



*Memorial Medical  
Center*

A Sutter Health Affiliate

*With You. For Life.*



**Community Benefit Plan 2011 - 2014  
Submitted to OSHPD 5.31.12**

One generation plants the trees; another gets the shade.  
**-Chinese proverb**

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## I. Memorial Medical Center's Mission

Memorial Medical Center strives to provide high-quality, compassionate care to each patient, while exercising prudent fiscal responsibility.

Memorial Medical Center is a not-for-profit organization that exists to maintain and improve the health status of the citizens of greater Stanislaus County. Selected services are extended to other communities whenever this will meet a critical need and when it will enhance the productivity of local resources.

We pursue this mission by providing and promoting effective health care services and by fostering an integrated system of care for payers. Access is provided to a full continuum of care, built upon a core of sophisticated hospital-based services.

### MEMORIAL MEDICAL CENTER'S COMMITMENTS:

- Service ... Our Most Important Consideration
- Professionalism, Care, and Compassion
- Employees Are Our Most Important Resource
- To Be A Model Not-For-Profit Health Care System

The greater Stanislaus County community benefits from Memorial Medical Center, as we expend significant resources in providing charity care for the poor and underserved populations. Memorial Medical Center actively provides educational opportunities that are designed to improve the health of individuals, including this vulnerable population. Memorial Medical Center conducts classes and screenings that teach people the symptoms of illnesses, how to stay healthy, when to seek professional care and treatment and what services are available. This enables the population of Memorial's community, and citizens in Memorial's neighboring communities, to live healthier lives.

Vulnerable populations such as the uninsured, underinsured, and those eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs are included as an important population in the educational classes, screenings, and public outreach programs.

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Helping our community for those who need it most. This community benefit report examines a few of those programs:



## II. Executive Summary

Memorial Medical Center, a Sutter Health Affiliate, is a 423-bed acute care hospital located in Modesto, California. During 2011, the Chief Executive Officer of the not-for-profit corporation was James E. Conforti. Todd Smith, MD, is the elected Chairman of the Central Valley Region Board of Directors. Memorial Medical Center's Community Benefit Report contact person is Steve Mitchell, Chief Operating Officer. Our governing Board of Directors consists of 15 individuals who hold key leadership positions within our region. The Board also includes Sutter Health and Memorial Medical Center administrators, and representatives from the medical staff.

### **Sutter Health Affiliation**

Memorial Medical Center affiliated with Sutter Health as a Full Affiliate on May 1, 1996:

- **Sutter Health's Mission:** To enhance the well being of people in the communities Sutter Health serves through a not-for-profit commitment to compassion and excellence in health care services.
- **Sutter Health's Values:**
  - ⇒ *Community:* Sutter Health acknowledges its vital role in local communities, and the System seeks to understand and serve their needs.
  - ⇒ *Caring and Compassion:* Sutter Health treats those the System serves and one another with concern, kindness and respect.
  - ⇒ *Excellence and Quality:* Sutter Health is committed to quality and to adding value in every aspect of its work, and the organization strives to exceed the expectations of the System's customers.
  - ⇒ *Teamwork:* Sutter Health works together cooperatively, recognizing the power of the System's combined efforts will exceed what team members can accomplish individually.
  - ⇒ *Honesty and Integrity:* Sutter Health acts openly and truthfully in everything the System does.

**Sutter Health's Vision:** Sutter Health will be a recognized leader in transforming health care to meet the needs of the 21<sup>st</sup> Century. At both the local and regional levels Sutter Health will be:

- ⇒ The preferred provider to patients and customers
- ⇒ The best place to work and practice
- ⇒ A role model of community citizenship



### III. Community Health Needs Assessment

#### Location and Population Size

Stanislaus County is located in the San Joaquin Valley (the heart of California's Central Valley), approximately 90 miles from both Sacramento and San Francisco and nearly 115 miles from Yosemite National Park. Over 1,500 square miles in size, Stanislaus County includes rural agricultural areas, small and medium-sized towns, and the county seat of Modesto. Stanislaus County is included in the Modesto Metropolitan Statistical Area, one of the nation's 100 largest metropolitan areas. Stanislaus County has a population of 514,453 residents (*Census 2010*).

#### Gender and Age:

In Stanislaus, the percentages of men (49.5%) and women (50.5%) are about the same (*Census 2010*). The average age in Stanislaus has increased from 29.2 years in 1980 to 32.8 years of age in 2010 (US Census Bureau). Stanislaus County residents are younger, overall, than California residents, where the median age is 35.2.

