Sutter Health

Sutter Amador Hospital

2016 – 2018 Implementation Strategy
Responding to the 2016 Community Health Needs Assessment

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Introduction

The implementation strategy describes how Sutter Amador Hospital (SAH), a Sutter Health affiliate, plans to address significant health needs identified in the 2016 Community Health Needs Assessment (CHNA). The document describes how the hospital plans to address identified needs in calendar (tax) years 2016 through 2018.

The 2016 CHNA and the 2016 - 2018 implementation strategy were undertaken by the hospital to understand and address community health needs, and in accordance with the Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

The implementation strategy addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described herein, the hospital is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.

Sutter Amador Hospital welcomes comments from the public on the 2016 Community Health Needs Assessment and 2016 – 2018 implementation strategy. Written comments can be submitted:

- By emailing the Sutter Health System Office Community Benefit department at SHCB@sutterhealth.org;
- Through the mail by sending to 2700 Gateway Oaks, Suite 2200, Sacramento, CA 95833 ATTN: Community Benefit and
- In-person at the hospital's Information Desk.

About Sutter Health

SAH is affiliated with Sutter Health, a not-for-profit network of hospitals, physicians, employees and volunteers who care for more than 100 Northern California towns and cities. Together, we're creating a more integrated, seamless and affordable approach to caring for patients.

The hospital's mission is to enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in health care services. Over the past five years, Sutter Health has committed nearly $4 billion to care for patients who couldn't afford to pay, and to support programs that improve community health. Our 2015 commitment of $957 million includes unreimbursed costs of providing care to Medi-Cal patients, traditional charity care and investments in health education and public benefit programs. For example:

- In 2015, Sutter Health invested $712 million more than the state paid to care for Medi-Cal patients. Medi-Cal accounted for 20 percent of Sutter Health's gross patient service revenues in 2015. Sutter Health hospitals proudly serve more Medi-Cal patients in our Northern California service area than any other health care provider.
- As the number of insured people grows, hospitals across the U.S. continue to experience a decline in the provision of charity care. In 2015, Sutter Health's investment in charity care was $52 million.
- Throughout our health care system, we partner with and support community health centers to ensure that those in need have access to primary and specialty car. We also support children's health centers, food banks, youth education, job training programs and services that provide counseling to domestic violence victims.

Every three years, Sutter Health hospitals participate in a comprehensive and collaborative Community Health Needs Assessment, which identifies local health care priorities and guides our community benefit strategies. The assessments help ensure that we invest our community benefit dollars in a way that targets and address real community needs.

For more facts and information about SAH, visit www.sutterhealth.org.

2016 Community Health Needs Assessment Summary

Both state and federal law require that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years to identify and prioritize the significant health needs of the communities they serve. The results of the CHNA guide the development of implementation plans aimed at addressing identified health needs. Federal regulations define a health need accordingly: "…health needs include requisites for the improvement or maintenance of health status in both the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities)"

This report documents the processes, methods, and findings of a CHNA conducted on behalf of Sutter Amador Hospital (SAH), a Sutter Health affiliate hospital located in Amador County, California. The CHNA was conducted over a period of 10 months, beginning in July 2015, and concluding in April 2016. Specifically, the objective of the 2016 CHNA was to: building on the 2013 CHNA, identify and prioritize the requisites (or basic provisions and conditions needed), for the improvement and/or maintenance of health status within a defined hospital service area (HSA), and in particular within neighborhoods and/or populations in the service area experiencing health disparities (the "Communities of Concern.")

The data used to conduct the CHNA were both identified and organized using the widely recognized County Health Rankings model (see Appendix A for a detailed data dictionary). This model of population health includes the many factors that impact and account for individual health and wellbeing. Further, to guide the overall process of conducting the assessment, a defined set of data collection and analytic stages was developed. These served as the roadmap to follow as the research team went about the work of the CHNA.

