Community Benefit Progress Report 2012

Responding to the 2008 and 2011 Needs Assessments

May 2013

Mills-Peninsula Health Services Community Benefit Progress Report Prepared and Submitted by:

Margie O’Clair
Vice President, Marketing, Communications and Public Affairs
Sutter Health Peninsula Coastal Region
650-504-3771
oclairm@sutterhealth.org
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Sutter Health

Building Healthier Communities and Caring for Those in Need

Mills-Peninsula Health Services is affiliated with Sutter Health, a not-for-profit network of 48,000 physicians, employees, and volunteers who care for more than 100 Northern California towns and cities. Together, we’re creating for a more integrated, seamless and affordable approach to caring for patients.

It’s better for patients:
We believe this community-owned, not-for-profit approach to health care best serves our patients and our communities – for multiple reasons. First of all, it’s good for patients. According to the Journal of General Internal Medicine (April 2000), patients treated at for-profit or government-owned hospitals were two-to-four times more likely to suffer preventable adverse events than patients treated at not-for-profit institutions.

Our stockholders are our communities:
Investor-owned, for-profit health systems have a financial incentive to avoid caring for uninsured and underinsured patients. They also have a financial incentive to avoid hard-to-serve populations and “undesirable” geographic areas such as rural areas. In many Northern California’s underserved rural locales, Sutter Health is the only provider of hospital and emergency medical services in the community.

Providing charity care and special programs to communities:
Our communities’ support helps us expand services, introduce new programs and improve medical technology. Across our network, every Sutter hospital, physician organization and clinic has a special story to tell about fulfilling vital community needs.

Our Commitment to Community Benefit: Meeting the health care needs of our communities is the cornerstone of Sutter Health’s not-for-profit mission. This includes directly serving those who cannot afford to pay for health care and supporting programs and services that help those in financial need.

In 2012, our network of physician organizations, hospitals and other health care providers invested $795 million in health care programs, services and benefits for the poor and underserved. This includes:
- The cost of providing charity care
- The unpaid costs of participating in Medi-Cal
- Investments in medical research, health education and community-based public benefit programs such as school-based clinics and prenatal care for patients.

Sutter Health’s commitment to delivering charity care to patients continued to grow, reaching another all-time high of $153 million in 2012 – or an average of nearly $3 million per week.
Executive Summary

In collaboration with the San Mateo County Hospital Consortium’s Healthy Community Collaborative, Mills-Peninsula Health Services participated in the 2013 community needs assessment. The report is currently being analyzed and will be formally released in April. This will form the foundation for local 2013 planning.

Further, as part of the Sutter Health, Mills-Peninsula Health Services participated in a 2012 strategic planning for a systemwide effort to enhance access to primary care and mental health services for the underinsured through partnerships with Federally Qualified Health Centers (FQHCs) and other social service providers. This work will gain focus as part of planning for the 2013-2015 response to community needs. The system-wide program in planning now will focus on:

- Identifying pockets of need in the communities we serve
- Influencing behavior to take advantage of preventive care and community services available through active partnerships
- Creating internal processes to help connect people to the right care at the right place, right time
- Measuring and reporting success

Community work described in the 2011 community benefit report continued in 2012, as indicated in this report.

Highlights of 2012 include:

- Conducted 2013 Community Health Needs Assessment, including primary and secondary research.
- Expansion of the African American Community Health Advisory Committee’s efforts to provide screening and education to underserved populations
- Ongoing support for seniors through Mills-Peninsula’s Senior Focus program that provides adult day health care, Alzheimer’s Day Care and education
- Grants program for community non-profits provided $250,000 in 2012
- Ongoing support for Samaritan House, a key non-profit safety net agency that provides medical care, housing, food and job training for the underserved

<table>
<thead>
<tr>
<th>2012 Community Benefit Value</th>
<th>Mills-Peninsula Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits for the Poor and Underserved</td>
<td>$50,483,834</td>
</tr>
<tr>
<td>Benefits for the Broader Community</td>
<td>$1,330,402</td>
</tr>
<tr>
<td>Total Quantifiable Community Benefit</td>
<td>$51,814,236</td>
</tr>
</tbody>
</table>

Financial information above reflects the community benefit values for Mills-Peninsula Health Services. This includes the total benefits for the poor and underserved and broader community for the following hospitals:

- Mills-Peninsula Health Services (includes Menlo Park Surgical Hospital)
- Sutter Maternity & Surgery Center

For further detail regarding the community benefit values for Mills-Peninsula Health Services specifically, please contact Margie O’Clair at (650) 934-6970 or OClairM@sutterhealth.org.
I. 2012 Progress Report on Community Benefit

The following pages will provide a report on the community benefit programs and activities conducted during 2012 at Mills-Peninsula Health Services. These programs were created in response to the 2008 and 2011 Community Needs Assessments – collaborative reports that help our partners, other health providers, public agencies and leaders identify and prioritize needs/areas of focus as they relate to the health of our communities.

