



Mt. Eddy, Mercy Medical Center Mt Shasta Therapy Services

Mercy Medical Center Mt. Shasta

Community Health Implementation Strategy 2018-2020

TABLE OF CONTENTS

At-a-Glance Summary	2
Mission, Vision and Values	4
Our Hospital and the Community Served	5
Implementation Strategy Development Process	
Community Health Needs Assessment	7
CHNA Significant Health Needs	7
Creating the Implementation Strategy	9
2018-2020 Implementation Strategy	
Strategy and Plan Summary	10
Anticipated Impact	12
Planned Collaboration	13
Financial Assistance for Medically Necessary Care	13
Program Digests	13
Appendices	
Appendix A: Community Board and Committee Rosters	18
Appendix B: Other Programs and Non-Quantifiable Benefits	20
Appendix C: Financial Assistance Policy Summary	22

At-a-Glance Summary

<p>Community Served</p>	<p>Mercy Medical Center Mt. Shasta (MMCMS) serves a core service area population of 17,110 residents. Siskiyou County is a rural county with the residents spread out over approximately 6,347 square miles. Due to the rural nature of the county, access to care is a consistent barrier for the many residents who are medically underserved and low-income and minority populations. The following zip codes make up the core service area for MMCMS: 96025, 96057, 96067, and 96094.</p> <p>The service area’s population remains extremely flat with growth between 2010 and 2018 declining overall by -0.37% while California has grown 6.6% within the same timeframe. Additionally, MMCMS serves an extremely rural population with approximately 2.7 people per square mile, while California has approximately 254.8 people per square mile.</p> <p>The age and sex distribution within MMCMS’s service area indicates that 50.6% are female and 49.4% are male and that there are more individuals that are 65 and over (25.41%) as compared to California (14.11%) and this age segment is projected to experience an annual growth rate of 2.18%. The largest age segment within MMCMS’s service area are those between the ages of 45 to 64, accounting for 5,051 individuals or 29.52% of the service area population.</p>
<p>Significant Community Health Needs Being Addressed</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). Those needs are:</p> <ol style="list-style-type: none"> 1. Aging Issues 2. Child Abuse/Neglect 3. Domestic Violence 4. Heart Disease & Stroke 5. Obesity
<p>Planned Actions for 2018-2020</p>	<p>The hospital plans to continue the programs listed below:</p> <ul style="list-style-type: none"> • Bereavement Counseling and Support Groups • Charity Transportation • Circle of Healing weekend retreat, for cancer patients • Community Grants Program to improve health status and quality of life in the communities we serve. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations • Community Health education • Continue to collaborate with community agencies to improve coordination of safety and violence, child abuse, and human trafficking initiatives • Diabetes education and support program • Diabetes Fair community event for health professionals and community members

	<ul style="list-style-type: none"> • Hosting the College of the Siskiyou’s Medical Careers Exploration Semester for local high school seniors. • Human Trafficking (HT) initiatives • Involvement of nutritionist in public schools • Lactation Counseling Services • Mercy Mt. Shasta Auxiliary Free Transportation Service • Palliative care conference for health professionals and community members • Participation in community health fairs • Senior Health Fairs with glucose and BP screening, Ask-A-Pharmacist, Flu vaccinations • Senior nutrition program • The “Sisters Emergency Fund” dedicated to provide non-medical emergency assistance to patients and family members in need
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Mercy Medical Center Mt. Shasta’s Community Board reviewed, approved and adopted this Community Health Implementation Strategy at its October 11, 2018 meeting.

This document is publicly available on the hospital’s web site, <https://www.dignityhealth.org/north-state/locations/mercy-mtshasta/about-us/community-benefit> and a paper copy is available for inspection upon request at Mercy Medical Center Mt. Shasta’s Community Health Office.

Written comments on this report can be submitted to the Mercy Medical Center Mt. Shasta’s Community Health Office, 914 Pine Street, Mt. Shasta, CA 96067 or by e-mail to alexis.ross@dignityhealth.org.

MISSION, VISION AND VALUES

Mercy Medical Center Mt. Shasta is a part of Dignity Health, a non-profit health care system made up of more than 60,000 caregivers and staff who deliver excellent care to diverse communities in 21 states. Headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation.

