Castle Medical Center

Adventist Health

Exceptional Medicine by Exceptional People

2013 - 2015 Community Health Plan

(Implementation Strategy)
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Overview of Adventist Health

Castle Medical Center is an affiliate of Adventist Health, a faith-based, not-for-profit, integrated health care delivery system headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawai‘i, Oregon and Washington.

Adventist Health entities include:

- 19 hospitals with more than 2,700 beds
- More than 220 clinics and outpatient centers
- 14 home care agencies and 7 hospice agencies
- Four joint-venture retirement centers
- Workforce of 28,600 includes more than 20,500 employees; 4,500 medical staff physicians; and 3,600 volunteers

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

Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.
More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and nearly 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

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

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

Dear Community:

As chief executive officer of Castle Medical Center (CMC), I would like to thank you for your interest in the health of our community and for allowing our organization, as part of Adventist Health, to be a partner in an effort to improve the health of Hawai‘i. The enactment of the Affordable Care Act highlights the importance of understanding our community’s needs and providing opportunities to innovate our community-based prevention efforts. To help achieve this, CMC is pleased to share the 2013 Community Health Plan.

We understand that this plan is an important step in improving the health of the communities that we serve. This plan was developed following completion of the Community Health Needs Assessment (CHNA) and in consultation with key community stakeholders. This plan will outline the area of focus identified in the CHNA as well as how CMC will collaborate with community partners to improve systems of care.

CMC focuses on providing patient-centered health care in a caring environment that extends well beyond hospital and clinic walls. Our many programs are developed to serve the distinct medical needs of our communities. We invite you to join us by aligning with the objectives and interventions outlined in this report to address the most critical health needs in our region. We are confident that through partnership, collective approaches and quality wellness strategies, we will positively impact the health of Hawai‘i.

Sincerely,

Kathryn A. Raethel, President and CEO
Invitation to a Healthier Community

Where and how we live is vital to our health. As you read this document, think about health in our communities as the environment in which we live, work, and play. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population.

The Community Health Plan marks the second phase in a collaborative effort to identify our community’s most pressing health needs. A Community Health Needs Assessment (CHNA) was conducted in 2013 to identify potential priority areas for community health. The CHNA was conducted not only in response to California’s community benefit legislation (SB 697), Oregon’s community benefit legislation (HB 3290) and The Affordable Care Act (H.R. 3590), but to truly fulfill the mission of the Adventist Health, “To share God's love by providing physical, mental and spiritual healing.”

Community-based prevention, particularly interventions that look upstream to stop the root causes of disease, can reduce the burden of preventable illnesses. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are all key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population. Adventist Health uses The Community Guide, a free resource, to help communities choose programs and policies to improve health and prevent disease. This resource guides communities towards interventions that have proven to be effective, are appropriate for each unique community and evaluate the costs and return on investment for community health interventions.

Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. To aid in comparability across regions, it is important to identify and be in alignment with statewide and national indicators.
When available, Healthy People 2020 was used as targets to align our local interventions. The Healthy People 2020 initiative provides science-based, 10-year national objectives for improving the health of all Americans.

The results of the CHNA guided the creation of a detailed plan to meet identified community needs, as well as community plans to address needs that our hospital may not be able to provide. In response to those identified needs Castle Medical Center has adopted the following priority area and strategies for our community health investments for 2013-2015:

- Diabetes
  1. Improve access to care for individuals with pre-diabetes
  2. Expand educational offerings pertaining to diabetes
  3. Provide Limb preservation programs

In addition, Castle Medical Center continues to provide leadership and expertise within our health system by asking the questions for each priority area:

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

Building a healthy environment requires multiple stakeholders working together with a common purpose. We invite you to explore our health challenges in our communities outlined in this assessment report. More importantly though, we hope you imagine a healthier region and collectively prioritize our health concerns and find solutions across a broad range of sectors to create communities we all want for ourselves and our children.
CASTLE MEDICAL CENTER
Number of Hospital Beds: 160
Kathryn Raethel, President and CEO
Scott Reiner, Chair, Governing Board
640 'Ulukahiki Street
Kailua, Hawai‘i 96734
808-263-5500
Mission, Vision and Values

Mission

Caring for our community…Sharing God’s Love…

Mālama ana i kō kākou kaiāulu, Ka’ana i ke aloha o ke Akua

Vision

Castle Medical Center will be a recognized leader providing quality care, wellness, and fiscal strength in a spiritual setting.

Values

At Castle Medical Center, we value:

- The compassionate healing ministry of Jesus
- Human dignity and individuality
- Excellence in clinical and service quality
- Responsible resource management in serving our communities
- The health care heritage of the Seventh-day Adventist Church
- Each other as members of a caring family
Community Profile

Castle Medical Center's primary service area is the Windward side of O‘ahu, defined as stretching from Kahuku to Waimanalo. The hospital’s secondary service area is defined as Honolulu County, and the tertiary service area is the state of Hawai‘i. In conducting the CHNA and developing this Community Health Plan, the focus was on the primary service area of Windward O'ahu.

