Dignity Health
Dominican Hospital

Dignity Health Dominican Hospital

Community Health Implementation Strategy 2016 – 2018

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EXECUTIVE SUMMARY

Santa Cruz County has a population of approximately 271,804 and covers 445 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, has an estimated population of 63,789 as of January 2015. Santa Cruz is one of California's most popular seaside resorts with its historic Boardwalk, spectacular coastline, and accessible beaches. The City of Watsonville is the center of the county's agricultural activity, with major industries including food harvesting, canning, and freezing. As of January 2015, the City of Watsonville has an estimated population of 52,087. Other incorporated areas in the county include the cities of Scotts Valley and Capitola. Approximately 49% of the population lives in the unincorporated parts of the county, including the towns of Aptos, Davenport, Freedom, Soquel, Felton, Ben Lomond and Boulder Creek, and districts including the San Lorenzo Valley, and Live Oak.

The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at [http://www.dignityhealth.org/dominican/about-us/community-benefits]. 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:

Integrated Behavioral Health

During their prioritization process, the DCA identified the need for a more integrated approach to behavioral health. For the CHNA, Integrated Behavioral Health is the idea that physical and emotional health are connected and can be addressed together to produce the best possible health outcomes. Providers collaborate to address physical, developmental, social, behavioral, and emotional needs, including mental health and substance abuse conditions, depression, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, and stress-related physical symptoms.

Economic Security (Income & Employment/Housing & Homelessness)

During their prioritization process, the DCA combined several needs into this one broader need: Economic security includes employment, access to education and/or vocational training, affordable housing, homelessness, food insecurity and other factors related to poverty and lack of income.

A Continuum of Care Approach to Access & Delivery

The Continuum of Care Approach is an integrated system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care. It combines prevention and early intervention, while addressing the Social Determinants of Health.

For the FY17 – 19 planning period, the hospital plans to continue programs from FY16, and implement/fund several additional initiatives:

Integrated Behavioral Health

- Psychiatric Resource Team
- Encompass Community Services STAR Grant

Economic Security

- High Utilizers Group
- RotaCare Free Health Clinic
- Mobile Wellness Clinic
- Homeless Recuperative Care Program

Continuum of Care Approach to Care

- RotaCare Free Health Clinic
- Mobile Wellness Clinic
- High User Group
- Psychiatric Resource Team
- Dare to CARE Vascular Screening

For FY17-19, the hospital plans to continue the above programs, and add the following:

- Access to Healthcare
- Dare to CARE Vascular Screening

This document is publicly available at [http://www.dignityhealth.org/dominican/about-us/community-benefits]. The hospital publishes the Annual Community Assessment Project Summary Report in the fall issue of the Focus on Health publication. The publication is sent to over 90,000 homes in the community. Written comments on this report can be submitted to Dominican Hospital's Community Health Integration Services Office at 1555 Soquel Ave., Santa Cruz, CA 95065, or by email to Michaella.Siplak@dignityhealth.org

MISSION, VISION AND VALUES

The commitment of Dominican Hospital is to improve the health of the community and address unmet health needs, particularly those of the poor, disadvantaged and underserved, and to ensure that the hospital's decisions and processes are guided by the Mission, Vision and Values of the Adrian Dominican Sisters.

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

Dignity Health Dominican Hospital was founded on September 14, 1941 and became a member of Dignity Health, formerly Catholic Healthcare West (CHW), in 1988. Dominican Hospital is licensed for 223 inpatient beds and is comprised of two campuses: the Soquel Drive acute care hospital for inpatient services and Dominican's Rehabilitation Services on Frederick Street for outpatient services. Dominican Hospital has a staff of 1,700 employees and professional relationships with more than 468 local physicians and allied health professionals. Major programs and services include Cardiovascular, OB/GYN, Orthopedics, General Surgery, Pulmonary, Neurosciences, Oncology, Maternal/Child Health, Level III NICU, Cardio/Thoracic/Vascular Surgery, Intensive Care Unit, Emergency Services and Rehabilitation.

The 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 (see below) to guide planning and program decisions; measuring and tracking program indicators; and engaging the Dominican Community Advisors and other stakeholders in the development and annual updating of the community benefit plan.

As a matter of Dignity Health policy, the hospital's community benefit programs are guided by five core principles. All of their 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.

In response to identified health-related needs in the Community Assessment Project, (a collaborative project to measure and improve the quality of life in Santa Cruz County), Dignity Health Dominican Hospital sets forth its commitment to the care of the poor, to wellness promotion, disease prevention and education. Dignity Health Dominican 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, and community health improvement services. Our community benefit also includes

monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment.

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

The Board of Directors of Dignity Health Dominican Hospital after participating in education and open dialogue shall:

- Approve the Community Benefit Report and Plan
- Approve the Community Health Needs Assessment
- Approve the Community Health Needs Assessment Implementation and Strategy Plan
- Approve the Membership of the Dominican Community Advisors, with the recommendation from the Hospital President
- Appoint a minimum of two members of the Dignity Health Dominican Hospital Board of Directors to sit on the Dominican Community Advisors
- Approve the Collective Impact Focus for Funding annually
- Approve the recommendations of the Dignity Health Community Grants Committee annually

The Dominican Hospital Community Advisors shall:

- Participate in dialogue with Hospital Senior Leaders concerning community health needs, community engagement, and broad base but strategic community relationships, and be informed of public policy issues affecting healthcare
- Participate in a process for prioritization of the community's health needs and recommend an area of collective impact to the Dignity Health Dominican Hospital Board of Directors
- Identify and recommend programs for potential Dignity Health Community Grants funding based on identified collective impact partnerships
- Provide input to the Hospital's activities related to the Community Benefit Report and Plan; the Community Health Needs Assessment; and the Community Health Needs Assessment Implementation and Strategy Plan
- Be Ambassadors to the community on behalf of Dignity Health Dominican Hospital. DCA are the eyes and ears for community concerns and issues related to the healthcare of Santa Cruz

Please see Appendix A for the membership roster of both the Dignity Health Dominican Hospital Community Board of Directors and the Dominican Community Advisors.

Key staff positions dedicated to planning and carrying out the community benefit programs include the Vice President of Strategy & Business Development, Vice President of Philanthropy, Director of Community Health

Integration Services, Executive Coordinator, Chief Financial Officer, Director of Finance and the Senior Reimbursement Analyst.

Dominican Hospital's community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – including by addressing the social determinants of health – through Dignity Health's Community Investment Program. The community investment program makes low-interest loans to nonprofit organizations that deliver health-related services to low-income communities. A Dignity Health loan to the Santa Cruz Women's Health Center (SCWHC) funded a new clinic that opened in 2014 in Live Oak for pediatric services, as well as primary care, mental health, and substance-abuse services for adults. The SCWHC is a nonprofit Federally Qualified Health Center (FQHC) dedicated to providing culturally appropriate and affordable medical services for Santa Cruz County's low-income, uninsured, and underinsured residents. In addition, we are investing in community capacity to improve health – including by addressing the social determinants of health – through Dignity Health's Community Investment Program.

