

Sutter Health Memorial Medical Center

2014 Community Benefit Plan Update

Based on the 2013 – 2015 Community Benefit Plan

Responding to the 2013 Community Health Needs Assessment

Submitted to the Office of Statewide Health Planning and Development May 2015

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This document serves as an annual update to the 2013 – 2015 community benefit plan for Memorial Medical Center. The update describes impact from community benefit programs/initiatives/activities conducted in the reporting year, along with the economic values of community benefits for fiscal year 2014.

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The 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 Memorial 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

Memorial Medical Center is affiliated with Sutter Health, a not-for-profit network of hospitals, physicians, employees and volunteers who care for more than 100 Northern California towns and cities. Together, we're creating a more integrated, seamless and affordable approach to caring for patients.

The hospital's mission is to 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.

Over the past five years, Sutter Health has committed nearly \$4 billion to care for patients who couldn't afford to pay, and to support programs that improve community health. Our 2014 commitment of \$767 million includes unreimbursed costs of providing care to Medi-Cal patients, traditional charity care and investments in health education and public benefit programs. For example:

- To provide care to Medi-Cal patients in 2014, Sutter Health invested \$535 million more than the state paid. Sutter Health hospitals proudly serve more Medi-Cal patients in our Northern California service area than any other health care provider.
- In 2014, Sutter Health's commitment to delivering charity care to patients was \$91 million. Our charity care investment represented an average of nearly \$1.8 million per week.
- Throughout our health care system, we partner with and support community health centers to ensure that those in need have access to primary and specialty care. We also support children's health centers, food banks, youth education, job training programs and services that provide counseling to domestic violence victims.

Every three years, Sutter Health hospitals participate in a comprehensive and collaborative Community Health Needs Assessment, which identifies local health care priorities and guides our community benefit strategies. The assessments help ensure that we invest our community benefit dollars in a way that targets and addresses real community needs.

For more facts and information about Memorial Medical Center, please visit www.memorialmedicalcenter.org.

2013 Community Health Needs Assessment Summary

The full 2013 Community Health Needs Assessment report conducted by Memorial Medical Center is available at: www.hsahealth.org/data, then click on “Other Publications”. Also available on Memorial’s website: www.memorialmedicalcenter.org.

Definition of Community Served by the Hospital

County Demographics

The specific source and time period on which each reviewed finding is based are noted in parentheses in the text (e.g. 2010 US Census or 2009-2011 ACS). Unless otherwise noted, health insurance data and information about individuals’ usual source of care come from the California Health Interview Survey (2001-2009) with the specific year or years of data noted (e.g. 2009 CHIS).

Location and Population Size

- Stanislaus County is located in the San Joaquin Valley (the heart of California’s Central Valley), a major producer of agricultural products for the US and world.
- 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 (2010 US Census).

Gender and Age

- Stanislaus County has a balance between males and females (49.5% vs. 50.5%: 2010 US Census).
- Stanislaus County residents are younger, overall, than California residents, where the median age is 35.2 (2010 US Census).
- Like the nation as a whole, Stanislaus County is aging. The average age in Stanislaus increased from 29.2 years in 1980 to 32.8 years of age in 2010 (US Census).

Race and Ethnicity

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

Origins and Language

- Twenty-one percent of the County's population is foreign-born (2009-2011 ACS).
- Of foreign born residents, 67% are from Latin America, 23% from Asia, 3% from Europe, 3% from Oceania and less than 1% each from Africa and North America (2009-2011 ACS).
- Recent wars and instability in the Middle East have led to an increasing sub-population of Assyrian refugees from Iraq and Iran, a group which is not categorized separately in US Census Bureau methodology.
- Even more recently, refugees from Burma have begun to arrive in the County.
- Stanislaus County residents are also linguistically diverse; 41.3% of residents speak a language other than English at home (2011 ACS). Of these, 31.6% speak Spanish or Spanish Creole.

Disability

- An estimated 12% of Americans have a disability related to hearing, vision, cognition, movement, self-care or independent living (2009-2011 ACS).
- An estimated, 13.0% of Stanislaus County residents self-report such a disability.
- As shown in Table 2, disability status and type differ greatly by age.