![Service Area Map](image)

2011, Honolulu County had a population of 963,607. The largest single race group in Honolulu County is Asian at 43.5%. The majority of the Asian population is Japanese or Filipino. Honolulu County also has much larger Native Hawaiian/Other Pacific Islander (9.3%) and multiracial populations (22.0%) than the rest of the country. Native Hawaiians, at 5.0% of the total population, make up the largest share of the Native Hawaiian/Other Pacific Islander single race group.
Social and Economic Factors

Honolulu County residents are well educated relative to the state and nation. In 2010, 31% had at least a bachelor’s degree. By contrast, 29.4% of the state and 27.9% of the nation had a bachelor’s degree. Income in Honolulu County is generally high. Median household income in 2006-2010 was $70,093, substantially higher than the national value of $51,914 as well as the state value of $66,420. Honolulu County is tied with Kauai County for the lowest levels of poverty in the state (8.8% vs. 9.6% for the state). This is significantly lower than the U.S. poverty level of 13.8%. The North Shore and West Side of O‘ahu have higher poverty levels. Moreover, 16% of children in Honolulu County live in households receiving government assistance. Certain race/ethnicity groups are also more affected by poverty, as seen in Figure 1.2 below.

Figure 1.2 Poverty by Race/Ethnicity, 2006-2010
Some areas and populations in Honolulu County have been designated as medically underserved by the Health Resources and Services Administration. In Waimanalo, part of CMC’s primary service area, the designation applies to subpopulations within the areas. Core indicators for access to health services in Honolulu County compare favorably to the rest of the state and the U.S. However, there are race and age disparities among adults for health insurance coverage. While 7.2% of all adults in the county had no insurance coverage in 2010, the percent was higher for Other Pacific Islander adults (16.9%) and adults aged 18-24 (15.5%).
Community Health Needs Assessment Overview

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

Castle Medical Center feels confident that we are working hard to listen to our community and collectively identify needs and assets in our region. Traditional, publicly available data were included in the assessment, along with qualitative data collected from a broad representation of the community.

Quantitative Data

- Morbidity and mortality data was analyzed using Hawai‘i Health Matters, a publicly available data platform with a dashboard of more than 100 indicators from more than 20 sources.
- Hospitalization indicators on key preventable causes of hospitalization were provided by Hawai‘i Health Information Corporation.
- Health disparities, primary care needs, and mental health data were analyzed using various Honolulu County Department of Public Health reports.

To validate the data, and to ensure a broad representation of the community, qualitative data was collected from:
Qualitative Data

- Community agencies that serve our primary service area were interviewed to assess community needs and to identify areas that Castle Medical Center can be a strategic partner.
- Key informant interviews from key leaders were implemented to engage community in the development of our interventions and solicit their input regarding improving the health of our region.
- Online community surveys were used to collect community opinions on the greatest health needs for Honolulu County.
Identified Priority Needs

After conducting the CHNA, we asked the following questions:
1) What is really hurting our communities?
2) How can we make a difference?
3) What are the high impact interventions?
4) Who are our partners?
5) Who needs our help the most?

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

**Priority Area 1**

**Diabetes:** According to the American Diabetes Association, Diabetes is the 5th leading cause of death in the United States. In Honolulu County it affects 8.5% of the population and disproportionately affects certain groups such as Native Hawaiians (12.3%) and Filipinos (10.9%). On Windward O‘ahu, the long-term complications of diabetes resulted in a 2011 hospitalization rate of 105.9/100,000 population, the second highest in the county. The American Diabetes Association (ADA) estimates that by 2050, one in three American adults will have diabetes. In Hawai‘i, that estimate is one in two. At present, there are an estimated 363,000 Hawai‘i adults over the age of 20 with pre-diabetes. The magnitude and severity of diabetes in Windward O‘ahu and throughout Honolulu County warrant collective approaches that address all stages of the disease, most especially in the prevention/pre-diabetes phase.

Hawai‘i has one of the highest rates of lower extremity amputation related to diabetes in the nation and Honolulu County has the highest rates in the state. In 2011, the hospitalization rate on O‘ahu for lower extremity amputations was 18.7/100,000 population. The Windward-specific rate was 16.3/100,000 population, a figure that is likely understated as it excludes Kahuku due to sample size restrictions.
Pre-diabetes can be stabilized and sometimes reversed through early education and intervention. Unfortunately, there is very little insurance coverage for people with this diagnosis and most do not have coverage that will allow them to obtain the necessary education and interventions that can address the conditions.

