

2008 Community Benefit Report

Ukiah Valley Medical Center
— Adventist Health

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Ukiah Valley Medical Center



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Introduction

Ukiah Valley Medical Center (UVMC) encompasses a 78-bed full-service, acute care hospital and rural health clinic offering care for people of all ages. From humble beginnings as a small Northern California community hospital in the 1950s, UVMC has grown to a state-of-the-art hospital, which is now part of an organization affiliated with the Seventh-day Adventist church that improves health and wellness at more than 160 hospitals and almost 500 clinics, nursing homes and dispensaries worldwide.

In striving for a balance of physical, mental and spiritual health through prevention and treatment of disease, UVMC brings together employees, physicians and volunteers who are committed to meeting the needs of our community. UVMC employs approximately 640 people, who collaborate with the 90-member medical staff (representing 27 medical specialties). In addition to employees and medical staff, more than 60 volunteers work in a wide range of service activities to help the hospital better serve the community.

Ukiah Valley Medical Center offers 24-hour emergency care, inpatient and outpatient surgical services, intensive care (including telemedicine), diagnostic services, obstetrical services, rehabilitation services, health education, and more. Ukiah Valley Rural Health Center (UVMC's Rural Health Clinic [RHC]) offers outpatient care in the following specialties: Allergy, Family Practice, General Surgery, Internal Medicine, Obstetrics & Gynecology, Oncology, Orthopedics, Pediatrics, Physical Therapy, and Urology. The RHC also features a periodic Cardiology Clinic.

Ukiah Valley Medical Center employs technology that is well above that found in many rural settings. Some of its state-of-the-art technology and services include a 64-slice CT scanner, able to detect vascular and heart disease non-invasively, one of the most powerful Magnetic Resonance Imaging (MRI) units in Northern California, digital mammography, mobile PET/CT services for cancer detection, Lithotripsy (non-invasive removal of kidney stones), a family-oriented birthing center and Level II intensive care nursery. Since 2004, the hospital has operated the Outpatient Pavilion, a 16,500 square foot building that houses the most current technology for outpatient surgery, imaging and laboratory services.

The following report is required under Senate Bill 697. As a not-for-profit hospital operating in California, UVMC is subject to SB 697 provisions, which require the hospital to:

1. Review and affirm board-level commitment to meet community health needs
2. Assist in producing a formal community needs assessment (at least every three years)
3. Assist in creating a formal community benefit plan
4. Annually submitting the plan to OSHPD

Mission Statement

Our Commitments...

Patient Focus (Our Mission Statement)

We reflect God's love to our community by providing physical, mental and spiritual healing.

Employee Focus

We strive to provide every team member with purposeful, worthwhile work and to help them recognize the contribution they make, personally.

Community Focus

We commit to be good corporate citizens through caring, competence, and stewardship.

Our Rallying Cry

A Team That Cares, A Mission That Matters

We will fulfill our Mission by:

- being compassionate to patients, their loved ones, and each other
- operating with fiscal responsibility thereby ensuring continuous service
- working together as a team
- providing high quality, technically advanced services
- preserving individual dignity
- protecting confidentiality
- being integral to our community
- promoting well living in our community
- being adaptable, innovative, and flexible
- being expert listeners

Community Benefit Stakeholders

Communication & Financial Managers of Community Benefit Planning & Reporting

The Community Benefit Assessment, Plan and Report are communicated at least annually to the Governing Board and Community Advisory Council of Ukiah Valley Medical Center for their approval and support. The following individuals participate as Community Benefit Planners and Reporting Managers:

- Jendi Coursey, Admin. Director of Marketing & Communication: 707.463.7606
- Laurie Wood, Director, Decision Support: 707.462.3111 ext. 1508

Governing Board

The Governing Board is the governing body for Ukiah Valley Medical Center, and as such, is involved in strategic planning and policy approval. As part of these responsibilities, members are provided with the most recent *Community Health Status Report* when it is published every two years, and they are asked to approve the Community Benefit goals annually. The board ensures that the hospital's community service role is in alignment with the hospital's mission, vision, and goals.

The Governing Board at Ukiah Valley Medical Center includes:

Scott Reiner, Chairman, Senior Vice President, Adventist Health

Marc Woodson, Vice Chairman, Executive Secretary, Northern California Conference of SDA

Terry Burns, President/CEO, UVMC

Nancy Biggins, Attorney

Channing Cornell, Local Business Professional

Donald Coursey, MD

Danni Hendricks, Certified Public Accountant

Thomas Jutzy, DDS

Marty Lombardi, Senior Vice President, Savings Bank of Mendocino County

Jeremy Mann, MD

Dale Morrison, MD, Chief of Staff, UVMC

Margie Rice, Concertmistress, Ukiah Symphony

Donald Rones, Sr., Retired Business Professional

Laura Wedderburn, MD, Vice Chief of Staff

Laura Winkle, MD

Community Benefit Stakeholders

Community Advisory Council

The Community Advisory Council (CAC) is comprised of community leaders dedicated to improving local health care by providing information and recommendations to the hospital regarding community needs and fundraising. CAC members also act as ambassadors of good will on the hospital's behalf throughout the community and provide input into the hospital's strategic plan. They are solicited for their opinion regarding the Community Benefit goals each year. Members attend bi-monthly meetings.

