VALLEY PRESBYTERIAN HOSPITAL

2016-2019 Community Benefit Implementation Strategy

Adopted by the Board of Directors June 9, 2016

Introduction

Valley Presbyterian Hospital (VPH) opened in 1958, as a small, neighborhood provider of personalized medical care. Today, it is one of the largest and most prestigious full-service acute care facilities in the San Fernando Valley. The 350-bed hospital serves thousands of families each year, with access to a wide range of medical expertise and cutting-edge technology across all elements of care. While the range of acute care services and expertise has continued to expand, VPH remains a community-based hospital at heart. As one of the region's only independent, non-profit, and locally governed institutions, it provides an exceptional level of care while responding to the needs of the community. As a result, the hospital has been voted "Best Medical Center" by the readers of *The Daily News* for ten years in a row.

2016 Community Health Needs Assessment

In 2016, Valley Presbyterian Hospital conducted a Community Health Needs Assessment (CHNA) to comply with federal and state regulations guiding tax-exempt hospitals. The CHNA and Implementation Strategy are posted on the hospital website and can be accessed at http://www.valleypres.org/For-Community/Community-Benefit.aspx. Public comment on the CHNA and Implementation Strategy are encouraged and comments are used to inform and influence the Hospital's community work.

The Community Health Needs Assessment incorporated demographic and health data for the communities served by the hospital. Public comment was also solicited for the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. The needs were indicated by secondary data sources, key informant interviews, focus groups and community surveys. Health indicators were considered high-risk health needs when they exceeded benchmark data, specifically county or state rates or Healthy People 2020 objectives. Health needs impacting one or more ethnic group were also included on the list of high-risk health needs.

Significant Health Needs the Hospital will Address

This Implementation Strategy describes how VPH plans to address significant health needs identified in the 2016 Community Health Needs Assessment. For each significant health need that the hospital plans to address, the strategy describes: actions the hospital intends to take, including programs and resources it plans to commit; anticipated impacts of these actions; and planned collaboration between the hospital and other organizations. VPH will address the following health needs through a commitment of community benefit programs and charitable resources.

- **Access to health care**
- **Diabetes & Obesity**
- **Mental health & Substance Abuse**

Goals have been established that indicate the anticipated impact on these health needs as a result of the resources the hospital will commit to meeting the health needs. Strategies to address the priority health needs are identified and impact measures will be tracked.

*** For a full list of all health needs identified and prioritized, please see Exhibit A at the back of the Implementation Strategy.*

ACCESS TO CARE

Goal

Increase access to health care and improve community health through preventive practices.

Strategies

The hospital intends to address access to health care by taking the following actions:

1. Provide financial assistance through both free and discounted care insurance programs for health care services, consistent with VPH's financial assistance policy. In addition to offering financial assistance, the hospital will assist patients in determining eligibility for federal, state, or local entitlement programs and in enrolling in low or no cost insurance programs, including Covered CA, the state insurance marketplace. VPH will help patients enroll in available programs, completing necessary paperwork and answering questions. Tactics include:
2. Provide transportation support (van transportation from home to and from local Federally Qualified Health Clinics, taxi vouchers and bus tokens) to area residents who experience lack of transportation as a barrier to access health care services. Tactics include:
3. Provide free health screenings (including flu vaccinations) at community events targeted at the uninsured. Tactics include:
4. Offer childbirth education program free to charge to pregnant women and their partners and/or family members. Tactics include:
5. Offer healthy lifestyle program for seniors. Tactics include:
6. Communicate to service area residents how to access health care services through established communication methods and social media. Tactics include:

Impact

The anticipated impact of these actions will be to:

- Increase availability and access to health care and preventive care services.
- Provide financial assistance to qualified patients.
- Reduce the percentage of residents who delay obtaining needed preventive screenings.

- Aid access to health care services by providing transportation assistance.
- Increase knowledge of childbirth and parenting through Hospital community education and through Los Angeles County's Welcome Baby Program.

Collaboration

To address access to care, VPH plans to collaborate with several community health clinics and non-profit organizations that serve residents within VPH's service area. VPH will collaborate with:

1. California State University Northridge (Community Health Fair)
2. Community School
3. El Nido Family Centers
4. First 5LA
5. Greater San Fernando Valley Chamber of Commerce (Panorama Mall Health Fair)
6. Los Angeles Valley College
7. Meet Each Need with Dignity (MEND)
8. Northeast Valley Health Corporation
9. One Generation
10. Ovarian Cancer Coalition of California
11. Social and Environmental Entrepreneurs
12. Valley Community Healthcare
13. YMCA of the San Fernando Valley

DIABETES

Goal

Reduce the impact of diabetes on health and increase focus on prevention, education and treatment.

Strategies

The hospital intends to address diabetes by taking the following actions:

1. Create diabetes screening programs for adults.
2. Provide education on diabetes prevention and treatment, including a focus on healthy eating and physical activity.
3. Provide support groups for individuals with diabetes or at-risk for diabetes.

Impact

The anticipated impact of these actions will be to:

- Increase the identification and treatment of diabetes.
- Increase public awareness of diabetes prevention.
- Increase individuals' compliance with diabetes prevention recommendations.

