

## Sutter Health

### Alta Bates Summit Medical Center – Alta Bates/Herrick Campus, Summit Campus

2019 – 2021 Community Benefit Plan  
Responding to the 2019 Community Health Needs Assessment  
Submitted to the Office of Statewide Health Planning and Development May 2020

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**Note:** This community benefit plan is based on the hospital’s implementation strategy, which is written in accordance with Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. This document format has been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California SB 697.

## Introduction

The Implementation Strategy Plan describes how Alta Bates Summit Medical Center – Alta Bates/Herrick Campus, and Summit Campus, a Sutter Health affiliate, plans to address significant health needs identified in the 2019 Community Health Needs Assessment (CHNA). The document describes how the hospital plans to address identified needs in calendar (tax) years 2019 through 2021.

The 2019 CHNA and the 2019 - 2021 Implementation Strategy Plan were undertaken by the hospital to understand and address community health needs, and in accordance with state law and the Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

The Implementation Strategy Plan 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 Plan 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.

Alta Bates Summit Medical Center – Alta Bates/Herrick Campus, and Summit Campus welcomes comments from the public on the 2019 Community Health Needs Assessment and 2019 - 2021 Implementation Strategy Plan. Written comments can be submitted:

- By emailing the Sutter Health System Office Community Benefit department at SHCB@sutterhealth.org;
- Through the mail using the hospital's address at 3012 Summit Street, 3rd Floor, Oakland, CA 94609, ATTN: Community Benefit; and
- In-person at the hospital's Information Desk.

## About Sutter Health

Sutter Health is nearly 60,000 people strong thanks to its integrated network of clinicians, employees and volunteers. Headquartered in Sacramento, California, Sutter Health provides access to high quality, affordable care for more than 3 million Northern Californians through its network of hospitals, medical foundations, urgent and walk-in care centers, home health and hospice services. Nearly 14,000 doctors and advanced practice clinicians care for Sutter patients.

Recognized as a national leader in quality and access, Sutter's integrated healthcare system provides access to some of the best medical care in the country that outperforms state and national averages in nearly every quality measure. Through integration, Sutter Health fosters medical innovation and enables care teams to share best practices across the system. This gives patients access to a full range of treatments and services—helping lead to healthier outcomes.

Grounded in its not-for-profit mission, Sutter Health heavily reinvests in its communities, committing hundreds of millions of dollars annually to support programs and organizations that provide healthcare access and services for those in need. From deploying technology that improves the patient experience to supporting strong community partnerships, the strength of Sutter's integrated system provides a model that can shape the future of healthcare.

Sutter Health's total investment in community benefit in 2019 was \$830 million. This amount includes traditional charity care and unreimbursed costs of providing care to Medi-Cal patients, as well as investments in community health programs to address prioritized health needs as identified by regional community health needs assessments.

- As part of Sutter Health's commitment to fulfill its not-for-profit status and serve the most vulnerable in its communities, Sutter hospitals, affiliated medical foundations and other healthcare providers offer charity care policies to ensure that patients can access needed medical care regardless of

their ability to pay. Sutter's charity care policies, which have been in place for many years, offer financial assistance to uninsured and underinsured patients earning less than 400 percent of the annually adjusted Federal Poverty Level. In 2019, Sutter Health invested \$125 million in charity care, compared to \$89 million in 2018.

- Overall, since the implementation of the Affordable Care Act, greater numbers of previously uninsured people now have more access to healthcare coverage through the Medi-Cal and Medicare programs. The payments for patients who are covered by Medi-Cal and Medicare do not cover the full costs of providing care. In 2019, Sutter Health invested \$499 million more than the state paid to care for Medi-Cal patients.
- Examples of regional prioritized health needs include access to mental health and addiction care, disease prevention and management, access to basic needs such as housing, jobs and food, as well as increased access to primary care services.

See more about how Sutter Health reinvests into the community by visiting [sutterpartners.org](http://sutterpartners.org).

In addition, 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 visit [www.sutterhealth.org](http://www.sutterhealth.org).

Through the 2019 Community Health Needs Assessment process the following significant community health needs were identified:

1. Behavioral Health
2. Housing and Homelessness
3. Economic Security
4. Community and Family Safety
5. Healthcare Access and Delivery
6. Education and Literacy
7. Healthy Eating/Active Living
8. Transportation and Traffic
9. Climate/Natural Environment

The 2019 Community Healthy Needs Assessment conducted by Alta Bates Summit Medical Center – Alta Bates/Herrick Campus is publicly available at [www.sutterhealth.org](http://www.sutterhealth.org).

### **2019 Community Health Needs Assessment Summary**

Alta Bates Summit Medical Center (ABSMC) conducted its 2019 Community Health Needs Assessment (CHNA) collaboratively with local hospitals serving Alameda County, which included John Muir Health, Kaiser Permanente, and UCSF Benioff Children's Hospital Oakland. The CHNA was completed by Actionable Insights (AI), LLC, an independent local research firm.

The Hospitals began the third CHNA cycle in 2018 with the goal to collectively gather community feedback, understand existing data about health status, and prioritize local health needs. Community input was obtained during the summer and fall of 2018 through key informant interviews with local health experts and focus groups with community leaders, residents, and representatives. Secondary data were obtained from the Community Commons data platform and other online sources such as the California Department of Public Health and the U.S. Census Bureau. Data were available for Alameda County and, in many cases, for the hospitals' service areas specifically. Significant health needs were identified and

prioritized in early 2019, described further below.

The full 2019 Community Health Needs Assessment conducted by Alta Bates Summit Medical Center is available at [www.sutterhealth.org](http://www.sutterhealth.org).