DESCRIPTION OF THE COMMUNITY SERVED

The Internal Revenue Service defines the "community served" by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Geographic Description of Community Served

Santa Cruz County has a population of approximately 294,081 and covers 445 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, has an estimated population of 63,789 as of January 2015. Santa Cruz is one of California's most popular seaside resorts with its historic Boardwalk, spectacular coastline, and accessible beaches. The City of Watsonville is the center of the county's agricultural activity, with major industries including food harvesting, canning, and freezing. As of January 2015, the City of Watsonville has an estimated population of 52,087. Other incorporated areas in the county include the cities of Scotts Valley and Capitola. Approximately 49% of the population lives in the unincorporated parts of the county, including the towns of Aptos, Davenport, Freedom, Soquel, Felton, Ben Lomond and Boulder Creek, and districts including the San Lorenzo Valley, and Live Oak. Because of geographic proximity, some north Monterey County residents also utilize health services in Santa Cruz County.

Demographic Profile of Community Served

The county is 56% White and 35% Latino with the remainder of the population comprised of Asian, African American and other ethnic backgrounds. The county has a relatively mature population with 52% of the residents' ages 35 or older. The senior population, those aged 60 and older, represent 20% of the population. While the county's largest ethnic group is White, the fastest growing ethnic group is Latino. Most Santa Cruz County residents had a high school degree (85%) in 2016. Median family income was $72,667 in Santa Cruz County in 2016, higher than in California ($71,015) and the nation overall ($65,910). The unemployment rate in Santa Cruz County and throughout the country has steadily declined since 2010, following a ten-year high. The unemployment rate was 5.6% for the county during 2016. The City of Watsonville had the highest unemployment rate at 11.2% for 2014.

- Total Population: 294,081 (Source: © 2016 The Nielson Company, © Truven Health Analytics Inc.)
- Hispanic or Latino: 35% (Source: © 2016 The Nielson Company, © Truven Health Analytics Inc.)
- Race: 56% White, 8.8% Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, Other, or Two or More Races (Source: © 2016 The Nielson Company, © Truven Health Analytics Inc.)
- Median Income: $72,667 (Source: © 2016 The Nielson Company, © Truven Health Analytics Inc.)
- Unemployment: 5.6% (Source: © 2016 The Nielson Company, © Truven Health Analytics Inc.)
- No HS Diploma: 14.7% (Source: © 2016 The Nielson Company, © Truven Health Analytics Inc.)
- Medicaid Patients: 2.3% (Source: © 2016 The Nielson Company, © Truven Health Analytics Inc.)

- Uninsured: 5.5% (Source: © 2016 The Nielson Company, © Truven Health Analytics Inc.)
- Other Area Hospitals: 2
- Medically Underserved Areas or Populations: Yes (The Felton/West Santa Cruz Area and Monterey Service Area (within Santa Cruz)

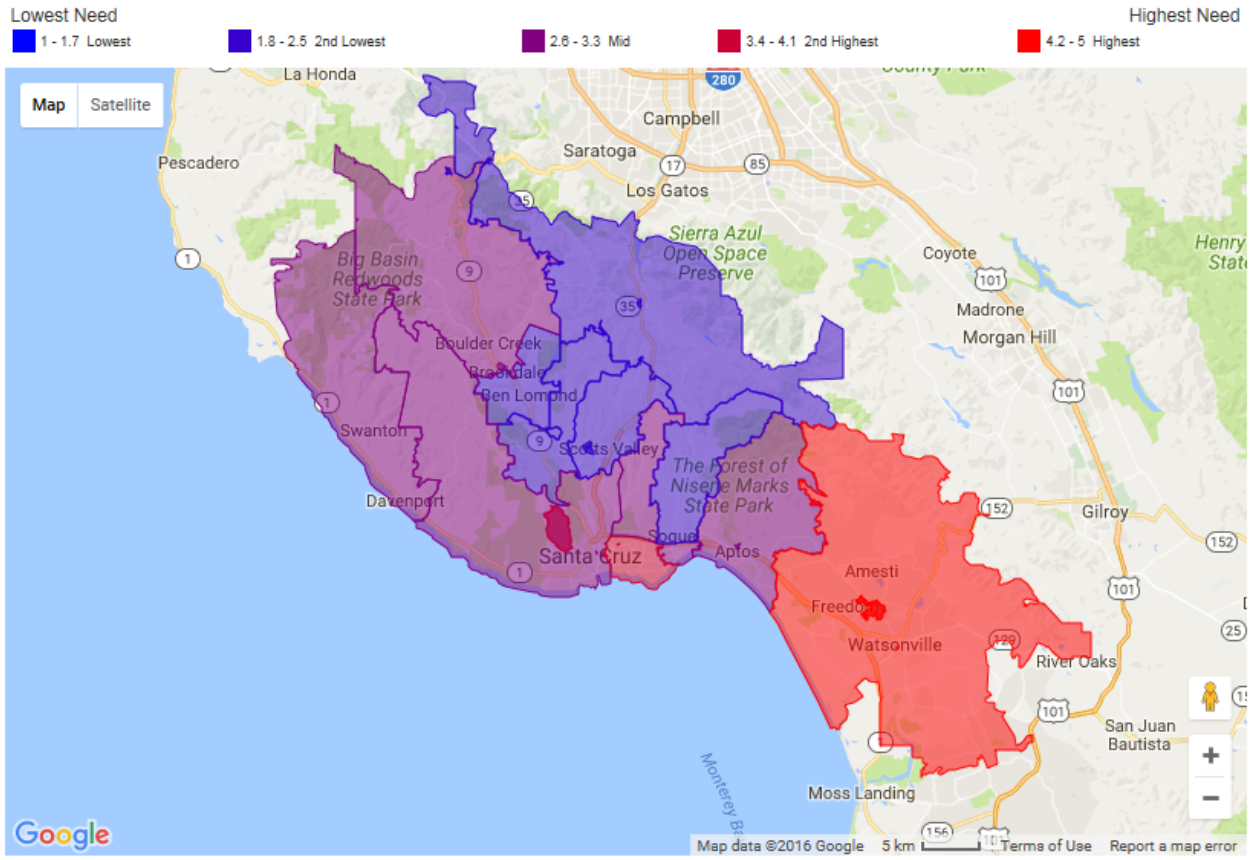
With regard to medically underserved populations in Santa Cruz County:

- A greater proportion of surveyed adults aged 18 - 65 in 2014 (22%) than in 2013 (14%) were without health insurance coverage (SCC CAP 2015: 69).
- White CAP survey respondents were significantly more likely than Hispanics, to have had dental care in the previous 12 months (White 74% vs. Hispanic 58%)(SCC CAP 2015)
- White CAP survey respondents were significantly more likely than Hispanics to have had a regular source of health care in 2015 (White 94% vs. Hispanics 80%) (SCC CAP 2105)

One tool used to assess health need is the Community Need Index (CNI) created and made publically available by Dignity Health and Truven Health and Truven Health Analytics. 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.

Santa Cruz County's CNI scores clearly indicate that the greatest areas of need are in South County. This tracks with CAP data and qualitative data gained through focus groups and key information interviews.

