

Sutter Health

Sutter Delta Medical Center

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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Table of Contents

About Sutter Health	3
2019 Community Health Needs Assessment Summary	4
Significant Health Needs Identified in the 2019 CHNA	7
2019 – 2021 Implementation Strategy Plan	9
Behavioral Health	10
Economic Security	11
Housing and Homelessness	12
Healthcare Access and Delivery	13
Needs Sutter Delta Medical Center Plans Not to Address	17
Approval by Governing Board	17
Appendix: 2019 Community Benefit Financials.....	18

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 Sutter Delta Medical Center, 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.

Sutter Delta Medical Center 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.

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

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

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

The 2019 Community Healthy Needs Assessment conducted by Sutter Delta Medical Center is publicly available at www.sutterhealth.org.

2019 Community Health Needs Assessment Summary

Sutter Delta Medical Center conducted its 2019 Community Health Needs Assessment (CHNA) collaboratively with local hospitals serving Contra Costa County, which included John Muir Health and Kaiser Permanente. 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 Contra Costa County and, in many cases, for 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 Sutter Delta Medical Center is available at www.sutterhealth.org.

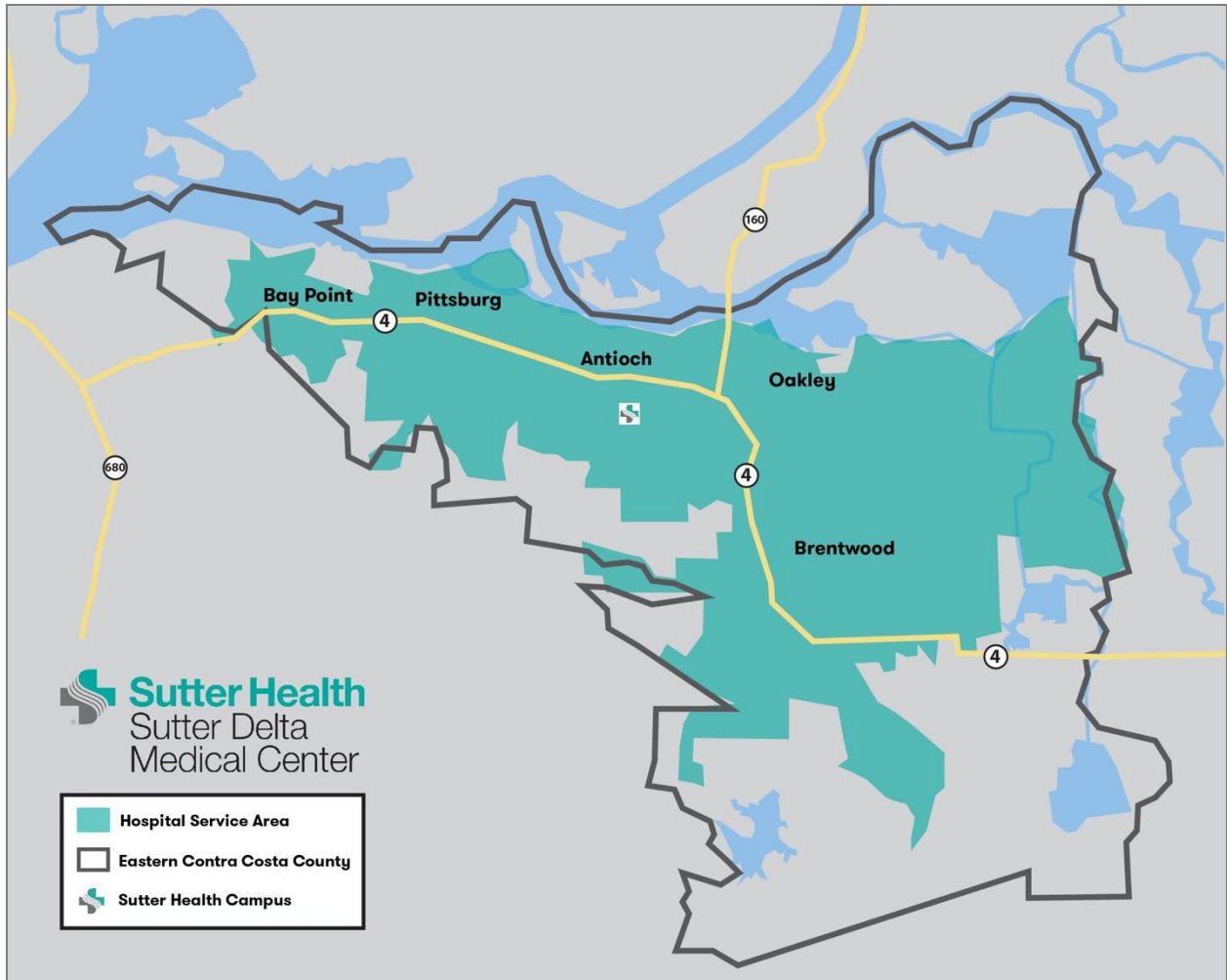
Definition of the Community Served by the Hospital

