

# Adventist Health

*Tillamook Regional  
Medical Center*

## 2013 - 2015 Community Health Plan





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# Overview of Adventist Health



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

Adventist Health **entities** include:

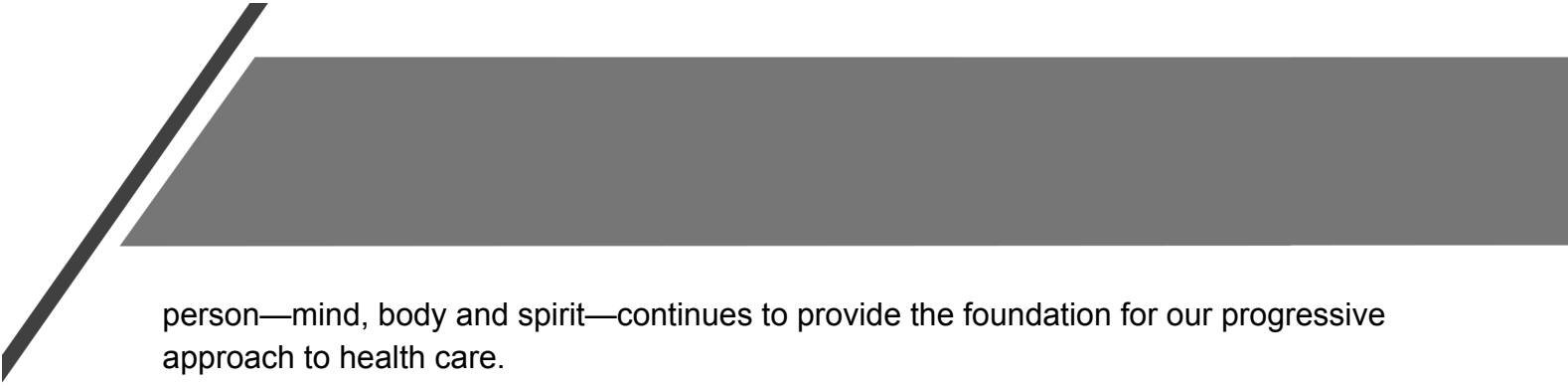
- 19 **hospitals** with more than 2,700 beds
- More than 220 **clinics** and outpatient centers
- 14 **home care agencies** and 7 hospice agencies
- Four joint-venture **retirement centers**
- Workforce of 28,600 includes more than 20,500 employees; 4,500 medical staff physicians; and 3,600 volunteers

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

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

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and nearly 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole



person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

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

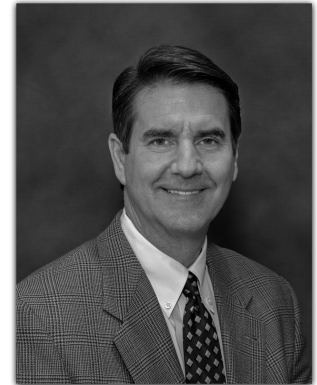
**Our Vision:** Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

# Letter from the CEO

Dear Community:

Living WELL is a key focus of the health care services provided by Adventist Health throughout Tillamook County and into Lincoln County.

More than just a catch phrase, Living WELL seeks health for the whole person—physical, mental and spiritual. It promotes positive lifestyle choices that support optimal health, prevent or reverse illness and effectively manage chronic disease,



Through the Community Health Needs Assessment process completed November 2013, we looked at what the clinical and demographic data showed were top areas of concern for Tillamook County. Then we, factored in what the community said about their health needs and priorities through the Columbia Pacific Coordinated Care Organization (CCO) survey. The four key areas identified through this process are:

- |                              |                                  |
|------------------------------|----------------------------------|
| 1. Access to Health Services | 3. Children's Health             |
| 2. Behavioral Health         | 4. Prevention of Chronic Disease |

This Community Health Plan outlines the interventions Adventist Health will be taking in the coming year and beyond to address these four focus areas in order to promote Living WELL to those we serve. In some of these interventions, Adventist Health is the community leader; in others, we are active partners with community groups and organizations. Our ultimate goal is to help create a healthier, more vibrant and resilient community.

May you enjoy Living WELL,

A handwritten signature in black ink that reads "David A. Butler".