Map of Community Served



Mean(zipcode): 2.9 / Mean(person): 3.3 CNI Score Median: 2.8 CNI Score Mode: 2.4,2.8

Zip Code	CNI Score	Population	City	County	State
95003	2.6	25219	Aptos	Santa Cruz	California
95005	2.4	6817	Ben Lomond	Santa Cruz	California
95006	2.6	9697	Boulder Creek	Santa Cruz	California
95010	3	9681	Capitola	Santa Cruz	California
95017	2.8	566	Davenport	Santa Cruz	California
95018	2	8440	Felton	Santa Cruz	California
95019	4.6	8851	Freedom	Santa Cruz	California
95033	2	9240	Los Gatos	Santa Cruz	California
95060	2.8	49272	Santa Cruz	Santa Cruz	California
95062	3.4	37379	Santa Cruz	Santa Cruz	California
95064	3.6	8591	Santa Cruz	Santa Cruz	California
95065	2.8	8221	Santa Cruz	Santa Cruz	California
95066	2.4	15203	Scotts Valley	Santa Cruz	California
95073	2.4	10944	Soquel	Santa Cruz	California
95076	4.4	85960	Watsonville	Santa Cruz	California

Map credit: Community Need Index

State and County Context

Following the institution of the ACA in January 2014, Medi-Cal was expanded in California to low-income adults who were not previously eligible for coverage. Specifically, adults earning less than 138% of the Federal Poverty Level (approximately $15,856 annually for an individual) are now eligible for Medi-Cal. In 2014, "Covered California," a State Health Benefit Exchange, was created to provide a marketplace for healthcare coverage for any Californian. In addition, Americans and legal residents with incomes between 139% and 400% of the Federal Poverty Level can benefit from subsidized premiums.[1]

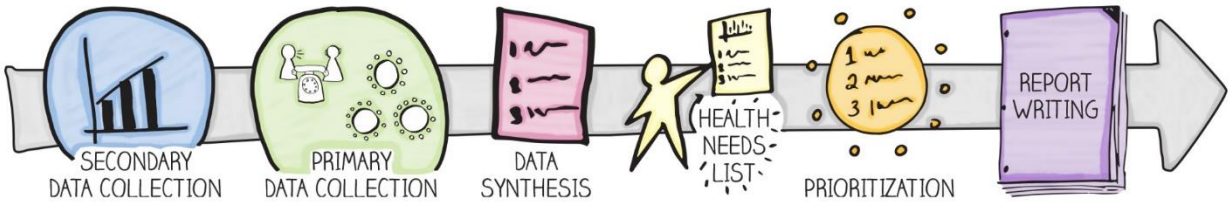
The County of Santa Cruz reported that since October 2013 over 19,131 residents successfully enrolled in Covered California. Since 2009, Santa Cruz County has seen a 105% increase in Medi-Cal members from 31,415 to 64,329, with 46% of their current membership being Latino.[2]

[1] http://www.healthforcalifornia.com/covered-california
[2] Central California Alliance for Health. (2015). [Membership enrollment report]

IMPLEMENTATION STRATEGY DEVELOPMENT PROCESS

The 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 Dominican Community Advisors and other stakeholders in the development of the annual community benefit plan and triennial Implementation Strategy.

Process & Methods of the 2016 CHNA



October 2015 -January 2016 January- March 2016

Primary Qualitative Data (Community Input)

Dignity Health Dominican Hospital contracted with Applied Survey Research (ASR) to conduct primary research. They used three strategies for collecting community input: key informant interviews with health experts, focus groups with professionals, and telephone surveys with 700 randomly selected residents as part of the yearly Community Assessment Project.

Each focus group and interview was recorded and summarized as a stand-alone piece of data. When all groups had been conducted, the team used qualitative research software tools to analyze the information and tabulated all health needs that were mentioned, along with health drivers discussed. ASR then made a list of all of the conditions that had been mentioned by a focus group or key informant, counted how many groups or informants listed the condition and how many times they had been prioritized by a focus group.

Over the past twenty years, a consortium of public and private health, education, human service, and civic organizations, convened by the United Way of Santa Cruz County, have sponsored the Community Assessment Project (CAP), a collaborative project to measure and improve the quality of life in Santa Cruz County by:

- raising public awareness of human needs, changing trends, emerging issues, community assets and challenges;
- providing accurate, credible and valid information on an ongoing basis to guide decision making;

- setting community goals that will lead to positive healthy development for individuals, families, and communities; and
- supporting and assisting collaborative action plans to achieve the community goals.

Community Leader Input

In all, ASR consulted with 55 community representatives of various organizations and sectors. These representatives either work in the health field or improve health conditions by serving those from the target populations. In the list below, the number in parentheses indicates the number of participants from each sector.

- Santa Cruz County Public Health Department (4)
- Santa Cruz County Health & Hospital System (4)
- Other Santa Cruz County employees (8)
- Nonprofit agencies (22)
- Business sector (5)
- Community Organizers/Volunteers (8)
- Education sector (3)
- Funder (1)

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Key Informant Interviews

ASR conducted primary research via key informant interviews with 3 Santa Cruz County experts from various organizations. Between December 2015 and January 2016, experts including the health service agency director, and 2 community clinic directors were consulted. These experts had countywide experience and expertise.

Experts were interviewed in person or by telephone for approximately one hour. Informants were asked to identify the top needs of their constituencies, how access to healthcare has changed in the post-Affordable Care Act environment, the impact of the physical environment on health, and the effect of the use of new technologies for health-related activities.

Stakeholder Focus Groups

Two focus groups with stakeholders were conducted between December 2015 and January 2015. The questions were the same as those for key informants.

Details of Focus Groups with Professionals

Focus	Focus Group Host/Partner	Date	Number of Participants
Dominican Community Advisors	Applied Survey Research	01/21/16	9
Service Providers	Applied Survey Research	12/18/15	7

Resident Input and the Santa Cruz County Community Assessment Project

Dignity Health Dominican Hospital utilized the primary data collected and analyzed in the Santa Cruz County Community Assessment Project (CAP) to access resident input for the 2016 CHNA.

The CAP assesses quality of life across six subject areas: the economy, education, health, public safety, the social environment, and the natural environment. The CAP features over 90 indicators across these fields, including both primary and secondary data. Biennially, ASR conducts a telephone survey of a representative sample of 700 Santa Cruz County residents: 2015 was a survey year. ASR uses a 5-step Assessment Process outlined here.

Over 300 community stakeholders participate in setting goals for the CAP project. The goals for the health section of the report are set by the Health Improvement Partnership (HIP), a local coalition of public and private health care leaders dedicated to increasing access to health care and building stronger local health care systems. The HIP has representation from the public health department in addition to community clinics who are serving the medically underserved, low-income, and minority populations. The goals from CAP are taken into account when identifying top health needs.

CAP Methodology

Sample Selection and Data Weighting

In 2015, 784 surveys were completed with county residents. Telephone contacts were attempted with a random sample of residents 18 years or older in Santa Cruz County. Potential respondents were selected based on phone number prefixes, and quota sampling was employed to obtain the desired geographic distribution of respondents across North County, South County, and the San Lorenzo Valley. In 2015, quotas were also set for Latino respondents in order to increase the number of Latino survey respondents. In order to address the increasing number of households without landline telephone service, the sample included wireless-only and wireless/land-line random digit dial prefixes in Santa Cruz County. All cell phone numbers were dialed manually (by hand) to comply with Telephone Consumer Protection Act (TCPA) rules. Respondents were screened for geography, as cell phones are not necessarily located where the number came from originally.