Collaboration

To address diabetes, VPH plans to collaborate with community health clinics and non-profit organizations that serve the diabetic population. VPH will collaborate with:

1. American Diabetes Association
2. Meet Each Need with Dignity (MEND)
3. Mid Valley YMCA
4. Northeast Valley Health Corporation
5. Valley Community Healthcare
6. Local schools, community centers, places of worship – TBD

MENTAL HEALTH

Goal

Increase access to mental health resources and services.

Strategies

The hospital intends to address mental health by taking the following actions:

1. Convene community mental health providers, hospitals and public sector agencies to discuss mental health issues in the community and discuss opportunities to work together to identify solutions.
2. Provide community health education on mental health topics.
3. Provide access to mental health care services through telemedicine services that reduce geographic barriers to care.

Impact

The anticipated impact of these actions will be to:

- Increase public awareness of mental health resources.
- Build community capacity to address mental health issues.

Collaboration

To address mental health, VPH plans to collaborate with community stakeholders, other non-profit hospitals and mental health service providers in VPH's service area. VPH will collaborate with:

- Hope of the Valley Rescue Mission
- Los Angeles County
- Los Angeles Fire Department
- Los Angeles Police Department
- San Fernando Valley Mental Health Clinic
- San Fernando Valley Rescue Mission
- Valley Care Community Consortium

Evaluation of Impact

VPH will monitor and evaluate the programs and activities outlined above. The hospital has implemented a system that tracks the implementation of the strategies and documents the anticipated impact.

The Hospital reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served, increases in knowledge or changes in behavior as a result of disease management measures, and collaborative efforts to address health needs. Program evaluation results of the impact of the Hospital's actions to address these significant health needs will be reported in the next scheduled Community Health Needs Assessment.

For more information regarding this implementation strategy, please contact:

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During the development of the 2016 Triennial Community Health Needs Assessment, the following high-risk health needs were identified:

1. Access to health care **
2. Autism
3. Cancer **
4. Cardiovascular disease
5. Dental care
6. Diabetes **
7. HIV/AIDS
8. Lung disease (asthma, cancer and COPD)
9. Mental health **
10. Motor Vehicle accidents
11. Obesity **
12. Substance use (alcohol, illegal drugs, tobacco and prescription drug abuse) **
13. Teenage pregnancy **

** High risk health needs with an "**" indicate this is a heath need already being addressed and/or to be addressed by Valley Presbyterian Hospital through a Hospital-sponsored program or through a community partnership.

A complete description of these health needs can be found in the 2016 CHNA report.

Priority Health Needs

A community forum engaged community members, business and health professionals and VPH Hospital staff to prioritize the identified high-risk health needs. Participants were asked to provide a score of 1 to 5 to each health issue. Score values were based on the following criteria:

- Impact: Large number of people affected by the health need.
- Severity: Health need is a high contributor to morbidity and mortality.
- Equity: Vulnerable groups are affected by the health need. Poverty level, language barriers, immigration status, and/or lack of access to health services determined the identification of a vulnerable group.
- Intervention: Strategies to address the health needs exists OR strategies are realistic and achievable if investment/intervention occurs.
- Community Concerned: Community has voiced health need as a concern.

As a result of this prioritization process, the top five prioritized health needs were identified and condensed into three (3), broader program categories.

1. Mental health – the percent of adults with poor mental health is higher in the service area than the county; there is a shortage of mental health providers and resources; individuals use drugs and alcohol to cope with mental health issues; and the inability to access care for mental health services can immediately affect an individual's ability to receive one time and ongoing mental health services.

2. Diabetes – 7% of adults in the service area have been diagnosed with diabetes; among Medicare recipients, 31.7% have diabetes. Lack of physical activity and poor nutrition can lead to diabetes.

3. Obesity – 36.4% of adults are overweight, which is higher than the County rate of 35.9%; 21.6% of adults are obese. The percentage of inactive adults in the service area is 12.8% compared to 12.0% for the County. 19.8% of youth are overweight or obese. In the service area, environmental conditions may contribute to overweight and obesity.

4. Access to health care – access to care includes the ability to receive primary care and specialty care services. In the service area, almost 21% of the population is uninsured. The percentage of those who receive Medi-Cal is 25.7%. For low-income individuals, lack of insurance serves as a primary barrier to receiving health care. Other barriers to access to care include an individual's undocumented status, not having physical access to local health care services, or being able to get timely appointments.

5. Substance use – 14.9% of adults in the service area are binge drinkers; 13.2% of the population smoke cigarettes, which is higher than the Healthy People 2020 objective of 12%; 4.4% of adults in the area misuse prescription drugs. Alcohol and drugs may be used to self-medicate to relieve stress and boredom.

Other Health Needs Identified

Valley Presbyterian Hospital intends to specifically address the three community health needs identified and prioritized through the community health needs assessment process. Other health needs may be addressed through community partnerships with other community based organizations. An example of a community partnership where the Hospital may not address directly would be addressing the need for dental health through a community partnership with a Federally Qualified Health Center (FQHC).