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.

Sutter Delta Medical Center is located in the city of Antioch in Eastern Contra Costa County. Sutter Delta Medical Center's hospital service area includes six 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 Eastern Contra Costa County region. Thus, the local data gathered for the assessment represent residents across the service areas of the participating hospitals, which include Antioch, Bay Point, Brentwood, Byron, Discovery Bay, Knightsen, Oakley, and Pittsburg.

The map below (Figure 1) on the next page shows the alignment of the Eastern Contra Costa County region with Sutter Delta Medical Center's service area.

Figure 1. Sutter Delta Medical Center Service Area Map, Eastern Contra Costa County



The U.S. Census estimates a population of 318,900 in the Eastern Contra Costa County region. Close to 13% of residents in poverty, a higher proportion than in Contra Costa County overall. In addition, 18% of children live below the poverty line, again exceeding the county statistic. ¹Eastern Contra Costa County is highly diverse. About 36% of residents are White, about 35% of residents are Latinx², and about 13% are African American; residents of multiple races account for 5% of residents. In addition, nearly one in four Contra Costa County residents is foreign-born.

¹U.S. Census Bureau. (2017). American Community Survey, 5-Year Estimates, 2013-17.

²The 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.* Behavioral health, which includes mental health and substance use, is one of the health needs for which the community expressed strongest concerns in focus groups and interviews. Depression and stress were the most common issues raised. Mental health statistics for children and youth suggest a need for increased focus on addressing the issue and ethnic disparities exist across multiple behavioral health indicators for youth. Further, a significantly larger proportion of adults in the county, compared to the state, need help for mental health issues. Focus group participants and key informant interviewees also discussed the co-occurrence of mental health and substance use conditions.
2. *Economic Security.* Economic environments are important determinants of population health and economic security was one of the top priorities of the community. Key informant interviewees and focus group participants discussed food insecurity, risk of homelessness, and employment. Residents emphasized that local jobs often do not pay enough to afford the high cost of living. The percentage of older adults in Contra Costa County living in poverty has been increasing and the percentages of the local population enrolled in government assistance programs are substantially higher than state averages. In addition, disparities exist between ethnic groups in educational attainment, the rate of uninsured individuals, and people living in poverty.
3. *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 median rent in the county is significantly higher than the state average and has been increasing, as has the proportion of children living in crowded housing. Poor housing quality is associated with childhood asthma prevalence and asthma-related emergency room visits; child and youth asthma diagnoses and hospitalizations are significantly higher in Contra Costa County than the state benchmark.
4. *Healthcare Access and Delivery.* The community expressed strong concerns about this health need, including the affordability of care and the lack of access to specialists, 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 Contra Costa County residents have a usual source for primary care, and a larger proportion have delayed or had difficulty obtaining care, compared to the Healthy People 2020 aspirational goals³. Additionally, the ratio of Federally Qualified Health Centers to residents is significantly worse locally than the state benchmark.
5. *Education and Literacy.* The relationship of educational attainment, employment, wages, and health have been well documented; limited literacy is correlated with low educational attainment. The community discussed concerns regarding education and academic achievement. The proportion of fourth graders who are reading at or above proficiency is significantly lower than the state average. In addition, ethnic disparities are evident in the proportion of students that pass the high school exit exam and high school graduation rates.
6. *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. There are fewer grocery stores and produce vendors per capita in the region compared to the state. A greater proportion of local youth are physically inactive compared to the state average; the community cited a lack of safe public spaces and community centers where residents can

³ 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.

engage in recreational activities and exercise. In addition, the rate of diabetes hospitalization among children and youth in Contra Costa County is above the state average.