Table 2: Stanislaus Residents* with a Disability, 2009-2011

Disability Category	< 18 Years	18-64 Years	65+ Years	All Ages
Hearing	0.7%	2.1%	19.0%	3.5%
Vision	0.8%	2.1%	8.4%	2.4%
Cognitive	4.6%	4.5%	13.0%	5.0%
Ambulatory	0.6%	6.3%	29.7%	7.0%
Self-Care	0.8%	2.0%	12.1%	2.7%
Independent Living	NA ¹	3.9%	19.9%	2.1%
ANY	4.6%	11.5%	44.9%	13.0%

Data Source: US Census Bureau's 2011 American Community Survey (three-year estimates)

**Of civilian non-institutionalized population*

¹Not asked of this age group

Socioeconomic 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, greater unemployment and less educational attainment.

Income: Poverty and Wealth

Like its Central Valley neighbors, Stanislaus County is less wealthy than coastal California counties.

- The median household income of the County is lower (by approximately 24%) than that of the State (\$48, 170 vs. \$59,641, 2009-2011 ACS).
- Likewise, the per capita income is 37% lower in the County (\$20,793) than State (\$28,504; 2009-2011 ACS).

A higher percentage of Stanislaus County residents (23.8%) and families (18.5%) live below the Federal Poverty Level (FPL) than California residents (16.6%) and families (12.4%; 2011 ACS).

- Individuals living in poverty vary by age, gender, race and ethnicity, as shown in Table 3 (see next page).

Table 3: Stanislaus Residents Living in Poverty by Demographic Factors

Demographic Factor	# in Poverty	Total Population	% in Poverty*
Age			
< 18	47,779	143,931	33.2%
18 to 64	66,985	315,212	21.3%
≥ 65	7,448	54,166	13.8%
Total	122,212	513,309	23.8%
Gender			
Male	58,494	255,274	22.9%
Female	63,718	258,035	24.7%
Race (One Race)			
White		398,330	
Black	6,975		
Asian/ Native	2,823		
American	NA	NA	
Total	NA		
Ethnicity			
Latino	58,715		
Non-Latino	28,926		

**Population for whom poverty status is determined*

Data Source: US Census Bureau, 2011 American Community Survey (one-year estimates)

Unemployment

An agricultural base (using migrant labor) and seasonal employment (e.g. in the food processing industry) have historically caused relatively high unemployment, contributing to Stanislaus County's lower overall prosperity.

- As of April 2013, the unemployment rate for Stanislaus County was 13.4%, compared to 8.5% for California and 7.1% for the US (rates not seasonally adjusted; California Economic Development Department, Bureau of Labor Statistics, 2013).

Educational Attainment

Much research has shown that education is related to health; those with a higher degree of education are generally healthier, are less likely to self-report a chronic disease diagnosis, and are more likely to survive into old age than those with less education (e.g. Culter & Lleras-Muney, 2007).

- Stanislaus County's pattern of educational attainment shows a population at risk for poor overall health.
- In Stanislaus, only 16.5% of the population aged 25 years and older have a bachelor's or graduate degree, compared to 30.1% in California (2007-2011 ACS).
- Almost 60% of Stanislaus residents (compared to 51% of Californians) have only a high school diploma, some college credits or an Associate's degree US 2007-2011 ACS).
- Lower educational attainment is also a risk factor for poverty.
- In 2007-2011, amongst the Stanislaus residents who were 25 years of age or older and lived below the poverty level, 27.6% did not graduate from high school, 18.4% were high school graduates, and 11.2% had some college credits (2007-2011 ACS). Only 5.0% of those living in poverty held a Bachelor's degree (compared to 16.5% of the general population).

Impact of the Recession

The economic recession has had a greater effect on Stanislaus County than on California as a whole. While there has been evidence of recovery, the County is experiencing a slower recovery than other areas in the state and nation.

- Between 2005-2007 and 2009-2011, Stanislaus' median household income decreased \$2,205 (from \$50,375 to \$48,170), while California's increased \$1,280 (from \$58,361 to \$59,641; 2005-2007 ACS and 2009-2011 ACS).
- Between 2006 and 2011, the percentage of California residents who participated in the SNAP (food stamp) program rose from 4.3% to 8.3% while participation in Stanislaus County rose from 7.1% to 14.7% (2006 & 2011 ACS).
- As of April 2013, the County's monthly unemployment rate was

- 13.4%, compared to 8.5% for California and 7.1% for the US.
- The median home sale price in Stanislaus decreased by 62% during the recession: \$339,000 in 2007 to \$130,000 in 2011 (RealtyTrac, 2011). As of March, 2013, the median home price has risen slightly to \$140,000 (RealtyTrac, 2013a), only 41% of the median value in 2007.
- Between 2007 and 2012, Stanislaus County had also consistently been ranked as one of the nation's leaders in foreclosures (RealtyTrac, 2011). As of 2013, Stanislaus (and the Modesto Metropolitan Statistical Area) were no longer listed among the worst 10 areas for foreclosures in the country (RealtyTrac, 2013b).

