Methodist Hospital of Sacramento

Community Benefit 2015 Report and 2016 Plan
A message from:

Brian Ivie, president and CEO of Methodist Hospital of Sacramento, and Sister Brenda O’Keeffe, Chair of the Dignity Health Sacramento Service Area Community Board

The Hello humankindness campaign launched by Dignity Health is a movement ignited by and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. Dignity Health’s comprehensive approach to community health improvement includes multi-pronged initiatives directed at significant health needs, partnering with others in the community working to improve health, and investing in efforts that address social determinants of health.

Methodist Hospital of Sacramento (Methodist Hospital) shares a commitment to improve the health of our community, and delivers programs and services to achieve that goal. The Community Benefit 2015 Report and 2016 Plan describes much of this work. This report meets requirements of not-for-profit hospitals in the Patient Protection and Affordable Care Act to adopt a community health Implementation Strategy at least every three years, and in California state law (Senate Bill 697) to produce an annual community benefit report and plan. Dignity Health complies with both mandates in all of its hospitals, including those in Arizona and Nevada. 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 2015 (FY15), Methodist Hospital provided $29,346,934 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. Including the unreimbursed costs of caring for patients covered by Medicare, the hospital’s total community benefit expense was $37,108,885.

Dignity Health’s Methodist Hospital Board of Directors reviewed, approved and adopted the Community Benefit 2015 Report and 2016 Plan at its October 15, 2015 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 916-851-2731.
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EXECUTIVE SUMMARY

Methodist Hospital is situated in the southern portion of Sacramento County, an area characterized as having high needs in multiple disadvantaged neighborhoods. The hospital’s service area is home to 495,500 residents, and most recent Sacramento County estimates show that nearly 150,000 residents within the service area have limited incomes and are Medi-Cal insured. With a historical lack of safety net providers in south Sacramento to serve this population, the community is heavily dependent on the hospital to often serve all its health needs. Methodist Hospital must continuously balance its responsibility for caring for the acutely ill with the role it serves as a safety net provider for the poor and vulnerable. The hospital maintains its strong, mission-based commitment to caring for Medi-Cal enrollees and all members of the community and in FY 2015 served 53,969 Medi-Cal patients, compared to 42,991 in FY 2014, a 25.5% percent increase.

The hospital has expanded services over the years to meet growing demand. Well-known for excellence in orthopedics, the hospital is designated as a Blue Distinction for Knee and Hip replacement. Other recognized specialties include rehabilitation, bariatric surgery, and neonatal intensive care. Methodist Hospital also operates Bruceville Terrace, a 171-bed, sub-acute skilled nursing long-term care facility that provides for the elderly, as well as those requiring extended recoveries. In the late 1990s, the hospital established the Mercy Family Residency Program. This accredited and nationally recognized three-year program provides resident physicians with specialty training in family medicine.

The significant community health needs that form the basis of this report and plan were identified in the hospital’s most recent Community Health Needs Assessment (CHNA), which is publicly available at [https://www.dignityhealth.org/cm/media/documents/Methodist-Hospital-of-Sacramento-NA.pdf]. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

The significant community health needs identified are:
1. Lack of access to health prevention programs for chronic illnesses, including diabetes, heart disease, hypertension, COPD and asthma.
2. Safety as a health issue, including incidents of domestic violence, sexual assault, unintentional injury and traffic-related injury.
3. Stress of living in poverty, including the need for basic shelter and housing (homelessness).
4. Lack of access to primary health care services, including the need for care coordination and case management.
5. Lack of access to healthy affordable food (limited farmers markets and grocery outlets).
6. Unhealthy food environment (an overabundance of fast food establishments).
7. Lack of access to mental health treatment and prevention services for all levels of acuity.
8. Lack of alcohol/drug abuse treatment programs and prevention programs.
9. Limited opportunities for engagement in physical activity due to lack of available parks and/or safety concerns at existing parks.
10. Lack of access to dental screenings and dental care services.

In FY 2015, Methodist Hospital took numerous actions to help address identified needs. These included:
- Healthier Living (Chronic Disease and Diabetes Self-Management Programs)
- CHAMP® (Congestive Heart Active Management Program)
- Mercy Faith and Health Partnership
- WEAVE Wellness Center
- Safe Kids Program
- Initiative to Reduce African American Child Deaths
- Homeless Outreach Project
Methodist Hospital of Sacramento Community Benefit FY 2015 Report and FY 2016 Plan

- Interim Care Program
- Mercy Family Health Center
- Patient Navigator Program
- Care for the Undocumented
- WellSpace Health Expansion for Women
- WayUp Station
- Cancer Nurse Navigator
- ReferNet Intensive Outpatient Mental Health Partnership
- Navigation to Wellness
- School Nurse Program
- Mental Health Improvement Coalition

For FY 2016, the hospital plans to collaboratively build upon a number of these programs, and complete implementation for several new initiatives responding to the priority need for access to care and the priority issue of safety. Working in partnership with the Sierra Sacramento Valley Medical Society, other health systems and Sacramento County, an initiative to provide primary and specialty care will launch in FY 2016. Following implementation of the clinical component, the second phase of an initiative to end human trafficking in the Sacramento region will get underway in FY 2016, engaging the force of over 10 community partners, the District Attorney’s Office and law enforcement. Work will get commence with the Mack Road Partnership to address the need for healthy and affordable food and to strengthen resources at the Partnership’s Community Center. Additionally, work with the Mental Health Improvement Coalition will advance to the next level, bringing private psychiatric emergency service partners to the community to build the continuum of mental health care that is desperately needed in Sacramento.

The economic value of community benefit provided by Methodist Hospital in FY 2015 was $29,346,934, excluding unpaid costs of Medicare in the amount of $7,761,951.

This report and plan is publicly available at http://www.dignityhealth.org/sacramento/about-us/community-benefit. It will be distributed to hospital leadership, members of the Community Board and Community Health Committee and widely to management and employees of the hospital as it serves as a valuable tool for ongoing community benefit awareness and training. The document will also be broadly distributed externally to Community Health Needs Assessment partners, community leaders, government and public health officials, program partners and other agencies and businesses throughout the region.
MISSION, VISION AND VALUES

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.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we’ve learned that modern medicine is more effective when it’s delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word “care” is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.
OUR HOSPITAL AND OUR COMMITMENT

Methodist Hospital opened in 1973, after a decade-long effort to expand health care services for residents in the south area of Sacramento, CA. Located at 7500 Hospital Drive, the hospital became a member of Dignity Health in 1993, and today has 780 employees, 162 licensed acute care beds, and 29 emergency department beds. Methodist Hospital also operates Bruceville Terrace, a 171-bed, sub-acute skilled nursing long-term care facility that provides for the elderly, as well as those requiring extended recoveries. In the late 1990s, the hospital established the Mercy Family Residency Program. This accredited and nationally recognized three-year program provides resident physicians with specialty training in primary care family medicine. Specialty services at the hospital include orthopedics, rehabilitation, hand therapy, bariatric surgery and neonatal intensive care for premature and seriously ill infants.

Rooted in Dignity Health’s mission, vision and values, Methodist Hospital is dedicated to delivering community benefit with the engagement of its management team, Community Board and Community Health Committee. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

The development of community health improvement strategies to address priority health issues is a collaborative effort engaging members of a dedicated Community Health and Outreach Department who work directly with the hospital president, management and clinical staff, and community partners. The department is responsible for implementing, managing and evaluating initiatives, and oversees community benefit reporting and the development of the hospital’s Community Health Needs Assessment (CHNA). The department director reports bi-monthly to the Community Board. Meetings are also held bi-monthly with the Community Health Committee, a standing committee of the Board that provides guidance and oversight for the hospital’s community benefit practices. Primary committee roles are to ensure hospital initiatives and services are aligned with priority health issues identified in the CHNA, represent the needs of the community and monitor the progress of initiatives. Both the Community Board and the Community Health Committee review and approve the CHNA and the Community Benefit plan (see Appendix A for rosters of the Dignity Health Sacramento Service Area Community Board and Community Health Committee).

Methodist Hospital’s community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, community health improvement services and health professions education. Our community benefit also includes monetary grants provided to not-for-profit organizations that are working together to address significant health needs identified in the CHNA. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – including addressing the social determinants of health – through Dignity Health’s Community Investment Program. Dignity Health investments support nonprofit organizations that deliver an array of services to low-income communities in the Sacramento region. Below are some examples of Dignity Health Community Investments in healthcare in Sacramento:

- **CPCA Ventures** (not limited to Sacramento, but statewide)
  CPCA Ventures in partnership with NCB Capital Impact manages a loan program that provides financing opportunities to California’s community clinics and health centers that might not be able to access traditional financing sources. Dignity Health’s funds were used to support this program. Over the past two decades, CPCA Ventures has helped California’s community clinics and health centers double both in number of sites and in number of patients being served.