The Community Advisory Council includes:

Charlie Barra, Owner, Vineyard/Winery
Terry Burns, President/CEO, UVMC
Peter Chevalier, Owner, Vineyard Management Firm
Jendi Coursey, Admin. Director, Marketing/Communication, UVMC
Guil Dye, Owner, KWINE/KMYX Radio
Ed Eversole, Eversole Mortuary
Cathy Frey, Executive Director of ARCH
Ron Gester, MD, Former Director UVMC ED
Paul Jepson, MD, Vineyard Owner
Stephen Johnson, Attorney
Kathy Lehner, President, Mendocino College
Marty Lombardi, Senior Vice President, Savings Bank of Mendocino County
Carol Mordhorst, Retired (former Director, Mendocino County Public Health)
Margie Rice, Concertmistress, Ukiah Symphony Orchestra & Governing Board Member
Francine Selim, Assistant Principal, Ukiah High School (retired)
Joan Schlienger, Board Member, Community Foundation of Mendocino County
Dick Selzer, Owner, Realty World/Selzer Realty

Needs Assessment: Defining Our Communities

The National/International Community

Adventist Health is part of a national and international community that improves health and wellness through more than 600 facilities worldwide. Adventist Health is a not-for-profit, faith-based health system operating in California, Hawaii, Oregon and Washington. Founded on the Seventh-day Adventist heritage of Christian health care, Adventist Health is comprised of 18 hospitals with more than 2,800 beds, nearly 17,500 employees, numerous clinics and outpatient facilities, 15 home care agencies and three joint-venture retirement centers with a fourth on the way.

As part of a larger organization, Ukiah Valley Medical Center has access to information and resources, which are shared among the individual facilities.

The Regional Community

Ukiah Valley Medical Center is one of three hospitals in Northern California's Mendocino County, with the others being Frank R. Howard Memorial Hospital in Willits and Mendocino Coast District Hospital in Fort Bragg. Other hospitals in our region include Sutter Lakeside Hospital in Lake County and Healdsburg District Hospital in Sonoma County. Some out-migration of patients to Santa Rosa and San Francisco occurs for services unavailable locally.

The Local Community

Ukiah Valley Medical Center is located in the city of Ukiah. It is the largest of the three hospitals, and the only non-critical access hospital serving Mendocino County and northern Lake County.

Ukiah Valley Medical Center primarily serves nine communities in Mendocino County: Ukiah, Anderson Valley, Covelo, Dos Rios, Hopland, Potter Valley, Redwood Valley, Talmage and Willits. The primary service area includes the corridor along the 101 Highway from Willits in the north to Hopland in the south. The hospital's secondary service area includes areas north of Willits, Northern and Western Lake County and the Mendocino Coast. The State Department of Finance estimates the 2008 population for Mendocino County to be approximately 90,000, and the Lake County population to be approximately 64,000.

Geography

Mendocino's 3,510 square miles encompass a wide variety of landscapes, including a coastal mountain range, redwood forests, and miles of northern California coastline. The county's elevation ranges from sea level to almost 7,000 feet.

Demographics of Mendocino County

Population

The California Department of Finance estimated Mendocino County's 2008 population to be 90,163, making it the 38th largest county in overall statewide population. It covers 3,510 square miles and is California's 15th largest county in land area. Incorporated cities include Ukiah, with an estimated population of 15,758, Fort Bragg at 6,890, and Willits at 5,032.

Needs Assessment: Defining Our Communities

Age

According to the Department of Finance, Mendocino County's median resident age is 38.9 versus the State median age of 33.3.

Race/Ethnicity

Mendocino County is primarily Caucasian (including Hispanic), with some Asian, Black and American Indian. According to the 2007 California Department of Finance estimates, the ethnic distribution is as follows:

Race/Ethnicity	Percentage
White	70.8%
Hispanic	19.8%
Asian	1.3%
Black	0.6%
American Indian	5.8%
Other	2.2%

Socio-economic Environment

According to U.S. Housing and Urban Development 2008 estimates, the median state income was approximately \$63,600. The Mendocino County median household income was \$53,800 (<https://www.efanniemae.com/sf/refmaterials/hudmedinc>).

The poverty rate is the percent of all people in households earning below the federal poverty level. According to city-data.com, the 2007 state average was 12.4%, while Mendocino County's average was 14.9%.

In July 2006, according to the California Department of Social Services, the number of individuals in Mendocino County receiving public assistance (CalWORKS, Social Services, Foster Care, Welfare to Work, and Food Stamps) was 11,624 (12.9% of the population). The total percent has continued to decrease since 1999 when it was at an all time high of 16%. Estimates for 2004 show 21.9% of children under the age of 18 years were in poverty, ranking Mendocino County among the highest in California.

Unemployment

Through November, the 2008 average unemployment rate for Mendocino County was 6.8%, which was slightly lower than the State average of 7.0%, according to the State of California Labor Market Web site (www.labormarketinfo.edd.ca.gov). Mendocino county's largest employers include local government with more than 1,900 employees, and Ukiah Valley Medical Center with more than 640 employees (including full time, part time and per diem).

Education

According to the California Department of Education, the Mendocino County high school graduation rate in 2007 was 85.3% compared to 80.6% for the State. (Rates are calculated by dividing the number of graduates by the number of graduates plus the number of drop outs from each year.)

Educational Attainment	
Population 25 years and over	59,394
Less than 9th grade	5,711
9th to 12th grade, no diploma	6,499
High school graduate (includes equivalency)	13,858
Some college, no degree	11,664
Associate's degree	7,563
Bachelor's degree	8,735
Graduate or professional degree	5,364

Needs Assessment: Community Collaboration

Needs Assessment Process and Information

Ukiah Valley Medical Center works through the Mendocino County Public Health Advisory Board (MCPHAB) for its community health needs assessment. MCPHAB combines representatives from the major health care sectors in the county, as well as public safety. The list below demonstrates MCPHAB's broad and inclusive composition.