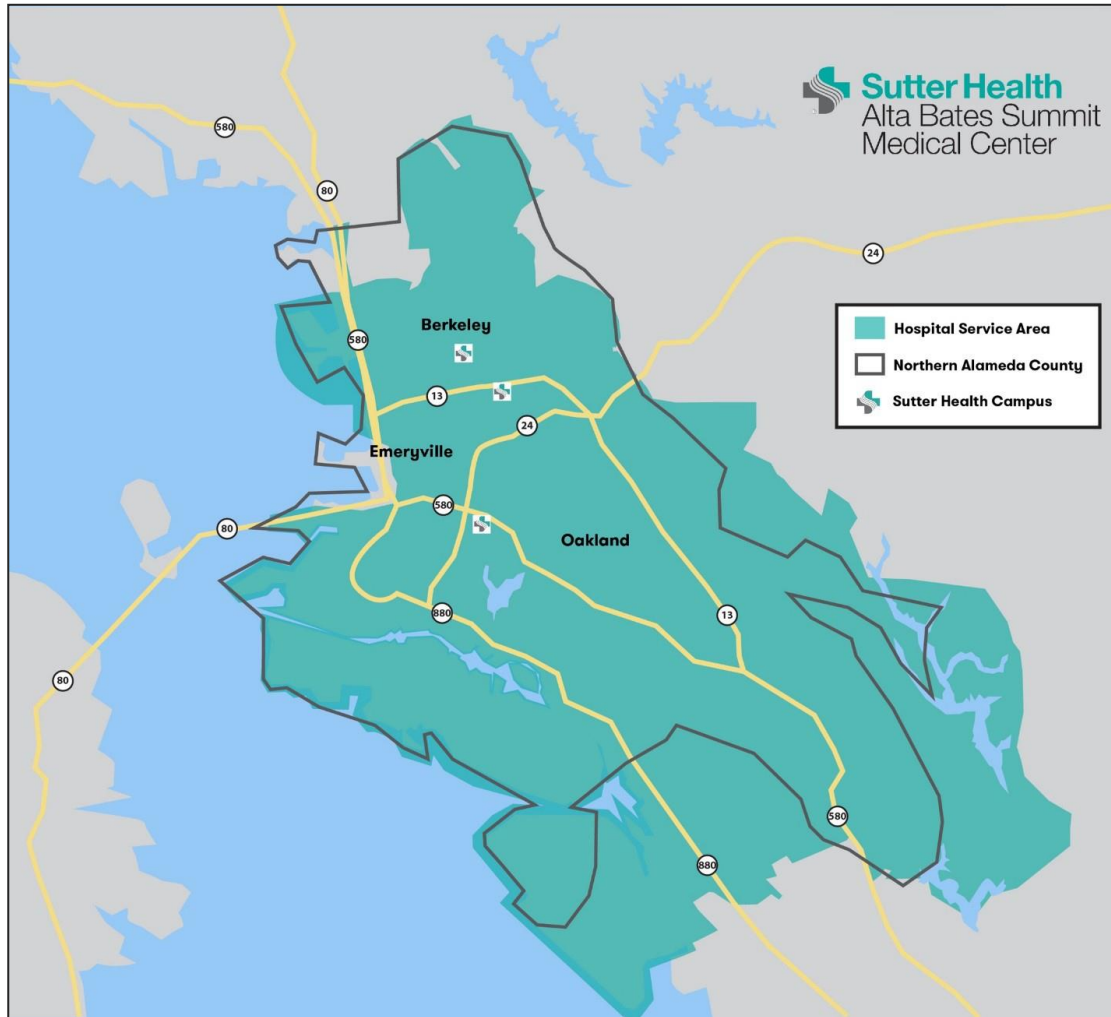
### **Definition of the Community Served by the Hospital**

The Internal Revenue Service defines the community served as individuals who live within the hospital's service area. This includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Alta Bates Summit Medical Center's campuses are located in the cities of Berkeley and Oakland in the Northern Alameda County region of Alameda County. Alta Bates Summit Medical Center - Alta Bates/Herrick Campus is located in Berkeley. Alta Bates Summit Medical Center - Summit Campus is located in Oakland. Alta Bates Summit Medical Center's hospital service area includes 24 zip codes surrounding the hospital and its neighboring communities. As previously noted, the medical center collaborated on the 2019 CHNA with other healthcare facilities serving the Northern Alameda County region. Thus, the local data gathered for the assessment represent residents across the service areas of the participating hospitals, which include Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.

The map below (Figure 1) shows the alignment of the Northern Alameda County region with Alta Bates Summit Medical Center's service area.

**Figure 1. Alta Bates Summit Medical Service Area Map, Northern Alameda County Region**



The U.S. Census estimates a population of 587,090 in the Northern Alameda County region. Close to 17% of residents live in poverty, a higher proportion than in Alameda County overall. In addition, almost one in five children lives in poverty, again exceeding the county statistic. The median household income in Alameda County is about \$80,000; by comparison, the 2018 Self-Sufficiency Standard for a two-adult family with two children in Alameda County was about \$98,300. About 40% of Northern Alameda County residents are White, 20% of residents are Asian, 17% of residents are Latinx<sup>1</sup>, about 16% are African American, and individuals of multiple races account for about 5% of residents.

<sup>1</sup> The term "Latinx" is employed as a gender-neutral way to refer to Latin American and Hispanic individuals of any race.