- **Elica Health Centers**
Formerly the Midtown Medical Center for Children and Families serving primarily underserved, multi-cultural immigrant populations, Elica came to Dignity Health for funds to help them transition into an FQHC, which they achieved in June 2012. Since then, they changed their name to Elica Health Centers and increased clinical capacity to where they now (2015) handle over 11,000 patients and 43,000 patient visits a year (up from 14,400 visits in 2011).

- **WellSpace Health**
  Following an initial loan from Dignity Health to assist in a merger, WellSpace Health – formerly The Effort – came to Dignity Health for additional funds to manage cash flow and implement their electronic health records. Since then, WellSpace has managed to expand their operations, in part by absorbing five of Dignity Health’s Mercy Clinics. WellSpace currently operates 13 clinics serving over 31,500 patients through over 100,500 visits. 69% of patients are on MediCal and 28% are uninsured.

With housing a major social determinant of health, Dignity Health investments in Sacramento have also focused on providing affordable housing. Two outstanding investments include:

- **Mutual Housing California**
  Mutual Housing, California, a Sacramento-based affordable housing developer and provider of supportive services since 1988, used Dignity Health funds to create 61 units of affordable agricultural worker rental housing at Spring Lake, Woodland, and 208 units of affordable housing in Central Stockton.

- **Nehemiah Community Reinvestment Fund (NCRF)**
  NCRF has been a borrower with Dignity Health since 2006 providing lending capital for affordable housing projects, and more recently the acquisition and refurbishment of housing to be sold at below-market interest rates to veterans and active military personnel with its Roofs for Troops program. Much of their activity is confined to the three-state area of California, Nevada and Arizona. However, with their latest Roofs for Troops program, they have branched out nationally. During 2014 alone, NCRF refurbished and sold 140 housing units and created or preserved over 2,000 jobs.
DESCRIPTION OF THE COMMUNITY SERVED

Methodist Hospital serves a large and highly diverse segment of south Sacramento County including the more densely populated suburban communities of Elk Grove and Laguna, and rural neighborhoods of Wilton and Galt. The hospital’s community, or primary service area, is defined as the geographic area which it serves and determined by analyzing patient discharge data. There are 12 zip codes within the hospital’s primary service area, including 95624, 95632, 95693, 95758, 95820, 95822, 95823, 95824, 95828, 95829, 95831, and 95832. A summary description of the community is below, and additional community facts and details can be found in the CHNA report online.

South Sacramento is home to large Hmong, Southeast Asian and Latino immigrant communities. Socio-demographic indicators reveal that communities here face greater challenges than others in the County. Rates of poverty are higher, more residents lack insurance and fewer residents have attained secondary levels of education. Many communities in south Sacramento deal with conditions that pose barriers to quality of life, such as restricted healthy food options and elevated crime rates, including crime related to domestic violence and sexual assault and human trafficking.

Communities in south Sacramento also suffer from a shortage in community providers and capacity that limits access to appropriate care. As a result, Methodist Hospital fills a major gap in needed safety net services. Hospital utilization trends show that the numbers of individuals turning to the emergency department for basic primary care needs that cannot be met elsewhere continue to rise at alarming rates. Communities in South Sacramento have higher rates for emergency department visits and hospitalizations than any other region of the County. Rates are also higher in south Sacramento for chronic illnesses, particularly heart disease and diabetes and hypertension, as well as stroke and mental illness.

Demographics within Methodist Hospital’s primary service area are as follows, derived from estimates provided by The Nielsen Company and Truven Health Analytics, Inc. for 2015:

- Total Population: 495,500
- Hispanic or Latino: 28.4%
- Race: 29.0% White, 12.5% Black/African American, 24.4% Asian & Native Hawaiian or Other Pacific Islander, 0.5% American Indian/Alaska Native, 0.3% Other, 4.9 % Two or More Races
- Median Income: $53,473
- Uninsured: 11.0%
- Unemployment: 9.7%
- No HS Diploma: 20.1%
- CNI Score: 4.3
- Medicaid Population: 28.3%
- Other Area Hospitals: 7
- Medically Underserved Areas or Populations: Yes

**Methodist Hospital Community Needs Index (CNI) Data**
The Hospital’s CNI Score of 4.3 falls in the highest range. The CNI highlights by zip code the areas of greatest risk for preventable hospitalizations (see CNI map below). The data is derived from the socio-economic indicators that contribute to health disparities (income, education, insurance, housing and culture/language) and validated by hospital discharge data. Using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy).
Methodist Hospital Community Needs Index (CNI) Map: Median CNI Score: 4.3
COMMUNITY BENEFIT PLANNING PROCESS

Methodist Hospital engages in multiple activities to conduct its community benefit and 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; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Health Committee and other stakeholders in the development and annual updating of the community benefit plan.

CHNA Process
The most recent CHNA was completed and adopted by Methodist Hospital in June 2013. The CHNA was conducted through a collaborative process that included Methodist Hospital, other Dignity Health hospitals in Sacramento County, Kaiser Permanente, Sutter Health and UC Davis Health System. These health systems all serve the same or portions of the same communities. Nonprofit research consultant Valley Vision, Inc. was retained to lead the assessment process, based on its local presence and understanding of the greater Sacramento region and experience in conducting multiple CHNAs across an array of communities for nearly a decade.

The CHNA was guided by an objective that focused on identifying communities and specific groups within these communities experiencing health disparities. Another objective was to identify contributing factors that create both barriers and opportunities for specific populations to live healthier lives. The assessment study area included the hospital’s primary service area. Zip code boundaries served as the unit-of-analysis for most indicators to allow for closer examination of health outcomes at the community level, which are often hidden when viewed at the county level. A mixed methods research approach was applied. Primary qualitative data was obtained from interviews with hospital clinical and community benefit staff members and key informants, including Sacramento and surrounding county public health and community experts and nonprofit agencies. Focus groups were conducted with area residents, and phone interviews and website analyses were conducted to assess community health resources. Secondary quantitative data was collected on health, demographic, behavioral, and environmental factors. County, state, and Healthy People 2020 targets (when available) were used as benchmarks to determine the severity of health issues. In addition, input was received from over 70 members of Sierra Health Foundation’s Healthy Sacramento Coalition, who brought a rich perspective from various sectors of the community, including faith-based, government, cultural, economic, education, business and other.

An important component of the assessment included the identification of community and hospital resources that might be available to address priority needs. This resource mapping process provided insight on community capacity and potential opportunities for collaborating with partners. There were nearly 40 community resources identified by zip code and evaluated. The hospital is currently working with a number of the resources identified and several others are being targeted for future partnership initiatives.

Methodist Hospital’s CHNA was broadly distributed externally to community leaders, government and public health officials, program partners and other agencies and businesses throughout the region, and made available internally to hospital leadership and employees. The complete assessment is available to the public on https://www.dignityhealth.org/cm/media/documents/Methodist-Hospital-of-Sacramento-NA.pdf.

CHNA Significant Health Needs
Significant health needs were evaluated and prioritized in collaboration with Valley Vision workgroup partners, the Community Health Committee, Sierra Health Foundation and other community stakeholders, using the following criteria:

1 Details on community resources can be found under Appendix H in Methodist Hospital’s CHNA
Ten significant health needs emerged from the assessment across the hospital’s primary service area:

1. Lack of access to health prevention programs for chronic illnesses, including diabetes, heart disease, hypertension, COPD and asthma.
2. Safety as a health issue, including incidents of domestic violence, sexual assault, unintentional injury and traffic-related injury.
3. Stress of living in poverty, including the need for basic shelter and housing (homelessness).
4. Lack of access to primary health care services, including the need for care coordination and case management.
5. Lack of access to healthy affordable food (limited farmers markets and grocery outlets).
6. Unhealthy food environment (an overabundance of fast food establishments).
7. Lack of access to mental health treatment and prevention services for all levels of acuity.
8. Lack of alcohol/drug abuse treatment programs and prevention programs.
9. Limited opportunities for engagement in physical activity due to lack of available parks and/or safety concerns at existing parks.
10. Lack of access to dental screenings and dental care services.

