

Feather River Hospital

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



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Adventist Health Overview

Feather River 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,

Caring for our community is our highest priority, and we take that responsibility very seriously. Throughout our long history of serving this community, we have focused on providing important services designed to meet the needs of our residents right here on the ridge – services like our Cancer Center and our certification as a Stroke Center, which ensures that an accessible resource is right here when time is most critical.

We have also held true to our heritage by providing numerous health education and prevention programs, such as cardiac rehab, diabetes education, health and wellness screenings, free flu shots, and community wellness events like our monthly Dinner with the Doctor. All of these efforts come from the part of our mission that focuses on creating health and inspiring wholeness and hope for those we serve.

Sometimes we partner with community groups to ensure that our efforts are multiplied, and we are working to expand those partnerships to enable us to reach our community members with the resources and programs they need. This is part of our focus on improving access to care. As we find new ways to share information to meet your unique needs, we will continue to work with our colleagues and friends to improve access to health care resources throughout our broader community.

Here at Feather River Hospital, ensuring that you can find a provider here in our community is important to us, and we have a dedicated resource for recruiting providers for our community which includes the rural health clinics for the underserved. As we assess our broad community needs, our provider recruitment efforts help us to bring the right primary care and specialty providers to serve your needs. We have a commitment to build a clinically integrated network, which offers a continuum of care that provides a better experience for our patients and, ultimately, enhances your health and wellness.

Diabetes and its complications are a cause of many other medical issues. The growth of diabetes in our community is a concern, because this chronic health issue leads to decades of poor health. People with diabetes can benefit from exercise, nutrition counseling, and help with breaking habits such as smoking and using recreational drugs and alcohol.

Another very serious and important community challenge we face is the increase in mental health and substance abuse issues that we have seen in our community. We are focused on helping our community get better at preventing these problems, and by investing in education and programs such as counseling and psychiatric care, we are working closely with our community partners to find solutions to address these issues now and for the future.

As we continue to develop new programs to meet these challenges head on, we ask for your support and your input. We want to be a catalyst for change in improving health and wellness, as we inspire health, wholeness and hope for you, our friends and neighbors.

A handwritten signature in black ink that reads "Monty Knittel". The signature is written in a cursive, flowing style.

Monty Knittel
President & Chief Executive Officer

Hospital Identifying Information



Number of Beds: 100

Mailing Address: 5974 Pentz Rd., Paradise, CA 95969

Contact Information: Courtney Rasmussen – Marketing Dept.

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

-Feather River Hospital

-Rural Health Clinics:

Canyon View Clinic

Corning Health Center (located in Corning, CA)

Family Health Center

Feather River Health Center

- Hospital Based Outpatient Clinics:

Chico Specialty Health & Diagnostics Center

-Pulmonology

- Colorectal Surgery

Community Health Development Team

Courtney Rasmussen

Sr. Communication Specialist – Community Benefit
Reporting Coordinator

Maureen Wisener,

AVP Communication – Feather River Hospital
-Community Outreach Oversight

CHNA/CHP contact:

Courtney Rasmussen
(530) 876-7208
rasmusrc@ah.org

Sr. Communication Specialist – Community Benefit
5974 Pentz Rd, Paradise, CA 95969

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](https://www.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, Feather River Hospital has adopted the following priority areas for our community health investments for 2017-2019:

- Access to health care
- Chronic Disease
- Substance Abuse

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

How our community is defined

Counties: Butte County

Major Towns: Paradise & Magalia

Secondary Towns/Cities: Chico, Corning, Oroville, Durham, Yankee Hill, Concow, Orland

Our location: Paradise is an incorporated town in Butte County, in the northwest foothills of California's Central Valley, in the Sierra. The town is considered part of the Chico Metropolitan Area. The population was estimated at 26,476 as of 2015 up from 26,218 at the 2010 census. Paradise is 10 miles (16 km) east of Chico and 85 miles (137 km) north of Sacramento

Geography: The town of Paradise is spread out on a wide ridge which rises between deep canyons on either side. These canyons are formed by the west branch of the Feather River to the east, and Butte Creek to the west. The Paradise area extends northwards from Paradise to include the unincorporated town of Magalia and smaller communities such as Stirling City to the far north. There are not many options for transportation within Paradise other than driving an automobile. The Paradise/Magalia area is served by the "B Line" Butte County Transit. Butte Community College also runs bus service for students. The Paradise Memorial Trail is a paved pedestrian and bicycle path which runs through town on the path of the former railroad tracks leading up the ridge. However, aside from points along this path, the very hilly terrain of the town, coupled with the large spacing of commercial areas and large land area make Paradise difficult to navigate on foot or on a bicycle, in addition to the lack of sidewalks.

