

Mercy Medical Center Redding

Community Benefit 2021 Report and 2022 Plan

Adopted November 2021



Dignity Health™
Mercy Medical Center
Redding

A message from

G. Todd Smith, President and CEO of Mercy Medical Center Redding, and Eva Jimenez, Chair of the Dignity Health Mercy Medical Center Redding Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Mercy Medical Center Redding shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2021 Report and 2022 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2021 (FY21), Mercy Medical Center Redding provided \$32,645,718 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$57,023,738 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2021 Report and 2022 Plan at its November 11, 2021 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to Alexis Ross, Director Market Area Community Health at 530.225.6114 or by email at alexis.ross@dignityhealth.org.





G. Todd Smith
President/CEO

Eva Jimenez
Chairperson, Board of Directors

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At-a-Glance Summary

<p>Community Served</p> 	<p>There are three incorporated cities within Shasta County - Anderson, Redding and the City of Shasta Lake, which account for 62 percent of the total county population. The service area's population remains relatively flat with growth between 2010 and 2019 being 1.9%, while California has grown 6.8% within the same timeframe.</p> <p>Due to its large land area and the high percent of residents living in rural areas, Shasta County has a population density one-fifth that of California as a whole. Furthermore, the county population is proportionally older and less racially diverse than the state. The county demographics are on a trend to become even older, while the racial makeup of residents is growing in diversity.</p>
<p>Economic Value of Community Benefit</p> 	<p>\$32,645,718 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$57,023,738 in unreimbursed costs of caring for patients covered by Medicare</p>
<p>Significant Community Health Needs Being Addressed</p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> • Alcohol and other Substance Abuse • Child Abuse • Diabetes • Mental Health • Tobacco Use
<p>FY21 Programs and Services</p> 	<p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p> <ul style="list-style-type: none"> • Cancer Support Groups • Community Grants • Community Health Education • Health Professions Education • Housing Support for Transitional Age Youth • Human Trafficking – Medical Safe Haven • Medications for Uninsured and Indigent • Medical Respite/Scatter Site Housing Support • Tobacco Recovery Program • Transportation Services

FY22 Planned Programs and Services



For FY22, the hospital plans to build upon many of the FY21 initiatives and explore new partnership opportunities with Shasta County community organizations with the intention of them continuing over the next year.

This document is publicly available online at <https://www.dignityhealth.org/north-state/locations/mercy-redding/about-us/community-benefit>

Written comments on this report can be submitted to the Mercy Medical Center Redding via the Community Health Office at 2175 Rosaline Ave, Redding, CA 96001 or by e-mail to Alexis Ross at alexis.ross@dignityhealth.org.

Our Hospital and the Community Served

About Mercy Medical Center Redding

Mercy Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health.

The Hospital is located at the tip of the Sacramento River Valley in Redding, California and serves as a regional referral center for far Northern California. The Hospital offers major medical services including a Level II Trauma Center with a dedicated Orthopedic Traumatologist, Level III Neonatal Intensive Care Unit, Cardiovascular Services, and Oncology Services. Mercy Medical Center Redding is also the sole provider of obstetrical services in its primary service area. Mercy Medical Center Redding is licensed for 267-beds and has approximately 1,800 employees.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

Mercy Medical Center Redding is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Advocating for the poor and vulnerable is both our mission and our passion. The hospital has financial assistance available to help pay for medically necessary services provided to those patients who meet certain income requirements. The financial assistance policy, a plain language summary of the policy, and a financial assistance application are on the hospital's web site.

Description of the Community Served

Mercy Medical Center Redding is located at the tip of the Sacramento River Valley in Redding, California and serves as a regional referral center for far Northern California. While the majority of individuals served reside in Shasta County there are community health services available to bordering communities in Tehama and Trinity Counties. A summary description of the community is below.

Mercy Medical Center Redding serves a primary service area population of 205,975 residents. Shasta County is a rural county with the residents being spread out over approximately 3,775 square miles. Due to the rural nature of the county access to care is a consistent barrier for the many residents who are medically underserved and low-income and minority populations.



