

Sutter Health

Alta Bates Summit Medical Center

2013 – 2015 Community Benefit Plan

Responding to the 2013 Community Health Needs Assessment

Submitted to the Office of Statewide Health Planning and Development May 2014

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***Note:** This implementation strategy is written in accordance with proposed Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. This document has also been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California [SB 697](#).

Introduction

This implementation strategy describes how Alta Bates Summit Medical Center, a Sutter Health affiliate, plans to address significant needs identified in the Community Health Needs Assessment (CHNA) published by the hospital on October 5, 2013. The document describes how the hospital plans to address identified needs in calendar (tax) years 2013 through 2015.

The 2013 CHNA and this implementation strategy were undertaken by the hospital to understand and address community health needs, and in accordance with proposed Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

This 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.

About Sutter Health

Alta Bates Summit Medical Center 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 health and well being of people in the communities we serve through compassion and excellence.

At Sutter Health, we believe there should be no barriers to receiving top-quality medical care. We strive to provide access to excellent health care 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.

In 2012, our network of physician organizations, hospitals and other health care providers invested \$795 million (compared to \$756 million in 2011) in health care services for low-income people, community health improvement services, and other community benefits.

For more facts and information about Alta Bates Summit Medical Center, please visit <http://www.altabatesummit.org>.

2013 Community Health Needs Assessment Summary

The Community Health Needs Assessment (CHNA) was commissioned by five local nonprofit hospitals in the East Bay – Alta Bates Summit Medical Center, Sutter Medical Center Castro Valley, Children’s Hospital and Research Center of Oakland, St. Rose Hospital, and Washington Hospital Healthcare System. These hospitals retained Valley Vision, Inc., to lead the assessment process over ten months. Valley Vision (www.valleyvision.org) is a nonprofit 501(c)(3) consulting firm with over seven years of experience in conducting CHNAs. The organization’s mission is to improve quality of life through the delivery of research on important topics such as health care, economic development, and sustainable environmental practices.

The CHNA provided necessary information for the Alta Bates Summit Medical Center community health improvement plan, identified communities and specific groups within these communities experiencing health disparities, especially as these disparities relate to chronic disease, and further identified contributing factors that create both barriers and opportunities for these populations to live healthier lives.

The CHNA defined health needs as a poor health outcome and its associated driver. A health driver is a behavioral, environmental, and /or clinical factor, as well as more upstream social economic factors, that impact health.

Primary data collection for the assessment included input from more than 195 members of the hospital service area, expert interviews with 35 key informants, and focus group interviews with 169 community members. In addition, a community health assessment collected data on more than 309 assets in the greater East Bay area. Secondary data included health outcome data, socio-demographic data, and behavioral and environmental data at the ZIP code or census tract level. Health outcome data included emergency department (ED) visits, hospitalization, and mortality rates. Socio-demographic data included data on race and ethnicity, poverty (female-headed households, families with children, people over 65 years of age), educational attainment, health insurance status, and housing arrangement (own or rent). Behavioral and environmental data helped describe general living conditions of the service area such as crime rates, pollution, access to parks, and availability of healthy food.

The health needs identified through analysis of both quantitative and qualitative data are as follows:

1. Lack of access to mental health services/treatment
2. Safety as a health issue
3. Limited access to quality primary health care services
4. Lack of access to affordable, healthy food
5. Lack of safe places to be physically active
6. Lack of access to dental care and preventive services
7. Pollution as a health issue
8. Limited access to basic needs: food, housing, jobs
9. Limited access to affordable, safe, and reliable transportation