Demographics of the community

The 2010 Census reported that Paradise had a population of 26,476. The population density was 1,430.9 people per square mile (552.5/km²). The racial makeup of Paradise was 24,129 (92.0%) White, 112 (0.4%) African American, 301 (1.1%) Native American, 330 (1.3%) Asian, 24 (0.1%) Pacific Islander, 416 (1.6%) from other races, and 906 (3.5%) from two or more races. Hispanic or Latino of any race were 1,836 persons (7.0%).

The Census reported that 25,810 people (98.4% of the population) lived in households, 139 (0.5%) lived in non-institutionalized group quarters, and 269 (1.0%) were institutionalized.

There are 10,893 households, out of which 2,574 (21.6%) had children under the age of 18 living in them, 5,227 (44.0%) were opposite-sex married couples living together, 1,308 (11.0%) had a female householder with no husband present, 511 (4.3%) had a male householder with no wife present. There were 742 (6.2%) unmarried opposite-sex partnerships, and 94 (0.8%) same-sex married couples or partnerships. 4,038 households (34.0%) were made up of individuals and 2,126 (17.9%) had someone living alone who was 65 years of age or older. The average household size was 2.17. There were 7,046 families (59.2% of all households); the average family size was 2.73.



The population was spread out with 4,501 people (17.2%) under the age of 18, 1,858 people (7.1%) aged 18 to 24, 4,822 people (18.4%) aged 25 to 44, 8,466 people (32.3%) aged 45 to 64, and 6,571 people (25.1%) who were 65 years of age or older. The median age was 50.2 years. For every 100 females, there were 90.5 males. For every 100 females age 18 and over, there were 88.5 males.

There were 12,981 housing units at an average density of 708.5 per square mile (273.5/km²), of which 7,975 (67.1%) were owner-occupied, and 3,918 (32.9%) were occupied by renters. The homeowner vacancy rate was 2.8%; the rental vacancy rate was 5.9%. 17,381 people (66.3% of the population) lived in owner-occupied housing units and 8,429 people (32.1%) lived in rental housing units.

Priority Areas Identified

1. Chronic Disease which includes but is not limited to:

- Obesity
- Heart disease
- Diabetes
- Drug/ Alcohol Use
- Mental Health

2. Access to Healthcare which includes but is not limited to:

- Number of primary care physicians available (taking new patients)
- Costs/Insurance
- Transportation
- Knowledge of Services Available
-

3. Substance Abuse which includes but is not limited to:

- Alcohol Consumption/Binge Drinking
- Tobacco Use in Teens and Adults
- Nicotine Use (ecigs/vaping)
- Opioid Dependency/Abuse

Key Findings and/or Health Disparities Related to Chronic Disease:

- The top chronic conditions among Centers for Medicare and Medicaid Services (CMS) beneficiaries in Butte County were hypertension (e.g. high blood pressure) and hyperlipidemia (e.g. high cholesterol and triglycerides) followed by diabetes, arthritis, and ischemic heart disease.
- The age-adjusted rate for all cancers in Butte County was notably higher than for the state of California overall (485.6 vs. 432.0 per 100,000 population).
- A higher percentage of the population in Butte County (4.9%) is living with heart disease than in California overall (3.4%).
- Consistent with statewide and national trends, Butte County residents age 65 and older were much more likely to be diagnosed as diabetic.
- A higher percentage of adults in Butte County (20.5%) have been diagnosed with asthma than in California overall (14.1%).
- Visits to Butte County emergency departments for asthma related symptoms were much more likely to be paid for by Medi-Cal than by any other payment source; and a considerably higher percentage of asthma related emergency department visits in Butte County were paid for by Medi-Cal (54.9%) than in California overall (37.1%), indicating that socio-economic factors are associated with asthma in Butte County.
- Obesity was indicated as a top health concern facing Butte County by 22.3% of survey respondents, while 5.3% indicated chronic diseases to be a top health concern.