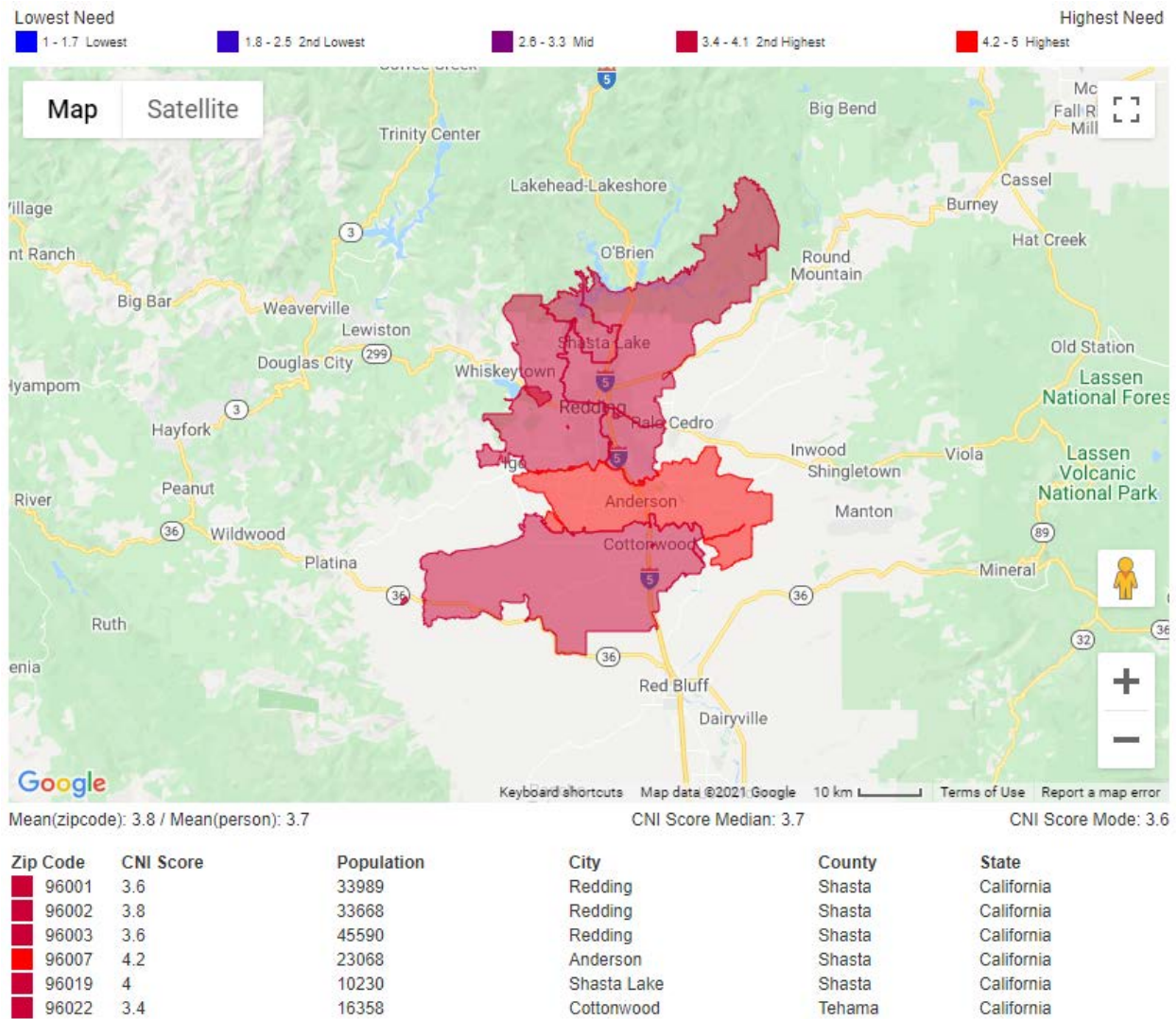
A summary description of the hospital service area's demographic indicators based on the top 75 percent of patient ZIPs codes is listed below (Source Claritas Pop-Facts® 2021; SG2 Market Demographic Module) and additional community details can be found in the CHNA report online.

