Sutter Health

Sutter Health
Stanislaus Surgical Hospital

2019 Implementation Strategy
Responding to the 2018 Community Health Needs Assessment

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Introduction

The implementation strategy describes how Stanislaus Surgical Hospital, a Sutter Health affiliate, plans to address significant health needs identified in the 2018 Community Health Needs Assessment (CHNA). The document describes how the hospital plans to address identified needs in calendar (tax) year 2019.

The 2018 CHNA and the 2019 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.

Stanislaus Surgical Hospital welcomes comments from the public on the 2018 Community Health Needs Assessment and 2019 implementation strategy. Written comments can be submitted:

- By emailing the Sutter Health System Office Community Benefit department at SHCB@sutterhealth.org;
- Through the mail using the address at 2700 Gateway Oaks Drive, Suite 2200, Sacramento, CA 95833, Attention: Brooke Galas.
- In-person at the hospital's Information Desk.

About Sutter Health

Stanislaus Surgical Hospital 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 committed $3.7 billion to care for patients who couldn't afford to pay, and to support programs that improve community health. Our 2018 commitment of $734 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 2018, Sutter Health invested more than $435 million to care for Medi-Cal patients. Medi-Cal accounted for 26 percent of Sutter Health's gross patient service revenues in 2018. 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 2018, Sutter Health's investment in charity care was more than $89 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 care. 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 Stanislaus Surgical Hospital, visit www.sutterhealth.org.

2018 Community Health Needs Assessment Summary

The Community Health Needs Assessment of Stanislaus County was conducted by Community Health Insights (CHI), an independent contractor, on the behalf of Stanislaus Surgical Hospital (SSH). Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Northern California. Collectively, the managing partners of Community Health Insights have conducted multiple CHNAs over the previous decade.

The majority of the CHNA was conducted over a period of 10 months, beginning in January 2018. Primary data collected during a previous CHNA for Memorial Medical Center were included in the SSH CHNA, and these data were collected in August and September of 2015. The prioritization was based on analysis of the secondary and primary data. The full 2018 Community Health Needs Assessment conducted by Stanislaus Surgical Hospital is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

Stanislaus Surgical Hospital is located in Modesto, California, and its service area includes the cities of Ceres, Hughson, Modesto, Newman, Oakdale, Patterson, Riverbank, Turlock and Waterford. The service area includes all of Stanislaus County, making Stanislaus County data a good proxy for data for the SSH area. The demographics include a total population of 518,321 citizens, with 76.51% white (including Hispanic), 2.82% black, 5.28% Asian, and of that population, 42.5% Latino. The population density is much higher in Stanislaus County thank California as a whole. 44.19% live in Poverty, 28.32% children are living in poverty, 10.4% are unemployed, 17.84% are uninsured and 23/59% have not graduated from High School.

Significant Health Needs Identified in the 2018 CHNA

The following significant health needs were identified in the 2018 CHNA:

1. Safe and Violence-Free Environment – The highest priority significant health need for the SSH service area was safe and violence-free environments. Feeling safe in one's home and community are fundamental to overall health. Next to having basic needs met (food, shelter, clothing) is physical safety. Feeling unsafe affects the way people act and react to everyday life occurrences.

2. Access to Mental/Behavioral/Substance Abuse Services – The second highest priority significant health need for the SSH service area was access to mental, behavioral, and substance abuse services. Individual health and well-being are inseparable from individual mental and emotional outlook. Coping with daily life stressors is challenging for many people, especially when other social, familial, and economic challenges also occur. Adequate access to mental, behavioral, and substance abuse services helps community members to obtain additional support when needed.

3. Active Living/Health Eating – The third highest priority significant health need for the SSH service area was access to affordable, healthy foods and opportunities to be active. Physical activity and eating a healthy diet are extremely important for one's overall health and well-being. Frequent physical activity is vital for prevention of disease and maintenance of a strong and healthy heart and mind. When access to healthy foods is challenging for community residents, many turn to unhealthy foods that are convenient,

affordable, and readily available. Communities experiencing social vulnerability and poor health outcomes often are overloaded with fast food and other establishments where unhealthy

y food is sold.