David A. Butler, MBA  
President & CEO

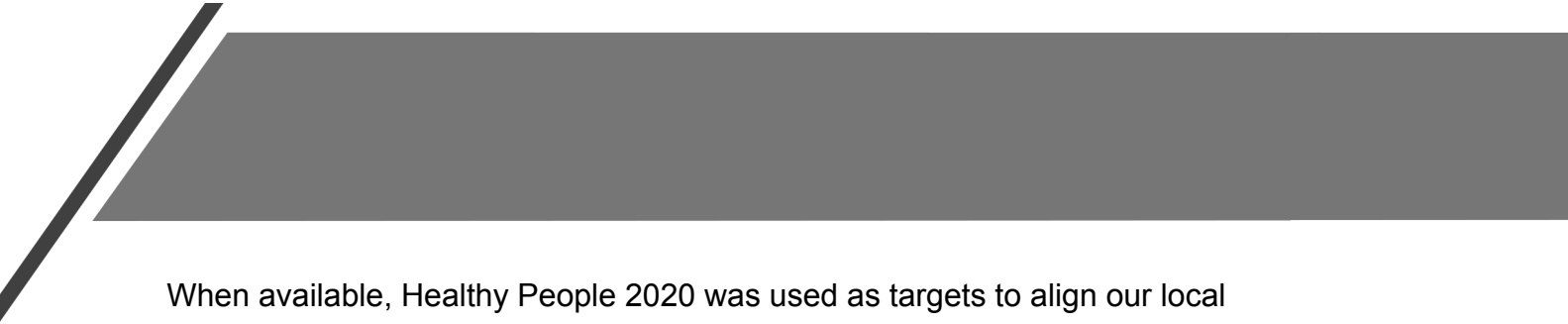
# Invitation to a Healthier Community

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

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

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

Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. To aid in comparability across regions, it is important to identify and be in alignment with statewide and national indicators.



When available, Healthy People 2020 was used as targets to align our local interventions. The Healthy People 2020 initiative provides science-based, 10-year national objectives for improving the health of all Americans.

The results of the CHNA guided the creation of a detailed plan to meet identified community needs, as well as community plans to address needs that our hospital may not be able to provide. In response to those identified needs Tillamook Regional Medical Center has adopted the following priority areas for our community health investments for 2014-2016:

- Access to Health Services
- Behavioral Health
- Children's Health
- Chronic Disease Prevention

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

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

Building a healthy environment requires multiple stakeholders working together with a common purpose. We invite you to explore our health challenges in our communities outlined in this assessment report. More importantly though, we hope you imagine a healthier region and collectively prioritize our health concerns and find solutions across a broad range of sectors to create communities we all want for ourselves and our children.

# Identifying Information

## Tillamook Regional Medical Center

Number of Hospital Beds: 25

David Butler, CEO

Tom Russell, Chair, Governing Board

1000 Third Street, Tillamook, Oregon 97141

503-842-4444

[www.TillamookRegionalMC.org](http://www.TillamookRegionalMC.org)



Adventist Health/Medical Group  
Lincoln City  
Pacific City  
Manzanita



Women's & Family Health



Tillamook Medical Plaza



Ambulance Service

Home Care & Hospice





# Community Health Plan Team Members

Melody Ayers  
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Administrative Director, Inpatient, Emergency  
Department & Cardiopulmonary



# Mission, Vision and Values

## Mission

To share God's love by providing physical, mental and spiritual healing.

## Vision

Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

## Values

At Adventist Health, we value:

