AdventistHealth

San Joaquin Community Hospital

2017 Community Health Plan

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Adventist Health Overview

San Joaquin Community Hospital is an affiliate 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.

Dear Friends and Colleagues,

There's nothing quite like being part of a community. For more than 100 years, San Joaquin Community Hospital—soon to be known as Adventist Health Bakersfield—has been an integral part of Bakersfield and Kern County. That was the vision of Margaret Quinn and Mary O'Donnell from the beginning. Seeing a need for additional health care options in a community that was booming with oil and agricultural growth, Quinn and O'Donnell—who were working at another local hospital at the time —decided to pool their own money to build a new hospital in downtown Bakersfield. With the help of a few generous and prominent business leaders, the young ladies gathered enough seed money to turn the dream into reality. In 1910, a 26-bed facility they named San Joaquin Hospital opened on the corner of 27th and Eye streets.

The entrepreneurial spirit that SJCH was built on has continued to drive every aspect of our organization. We've achieved a number of community "firsts" that have propelled health care forward in Kern County. You may not know that SJCH was the first local hospital to perform open-heart surgery in 1972. More recently, we became the first hospital between Los Angeles and San Francisco to have both a nationally accredited chest pain center and a nationally certified stroke center under one roof. These advances in health care are especially important in Kern County where access to health care, chronic disease and poor environmental and lifestyle indicators, make our community one of the unhealthiest places in California.

At SJCH, our credo is to focus on solutions. That's why we've met the challenges stated above with a number of programs and initiatives. One of our most significant efforts began in 1996 when we launched our Children's Mobile Immunization Program. With support from First 5 Kern, we have provided more than 198,000 free immunizations to Kern County children. In this report, you'll learn more about the health issues facing our community. But more importantly, you'll gain an appreciation for what SJCH is doing to help ensure our community members live longer, healthier lives.

Warmly,

Sharlet Briggs
Market President and CEO

Hospital Identifying Information

Number of Beds: 254

Mailing Address: PO Box 2615, Bakersfield, CA 93303

Contact Information: www.sjch.us or 661-395-3000

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

- San Joaquin Community Hospital
- The AIS Cancer Center
- Quest Imaging
- The Adventist Health Physicians Network

Community Health Development Team

Sharlet Briggs, PhD.

Market President and CEO

Mark Newmyer, MBA

Vice President of Business Development

Jimmy Phillips, MBA

Executive Director of Marketing and Communications

CHNA/CHP contact:

Jimmy Phillips
Executive Director of Marketing and Communications
PO Box 2615
Bakersfield, CA 93303
Phone: 661-869-6563
Email: Jimmy.Phillips@ah.org

To request a copy, provide comments or view electronic copies of current and previous community health needs assessments: https://www.adventisthealth.org/sjch/pages/about-us/community.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, San Joaquin Community Hospital has adopted the following priority areas for our community health investments for 2017-2019:

- Access to Health Care
- Cancer

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.

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Community Profile

How our community is defined

The service area for San Joaquin Community Hospital includes 23 zip codes in Kern County and two zip codes in Tulare County. The Kern County zip codes included in the hospital service area, account for 88% of the population of Kern County. Ten zip codes (Bakersfield and Wasco) represent San Joaquin Hospital's "Core Market," defined by the Office of Statewide Health Planning and Development (OSHPD) as areas in which 70% of hospital inpatients reside.

San Joaquin Community Hospital Service Area

Zip Codes	Place	County
93203	Arvin	Kern
93206	Buttonwillow	Kern
93215	Delano	Kern
93240	Lake Isabella	Kern
93241	Lamont	Kern
93250	McFarland	Kern
93263	Shafter	Kern
93268	Taft	Kern
93280	Wasco	Kern
93285	Wofford Heights	Kern
93301	Bakersfield	Kern
93304	Bakersfield	Kern
93305	Bakersfield	Kern
93306	Bakersfield	Kern
93307	Bakersfield	Kern
93308	Bakersfield	Kern
93309	Bakersfield	Kern
93311	Bakersfield	Kern
93312	Bakersfield	Kern
93313	Bakersfield	Kern
93314	Bakersfield	Kern
93531	Keene	Kern
93561	Tehachapi	Kern
93219	Earlimart	Tulare
93256	Pixley	Tulare

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Demographics of the community

A total of 762,236 people live in the 1,399 square mile land area of the San Joaquin Community Hospital (SJCH) service area. The population density for this area, estimated at 544.85 persons per square mile, is greater than the county and state.

Population of the Service Area

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
SJCH Service Area	762,236	1,398.99	544.85
Kern County	848,204	8,129.76	104.33
California	**37,659,180**	**155,738.02**	**241.81**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov.
Source geography: Tract. Accessed from Community Commons. http://www.communitycommons.org/.

The area served by the hospital has experienced dramatic growth of 29.1% in the past 10 years, similar to the county average (28.2%) and higher than the state average (11.2%). Growth rates indicate Arvin, Delano, Tehachapi, and Pixley grew at higher rates than the county average. The population in Bakersfield grew by 30% on average.

Children and youth, ages 0-17 make up 30.9% of the population in the service area, higher than the state rate (24.5%). The service area has 60.5% adults (ages 18-44), and 8.5% seniors.