These health needs appeared in greater magnitude within six communities of concern, including Tahoe Park (95820), Meadowview (95822); Fruitridge (95823); Parkway (95824); Florin (95828); and Lower Meadowview (95832). These six areas of concern are home to more than 250,000 residents who are highly diverse, have high rates of poverty, low educational attainment, high levels of unemployment, and rent versus own their homes. There are more single female-headed households and elderly residents 65 years of age or older living in poverty in these six communities than the national average. At least 73% of residents in all six zip codes reported to be Hispanic or non-Caucasian.

Methodist Hospital is addressing, or currently developing partnership initiatives to address all health needs except for limited opportunities to engage in physical activity due to lack of available parks, lack of alcohol/drug abuse treatment programs, and lack of access to dental screenings and dental care services. The hospital does not have the capacity or resources to address all priority health issues. These issues, in part, are being addressed by other organizations. First 5 Sacramento Commission has provided funding for several children’s dental clinics. The Sacramento District Dental Society has expanded dental programs and services, and community clinics, including WellSpace Health, Cares Community Health and Health and Life Organization, have added this specialty to their scope of services. Sacramento County has approved additional FY 2016 funding to expand alcohol/drug abuse treatment programs to Medi-Cal-insured and indigent populations that otherwise could not afford treatment. The need for parks and safe places for physical activity is being addressed in various ways. For example, the Mack Road Partnership, in which Methodist Hospital participates in and supports, offers a community center that features sports and other activities in a safe environment.
Community Benefit Plan Development Process

As a matter of Dignity Health policy, the hospital’s community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- **Disproportionate Unmet Health-Related Needs**: Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention**: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Seamless Continuum of Care**: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Community Capacity**: Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance**: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

A standard approach is taken when planning and developing initiatives to address priority health issues. At the onset, Community Health and Outreach staff engages a core internal team that typically includes clinical staff, care coordinators and social workers, members of the Community Health Committee, and Dignity Health leaders at the regional and local hospital levels from Mission Integration, IT, Legal, Administration, and Finance. These core teams help shape initiatives, provide internal perspective on issues (i.e. utilization trends relative to the issue, gaps experienced in available follow-up or wraparound care for patients, etc.) and help define appropriate processes, procedures and methodologies for measuring outcomes.

The planning and development of each initiative also involves research on best practices to identify existing evidence-based programs and interventions, and relationship strengthening with community-based providers that serve target populations for intended initiatives. Once identified, community-based partners become part of the hospital’s core project team. Core project teams for all initiatives meet quarterly, or as needed, to evaluate program progress and outcomes and to make program changes and/or improvements. When target populations and priority health issues are shared by other Dignity Health hospitals in the Sacramento region, initiatives are often regionalized in order to leverage resources, extend reach and achieve greater impact.

Many initiatives involve coalition building to better understand priority health or social issues from a broader perspective. The Mental Health Improvement Coalition, for example, brought County government administrators and elected officials, law enforcement, emergency medical services, health systems, community providers and consumers together for a common goal to improve the way in which mental health care is accessed and delivered. The collective engagement of these stakeholders is leading to significant improvements and expansions in mental health services based on best and emerging new practice models across the state.

Given the fragile financial positions of community-based nonprofits in the region, initiatives also require significant investments by the hospital to enable partners to expand their services for effective collaboration. To address the priority issue of safety, for example, the hospital provides annual financial support to maintain a presence for WEAVE in south Sacramento. WEAVE is the primary community-based provider of domestic violence and sexual assault services in Sacramento County. An analysis showed that over 20% of the population in the Sacramento region affected by domestic violence and sexual assault reside in the south area surrounding Methodist Hospital, which lacked any services for victims. Today, WEAVE supports hundreds of clients in south Sacramento and collaborates with the hospital to ensure high quality care and address other physical and social needs for victims.
Planning for the Uninsured/Underinsured Patient Population
In keeping with its mission, the hospital offers patient financial assistance (also called charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay. The hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. The amount of financial assistance provided in FY 2015 is listed in the Economic Value of Community Benefit section of this report.

To ensure all patients and families are aware of the policy, the hospital distributes and displays financial assistance information in a number of ways. Notices in several languages spoken by the populations the hospital serves are posted in the emergency department, in admitting and registration areas, and in the business and financial services office. Notices are also placed in all patient bills and include a toll-free contact number.

Continued education to stay current on the Financial Assistance Policy is required for hospital leadership and employees at all levels of the organization. Employees working in Admitting and Patient Financial Services are versed in the policy and dedicated to assisting patients that are in need of support. Any employee or member of the medical staff can refer patients for financial assistance. Family members, friends or associates of a patient may also make a request for financial assistance.
2015 REPORT AND 2016 PLAN

This section presents programs and initiatives the hospital is delivering, funding, or on which it is collaborating with others, to address significant community health needs. It includes both a report on activities for FY 2015 and planned programs with measurable objectives for FY 2016.

SUMMARY

Below are community benefit and community health programs and initiatives operated or substantially supported by the hospital FY 2015, and those planned to be delivered in FY 2016. New programs planned by the hospital, or programs the hospital intends to expand in 2016, are denoted by *.

1: Lack of Access to Health Prevention Programs for Chronic Illness
   - Healthier Living* - Following the Stanford University evidence-based model, these Chronic Disease Self-Management and Diabetes Self-Management Programs are offered by the hospital at the community level in partnership with clinics, food banks, low-income housing developments and others to ensure the underserved have access.
   - CHAMP® (Congestive Heart Active Management Program)* - This unique Dignity Health program keeps individuals with heart disease connected to the medical world through symptom and medication monitoring and education.
   - Mercy Faith and Health Partnership - The hospital offers an interfaith community outreach program that supports the development of health ministry programs focused on promoting good health and disease prevention in local faith communities.
   - American Diabetes Association – Methodist Hospital is a funding partner and participant in local events and initiatives of the Association.

2: Safety, Including Domestic Violence, Sexual Assault, Unintentional Injury and Traffic-related Injury
   - WEAVE Wellness Center* - Established by the hospital, the center is located on campus and offers triage, intake, mental health and counseling services, education, case management and other support services including safe housing to victims of domestic violence and sexual assault. The hospital provides primary and preventative health care for victims through its Mercy Family Health Center.
   - Safe Kids Program - Child death due to vehicle accidents is one of the leading causes of death in the County for families living in poverty, particularly within the Russian, Hmong and Spanish immigrant communities, largely due to lack of appropriate car restraints and education. The Safe Kids program provides free car seats and educational classes in the community and to all leaving the hospital with a newborn infant.
   - Initiative to Reduce African American Child Deaths* - Methodist and other Dignity Health hospitals in Sacramento County are taking a leading role in the region to ensure children have a safe sleeping environment by providing appropriate cribs, assessments and education in partnership with the Sacramento County Child Abuse Center. The hospital is also represented on the Sacramento County Steering Committee on Reduction of African American Child Deaths, which is chartered to develop strategy and oversight for all county-wide efforts to reduce child deaths among this target population between 10 and 20 percent by 2020. African American children die at a rate that is twice that of all other children in Sacramento County.
   - Human Trafficking* - The clinical component of this Dignity Health System-wide initiative launched at the hospital in FY 2015 and a core emergency response team was established. The development of a strategic plan that engages community resources is underway and will be implemented in FY 2016 in partnership with over 10 nonprofit organizations, law enforcement and the Sacramento County Justice Department. Human trafficking is a major challenge in the
Sacramento region, particularly within portions of Methodist Hospital’s service area due to its geographic location near converging waterways and thoroughfares, ethnic diversity and large immigrant population.

3. Stress of Living in Poverty and Homelessness
- Homeless Outreach Project* - Through the Community Grants Program, the hospital is collaborating with Sacramento Steps Forward, Sacramento Loaves & Fishes, and the Downtown Sacramento Foundation on an outreach program for chronically homeless individuals.
- Interim Care Program* - The hospital is an active partner in the Interim Care Program (ICP). This collaborative engages other Dignity Health hospitals and health systems in the region, the Salvation Army, Sacramento County and WellSpace Health, and provides a respite care shelter for homeless patients with available physical and mental health, and substance abuse treatment.

