

Sonora Regional Medical Center

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



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Adventist Health Overview

Sonora Regional 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.

Community Health Development Team



Mario DeLise, MDiv, BCC

Director of Mission and Community
Integration



Julie Kline, RN

Senior Vice President of Patient Care
Services

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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](https://www.adventisthealth.org/communitybenefit) or [AdventistHealth.org/communitybenefit](https://www.adventisthealth.org/communitybenefit)

Hospital Identifying Information



Number of Beds: 152

Mailing Address: 1000 Greenley Road, Sonora, CA 95370

Contact Information: 209-536-5000, SonoraMedicalCenter.org

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

- Angels Camp Family Medical Center
- Arnold Family Medical Center
- Cedarwood Internal Medicine
- Foothill Pediatrics
- Greenley Primary Care
- Foothill Specialty Clinic – Gastroenterology
- Sierra Cardiology
- Sierra Orthopedic Institute
- Sierra Vascular & General Surgery Assoc.
- Anticoagulation Clinic
- Groveland Family Medical Center
- Hillside Internal Medicine
- Mountain Medical Family Practice
- Sierra Internal Medicine
- Angels Camp Orthopedics
- Greenley Oaks Ear, Nose & Throat
- Sierra Obstetrics & Gynecology
- Sierra Pulmonology Clinic
- Yosemite Joint Replacement & Orthopedics
- Cancer Center

- Cardiac Rehabilitation
- Forest Road Health & Wellness
- Hospice of the Sierra
- Outpatient Lab Draw Locations
- Prompt Care Clinics
- Rehabilitation & Sports Medicine
- Sonora Oxygen & Medical Supply
- Transitional Care Unit
- Diagnostic Imaging
- Home Health
- Job Care Occupational Health
- Pharmacy
- Pulmonary Rehabilitation
- Skilled Nursing & Long Term Care
- Surgery Center
- Wound Care

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, Sonora Regional Medical Center has adopted the following priority areas for our community health investments for 2017-2019:

- Healthy Beginnings
- Mental Health and Substance Abuse
- Access to Care

Additionally, we engage in a process of continuous quality improvement, whereby we ask the following questions for each priority area:

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

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve



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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

Tuolumne County is in the central eastern section of California. Bordered by rivers to the north and south, by the Sierra Nevada to the east and the San Joaquin valley to the west, Tuolumne County represents a portion of the southern reach of the historic Mother Lode Gold Country. It covers 2,221 square miles and ranges in elevation from about 300 feet in the Sierra Nevada foothills to almost 13,000 feet in the eastern regions. Federal, state, and local governments own approximately 77% of the land in Tuolumne County.

Demographics of the community

In the last five years, the county's population has decreased from 55,185 to 53,709. The prison population of approximately 4,300 inmates is included in the total population number. From 2008 to 2013, the prison population decreased by 1,187 to 2,915 inmates. However, in the ensuing years, the inmate population regained that loss so the decrease in county population cannot be attributed to decrease in incarcerated individuals.

Tuolumne County's 2.8% population decrease in the last 15 years is in contrast to neighboring counties as well as the state in general. The county population is older than the state, with 12% of the state being over 65 years old compared to 22% of Tuolumne County being that age. Females make up 55% of Tuolumne County residents over 64 years old.

Tuolumne County is predominantly of a single ethnicity with 91.1% of its population being White. California is 62% White. Tuolumne County is 2% Asian, 3% Black or African American, 4% American Indian or Alaska Native and 11% Hispanic or Latino (or any race). By comparison, California is 14% Asian, 6% Black or African American, 1% American Indian or Alaska Native and 38% Hispanic or Latino (or any race).

Priority Areas Identified

- Healthy Beginnings: Laying the Foundation for a Healthy Life
- Living Well: Preventing and Managing Chronic Disease
- End of Life: Maintaining Dignity and Independence
- Redesigning the Health System: Efficient, Safe and Patient-Centered Care
- Creating Healthy Communities: Enabling Healthy Living

Note, prior to final adoption of the CHNA and creation of the CHP, AHSR decided to focus on healthy beginnings, mental health and substance abuse, and access to care for 2017-2019. For more information, please review the section, "Identified Needs from CHNA, Not Addressed".