The priority needs/areas of focus for Mills-Peninsula Health Services are:

1. Provide support services for the growing San Mateo County senior population
2. Address unmet needs of African American, Asian, Hispanic and Pacific Islander communities with screening and education
3. Partner with other community organizations to provide outpatient services for people without insurance
4. Support local non-profit organizations through a community grants program

For more information about the 2008 and 2011 Community Needs Assessment, including quantitative and qualitative data, please visit:

### Area of Focus 1: Support for older adults

<table>
<thead>
<tr>
<th><strong>Link to Community Needs Assessment</strong></th>
<th>Provide services that support independence and best possible health in the senior population of San Mateo County.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Description</strong></td>
<td>Senior Focus provides adult day health care and Alzheimer’s day care and respite for frail elderly. It is one of only two day health programs in San Mateo County and the only certified Alzheimer’s day care resource center.</td>
</tr>
<tr>
<td><strong>Goals and Objectives</strong></td>
<td>Ensure stability of the programs in light of state budget constraints that reduced state funding, including working with the county and appropriate advocacy organizations to create and implement program revisions.</td>
</tr>
<tr>
<td><strong>Strategy</strong></td>
<td>Partner with county health services to ensure adequate services; work with statewide advocacy groups to influence development of sustainable programs.</td>
</tr>
<tr>
<td><strong>Baseline Information</strong></td>
<td>The proportion of adults aged 60 and older is expected to roughly double over the next four decades, and Hispanics and Asians are projected to increase their representation considerably in the older population. As the fastest-growing population segment, the health and social needs of older adults require increasing attention.</td>
</tr>
<tr>
<td><strong>Contribution or Program Expense</strong></td>
<td>2012 - $1,941,000</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>Senior Focus continues to serve older adults and their families in San Mateo County, providing services across the spectrum from prevention to long term care. Thousands of people are served annually. Health education classes and screenings promote a healthy lifestyle and help seniors prevent or manage disease when it occurs. Volunteer programs help seniors maintain an active lifestyle and contribute to the non-profits in the community. The Adult Day Health and Alzheimer’s programs provide multidisciplinary health care services in an outpatient setting, allowing frail or impaired seniors to remain living at home instead of in institutions. Caregiver services include classes, support groups, one to one counseling, referral to community resources and a caregiver library. The programs also provide learning opportunities to health care and social services to professionals in the community and those who are seeking careers in the field of aging.</td>
</tr>
</tbody>
</table>
## Area of Focus 3: Provide screening and education for underserved African-American, Asian, Hispanic and Pacific Islander populations

<table>
<thead>
<tr>
<th>Link to Community Needs Assessment</th>
<th>Address disproportionate incidence of major diseases (cancer, heart disease, diabetes, asthma and other chronic diseases) in African American, Asian, Hispanic and Pacific Islander populations through screening and education.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Description</td>
<td>The African American Community Health Advisory Committee (AACHAC) has since 1995 partnered primarily with community churches and grass-roots organizations to deliver health messages and address the higher incidence of cancer and heart disease in the African American community with education and screenings for early detection.</td>
</tr>
<tr>
<td>Goals and Objectives</td>
<td>In 2012, the Committee increased its outreach to embrace the Asian, Hispanic and Pacific Islander communities. The Committee’s successful experience in the African American community was based largely on the relationships committee leaders enjoyed with the community itself. That same approach has been applied to outreach in the Asian, Hispanic and Pacific Islander communities. In each demographic, leaders are being identified and invited to collaborate to ensure culturally competent outreach.</td>
</tr>
<tr>
<td>Strategy</td>
<td>The AACHAC has enjoyed extraordinary success in its work. More than 2,500 people have been screened for breast cancer, heart disease, diabetes and other health concerns, and another 10,000 have been reached through its educational programs, social media and individual contact. The Asian, Hispanic and Pacific Islander populations are among the fastest growing in San Mateo County and as evidenced in the last two community needs assessments, these populations are more likely to have limited access to screenings that can provide early detection and education for healthier lifestyles.</td>
</tr>
<tr>
<td>Baseline Information</td>
<td>Mills-Peninsula supported the work of the AACHAC with monetary and in-kind contributions of $189,000</td>
</tr>
</tbody>
</table>
| Results                            | • In 2012, Provided more blood pressure and cholesterol screenings for more than 370 people at 15 congregations  
• Special events for the Hispanic community: Asthma conference; diabetes screening and education event; increased mammography outreach served more than 350  
• First diabetes program targeted for the Pacific Islander community served more than 100 people  
• Soul Stroll: About 2,000 people attended the 2012 walk and education event at Coyote Point Park. The committee also expanded its reach to mentor groups in Sacramento, California and Tempe, Arizona in staging their own Soul Stroll events |
| Committee founder Gloria Brown, Mills-Peninsula community outreach manager, was awarded 2011-2012 Stop Diabetes Award by the National Diabetes Association |
### Area of Focus 4: Support safety net clinics in providing outpatient care

