Sutter Health

Sutter Surgical Hospital – North Valley

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

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Introduction

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

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

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

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

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

About Sutter Health

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

The hospital's mission is to enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in health care services.

Over the past five years, Sutter Health has committed nearly $4 billion to care for patients who couldn't afford to pay, and to support programs that improve community health. Our 2015 commitment of $957 million includes unreimbursed costs of providing care to Medi-Cal patients, traditional charity care and investments in health education and public benefit programs. For example:

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

health centers, food banks, youth education, job training programs and services that provide counseling to domestic violence victims.

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

For more facts and information about Sutter Surgical Hospital – North Valley, visit www.sutterhealth.org.

2016 Community Health Needs Assessment Summary

Both state and federal law require that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years to identify and prioritize the significant health needs of the communities they serve. The results of the CHNA guide the development of implementation plans aimed at addressing identified health needs.

Federal regulations define a health need accordingly: "…health needs include requisites for the improvement or maintenance of health status in both the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities)" (p. 78963).

This report documents the processes, methods, and findings of a CHNA conducted on behalf of Rideout Regional Medical Center (RRMC) and Sutter Surgical Hospital – North Valley (SSHNV), two hospitals serving portions of both Sutter and Yuba counties in northern California. RRMC and SSHNV share the same service area and jointly conducted the assessment. RRMC is located in Marysville, California and is a part of the Rideout Health System. SSHNV is located in Yuba City, California, and is owned in partnership with physician owners and Sutter Medical Foundation. The CHNA was conducted over a period of ten months, beginning in July 2015, and concluded in May 2016. Specifically, the objective of the 2016 CHNA was to build on the 2013 CHNA, identify and prioritize the requisites, (or basic provisions and conditions needed), for the improvement and/or maintenance of health status within a defined hospital service area (HSA), and in particular within neighborhoods and/or populations in the service area experiencing health disparities (the "Communities of Concern.")

The full 2016 Community Health Needs Assessment conducted by Sutter Surgical Hospital – North Valley is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

Marysville is located in Yuba County and Yuba City is located in Sutter County. Separated by the Feather River, the cities are located adjacent to one another and are part of the Yuba City Metropolitan Statistical Area as designated by the US Office of Management and Budget. The community served by both RRMC and SSHNV, or the hospital service area (HSA), was defined by five ZIP codes noted in the table below. This area was identified as the HSA as the majority of both RRMC and SSHNV patients resided in these ZIP codes. The HSA was home to over 146,000 community residents, and was rich in diversity along a number of dimensions.

Data were analyzed to identify Communities of Concern within the HSA. These are defined geographic areas and populations within the HSA that have the greatest concentration of poor health outcomes and are home to more medically underserved, low income, and diverse populations at greater risk for poorer health. Communities of Concern were important to the overall CHNA methodology because, after assessing the HSA more broadly, they allowed for a focus on those portions of the HSA likely experiencing the greatest health disparities.

Analysis of both primary and secondary data revealed four communities that met the criteria for classification as a Community of Concern. These communities are Linda, Live Oak, Olive Hurst and Yuba City.

The HSA was home to over 146,000 residents. Median age varied from a low of 29.9 years for ZIP code 95961 to a high of 38.8 for ZIP code 95993. Median income ranged from $40,260 for ZIP code 95901, to $64,011 for 95993. Further, the percent minority population ranged from 44.3% for ZIP code 95901, to 62.6% for ZIP code 95953. The SSHNV HSA covered a rural community. Unlike urban communities, the geographic area included in the HSA had a relatively low population density. HSA residents lived in concentrated areas within the ZIP codes that comprised the HSA. Figure 2 (in the full report) displays a population density map (or people per square mile) that demonstrates the distribution of populations across the HSA, and within each ZIP code.

The concentration of populations resided in a cluster within the cities of Linda, Marysville, Olivehurst, and Yuba City. Live Oak, situated due north of Yuba City, sits in relative isolation compared to the Yuba City Metropolitan Statistical Area. Much of the geographic area within the ZIP code definitions of the HSA is farmland, and not inhabited by community residents. This fact becomes important when ZIP code level data are discussed later in the report. The HSA was rich in racial and ethnic diversity as well. Further examination of racial and ethnic diversity in the HSA is examined in Figure 3 in the full report.

