Castle Medical Center

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

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Adventist Health Overview

Castle Medical Center 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.

Aloha

Castle Medical Center was founded in 1963 with a mission deeply rooted in service to the Windward O'ahu communities. Since our inception, we have been committed to bringing health services and wellness outreach to those who seek our support.

Each year, this plan focuses on the community health outreach provided by Castle Medical Center and our affiliated services and providers. In an ever-changing healthcare environment, we strive to provide more robust programs and services that meet current and emerging community needs.

Our long-standing commitment to the Windward community has grown and evolved through significant thought and care in considering our community's most pressing health needs. Based on the Hawaii Community Health Needs Assessment, we identified diabetes and access to care as priority areas for our Windward communities.

We thank all of our stakeholders for navigating these waters with us over the years, and for helping us look ahead to identify opportunities that will sustain our outreach and health care improvements in the future.

We remain committed to helping the community address identified community health needs in a positive and proactive way. We hope that you will see how we are demonstrating our mission of "Living God's love by inspiring health, wholeness and hope", whether it's on our Castle Medical Center campus or in our wider Windward community.

Sincerely,

Kathryn A Raethel

Kathy Raethel, MHA, FACHE

President and CEO

Castle Medical Center
Number of Hospital Beds: 160
Kathryn Raethel, President and CEO
Joyce Newmyer, Chair, Governing Board
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Community Health Development Team

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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, Castle Medical Center has adopted the following priority areas for our community health investments for 2014-2017:

- Diabetes
- Access to health services

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.

Community Profile

The hospital service area is defined by a geographical boundary of the State of Hawaii. The state will serve as the unit of analysis for this Community Health Needs Assessment. Hence, the health needs discussed in this assessment will pertain to individuals living within this geographic boundary. When possible, highlights for sub-geographies within Hawaii are provided. The specific area served by Castle Medical Center is indicated in Figure 1.1

Figure 1.1: Primary Service Area Map

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. The data sources and methods for conducting the CHNA are listed below.

Quantitative Data

The core indicators included in the CHNA originated from Hawai'i Health Matters (***www.HawaiiHealthMatters.org***), a publicly available data platform with a dashboard of over 100 indicators from over 20 sources. Hawai'i Health Matters (HHM) was developed as a partnership between Hawai'i Health Data Warehouse and Hawai'i Department of Health, with technology provided by Healthy Communities Institute. The core indicators cover health outcomes, behaviors that contribute to health, and other factors that are correlated with health. The secondary data available on HHM is continuously updated as sources release new data. The data included in this summary is as of October 17, 2012, and may not reflect data currently on the site. Additional data specific to race, gender, and age subgroups were obtained directly from Hawai'i Department of Health. Each of the indicators was categorized into one of 20 topic areas, spanning both health and quality of life issues. For a more detailed description of quantitative variables and scoring process, please review our 2013 collaborative CHNA, accessible through Adventist Health's Web site at: ***https://www.adventisthealth.org/castle/Documents/CMC-CHNA-13-Report.pdf***.

Qualitative Data

In order to supplement the quantitative findings, key informants were interviewed to further assess the underlying drivers for health outcomes, current community efforts, and obstacles to health. These key informants were chosen by the HAH Advisory Committee on November 7–8, 2012 through a structured nomination and selection process, which followed a thorough review of the preliminary core indicator data. Advisory members nominated community members with expertise in public health, in the top ten topic areas from the core indicator analysis, as well as in those topic areas where there were data gaps. Key informants were also nominated for their knowledge of vulnerable populations, such as low-income or more adversely impacted racial/ethnic groups. After the nomination process, the advisory members prioritized the list through a voting process. Storyline Consulting conducted 17 key informant interviews for Honolulu County between November 19, 2012 and January 2, 2013. They then transcribed, analyzed results, and included relevant themes and recommended community programs and resources in the final CHNA report.