4. Lack of Access to Primary Health Care
- Mercy Family Health Center* - A part of the Family Practice Residency Program, the hospital’s Mercy Family Health Center provides care and treatment to nearly 17,000 underserved residents each year. The health center continues to increase capacity, and has expanded services at other locations in the community, including Sacramento Loaves & Fishes and community clinics. Residency physicians are also actively involved in the Elk Grove School District’s Adopt a School program.
- Patient Navigator Program* - Patient navigators in the hospital’s emergency department connect patients seen and treated at the hospital to medical homes at community health centers and provider offices throughout the region. The Patient Navigator Program represents a unique collaboration between Health Net, a Medi-Cal Managed Care insurance plan, Sacramento Covered, a community-based nonprofit organization, and community clinics in the region.
- Care for the Undocumented* - In partnership with other health system, Sacramento County and the Sierra Sacramento Valley Medical Society, Methodist Hospital is developing an initiative that will launch in FY 2016 to provide primary and specialty care, including surgery, to the region’s undocumented immigrants who currently have no insurance or access to care.
- WellSpace Health Expansion for Women* - Methodist Hospital was instrumental in enabling WellSpace Health to establish a Women’s Health Care clinic on campus, which provides prenatal and OB/GYN services largely for low-income families.
- WayUp Station* - The WayUp Station was established by the hospital through the Community Grants Program as a collaboration between WayUp Sacramento, Sacramento Covered, and WellSpace Health. These organizations are creating a resource station in the disadvantaged community of Oak Park to provide referral services for residents to establish a health care home in the community.
- Cancer Nurse Navigator - This hospital program is designed to help patients navigate the maze of options related to cancer and to complement and enhance services provided by physicians. Nurses provide information, resources and referrals for follow-up biopsies and other treatments that low-income patients otherwise would not be able to access.
- School Nurse Program - Nearly 2,000 students and family members receive health services within the Catholic Diocese of Sacramento through the hospital’s School Nurse program. Services include health care and mandated health screenings.
- Financial assistance for uninsured/underinsured and low income residents - The hospital provides discounted and free health care to qualified individuals, following Dignity Health’s Financial Assistance Policy.

5. Lack of Access to Mental Health Treatment and Prevention Services
- ReferNet Intensive Outpatient Mental Health Partnership - The hospital works in collaboration with community-based nonprofit mental health provider, El Hogar, to provide a seamless process for patients admitting to the emergency department with mental illness to receive immediate and
ongoing treatment and other social services they need for a continuum of care when they leave the hospital.

- **Navigation to Wellness** - This initiative engages nonprofit mental health provider, Turning Point, to improve the quality of care for patients in mental health crisis. Clinical social workers from Turning Point work side by side with hospital social workers to ensure patients are linked to appropriate public and community behavioral health services needed for wellness when they are discharged.

- **Mental Health Improvement Coalition** - Methodist Hospital and other Dignity Health hospitals in Sacramento County joined with Sutter Health, Kaiser Permanente, and UC Davis Health Center to develop strategies for improving the delivery of mental health services and access to care in Sacramento County. Significant improvements to date have included County approval for expanded crisis residential services and crisis stabilization services.

- **Mental Health Consultations and Conservatorship Services** - The hospital provides psychiatric consultations at no cost for all patients who require evaluations while hospitalized, as well as patient conservatorship services to those who lack capacity or family help to make decisions.

6. Lack of Access to Healthy Affordable Food / Unhealthy Food Environment

- **Mack Road Partnership** - The Mack Road Partnership and Methodist Hospital have teamed to provide access to fresh fruits and vegetables to residents in the surrounding underserved community via the Valley Hi Farmers Market. The hospital contributes market match funds which double dollar for dollar the quantity of local farmer’s market produced that can be purchased by Cal Fresh recipients who attend.

- **Food Literacy Center** - The hospital supports this organization’s efforts to teach literacy and nutrition through cooking classes at underserved elementary schools.

**Anticipated Impact**

The anticipated impacts of specific program initiatives, including goals and objectives, are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will improve health knowledge, behaviors, and status, increase access to care and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Health Committee, hospital executive leadership, Community Board, and Dignity Health System Office receive and review program updates. In addition, the hospital evaluates impact and sets priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

**Planned Collaboration**

Care for the Undocumented

Methodist Hospital and the other Dignity Health hospitals in Sacramento County have taken the lead role in an initiative to reinstate health care for the undocumented, a population that has gone ignored in the community since Sacramento County eliminated public health coverage in 2009. A pilot program will launch in FY 2016 addressing the need for basic primary care as well as specialty care and surgery. The pilot involves the innovative use of space at the County’s Primary Care Center and hospital ambulatory care surgery centers, as well as intensive care coordination, and will engage physician and surgeon volunteers. Other partners in this collaborative effort include:

- Sierra Sacramento Valley Medical Society
- Sacramento County
- UC Davis Health Center
- Sutter Health
- Kaiser Permanente
- Federally Qualified Health Centers

**Human Trafficking**
The initial phase of this initiative launched in FY 2015 with the roll-out of education and training to hospital clinical staff to increase awareness and improve quality of care for human trafficking victims. In early 2016, community agencies serving human trafficking victims were convened to share information on their organizations and begin to outline the community strategy component for this initiative. Partners include:

- The Grace Network
- Courage Worldwide
- Opening Doors
- Wind Youth Services
- Community Against Sexual Harm
- Family Justice Center
- WEAVE
- Sacramento County District Attorney’s Office
- My Sister’s House

**Mack Road Partnership**

Methodist Hospital’s leadership role on the Mack Road Partnership Board of Directors is expanding in FY 2016 to participate in efforts to ensure residents of this severely disadvantaged south Sacramento neighborhood have fresh and affordable healthy food options, and to bring new resource connections to the Partnership’s Community Center. Other members of this collaboration include:

- Kaiser Permanente
- Neighborhoods Unite
- City of Sacramento
- Sacramento County
- Regional Transit

**Mental Health Improvement Coalition**

Efforts by the hospital on the Mental Health Coalition have transitioned into Phase II in FY 2016 to identify, advocate and support private providers interested in establishing psychiatric emergency services in Sacramento County, and to ensure commitments made by County leadership as a result of coalition work in FY 2015 are upheld and effectively implemented. As a result of coalition work in FY 2015, County leadership approved funding for the reopening of a Crisis Stabilization Unit at the County Mental Health Treatment Facility with expanded access, and the opening of three new crisis residential facilities. Partners include:

- UC Davis Medical Center
- Kaiser Permanente
- Sutter Health
- Sierra Health Foundation
- Sierra Sacramento Valley Medical Society
- Hospital Council of Northern and Central California
- Sacramento Metro Fire and Law Enforcement

This community benefit plan specifies significant community health needs that the hospital plans to address in whole or in part, in ways consistent with its mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in other community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community.

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.
## PROGRAM DIGESTS

### MERCY FAMILY HEALTH CENTER

#### Significant Health Needs Addressed

- Access to Primary Health Care Services, including the need for Care Coordination
- Access to Mental Health Treatment
- Safety as a Health Issue
- Access to Preventative Health Services and Education
- Access to Housing/Bas ice Shelter
- Access to Healthy Affordable Food / Unhealthy Food Environment

#### Program Emphasis

- Disproportionate Unmet Health-Related Needs
- Primary Prevention
- Seamless Continuum of Care
- Build Community Capacity
- Collaborative Governance

#### Program Description

The Mercy Family Health Center is a part of Methodist Hospital’s Family Practice Residency Program, and fills a major need to increase access to primary and preventative health care for the underserved.

#### Planned Collaboration

The Mercy Family Health Center is linked to a variety of different high schools to assist with sports physicals. The center is also building relationships with other organizations such as Lutheran Social Services to assist with patients experiencing chronic homelessness.

#### Community Benefit Category

C3-Hospital Outpatient Services

### FY 2015 Report

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Maintain high quality of care and increase primary care capacity for Medi-Cal and uninsured populations while providing a teaching environment for residents needed to build provider network capacity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td>Continue to expand capacity of the center and ensure cultural competency among residents</td>
</tr>
<tr>
<td>Baseline / Needs Summary</td>
<td>Access to primary health care is a priority need, particularly with the Medi-Cal expansion under the Affordable Care Act. Despite insurance coverage, individuals remain challenged to find care due to limited capacity.</td>
</tr>
<tr>
<td>Intervention Actions for Achieving Goal</td>
<td>Increased outreach regarding available services and link center with community partners.</td>
</tr>
<tr>
<td>Program Performance / Outcome</td>
<td>16,175 patient visits</td>
</tr>
<tr>
<td>Hospital’s Contribution / Program Expense</td>
<td>$3,154,094</td>
</tr>
</tbody>
</table>

### FY 2016 Plan

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Maintain high quality of care and increase primary care capacity for Medi-Cal and uninsured populations while providing a teaching environment for residents needed to build provider network capacity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td>Continue to expand capacity of the center and ensure cultural competency among residents</td>
</tr>
<tr>
<td>Baseline / Needs Summary</td>
<td>Access to primary health care is a priority need, particularly with the Medi-Cal expansion under the Affordable Care Act. Despite insurance coverage, individuals remain challenged to find care due to limited capacity.</td>
</tr>
<tr>
<td>Intervention Actions for Achieving Goal</td>
<td>Continue outreach and partnership efforts; provide opportunities to residents to serve the community in other capacities such as linking the health center to other programs to increase continuity of care from hospital discharge to follow up primary care.</td>
</tr>
</tbody>
</table>
### Significant Health Needs Addressed
- ✔ Access to Health Care
- ✔ Access to Mental Health Care
- ✔ Access to Preventative Health Services and Education
- ✔ Access to Housing/Basic Shelter (Homelessness)

### Program Emphasis
- ✔ Disproportionate Unmet Health-Related Needs
- ✔ Primary Prevention
- ✔ Seamless Continuum of Care
- ✔ Build Community Capacity
- ✔ Collaborative Governance

### Program Description
The Patient Navigator program focuses on assisting patients who rely on the emergency department for non-urgent needs. The navigators help patients by connecting them to a medical home in an appropriate setting and assisting them with scheduling a follow up appointment along with any other barriers that may create obstacles with accessing care.