#### Race and Ethnicity:

The population of Stanislaus is predominantly White (65.6%), while five percent of the residents are Asians (*Census 2010*). African Americans numbered 3,035 in 1980 and increased to 14,721 (or 2.9%) in 2010 (US Census Bureau). Stanislaus County has also become more ethnically diverse: the proportion of Latinos grew from 15% in 1980 to 41.9% in 2010. Stanislaus has a higher percentage of Latinos than the State, of which 37.6% of the population is Latino (*Census 2010*).

#### Origins and Language:

Twenty-one percent of the county's population is foreign-born (2010 ACS). Stanislaus county residents are also linguistically diverse; 41.3% of residents speak a language other than English at home. Of those who speak another language at home, 31.6% speak Spanish or Spanish Creole, 4.5% speak other Indo-European languages and 2.8% speak Asian or Pacific Island languages.

#### Socio-Economic Status:

Stanislaus County, like other semi-rural Central Valley counties, has greater socio-economic challenges than California as a whole, including lower income, higher poverty, greater use of public assistance programs and greater unemployment.

The median household income in the County in 2010 was \$48,044, a decrease from \$50,375 in 2005-2007 (2010 and 2005-2007 ACS). In California, the median household income was \$57,708 in 2010, compared to \$58,361 in 2005-2007. The decrease in median household income experienced by the County was much steeper

(-\$2,331) than the state (-\$653) during this difficult economic period. The 2010 per capita income was 24% lower in Stanislaus County (\$20,719) than California (\$27,353). In California, the percentage of residents who participated in the SNAP (food stamp) program rose from 4.3% in 2006 (2006 ACS) to 7.4% in 2010 (2010 ACS). During this same period of time, participation in Stanislaus County rose from 7.1% to 12.0%.

In 2010, 15.8% of California individuals lived below the Federal Poverty Level (FPL) compared to 19.9% of Stanislaus individuals (2010 ACS). There was a similar difference in poverty among families, with 11.8% of State and 17.2% of County families living under the FPL. Poverty is especially frequent among single female householders, and in Stanislaus this is even more evident than in California generally: 38.5% for the County versus 26.3% for California.

Individuals living in poverty vary by age, race and ethnicity. In Stanislaus, the highest percentage of individuals living in poverty is in the <18 age group; in terms of race, the highest percentage of individuals in poverty are Black (52%; 2010 ACS). As shown in Table 1, 27% of Stanislaus Latinos live in poverty.

## **Methodology**

### **Procedure**

A series of discussions with key stakeholders (e.g. hospital facilities, health plans, health and human services agencies, non-profit agencies and neighborhood groups) were held to select a priori issues of interest to be included in this report. These included social and economic determinants of health, access to care, births, behavioral and environmental risk factors, disease prevalence, hospitalizations, clinical quality measures and mortality in the County. This list can be found in Appendix A.

In compliance with Internal Revenue Service Code section 501(r)(3), data from multiple sources concerning the health and well-being of Stanislaus County residents were compiled for this report by the Stanislaus Health Services Agency/Public Health (HSA) on behalf of Memorial Medical Center. The most updated data available from each source was used, unless trending was conducted or the sample size was too small for statistical stability. In the latter case, data were aggregated across the minimum number of years needed to create this stability. In some cases, if two or more years of data were unavailable or could not be combined for some reason, statistically unstable data were presented and marked as such to alert the reader to be cautious in interpretation.

Once the findings were reviewed, specific priority issues and subpopulations were identified (see **Priority Issues** section in this report) and recommendations for action (see **Recommendations** section) were generated for Memorial Medical Center's Community Benefits Programs for 2012-2014.

## **Presenting the Community Needs Assessment - Developing a Plan**

The 2011 Community Health Needs Assessment was presented to the Memorial Hospital Foundation Board, a group of professionals in the community. The executive summary was reviewed and discussed. Also, the results of the Community Health Needs Assessment were presented to the West Modesto King Kennedy collaborative group. The consensus of the two groups included the following priorities:

### **Priority Areas Identified:**

- Access to Care
  - Healthcare provider shortage
  - Healthcare insurance coverage disparities
- Healthy Foundation: Prenatal and perinatal health
  - Prenatal and postpartum care
  - Non-medically indicated elective inductions prior to 39 weeks gestation
- Chronic Diseases on the Rise: Diabetes, heart disease, asthma and depression
  - Behavioral Risk Factors: Overweight/obesity, tobacco use
  - Environmental Risk Factors: Poor air quality, retail food environment
  - Clinical Care and management
- Injury
  - Motor vehicle collisions
  - Suicide

#### IV. 2011 Progress Report on Community Benefit Plan

The following pages will provide a progress report on the community benefit programs and activities conducted during the reporting year in the Central Valley Region. These programs were created in response to the 2011 Community Health Needs Assessment – a collaborative report that helps our partners, other health providers, public agencies and leaders identify areas of focus as they relate to the health of our communities.