In 2008, the following community members served on the MCPHAB:

Diane Agee, Redwood Coast Medical Services
Antonio Andrade, Community Representative
Susan Baird Kanaan, Community Representative
Patty Bruder, Willits Action Group
Terry Burns, Ukiah Valley Medical Center
Paula Cohen, Mendocino Coast Clinics
Andy Coren, MD, Medical Community
Chris Dewey, Ukiah Police Department
Judith Dolan, Anderson Valley Health Center
Cynthia McMath, Community Care Management Corp.
Jendi Coursey, Ukiah Valley Medical Center
Sara O'Donnell, Cancer Resource Center of Mendocino County
George Provencher, Pinoleville Native American Head Start Program (resigned at year end)
Michele Schott, Laytonville Healthy Start
Bill Waring, Community Representative

MCPHAB publishes a report every two years on the health status of the residents of Mendocino County. The Public Health Department created the first health status report more than 10 years ago and has continually improved upon the process. *Community Health Status Report 2008* was released in April 2008. It reviews data from 2006-2007, and is an essential cornerstone for addressing and improving the health of all the citizens of Mendocino County.

Ukiah Valley Medical Center has been involved in this needs assessment primarily through the participation of hospital representatives. Terry Burns, UVMC President/CEO was appointed to the executive council in 2008, to be board president in 2009.

The *Community Health Status Report 2008* includes data from surveys, census reports, county, state and federal statistics, local research, and more. (The data sources are listed on the acknowledgements page at the beginning of the report.)

The hospital is also tied to the workings of the Mendocino County Department of Public Health through Marvin Trotter, M.D., who serves both as the Public Health Officer and as a UVMC Emergency Room physician. Dr. Trotter works with hospital staff and administration to keep the lines of information open between UVMC and the Department of Public Health. In addition, recently retired Mendocino County Public Health Director Carol Mordhorst is a member of UVMC's Community Advisory Council.

Needs Assessment: Community Health Priorities

Focus Areas Determined by Needs Assessment

Community Health Status Report 2008 continues to focus on four health areas identified in the five-year *Mendocino County Community Health Improvement Plan* in February 2005. These focus areas were determined by the Mendocino County Public Health Advisory Board (MCPHAB), the Mendocino County Tobacco Settlement Advisory Committee (MCTSAC) and the Department of Public Health Division Directors during a strategic planning process undertaken in late 2004. The strategic plan was developed to define strategies for communities and agencies to work together to improve the health of Mendocino County residents. The following information was taken directly from the *Mendocino County Community Health Improvement Plan* and the *Community Health Status Report 2008* to define the priority areas and desired results.

- **Access to Care**

- **Summary**

- There are many barriers to accessing appropriate care in Mendocino County. In 1991 the entire county was designated as Medically Underserved for Medi-Cal. There is a lack of providers, especially in specialties such as orthopedics, urology, ears/nose/throat, internal medicine, pediatrics, psychiatry, dentistry, and surgery. The one-third of the population located in more remote areas of the county have further to travel to access what services do exist, and a very limited public transport system to assist them.

- In addition, many people do not know how to navigate the health care system to find the services they need. Due to a complex system of funding, enrollment procedures, and services that are not fully coordinated with each other, clients may not get referred to or enrolled in available services once they do try to access care.

- According to the 2001 California Health Interview Survey (CHIS 2001), 21.5% of Mendocino and Lake County residents under 65 years of age were uninsured. Only 49.1% have job-based insurance, compared to 63.5% statewide. Uninsured people are less likely to access care, including preventive services and treatment in times of need.

- The lack of access to preventive and primary care of all types leads to an over-use of emergency services. Emergency services are more expensive and inappropriate use contributes to an overall increase in cost of services and health insurance premiums throughout the system.

- Mendocino County can provide higher quality and less expensive care by developing a more coordinated and comprehensive system of care.

- **Goals**

- *Expansion of Services* - All Mendocino County residents have the ability to quickly and efficiently obtain appropriate quality services from health care providers.

- *Health Insurance* - All Mendocino County residents have access to affordable health insurance.

Needs Assessment: Community Health Priorities

- **Aging Population**

- **Summary**

According to the 2000 Census, Mendocino County's over 60 population was at 18% overall and as high as 22% on the Mendocino Coast. This compares with the State at 14% and the Nation at 16%. The County's senior population is projected to increase rapidly, likely reaching between 40-50% of the total population by 2020.

The traditional focus of the public health activities of disease prevention and health promotion encompasses services for older adults. The Aging States Project, a joint project between the Center for Disease Control and Prevention (CDC) and the Administration on Aging (AoA), seeks to network public health programs more effectively with services for older adults towards the goal of better public health outcomes.

Nationwide, nearly one-third of all health care expenditures already serve the needs of older adults. According to the Aging States Project, "without greater emphasis on prevention, health care spending will increase by 25% by 2030 (not adjusted for inflation) simply because the population will be older." Older adults often do not get information or encouragement to focus on prevention because people assume that it will not be effective at this stage in life. Similarly, older adults often do not receive needed mental health, alcohol, or other drug services because problems go unnoticed, are misdiagnosed as dementia or other health problems, or it is assumed that it is too late to make a difference.

Community-based programs, such as senior centers, present efficient opportunities for providing education and services to older adults. Group and intergenerational activities also help to combat isolation and keep seniors healthy and independent. Home-based care, such as the Older Adults System of Care (OASOC), Linkages, Community Care, and IHSS offer important opportunities for expanded Public Health, Mental Health, and AODP collaborations. Mendocino County has very good models for providing quality and innovative services for older adults. These can provide the basis for efficiently expanding and improving the overall continuum of care so that the aging population receives needed services.