Community Health Needs Assessment Overview

[Link to final CHNA report](#)

https://www.adventisthealth.org/sonora-regional/Documents/Community_Health_Needs_Assessment.pdf

Methodology for CHNA

The Tuolumne County Public Health Officer, Dr. Liza M. Ortiz, and the Sonora Regional Medical Center Regional Director of Business Development, Bruce Chan, co-chaired the process. The process was facilitated by Patricia Jones of Patricia Jones Consulting.

An initial meeting of the Tuolumne County Community Health Assessment (TCCHA) Steering Committee was convened in February 2016 to review the 2013 document and discuss what worked with this edition and what could be improved. They also recommended topic-specific committee composition, timelines, content and format.

Finally, a Community Health Improvement Plan (CHIP) Task Force was created and overseen by Sonora Regional Medical Center and the Tuolumne County Health Department. This task force prioritized areas for improvement and is dug deeper into the causative factors and trends behind the needs found in the CHNA.

Collaborative Partners

Below is a list of Steering Committee members. These members were local community leaders including business owners, non-profit executive directors, seniors, county and state social service directors, health care providers and community members. The committee members dedicated their time, knowledge, expertise and resources throughout the process.

COMMUNITY HEALTH NEEDS ASSESSMENT CO-CHAIRS

<i>Bruce Chan</i>	Regional Director of Business Development	Sonora Regional Medical Center
<i>Dr. Liza M. Ortiz</i>	Public Health Officer	Tuolumne County

COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE MEMBERS

<i>Leslie Anderson</i>	Emergency Department Nurse	Sonora Regional Medical Center
<i>Rita Austin</i>	Director	Tuolumne County Behavioral Health
<i>Steve Boyack</i>	Assistant Human Services Director	Tuolumne County Human Services Agency
<i>Margie Bulkin</i>	County Superintendent	Tuolumne County Superintendent of Schools Office
<i>Edward Clinite</i>	Chief Medical Officer	Sonora Regional Medical Center
<i>Larry Cope</i>	Executive Director	Tuolumne County Economic Development Authority
<i>Michelle Fuentes</i>	Vice President - Operations	Sonora Regional Medical Center
<i>Mark Gee</i>	Program Supervisor	Tuolumne County Behavioral Health
<i>Jim Gianelli</i>	Attorney at Law	Gianelli Law
<i>Darin Grossi</i>	Executive Director	Tuolumne County Transportation Council Tuolumne County Transit Authority
<i>Shelly Hance</i>	Executive Director	Amador Tuolumne Community Action Agency
<i>Lisa Hieb-Stock</i>	Public Health Program Supervisor	Tuolumne County Department of Public Health
<i>Lynn Kelley</i>	Clinic Manager	Tuolumne Me Wuk Indian Health Center
<i>Julie Kline</i>	Chief Nursing Officer	Sonora Regional Medical Center
<i>Sheila Kruse</i>	Executive Director	First Five
<i>Alex Parnell</i>	Staff Services Analyst	Tuolumne County Public Health Department
<i>Belinda Rollicheck</i>	Manager, Public Programs	California Health & Wellness
<i>Cathi Ruiz</i>	Hospice Chaplain	Sonora Regional Medical Center
<i>Doreen Schmidt</i>	Planner	Area 12 Agency on Aging
<i>Willow Thorpe</i>	Executive Director	Infant Child Enrichment Services
<i>Shane Tipton</i>	Director of Cancer Services	Sonora Regional Medical Center
<i>Bob White</i>	Executive Director	YES Partnership
<i>Marcia Williams</i>	Early Childhood Services Director	Amador Tuolumne Community Action Agency

PROJECT CONSULTANT

<i>Patricia Jones</i>	Principal	Patricia Jones Consulting
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Community Voices

The Steering Committee confirmed the goals of the Let's Get Healthy California Task Force Final Report as an initial structure for selecting indicators with which to measure the status of health in Tuolumne County. The topic-specific committee members were asked to review the list of indicators found in the 2013 Health Assessment and modify the content and presentation according to the needs of our county. The process of data collection was guided by the consultant and Public Health Director, and shared by each of the committees, with data analysis conducted and reviewed by the full Steering Committee and in some cases by other members of the community. Multiple meetings were conducted over a period of six months with in-kind contributions of time and resources from the community members. The data was edited by all committee members to arrive at this final document.

