

## Sutter Health

### Sutter Delta Medical Center

2016 – 2018 Community Benefit Strategy

Responding to the 2016 Community Health Needs Assessment

Submitted to the Office of Statewide Health Planning and Development May 2019

This document serves as an annual update to the 2016 - 2018 Community Benefit Plan for Sutter Delta Medical Center. 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.

3901 Lone Tree Way  
Antioch, CA, 94509  
Facility License #140000258  
[www.sutterhealth.org](http://www.sutterhealth.org)

## Table of Contents

<b><u>About Sutter Health</u></b> .....	3
<b><u>2016 Community Health Needs Assessment (CHNA) Summary</u></b> .....	4
<b><u>Definition of the Community Served by the Hospital</u></b> .....	4
<b><u>Significant Health Needs Identified in the 2016 CHNA</u></b> .....	4
<b><u>2016 – 2018 Implementation Strategy</u></b> .....	5
<b><u>Lack of Access to Primary Health Care Services</u></b> .....	6
<b><u>Lack of Access to Basic Needs Such as Food, Housing, Jobs</u></b>	7
<b><u>Lack of Access to Health Education and Health Literacy</u></b> .....	8
<b><u>Lack of Health Education &amp; Health Literacy</u></b> .....	8
<b><u>Lack of Access to Transportation &amp; Mobility</u></b> .....	9
<b><u>Needs Sutter Delta Medical Center Plans Not to Address</u></b> .....	10
<b><u>Approval by Governing Board</u></b> .....	10
<b>Appendix: Community Benefit financials</b> .....	11

**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 Sutter Delta Medical Center, 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 Delta Medical Center 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](mailto:SHCB@sutterhealth.org);
- Through the mail using the hospital's address at 3901 Lone Tree Way, Antioch, CA, 94509, Attn: Community Benefit and Mindy Landmark
- In-person at the hospital's Information Desk.

## About Sutter Health

Sutter Delta Medical Center 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](http://www.sutterhealth.org).

### **2016 Community Health Needs Assessment (CHNA) Summary**

This CHNA was conducted by Community Health Insights, on behalf of SDMC over a period of 8 months, beginning in May of 2015 and concluding in December of 2015. The data used to conduct the CHNA were both identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings model and a defined set of data collection and analytic stages were developed. The data that were collected and analyzed included both primary, or qualitative, data, and secondary, or quantitative data. Primary data included interviews with community health experts as well as focus groups made up of community residents. Secondary data included health outcome and health factor indicators such as measures of mortality and morbidity, and health behaviors including diet and exercise and clinical care access.

The full 2016 Community Health Needs Assessment conducted by Sutter Delta Medical Center is available at [www.sutterhealth.org](http://www.sutterhealth.org).

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

SDMC is located in Antioch, California, a community located in the eastern portion of Contra Costa County along the San Joaquin-Sacramento River Delta. The community served by SDMC was defined using ZIP code boundaries. The hospital service area (HSA) included a geographic area comprised of six ZIP codes, 94509, 94513, 94531, 94548, 94561, and 94565, with the majority of patients served by SDMC residing within these ZIP codes. Major cities in the HSA include Antioch, Bay Point, Brentwood, Clayton, Discovery Bay, Knightsen, Oakley and Pittsburg.

The HSA was home to over 280,000 residents. Median age varied from a low of 32.4 years for ZIP code 94565 to a high of 39.1 for ZIP code 94548, Median income ranged from \$53,953 for ZIP code 94509, to \$91,343 for 94513. The majority of residents in all ZIP codes but two – 94513 and 94548 – were non-White or Hispanic.

Data were analyzed to identify Communities of Concern within the HSA. These are defined geographic areas (ZIP codes) 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.

### **Significant Health Needs Identified in the 2016 CHNA**

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

- **Access to Quality Primary 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 and are the front line in the prevention and treatment of common diseases and injuries in a community.
- **Access to Affordable, Healthy Food.** Eating a healthy diet is important for one's overall health and well-being. 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 food is sold.

- Access to Basic Needs, such as Housing and Employment. Access to affordable and clean housing, stable employment, quality education, and adequate food for health maintenance are vital for survival. Maslow's Hierarchy of Needs 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.
- 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.
- Safe and Violence-Free Environment. Feeling safe in one's own home and community are fundamental to overall health. Feeling unsafe affects the way people act and react to everyday life occurrences.
- Health Education and Health Literacy. Knowledge is important for individual health and well-being, and health education interventions are powerful tools 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. Health education around infectious disease control and intensive health promotion and education strategies around the management of chronic diseases are important for community health improvement.
- Access to Transportation and Mobility. 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.
- 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.

Significant health needs were identified through an integration of both qualitative and quantitative data. The process began by generating a broad list of 10 potential health needs that could exist within the HSA. The list was based on the health needs identified in previous Sutter East Bay reports during the 2013 CHNA process, as well as a preliminary review of primary data.

Once this list was created, both quantitative and qualitative indicators associated with each potential health need were identified in a crosswalk table. While all of these needs exist within the HSA to a greater or lesser extent, the purpose here was to identify those which were most significant.