In addition, an online survey was used to collect community opinions on the greatest health needs for Honolulu County. The survey link was virally distributed by members of the HAH Advisory Committee

and was posted on several local Web sites, including ***www.HawaiiHealthMatters.org***. The survey was open from November 28 to December 24, 2012. Because the survey sample is a convenience sample, it is not expected to be representative of the population as a whole. Survey respondents provided select personal characteristics, including gender, age, sex, and zip code of residence and whether or not the resident works in the health field. Residents were asked to rank the top ten topic areas from the core indicator analysis in order of importance for their community, as well as informing us about other topic areas of concern. Respondents were also asked which racial/ethnic groups they felt experienced more health problems than average. Lastly, there was an open-ended question asking the resident if there was anything else they would like to share with us, in terms of health concerns in their community. Opinions gathered with this survey were included in the CHNA as highlights, called "Voices from the Community," in describing notable areas of need. For a more detailed description of the qualitative analysis and interview questions, please review our 2013 collaborative CHNA, accessible through Adventist Health's Web site at: ***https://www.adventisthealth.org/castle/Documents/CMC-CHNA-13-Report.pdf***.

Information Gaps

It should be noted that the key informant interviews and survey results are not based on a stratified random sample of residents throughout the region or a random sample of employees in each facility. The perspectives of community partners captured impressions of those who were invited to complete the survey on line. The key informants were not chosen based on random sampling technique, but were instead invited because their comments represented the underserved, low income, minority, and chronically ill populations. In addition, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

Member Hospitals

Twenty-six of 28 Hawai'i hospitals, located on all islands, participated in the CHNA project. The following hospitals are located in and serve Honolulu County:

- Castle Medical Center
- Kahi Mohala Behavioral Health
- Kahuku Medical Center
- Kaiser Permanente Medical Center
- Kapi'olani Medical Center for Women & Children
- Kuakini Medical Center
- Leahi Hospital
- Pali Momi Medical Center
- Rehabilitation Hospital of the Pacific

- Shriners Hospitals for Children—Honolulu
- Straub Clinic & Hospital
- The Queen's Medical Center
- Wahiawa General Hospital.

External Consultant: Healthy Communities Institute

The Healthy Communities Institute (HCI) was engaged in the process of conducting the Community Health Needs Assessment. HCI's mission is to improve the health, environmental sustainability and economic vitality of cities, counties and communities worldwide. The HCI team is comprised of experts in public health, health informatics, and health policy. The services team provides customized research, analysis, convening, planning and report writing to meet the organizational goals of health departments, hospitals, and community organizations. To learn more about Healthy Communities Institute please visit ***www.HealthyCommunitiesInstitute.com***.

External Consultant: Storyline Consulting

Storyline Consulting was engaged in the process of conducting the Community Health Needs Assessment. Storyline Consulting is dedicated to serving and enhancing Hawai'i's nonprofit and public sectors. Storyline provides planning, research, evaluation, grant writing, and other organizational development support and guidance. To learn more about Storyline Consulting please visit ***www.StorylineConsulting.com***.

External Consultant: HC2 Strategies

A team from HC2 Strategies was engaged in the process of updating the Community Health Plan. Team members include:

Laura Acosta, MPH

Dora Barilla, DrPH, MPH, CHES

Jessica L.A. Jackson, MA, MPH

CASTLE MEDICAL CENTER feels confident that we are working hard to listen to our community and collectively identify needs and assets in our county. Although the most recent assessment was conducted in 2013, we are continually assessing our communities for growing trends or environmental conditions that need to be addressed before our next assessment in 2016. However, we did not perceive any such changes in our community in 2015.

Identified Priority Needs from 2013 CHNA & Update

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 442,000 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.

Objectives:

1. Increase patient participation in first and follow up appointments pertaining to pre-diabetes or diabetes care.
2. Increase the quality and quantity of educational offerings pertaining to diabetes
3. Increase patient and community partner participation in educational offerings pertaining to diabetes.
4. Reduce the rate of lower extremity amputations in persons with diagnosed diabetes (baseline 2012).