Significant Health Needs Identified

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

Significant Community Health Need	Intends to Address
<p>Access to Care</p> <ul style="list-style-type: none"> Healthcare provider shortage - In addition to a high number of uninsured individuals, access to care in Stanislaus County is reduced by the relative lack of providers per capita. Lack of Healthcare insurance for lower income, Latinos and working age adults. 	Yes
<p>Quality of Clinical Care</p> <ul style="list-style-type: none"> Pre-natal and Perinatal health education - Healthy babies generally come from healthy pregnancies. Teen mothers are less likely to initiate prenatal care. Teen births are higher in Stanislaus County than in California overall, therefore available pre-natal and perinatal education is crucial. Chronic Disease Prevention and Control – Life Style counseling and support for pediatric patients is lacking in our community as well as screenings for certain cancers and hypertension. 	Yes
<p>Modifiable Risk Factors for Disease</p> <ul style="list-style-type: none"> Poor diet, lack of physical activity, overweight/obesity, tobacco use are areas of opportunity in our community. 	Yes
<p>Behavioral Risk Factors for Disease</p> <ul style="list-style-type: none"> High risk sexual activity leading to sexually – transmitted infections/diseases: Chlamydia and Gonorrhea is an area of community concern. 	Yes
<p>Environmental Risk Factors</p> <ul style="list-style-type: none"> Poor air quality and poor retail food environment make up the Environmental Risk factors that negatively affect our community's health 	No
<p>Burden of Disease – Access to Mental Health and Behavioral Health Programs</p> <ul style="list-style-type: none"> Chronic Diseases are on the rise and include Diabetes, Heart Disease, Hypertension, Asthma and Depression. Access to Mental Health and Behavioral Health programs is minimal in our community and a major area of concern. 	No

2013 – 2015 Implementation Strategy

This implementation strategy describes how Memorial 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.

Access to Care Provider Shortage

Name of Program, Initiative or Activity **Valley Consortium for Medical Education – Family Practice**

Description In partnership with other healthcare facilities in the Stanislaus County area, Memorial has joined the effort to provide a Primary Care physician training program for physicians in our community. MMC will provide consistent funding to support this needed program

Anticipated Impact and Plan to Evaluate This program will enhance care to the indigent population and increase providers. Evaluation and outcomes will be determined by the results in the next Community Health Needs Assessment.

2014 Impact The Valley Family Medicine Residency of Modesto has trained and graduated 58 physicians over the past 5 years of the program. Over 50% of these graduates have stayed in the Central Valley, thus increasing the number of providers by 29. We have approximately 300 primary physician providers in our community. This program has increased the number of primary care providers by almost 10%.

Mechanism(s) Used to Measure Impact The program director, Dr. Peter Broderick, has provided program participant and graduation rates. The VCME tracks physician graduates to determine where they are practicing.

Community Benefit Contribution/Expense Memorial Medical Center provided \$261,000 during 2014 to support this program. This community donation supports VCME operations and training for student physicians.

Program, Initiative, or Activity Refinement Past funding supported the incoming class size at 12 residents per year, but in 2014 and 2015 the program decreased to 10 residents per year due to federal and Teaching Health Center funding uncertainty. With MMC continued consistent support, VCME hopes to sustain this class size and look at future growth as the need increases.

Name of Program, Initiative or Activity **Rural Communities Access Improvement Project (RCAIP)**

Description Memorial Medical Center staff will work with a regional planning team to identify the best approach to improving access to care in rural communities for the poor and underserved. They will identify and implement opportunities to target specific populations and geographic

areas where community members may have difficulty accessing available health care services and resources.

