required to provide the number of family members in their household.

        i. **Adults:** In calculating the number of family members in an adult patient's household, include the patient, the patient's spouse/domestic partner and/or legal guardian, and all dependents.

        ii. **Minors:** In calculating the number of family members in a minor patient's household, include the patient, the patient's mother and/or father and/or legal guardian and any other dependents.

    c. **Income Calculation:** Patients who request a discount allowance for Emergency related services will be required to provide their household's yearly gross income.

        i. **Adults:** The term "yearly income: on the Confidential Financial Statement means the sum of the total yearly gross income of the patient and patient's spouse/domestic partner.

        ii. **Minors:** If the patient is a minor, the term "yearly income" on the Confidential Financial Statement means income from the patient, the

patient's mother and/or father and/or legal guardian and any other dependents.

2. Income Verification:

a. Patients will be required to verify the income set forth in the Confidential Financial Statement in accordance with the documentation requirements identified below in cases where documentation is available. Any of the following documents is appropriate for verifying income:

i. **Income Documentation:** Income documentation may include most current year Tax Filing, IRS Form W-2, wage and earnings pay stubs, or other appropriate indicators of income.

ii. **Participation in a Public Benefit Program:** Documentation showing current participation in a public benefit program including Social Security, Workers' Compensation, Unemployment Insurance Benefits, Medicaid, County Indigent Health, AFDC, Food Stamps, WIC, or other similar indigence related programs. All patients are encouraged to apply for Medicaid. A Medi-Cal denial letter is required.

b. Income Documents are REQUIRED.

3. **Documentation Unavailable:**

a. In cases where the patient is unable to provide documentation verifying income, if appropriate, the following procedures may be followed:

i. **Obtain Patient's Written Attestation:** If appropriate, have the patient sign the Financial Assistance Application attesting to the accuracy of the income information provided: or

ii. **Obtain Patient's Verbal Attestation:** The Financial Counselor who is completing the Confidential Financial Statement may provide written attestation that the patient verbally verified the income calculation. In all cases, at least two attempts must be made and documented to attempt to obtain the appropriate income verification.

iii. **Expired Patients:** Expired patients may be deemed to have no income for purposes of the financial calculation. Although no documentation of income is required for expired patients, an asset verification process should be completed to ensure that a charity adjustment is appropriate

iv. **Homeless Patients:** Homeless patients may be unable to provide any documents to support income. Document the homeless status on the application

v. **Incarcerated Patients:** For patients who become incarcerated during the collection cycle and have no responsible party to pay the bill, document status on the application.

ADVENTIST HEALTH CALIFORNIA CHARITY POLICY PERTAINING TO THE REVIEW AND COMMUNICATION PROCESS:

1. **Communication:**

   a. Facilities are required to post signs in the business office, the admitting and registration areas and the emergency department that inform patients about their financial assistance policies and the availability of charity discounts. Additionally, patient statements must include standard language informing patients that they may request financial screening to determine eligibility for charity discounts and how that request may be made. Finally, facilities must prominently post their financial assistance/charity policies on their website. To the extent possible, these communications should be in the primary language of the patient.

   b. Before commencing any collection activity against a patient, the hospital will provide a plain language summary of the patient's rights pursuant to AB774 and the Rosenthal Fair Debt Collection Practices Act. The summary language will be sufficient if it appears in substantially the following form:

      i. "State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9 p.m. In general, a debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov."

      ii. You may also include a statement that nonprofit credit counseling services may be available in the area. The above wording will be incorporated into a data mailer attachment and be included in the initial data mailer for all self-pay liabilities.

   c. Once a charity determination has been made, the outcome must be communicated to the patient. That communication may be accomplished by sending the patient a patient notification letter.

2. Appeals:

   a. Patients have the right to appeal facility charity decisions. Patients must provide written appeals outlining the reasons they believe the charity determination was

incorrect.

b. The facility CFO is responsible for reviewing all appeals and making a final determination. This authority may be delegated by the CFO to the facility PFS Director.

c. The final determination must be communicated to the patient in writing.