Interventions:

1. 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.
2. 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.
3. 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).
4. CMC provides weekly fitness activities, quarterly grocery shopping tours, and quarterly cooking classes for all diabetic and pre-diabetic patients.
5. 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.
6. CMC will partner with local schools 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.
7. In 2015 we discontinued a potential intervention program that would 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. This was discontinued due to re-prioritization of programming.

The following changes were made to interventions in 2015:

1. 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 to their respective congregations.
2. 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.
3. 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).
4. CMC provides weekly fitness activities, quarterly grocery shopping tours for all diabetic patients.
5. 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.
6. CMC will partner with local schools, 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.
7. 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.

Update on Indicators for 2014:

None.

Program Highlight for 2015:

Castle Diabetes Self-Management Education Program at Castle's Wellness & Lifestyle Medicine Center was certified through the American Association of Diabetes Educators in November of 2013. Last year 741 patients were seen in the program.

In addition to our regular diabetes program, we offer opportunities such as grocery shopping tours and diabetes-friendly vegan cooking classes to help our patients apply what they learned in the classroom out in the real world.

The diabetes grocery programs occur quarterly at different grocery stores in the Kailua area. Grocery stores featured in 2015 included Foodland, Safeway, Whole Foods, and Down to Earth. We run two class times, and the tour is generally 1.2 to 2 hours. CMC Wellness outpatient registered dietitian and certified diabetes educator, Amanda O'Neill, RDN, CDE, leads the tours. She covers recipes, meal preparation, label reading, and healthy snack ideas, all while covering the perimeter of the store. Thirty-four patients participated in the tours in 2015.

"It is the day-to-day decisions people make that help manage their lifestyle. Grocery shopping is something everyone has to do. Showing people how to plan, shop, and prepare their nutrition is crucial to successful behavior change. With diabetes, the reading of labels can be very confusing. By reinforcing the education received in the classroom in our shopping tour, patients really understand what products to buy," states O'Neill.

Most of the patients feel they can apply the carbohydrate-counting principles and label-reading skills they learn in class much more readily after attending a grocery store tour.

Preventing Diabetes classes were added in 2015. Three classes were held throughout the year with 75 participants, paying a $5 fee, as pre-diabetes/metabolic syndrome is not covered by insurance companies in Hawai'i. Our Certified Diabetes Educator, Amanda O'Neill, taught the two-hour classes focusing on a controlled, consistent carbohydrate intake, physical activity, and weight loss (if overweight).

The following changes were made to interventions in 2016:

1. CMC's Wellness & Lifestyle Medicine Center (CWLMC) offers educational classes to the pre-diabetic population. *Preventing Diabetes* is offered quarterly for a $ 7 fee.
2. CMC's CWLMC provides educational offerings and lifestyle programs that can positively impact the health of diabetics on the Windward side of O'ahu.
3. CMC is an accredited Diabetes Self-Management Education program by the American Association of Diabetes Educators (AADE). We 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). A depression scale was added to the curriculum this year to ensure the mental health component was more comprehensive. Classes are offered twice a week including morning and evening options. Referrals are required.
4. CMC provides weekly fitness activities and grocery shopping tours for all diabetic patients.
5. CMC's registered dieticians 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.

Program Highlight for 2016:

Castle Diabetes Self-Management Education Program at Castle's Wellness & Lifestyle Medicine Center was re-certified through the American Association of Diabetes Educators until January 2021. Last year 1058 patients were seen in the program.

In addition to our regular diabetes program, we offer opportunities such as grocery shopping tours and diabetes-friendly vegan cooking classes to help our patients apply what they learned in the classroom out in the real world.

The diabetes grocery programs are held at grocery stores in the Kailua area. Grocery stores featured in 2016 included Foodland, Safeway and Down to Earth. We run two class times, and the tour is generally 1.2 to 2 hours. CMC Wellness outpatient registered dietitian and certified diabetes educator, Amanda O'Neill, RDN, CDE, leads the tours. She covers recipes, meal preparation, label reading, and healthy snack ideas, all while covering the perimeter of the store. Twenty-seven patients participated in the three tours in 2016.