### Planned Collaboration
The program is a collaborative initiative between the hospital, Health Net, Sacramento Covered and community health centers.

### Community Benefit Category
A3-e Health Care Support Services – Information & Referral.

### FY 2015 Report

#### Program Goal / Anticipated Impact
Assist underserved patients admitting to the emergency department for primary care in finding medical homes in an appropriate community clinic setting or reconnecting them with their assigned PCP and other social support services. The program aims to improve the health of populations served through care coordination, reduce reliance on the emergency department for non-urgent care and lower costs.

#### Measurable Objective(s) with Indicator(s)
Over 50% of all emergency department visits are for primary care and could be avoided if care were received in a physician’s office or clinic. The program will be measured by improved access for patients; reduced emergency department primary care visits; and reduced costs.

#### Baseline / Needs Summary
Access to primary care is a priority CHNA health issue resulting in high utilization of the emergency department for basic care.

#### Intervention Actions for Achieving Goal
Weekly/monthly meetings to trouble shoot, track progress, etc. with navigators, partners and emergency department program teams.

#### Program Performance / Outcome
1151 patients were assisted in FY 2015 and 72% of the patients assisted had a follow up appointment scheduled for them with a Primary Care or other type of provider. Outcomes show a decrease in emergency department primary care visits by 50% and urgent care visits by 42%.

#### Hospital’s Contribution / Program Expense
$156,059

### FY 2016 Plan

#### Program Goal / Anticipated Impact
Assist underserved patients admitting to the emergency department for primary care in finding medical homes in an appropriate community clinic setting or reconnecting them with their assigned PCP and other social support services. The program aims to improve the health of those assisted through care coordination, reduce reliance on the emergency department for non-urgent care and lower costs.

#### Measurable Objective(s) with Indicator(s)
Over 50% of all emergency department visits are for primary care and could be avoided if care were received in a physician’s office or clinic. The program will be measured by improved access for patients; reduced emergency department primary care visits; and reduced costs.

#### Baseline / Needs Summary
Access to primary care continues to be a priority CHNA health issue resulting in high utilization of the emergency department for basic care.

#### Intervention Actions for Achieving Goal
Continue to work with emergency department staff and Sacramento Covered to build a comprehensive program that responds to the growing Medi-Cal population and engage other plans, IPA, and the community clinics to work collectively in addressing the need for improved access to primary care.
### WEAVE WELLNESS CENTER

| Significant Health Needs Addressed |  ✓ Access to Primary Health Care Services, including the need for Care Coordination  
| |  ✓ Access to Mental Health Treatment  
| |  ✓ Safety as a Health Issue  
| |  ✓ Access to Preventative Health Services and Education  
| |  ✓ Access to Housing/Basic Shelter (Homelessness)  
| |  ❌ Access to Healthy Affordable Food / Unhealthy Food Environment  |

| Program Emphasis |  ✓ Disproportionate Unmet Health-Related Needs  
| |  ✓ Primary Prevention  
| |  ✓ Seamless Continuum of Care  
| |  ✓ Build Community Capacity  
| |  ✓ Collaborative Governance  |

| Program Description |  WEAVE and Methodist Hospital partnered to create a new model of comprehensive care for victims of domestic and sexual assault. The WEAVE Wellness Center offers triage, crisis intervention, mental health counseling and social support, with an emphasis on culturally competent services to south Sacramento’s large Hispanic community. Clients have access to primary care as well as Methodist Hospital’s Mercy Family Health Center.  |

| Planned Collaboration |  This is a collaborative effort between WEAVE and Methodist Hospital; the center is located on the hospital campus.  |

| Community Benefit Category |  E1-a Financial Donations – General contributions to nonprofit organizations/Community Groups  |

### FY 2015 Report

| Program Goal / Anticipated Impact |  Improve access to care, quality interventions and social support services for victims of domestic violence and sexual assault in the south Sacramento community. Continue to grow the number of clients served through outreach, and further engage hospital staff.  |

| Measurable Objective(s) with Indicator(s) |  Outreach to vulnerable neighborhoods to expand services to 300 poor and at-risk individuals who lack services.  |

| Baseline / Needs Summary |  The WEAVE Wellness Center fills a major gap in domestic violence and sexual assault services within the hospital’s service area, which was identified through the assessment process.  |

| Intervention Actions for Achieving Goal |  Increase community outreach and ensure accountability of outcomes measurement.  |

| Program Performance / Outcome |  263 underserved women and children received domestic violence services and counseling. Outcome measurements reflect the program is continuing to meet a need for a large Hispanic population.  |

| Hospital’s Contribution / Program Expense |  $50,000  |

### FY 2016 Plan

| Program Goal / Anticipated Impact |  Improve access to care, quality interventions and social support services for victims of domestic violence and sexual assault in the south Sacramento community. Continue to grow the number of clients served through outreach, and develop strategies with WEAVE and ED staff to assist in connecting with patients in the emergency department who are victims of domestic violence.  |

| Measurable Objective(s) with Indicator(s) |  Outreach to vulnerable neighborhoods within the south Sacramento region to expand services to 300 poor and at-risk individuals who lack services.  |

| Baseline / Needs Summary |  The WEAVE Wellness Center fills a major gap in domestic violence and sexual assault services within the hospital’s service area, which was identified through the assessment process.  |

| Intervention Actions for Achieving Goal |  Increase community outreach and ensure accountability of outcomes measurement. Work with ED to have staff available on-call to respond to victims presenting in the hospital.  |
# HEALTHIER LIVING CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP)

| Significant Health Needs Addressed | ✓ Access to Health Care  
|                                  | ✓ Access to Mental Health Care  
|                                  | ✓ Access to Preventative Health Services and Education  
|                                  | ✓ Access to Housing/Basic Shelter (Homelessness)  |
| Program Emphasis | ✓ Disproportionate Unmet Health-Related Needs  
|                  | ✓ Primary Prevention  
|                  | ✓ Seamless Continuum of Care  
|                  | ✓ Build Community Capacity  
|                  | ✓ Collaborative Governance  |
| Program Description | Following the Stanford University evidence-based model, Healthier Living provides residents with chronic diseases (emphasis on Diabetes) knowledge, tools and motivation needed to become proactive with their health.  |
| Planned Collaboration | The Healthier Living workshops are conducted in collaboration with a variety of community organizations and are held in locations that are accessible to the residents, such as senior housing communities and local organizations that serve a high percentage of residents that have or are caring for family members with chronic illnesses.  |
| Community Benefit Category | A1-a Community Health Education – Lectures/Workshops.  |

## FY 2015 Report

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Provide education and skills management to help those with chronic disease manage their symptoms and lead healthier and more productive lives; thus reducing their need to admit to the Hospital. Specifically, achieve maximum target metric goal or better – 70% of all participants avoid admission post program intervention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td>Continue to meet/exceed the metric goal. Develop new lay leaders and community partners to expand workshop offerings at community clinics and other agencies and increase the number of participants.</td>
</tr>
<tr>
<td>Baseline / Needs Summary</td>
<td>Chronic disease, including, heart disease, diabetes, stroke, asthma and cancer plagues the region and accounts for high emergency department and hospital inpatient admissions. Chronic disease is identified as a priority CHNA health issue.</td>
</tr>
<tr>
<td>Intervention Actions for Achieving Goal</td>
<td>Outreach to the community clinics and other nonprofits. Continue to build community partnerships for expansions of workshops. Continue to identify community lay leaders and partnerships for growth.</td>
</tr>
<tr>
<td>Program Performance / Outcome</td>
<td>23 CDSMP and Diabetes workshops were conducted in both English and Spanish with a total of 182 participants completing the program. Less than seven % of the completers readmitted to the hospital within three months of completing the workshop. There are now 27 active lay leaders; six of which are Spanish speaking and seven certified master trainers in the region.</td>
</tr>
<tr>
<td>Hospital’s Contribution / Program Expense</td>
<td>$20,030</td>
</tr>
</tbody>
</table>