**Compassion:** The compassionate, healing ministry of Jesus.

**Respect:** Human dignity and individuality.

**Integrity:** Absolute integrity in all relationships and dealings.

**Quality:** Excellence in clinical and service quality.

**Stewardship:** Responsible resource management in serving our communities.

**Wholeness:** The healthcare heritage of the Seventh-day Adventist Church.

**Family:** Each other as members of a caring family.

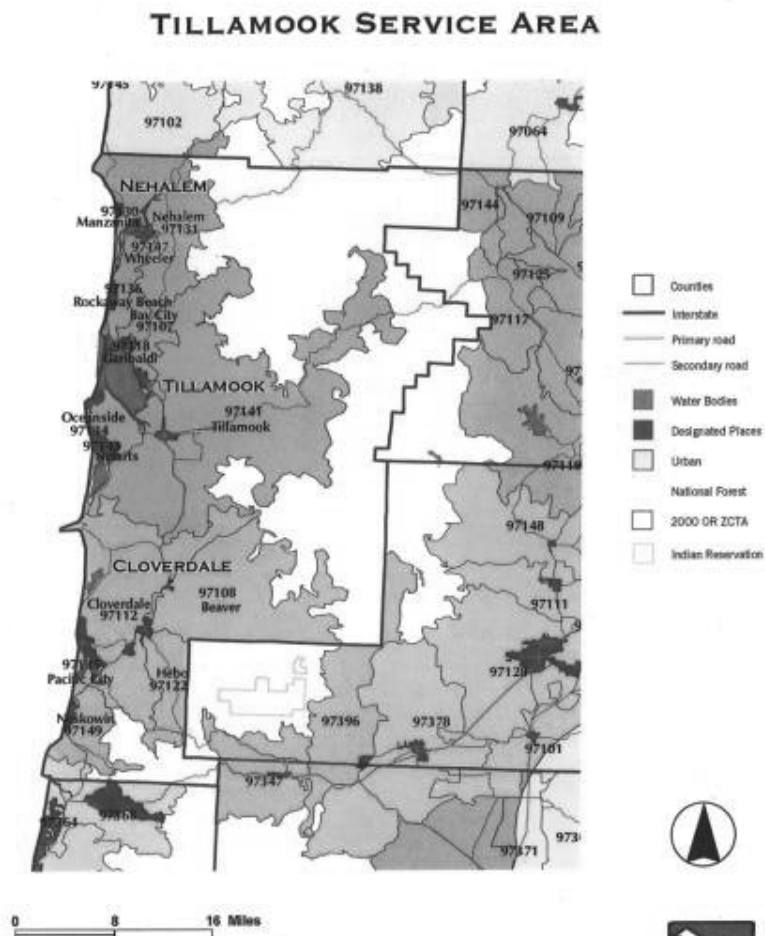
# Community Profile

Tillamook Regional Medical Center is part of Adventist Health, a faith-based, not-for-profit integrated health care delivery system, and was built on its current site in 1950. Our hospital participates in numerous national and state quality initiatives, as well as a national patient satisfaction benchmarking. Results consistently rank us in the top decile for performance. As the world of health care continues to advance, the dedicated members of our health care team plan on contributing to high quality medical services and positive growth in Tillamook County.

## Primary Service Area

Tillamook Regional Medical Center's primary service area is all of Tillamook County, which contains three geographic areas:

- Cloverdale (South)
- Tillamook (Central)
- Nehalem (North)



OREGON OFFICE OF RURAL HEALTH



# Community Health Needs Assessment Overview

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

The data collection process of the CHNA included compilation and analysis of quantitative and qualitative data, which helped to identify information gaps and areas of need for priority focus.

Tillamook Regional Medical Center is working hard to listen to our community and collectively identify needs and assets in our region. Traditional, publicly available data were included in the assessment, along with qualitative data collected from a broad representation of the community.


## ***Quantitative Data***

- Morbidity and Mortality collected from the County Health Profiles.
- Social Determinants of Health collected from the U.S. Census Bureau, American Community Survey.
- Health Indicator Data Collected from a variety of publicly available data.

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

## ***Qualitative Data***

- Community Health Needs Survey conducted by the Columbia Pacific Coordinated Care Organization

- 
- Community agencies serving our primary service area, to assess their needs and to identify areas in which Tillamook Regional Medical Center can be a strategic partner.
  - Focused group meetings with key community leaders, to engage them in the development of our interventions and solicit their input to improving the health of our region.
  - Focused group meetings with Medical Staff members to identify areas in which we can support the health of their patients in our community initiatives.
  - Focused group meetings with our internal leaders and staff.

# Identified Priority Needs

After conducting the CHNA, we asked the following questions:

- 1) What is really hurting our communities?
- 2) How can we make a difference?
- 3) What are the high impact interventions?
- 4) Who are our partners?
- 5) Who needs our help the most?

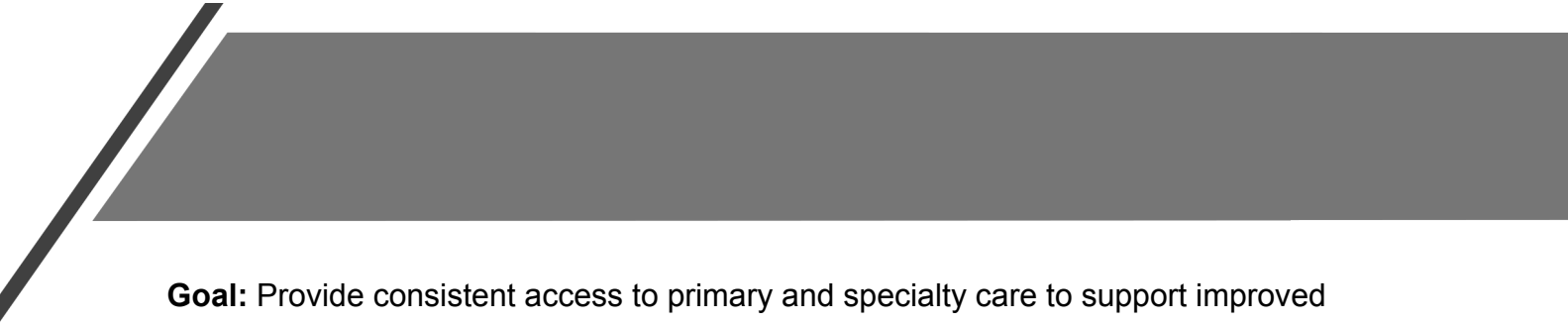
From this analysis, three primary focus areas were identified as needing immediate attention, moving forward:

## Priority Area: Access to Health Services

### Identified Need:

Consistent access to primary care and specialty care is critical in ensuring good health outcomes. Access to health services is usually defined as gaining entry into the health care system, accessing a health care location where needed services are provided, and finding a health care provider with whom patients can communicate and trust. Access to health services influences physical, social, and behavioral health status. Moreover, access to health services can impact prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable deaths, and life expectancy. Often the major barriers of accessing health services include: unmet health needs, delays in receiving appropriate care, inability to get preventive services, and preventable hospitalizations. Tillamook Regional Medical Center is determined to improve the health outcomes of our community and reduce disparities in health care services.