## Significant Health Needs Identified in the 2019 CHNA

The following significant health needs were identified in the 2019 CHNA:

1. *Behavioral Health.* The community prioritized behavioral health, which refers to both mental health and substance use, as its top health need in focus groups and interviews. Depression and stress were the most common issues raised. Alameda County mental health statistics underscore the community's concerns: The rates of emergency room (ER) visits for severe mental illness and substance use, respectively, are significantly higher in the county than the state averages. Mental health hospitalizations for children and youth countywide are also significantly higher—and both are trending up.
2. *Housing and Homelessness.* Access to safe, affordable, and stable housing is associated with physical and mental health and well-being. Maintaining safe and healthy housing ranked high as a community priority; the growing number of people in unstable housing situations and the displacement of families were of particular concern. The median rent in the county is significantly higher than the state average—and increasing. The proportion of local children living in crowded housing has been increasing as well. The overall number of individuals experiencing homelessness in Alameda County increased in the 2017 point-in-time count. In addition, blood lead levels for children and youth in Alameda County exceed the state average as do child and youth asthma diagnoses and hospitalizations, indicators that are associated with poor housing quality.
3. *Economic Security.* Economic environments are important determinants of population health and economic security was one of the top priorities of the community. In focus groups, residents emphasized that local jobs often do not pay enough to afford the high cost of living in Alameda County. The percentage of people living in poverty in Northern Alameda County surpasses the state average and the percentage of older adults living in poverty countywide has been increasing. Additionally, disparities exist between ethnic groups in educational attainment, the rate of uninsured individuals, and people living in poverty, factors associated with economic security.
4. *Community and Family Safety.* Community and family safety ranked as one of the top health needs in Northern Alameda County. Focus group and interview participants most frequently talked about domestic violence. Participants were concerned most about children and youth, especially when it came to being bullied, becoming victims of violence, and acting out trauma. Some participants described Oakland as a hub for human trafficking, including trafficking of minors. Alameda County's ER visits and deaths due to unintentional injury are increasing. Traumatic injury (intentional and unintentional) hospitalizations among children and youth, firearm fatalities (intentional and unintentional), bicycle-involved collisions, and motor vehicle crash ER visits all exceed state benchmarks. Ethnic disparities exist, as well; for example, in Oakland, African American residents experience use of force by law enforcement at a rate nearly 25 times that of White residents.
5. *Healthcare Access and Delivery.* Community members expressed strong concerns about this health need, including the affordability of care and the lack of access to specialty care, especially for Medi-Cal patients. Poor access to healthcare is associated with higher rates of many health conditions due to lack of preventive screenings and early treatment. A smaller proportion of county residents have a regular source for primary care, and a larger proportion delay or have difficulty obtaining care, compared to Healthy People 2020 aspirational goals.<sup>2</sup> Additionally, ethnic disparities were found in cancer mortality rates, cervical cancer incidence, stroke deaths, and screenings for breast and colorectal cancers.

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<sup>2</sup> Healthy People is an endeavor of the U.S. Department of Health and Human Services that has provided 10-year national objectives for improving the health of Americans based on scientific data spanning 30 years. Healthy People sets national objectives, which serve as or targets for improvement. The most recent set of objectives are for the year 2020; year 2030 objectives are currently under development.

6. *Education and Literacy.* The relationship of educational attainment, employment, wages, and health have been well documented; limited literacy is correlated with low educational attainment. Ethnic disparities and inadequate career training emerged in community discussions of education and literacy. A larger proportion of children live in linguistically isolated households than compared with the state.<sup>3</sup> This, combined with the comparatively high cost of childcare for children ages 0 to 5, means that children in the county may have greater barriers to literacy than kids elsewhere. Additionally, a smaller proportion of local students graduate high school on time compared to the state average.
7. *Healthy Eating/Active Living.* This health need is comprised of access to food and recreation, food insecurity (also identified in Economic Security), diabetes, obesity, nutrition, diet, and fitness. The community identified the lack of access to recreation and healthy food in certain areas (“food deserts”) as drivers of poor community health. The percentage of local individuals experiencing food insecurity surpasses the state average. The rate of diabetes hospitalization among children and youth countywide is above the state average and increasing. Moreover, ethnic disparities are found in the rate of diabetes management, prevalence of obesity among children and adults, and proportion of fifth and seventh graders meeting fitness standards.
8. *Transportation and Traffic.* The community discussed transportation as a barrier to seeing the doctor and getting to work, and they expressed frustration with the costs and limitations (such as the lack of frequency or service in some areas) of public transportation in Alameda County, particularly BART. Northern Alameda County has a significantly higher density of roads than the state average, pollution from which can exacerbate asthma and other health conditions. In Oakland, African American residents were over three times less likely than White residents to have access to a vehicle.
9. *Climate/Natural Environment.* Feedback from the community about the environment primarily related to poor air quality, which they attributed to pollution and identified as a cause of asthma. They noted that highways, as well as traffic at the Port of Oakland, contribute to air pollution in Northern Alameda County. The respiratory hazard index in the region is significantly worse than the state average. In the City of Oakland, the overall pollution burden (air, water, etc.) in majority-Asian census tracts is significantly higher than the pollution burden in majority-White census tracts.

### **Health Need Identification**

Health needs were identified by synthesizing primary qualitative research (community input) and secondary data, and then filtering those needs against a set of criteria, below:

1. Meets the definition of a “health need,” a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.
2. At least two data sources were consulted.
3.
  - a. Prioritized by at least half of key informant interviewees or focus groups.
  - b. If not (a), three or more direct indicators fail the benchmark by  $\geq 5\%$  or show a  $\geq 0.5$  standard deviation.
  - c. If not (b), four or more indicators must show ethnic disparities of  $\geq 5\%$  or a  $\geq 0.5$  standard deviation.