7. *Community and Family Safety.* With regard to intentional injury, the community most frequently talked about domestic violence, violent crime, and unsafe neighborhoods. Children and youth were the populations about which participants expressed the most concern; issues included online and in-person bullying, being victims of violence, and acting out trauma. Some participants also indicated that human trafficking is a growing problem in Antioch. With regard to accidents, Contra Costa County's rates of children and youth being hospitalized for both poisoning and traumatic injury (intentional and unintentional) significantly exceed state benchmarks. Furthermore, the rate of fatalities from firearms (intentional or unintentional) also surpasses the state average.
8. *Transportation and Traffic.* The community discussed transportation as a barrier to seeing the doctor and getting to work and expressed frustration with the limitations and costs of public transportation, particularly BART, which is not widely accessible in Eastern Contra Costa County. A significantly smaller proportion of residents live within half a mile of a public transit stop compared to other state residents. Commutes by car can also wear on local residents; a significantly greater proportion of the region's commuters drive alone to work more than 60 minutes in each direction.
9. *Climate/Natural Environment.* Feedback from the community about the environment primarily concerned poor air quality, which was attributed to pollution and identified as a driver of asthma. Residents indicated that local refineries were a cause of air pollution. Road network density contributes to greater traffic, which can increase air pollution, and Eastern Contra Costa County has a significantly higher density of roads than the state average.

Health Need Identification

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

1. Meets the definition of a "health need," defined as 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 ≥ 0.5 standard deviation.
 - c. If not (b), four or more indicators must show ethnic disparities of $\geq 5\%$ or a ≥ 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 Contra Costa County to prioritize the identified health needs. The following criteria were selected by the health systems in advance and considered by participants during the prioritization process.

- *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. Sutter Delta Medical Center then selected the top four health needs prioritized through this collaborative process to address in its 2019-2021 Implementation Strategy Plan.

2019 – 2021 Implementation Strategy Plan

The implementation strategy plan describes how Sutter Delta Medical Center 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 Sutter Delta Medical Center 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. Economic Security
3. Housing and Homelessness
4. Healthcare Access and Delivery

Behavioral Health

Name of program/activity/initiative	Investments in Behavioral Health
Description	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Sutter Delta Medical Center (SDMC) seeks to promote behavioral health, in part, by supporting the provision of behavioral health programs, including those focused on the effective delivery of promotion and 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 and offer opportunities to engage the broader school community, including staff and administrators, parents and caregivers, and students.⁴ Further, SDMC 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 Sutter Delta Medical Center supports.</p> <p>Sutter Delta Medical Center invests in organizations, programs, and initiatives that work to address behavioral health. The Antioch Unified School District's Mental Health and Wellness Initiative provides one example, among others, of an effort to address this health need by building the capacity of the broader school community to address behavioral health through training and systems change.</p> <p>Selected executed grants will be reported at year end.</p>
Goals	Youth and adult residents are aware of and easily able to access appropriate behavioral health resources and services through sustainable, prevention-focused interventions
Anticipated Outcomes	Increased knowledge of behavioral health resources and services, including promotion and preventive approaches Improved access to behavioral health resources and services, including promotion and preventive approaches
Metrics Used to Evaluate the program/activity/initiative	Number of persons served Number of classes/workshops provided Number connected to mental health services Number of persons case-managed