- Preventable hospitalizations remain a concern, with significantly higher rates in Nehalem and Tillamook service areas, in comparison to the State.
- Over 21% of Tillamook County's population lacks health insurance coverage.
- Tillamook County has a lower primary care provider rate compared to the State.




**Goal:** Provide consistent access to primary and specialty care to support improved health and wellness across Tillamook County and into Lincoln County.

**Objective:** Improve top priority health care access issues through connecting uninsured patients with health insurance and financial assistance resources, recruiting and maintaining adequate numbers and types of healthcare providers, and providing services at the most appropriate level of care with navigation and follow up as needed.

**Interventions:**

1. Provide uninsured patients with assistance for obtaining health insurance information and/or coverage and access to financial assistance as needed, through clinic care coordinators and financial counselors.
2. Reduce medically underserved area designations through recruiting primary and specialty care providers identified as needed in the community, including but not limited to: family medicine, occupational health, internal medicine, otolaryngology/ENT, orthopedics, urology, hematology and oncology.
3. Strengthen access to primary care services and prevent hospitalizations and readmissions through improved follow-up for patients discharged from emergency and inpatient hospital services.
  - Enhance patient-centered primary care home services for AH Medical Group (AHMG) clinics through:
    - Extension of primary care appointments beyond standard 8-5 business hours.
    - Follow up by clinic care coordinators within 48 hours of hospital discharge for patients scoring moderate to high intensity health risk to reduce preventable readmissions.
    - Follow up of all patients seen in Emergency Department.
    - Enhance nurse navigator role for cancer patients to strengthen primary care linkages to specialty care.
  - Work with community health and human services partners to strengthen follow-up for patients not seen through AHMG.

- 
4. Provide urgent care services with availability beyond standard 8 am to 5 pm business hours to provide appropriate level of care patients with acuity levels 3-5; provide community education about which services to access for appropriate level of care.

### **Evaluation Indicators:**

#### *Short Term Indicators*

1. Access to health insurance and financial assistance, measured by: number of contacts; number of referrals.
2. Provider recruitment, measured by: number total primary care providers; number total specialty care providers; number new providers recruited.
  - a. Access to primary care services with linkages to specialty care, as measured by: number of patients served; number hours provided beyond 8 am to 5 pm, excluding urgent care; number of patient contacts for nurse navigator (cancer).
  - b. Urgent Care and Emergency Department utilization, as measured by: number patients with acuity levels 1-2, location served; number of patients with acuity levels 3-5; location served.

#### *Long Term Indicators*

1. Preventable hospitalizations rate (2009-2011: 10.5 Per 1,00 population)
2. Percent population without health insurance (2010: 21.7%)
3. Primary care provider rate (2011: 75.24 per 100,000 population)
4. Index of Medical Underservice score to above 62 (2013: 61.30)



### **Program Highlight:**

The NW Regional Heart & Vascular center offers world-class cardiac care to Tillamook patients through a regional partnership with Tillamook Regional Medical Center.

Cardiologists see patients in AHMG clinics in Tillamook, Manzanita, Pacific City and Lincoln City. Many cardiology services are now available here on the coast and our patients enjoy the convenience of seeing a cardiologist right here at home.



For cardiac surgeries, specialized tests and services, patients are seen on the Portland campus; this offers local patients access to the best cardiac care available, and the advantage of seeing their own cardiologist—who knows them and has ready access to their medical records—in a state of the art facility. For more information visit [NWRegionalHeart.com](http://NWRegionalHeart.com).

## Priority Area: Behavioral Health

### Identified Need:

Good mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. It is estimated that about 17% of U.S. adults are considered to be in a state of optimal mental health. Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. In addition, alcohol or substance abuse can lead to decreased mental functioning, increased symptoms of mental illness, and result in overall poor performance and lowered quality of life. Behavioral health interventions must comprehensively address both mental illness and substance/alcohol abuse as separate, yet equally severe illnesses. Tillamook Regional Medical Center recognizes the importance of whole person care and in turn is committed to leading the way to increase access to services for behavioral health as well as drug and alcohol addictions that will improve health outcomes in these areas for our communities.