When the population is examined by place, the Arvin, Earlimart, Lamont, McFarland, and Pixley areas have the highest concentrations of children and youth in the service area; these areas also have the lowest median ages in the service area. In contrast, Lake Isabella and Wofford Heights have much higher percentages of seniors than the county or state average, with median ages of 51.1 and 56.8, respectively. Overall, the median age for Kern County (30.8) is lower than that for California (35.4). The median age for Bakersfield zip codes ranges from 26.1 to 37.9.

Of the service area population, 51.5% are male and 48.5% are female, similar to the Kern County ratio. The service area consists of a higher percentage of males than the state.

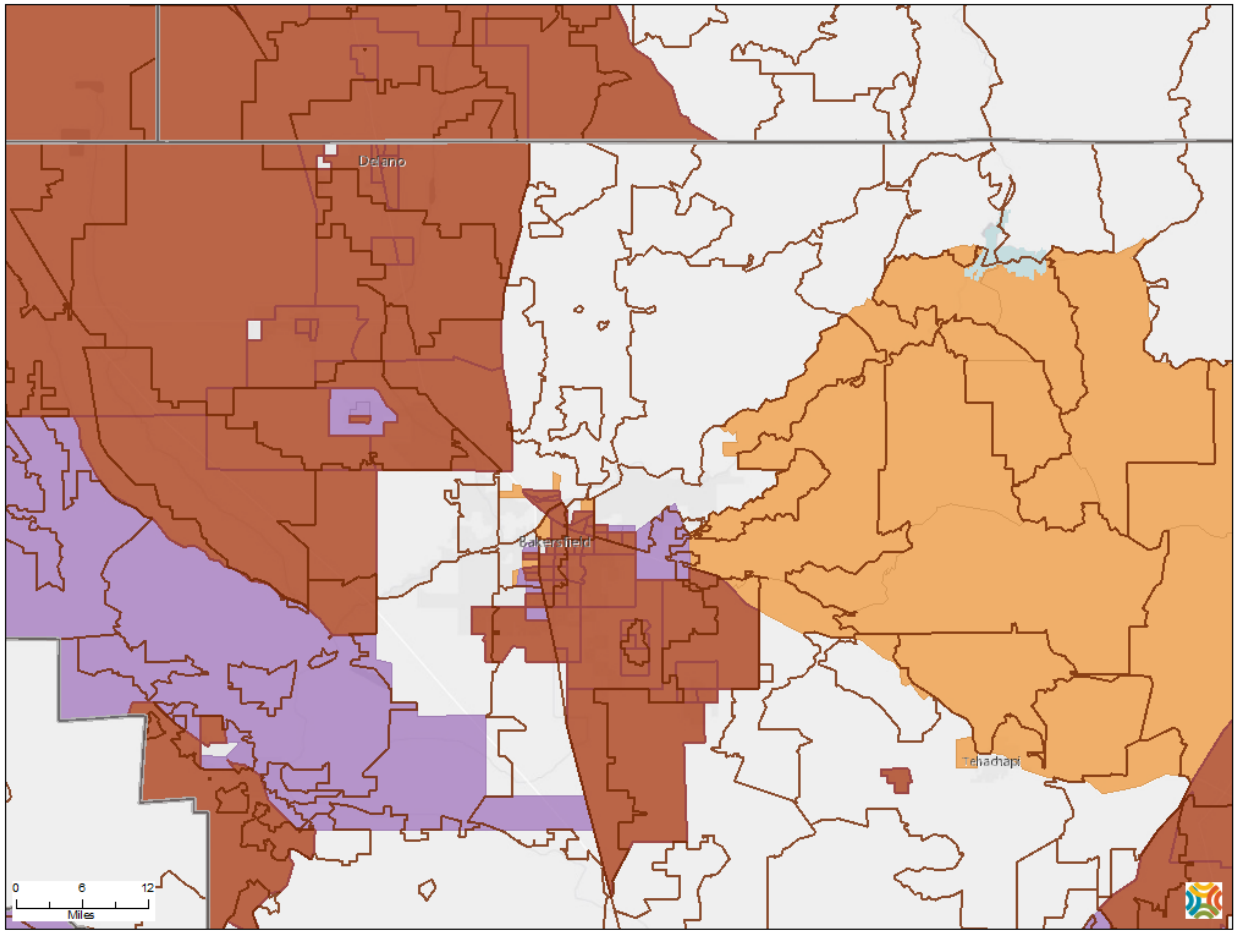
The service area is primarily Hispanic or Latino, at 53.9%, followed by White at 34.1%. Asians are 4.3% and Black/African Americans represent 5.1% of the population. The area has a larger percentage of Latinos than Kern County or California.

In the hospital service area, 54% of residents speak English only. Spanish is spoken in 41.2% of homes, slightly higher than in Kern County (37.4%) or California (28.8%). Other languages are spoken in 4.8% of households.

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for that county with the poorest factors. This ranking examines: unemployment, high school graduation

rates, children in poverty, social support, and others. Kern County is ranked 51, in the bottom 20% of all California counties on social and economic factors.

When vulnerable populations in the area are mapped, a picture of poverty emerges. The map below shows the San Joaquin Community Hospital surrounding areas, highlighting the percentage of each subarea that has more than 20% poverty and more than 20% with low education, defined as less than a high school education (in brown). Areas above the vulnerable threshold for low education alone are displayed in lavender. Areas above the threshold for poverty alone are in tan.



