St. Elizabeth Community Hospital

2022 Community Health Implementation Strategy

Adopted November 2022

Dignity Health
St. Elizabeth Community Hospital

Table of Contents

At-a-Glance Summary

Community Served	St. Elizabeth Community Hospital (SECH) is located along California Interstate 5 in Red Bluff, and serves a core service area population of 86,090 residents. Tehama County is a rural county with the residents being spread out over approximately 2,962 square miles. Due to the rural nature of the county, access to care is a consistent barrier for the many medically underserved residents, including those who may be low income and/or minorities. The majority of individuals served reside in Tehama County, however, these services extend to bordering communities in Glenn and Shasta counties. The following zip codes make up the core service area for St. Elizabeth Community Hospital: 95963, 96021, 96022, 96035, 96055, and 96080.
Significant Community Health Needs Being Addressed	The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are: • Access to Quality Primary Care Health Services • Access to Specialty and Extended Care • Access to Mental/Behavioral Health and Substance-Use Services • Safe and Violence-Free Environment (Although not directly identified as need, this is a market approach)
Strategies and Programs to Address Needs	St. Elizabeth Community Hospital intends to take several actions and to dedicate resources to these needs, including: • Medication for Indigent Patients • Provide community grants to local non-profit organizations • Transportation Services • Substance Use Navigation
Anticipated Impact	St. Elizabeth Community Hospital anticipates that actions taken to address the identified significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support overall good health. SECH is committed to monitoring key initiatives to assess and improve impact.
Planned Collaboration	SECH will continue to seek out partnerships with local organizations that respond to the needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.

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

Written comments on this report can be submitted to the St. Elizabeth Community Hospital Community Health Office, 2550 Sister Mary Columba Dr., Red Bluff, CA 96080, Attn: Laura Acosta or by e-mail to laura.acosta900@commonspirit.org

Our Hospital and the Community Served

About the Hospital

St. Elizabeth Community Hospital is 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.

SECH is located in Tehama County, which consists of 2,962 square miles and is approximately midway between Sacramento and the Oregon border and situated along the Interstate 5 corridor. The county is bordered by Glenn County to the south, Trinity and Mendocino counties to the west, Shasta County to the north, and Butte and Plumas counties to the east. The county is situated in the northern portion of the Sacramento Valley and is divided in half by the Sacramento River. The largest city is Red Bluff, both a Micropolitan Statistical Area and the County Seat with a population of just over 14,000 residents. A small portion of southern Shasta County is covered by the hospital's service area and includes the community of Cottonwood. Service area is defined by six ZIP codes. These included 96021, 96022, 96035, 96055, 96080, and 96090. The total population of the service area was 69,385.

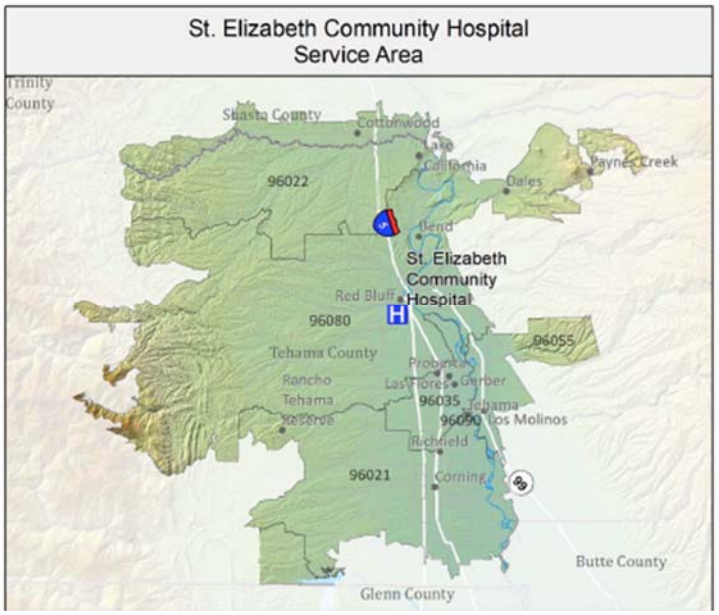
Our Mission

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

Financial Assistance for Medically Necessary Care

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

Description of the Community Served



St. Elizabeth Community Hospital serves service area includes large portions of Tehama County and a smaller portion of southern Shasta County. Both counties are located in Northern California, situated along the Interstate 5 corridor. Tehama County is a rural county with the residents being spread out over approximately 2,950 square miles. Due to the rural nature of the county, access to care is a consistent barrier for the medically underserved residents who experience low-income status and may be in a minority population of 69,385 residents.