Data collected and analyzed included both primary or qualitative data, and secondary or quantitative data. Primary data included 7 interviews with 33 community health experts as well as three focus groups conducted with 24 community residents. Secondary data included health outcome and health factor indicators. Health outcome indicators included measures of both mortality and morbidity such as mortality rates, emergency department visit and hospitalization rates, and primary reasons why community residents sought primary care. Health factor indicators included measures of 1) health behaviors such as diet and exercise, tobacco, alcohol, and drug use; 2) clinical care, including access and quality of care; 3) social and economic factors such as race/ethnicity, income, educational attainment, employment, and others; and 4) physical environmental measures such as air and water quality, housing stability, and transit and mobility resources. In all 114 different health outcome and factor indicators were collected for each of the ZIP codes included in the assessment.

The full 2016 Community Health Needs Assessment conducted by SAH is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

Sutter Amador Hospital (SAH) is located in Amador County, CA. The community served by SAH, or the hospital service area (HSA), was defined by 20 ZIP codes noted in the table that follows. This area was identified as the HSA because most of SAH's patients resided in these ZIP codes. The HSA was home to close to 60 thousand community residents, spanned two counties and was rich in diversity in a number of dimensions.

Data were analyzed to identify Communities of Concern within the HSA. These are defined as geographic areas (ZIP codes) and populations within the HSA that have the greatest concentration of poor health outcomes and are home to more medically underserved, low income and diverse populations at greater

risk for poorer health. Communities of Concern were important to the overall CHNA methodology because, after assessing the HSA more broadly, they allowed for a focus on those portions of the HSA likely experiencing the greatest health disparities. Analysis of both primary and secondary data revealed six ZIP codes that met the criteria to be classified as a Community of Concern. These communities are Amador City, Fiddletown, Ion, Jackson, Pioneer and Plymouth.

Significant Health Needs Identified in the 2016 CHNA

The following significant health needs were identified in the 2016 CHNA:

1. Access to Mental, Behavioral and Substance Abuse Services.
2. Access to Quality Primary Care Services and Prescriptions
3. Access to Transportation and Mobility
4. Access to Basic Needs
5. Access to Specialty Care
6. Access to Health Education and Health Literacy
7. Access to Affordable, Healthy Food
8. Access to Dental Care and Prevention
9. Safe and Violent free Environment
10. Pollution Free Living

Primary and secondary data were also analyzed to identify and prioritize the significant health needs within the SAH Communities of Concern. This included identifying 10 potential health needs (PHN) that could be identified in these communities. These potential health needs were those identified in the previously conducted CHNA for SAH (conducted in 2013). Data were analyzed to discover which, if any, of the PHNs were present in the SAH Communities of Concern. All 10 PHNs were identified as significant health needs. After these were identified, PHNs were prioritized based on an analysis of primary data sources that discussed the PHN as a significant health need.

2016 – 2018 Implementation Strategy

The implementation strategy describes how SAH plans to address significant health needs identified in the 2016 Community Health Needs Assessment and is aligned with the hospital's charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impacts of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations in the community to address the significant health needs identified in the 2016 CHNA.

The Implementation Strategy serves as a foundation for further alignment and connection of other SAH initiatives that may not be described herein, but which together advance SAH's commitment to improving the health of the communities it serves. Each year, SAH programs are evaluated for effectiveness, the need for continuation, discontinuation, or the need for enhancement. Depending on these variables, programs may change to continue SAH focus on the health needs listed below.

The prioritized significant health needs the hospital will address are:

1. Access to Mental, Behavioral and Substance Abuse Services.
2. Access to Quality Primary Care Services and Prescriptions
3. Access to Transportation and Mobility