Rates for those secondary indicators associated with the potential health needs were reviewed for each Community of Concern to determine which indicators were consistently problematic within the HSA. Next, this set of problematic indicators was compared, via the crosswalk table, to the potential health needs to select a subset of potential health needs for consideration as significant health needs. Primary data sources were also analyzed using the crosswalk table to identify potential health needs for consideration as significant health needs. The results from the primary and secondary potential health needs analyses were then merged to create a final set of significant health needs.

### **2016 – 2018 Implementation Strategy**

The implementation strategy describes how Sutter Delta Medical Center 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 Delta Medical Center initiatives that may not be described herein, but which together advance Sutter Delta Medical Center’s commitment to improving the health of the communities it serves. Each year, Sutter Delta Medical Center programs are evaluated for effectiveness, the need for continuation, discontinuation, or the need for enhancement. Depending on these variables, programs may change to continue Sutter Delta Medical Center’s focus on the health needs listed below.

The prioritized significant health needs the hospital will address are:

- Access to Primary Health Care Services
- Access to Basic Needs, such as Housing and Employment
- Access to Mental, Behavioral and Substance Abuse Services
- Health Education and Health Literacy
- Access to Transportation and Mobility

#### Access to Primary Health Care Services

Name of program/activity/initiative	Care Transitions
Description	In order to connect individuals to the right care, at the right place and at the right time, Sutter Delta Medical Center will continue to work with our FQHC partner, La Clinica, to improve care transitions for targeted individuals.
Goals	Provide warm handoffs between individuals being discharged from Sutter Delta Medical Center to their primary care home for appropriate follow up to decrease non-urgent (Level 1 and Level 2) Emergency Department visits, decrease readmissions, and provide navigation and access to those who are uninsured and underinsured.
Anticipated Outcomes	<ul style="list-style-type: none"> <li>• Increase the number of people connected to a medical home</li> <li>• Increase the number of people connected, as appropriate, to community resources</li> <li>• Decrease in non-urgent Emergency Department visits</li> <li>• Decrease in hospital readmissions</li> </ul>
Plan to Evaluate	<ul style="list-style-type: none"> <li>• Collect, refine, and report metrics using Sutter evaluation template</li> <li>• EPIC reports</li> </ul>
2018 Impact	921 Sutter Delta patients were served by La Clinica, of the 921 appointments offered, 791 were kept.
Metrics Used to Evaluate the program/activity/initiative	<ul style="list-style-type: none"> <li>• Number of people contacted</li> <li>• Number of follow up appointments made</li> <li>• Number of follow up appointments kept</li> <li>• Number of people readmitted to the Emergency Department or as an inpatient</li> </ul>

<b>Name of program/activity/initiative</b>	<b>Save a Life Sister</b>
<b>Description</b>	Save a Life Sister provides breast cancer screening and diagnostic services for all adult residents of East Contra Costa County, who, due to low income or lack of health coverage, do not have access to this service. If cancer is detected, a nurse navigator links women to appropriate treatment services. Education and support are provided as well.
<b>Goals</b>	Reduce the number of breast cancer deaths in low income or uninsured women in East Contra Costa County.
<b>Anticipated Outcomes</b>	<ul style="list-style-type: none"> <li>Breast cancer screening and diagnostic services to 200 individuals annually, through clinical breast exams and screening and diagnostic services as needed</li> </ul>
<b>Plan to Evaluate</b>	<ul style="list-style-type: none"> <li>Collect, refine, and report metrics using Sutter evaluation template</li> </ul>
<b>2018 Impact</b>	Save a Life Sister is now part of the Department of health Services Cancer Detection and Treatment Branches program Every Woman Counts (EWC), therefore Sutter Delta does not have any metrics to report.
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<ul style="list-style-type: none"> <li>Number of women screened</li> <li>Number of referrals for treatment</li> <li>Number of women who receive treatment</li> </ul>

**Access to Basic Needs, Such Housing and Employment**

<b>Name of program/activity/initiative</b>	<b>Interim Care Program</b>
<b>Description</b>	Sutter Delta Medical Center is partnering with the Phillip Dorn Respite Center to provide homeless patients temporary housing after their hospital discharge. This allows patients to recuperate in a clean, stable environment with nursing care, meals and wraparound services provided. This partnership includes transportation to the center for patients who need it.
<b>Goals</b>	Discharged vulnerable patients will be connected with respite care to continue recovering while they get connected to permanent housing and employment resources, health insurance, and drug and alcohol recovery counseling, if needed.
<b>Anticipated Outcomes</b>	<ul style="list-style-type: none"> <li>Hospital length of stay will be reduced</li> <li>Emergency Department utilization for non-urgent visits will be reduced</li> <li>Successful connection to ongoing case management</li> <li>Successful connection to a medical home</li> </ul>
<b>Plan to Evaluate</b>	<ul style="list-style-type: none"> <li>Collect, refine, and report metrics using Sutter evaluation template</li> <li>EPIC reports</li> </ul>
<b>2018 Impact</b>	3,342 people served, 2,737 connected to social services, 880 placed in shelter and case managed.
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<ul style="list-style-type: none"> <li>Number of people referred to the Interim Care Program</li> <li>Number of people who are connected to ongoing case management for wraparound services</li> </ul>