At Dignity Health, we unleash the healing power of humanity through the work we do every day, in hospitals, in other care sites and the community.

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.

OUR HOSPITAL AND THE COMMUNITY SERVED

About Mercy Medical Center Mt. Shasta

Mercy Medical Center Mt. Shasta is a non-profit health care facility designated a 25-bed Critical Access Hospital, accredited by The Joint Commission, and a member of the American Hospital Association. The Hospital is located off of California Interstate 5 in Mt. Shasta and the facility's campus is 14 acres in size located at the base of Mount Shasta. In addition to the acute care hospital, MMCMS also operates three Rural Health Clinics: Mercy Mt. Shasta Community Clinic, Mercy Lake Shastina Community Clinic and the Dignity Health Pine Street Clinic. With more than 250 skilled professionals and support staff, approximately 45 active doctors, and more than 80 dedicated volunteers, Mercy Mt. Shasta has been consistently named in the Top 100 Critical Access Hospitals by the National Rural Health Association.

Description of the Community Served

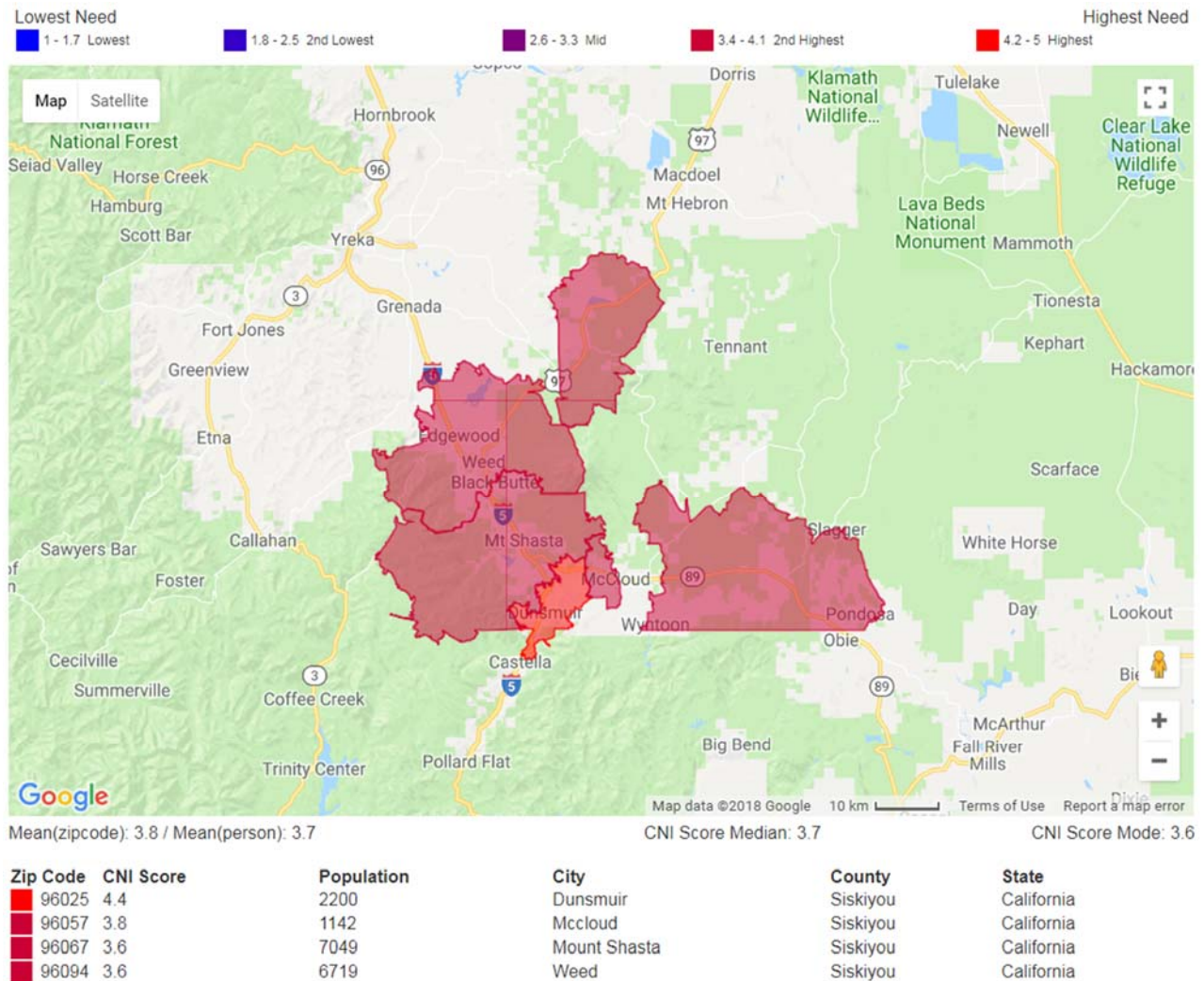
Mercy Medical Center Mt. Shasta Mercy Medical Center Mt. Shasta (MMCMS) serves a core service area (CSA) comprised mostly of four zip codes in Southern Siskiyou County. Dignity Health hospitals define service areas as the geographic area served by the hospital based on a percentage of hospital discharges and is also used in various other departments of the system and hospital, including strategy and planning. A summary description of the community's demographic indicators using © 2018 IBM Watson Health Analytics is listed below, and additional details can be found in the CHNA report online.