## FY 2016 Plan

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Provide education and skills management to help those with chronic disease manage their symptoms and lead healthier and more productive lives; thus reducing their need to admit to the Hospital. Specifically, achieve maximum target metric goal or better – 70% of all participants avoid admission post program intervention.</th>
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<td>Baseline / Needs Summary</td>
<td>Chronic disease, including, heart disease, diabetes, stroke, asthma and cancer plagues the region and accounts for high emergency department and hospital inpatient admissions. Chronic disease is identified as a priority health issue in the CHNA.</td>
</tr>
<tr>
<td>Intervention Actions for Achieving Goal</td>
<td>Outreach to the community clinics and other nonprofits. Continue to build community partnerships for expansions of workshops. Continue to identify community lay leaders and partnerships for growth.</td>
</tr>
</tbody>
</table>
## REFERNET INTENSIVE OUTPATIENT MENTAL HEALTH CARE

| Significant Health Needs Addressed | ☐ Access to Primary Health Care Services, including the need for Care Coordination  
| | ☑ Access to Mental Health Treatment  
| | ☐ Safety as a Health Issue  
| | ☐ Access to Preventative Health Services and Education  
| | ☐ Access to Housing/Basic Shelter (Homelessness)  
| | ☐ Access to Healthy Affordable Food / Unhealthy Food Environment  

| Program Emphasis | ☑ Disproportionate Unmet Health-Related Needs  
| | ☐ Primary Prevention  
| | ☑ Seamless Continuum of Care  
| | ☒ Build Community Capacity  
| | ☑ Collaborative Governance  

| Program Description | The program provides a seamless way for individuals admitting to the emergency department with mental illness to receive immediate and ongoing intensive outpatient treatment and other social services they need for a continuum of care when they leave the hospital.  

| Planned Collaboration | ReferNet is a promising mental health initiative being conducted in partnership with community-based nonprofit mental health provider El Hogar. Limited transportation is being provided by Asian Community Center.  

| Community Benefit Category | A2-e Community Based Clinical Services - Ancillary/other clinical services  

### FY 2015 Report

| Program Goal / Anticipated Impact | Provide immediate access to intensive outpatient mental health care for those who suffer from this illness.  
| Measurable Objective(s) with Indicator(s) | Increase awareness of the program by emergency department staff, and work with El Hogar to reduce no-show rates.  
| Baseline / Needs Summary | Since the County cut services, lack of mental health care is a crisis issue. This is seen very clear in the CHNA and in the hospital’s utilization rates for underserved patients in need of mental health treatment.  
| Intervention Actions for Achieving Goal | Maintain and/or increase level of funding to build capacity. Evaluate partner options to add substance abuse treatment. Work with partnering organization to assist with transportation as needed.  
| Program Performance / Outcome | Over 350 patients were referred to program through hospital social workers; 164 successfully received intensive outpatient treatment and were referred to other social service resources as needed.  
| Hospital’s Contribution / Program Expense | $115,270  

### FY 2016 Plan

| Program Goal / Anticipated Impact | Provide immediate access to intensive outpatient mental health care for those who suffer from this illness and connect them to other available resources that may be appropriate as well as county behavioral health services if eligible.  
| Measurable Objective(s) with Indicator(s) | Increase awareness of the program by emergency department staff including the care coordination teams and work with El Hogar and community partners to reduce no-show rates by providing limited transportation.  
| Baseline / Needs Summary | Lack of mental health care remains a crisis issue since the county cut services. This is seen very clear in the CHNA and in the hospital’s utilization rates for underserved patients in need of mental health treatment.  
| Intervention Actions for Achieving Goal | Program is now a core program which will continue current level of funding while trying to build capacity. Ongoing evaluation of partner options to add substance abuse treatment and work with other community organization to assist with additional transportation as needed.  

Methodist Hospital of Sacramento  
Community Benefit FY 2015 Report and FY 2016 Plan
### Significant Health Needs Addressed

- Access to Primary Health Care Services, including the need for Care Coordination
- Access to Mental Health Treatment
- Safety as a Health Issue
- Access to Preventative Health Services and Education
- Access to Housing/BASIC Shelter (Homelessness)
- Access to Healthy Affordable Food / Unhealthy Food Environment

### Program Emphasis

- Disproportionate Unmet Health-Related Needs
- Primary Prevention
- Seamless Continuum of Care
- Build Community Capacity
- Collaborative Governance

### Program Description

The Navigation to Wellness program utilizes a team comprised of Clinicians and a Peer Support Specialist that work closely with Dignity Health ED staff in identifying individuals with a self-reported behavioral health problem, who repeatedly access ED services, and who could be more effectively served if linked to non-emergency room resources. Once a patient is referred by the ED, the Navigation Team assesses patients to determine what outpatient behavioral health services they are eligible for or may need and links them to appropriate public and general behavioral health services.

### Planned Collaboration

The Navigation to Wellness program is a partnership between Turning Point, Crime Victims Assistance Network (i-CAN) Foundation, Consumers Self Help Center, and My Sister’s House through the Dignity Health Community Grants.

### Community Benefit Category

E2-a Grants - Program grants

### FY 2015 Report

#### Program Goal / Anticipated Impact

Decrease the overutilization of ED services by individuals with behavioral health problems through the use of a Wellness Navigator Team that supports the individual on discharge planning in the ED in such a way that facilitates the process and provides linkages to public and general mental health services.

#### Measurable Objective(s) with Indicator(s)

Individuals who were not linked previously or who were unaware of additional services available to them will be linked, decreasing any future uses of ED services during a mental health crisis.

#### Baseline / Needs Summary

Lack of access to outpatient behavioral health care is a crisis issue which is illustrated in the 2013 CHNA and in the hospital’s utilization rates for underserved patients in need of behavioral health treatment.

#### Intervention Actions for Achieving Goal

Develop and implement the Navigation to Wellness program in collaboration with the hospital emergency department and Turning Point to link identified patients in the emergency department to community resources that can better address their presenting needs.

#### Program Performance / Outcome

Services for this collaboration started in March of 2015. Within the first four months, over 70 patients were linked to community resources obtain emergency department discharge and followed up with for 30 days to ensure they connected to the resources.

#### Hospital’s Contribution / Program Expense

$45,000

### FY 2016 Plan

#### Program Goal / Anticipated Impact

Decrease the overutilization of ED services by individuals with behavioral health problems through the use of a Wellness Navigator Team that supports the individual on discharge planning in the ED in such a way that facilitates the process and provides linkages to public and general mental health services.

#### Measurable Objective(s) with Indicator(s)

Individuals who were not linked previously or who were unaware of additional services available to them will be linked, decreasing any future uses of ED services during a mental health crisis.

#### Baseline / Needs Summary

Lack of access to outpatient behavioral health care continues to be a crisis issue which is illustrated in the 2013 CHNA and hospital’s utilization rates for underserved patients in need of behavioral health treatment continue to rise.

#### Intervention Actions for Achieving Goal

Continue to build the Navigation to Wellness program in collaboration with the hospital emergency department and Turning Point to link identified patients in the emergency department to community resources and add a peer navigator that will assist patients in the community setting.
### Significant Health Needs Addressed
- Access to Primary Health Care Services, including the need for Care Coordination
- Access to Mental Health Treatment
- Safety as a Health Issue
- Access to Preventative Health Services and Education
- Access to Housing/Basic Shelter (Homelessness)
- Access to Healthy Affordable Food / Unhealthy Food Environment

### Program Emphasis
- Disproportionate Unmet Health-Related Needs
- Primary Prevention
- Seamless Continuum of Care
- Build Community Capacity
- Collaborative Governance

### Program Description
The Mack Road Partnership provides access to fresh fruits and vegetables to residents in the surrounded underserved community via the Mack Road-Valley Hi Farmers Market.

### Planned Collaboration
This is a collaboration between Mack Road Partnership along with their community partners and Methodist Hospital of Sacramento in which the hospital contributes market match funds which double dollar for dollar the quantity of local farmer’s market produced that can be purchased by CalFresh recipients who attend.