Significant Health Needs Identified in the 2016 CHNA

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

1. Access to Quality Primary Care Health Services and Prescription Drugs
2. Access to Affordable, Healthy Food
3. Access to Mental, Behavioral, and Substance Abuse Services
4. Access to Specialty Care
5. Access to Health Education and Health Literacy
6. Access to Transportation and Mobility
7. Collaboration and Coordination among Community Services and Programs

Primary and secondary data were also analyzed to identify and prioritize the significant health needs within the Communities of Concern. This included identifying 10 potential health needs (PHNs) that could be identified in these communities. These potential health needs were those identified in the previously conducted CHNAs (conducted in 2013). Data were analyzed to discover which, if any, of the PHNs were present in the Communities of Concern. In all, six of the 10 PHNs were identified as significant health needs. After these were identified, they were prioritized based on an analysis of primary data sources that discussed or referenced the potential health need as a significant health need. These are displayed in the figure below. The length of the bar denotes prioritization. In the figure, the blue portion of the bar notes how many primary data sources referenced the PHN as a current, significant health need. This was combined with the average number of times that each potential health need was referenced among all primary data sources, and is shown in the red portion of the bar. Further, based on the analysis of primary data only, a seventh health need was identified and added to the final list of prioritized health needs.

2016 – 2018 Implementation Strategy

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

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impacts of these actions and a plan to evaluate impact; and

- Any planned collaboration between the hospital and other organizations in the community to address the significant health needs identified in the 2016 CHNA.

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

The prioritized significant health needs the hospital will address are:

1. Access to Quality Primary Care Health Services and Prescription Drugs
2. Access to Health Education and Health Literacy
3. Access to Mental, Behavioral, and Substance Abuse Services

ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES AND PRESCRIPTION DRUGS

Name of program/activity/initiative	Pink October and Women's Health Screening
Description	Throughout the entire month of October, and in honor of Breast Cancer Awareness month, SMFN partners with community organizations like the Geweke Foundation and other community partners to offer low cost mammograms. This effort served as a best practices model, and gave way to a legacy Valley Area-wide free mammography event, which takes place every Saturday throughout October, across the legacy SHSSR region. The Women's Health Screening day (WHS) remains a key initiative for SSHNV and a cornerstone event for the entire Yuba/Sutter community. Our goal is not only to screen the un and underinsured women, but we also use these events as a connection point for the un and underinsured members of our community, to link them with a primary care provider and follow up resources if needed, as well as insurance enrollment information. When possible, we integrate insurance enrollment specialists from Covered California to provide insurance education, outreach and enrollment to the women who need it most.
Goals	The goal of the screening events are to provide low cost mammograms and health screens for women who otherwise wouldn't have access to one, due to no insurance or a high, unaffordable deductible.
Anticipated Outcomes	The anticipated outcome of the screenings is to provide low cost mammograms and screenings for hundreds of underinsured women and ensure they have supportive resources and connection to care if results come back abnormal.
Plan to Evaluate	SSHNV will continue to evaluate the impact of Pink October and the Women's Health Screening on an annual basis, by tracking the number of women served and additional services provided, like linkages to primary care and insurance. We will also reexamine this program to ensure it evolves with the needs of the community.

Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including (but not limited to) number of women served, number of resources provided, anecdotal stories and other successful linkages.

Name of program/activity/initiative	Prostate Screening
Description	The annual Prostate Screening Event takes place in September, in honor of Prostate Awareness Month. This event targets underinsured men, and provides a physical exam and a blood test called PSA (Prostate Specific Antigen) for $15.
Goals	The goal of the prostate screening event is to provide low cost prostate exams for men who otherwise wouldn't have access to one, due to no insurance or a high, unaffordable deductible.
Anticipated Outcomes	The anticipated outcome of the screenings is to provide low cost prostate exams for underinsured men and ensure they have supportive resources and connection to care if results come back abnormal.
Plan to Evaluate	SSHNV will continue to evaluate the impact of the prostate screening event on an annual basis, by tracking the number of men served and additional services provided, like linkages to primary care and insurance. We will also reexamine this program to ensure it evolves with the needs of the community.
Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including (but not limited to) number of men served, anecdotal stories and other successful linkages.