- Total Population: 17,110
- Hispanic or Latino: 11.7%
- Race: 78.5% White, 2.2% Black/African American, 2.6% Asian/Pacific Islander, 5.1% All Others
- Median Income: \$45,505
- Uninsured: 12.4%
- Unemployment: 5.5%
- No HS Diploma: 7.7%
- CNI Score Median: 3.7
- Medicaid Population: 34.9%
- Other Area Hospitals: 1
- Medically Underserved Areas or Populations: Yes

All of the communities in our primary service area are considered to have disproportionate unmet health care needs. In fact, the median CNI score for our primary service area is 3.7 indicating a high level of need. The most current CNI map can be found below. This is a major challenge for the hospital in planning and implementing community benefit programs and services. It is imperative that the hospital provide a leadership role in building local capacity with our community partners in our efforts to create healthy communities.

Community Need Index Map

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



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 impact; and engaging the North State Service Area Board and other stakeholders in the development of an annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment

The significant needs that form the basis of the hospital's community health programs were identified in the most recent Community Health Needs Assessment (CHNA), which was adopted in May, 2018 (tax year 2017).

The hospital conducts a CHNA at least every three years to inform its community health strategy and program planning. The CHNA report contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods, including: the data used; how the hospital solicited and took into account input from a public health department, members or representatives of medically underserved, low-income and minority populations; and the process and criteria used in identifying significant health needs and prioritizing them;
- Presentation of data, information and assessment findings, including a prioritized list of identified significant community health needs;
- Community resources (e.g., organizations, facilities and programs) potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

CHNA Significant Health Needs

The community health needs assessment identified the following significant community health needs:

- Access to Care
 - Siskiyou County is both a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA). The CHNA indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health.
- Aging Issues
 - Siskiyou County demographics indicate that 25.4% of those living in the hospital's service area are aged 65 and over. As Americans live longer, growth in the number of older adults is unprecedented. In 2014, 14.5% (46.3 million) of the US population was aged 65 or older and is projected to reach 23.5% (98 million) by 2060. Aging adults experience higher risk of chronic disease. In 2012, 60% of older adults managed 2 or more chronic conditions.

Chronic conditions can lower quality of life for older adults and contribute to the leading causes of death among this population.