4. Access to Quality Primary Care Health Services – The fourth highest priority significant health need for the SSH service area was access to quality primary care health services. Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and similar. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.

5. Access to Basic Needs, such as Housing and Employment – The fifth highest priority significant health need for the SSH service area was access to basic needs such as housing and jobs. Access to affordable and clean housing, stable employment, quality education, and adequate food for health maintenance are vital for survival. Maslow's Hierarchy of Needs2 says that only when members of a society have their basic physiological and safety needs met can they then become engaged members of society and self-actualize or live to their fullest potential, including their health.

6. Injury and Disease Prevention Management – The sixth highest priority significant health need for the SSH service area was prevention of injury and disease, and the management of chronic diseases. Knowledge is important for individual health and well-being, and efforts aimed at prevention are powerful vehicles to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focused on reducing cases of injury, infectious disease control (e.g. STI prevention, influenza shots), and intensive strategies around the management of chronic diseases (e.g. diabetes, hypertension, obesity, and heart disease). These are important for community health improvement.

7. Access to Functional Needs – **Transportation and Disability that Prevent Access through Movement –** The seventh priority significant health need for the SSH service area was access to functional needs, which includes transportation and disability. Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to attain their basic needs, including those that promote and support a healthy life. Examining the number of people that have a disability is also an important indicator for community health in an effort to assure that all community members have access to necessities for a high quality of life.

8. Access to Specialty Care – The eighth highest priority significant health need was access to specialty care. Specialty care services are those devoted to a particular branch of medicine and focus on the treatment of a particular disease. Primary and specialty care go hand-in-hand, and without access to specialists such as endocrinologists, cardiologists, and gastroenterologists community residents are often left to manage chronic diseases such as diabetes and high blood pressure on their own.

Sutter Health Stanislaus Surgical Hospital defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data. The following criteria were used to identify the community health needs for the SSH service area:

- The health need fits the SSH definition of a "health need" as described above.
- The health need was confirmed by multiple data sources.
- Indicators related to the health need performed poorly against a defined benchmark.

- The community prioritized the health need. A health need was prioritized based on the frequency with which stakeholders and focus groups mentioned the need. It was only included if at least three stakeholders and focus groups identified it as a need.

Process and criteria used for prioritization of the health needs

- A prioritization matrix was developed with rows for each health need and columns listing health need scores for secondary data, primary data, and ethnic/racial disparities (based on secondary data).
- A scoring rubric was applied to each data type to calculate a numerical score for the data type.
- A multi-voting method was used to prioritize the nine identified health needs as high, medium or low priorities. In addition to the prioritization matrix, participants (SSH leadership) were asked to consider the following criteria when prioritizing health needs: severity of the issue, opportunity to intervene at the prevention level, existing resources dedicated to the issue, effective and feasible interventions exist.

2019 Implementation Strategy

The implementation strategy describes how Sutter Health Stanislaus Surgical Hospital 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 needs identified in the 2018 CHNA.
- The Implementation Strategy serves as a foundation for further alignment and connection of other Sutter Health SSH initiatives that may not be described herein, but which together advance SSH's commitment to improving the health of the hospital and other organizations in the community to address the significant communities it serves. Each year, SSH programs are evaluated for effectiveness, the need for continuation, discontinuation, or the need for enhancement. Depending on these variables, programs may change to continue SSH's focus on the prioritized significant health needs listed below.