Following the work of the Steering Committee and the development of the CHNA, a Community Health Improvement Plan (CHIP) task force was created and overseen by Sonora Regional Medical Center and the Tuolumne County Health Department. As mentioned, this task force chose the CHIP priority areas for improvement and continues to dig deeper into the causative factors and trends behind the needs found in the CHNA. It continues to make recommendations on ways to address the top issues, and on reporting back to the community on the evaluation of progress towards meeting goals to augment the health of the community. The overall objective of this work has been to guide the development of a community health plan to address the disparities and build on the identified strengths. The CHNA and CHIP have been presented to the County Board of Supervisors, on local radio programs, to local hospital and community boards and community groups through various methods.

Identified Priority Needs from 2016 CHNA

Identified Needs

Healthy Beginnings

Goal

Creating an environment where we raise children who thrive in a healthy, educated, active, resilience community through intergenerational connectedness.

Short-term Objective

Objective 1: Improve score in Tuolumne County schools on state physical fitness testing.

- Intervention: Expanding "Fit for the Future" / "Family Fit" programs, which are a collaboration with area schools to bring physical and nutritional education to 5th and 7th graders.

Objective 2: Reducing drug/alcohol use among adolescence.

- Intervention: Partner with YES Partnership and other community partners and programs aimed at reducing drug/alcohol use among adolescence in Tuolumne County.

Objective 3: Reducing drug/alcohol use in pregnant women.

- Intervention: Explore area partners and programs, such as Foothill Pregnancy Center, to discern resources and programs to help reduce drug/alcohol use in pregnant women.

Intermediate Objective

Objective 1: Expand "Fit for the Future" / "Family Fit" to all Tuolumne County schools as well as to expand into surrounding counties.

- Intervention: Work with community leaders, fundraising and other resources to find ongoing funding for these programs.

Objective 2: Reducing drug/alcohol use among adolescence.

- Intervention: Partner with YES Partnership and other community partners and programs aimed at reducing drug/alcohol use among adolescence in Tuolumne County.

Objective 3: Reducing drug/alcohol use in pregnant women.

- Intervention: Collaborating with identified community partners and programs aimed at building healthy, strong families and reducing drug use in pregnant women.

Long-term Objective

Objective 1: Reduce the number of Tuolumne County elementary and secondary students who are obese.

- Intervention: Through “Fit for the Future” / “Family Fit” and supporting other community initiatives and programs that increase children’s activity level and understanding about health behaviors and eating habits.

Objective 2: Reducing drug/alcohol use among adolescence.

- Intervention: Partner with YES Partnership and other community partners and programs aimed at reducing drug/alcohol use among adolescence in Tuolumne County.

Objective 3: Reducing drug/alcohol use in pregnant women.

- Intervention: AHSR will collaborate with Tuolumne County Health Department on how to reduce drug use among pregnant mothers in Tuolumne County.

Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Increase Percentage of Student’s meeting Physical Fitness Standards	Tuolumne County 2015 percent meet; 5 th graders: 30.6%, 7 th graders: 35.3%, 9 th graders: 24.2%	Increase in students’ Physical Fitness Standard Scores	Fit for the Future / Family Fit, Support Community Programs	Public Health Data
Reduce drug/alcohol use in adolescents	2015 Tuolumne County substance use in last 30 days data; 7 th graders: 6%, 9 th graders: 26%, 11 th graders: 33%.	Decrease in percentages for all areas	Collaboration with YES Partnership and other community programs and resources	Public Health Data
Reduce drug/alcohol use in pregnant women		Decrease in percentage of drug/alcohol use in pregnant women	Collaborate with Tuolumne County Health Department and other area programs and resources	Public Health Data



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Community Partners

Partner Organization	Role in Addressing Priority Need
Tuolumne and Calaveras Public Schools	Collaboration, support, financial assistance
Tuolumne County Public Schools, YES Partnership, others as identified	Collaboration, support
Tuolumne County Public Health Department, Foothill Pregnancy Center and others as identified	Collaboration, support, identification of women using drugs/alcohol during pregnancy in order to find solutions to this community problem

Identified Needs

Mental Health and Substance Abuse

Goal

Increase access to mental health and substance abuse / addiction resources in Tuolumne County during the next three years.