Anticipated Impact and Plan to Evaluate

The Rural Communities Access Improvement Project will increase access to information and health care service, improve patient's health and reduce the number of ED visits due to untreated chronic conditions. The hospital will evaluate the impact of the RCAIP program by annually tracking the progress toward full implementation of a solid strategy and eventually, by number of people served and other metrics.

2014 Impact

The Sutter Health Mobile Clinic Van was purchased, and in the last quarter of 2014, personnel was hired to further implement a solid strategy and coordinate services that will directly serve the most vulnerable populations in a tri-county area.

The Mobile Health Clinic staff are establishing direct partnerships with community health leaders and representatives from Merced, Stanislaus and San Joaquin counties.

The Mobile Health Clinic team is actively participating in the Westside Healthcare Task Force. The Task Force includes government and healthcare representatives from Gustine, Newman and Patterson. This area is underserved and has recently had a closure of two clinics. The Mobile Health Clinic Team is also part of Merced County Consortium which helps to coordinate health care delivery, health care access and increase health care resources.

Mechanism(s) Used to Measure Impact

Program evaluation is yet to be determined. Once scope of work is established and services commence, Memorial Medical Center, community benefit staff will work with Mobile Health Clinic staff to develop methods to measure both quantitative and qualitative data to measure impact in our service area.

Community Benefit Contribution/Expense

Enter the community benefit dollars contributed to this program/initiative/activity in 2014. Describe the contribution (in-kind, cash, staff/expertise, operational, etc).

Program, Initiative, or Activity Refinement

Based on the 2014 impact, describe how you will refine the program/initiative/activity, if needed, to meet goals and objectives.

Quality of Clinical Care and Lifestyle Counseling

Name of Program, Initiative or Activity	Pregnancy 101 at Memorial Medical Center – Pre-Child Birth Education for improving pre-natal and perinatal health education
Description	Pregnancy 101 is open to the public. Classes are offered to the public including those on Medi-Cal or without insurance. Training focuses on improved management of the early stages of pregnancy encompassing activity, nutrition and supplements during this critical phase. Sufficient nursing staff and benefits, and educational materials will be provided to meet the needs of the community.
Anticipated Impact and Plan to Evaluate	Attendance will be evaluated. A pre and post-test will be given to determine effectiveness of health education. Other outcomes will be utilized to determine the effectiveness of the training.
2014 Impact	The program has been accessed by 7 participants during the first year. Exit interviews were positive and invoked comments such as “super informative”, “content easy to follow”, “I learned a lot”, “Great information helped with my fears”, “Useful, clear”.
Mechanism(s) Used to Measure Impact	Each participant is given a verbal exit interview. Patient encounters are tallied via sign-in sheets, evaluations are given at each class. Responses are collected by the nurse coordinator and tallied.
Community Benefit Contribution/Expense	\$1,500 in community benefit dollars was utilized to start the program and increase awareness. The expenses were used for staff salaries and operational costs including class handouts and education materials.
Program, Initiative, or Activity Refinement	The program will continue to be marketed to physicians who manage lower income patients, and those with little or no insurance coverage.
Name of Program, Initiative or Activity	Chronic Disease Prevention and Control – Lifestyle Counseling and support for pediatric patients. – After School Program (SCOE) and Boys and Girls Club
Description	For school age children who live in underserved or rural areas, After School programs for the county and through Boys and Girls Club provides excellent environment for teaching Healthy behaviors. Youth are given training in good nutrition and in increasing exercise and activities to reduce the incidence of obesity in children.

Anticipated Impact and Plan to Evaluate	The After School Program has 38 school sites in three counties that serve over 3,200 students per day. Boys and Girls clubs are new to our area, but impact significantly the positive behaviors for this vulnerable population.
2014 Impact	The Boys and Girls Club 2014 Impact Survey reported: 78% of students demonstrated improved attendance and 80% had improved academic performance due to their participation in the Boys and Girls Club over prior year. The SCOE After School program had 75% of students make appropriate food choices when tested.
Mechanism(s) Used to Measure Impact	<p>At Boys and Girls club, a comparison of student data from the 2012 – 2013 school year to the 2013-2014 school year demonstrated the outcomes. 78% of students who demonstrated attendance issues during the previous year showed an improvement in their attendance during the subsequent year. A parent perception survey in 2014 determined that 80% of parents felt their child's academic performance improved due to Boys and Girls Club participation.</p> <p>For SCOE, pre and post surveys determined improved student choices and new behaviors learned from the curriculum presented.</p>
Community Benefit Contribution/Expense	<p>\$15,000 in cash donations for SCOE After School Program to cover curriculum and operations during 2014.</p> <p>\$5000 in cash donation was contributed to Boys and Girls Club during 2014. This was the first full year in operation.</p>
Program, Initiative, or Activity Refinement	MMC will continue to support the SCOE After School program and Boys and Girls club based on the positive 2014 impact, Although, attendance and academia are extremely vital and important to a community's health, we will request that future outcomes reflect the positive nutrition and activity changes the children make at Boys and Girls club.