- Total Population: 162,903
- Hispanic or Latino: 11.34%
- Race: 77.9% White, 1.1% Black/African American, 3.5% Asian/Pacific Islander, 6.1% All Others
- Below Poverty: 9.9%
- Unemployment: 7.3%
- No High School Diploma: 10.8%
- Medicaid (household): 8.8%
- Uninsured (household): 5.5%

Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage.

Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited, to conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in June, 2019.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <https://www.dignityhealth.org/north-state/locations/mercy-redding/about-us/community-benefit> or upon request at the hospital's Community Health office.

Significant Health Needs

The most recent community health needs assessment identified the following significant community health needs:

- Alcohol and Other Substance Abuse (including Tobacco Use)
 - Shasta County residents exhibit a slightly higher rate of excessive drinking than the State. Shasta County's rate is 19% which is similar to the rate for the State (18%). Additionally, the number of alcohol-impaired driving deaths in Shasta County is significantly higher than the State.
 - The California Department of Public Health County Health Opioid Overdose Surveillance Dashboard data indicates the age-adjusted death rate for opioid induced deaths for Shasta County is 14.1 per 100,000 while the state of California experienced 5.5 deaths per 100,000 people.
 - Tobacco use is the leading cause of preventable death and can lead to disease and disability that harms nearly every organ of the body¹. Adult tobacco use in Shasta County is 14% and is higher than the State rate of 11%².

¹ Center for Disease Control and Prevention

² County Health Rankings

- Child Abuse
In 2015, there were 3,401 total reports of child abuse in Shasta County. Children who are abused or neglected, including those who witness domestic violence, also are more likely to experience cognitive, emotional, and behavioral problems, such as anxiety, depression, substance abuse, delinquency, difficulty in school, and early sexual activity.
- Communicable Diseases
Many reportable diseases can be prevented through vaccination of vulnerable populations, or through the use of protective measures, such as condoms for the prevention of sexually-transmitted diseases. Shasta County residents exhibit lower rates of vaccine-preventable diseases and sexually transmitted diseases than the State.
- Diabetes
Shasta County has a slightly lower rate (7.3%) than the State rate (9.6%) of individuals aged 20 and over who received a diabetes diagnosis. Even though Shasta County's rate of diagnosed diabetes is lower than the State, diabetes is listed in the leading causes of death in Shasta County indicating a sustained health need.
- Mental Health
There is a lack of access to mental health services in Mercy Medical Center Redding's service area due, in part, to a lack of providers and ongoing sustainable funding for services. Compared to California, Shasta County has a lower rate of providers relative to the population. Shasta County residents report slightly higher rates of reported mentally unhealthy days and frequent mental distress days.

Significant Needs the Hospital Does Not Intend to Address

Mercy Medical Center Redding does not have the capacity or resources to address all identified significant health needs. The hospital is not directly planning interventions that would fully address communicable diseases. Shasta County is home to a wealth of organizations, businesses, and nonprofits that currently offer programs and services in several of the identified significant health needs areas. While there are potential resources available to address all of the identified needs of the community, the needs are too significant and diverse for any one organization. Mercy Medical Center Redding will continue to build community capacity by strengthening partnerships among local community based organizations.

2021 Report and 2022 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY21 and planned activities for FY22, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health.

The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.