- **Goal**

Older adults in Mendocino County are able to achieve and maintain optimal health and independence.

Needs Assessment: Community Health Priorities

- **Alcohol and Other Drugs**

Summary

Substance abuse was identified as the most important problem issue by more than 65% of all respondents to a recent Mendocino County Community Health Survey.¹ The use of alcohol and drugs contributes to crime, mental health issues, teen pregnancy, child abuse and neglect, domestic violence, employment issues, unintentional injuries and deaths, and a range of other social and health problems. The rate of methamphetamine use has increased dramatically in Mendocino County in the last five years.² Alcohol and drug abuse drive many of the costs that deprive families and communities of their health and economic viability. And it is important to recognize that public safety can never be secured without attending to this critical public health issue.

Alcohol and other drug abuse was ranked as the most important child health issue in the Perinatal and Child Health Survey conducted countywide by MCDPH's Maternal, Child and Adolescent Health Program in 2004. Use of tobacco, alcohol or other drugs during pregnancy can lead to a variety of physical and developmental problems for children, such as fetal alcohol spectrum disorders. Domestic violence and child abuse and neglect³ are also closely associated with substance abuse by caregivers.

To address substance abuse effectively we need a comprehensive approach to prevention and treatment. Many Mendocino County residents cannot access the treatment services they need. Either they do not know where to go; they often do not receive appropriate assessments, especially if they have mental health issues; or there are not enough affordable treatment services available. Statewide and in Mendocino County, services are only reaching 10% of the youth and 17% of the adults that need them.^{4,5} Agencies are often hampered by their funding sources from providing the most effective services. With increased collaboration and additional resources, service providers can begin to fill in the cracks through which people often fall.

In a county where alcohol and drugs are a mainstay of the economy, there need to be increased efforts to prevent substance abuse. Strengthening communities to provide education, support, and alternatives to substance use for their residents has proven to be effective.

Goals

Treatment on Request - All residents of Mendocino County are able to access alcohol, tobacco and other drug assessment, treatment and referral services on an as-needed basis, regardless of location, culture, language, age or mental health status.

Community Based Prevention - Mendocino County communities are empowered to work on local issues that lead to positive outcomes for youth and families and prevent harmful behaviors, such as substance abuse, child abuse and neglect, and domestic violence.

¹ Mendocino County Community Health Survey conducted by MCDPH, Gualala's Action Network, Laytonville Healthy Start, Willits Action Group, Mendocino Coast Community Coordinating Council, and MCPHAB in winter 2001-2002.

² Mendocino County Community Health Status Report 2004.

³ Child Abuse and Neglect was identified as the top Maternal, Child and Adolescent Health priority to address in Mendocino County by stakeholders in the MCDPH MCAH 5-Year Needs Assessment, June 2004.

⁴ State Legislative Analyst, Substance Abuse in California, 1999.

⁵ California Center for Health Improvement, Mendocino Community Health Partnership, Feb 1998.

Needs Assessment: Community Health Priorities

- **Healthy Lifestyles**

- **Summary: Nutrition, Hunger and Physical Activity**

In 2000, poor diet and physical inactivity caused 400,000 deaths in the US, second only to tobacco. If the trend continues, soon it will overtake tobacco as the number one killer.¹ The results of inactivity and poor diet include obesity, diabetes, coronary heart disease, cancer and many other chronic conditions that cost California over \$28 billion per year according to Department of Health Services.

Only half of Californian adults exercise more than once a month and only 1 in 2 Californians consumes the recommended five fruits and vegetables a day.² As a result, in 2002 almost 40% of Mendocino County children ages 5-19 were overweight or at risk for becoming overweight³ and only 28.7% of seventh graders were “physically fit.”^{4 5} At the same time, Mendocino County is ranked 6th in the state for highest rates of food insecurity and hunger.⁶ Ironically, poverty and food insecurity are associated with increased obesity possibly due to the fact that cheaper and more readily available food is often lower quality, more processed, and less nutritious.

The problem of poor nutrition and physical inactivity is rising steadily in the United States:

- according to the American Obesity Association, children today belong to the most inactive generation in history;
- according to the Centers for Disease Control and Prevention, if current trends in diet and activity patterns continue, 1 in every 3 children born in 2000 will develop diabetes in their lifetime;
- between 70-80% of obese adolescents become obese adults.⁷

Now is the time for Mendocino County to reverse this trend. We have many assets that can help to address this problem, including opportunities for outdoor recreation, local healthy food, gardens in many schools, local policy-makers committed to this issue, and an active Nutrition and Activity Collaborative (NAC). It has been shown that community-wide policy interventions that make healthy choices more accessible are more effective and sustainable than education on an individual level.⁸ These types of interventions include influencing policy and legislation, changing organizational practices, creating an environment that encourages physical activity and providing access to low-cost nutritious food.

¹ Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. *Actual Causes of Death in the United States, 2000*. JAMA. 2004;291:1238-1245.

² UCLA Center for Health Policy Research, available at <http://www.chis.ucla.edu>.

³ Department of Health Services. *Pediatric Nutrition Surveillance system 2002*.

⁴ Analysis by Children Now of California Department of Education data, 2001-2002. *Physically fit students are defined as those who passed 6 out of 6 standards set for fitness, including aerobic capacity*.

⁵ *Overweight Children and Youth was identified as the number two Maternal, Child and Adolescent Health priority to address in Mendocino County by stakeholders in the MCDPH MCAH 5-Year Needs Assessment, June 2004.*

⁶ *Health of California's Adults, Adolescents, and Children: Findings from CHIS 2001*. LA, CA: UCLA Center for Health Policy Research, 2004.