- Child Abuse/Neglect
 - Since at least 2002 child abuse and neglect has been a recurring topic in the CHNA. In 2015, there were 803 total reports of child abuse in Siskiyou County. Anecdotally, a local physician and North State Community Board member have indicated that child abuse is on the rise in MMCMS's service area.
- Domestic Violence
 - Violence between intimate partners or former partners in dating or marriage relationships can result in physical injury, psychological trauma, and even death. Violence may include intimidation, physical assault, battery, sexual assault, emotional abuse, stalking, and other abusive behavior. In 2014, there were approximately 350 domestic violence calls for assistance in Siskiyou County which marks an increase from 250 calls in 1998.
- Heart Disease & Stroke
 - The CHNA indicates the rate of death due to heart disease. In Siskiyou County there were 229.4 deaths per the population as compared to 203.3 for California and 223.3 for the United States. This indicator is relevant because heart disease is a leading cause of death in the United States. In addition to the higher mortality rates, there are higher rates of high blood pressure and stroke for Siskiyou County residents in comparison to California and United States.
- Homelessness
 - Homelessness data is extremely difficult to obtain, especially for rural communities. A homeless individual is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." Without definitive quantitative data regarding homelessness it is important to understand the perception of the issue from the community viewpoint. The focus groups indicated a lack of affordable housing available within the community.
- Mental Health Problems
 - The CHNA data shows a favorable number of mental health providers per capita in Siskiyou County, however through the focus group discussions there was a consensus that residents within MMCMS's service area have difficulty accessing mental health services. Therefore, the barriers to accessing mental health services may be due to other factors related to: un/underinsured; type of insurance; capacity of providers; age limited (no pediatric services); etc.
- Obesity
 - In Siskiyou County 22.8% of individuals aged 20 and over have a Body Mass Index greater than 30 and are considered obese as compared to 22.4% for California and 27.5% for the United States.
- Oral Health
 - The CHNA indicator report shows 38.1% of Siskiyou County adults aged 18 and older have self-reported that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of

access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

- Substance Abuse
 - Siskiyou County residents exhibit significantly higher rates of alcohol consumption than the both California and the United States. In addition, Siskiyou County also experiences significantly higher rates of death from drug poisoning and tobacco use by cigarette smoking than both California and the United States overall.

The community has many marginalized, under represented individuals. In order to reach out to the underrepresented individuals, open collaboration needs to begin with community organizations, local government, local business leaders and other institutions in order to make a substantial and upstream impact. While there are potential resources available to address all of the identified needs of the community, the needs are too significant and diverse for any one organization.

Needs the Hospital is Not Planning to Address

Mercy Medical Center Mt. Shasta does not have the capacity or resources to address all identified significant health needs. The hospital is not directly planning interventions that would fully address access to care, homelessness, mental health, oral health, or substance abuse. Siskiyou County is home to a wealth of organizations, businesses, and nonprofits that currently offer programs and services in several of the identified significant health needs areas. MMCMS will continue to build community capacity by strengthening partnerships among local community-based organizations.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <https://www.dignityhealth.org/north-state/locations/mercy-mtshasta/about-us/community-benefit> or upon request at the hospital's Community Health office.

Creating the Implementation Strategy

Rooted in Dignity Health's mission, vision and values, Mercy Medical Center Mt. Shasta is dedicated to improving community health and delivering community benefit with the engagement of its management team, Advisory Council and Community Board. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource (see Appendix A). These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff.

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

- Focus on Disproportionate Unmet Health-Related Needs
- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

A broad approach with multi-disciplinary teams is taken when planning and developing initiatives to address priority health issues. During the initiative inception phase, Community Health Staff engages a core internal team that may include clinical staff, care coordinators and social workers, members of

leadership teams at both the service area and local levels from Mission Integration, IT, Legal, Administration, Strategy, and Finance. These core teams help shape initiatives, provide internal perspective on issues, and help define appropriate processes, procedures and methodologies for measuring outcomes. In addition to internal core teams, Mercy Medical Center Redding also widens the scope of program design and elicits design input, feedback, recommendations, and concerns from the following groups:

- North State Community Board
- Mercy Medical Center Mt. Shasta Advisory Council
- Local Area Community Grant Committee

2018-2020 IMPLEMENTATION STRATEGY

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It summarizes planned activities with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs’ goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital’s mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community.

Strategy and Plan Summary

The initiatives listed below are regularly monitored for performance and quality with ongoing improvements to facilitate their success by the Senior Director of Mission Integration. Additionally, regular updates are provided to the Dignity Health North State Community Board, Advisory Council, as well as, shared with hospital managers during the monthly management team meetings.