Key Findings and/or Health Disparities Related to Substance Abuse and Addictive Disorders:

- The Age Adjusted Death Rate (AADR) for drug induced deaths in Butte County was roughly 3 times greater than the AADR for California overall, with Butte County ranking 3rd out of California's 58 counties for the most drug induced deaths.
- Adults age 18 and over in Butte County (35.3%) reported binge drinking at a higher rate than adults in California overall (31.1%).
- Emergency department treatment and release rates for conditions related to both alcohol and drug abuse were considerably higher for Butte County than for California overall (alcohol: 1038.8 vs. 714.0 per 100,000 population; drug abuse: 873.3 vs. 516.3 per 100,000 population).
- Tobacco use among adults in Butte County (18.7%) is higher than for California overall (13.2%), as well as the Healthy People 2020 objective (< 12.0%).
- A much higher percentage of Medi-Cal beneficiaries in Butte County (42.0%) were identified as current smokers than Medi-Cal beneficiaries in California overall (19.0%), which mirrored and may be related to the percentage of Medi-Cal emergency room asthma visits.

- A countywide community health survey indicated that alcohol and drug abuse was a top health concern facing Butte County (44.8% of survey respondents). African American / Black respondents (49.0%) cited alcohol and drug abuse as a top health concern more than any other race/ethnicity.
- Alcohol was the most frequently used substance reported by survey respondents, with over half using at least some alcohol, and almost one in twenty reporting daily use.
- Cigarettes were used on a daily basis more frequently by survey respondents (8.6%) than any other substance, including other forms of nicotine containing substances (e.g. electronic cigarettes, cigars and cigarillos). Alcohol was the second most frequently used substance on a daily basis (4.5%), followed by marijuana (2.7%).

Key Findings and/or Health Disparities Related to Healthcare Access:

- Fifty-five percent of survey respondents reported they most often went to a private doctor's office for health care services. Twenty-seven percent went to clinics and health centers, and 8.5% went to the county's hospitals.
- Twenty-eight percent of survey respondents that accessed healthcare outside of their home city reported that there were no providers for the services they needed in their home city, 9.1% reported there were no doctors in their city who accepted Medi-Cal or Medicaid, and 8.2% reported their insurance only covered providers in another area.
- Most survey respondents (70.9%) reported paying for health care services through private or employer sponsored insurance. A considerable number paid by Medicare (15.1%), Covered California (8.2%), or used Medicare supplemental insurance (5.7%).
- Sixty-three percent of survey respondents who indicated a need for mental health services reported being able to obtain them in Butte County, 29.0% reported not being able to get the services they needed in Butte County, and 17.0% reported only being able to get some of the services they needed.

Key Findings and/or Health Disparities Related to Socio-Economic Conditions:

- The median household income for Butte County (\$40,960) is considerably lower than for California overall (\$58,328), as well as nationally (\$51,371).
- The rate of unemployment was higher in Butte County (11.5%) than in California overall (9.0%).
- A higher percentage of American Indian/Alaska Native residents (19.0%) were unemployed compared to other racial/ethnic groups in Butte County, with Hispanic/Latinos (16.7%) having the second highest percentage of unemployment. Both American Indian/Alaska Natives and Hispanic/Latinos had higher rates of unemployment in Butte County than in California overall.

- In Butte County, 20.6% of residents were living below the federal poverty level. Groups that exhibited higher rates of living below the federal poverty level were African American/Black (38.9%), Asian (31.9%), Hispanic/Latino (32.2%) and those who had not completed high school (26.8%).
- A higher percentage of African American/Black residents (38.9%) were living below the federal poverty line than any other race/ethnicity in Butte County, which may be cause for concern as poverty is highly associated with poorer health and diminished access to healthcare. Similarly, the infant mortality rate was higher among African American/Black residents (42.1 per 1000 live births) than any other race/ethnicity in Butte County. This should be interpreted with caution as this difference was statistically unstable; however, it is consistent with statewide and national trends concerning ethnic / racial disparities in infant mortality rates.
- More Asian residents (25.8%) were receiving Supplemental Nutrition Assistance Program (SNAP) benefits than any other race in Butte County, which was not reflected in the data for Asian residents of California overall (4.0%).
- Labor and delivery services for teenage females in Butte County were substantially more likely to be paid for by Medi-Cal (87.9%) than private insurance (10.8%), self-pay (0.6%), or other third party payer sources (0.6%), indicating that socio-economic factors are associated with teenage pregnancy rates in Butte County.
- Consistent with statewide and national trends, there were close to twice as many homeless males as females in Butte County (61.7% vs. 36.5%); however, there was some indication that homeless women were more likely to inhabit the rural areas of the county.
- Twenty percent of survey respondents reported having attained up to a high school diploma or General Equivalency Degree (GED). Eighteen percent had attained an associate or technical degree, 27.7% reported they had a four-year college degree, and 25.1% had a graduate or professional degree.
- Roughly 33% of survey respondents reported an annual household income of under \$34,999. Approximately 38% reported an income between \$35,000 and \$79,999, and about 29% reported an income of over \$80,000.
- Homelessness was indicated as a top health concern facing Butte County by 46.4% of survey respondents.

