

## **Sutter Health**

### **Sutter Delta 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 Sutter Delta 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

Sutter Delta 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 well-being of the people in the communities we serve, through a not-for-profit commitment to compassion and excellence in health care services.

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 Sutter Delta Medical Center, please visit <http://www.sutterdelta.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](http://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 development of the Sutter Delta 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 89 members of the hospital service area, expert interviews with 18 key informants, and focus group interviews with 71 community members. In addition, a community health assessment collected data on more than 68 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.

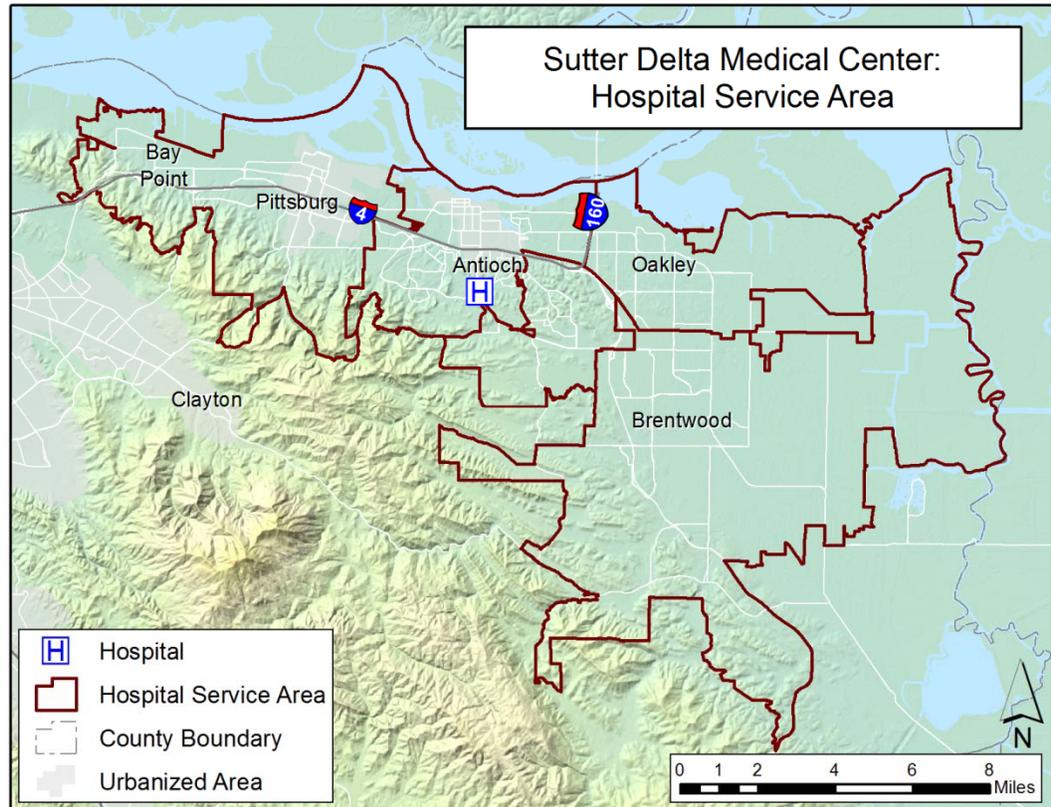
The health needs identified through analysis of both quantitative and qualitative data are as follows:

1. Lack of access to behavioral health services
2. Lack of access to primary care health services
3. Lack of access to affordable, healthy food
4. Safety as a health issue-mental health, crime, violence
5. Lack of access to dental care and preventative services
6. Pollution as a health issue
7. Lack of access to basic needs such as food, housing, jobs

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

**Definition of Community Served by the Hospital**

The Sutter Delta Medical Center primary service area is home to more than 278,000 community residents. The area consists of six Contra Costa County ZIP codes with a majority of community members living in the cities of Antioch, Pittsburg, Brentwood, and Oakley. These communities are situated along the Interstate 4 and 160 corridors and many reside on the bay.



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](http://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 Sutter Delta 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.

Significant Community Health Need	Intends to Address
<p><b>Lack of access to behavioral health services</b>            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 most commonly reported health issue by both key informants and community members. These included severe mental health issues as well as issues that arose from stress and anxiety brought on by living in a state of scarce resources and living in unsafe physical environments due to crime.</p>	No
<p><b>Lack of access to primary care health services</b>            Lack of access to health care was mentioned consistently by key informants and community members as a major barrier to healthy living. Specifically, lack of primary care providers, long wait times, cost of care, under or uninsured status, and lack of transportation to/from providers 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><b>Lack of access to affordable, healthy food</b>            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><b>Safety as a health issue-mental health, crime, violence</b>            Local experts and community members stressed the impact of safety on the health of residents. Five ZIP codes exceeded the state benchmark for emergency room visits due to assault, and three of the six exceeded the state benchmark for hospitalizations due to assault. The qualitative findings focused on the impact of violence, lack of safe places to live and exercise, being trapped in unsafe neighborhoods, and poor relationships between law enforcement and low income neighborhood residents.</p>	No
<p><b>Lack of access to dental care and preventive services</b>            Dental issues were a consistent finding from primary data collection and analysis. Dental and related issues were the fourth most frequently mentioned health issue by key informants and focus group participants. Issues included the lack of access to dental care, the high cost of dental care, and the detriment to health and wellbeing brought on by poor oral health.</p>	No
<p><b>Pollution as a health issue</b>            Both key informants and community members mentioned area pollution and air quality as a major contributor to poor health. The areas of Bay Point, Pittsburgh,</p>	No

and Central Antioch have higher pollution burden scores than the rest of the service area ZIP codes and are located on the largest portion of the bay. 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.