Creating the Community Benefit Plan

Mercy Medical Center Redding is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners. A broad approach with multi-disciplinary teams is taken when planning and developing initiatives to address priority health issues. During the initiative inception phase, Community Health Staff engages a core internal team that may include clinical staff, care coordinators and social workers, members of leadership teams at both the service area and local levels from Mission Integration, IT, Legal, Administration, Strategy, and Finance. These core teams help shape initiatives, provide internal perspective on issues, and help define appropriate processes, procedures and methodologies for measuring outcomes. In addition to internal core teams, Mercy Medical Center Redding also widens the scope of program design and elicits design input, feedback, recommendations, and concerns from the following groups:

- North State Community Board
- Mercy Medical Center Redding Advisory Council
- Local Area Community Grant Committee

Impact of the Coronavirus Pandemic

In response to the coronavirus pandemic, the Hospital recognized and responded to the ongoing health and basic needs of our community members. Hospital staff engaged in communication meetings with the Shasta County Public Health Department, which allowed the hospital to respond promptly to the evolving needs of the community. Community Health staff continued to collaborate with local community partners, collaboratives, and coalitions to provide coronavirus related patient education for dissemination to their clients and family members. The Hospital's marketing team continued to provide an essential role in disseminating frequent messaging through the use of social media, to keep community residents aware of any changes in the facility as a result of the pandemic. Additionally, in close coordination with Shasta College and Shasta County Public Health, the hospital has been active in promoting, staffing, and coordinating community vaccination efforts for all community members.




In FY22, the Hospital plans to continue to monitor and respond to the health needs of the community through capacity building efforts to meet the acute care needs of community members, as well as, leverage the community grants program to help our community partners meet the needs of their clients.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

 Health Need: Alcohol, Tobacco, and Other Substance Use			
Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Community Health Education	Tobacco Recovery Self-Management Workshops	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Navigation	The hospital based Substance Use Navigator intervenes with both inpatient and Emergency Department patients to link appropriate individuals to outpatient services and follow-up care.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Multisector Countywide Collaboration – Shasta County Whole Person Care	Through Whole Person Care, direct qualifying patient referrals to comprehensive care management for substance abuse and other coinciding issues.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Impact: Hospital patients and community members will be referred to health and social services, as appropriate, to ultimately improve overall health outcomes and decreasing substance abuse prevalence.

Collaboration: Efforts in this area require collaboration with an internal multi-disciplinary team as well as collaboration with a variety of community-based non-profit organizations.



Health Need: Child Abuse

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Child Abuse	Partner with the Children's Legacy Center to provide to help establish an on-site forensic medical exam room for child victims of abuse, neglect and trafficking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Partnership	Partner with the Pathways to Hope for Children to offer wraparound services to help break generational cycles of abuse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Partnerships	Community Partnerships and information dissemination regarding intervention for child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Collaborative	Participate on the Northern California Adverse Childhood Experiences Collaborative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: Develop strategic partnerships between community-based organizations and Mercy Medical Center Redding. Resources are leveraged to address this issue in a way that has a direct, positive, measureable and lasting impact on the health and resiliency of our community.

Collaboration: Efforts in this area require collaboration with an internal multi-disciplinary team as well as collaboration with a variety of community-based non-profit organizations



Health Need: Diabetes

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Community Health Education	Collaboration with the Shasta Family YMCA to provide the Diabetes Prevention Program, an evidence-based diabetes education program for people with pre-diabetes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pre-Diabetes Awareness Campaign	Collaboration with Shasta County Public Health, KIXE-TV, and Shasta Community Health Center to bring awareness to health professionals and community members about pre-diabetes.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: The anticipated result of offering these activities is to improve the health and quality of life for those who suffer from diabetes, enable participants to better manage their disease, and create a supportive environment for individuals to learn critical skills and enhance their knowledge on self-management.

Collaboration: Education sessions and workshops are conducted in collaboration with a variety of community organizations and are held in locations accessible to the residents, such as senior housing communities and organizations that serve a high percentage of residents that have or are caring for family members with chronic illnesses.



Health Need: Mental Health

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Tele-Psychiatry	Psychiatrists are able to provide early evaluation and psychiatric intervention via remote consultations with patients, improving access to timely quality care. Access is available to both the ED and inpatient setting.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Health Education	Hospital partnered with Pathways to Hope for Children to provide Hope Navigation training to the community. Over 200 individuals were trained as Hope Navigators, including hospital-based staff.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Evaluation Services	Coordinate behavioral health evaluations with Shasta County Behavioral Health Department to assess patient needs and risks and to provide referrals 24-hours daily, 365 days per year to anyone who presents at the hospital Emergency Departments. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Impact: The hospital's initiatives to address mental/behavioral health have anticipated results in: increasing the community's knowledge of common mental health issues and how to deal with them, empowering the community to understand prescription drug abuse, and support projects that will impact the community's access to mental/behavioral health services.