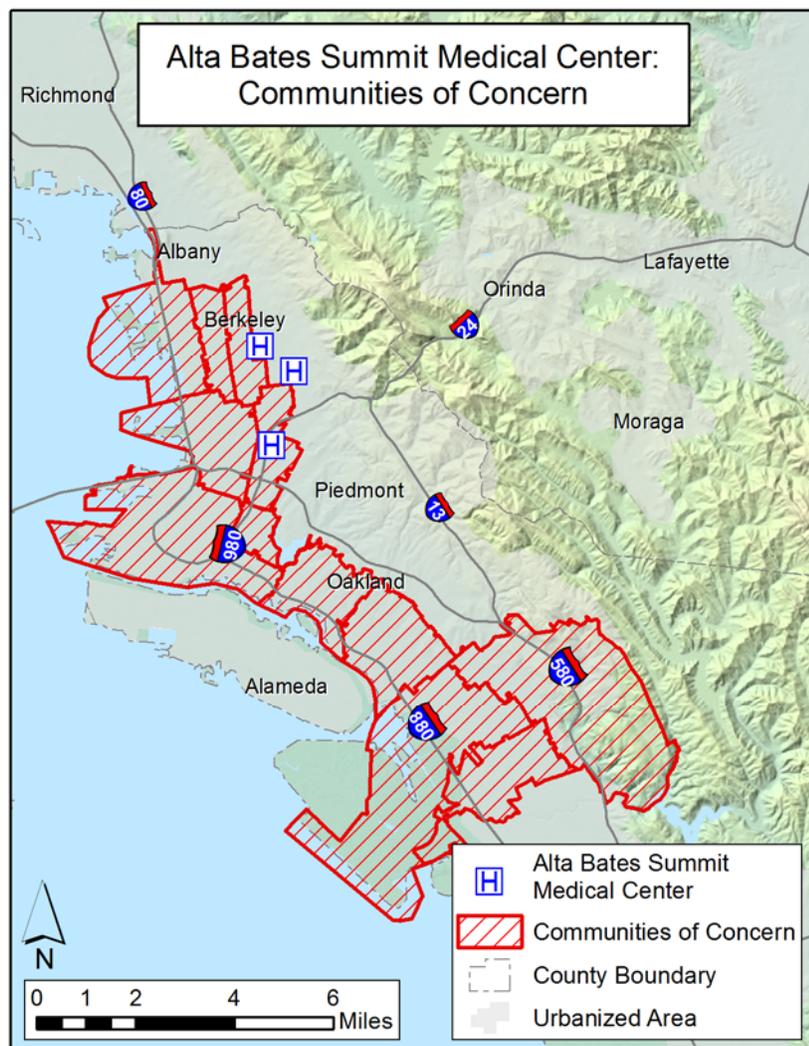
The full 2013 Community Health Needs Assessment report conducted by Alta Bates Summit Medical Center is available at <http://www.sutterhealth.org/communitybenefit/community-needs-assessment.html>.

Definition of Community Served by the Hospital

The Alta Bates Summit Medical Center primary service area is comprised of 24 ZIP codes. Analysis of both primary and secondary data revealed Communities of Concern in the service area that were living with a high burden of disease.

ZIP codes with rates that consistently exceeded county, state, or Healthy People 2020 benchmarks for ED utilization, hospitalization, and mortality were identified as preliminary Communities of Concern, particularly those ZIP codes with rates that consistently fell in the top 20%. These ZIP codes were then confirmed with the hospital CHNA workgroup for modification, and in some instances additional ZIP codes were added.

The Communities of Concern are outlined in the figure below:



The Alta Bates Summit Medical Center Communities of Concern are home to more than 330,000 community residents. The area consists of 12 ZIP codes, all located in Alameda County and in the cities of Berkeley, Oakland, and Emeryville. The Communities of Concern sit adjacent to the San Francisco Bay and are situated along the Interstate 80, 880, 580, 980 corridors, which run north and south through the East Bay area.

An online resource, called the Health Needs Map, developed by Valley Vision showing emergency room, hospitalization, and mortality rates for a number of diseases and health indicators at the ZIP code level for the service area, is available at www.healthneedsmap.com. The Health Needs Map gives users several points of view of an area's health status. Each ZIP code is assigned a Community Health Vulnerability Index (CHVI). A higher number ranking reflects those areas with the least modeled barriers, or less vulnerability. A lower number ranking indicates the areas with more modeled barriers, or higher vulnerability.

The CHNA along with the Health Needs Map will be used to guide the ongoing work of Alta Bates Summit Medical Center in strategically focusing community benefit and system resources to address health needs in the community.

Significant Health Needs Identified

Data on the socio-demographics of residents in these communities, which included socio-economic status, race and ethnicity, educational attainment, housing arrangement, employment status, and health insurance status, were examined. Area health needs were determined via in-depth analysis of qualitative and quantitative data and then confirmed with socio-demographic data. As noted earlier, a health need was defined as *a poor health outcome and its associated driver*. A health need was included as a priority if it was represented by rates worse than the established quantitative benchmarks or was consistently mentioned in the qualitative data.