⁷ Whitaker, R.C., J.A. Wright, M.S. Pepe, L.D. Seidel, and W.H. Dietz. *Predicting Obesity in Young Adulthood from Childhood and Parental Obesity*. The New England Journal of Medicine, 337 (13): 869-873, 1997.

⁸ Steven P. Hooker, Ph.D., Director Prevention Research Center, Arnold School of Public Health, University of South Carolina, delivered at the California Center for Physical Activity Conference, Sacramento, CA, November 18, 2004.

Needs Assessment: Community Health Priorities

- **Healthy Lifestyles (continued)**

Goal: Nutrition, Hunger and Physical Activity

Nutrition, Hunger, Physical Activity - Mendocino County institutions implement policies and funding strategies that support County residents in achieving a healthy diet and level of physical activity.

Summary: Parenting and Child Development

From April 2003 to March 2004, the incident rate for substantiated cases of child maltreatment in Mendocino County was 33.6 per 1,000 children, almost three times the state rate of 11.6 per 1,000. In addition to more obvious forms of maltreatment, child neglect also has a major negative impact on child development. There are also more subtle influences that affect a child's development, including lack of breastfeeding and infant attachment, lack of positive and consistent caregiver-child interaction, and lack of exposure to learning opportunities.

Current research in brain development clearly indicates that the emotional, physical and intellectual environment that a child is exposed to in the early years of life has a profound impact on how the brain is organized. The experiences a child has with respect to parents and caregivers significantly influence how a child will function in school and later in life. Through the integration of health care, quality child care, parent education and effective intervention programs for families at risk, children and their parents and caregivers can gain the tools necessary to foster secure, healthy and loving attachments. These attachments lay the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society.

Goal: Parenting and Child Development

Parenting & Child Development - Mendocino County children and families thrive through access to and use of information, services and support.

The strategic planning process began in October 2004 when priority areas were selected based on objective and subjective data available in the past Mendocino Community Health Status Reports; the Mobilizing for Action through Planning and Partnerships (MAPP) surveys of community members and leaders; the Rural Challenge; and priorities previously identified by the Community Foundation of Mendocino County, MCDPH Maternal, Child and Adolescent Health, FIRST 5 of Mendocino, and United Way.

Community Health Status Report 2008 contains the community level data, and State and County trends, that will help track progress in these key health areas. This year's report will provide a final update on the baselines for the chosen outcome indicators as well as highlight efforts in these areas.

To contact MCPHAB or request a complete copy of the Strategic Plan, please call 707.472.2793 or go to www.co.mendocino.ca.us/ph/mcphab.

2008 Community Benefit Report Summary: Measurable Objectives

2008 Results

Alcohol, Tobacco and Other Drugs (p. 14)

2008 Strategy/Goal: UVMC will provide smoking cessation classes.

2008 Actions/Results: UVMC provided five six-week classes, serving 42 people, 30% of whom remained smoke-free since their class.

2008 Strategy/Goal: UVMC will support the “Every 15 Minutes” program.

2008 Actions/Results: UVMC worked with local emergency services and law enforcement on the “Every 15 Minutes” program, which encourages high school students to consider the consequences of drinking alcohol and the responsibility of making mature decisions when lives are at stake. The name of the program was derived from a 1980s statistic, stating that someone in the United States was killed in alcohol-related traffic collisions every 15 minutes. The program occurs one day per year in the spring (shortly before graduation). The program rotates at each of the local high schools each year (one school per year). UVMC has been involved in the program for five years and plans to continue.

Healthy Lifestyles (p. 19)

2008 Strategy/Goal: UVMC will continue its public health education program through a community health fair.

2008 Actions/Results: UVMC hosted its annual Health Fair at the Redwood Empire Fairgrounds in conjunction with the Family Expo. More than 3,000 people attended the event held in April 2008. Free screenings were given to more than 500 people (blood pressure, blood sugar/diabetes, bone density, lung capacity, etc.). In addition, the hospital provided health education regarding its Family Birth Center, medical imaging services and nutrition services.

2008 Community Benefit Report Summary: Other Community Benefits

Level II Nursery (MCPHAB – Special Populations)

The UVMC Level II Nursery offers the community intensive care services for babies that would otherwise have to travel 60-200 miles to Santa Rosa or the Bay Area to receive care. Room and board was offered to 48 mothers of Level II Nursery patients.

Sexual Assault Response Team (SART) (MCPHAB – Community Safety)

SART is a collaborative community effort that includes law enforcement, medical examiners, the District Attorney's office, protective services and advocacy groups working together to improve the investigation and prosecution of sexual assault cases, and ensuring appropriate care and treatment of victims. UVMC continues to offer nursing services, space and other staffing support to SART. It also provides free education to SANE (Sexual Assault Nurse Examiners).

Online Health Library (MCPHAB – Access to Care)

The hospital offers an online Health Library through its Web site (www.uvmc.org) that allows people to review hundreds of topics with a searchable database. Several thousand Web site hits were tracked in 2008 for this free online service.

Under-reimbursed Care (MCPHAB – Access to Care)

In addition to traditional charity care, UVMC provides health care services to those who can only pay for part of their care, either through government assistance or other means. Several years ago, the hospital expanded its charity care policy to include patients with incomes up to 400 percent of the Federal Poverty Level. In 2008, UVMC provided \$2.6 million in charity care. The hospital also provided \$2.6 million in uncompensated care (bad debt).