### **Health Need Prioritization**

In February 2019, Sutter Health, John Muir Health, and Kaiser Permanente convened a meeting with key leaders in Alameda County. Participants considered a set of criteria in prioritizing the list of health needs. The criteria chosen by the health systems before beginning the prioritization process were:

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<sup>3</sup> Defined as a household where no one aged 14 years or older speaks English “very well.” U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012–2016.



- *Clear disparities or inequities.* This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, language, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- *Community priority.* This refers to the extent to which the community prioritizes the issue over other issues about which it has expressed concern during the CHNA primary data collection process. This criterion was ranked by Actionable Insights based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.
- *Magnitude/scale of the need.* This refers to the number of people affected by the health need.
- *Multiplier effect.* This refers to the idea that a successful solution to the health need has the potential to solve multiple problems.
- *Severity of need.* This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against relevant benchmarks.

Meeting participants individually ranked the health needs according to their interpretation of the criteria. Rankings were then averaged across all participants to obtain a final rank order of the health needs. Alta Bates Summit Medical Center then selected the top five health needs to address in its 2019-2021 Implementation Strategy.

### **2019 – 2021 Implementation Strategy Plan**

The implementation strategy plan describes how Alta Bates Summit Medical Center – Alta Bates/Herrick Campus plans to address significant health needs identified in the 2019 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 2019 CHNA.

**Prioritized Significant Health Needs the Hospital will Address:** The Implementation Strategy Plan serves as a foundation for further alignment and connection of other Alta Bates Summit Medical Center – Alta Bates/Herrick Campus initiatives that may not be described herein, but which together advance the hospital’s commitment to improving the health of the communities it serves. Each year, programs are evaluated for effectiveness, the need for continuation, discontinuation, or the need for enhancement. Depending on these variables, programs may change to continue focus on the health needs listed below.

1. Behavioral Health
2. Housing and Homelessness
3. Economic Security
4. Community and Family Safety
5. Healthcare Access and Delivery

## Behavioral Health

Name of program/activity/initiative	Investments in Behavioral Health
<b>Description</b>	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Alta Bates Summit Medical Center (ABSMC) seeks to promote behavioral health, in part, by supporting the provision of behavioral health programs, including those focused on the effective delivery of preventive interventions. Childhood and youth are opportune ages for promotion and preventive behavioral health interventions; schools are promising settings from which to prioritize these age groups.<sup>4</sup> Supporting organizations and programs that provide culturally responsive services, which can improve patient/client retention and treatment outcomes,<sup>5</sup> is also a priority for ABSMC. Further, ABSMC supports workforce development strategies, which are critical to ensuring that present and future behavioral health needs of the community can be met. Additionally, enhancing the coordination of primary and behavioral healthcare in a clinical setting and improving access to wraparound resources that support health and well-being are approaches to behavioral healthcare services that ABSMC supports.</p> <p>ABSMC invests in organizations, programs, and initiatives that work to address behavioral health. Examples of organizations within the hospital service area that advance behavioral health by providing evidenced-based, culturally responsive mental health services and/or mental health professional workforce development include Berkeley Youth Alternatives (serving children, youth, and families), Building Opportunities for Self-sufficiency (BOSS) (serving homeless, low-income, disabled, and reentry individuals and families), and the Pacific Center for Human Growth (serving Lesbian, Gay, Bisexual, Transgender, and Queer youth, seniors, adults, and families), and others.</p> <p>Selected executed grants will be reported at year end.</p>
<b>Goals</b>	Youth and adult residents are aware of and easily able to access evidenced-based, culturally responsive behavioral health resources and services through sustainable, prevention-focused interventions
<b>Anticipated Outcomes</b>	<p>Residents experience improved access to evidenced-based, culturally responsive behavioral health resources and services, including promotion and preventive approaches</p> <p>Mental health professionals and trainees increase their knowledge of and skills in evidenced-based, culturally responsive, and/or trauma-informed behavioral health resources and services, including promotion and preventive approaches</p> <p>Residents demonstrate or report increased mental health and wellness knowledge, life skills, and/or improved mental health and wellbeing</p>

<sup>4</sup>U.S. Office of Disease Prevention and Health Promotion, Healthy People 2020. Mental health and mental disorders. Retrieved August 8, 2019, from <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

<sup>5</sup>U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. A treatment improvement protocol: Improving cultural competence. Retrieved August 15, 2019 from <https://store.samhsa.gov/system/files/sma14-4849.pdf>

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**Metrics Used to Evaluate  
the  
program/activity/initiative**

Number of persons served

Number of encounters

Number of classes/workshops provided

Number connected to social services

Number connected to mental health services

Number of health screenings

Additional metrics to be determined, based on organization/initiative supported. For example,

Number of mental health professionals trained

Number of post graduate mental health and social support provider interns trained

Percent of participants demonstrating increased mental health and wellness knowledge

Percent of participants demonstrating increased life skills

Percent of participants demonstrating increased social-emotional wellbeing

Percent of participants demonstrating improved mental health and wellbeing through the Children and Adolescents Needs and Strengths (CANS) Assessment