Short-term Objective

Objective 1: Decrease untreated mental health problems in Tuolumne County.

- Intervention: Explore options for partnerships to bring more psychiatric care to Tuolumne County.

Objective 2: Decrease admissions to the hospital for drug overdose.

- Intervention: Ongoing collaboration with community resources and programs related to the Opioid Safety Coalition and the YES Partnership.

Intermediate Objective

Objective 1: Decrease hold times for psychiatric patients in the hospital Emergency Department (ED).

- Intervention: Explore options for partnerships to help with psychiatric evaluations and support for ED patients; e.g., telemedicine.

Objective 2: Decrease admissions to the hospital for drug overdose.

- Intervention: While continuing the work related to the Opioid Safety Coalition, expand the "Pain Management and Addiction Therapy Clinic" at Forest Road Health and Wellness Center.

Long-term Objective

Objective 1: Decrease hold times for psychiatric patients in the hospital Emergency Department (ED).

- Intervention: Expand psychiatric coverage in Tuolumne County through tele-psyche programs, or other partnerships / programs that can increase psychiatric services to our region.

Objective 2: Decrease admissions to the hospital for drug overdose.

- Intervention: Along with the aforementioned activities, partnering with Aegis Treatment Centers to extend their services to Tuolumne County.

Evaluation Metrics



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Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Decrease hospital ED hold times for psychiatric patients		Decrease	Collaborate with programs / partners to increase psychiatric services / evaluations in Tuolumne County	Quality Metrics
Decrease hospital admission for drug overdose		Decrease		

Community Partners

Partner Organization	Role in Addressing Priority Need
YES Partnership, Opioid Safety Coalition, Aegis Treatment Centers, Pain Management and Addiction Therapy Clinic at Forest Road	Partnership, Program leadership (Opioid Safety Coalition), Collaboration, Support, Program Growth
Tele-psyche service providers or other partners as discovered	Explore options and recruit program to increase psychiatric needs in Tuolumne County

Identified Needs

Access to Care

Goal

Increase access to local healthcare, including; increased providers as well as creative access options for those who are in outlying areas.

Short-term Objective

Objective 1: Increase number of primary care providers in AHSR service area.

- Intervention: Recruit physicians / providers to fill access to care needs in Tuolumne County, including options related to Telemedicine and other novel ideas for rural settings.

Objective 2: Support local training and educational programs that develop the medical care workforce.

- Intervention: Support of Yosemite College District nursing and similar area programs.

Objective 3: Decrease hospital readmissions for chronic diseases.

- Intervention: Expand; Diabetes Education, Pulmonary and Cardiac Rehab programs, CHR Clinic, Anticoagulation program, HOPE Van and other such programs.

Intermediate Objective

Objective 1: Increase number of primary care providers in AHSR service area.

- Intervention: Recruit physicians / providers to fill access to care needs in Tuolumne County, including options related to Telemedicine and other novel ideas for rural settings.

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- Intervention: Support of Yosemite College District nursing and similar area programs.

Objective 3: Decrease hospital readmissions for chronic diseases.

- Intervention: Expand; Diabetes Education, Pulmonary and Cardiac Rehab programs, CHR Clinic, Anticoagulation program, Project HOPE and other such programs.

