

Frank R. Howard Memorial Hospital

2017 Community Health Plan
(Implementation Strategy)
2016 Update/Annual Report



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Adventist Health Overview

Frank R. Howard Memorial 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.

Letter from the CEO



Dear Friends and Colleagues,

As Chief Executive Officer of Frank R. Howard Memorial Hospital (HMH), I would like to share our Community Health Plan with you. As you read this plan, please join me in imagining a healthier community and finding ways on how we can work together for a healthier community.

As we look back to 2016 and look forward to another three years of addressing the needs that we've found through the Community Health Needs Assessment, central to our effort is knowing that creating a healthy community is more than just about medical care. Studies have shown that the conditions in which people live, learn, work and age affect their health. Social determinants such as housing, literacy, early child experiences, income, and social support among others can influence our residents' lifelong health and well-being.

As one of the biggest employers and provider of healthcare in the community, we value our role and opportunity we have to influence the health of our community. Having said this, we also recognize that to truly address the needs of our community and achieve greater impact, collaborating with other agencies that address these social determinants of health is imperative.

It is along those lines that we have chosen to partner with other organizations for the 2016 Community Health Needs Assessment. This process gave us new insight into the health of our community, areas we collectively have identified as priorities, and where we could partner and lead for better health outcomes in our region. The goal is to build on collective wisdom and use resources from throughout the community to improve health and well-being in our County.

Building a healthy community requires multiple stakeholders working together. We must strive to build lasting partnerships that span across multiple sectors, actively engaging in finding solutions. We invite you to review our assessment and plan and allow us to join you in finding opportunities to partner for a healthier region.

Jason Wells

Hospital Identifying Information



Number of Beds: 25

Mailing Address: 1 Marcela Drive, Willits CA 95490

Contact Information: 707-459-6801

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

Ukiah Valley Medical Center

Little Lake Health Clinic (ARCH)

Community Health Development Team



Jason Wells

Chief Executive Officer



Judson Howe

Chief Financial Officer



Cici Winiger

Marketing & Communications Manager

CHNA/CHP contact:

Cici Winiger

Marketing & Communications Manager

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Phone: 707.456.3591

To 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> or AdventistHealth.org/communitybenefit

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, Frank R. Howard Memorial Hospital has adopted the following priority areas for our community health investments for 2017-2019:

Childhood Obesity and Family Wellness

Mental Health

Economic Development/Poverty

Access to Care

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

Mendocino County is located north of San Francisco and west of the Central Valley. Our beautiful Willits community is about two and a half hours north of San Francisco. It's considered the Gateway to the Redwoods, offering natural beauty and a slower pace of life, while being only a short drive from the Bay Area.

Willits rests in the heart of Mendocino County, a 3,509 square mile rural county in Northern California wherein some geographic areas are actually designated as frontier. It is the 15th largest county in California, and topographically diverse, with ocean, inland valleys, mountains, lakes and rivers and redwood forests.

Demographics of the community

Population Characteristics

According to 2014 data from the U.S. Census bureau, Mendocino County has a population of 87,869 people, a .03% (28 people) increase over the 2010 census. The proportion of residents who are 65 years and over makes up 19% of the county population, 36% higher than the proportion in the state (14%). Between 2010 and 2060, the working age population (25-64) is expected to increase from 47,955 to 48,818, or to 49% of the county population, while retirees and seniors (65 years and up) will grow from 13,672 to 19,861 (to 20% of the county population).

In 2014, the county's population was 66% White, 24% Hispanic/Latino, 6% Native American, 2% Asian, and 1% African American. Between 2010 and 2060, the Hispanic/Latino population is expected to increase from 19,802 to 37,293, or to 37% of the county population, while Whites will decrease from 60,449 to 48,450 (to 48% of the county population).

Education, Income and Employment

In 2014, nearly one-quarter of adults in Mendocino County ages 25 and older (22%) had a bachelor's degree or higher and 15% had less than a high school diploma. Approximately one-third each of the Hispanic, Native American and African American populations were living below the Federal Poverty Level (29%, 31% and 36%, respectively). The percentage of households receiving cash public assistance income has been increasing since 2005.