Collaboration: Mercy Medical Center Redding will continue to partner with other local organizations that respond to the health needs of our community. Community-based collaborations have been a priority in past years and the hospital will continue to drive community benefit efforts in the future.

Community Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY21, the hospital awarded the grants below totaling \$222,313. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Children's Legacy Center	Children's Legacy Center Forensic Room	\$100,000
Hill Country Community Clinic	Dual Diagnosis Treatment Pilot	\$92,313
Pathways to Hope for Children	Camp HOPE Pathways	\$30,000

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.



Alcohol and Other Substance Abuse

Significant Health Needs Addressed	<ul style="list-style-type: none">✓ Alcohol and Other Substance Abuse (including Tobacco)❑ Child Abuse❑ Diabetes✓ Mental Health
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Program Description	Empower the community to understand prescription drug abuse, and support projects that will impact the community's access to mental/behavioral health services.
Community Benefit Category	A – Community Health Improvement Services
FY 2021 Report	
Program Goal / Anticipated Impact	The hospital's initiatives to address substance abuse and co-occurring mental/behavioral health have anticipated results in: increasing the community's knowledge of common mental health issues and how to deal with them.
Measurable Objective(s) with Indicator(s)	Provide health education, cancer screenings, and other educational opportunities to increase awareness about risk factors and early identification of cancer in an effort to reduce preventable cancer-related deaths.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> Continue to offer Tobacco Recovery Self-Management Workshop Continue to provide lung cancer screenings Collaborate with Hill Country Community Clinic for the dual diagnosis treatment program that will provide needed services to individuals who are suffering from the co-occurring conditions of mental illness and substance use disorder
Collaboration	Hill Country Community Clinic
Performance / Impact	<ul style="list-style-type: none"> In partnership with Shasta Community Health Center, only one Tobacco Recovery Self-Management workshops was conducted due to COVID-19. There were a total of 6 participants in the workshop. Hospital continued to provide lung cancer screenings . There wer 82 people screened in FY21. Hill Country Community Clinic received a community grant implement the dual diagnosis treatment program. Community grants run calendar year and in the first six months of CY2021 program staff were hired and trained and 20 individuals were served through the dual diagnosis program. The hospital's substance use navigator provides timely follow-up after the emergency department visits for individuals with mental illness and substance use disorders. The navigator provides individuals with support linkages to primary care physicians and mental health and substance use disorder specialists and other community services. There were 272 individuals served through this navigation program.
Hospital's Contribution / Program Expense	\$95,000
FY 2022 Plan	
Program Goal / Anticipated Impact	The hospital's initiatives to address substance abuse and co-occurring mental/behavioral health have anticipated results in: increasing the

	community's knowledge of common mental health issues and how to deal with them.
Measurable Objective(s) with Indicator(s)	Provide health education, cancer screenings, and other educational opportunities to increase awareness about risk factors of substance use and early identification of lung cancer
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> ▪ Continue to offer Tobacco Recovery Self-Management Workshop in partnership with Shasta Community Health Center. ▪ Continue to collaborate with Hill Country Community Clinic for the dual diagnosis treatment program that will provide needed services to individuals who are suffering from the co-occurring conditions of mental illness and substance use disorder. ▪ Continue to provide substance use navigator services for individuals with mental illness and substance use disorders that have an emergency department visit.
Planned Collaboration	Shasta Community Health Center, Hill Country Community Clinic and other community-based organizations as appropriate