As previously mentioned, quotas were used with respect to respondents' location of residence. The quotas were designed to obtain sufficient samples to allow generalization to the overall population within each of the three designated geographic areas (North County, South County, and the San Lorenzo Valley). This method of sampling necessitated an over-sample of the San Lorenzo Valley due to its small size in relation to the rest of the county. The over-sampling of San Lorenzo Valley allowed for reliable comparisons with the other two regions (North County and South County). In total 784 surveys were completed, 282 in North County, 256 in South County, and 246 in San Lorenzo Valley.

Data from the 2015 survey were "weighted" along several demographic dimensions prior to data analysis. Data weighting is a procedure that adjusts for discrepancies between demographic proportions within a sample and the population from which the sample was drawn. For example, within the 2015 survey, the sample was 60% female and 40% male, whereas the population in Santa Cruz County is very near to evenly split between the two genders. When the data are weighted to adjust for the over-sampling of females, answers given by each female respondent are weighted slightly downward, and answers given by each male respondent are weighted slightly upward, thus compensating for the disproportionate sampling.

The survey data for 2015 were simultaneously weighted along the following demographic characteristics: gender, ethnicity, and geographic location. Weighting for both ethnicity and gender was performed to be region-specific, based on 2010 Census data, in order to account for differences across the three regions of Santa Cruz County. The weighted data were used in the generation of the overall frequency tables, and all of the cross-tabulations, with the exception of the regional cross-tabulations. For the regional cross-tabulations, the regional weights were dropped so that the San Lorenzo Valley oversample could be utilized.

There are important characteristics of weighted data that need to be mentioned. Within a weighted data set, the weights of each person's responses are determined by that individual's characteristics along the weighted dimensions (gender, ethnicity, geographic location). Thus, different respondents will have different weights attributed to their responses, based on each person's intersection along the three weighted demographic dimensions.

Sample Representativeness

A sample size of 784 residents provides 95% confidence that the opinions of survey respondents do not differ from those of the general population of Santa Cruz County by more than +/- 3.5%. This "margin of error" is useful in assessing how likely it is that the responses observed in the sample would be found in the population of all residents in Santa Cruz County if every resident were to be polled.

It is important to note that the margin of error is increased as the sample size is reduced. This becomes relevant when focusing on particular breakdowns or subpopulations in which the overall sample is broken down into smaller groups. In these instances, the margin of error will be larger than the initially stated interval of 3.5%.

It should be understood that all surveys have subtle and inherent biases. ASR has worked diligently with the CAP Steering Committee to reduce risks of bias and to eliminate identifiable biases. One remaining bias in this study appears in the area of respondent self-selection; the capturing of opinions only of those willing to contribute approximately 20 minutes of their time to participate in this community survey.

Secondary Quantitative Data Collection

ASR compiled the research and provided comparisons with existing benchmarks (Healthy People 2020, statewide and national averages).

Information Gaps & Limitations

ASR and Dignity Health Dominican Hospital were limited in their ability to assess some of the identified community health needs due to a lack of secondary data. Such limitations included lack of data for:

- Health data for residents without documentation
- Data about the needs of residents living in north Monterey County, including Pajaro.
- More detailed information on Intentional and unintentional injuries
- Climate and Health
- Asthma

Prioritization of Health Needs

The IRS CHNA requirements state that hospital facilities must identify significant health needs of the community, and prioritize those health needs. In order to identify significant health needs, ASR facilitated a discussion with the Dominican Community Advisors, who reviewed all of the quantitative and qualitative data, the list of significant health needs and their impact on the community. They were given the option to add or delete needs, and then went through a prioritization process to narrow the list to four, combining and redefining some to fit the specific needs of the county. (Data collection methods are further described in Section 4.)

The top three health needs, as prioritized by the Dominican Community Advisors are listed here, and explained in further detail below:

- Integrated Behavioral Health
- Economic Security (Income & Employment/Housing & Homelessness)
- A Continuum of Care Approach to Access & Delivery

Integrated Behavioral Health

During their prioritization process, the DCA identified the need for a more integrated approach to behavioral health. For the CHNA, Integrated Behavioral Health is the idea that physical and emotional health are connected and can be addressed together to produce the best possible health outcomes. Providers collaborate to address physical, developmental, social, behavioral, and emotional needs, including mental health and substance abuse conditions, depression, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, and stress-related physical symptoms.

Selected comments from the DCA:

- Those with private insurance face prohibitive co-pays and other costs, making it difficult to afford support and treatment.
- Significant need for more behavioral health professionals in Santa Cruz County, especially bi-lingual providers.
- There is a lack of in-patient and in-crisis services for youth.
- Stigma prevents many people from seeking mental/behavioral health treatment.
- Three particularly under-served areas are South County, Live Oak, and San Lorenzo Valley.

Suggestions for Improvements or solutions

Suggestions for improvements or solutions included increased funding for substance abuse treatment, improved case management and care coordination, and an increased focus on prevention and early intervention. Health professionals asked for better information about risk assessment, intervention strategies and protocols.

Economic Security (Income & Employment/Housing & Homelessness)

During their prioritization process, the DCA combined several needs into this one broader need: Economic security includes employment, access to education and/or vocational training, affordable housing, homelessness, food insecurity and other factors related to poverty and lack of income.

Selected comments from the DCA:

- Working youth struggle to find jobs that pay enough to cover health costs
- Low income families often have children who work. They need additional support so that children can focus on school.
- More support needed for low-income pregnant women and young mothers to stop the cycle of poverty. Teen moms are especially vulnerable in Watsonville
- Nutritious food should be more readily available and affordable. Many low income neighborhoods are "food deserts" making it challenging for families to eat nutritious meals
- The recently incarcerated and those in gangs struggle to find employment, and therefore pay for healthcare
- Grandparents raising grandchildren are particularly vulnerable to problems surrounding economic security

Suggestions for Improvements or solutions

Suggestions for improvements or solutions included increased funding for skills development training and better education regarding earned income programs. Health care providers suggested that hospitals could screen for food insecurity and provide referrals to relevant programs. Policy ideas included supporting parks and funding for active living spaces, and generally ensuring that policy makers consider health-impacts in their decisions.

A Continuum of Care Approach to Access & Delivery

The Continuum of Care Approach is an integrated system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care. It combines prevention and early intervention, while addressing the Social Determinants of Health.

Selected comments from the DCA:

- At-risk mothers would benefit from this integrated approach, ensuring timely advice, coordinated care and services
- Education about benefits of this approach is needed for funders and policy makers
- Prevention is a key factor
- Significant need for more healthcare professionals trained in Trauma Informed Care
- Attention to oral health early is part of the continuum of care and is an important part of a child's overall health care
- Providers need specific training and sensitivity when working with youth
- Need more primary care doctors as well as specialty doctors

Suggestions for Improvements or solutions

Suggestions for improvements or solutions included improved case management, an increased focus on prevention and early intervention (including a new vaccination policy), increased and easier exchange of information between service providers to facilitate better coordination of care, and more and better trained health providers (especially Spanish-speaking and specialized care), Policy ideas included taxing sugar sweetened beverages, supporting parks and funding for active living spaces, and generally ensuring that policy makers consider health-impacts in their decisions.

