

Mercy Hospital Downtown Mercy Hospital Southwest

2022 Community Health Implementation Strategy




Adopted October 2022





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At-a-Glance Summary

<p>Community Served</p> 	<p>Mercy has two hospital facilities in Bakersfield: Mercy Hospital Downtown and Mercy Hospital Southwest (Mercy Hospitals). These hospital facilities operate under one license. The hospitals' service area encompasses 14 ZIP Codes in the cities of Bakersfield, Lake Isabella, Taft and Tehachapi.</p>		
<p>Significant Community Health Needs Being Addressed</p> 	<p>The significant community health needs the hospitals are helping to address, and that form the basis of this document, were identified in the hospitals' most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <table border="0" data-bbox="467 617 1141 751"> <tr> <td> <ul style="list-style-type: none"> ● Access to health care ● Chronic diseases ● Food insecurity ● Mental health </td> <td> <ul style="list-style-type: none"> ● Overweight and obesity ● Preventive practices ● Substance use </td> </tr> </table>	<ul style="list-style-type: none"> ● Access to health care ● Chronic diseases ● Food insecurity ● Mental health 	<ul style="list-style-type: none"> ● Overweight and obesity ● Preventive practices ● Substance use
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<p>Strategies and Programs to Address Needs</p> 	<p>The hospitals intend to take several actions and dedicate resources to these needs, including:</p> <p><i>Access to Health Care</i> Financial assistance Connected Community Network Prescription purchasing Homemaker Care Program Community Wellness Program Community Health Initiative Community Health Improvement Grants Program</p> <p><i>Chronic Diseases</i> Chronic Disease Self-Management Programs Community Wellness Program Community Health Improvement Grants Program</p> <p><i>Food Insecurity</i> Learning and Outreach Centers Connected Community Network Community Health Improvement Grants Program</p> <p><i>Mental Health</i> Art and Spirituality Center Mental health support groups Community Health Improvement Grants Program</p> <p><i>Overweight and Obesity</i> Healthy Kids in Healthy Homes Community Wellness Program Community Health Improvement Grants Program</p> <p><i>Preventive Practices</i> Community Wellness Program Community Health Improvement Grants Program</p>		

	<p><i>Substance Use</i> Anti-vaping program Emergency Department Substance Use Navigator program Community Health Improvement Grants Program</p>
<p>Anticipated Impact</p> 	<p>The anticipated impact of these strategies and programs include:</p> <ul style="list-style-type: none"> • Increased access to health care and reduced barriers to care. • Increased availability of mental health and substance use services. • Improved healthy eating behaviors and increased physical activity. • Increased compliance with chronic disease management recommendations. • Increased availability and access to preventive care services. • Increased access to health and social services to help residents of Kern County stay healthy and experience a better quality of life. • Increased access to needed services and resources through collaboration with community partners. • Increased awareness of the impact that the social determinants of health have on health care outcomes.
<p>Planned Collaboration</p> 	<p>Key community partners include (partial listing):</p> <ul style="list-style-type: none"> • City and county agencies, including public health • Community clinics • Community-based organizations • Faith community • Food bank/food pantries • Housing and homelessness agencies • Schools and school districts • Senior service organizations • Youth organizations

This document is publicly available online at <https://www.dignityhealth.org/central-california/locations/mercy-bakersfield/about-us/community-benefit-report-health-needs-assessment>.
Written comments on this report can be submitted to the Special Needs and Community Outreach office at 2215 Truxtun Avenue, Bakersfield, California 93301 or by e-mail to Donna.Sharp@commonspirit.org.

Our Hospitals and the Community Served

About the Hospitals

Mercy Hospital Downtown and Mercy Hospital Southwest are a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in 21 states coast to coast, serving 20 million patients in big cities and small towns across America.

