



2014 Community Health Needs Assessment and Implementation Strategy Summaries

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2014 Mercy Medical Center Redding Community Health Needs Assessment Summary

An assessment of Shasta County

During 2014, a community health needs assessment (CHNA) was conducted by Mercy Medical Center Redding (MMCR) for the approximately 205,700 residents of Shasta County, California, that reside in the primary service area, as part of the commitment to the health of our community. MMCR is one of three medical centers comprising the Dignity Health North State Service Area, along with Mercy Medical Center Mt. Shasta and St. Elizabeth Community Hospital in Red Bluff. MMCR serves as a regional referral center for far Northern California offering 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. The facility has 267 licensed beds and has a staff of approximately 1,700.

Description of Community Served by the Hospital

MMCR serves a primary service area (PSA) comprised mostly of zip codes in Redding and Shasta, Tehama and Trinity Counties. Portions of Shasta County are federally designated Medically Underserved Areas (MUA). There has been a growing need for services provided to the un-/underinsured. Insurance coverage estimates for 2014 showed a total of 38.6% of individuals in Mercy Redding's PSA are either uninsured (17%) or have Medi-Cal (21.5%) coverage. People are often turning to the Emergency Department for basic non-acute medical services. To respond effectively to these needs requires collaborative problem solving. Nonprofit organizations need to work together to leverage resources and maximize health assets in innovative ways to enhance existing programs and ensure sustainable health programs and services are available over the long-term. Community-based collaboration will be a priority for Mercy Medical Center Redding and will help drive community benefit efforts in the future.

All of the communities in our primary service area are considered to have disproportionate unmet health care needs. In fact, when factoring the socio-economic demographics of the community, the level of need is high, as evidenced by the Community Need Index rating of 3.8. The Community Need Index considers income, insurance, education, language/culture as well as housing, which are known barriers to optimal health. By using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities ranked as scoring a "5" are more than twice as likely to need inpatient care for preventable conditions (ear infection, etc.) than communities with a score of "1". The CNI map is listed in Appendix D and identifies areas in Redding and surrounding areas with associated CNI scores. It is apparent that most of the zip codes within Shasta County are in need the most and represent areas of opportunity for Mercy Medical Center Redding to consider for specific community benefit's intervention strategies.

Who was involved in Assessment

In 2014, a community health needs assessment was conducted by MMCR as one of its strategies and commitment to the health of our community. A community health needs assessment (CHNA) is a systematic process involving the community, to identify and analyze community health needs in order to prioritize, plan and act upon unmet community health needs. An assessment is conducted every three years and identifies the health needs of residents by acknowledging ongoing health concerns within the community. Through surveys and the evaluation of existing health related data, community benefit staff compiled a report inventorying community health priorities and provided recommendations for areas of intervention. The final survey instrument was developed by Mercy Medical Center Redding and Shasta County Public Health.

MMCR conducted the 2014 CHNA at the facility level using community benefit staff to oversee the process. By conducting the CHNA at the facility level, the Hospital was able to gain a better insight into the needs of the community. MMCR took into consideration available internal and external resources and partnered with outside individuals and organizations as appropriate throughout the CHNA process. Based on this assessment, issues of greatest concern were identified and the Hospital determined the areas to commit resources to, thereby focusing outreach efforts to continually improve the health status of the community we serve.

How the Assessment was Conducted

MMCR conducted the 2014 CHNA at the facility level using community benefit staff to oversee the process. By conducting the CHNA at the facility level, the Hospital was able to gain a better insight into the needs of the community. MMCR took into consideration available internal and external resources and partnered with outside individuals and organizations as appropriate throughout the CHNA process. Based on this assessment, issues of greatest concern were identified and the Hospital determined the areas to commit resources to, thereby focusing outreach efforts to continually improve the health status of the community we serve.