The areas of focus for Memorial Medical Center/Central Valley Region are:

1. Access to Care – Mental Health and Prenatal Care
2. Chronic Disease on the Rise - Diabetes
3. Behavioral Risk Factors - Obesity
4. Cardiovascular Disease - #1 Cause of Death in Stanislaus County

For more information about the **2011 Community Needs Assessment**, including quantitative and qualitative data, please visit our website:

<http://www.schsa.org/PublicHealth/mainpages/data/index.html>



### Area of Focus 1: Improve Access to Care (Behavioral Health)

<b>Link to Community Needs Assessment</b>	Improve Access to Care CHNA 2011 Recommendation: Increase mental and behavioral health preventive and treatment services and support initiatives to increase the prevalence of protective factors that can reduce the need for such services.
<b>Program Description</b>	Memorial Medical Center supports Mental Health programs in our community with the Community Clinic Access To Care grant for The Health Services Agency of Stanislaus County (H.S.A.) Integrated Behavioral Health programs.
<b>Goals and Objectives</b>	To provide increased medical and psychiatric services for the poor and underserved in Stanislaus County. To allow Health Services Agency patients better access to mental health services through their primary care clinic.
<b>Strategy</b>	Provide monetary support to increase access and increase services at the clinic or primary care level.
<b>Baseline Information</b>	Mental Health services for the poor and underinsured have been lacking in our community. In a 2008 survey, 31% of respondents who needed mental health care in the past year were unable to receive it. The H.S.A. Integrated Behavioral Health program expands the reach of the primary care clinics into Behavioral Health by including mental health clinicians who are available to assist the health clinic doctors 20 hours per week.
<b>Affiliate's Contribution or Program Expense</b>	Memorial provided the opportunity for Stanislaus County Health Services Agency to obtain Sutter Health financial support for \$194,736 during 2011 for their Integrated Behavioral Health programs.
<b>Results</b>	The program continues due to Sutter Health and Memorial support. In 2011, 8,054 patients were seen by an LCSW or contracted Psychiatrist. Of these patients, 43% did not have insurance coverage for Behavioral Services, but due to this grant's funding were able to receive services. Regardless of insurance coverage, all patients who have been screened or referred by their County primary care physician are seen.
<b>Amendment to Community Benefit Plan</b>	Continue to support Integrated Behavioral Health programs. Increase patient access to this program by 10%.

<b>Area of Focus 1: Improve Access to Care (Prenatal and Perinatal Care)</b>	
<b>Link to Community Needs Assessment</b>	Timely and prenatal care is important to a healthy pregnancy for both mother and fetus.
<b>Program Description</b>	The Health Center at Memorial provides Child Education for childbirth preparation including Daddy 101, Breast feeding programs, and preparing new parents for delivery of the baby. At this time, we do not focus on the newly pregnant or soon to be pregnant mother.
<b>Goals and Objectives Strategy</b>	To increase the number of women accessing care during the first trimester. Provide monetary support to increase access and increase services at the clinic or primary care level for prenatal care during first trimester.
<b>Baseline Information</b>	In 2009, 77.3% of Stanislaus women who gave birth had timely prenatal care. This number does not meet the national Healthy People 2020 objective. The percentage of all Stanislaus County live births receiving first trimester prenatal care has been on a downward trend since 2005.
<b>Affiliate’s Contribution or Program Expense</b>	None at this time.
<b>Results</b>	No results as program is not in place.
<b>Amendment to Community Benefit Plan</b>	Develop or sponsor resources to provide programs allowing greater accessibility for first trimester mothers in the underinsured population.