Evaluation Metrics

Objective	Baseline Measurement	Performance Target	Indicator	Data Source
Increase number of primary care providers in service area	In 2014 there were 41 primary care providers in Tuolumne County, Angels Camp up Highway 4 to Calaveras Boarder	Increase Primary Care Providers to 45 by 2019	Recruitment of new primary care providers, including Telemedicine and mid-level medical care extenders such as Nurse Practitioners and PAs.	Data on number of primary care providers in service area.
Support local training and educational programs that develop the medical care workforce.	Current support of local training and educational programs	Ongoing support at previous or exceeded levels.	Financial and In-kind support of Yosemite College District nursing and similar area programs.	Past and current contribution amounts
Decrease hospital readmissions for chronic diseases.	Readmission rates for COPD in 2016 was 12.64%, for Pneumonia it was 10.34%, for Acute MI 15.79%, Heart Failure 10.34%	Reduction in readmission rates for all areas	Growth of programs aimed at improving the quality of life and health of those individuals with chronic disease	Hospital quality statistics

Community Partners

Partner Organization	Role in Addressing Priority Need
Mi Wuk Native American Tribe	
Yosemite College District	Continue financial and in-kind support of programs related to training medical professionals



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<p>Project HOPE, Area Faith Communities (Faith Community Nursing Program)</p>	<p>Ongoing fundraising and support of programs related to increasing medical care and support for people in rural, hard to access areas, including novel approaches to medical care</p>
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Identified Needs from CHNA, Not Addressed

The Community Health Improvement Plan Task Force (CHIPTF) chose three priority areas for the next three years in order to implement strategies to specifically address some of the community needs found in the CHNA. Leadership members of Sonora Regional Medical Center (AHSR) participated in the CHIPTF but did not lead the process, which was intended to draw out all the ideas and priorities of the community members in attendance. The process was led by Patricia Jones, lead consultant in the CHNA process. AHSR leadership embraced the three priority areas chosen by CHIPTF, knowing that these areas were ones that were community in scope, meaning that the hospital alone could not address and meet these needs. By comparison, AHSR leadership did not feel the need to increase support for areas highlighted in the CHNA that the hospital is already making good progress on addressing alone.

Examples of need in **“Healthy Beginnings”**, are the high rate of abuse in Tuolumne County children, 19.8 per 1,000 children verses 8.7 per 1,000 children in California. The “Let’s Get Healthy California” target for 2022 is 3 per 1,000. Also, while births to white mothers aged 15-19 has been decreasing in California, it has been increasing in Tuolumne County, from 18.2 in 2009 to 23.6 in 2013. Abuse and neglect has been shown to lead to poor physical and mental health well into adulthood as well as increased risk of anxiety, depression, and aggressive behavior. Regarding foster care, in all but one year between 2010-2014 Tuolumne County has exceeded the goal of having 40.5% of foster children achieving permanency within 12 months of entering the system. Given the higher vulnerability of children in foster care to have Adverse Childhood Experiences (ACEs), it is important to assess how many children in foster care achieve permanency. Regarding substance abuse (alcohol or any illegal drug, excluding tobacco), 6% of 7th graders, 26% of 9th graders, 33% of 11th graders in Tuolumne County report using alcohol or drugs in the past 30 days. For those students “in traditional schools” (Community Day Schools or Continuing Education), 68% report using alcohol or tobacco in the last 30 days.

Along with the **“Substance Abuse”** issues noted above in Healthy Beginnings, Tuolumne County had a rate of 184/100,000 non-fatal alcohol or drug overdose hospitalizations in 2014. This rate is the highest in the foothill region and higher than the state average of 143/100,000. While Tuolumne County has had a significantly higher rate of smoking than the state average, at 21.9% versus 13.1% respectively in 2010, the Foothill Region collectively had a rate of 14.9% in 2014. Along with these statistics, Tuolumne County rates among the highest in the state regarding self-reported excessive alcohol abuse. Compelled by this data and an understanding of the very few inpatient and outpatient drug and addiction programs in Tuolumne County the CHIPTF decided **“Substance Abuse and Mental Health”** needed to be areas of focus of the 2017-2019 CHIP.

“Access to Care” was the final area the CHIPTF decided that the CHIP should focus during 2017-2019. One of the largest concerns among residents of Tuolumne County is the wait time to be seen by a healthcare provider, which has affected people with all types of health insurance providers. Part of the reason for this is that Tuolumne County has experienced a reduction in number of providers, which has greatly affected the availability of residents to receive care. In 2016 there were 41 Primary Care Providers Tuolumne County, Angels Camp and up along Highway 4 to the Calaveras County line. In 2016 Truven Health Analytics found that there was a need for 53 Primary Care Providers in this region, with a projected need of 53 by 2021. Tuolumne County has a high rate of preventable hospital admissions, 1,297.3 per 100,000, with the California average

being 1,095 and the 2022 state target being 727 per 100,000. This demonstrates a need to improve access to quality care, including primary care, before people develop diseases which require admission.