Priority Areas Identified

Through the 2016 Community Health Needs Assessment, we have identified the following priority areas:

- **Poverty** – Poverty has a profoundly negative impact on health. Nearly 30% of children in Mendocino County live below the federal poverty level, compared to 23% in California. Twenty-percent (20%) of residents also live in poverty, compared to 15% in the state. Elders, which is a growing segment of our population are also at risk. In the community health survey done as part of the CHNA process, 21% of respondents said that economic issues are one of the important health issues in the County. The percentage of households receiving cash public assistance income has been increasing since 2005. However, too many local jobs don't pay enough to cover basic expenses. 26% of participants in the survey were also unemployed, while employers say they have difficulty finding qualified people to take available jobs. In Mendocino County, there is a particular need to address local economic issues in order to improve the health outcomes of our residents. This requires a dual strategy of creating more jobs and other economic opportunities and developing the local workforce
- **Housing** – Housing is a major issue for many in the County. Cost of rental or purchase of housing is more than many can afford, that coupled with the lack of job options with decent pay makes it hard for residents to have a roof over their heads. New development is costly, and permits and fees take considerable time and money. CHNA survey respondents cited the cost of housing and food as major barriers to meeting their families' needs. The rate of homelessness in the County is very high -- an estimated 1,032 homeless persons in 2015 and housing assistance and emergency shelter are limited. Although there are community organizations that help address food for homeless, there are not many options for immediate housing assistance. The winter shelter depends on private funding and so depending on it as an option year after year is difficult.
- **Mental Health** – Mental health needs and services are a significant concern in Mendocino County. Almost half (46%) of adults surveyed indicate that mental health issues are among the most important health issues facing our community (Community Health Survey 2015). There are complex interactions among mental health, mental illness, the high poverty rate, unemployment and homelessness. Poor mental health can both result from and contribute to other poor health and social conditions. The barriers to accessing timely and appropriate mental health services contribute to crises that local emergency departments or law enforcement must address. Mental illness is also strongly linked to homelessness with 41% of local homeless people reporting having a serious mental illness. The age-adjusted rate due to suicide is also higher than state rates, with 23.6 compared to state 10.3. 12.6% of adults also experienced frequent mental distress, as compared to state rate of 10%. The goal for this priority area is educating the community about mental health illness to reduce stigma and increase resilience, improve prevention and expand treatment options and case management.
- **Childhood Obesity & Family Wellness** - Taken together, childhood overweight, obesity and inadequate physical activity are a significant health concern in Mendocino County, where 41% of children are overweight (Community Health Status Assessment 2015). Childhood obesity can lead to diabetes and other serious chronic diseases, with consequences for both the quality and length of life and the cost of health care. Obese and overweight children and youth are more likely to become



obese and overweight adults. 59% of local children do less than 1 hour of activity a day while child and teen fruit consumption is only 66%. Child food insecurity rate is also a major factor, with 26% of children who have limited or uncertain access to nutritionally adequate foods and 16% for adults. This health need, with its emphasis on improving access to healthy, affordable foods and physical activity resources, represents a significant opportunity to invest in better health outcomes for Mendocino County's children and adults. 51% of adults in the county as also overweight or obese (CHIS 2015). Recognizing that healthy habits start at home and require the effort of the whole family. Encouraging healthy lifestyles for adults was deemed important since parents make most of food choices and decision making.

- **Childhood Trauma** – Childhood trauma and adverse childhood experiences (ACEs) have an extremely negative impact on the health, safety and well-being of individuals and our community. They lead to harmful health behaviors, poor performance at school and work and higher risks for serious health conditions in adulthood. The county's rate of child abuse is 19%, twice the state rate, while 30.8% of adults reported having past Adverse Childhood Experiences, also twice the state rate. The goal for this priority area is to educate community members about the impact of ACEs and increase support for at-risk families.

Community Health Needs Assessment Overview

[Link to final CHNA report](#)

The 2016 Community Health Needs Assessment was approved in September 2016 and made publicly available online here: <https://www.adventisthealth.org/howard-memorial/pages/about-us/community-health-needs-assessment.aspx>

Methodology for CHNA

Mendocino County's CHNA Planning Group adopted the Mobilizing for Action through Planning and Partnership (MAPP) process as its planning framework to guide the CHNA process. The MAPP tool, which was developed by the National Association of County and City Health Officials (NACCHO), was chosen to capture an in-depth picture of community health status through quantitative and qualitative data collection methods. The MAPP framework includes four assessments. Of these, three assessments were selected for the 2015 CHNA:

- The Community Themes and Strengths Assessment provides a deep understanding of the issues that local residents and community leaders feel are important to the health of their communities. Both the Community Health Survey and Key Informant Interviews were used in this assessment.