1. Safe and Violence-Free Environment

2. Access to Mental/Behavioral/Substance Abuse Services

3. Active Living/Health Eating

4. Access to Quality Primary Care Health Services

5. Access to Basic Needs, such as Housing and Employment

Priority Health Need #1 - Safe and Violence-Free Environment

Name of program/activity/initiative	Haven Women's Center Turlock Office
Description	Haven is a catalyst for individual empowerment and societal change: advocating for those impacted by domestic and sexual abuse or exploitation and working to end gender-based violence. Haven serves survivors of domestic and sexual abuse in Stanislaus County

	regardless of gender, gender identity, immigration status, or sexual orientation, and has been providing those services since 1977. Sutter is committing $60,000 to this program in 2019.
Goals	Haven has established a satellite office within the Turlock community. Through this location, they are able to provide services to the Turlock and surrounding communities that are unable to travel to the Main Haven office located in Modesto. Additionally, the Turlock office offers the ability to expand services reaching distant regions of Stanislaus County.
Anticipated Outcomes	1) 225 clients from Turlock and surrounding underserved communities to will utilize domestic violence and sexual assault services at the Turlock office. 2) 90% of clients that seek services will report that they have new skills to promote their safety in the future. 3) Food and clothing will be provided to 100 clients in need.
Plan to Evaluate	Surveys and internal data collection and reports.
Metrics Used to Evaluate the program/activity/initiative	We will be able to track the number of clients served at the Turlock location, as well as demographic information about the clients including age, gender, ethnicity, etc. We will also be able to track the number of services provided to clients and the number of clients that created a safety plan.

Name of program/activity/initiative	PHAST – Promoting Health and Slamming Tobacco
Description	PHAST promotes anti-smoking behavior by mobilizing teens to decrease tobacco use through peer-focused activities in High schools and Middle schools throughout the county. PHAST is a program under auspices of the Stanislaus County Office of Education. Health Services Agency is a partner as is the Tobacco prevention program and the Heart Coalition of Stanislaus County. Sutter is committing $15,000 to this program in 2019.
Goals	A large coalition of teens are trained to communicate with students the dangers and negative outcomes of smoking or tobacco use. The major objective of program is to join teens together to believe that Not Smoking is cool. Numbers of PHAST students grows with number of non-tobacco use.
Anticipated Outcomes	An overall county wide reduction in use of tobacco products among teens.
Plan to Evaluate	A California State survey comparing county statistics over a two year period benchmarks strides in changing behaviors in this youth population.
Metrics Used to Evaluate the program/activity/initiative	The number of high schools and middle schools and the number of students impacted by the program will be included in the metrics.

Priority Health Need #2 - Access to Mental/Behavioral/Substance Abuse Services

Name of program/activity/initiative	Valley 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	Modesto Gospel Mission, Homeless Mental Health and Addiction program, and Day Center
Description	The Day Center provides outpatient services for those who are homeless, without or in need of insurance, and/or suffering with mental health or addiction problems, obtain support and services needed for help in recovery and physical health needs. Sutter is committing $100,000 to this program in 2019.
Goals	To expand services for those with addiction and mental health issues, as well as co-occurring disorders. To be a part of the community effort to help those who for whatever reason have not been able to receive help. To help those who are on the streets and homeless to get their physical and mental health needs and find housing and care to get them off the streets.
Anticipated Outcomes	Serve 40 individuals with addiction and co-occurring disorders navigate the mental health system and to provide transportation and help getting to appointments. Also provide referrals to health care, support services, specialty care, housing, shelter, case-management, basic needs obtained, families served, health insurance, income assistance, support services, outreach in the neighborhood, etc.
Plan to Evaluate	Modesto Gospel Mission uses their existing client tracking program as part of their case-management, as well as an observation checklist, referrals and qualitative interviews.
Metrics Used to Evaluate the program/activity/initiative	Number of individuals served, number of referrals made, and number of appointments scheduled.

Priority Health Need #3 - Active Living/Health Eating

Name of program/activity/initiative	Second Harvest Food Bank Mobile Fresh for Kids Program
Description	Mobile Fresh Kids provides low-income, at risk children, a supplemental resource of fresh fruits and vegetables and assorted product coupled with nutrition information to increase access, consumption, and nutrition knowledge. Sutter is committing $50,000 to this program in 2019.