Creating the Implementation Strategy

As a matter of Dignity Health policy, the hospital's community benefit programs are guided by five core principles and the vision and values of the Adrian Dominican Sisters. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs: Seek to address the needs of communities with disproportionate unmet health-related needs.
- Emphasize Prevention: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- Contribute to a Seamless Continuum of Care: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- Build Community Capacity: Target charitable resources to mobilize and build the capacity of existing community assets.
- Demonstrate Collaboration: Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

After the Board of Directors approved the CHNA, ASR facilitated a focus group discussion with selected hospital stakeholders, to begin gathering internal input regarding strategies to address the prioritized needs. ASR gathered similar feedback via a Survey Monkey questionnaire sent to additional internal hospital staff, directors, the Dominican Community Advisors, and other stakeholders. Dominican's Community Benefit Committee then used the data to inform the development of their 2017 Community Benefit Plan.

The Implementation Strategy Report and the Community Benefit report where then adopted by the Dominican Hospital Board of Directors on September 28, 2016.

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 for medically necessary care. 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. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C.

Dominican Hospital is committed to making all patients and visitors to the hospital aware of the financial assistance available to them and has worked hard to implement this practice. To meet our patient's needs, Dominican Hospital has six Financial Counselor and Insurance Verification Specialists. They are available to help uninsured patients apply for Medi-Cal and its related healthcare programs (Healthy Families, California Childrens' Services, etc.), County Programs (Central California Alliance for Health, Medi-Cruz, etc.), State and other Federal disability programs, and Dignity Health's Charity Care program.

Presumptive eligibility is available for qualifying patients to facilitate access to medical care in a timely manner.

Also available to patients, at no cost to them, is a contracted specialist to assist them with the process and completion of applications for health care coverage. We have established the following techniques to make all patients aware of financial assistance and help available to them:

- Our uninsured and collection vendors have been trained on our policy and to offer payment assistance.
- We are actively seeking out people who have been patients, but have not sought assistance.

Posters in both English and Spanish are placed in registration areas, the Emergency Department and in other high profile areas. Brochures are available in English and Spanish at all registration and patient accounting areas. The visibility of our Patient Assistance representatives has increased. The business cards of the Financial Counseling Specialists, stating "Payment Assistance" are distributed to any patient requesting assistance. In addition, information about payment assistance available to all Dignity Health hospitals is available on each facility website.

2016-2018 Implementation Strategy

This section presents strategies, 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 summary of actions taken since the last Implementation Strategy, and planned strategies and programs with anticipated impacts and measurable objectives for three next three years.

The strategy and plan specifies significant community health needs that the hospital intends 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 community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

Strategy and Program Plan Summary

Integrated Behavioral Health

- Psychiatric Resource Team*: Psychiatric Resource Team (PRT) aka Psych Clinical Assessment, a Dominican Hospital Community Benefit Program, case management and social services provides referrals to individuals with substance use disorders. It will improve access to Behavioral Health Services and help to decrease the suicide rate in Santa Cruz County. Hospital leadership representation on key community initiatives including Serial Inebriate Program, Sobering Center, the Bob Lee Partnership for Accountability and Connection to Treatment (PACT), as well as the Community Prevention Partners Collaborative which will roll out the " Talk About It" campaign this year to de-stigmatize substance use disorders.

- [1]Encompass Community Services*: Encompass Community Services operates a state funded preschool at the Starlight Center. This center serves preschool age children by providing high quality early childhood education and a family literacy program.

Economic Security

- High Utilizers Group*: The High Utilizers Group (HUG) initiative was launched to convene community providers to build a network to serve the high need, high cost patients in Santa Cruz around heath and health-related social needs. HUG's objectives include coordination, direction, prioritization, and integration to transition patients to medical and health-related social needs beyond ambulatory and acute care for the following areas: clinical interventions, policy, technology, and processes through the entire continuum of care. Through these efforts, the HUG initiative aims to create a lasting systematic framework for population health in the community.

- RotaCare Free Health Clinic*: Provides health related services, medications, education for diabetes, eye exams/glasses, and diagnostic testing to uninsured/underinsured populations at no cost to the patient in the clinic or in the hospital.

- Mobile Wellness Clinic*: The Wellness Clinic provides episodic primary health services for uninsured or underinsured residents of Santa Cruz County. The mobile clinic goes to eight sites throughout the County, from Davenport to Watsonville.

- Homeless Recuperative Care Program*: HSC's RCC includes 24-hour shelter services with meals, housekeeping, security and onsite case management provided by the Homeless Services Center (HSC) in combination with primary care, including medication management support, clinical social work and case management, provided by the County Homeless Persons' Health Project (HPHP). Recuperative Care programs are not licensed care facilities, but instead combine 24-hour shelter with care and services tailored to meet the needs of homeless adults. The RCC provides a safe place for people who are homeless to fully recover following hospital discharge.

Continuum of Care Approach to Care

- RotaCare Free Walk-in Health Clinic*: Provides health related services, medications, education for diabetes, eye exams/glasses, and diagnostic testing to uninsured/underinsured populations at no cost to the patient in the clinic or in the hospital.

- Mobile Wellness Clinic*: See above.

- High User Group*: See above.

- Cancer Detection Program*: The Cancer Detection Program includes:

    - **The Dominican Hospital Lung Cancer Screening Program** (LCSP) was initiated in 2014 to reduce the community burden of late stage lung cancer incidence by screening individuals that meet the criteria of age, history of 30 pack/year and are asymptomatic. Patients that meet screening criteria receive LDCT (low-dose computerized technology) of the lung fields at either Dominican Hospital or Santa Cruz Comprehensive Imaging and results are read by RMG physicians. Enrolled patients are tracked by Program Coordinator, Dominican Hospital Katz Cancer Resource Center.

    - **The Every Woman Counts Program** provides breast and cervical cancer screening and follow-up services. This includes clinical breast exams, mammograms, and PAP tests, as well as other tests to eligible women. When needed, this program provides mammograms for women 40 years and older who qualify. Dominican's **Women Helping Women** provides mammograms to women less than 40 years of age who qualify. Patients in both programs are enrolled into the State of California's program and provided with follow-up referrals as indicated based on test results by the Community Health Integration staff.

    - **The Colorectal Screening Program** was implemented by the Cancer Committee of the Katz Cancer Resource Center (KCRC) in 2015. A nurse navigator and a KCRC oncology nurse provide screening information and a testing card on the Dominican Wellness Van at designated sites throughout Santa Cruz County. Patients are registered in the program and followed up by the KCRC staff.

- Psychiatric Resource Team*: See above.

- Vascular Screening *: Dominican has partnered with Dare to CARE, a vascular screening program. The screening is free to community members who are at high risk for vascular disease. If caught early, vascular disease can be treated to prevent serious problems, such as heart attack or stroke, amputations or even death.

Anticipated Impact

The anticipated impacts of specific, major 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 Dominican Community Advisors, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program by conducting Community Health Needs Assessments every three years.