Access to Mental, Behavioral and Substance Abuse Issues

Name of program/activity/initiative	Area Wide Mental Health Strategy
Description	The need for mental health services and resources, especially for the underserved, has reached a breaking point across the Sutter Health Valley Operating Unit. This is why we are focused on building a comprehensive mental health strategy that integrates key elements such as policy and advocacy, county specific investments, stigma reduction, increased awareness and education, with tangible outreach such as expanded mental health resources to professionals in the workplace and telepsych options to the underserved.
Goals	By linking these various strategies and efforts through engaging in statewide partnerships, replicating best practices, and securing innovation grants and award opportunities, we have the ability to create a seamless network of mental health care resources so desperately needed in the communities we serve.
Anticipated Outcomes	The anticipated outcome is a stronger mental/behavioral safety net and increased access to behavioral/mental health resources for our community.
Plan to Evaluate	We will work with our partners to create specific evaluation metrics for each program within this strategy. The plan to evaluate will follow the same process of our other community benefit program with bi-annual reporting and partner meetings to discuss/track effectiveness of each program within this strategy.
Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including (but not limited to) number of people served, number of resources provided, anecdotal stories, types of services/resources provided and other successful linkages.

Name of program/activity/initiative	Suicide Prevention Follow Up Program
Description	The Emergency Department Suicide Prevention Follow Up Program is designed to prevent suicide during a high-risk period, and post discharge, provide emotional support, and continue evidence based risk assessment and monitoring for ongoing suicidality. That includes personalized safe plans, educational and sensitive outreach materials about surviving a suicide attempt and recovery, 24-hour access to WellSpace Health's Suicide Prevention Crisis lines, and referrals to community-based resources for ongoing treatment and support.
Goals	The goal of the Suicide Prevention program is to wrap patients with services and support following a suicide attempt or suicidal ideation.
Anticipated Outcomes	The anticipated outcome of the suicide prevention follow up program is to decrease instances of suicide reattempts or ideations.
Plan to Evaluate	SAH evaluate the impact of the suicide prevention program on a quarterly basis, by tracking the number of people served, number of linkages to other referrals/ services and other indicators.

Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including (but not limited to) number of people served, number of resources provided, suicide attempts post program intervention, type of resources provided and other successful linkages.

Access to Quality Primary Care Services and Prescriptions

Name of program/activity/initiative	Amador Lifeline
Description	Sutter Amador Hospital began its partnership with the Amador-Tuolumne Community Action Agency (ATCCA) to provide insurance outreach and education to the underserved population in Amador County. With the support of Sutter Amador Hospital and the help of a small federal grant, the ATCCA did outreach to connect with the underserved population in Amador County to educate them about insurance coverage through Covered California. This effort by ATCAA and other community partners has been vitally important, as Covered California, the new health insurance exchange and a critical piece of the Affordable Care Act. As a result, enrolling the un- and underinsured population was (and continues to be) a major component of our CHNA implementation planning, as this is the first step to connecting patients with primary care and medical homes. In 2014, SAH shifted ATCAA funding to support the Amador Lifeline effort. Amador Lifeline helps individuals, often isolated seniors, maintain independence by living in their own environment, provides security and peace of mind and prompt, caring assistance at the 'touch of a button' 24 hours a day, 365 days a year.
Goals	The goal of this program is to link isolated, disabled and/or senior residents of Amador County with assistance and resources with the simple touch of a button. Given Amador's rural environment, this program is incredibly important to Amador Lifeline clients.
Anticipated Outcomes	Clients maintain their self- respect, confidence, dignity and independence by continuing to live in their own residences with the safety and security with the help of Amador Lifeline's, emergency response service.
Plan to Evaluate	The Amador-Tuolumne Community Action Agency's tracks and reports the number of individuals served by the Lifeline program each year, as well as success stories and other programmatic outcomes.
Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including (but not limited to) number of people served, number/type of resources provided, anecdotal stories and other successful linkages.

Name of program/activity/initiative	Development of a Federally Qualified Health Clinic
Description	With access to care, including primary, mental health and specialty care continuing to be a major priority areas in the SAH HSA, we are in the process of developing a WellSpace Health Community Clinic in Amador County. Investment in the Amador Community Clinic will provide a linkage to primary and mental health services to the underserved/underinsured in Amador County. The estimated opening of this site is in 2016–2017.
Goals	The goal is to expand access to care.
Anticipated Outcomes	The anticipated outcome is expanded capacity to serve the underserved population with primary care, behavioral/mental health care, and dental and other specialty services.