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## Housing and Homelessness

<b>Name of program/activity/initiative</b>	Investments in Housing and Homelessness
<b>Description</b>	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Alta Bates Summit Medical Center (ABS MC) works to address housing and homelessness, in part, by partnering with organizations that provide case management, navigation, and support services to individuals at risk of, currently experiencing, or exiting homelessness and/or housing instability. Programs that prevent homelessness and housing instability through strategies such as developing and facilitating access to affordable housing, housing assistance, and employment supports for low-income residents, are also important preventive approaches.<sup>6</sup> Housing and homelessness is multi-sectoral issue; ABS MC partners with organizations that convene and participate in collaborative efforts between governmental and nonprofit organizations in service outreach and delivery and/or in developing long-term solutions.</p> <p>ABS MC invests in organizations, programs, and initiatives that work to address housing and homelessness. Oakland Cabin Communities is one example of an initiative within the hospital service area that provides temporary housing to homeless residents and supports their transition to permanent or transitional housing.</p> <p>Selected executed grants will be reported at year end.</p>
<b>Goals</b>	Residents have access to safe, affordable, and stable housing and resources that provide the conditions necessary for health and well-being
<b>Anticipated Outcomes</b>	<p>Increased access to services and resources that:</p> <ul style="list-style-type: none"> <li>Prevent entry into homelessness and alleviate housing instability</li> <li>Shelter and support individuals experiencing homelessness</li> <li>Improve exits from homelessness to stable housing</li> </ul>
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<p>Number of persons served</p> <p>Number connected to permanent or temporary housing</p> <p>Additional metrics to be determined, based on organization/initiative supported. For example,</p> <ul style="list-style-type: none"> <li>Percent of people served that gain employment</li> <li>Percent of people served that obtain drivers licenses</li> </ul>

<sup>6</sup> United States Interagency Council on Homelessness. Home, together: Federal strategic plan to prevent and end homelessness. Retrieved from [https://www.usich.gov/resources/uploads/asset\\_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf](https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf)

## Economic Security

<b>Name of program/activity/initiative</b>	Investments in Economic Security
<b>Description</b>	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Financial health is associated with physical and mental health. Alta Bates Summit Medical Center (ABSMEC) works to promote economic security, in part, by supporting the provision of job training and workforce development, financial education and coaching, as well as the connection to income supports including food security programs for low-income families. Establishing long-term financial security requires a multi-faceted approach; ABSMEC partners with programs that connect their clients to bundled services such as job training, financial coaching, and access to wraparound resources that support health and well-being in collaboration with multi-sector partners. Supporting access to quality educational opportunities, from early childhood through higher education, is also critical to promoting financial security.</p> <p>ABSMEC invests in organizations, programs, and initiatives that work to address economic security. An example of an organization within the hospital service area addressing economic security through a collective impact approach is East Bay Asian Local Development Corporation (EBALDC).</p> <p>Selected executed grants will be reported at year end.</p>
<b>Goals</b>	Residents achieve financial security through increased income or other resources and/or improved financial management practices
<b>Anticipated Outcomes</b>	<p>Increased coordination and systems among placed-based, multi-sector partners including residents, organizations, and institutions</p> <p>Residents experience:</p> <ul style="list-style-type: none"> <li>Improved knowledge, skills, and experience to support financial security and/or employability</li> <li>Increased feeling of financial security</li> <li>Increased access to financial education and coaching services and/or stable employment opportunities</li> <li>Attainment and retention of new employment opportunities or increased stability and/or wages of existing employment</li> </ul>
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<p>Number of persons served</p> <p>Number of classes/workshops provided</p> <p>Additional metrics to be determined, based on organization/initiative supported. For example,</p> <ul style="list-style-type: none"> <li>Percent of residents receiving financial or employment services who achieve a financial stability goal</li> <li>Number of multi-stakeholder workgroups convened</li> </ul>

## Community and Family Safety

<b>Name of program/activity/initiative</b>	Investments in Community and Family Safety
<b>Description</b>	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Health is influenced by the settings in which we live, learn, work, shop, and play; feeling safe in one’s home and community is fundamental to overall health. Alta Bates Summit Medical Center (ABSMC) seeks to promote community and family safety, in part, by supporting the provision of programs that focus on interpersonal and community violence prevention and neighborhood safety. Engaging and empowering children, youth, adults and seniors through school and neighborhood-based initiatives that build community and foster interpersonal safety is a priority.</p> <p>ABSMC invests in organizations, programs, and initiatives that work to address this health need. Examples of organizations within the hospital service area that measurably contribute to community and family safety include Youth ALIVE! (focusing on interpersonal violence prevention, intervention, and healing for young people) and Koreatown Northgate (KONO) Community Benefit District (working to ensure the district is safe, clean and promoted), and others.</p> <p>Selected executed grants will be reported at year end.</p>
<b>Goals</b>	Residents gain knowledge, skills, empowerment, and opportunities to connect with their neighborhood that make them safer
<b>Anticipated Outcomes</b>	<p>Increased knowledge of ways to avoid violence and how to stay safe</p> <p>Increased belief in ability to be positive role models</p> <p>Increased experience in peacefully resolving conflicts</p> <p>Increased feeling of neighborhood safety</p>
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<p>Number of persons served</p> <p>Number of classes/workshops provided</p> <p>Number of community events</p> <p>Additional metrics to be determined, based on organization/initiative supported. For example,</p> <ul style="list-style-type: none"> <li>Percent of participants that see themselves as positive role models</li> <li>Percent of participants that report peacefully resolving a conflict that would have led to violence</li> <li>Percent of participants who demonstrate an increased understanding of methods for responding to and avoiding violence</li> <li>Percent of participants that report an increased feeling of neighborhood safety</li> </ul>