Planned Collaboration

Homelessness

Smart Path to Health and Housing Project is a collaboration with United Way of Santa Cruz County, Homeless Services Center, and Homeless Action Partnership. Smart Path to Health and Housing engages organizations in both health and homeless service sectors to create a single, shared system to identify, assess, match and track housing and health needs and outcomes for homeless individuals and families across our county. In January 2016, Dignity Health granted Smart Path to Health and Housing project $200,000 through the social innovation partnership grant program, to coordinate housing services for homeless individuals with medical vulnerability, high risk for early death on the street, and high use of costly crisis health care services.

Dignity Health Dominican Hospital was one of several community partners, including Watsonville Hospital, Hospice of Santa Cruz County, Central California Alliance for Health, and Palo Alto Medical Foundation among others, who recognized the value of coordination of services and collaboration between agencies to ensure the health and the continued recovery of homeless individuals coming out of the hospital. The Homeless Services Center's (HSC) Recuperative Care Center (RCC) includes 24-hour shelter services with meals, housekeeping, security and onsite case management provided by the Homeless Services Center in combination with primary care, including medication management support, clinical social work and case management, provided by the County Homeless Persons' Health Project (HPHP). The RCC provides a safe place for people who are homeless to fully recover following hospital discharge. These are individuals who would otherwise be well enough to be discharged to home with support for self-care provided by friend or family member. The RCC provides a safe home-like setting and the support for recovery and onsite primary care. Because this is a socially and medically complex care population, additional care and support are provided to support full recovery, linkage to primary care and transition to temporary or permanent housing

as often as possible. Planning and coordination for delivery of home health care services at the RCC will ensure that these services are also available when needed for full recovery.

Mental Health Issues and Substance Use Disorders

The Psychiatric Resource Team (PRT), a Dominican Hospital Community Benefit Program, improves access to behavioral health services and helps to decrease the suicide rate in Santa Cruz County. They also develop and present behavioral health specific education and in-services to Dominican employees. Primary collaboration is with Santa Cruz County Behavioral Health Services. The Behavioral Health Center is operated by the Telecare Corporation, Encompass Community Services, as well as other related care providers with oversight of the Santa Cruz County Health Service Agency. There is also collaboration with The Recovery Center (the Center), operated by Janus of Santa Cruz, an independent contractor and program partner with expertise in addiction treatment. The Center operates 24 hours a day, seven days a week. Up to 10 adults (men and women) ages 18 years and older can safely recover from intoxication under the supervision of trained facility staff. The Center accepts admissions from any law enforcement agency in the County.

Human Trafficking

An initiative of Dignity Health, a Task Force has been identified at Dominican Hospital. The purpose of the task force at each facility is to ensure that each key department is represented (i.e. Security, Social Work/Care Coordination, Community Benefit, Chaplains, ED Director/ Manager, Education). Each key department's representative(s) will ensure staff is educated and that protocols are up-to-date, understood by staff, and followed properly. Task force members will meet as needed to review cases and protocols and to communicate feedback to the point person(s) about successes, failures, obstacles, and opportunities for improvement. The Task Force also collaborates with national organizations like AMBER Alert, Dept. of Justice, Dept. of Homeland Security, Office for Victims of Crime, Humanity United, and others on anti-trafficking efforts.

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.

Integrated Behavioral Health

Psychiatric Resource Team aka Psych Clinical Assessment	
Significant Health Needs Addressed	✓ Integrated Behavioral Health ❑ Economic Security ✓ Continuum of Care Approach
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention

	✓ Contribute to a Seamless Continuum of Care ❑ Build Community Capacity ❑ Demonstrate Collaboration
Program Description	The psychiatric resource nurses strive to assure that patients with behavioral health needs receive the right care, in the right place, at the right time. The service monitors care and flow of patients in their scope at the Emergency Department as well as those admitted to Dominican's acute care general hospital. Key activities include: 1) Working in support of the Psychiatry/Psychology service and consulting clinicians; 2) Collaboration with community partners who provide mental health and substance abuse services; 3) Internal and External data collection, analysis and action planning; 4) Facilitating communication and continuum of care planning with Dominican case management/social services and local and regional healthcare providers; and 5) Develop/present Behavioral Health specific education and in services to Dominican Employees. The hospital provides funding for staff and office space to work.
Community Benefit Category	C-8
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Goals similar to FY 2016, continue to provide resources and support with the additions of: 1. Increased role in E.D. High Utilized Collaborative Group 2. Increased role in weekly main house long stay meeting 3. Continue Participation in TeleCare to address issues flow with crisis unit with LOS management in the ED. 4. Participate in Transitional Health Integration Pilot Program, Janus.
Measurable Objective(s) with Indicator(s)	1. Decrease in ED throughput time for behavioral health patients. 2. Maintain or increase Program Performance Outcomes listed above. 3. # Staff Certified in psych mental health counseling (California Nurses Association)
Intervention Actions for Achieving Goal	Attend 100% of collaborative work groups. Reach out to significant community partners for attendance. Work with ED Medical Director as well as ED Care Coordination team for best outcomes; Attend minimum of 75% of weekly Care Coordination meetings, with focus on patients the team is following. Continue to perform other duties as well as seek opportunities to enhance or improve upon services currently provided.
Planned Collaboration	Primary collaboration with Santa Cruz County Behavioral Health Services, The Behavioral Health center operated by Telecare Corporation, Encompass Community Services, as well as other related care providers in this community. Collaboration with Janus/Dominican Pilot Program to reach out to IV Drug users when hospitalized.

Economic Security

High Utilizers Group (HUG)	
Significant Health Needs Addressed	❑ Integrated Behavioral Health ✓ Economic Security ✓ Continuum of Care Approach
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Program designed to provide coordination, education, prioritization and integration by community providers for high need, high cost patients in Santa Cruz, around health and health-related social needs.
Community Benefit Category	A-3
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	The High Utilizers Group (HUG) initiative was launched to convene community providers to build a network to serve the high need, high cost patients in Santa Cruz around heath and health-related social needs.
Measurable Objective(s) with Indicator(s)	HUG's objectives include coordination, direction, prioritization, and integration to transition patients to medical and health-related social needs beyond ambulatory and acute care for the following areas: clinical interventions, policy, technology, and processes through the entire continuum of care. Number of patients transitioned to health home for health/social related needs. Baseline to be determined.
Intervention Actions for Achieving Goal	Design a program which facilitates access to care for high need, high cost patients to meet medical and health-related social needs beyond ambulatory and acute care.
Planned Collaboration	Local health care agencies, behavioral health services, and other related agencies.