<table>
<thead>
<tr>
<th><strong>Link to Community Needs Assessment</strong></th>
<th>Support outpatient care services for people who have no insurance.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Description</strong></td>
<td>Provide ongoing financial and in-kind services for Samaritan House, a private nonprofit organization providing services to help meet the daily needs of more than 12,000 low-income people within San Mateo County. Services include a medical clinic which is staffed by volunteers.</td>
</tr>
<tr>
<td><strong>Goals and Objectives</strong></td>
<td>In 2012, Mills-Peninsula continued its support with financial and in-kind donations</td>
</tr>
<tr>
<td><strong>Strategy</strong></td>
<td>Continued support for safety net clinics such as Samaritan House help provide care at the appropriate level rather than leaving people in need with no alternative but to seek care at the more expensive emergency room level. Good primary and prenatal care also helps people maintain health and avoid disease and the need for acute care.</td>
</tr>
<tr>
<td><strong>Baseline Information</strong></td>
<td>As evidenced in each successive community needs assessment, San Mateo County is one of the most diverse in the state, and has virtually two populations – one with higher incomes and ample access to excellent care; and the other with low incomes and little or no access.</td>
</tr>
<tr>
<td><strong>Affiliate/Region’s Contribution or Program Expense</strong></td>
<td>Mills-Peninsula provided $1,091,000 in 2012 in financial support and in-kind services including medications and radiology services.</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>The essential work of Samaritan House continues strong even through funding reductions from various government and grant sources. The program provides an essential layer of infrastructure in the health care system.</td>
</tr>
</tbody>
</table>
### Area of Focus 5: Support local non-profit organizations with a grants program

| **Link to Community Needs Assessment** | Broad-based support for non-profits that bridge the gap in health care services for the underserved. |
| **Program Description** | The grants program is designed to support health-related projects proposed by community organizations. As the need has grown and applications increased, the program funds organizations for a maximum of three years, then requires a year “break.” |
| **Goals and Objectives** | Support local non-profit organizations that provide services to a growing population of underserved. |
| **Strategy** | By funding these geographically and demographically diverse organizations with small grants, we achieve a greater reach into the community at the most needy touch points. |
| **Baseline Information** | In a continually challenged economy with multiple state and federal budget constraints, we depend more than ever on the important work of community-based non-profit organizations. Mills-Peninsula supports this work with a community grants program each year. |
| **Affiliate/Region’s Contribution or Program Expense** | 2012 grants program: $250,000 |
| **Results** | For a complete list of grant recipients for 2012, see appendix 1. |
II. 2012 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 Mills-Peninsula Health Services 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

## Mills-Peninsula Health Services

<table>
<thead>
<tr>
<th>Benefits for the Poor and Underserved</th>
<th>Community Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Charity Care</td>
<td>$9,873,891</td>
</tr>
<tr>
<td>Unreimbursed costs of Public Programs</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>$36,439,619</td>
</tr>
<tr>
<td>Other Public Programs</td>
<td>$668,950</td>
</tr>
<tr>
<td>Other Benefits for the Poor and Underserved</td>
<td>$3,501,374</td>
</tr>
</tbody>
</table>

**Total Quantifiable Benefits for the Poor and Underserved** $50,483,834

<table>
<thead>
<tr>
<th>Benefits for the Broader Community</th>
<th>Community Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonbilled Services</td>
<td>$431,651</td>
</tr>
<tr>
<td>Education &amp; Research</td>
<td>$277,497</td>
</tr>
<tr>
<td>Cash and In-Kind Donations</td>
<td>$620,126</td>
</tr>
<tr>
<td>Other Community Benefits</td>
<td>$1,128</td>
</tr>
</tbody>
</table>

**Total Quantifiable Benefits for the Broader Community** $1,330,402

The financial information above reflects the community benefit values for Mills-Peninsula Health Services. This includes the total benefits for the poor and underserved and broader community for the following hospitals:

- Mills-Peninsula Health Services (includes Menlo Park Surgical Hospital)
- Sutter Maternity & Surgery Center

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III. List of Community Partners

At times, Mills-Peninsula Health Services’ 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.

- Samaritan House
- Community Gatepath
- HIP Housing
- NAMI (National Alliance on Mental Illness)
- CORA (Community Against Relationship Abuse)
- PARCA (services for people with developmental disabilities)
- Puente De La Costa Sur
- Shelter Network
- Youth and Family Services
- Family Service Agency
- Operation Access
- American Heart Association
- American Cancer Society
- Fatherhood Collaborative
Appendix I

Community Grants Program recipients for 2012

$250,000

- Ask Academy – Peace Development
- Breast Cancer Emergency Fund
- Center for Independence of Individuals with Disabilities
- Community Gatepath
- CORA
- Partnership Collaborative
- El Centro De Libertad
- Family Connections
- Fatherhood Collaborative
- Friends for Youth
- HIP Housing
- Mission Hospice
- NAMI
- Notre Dame de Namur University
- Ombudsman Service
- PARCA
- Peninsula Family Service
- Planned Parenthood Mar Monte
- Puente de la Costa Sur
- Pyramid Alternatives, Inc.
- Rape Trauma Services
- RotaCare Coastside Clinic
- Samaritan House
- SM Police Activities League
- Sitike Counseling Center
- Sonrisas Dental Center
- Cleo Eulau Center
- HEAL project
- Women's Recovery Association