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Primary data collection and the prioritization process were also subject to limitations. Themes identified during interviews were likely subject to the experience of individuals selected to provide input. The final prioritized list of significant health needs is also subject to the affiliation and experience of the individuals who participated in the prioritization process.

Community Health Needs Assessment Overview

[Link to final CHNA report](#)

Successful partnerships for community improvement require the sharing of information and awareness of what Feather River Hospital's assessments and priorities for the community are. The complete report of our latest Community Health Needs Assessment can be found at www.frhosp.org/chna

[Methodology for CHNA](#)

The Community Health Needs Assessment is Feather River Hospital's principal tool for understanding the emerging or unmet needs of its community. In 2013 Feather River Hospital joined with the other hospitals in Butte County to survey input on the health needs and formed a Hospital Collaborative for the CHNA process including Feather River Hospital, Enloe Medical Center, Oroville Hospital (did not participate in 2013 process but now is part of the collaborative), Orchard Hospital and the Butte County Department of Public Health. The goal of this collaboration is not only to help assess community health needs but to help better address these health needs.

In 2016, the Hospital CHNA Collaborative met and decided on a course of collaborative assessment that would include updating indicator data in the County wide CHA, utilizing the County wide CHA as the backbone of the Hospitals 2016 CHNA community perspective, conducting focus groups to maintain current community input reflected the County Wide CHA, and that the community had the opportunity to voice input in additional concerns or shift in priority of the identified priority areas. Due to the timeline of the County Wide CHA and involvement of the hospitals, it was felt another survey so close to the last survey would not be of significant influencing value. Due to the close proximity of the hospitals and the overlap in markets it was decided that this data used was statistically significant and representative of each hospital's defined "community" as well as Butte County's. To maintain the relevance of the data, Butte County's Epidemiologist went through the entire report of the CHA and updated the data to be current as of 2016.



Identified Priority Needs from 2016 CHNA

Identified Needs

Priority area 1: Chronic Disease which includes but is not limited to:

- Obesity
- Heart disease
- Diabetes
- Mental Health

Goal

Increase awareness of health principles and preventative measures to chronic diseases.

Objective

Increase access to health education/wellness coaching and reduce barriers to accessing resources that reduce risk of chronic disease emphasizing in Diabetes prevention.

Interventions

- Create community location to house health/wellness education and resource navigation
- Provide Education Classes at multiple locations/times

Evaluation Indicators

- Increased number of classes available.
- Increased number of course attendees from the Medi-Cal insured population



Identified Need

Priority area 2: Access to Healthcare which includes but is not limited to:

- Number of primary care physicians available (taking new patients)
- Costs/Insurance
- Transportation
- Knowledge of Services Available.

Goal

Increase availability of Primary Care to population at large.

Objective

Increase the number of Primary Care Providers accepting new patients.

Interventions

- Recruit primary care providers into the Ridge Community.

Evaluation Indicators

- Increased Number of Primary Care Providers in Primary Service Area
- Decreased wait time for new patient appointments.
- Decrease in numbers reporting leaving area for primary care

Partners

- Paradise Medical Group
- Local Private Practice Providers



Identified Need

Priority area 2: Substance Abuse which includes but is not limited to:

- Alcohol Consumption/Binge Drinking
- Tobacco Use in Teens and Adults
- Nicotine Use (ecigs/vaping)
- Opioid Dependency/Abuse

Goal

Reduce the number of those using Tobacco.

Objective

Get current smokers to quit and help prevent adolescents from beginning to smoke.

Interventions

- Increase Availability to Smoking Cessation Classes.

Evaluation Indicators

- Increase in number of smoking cessation classes.