Map Legend

Vulnerable Populations Footprint, ACS 2009-13

Community Commons, 10/17/2015

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Priority Areas Identified

The following areas emerged from the CHNA process as the priority areas for San Joaquin Community Hospital's service area:

- Overweight and obesity
- Mental health
- Access to care
- Diabetes
- Cardiovascular disease
- Substance abuse
- Asthma
- Maternal and infant health
- Cancer
- HIV/AIDS/STD
- Oral health
- Environmental health

Information gaps

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health issues within the community.

Community Health Needs Assessment Overview

Link to final CHNA report

The 2016 CHNA was approved by the San Joaquin Community Hospital Governing Board in November of 2016. It can be located on the hospital's website at:

https://www.adventisthealth.org/Documents/Community%20Benefits/CHNA%202016-2018/Final_2016_CHNA_SJCH.pdf

Methodology for CHNA

Secondary data were collected from a variety of local, county, and state sources to present community demographics; social, economic and environmental factors; health access; maternal and infant health; leading causes of death; chronic disease; health behaviors; sexually transmitted infections; and mental health and substance abuse. Sources of data include Healthy Kern, Kern County Network for Children, U.S. Census American Community Survey, County Health Rankings, California Health Interview Survey, California Department of Public Health; California Office of Statewide Health Planning & Development; California Department of Justice, California Employment Development Department, Community Commons, California Cancer Registry, California Department of Education, and others. When pertinent, these data sets are presented in the context of California State, framing the scope of an issue as it relates to the broader community.

The secondary data for the hospital service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that compare SJCH data findings with Healthy People 2020 objectives. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels

Primary Data Collection

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

For this Community Health Needs Assessment, information was obtained through a community survey and interviews with key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations.

Interviews

Targeted interviews were used to gather information and opinions from persons who represent the community served by the hospital. Given shared service areas, SJCH partnered with the Kern County Community Benefit Collaborative hospitals to conduct the interviews. Thirty-three (33) interviews were completed during September through November, 2015.

The Kern County Community Benefit Collaborative developed a list of key influencers who have knowledge of community health needs. They were selected to cover a wide range of communities within Kern County, represent different age groups, and racial/ethnic populations. The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview participants were asked to share their perspectives on a number of topics related to the identified preliminary health needs in the service area. Questions focused on the following topics:

- Major health issues facing the community.
- Socioeconomic, behavioral, environmental or clinical factors that contribute to poor health in a community.
- Issues, challenges, barriers faced by community members as they relate to the identified health needs (preliminary list from secondary data analysis).
- Services, programs, community efforts, resources available to address the health needs.
- Special populations or groups that are affected by a health need.
- Health and social services missing or difficult to access in the community.
- Other comments or concerns.

Community Survey

The Kern County Community Benefit Collaborative hospital representatives developed a plan for distribution of a survey to engage community residents. The survey was available in an electronic format through a Survey Monkey link, and in a paper copy format in English and Spanish. The hospitals distributed the surveys to their clients, in hospital waiting rooms and service sites, and through social media, including posting the survey link on hospital Facebook pages. The survey was also distributed to community partners who made them available to their clients. A written introduction to the survey questions explained the purpose of the survey and assured participants the survey was voluntary, and that they would remain anonymous. For community members who were illiterate, an agency staff member read the survey introduction and questions to the client in his/her preferred language and marked his/her responses on the survey.

The survey asked for the respondents' zip code, age, insurance status, and perceived health status. Survey questions focused on the following topics:

- Biggest health issues in the community.
- Where residents and their families receive routine health care services.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- What would make it easier to obtain care?
- Types of support or services needed in the community.
- Healthy changes adopted in the past year to improve health.

Interview and survey participants were asked to provide additional comments to share with the hospitals. Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

Review of Primary and Secondary Data

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

The following criteria were used to identify significant health needs:

- The size of the problem (relative portion of population afflicted by the problem)
- The seriousness of the problem (impact at individual, family, and community levels)

To determine size and seriousness of the problem, health indicators identified in the secondary data were measured against benchmark data, specifically California rates and Healthy People 2020 objectives, where available. Health indicators that performed poorly against one or more of these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources (interview and survey participants) were asked to identify and validate community and health issues; information gathered from these sources helped determine significant health needs.

The following significant health needs were determined:

- Access to care
- Asthma

- Cancer
- Cardiovascular disease
- Dental health
- Diabetes
- Environmental health (air quality and water safety)
- Lung disease
- Maternal and infant health
- Mental health
- Overweight and obesity
- Sexually Transmitted Infections
- Substance abuse (alcohol, drug, tobacco use)

The Kern County Community Benefit Collaborative hosted a community forum on January 19, 2016 in Bakersfield to prioritize the identified health needs. The forum engaged 38 community leaders in public health, government agencies, schools, and nonprofit organizations that serve the medically underserved, low-income, and minority populations in the community. These individuals have current data or other information relevant to the health needs of the community served by the hospital facilities. A review of the significant health needs was presented at the community forum.

Priority Setting Process

The forum attendees were engaged in a process to prioritize the health needs using the Relative Worth method. The Relative Worth method is a ranking strategy where each participant received a fixed number of points; in this case 100 points (5 dots equaled 100 points, where each dot was worth 20 points). Instructions were given, and the criteria for assigning points were explained. The points were assigned to health needs based on the size of the problem (relative portion of population afflicted by the problem); or seriousness of the problem (impact at individual, family, and community levels).