The CHNA process incorporated data from primary sources (survey) and secondary data research (vital statistics and other existing health-related data) relating to a wide array of community health indicators. Primary data was collected by using paper surveys and an identical web-based survey via Survey Monkey.com. We looked to our community partners to represent their respective communities in the survey process. The final survey instrument was developed by Mercy Medical Center Redding and Public Health and is similar to the previous surveys used in the region. The surveys were used to collect information from community members, stakeholders and providers for the purpose of understanding community perception of needs. The surveys were emailed to approximately 1,000 emails through a distribution list that the Hospital compiled and uses to disseminate health education materials. The Hospital distributed surveys to zip codes within the primary service area, including zip codes with disproportionate unmet health needs. There were 168 surveys completed for a return rate of approximately 16.8%. The following partners assisted the hospital in conducting the needs assessment:

- **Mercy Medical Center Redding Advisory Council** - This group of active community members represent all of the communities in our primary service area. They completed the survey in addition to participating in the priority setting process once the data was compiled.
- **Shasta County Public Health** – In addition to providing assistance with the survey design, Public Health representatives distributed the surveys to their employees and clients.

Secondary data was used to validate the information obtained from the surveys and was provided through the free web-based platform CHNA.org. This web-based tool was designed to assist hospitals in completing the CHNA at the local level in order to help reduce the costs incurred by Hospitals. The data provided through CHNA.org has aggregated data available from 7,000 public data sources, including the Centers for Disease Control and Prevention and the National Center for Chronic Disease Prevention and Health promotion.

Health Needs Identified

The results of the 2014 Community Health Needs Assessment were very similar to the results found in the 2011 assessment. This finding further supports our work in relation to community health and the fact that it takes concerted effort and time to change the behaviors of a community. The results revealed a list of top perceived health risks and behaviors from the community’s perspective, many of which overlap. The top areas of opportunity for the current assessment are listed below:

- ◆ **Health Concerns:** mental health problems, obesity, cancers, domestic violence, child abuse/neglect, aging problems, diabetes, heart disease and/or stroke.
 - ◆ **Health Risk Behaviors:** drug abuse, being overweight, alcohol abuse, poor eating habits, tobacco use, and lack of exercise.
-

Community Assets Identified

A formal community asset assessment has not been conducted at this time; however it may be addressed in the future within the parameters of our collaboration with the Shasta County Public Health Partnership. MMCR remains committed to developing programs and services not only based on the outcomes from the Community Health Needs Assessment but also focused on the most vulnerable populations in our PSA.

Summaries: Assessments and Priorities

Based on input from its Advisory Council, Public Health, and other Community Stakeholders, over the next three fiscal years MMCR will:

- Provide educational opportunities and/or develop intervention programs that increase awareness and early identification of issues related to heart disease and stroke with a focus on physical activity and fitness, nutrition, and overweight.
 - Develop interventions to address Cancer prevention with a focus on lung cancer and tobacco use.
 - Develop interventions to address chronic pain and other chronic diseases by continuing to offer the Stanford model chronic disease self-management program titled *Healthier Living*.
 - Consider funding requests from its community benefit donation program that align with the identified health priorities established in the Community Health Assessment.
-

Next Steps

Mercy Medical Center Redding will be using the assessment to help create a higher level of awareness of its community benefit activity. The report will be distributed to key internal and external stakeholders, including but not limited to: Dignity Health North State Board; Mercy Foundation North Board; Mercy Medical Center Redding Advisory Council; elected City and County officials; Union leadership; employees, guild members and Medical Staff leadership. The report will also be available in Dignity Health approved format on the Hospital's web site.

Mercy Medical Center Redding

Implementation Strategy

For FY2014-2015 Summary

Mercy Medical Center Redding is part of the Dignity Health system and as part of Dignity Health, Mercy Medical Center Redding plays a lead role in caring for the community and partnering with others to help make Redding and the surrounding areas a healthier place. In living out the mission, Mercy Redding is particularly attentive to the needs of the poor, disadvantaged and vulnerable.