Mercy Hospital Downtown is located at 2215 Truxtun Avenue, Bakersfield, California, 93301. Founded in 1910 by the Sisters of Mercy and situated in downtown Bakersfield, Mercy Hospital Downtown is licensed for 144 acute care beds, including a 31-bed medical unit, a 31-bed surgical unit, a 31-bed telemetry unit, a 29-bed guarded care unit and a 20-bed adult ICU. The full range of medical and surgical services also includes; a 14-station, Level II Base-Station Emergency Department; six surgical suites; post anesthesia care unit; ambulatory and prep units; outpatient surgery and outpatient GI laboratory. Mercy Hospital Downtown is also home to the area's only inpatient oncology unit.

Mercy Hospital Southwest is located at 400 Old River Road, Bakersfield, California, 93311. Mercy Hospital Southwest opened in 1992. This 78-bed facility adjacent to California State University, Bakersfield includes our respected Family Birth Center, which features a labor delivery recovery postpartum unit (LDRP), a postpartum unit, and a NICU. Mercy Hospital Southwest is the only acute care hospital west of Hwy 99 in Bakersfield. It boasts a 14-bed Level II Emergency Department, an 8-bed ICU along with 10 tele beds, and 6 operating rooms.

Our Mission

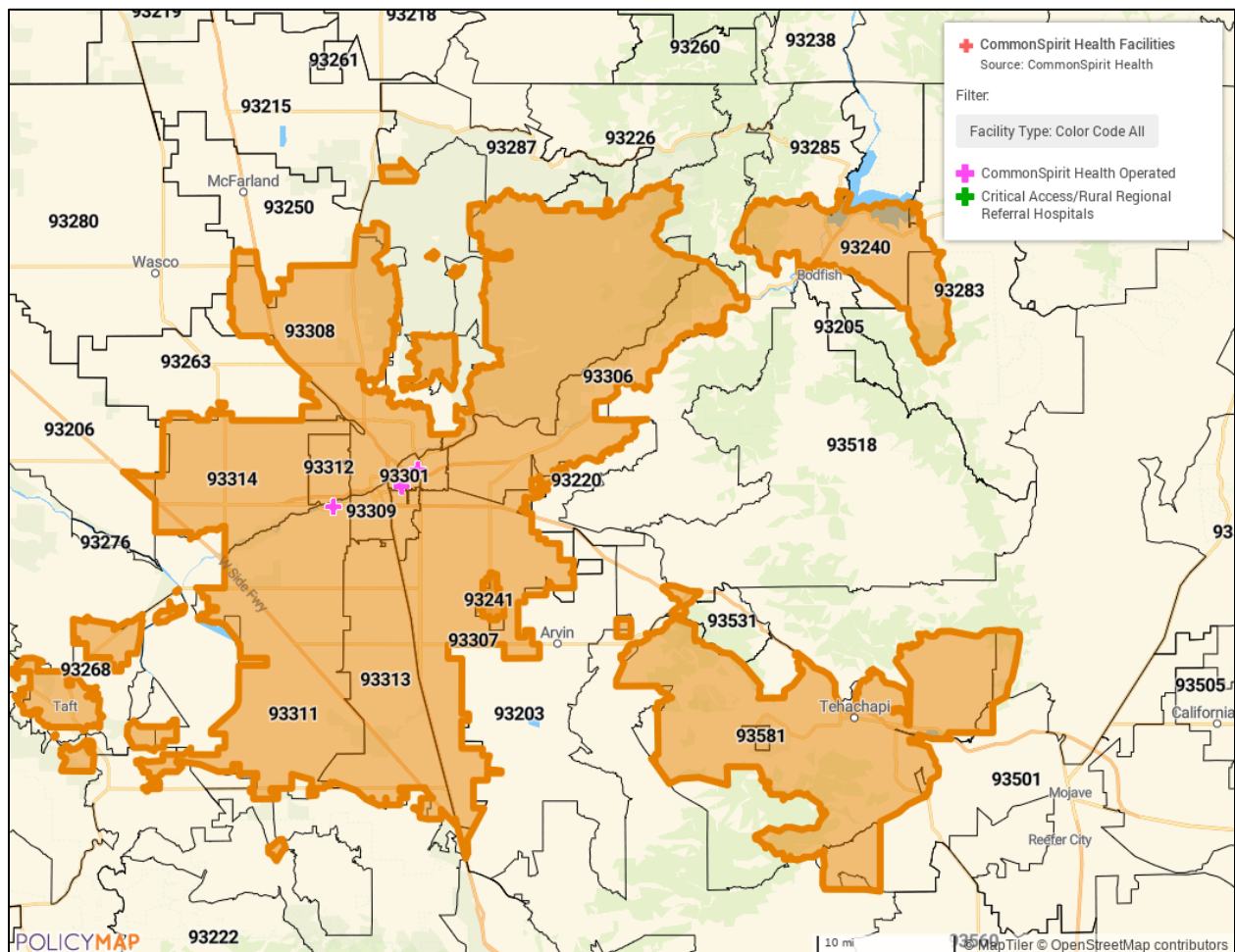
The hospitals' dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially 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. These hospitals have 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 hospitals' website.