3. OSHPD Reporting:

a. Per Section 127435, each general acute care hospital must provide OSHPD with a copy of the documents outlined below. This will be the responsibility of the Corporate Patient Financial Services.

   i. Charity Care Policy
   ii. Discount payment policy (partial charity or sliding fee schedule)
   iii. Eligibility procedures for these policies
   iv. Review process
   v. Application form

b. The documents must be provided at least every other year on January 1, or when a significant change is made. If no significant change was made to the policy since the information was previously provided, it may notify OSHPD of the lack of change to satisfy this requirement. OSHPD has the authority to require electronic submission and is required to make all information available to the public.

Community Benefit & Economic Value for Prior Year

Our community benefit work is rooted deep within our mission, with a recent re-commitment 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

Year 2016

HANFORD COMMUNITY HOSPITAL DBA ADVENTIST MEDICAL CENTER HANFORD	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	5,364,529	2.03%	-	5,364,529	2.03%
Medicaid	96,477,720	36.45%	93,238,354	3,239,366	1.22%
Medicare	82,238,783	31.07%	67,552,124	14,686,659	5.55%
Other means-tested government programs	-	-	-	-	-
Community health improvement services	436,444	0.16%	-	436,444	0.16%
Health professions education	792	0.00%	-	792	0.00%
Non-billed and subsidized health services	-	-	-	-	-
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	2,188	0.00%	-	2,188	0.00%
Community building activities	142,407	0.05%	-	142,407	0.05%
TOTAL COMMUNITY BENEFIT	184,662,863	69.76%	160,790,478	23,872,385	9.01%

OUR MISSION:
Living God's love by inspiring health, wholeness and hope

Appendices

Glossary of terms

Medical Care Services (Charity Care and Un-reimbursed Medi-Cal and Other Means Tested Government Programs)

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or portion of the services. Charity Care does not include: a) 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 care to such patients; b) the difference between the cost of care provided under Medicaid or other means-tested government programs, and the revenue derived there from; or c) contractual adjustments with any third-party payers. Clinical services are provided, despite a financial loss to the organization; measured after removing losses, and by cost associated with, Charity Care, Medicaid, and other means-tested government programs.

Community Health Improvement

Interventions carried out or supported and are subsidized by the health care organizations, for the express purpose of improving community health. Such services do not generate inpatient or outpatient bills, although there may be a nominal patient fee or sliding scale fee for these services. Community Health Improvement – These activities are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs.

Subsidized Health Services – Clinical and social services that meet an identified community need and are provided despite a financial loss. These services are provided because they meet an identified community need and if were not available in the area they would fall to the responsibility of government or another not-for-profit organization.

Financial and In-Kind Contributions – Contributions that include donations and the cost of hours donated by staff to the community while on the organization's payroll, the indirect cost of space donated to tax-exempt companies (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies. Financial and in-kind contributions are given to community organizations committed to improving community health who are not affiliated with the health system.

Community Building Activities – Community-building activities include interventions the social determinants of health such as poverty, homelessness, and environmental problems.

Health Professions Education and Research

Educational programs that result in a degree, certificate, or training that is necessary to be licensed to practice as a health professional, as required by state law; or continuing education that is necessary to retain state license or certification by a board in the individual's health profession specialty. It does not include education

or training programs available exclusively to the organization's employees and medical staff, or scholarships provided to those individuals. Costs for medical residents and interns may be included.

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal)

Adventist Health

Together Inspired

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.

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**

2017 Community Health Plan

This community health plan was adopted on April 20, 2017, by the Adventist Health System/West Board of Directors. The final report was made widely available on May 15, 2017.

CHNA/CHP contact:

Rebecca Russell, MPH, RD
Community Wellness Director

Phone: 559-537-0083
Email: rebecca.russell@ah.org

Adventist Health /Central Valley Network
1524 W. Lacey Blvd. Suite 205
Hanford, Ca. 93230

Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: https://www.adventisthealth.org/pages/about-us/community-health-needs-assessments.aspx