Health Need: Aging Issues			
Strategy or Activity	Summary Description	Active FY18	Planned
Diabetes Education	A trained diabetes educator on staff available at no cost to patients referred through our clinics and area providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes Education	Education Table 3x per year with our Diabetes educator at the Senior Nutrition Meals in City Park	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Senior Nutrition	Local Community Health grant to Meals on Wheels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Senior Nutrition	Staff Nutritionist will present on topics of nutrition and cooking for the community in conjunction with the Senior Nutrition program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cancer diagnosis, treatment, education, and support	The hospital plans on reopening the Cancer Center in FY2019 partially in response to the need expressed by elders in the community to access care that is not available for them if they do not drive or have the resources to get to the next closest facility 66 miles away.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Aging education	Two articles published in the local newspaper on aging issues written by a gerontologist presently living in the community	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Podiatrist	The hospital has secured a Podiatrist to come to one of our clinics one day per month in response to the number one stated need by elders in the community in our recent CHNA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Aging Education	Three articles in the local newspaper written by staff professionals on topics of prevention and treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anticipated Impact: Community elders and their caregivers will be able to access education on topics of diabetes prevention and treatment, receive diabetes and nutritional counseling, and comprehensive Cancer treatment			

Health Need: Heart Disease Awareness & Stroke			
Strategy or Activity	Summary Description	Active FY18	Planned
Chronic Disease Management	Heart Check Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health Education Outreach	Continuation of CHF education program with Medical/Surgical staff in our rural health clinics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Healthy Heart Education	Three articles in the local newspaper written by 3 staff professionals on topics of prevention and treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anticipated Impact: Community members will have the opportunity for free screenings, support, counseling, and ongoing education for patients with CHF diagnosis.			

Health Need: Obesity			
Strategy or Activity	Summary Description	Active FY18	Planned
Health Education Outreach	Multiple MMCMS Staff presentations in local schools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Provide services for vulnerable populations	Weed Family Resource Center Summer Day Camp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Support	Community Grant dollars to Great Northern Services (GNS) in support of their emergency food pantries established in every elementary school in our service area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community Support	Community Grant dollars to Great Northern Services in support of their “Cook’n Up Healthy” courses in the middle school.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provide services for vulnerable populations	Support for GNS’s “Snack Bag” program for children over the weekends and holidays and their Summer Lunch program in city parks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provide services for vulnerable populations	Hospital involvement and encouragement for a local interdisciplinary community effort, Team Shasta, involving local politicians, police, business owners, and residents to address issues of hunger and homelessness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Health Education Outreach	Individualized Nutritional Counseling Program with MMCMS Registered Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Obesity Education	3 articles in the local newspaper written by 3 staff professionals on the topic of prevention and treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anticipated Impact: improve the health of the community and create a supportive environment for individuals to learn critical skills and enhance their knowledge of healthy behavior change. The root causes of obesity will be addressed by programs that teach, encourage, and reinforce healthy meal planning, shopping, cooking, and eating meals as a family.			

Health Need: Safety and Violence			
Strategy or Activity	Summary Description	Active FY18	Planned
Human Trafficking	The Human Trafficking (HT) initiative focuses on: <ul style="list-style-type: none"> ▪ Educating staff to identify and respond to victims within the hospital; ▪ Provide victim-centered, trauma-informed care; ▪ Collaborate with community agencies to improve quality of care; ▪ Access critical resources for victims; and ▪ Provide and support innovative programs for recovery and reintegration 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Abuse and Violence	Explore implementation and support of a North state Forensic Care Team dedicated to treating children and adults affected by violent crime(s).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Abuse/ Domestic Violence	<ul style="list-style-type: none"> ▪ Continue community education efforts for the community to identify and refer victims to appropriate interventions ▪ Continue to collaborate with community agencies to improve coordination of initiatives 	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anticipated Impact: prevent unsafe environments, improve safety for the population served; provide education to all hospital staff on trauma informed care; and increase awareness of services available			

Anticipated Impact

The anticipated impacts of the hospital’s activities on significant health needs are summarized above, and for select program initiatives 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 needed and beneficial care; and help create conditions that support good health. The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program in triennial Community Health Needs Assessments.