Area of Focus 2: Chronic Diseases on the Rise (Diabetes)	
<b>Link to Community Needs Assessment</b>	Chronic Diseases on the Rise: Diabetes
<b>Program Description</b>	Our partnership with Healthways provides a case management program for patients with diabetes to better manage their self care and decrease hospital bed days and E.R. visits.
<b>Goals and Objectives</b>	To decrease # of patient admissions for diabetes patients over base year.
<b>Strategy</b>	Healthways contacts patients regularly to discuss their health and healthcare practices. Patients are encouraged to practice self care and communicate with their physicians regularly.
<b>Baseline Information</b>	The Community Health Needs Assessment data indicates that although other chronic diseases are improving, the number of diabetes patients newly diagnosed continues to increase.
<b>Affiliate's Contribution or Program Expense</b>	The Healthways management program is a contracted program. Memorial spends \$166,000 per year to better manage our patients at home through the Healthways plan.
<b>Results</b>	<p>Comparing Base Year (1999) to current year (2011), the outcomes indicate:</p> <ul style="list-style-type: none"> <li>• BASE Year # of Inpatient admissions with Diabetes ICD9 codes = 1,140</li> <li>• Current Year # of Inpatient admissions of base year inpatients = 188</li> <li>• Improvement: Reduction in Diabetes patient admissions = <b>83.5%</b></li> <li>• BASE Year # of E.R. visits with Diabetes ICD9 codes = 377</li> <li>• Current Year # of E.R. visits base year patients = 136</li> <li>• Improvement: Reduction in Diabetes E.R. visits = <b>63.9%</b></li> </ul>
<b>Amendment to Community Benefit Plan</b>	Continue to provide telephonic service to patients with diabetes and support their self care regimen.



<b>Area of Focus 3: Decrease Behavioral Risk Factors (Obesity)</b>	
<b>Link to Community Needs Assessment</b>	Obesity has been shown to be a risk factor for multiple chronic diseases including cancer, heart disease, stroke and diabetes. In addition, obesity has been linked to depression and increased risk of Alzheimer’s disease.
<b>Program Description</b>	<p>Memorial continues to support Stanislaus County Office of Education “After School” program to support healthy nutrition and to learn activities to combat and decrease the incidence of childhood obesity. The program is titled “Deal Me In”. SCOE incorporated the Skillastics program which provides students a fun and engaging way to do an hour of aerobic activity, without excluding students who may not have the skills to do organized sport games.</p> <p>The Childhood Diabetes and Obesity Prevention Task Force in collaboration with Memorial Medical Center promotes professional education and early detection of diabetes in children by screening 7<sup>th</sup> grade students for Acanthosis nigricans. The most common cause of acanthosis nigricans is <a href="#">insulin resistance</a>, which leads to Type 2 Diabetes and is also a prominent feature of obesity.</p>
<b>Goals and Objectives</b>	<ul style="list-style-type: none"> <li>• To support the After School program with the Stanislaus County Office of Education.</li> <li>• Support the Childhood Diabetes and Obesity Prevention Task Force endeavors.</li> </ul>
<b>Strategy</b>	<ul style="list-style-type: none"> <li>• Provide financial sponsorship and professional symposiums to offer increased programs and education to our public and medical communities.</li> </ul>
<b>Baseline Information</b>	Recent Community Needs Assessment indicates a higher percentage of children aged 2 – 11 in Stanislaus County were overweight for their age, compared to California: 15.7% vs. 11%. During the 2010 – 2011 school year, between 40% - 55% of school children in 5,7,9 <sup>th</sup> grade had a body mass composition not in the Healthy Fitness Zone.
<b>Affiliate’s Contribution or Program Expense</b>	In 2011, Memorial donated \$15,000 to the SCOE After School program and \$2,000 in-kind donation for staff, printing, conference center use for the Prevention of Diabetes and Obesity in Children Task force.
<b>Results</b>	<ul style="list-style-type: none"> <li>• 30 school sites /2,500 students participated Deal Me In and Skillastics programs</li> <li>• 2011- 37% of school children screened had Acanthosis Nigricans detected and 43% had Fasting Blood Sugar &gt;100</li> </ul>
<b>Amendment to Community Benefit Plan</b>	Support endeavors to rescreen high risk students for A.N. and provide follow-up counseling and education to parents to reduce Diabetes risk.

