This document serves as an annual update to the 2016 - 2018 Community Benefit Plan for Novato Community Hospital. The update describes impact from community benefit programs/initiatives/activities conducted in the reporting year, along with the economic values of community benefits for fiscal year 2018.
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Note: This community benefit plan is based on the hospital's implementation strategy, which is written in accordance with Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. This document format has been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California SB 697.
Introduction

The implementation strategy describes how Novato Community Hospital, 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.

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

- By emailing the Sutter Health System Office Community Benefit department at SHCB@sutterhealth.org;
- Through the mail using the hospital’s address at 180 Rowland Way, Novato CA 94945 and Andrea Garfia
- In-person at the hospital’s Information Desk.

About Sutter Health

Novato Community 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 where we serve through a not-for-profit commitment to compassion and excellence in healthcare services.

At Sutter Health, we believe there should be no barriers to receiving top-quality medical care. We strive to provide access to excellent healthcare services for Northern Californians, regardless of ability to pay. As part of our not-for-profit mission, Sutter Health invests millions of dollars back into the communities we serve – and beyond. Through these investments and community partnerships, we’re providing and preserving vital programs and services, thereby improving the health and well-being of the communities we serve.

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 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 $435 million more than the state paid to care for Medi-Cal patients. Medi-Cal accounted for nearly 19 percent of Sutter Health’s gross patient service revenues in 2018.
- Throughout our healthcare 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 visit www.sutterhealth.org.

2016 Community Health Needs Assessment Summary
The 2016 Marin County CHNA was conducted by a subcommittee of Healthy Marin Partnership, a collaborative of Marin’s three hospitals -- Marin General Hospital, Novato Community Hospital and Kaiser Permanente San Rafael -- and Marin County Health & Human Services. The committee hired third-party consultants Harder and Company to manage the project and conduct the research. The project data collection, needs identification and prioritization was conducted from July through December 2015. Data collection included an extensive review of federal, state, and local secondary research, and primary research including stakeholder interviews, surveys and focus groups.

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

Definition of the Community Served by the Hospital
Novato Community Hospital service area comprises Marin County unincorporated areas and cities including Belvedere, Corte Madera, Fairfax, Larkspur, Mill Valley, Novato, Ross, San Anselmo, San Rafael, Sausalito, and Tiburon, and the coastal towns of Stinson Beach, Bolinas, Point Reyes, Inverness, Marshall, and Tomales.

Significant Health Needs Identified in the 2016 CHNA
The following significant health needs were identified in the 2016 CHNA:

1. **Obesity and Diabetes:** Rates of obesity and diabetes are lower in Marin County compared to California as a whole, however this need emerged as the top priority for stakeholders. There is a high prevalence of overweight or obese adults and youth and data indicate residents have a higher risk of heart disease compared to California residents on average. Older adults are disproportionately impacted by this issue.

2. **Education:** While some education outcomes are higher for Marin County than California, disparities among English Language Learners, African American, and Latino students, indicate that education is a high concern in the county. English Language Learners are less likely to pass the high school exit exam in Math and English Language Arts compared to their peers compared to English Language Learners on average in California.

3. **Economic and Housing Insecurity:** Marin County’s high cost of living exacerbates issues related to economic security and affordable housing. More than half of renters pay 30% or more of their income on rent, and in some neighborhoods, residents fear displacement due to rising housing costs and gentrification. Additionally, 1,309 individuals are homeless, 835 of which are unsheltered.

4. **Access to Health Care:** With the implementation of the ACA, many adults in Marin County are able to obtain insurance coverage and access regular health care. While Marin County scores better than the California state average on many indicators measuring health care access, the county continues to work towards providing affordable and culturally competent care for all residents. Lower-income residents face the greatest challenges; many providers that see low-income patients are at capacity, and public insurance is not accepted by many physicians in the county. In addition to barriers in obtaining affordable care, Marin residents have notably low utilization rates for childhood vaccinations compared to California as a whole.
5. **Mental Health:** Marin County residents demonstrate high need in mental health issues, including suicide rate, taking medicine for an emotional/mental health issues, and reporting needing mental health or substance abuse treatment among adults. Mental health was also raised as a key concern among community members and other key stakeholders. Mental health issues frequently co-occur with substance abuse and homelessness. Racial disparities in Marin County are evident, and the Latino population was highlighted in primary data as a population of concern. Youth, older adults, and incarcerated individuals were also noted as high-risk populations for mental health concerns.

