

# Mercy Medical Center Redding

## 2022 Community Health Implementation Strategy

**Adopted November 2022**



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## At-a-Glance Summary

<p><b>Community Served</b></p> 	<p>Mercy Medical Center Redding is located at the tip of the Sacramento River Valley in Redding, California and serves as a regional referral center for far Northern California. Situated along the north-south Interstate 5 corridor the county is lined with mountains on its north, east, and west sides. Beyond Redding, the county is rural. While the majority of individuals served reside in Shasta County there are community health services available to bordering communities in Tehama and Trinity Counties. Due to the rural nature of the county access to care is a consistent barrier for the many residents who are medically underserved and low-income and minority population.</p>
<p><b>Significant Community Health Needs Being Addressed</b></p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> <li>• Access to Mental/Behavioral Health and Substance-Use Services</li> <li>• Access to Quality Primary Care Health Services</li> <li>• Safe and Violence-Free Environment</li> </ul>
<p><b>Strategies and Programs to Address Needs</b></p> 	<p>Mercy Medical Center Redding intends to take several actions and to dedicate resources to these needs, including:</p> <ul style="list-style-type: none"> <li>• Medication for Indigent Patients</li> <li>• Provide community grants to local non-profit organizations</li> <li>• Transportation Services</li> <li>• Substance Use Navigation</li> <li>• Collaboration with Empire Recovery Center</li> <li>• Violence Prevention &amp; Intervention</li> <li>• CHW Navigator (Proposed)</li> <li>• Tele-Psychiatry</li> </ul>
<p><b>Anticipated Impact</b></p> 	<p>Mercy Medical Center Redding anticipates that actions taken to address the identified significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support overall good health. MMCR is committed to monitoring key initiatives to assess and improve impact.</p>
<p><b>Planned Collaboration</b></p> 	<p>Mercy Medical Center Redding will continue to seek out partnerships with local organizations that respond to the needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.</p>

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

Written comments on this report can be submitted to Mercy Medical Center Redding via the Community Health Office at 2175 Rosaline Ave, Redding, CA 96001, Attn: Laura Acosta or by e-mail to [laura.acosta900@commonspirit.org](mailto:laura.acosta900@commonspirit.org)

## Our Hospital and the Community Served

### About the Hospital

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

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

### Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

### Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

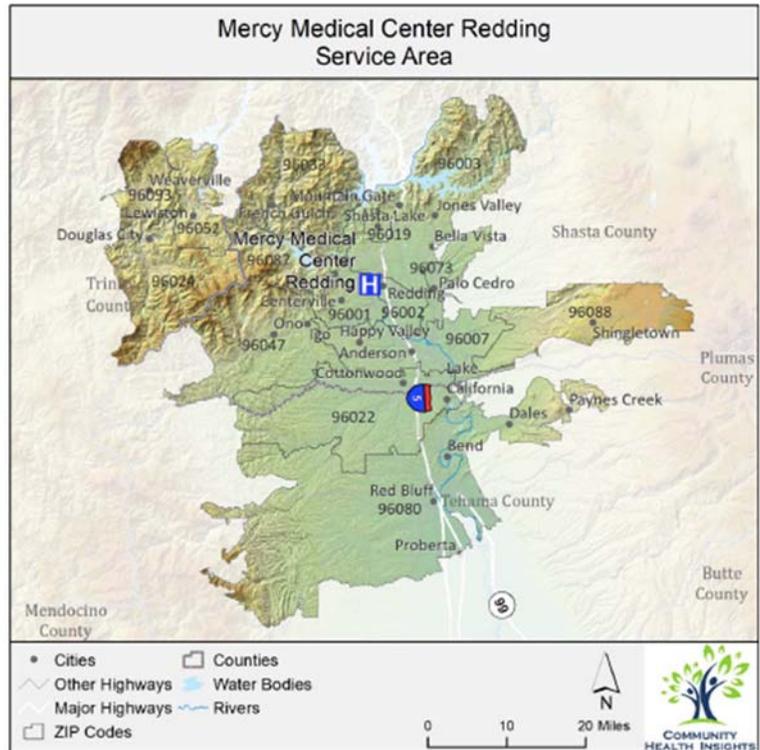


## Description of the Community Served

Mercy Medical Center Redding is located at the tip of the Sacramento River Valley in Redding, California and serves as a regional referral center for far Northern California. While the majority of individuals served reside in Shasta County, there are community health services available to bordering communities in Tehama and Trinity Counties. Due to the rural nature of the county access to care is a consistent barrier for the many residents who are medically underserved and low-income and minority population.