Description of the Community Served

The hospitals serve 14 ZIP Codes in 4 cities, located in Kern County. Eleven of the service area ZIP Codes are in Bakersfield. A summary description of the community is provided below, and additional details can be found in the CHNA report online.



The population of the Mercy Hospitals’ service area is 622,303. Children and youth, ages 0-17, make up 29.5% of the population, 59.6% are adults, ages 18-64, and 10.9% of the population are seniors, ages 65 and older. Almost half of the population in the service area identifies as Hispanic/Latino (49.4%). 37.4% of the population identifies as White/Caucasian, 5.4% as Black/African American. 4.9% as Asian and 2.2% of the population identifies as multiracial (two-or-more races), 0.5% as American Indian/Alaskan Native, and 0.1% as Native Hawaiian/Pacific Islander.

Among the residents in the service area, 20.2% are at or below 100% of the federal poverty level (FPL) and 43.4% are at 200% of FPL or below. Educational attainment is a key driver of health. In the hospitals’ service area, 22.3% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.7%). 18.3% of area adults have a Bachelor’s or higher degree. Bakersfield is designated as a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health.

Community Assessment and Significant Needs

The health issues that form the basis of the hospitals’ community health Implementation Strategy and programs were identified in the most recent CHNA report, which was adopted in May 2022. The CHNA contains several key elements, including:

- Description of the assessed community served by the hospitals
- 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
- Discussion of impacts of actions taken by the hospitals since the preceding CHNA

Additional details about the needs assessment process and findings can be found in the CHNA report, which is publicly available on the hospitals’ website or upon request from the hospitals, using the contact information in the At-a-Glance Summary (page 4).

Significant Health Needs

The CHNA identified the significant community needs, which are briefly described in the table below. The table also indicates which needs the hospitals intend to address in its Implementation Strategy. 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 health care	Access to health care refers to the availability of primary care, specialty care, vision care and dental care services. Health insurance coverage is considered a key component to	•

Significant Health Need	Description	Intend to Address?
	ensure access to health care. Barriers to care can include lack of transportation, language and cultural issues.	
Chronic diseases	A chronic disease or condition usually lasts for three months or longer and may get worse over time. Chronic diseases can usually be controlled but not always cured. The most common types of chronic diseases are cancer, heart disease, stroke, diabetes, and arthritis.	•
COVID-19	The Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. In the U.S., over one million persons have died as a result of contracting COVID.	
Dental care/oral health	Oral health refers to the health of the teeth, gums, and the entire oral-facial system. Some of the most common diseases that impact our oral health include cavities (tooth decay), gum (periodontal) disease, and oral cancer.	
Economic insecurity	Economic insecurity is correlated with poor health outcomes. Persons with low incomes are more likely to have difficulty accessing health care, have poor-quality health care, and seek health care less often.	
Environmental conditions	Polluted air, contaminated water, and extreme heat are environmental conditions that can negatively impact community health.	
Food insecurity	The USDA defines food insecurity as limited or uncertain availability of nutritionally adequate foods or an uncertain ability to acquire foods in socially-acceptable ways.	•
Housing and homelessness	Homelessness is known as a state of being unhoused or unsheltered and is the condition of lacking stable, safe, and adequate housing.	
Mental health	Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act.	•
Overweight and obesity	Overweight and obesity are common conditions that are defined as the increase in size and amount of fat cells in the body. Obesity is a chronic health condition that raises the risk for heart disease and is linked to many other health problems, including type 2 diabetes and cancer.	•

