

Mercy Medical Center Redding

2019 Community Health Implementation Strategy

Adopted October 2019






Dignity Health™

Mercy Medical Center
Redding

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At-a-Glance Summary

Community Served 	<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 remainder of county residents live in outlying rural communities. Shasta County's population has grown by 9.3% between 2000 and 2014. Most (97.7%) of that growth was due to migration into the county.</p> <p>Due to its large land area and the high percent of residents living in rural areas, Shasta County has a population density five times lower than California. 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>The following zip codes make up the primary service area for Mercy Medical Center Redding: 96001, 96002, 96003, 96007, 96019, 96022, 96073, 96088 and 96093.</p>		
Significant Community Health Needs Being Addressed 	<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> <table border="1"> <tbody> <tr> <td data-bbox="418 1024 857 1220"> <ul style="list-style-type: none"> • Alcohol and other Substance Use (including Tobacco) • Child Abuse </td><td data-bbox="857 1024 1427 1220"> <ul style="list-style-type: none"> • Communicable Diseases • Diabetes • Mental Health </td></tr> </tbody> </table>	<ul style="list-style-type: none"> • Alcohol and other Substance Use (including Tobacco) • Child Abuse 	<ul style="list-style-type: none"> • Communicable Diseases • Diabetes • Mental Health
<ul style="list-style-type: none"> • Alcohol and other Substance Use (including Tobacco) • Child Abuse 	<ul style="list-style-type: none"> • Communicable Diseases • Diabetes • Mental Health 		
Strategies and Programs to Address Needs 	<p>The hospital intends to take several actions and to dedicate resources to these needs, including:</p> <ul style="list-style-type: none"> • Bereavement Support Groups • Cancer: Thriving and Surviving Program • Community Grants • Community Health Education • Diabetes Empowerment Education Program • Human Trafficking initiatives • Medications for Uninsured and Indigent Individuals • No-cost Prostate Cancer Screening • Tobacco Recovery Program • Transportation Services 		
Anticipated Impact	<p>Overall the hospital anticipates that actions taken to address the identified significant health needs will: improve health knowledge, behaviors, and status; increase access</p>		



to care; and help create conditions that support overall good health. The hospital is committed to monitoring key initiatives to assess and improve impact.

Planned Collaboration



The hospital works closely with key partners to deliver programs. Mercy Medical Center Redding Community Health staff serve on many community coalitions and boards and the collective impact of these groups are vital to our community.

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 Redding 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 266-beds and has approximately 1,800 employees.

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Financial Assistance for Medically Necessary Care

Mercy Medical Center Redding delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. The financial assistance policy and a plain language summary and other materials 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.

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.

Mercy Medical Center Redding's primary service area consists of the zip codes that make up 80% of the hospital's discharges. Of Shasta County's residents, 49.1% are male and 50.9% are female. 46.8% of residents are adults over the age of 45 compared to 37.2% of statewide, making Shasta County's population older than that of California overall. Further, 18.1% of Shasta County residents are seniors over 65 compared to 12.1% statewide. Approximately 70.7% of Shasta County residents lived in urban areas while the remaining 29.3% lived in rural areas. By comparison, 95.0% of Californians lived in urban areas.

A summary description of community's demographic indicators for the hospital's primary service area is below (Source © 2018 IBM Watson Health Analytics) and additional details can be found in the CHNA report online.

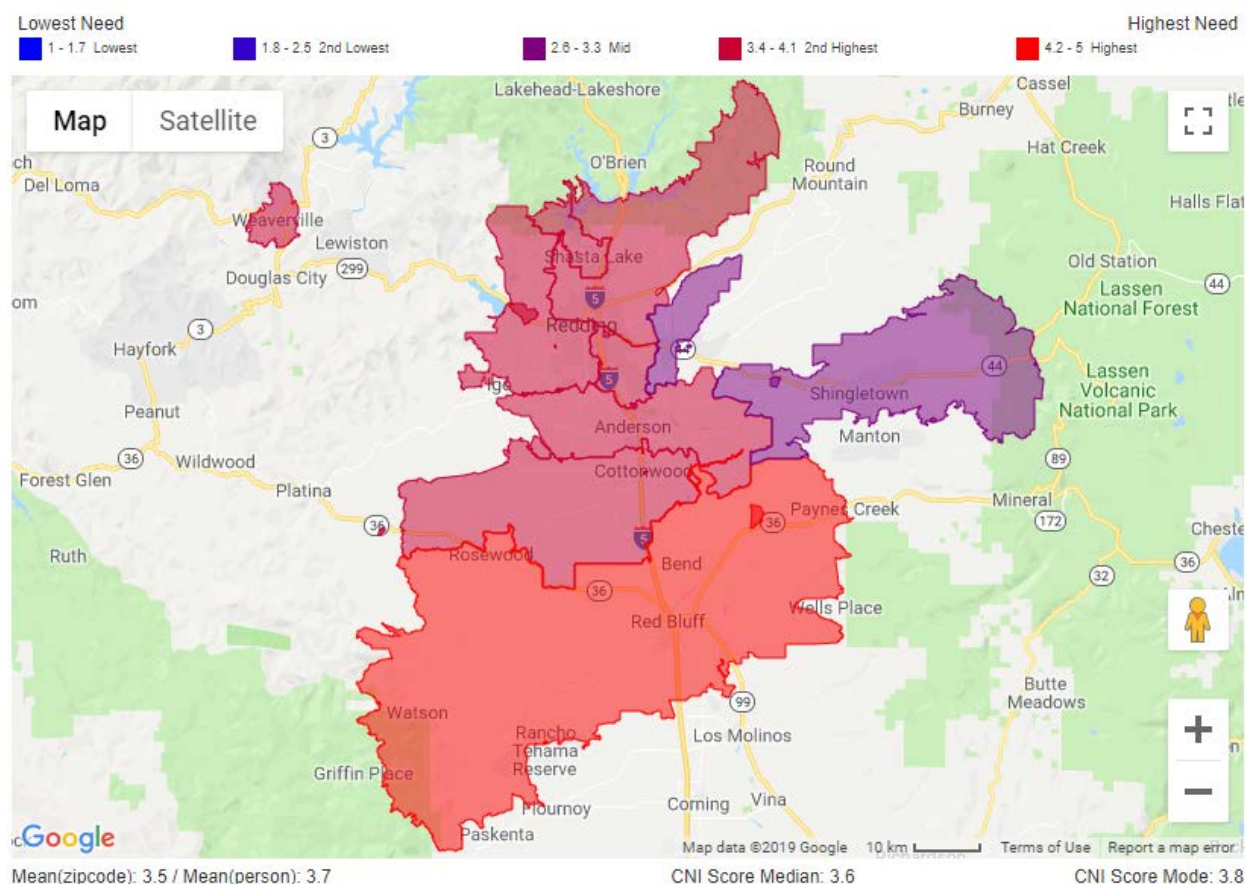
- Total Population: 205,030
- Hispanic or Latino: 11.6%
- Race: 78.4% White, 1.0% Black/African American, 3.1% Asian/Pacific Islander, 5.9% All Others
- Median Income: \$49,658
- Uninsured: 9.9%
- Unemployment: 4.1%
- No HS Diploma: 10.5%
- CNI Score Median: 3.6
- Medicaid Population: 30.9%
- Other Area Hospitals: 1
- Medically Underserved Areas or Populations: Yes