Planned Collaboration

MMCMS has strong partnerships with other local organizations that respond to the health needs of our community. Community-based collaborations have been a priority in past years and the hospital will continue to drive community benefit efforts in the future. Major partners include Siskiyou Health Partnership, College of The Siskiyous, Siskiyou County Public Health, Family Resource Centers, McCloud Healthcare Clinic, Mercy Mt. Shasta and Lake Shastina Community Clinics, and Fairchild Medical Center in Yreka.

MMCMS will continue to partner with and provide leadership for the Siskiyou HealthCare Collaborative which pulls together the resources of both hospitals in the county as well as rural health clinics and physicians to expand programs that promote population health, preventive care, and early diagnosis and treatment.

Financial Assistance for Medically Necessary Care

Mercy Medical Center Mt. Shasta delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C.

The hospital notifies and informs patients and members of the community about the Financial Assistance Policy in ways reasonably calculated to reach people who are most likely to require patient financial assistance. These include:

- providing a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process;
- providing patients a conspicuous written notice about the Policy at the time of billing;
- posting notices and providing brochures about the financial assistance program in hospital locations visible to the public, including the emergency department and urgent care areas, admissions office and patient financial services office;
- making the Financial Assistance Policy, Financial Assistance Application, and plain language summary of the Policy widely available on the hospital's web site;
- making paper copies of these documents available upon request and without charge, both by mail and in public locations of the hospital; and
- providing these written and online materials in appropriate languages.
- the policy is shared on an annual basis with our Advisory Council and with the Northstate Service Area Board

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.

Aging Issues	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Aging Issues <input type="checkbox"/> Heart Disease & Stroke <input type="checkbox"/> Obesity <input type="checkbox"/> Safety & Violence
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	A trained diabetes educator on staff available for individualized counseling at no cost to patients referred through our clinics and area providers
Planned Collaboration	Working with providers to make referrals and coordinate follow-up care
Community Benefit Category	A – Community Health Improvement Services

Planned Actions for 2018-2020	
Program Goal / Anticipated Impact	A trained diabetes educator on staff available at no cost to patients referred through our clinics and area providers
Measurable Objective(s) with Indicator(s)	Decreased admissions to hospital amongst the population that is referred for this counseling
Baseline / Needs Summary	Our most recent Community Health Assessment identifies aging issues as one of the top seven health concerns in our county. While the aging population is growing in this county, the elders tell us that education, support, and services are not keeping up. Providers indicate that many of our hospital admissions could have been prevented by earlier interventions.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> Our diabetes educators will follow up on referrals of patients made by area providers. They will provide education, support, and ongoing counseling designed specifically for each patient. 3 articles in the local newspaper written by 3 staff professionals on the topic of issues related to aging.
Planned Collaboration	Working with providers to make referrals and coordinate follow-up care

Heart Disease/CHF Programs and Services	
Significant Health Needs Addressed	<input type="checkbox"/> Aging Issues <input checked="" type="checkbox"/> Heart Disease & Stroke <input type="checkbox"/> Obesity <input type="checkbox"/> Safety & Violence
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	MMCMS seeks to provide education and support to the CHF patient allowing them to achieve and maintain the highest quality of life.

Planned Collaboration	Continue to work with RHC providers in identifying and providing resources to CHF patients
Community Benefit Category	A – Community Health Improvement Services
Planned Actions for 2018-2020	
Program Goal / Anticipated Impact	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with heart disease and other related diseases. Enhance quality of life by preventing or reducing unnecessary admissions to the hospital.
Measurable Objective(s) with Indicator(s)	MMCMS provides educational materials, tools and resources to all patients including charity care patients. Documentation of program success include: chart review, follow-up phone calls and reduction of readmission of the CHF patient.
Baseline / Needs Summary	Our most recent Community Health Assessment identifies Heart Disease/Stroke as one of the top seven health concerns in our county. Poor eating habits, obesity, and lack of exercise are listed as three of the top behavioral health concerns which are indicative of an increased risk for heart disease.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • With the recent onboarding of new providers (hospitalists, clinic physicians, and PA’s) the hospital will continually monitor and update the existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF patient is given an individually designed packet of materials to educate and support them in managing their illness. • In 2019, MMCMS plans continued expansion of this program for our Rural Health Clinic patients. This early intervention strategy will assist patients to better manage their illness while at home thus reducing ED and hospital visits • Registered Dietitian has been recently hired to work directly with RHC patients at- risk for heart disease and CHF.
Planned Collaboration	<ul style="list-style-type: none"> • Siskiyou Health Care Collaborative, Senior Center and Feeding Station