Significant Health Need	Description	Intend to Address?
Pregnancy and birth outcomes	Poor pregnancy and birth outcomes include low birthweight, preterm births and infant mortality. These are associated with late or no prenatal care, unplanned pregnancy, cigarette smoking, alcohol and other drug use, being HIV positive, obesity, maternal age, and poor nutrition.	
Preventive practices	Preventive practices refer to health maintenance activities that help to prevent disease. For example, vaccines, routine health screenings (mammogram, colonoscopy, Pap smear) and injury prevention are preventive practices.	•
Sexually transmitted infections	Sexually transmitted infections (STIs) usually pass from one person to another through sexual contact. Common STIs include syphilis, gonorrhea, and chlamydia.	
Substance use	Substance use is the use of tobacco products, illegal drugs, prescription drugs, over-the-counter drugs or alcohol. Excessive use of these substances, or use for purposes other than those for which they are meant to be used, can lead to physical, social or emotional harm.	•
Violence and unintentional injury	Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Injuries are caused by accidents, falls, hits, and weapons, among other causes.	

Significant Needs the Hospitals Do Not Intend to Address

Taking existing hospital and community resources into consideration, Mercy Hospitals will not directly address dental care, economic insecurity, environmental conditions, housing and homelessness, pregnancy and birth outcomes, sexually transmitted infections, violence prevention and unintentional injuries as priority health needs. Additionally, the hospital does not intend to emphasize community COVID-19 interventions at this point in the pandemic, but will continue to deliver acute medical care to address COVID-19. Knowing there are not sufficient resources to address all the community health needs, Mercy Hospitals chose to concentrate on those health needs that can most effectively be addressed given the organization’s areas of focus and expertise. The hospitals have insufficient resources to effectively address all the identified needs and, in some cases, the needs are currently addressed by others in the community.

2022 Implementation Strategy

This section presents strategies and program activities the hospitals intend to deliver, fund or collaborate with others 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 hospitals' mission and capabilities. The hospitals may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Implementation Strategy

The hospitals are 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.

The programs and initiatives described here were selected on the basis of:

- 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.
- Focus Area: The hospitals have acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.



Mercy Hospitals engaged the Community Benefit Committee and the Special Needs and Community Outreach Leadership Team to examine the identified health needs according to these criteria. The CHNA served as the resource document for the review of health needs as it provided statistical data on the severity of issues and also included community input on the health needs. As well, the community prioritization of the needs was taken into consideration. As a result of the review of needs and application of the above criteria, Mercy Hospitals chose to focus on: access to care, chronic disease, food insecurity, mental health, substance use, overweight and obesity, and preventive practices.

For each health need the hospitals plan to address, the Implementation Strategy describes: actions the hospitals intend to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospitals and other organizations. In most cases, the strategies identified to address the selected needs are based on existing programs that have evidence of success.

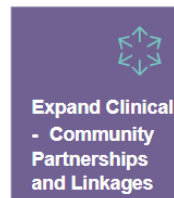
Community Health Strategic Objectives

The hospitals believe that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants 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 address strategic aims while meeting locally-identified needs.