Partners

- Butte County Tobacco Coalition
- American Lung Association
- Butte Glen Medical Society

Identified Needs from CHNA, Not Addressed

Other identified needs in our community included:

Mental Health
Socio-Economic Factors that Influence Health
Public Safety/Violence
Environment
Seniors/aging
Transportation

These were not selected as priorities because we felt at this time we were not positioned to appropriately address these issues on their own. However, they are seen as important elements of the health of our community and we will be keeping them in mind as we focus on our priority areas and continue to build relationships with partners that may be more prepared to address these issues that we can support. Also we feel that our priority areas are connected to several of the above listed needs so we will be able to make contributions to them as we understand more about improving the health of our community.

Making a difference: Evaluation of 2014-2016 CHP

2014-2016 Priority areas

- Access to Care
- A Decrease in Obesity, Diabetes and Heart Disease Rates
- Smoking Cessation

Access to Care

To improve Access to Care in our community, Feather River Hospital targeted health education and growing/retaining health services available (such as primary care and specialized care) as interventions. We succeeded by opening Primary Care, ENT, Specialty Care, and Women's Health clinics and a Diagnostic Center. These clinics either ensured that services did not become unavailable in our community (ENT) or increased the number of providers available in that specialty (Primary Care, Women's Health). We also increased services available to our rural health clinic patients by adding an additional dental suite with 6 chairs, beginning to offer Ophthalmology Services, adding providers in Cardiology, Pulmonology and other areas. We know that even in a small community like ours, transportation is a barrier to accessing healthcare. Low-income, insufficient public transportation, and special transportation needs (such as a wheelchair accessible vehicle), are all potential factors preventing community members making it to medical appointments as scheduled or at all. To aid our community in this area, Feather River Hospital offered free transportation to the patients of our rural health centers. This patient population is typically the most challenged when it comes to transportation. Over the last 3 years we provide over 300 rides per year at no cost to rural health clinic patients. This program is run by Feather River Hospital using our own vehicle and staff.

Chronic Disease

We succeeded in engaging our community through various activities such as our annual Health Fair which offered free health screening from various disciplines, monthly free health lectures, and awareness events such as our Strides for Diabetes 3k/5k. The Strides for Diabetes event also raised money for Diabetes Education scholarships.

Feather River Hospital also succeeded in improving the health of its community through its workplace by creating a LivingWell Committee focused on promoting health and wellness among its workforce. Feather River Hospital is the largest employer with over 1500 employees, so having a workforce engaged and aware of wellness has cascading effects on the community.

Feather River Hospital also held 10 free "Dinner with the Doctor" lectures each year at various community locations. Each month a different provider spoke about a different health topic. Most topics were aimed at wellness and prevention. One month included a cooking demonstration by registered Dietitians.

One of our biggest interventions to educate against chronic disease was hosting a Community Health & Wellness Fair which offered a free health screening at each booth. Health screenings included: oral cancer screenings, blood pressure screenings, vision screenings, hearing screenings, blood sugar screenings, balance assessments, and BMI testing. In 2016, we emphasized stroke awareness and featured the “Mega Brain” which was an inflatable brain that guests could walk through and see exactly what strokes looked like, how they impacted the brain, how to prevent strokes, how to recognize strokes, and what to do if they or someone else are having a stroke.

When our Benefit Plan for the 2013-2016 years was created, initial intentions were to be able to measure success by rate changes. However, it was discovered that because of data variables such as limitations on how recent data is, we could not draw any valid measures of success by just looking at data points in such a short period of time. This however has helped us determine better ways to measure the impact of community benefit efforts made by Feather River Hospital.

Smoking Cessation

In 2013 – 2016, we succeeded in increasing Smoking Cessation interest with each session of our Freedom from Smoking class being completely full with a standby list. Part of this was in partnership with local physicians, who by being made aware of the option, would refer their patients. We also saw several employees or employee spouses participate. In 2016, the Freedom from Smoking program run by Feather River Hospital reincorporated the provider assistance element, allowing participants to get medical assistance to help them along their journey to quit smoking. In December of 2016 Feather River Hospital created a new position titled COPD Educator. The person in this role is a Respiratory Therapist and also a Registered Smoking Cessation Educator. The responsibility of the COPD Educator is to talk with inpatients in the hospital discussing with them their Chronic Obstructive Pulmonary Disease in order to reduce the risk of readmission. These interactions include promoting smoking cessation in appropriate cases. Not only can they address this issue face to face, they will also share resources for cessation including the Freedom from Smoking class offered by Feather River Hospital. Similarly, to our issues with evaluation in the chronic disease priority, we were unable to use strict data values like expected to evaluate effectiveness.