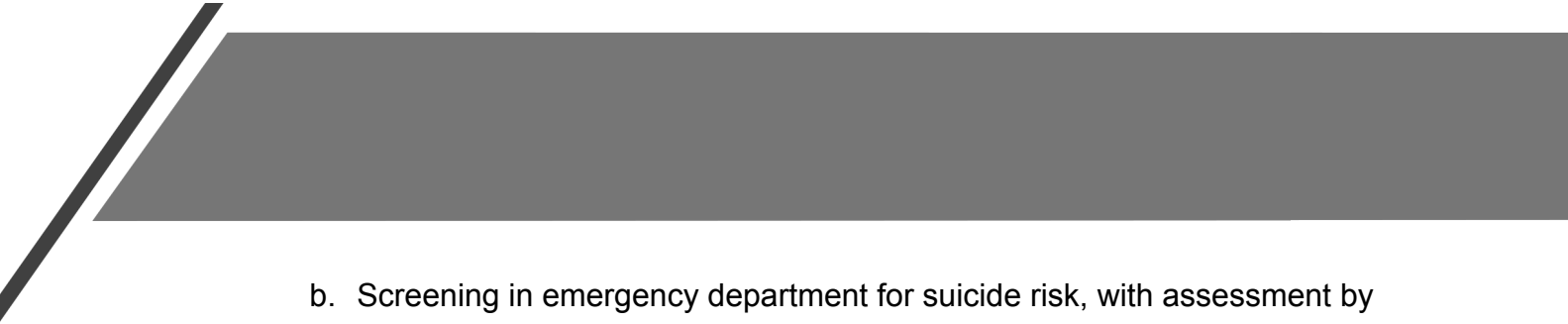
- The age-adjusted rate for suicide deaths in Tillamook County is higher than in the state of Oregon and the Healthy People 2020 objective.
- Nearly 19% of adults in Tillamook County reported heavy alcohol consumption.
- Tillamook County has a higher rate of alcohol-induced death than the state of Oregon.

**Goal:** Improve access to behavioral health services throughout Tillamook County to support enhanced overall health and wellness.

**Objective:** Improve top priority access points through recruitment, screening, education and community awareness.

### Interventions:

1. Provide consistent screening in emergency department and primary care settings for: depression; abuse and neglect; suicide.
  - a. Baseline screening in AHMG primary care setting with assessment by provider and linkage or referral for services as identified: Depression PHQ9; abuse and neglect.

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- b. Screening in emergency department for suicide risk, with assessment by provider and linkage or referral for services as identified.
  - 2. Address identified behavioral health professional shortage through recruitment of full time MSW/LCSW with expertise in behavioral health, addictions, post-traumatic stress disorder (PTSD), other chronic conditions.
  - 3. Offer Community Wellness Education and Outreach, such as Depression Recovery Program, an evidenced based lifestyle intervention program which identifies causes and interventions for depression in both young and seniors.
  - 4. Collaborate with community health and human service partners to strengthen coordination of services to people with behavioral health concerns and/or drug, alcohol addictions. Examples: meetings with Tillamook Family Counseling Center and community multi-disciplinary teams; work with NW Disability & Senior Services; Faith in Action volunteer and Wellspring respite care services; Positive Youth Development Coalition, which has a focus area of suicide prevention for middle school and high school students.

### **Evaluation Indicators:**

#### *Short Term Indicators*

- 1. Screening for behavioral health concerns, as measured by: number of screens/assessments completed by Emergency Department, with number of referrals for additional services; number of screens/assessments completed by AHMG, with number of referrals for additional services.
- 2. Behavioral health professional services, as measured by provider recruitment; number of referrals to services.
- 3. Education and outreach as measured by: number of participants; pre and post class key indicators
- 4. Collaboration, as measured by: number of community partnerships; number of outreach events offered/participated in.



### *Long Term Indicator*

1. Age-adjusted suicide mortality (2006-2010: 19.92 per 100,000 population)

#### **Program Highlight:**

Caring for the whole person—physical, mental and spiritual—has always been a hallmark of Adventist Health’s mission. And now the State of Oregon is in the process of major health reforms that will more fully integrate behavioral health and primary care as a part of the patient centered primary care home (PCPCH) model.

Top goals include: emphasizing early intervention to promote independence, resilience, recovery and health; flexibility to local communities to enable them to better serve people with addictions and mental health needs; reducing reliance on high-cost institutional care; and, over the long term, increasing the availability of high quality community-based addictions services and mental health care.

With five clinics throughout Tillamook and North Lincoln Counties, three of which are recognized by the Oregon Health Authority as PCPCH level 3, Tillamook Regional Medical Center is actively working to meet identified community needs to have behavioral health services provided side by side with physical health services.

## Priority Area: Children's Health

### Identified Need:

Tillamook Regional Medical Center recognizes that our children are our future and is committed to improving the health of all children living in the region by: promoting lifelong healthy eating patterns through education and behavior change practices, promoting physically active lifestyles, and supporting community programs that promote overall child and maternal health.

- Children aged 0-14 years constitute the second largest population group in all three service areas.
- In Tillamook County, approximately 18% of both eighth and eleventh graders are overweight; nearly 17% of both eighth and eleventh graders are obese.
- In Tillamook County, 27% of children (under 18 years of age) live in poverty, a higher rate than Oregon (~20%).

**Goal:** Improve health behaviors and outcomes for children in Tillamook County.

**Objective:** Address top priority children's health needs through early identification of risks, treatment of identified concerns and education and outreach to parents and children.