**Lack of access to basic needs: food, housing, jobs**

Many key informants noted that those who are poor and impoverished in the service area tend to struggle the most with health issues. Generational poverty, lack of jobs, poor nutrition, and housing challenges significantly influence the health status of the community.

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 Pittsburgh and Antioch.

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 Sutter Delta 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 Primary Care Health Services

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**Name of Program, Initiative or Activity** Emergency Department Utilization and Care Transitions with Federally Qualified Health Centers – La Clinica

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**Description** The purpose of this initiative is to establish a stronger working relationship with La Clinica that will 1) improve care transitions for targeted patients between Sutter Delta Medical Center and La Clinica; 2) decrease non-urgent (Level 1 and Level 2) emergency department visits; 3) decrease readmissions of La Clinica patients to Delta; and 4) provide access for uninsured and underinsured patients.

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**Anticipated Impact and Plan to Evaluate**

- A strategic plan will be developed by **July 31, 2014** that will identify a cohort of targeted patients and establish specific objectives to ensure: 1) all targeted patients are connected to a medical home; 2) all targeted patients are connected, as appropriate, to community resources; and 3) there will be a 10% reduction in non-urgent emergency department utilization by La Clinica patients.

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**Name of Program, Initiative or Activity** Expansion of Sutter Delta Community Clinic

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**Description** Sutter Delta Community Clinic, a community benefit program of Sutter Delta Medical Center, provides drop-in care for uninsured East County residents six evenings each week. In 2012, more than 4,500 patients received care through the clinic. Currently, the Community Clinic is open 24 evening hours each week. The goal is to expand those hours from four hours daily to eight hours, six days each week.

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**Anticipated Impact and Plan to Evaluate**

- The Community clinic will expand its hours from four hours, six days each week to eight hours, six days each week by **June 30, 2014**.
- The clinic expects to increase the number of patients seen from 4,500 to 6,000 annually.

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**Name of Program, Initiative or Activity** Congestive Heart Failure Program

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**Description** In 2014, Sutter Delta Medical Center will implement a new Congestive Heart Failure Program designed to prevent patient's avoidable readmission for congestive heart failure. Patients can be seen by a clinician at the Community Clinic after being discharged from the medical center. Clinicians will evaluate diet, medications, weight, and other risk

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factors and work with patients to prevent hospital readmission.

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**Anticipated Impact and Plan to Evaluate**

- There will be a 10% decrease in readmission for patients discharged from the medical center with congestive heart failure.
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**Name of Program, Initiative or Activity**

Diabetes Education Services

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**Description**

Sutter Delta Medical Center in collaboration with the Diabetes Center of Alta Bates Summit Medical Center and the Los Medanos Community Healthcare District will provide a recurring series of four week classes to approximately 100-200 Sutter Delta patients and Bay Point and Pittsburg residents. The education will include: 1) understanding the diabetes disease process and treatment options; 2) incorporating nutritional management and physical activity into their lifestyles; 3) using medications safely and for maximum therapeutic effectiveness; 4) monitoring blood glucose and other parameters and interpreting and using the results for self-management decision making; 5) preventing, detecting, and treating acute and chronic complications; and 6) developing personal strategies that address psychosocial issues and concerns and promote health and behavior change.

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**Anticipated Impact and Plan to Evaluate**

- At least 80% of participants will succeed in reaching personal action goals set in the first class. The ultimate goal is to support individuals with diabetes to improve the management of their disease and to avoid unnecessary emergency department visits or hospitalizations.
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**Name of Program, Initiative or Activity**

Save a Life Sister

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**Description**

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 and/or lack of health coverage do not have access to service. If cancer is detected, a nurse navigator links women to treatment services. Education and support services are offered as well.

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**Anticipated Impact and Plan to Evaluate**

- Save a Life Sister will provide breast cancer screening and diagnostic services to 200 individuals annually, through clinical breast exams and, as indicated, screening and diagnostic services.
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<b>Name of Program, Initiative or Activity</b>	Access to Homeless Shelter in East Contra Costa County
<b>Description</b>	Sutter Delta will reconnect and strengthen relationships with the Philip Dorn Center Respite Care Program and explore developing some type of Interim Care Program in East Contra Costa County in collaboration with Contra Costa County, John Muir, and Kaiser.
<b>Anticipated Impact and Plan to Evaluate</b>	<ul style="list-style-type: none"> <li>• Connection to homeless patients being discharged from Sutter Delta to a medical home</li> <li>• Connection of homeless patients to community resources</li> <li>• Reduction in ALOS for homeless patients</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. 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. Lack of access to behavioral health services
2. Lack of access to affordable, healthy food
3. Safety as a health issue-mental health, crime, violence
4. Lack of access to dental care and preventive services
5. Pollution as a health issue
6. Lack of access to basic needs such as food, housing, jobs

Sutter Delta Medical Center provides substantial financial assistance to uninsured and underinsured residents of East Contra Costa County. The primary need in this community is access to care. Thus the described enhancement of the onsite community clinic, improved access to primary care through enhanced relationships with local FQHC's, and targeted prevention initiatives will be the focus for 2013-2015.

## 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..

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

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

**2013 Community Benefit Financials**  
**Sutter East Bay Hospitals**

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<b>Services for the Poor and Underserved</b>	
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
<b>Total services for the poor and underserved</b>	<b>\$211,126,722</b>
 <b>Benefits for the Broader Community</b>	
Nonbilled services	\$3,826,009
Education and research	\$2,023,003
Cash and in-kind donations	\$972,199
Other community benefits	\$282,114
<b>Total benefits for the broader community</b>	<b>\$7,103,325</b>

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