Low-cost Copies of Medical Records (MCPHAB – Access to Care)

The UVMC Health Information Management Department (Medical Records) charges a nominal fee for copies of medical records that it distributes to patients who request copies of their records. Although most copied records are fewer than 50 pages, some can take more than eight hours to produce. In 2008, the Medical Records staff filled 1,562 patient requests, of those approximately 1,094 were free of charge because the requestor met charity care criteria.

Free Notary Services (MCPHAB – Access to Care)

The hospital president's assistant is also a Notary Public who notarized 86 documents for employees, medical staff and community members free of charge in 2008.

Free Physicals for Youth Sports, Police Activities League, Pre-Summer Camp Physicals - (MCPHAB – Access to Care)

Occupational Medicine (Job Care) provided 12 free physical examinations to the above-mentioned groups in 2008.

In-hospital United Way Campaign (MCPHAB – Aging & Special Populations)

Ukiah Valley Medical Center employees are traditionally some of the highest givers in our area to United Way of the Wine Country each year. United Way funds support "families, children, seniors and those in crisis" through agencies chosen based on United Way's rigorous application process. In 2007, UVMC employees pledged more than \$18,000. In 2008, they pledged more than \$23,500.

2008 Community Benefit Report Summary: Other Community Benefits

Healthy Kids Mendocino

UVMC donated \$5,000 to Healthy Kids Mendocino, a collaborative effort by FIRST 5 Mendocino, Alliance for Rural Community Health, Department of Public Health, Department of Social Services and many others to keep local children healthy by providing access to appropriate health care. The goal is to ensure that all children ages 0 through 18 in Mendocino County have access to health insurance coverage.

American Cancer Society's Relay for Life

UVMC staffed a first aid tent and a health education tent at the event. The ACS's mission statement is as follows: The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

Free Use of Hospital Conference Rooms

In 2008, UVMC offered its conference rooms to various community groups for no charge. This service benefited several hundred people, with more than 160 hours of conference time donated.

2008 Community Benefit Report Summary: Non-quantifiable Community Benefits

Tours of the Hospital for Elementary and High School Students

In 2008, UVMC staff continued the hospital's tradition of providing hospital tours to school children. The tours focus on the responsibilities of various departments, the types of positions available in hospitals and the importance of teamwork, infection control and helping others. The tour guide provides students with a small giveaway, such as a Band-Aid dispenser or hospital coloring book.

Chaplain

At UVMC, the Chaplain is involved in counseling, crisis intervention, and yearly holiday food and toy drives. He is member of the Greater Ukiah Ministerial Association, and acts as a liaison between the hospital and the leaders of various religious organizations in Mendocino County. He also refers patients to appropriate community agencies to meet spiritual, mental, and financial needs. At times, the Chaplain is called upon for mediation services between medical personnel and faith groups with distinctive practices, such as Buddhists or Jehovah's Witnesses. Finally, the Chaplain coordinates numerous funeral services as a community service.

Volunteer First Aid Stations

UMVC volunteers staff first aid booths at several community events, such as South Ukiah Rotary's Ukiah Triathlon, Ukiah's Country PumpkinFest, Taste of Downtown, and the American Cancer Society's Relay for Life.

Hospital Volunteer Program

The volunteers from UVMC are an active group of 60 people who collectively have given more than 100,000 hours of service to the community through the hospital. Most of the group has volunteered for 10-20 years. Volunteers greet people as they come into the hospital, manage the gift shop, deliver flowers to patients and aid many of the hospital's departments with administrative duties. In 2008, proceeds or donations from the volunteer gift shop were provided to St. Mary of the Angels Catholic School, Ukiah Fireman, Ukiah Christmas Effort, and the Mendocino County Farm Bureau. In 2008 they volunteered more than 9,000 hours of service to the community through the hospital. Volunteers in the Chaplain's office donated hundreds of hours of service.

Complimentary Meals

The Nutritional Services department provided more than 1,625 complimentary meals to caregivers and "boarder moms" in 2008 at a value of \$9,555.

2008 Community Benefit Report Summary: Non-quantifiable Community Benefits

Procurement and Donation of Hospital Supplies for Local Schools & Mission Trips

The Materials Management Department donated medical supplies to the Ukiah Adult School Medical Assisting and LVN classes. It also donated supplies to medical mission trips, including those to Guatemala and Nigeria. The equipment was estimated to be worth approximately \$10,000.

Participation in Coordination of Care (MCPHAB – Access to Care)

UVMC leaders worked with other health care professionals from community agencies and health care organizations to better coordinate the provision of and the referral to health services. UVMC also hosted the EMCC meetings, participated in pre-hospital chart review for paramedics and EMTs, and assisted in the quality assurance review for the local jail.

Volunteer Efforts of Employees in the Community

In addition to providing excellent quality health care in their respective positions, many hospital employees volunteer on their own time to make the community a better place to live. Staff at UVMC are involved in service clubs in the community such as Rotary, Kiwanis, and the Association of University Women. Here is a short list of the places, activities and events to which UVMC employees donated their time and money.