Mercy Medical Center Redding believes it is vitally important to work with other values-driven organizations to truly make a difference. By effectively using limited resources and linking together, Mercy Medical Center Redding can often offer health prevention options in our community as well as help address the broader health needs of the community. We do not believe we can address the community's health care needs alone. In addition to prevention strategies, each year Mercy Redding reinvests in the community through its Community Grants program. The goal of the program is to reinvest community benefit resources by partnering with other non-profit organizations who share our mission and values of working to improve the health and quality of life in our community.

Target Areas and Populations

There has been a growing need for services provided to the un-/underinsured. Insurance coverage estimates for 2014 showed a total of 39% of individuals in Mercy Redding's PSA are either uninsured (17%) or have Medi-Cal (21%) coverage. People are often turning to the Emergency Department for basic non-acute medical services. To respond effectively to these needs requires collaborative problem solving. Nonprofit organizations need to work together to leverage resources and maximize health assets in innovative ways to enhance existing programs and ensure sustainable health programs and services are available over the long-term. Community-based collaboration will be a priority for Mercy Medical Center Redding and will help drive community benefit efforts in the future.

All of the communities in our primary service area are considered to have disproportionate unmet health care needs. In fact, when factoring the socio-economic demographics of the community, the level of need is high, as evidenced by the Community Need Index rating of 3.8. The Community Need Index considers income, insurance, education, language/culture as well as housing, which are known barriers to optimal health. By using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities ranked as scoring a "5" are more than twice as likely to need inpatient care for preventable conditions (ear infection, etc.) than communities with a score of "1". The CNI map is listed in Appendix A and identifies areas in Redding and surrounding areas with associated CNI scores. It is apparent that most of the zip codes within Shasta County are in

need the most and represent areas of opportunity for Mercy Medical Center Redding to consider for specific community benefit's intervention strategies.

How the Implementation Strategy was Developed

Community benefit is integrated into the strategic planning process at Mercy Medical Center Redding and is demonstrated at multiple levels throughout the organization. The community benefit planning process is a joint effort that engages the Dignity Health North State Board, Mercy Redding's President and Leadership Team, and Mercy Redding's Advisory Council.

The Dignity Health North State Board has overall responsibility for community benefit activities for Mercy Medical Center Redding to ensure that the activities support the mission, policies and strategic plan of the organization, as well as, address the priority needs of the community. In addition to the involvement and oversight of the Dignity Health North State Board, Mercy Medical Center Redding's Advisory Council provides a community perspective to help prioritize the health opportunities for the organization. This Council represents a broad range of community organizations and needs. The individual responsible for the implementation and facilitation of the Community Benefit process reports to the President of Dignity Health North State and is a member of Mercy Medical Center's senior management team.

Membership on the Dignity Health North State Board and Advisory Council include community stakeholders, Sisters of Mercy, senior hospital leadership, physicians, and Mission Integration leadership. Responsibilities of the Board and the Advisory Council include:

- Review and approval of the annual community benefit report and plan to ensure it is aligned with Mercy Medical Center Redding's mission and strategy, is focused on the priority needs identified through the community health assessment and/or by hospital leadership, and fulfills responsibilities as a charitable organization.
- Provide oversight for the Dignity Health Grants Program, including the identification of grant funding priorities and selection of grant review committee members.
- Serve as advocates in the community that further Mercy Medical Center Redding's mission and help foster strategic partnerships to improve community health.

Major Needs and How Priorities were Established

An essential component of the CHNA is to prioritize the health opportunities that are identified through the assessment process. Mercy Medical Center Redding carefully considered how to prioritize various community benefit initiatives. After the health opportunities were identified, they were ranked by a small committee comprised of a representative from a local community health collaborative and a representative of Shasta County Public Health. The ranking tool contained seven criteria with which to rank each health opportunity. Each criterion was assigned a specific weighted value. Definitions of the criteria used are listed below:

- High Incidence or Prevalence - Is the local rate/percent higher than the state or national rate/percent? Consider absolute numbers directly affected by the problem, as well as disproportionate rates among special populations (subgroups of age, sex, race/ethnicity, geographic region).
- Trending - What are the trends? Is the rate/percent increasing or decreasing over time?
- Severity of Problem/Consequences - Consider the degree to which the problem leads to death, disability or impairs one's quality of life. Also consider the risk of exacerbating the problem by not addressing at the earliest opportunity.
- Amenable to Intervention - Consider how likely it is that interventions will be successful in preventing or reducing the consequences of a problem. Keep in mind all types of interventions (e.g., community education, policy and/or organizational changes, etc.), the potential to reach populations at greatest risk, and the ability of the community at large to mobilize to support the intervention. *In other words ... can we make a difference?*
- Resources Available - Consider what programs are currently in place to address the problem, and consider the ability of organizations to reasonably impact the issue, given available resources.
- Costliness of Treatment of Problem/Consequences - Consider the financial costs of treating the problem; what costs might be saved by preventing or reducing the severity of the problem?
- Acceptability - Considering what the community feels is important, as it can mean greater community support later on.

After the participants ranked each of the areas of opportunity, the results were then calculated and further discussion ensued to select the areas that should be the focus for the next community benefit planning cycle (FY2015 – FY2018). As a result of the ranking and prioritization process by the ranking committee, and taking into account that the hospital has limited financial resources, Mercy Medical Center Redding will be addressing the following health areas:

- Mental health
- Obesity
- Cancers
- Aging problems
- Diabetes
- Heart disease and/or stroke
- Poor eating habits
- Lack of exercise
- Substance Abuse
- Tobacco Use

Description of what MMCR will do to Address Community Needs

MMCR remains committed to developing programs and services not only based on the outcomes from the Community Health Assessment but also focused on the most vulnerable populations in our primary service area. In addition to specific community benefit programs, MMCR is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured. Currently, 21.5% of Mercy Redding's primary service area is enrolled in Medi-Cal, followed by 20.8% who are enrolled in the Medicare program and 17% is uninsured.

Action Plans

1. **Healthier Living - Chronic Disease Self-Management Program** – MMCR will continue to provide the *Healthier Living* workshop for adults who have a chronic health condition or who live with someone with a chronic health condition. *Healthier Living* workshop participants learn how to manage stress, fight fatigue and pain, learn how to communicate with their doctor and family members and set goals and learn problem solving techniques.
 2. **COPD, Cancer and Tobacco Use** – MMCR will offer specific interventions to reduce readmissions for individuals admitted to the Hospital for conditions related to COPD and tobacco use.
 3. **Chronic Pain, Substance Abuse and Mental Health** – MMCR will provide educational opportunities and/or screening programs that increase awareness and early identification of issues with chronic pain, substance abuse and mental health issues, such as depression.
-

Next Steps for Priorities

For each of the priority areas listed above, Mercy Medical Center Redding will work with community partners to:

- Identify any related activities being conducted by others in the community that could be built upon.
 - Develop measurable goals and objectives so that the effectiveness of their efforts can be measured.
 - Build support for the initiatives within the community and among other health care providers.
-