Making a difference: Evaluation of 2014-2016 CHP

- 1) Childhood Obesity
- 2) Adult Smoking Cessation
- 3) Senior Health and Fitness
- 4) Substance Abuse
- 5) Access to Specialty Care

Priority	Intervention	Outcomes	Partners
Childhood Obesity	"Fit for the Future".	In 2015 Tuolumne County 5 th & 7 th graders performed better, in all 6 areas, than California 5 th & 7 th graders. In 2016 the program was extended into 6 Calaveras County schools.	Tuolumne & Calaveras Public Schools
Adult Smoking Cessation	AHSR became a "smoke free campus", offers "Freedom from Smoking", partnered with the YES Partnership and grew the services of its Pulmonary Rehabilitation, for individuals with chronic pulmonary disease through education and exercise tailored to each person.	SRMC continues to promote a "smoke free campus" and partner with the YES Partnership, which includes working with Tuolumne County youth to prevent all drug and alcohol use, including tobacco. Pulmonary Rehab programs help people improve their quality of life and avoid hospitalizations.	YES Partnership, Tuolumne Co. Public Health Depart., American Lung Association,
Senior Health and Fitness	"Senior Fitness Classes", "Cardiac Rehabilitation Phase II. AHSR provides a full range of Skilled Nursing and Long Term Care facilities staffed by licensed nurses and certified nursing assistants directed by a dedicated Medical Staff. "Oak Plus Senior Wellness Program" for those 65 and older.	Through these programs seniors are able to receive a range of help from education about services to fitness classes, quality long-term care and cardiac rehabilitation. Through these, and other efforts, there was an overall reduction in readmissions rates for AMI (2016 was the only exception), COPD, HR and	Skyline Place assisted living center.



Priority	Intervention	Outcomes	Partners
Pneumonia between 2014 – 2016.			
Substance Abuse	Implementing “Medication Agreements”. “Drug Take Back Days”. “Opioid Safety Coalition”. Working with “The YES Partnership”, CME education for proscribing providers on how to watch for drug-seeking behavior, diversion of medications and best practices related to proscribing to patients who take highly addictive medications due to pain.	Through various initiatives, measures are being taken toward appropriate medication proscription and discard as well as education for medical and non-proscribing clinicians to be up to date on addiction services available to patients and how to best manage the care of patients on highly addictive medications for pain. In 2016 the “Pain Management Clinic and Addiction Therapy” was started at Forest Road Health and Wellness Center to work with behavioral health and the newly established Buprenorphine Clinic to provide treatment for overcoming addiction.	YES Partnership, Sierra Emergency Medical Group, Tuolumne County Department of Public Health, Area Medical Clinics and Providers, Tuolumne Medical Association
Access to Specialty Services in our Rural Health Clinic	Beginning in 2014, SRMC began expanding services at the Forest Road Health and Wellness Center. SRMC developed a Physician Recruitment Plan to explore and address needed special areas for our RHC.	Specialty services at the Forest Road Health and Wellness Center were expanded in 2014, improving access to care for the county’s Medi-Cal population. Added since this time has been dermatology, ENT, gastroenterology, podiatry, OB/GYN, behavioral health, general surgery, urology, orthopedics, radiology, cardiology, allergy & immunology, additional primary care providers, vascular surgery, general surgery, anesthesiology,	



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Priority	Intervention	Outcomes	Partners
		Pain Management Clinic, Medication Addiction Therapy and Women Health Specialist for Annual Well Exams.	