### Interventions:

1. Continue leadership of annual, communitywide Multi-modular Preschool Exams provided at no cost to all Tillamook County children ages 3-6 years that screens 12 areas of health and development.
2. Enhance health of children by using evidence-based guidelines for primary care well child visits provided through AHMG to include screenings for body mass index (BMI), immunizations, nutrition, dental (initial fluoride and linkage with dental services as identified).
3. Provide wellness education and outreach to schools, such as with SuperFit Family Challenge program that addresses childhood obesity within context of family health.

4. Collaborate with community health and human service partners to strengthen health related services to children and adolescents. Examples: Healthy Families, 4H, YMCA, Positive Youth Services Team.

### **Evaluation Indicators:**

#### *Short Term Indicators*

1. Multi-modular Preschool Exams event, as measured by: number of children served; number of referrals for professional services.
2. Well child visits, as measured by: number primary care screenings; number referrals for professional services.
3. Education and outreach as measured by: number of participants; number of children in grades 3 and 4 receiving outreach/education about nutrition and exercise; pre and post class key indicators.
4. Collaboration, as measured by: number of community partnerships; number of outreach events offered/participated in.

#### *Long Term Indicator*

1. Decrease in weight status of Eighth and Eleventh Graders (2007-2008: 18% overweight; 17% obese).

### **Program Highlight:**

Held three days each year at the Tillamook County Fairgrounds, the communitywide Multi-modular Preschool Exams program provides comprehensive screenings in 12 health and development areas to more than 200 Tillamook children ages 3-6 years.



Referrals are made for follow up with professional providers in identified areas of concern. The value of screening services provided per child is more than \$1,000 each.

Community partnerships, generous in-kind and financial donations, along with more than 100 volunteers make it possible to offer these services free of charge to our community's young children to help ensure they begin school as ready to learn as soon as possible. Tillamook Regional Medical Center serves as the lead partner and fiscal agent for this program.



## Priority Area: Chronic Disease Prevention

**Identified Need:** Chronic disease management is a broad term that encompasses many different models for improving care for people with chronic diseases. Elements of a structured chronic disease management program may include a treatment plan with regular monitoring, coordination of care between multiple providers and/or settings, medication management, and support for patient self-management. Tillamook Regional Medical Center is taking an active role in improving the continuum of care for individuals experiencing chronic disease and is committed to bridging preventive strategies in the clinical setting, as well as, in the community. This strategy will be focused on heart disease, stroke, cancer, and associated co-morbidities (such as obesity); with coordination among services/programs, as necessary.

- Preventable chronic diseases remain the leading causes of death in all service areas.
- Cancer was the leading cause of death in all areas.
- Tillamook County has a higher rate of heart disease and stroke mortality than Oregon State and the Healthy People 2020 objective.


**Goal:** Improve quality of life and health outcomes for people with chronic diseases.

**Objective:** Meet chronic health prevention needs identified by strengthening access to care, enhancing the continuum of care, supporting care coordination and navigation, and providing community wellness education that supports healthy lifestyle choices.

### Interventions:

1. Strengthen the continuum of primary care services throughout Tillamook County in order to prevent, arrest/manage and even reverse symptoms of chronic disease.
  - Expand and enhance access to health care services (see prior section)
  - Grow AHMG clinic-based care coordination services, including identification of patients with health risks that would benefit from care management plans.
  - Offer clinic-based group wellness education sessions.



- 
2. Strengthen the continuum of specialty care services for preventable and chronic diseases such as cardiovascular, cerebrovascular (stroke), cancer.
    - Expand cardiovascular prevention and treatment services offered through affiliation with Northwest Regional Heart & Vascular to address: Congestive Heart Failure (CHF) clinic; INR coagulation clinic (also addresses stroke risk).
    - Expand cancer screening, prevention and treatment services offered through AHMG and the hospital's Outpatient Therapy Services to address: access to cancer screening such as mammography; navigation of and access to treatment services offered locally and regionally; support services for patients undergoing treatment
  3. Community Health & Wellness Outreach
    - Provide community health and wellness outreach through clinic-based care coordinators.
    - Provide evidence-based community wellness education and screenings through the hospital, including:
      - Complete Health Improvement Program (CHIP) twice for community; begin corporate program for one local employer (fee; financial assistance)
      - Living Well with Chronic Disease self- management program quarterly (no charge).
      - Monthly Wellness Screenings for cholesterol/blood sugar assessments around the county, as well as at Huckleberry Health Fair held annually at the Tillamook County Fair (low cost & no charge).

### **Evaluation Indicators:**

#### *Short Term Indicators*

1. Continuum of primary care chronic disease services, as measured by: number of patients with care management plans; number of group education sessions provided.