Priority Areas Not Addressed in Prior Year

Mental Health

Feather River Hospital continues to be in conversation on how to improve care for mental health needs with other agencies in our community. However, this wasn't a priority addressed specifically in community benefit efforts in the past year.

Strategic Partner List

Feather River 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

<ul style="list-style-type: none"> American Cancer Society 	<ul style="list-style-type: none"> Chico State University Simulation Lab
<ul style="list-style-type: none"> American Diabetes Association 	<ul style="list-style-type: none"> Paradise Business Association
<ul style="list-style-type: none"> Butte College: Nursing Advisory Board, Respiratory Therapy Advisory Board 	<ul style="list-style-type: none"> Paradise Citizen’s Alliance
<ul style="list-style-type: none"> Butte County Community Action Agency 	<ul style="list-style-type: none"> Paradise Ministerial Association
<ul style="list-style-type: none"> Butte County ROP Advisory Board 	<ul style="list-style-type: none"> Paradise Parks Recreation
<ul style="list-style-type: none"> Boys & Girls Club 	<ul style="list-style-type: none"> Paradise Ridge Chamber of Commerce
<ul style="list-style-type: none"> Chico Chamber of Commerce 	<ul style="list-style-type: none"> Paradise Seniors Center
<ul style="list-style-type: none"> Corning Chamber of Commerce 	<ul style="list-style-type: none"> Paradise Unified School District
<ul style="list-style-type: none"> Corning Health District 	<ul style="list-style-type: none"> Town of Paradise
<ul style="list-style-type: none"> Chico State University Advisory Board Nutritional Services 	

Community Benefit Inventory

Feather River 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	MEASURES OF SUCCESS/OUTCOMES	NUMBER SERVED
Access to Healthcare	Appointment Transport Van	Provided Free Rides to Rural Health Clinic Patients for Medical Appointments		Decrease in rate of missed appointments.	3,961
Access to Healthcare	Free Flu Shot Clinic	Made free flu shots available at a drive - thru clinic with 6 stations	Butte County Department of Public Health Butte College School of Nursing	Provided 535 flu shots	535
Access to Healthcare	Find a Physician	Provide a free hotline for community members to call to find a physician.		Provided over 780 referrals	780
Access to Healthcare	Open New Clinics/Add Providers	Provide new or improve existing service availability in the community		Opened on new Ob/Gyn office and Added a General Surgeon, a Gastroenterologist, two Dentists and an	NA

				Orthopedist to existing offices.	
Chronic Disease	Community Health Fair	Annual Free Event run by Feather River Hospital showcasing booths from Feather River Hospital's Departments and community organizations educating and creating awareness about health and safety and providing health screenings (at each hospital booth).	Butte County Department of Public Health Lion's Club American Cancer Society	Increase in attendance over previous year with approximately 500 community members visiting.	500
Chronic Disease	Dinner with Doctor	Monthly free lecture provided by doctors to share health education on a variety of topics. Event rotates to area churches each month	Local Churches in Paradise and Magalia Local Physicians	Held 10 lectures with 495 in attendance	495
Chronic Disease	Child Birth Classes	Free class educates expectant mothers and their partners on safe and effective childbirth techniques.	Baby-Friendly USA	Held 11 sessions	280
Chronic Disease	Strides for Diabetes Educational Fair 3k/5k Walk/Run	Annual event to raise awareness of diabetes and methods of prevention. Funds raised go towards scholarships for	Lions Club Positive-I Dance Studio	Had 180 runners/walkers participate in the event.	250

		diabetes management classes.	Downham's Karate		
Chronic Disease	Partners in Health Magazine	Produce and distribute tri-annual health information newsletter to homes in primary care area which includes local health service info.	Coffey Communications	Produced 3 issues	25,000 +
Smoking Cessation	Smoking Cessation Class	8 week guided smoking cessation program based on the American Lung Association's Freedom from Smoking program		Held 3 Sessions and graduated 18 members who quit smoking completely.	45
PRIORITY NEEDS	INTERVENTIONS	DESCRIPTION	PARTNERS	MEASURES OF SUCCESS/OUTCOMES	NUMBER SERVED
Smoking Cessation	COPD Educator	Added a COPD Educator who's rounds on the inpatient side to reduce hospital readmissions due to preventable respiratory causes. This includes smoking cessation education when appropriate		Patients referred to smoking cessation program enrolled in the upcoming Freedom from Smoking class	NA