The points could be distributed among the health needs in a number of ways:

- Give all points to a single, very important item
- Distribute points evenly among all items (if none is larger or more serious than another)
- Distribute some points to some items, no points to other items

In the tabulation, the health needs were ranked in priority order according to the total points the group assigned.

Participants engaged in a group discussion about the priority areas. Participants were asked to discuss the following questions for the high priority areas:

- For priority issues, what is going well? What works in the community to address this issue? What groups/organizations are already focused on this issue?
- What/who is missing? Where are the gaps? What are the barriers?
- What is the level of community readiness to effectively implement and support programs to address this priority need?

The information gathered from the community forums will be used for decision making in creation of the Implementation Strategy.

Prioritized Health Needs	Number of Points
Overweight and obesity	880
Mental health	780
Access to care	600
Diabetes	380
Cardiovascular disease	340
Substance abuse	320
Asthma	240
Maternal and infant health	140
Cancer	80
HIV/AIDS/STD	80
Oral health	40
Environmental health	40

Identified Priority Needs from 2016 CHNA

Identified Needs

Access to Health Care

Goal

Decrease chronic disease rates in our community by offering educational programs and interventions that empower and equip community members to eliminate risk factors that often lead to such diseases. Where disease does exist, we will work with partners to provide affordable, high quality care to those in need.

Short-term Objective

Objective 1: Provide free childhood immunizations to uninsured or underinsured children throughout Kern County.

- Children's Mobile Immunization Program: By utilizing a specially-equipped recreational vehicle, the immunizations team provides free immunizations to uninsured children throughout Kern County. The clinics are publicized through the hospital's website and multiple media outlets. Since the program was established, more than 100,000 free immunizations have been provided to the children of Kern County.

  The SJCH Children's Mobile Immunization program is working to save lives, as well as saving our community more than $5 million annually according to a recently released report prepared by the Applied Research Center at California State University, Bakersfield. Several cost-benefit studies have been completed on immunization programs for vaccine-preventable diseases. The conclusion of a majority of the studies is that vaccines are considered the most cost-beneficial of health intervention strategies. To determine the savings to our community, the Applied Research Center took the cost of the program and added in the cost of hospitalization, medications and physicians' services to care for a child who contracts a preventable disease. It also took into consideration the cost if that child then passes it on to other family members or possibly even starts a community epidemic.

  Immunizations are one of the most important public health interventions in the United States. By immunizing children at an early age, the SJCH Children's Mobile Immunization Program continues to prevent many dreaded diseases and decreases the occurrence of many childhood vaccine-preventable diseases.

  The scope of service for the program includes the following major objectives:

  - Prenatal care- hemoglobin testing for pre/postnatal mothers
  - Immunizations clinics held annually
  - Number of children receiving immunizations
  - Children receiving health screenings (hemoglobin testing)

Objective 2: Educate our community on ways prevent chronic disease and the risk factors leading to them.

- Community lecture series: The hospital will provide a monthly community lecture series, with free admittance to the community at-large. Presenters, which will include physicians and service line leaders, will focus on chronic disease prevention, warning signs and management. A past example includes a free seminar conducted by aligned physician Amira Ayad, which focused on maintaining a healthy weight. These topics are planned for 2017:
    - The link between diabetes and heart disease
    - Non-surgical weight management
    - Valley Fever
    - Stroke awareness
    - Arthritis
    - Breast Cancer myths
    - And more…

Objective 3: Reduce unnecessary ER/hospital visits by providing free flu shots to adults at the beginning of each flu season.

- Drive-Thru Flu Clinic: In October of 2017, the hospital will host a free drive thru flu clinic with vaccines available on a first come, first serve basis. Attendees will simply drive through a designated route and receive a free flu shot without having to leave their car.

Intermediate Objective

Objective 1: Provide access to health care services for vulnerable and social economically challenged populations, including basic health screenings, dental services, nutritional counseling and diabetes education.

- Amen Health Clinic: Over the past two years, the hospital has formed a relationship with Hillcrest Seventh-day Adventist Church to conduct a free health clinic in late January. Thus far, the partnership has included providing all medical supplies and encouraging staff members to volunteer. Plans to grow the hospital's involvement with the clinic—and partner with other like-minded organizations—are on the horizon. For the past two year, over 1,000 community members have received free health care services.

Long-term Objective

Objective 1: Reduce frequency and rate of Chronic Diseases: Create meaningful partnerships with businesses, churches and non-profit organizations in Kern County to address the downstream issues that lead to chronic disease, including: cultural preferences, language barriers, education gaps and the difficultly of navigating the health care continuum.

Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Immunizations:				First 5 Kern monthly reports (for all immunization's data)
Women & children receiving pre/postnatal screening	524	620	Total patients per year	
Clinics held	156	144	Number of clinics per year	
Children seen	3,088	2,300	Patients given vaccines per year	
Chronic Disease:				
Drive-thru flu clinic	343	400	Total vaccines given	Immunization's program report
Community Lecture Series	Average of 100 per event	Average of 120 per event	Average number of attendees per event	SJCH's Marketing Department
Amen Health Clinic	500	1,000	Patients provided with free health care services per year	Hillcrest Adventist Church
Chronic disease rate/frequency				All stats in this section taken from healthykern.org
Heart Disease	5.4%	<5%	Percentage of adults who experienced coronary heart disease	
Stroke	2.7%	<2%	Percentage of adults who	

			experienced a stroke
Diabetes	10%	<9%	Percentage of adults diagnosed with diabetes

Community Partners

Partner Organization	Role in Addressing Priority Need
First 5 Kern	Provides grant that funds the children's immunizations program through 2020. Organization also provides program and fiscal oversight.
Independent physicians	For our community lecture series, we often partner with non-employed physicians with expertise for certain topics that are not present in our organization.
Hillcrest Seventh-day Adventist Church	Principle organizer of the Annual Amen Health Clinic.

Identified Needs

Cancer

Goal

Provide cancer education, screenings and free programs that help our community prevent cancer, receive early diagnosis and treatment centered on caring for the whole person.

Short-term Objective

Objective 1: Detect cancer in early stages to minimize treatment and maximize outcomes

- Cancer screenings: In 2017, The Adventist Health AIS Cancer Center will conduct four cancer screenings that are free to the public. These particular cancer screenings were chosen because they are in the top 5% of cancers treated at our cancer center.
    - Skin screening: May 16
    - Colon screenings: July 18-20
    - Prostate screening: August 31

- Breast screening: October 24
- Be the Match Bone Marrow drive (in conjunction with Houchin Blood Bank)

Objective 2: Educate the community to prevent cancer by mitigating risk factors

- School visits: The community outreach coordinator for the cancer center will also regularly visit local schools to provide education to parents during after school programs. These presentations occur monthly and focus on cancer prevention.
- Health fairs: Major health fairs will include:
  - The San Joaquin Community Hospital GospelFest
  - VIPink at The AIS Cancer Center
  - Grimmway Farms employee health fair
  - Mercado Latino Health Fair (quarterly)
- Community Lecture Series: As part of the hospital's monthly community lecture series (described under Access to Care), multiple events will be held focusing on cancer prevention and treatment.

Objective 3: Provide free programs that offer support to community cancer patients. All programs and classes listed below will be free for both patients of The AIS Cancer Center and anyone in the community at-large:

- Breast Cancer Support Groups
- Caregiver Support Groups
- Jewelry Making
- Look Good Feel Better (in conjunction with the American Cancer Society)
- Medi-Yoga
- Nutrition Counseling
- Painting
- Patient Support Groups (also available in Spanish)
- Stress Management
- Tai Chi
- The AIS Cancer Center Transportation Fund – providing free transportation to from appointments for those without reliable transportation
- Wendy Wayne Resource Center (located in the lobby of The AIS Cancer Center)

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Screenings	100+ patients	250+ patients	Number of patients screened for cancer in 2017	The AIS Cancer Center tracking list
Cancer Prevention				
School visits	N/A	>20 visits >200 adults	Number of school visits and adults educated	The AIS Cancer Center Outreach coordinator
Cancer rates	5.1	<5%	Adults with cancer	Healthykern.org

Community Partners

Partner Organization	Role in Addressing Priority Need
The American Cancer Society	Partners with The AIS Cancer Center on a variety of programs, including Look Good Feel Better
Be the Match	Bone Marrow registry organization that partners with SJCH and The AIS Cancer Center for multiple bone marrow drives
Community Physicians	Community physicians that are not affiliated with Adventist Health partner with the organization to assist in screenings and provide education to the community

Identified Needs from CHNA, Not Addressed

The following needs are not directly addressed in the 2017 Community Health Plan. Please note, that they may be indirectly addressed.

- Asthma – Being addressed by other community organizations
- Cardiovascular disease: Preventing heart disease is a major priority under the access to care section.
- Diabetes: Preventing diabetes is a major priority under the access to care section.
- Environmental health (air quality and water safety) – Not applicable for a hospital to address.
- Mental health – The infrastructure and expertise to provide adequate mental health services is not currently available in Kern County. We are continuing to work with others health care organizations and non-profits in the area to address this issue.
- Sexually Transmitted Infections – Not applicable for a hospital to address; being addressed by other community organizations.
- Substance abuse – Not applicable for a hospital to address; being addressed by other community organizations.

Making a difference: Evaluation of 2014-2016 CHP

In 2013, SJCH conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy associated with the 2013 CHNA, SJCH chose to address access to health care, chronic diseases (cardiovascular disease, diabetes, and cancer), and childhood immunizations through a commitment of community benefit programs and resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs since the completion of the 2013 CHNA.

Children's Mobile Immunization Program

The SJCH Children's Mobile Immunization Program began in 1996 as a hospital-based effort to immunize Kern County children. The program expanded exponentially in 2000 when SJCH received a Proposition 10 Grant from First 5 Kern (Kern County Children and Families Commission/KCCFC). With the help of this grant, the SJCH Children's Mobile Immunization Program provides free services through a mobile unit that includes immunizations, information and education, and referral and linkage services. Through the grant a mobile unit was purchased to provide enhanced access to immunizations for families and children in the Greater Bakersfield area as well as outlying areas, including Taft, Arvin, Lamont, McFarland, Delano, Shafter, and Wasco. As part of the latest grant funding, a new mobile unit was completed in 2011 that allows the SJCH Immunization Team to reach out to additional rural communities such as Lost Hills, Maricopa and Buttonwillow in a more safe and secure unit.