Modifiable Risk Factors for Disease (obesity, smoking, poor diet)

Name of Program, Initiative or Activity	PHAST Anti-Smoking program for Youth – Stanislaus County Office of Education
Description	SCOE’s PHAST program has partnered with Memorial Medical Center to provide tobacco prevention education to grades 6 – 12 in Stanislaus County. Through the PHAST youth coalition, this partnership encourages students who have not made the decision to be healthy or those most at risk for tobacco use. MMC is committed to ongoing funding of this program as the benefits are numerous and broad.
Anticipated Impact and Plan to Evaluate	Through the PHAST grant from Memorial, Dr. Victor DeNoble presents to our community one time per year to broadcast his findings to all the high schools in the area. His topic is “Biology of Addiction”. He discourages high school children by use of science and research to never start using tobacco products or discontinue use immediately. His message is powerful and influential with teens and adults. The program provides intervention strategies and materials to assist youth and young adults in the pursuit of a healthier lifestyle.
2014 Impact	4,890 high school and middle school students were exposed to the TUPE program and the PHAST organization during 2014, plus 80 parents and college age students. Results from countywide surveys show that reductions in use of cigarettes, tobacco and snuff have decreased dramatically. A county-wide survey indicates reductions in use of these products have decreased by 20 – 23% in 7 th & 9 th graders.
Mechanism(s) Used to Measure Impact	The results are from the California Healthy Kids Survey. The data captured compares 2009 – 2001 with 2012 – 2013 for Stanislaus County. The data is then compared to the California State averages from 2009 – 2011. The survey is administered every 2 years.
Community Benefit Contribution/Expense	\$15,000 cash donation. The dollars contributed support the expert biologist who lectures the students and encourages them to not even start with tobacco usage.
Program, Initiative, or Activity Refinement	MMC will continue to support this program and bring information and education to the students annually.
Name of Program, Initiative or Activity	The Health Center Programs – Cardiac Independence, Pulmonary Independence, Diabetes Treatment, and Cardiac Heart Failure programs

Description	As the only Cardiac Rehab, Pulmonary Rehab and Congestive Heart Failure program in this service area, Memorial provides training and education for patients who have experienced a heart event or COPD or CHF diagnosis. Also provided is a comprehensive diabetes program open to all patients including Medi-Cal managed care program, Health Plan of San Joaquin County. These programs are open to the public if accompanied by a physician referral. All programs retrain patients to improve their life and health status with behavior modification. MMC provides nursing, exercise physiologist, diabetes educators, and dietitians and all necessary materials.
Anticipated Impact and Plan to Evaluate	Measurable outcomes are collected each quarter and reported to Quality Management and include: readmission rates, improvement in ability to sustain a 6 minute walk, and perceived improvement in quality of life.
2014 Impact	<p>Pulmonary Independence Program – 2014 results showed a 32% increase in patient function over pre-program performance.</p> <p>CHF Program – 2014 results indicated that Readmission rates were reduced from 19% in 2013 to 18.3% in 2014 (base year was 21%)</p> <p>Diabetes Gestational patients – Rate of Screening for Type 2 DM increased from 9% at the beginning of 2014 to 33% by 4th quarter 2014. Due to DTP interventions, the number of patients screened increased. This was the first year this statistic was tracked.</p> <p>Cardiac Rehab – Quality of Life: survey. 100% of respondents surveyed indicated they had an improved quality of life due to Cardiac Independence program. 100% were now exercising regularly compared to pre-program.</p>
Mechanism(s) Used to Measure Impact	6 Minute Walk test, pre and post program, Hospital Discharge and Readmission data, Phone interviews and Quality of Life Surveys.
Community Benefit Contribution/Expense	\$2,167,257 - in community benefit expenditures for operations, including overhead, staffing, educational materials minus any revenue or reimbursement received.
Program, Initiative, or Activity Refinement	Chronic Disease Management is a major need in our community. We will continue to offer these programs to meet those needs in the future.