The CTSA provides a snapshot of Mendocino County by gathering information on community members' thoughts, concerns and opinions on the following questions:

1. How is quality of life perceived in our community?
2. What factors are most important for our community's health?
3. What assets do we have that can be used to improve community health?

The CTSA was conducted via two methods. The first method was through a Community Health Survey that was provided to Mendocino County residents online as well as in hardcopy format. A total of 1,486 residents completed the Community Health Survey; 1,402 were completed in English, and 84 in Spanish.

The second method was via Key Informant Interviews of sixteen key stakeholders in the community, including representatives of county and city government, healthcare, the courts, nonprofits, and media.

- The Community Health Status Assessment uses data to illuminate the health status of Mendocino County and its residents, helping to answer questions including: How healthy are Mendocino County residents?



- The Local Public Health System Assessment measures the capacity and capability of the local top priorities identified in partnership with our communities

To define a starting place for discussion and planning for collective action to improve community health, the CHNA Planning Group examined and ranked the CHNA data according to the following criteria:

- **Impact:** Which issues have the greatest impact on health, quality of life and health disparities?
- **Severity:** Which issues have the most severe negative health repercussions in our rural county?
- **Collective Action:** On which issues would concerted action by community-based organizations, hospitals, clinics, public health and other partners be most likely to bring about meaningful improvement?
- **Outcome:** Which issues would yield the most visible improvement in our mortality and morbidity rates and, thereby, the health and well-being of the people of our county?

On June 8, more than 100 representatives from community organizations and residents from across the county took part in a Community Health Improvement Planning workshop in Ukiah. After much discussion, five priority areas for improving health in Mendocino County were chosen based on their severity, impact and potential for collective action to address them: Poverty, Housing, Mental Health, Childhood Obesity and Family Wellness and Childhood Trauma

Collaborative Partners

The six agencies which included conducting the Mendocino County CHNA formed the CHNA Planning Group in October 2014, and it has guided the assessment planning efforts and helped conduct the assessments. The Alliance for Rural Community Health (ARCH), Frank R. Howard Memorial Hospital, Mendocino County Health and Human Services Agency, North Coast Opportunities, and Ukiah Valley Medical Center provided funding and representatives to the Planning Group, and asked Healthy Mendocino to coordinate the project. The results informed the completion of the 2015 Mendocino County Community Health Needs Assessment, published in May 2016.

Community Voices

Using the MAPP process, stakeholder input was obtained through various ways mentioned above. While the CHNA came up with three priority areas as its recommendation, further stakeholder input was obtained during the June 8 Community Health Improvement Planning Workshop where over 100 residents from various sectors and organizations attended. At the end of that workshop, attendees came up with the final priority areas: Poverty, Mental Health, Housing, Childhood Obesity and Family Wellness and Childhood Trauma.



Identified Priority Needs from 2016 CHNA

Identified Needs

Childhood Obesity and Family Wellness

Goal

Promote healthy lifestyles and improve education on healthy diet and physical activity to increase the percentage of children and adults living at healthy weight.

41% of children in Mendocino County are overweight and the trend worsens as they get older. 59% of local children also do less than 1 hour of activity a day and some families lack access to affordable and nutritious food.

Short-term Objective

Objective: Increase fruit and vegetable consumption of 30 participants in 4-week nutrition classes

- Intervention: Nutrition classes

Intermediate Objective

Objective 1: Decrease LDL cholesterol levels and lower A1C numbers for participants in diabetes management class over a 6-month period

- Intervention: Diabetes education class and educational seminars

Objective 2: Increase number of children who do an hour of physical activity by building a par course close to the hospital and providing financial support to community organizations aligned with this goal

- Intervention: Par course, partner with the City; other community organizations

Long-term Objective

Objective 1: Continue work with the Childhood Obesity and Family Wellness action team to achieve goals addressing indicators on healthmendocino.org, including increasing child and teen fruit consumption; 5th Grade students who are at a healthy weight or underweight; and 7th grade students who are physically fit