Homeless Recuperative Care Program	
Significant Health Needs Addressed	❑ Integrated Behavioral Health ✓ Economic Security ✓ Continuum of Care Approach
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention

	✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	HSC's RCC includes 24-hour shelter services with meals, housekeeping, security and onsite case management provided by the Homeless Services Center (HSC) in combination with primary care, including medication management support, clinical social work and case management, provided by the County Homeless Persons' Health Project (HPHP).
Community Benefit Category	E-2-b
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Recuperative Care programs are not licensed care facilities, but instead combine 24-hour shelter with care and services tailored to meet the needs of homeless adults. The RCC provides a safe place for people who are homeless to fully recover following hospital discharge. Goal is to provide a safe haven to recuperate fully and to address other social needs prior to discharge.
Measurable Objective(s) with Indicator(s)	Number of patients discharged from acute care to RCC Number of patients upon discharge who have a home
Intervention Actions for Achieving Goal	90% of homeless patients hospitalized at Dominican will be discharged to RCC for full recovery.
Planned Collaboration	Homeless Service Center County of Santa Cruz Homeless Persons' Health Project

Continuum of Care Approach

Cancer Detection Program	
Significant Health Needs Addressed	❑ Integrated Behavioral Health ❑ Economic Security ✓ Continuum of Care Approach
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ❑ Build Community Capacity ❑ Demonstrate Collaboration
Program Description	The Cancer Detection Program includes: ▪ **The Dominican Hospital Lung Cancer Screening Program** (LCSP) was initiated in 2014 to reduce the community burden of late stage lung cancer incidence by

	screening individuals that meet the criteria of age, history of 30 pack/year and are asymptomatic. ▪ **The Every Woman Counts Program** provides breast and cervical cancer screening and follow-up services. ▪ **The Colorectal Screening Program** was implemented by the Cancer Committee of the Katz Cancer Resource Center (KCRC) in 2015. Dominican Hospital provides staff, facilitation of program, supplies and funding
Community Benefit Category	A-1-b
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Goal is to decrease number of patients with cancer
Measurable Objective(s) with Indicator(s)	Number of patients enrolled in program Number of patients identified with cancer
Intervention Actions for Achieving Goal	▪ **The Dominican Hospital Lung Cancer Screening Program**: Patients that meet screening criteria receive LDCT (low-dose computerized technology) of the lung fields at either Dominican Hospital or Santa Cruz Comprehensive Imaging and results are read by RMG physicians. Enrolled patients are tracked by Program Coordinator, Dominican Hospital Katz Cancer Resource Center. ▪ **The Every Woman Counts Program** provides clinical breast exams, mammograms, and PAP tests, as well as other tests to eligible women. When needed, this program provides mammograms for women 40 years and older who qualify. Dominican's **Women Helping Women** provides mammograms to women less than 40 years of age who qualify. Patients in both programs are enrolled into the State of California's program and provided with follow-up referrals as indicated based on test results by the Community Health Integration staff. ▪ **The Colorectal Screening Program**: A nurse navigator and a KCRC oncology nurse provide screening information and a testing card on the Dominican Wellness Van at designated sites throughout Santa Cruz County. Patients are registered in the program and followed up by the KCRC staff.
Planned Collaboration	Radiology Medical Group (RMG) Local physician groups

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

Dignity Health Dominican Hospital wishes to acknowledge the following organizations and their representatives for contributing insight and expertise to the process and for their dedication to promoting the health and well-being of Santa Cruz County. In addition, we gratefully acknowledge Applied Survey Research (ASR) who prepared this report on behalf of Dignity Health Dominican Hospital.

Dominican Hospital Community Board - FY 2017

- Diana Bader, OP
- Janet Capone, OP
- Jessica Cohen, MD
- Erick Eklund, DDS
- Dean Kashino, MD
- Karl Knudsen Johsens, MD
- Gabrielle Marie Jones, RSM
- Marjory O'Conner, RN
- Ana Ventura Phares, J.D.
- Rajinder Singh, MD
- Jon Sisk
- Stephen Snodgrass

Ex-Officio Members:

- Ted Burke, Foundation President
- Greg Whitley, MD and Chief of Staff
- Nanette Mickiewicz, MD and Hospital President

Dominican Community Advisors – FY 2017

- **Community Member**
  Reyna Ruiz, Community Organizer
- **Community Member**
  Shebreh Kalantari-Johnson, Grant Writer & Community Organizer
- **County of Santa Cruz**
  Ana Ventura Phares, Attorney
- **County of Santa Cruz Health Service Agency**
  Giang Nguyen, Director
- **Digital Nest**
  Jacob Martinez, Founder & Executive Director
- **First Five Santa Cruz County**
  David Brody, Executive Director
- **Pacific Cookie Company**
  Cara Pearson, Executive Director
- **Santa Cruz Community Health Centers**
  Leslie Conner, Executive Director
- **Santa Cruz County Office of Education**
  Carole Mulford, Manager, Child Development Programs
- **Santa Cruz County Office of Education**
  Martine Watkins, Director, Career Pathways Initiative
- **United Way of Santa Cruz County**
  Keisha Frost, Director of Community Giving

Community Assessment Project Steering Committee Members (2015)

- Brenda Armstrong, Santa Cruz County Alcohol & Drug Program
- Vincent Barabba, Community Volunteer
- Caleb Baskin, Baskin & Grant
- Donna Blitzer,University of California, Santa Cruz
- Christina Borbely, PhD, RET Partners
- David Brody, First 5 Santa Cruz County
- Susan Brutschy, Applied Survey Research
- Beth Carr, Santa Cruz Community Credit Union, Community Ventures
- Henry Castaniada, Soquel Union Elementary School District
- Leslie Conner Santa Cruz Community Health Centers
- Christina Cuevas, Community Foundation Santa Cruz County
- Karen Delaney, Volunteer Center of Santa Cruz
- Willy Elliot-McCrea, Second Harvest Food Bank
- Will Forest, County of Santa Cruz Health Services Agency
- Mary Lou Goeke, United Way of Santa Cruz County
- Fernando Giraldo, Santa Cruz County Probation Department
- Allison Guevara, County of Santa Cruz
- Will Hahn, PAMF/Sutter Health
- Dan Haifley, O'Neill Sea Odyssey
- Dr. Lisa Hernandez, MD County of Santa Cruz Health Services Agency
- Megan Joseph, United Way of Santa Cruz County
- Shebreh Kalantari-Johnson, Community Volunteer
- Rama Khalsa, Community Volunteer
- Kirsten Liske, Ecology Action
- Eleanor Littman, Health Improvement Partnership Santa Cruz County
- Madeline Noya, County of Santa Cruz Human Services Department
- Laura Marcus, Dientes Community Dental Clinic
- Paul O'Brien, Community Volunteer
- Martina O'Sullivan, Dignity Health Dominican Hospital
- Greg Pepping, Coastal Watershed Council
- Rock Pfotenhauer, Cabrillo College
- Raquel Ramirez Ruiz, Pajaro Valley Community Health Trust
- Janet Reed, Community Volunteer
- Stuart Rosenstein, Community Volunteer
- Jessica Scheiner, County of Santa Cruz Human Services Department
- Laura Segura, Monarch Services
- Nina Simon, Santa Cruz Museum of Art & History
- Brian Spector, Spector Corbett Architects
- Adam Spickler, Community Volunteer
- Abigail Stevens, Applied Survey Research
- Sharee Storm, Dientes Community Dental Care
- Michael Watkins, Santa Cruz County Office of Education
- Michelle Williams, Cultural Council of Santa Cruz County
- Craig Wilson, Santa Cruz County Sheriff's Office

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.