The hospital's immunization program coordinator is a member of the Immunization Coalition of the Kern County Department of Public Health. Other agencies represented on the coalition, in addition to the Kern County Department of Public Health, include: Clinica Sierra Vista, Blue Cross, Dignity Health, Lamont School District, Kern Family Health Care, Merck, Center for Disease Control, Jamison Center, Kaiser Permanente, Kern County Economic Development Corporation, WIC and Headstart Programs, and National Health Services.

In 2013, the Center for Disease Control issued new guidance for the use of 317 vaccines. SJCH further prioritized hosting clinics is areas with high populations of uninsured or under-insured children. The vaccines are currently provided at no cost to children who meet one of these criteria:

- No health insurance
- Under-insured
- Eligible for Medi-Cal and the Child Health and Disability Program
- American Indian or Native Alaskan

Program Goal: Increase immunization rates and reduce preventable infectious diseases for uninsured/underinsured children ages 0 – 18 with a focus on those children under 5 years of age.

Objective: Continue free immunization clinics for children who would not be able to afford vaccines through traditional means.

Impact: The SJCH Children's Mobile Immunization program is working to save lives, as well as saving the community more than $5 million annually according to a recently released report prepared by the Applied Research Center at California State University, Bakersfield. Several cost-benefit studies have been completed on immunization programs for vaccine-preventable diseases. The conclusion of a majority of the studies is that vaccines are considered the most cost-beneficial of health intervention strategies.

To determine the savings to our community, the Applied Research Center took the cost of the program and added in the cost of hospitalization, medications and physicians' services to care for a child who contracts a preventable disease. It also took into consideration the cost if the child then passes it on to other family members or possibly even starts a community epidemic. Immunizations are one of the most important public health interventions in the United States. By immunizing children at an early age, the SJCH Children's Mobile Immunization Program continues to prevent diseases and decrease the occurrence of childhood vaccine-preventable diseases.

Data from the 2014-2015 California Department of Public Health Immunization Report show Kern County and Tulare County schools have high rates of compliance with childhood immunizations upon entry into kindergarten. Kern County (93.5%) and Tulare County (96.5%) have childhood immunization rates above the state average (90.4%).

2014

The mobile vehicle hosted 198 clinics in Bakersfield and rural Kern County communities. Through these efforts, 14,490 vaccines were administered to 4,702 children.

2015

The mobile vehicle hosted 171 clinics in Bakersfield and rural Kern County communities. Through these efforts, 12,066 vaccines were administered to 3,702 children.

2016

The mobile vehicle hosted 156 clinics in Bakersfield and rural Kern County communities. Through these efforts, 9,033 vaccines were administered to 3,088 children.

Chronic Disease: Heart Disease, Stroke and Cancer

In 2009, SJCH became a Nationally Accredited Chest Pain Center by the Society of Chest Pain Centers. In 2011, the Chest Pain Center received the American College of Cardiology Foundation's National Cardiovascular Data Registry ACTION Registry Get With the Guidelines Silver Performance Achievement. In 2012, the Chest Pain Center once again earned full accreditation with PCI from the Society of Cardiovascular Patient Care (formally, the Society of Chest Pain Centers).

As an accredited chest pain center, SJCH is viewed as a key provider to educate the residents of Bakersfield and Kern County on the importance of recognizing the symptoms of a heart attack, as well as preventing cardiac

disease by eliminating key lifestyle risk factors. The Chest Pain Center team has worked diligently to increase education in Kern County. Current efforts include:

- Working with local EMS and hospitals as part of a Stemi System of Care Taskforce. This taskforce is focused on improving transfer agreements with all Kern County hospitals and implementing in-field ECGs to help diagnose patients before they get to the hospital.
- Providing community education events, including health screenings and public CPR trainings.
- Participating in the Early Heart Attack Education (EHAC) program, with an emphasis on educating SJCH employees to recognize the early symptoms of a heart attack.

Most recently, the hospital's Chest Pain Center was recognized as a Mission Lifeline Heart Attack Receiving. The award is the highest designation given for consistency in treating STEMI (ST segment elevation myocardial infarction) incidents, a severe form of acute heart attack. In addition, the hospital has also received the Mission Lifeline Gold Plus Award for stroke care. SJCH is working with EMS and other local partners to develop a local taskforce focused on stroke care, similar to the Stemi System of Care Taskforce described previously.

Program Goal: Decrease chronic disease rates within our community.

Objective: Improve health and quality of life through community-based prevention, detection, and treatment of risk factors for heart disease, stroke and cancer.

Impact: The AIS Cancer Center Look Good Feel Better classes: Monthly, the AIS Cancer Center partners with the American Cancer Society to provide free instruction for cancer patients coping with appearance-related side effects during cancer treatment. A complimentary make-up kit is provided to all patrons.

What's Your Plan Community Lecture Series: SJCH hosts regular education seminars. Seminar topics range from weight management to new advances in cancer screenings.

Support groups: Monthly support groups focus on helping cancer patients and burn survivors cope with their treatment and/or recovery process are led by licensed professionals. These support groups are open to anyone in the community.

Online risk assessment tools: On the hospital's website (www.sjch.us/yourrisk) free health risk assessment tools can help a person determine if he/she is at low, medium or high risk for heart disease, stroke or multiple types of cancer. These tools have led to early diagnosed illnesses in several cases.