Shasta County has a total area of 3,847 square miles and covers the Redding California Metropolitan Statistical Area. According to the US Census, the county's 2020 population was approximately 180,000 residents. The county seat is Redding, home to approximately one-half of Shasta County residents. Situated along the north-south

Interstate 5 corridor the county is lined with mountains on its north, east, and west sides. Beyond Redding, the county is rural. Only a small portion of the MMCR service area dips into northern Tehama County. This area includes the city of Red Bluff, which is both the Tehama County Seat and the largest city in the county, with a population of just over 14 thousand residents. For the purposes of this assessment, the service area was further defined by 15 ZIP codes, 13 of which were located in Shasta and the remaining two in Tehama. The Shasta County ZIP codes included 96001, 96002, 96003, 96007, 96019, 96024, 96033, 96047, 96052, 96073, 96087, 96088, and 96093. The Tehama County ZIP codes included 96022 and 96080.



### Population Groups Experiencing Disparities

Key informants were asked to identify population groups that experienced health disparities in the MMCR service area. Interview participants were asked, "What specific groups of community members experience health issues the most?" Responses were analyzed by identifying all groups noted as one experiencing disparities. Groups identified by key informants are listed below. The groups are not mutually exclusive—one group could be a subset of another group. One of the purposes of identifying the sub-populations was to help guide additional qualitative data collection efforts to focus on the needs of these population groups. Additional details can be found in the CHNA report online.

- Low income
- Youth
- Native Americans
- Seniors
- Hispanic/Latino
- Men
- Homeless
- African American

- Asian
- People of Color
- Veterans
- Woman
- Disabled
- Mentally Ill

## Community Assessment and Significant Needs

The health issues that form the basis of the hospital’s community health implementation strategy and programs were identified in the most recent CHNA report, which was adopted in April 2022. The CHNA contains several key elements, including:

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

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available on the hospital’s website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

## Significant Health Needs

Building a healthy community requires multiple stakeholders working together with a common purpose. The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to Mental/Behavioral Health and Substance-Use Services	Access to mental, behavioral, and substance-use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.	●
Access to Basic Needs Such as Housing, Jobs, and Food	Research shows that the social determinants of health, such as quality housing, adequate employment and income, food security, education, and social support systems, have a substantial impact on health behaviors and health outcomes. Addressing access to basic needs will improve health in the communities we serve.	
Access to Quality Primary Care Health Services	Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.	●

Significant Health Need	Description	Intend to Address?
Access to Specialty and Extended Care	Extended care services, which include specialty care, are care provided in a particular branch of medicine and focused on the treatment of a particular disease. Primary and specialty care go hand in hand, and without access to specialists, such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage the progression of chronic diseases, including diabetes and high blood pressure, on their own.	
Increased Community Connections	Community connection is a crucial part of living a healthy life. Research suggests individuals who feel a sense of security, belonging, and trust in their community have better health. Assuring that community members have ways to connect with each other through programs, services, and opportunities is important in fostering a healthy community. Furthermore, healthcare and community support services are more effective when they are delivered in a coordinated fashion to build a coordinated ecosystem.	
Safe and Violence-Free Environment	Feeling safe in one’s home and community is fundamental to overall health. Next to having basic needs met (e.g., food, shelter, and clothing) is having physical safety. Research has demonstrated that individuals exposed to violence in their homes, the community, and schools are more likely to experience depression and anxiety and demonstrate more aggressive, violent behavior.	●
System Navigation	System navigation refers to an individual’s ability to traverse fragmented social services and healthcare systems in order to receive the necessary benefits and supports to improve health outcomes. Research has demonstrated that navigating the complex U.S. healthcare system is a barrier for many that results in health disparities.	
Injury and Disease Prevention and Management	Efforts aimed at injury and disease prevention are powerful vehicles to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focus on reducing cases of injury and infectious disease control (e.g., sexually transmitted infection (STI) prevention and influenza shots), and intensive strategies in the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.	
Access to Functional Needs	Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life.	