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 health implementation strategy 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 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.

2019 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It summarizes planned activities with statements on anticipated impacts and planned collaboration. Program Digests provide additional detail on select programs.

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 Implementation Strategy

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

Strategy by Health Need

The tables below present strategies and program activities the hospital intends to deliver to help address significant health needs identified in the CHNA report.

They are organized by health need and include statements of the strategies' anticipated impact and any planned collaboration with other organizations in our community.



Health Need: Alcohol, Tobacco, and Other Substance Use

Strategy or Program Name	Summary Description
Community Health Education	Tobacco Recovery Self-Management Workshops
Continuum of Care	Collaboration with Empire Recovery Center for Detox Services
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.

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
Child Abuse	Collaborate with a local non-profit organization for the development of a Children's Legacy Center.
Community Partnerships	Community Partnerships and information dissemination regarding intervention for child maltreatment

Collaborative	Participate on the Northern California Adverse Childhood Experiences Collaborative
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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
Community Health Education	The Diabetes Empowerment Education Program (DEEP) is an evidence-based diabetes education program for people with diabetes or pre-diabetes.
Nutrition	Live Well with Better Nutrition/Diabetes classes taught by a Registered Dietician

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
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.
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.


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.
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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.

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. 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
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
Planned Actions for 2019 - 2021	
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"> ▪ Opioid Awareness event to educate the community to identify and refer community members to available resources ▪ Offer at least one Tobacco Recovery Self-Management Workshop ▪ Continue collaboration with Empire Recovery Center for Detox Services
Planned Collaboration	Shasta Community Health Center, Empire Recovery Center 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
Planned Actions for 2019 - 2021	
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 a local non-profit organization for the development of a Children's Legacy Center.▪ Participate on the Shasta County Strengthening Families Collaborative▪ Participate on the Public Health Institute's Northern California Adverse Childhood Experiences (ACE) Collaborative that focuses on developing policies and systems' change related to domestic violence under the ACEs spectrum▪ Implementation of North State Healthy Moms Initiative
Planned 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.



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
Planned Actions for 2019 - 2021	
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)	<ul style="list-style-type: none">▪ Increase community-based workshops delivered over FY19▪ Create a baseline of participants enrolled in the Diabetes Empowerment Education Program▪ Increase the number of participants in the Live Well with Better Nutrition/Diabetes classes
Intervention Actions for Achieving Goal	<ul style="list-style-type: none">▪ The Diabetes Empowerment Education Program (DEEP) is an evidence-based diabetes education program for people with diabetes or pre-diabetes.▪ Live Well with Better Nutrition/Diabetes classes taught by a Registered Dietician▪ Strategically seek partnerships with large community organizations that have the desire and capacity to offer repeat workshops.▪ Continue to develop and nurture workshop participant referral sources
Planned Collaboration	Education sessions and workshops are conducted in collaboration with a variety of community organizations and are held in locations accessible to the residents.

Hospital Board and Committee Rosters

FY 2020 DIGNITY HEALTH NORTH STATE SERVICE AREA COMMUNITY BOARD MEMBERS

Ryan Denham, Chairman, President S.J. Denham

Eva, Jimenez, Secretary, VP of Economic and Workforce Development at Shasta College

Todd Strumwasser, M.D., SVP Northern California Division

Fernando Alvarez, M.D., Internal Medicine/Hospitalist with Vituity

Diane Brickell, Retired Educator

Jim Cross, President of Cross Petroleum

Sister Clare Marie Dalton, VP Mission Integration at Mercy General Hospital

Sandra Dole, Real Estate Agent with Vista Real Estate

Riico Dotson, M.D., Orthopedic Surgeon

Alan Foley, Financial Advisor with Ameriprise Financial

Nikita Gill, M.D., Interventional Cardiologist

Hillary Lindauer, Licensed Marriage and Family Therapist and the Executive Director of the Family
Counseling Center

Sister Bridget McCarthy, VP Mission Integration Greater Sacramento Service Area

Patrick Quintal, M.D., Pediatrician with Lassen Medical Clinic

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

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

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ADVISORY COUNCIL MEMBERS
2019**

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