- Intervention: Community Action team, County-wide marketing campaign promoting healthy lifestyles



Objective 2: Work with other community organizations

- Intervention: Community Action Team, County-wide marketing campaign promoting health lifestyles, hosting and partnering with other organizations in holding events that promote walking and being active

Objective 3: Lower A1C and decrease LDL cholesterol for 60 participants in diabetes management classes since these are factors related to other chronic diseases

- Intervention: Diabetes education classes and nutrition classes

Objective 4: Increase consumption of fruit and vegetable in adults and children

- Intervention: Nutrition classes, subsidize Senior Center lunch salad bar for 12 months, Senior Center lunch and learn, cooking classes and seminars

Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Decrease LDL cholesterol among 25 participants in diabetes management classes	Lab data	Reduce LDL cholesterol by 5 points	LDL levels	Program participants
Increase fruit and vegetable consumption for 30 participants in nutritional classes	Reported daily fruit/vegetable consumption	Increase to five servings a day	Number of servings of fruits and vegetables consumed daily	Program participants
Increase fruit and vegetable consumption for Senior Center members	Reported daily fruit/vegetable consumption	Increase to five servings of fruit/vegetables per day	Number of servings of fruits/vegetables consumed daily	Program participants



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Community Partners

Partner Organization	Role in Addressing Priority Need
Childhood Obesity and Family Wellness Action Team	County-wide collaboration to come up with strategies/actions promoting healthy lifestyles in both children and adults to reduce childhood obesity and encourage family wellness, strategies include marketing plan, organizing fitness events, providing meeting rooms and space for events, increase information sharing on resources for wellness in the community
Senior Center	Providing lunch program and space for presentation

Identified Needs

Mental Health

Goal

Increase awareness about mental illness and resources in the community, increase access to mental health providers and improve prevention for mental health conditions

Mental health was found to be a top concern for CHNA interviewees and survey respondents. It is strongly linked to homelessness and 41% of local homeless people report having a serious mental illness.

Short-term Objective

Objective 1: Educate 100 members of the community on recognizing mental illness

- Intervention: Educational seminars on mental health signs and symptoms

Objective 2: Educate 40 members of the community and increase safe medication disposal by hosting seminars and quarterly drug take back days at retail pharmacy

- Intervention: Drug take back program, educational seminars partnership with SafeRX Mendocino

Long-term Objective

Objective 1: Provide access to mental health providers through telemedicine

- Intervention: Telemedicine program for clinic



Objective 2: Reduce number of patients being transferred /referred out of the area by providing access to mental health providers to patients in inpatient

- Intervention: Inpatient Telepsych program

Community Partners

Partner Organization	Role in Addressing Priority Need
SafeRX Mendocino	County-wide collaboration to come up with strategies addressing opioid epidemic
NAMI	Providing resource speakers for educational seminars for community

Identified Needs

Economic Development/Poverty

Goal

Provide indirect support to promote economic development by collaborating with community organizations

Short-term Objective

Objective 1: Participate in 5 career days/fair events in the area to inspire youth and promote career opportunities in the area to locals.

- Intervention: Local schools and Willits Chamber and Commerce

Objective 2: Educate 100 youth from the community on career options by providing tours of the hospital and exposing them to different career paths they can take

Long-term Objective

Objective 1: Participate in monthly Willits Chamber meetings and events to help promote economic development and provide assistance as necessary

- Intervention: Partnerships

Objective 2: Educate 40 members of the community about how to get coverage including secondary health insurance



- Intervention: Case management

Objective 3: Continue to provide monetary and in-kind contributions to organizations in the community that support economic development or address poverty

- Intervention: Community Organizations: Willits Food Bank, Daily Bread

Objective 4: Continue to provide monetary and in-kind contributions to Mendocino College Nursing program to develop and encourage locals to enter into healthcare professions and serve in the community

- Intervention: Mendocino College

Identified Needs

Access to Care

Goal

Improve access to care and reduce wait times for appointments or number of residents going out of the area to get care

Although this was not included in the collaborative CHNA, the hospital feels that to improve the overall health and wellness to the community, they should have access to providers within Mendocino County so that conditions can be addressed before they get worse and create barriers to accessing care. As a medically-underserved area, we also have an aging population and providing care right here will improve residents' overall health outcomes.