6. **Substance Use:** Substance abuse is a health need in multiple data sources, as well as in interviews and focus groups. In particular, use and abuse of prescription drugs is recognized as a concern. Nearly half (48.1%) of adults responding to one survey reported it would be easy to obtain prescription drugs from a doctor in their community. Among youth, percentages of students reporting binge drinking and being "high" from drug use are higher for Marin County than for California overall. Interview and focus group participants identified Fairfax, West Marin, and Canal as areas of high risk for drug abuse.

7. **Oral Health:** Lack of access to dental insurance and inadequate utilization of dental care is an important issue affecting oral health in Marin County. Nearly half of adults in the county (43.3%) do not have dental insurance, and adults older than 65 are even more likely not to have dental insurance. Additionally, key informants and focus group participants report that dental insurance is limited and specialty care is not affordable.

8. **Violence and Unintentional Injury:** This area was identified as a health need because of data related to domestic violence, as well as key drivers of violence such as alcohol abuse. Additionally, racial disparities in intimate partner violence and homicide exist. Marin County also experiences high rates of unintentional injury mortality and drunk driving among youth. Community residents and other key stakeholders identified mental health and substance abuse as drivers of unintentional injury and injury due to violence.

The CHNA process used a mixed-methods approach to collect and compile data. A broad lens in qualitative and quantitative data allowed for the consideration of many potential health needs as well as an in-depth analysis. Data sources included:

- Analysis of over 150 health indicators from publicly available data sources
- Interviews with 20 key informants from the local public health department
- Eight focus groups conducted in English and Spanish in geographies where the population is largely underserved

Data were used to score each health need. Potential health needs were included in the prioritization process if:

a. At least two distinct indicators reviewed in secondary data demonstrated that the county estimate was greater than 1% "worse" than the benchmark.

b. Health issue identified as a key theme in at least 10 out of 20 interviews OR in at least four out of eight focus groups.

The Marin County CHNA Collaborative convened key stakeholders on December 1, 2015, to review the health needs identified, discuss the key findings from CHNA, and prioritize top health issues that need to be addressed in the County. The group utilized the Criteria Weighting Method, which enabled consideration of each health area using four criteria: severity, disparities, impact, and prevention.
2016 – 2018 Implementation Strategy
The implementation strategy describes how Novato Community Hospital 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 prioritized significant health needs the hospital will address are:

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

1. Access to Care

<table>
<thead>
<tr>
<th>Name of program/activity/initiative</th>
<th>Description</th>
<th>Goals</th>
<th>Anticipated Outcomes</th>
<th>Plan to Evaluate</th>
<th>2018 Impact</th>
<th>Metrics Used to Evaluate the program/activity/initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>Partner with San Rafael Rotacare Clinic to provide free outpatient services uninsured adults</td>
<td>Provide appropriate outpatient care to uninsured adults</td>
<td>Reduction in Emergency Department admissions for primary care</td>
<td>Laboratory procedure counts Clinic patient numbers and estimates of ED admissions avoided</td>
<td>1,377 health care encounters and filled 1,722 prescriptions for its very poor patients.</td>
<td>Number of persons served.</td>
</tr>
<tr>
<td>Name of program/activity/initiative</td>
<td>Kalmanovitz Child Development Center.</td>
<td>Provide access to specialty care for developmentally and special needs children</td>
<td>KCD is the only local resource for these services</td>
<td>Number of services provided free or at reduced rate Consultative services to Federally Qualified Health Clinics</td>
<td>Provided 1,847 patient visits.</td>
<td></td>
</tr>
</tbody>
</table>
### Metrics Used to Evaluate the program/activity/initiative  
Number of patients served

<table>
<thead>
<tr>
<th>Name of program/activity/initiative</th>
<th>Description</th>
<th>Goals</th>
<th>Anticipated Outcomes</th>
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<th>2018 Impact</th>
<th>Metrics Used to Evaluate the program/activity/initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novato Unified School District Registered Nurses</td>
<td>Novato Community Hospital hires and manages Registered Nurses who work one-on-one with public school students who have acute chronic health conditions such as type 1 diabetes, spina bifida and epilepsy. The nursing support makes it possible for these students to attend school with their peers</td>
<td>Manage the students diseases throughout the day so they are able to attend school in their regular classrooms with their peers</td>
<td>Increased attendance and performance by students</td>
<td>Collaborate with NUSD special education to determine methods and metrics</td>
<td>300 students served, provided 200 health screenings and assisted 50 students with getting connected to a primary care physician.</td>
<td>See above</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of program/activity/initiative</th>
<th>Novato Unified School District Athletic Trainers</th>
<th>Description</th>
<th>Goals</th>
<th>Anticipated Outcomes</th>
<th>Plan to Evaluate</th>
<th>2018 Impact</th>
<th>Metrics Used to Evaluate the program/activity/initiative</th>
</tr>
</thead>
</table>
| NCH hires and manages two athletic trainers placed in the local district’s two high schools. | Annual baseline concussion testing of all high school student athletes | Reduction in head injuries | Consultation to coaches on safe training techniques | Participate in countywide head injury prevention and diagnosis group | Effectiveness of services | 1,847 students served, connected 84 students to primary care physicians. | Number of students baseline tested  
Number of injuries assesses |