	<ul style="list-style-type: none"> <li>• Number of people who are readmitted to Sutter Delta Medical Center</li> <li>• Number of people who are connected to a medical home</li> </ul>
--	--

### Access to Mental, Behavioral, and Substance Abuse Services

<b>Name of program/activity/initiative</b>	<b>Sobering Center</b>
<b>Description</b>	Develop a pilot project in collaboration with neighboring hospitals and nursing schools to address the need for access to substance abuse treatment services.
<b>Goals</b>	Individuals will have a safe space to get sober and to get referrals to treatment services.
<b>Anticipated Outcomes</b>	<ul style="list-style-type: none"> <li>• Partners will be identified</li> <li>• Plan will be developed</li> <li>• Pilot project timeline will be developed</li> <li>• Evaluation metrics will be developed</li> </ul>
<b>Plan to Evaluate</b>	<ul style="list-style-type: none"> <li>• To be determined</li> </ul>
<b>2018 Impact</b>	Program not developed at this time.
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<ul style="list-style-type: none"> <li>• To be determined</li> </ul>

### Health Education and Health Literacy

<b>Name of program/activity/initiative</b>	<b>Asthma Resource Center</b>
<b>Description</b>	The Asthma Resource Center is a program designed to help individuals control their asthma and improve their quality of life by providing education and tools for asthma management with a focus on the uninsured or underinsured. Individuals learn about basic asthma facts, medications and techniques, environmental controls, and asthma action plans. Efforts are made to also assist individuals who have no follow up medical care with locating ongoing care in the community.
<b>Goals</b>	Assist those who are uninsured or underinsured in better managing their asthma and decrease hospitalizations and emergency department visits.
<b>Anticipated Outcomes</b>	<ul style="list-style-type: none"> <li>• Increase asthma control</li> <li>• Increase proper medication use</li> <li>• Decrease Emergency Department utilization</li> <li>• Increase clinic use</li> </ul>
<b>Plan to Evaluate</b>	<ul style="list-style-type: none"> <li>• Collect, refine, and report metrics using Sutter evaluation template</li> <li>• Pre and post Asthma Control Test</li> <li>• Asthma Center Resource database</li> <li>• EPIC Emergency Department utilization logs</li> </ul>
<b>2018 Impact</b>	128 people were served.
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<ul style="list-style-type: none"> <li>• Number of people served by the Asthma Resource Center</li> <li>• Number of people who self-report asthma control</li> <li>• Number of people properly taking asthma medication</li> </ul>

	<ul style="list-style-type: none"> <li>• Number of people with asthma seen in the Emergency Department</li> </ul>
--	---

**Access to Transportation and Mobility**

<b>Name of program/activity/initiative</b>	<b>Taxi Voucher Program</b>
<b>Description</b>	Transportation can be a problem for those who have been discharged from the hospital but have no means to return home. This program provides funding to supply transportation to those patients.
<b>Goals</b>	Provide taxi vouchers for 150 patients so that they can be safely discharged home.
<b>Anticipated Outcomes</b>	<ul style="list-style-type: none"> <li>• A total of 150 patients will receive taxi vouchers</li> </ul>
<b>Plan to Evaluate</b>	<ul style="list-style-type: none"> <li>• Collect, refine, and report metrics using Sutter evaluation template</li> </ul>
<b>2018 Impact</b>	1,137 people received transportation vouchers.
<b>Metrics Used to Evaluate the program/activity/initiative</b>	<ul style="list-style-type: none"> <li>• Number of people served</li> <li>• Number of vouchers provided</li> </ul>

### **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 does not include specific plans to address the following significant health needs that were identified in the 2016 Community Health Needs Assessment:

- Access to Affordable, Healthy Food
- Safe and Violence-Free Environment
- Access to Specialty Care

Sutter Delta Medical Center does not have the resources and/or expertise to respond to these community needs at this time. The medical center is a collaborative partner to numerous community organizations and on occasion will sponsor programs and initiatives that address the needs listed above. However, these needs will not be the area of focus for 2016-2018.

### **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.

2018 Community Benefit Value	Sutter Bay Hospitals
<b>Services for the Poor and Underserved</b>	\$303,971,053
<b>Benefits for the Broader Community</b>	\$70,222,413
<b>Total Quantifiable Community Benefit</b>	\$374,193,466

*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 further details regarding community benefit values for Sutter Delta Medical Center, please contact Mindy Landmark at 510-869-8226 or [LandmaM@sutterhealth.org](mailto:LandmaM@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
<b>Total services for the poor and underserved</b>	<b>\$303,971,053</b>

#### 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
<b>Total benefits for the broader community</b>	<b>\$70,222,413</b>

---

---

*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 further details regarding community benefit values for Sutter Delta Medical Center, please contact Mindy Landmark at 510-869-8226 or [LandmaM@sutterhealth.org](mailto:LandmaM@sutterhealth.org).*