2. Continuum of specialty care chronic disease services, as measured by: number of specialty clinic patients; number of cancer screening services; number of cancer navigation and support services.
3. Community wellness education and outreach, as measured by: number of clinic-based outreach events, participants; number of hospital-based events, participants; pre and post class key indicators

#### *Long Term Indicator*

1. Decrease age-adjusted death rate for heart disease and stroke mortality (2006-2010; Heart 109/100,000 population; Stroke 55/100,000 population)

#### **Program Highlight:**

Tillamook Regional Medical Center has sponsored twice-yearly class sessions of the Complete Health Improvement Program (CHIP) since 2005. Focused on empowering individuals to make healthy lifestyle changes, this scientifically proven, four-week program includes two health screenings, 12 lectures, a cookbook, cooking demonstrations, and delicious meals each evening. Monthly clubCHIP support group meetings help alumni maintain their health and wellness gains after the class has ended.



Six months after he attended CHIP and made diet and exercise changes, Tillamook County Commissioner Tim Josi reversed his diabetes diagnosis, brought his blood pressure, cholesterol, lipids and triglyceride counts to within normal ranges and lost 30 pounds. More than 350 Tillamook residents are now living life WELL as CHIP alumni.



## Priority Areas Not Addressed

In addressing the top four priority areas identified through the 2013 Community Health Needs Assessment, Tillamook Regional Medical Center recognizes that data reveals additional community health needs for which investment through interventions would potentially have a positive impact on community health.

While the focus of this plan is on the top four priority areas, these other needs are not forgotten. In some instances, other community partners may be able to take the lead in addressing particular community health needs, and we will be pleased to support them in any way we can.

We welcome feedback from our community at any point along this journey to better health and wellness for all of us.

# Partner List

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

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

- Bay City United Methodist Church
- Beaver Community Church
- Bizeau Dentistry
- Calvary Bible Church
- CARE, Inc.
- Clatsop Community College
- Coastal Health Center, PC
- Columbia Pacific Coordinated Care Organization
- Covenant Community Church
- First Christian Church
- Healthy Start of Tillamook
- Hope Chest Thrift Shop Volunteers
- Kiwanis Club of Tillamook
- Living Water Fellowship
- Marie Mills, Inc.
- Nestucca Rural Fire Protection District
- Nestucca Valley School District 101
- Netarts Oceanside Fire District
- North Coast Bible Church
- NW Regional Education Service District
- NW Senior & Disability Services
- Pacific City-Nestucca Chamber of Commerce
- Positive Youth Development Coalition
- Redeemer Lutheran Church
- Sacred Heart Parish
- The Rinehart Clinic
- Tillamook Christian Center
- Tillamook Christian Ministerial Assoc.
- Tillamook Church of the Nazarene
- Tillamook County Breast Health Coalition
- Tillamook County Emergency Communications District
- Tillamook County Futures Council
- Tillamook County Health Department
- Tillamook County United Way
- Tillamook County Women's Resource Center
- Tillamook Diabetes Coalition
- Tillamook Drug & Alcohol

- 
- Medical Reserve Corps-N Tillamook County
  - Neah-Kah-Nie School District 56
  - Nehalem Bay House
  - Nehalem Bay United Methodist Church
  - Nehalem Bay Fire & Rescue
  - **Nehalem Valley Care Center**
  - Rockaway Community Church
  - St. John's United Church of Christ
  - St. Peter Lutheran Church
  - Sandcreek Dental
  - Tillamook Adventist School
  - Tillamook Area Chamber of Commerce
  - Tillamook ARC
  - Tillamook Bay Community College
  - Tillamook Bay Dental
  - Tillamook Childhood Obesity Taskforce Prevention Coalition
  - Tillamook Family Counseling Center
  - Tillamook Family YMCA
  - Tillamook Fire Defense Board
  - Tillamook Seventh-day Adventist Church
  - Tillamook School District 9
  - Tillamook United Methodist Church
  - TLC Federal Credit Union
  - US Coast Guard, Garibaldi Station

# Connecting Strategy and Community Health

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

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


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

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

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

Improving population health requires effective initiatives to:

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



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

# Community Benefit Terms and Definitions

## ***Medical Care Services (Charity Care and Unreimbursed Medicaid/Medi-Cal and Other Means-Tested Government Programs)***

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or portion of the services. Charity Care does not include: **1)** bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing care to such patients; **2)** the difference between the cost of care provided under Medicaid or other means-tested government programs, and the revenue derived there from; or **3)** contractual adjustments with any third-party payers. 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***

Activities that are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs.

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

## ***Health Professions Education***

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





### ***Subsidized Health Services***

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

### ***Research***

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal).

### ***Cash and In-Kind Contributions***

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

### ***Financial Assistance Policy***

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

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

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

<http://www.tillamookregionalmc.org/about-us/community-health-needs-assessment>

# Community Benefit Inventory

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

Year 2013 – Inventory

## Activities

### Medical Care Services

Tillamook Regional Medical Center and Adventist Health have an extensive charity care policy which enables the Medical Center to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and non-emergency health care. Charity care does not include: **1)** bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing such care to such patients; **2)** the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or **3)** contractual adjustments with any third-party payers.