### Needs Novato Community Hospital Plans Not to Address

No hospital can address all of the health needs present in its community. Novato Community Hospital 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. **Obesity and diabetes**: Novato Community Hospital does not have the expertise or capacity to address this need
2. **Education**: Novato Community Hospital does not have the expertise or capacity to address this need
3. **Economic and Housing Insecurity**: Novato Community Hospital does not have the expertise or capacity to address this need
4. **Mental Health**: Novato Community Hospital does not have the expertise or capacity to address this need

5. **Substance Abuse**: Novato Community Hospital does not have the expertise or capacity to address this need

6. **Oral Health**: Novato Community Hospital does not have the expertise or capacity to address this need

7. **Violence and Unintentional Injury**: Novato Community Hospital does not have the expertise or capacity to address this need

**Approval by Governing Board**
The implementation strategy was approved by the Sutter Health Bay Area Board on November 16, 2016
Appendix: 2018 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.

The community benefit values for Sutter Bay Hospitals are calculated in two categories: **Services for the Poor and Underserved** and **Benefits for the Broader Community**.

Services for the poor and underserved 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. Services for the poor and underserved also include the cost of other services provided to persons who cannot afford healthcare because of inadequate resources and are uninsured or underinsured, and cash donations on behalf of the poor and needy.

Benefits for the broader community includes costs of providing the following services: health screenings and other non-related services, training health professionals, educating the community with various seminars and classes, the cost of performing medical research and the costs associated with providing free clinics and community services. Benefits for the broader community also include contributions Sutter Health makes to community agencies to fund charitable activities.

<table>
<thead>
<tr>
<th>2018 Community Benefit Value</th>
<th>Sutter Bay Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services for the Poor and Underserved</strong></td>
<td>$303,971,053</td>
</tr>
<tr>
<td><strong>Benefits for the Broader Community</strong></td>
<td>$70,222,413</td>
</tr>
<tr>
<td><strong>Total Quantifiable Community Benefit</strong></td>
<td>$374,193,466</td>
</tr>
</tbody>
</table>

This reflects the community benefit values for Sutter Bay Hospitals, the legal entity that includes CPMC, St. Luke’s Hospital, Novato Community Hospital, Sutter Lakeside Hospital, Sutter Santa Rosa Regional Hospital, Eden Medical Center, Mills-Peninsula Health Services, Menlo Park Surgical Hospital, Sutter Maternity and Surgery Center of Santa Cruz, Alta Bates Summit Medical Center and Sutter Delta Medical Center. For details regarding the community benefit values for Novato Community Hospital, please contact Andrea Garfia, 707-892-3798 or garfiaam@sutterhealth.org.
### 2018 Community Benefit Financials

**Sutter Bay Hospitals**

#### Services for the Poor and Underserved

- **Traditional charity care**: $49,101,068
- **Unpaid costs of public programs:**
  - Medi-Cal: $208,526,416
  - Other public programs: $13,214,546
  - Other benefits: $33,129,023
- **Total services for the poor and underserved**: $303,971,053

#### Benefits for the Broader Community

- **Nonbilled services**: $23,709,997
- **Education and research**: $40,659,078
- **Cash and in-kind donations**: $4,832,998
- **Other community benefits**: $1,020,340
- **Total benefits for the broader community**: $70,222,413

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This reflects the community benefit values for Sutter Bay Hospitals, the legal entity that includes CPMC, St. Luke’s Hospital, Novato Community Hospital, Sutter Lakeside Hospital, Sutter Santa Rosa Regional Hospital, Eden Medical Center, Mills-Peninsula Health Services, Menlo Park Surgical Hospital, Sutter Maternity and Surgery Center of Santa Cruz, Alta Bates Summit Medical Center and Sutter Delta Medical Center. For details regarding the community benefit values for Novato Community Hospital, please contact Andrea Garfia, 707-892-3798 or garfiaam@sutterhealth.org.