4-H

Adventist Community Center
Alliance for Rural Community Health Board
American Cancer Society
 Relay for Life captains & participants
 ACS Leadership Council
Audubon Society
Boys & Girls Club of Ukiah
Buddy Eller Center (homeless shelter)
Church Activities
 Board members
 Youth group leader
 Child care
Community CPR Instructor
County Emergency Med. Services Committee
Employers Council of Mendocino County
Foster Parenting
Future Farmers of America
Health Planning Council for Mendocino Cnty
Hearthstone Village – Clinic/Orphanage
Plowshares (food for the homeless program)
Leadership Mendocino
Mission Trips (Guatemala, Mexico)
Positive Parenting Program
Redwood MedNet

School Activities

PTA
Classroom/Fieldtrip volunteer
Jr. Scholarship Federation advisor
School Site Council member
Boosters Club member
Guest Speaker at Mendocino College
SCRUBS Class at Ukiah High School
Ukiah Adult School volunteer educator
Ukiah Community Center (Food Bank)
Ukiah Community Concert Series
Ukiah Literacy Alliance
Ukiah Main Street Program
Ukiah Players Theatre
Ukiah Symphony Association
Ukiah Triathlon (South Ukiah Rotary)
Ukiah Valley Christmas Effort
Ukiah Valley Trail Group
United Way Day of Caring
Volunteer firefighters, ambulance attendants &
Haz Mat specialists at local fire depts.
Workforce Investment Board
Youth sports coaches and team parents

2008 Community Benefit Report Summary: Health Research, Education and Training Programs

Publication of Free Health Newsletter

UVMC works with Coffey Communications to publish a free community health newsletter, *HealthScene*. The publication is sent to households in Mendocino and Lake Counties, and includes health articles and a calendar of health classes. The newsletter is published three times a year and is mailed to more than 15,000 homes at a cost of approximately \$53,000 per year.

Nutrition Presentations - (MCPHAB – Healthy Lifestyles)

UVMC employees educated students, community members, and LVN students about diet and nutrition. LVN students learned about the various nutritional needs of different patients, including diabetic, renal, cardiac and other types of patients.

Diabetes Education Group - (MCPHAB – Healthy Lifestyles)

The free Diabetes Education Group meets on a monthly basis at UVMC. The program brings in speakers to talk about diabetes and ways to manage the disease more effectively. The group serves approximately 20 people at each of its monthly meetings.

Free Education to Emergency Personnel - (MCPHAB – Access to Care)

In 2008, the UVMC Emergency Department provided free education to local paramedics, firefighters and emergency medical technicians (EMTs). UVMC provides 8-hour preceptorships to approximately 60 EMT students (40 from the Ukiah Adult School and 20 from Anderson Valley Fire Department), and 240-hour preceptorships to seven paramedic students from Mendocino College.

Lunch and Learn Education Program - (MCPHAB – Health Lifestyles/Environmental Health)

This program offers free information during monthly programs to people interested in various health topics ranging from heart health to colon cancer. The program serves approximately 60 people per month and provides a free lunch to those who attend.

CPR Classes - (MCPHAB – Access to Care)

UVMC sponsors CPR (BLS and ACLS) classes for community members, medical staff and employees. In 2008, we taught hundreds of people. In addition, ER Director Tim Rohan offered a free babysitting safety class, which included CPR training, to many local babysitters.

Instruction to Nursing Students from Mendocino College, Chico State University and Sonoma State University - (MCPHAB – Access to Care)

UVMC employees give free instruction to college nursing students as they train at the hospital. In 2008, two classes of 24 students spent approximately 1,700 hours of clinical learning time at UVMC. In addition, students have the option of doing their senior preceptorship at UVMC, which is 120 hours per nurse (10 shifts). Experienced UVMC nurses spent this time with the senior nursing students giving them one-on-one instruction.

Licensed Vocational Nurse (LVN) Training - (MCPHAB – Access to Care)

UVMC hosted 30 LVN students, providing free training and instruction in various departments, totaling approximately 720 hours per student.

2008 Community Benefit Report Summary: Health Research, Education and Training Programs

Free Health Fairs, Classes and Lectures - (MCPHAB – Healthy Lifestyles)

In 2008, our Marketing staff along with other UVMC staff provided several free health education classes and attended health fairs. Through these classes and health fairs, several thousand people were served.

Education for Local Students - (MCPHAB – Access to Care)

UVMC participated in the SCRUBs class at the local high school by having several leaders lecture on various aspects of health care and working in a hospital. The local Buddhist girls' schools (Instilling Goodness Elementary School and Instilling Virtues High School) also benefited from presentations by UVMC leaders regarding health care and the hospital's role in the community.

2007 Community Benefit Report Summary: Budget for Community Benefit Report

Salaries and Benefits	\$4,000.00
Printing Costs (Community Health Status Report is only printed every other year)	\$0.00
Total	\$4,000.00

Appendix A - Scope of Services at Ukiah Valley Medical Center in 2008

24-hour Acute & Emergency Care	Medical/Surgical Unit
Angiography	Non-invasive Cardiac Assessment
Case Management	Nuclear Medicine/ Radioisotope Diagnosis
Community Health Outreach (Health Fair)	Obstetrics (LDRP Birthing Rooms: Labor Delivery Recovery Post-partum)
Diagnostic Clinical Laboratory	Occupational Health
Diagnostic Imaging (MRI, 64-slice CT,PET/CT, Ultrasound, Digital Mammography, Dexascan, X-ray)	Ophthalmology Laser Service
Echo Cardiography	Pastoral Care
Diabetes Education	Pathology
Dietetic Classes/Counseling	Patient Education
Extracorporeal Shock Wave Lithotripter	Patient Advocate/Representative
Financial Counseling	Perinatal Education in English and Spanish
Health Promotion (Depression Recovery, Smoking Cessation, Lunch 'n' Learn, etc.)	Rehabilitation for Inpatients and Outpatients (Physical Therapy, Speech Therapy, etc.)
Histopathology Lab	Respiratory Therapy
Hospital Auxiliary (Volunteers)	Rural Health Clinics (see below)
Inpatient Dialysis	Social Work
Intensive Care Unit	Special Procedures (Endoscopy & minor procedures)
Intensive Care for Neonatal Patients	Surgery (General, Laparoscopic, Orthopedic, Inpatient and Outpatient), including laparoscopic banding

Ukiah Valley Rural Health Center Services

Allergy	Orthopedics
Family Practice	Pediatrics
General Surgery	Physical Therapy
Internal Medicine	Specialty Clinic: Cardiology
Obstetrics & Gynecology	Urology
Oncology	

Appendix B - Adventist Health Policy on Community Benefit



Facility

System-wide Corporate Policy

Standard Policy

Model Policy

Policy No.