Priority Needs Not Being Addressed and the Reasons

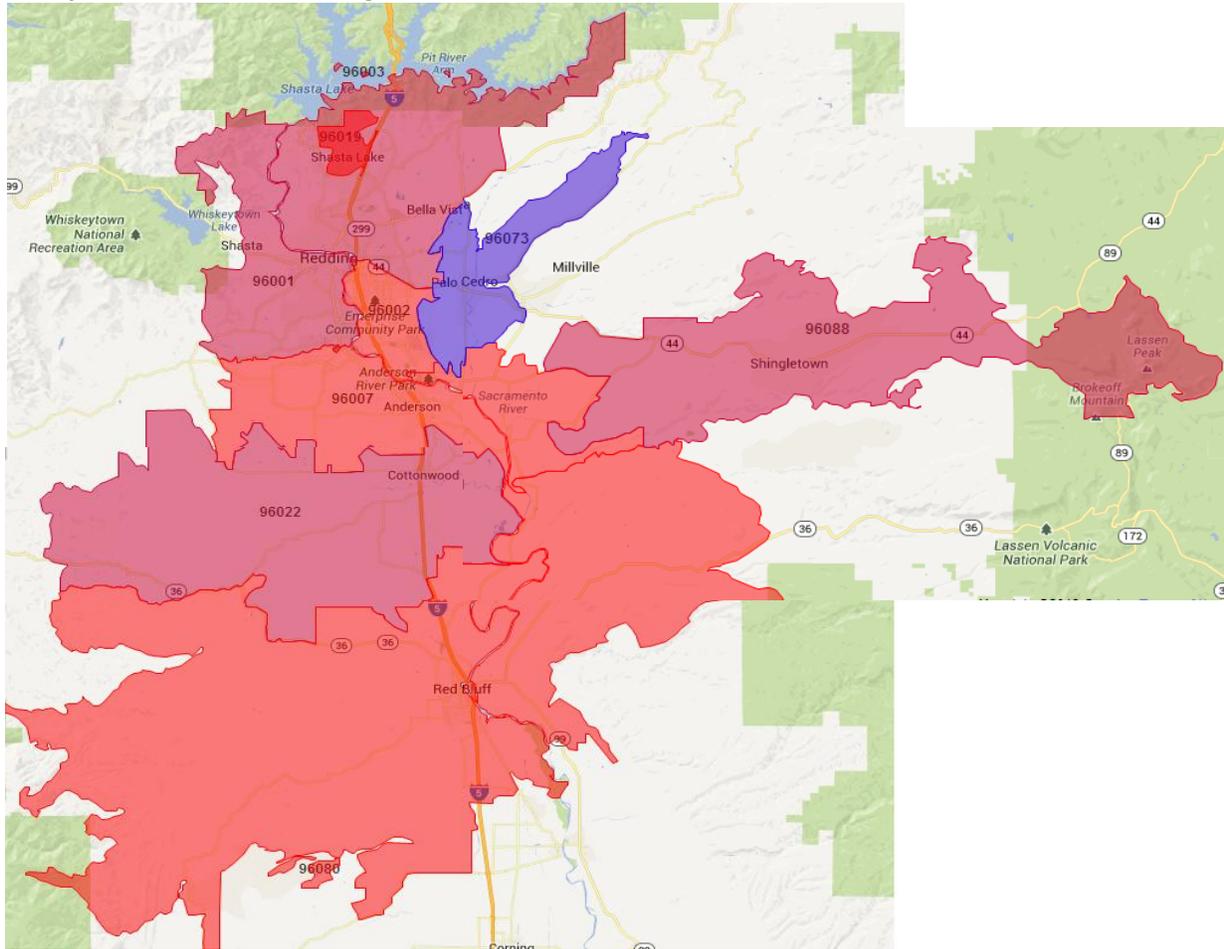
While the health needs and risks of domestic violence and child abuse/neglect were also identified in the Community Health Assessment, the Hospital has limited resources and ability to effect sustainable change. MMCR will continue to offer other available resources to community organizations that are providing services in these areas through the Community Grants Program or through appropriate community benefit donations and sponsorships of their activities.

Approval

On October 9, 2014, the North State Service Area Community Board, which includes representatives from Siskiyou, Tehama, and Shasta Counties, reviewed and approved the Community Benefit Report and Implementation Strategy for addressing priorities identified in the most recent Community Assessment.