### Community Health Improvement

#### Children's Health & Wellness

Promoted children's health by leading community partnership group to provide free health and developmental screening exams and vaccinations to 200 Tillamook County children through the annual School Readiness Exams for Tillamook County Kids (Multi-modular) 3-day health and wellness fair.

### **Community Health & Wellness Education, Promotion**

Facilitated 101 health screenings and education classes for 2,834 people including monthly wellness screenings, seminars on CPR, child birth preparation, lifestyle, diabetes, depression, SuperFit Family Challenge, and Complete Health Improvement Program (CHIP).

### **Huckleberry Health Fair & First Aid Booth – Tillamook County Fair**

Hosted a two-day health fair with 15 community agencies during the Tillamook County Fair, and partnered with Oregon Health and Science University in providing over 460 wellness screenings. Provided first aid booth for all four days of the Fair, engaging the community with health information and gift items.

### **Dental Services Outreach**

Recruiting and working with local dental professionals, sponsored Medical Teams International mobile dental van to serve 47 people with acute dental needs and no insurance or funds to pay for dental care.

### **Care Coordination Services**

Five care managers working throughout the five clinic locations actively work with patients who have chronic and/or complex illnesses to assist with health coaching and improve communications between various health care providers and services to support improved health outcomes and positive patient experience.

### **Access to Health Insurance**

Community outreach and registration assistance provided throughout Tillamook County by registration staff trained to offer assistance to people applying through the Cover Oregon health insurance exchange system.

### **Pastoral Care Services**

Chaplain services provided by full time hospital chaplain assisted by part time/relief chaplain include: spiritual support, counseling, crisis intervention, funeral services, grief and bereavement support, other sacraments and sacred services, and more.

### **Life & Health Newsletter**

Published 28,850 newsletters each quarter that are distributed to all Tillamook County residents addresses and North Lincoln County addresses. A variety of articles on health topics and updates on health providers and services available locally are included in the newsletter.

### **Support for Community-Based Health & Public Safety**

A number of staff participated in community-based coalitions, service clubs and other groups related to breast health, diabetes, underage alcohol/drug abuse prevention, career education, senior meals/services, emergency preparedness, public health, United Way, volunteer fire-fighting, and more.

### **Health Professions Education**

#### **Clinical Experience & Internships**

Promoted health professions education in partnership with a number of higher education institutions by providing clinical experience for: 11 nursing students; 15 internships in clinics, emergency medical services, laboratory, radiology, nutritional care and rehabilitation.

### **Subsidized Health Services**

#### **Faith in Action Community-Based Services**

With support from local coalition of faith communities and health/human services agencies, assisted 100 community members with cognitive and physical limitations to maintain their independence through 3,700 hours of in-home volunteer and Wellspring respite day center activities.

### **Cash and In-Kind Contributions**

#### **Cash Donations to:**

- \$900 Cash donations to support: Kiwanis Dollars for Scholars, Eugene Schmuck Foundation Benefit, Tillamook Relay for Life, Hand washing Stations at Tillamook County Fair.
- \$2,500 donations to Oregon Food Bank/Tillamook Site in lieu of Christmas gifts for Medical Staff and Governing Board members.
- \$1,500 donation to Medical Teams International for mobile dental van services.

#### **In-Kind Contributions to:**


- Local community organizations of service gift certificates such as TEAM membership, and miscellaneous small gift items.
- Local Homeless Connect annual event of basic first aid supplies.
- Local families in need by staff Christmas baskets/gifts outreach.
- Medical Teams International of miscellaneous excess medical supplies. Various nonprofit groups of excess furniture and miscellaneous supplies.

# Community Benefit & Economic Value

Tillamook Regional Medical Center holds the mission to “share God’s love by providing physical, mental and spiritual healing.” It has been our privilege to serve health care needs in our communities since 1973 as a part of Adventist Health, building on the community’s inaugural investment in 1950 of Tillamook County General Hospital. Our community benefit work is rooted deep within our mission and is a vital extension of our mission and service. We have also incorporated our community benefit work to be an integral component of improving the “triple aim.” The “Triple Aim” concept broadly known and accepted within health care includes:

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

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



# **Appendix A: Policy Community Health Needs Assessment and Community Health Plan Coordination**

☐ Entity:

- ☒ System-wide Corporate Policy  
Corporate Policy No. AD-04-006-S  
☒ Standard Policy  
☐ Model Policy

Policy No.

Page

Department:

Category/Section:

Manual:

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Administrative Services

Planning

Policy/Procedure Manual

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## **POLICY: COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH PLAN COORDINATION**

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### **POLICY SUMMARY/INTENT:**

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

### **DEFINITIONS**

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

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

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

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

**AFFECTED DEPARTMENTS/SERVICES:**

Adventist Health hospitals

**POLICY: COMPLIANCE – KEY ELEMENTS**

**PURPOSE:**

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

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

**A. General Requirements**

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



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

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

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**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