## Healthcare Access and Delivery

<b>Name of program/activity/initiative</b>	Investments in Healthcare Access and Delivery
<b>Description</b>	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Alta Bates Summit Medical Center (ABSMC) addresses healthcare access and delivery, in part, by partnering with community-based organizations that develop, expand, and promote affordable, culturally, and linguistically appropriate health services for uninsured and underinsured patients. This includes support for initiatives that improve access to primary care, which can offer a usual source of care, preventive care, early detection and treatment of disease, and chronic disease management.<sup>7</sup> Additionally, enhancing the coordination of primary and behavioral healthcare in a clinical setting is an approach to care delivery that ABSMC supports. Primary care has also been identified as an important setting in which to address the social determinants of health,<sup>8</sup> and ABSMC partners with organizations that connect patients to additional wraparound resources that promote health and well-being, such as food and housing assistance and employment supports.</p> <p>ABSMC invests in organizations, programs, and initiatives that work to address healthcare access and delivery. La Clínica, LifeLong Medical Care, and West Oakland Health, are examples of Federally Qualified Health Centers within the hospital service area that improve access to primary care and connections to wraparound resources to uninsured and underinsured patients.</p> <p>Selected executed grants will be reported at year end.</p>
<b>Goals</b>	To improve community health by expanding access to healthcare for uninsured and underinsured populations
<b>Anticipated Outcomes</b>	<p>Improve access to primary healthcare services for low-income patients</p> <p>Increase the percentage of primary care physician appointments that are scheduled and kept</p>
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<p>Number of persons served</p> <p>Number of patients seen by a primary care physician</p> <p>Additional metrics to be determined, based on organization/initiative supported. For example,</p> <ul style="list-style-type: none"> <li>Number of primary care physician appointments made</li> <li>Percent of primary care physician appointments kept</li> </ul>

<sup>7</sup> Healthy People 2020. Access to primary care. Retrieved August 7, 2019, from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary>

<sup>8</sup> World Health Organization. Primary health care. Retrieved August 7, 2019, from <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>

<b>Name of program/activity/initiative</b>	Advanced Illness Management (AIM) Program
<b>Description</b>	<p>Sutter Health’s Advanced Illness Management (AIM) program provides customized support for patients with advanced chronic illnesses in order to improve care transitions and reduce future hospitalization. The program help patients manage their health/illness symptoms, manage their medications, coordinate their care, plan for the future, and live the kind of life they want.</p> <p>Alta Bates Summit Medical Center supports the program, providing funding towards the care of the people who enroll in the East Bay service area.</p> <p>Once the AIM team understands the patient’s health issues, lifestyle, and personal preferences, they work with the patient to tailor a care plan, ease the transition from hospital to home, and provide continuing over-the-phone support and in-person visits in the home or at the doctor’s office as needed. If the patient returns to the hospital, AIM staff continues to support the patient there. The AIM team also provides support for the patient’s family and helps them understand anything about the patient’s condition that the patient wants them to know.</p>
<b>Goals</b>	Help chronically ill patients better manage their health/illness through skilled, respectful coaching and care tailored to their needs
<b>Anticipated Outcomes</b>	Increase coaching services and support for patients who need help in self-managing advanced chronic illness
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<p>Number of persons enrolled in the program’s East Bay service area (including demographics as available)</p> <p>Number of persons transitioned to home/self-care from hospital</p> <p>Number of persons transitioned to home healthcare service</p>
<b>Name of program/activity/initiative</b>	Asthma Resource Center
<b>Description</b>	Alta Bates Summit Medical Center’s Asthma Resource Center is a program designed to help individuals control their asthma and improve their quality of life by providing education and tools for asthma management with a focus on the uninsured or underinsured. Individuals learn about basic asthma facts, medications and techniques, environmental controls, and asthma action plans. Efforts are made to also assist individuals who have no follow-up medical care with locating ongoing care in the community.
<b>Goals</b>	Assist those who are uninsured or underinsured in better managing their asthma
<b>Anticipated Outcomes</b>	<p>Increased asthma management and control</p> <p>Increased proper medication use</p>
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<p>Number of persons served</p> <p>Number of persons who self-report asthma control</p> <p>Number of persons properly taking asthma medication</p>



Name of program/activity/initiative	Cancer Supportive Care Services
<b>Description</b>	<p>Alta Bates Summit Medical Center’s Cancer Supportive Care Services offers the following educational, screening, and support group opportunities free to the community.<sup>9</sup></p> <p><i>Community screening and prevention programs</i> are conducted in the community to provide cancer prevention and early detection education, resources and screening clinics for cancers including breast, colorectal, and prostate cancers.</p> <p><i>Breast cancer navigation</i> provides one-on-one guidance, education, case-management, resources, and patient advocacy to patients diagnosed with breast cancer.</p> <p><i>Disease specific patient and family support groups</i>, such as Metastatic Cancer Support Group, Breast Cancer Support Group, and Caring for the Caregiver Support Group.</p> <p><i>Fitness, nutrition, and lifestyle classes and series</i> including Healing Yoga, Qi Gong, Stress Relief, and writing classes.</p> <p><i>Cancer treatment and planning classes, workshops, and symposiums</i>, such as Advance Health Care Directives Workshops, and annual highlights from the San Antonio Breast Cancer Symposium.</p>
<b>Goals</b>	Dedicated to decreasing the incidence of cancer through early detection and outreach and the improvement of quality of life for those with cancer
<b>Anticipated Outcomes</b>	<p>Increased knowledge of cancer risk factors, cancer prevention and early detection strategies</p> <p>Increased access to cancer screening services</p> <p>Increased awareness of and access to community resources that promote health and wellness</p> <p>Increased knowledge of strategies to maximize quality of life</p> <p>Increased sense of social support</p>
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<p>Number of persons served</p> <p>Number of health screenings</p> <p>Number of meetings provided for each program:</p> <ul style="list-style-type: none"> <li>Cancer Classes</li> <li>Cancer Support Groups</li> <li>Cancer Workshops</li> </ul>