Goals	The goal of this project is to increase consumption of fresh fruits and vegetables.
Anticipated Outcomes	During a six month period, Mobile Fresh is expected to provide 500 kids with 90,000 pounds of fresh produce and assorted items with 9,000 nutrition handouts.
Plan to Evaluate	Pre and post-surveys will be used to track results.
Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including distribution pounds, number of children served, number of bags and nutrition handouts provided.

Name of program/activity/initiative	Stanislaus County Office of Education Soccer for Success Program
Description	The Stanislaus County Office of Education (SCOE), Region 6 Expanded Learning Programs Office (R6ELP) together with the U.S. Soccer Foundation will partner with 6 school districts/County Consortium throughout the region to implement the Soccer for Success program. Sutter is committing $20,000 to this program in 2019.
Goals	The participating programs are the Modesto City School District, Stanislaus Union School District, Linden School District, Boys and Girls Club of Tracy, and Give Every Child a Chance in Manteca.
Anticipated Outcomes	Up to 800 students from Stanislaus and San Joaquin Counties will participate in the Soccer for Success program from the US Soccer Foundation being implemented at 20 after school programs in the Region. 80% of Soccer for Success participants categorized as overweight/obese will improve or maintain their aerobic capacity. 80% of Soccer for Success participants categorized as overweight/obese will improve or maintain their BMI percentile.
Plan to Evaluate	Through a partnership with each of the participating school district's administrators, SCOE provides in-person and webinar trainings on data collection, data collections tools, and how to administer the data collection with the participating students. Participating school districts collect information on the number of participants at each of the participating sites, as well as pre- and post- testing on weight, height, and age of the participants and the Fitnessgram PACER test score done at the beginning of the Soccer for Success season and again during the last week of the season.
Metrics Used to Evaluate the program/activity/initiative	Collect and analyze all final student level data for Body Mass Index (BMI) and the Fitnessgram PACER test scores.

Name of program/activity/initiative	Jr. Chef at the Market Program, East Stanislaus Resource Conservation District
Description	Junior Chef at the Market provides educational cooking classes to the adolescent age group to increase the level of knowledge of fresh and local foods they can easily prepare. Students can participate either of two programs offered: a monthly cooking class or a five week class that includes a cooking competition. Each class provides nutrition education, hands-on cooking skills, and knowledge of fresh and local ingredients and how to prepare them. The Jr Chef program provides all of the cooking equipment needed, including the setup in two mobile popup tents, all ingredients, recipes and nutrition education literature. Sutter is committing $10,000 to this program in 2019.
Goals	The goal of this project is to reach the adolescent age group from low income households in five food deserts through cooking classes that

	will increase knowledge as well as increase consumption of fresh fruits and vegetables through awareness.
Anticipated Outcomes	1) Monthly Series: Five monthly cooking classes to introduce recipes using fresh and local produce a) Reach 40 students each month with 10-15 new participants monthly b) Introduce 4-5 fruits and vegetables each month that are new to the participants c) A 25% change in knowledge and intention to use fresh fruits and vegetables in meals 2) Weekly Series: Five week cooking class with Jr Chef Competition to demonstrate knowledge and skills learned in weekly cooking classes. a) Reach 40 students for full series of classes b) Introduce new cooking skills each week that participants can do at home c) A 50% change in knowledge and intention to use skills at home d) Demonstration of skills and recipe knowledge in Jr Chef Competition and Luncheon.
Plan to Evaluate	Through pre- and post-surveys, we would be able to track the increased knowledge of preparation of fresh fruits and vegetables and the students' increased healthy eating choices. We would also be able to track student's intentions to use skills at home and student testimonials through interviews will let us know how many recipes they recreated at home.
Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including but not limited to number of children/families served, anecdotal

Priority Health Need #4 - Access to Quality Primary Care Health Services

Name of program/activity/initiative	Golden Valley Heath Centers Street Medicine
Description	Golden Valley Health Center's Street Medicine Team is providing acute medical services and access to education through referrals to people who are homeless. A Licensed Vocational Nurse (LVN) and a Community Health Worker (CHW) are connecting with the homeless population by bringing medical services to them with the use of a Medical Van equipped with medical supplies to perform basic medical services such as wound care, blood pressure checks, and glucose checks. Sutter is committing $157,776 to this program in 2019.
Goals	Provide outreach, triage, mobile medicine, transportation, and referrals to GVHC and community partners.
Anticipated Outcomes	The yearly goal is to provide direct medical services and/or access to a medical provider for at least 1,200 people within the grant period.
Plan to Evaluate	Observation checklist, referrals, and internal data collection.
Metrics Used to Evaluate the program/activity/initiative	GVHC is tracking the amount of people they encounter, demographics, number of people served, and services they receive.