Obesity	
Significant Health Needs Addressed	<input type="checkbox"/> Aging Issues <input type="checkbox"/> Heart Disease & Stroke <input checked="" type="checkbox"/> Obesity <input type="checkbox"/> Safety & Violence
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	Use of hospital and community resources to expand awareness of health issues around obesity and education and prevention, particularly amongst children.

Planned Collaboration	Great Northern Services, Senior Center and Feeding Station
Community Benefit Category	A – Community Health Improvement Services
Planned Actions for 2018-2020	
Program Goal / Anticipated Impact	Enhance proactive community benefit programming targeted to expand awareness of the issues around obesity and the practice of a healthy lifestyle. Enhance quality of life by preventing or reducing unnecessary admissions to the hospital.
Measurable Objective(s) with Indicator(s)	Documentation of program success include: numbers of people participating in educational events, reduction of hospital admissions by those impacted by MMCMS programming
Baseline / Needs Summary	Most recent CHNA assessment reveals Obesity as one of the top 10 health concerns in our service area—confirmed by health professionals in our hospital and clinics
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Multiple MMCMS Staff presentations in local schools • Community Grant dollars to Great Northern Services (GNS) in support of their emergency food pantries established in every elementary school in our service area • Community Grant dollars to Great Northern Services in support of their “Cook’n Up Healthy” courses in the middle school. • Support for GNS’s “Snack Bag” program for children over the weekends and holidays and their Summer Lunch program in city parks. • Hospital involvement and encouragement for a local interdisciplinary community effort, Team Shasta, involving local politicians, police, business owners, and residents to address issues of hunger and homelessness. • Individualized Nutritional Counseling Program with MMCMS Registered Dietitian • Articles in the local newspaper written by 3 staff professionals on the topic of prevention and treatment
Planned Collaboration	Weed Family Resource Center Summer Day Camp

Safety & Violence (including Human Trafficking and Child Abuse)	
Significant Health Needs Addressed	<input type="checkbox"/> Aging Issues <input type="checkbox"/> Heart Disease & Stroke <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Safety & Violence
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Program Description	Prevent unsafe environments, improve safety for the population served; provide education to all hospital staff on trauma informed care; and increase awareness of services available

Community Benefit Category	A – Community Health Improvement Services
Planned Actions for 2018-2020	
Program Goal / Anticipated Impact	Prevent unsafe environments, improve safety for the population served; provide education to all hospital staff on trauma informed care; and increase awareness of services available
Measurable Objective(s) with Indicator(s)	Increased knowledge among community members regarding services available measured by the number of attendees at community education event.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> ▪ Community education event to education the community to identify and refer victims to appropriate interventions ▪ Collaborate with community agencies to improve coordination of initiatives ▪ Provide and support innovative programs for recovery ▪ Explore implementation and support of a North State Forensic Care Team dedicated to treating children and adults affected by violent crime(s)
Planned Collaboration	Efforts in this area require collaboration with an internal multi-disciplinary team as well as collaboration with a variety of community-based non-profit organizations.

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

FY 2019
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS

Jim Cross, Chairperson

Ryan Denham, Secretary

Mark Korth, North State Service Area President

Fernando Alvarez, M.D.

Diane Brickell

Sister Clare Marie Dalton

Sandra Dole

Robert Evans, M.D.

Alan Foley

Eva Jimenez

Hillary Lindauer

Sister Bridget McCarthy

Patrick Quintal, M.D.