⁴ 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>

Economic Security

Name of program/activity/initiative	Investments in Economic Security
Description	<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. Sutter Delta Medical Center 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, such as food security and child care programs, for low-income youth and adult residents. Establishing long-term financial well-being requires a multi-faceted approach; Sutter Delta Medical Center 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>Sutter Delta Medical Center invests in organizations, programs, and initiatives that work to address economic security. Examples of organizations within the hospital service area that support low-income residents in working towards financial security by providing job training, placement, and wraparound services in collaboration with other nonprofits in Contra Costa County are Loaves and Fishes of Contra Costa (offers a Culinary Arts Program for individuals interested in the culinary industry and experiencing barriers to employment) and Opportunity Junction (offers a Job Training and Placement Program for low-income residents launch to administrative careers), and others.</p> <p>Selected executed grants will be reported at year end.</p>
Goals	Residents achieve financial security through increased income or other resources and/or improved financial management practices
Anticipated Outcomes	<p>Improved knowledge, skills, and experience to support financial security and/or employability</p> <p>Increased access to educational and/or stable employment opportunities</p> <p>Attainment and retention of new employment opportunities or increased stability and/or wages of existing employment</p>
Metrics Used to Evaluate the program/activity/initiative	<p>Number of persons served</p> <p>Number connected to social services</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"> Percent of participants that graduate from the program Percent of program participants that secure employment Percent of program participants that retain employment (measured within a defined time period)

Housing and Homelessness

Name of program/activity/initiative	Investments in Housing and Homelessness
Description	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Sutter Delta Medical Center (SDMC) 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 facilitating access to affordable housing, housing assistance, and employment supports for low-income residents, are also important preventive approaches.⁵ Housing and homelessness is multi-sectoral issue; Sutter Delta Medical Center 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>Sutter Delta Medical Center invests in organizations, programs, and initiatives that work to address housing and homelessness. The Contra Costa Health Services' Coordinated Outreach, Referral, and Engagement (CORE) program is one example of a program, among others, within the hospital service area that works with individuals experiencing homelessness to assess housing and service needs and facilitates a connection to shelter and support services.</p> <p>Selected executed grants will be reported at year end.</p>
Goals	Residents have access to safe, affordable, and stable housing and resources that provide the conditions necessary for health and well-being
Anticipated Outcomes	<p>Provide information and support that, when at all possible, diverts individuals from entering the homeless system of care</p> <p>Support transitions from homelessness to interim housing arrangements</p> <p>Provides linkages to health, behavioral health, benefits and other services that support housing needs</p> <p>Provide hygiene, clothing, basic needs (e.g., food, water) that promote health and wellness</p>
Metrics Used to Evaluate the program/activity/initiative	<p>Number of persons served</p> <p>Number of encounters</p> <p>Number of people connected to social services</p> <p>Number of people connected to mental health services</p> <p>Number of persons housed in shelters</p> <p>Number connected to permanent or temporary housing</p> <p>Additional metrics to be determined, based on organization/initiative supported.</p>

⁵ 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

Healthcare Access and Delivery

Name of program/activity/initiative	Investments in Healthcare Access and Delivery
Description	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Sutter Delta Medical Center (SDMC) 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.⁶ Additionally, enhancing the coordination of primary and behavioral healthcare in a clinical setting is an approach to care delivery that SDMC supports. Primary care has also been identified as an important setting in which to address the social determinants of health,⁷ and SDMC works 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>SDMC invests in organizations, programs, and initiatives that work to address healthcare access and delivery. Examples of clinics within the hospital service area that improve access to primary care and connections to wraparound resources to uninsured and underinsured patients are La Clínica and RotaCare Pittsburg Free Medical Clinic at St. Vincent de Paul, and others.</p> <p>Selected executed grants will be reported at year end.</p>
Goals	To improve community health by expanding access to healthcare for uninsured and underinsured populations
Anticipated Outcomes	<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>
Metrics Used to Evaluate the program/activity/initiative	<p>Number of persons served</p> <p>Number of encounters</p> <p>Number of patients seen by a primary care physician</p> <p>Number connected to mental health services</p> <p>Number connected to social services</p> <p>Additional metrics to be determined, based on organization/initiative supported. For example,</p> <p style="padding-left: 40px;">Number of expanded clinic hours offered</p> <p style="padding-left: 40px;">Number of primary care physician appointments made</p> <p style="padding-left: 40px;">Percent of primary care physician appointments kept</p>