<sup>9</sup> More information about Cancer Supportive Care Services can be found at <https://www.sutterhealth.org/absmc/services/cancer/special-support>

<b>Name of program/activity/initiative</b>	Diabetes Center
<b>Description</b>	Alta Bates Summit Medical Center's Diabetes Center supports uninsured and underinsured individuals with diabetes, who have recently been served by the Inpatient or Emergency Departments, in maximizing their health through Diabetes Self-Management Education (DSME) and case management. Individuals learn about the diabetes disease process and treatment options, nutrition and physical activity recommendations, safe medication use, blood glucose monitoring, recognizing and avoiding complications of diabetes, and strategies to promote health and behavior change. Individuals without a primary care physician are assisted with locating a medical home for ongoing care and with obtaining needed diabetes medications.
<b>Goals</b>	Uninsured and underinsured individuals with diabetes have the skills, resources and support to successfully manage their diabetes
<b>Anticipated Outcomes</b>	Improved diabetes self-management, as demonstrated by success in meeting personal action plans Improved glucose control, as demonstrated by decreased A1C level
<b>Metrics Used to Evaluate the program/activity/initiative</b>	Number of persons served Number of encounters Number of classes/workshops provided Number of persons who self-report success in meeting personal action plan more than 75% of the time Number of persons with decreased A1C level three months after completing DSME program

<b>Name of program/activity/initiative</b>	Regional Rehabilitation Support Services
<b>Description</b>	<p>Regional Rehabilitation Support Services offers educational and support group opportunities free to the community, including the Arthritis Support and Education Group.<sup>10</sup></p> <p>The Arthritis Support and Education Group provides educational presentations by physicians and other health care professionals on treatment options and self-help strategies to maximize quality of life with arthritis.</p>
<b>Goals</b>	Provide education, support, and opportunities to share personal experiences in a positive and caring environment
<b>Anticipated Outcomes</b>	<p>Increased sense of social support</p> <p>Increased awareness of community resources that support health and wellness</p> <p>Participants gain knowledge of arthritis treatment and self-management strategies</p>
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<p>Number of persons served</p> <p>Number of classes/support group meetings provided</p>

<sup>10</sup> More information about Regional Rehabilitation Support Services' educational and support group opportunities can be found at <https://www.sutterhealth.org/absmc/classes-events>

<b>Name of program/activity/initiative</b>	Women and Infant Services
<b>Description</b>	<p>Alta Bates Summit Medical Center’s Women and Infant Services provides educational opportunities and support groups for parents and their children, which are open and free to the community, including the following.<sup>11</sup></p> <p>The <i>Breastfeeding Support Group</i>, facilitated by an Alta Bates Summit board-certified Lactation Consultant, provides parents with a caring and supportive environment to ask questions about and receive help with breastfeeding, as well as make social connections in the community.</p> <p>The <i>Support After Neonatal Death (SAND) Group</i>, facilitated by a Certified Perinatal Educator, provides parents who have lost a baby a space to share information, experiences, and support with other parents.</p> <p><i>Parent Education Lectures</i>, facilitated by a Certified Perinatal Educator, are focused on topics of interest to new and/or expecting parents.</p>
<b>Goals</b>	<p>New and/or expecting parents have the information and support they need to partner in their health and that of their babies</p> <p>Parents experiencing the loss of a baby have the information and support they need to process their grief</p>
<b>Anticipated Outcomes</b>	<p>Increased knowledge of strategies related to parenting and/or coping with grief</p> <p>Increased sense of social support</p> <p>Increased belief in ability to address challenges experienced in parenting</p>
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<p>Number of persons served</p> <p>Number of classes/support group meetings provided for each program below:</p> <ul style="list-style-type: none"> <li>Breastfeeding Support Groups</li> <li>SAND Group</li> <li>Parent Education Lectures</li> </ul>

<sup>11</sup> More information about Women and Infant Services’ educational and support group opportunities can be found at <https://www.sutterhealth.org/absmc/classes-events>

<b>Name of program/activity/initiative</b>	Operation Access
<b>Description</b>	Alta Bates Summit Medical Center (ABSMC) partners with Operation Access to provide access to diagnostic screenings, specialty procedures, and surgical care at no cost for uninsured Bay Area patients who have limited financial resources. ABSMC physicians volunteer their time to provide these free surgical services, while the hospital donates the use of its operating rooms.
<b>Goals</b>	Increase healthcare equity for uninsured and underserved patients facing barriers to getting the outpatient surgical and specialty care that they need, by providing the resources and promoting the medical volunteerism needed for the donation of these services
<b>Anticipated Outcomes</b>	Increase number of timely surgical procedures and diagnostic services provided to uninsured and underserved patients
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<p>Number of persons served</p> <p>Number of surgical and diagnostic procedures provided</p> <p>Number of ABSMC medical volunteers</p> <p>Percent of patients reporting satisfaction with their Operation Access experience</p> <p>Percent of patients reporting improved health as a result their Operation Access service(s)</p>

### **Needs Alta Bates Summit Medical Center – Alta Bates/Herrick Campus Plans Not to Address**

No hospital can address all of the health needs present in its community. Alta Bates Summit Medical Center – Alta Bates/Herrick Campus 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 plan does not include specific plans to address the following significant health needs that were identified in the 2019 Community Health Needs Assessment for the following reasons:

- Education and Literacy
- Healthy Eating/Active Living
- Transportation and Traffic
- Climate/Natural Environment

Alta Bates Summit Medical Center will focus on the top five health needs that were identified and prioritized through the 2019 Community Health Needs Assessment. The decision to not directly address the remaining four health needs, listed above, was based on the magnitude and scale of health needs, resources available, and commitment to developing a focused strategy in response to the needs assessment.