- Improving Access to Healthcare:
  - *RotaCare evening clinic sponsored by Rotary – Free walk-in clinic*
  - *Community Social Service Consultation and Referral*
  - *SANE/SART in cooperation with the County for victims of domestic violence*
  - *Psychiatric Resource Team - Access to Behavioral Health*
- Preventing and/or Managing Chronic Health Conditions
  - *Lifestyle Management – Physical, Neuro, Diabetes, Cardio*
  - *Mobile Wellness Health Screening Program*
  - *Annual Crisis Intervention Symposium*
  - *Well Checks at Community Health Fairs (several community sponsors)*
  - *Cardiac Stroke Program*
  - *Diabetes Education Program*
  - *Personal Enrichment Program (PEP) Classes to prevent health problems*
  - *Dare to CARE Vascular Screening*
- Improving Physical Activity and Nutritional Health
  - *First Aid at Community Events*
  - *Athletic Training Program with high schools*
  - *Community Grant – United Way of Santa Cruz County*
- Improving Women's Health and Birth Outcomes
  - *Lactation Consultation*
  - *Cancer Detection Program*
  - *Katz Cancer Program*
  - *Women Helping Women – mammography program*
  - *Low Cost Mammograms*
  - *Early Infant Development Program collaborative with Stanford*
- Improving Life in the Community
  - *Community Garden and Farmers Market*
  - *Educational Opportunities through internships and partnership with local institutions*
  - *Personal Assistance Programs to patients*
  - *Community Grant – Homeless Services Center*
  - *Bus Fares/Taxi Fares by Social Services in Behavioral Health and Emergency Department*
  - *Community Grant – Project Bright Star (Encompass Community Services)*
- Improving Care Continuum
  - *Homelessness – Recuperative Care Center*
  - *Healthy City Community Data Mapping Project*

In addition, below are detailed descriptions of the Community Benefit Grants:

- **Community Bridges Collaborative** – A countywide collaborative of family resource centers and community clinic and preventative service providers to support optimum use of a medical home, reduce emergency room visits, and maximize preventative care for at-risk families.

- **Dientes Community Dental Clinic** – Dientes provides emergency treatment in order to help avoid ER visits as well as provides preventive care to our neighbors in need, including uninsured residents, in order to reduce the need for emergency treatment.
- **Encompass Community Services** - Provides HIV/AIDS outreach, prevention education, and case management services to Santa Cruz County farmworkers and their families.
- **Hospice of Santa Cruz County** - Transitional Care Services focuses on what HSCC does best: supports people through their end-of-life journey. Transitional Care Services provides psychosocial, emotional, and practical non-medical support for seriously ill clients and their caregivers.
- **Nourishing Generations** - Place-based nutrition education and physical fitness for children and youth at low-income housing complexes and schools leading to balanced diets, active lifestyles, knowledgeable healthcare consumers, and stronger communities.
- **RotaCare Bay Area, Inc. Santa Cruz Free Clinic** – Weekly clinic operation providing episodic care, chronic disease management and lifestyle education.
- **Second Harvest Food Bank of Santa Cruz County** - The Passion For Produce Program, designed to improve health and combat chronic disease, through peer nutrition education, healthy food, physical activity, and building access to care.

Programs/projects that address a significant health need but are difficult to quantify or measure:

- Clothing given daily to ER patients / Homeless persons / Migrant workers
- Food donations to local churches is distributed to homeless in the County

Part of Dominican's Community Engagement is the commitment of the hospital to work closely with other partners to coordinate efforts and enhance collaboration in an effort to reach more people in the community. Dominican's leadership and community benefit staff serve on many committees and coalitions included, but not limited to:

American Red Cross, Santa Cruz Chapter
Aptos Chamber of Commerce
Bi-National Health Week Steering Committee
Capitola Chamber of Commerce
Court Appointed Special Advocate (CASA)
Catholic Charities of the Diocese of Monterey
Catholic Charities USA
Central California Alliance for Health (CCAH)
Community Action Board: Day Worker Center
Community Bridges: Family Resource Centers
Community Foundation of Santa Cruz County
Communities Organized for Relational Power in Action: COPA Investment Team
Dientes Community Dental Clinic
Diocese of Monterey Golf Tournament
Diocese of Monterey Pastoral Council
Health Improvement Partnership of Santa Cruz County
Hospice of Santa Cruz County
Hospital Council of Northern California
KUSP Community Advisory Board
Leadership Santa Cruz County
Monarch Services: Women's Crisis Support/Defensa D'+Mujeres
Pajaro Homeless Shelter
Pajaro Valley Agriculture and Chamber of Commerce
Pajaro Valley Regional Diabetes Health Center
RotaCare Santa Cruz Free Clinic
Safety Net Clinic Coalition
Santa Cruz Chamber of Commerce
Santa Cruz Women's Health Center
Second Harvest Food Bank
Serial Inebriate Program
UCSC Chancellor's Diversity Advisory Council
United Way of Santa Cruz County
United Way of SCC: Go for Health Collaborative
United Way of SCC "211"
United Way of SCC Community Assessment Project
United Way of SCC Women in Philanthropy

In addition, Dominican Hospital engages in the following Community Building activities:

- Financial contribution annually in support of the 2-1-1 Resource Line
- Environmental Improvements

  In FY2015, Dominican Hospital recycled 1,470,863 lbs of materials: Blue Wrap, Compost, e-Waste, Fluorescent Tubes, Grease Trap, HIPAA Confidential Documents, Med Devices, Mixed Fiber, Mixed Recycling, OCC – Cardboard, Other Recycling, Pallets, Plastic Diversion, Scrap Metal, Wood Waste.
- The Dominican Hospital certified organic garden donated 700 lbs of vegetables to Dominican Oaks, our Congregate Living Facility.
- Leadership development/training of community members

Dominican Hospital supports the following health professions education, subsidized health services or research that does not directly address CHNA-identified significant health need:

- "Beyond Gender: A Training on Transgender Healthcare" – Three 3-hour training sessions were held at Dominican Hospital for physicians, nurses and allied health professionals FY2015.
- Care and treatment given to patients with mushroom poisoning related to clinical research study Intravenous Milk Thistle (Silibinin/Legalon-Sil) for Hepatic Failure Induced by Amatoxin/Amanita Mushroom Poisoning.
- Grand Rounds Educational Presentation for Medical Staff is held weekly for one hour.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Summary of Financial Assistance Programs

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.

- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

Dominican Hospital 1555 Soquel Dr, Santa Cruz, CA 95065 | Financial Counseling 831-462-7831
Patient Financial Services 831-457-7001 | www.dignityhealth.org/dominican/paymenthelp
Sequoia Hospital 170 Alameda de las Pulgas, Redwood City, CA 94062 | Financial Counseling 650-367-5551
Patient Financial Services 888-488-7667 | www.dignityhealth.org/sequoia/paymenthelp
Saint Francis Memorial Hospital 900 Hyde St, San Francisco, CA 94109 | Financial Counseling 415-353-6136
Patient Financial Services 888-488-7667 | www.dignityhealth.org/saintfrancis/paymenthelp
St. Mary's Medical Center 450 Stanyan St, San Francisco, CA 94117 | Financial Counseling 415-750-5817
Patient Financial Services 888-488-7667 | www.dignityhealth.org/stmarys/paymenthelp