Name of program/activity/initiative	Valley Consortium for Medical Education (VCME)
Description	The Valley Consortium for Medical Education provides residency programs for family care providers in partnership with Health Services Agency, a Federally Qualified Medical Center, MMC and other acute care facilities. The VCME trains physicians in the primary care arena, expands the number of physicians able to see underinsured patients, increases the number of family practice practitioners in our community and provides inpatient and outpatient care to MIA, Medi-

	Cal and Covered California insured members. Sutter is committing $186,504 to this program in 2019.
Goals	VCME will train Family Practice MDs. Trained residents to continue practicing in our Community. These residents will provide primary care to low income, underinsured patients in our community each year.
Anticipated Outcomes	58 Family Practice physicians will be trained over 5 year period. 50% will remain in this community. 23,000 outpatients will be seen at FQHC H.S.A.
Plan to Evaluate	Physician tracking will be completed by program staff to determine where their practice will occur post-graduation. Number of inpatient visits and outpatient visits seen by residents will be recorded by H.S.A.
Metrics Used to Evaluate the program/activity/initiative	Number of people served, number connected to Primary Care physician and number of inpatient and outpatient visits by residents will be calculated.

Priority Health Need #5 – Access to Basic Needs, such as Housing and Employment

Name of program/activity/initiative	United Way Stanislaus County Housing Assessment Team (HAT)
Description	The Outreach and Engagement Center (OEC) launched in the Fall of 2017 and has since then served as a physical entry point and service hub for the county's homelessness services, providing access and referrals to a wide-range of services in one centralized location. HAT (Housing Assessment Team) uses a holistic, strengths-based approach while assessing clients for services and housing needs in coordination with other agencies and services offered at the OEC. Sutter is committing $300,000 to this program in 2019.
Goals	HAT will serve as the front-line staff at the Outreach & Engagement Center to ensure that homeless, chronically homeless and at risk of homelessness members of the community have access to safe, affordable housing and other needed resources.
Anticipated Outcomes	HAT will identify and serve an additional 300 individuals at the OEC, totaling to at least 967 individuals by end of fiscal year. HAT is expected to provide information to 100% of these individuals and offer them a Housing and Needs Assessment.
Plan to Evaluate	Surveys, referrals, internal data collection, qualitative interviews.
Metrics Used to Evaluate the program/activity/initiative	The HAT utilizes intake forms, and records each visit into the center by sign-ins. Follow Up calls are completed after each intake.

Sutter Surgical Hospital (SSH) 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 2018 Community Health Needs Assessment:

1. Injury and Disease Prevention Management – This is an identified Low Priority Health Need that SSH is not addressing. The rationale for this is: There are resources available through our sister affiliate, Sutter Gould Medical Center and Sutter Tracy Community Hospital. They offer diabetes management through Community Medical Centers.

2. Access to Functional Needs – Transportation and Disability that Prevent Access through Movement – This is also identified as a Low Priority Health Need that SSH is not addressing. Many health plans offer transportation through their Medi-Cal plans and we will partner with them

to provide this as needed. In addition, our hospital provides taxi vouchers and other transportation options on a case by case basis.

3. Access to Specialty Care – Also identified as a Low Priority Health Need that SSH is not addressing. Our focus is on establishing patients with primary care and mental health care as those were both identified as higher priority areas.

The implementation strategy was approved by the Sutter Surgical Hospital Governing Board on May 14, 2019.