### **Approval by Governing Board**

The Community Health Needs Assessment and Implementation Strategy Plan was approved by the Sutter Health Bay Hospitals Board on November 20, 2019.

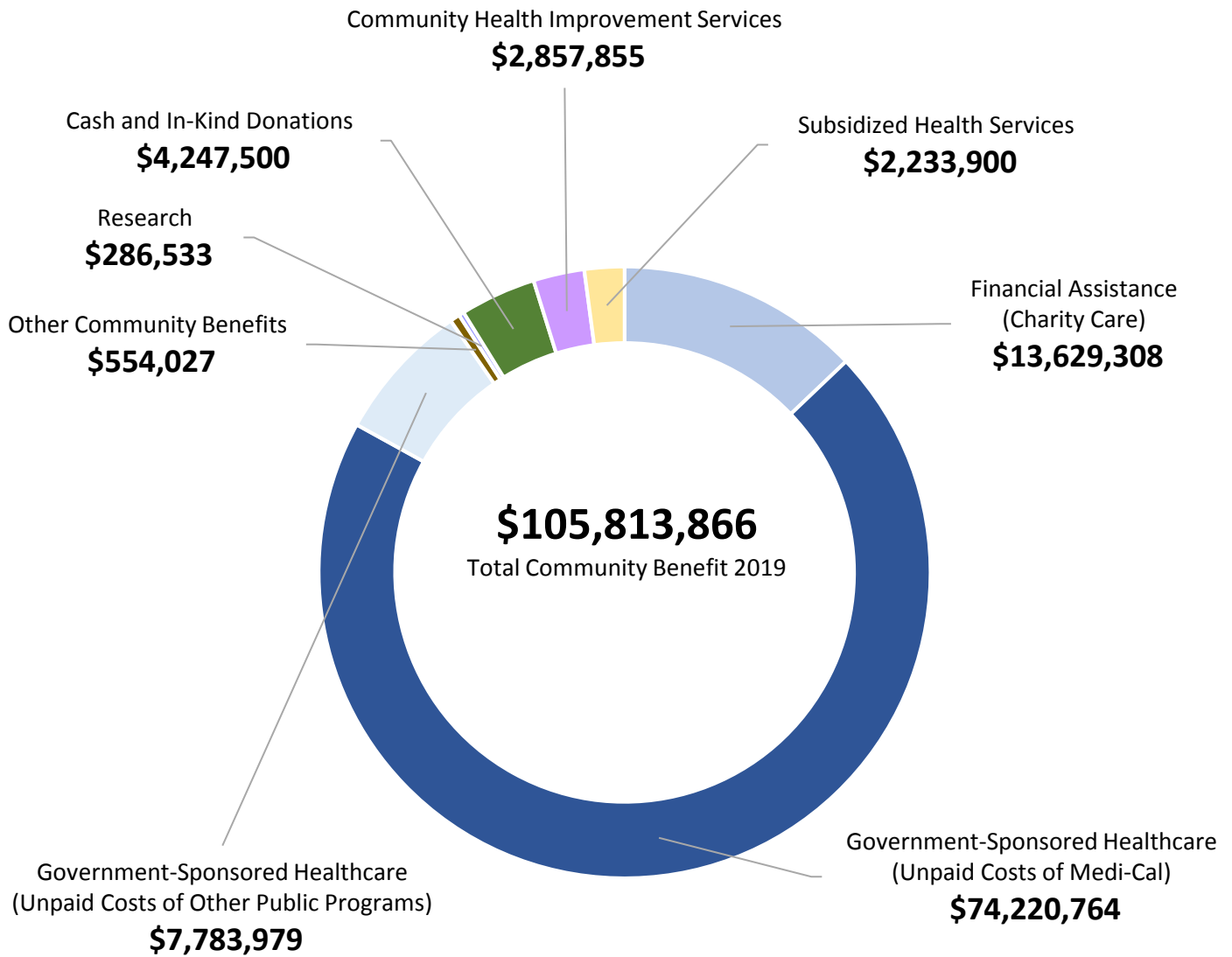
## Appendix: 2019 Community Benefit Financials

Sutter Health hospitals and many other healthcare systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

Community benefit programs include traditional charity care which covers healthcare services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid costs of public programs treating Medi-Cal and indigent beneficiaries. Costs are computed based on a relationship of costs to charges. Additional community benefit programs include the cost of other services provided to persons who cannot afford healthcare because of inadequate resources and are uninsured or underinsured, cash donations on behalf of the poor and needy as well as contributions made to community agencies to fund charitable activities, training health professionals, the cost of performing medical research, and other services including health screenings and educating the community with various seminars and classes, and the costs associated with providing free clinics and community services. Sutter Health affiliates provide some or all of these community benefit activities.

The graph of Alta Bates Summit Medical Center community benefit investments on the following page includes Alta Bates, Herrick, and Summit campuses.

# Alta Bates Summit Medical Center: Alta Bates, Herrick, and Summit Campuses 2019 Total Community Benefit & Unpaid Costs of Medicare



2019 unpaid costs of Medicare were \$166,339,084