Other Community Benefits Activities	Meals on Wheels	Deliver meals to homes of individuals who are home bound or cannot cook for themselves, 5 days a week.		Delivered 22, 400 meals in 2016	130
Other Community Benefits Activities	Gift of Giving	Hospital Employees, Volunteers, and Physicians provide, pack and prepare Thanksgiving Meal boxes for families in need.	Family Resource Center Paradise Unified School District Youth for Change	Provided 250 free complete Thanksgiving dinners.	NA
Other Community Benefits Activities	Childbirth Education Classes	Offer free pregnancy education classes for the community. Open to anyone.			89
	Expectant Parents Part/Hospital Tour	Monthly event that covers expectation, things to have in place, provide tour of maternity ward, open to any pregnant mother and partner/spouse		Held 11 events in 2016	203
PRIORITY NEEDS	INTERVENTIONS	DESCRIPTION	PARTNERS	MEASURES OF SUCCESS/OUTCOMES	NUMBER SERVED

Other Community Benefits Activities	Cancer Center Survivorship Celebrations	Twice yearly celebration and remembrance event. Opportunity to cancer survivors give messages of hope to those actively fighting cancer.			200
Other Community Benefits Activities	Diabetes Support Group	Support group open to all community members			20
Other Community Benefits Activities	Job Training with ROP Students	On job training, skills training, talking to them on resp. care and education, feel for career field	Paradise School District ROP Program		500
Other Community Benefits Activities	Integrated Pain Management Support Group	Support group, dealing with pain, pain management, use of pain medication, open to all community members			50
Other Community Benefits Activities	Stroke Awareness Community Education	Takes place throughout community groups and at community events			50

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.

Financial Assistance Policies

At Feather River Hospital, we're committed to keeping you healthy. As a result, your ability to pay should never stop you from seeking needed care.

When you come to us for treatment, our patient financial services department will be happy to talk to you about payment options. Our financial assistance program offers:

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

The Adventist Health Financial Assistance Policy and Financial Assistance Program brochure are available in both English and Spanish on our website at www.frhosp.org/financialhelp. You can also access the list of physicians who are covered under the hospital's Financial Assistance Policy. For more information, please call us during normal business hours at (530) 876-3198.

Community Benefit & Economic Value for Prior Year

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

FEATHER RIVER HOSPITAL		
Charity Care and Other Community Benefit	Net Community Benefit	% of Total Cost
Traditional charity care	1,683,334	0.89%
Medicaid and other means-tested government programs	-	-
Community health improvement services	1,255,597	0.66%
Health professions education	95,356	0.05%
Subsidized health services	-	-
Research	-	-
Cash and in-kind contributions for community benefit	(1,020)	0.00%
Community building activities	-	-
TOTAL COMMUNITY BENEFIT	3,033,267	1.60%
Medicare	Net Cost	% of Total Cost
Medicare shortfall	25,858,556	13.68%
TOTAL COMMUNITY BENEFIT WITH MEDICARE	28,891,823	15.28%

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**
- Standard Policy**
- Model Policy**

Corporate Policy
Department:
Category/Section:
Manual:

No. AD-04-006-S
Administrative Services
Planning
Policy/Procedure Manual

POLICY SUMMARY/INTENT:

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

DEFINITIONS

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

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

2. **Community Health Plan:** The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.
3. **Community Benefit:** A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:
 - Improve access to health care services
 - Enhance the health of the community
 - Advance medical or health care knowledge
 - Relieve or reduce the burden of government or other community efforts

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

AFFECTED DEPARTMENTS/SERVICES:

Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS**PURPOSE:**

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

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

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.
2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.
3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.
4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.
5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.
6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

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

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

2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:
 - a. A description of the hospital's community and how it was determined.
 - b. The process and methods used to conduct the assessment.
 - c. How the hospital took into account input from persons who represent the broad interests of the community served.
 - d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.
 - e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).
5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.
6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use)

References: Replaces Policy: AD-04-002-S
Author: Administration
Approved: SMT 12-9-2013, AH Board 12-16-2013
Review Date:
Revision Date:
Attachments:
Distribution: AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors



2017 Community Health Plan

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

CHNA/CHP contact:

Courtney Rasmussen
Marketing Coordinator

Phone: 530-876-7208
Email: courtney.rasmussen@ah.org

Feather River Hospital
5974 Pentz Road
Paradise, CA 95969

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>