Burden of Disease – Access to Mental Health and Behavioral Health Programs

Name of Program, Initiative or Activity	Integrated Behavioral Health program – Health Services Agency (H.S.A.)
Description	MMC and Sutter Health have supported this program from its inception. H.S.A. provides mental and behavioral services to the medical indigent adult population. The licensed care providers are available at the Primary care clinic level and have increased access to mental health through the Integrated Behavior Health. MMC funding supports staffing and materials.
Anticipated Impact and Plan to Evaluate	The uninsured and underinsured patients in need of mental health services are able to readily access this program through their family practice clinic with practitioners on site. Success of the program will be measured by the number of patients seen during the year and reported annually.
2014 Impact	MMC did not support the Integrated Behavioral Health program with the Health Services Agency during 2014 as the goal of the program was to become sustainable and not require funding annually. Instead, we donated to the Promotores program which has a mental health component with the Latino population. Impact and outcomes for that program will be available in 2015.
Mechanism(s) Used to Measure Impact	No mechanisms were used as MMC did not support the program in 2014.
Community Benefit Contribution/Expense	\$0.00 – No community benefit dollars were utilized as we did not support the program this year, however MMC did support the Promotores program with a \$50,000 contribution in 2014.
Program, Initiative, or Activity Refinement	Not applicable for the Access to Mental Health and Behavioral Health program, however, we will work with our partners (Center for Human Services, Promotores) to develop data collection mechanisms to evaluate impact and progress with the Promotores in 2015.

Needs Memorial Medical Center Plans Not to Address

No hospital can address all of the health needs present in its community. Memorial 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:

Environmental Risk Factors – Poor Air Quality, Retail Food Environment

- The air quality issue is currently being addressed by the San Joaquin Valley Air Pollution Control District. This District is made up of eight counties including Stanislaus County and is actively addressing this issue.
- The Community Transformation Grant is studying the retail food environment, impact of the prevalence of unhealthy foods, and restrictions on advertising. This is an ongoing effort supported fully by Stanislaus County Health Services Agency and the Center for Disease Control.

Behavioral Risk Factors – High risk sexual activity leading to sexually transmitted infections or diseases: Chlamydia and Gonorrhea is an area of community concern

- Sexually transmitted diseases impact the general health and well-being of our community. We support our Public Health Department and the Health services Agency as they provide to the public, available, inexpensive and anonymous testing and reporting.

Approval by Governing Board

This implementation strategy was approved by the Governing Board of Central Valley Region for Memorial Medical Center on October 24, 2013.

Appendix: 2014 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 Central Valley 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.

2014 Community Benefit Value	Sutter Central Valley Hospitals
Services for the Poor and Underserved	\$70,473,221
Benefits for the Broader Community	\$5,129,055
Total Quantifiable Community Benefit	\$75,602,276

This reflects the community benefit values for Sutter Central Valley Hospitals (SCVH), the legal entity that includes Memorial Medical Center, Memorial Hospital Los Banos and Sutter Tracy Community Hospital. For details regarding the community benefit values for MMC specifically, please contact Jennifer Downs-Colby at (209) 569-7578 or colbyj@sutterhealth.org.

2014 Community Benefit Financials
Sutter Central Valley Hospitals

Services for the Poor and Underserved	
Traditional charity care	\$8,534,121
Unpaid costs of public programs:	
Medi-Cal	\$59,519,616
Other public programs	\$86,632
Other benefits	\$2,332,852
Total services for the poor and underserved	\$70,473,221
 Benefits for the Broader Community	
Nonbilled services	\$2,866,215
Education and research	\$1,074,180
Cash and in-kind donations	\$961,338
Other community benefits	\$227,322
Total benefits for the broader community	\$5,129,055

This reflects the community benefit values for Sutter Central Valley Hospitals (SCVH), the legal entity that includes Memorial Medical Center, Memorial Hospital Los Banos and Sutter Tracy Community Hospital. For details regarding the community benefit values for MMC specifically, please contact Jennifer Downs-Colby at (209) 569-7578 or colbyj@sutterhealth.org.