Community outreach: Throughout the year, clinical experts in high-priority areas (stroke, heart disease, cancer, etc.) are deployed to the community. These initiatives include participating in dozens of community health fairs, speaking at local businesses and participating in non-profit health-focused events.

2014

The hospital hosted a lecture on weight management that was attended by nearly 50 people. In addition, throughout the year, the hospital participated in dozens of health outreach events throughout Bakersfield and the rural areas of Kern County. The hospital held a community wide health fair at its Annual GospelFest event, drawing more than 4,000 people. The health fair focused on showcasing fun ways to learn how to prevent and recognize heart disease, stroke and cancer. In addition, a variety of free screenings, such as blood pressure and body mass index, were provided to attendees.

2015

The hospital conducted the following community lectures available at no cost to the community at large. Over 1,000 participated in the health education offerings.

- Advancements in Joint Replacement
- Fast Food: Simple tips for Healthy Meal-Planning and Grocery Shopping
- Heart Matters: How to Prevent, Recognize and Respond to a Heart Attack
- Skin Deep: How to Prevent, Detect and Treat the Most Common Cancer
- Stop Living With Pain: Exploring Strategies for Dealing with Chronic Pain
- Stress: Learn How Men and Women Handle it Differently
- Stroke Strategies: How to Prevent, Recognize and Respond to a Stroke
- The Flu and You: Keeping Your Family Safe This Season
- Your Breast Bet: How to Prevent, Treat and Recover from Breast Cancer

In addition, the hospital participated and sponsored a number of community events that provided screenings and education to thousands of individuals throughout the year.

The AIS Cancer Center at SJCH hosted three free community screenings – breast, prostate and skin. The breast cancer screenings reached 62 women and 14 abnormal results (23%) were identified. The prostate cancer screening reached 51 men and 17 abnormal results (33%) were identified. The skin cancer screening reached 107 people and 15 abnormal results (14%) were identified. When abnormal results occurred, the cancer center team then worked with the individuals to determine next steps and provided support and resources for further treatment.

2016

In 2016, the hospital continued to provide community education through the monthly lecture series – topics included many of the same areas from 2015, with new information added. In all, over 1,000 people attended Community Lecture Events in 2016 at the hospital.

Through The AIS Cancer Center, two screenings were also held: breast cancer and prostate cancer. 110 patients were screened with 30 abnormalities found. These individuals were referred for further treatment.

Access to Health Care

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone. Access means many things to communities but most often revolves around the topics of availability, cost and levels of coverage for health care. Employment, poverty, education, transportation, cultural identity, communication and language barriers, age, mental health, and a host of social indicators emerge within the topic of health care access.

Program Goal: Provide access to health care for the uninsured and underinsured.

Objective: Increase access to and use of preventive medical care to the community at-large, specifically the uninsured/underinsured population.

Impact: In 1997, Dave and Kathy Voss started Jesus Shack as a grass-roots concert production company, exclusively staffed by volunteers. In 2003, the organization's outreach grew with the formation of the Street Team's Ministry. Each month, Jesus Shack Street Teams join with local churches, businesses, non-profit organizations, and city government agencies to take bi-monthly trips into impoverished neighborhoods to deliver food and offer prayer and encouragement. Similar to the concert ministry, Street Teams are heavily reliant on local businesses and individual volunteers to lend time and support.

In the years since, Jesus Shack has continued to enhance its outreach to the community. In 2009, Dave Voss approached San Joaquin Community Hospital (SJCH) to suggest a partnership to provide free or low-cost health care services to Kern County's uninsured population through a mobile medical program. As a result, SJCH initiated a partnership with Jesus Shack through a $50,000 donation to help build the Jesus Shack Mobile Medical unit. The vehicle, a customized mobile home, is a doctor's office on wheels that provides a secure and sanitary environment for physicals, lab tests and other medical procedures. If a person requires further diagnostic tests or care, they are referred to a local health provider. SJCH has partnered with Jesus Shack on a voucher program that provides additional services to individuals for minimal co-pay. While SJCH was the first hospital to adopt the voucher program, other local health providers are beginning to provide free or low-cost services as well.

In addition to SJCH's initial investment, the hospital agreed to donate $30,000 each year to fund computers, lab equipment and other medical supplies. Since the Mobile Medical unit requires medically-trained volunteers, SJCH regularly invites Jesus Shack to display the unit at many of its hospital and community events, including: GospelFest, Sacred Work Sabbath and Hospital Week. During these events, SJCH officials make regular appeals to physicians, nurses and other medical professionals to lend their time and expertise to the Mobile Medical outreach.

2014

In partnership with SJCH, the Jesus Shack Mobile Medical Unit held 56 clinics and provided free or low cost health care to 575 adults throughout Bakersfield and Kern County. In addition, 425 children received physicals and vision and dental checkups.

The hospital coordinated a community-wide drive-thru flu clinic to provide free flu shots to adults in need of vaccines. In addition, adults can also receive the flu shot at any of the children's immunization clinics. The hospital's drive-thru flu clinic, held on November 8, 2014, provided free flu shots to 507 adults and 147 adults received vaccines through the mobile children's clinics throughout the year.

SJCH provided $8,949,452 in financial assistance charity care to qualified patients who did not have health care coverage.

2015

In 2015, the hospital's prior relationship with Jesus Shack's Mobile Medical Program ended.