**Goal:** Reduce the disease and economic burden of diabetes and improve the quality of life for persons who have, or are at risk for diabetes.

**Objective:** Improve access to care for individuals with pre-diabetes.

**Objective:** Expand educational offerings pertaining to diabetes.

**Objective:** Reduce the rate of lower extremity amputations in persons with diagnosed diabetes.

**Interventions:**

1. Castle Medical Center will partner with community stakeholders, particularly HMSA, to obtain funding and increase engagement with people with pre-diabetes.

2. CMC’s Wellness & Lifestyle Medicine Center (CWLMC) will pursue offering programs and services specifically tailored to the pre-diabetic population. This includes partnering with churches to provide education and screenings to their respective congregations.

3. CMC’s CWLMC will provide the educational offerings and lifestyle programs that can positively impact the health of diabetics on the Windward side of O‘ahu.

4. CMC is an accredited Diabetes Self-Management Education program by the American Association of Diabetes Educators (AADE). We will provide educational programs that empower patients to effectively manage their diabetes based on the AADE 7 self-care behaviors (healthy eating, being active, monitoring, taking medication, problem solving, reducing risks, and healthy coping).
5. CMC provides weekly fitness activities, quarterly grocery shopping tours, and quarterly cooking classes for all diabetic and pre-diabetic patients.

6. CMC’s registered dieticians will provide care and education to children with Type 2 diabetes accompanied by hands-on learning and the use of tracking apps for follow-up care.

7. CMC will refer patients to the YMCA for GlucoFit (diabetes specific exercise classes).

8. CMC will partner with local schools, prisons and the American Diabetic Association to expand educational offerings outside of CMC. These include Step Out Walk to Stop Diabetes and participation in health fairs at local schools and at the Women’s Correctional Facilities.

9. CMC will develop an intervention program that will allow primary care physicians and podiatrists to ensure that their patients can be seen by an interventional radiologist or vascular surgeon and, if appropriate, pursue re-vascularization of affected limbs as an alternative to amputation.

**Evaluation Indicators:**

*Short Term* – Decrease rates of readmissions for acute diabetes complications.

*Long Term* – Increase the sites for community-based management for diabetes.

*Collective Impact* – Reduce the annual number of new cases of diagnosed diabetes in the population.
Priority Areas Not Addressed

The CHNA identified 20 topic areas of need in Honolulu County. Community health was assessed for Honolulu County as a whole, for race sub-groups, and for sub-geographies. The findings revealed overall or sub-population community health needs in the following areas:

Access to Health Services  
Cancer  
Diabetes  
Disabilities  
Economy  
Education  
Environment  
Exercise, Nutrition & Weight  
Family Planning  
Heart Disease & Stroke  
Immunizations & Infections  

Diseases  
Injury Prevention & Safety  
Maternal, Fetal & Infant Health  
Mental Health & Mental Disorders  
Older Adults & Aging  
Oral Health  
Respiratory Diseases  
Social Environment  
Substance Abuse & Lifestyle  
Transportation

After investigating the twenty topic areas identified in the report, the CHNA committee followed an iterative process in which the focus was narrowed to increasingly fewer topics, each of which was investigated further to determine its fit with selection criteria. After internal discussion and consultation with community stakeholders, our CHNA committee chose diabetes as our top community need.

The magnitude and severity of diabetes in Windward O‘ahu and throughout Honolulu County are highlighted throughout this report by statistics and stakeholder input. As a public health issue, it affects numerous health needs. Furthermore, Castle Medical Center is uniquely positioned to address the problem of diabetes and produce positive health outcomes that will benefit the Windward community.
Partner List

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

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

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

- Aloha Care
- Aloha United Way
- CareResource Hawai‘i
- Hale Na‘au Pono
- Hawai‘i Nutrition and Physical Activity Coalition
- Hawai‘i Independent Physicians Association
- Hawai‘i Initiative for Childhood Obesity Research
- Hawai‘i Medical Service Association
- Hawai‘i Primary Care Association
- Hawai‘i State Department of Education
- Hawai‘i State Department of Health
- Healthy Hawai‘i Initiative, Tobacco Settlement Project
- Hilopa‘a Family to Family Health Information Center
- Kōkua Kalihi Valley Comprehensive Family Services
- Mental Health America of Hawai‘i
• Pali Momi Medical Center
• Papa Ola Lōkahi
• Pearl City Nursing Home
• St. Francis Home Health Care Services
• University of Hawai‘i Cancer Center
• YMCA of Honolulu
Connecting Strategy and Community Health

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

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

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

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

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

Improving population health requires effective initiatives to:

1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
2) Improve care quality and patient safety and
3) Advance care coordination across the health care continuum.
Our mission as a health system is to share God's love by providing physical, mental and spiritual healing. We believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.
Terms and Definitions

Medical Care Services (Charity Care and Unreimbursed Medicaid/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: 1) bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing such care to such patients; 2) the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or 3) contractual adjustments with any third-party payers.