## Significant Needs the Hospital Does Not Intend to Address

Mercy Medical Center Redding met with internal and community members to review and determine the top priorities the hospital would address. MMCR will continue to lean into the organizations who are addressing the needs and continue to build capacity by strengthening partnerships among local community-based organizations. Due to the magnitude of the need and the capacity of MMCR's ability to address the need the Implementation Strategy will not address the following health needs:

- Access to Basic-Needs Such as Housing, Jobs and Food
- Access to Specialty and Extended Care
- Increased Community Connections
- System Navigation
- Injury and Disease Prevention Management
- Access to Functional Needs

## 2022 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others on to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

## Creating the Implementation Strategy

Mercy Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Mercy Medical Center Redding leaders met with internal and community members to review and determine the top priorities the hospital would address over the next three years.

To aid in determining the priority health needs, the criteria below were considered when making a decision.

- Mission alignment
- Magnitude of the problem
- Severity of the problem



- Health disparities: The health need disproportionately impacts the health status of one or more vulnerable population groups.
- Need among vulnerable population
- Community’s capacity and willingness to act on the issue
- Availability of hospital and community resources
- Ability to have measurable impact on the issue
- Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.
- Established Relationships: There are established relationships with community partners to address the issue.
- Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.

Improving community health requires collaboration across community stakeholders and with community engagement. Each initiative involves research on best practice and is written to align with local resources, state or national health priorities and initiatives. The goals, objectives, and strategies contained in this document, where possible, intend to utilize upstream prevention models to address the social determinants of health. In addition, building and strengthening relationships with community-based providers that serve target populations for intended initiatives is critical to the success and sustainability to achieve impact.

## Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



**Advance  
Community  
Health  
Alignment and  
Integration**

Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



**Expand Clinical  
- Community  
Partnerships  
and Linkages**

Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



**Build Capacity  
for More  
Equitable  
Communities**

Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



**Inspire,  
Innovate  
and Scale  
High Impact  
Initiatives**

Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

## Strategies and Program Activities by Health Need

 <b>Health Need: Access to Mental/Behavioral Health and Substance-Use Services</b>					
<b>Anticipated Impact (Goal)</b>	Improved system for patient linkages to outpatient behavioral health services; provide a seamless transition of care, reduce mental health stigma and increase in resources in the community.				
<b>Strategy or Program</b>	<b>Summary Description</b>	<b>Strategic Objectives</b>			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Substance Use Navigation	CA Bridge is a program of the Public Health Institute working to ensure that people with substance use disorder receive 24/7 high-quality care in every California health system by 2025. The CA Bridge Navigator program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. Utilizing a Substance Use Navigator to build a trusting relationship with the patient and motivating them to engage in treatment. The hospital works to reduce the language that stigmatizes people who use drugs, treating substance use disorder like any other disease. Program is currently funded through Medication for Addiction Treatment (MAT) program.	●	●	●	●
Tele-Psychiatry	Psychiatrists are able to provide early evaluation and psychiatric intervention via remote consultations with patients, improving access to timely quality care. Access is available to both the ED and inpatient setting.		●		●
Continuum of Care	Collaboration with Empire Recovery Center for Detox Services.		●		●

 <b>Health Need: Access to Mental/Behavioral Health and Substance-Use Services</b>					
Education and Awareness	Provide education and awareness and reduce stigma in the community.		•		•
<b>Planned Resources</b>	MMCR will provide staff time, philanthropic cash grants, outreach communication, program management and be a thought partner for the proposed strategies.				
<b>Planned Collaborators</b>	<ul style="list-style-type: none"> <li>• Shasta Community Health Center</li> <li>• Shasta County Health and Services Agency</li> <li>• Empire Recovery Center (Detox Services)</li> <li>• MMCR will continue to seek out partnerships with local organizations that respond to the needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.</li> </ul>				