The following significant health needs were identified by the 2013 CHNA:

Significant Community Health Need	Intends to Address
<p>Lack of access to mental health services/treatment Area experts and community members consistently reported the immense struggle service area residents had in maintaining positive mental health and in accessing treatment for mental illness. Mental health issues were the number one most commonly reported health issue, according to key informants and community members. In addition, all ZIP code Communities of Concern exceeded both county and state benchmarks for ED visits and hospitalizations due to substance abuse issues. It is notable that Alameda County had a county rate that was one and one-half times the state rate.</p>	<p>Yes</p>
<p>Safety as a health issue Local experts and community members stressed the impact of safety on the health of residents. Participants shared countless stories about feeling unsafe in their</p>	<p>No</p>

<p>daily lives – at school, taking public transportation, and walking through their community. The majority of the qualitative findings focused on the impact of community violence on young people in the service area. The importance of targeting violence, specifically for young people, is vital for the health of the area.</p>	
<p>Limited access to quality primary health care services Lack of access to health care was mentioned consistently by key informants and community members as a major barrier to healthy living, ranking second in frequency mentioned in the qualitative data. Specifically, adequate access to health care (primary and specialty), access to health insurance, and a lack of access to affordable, culturally competent, high quality health care were stressed. Community members emphasized the difficulties they had with gaining access to care in a timely fashion, indicating that most of the time spent accessing care for health problems is reactive and not preventative, largely due to affordability and ease of access.</p>	Yes
<p>Lack of access to affordable, healthy food Healthy eating was the most commonly mentioned topic by key informants and community members as a major contributor to negative health outcomes for the community. The main concerns regarding healthy eating for the service area focused on access to affordable, quality healthy foods and on issues of food insecurity as evidenced by many liquor stores and convenience stores but few accessible grocery stores in the community.</p>	No
<p>Lack of safe places to be physically active Area residents consistently expressed pronounced concerns over safety in their neighborhood and community parks. This presents a major barrier for community members to get exercise. Many neighborhoods have loose dogs on the street, high crime, a lack of sidewalks, and illegal activities that prevent regular physical activity. Many residents feel their parks are unsafe as well.</p>	No
<p>Lack of access to dental care and preventive services Dental health issues were the fourth most commonly mentioned health issue affecting residents in the service area. Community members stressed the immense lack of dental preventative services in the area, resulting in having teeth pulled merely to reduce pain. In addition, untreated dental issues lead to other health problems, which include heart disease and immune system infections.</p>	No
<p>Pollution as a health issue Both key informants and community members mentioned area pollution and air quality as a major contributor to poor health. The western part of the service area closest to the San Francisco Bay is disproportionately burdened by multiple sources of pollution. Environmental factors that produce this pollution burden include ozone and PM2.5 concentrations, diesel PM emissions, pesticide use, toxic emissions from facilities, traffic density, cleanup sites, impaired water bodies, groundwater threats, hazardous waste facilities and generators, and solid waste sites and facilities.</p>	No
<p>Lack of access to basic needs: food, housing, jobs Poverty was ranked third by key informants and community members as a major cause of ill health for the area. Many key informants noted that those who are poor and impoverished in the service area tend to struggle the most with health issues. Many community members spoke of living in crowded housing in order to make ends meet. It is notable that 11 out of the 12 ZIP code Communities of Concern exceed benchmarks for the percentage of families with children living in poverty.</p>	Yes
<p>Limited access to affordable, safe, reliable transportation Concerns over affordable and safe transportation were expressed by key informants and community members and were listed as the seventh most commonly mentioned contributor to poor health outcomes in the service area. Most of the concerns centered on not being able to afford public transportation and on safety issues when using it.</p>	No

2013 – 2015 Implementation Strategy

On December 12, 2013, Sutter East Bay Hospital's Board of Directors passed resolution #13-12004 approving this Community Benefit IRS Implementation Strategy designed to respond to community health needs, defined as health drivers and health outcomes. Different than past community health needs assessments, the 2013 assessment focused on identifying specific vulnerable ZIP codes as communities most in need of support. In addition to the many community benefit programs and services provided throughout Sutter Health East Bay Region, this 2013-2015 implementation strategy is focused on responding to specific health needs of specific zip codes, including, but not limited to, those most vulnerable ZIP codes of West Oakland, East Oakland, and South and West Berkeley. For a comprehensive list of Alta Bates Summit Medical Center community benefit programs and activities, please visit http://www.altabatesummit.org/about/communitybenefit/cb_programs.html.

All Sutter Health East Bay Region Community Benefit Initiatives align with the following pillars:

- 1) Connect patients to the right care, place and time through access to primary care and mental health services
- 2) Invest in vulnerable areas to ensure capacity of care meets demands of vulnerable populations
- 3) Collaborate to influence behavior to utilize preventive care, chronic disease management and community services
- 4) Build community capacity and improve health

This implementation strategy describes how Alta Bates Summit Medical Center plans to address significant health needs identified in its 2013 Community Health Needs Assessment and consistent with its 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.