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



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





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



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

 Health Need: Access to Health Care (Including preventive practices)					
Anticipated Impact (Goal)	The hospitals' initiatives to address access to care and preventive practices are anticipated to result in: increased access to health care for the medically underserved, reduced barriers to care, and increased availability and access to preventive care services.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Financial assistance for the uninsured or underinsured	Mercy Hospitals provide financial assistance to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay.	•			
Connected Community Network (CCN)	Hospital care coordination and community partner agencies work together to identify the health and health-related social needs of vulnerable patients, and electronically link health care providers to organizations that provide direct services.	•	•	•	
Community Wellness Program	Provides community health screenings and health education on a variety of prevention topics.		•		
Community Health Initiative	Increases access to health insurance and health care for hard-to-reach individuals in Kern County. Provides application assistance and educates families on the importance of preventive care.	•		•	
Homemaker Care Program	Provides in home services, linkages to health care resources and social services that improve the quality of life for vulnerable clients.	•	•	•	

 Health Need: Access to Health Care (Including preventive practices)					
Prescription Purchases for Indigents	Purchases necessary medications in emergency situations for people who must have the medicines for their health but have no money to buy them.	•			
Community Health Improvement Grants Program	Offers grants to nonprofit community organizations that provide health care access and preventive care programs and services.			•	
Planned Resources	The hospitals will provide health care providers, care coordinators, enrollment counselors, community health educators, case managers, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators	Key partners include: community clinics, faith groups, community-based organizations, public health and city agencies.				



**Health Need: Chronic Diseases
(Including overweight and obesity)**

Anticipated Impact (Goal)	The hospitals' initiatives to address chronic diseases, including overweight and obesity are anticipated to result in: increased focus on chronic disease prevention and treatment education, increased compliance with chronic disease management recommendations and improved healthy eating and physical activity behaviors.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Asthma Management Program	Asthma educators provide education to individuals and monitor clients usage of both rescue and controller medications.		•		
Healthy Kids in Healthy Homes	Provides students with health education to make positive behavior changes in their nutrition and physical activity.		•		
Community Wellness Program	Provides health education on nutrition, diabetes, cholesterol and hypertension.		•		
Chronic Disease/Diabetes Self-Management Program	Provides residents who have chronic diseases, including diabetes, with the knowledge, tools and motivation needed to become proactive in their health through six-week workshops.		•		
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide programs and services that address chronic disease prevention and treatment and healthy eating and active living.			•	
Planned Resources	The hospitals will provide care coordinators, health care providers, community health educators, philanthropic cash grants and outreach communications for this initiative.				
Planned Collaborators	Key partners include: community-based organizations, public health, faith community, senior service agencies, youth organizations, community clinics, schools and school districts.				

Health Need: Food Insecurity					
Anticipated Impact (Goal)	The hospitals' initiatives to address food insecurity are anticipated to result in: increased access to health and social services to help residents of Kern County stay healthy and experience a better quality of life.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Learning and Outreach Centers	Provides referral services, food, clothing, and education to the most vulnerable and needy residents of the community. After school programs at the centers provide tutoring support to underserved youth.			•	
Connected Community Network	Addresses the social determinants of health and links referred patients to appropriate and needed community-based services.		•	•	
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide programs, services and resources focused on the social determinants of health and basic needs.			•	
Planned Resources	The hospitals will provide care managers, outreach workers, health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators	Key partners include: public health, faith community, community clinics, food bank/pantries, housing and homelessness agencies, senior centers and community-based organizations.				



Health Need: Mental Health

Anticipated Impact (Goal)	The hospitals’ initiatives to address mental health are anticipated to result in: increased access to mental health services in the community, and improved screening and identification of mental health needs.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Anti-Vaping program	Offers anti-vaping education programs at local schools.		•		
Mental health support groups	The Community Health Initiative provides free mental health support groups to individuals.		•		
Behavioral Health Navigator Program	Supports the emergency department as a primary access point for the treatment of substance use disorders and co-occurring mental health conditions. Utilizes trained navigators to identify patients who would benefit from initiating medication for addiction treatment (MAT) or mental health services.	•	•		•
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide mental health and substance use programs and services.			•	
Planned Resources	The hospitals will provide mental health care providers, care managers, social workers, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators	Key partners include: schools and school districts, community-based organizations, youth programs, law enforcement, and collaboratives that seek to support mental health needs.				