AD-04-002-S

Page

1 of 1

Department:

Administrative Services

Category/Section:

Planning

Manual:

Policy/Procedure Manual

POLICY: COMMUNITY BENEFIT COORDINATION

POLICY SUMMARY/INTENT:

The following community benefit coordination plan was approved by the Adventist Health Corporate President's Council on November 1, 1996, to clarify community benefit management roles, to standardize planning and reporting procedures, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

POLICY: COMPLIANCE – KEY ELEMENTS

1. The Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines* will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.
 2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by engaging in the process identified in the Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines*.
 3. The Adventist Health Government Relations Department will monitor hospital progress on community needs assessment, community benefit plan development, and community benefit 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 Adventist Health Budget & Reimbursement Department will monitor community benefit data gathering and reporting in Adventist Health hospitals.
 5. California Adventist Health hospitals' finalized community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.
 6. The corporate office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.
-

AUTHOR: Administration

APPROVED: AH Board, SLT

EFFECTIVE DATE: 6-12-95

DISTRIBUTION: AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors

REVISION: 3-27-01, 2-21-08

REVIEWED: 9-6-01; 7-8-03

Appendix C - Community Benefit Report Form – 2008

UVMC COMMUNITY BENEFIT REPORT FORM – 2008

*To maintain our not-for-profit status, we must submit a community benefit report to the IRS.
If you volunteer for charitable causes, please complete and return this form
to Jendi Coursey (ext. 1606) in Marketing by Friday, February 13.*

Name _____ Date _____

Department _____ Ext. _____

Community Benefit Activity (Please make as many copies of this form as you need. Use one form per activity.)

Brief Description (activity/membership, date, hours spent, accomplishments, etc. – feel free to continue on reverse side of this page)

The service falls into the following category(s)

- Improving Access to Care
- Care/Health Education for our Aging Population
- Care/Education Related to Alcohol, Tobacco & Other Drugs
- Care/Education to Promote Health Lifestyles
- None of the above

The service is provided primarily for The Poor Special Needs Group Broader Community

Please quantify your service

_____ Persons Served or _____ Encounters

OPTIONAL:

Total value of donated hours (multiply total hours above by \$35.89) _____

Other direct costs _____

Supply costs _____

Travel expenses _____

Other _____

Hospital Contribution

Hospital facilities (conference rooms) used _____ hours @ \$100/hour _____

Value of other in-kind goods and services donated from hospital _____

Describe goods and services donated: _____

Total Value of All Costs _____

ADVENTIST HEALTH
COMMUNITY BENEFIT SUMMARY
FOR YEAR ENDED DECEMBER 31, 2007

PLEASE PROVIDE DATA FOR THE UNSHADED CELLS. SHADED CELLS ARE FOR CORPORATE OFFICE USE ONLY. PLEASE PREPARE THE SUMMARY USING COSTS. WE ARE USING THIS FOR SB697 AND ANNUAL REPORTS.									
Ukiah Valley Medical Center 2008 Statistics	CASELOAD			TOTAL COMMUNITY BENEFIT COSTS		DIRECT REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS		
	NUMBER OF PROGRAMS	PERSONS SERVED	UNITS OF SERVICE		AMOUNT (IN THOUSANDS)	% OF TOTAL COSTS	AMOUNT (IN THOUSANDS)	AMOUNT (IN THOUSANDS)	
			NUMBER	MEASURE					% OF TOTAL COSTS
*BENEFITS FOR THE POOR									
Traditional charity care									
Public programs									
Non-billed services									
Cash and in-kind services									
All other benefits for the poor									
TOTAL BENEFITS FOR THE POOR									
**BENEFITS FOR THE BROADER COMMUNITY									
Medicare									
Non-billed services		565	833	Hours	30				
Cash and in-kind donations	25			Organizations Supported	21				
Education and research		19,051	29,319	Hours	1,112				
Low- or negative-margin services	1	48	92	Patient Days	277		208		
All other community benefits									
TOTAL BENEFITS FOR THE BROADER COMMUNITY									
TOTAL COMMUNITY BENEFIT									

*Per Charity Eligibility Guidelines

**Community At large

Ukiah Valley Medical Center Prior Year 2007 Submitted Numbers	CASELOAD			TOTAL COMMUNITY BENEFIT COSTS		DIRECT REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS		
	NUMBER OF PROGRAMS	PERSONS SERVED	UNITS OF SERVICE		AMOUNT (IN THOUSANDS)	% OF TOTAL COSTS	AMOUNT (IN THOUSANDS)	AMOUNT (IN THOUSANDS)	
			NUMBER	MEASURE					% OF TOTAL COSTS
BENEFITS FOR THE POOR									
Traditional charity care									
Public programs									
Non-billed services									
Cash and in-kind services					18				
All other benefits for the poor									
TOTAL BENEFITS FOR THE POOR									
BENEFITS FOR THE BROADER COMMUNITY									
Medicare									
Non-billed services					73				
Cash and in-kind donations	35			Organizations supported	15				
Education and research	9	747	30000	Hours	1,103				
Low- or negative-margin services	1	78	158	Patient Days	125		94		
All other community benefits									
TOTAL BENEFITS FOR THE BROADER COMMUNITY									
TOTAL COMMUNITY BENEFIT									