Lack of Access to Mental Health Services/Treatment – Substance Abuse

Name of Program, Initiative or Activity MPI Treatment Services, Inc.

Description MPI Treatment Services, Inc., a community benefit program of Alta Bates Summit Medical Center, offers a complete range of chemical dependence treatment in five distinct levels of care:

- Detoxification (MPI uses special detoxification protocols for detoxification from certain medicines)
- Inpatient Rehabilitation
- Residential Rehabilitation
- Day Treatment

Morning and Evening Intensive Outpatient Programs

Anticipated Impact and Plan to Evaluate MPI must submit a separate IRS implementation strategy that outlines 2013-2015 initiatives designed to address this health need (see Alta Bates Summit Medical Center – MPI Treatment Services Implementation Plan).

Limited Access to Quality Primary Health Care Services

Name of Program, Initiative or Activity ED Utilization and Care Transitions Initiative

Description In order to connect patients to the right care, right place and time through access to primary care Alta Bates Summit, in collaboration with the Community Health Center Network, La Clinica, Asian Health Services and Lifelong, will improve the care transition for targeted uninsured and underinsured patients between Alta Bates Summit Medical Center and each of these three local health centers. Initiative objectives aim to 1) provide warm handoffs; 2) establish and monitor compliance and outpatient hospitalizations follow-up appointment; and 3) establish care plans for patients at highest risk.

Anticipated Impact and Plan to Evaluate

- Care plans will be developed for a total of at least 100 highest at-risk patients from La Clinica, Lifelong, and Asian health Services by **December 31, 2014**.
- There will be a 10% reduction in non-urgent use of Alta Bates emergency department by clinic patients.

Name of Program, Initiative or Activity	West Oakland Health Center ED and Care Transitions Initiative
Description	West Oakland is the most vulnerable ZIP code in both Alameda and Contra Costa counties and there are more community members from West Oakland who receive non-urgent care in the emergency department than any other ZIP code in the service area. In order to connect patients to the right care, right place, and right time through access to primary care ABSMC will collaborate with the West Oakland Health Center, as appropriate, to improve the care transition for targeted uninsured and underinsured patients between Alta Bates Summit Medical Center and West Oakland Health Center. Initiative objectives aim to 1) provide warm handoffs; 2) establish and monitor compliance and outpatient hospitalization follow-up appointments; and 3) establish care plans for patients at highest risk.
Anticipated Impact and Plan to Evaluate	<ul style="list-style-type: none"> • There will be a reduction in non-urgent use of ABSMC emergency department by West Oakland Health Center patients and a reduction in readmissions. • Determination and implementation of a model of improved care transitions between ABSMC and WOHC. A written plan will be completed by June 14, 2014 with implementation to begin no later than December 31, 2014.
Name of Program, Initiative or Activity	West Oakland Education and Outreach Initiative
Description	Working with West Oakland partners, Alta Bates Summit will develop and implement a model that replicates best practices of community engagement and community capacity building. Focus will be on access to care, chronic disease management, and reducing health disparities.
Anticipated Impact and Plan to Evaluate	<p>Increased connection to community resources</p> <ul style="list-style-type: none"> • Target population and existing community resources within the West Oakland ZIP code will be identified by March 31, 2014. • A strategic plan will be completed by June 30, 2014. This plan will include a specific matrix for evaluation and further program development in 2015. • Implementation will begin no later than December 31, 2014. <p>Increased awareness of how to manage chronic disease and associated risk factors of diabetes, asthma, and hypertension in West Oakland</p> <ul style="list-style-type: none"> • A strategic plan will be completed by June 30, 2014. This plan will be developed by leveraging the expertise of ABSMC Community Benefit programs, such as the Asthma Management Resource Center, Diabetes Resource Center, and the Ethnic

Health Institute and will include a specific matrix for evaluation and further program development in 2015.

- Implementation will begin no later than **December 31, 2014**.
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Name of Program, Initiative or Activity

Collaboration with existing Heart2Heart (H2H) Hypertension and Heart Disease Initiative in South Berkeley

Description

The H2H neighborhood program targets a specific South Berkeley neighborhood selected for both its assets and challenges. H2H, now in its 5th year, uses a community-based approach to address health inequities in high blood pressure and heart disease. H2H activities include monthly mobile health van events, blood-pressure screening and education in partnership with local businesses, national drug take-back days, and mini-grants for local organizations. The program seeks to empower residents and build community cohesion and capacity. Alta Bates Summit will collaborate with Lifelong Medical Care, the City of Berkeley Health Department, and other partners to expand the South Berkeley H2H initiative in order to address disparities in cardiovascular disease, especially in hypertensive heart disease.