Short-term Objective

Objective 1: Offer walk-in hours or same day appointments to reduce wait times and increase capacity

- Intervention: Primary care offices

Objective 2: Provide 200+ sports physicals to children and youth in Mendocino County to reduce burden of cost, reduce wait times and encourage physical fitness

- Intervention: Free sports physicals events

Long-term Objective

Objective 1: Increase access to primary care by recruiting 2 primary care physicians and 2 specialists

- Intervention: Physician recruitment, partnerships



Objective 2: Increase access to care by providing transportation to patients for primary care appointments

- Intervention: Partnership with local vendor and coordination thru clinics and case management

Objective 3: Recruit more allied health professionals including physical therapists to reduce wait times and number of residents going out of the area for rehabilitation services

- Intervention: Recruitment

Objective 4: Explore additional services and specialties to reduce number of residents going out of the area to access these services, such as 3D mammography

- Intervention: Capital investment

Identified Needs from CHNA, Not Addressed

Housing

Although this is a major priority for economic development overall, the hospital feels we do not have the resources, nor the capacity or competency to address this need. Having said that, we feel this will be indirectly addressed through efforts/interventions addressing poverty/economic development.

Childhood Trauma

Although children and their well-being are very important, this need will not be addressed in this plan due to lack of resources and expertise/competency to truly be able to address the need. However, there are other agencies/organizations in the community who have the expertise and are already working on interventions on this priority area.



Making a difference: Evaluation of 2014-2016 CHP

Adventist Health wants to ensure that our efforts are making the necessary changes in the communities we serve. In 2013, we conducted a CHNA and the identified needs were:

Chronic disease prevention with emphasis on: diabetes, heart disease, stroke and cancer prevention.

Objectives:

- Increase the proportion of adults aged 20 years and older who are aware of the symptoms or how to prevent chronic disease, including diabetes, heart disease, stroke, and cancer prevention.
- Increase awareness and education on risk factors that contribute to chronic disease and how to address those risk factors early on.

Accomplishments: HMM is on track with meeting our short and long-term objectives. We plan to continue working with the Mendocino County CHNA collaborative in order to assess our progress toward our collective impact indicators through the program evaluation as well as our 2017-2020 Community Health Needs Assessment. Our efforts on helping the community manage their diabetes remained a major focus this year. Since our program is also comprehensive and addresses, nutrition, physical activity and medication, this helps address chronic diseases and overall wellness and not just diabetes.

Advanced aging care with emphasis on: accident prevention and orthopedic care

Objective: Educate 50 people regarding joint health and accident prevention.

Accomplishment: We published Live Younger Longer, a quarterly magazine, which featured stories on health-related issues. This included patient stories and options for treatment of joint pain. The magazine was distributed to 48,600 residents in Mendocino County.

Strategic Partner List

Frank R. Howard Memorial 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

- North Coast Opportunities
- Howard Healthcare Foundation
- Alliance for Rural Community Health
- Mendocino College
- Mendocino Health and Human Services
- Willits Chamber of Commerce
- Ukiah Valley Medical Center

Community Benefit Inventory

Frank R. Howard Memorial 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

Priority Needs	Interventions	Description	Partners	Number Served
Chronic Disease Management	Love Your Heart Day	Free health screenings including blood pressure and blood sugar to help address risk factors for heart disease. Also provided education on stroke signs and symptoms and smoking cessation	N/A	80
	Diabetes Management Education Classes	4-week class that teaches participants on how to manage their diabetes or pre-diabetes addressing physical activity, medication and healthy lifestyles	N/A	373
	Diabetes Support Group	Support group with a featured speaker discussing a health topic every month. Open to all community members to share successes and challenges in managing diabetes	Health educators and providers community as guest speakers	203
	Diabetes Screenings	Provided free blood sugar screenings at various events throughout the year	Avenues to Wellness, Mendocino County Human Resources	135
	Ladies' Night Out	Provided education on breast cancer prevention including a Q&A with a community physician	Community physicians	45