⁶ 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>

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

Name of program/activity/initiative	Advanced Illness Management (AIM) Program
Description	<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>Sutter Delta 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>
Goals	Help chronically ill patients better manage their health/illness through skilled, respectful coaching and care tailored to their needs
Anticipated Outcomes	Increase coaching services and support for patients who need help in self-managing advanced chronic illness
Metrics Used to Evaluate the program/activity/initiative	<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>

Name of program/activity/initiative

Community Health Education Programs

Description

Sutter Delta Medical Center offers free classes and workshops focused on health topics such as diabetes self-management education (Living Well with Diabetes) and childbirth education (Ready, Set, Deliver) for the community, described further below.⁸

Living Well with Diabetes is a day-long course that is accredited by the American Association of Diabetes Educators and taught by a Registered Dietitian and Certified Diabetes Educator. The class focuses on topics such as supporting participants' understanding of diabetes and its risk factors, blood glucose patterns and diabetes management decisions, exercise and nutrition guidelines, preventing long-term complications, and insulin and oral medications.

Ready, Set, Deliver helps expecting parents prepare for their childbirth experience. The program addresses anatomy and physiology of pregnancy during the last trimester, signs and symptoms of labor, delivery, postpartum recovery and newborn basics. The course also provides information on relaxation techniques and pain medication options. The course is taught by a Sutter Delta Medical Center Nurse.

Goals

Provide residents with health education that supports healthy behaviors, choices, and ultimately, positive health outcomes

Anticipated Outcomes

Participants experience increased knowledge of relevant health-related topics

Participants experience an increased sense of confidence to make choices that support their health

Metrics Used to Evaluate the programs/activity/initiative

Number of persons served
Number of classes/workshops provided

⁸ More information about Sutter Delta Medical Center's community health education opportunities can be found at <https://www.sutterhealth.org/delta/classes-events>

Name of program/activity/initiative	Health Professions Education
Description	<p>Developing the health professions workforce is a critical component of healthcare access and delivery. Sutter Delta Medical Center (SDMC) offers educational experiences to youth and adult students with the goal of facilitating pathways to the health professions. The Professional Services department partners with community colleges, universities, and other training programs to provide internships, residencies, and clinical rotations to health professions students, in alignment with their coursework, degree and/or certification requirements. Educational opportunities are offered in departments including clinical social work, central processing, emergency medical services, healthcare administration, nursing, nutrition, occupational therapy, pharmacy, radiology, and surgery.</p> <p>SDMC also offers an Educational Day, providing high school students with opportunities to learn about careers in the health professions, including cardiac catheterization, case management, clinical social work, nursing, pharmacy, physical therapy, and surgery.</p>
Goals	The next generation of health professionals will be prepared to meet the healthcare needs of Eastern Contra Costa County through their training in providing compassionate and excellent care
Anticipated Outcomes	<p>Students successfully complete their training at Sutter Delta Medical Center</p> <p>An increased number of health care professionals are trained at Sutter Delta Medical Center</p> <p>An increased number of high school students are trained at Sutter Delta Medical Center</p>
Metrics Used to Evaluate the program/activity/initiative	<p>Number of persons served</p> <p>Number of high school students served</p> <p>Number of health professions students served</p> <p>Number of health professions student successfully completing their training hours</p> <p>Number of participating health professions programs</p> <p>Number of participating high schools</p> <p>Number of health professions students trained and hired after graduating by SDMC</p>

Needs Sutter Delta Medical Center Plans Not to Address

No hospital can address all of the health needs present in its community. Sutter Delta Medical Center 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
- Community and Family Safety
- Transportation and Traffic
- Climate/Natural Environment

Sutter Delta Medical Center will focus on the top four health needs that were identified and prioritized through the 2019 Community Health Needs Assessment. The decision to not directly address the remaining five 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