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

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

7/1/18

**Mercy Medical Center Mt. Shasta
COMMUNITY ADVISORY COUNCIL – FY2018**

- Rodger Page, President, Mercy Medical Center Mt. Shasta
- Bob Boston, Attorney-at-Law
- Diane Brickell, McCloud, Health Clinic Board member, and Dignity Health North State Service Area Community Board Member
- Keith Cool, Business Owner
- Jim Cross, Mercy Foundation North Board member, large business owner, and Dignity Health North State Service Area Community Board Member
- Lori Harch, School Board member
- James Langford, retired teacher
- Russ Porterfield, Business Owner
- Mike Rodriguez, Mt. Shasta City Parks & Recreation Director
- Norma Stone, McCloud area representative, retired Mercy employee
- Karen Teuscher, Community Member, Past Dignity Health North State Service Area Community Board Member

Other Participants:

- Lisa Hubbard, CNE
- Joyce Zwanziger, MMCMS Marketing/Community Relations/Volunteer Services Manager
- Tom Miller, Sr. Director Mission Integration/Community Benefit/Spiritual Care

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.

MMCMS 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.

Scholarships

Each year, MMCMS provides scholarships for graduating high school seniors from Siskiyou County on a competitive basis who have been accepted into health career tracks at the college and university level. This year, we received a large number of applications from highly qualified students and we awarded 4 scholarships in the amount of \$1000 each. These students will begin their studies in Fall 2017 at institutions such as College of the Siskiyous, University of California at Davis, Stanford University, College of the Redwoods, and Southern Oregon University. They have chosen careers in nursing, medicine, physical therapy, research, and pharmacy.

Non-Quantifiable Benefits

MMCMS provides community benefits programs, services and activities that are difficult to measure. These "non-quantifiable" community benefits are provided to enhance the general health and well-being of the communities we serve. By working collaboratively with other area organizations, MMCMS provides leadership and advocacy, assists with local capacity building, and participates in community-wide health planning. Examples include (but are not limited to) the following:

Support of many environmental "green projects" including recycling aluminum, tin, glass, newspapers, batteries, plastic and cardboard. In FY2018 we recycled approximately 52% of our total waste. With these efforts it is estimated that MMCMS has kept 69 tons of recyclable products out of the landfill. In FY2017, 62 tons of products were recycled.

MMCMS partnered with U-Haul in FY 2018 by providing more than 1000 used, sturdy cardboard boxes in their program of providing free moving boxes to the community. Given the option of recycling or reuse of this resource, the preference is reuse. We also partnered in FY2018 with Berryvale, a local supermarket in Mt. Shasta City of making hundreds of smaller, sturdy boxes available to their customers for free over the use of plastic bags.

An extensive project of replacing all of the hospital's outside lighting was completed recently. 100 lights were replaced saving an estimated \$8,400 per year, an estimated 35,000 KWH savings.

4 Electric car charging Stations have been installed in the hospital parking lot.

New tinted and weatherproof windows were recently replaced throughout the hospital which has contributed to more than 6 degrees of heating/cooling difference.

Green watering and Irrigation updates for FY 2018:

- An Irrigation Assessment was completed.
- Pond water is now being used for irrigation.
- More than 50 drip watering sprinklers have been installed reducing watering by more than 20%

In FY2018, the “Sisters Emergency Fund” which is funded by contributions by staff members and the community provided gas vouchers, next-stop STAGE Bus passes, several Greyhound Bus tickets, overnight accommodation in a local motel, meal vouchers, and food assistance for patients and family members at times of need and emergency.

The staff of MMCMS raised \$1200 and provided 1000 lbs of food for the St Vincent DePaul Food Pantry in Mt Shasta City at Thanksgiving.

The staff of MMCMS, in partnership with CASA (Court Appointed Special Advocates) provided Christmas gifts (valued at \$25 each) in December 2017 for 115 children in foster care as well as their foster care siblings.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured 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 address and telephone number listed here – Mercy Medical Center Mt. Shasta, 914 Pine Street, Mt. Shasta, CA 96067; **Financial Counseling** 530-926-7245; **Patient Financial Services** 888-488-7667 or by visiting www.dignityhealth.org/mercy-mtshastasta/paymenthelp.