Strategic Partner List

Sonora Regional 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

• Amador-Tuolumne Community Action Agency	• Sonora Area Foundation
• Angels Camp Museum Foundation	• Sonora High School
• Area 12 Agency on Aging	• Sonora Lions Club
• Belleview After-School Program	• Sonora Seventh-day Adventist Church
• Big Dreams Universally Accessible Parks and Playgrounds	• Soroptimists
• Breast Feeding Coalition	• Southside Senior Services
• Calaveras County Office of Education	• Stage 3 Theater
• Calaveras High School	• Summer Movie Express
• Calaveras Visitors Bureau	• Tuolumne County Arts Alliance
• Calaveras Youth Mentoring Program	• Tuolumne County Chamber of Commerce
• Center for a Non Violent Community	• Tuolumne County Farm Bureau
• Curtis Creek School	• Tuolumne County Public Health
• Ebbetts Pass Moose Lodge	• Tuolumne County Office of Education
• Foothill Leadership Academy	• Tuolumne County Sheriff’s Office
• Friends of Animal Community	• Tuolumne County Visitors Bureau
• Give Someone a Chance	• Tuolumne County Women’s Network
• Habitat for Humanity	• Twain Harte Community Services District
• Interfaith	• Vietnam Veterans of America Chapter391
• Jamestown School District	• WATCH Resources, Inc.
• Kings Regional Health Foundation	• YES Partnership
• Lake Tulloch Lions Club	• Faith Community Nursing Program
• Leukemia and Lymphoma Society	• All Saints Catholic Church
• Mother Lode Adventist Junior Academy	• Chapel in the Pines
• Mountain Youth and Community Theater	• Christian Heights Assembly of God
• Multiple Sclerosis Association	• Columbia Church of the 49ers
• Sierra HOPE	• Faith Lutheran Church
• Sierra Repertory Theater	• First Congregational Church
• Sierra Senior Providers	• First Baptist Church
• Sierra Waldorf School	• Foothill Community Church
• Sonora 49er Rotary Club	• Greeley Hill Seventh-day Adventist Church

• Groveland Seventh-day Adventist Church	• St. Matthew Lutheran Church
• Lake Tulloch Bible Church	• Sierra Bible Church - Sonora
• Mountain Calvary Lutheran Church	• Sonora Baptist Church – Sonora
• New Hope Community Church	• Sonora United Methodist Church
• Oak Hills Presbyterian Church	• Soulsbyville United Methodist Church
• Rivers of Life Christian Fellowship	• Twain Harte Bible Church
• St. James Episcopal Church	• Word of Life Fellowship

Community Benefit Inventory

Sonora Regional 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 as well as elaboration on some interventions mentioned above.

Priority Need	Interventions	Description	Partners	# of community members served
Childhood Obesity	"Fit for the Future" and "Family Fit"	A registered nurse and registered dietitian from SRMC work with a PE teacher and educators to capitalize on physical education time with 5 th and 7 th graders.	Tuolumne and Calaveras Public Schools	NA
	"Freedom from Smoking"	Programs designed to help individuals stop smoking.	YES Partnership, Tuolumne Co. Public Health Dept., American Lung Association	66
Adult Smoking Cessation	"Better Breathers Club"	A support group for those with chronic lung disease	American Lung Association	27
	Oak Plus	Wellness program for older adults that invites program members to learn from physicians and other health experts about various health related topics.	Manteca Ambulance, Michael Balducci, MD, Roozbah Mohajer, MD, Sean Rosen, MD, Phong Dargon, MD, Timothy Nardine, MD	286
Senior Health and Fitness	"Senior Health and Fitness Classes"	Various classes offered through the Live Well Be Well Center at area long-term care and assisted living facilities, as well as at the local Senior Center	Senior Center, Skyline Place	2,220