Attachment A

Mercy Medical Center Redding



Lowest Need

Highest Need



	Zip Code	CNI Score	Population	City	County	State
■	96001	4	34,342	Redding	Shasta	California
■	96002	4.2	32,992	Redding	Shasta	California
■	96003	3.6	45,650	Redding	Shasta	California
■	96007	4.4	23,666	Anderson	Shasta	California
■	96013	4.4	4,851	Burney	Shasta	California
■	96019	4.6	10,135	Shasta Lake	Shasta	California
■	96022	3.4	16,279	Cottonwood	Tehama	California
■	96073	2.4	3,932	Palo Cedro	Shasta	California
■	96080	4.4	27,912	Red Bluff	Tehama	California
■	96088	3.4	4,989	Shingletown	Shasta	California
■	96093	3.6	3,654	Weaverville	Trinity	California

CNI MEDIAN SCORE: 3.8

Attachment B

Mercy Medical Center Redding Service Area Demographics

Population / Growth Rates

Area	2014 Population	2012-2017 Annual Growth
PSA	205,760	0.57%
SSA	43,951	0.03%
Total	249,711	0.48%

Zip Code	City	2014 Median Household Income	2019 Median Household Income
96001	Redding	\$45,389	\$47,352
96002	Redding	\$42,979	\$45,321
96003	Redding	\$42,625	\$44,041
96007	Anderson	\$38,565	\$39,629
96019	Shasta Lake	\$40,197	\$41,047
96022	Cottonwood	\$49,669	\$51,769
96073	Palo Cedro	\$58,082	\$62,201
96080	Red Bluff	\$37,185	\$38,152
96088	Shingletown	\$44,275	\$45,503
96093	Weaverville	\$43,638	\$47,240
PSA Total		\$42,697	\$44,385

2014 Shasta County Median = \$42,761

2014 CA Median Household Income = \$62,024

Ethnicity Breakout

Ethnicity	2014 Population	% of Total
White Non-Hispanic	163,864	79.64%
Black Non-Hispanic	2,063	1.00%
American Indian & Alaska Native Non-Hispanic	4,246	2.06%
Asian/Pacific Islander Non-Hispanic	5,550	2.70%
2+ Races Non-Hispanic	7,210	3.50%
Other Non-Hispanic	229	0.11%
Hispanic	22,598	10.98%
Total	205,760	100.00%

Age Distribution

Age 4 Groups	2014 Population	% of Total	2019 Population	% of Total	Growth 2014-2019	% Growth 2014-2019	% Annual Growth
00-17	45,672	22.20%	45,740	21.61%	68	0.15%	0.03%
18-44	65,557	31.86%	68,480	32.35%	2,923	4.46%	0.88%
45-64	57,281	27.84%	54,421	25.71%	-2,860	-4.99%	-1.02%
65+	37,250	18.10%	43,052	20.34%	5,802	15.58%	2.94%
Total	205,760	100.00%	211,693	100.00%	5,933	2.88%	0.57%

Attachment C

MERCY MEDICAL CENTER REDDING ADVISORY COUNCIL MEMBERS 2014

MEMBER

Jeff Avery (State Farm Insurance)
Doreen Bradshaw (Shasta Consortium)
Roger Janis (Retired from Butte Community Bank)
Dave Jones (Mountain Valleys Health Centers)
Jason Parker, Vice Chairperson (Morgan Stanley Financial)
Mike Mangas (KRCR Channel 7)
Marion Nebergall (Community Member)
Janice Cunningham, Chairperson (Cox Real Estate)
Janet Applegarth (Anderson Chamber of Commerce)
Tracey Moore, Secretary (Sierra Pacific Industries)
Robert Paoletti (Redding Police Department)
Jim Cloney (Shasta Unified School District)
Donnell Ewert (Shasta County Public Health)
Stacey Carman (Redding Rancheria)
Jean King (One SAFE Place)
Scott Putnam (Apex Technology Management Inc.)
Laura Redwine (City of Shasta Lake)
Joe Wyse (Shasta College)

Attachment D

**FY 2015
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS**

LeRoy Crye, Chairperson

Douglas Hatter, M.D., Secretary

Mark Korth, North State Service Area President

Fernando Alvarez, M.D.

Diane Brickell

Jim Cross

Sister Nora Mary Curtin

Sister Clare Marie Dalton

Ryan Denham

Sandra Dole

Alan Foley

Todd Guthrie, M.D.

Patrick Quintal, M.D.

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

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7/1/14