### Community Benefit Category
E1-a Financial Donations - General contributions to nonprofit organizations

#### FY 2015 Report

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>This is a new initiative that will be implemented in FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td>This is a new initiative that will be implemented in FY2016</td>
</tr>
<tr>
<td>Baseline / Needs Summary</td>
<td>This is a new initiative that will be implemented in FY2016</td>
</tr>
<tr>
<td>Intervention Actions for Achieving Goal</td>
<td>This is a new initiative that will be implemented in FY2016</td>
</tr>
<tr>
<td>Program Performance / Outcome</td>
<td>This is a new initiative that will be implemented in FY2016 therefore there are no outcomes for FY2015</td>
</tr>
<tr>
<td>Hospital's Contribution / Program Expense</td>
<td>$5,000 will be contributed as matching funds by the hospital in FY2016</td>
</tr>
</tbody>
</table>

#### FY 2016 Plan

<table>
<thead>
<tr>
<th>Program Goal / Anticipated Impact</th>
<th>Increase access to healthy affordable foods through the Market Match program at the Valley Hi Farmer’s Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurable Objective(s) with Indicator(s)</td>
<td>There will be an increase in CalFresh recipients benefitting from this program and residents will have additional matching funds to purchase more fresh fruits and vegetables</td>
</tr>
<tr>
<td>Baseline / Needs Summary</td>
<td>Access to healthy affordable foods was identified as a top priority in the 2013 CHNA and continues to remain a barrier for community residents in the service area. In addition, there is a high rate of CalFresh recipients in the area surrounding the Mack Road-Valley Hi Farmer’s market</td>
</tr>
<tr>
<td>Intervention Actions for Achieving Goal</td>
<td>Mack Road Partnership will continue to promote their program and engage with other community organizations to increase the awareness of healthy foods within the region</td>
</tr>
</tbody>
</table>
# Economic Value of Community Benefit

The following FY 2015 (for period from 7/1/2014 through 6/30/2015) Classified Summary of Unsponsored Community Benefit Expense for Methodist Hospital was calculated using a cost accounting methodology.

## Benefits for Living in Poverty

<table>
<thead>
<tr>
<th>Persons Served</th>
<th>Total Expenses</th>
<th>Offsetting Revenue</th>
<th>Net Benefit</th>
<th>% of Organization Expenses</th>
<th>% of Organization Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance</td>
<td>2,649</td>
<td>3,331,226</td>
<td>0</td>
<td>3,331,226</td>
<td>1.2</td>
</tr>
<tr>
<td>Medicaid</td>
<td>53,969</td>
<td>147,970,679</td>
<td>129,555,392</td>
<td>18,415,287</td>
<td>6.4</td>
</tr>
<tr>
<td>Means-Tested Programs</td>
<td>40</td>
<td>82,831</td>
<td>54,690</td>
<td>28,141</td>
<td>0.0</td>
</tr>
</tbody>
</table>

## Community Services

<table>
<thead>
<tr>
<th>Persons Served</th>
<th>Total Expenses</th>
<th>Offsetting Revenue</th>
<th>Net Benefit</th>
<th>% of Organization Expenses</th>
<th>% of Organization Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - Community Health Improvement Services</td>
<td>5,678</td>
<td>348,238</td>
<td>0</td>
<td>348,238</td>
<td>0.1</td>
</tr>
<tr>
<td>C - Subsidized Health Services</td>
<td>19,295</td>
<td>6,707,221</td>
<td>2,200,361</td>
<td>4,506,860</td>
<td>1.6</td>
</tr>
<tr>
<td>E - Financial and In-Kind Contributions</td>
<td>325</td>
<td>1,355,873</td>
<td>0</td>
<td>1,355,873</td>
<td>0.5</td>
</tr>
<tr>
<td>F - Community Building Activities</td>
<td>0</td>
<td>631</td>
<td>0</td>
<td>631</td>
<td>0.0</td>
</tr>
<tr>
<td>G - Community Benefit Operations</td>
<td>0</td>
<td>142,019</td>
<td>0</td>
<td>142,019</td>
<td>0.0</td>
</tr>
<tr>
<td>Totals for Community Services</td>
<td>25,298</td>
<td>8,553,982</td>
<td>2,200,361</td>
<td>6,353,621</td>
<td>2.2</td>
</tr>
</tbody>
</table>

## Totals for Living in Poverty

<table>
<thead>
<tr>
<th>Persons Served</th>
<th>Total Expenses</th>
<th>Offsetting Revenue</th>
<th>Net Benefit</th>
<th>% of Organization Expenses</th>
<th>% of Organization Revenues</th>
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<tbody>
<tr>
<td>81,956</td>
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<td>131,810,443</td>
<td>28,128,275</td>
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## Benefits for Broader Community

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<tr>
<th>Persons Served</th>
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<tbody>
<tr>
<td>A - Community Health Improvement Services</td>
<td>2,839</td>
<td>18,396</td>
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<td>18,396</td>
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<td>B - Health Professions Education</td>
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<td>D - Research</td>
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<td>4,000</td>
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<td>4,000</td>
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<tr>
<td>E - Financial and In-Kind Contributions</td>
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<td>455,199</td>
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<td>F - Community Building Activities</td>
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<td>18,593</td>
<td>0</td>
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<tr>
<td>Totals for Community Services</td>
<td>3,410</td>
<td>1,218,659</td>
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## Totals for Broader Community

<table>
<thead>
<tr>
<th>Persons Served</th>
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<th>Net Benefit</th>
<th>% of Organization Expenses</th>
<th>% of Organization Revenues</th>
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</thead>
<tbody>
<tr>
<td>3,410</td>
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## Totals - Community Benefit

<table>
<thead>
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<th>Persons Served</th>
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<tbody>
<tr>
<td>85,366</td>
<td>161,157,377</td>
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## Medicare

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<th>% of Organization Revenues</th>
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<tbody>
<tr>
<td>13,271</td>
<td>57,045,854</td>
<td>49,283,903</td>
<td>7,761,951</td>
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## Totals Including Medicare

<table>
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<tr>
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<th>% of Organization Revenues</th>
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</thead>
<tbody>
<tr>
<td>98,637</td>
<td>218,203,231</td>
<td>181,094,346</td>
<td>37,108,885</td>
<td>12.8</td>
<td>12.7</td>
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</tbody>
</table>
# Appendix A: Community Board and Committee Rosters