Priority Need	Interventions	Description	Partners	# of community members served
Substance Abuse	"Drug Take Back Days"	Opportunities for Tuolumne County residents to safely dispose of medications several times a year.	AHSR Pharmacy in partnership with Tuolumne County law enforcement, Community Action Agency	19 boxes and 289 pounds of prescription drugs collected
	"Pain Management Clinic and Addiction Therapy" at Forest Road Health and Wellness Center.	Begun in 2016, these clinics work together with the behavior health and the Buprenorphine clinic to help people overcome drug addictions.	Tuolumne County Behavioral Health	--
	"Opioid Safety Coalition"	A community coalition aimed at working together to significantly decrease the amount of opioid prescribing in the county, which has led to a number of local initiatives.	Tuolumne County Health Department, Law Enforcement, Medical Society, Mi Wuk Indians, Community Action Agency	--
Access to Specialty Care	Physician Recruiting for specialty care and areas	Specialty care is needed in the area.		16
	"Your Best Pathway to Health LA"	Free medical clinic in Los Angeles, CA	Adventist Laymen-Services and Industries	--
	Continue to add specialties to "Forest Road Health & Wellness" in 2016.	Cardiology, Pain Management Clinic, Medication Addiction Therapy, Women Health Specialist for Annual Well Exams. Increased number of providers: 2014 = 41, 2015 = 45, 2016 = 54.		
	AHSR "Physician	Providers Recruited in 2016: 4 Allergy & Immunology, 1 nurse		16 new practitioners

Priority Need	Interventions	Description	Partners	# of community members served
	Recruitment Plan” focused on recruiting physicians to meet the needs identified for Tuolumne County	practitioner, 2 emergency medicine, 1 pediatrics, 1 sleep medicine, 1 vascular surgeon-general, 1 OB/GYN, 1 gastroenterologist, 1 pain medicine, 1 neurology, 1 internal medicine, 1 anesthesiologist		recruited to the area in 2016
	Project HOPE	An outreach program designed to increase access to care. It is a free health clinic utilizing the Medical Center's Healthvan and staffed by a nurse practitioner. Services include episodic care, physicals, check-ups, blood pressure checks, minor, non-invasive testing and prescription orders	Darren Lee Farwell Foundation	395
Other Community Benefit Activities	“Coping with the Holidays”	Holiday specific grief support group offered in November		20
	Sierra Grief Support Groups	Ongoing grief support group, offered		
	Faith Community Nursing Program	A program coordinator organizes faith community members who volunteers in their congregations providing visitation, transportation, blood pressure screenings and other support to their congregation members.	23 Local Faith Communities (see: “Strategic Partner List” above), with 32 active Faith Community Nurse Volunteers between all the congregations	865 home & church contacts, 193 hospital visits, 87 BP clinics, 517 BP readings, 42 talks given, 97 notes written to members, 926 phone calls, 234 transportations provided, 3,063 volunteer hours total
	“Heart Fest”	Annual community event where attendees can learn about nutrition, exercise, smoking avoidance and other heart healthy activities.	American Heart Association	400 elementary school students, 300 adults



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Priority Need	Interventions	Description	Partners	# of community members served
	"Healthy Living"	AHSR quarterly publication sent to the community with health and wellness articles, as well as education available health and wellness services		20,000 households

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

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

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

At Sonora Regional Medical Center, 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.

For more information, please call us during normal business hours at 209-536-3900 or access our link, <https://www.adventisthealth.org/sonora-regional/pages/patients-and-visitors/financial-services.aspx>.

Community Benefit & Economic Value for Prior Year

Sonora Regional Medical Center’s mission is “to share God’s love by providing physical, mental and spiritual healing”. Our community benefit work is rooted deep within our mission, with a recent recommitment of deep community engagement within each of our ministries.

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

Valuation of Community Benefit

Year 2016

SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CENTER		
Charity Care and Other Community Benefit	Net Community Benefit	% of Total Cost
Traditional charity care	2,662,113	1.18%
Medicaid and other means-tested government programs	5,566	-
Community health improvement services	402,441	0.18%
Health professions education	-	-
Subsidized health services	3,115,530	1.38%
Research	-	-
Cash and in-kind contributions for community benefit	51,270	0.02%
Community building activities	376,280	0.17%
TOTAL COMMUNITY BENEFIT	6,613,200	2.93%
Medicare	Net Cost	% of Total Cost
Medicare shortfall	15,885,161	7.04%
TOTAL COMMUNITY BENEFIT WITH MEDICARE	22,498,361	9.97%

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.

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



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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:

Mario Delise
Director of Mission and Community Engagement

Phone: 209-536-3238
Email: delisemj@ah.org

Sonora Regional Medical Center
1000 Greenley Road,
Sonora, CA 95370

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>