Child Abuse

Significant Health Needs Addressed	<input type="checkbox"/> Alcohol and Other Substance Abuse (including Tobacco) <input checked="" type="checkbox"/> Child Abuse <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Mental Health
Program Description	Support community programs, research, and monitoring systems that prevent child abuse and neglect while ensuring that children who are victims receive treatment and care.
Community Benefit Category	A – Community Health Improvement Services
FY 2021 Report	
Program Goal / Anticipated Impact	Building community awareness and capacity to address child abuse issues including community level prevention efforts.
Measurable Objective(s) with Indicator(s)	Increased knowledge among community members regarding resources and services available.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> ▪ Collaborate with Children's Legacy Center to help establish an on-site forensic medical exam room at the new Children's Legacy Center's co-located facility, a volunteer advocacy program utilizing Child Life techniques, and best-practices for reducing trauma to child victims of abuse, neglect and trafficking. ▪ Partner with Pathways to Hope for Children to bring the Hope curriculum to Shasta County and assist with training Hope Ambassadors.

	<ul style="list-style-type: none"> Support the Camp Hope program which provides children who have been exposed to child abuse, domestic violence, or sexual assault with in-home case management, monthly mentoring opportunities and an opportunity to attend a week long camp to connect with others Continue to participate on the Public Health Institute's Northern California Adverse Childhood Experiences (ACE) and assist with the development of an ACEs Summit to be held in FY21.
Collaboration	Efforts in this area require collaboration with an internal multi-disciplinary team as well as collaboration with a variety of community-based non-profit organizations.
Performance / Impact	<ul style="list-style-type: none"> Children's Legacy Center received a community grant to help establish an on-site forensic medical exam room at the new Children's Legacy Center's co-located facility. The overall program includes a volunteer advocacy program utilizing Child Life techniques and best-practices for reducing trauma to child victims of abuse, neglect and trafficking. Pathways to Hope for Children received financial support from the hospital to bring the Hope curriculum to Shasta County. Hospital community benefit staff and over 200 community members were trained as Hope Ambassadors. Pathways to Hope for Children also received a community grant for their Camp Hope program which provides in-home case management, monthly mentoring opportunities and an opportunity to attend a week long camp to connect with others for children who have been exposed to child abuse, domestic violence, or sexual assault. Community grants run calendar year and in the first six months of CY2021 78 children attended Camp Hope and several others have begun participating in case management services. Community benefit staff continued to participate on the Public Health Institute's Northern California Adverse Childhood Experiences (ACE) collaborative. The hospital provided both in-kind and financial support for the FY21 ACEs Summit, which had approximately 300 attendees.
Hospital's Contribution / Program Expense	\$160,000
FY 2022 Plan	
Program Goal / Anticipated Impact	Building community awareness and capacity to address child abuse issues including community level prevention efforts.
Measurable Objective(s) with Indicator(s)	Increased knowledge among community members regarding resources and services available.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> Continue to partner with Pathways to Hope for Children to engage the community's Hope Navigators in continued learning and

	<p>implementation of the Hope curriculum within their organizations for use with their clients.</p> <ul style="list-style-type: none"> ▪ Continue to support the Camp Hope program. ▪ Continue to participate on the Public Health Institute's Northern California Adverse Childhood Experiences (ACE) and assist with the development of an ACEs Summit to be held in FY22.
Planned Collaboration	Pathways to Hope for Children, Public Health Institute, and other community-based organizations as appropriate



Diabetes

Significant Health Needs Addressed	<ul style="list-style-type: none"> <input type="checkbox"/> Alcohol and Other Substance Abuse (including Tobacco) <input type="checkbox"/> Child Abuse <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Mental Health
Program Description	Evidence based educational programs designed to engage community residents in self-management practices for prevention and control of diabetes
Community Benefit Category	A – Community Health Improvement Services
FY 2021 Report	
Program Goal / Anticipated Impact	Improve the health and quality of life for those who suffer from diabetes; enable participants to better manage their disease; and create a supportive environment for individuals to learn critical skills and enhance their knowledge on self-management.
Measurable Objective(s) with Indicator(s)	Increased knowledge among community members regarding diabetes and services available in the community.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> ▪ Community Health staff will explore training options both DEEP and DSMP to train additional staff in these curricula. ▪ Continue partnership with Shasta County Public Health, KIXE, and Shasta Community Health Center to offer pre-diabetes education events to health professionals and community members to raise awareness about pre-diabetes and available resources for management of the diagnosis. ▪ Offer at least one DEEP or DSMP workshop during FY21.
Collaboration	Workshops will be conducted in collaboration with a variety of community organizations and are held in locations that are accessible to residents. Continued prediabetes education efforts will be in