Anticipated Impact and Plan to Evaluate

- A strategic plan designed to link the H2H existing efforts to Alta Bates Summit Medical Center initiatives will be developed by **June 31, 2014** with implementation to begin **no later than July 31, 2014**. This plan will include, but is not limited to, a community capacity building leadership training and a formal evaluation of the existing efforts.
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Lack of Access to Basic Needs: Food, Housing, Jobs

Name of Program, Initiative or Activity

Youth Bridge Career Development Program

Description

Youth Bridge is a year-round career development program designed to provide high school and college students with support and guidance to complete high school, pursue higher education, and ultimately obtain gainful employment. The program provides mentors and paid summer internships at the medical center and throughout the community.

Anticipated Impact and Plan to Evaluate

A total of 90 students from West and East Oakland and other vulnerable communities will participate in Youth Bridge and will be provided paid summer internships by **December 31, 2014**.

Name of Program, Initiative or Activity

Interim Care Program for Homeless

Description

This new community benefit program is designed to provide homeless patients temporary housing after their hospital discharge. This allows patients to recuperate in a clean and stable environment. Patients may stay up to six weeks, are provided three meals a day, and have access to support services, such as substance abuse counseling and other wrap-around services. This pilot project is in collaboration with Lifelong Medical, Inc. and secures two shelter beds in Berkeley and three in Oakland.

Anticipated Impact and Plan to Evaluate

- Connection to a medical home for all ICP clients
 - Connection to community resources for all ICP clients
 - Reduction in the average length of stay for homeless patients
 - 10% reduction in ED utilization for non-urgent visits by homeless patients
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Needs Alta Bates Summit Medical Center Plans Not to Address

No hospital can address all of the health needs present in its community. Alta Bates Summit 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. This implementation strategy does not include specific plans to address the following significant health needs that were identified in the 2013 Community Health Needs Assessment:

1. Safety as a health issue
2. Lack of access to affordable, healthy food
3. Lack of safe places to be physically active
4. Lack of access to dental care and preventive services
5. Pollution as a health issue
6. Limited access to affordable, safe, and reliable transportation

Alta Bates Summit Medical Center does not have the expertise or resources to respond to these community needs at this time. The medical center has more than 27 community benefit programs and services including, but not limited to, chronic disease management for asthma and diabetes, breast cancer, prostate cancer, stroke, and hypertension. The medical center is a collaborative partner to more than 350 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 2013-2015. For a comprehensive list of Alta Bates Summit Medical Center community benefit programs and activities, please visit http://www.altabatessummit.org/about/communitybenefit/cb_programs.html.

Approval by Governing Board

This implementation strategy was approved by the Sutter East Bay Hospital's Board of Directors on December 12, 2013.

Appendix: 2013 Community Benefit Financials

Sutter Health hospitals 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 values for Sutter East 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 health care 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 health care 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.

In 2013, Sutter East Bay Hospitals (SEBH), the legal entity that includes Alta Bates Summit Medical Center and Sutter Delta Medical Center, provided a total of \$218,230,047 in quantifiable community benefits. For further details regarding these community benefit values, please contact Deborah Pitts at (510) 869-8230 or PittsD@sutterhealth.org.

2013 Community Benefit Value	Sutter East Bay Hospitals
Services for the Poor and Underserved	\$211,126,722
Benefits for the Broader Community	\$7,103,325
Total Quantifiable Community Benefit	\$218,230,047

2013 Community Benefit Financials
Sutter East Bay Hospitals

Services for the Poor and Underserved	
Traditional charity care	\$24,596,956
Unpaid costs of public programs:	
Medi-Cal	\$179,676,601
Other public programs	(\$481,531)
Other benefits	\$7,334,696
Total services for the poor and underserved	\$211,126,722
 Benefits for the Broader Community	
Nonbilled services	\$3,826,009
Education and research	\$2,023,003
Cash and in-kind donations	\$972,199
Other community benefits	\$282,114
Total benefits for the broader community	\$7,103,325

This reflects the community benefit values for Sutter East Bay Hospitals (SEBH), the legal entity that includes Alta Bates Summit Medical Center and Sutter Delta Medical Center. For further details regarding these community benefit values, please contact Deborah Pitts at (510) 869-8230 or PittsD@sutterhealth.org.