"It is the day-to-day decisions people make that help manage their lifestyle. Grocery shopping is something everyone has to do. Showing people how to plan, shop, and prepare their nutrition is crucial to successful behavior change. With diabetes, the reading of labels can be very confusing. By reinforcing the education received in the classroom in our shopping tour, patients really understand what products to buy," states O'Neill.

Most of the patients feel they can apply the carbohydrate-counting principles and label-reading skills they learn in class much more readily after attending a grocery store tour.

Preventing Diabetes classes were designed for those with pre-diabetes/metabolic syndrome and were added in 2015. These classes are taught quarterly and we had 105 participants. A $7 fee is charged since this diagnosis is not covered by insurance companies in Hawai'i. Our Certified Diabetes Educator, Amanda O'Neill, taught the two-hour classes focusing on a controlled, consistent carbohydrate intake, physical activity, and weight loss (if overweight).

Priority Area 2

Access to health services: In 2016 Castle Medical Center opened a new Primary care clinic in the town of Kailua with extended hours from 7 am to 7 pm Mon – Fri.

Goal: To increase the access to primary care physicians

Objectives:

Recruit new PCP's to Windward Oahu, both independent and employed. In addition, work with established primary care physicians to become members of Castle Health Group.

Interventions:

Developed a recruitment incentive to assist in offsetting practice startup costs for new providers.

The following changes were made to interventions in 2016:

Castle Primary Care of Kailua expanded in 2016 by two Internal Medicine physicians and 1 nurse practitioner. The new providers developed 750 new patients to provide care too.

Castle Health Clinic of Laie expanded in 2016 by adding 1 full time Family Practice Physician. This allows the clinic to be open from 7am-7pm Mon-Fri and 7am-12 on Saturday.

Kahuku Primary Care expanded by two family practitioners

Haleiwa Family Practice (7 PCP's) became members of Castle Health Group in April 2016.

Evaluation Indicators:

Short Term – Increase visits per physician by expanding hours

Long Term – Increased number of lives covered.

Update on Indicators for 2014:

None.

Update on Indicators for 2015:

None.

Program Highlight for 2016:

Opened new clinic in Laie offering primary care services to the community.

Identified Needs from CHNA, Not Addressed

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 and weight
- Family planning
- Heart disease and stroke
- Immunizations and infections
- Diseases
- Injury prevention and safety
- Maternal, fetal and infant health
- Mental health and mental disorders
- Older adults and aging
- Oral health
- Respiratory diseases
- Social environment
- Substance abuse and 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.

Strategic Partner List

Castle Medical Center 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

- Aloha Care
- Aloha United Way
- American Diabetes Association
- Boys and Girls Club of Hawai‘i
- CareResource Hawai‘i
- Hale Na‘au Pono
- Hawai‘i Nutrition and Physical Activity Coalition
- Hawai‘i Independent Physicians Association
- 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
- Hospice Hawai‘i
- Kōkua Kalihi Valley Comprehensive Family Services
- Mental Health America of Hawai‘i
- Pali Momi Medical Center
- Parkinson’s Disease Foundation
- University of Hawai‘i Cancer Center.