<b>Area of Focus 4: Cardiovascular Disease (#1 Cause of Death in Stanislaus County)</b>	
<b>Link to Community Needs Assessment</b>	Identify and support heart disease prevention and treatment programs
<b>Program Description</b>	Heart Education and Training – provides training and information to the community. Program is open to the public and held twice a year.
<b>Goals and Objectives</b>	<ol style="list-style-type: none"> <li>1. Reduce the average length of stay for those patients with a clinical presentation of myocardial infarction; and</li> <li>2. Reduce the mortality for those patients with a clinical presentation of myocardial infarction.</li> </ol>
<b>Strategy</b>	Provide educational programs and screenings in the community emphasizing heart health to both men and women. The goal of increasing awareness of the prevalence of heart disease in men and women, and of reducing accompanying co-morbidity will be reflected in improved outcomes for those patients presenting with symptoms of myocardial infarction.
<b>Baseline Information</b>	<p>Below is the comparative data at MMC comparing baseline year - 2004:</p> <ol style="list-style-type: none"> <li>1. The average length of stay for patients during this period with a clinical presentation of myocardial infarction was 6.7 days.</li> <li>2. The mortality rate for this group of patients was 8.2%.</li> </ol>
<b>Affiliate's Contribution or Program Expense</b>	Programs are held at the Sutter Health Education and Conference Center and at the Martin Peterson Event Center. Speaker fees, meals, staff, and overhead costs = \$10,500.
<b>Results</b>	<p>The following changes were noted compared to baseline:</p> <ol style="list-style-type: none"> <li>1. The length of stay for patients with a clinical presentation of myocardial infarction has improved from 6.1 (2009) to 5.6 for year 2010 for a 9% improvement and remained at this similar rate for 2011 (5.7)</li> <li>2. The mortality rate decreased this year from 7.1 to 6.4 improving at a rate of almost 10%. The baseline year indicated 8.2 in 2004, showing a positive trend of decreasing the number of deaths overall.</li> </ol>
<b>Amendment to Community Benefit Plan</b>	As heart disease is a priority, Memorial Medical Center will continue to bring programs to the community that are relevant and informative and ultimately improve the cardiovascular disease outcomes in our area.

## V. 2011 Community Benefit Values

Sutter Health affiliates and many other health care 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 value for Memorial Medical Center is calculated in two categories: **Benefits for the Poor and Underserved** and **Benefits for the Broader Community**. Below are definitions for each community benefit activity:

### **Benefits to the Poor and Underserved**

- **Traditional Charity Care** – Free or discounted health care services provided to the uninsured and underinsured populations.
- **Unreimbursed Cost to Medi-Cal** – The “shortfall” created when the facility receives payment below the costs of treating public beneficiaries.

### **Benefits for the Broader Community**

- **Non-Billed Services** – Activities with no individual patient bill, therefore no deduction from revenue is shown in the traditional statement of revenues and expenses.
- **Cash Donations and In-Kind Donations** – Dollars and other items such as staff time and supplies donated by a facility to a community-based program or agency.
- **Education & Research** – All community, patient, and medical education such as community lectures, nursing student rotations and physician/clinician training.



## Community Benefit Summary 2011 Sutter Central Valley Hospitals Including Memorial Medical Center

Benefits for the Poor and Underserved	Community Benefit
Traditional Charity Care	\$14,674,937
Unreimbursed costs of public programs	
Medi-Cal	\$43,264,297
Other public programs	\$626,874
Other Benefits for the Poor and Underserved	\$2,005,177
<b>Total Quantifiable Benefits for the Poor and Underserved</b>	<b>\$60,571,285</b>

Benefits for the Broader Community	Community Benefit
Non-Billed Services	\$2,413,878
Cash and In-Kind Donations	\$432,848
Education & Research	\$4,242,865
Other Community Benefits	\$16,821
<b>Total Quantifiable Benefits for the Broader Community</b>	<b>\$7,106,412</b>

*The financial information above reflects the community benefit values for Sutter Central Valley Hospitals. This includes the total benefits for the poor and underserved and broader community for the following hospitals:*

- *Memorial Medical Center*
- *Sutter Tracy Community Hospital*
- *Memorial Hospital Los Banos*

*For further detail regarding the community benefit values for Memorial Medical Center specifically, please contact Jennifer Downs-Colby at (209) 569-7578 or colbyj@sutterhealth.org.*

## **VI. 2011 List of Community Partners**

At times, Memorial Medical Center's community benefit efforts may involve investing in partnerships that fundamentally improve community health. In doing so, we acknowledge that our role goes beyond providing care or a service to supporting those organizations that have shown measurable impact in meeting an identified community need.

We are proud to support the following community organizations as we work collaboratively to help create healthier communities.

American Cancer Society  
American Heart Association  
American Red Cross  
AORN  
Autism Speaks  
Boy Scouts of America  
Community Hospice  
California State University of Stanislaus  
Children's Craniofacial Association  
Donor Network  
Habitat for Humanity  
Haven Women's Center  
Modesto Junior College/YCCD  
Area Agency on Aging  
Lance Armstrong Foundation  
Leukemia and Lymphoma Society  
Make A Wish Foundation  
March of Dimes  
Mended Hearts  
Modesto City Schools  
Modesto Gospel Mission  
National Kidney Foundation  
Salvation Army  
Sorooptimist of Modesto and Modesto North  
Shriners Children's Hospital  
Stanislaus County Health Services Agency  
Stanislaus County Office of Education  
Stanislaus Medical Society Alliance  
State Theater  
Transplant Donor Network