	collaboration with Shasta County Public Health, KIXE, and Shasta Community Health Center.
Performance / Impact	<ul style="list-style-type: none"> Community Health staff will explore training options both DEEP and DSMP to train additional staff in these curricula. However, due to the impact of Coronavirus, all diabetes trainings and workshops were canceled for FY21. Community Health staff partnered with Shasta County Public Health, KIXE, and Shasta Community Health Center to bring awareness to health professionals and community members about pre-diabetes. The group developed a pre-diabetes website named “Turn it Around Shasta”. In addition to the website launch, the hospital hosted a pre-diabetes grand rounds and the pre-diabetes collaborative hosted a virtual community event late 2020.
Hospital’s Contribution / Program Expense	\$1,500
FY 2022 Plan	
Program Goal / Anticipated Impact	Improve the health and quality of life for those who suffer from diabetes; enable participants to better manage their disease; and create a supportive environment for individuals to learn critical skills and enhance their knowledge on self-management.
Measurable Objective(s) with Indicator(s)	Increased knowledge among community members regarding diabetes and services available in the community.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> Continue participation on the pre-diabetes collaborative in partnership with Shasta County Public Health, KIXE, and Shasta Community Health Center. Community health staff will assist with the development of a virtual pre-diabetes/diabetes community event to be held in FY22. Community Health staff will explore feasibility of offering an evidence-based diabetes workshop in FY22.
Planned Collaboration	Workshops will be conducted in collaboration with a variety of community organizations and are held in locations that are accessible to residents. Continued prediabetes education efforts will be in collaboration with Shasta County Public Health, KIXE, and Shasta Community Health Center

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

- Mobilizing for action through Planning and Partnership - Mercy Medical Center Redding was a contributing participant to the comprehensive community health improvement planning process that was initiated by Shasta County Health and Human Services Agency's Public Health Branch. The MAPP model was selected as the strategic planning framework to guide the development of the community health needs assessment because of its strong emphasis on community input.
- Health Professions Education – The hospital regularly sponsors seminars and training for medical students, physicians, nurses, and other students in the health care field. Hundreds of hours each year are committed to providing internships for nurses, paramedics, and therapists.

Community Investment Program

- Hill Country Community Clinic, Inc. (HCCC) - In June 2019 Dignity Health approved a \$5,000,000 secured loan to Hills Country Community Clinic, Inc. for 7 years. HCCC is constructing the Center of Hope Redding health-care campus that will include medical, dental, mental health, substance abuse treatment, and recovery activities to support people with complex health and social needs projecting to serve 9,000 patients per year in Redding, California. In addition, a 5,000 square ft. supported housing development will be included for 16 transitional age youth students who are transitioning out of homelessness.
- Shasta Community Health Center (SCHC) - In March 2017 Dignity Health approved a 7-year \$2,500,000 participation loan with Primary Care Development Corporation to SCHC for the construction of a new and expanded health center in Anderson, California, replacing an older clinic building that is currently leased. SCHC has been providing comprehensive primary health and dental care to Shasta County residents, regardless of ability to pay, since 1988. SCHC is expanding its facility capacity to meet the existing and future demand for services.
- Veterans Housing Development Corporation - Shasta (VHDC) - In June 2019 Dignity Health approved a \$2,000,000 secured loan to Veterans Housing Development Corporation for 2 years. VHDC is constructing an affordable 30-room apartment facility with supportive services for very low income and homeless veterans households in Shasta Lake, California. In 2017, a study was conducted to examine the number and state of homelessness in Shasta County. The result showed that of the 367 homeless individuals in the County, 56 (15%) were veterans.