	Open newer and bigger primary care clinic	Provide new or improve existing service availability in the community	N/A	NA
	Smoking Cessation Classes	A four-week smoking cessation program accredited by the American Lung Association	NA	30
Advanced Aging Care with emphasis on accident prevention and orthopedic care	Live Younger Longer magazine	A quarterly magazine featuring stories on health related topics included patient stories and treatment options for joint pain.	N/A	48,600
	Open new facility for Outpatient Rehab Services	Provide new or improve existing service availability in the community		NA
Other Community Benefits Activities	Sports Physicals	Provided free sports physicals to athletes in Mendocino County	Local physicians	203
	Job training for health related professions	Job training for various allied health professions including nursing, radiology and dietitian	Mendocino College Nursing program, various schools	19 nursing and 4 other allied health
	CPR Classes	Provided free CPR classes to the community to improve outcomes for cardiac events	NA	24
	Sponsorships and cash donations to events that promote physical activity	HMH supports organized events and races such as Willits Classic 5K/10K, Fort Bragg Whale Run, City of Ukiah softball league, etc	NA	1000
	Cash Donations to various community organizations that promote health and well-being in the community	Provided cash donations to nonprofit organizations such as Willits Social Services & Food Bank, Willits Senior Center, Daily Bread, Willits High School Football Team	Community Organizations	\$43,075 to non-profit organizations

Connecting Strategy and Community Health

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

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

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

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

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

Improving population health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
- 2) Improve care quality and patient safety and
- 3) Advance care coordination across the health care continuum.

Our mission as a health system is to share God's love by providing physical, mental and spiritual healing and we believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.



OUR MISSION:

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

Financial Assistance Policies

Adventist Health (AH) facilities exist to serve patients. They are built on a team of dedicated health care professionals – physicians, nurses and other health care professionals, management, trustees, and volunteers. Collectively, these individuals protect the health of their communities. Their ability to serve well requires a relationship with their communities built on trust and compassion. Through mutual trust and goodwill, Adventist Health and patients will be able to meet their responsibilities. These principles and guidelines are intended to strengthen that relationship and to reassure patients, regardless of their ability to pay, of AH's commitment to caring.

The purpose of this policy is to enact and ensure a fair, non-discriminatory, consistent, and uniform method for the review and completion of charitable emergency and other Medically Necessary care for individuals of our community who may be in need of Financial Assistance.

At the time of registration, patients who are uninsured and underinsured are provided information about government healthcare programs. Patients also are verbally informed of their right to request charity assistance. Signs and other communiques are posted and displayed throughout the hospital in multiple languages informing patients of this right as well.

The hospital also provides a brochure during the registration process that explains the hospital billing and collection procedures, and how to request financial assistance. In addition, every billing statement sent to patients contains information on how to request financial assistance. We also have an on-site financial counselor available Monday through Friday from 8 a.m. - 4:30 p.m. More can information can be found by accessing our link, <https://www.adventisthealth.org/howard-memorial/pages/patients-and-visitors/financial-assistance.aspx>.

Community Benefit & Economic Value for Prior Year

Frank R. Howard Memorial Hospital’s mission is to “share God’s love by providing physical, mental and spiritual healing.” Our community benefit work is rooted deep within our mission, with a recent recommitment of deep community engagement within each of our ministries.

We have also incorporated our community benefit work to be an extension of our care continuum. Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low-income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

Valuation of Community Benefit

Year 2016

WILLITS HOSPITAL, INC. DBA FRANK R. HOWARD MEMORIAL HOSPITAL DBA HOWARD MEMORIAL HOSPITAL		
Charity Care and Certain Community Benefit	Net Community Benefit	% of Total Cost
Traditional charity care	859,350	1.41%
Medicaid and other means-tested government programs	2,453,580	4.03%
Community health improvement services	17,261	0.03%
Health professions education	181,675	0.30%
Subsidized health services	-	-
Research	-	-
Cash and in-kind contributions for community benefit	32,012	0.05%
Community building activities	-	-
TOTAL COMMUNITY BENEFIT	3,543,878	5.82%
Medicare	Net Cost	% of Total Cost
Medicare shortfall	-	-
TOTAL COMMUNITY BENEFIT WITH MEDICARE	3,543,878	5.82%

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.



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

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)

Community Health Needs Assessment and Community Health Plan Coordination Policy

Entity:

<input checked="" type="checkbox"/> System-wide Corporate Policy <input checked="" type="checkbox"/> Standard Policy <input type="checkbox"/> Model Policy	Corporate Policy Department: Category/Section: Manual:	No. AD-04-006-S Administrative Services Planning Policy/Procedure Manual
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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:

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