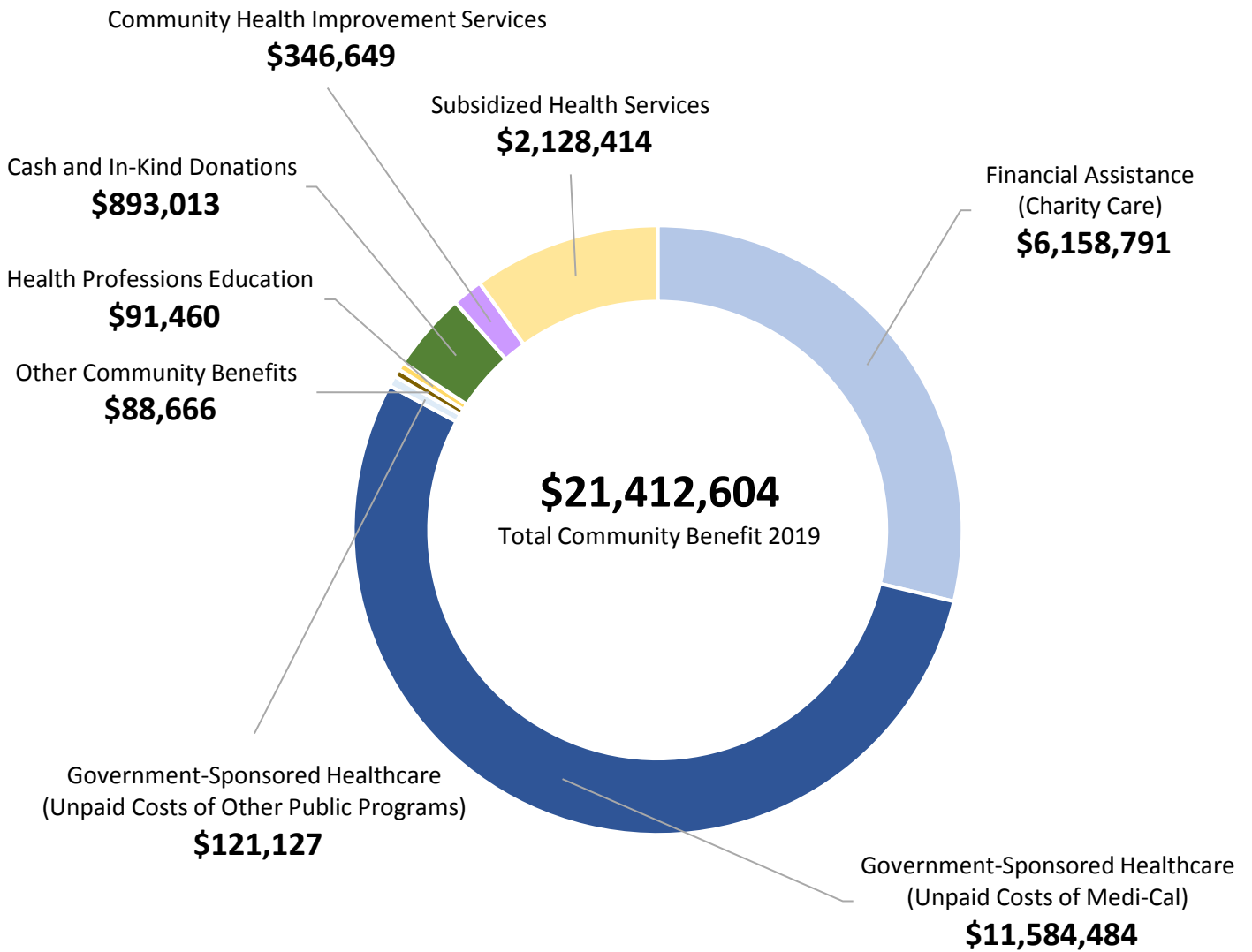
The Community Health Needs Assessment and Implementation Strategy Plan was approved by the Sutter Health Bay Hospitals Board on November 20, 2019.

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.

Sutter Delta Medical Center 2019 Total Community Benefit & Unpaid Costs of Medicare



2019 unpaid costs of Medicare were \$21,103,418