 <b>Health Need: Access to Quality Primary Care Health Services</b>					
<b>Anticipated Impact (Goal)</b>	Leverage MMCR’s investments as an anchor institution to address Social Determinants of Health (SDOH) needs in our communities to improve access to quality health care services for vulnerable populations by coordinating and improving resources and referrals to services to improve access.				
<b>Strategy or Program</b>	<b>Summary Description</b>	<b>Strategic Objectives</b>			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Increase Access to Care	<ul style="list-style-type: none"> <li>• Physician recruitment efforts.</li> <li>• Strengthen relationships with rural health clinics and strengthen capacity.</li> </ul>		•		•

 <b>Health Need: Access to Quality Primary Care Health Services</b>					
Health Education Outreach	Participation at events as requested throughout the year.		•		•
Workforce Development	Identify and partner with community organizations who are leading workforce development efforts to increase access to a diverse and inclusive health care workforce—both in clinical and nonclinical/corporate settings and improve health equity.	•	•	•	•
Transportation Assistance	Address transportation barriers to accessing healthcare services. Provide van service, taxi vouchers or bus tokens to patients who need assistance with access to our facilities.	•	•	•	•
Patient Financial Assistance	Provide financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.		•	•	•
CHW Navigator (Proposed)	MMCR will conduct feasibility study to identify whether having community health workers based in the emergency department is appropriate to assist patients with applying for immediate medical health insurance, making and keeping follow-up primary care appointments after visiting the ED, and navigating community health resources.	•	•	•	•
<b>Planned Resources</b>	MMCR will provide staff time, philanthropic cash grants, outreach communication, program management and be a thought partner for the proposed strategies.				
<b>Planned Collaborators</b>	<ul style="list-style-type: none"> <li>• Shasta Community Health Center</li> <li>• MMCR will continue to seek out partnerships with local organizations that respond to the needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.</li> </ul>				



**Health Need: Safe and Violence-Free Environment**

<p><b>Anticipated Impact (Goal)</b></p>	<p>Goals:</p> <ul style="list-style-type: none"> <li>• Prevent future traumatization once violence has occurred</li> <li>• Prevent violence</li> </ul> <p>Anticipated Impact:</p> <ul style="list-style-type: none"> <li>• Increase healthcare workforce capacity to provide trauma informed care for victims of violence</li> <li>• Support community capacity to reduce violence</li> </ul>				
<p><b>Strategy or Program</b></p>	<p><b>Summary Description</b></p>	<p><b>Strategic Objectives</b></p>			
<p>Violence Prevention &amp; Intervention</p>	<p>MMCR will increase internal capacity and community capacity to identify victims and respond through the Human Trafficking Task Force. Key activities include but not limited to:</p> <ul style="list-style-type: none"> <li>• Provide trauma-informed care for patients</li> <li>• Provide resources and support to victims of violence</li> <li>• Prevent violence and intervene when suspected</li> <li>• Explore opportunities to provided ongoing education and awareness to community.</li> </ul> <p>Alignment with State Priority:</p> <p>California Department of Public Health Injury and Violence Prevention (IVP) Branch</p> <ul style="list-style-type: none"> <li>• Violence Prevention Initiative: The goal is to reduce violence and create safer and healthier communities for all Californians</li> </ul>	<p>Alignment &amp; Integration</p>	<p>Clinical - Community Linkages</p>	<p>Capacity for Equitable Communities</p>	<p>Innovation &amp; Impact</p>
<p><b>Planned Resources</b></p>	<p>MMCR will provide staff time, cash grants, outreach communication, and be a thought partner for the proposed strategies.</p>				



## Health Need: Safe and Violence-Free Environment

### Planned Collaborators

- One Safe Place
- Medical Safe Haven
- Shasta County Health and Services Agency
- Shasta Community Health Center
- MMCR will continue to seek out partnerships with local organizations that respond to the needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.