Additionally, members of the hospital's leadership and management teams provide significant in-kind support and expertise to nonprofit health care organizations, civic, and service agencies such as Shasta College, Shasta Community Health Center, Empire Recovery Center, North State Cancer League, and Redding Chamber of Commerce. Annual sponsorships also support multiple programs, services and fund-raising events of organizations among them; Economic Development Council, Good News Rescue Mission, Leadership Redding, Northern Valley Catholic Social Services, One Safe Place, Redding Rancheria, Shasta County Public Health, Simpson University, and Turtle Bay Exploration Park.

Economic Value of Community Benefit

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

151 Mercy Medical Center (Redding)

Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2020 through 6/30/2021

	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expense
Benefits for Poor					
Financial Assistance	15,219	7,037,062	0	7,037,062	1.3%
Medicaid	31,453	147,203,861	125,319,878	21,883,983	4.2%
Means-Tested Programs	13	99,382	47,003	52,379	0.0%
Community Services					
A - Community Health Improvement Services	2,480	110,728	0	110,728	0.0%
E - Cash and In-Kind Contributions**	15	448,602	1,023,644	0	0.0%
G - Community Benefit Operations	0	111,026	0	111,026	0.0%
Totals for Community Services	2,495	670,356	1,023,644	(353,288)	-0.1%
Totals for Poor	49,180	155,010,661	126,390,525	28,620,136	5.5%
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	172	6,286	0	6,286	0.0%
B - Health Professions Education	72	4,845,578	1,108,133	3,737,445	0.7%
D - Research	0	202,046	4,756	197,290	0.0%
E - Cash and In-Kind Contributions	46	84,561	0	84,561	0.0%
Totals for Community Services	290	5,138,471	1,112,889	4,025,582	0.8%
Totals for Broader Community	290	5,138,471	1,112,889	4,025,582	0.8%
Totals - Community Benefit	49,470	160,149,132	127,503,414	32,645,718	6.2%
Medicare	46,346	228,663,026	171,639,288	57,023,738	10.9%
Totals with Medicare	95,816	388,812,158	299,142,702	89,669,456	17.1%

**Consistent with IRS instructions and CHA guidance, Cash and In-kind Contributions is reported at \$0 net benefit because offsetting revenue was greater than expense in FY21. This was due to the return of a large donation in the fiscal year. Net gain for cash and in-kind contributions is still included in all "Totals" calculations, however.

Hospital Board and Committee Rosters

FY 2022
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS

Eva, Jimenez, Chairperson
Riico Dotson, M.D., Secretary
Todd Strumwasser, M.D., SVP Northern California Division
Diane Brickell
Sister Clare Marie Dalton
Ryan Denham
Sandra Dole
Alan Foley
Nikita Gill, M.D.
David Holst, M.D.
Paul Johnson, M.D.
Hillary Lindauer
Sister Bridget McCarthy
Patrick Quintal, M.D.
Samuel Van Kirk, D.O.

Any communications to Board Members should be made in writing and directed to:

Michelle Burke, Executive Assistant
Dignity Health North State
P.O. Box 496009
Redding, CA 96049-6009
(530) 225-6103
(530) 225-6118 fax

**FY 2022
MERCY MEDICAL CENTER REDDING
ADVISORY COUNCIL MEMBERS**

Justin Wandro (Good News Rescue Mission)

Joe Ayer (Vitalant)

Les Baugh (Shasta County Board of Supervisors)

Stacey Carman (Redding Rancheria)

Jim Cloney (Shasta Unified School District)

Steve Craft (Coldwell Banker C&C Properties)

Donnell Ewert (Shasta County Public Health)

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April LaFrance, Vice Chair (The Chartwell Company, LLC)

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Laura Redwine (LifeHelp)

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Todd Smith (President, Mercy Medical Center Redding)

Lea Tate, Psy.D. (Patients' Hospital of Redding)

Cathy Wyatt (Northern Valley Catholic Social Services)

Joe Wyse (Shasta College)