Plan to Evaluate	The plan to evaluate will follow the same process as many of our other community benefit program with bi-annual reporting and partner meetings to discuss/track effectiveness of each investments within this strategy.
Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including (but not limited to) number of people served, number of appointments provided, types of services provided, anecdotal stories and other successful linkages.

Name of program/activity/initiative	Free Mammography Screenings
Description	Throughout the month of October, Sutter Diagnostic Imaging centers across the Valley OU provide free digital screening mammograms to uninsured women in honor of National Breast Cancer Awareness Month. The goal of this outreach effort was to not only provide free screenings to underinsured women in our communities, but it also serves as an opportunity to provide women with information on health and insurance resources. Free mammograms are offered in various locations, at various times, including in Amador County, to ensure as many women as possible were able to take advantage of this effort. In addition, a packet of follow up resources was created in the event that a participant had an abnormal screening, as well as insurance enrollment services.
Goals	The goal of the screening events are to provide free mammograms for women who otherwise wouldn't have access to one.
Anticipated Outcomes	The anticipated outcome of the screenings is to provide free mammograms for uninsured women and ensure they have supportive resources and connection to care if results come back abnormal.
Plan to Evaluate	SAH will continue to evaluate the impact of our Free Mammography Screenings on an annual basis, by tracking the number of people served and additional services provided, like linkages to primary care and insurance. We will also reexamine this program to ensure it evolves with the needs of the community.
Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including (but not limited to) number of people served, number of resources provided, anecdotal stories and other successful linkages.

Access to Transportation and Mobility

Name of program/activity/initiative	Amador Rides
Description	Amador Rides provides the underserved transportation to and from medical appointments, especially in the rural areas of Amador County, by utilizing volunteer drivers. Scheduling and keeping non-emergency medical appointments is essential to maintaining quality of life, preventing injury, and treating illness. Amador Rides provides transportation to and from medical appointments for Amador County's underserved who are unable to access necessary medical care, due to transportation constraints.
Goals	The goal of Amador Rides is to provide rides to and from medical appointments for seniors and disabled residents of Amador County.
Anticipated Outcomes	The outcome of the Amador Rides program is hundreds of rides to and from medical appointments each year, for people who might not otherwise have the resources to travel to these important appointments

Plan to Evaluate	SAH will continue to evaluate the impact of Amador Rides on a biannual basis, by tracking the number of people served and number of rides provided.
Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including (but not limited to) number of people served and number of rides provided.

Needs Sutter Amador Hospital Plans Not to Address

No hospital can address all of the health needs present in its community. SAH is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. The implementation strategy does not include specific plans to address the following significant health needs that were identified in the 2016 Community Health Needs Assessment:

1. Access to Basic Needs: This is a critical issue and something SAH hopes to address in the future; however, the current focus is developing a community health center in Amador County.

2. Access to Specialty Care: This is a critical issue and something SAH hopes to address in the future; however, the current focus is developing a community health center in Amador County.

3. Access to Health Education and Health Literacy: This is an important issue and one we're able to address through our community sponsorship program, by funding efforts like the ARC of Amador and Calaveras Healthy Lifestyle program, the Amador County Recreation Agency and the SAH Community Walking Trail.

4. Access to Affordable, Healthy Food: This is an important issue and one we're able to address through our community sponsorship program, by funding organizations like the local food bank.

5. Access to Dental Care and Prevention: This is a critical issue and something SAH hopes to address in the future; however, the current focus is developing a community health center in Amador County, with the possibility of providing dental services in the years to come.

6. Safe and Violence Free Environment: This is primarily a law enforcement issue and not something that SMCS has the expertise to effectively address.

7. Pollution Free Living: While this is an important issue, this is not something that we are able to greatly affect through community benefit; therefore, we are focusing our resources elsewhere.

Approval by Governing Board

The implementation strategy was approved by the Sutter Health Valley Area Board on 17, November, 2016.