Name of program/activity/initiative	Tats Off
Description	Tats Off is a local low-cost program, aimed to help inmates, parolees and people on probation better their chances of staying on the straight and narrow by removing tattoos. Tats Off also will treat people without a criminal record, though the program's main focus is on those with gang-related markings. This program helps people leave gang and criminal activity behind, and gives them a better chance of gaining employment and moving forward in their lives.
Goals	The goal of this program is to provide a better future for many in our community who've experienced a life of crime and poverty. A program of this nature provides support for people attempting to turn their lives around and gives patients a shot at obtaining work and better economic opportunities, and in turn, stopping the cycle of poverty and improving the life of the patient and their family.
Anticipated Outcomes	The anticipated outcome is more than 200 patients having tattoos removed each year.
Plan to Evaluate	We evaluate this program on a bi-annual basis by looking at the number of patients served by this program.
Metrics Used to Evaluate the program/activity/initiative	We track the number of patients served/tattoos removed each year.

ACCESS TO HEALTH EDUCATION AND HEALTH LITERACY

Name of program/activity/initiative	Fit Quest/Shady Creek Education Foundation
Description	FitQuest Program is a comprehensive children's wellness program focusing on nutrition, fitness, and mental wellness. The on-site school program, geared toward 5th and 6th grade students, teaches students easy ways to incorporate healthy choices into daily living. The curriculum is designed to improve overall health in a fun and meaningful way. The Fit Quest Program is incredibly impactful, reaching nearly 40 schools in Yuba and Sutter County, providing school assemblies and an expanded curriculum focus on nutrition, physical activity and mental wellness at Shady Creek Outdoor School. The expanded curriculum and role modeling of and interactions with the Naturalists in choosing to drink water, and staying active have impacted the nearly 5,000 students who have attended from other counties in our service area. Specialists have been engaged throughout the process attending assemblies and providing guidance and suggestions at planning meetings for continued enhancements in the Fit Quest Program.
Goals	The goal of FitQuest is to teach children and their families healthy lessons about fitness, physical activity and the importance of nutritious eating.
Anticipated Outcomes	The anticipated outcome of this program is continued success in teaching children and their families beneficial lessons that will last a lifetime, creating overall healthier people.
Plan to Evaluate	SSHNV will continue to evaluate the impact of the FitQuest program on a quarterly basis, by tracking the number of children/families reached, types of activities/lessons taught and other indicators.
Metrics Used to Evaluate the program/activity/initiative	We will look at metrics including (but not limited to) number of children/families served, active schools, anecdotal stories and other successful program impacts.

Name of program/activity/initiative	Physical Education Specialist
Description	SSHNV provides funding to supplement the salary for a Physical Education Specialist that services the Yuba City Unified School District, grades K-8. Without this grant, there would only be one PE specialist, which is not enough to support the PE programs in the local schools, which would further contribute to childhood obesity, lack of exercise and establishing a pattern of unhealthy habits for the youth in the SSHNV HSA. SSHNV has partnered with Yuba City Unified School District to enhance the physical education programs for students K-5, reaching hundreds of kids each year, ranging in age from Kindergarten to Middle School. The partnership includes dedicated teaching staff for physical education and family education programs to assist parents and guardians in making healthy choices for their families. SSHNV also provides physicals for the football players at Marysville High School.

Goals	The goal of this program is to ensure that the children in the Yuba City Unified School District have access to physical education during their school day.
Anticipated Outcomes	The outcome of this funding is hundreds of students throughout the YCUSD having access to physical activity and education, in turn, getting them active and teaching them how to stay healthy.
Plan to Evaluate	SSHNV will continue to evaluate the impact of the FitQuest program on a bi-annual basis, by tracking the number of children/families reached, types of activities/lessons taught and other indicators.
Metrics Used to Evaluate the program/activity/initiative	The Yuba City Unified School District reports impact to SSHNV each year, including grades and number of students reached.

ACCESS TO MENTAL, BEHAVIORAL, AND SUBSTANCE ABUSE SERVICES

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

Needs Sutter Surgical Hospital – North Valley Plans Not to Address

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

1. Access to Affordable, Healthy Food: While this is an important issue, SSHNV can be more effective focusing its resources in other areas; however, through our community sponsorship program, are able to provide support for organizations who focus work in this area.

2. Access to Specialty Care: While this is an important issue, SSHNV is currently focusing its resources in other areas; however, we'll continue to look for opportunities to increases access to specialty care.

3. Access to Transportation and Mobility: While this is an important issue, SSHNV is currently focusing its resources in other areas; however, we'll continue to look for opportunities to increases access to transportation.

4. Collaboration and Coordination among Community Services and Program: Increased collaboration is something we always hope to achieve, in all Sutter Health service areas. While we don't have any coordinated efforts we can highlight in this report, this is an area will plan to explore.

Approval by Governing Board

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