Community Benefit Inventory

Castle Medical Center 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

<table>
<tr><th>Priority Need</th><th>Interventions</th><th>Description</th><th>Partners</th><th># of community members served</th><th>Measures of Success/Outcomes</th></tr>
<tr><td rowspan="2">Priority 1</td><td>AADE DSME Weekly Classes</td><td>CMC is an accredited Diabetes Self-Management Education program by the American Association of Diabetes Educators (AADE). We 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). Five series classes are offered twice a week,</td><td>American Association of Diabetes Educators (AADE).</td><td>1058</td><td>Aggregate Patient Clinical Outcome Information
<table>
<tr><td>Clinical Outcome</td><td>Average Baseline Before DSMT</td><td>Average after Completion of DSMT Education and Follow-Up</td><td>Comments if applicable</td></tr>
<tr><td>A1C</td><td>7.92</td><td>6.87</td><td>1.05 Change (187/237 records)</td></tr>
<tr><td>BMI</td><td>33.81</td><td>32.66</td><td>1.15 change in BMI (201/237 records)</td></tr>
<tr><td>Weight</td><td>199.33</td><td>192.43</td><td>6.9 lb. weight loss. (201 records)</td></tr>
<tr><td>Other (specify) Customer Satisfaction</td><td>N/A</td><td><u>Client Satisfaction:</u>
90% Excellent
10% Good
0% Fair
0% Poor
<u>Do you feel like you have control over your diabetes:</u>
14% = Successful control
37% = Good
35% = Controllable</td><td>We have had positive comments from our patients with regards to the DMSE program.

The evaluation form changed from 2015 to 2016. We had the</td></tr>
</table></td></tr>
</table>

							9% = Need more Education 5% = No control	same questions but changed from a Likert scale to checked boxes.
	Preventing Diabetes Classes	Designed for those with pre-diabetes/metabolic syndrome. These classes are taught quarterly. A $7 fee is charged. Our Certified Diabetes Educator teaches the two-hour classes focusing on a controlled, consistent carbohydrate intake, physical activity, and weight loss (if overweight).	Castle Health Group	105 patients	No tracking			

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.

More information can be found by accessing our link, https://www.adventisthealth.org/castle/pages/patients-and-visitors/financial-assistance.aspx

Community Benefit & Economic Value for Prior Year

Castle Medical Center's mission is "Caring for our community, sharing God's love." 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

CASTLE MEDICAL CENTER

Charity Care and Other Community Benefit	Net Community Benefit	% of Total Cost
Traditional charity care	3,159,160	2.15%
Medicaid and other means-tested government programs	11,787,112	8.01%
Community health improvement services	338,770	0.23%
Health professions education	344,029	0.23%
Subsidized health services	2,070,756	1.41%
Research	-	-
Cash and in-kind contributions for community benefit	92,470	0.06%
Community building activities	296,290	0.20%
TOTAL COMMUNITY BENEFIT	**18,088,587**	**12.29%**

Medicare	Net Cost	% of Total Cost
Medicare shortfall	1,900,038	1.29%
TOTAL COMMUNITY BENEFIT WITH MEDICARE	**19,988,625**	**13.58%**

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

Appendices

Glossary of terms

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

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

Community Health Improvement

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

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

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

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

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:

☒ **System-wide Corporate Policy**	**Corporate Policy**	**No. AD-04-006-S**
☒ **Standard Policy**	**Department:**	**Administrative Services**
☐ **Model Policy**	**Category/Section:**	**Planning**
	Manual:	**Policy/Procedure Manual**

POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

DEFINITIONS

1. Community Health Needs Assessment (CHNA)**:** A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

   A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. Community Health Plan: The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.

3. Community Benefit: A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:

   - Improve access to health care services
   - Enhance the health of the community
   - Advance medical or health care knowledge
   - Relieve or reduce the burden of government or other community efforts

   Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

AFFECTED DEPARTMENTS/SERVICES:
Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS
PURPOSE:
The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.

2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.

3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.

4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.

5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.

6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

B. Documentation of Public Community Health Needs Assessment (CHNA)

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.

2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:

    a. A description of the hospital's community and how it was determined.

    b. The process and methods used to conduct the assessment.

    c. How the hospital took into account input from persons who represent the broad interests of the community served.

    d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.

    e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.

4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).

5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.

6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use)
References: **Replaces Policy: AD-04-002-S**
Author: **Administration**
Approved: **SMT 12-9-2013, AH Board 12-16-2013**
Review Date:
Revision Date:
Attachments:
Distribution: **AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors**

2017 Community Health Plan

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

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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/pages/about-us/community-health-needs-assessments.aspx