## Dignity Health Sacramento Service Area Community Board

<table>
<thead>
<tr>
<th>Sister Brenda O’Keeffe, Chair</th>
<th>Sister Patricia Simpson, O.P.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice President, Mission Integration</td>
<td>Mercy Medical Center Redding</td>
</tr>
<tr>
<td>Retired Sacramento County Public Health Officer Community Representative</td>
<td>Nancy Appelblatt, MD</td>
</tr>
<tr>
<td>Glennnah Trochet, MD, Vice Chair</td>
<td>Chief of Staff</td>
</tr>
<tr>
<td>Retired Sacramento County Public Health Officer Community Representative</td>
<td>Mercy General Hospital</td>
</tr>
<tr>
<td>Brian King, Secretary</td>
<td>Jeff Anderson, MD</td>
</tr>
<tr>
<td>Los Rios College District Chancellor</td>
<td>Chief of Staff</td>
</tr>
<tr>
<td></td>
<td>Mercy Hospital of Folsom</td>
</tr>
<tr>
<td>Gil Albiani</td>
<td>Robert Kahle, MD</td>
</tr>
<tr>
<td>Real Estate Community Representative</td>
<td>Chief of Staff</td>
</tr>
<tr>
<td></td>
<td>Mercy San Juan Medical Center</td>
</tr>
<tr>
<td>Julius Cherry</td>
<td>Robert Kozel, MD</td>
</tr>
<tr>
<td>Attorney Community Representative</td>
<td>Chief of Staff</td>
</tr>
<tr>
<td></td>
<td>Methodist Hospital of Sacramento</td>
</tr>
<tr>
<td>Patrice Coyle</td>
<td>Sister Gabrielle Marie Jones</td>
</tr>
<tr>
<td>Retired HR &amp; Education Community Representative</td>
<td>Vice President, Mission Integration</td>
</tr>
<tr>
<td></td>
<td>Mercy San Juan Medical Center</td>
</tr>
<tr>
<td>Sister Patricia Manoli, RSM</td>
<td>Linda Ubaldi</td>
</tr>
<tr>
<td>Director, Mission Integration</td>
<td>Director, Risk Management</td>
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<tr>
<td>St. Elizabeth Community Hospital</td>
<td>Dignity Health Sacramento Service Area</td>
</tr>
<tr>
<td>Roger Neillo</td>
<td>Gena Koeberlein</td>
</tr>
<tr>
<td>Sacramento Chamber of Commerce President; Former California State Assemblyman</td>
<td>Director, Quality</td>
</tr>
<tr>
<td></td>
<td>Mercy General Hospital</td>
</tr>
<tr>
<td>Margaret Thompson</td>
<td>Wayne Soo Hoo</td>
</tr>
<tr>
<td>Director, Quality</td>
<td>Director, Quality</td>
</tr>
<tr>
<td>Mercy Hospital of Folsom</td>
<td>Mercy San Juan Medical Center</td>
</tr>
<tr>
<td>Chasity Ware</td>
<td>Laurie Harting</td>
</tr>
<tr>
<td>Sr. Director, Quality Methodist</td>
<td>Sr. Vice President, Operations</td>
</tr>
<tr>
<td></td>
<td>Dignity Health Sacramento Service Area</td>
</tr>
<tr>
<td>Thiru Rajagopal, MD</td>
<td>Dwight (Brad) Stalker, MD</td>
</tr>
<tr>
<td>Vice Chief of Staff</td>
<td>Vice Chief of Staff</td>
</tr>
<tr>
<td>Mercy General Hospital</td>
<td>Mercy Hospital of Folsom</td>
</tr>
<tr>
<td>Steven Polansky, MD</td>
<td>Timothy Takagi, MD</td>
</tr>
<tr>
<td>Vice Chief of Staff</td>
<td>Vice Chief of Staff</td>
</tr>
<tr>
<td>Mercy San Juan Medical Center</td>
<td>Methodist</td>
</tr>
<tr>
<td>Rae Lynn Stafford</td>
<td>Rod Winegarner</td>
</tr>
<tr>
<td>Board Coordinator</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Dignity Health Sacramento Service Area</td>
<td>Dignity Health</td>
</tr>
<tr>
<td>Martina Evans-Harrison</td>
<td>Joshua Freilich</td>
</tr>
<tr>
<td>Chief Nurse Executive</td>
<td>Chief Nurse Executive</td>
</tr>
<tr>
<td>Methodist Hospital</td>
<td>Mercy Hospital of Folsom</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Belva Snyder</td>
<td>Chief Nurse Executive, Mercy San Juan Medical Center</td>
</tr>
<tr>
<td>Mary Carol Todd</td>
<td>Chief Nurse Executive, Mercy General Hospital</td>
</tr>
<tr>
<td>Phyllis Baltz</td>
<td>Chief Operating Officer, Mercy San Juan Medical Center</td>
</tr>
<tr>
<td>Jill Dryer</td>
<td>Vice President, Communications Dignity Health Sacramento Service Area</td>
</tr>
<tr>
<td>Ian Boase</td>
<td>Legal Counsel, Dignity Health</td>
</tr>
<tr>
<td>Kelley Evans</td>
<td>Legal Counsel, Dignity Health</td>
</tr>
<tr>
<td>Brian Ivie</td>
<td>President, Mercy San Juan Medical Center and Methodist Hospital of Sacramento</td>
</tr>
<tr>
<td>Edmundo Castaneda</td>
<td>President, Mercy General Hospital and Mercy Hospital of Folsom</td>
</tr>
<tr>
<td>Sister Bridget McCarthy</td>
<td>Vice President, Mission Integration, Dignity Health Sacramento Service Area</td>
</tr>
<tr>
<td>Michael Cox</td>
<td>Vice President, Mission Integration, Methodist Hospital of Sacramento</td>
</tr>
<tr>
<td>Sister Clare Marie Dalton</td>
<td>Vice President, Mission Integration, Mercy General Hospital</td>
</tr>
<tr>
<td>Sister Cornelia O’Conner</td>
<td>Vice President, Mission Integration, Mercy Hospital of Folsom</td>
</tr>
<tr>
<td>Sister Gabrielle Marie Jones</td>
<td>Vice President, Mission Integration, Mercy San Juan Medical Center</td>
</tr>
<tr>
<td>Kevin Duggan</td>
<td>President, Mercy Foundation</td>
</tr>
<tr>
<td>Michael Cox</td>
<td>Vice President, Mission Integration, Methodist Hospital of Sacramento</td>
</tr>
<tr>
<td>Rosemary Younks</td>
<td>Director, Community Benefit Dignity Health Sacramento Service Area</td>
</tr>
<tr>
<td>Ashley Brand</td>
<td>Manager, Community Benefit Dignity Health Sacramento Service Area</td>
</tr>
<tr>
<td>Jennifer Zachariou</td>
<td>Sr. Community Health Specialist Dignity Health Sacramento Service Area</td>
</tr>
</tbody>
</table>

### Dignity Health Sacramento Service Area Community Health Committee Roster

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sister Bridget McCarthy</td>
<td>Vice President, Mission Integration, Dignity Health Sacramento Service Area</td>
</tr>
<tr>
<td>Jill Dryer</td>
<td>Vice President, Communications Dignity Health Sacramento Service Area</td>
</tr>
<tr>
<td>Sister Clare Marie Dalton</td>
<td>Vice President, Mission Integration, Mercy General Hospital</td>
</tr>
<tr>
<td>Patrice Coyle</td>
<td>Retired HR &amp; Education, Community Representative</td>
</tr>
<tr>
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<td>Vice President, Mission Integration, Mercy Hospital of Folsom</td>
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<tr>
<td>Kevin Duggan</td>
<td>President, Mercy Foundation</td>
</tr>
<tr>
<td>Sister Gabrielle Marie Jones</td>
<td>Vice President, Mission Integration, Mercy San Juan Medical Center</td>
</tr>
<tr>
<td>Marge Ginsburg</td>
<td>Executive Director, Center for Healthcare Decisions, Community Representative</td>
</tr>
<tr>
<td>Michael Cox</td>
<td>Vice President, Mission Integration, Methodist Hospital of Sacramento</td>
</tr>
<tr>
<td>Rosemary Younks</td>
<td>Director, Community Benefit Dignity Health Sacramento Service Area</td>
</tr>
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<tr>
<td>Jennifer Zachariou</td>
<td>Sr. Community Health Specialist Dignity Health Sacramento Service Area</td>
</tr>
</tbody>
</table>
APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs 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.

- **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, therapists, and clinical technicians.

- **Enrollment Assistance** - Employees at Bruceville Terrace, an arm of the hospital, provide enrollment assistance to low income patients, in an effort to get coverage in Medi-Cal and other government assistance programs. Bruceville Terrace is a skilled nursing facility.

- **Transitional Housing and Lodging** - When there are no available alternatives, Methodist Hospital subsidizes payments for room and board in the community for patients unable to pay when they are discharged from the hospital.

- **Sacramento Region Health Care Partnership** - Technical expertise and leadership is provided by the hospital to the Partnership that is focused on building capacity among the region’s Federally Qualified Health Centers. The Partnership also offers the Learning Institute for clinics, aimed at facilitating an integrated health care delivery model and fostering solutions that can improve delivery systems.

- **Sacramento County Medi-Cal Managed Advisory Committee** - The hospital has appointed representation on this Committee which was established by Senator Steinberg’s legislation in 2010. The purpose of the Committee is to improve services and health outcomes for beneficiaries of the region’s Geographic Managed Medi-Cal system. The Committee grapples with issues that include access, quality and care coordination, and reviews and provides input on quality indicators, policies and processes.

- **Green Team** - Increasing attention is placed by the hospital on environmental stewardship. Efforts are led by an internal “Green Team” responsible for implementing strategies focused on contributing to a more sustainable earth-friendly environment through enhanced recycling efforts and composting of food waste. One of the hospital’s goals, aligned with components of the Healthier Hospital Initiative, has been to introduce healthy food options for patients and their families.

- **Elk Grove Economic Development Corporation** - The hospital has a leadership role in the Corporation which is chartered to enhance the City of Elk Grove’s competitiveness in attracting and facilitating the growth of businesses that provide high quality jobs to residents, aid in diversification and complement quality of life.

Additionally, members of the hospital’s leadership and management teams volunteer significant time and expertise as board members of nonprofit health care organizations and civic and service agencies, such as the Elk Grove Chamber of Commerce, the CARES Foundation and Boys and Girls Club. Annual sponsorships also support multiple programs, services and fund-raising events of organizations; among them, the Elk Grove Regional Scholarship Foundation, Cristo Rey High School, Chicks in Crisis, Sacramento Food Bank, and others.