The hospital's drive-thru flu clinic, held on November 14, 2016, provided free flu shots to 257 adults and hundreds more continue to receive the vaccines, which are available at the regularly scheduled children's clinics while supplies last.

SJCH provided $5,170,416 in financial assistance charity care to qualified patients who did not have health care coverage.

2016

The hospital's drive-thru flu clinic, held in October 2016, provided free flu shots to 343 adults and hundreds more continue to receive the vaccines, which are available at the regularly scheduled children's clinics while supplies last.

SJCH provided $16,833,999 in financial assistance through subsidized health programs and services.

Strategic Partner List

San Joaquin Community Hospital supports 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

- American Cancer Society
- American Heart Association
- American Red Cross
- Bakersfield Firefighters Burn Foundation
- CASA
- Global Family
- Greater Bakersfield Chamber of Commerce
- Houchin Blood Bank
- JJ'S Legacy
- Kern County Cancer Fund
- Kern County Community Benefit Collaborative
- Kern Economic Development Corporation
- Links for Life
- Mission at Kern County

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Community Benefit Inventory

San Joaquin Community Hospital knows 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

Activities	Number of Programs	Individuals Served
Medical Care Services		
Charity care is care provided to patients who do not have the ability to pay for their care. San Joaquin Community Hospital (SJCH) has had a long-standing policy on charity care compliant with the California Hospital Association's "Voluntary Principles and Guidelines on Hospital Billing and Collection Practices for Services Provided to Low-income, Uninsured Patients." Charity care is granted based upon the following income levels: • Less than 200% of the Federal Poverty Level: 100% Discount • 201% to 300% of the Federal Poverty Level: 75% Discount • 301% to 350% of the Federal Poverty Level: 50% Discount • 351% to 400% of the Federal Poverty Level: 25% Discount	1	N/A
Community Health Improvement		
Children's Mobile Immunization Program	6+	3,000+
Childbirth Education		100+
Drive-thru Flu Clinic		343
Enrollment for Assistance for Governing Program		N/A
Community Lecture Series and Screenings		1,000+
Support groups (cancer, stroke, etc.).		N/A
Health Professions Education		
Clinical Pastoral Education	1	20+
Versant Residency		
Subsidized Health Services		
Adventist Health Physician's Network	6	N/A
Breast Center		
Diabetes Education		

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Activities	Number of Programs	Individuals Served
NICU		
OB Services		
The Burn Center		
Research		
The AIS Cancer Center: As part of the UC Davis Cancer Care Network, The AIS Cancer Center and its oncology team regularly participate in cancer treatment research, including various clinical trials.		
Community Benefit Coalition: SJCH is a member of the Kern County Community Benefit Coalition. This coalition, formed by local healthcare organizations and other non-profits, jointly operates the website www.healthykern.org. Available to the public, this website features demographic data and updated community dashboards on the current health indicators for Kern County with zip-code drilldown available.	2	N/A
Cash and In-Kind Contributions		
Donations to qualifying organizations and non-profits. Together, our cash and in-kind donations exceed $250,000.	N/A	N/A

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.

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Financial Assistance Policies

At San Joaquin Community Hospital, we're committed to keeping our community healthy. As a result, the ability to pay should never stop an individual from seeking needed care. Our financial assistance program offers:

- If you are uninsured, you may be eligible to receive a discount for your services under our Uninsured Discount policy.
- If you are uninsured, our financial counselors will help you find out if you qualify for a government program such as Medicaid (Medi-Cal in California). If one of these programs is right for you, they may be able to assist you with the application process.
- If you do not qualify for a government program, we provide discounts to eligible low-income patients and underinsured patients. Please contact our patient financial services department if you cannot pay part of your bill. We will review your financial situation to determine if you are eligible for financial assistance.
- If you cannot afford to pay your bill after your care is complete, we will review your situation to determine if you are eligible for assistance.

For more information, patients can contact Patient Financial Services at 661-869-6800. All financial assistance policies and information can be found on our website at:

https://www.adventisthealth.org/sjch/pages/patients-and-visitors/financial-services/financial-assistance-policy.aspx

Community Benefit & Economic Value for Prior Year

San Joaquin Community Hospital knows 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.

Valuation of Community Benefit
Year 2016

SAN JOAQUIN COMMUNITY HOSPITAL	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	535,921	0.15%	-	535,921	0.15%
Medicaid	103,233,089	29.83%	85,292,342	17,940,747	5.18%
Medicare	-	-	-	-	-
Other means-tested government programs	-	-	-	-	-
Community health improvement services	818,583	0.24%	-	818,583	0.24%
Health professions education	5,600	0.00%	-	5,600	0.00%
Non-billed and subsidized health services	28,744,170	8.31%	19,469,456	9,274,714	2.68%
Research	-	-	-	-	-
Cash and in-kind contributions for community benefit	278,094	0.08%	-	278,094	0.08%
Community building activities	89,116	0.03%	-	89,116	0.03%
TOTAL COMMUNITY BENEFIT	133,704,573	38.64%	104,761,798	28,942,775	8.36%

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.

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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

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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:

Jimmy Phillips, MBA
Executive Director of Marketing/Communications

Phone: 661-869-6569
Email: phillijd@ah.org

San Joaquin Community Hospital
2615 Chester Ave.
Bakersfield, CA 93301

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