Health Need: Substance Use					
Anticipated Impact (Goal)	The hospitals' initiatives to address substance use are anticipated to result in: increased access to substance use services in the community, and improved screening and identification of substance use needs.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Anti-Vaping program	Offers anti-vaping education programs at local schools.		•		
Behavioral Health Navigator Program	Supports the emergency department as a primary access point for the treatment of substance use disorders and co-occurring mental health conditions. Utilizes trained navigators to identify patients who would benefit from initiating medication for addiction treatment (MAT) or mental health services.	•	•		•
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide mental health and substance use programs and services.			•	
Planned Resources	The hospitals will provide mental health and substance use care providers, care managers, social workers, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators	Key partners include: schools and school districts, community-based organizations, youth programs, law enforcement, and collaboratives that seek to support substance use needs.				

Program Highlights

Community Wellness Program

The Community Wellness Program is focused on preventive health care by providing on-site screenings and health and wellness education classes on relevant topics for residents throughout Kern County. The Community Wellness Program encompasses programs that address prevention, screening for cancer, cardiovascular disease, asthma, diabetes, and obesity.

- Community health screenings
- Health education classes
- Chronic disease, chronic pain and diabetes self-management programs
- Anti-vaping program
- Outpatient Nurse Navigator Program
- Youth fitness program

Community Health Initiative

The Community Health Initiative of Kern County works with public, private and non-profit organizations to enroll individuals in health insurance programs. The Community Health Initiative works to provide access to health care for those for whom no insurance program is available. The Community Health Initiative provides training for Certified Enrollment Counselors and referrals to partner agencies, and works at the local and state levels to help streamline the sometimes burdensome process of navigating through the public health system.

The mental health project, Mi Bienestar Mental ¡Sí Importa! (My Mental Well-being Does Matter!), is a program of the Community Health Initiative. A trained Community Health Worker facilitates mental health support groups, makes mental health awareness presentations, and assists with mental health workshops. They also assist with community outreach and education. Through these services this program seeks to remove or reduce the stigma around mental health so that participants are more willing to acknowledge they need help and access help.

Homemaker Care Program

The Homemaker Care Program helps seniors to live an independent lifestyle by enabling them to remain in their homes for as long as possible. Their services are provided at below market rates, ensuring they are affordable even for those on limited incomes.

Clients receive help with:

- Errands
- Laundry
- Meal preparation
- Personal care

The Homemaker Care Program also provides job training to unemployed individuals by helping them learn marketable skills and transition to the work force. Students participate in a training program that includes:

- Alzheimer's disease
- Basic nutrition
- Diabetes awareness
- Elder abuse prevention
- Hospice care
- Personal care needs

Learning and Outreach Centers

Community outreach is our mission in action - programs, services and support the hospitals provide to assist those less fortunate and to improve the health and well-being of the communities we serve. The Learning Center and Outreach Centers, located in the heart of southeast Bakersfield, respond to requests for assistance with basic needs from people living in poverty and/or crisis.

- After School Program
- Breakfast Club
- Bus Passes for verifiable medical appointments
- Dinner Bell
- Emergency food baskets
- Free health screenings
- Homework Club
- Hygiene kits
- Referrals for food/clothing/household Items
- Sack lunches
- Senior sacks

Art and Spirituality Center

The Art and Spirituality Center is home to programs that support the idea that the process of experiencing art promotes health and well-being of patients by aiding in their physical, mental, and emotional recovery, including relieving anxiety and decreasing the perception of pain. The Art and Spirituality Center's Art for Healing workshops are open to all community members.