Community Health Improvement
Activities that 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. Community-building activities improve the community’s health and safety by addressing the root causes of health problems, such as poverty, homelessness, and environmental hazards.

Health Professions Education
This category includes educational programs for physicians, interns, and residents, medical students, nurses and nursing students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate, or training that is required by state law, accrediting body or health profession society.

Subsidized Health Services
Clinical services are provided, despite a financial loss to the organization; measured after removing losses, and measured by cost, associated with bad debt, charity care, Medicaid, and other means-tested government programs. Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt, and Medicaid shortfalls. The service is provided because it meets an identified
community need and if no longer offered, it would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization to provide.

**Research**

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).

**Cash and In-Kind Contributions**

Financial or “in-kind” contributions to support community benefit activities provided by other entities. In-kind contributions include non-cash goods and services donated by the organization to another group that provides community benefit. Donations in this category must be restricted by the organization to a community benefit purpose.

**Financial Assistance Policy**

We’re committed to keeping you healthy. As a result, your ability to pay should never stop you from seeking needed care.

If you are uninsured or have a limited income, you may be eligible for a payment discount. You also may qualify for government programs such as Medicaid.

The most recent financial assistance policy can be found at the hospital’s website:

http://castlemed.org/financial-aid.htm
Community Benefit Inventory

In addition to the priority areas listed previously, the hospital offers many community health development interventions. As we shift into strategic initiatives to improve health within the communities we serve we will continue to support additional efforts identified as priorities to our communities. Below you will find a summary of our key interventions that may not have been included in the priority areas for the hospital.

Year 2013 – Inventory

<table>
<thead>
<tr>
<th>Activities</th>
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<tbody>
<tr>
<td><strong>Medical Care Services</strong></td>
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<tr>
<td>Castle Medical Center and Adventist Health have an extensive charity care policy, which enables the Medical Center to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and non-emergency health care. Charity care does not include: 1) bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing such care to such patients; 2) the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or 3) contractual adjustments with any third-party payers.</td>
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</tbody>
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| **Community Health Improvement** |
| Our Wellness Program and Lifestyle education classes provided a net community benefit of $381,849 |

| **Addiction** |
| Individualized Tobacco Treatment Counseling |
| Seminars on Stop-smoking |
| Individualized Weight Management Program |
CPR and Other Medical Self-Help

CPR, both Heartsaver and Healthcare Provider levels
Advanced Cardiac Life Support (ACLS)
Pediatric Advanced Life Support (PALS)
Neonatal Resuscitation

Disease Management

“In Sickness & In Health” informational seminars
Cancer Support Group
Parkinson’s Disease Support Group
Caregivers’ Support Group
Alzheimer’s Caregivers’ Support Group
Diabetes Counseling
Mental Illness Caregivers’ Support Group
Sleep Apnea Support Group
Seminars on Bariatric surgery
Joint Care Seminars

Exercise

Core Conditioning
Various exercise classes for those with limited mobility
Interval Training
Bone Builder
Pilates
Qigong
Lunch Crunch
Total Body Workout
Walk/Bike/Drive Workshop
Personal Fitness Training

Nutrition

Vegetarian cooking classes
Nutritional Counseling
Family

Lamaze™
Bradley Method
General Newborn Care
Breast-Feeding
Infant CPR and Safety
Healthy Pregnancy
Birth Center Tour
New Mothers' Hui
Peacefully Pregnant

Spiritual

Bereavement Support Groups (Weekly and Monthly)

Wellness Education in the Community

Health fairs
Wellness education at various community events
Heart health and asthma education at local college and schools
Wellness on Wheels van

Subsidized Health Services

We provide a comprehensive birth center that is a negative margin service

Cash and In-Kind Contributions

Contributions totaled $75,840 in 2013
Community Benefit & Economic Value

Castle Medical Center’s mission is, “Caring for our community…Sharing God’s Love…”

“Mālama ana i kō kākou kaiāulu, Ka‘ana i ke aloha o ke Akua.”

We have been serving our communities health care needs since 1963. Our community benefit work is rooted deep within our mission and merely an extension of our mission and service. We have also incorporated our community benefit work to be an integral component of improving the “triple aim.” The “Triple Aim” concept broadly known and accepted within health care includes:

1) Improve the experience of care for our residents.
2) Improve the health of populations.
3) Reduce the per capita costs of health care.

Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.
Appendix A: Policy Community Health Needs Assessment and Community Health Plan Coordination
POLICY: COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH PLAN COORDINATION

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 Hawai‘i 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.