Tehama County is situated in the northern portion of the Sacramento Valley and is divided in half by the Sacramento River. Red Bluff, the county seat, was established in 1856 and is located on the Interstate 5 corridor. While the majority of individuals served reside in Tehama County, there are community health services available to bordering communities located in Glenn and Butte counties.

Population Groups Experiencing Disparities

Key informants were asked to identify population groups that experienced health disparities in the SECH service area. Interview participants were asked, "What specific groups of community members experience health issues the most?" Responses were analyzed by identifying all groups noted as one experiencing disparities. Groups identified by key informants are listed below. The groups are not

mutually exclusive—one group could be a subset of another group. One of the purposes of identifying the sub-populations was to help guide additional qualitative data collection efforts to focus on the needs of these population groups. Additional details can be found in the CHNA report online.

- Low income
- Senior
- Disabled
- Hispanic
- Homeless
- Migrant farm workers
- Native Americans
- Severely mentally ill
- Those without internet
- Undocumented
- Caucasian

Community Assessment and Significant Needs

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

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

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

Significant Health Needs

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

Significant Health Need	Description	Intend to Address?
Access to Quality Primary Care Health Services	Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.	●
Access to Specialty and Extended Care	Extended care services, which include specialty care, are care provided in a particular branch of medicine and focused on the treatment of a particular disease. Primary and specialty	●

Significant Health Need	Description	Intend to Address?
	care go hand in hand, and without access to specialists, such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage the progression of chronic diseases, including diabetes and high blood pressure, on their own.	
Access to Functional Needs	Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life.	
Access to Mental/Behavioral Health and Substance-Use Services	Access to mental, behavioral, and substance-use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.	●
Access to Basic Needs Such as Housing, Jobs, and Food	Research shows that the social determinants of health, such as quality housing, adequate employment and income, food security, education, and social support systems, have a substantial impact on health behaviors and health outcomes. Addressing access to basic needs will improve health in the communities we serve.	
Increased Community Connections	Community connection is a crucial part of living a healthy life. Research suggests individuals who feel a sense of security, belonging, and trust in their community have better health. Assuring that community members have ways to connect with each other through programs, services, and opportunities is important in fostering a healthy community. Furthermore, healthcare and community support services are more effective when they are delivered in a coordinated fashion to build a coordinated ecosystem.	

Significant Needs the Hospital Does Not Intend to Address

St. Elizabeth Community Hospital Community Health Advisory Committee met to review and determine the top priorities the hospital would address. SECH will continue to lean into the organizations who are addressing the needs and continue to build capacity by strengthening partnerships among local community-based organizations. Due to the magnitude of the need and the capacity of SECH's ability to address the need the Implementation Strategy will not address the following health needs:

- Access to Functional Needs
- Access to Basic Needs Such as Housing, Jobs, and Food
- Increased Community Connections

2022 Implementation Strategy

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

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

Creating the Implementation Strategy

St. Elizabeth Community Hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

The Community Health Advisory Committee (CHAC) reviewed all priority areas and with the criteria below, to identify the needs SECH will address over the next three years. CHAC is comprised of hospital leaders and community members who representation low-income, minority and other underserved populations. CHAC provides feedback on the planning and implementation strategies to ensure community benefit strategies and investments address the inequities within the communities we serve and build upon the strengths and assets identified in the CHNA.

To aid in determining the priority health needs, CHAC used the criteria below to consider when making a decision.

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

Improving community health requires collaboration across community stakeholders and with community engagement. Each initiative involves research on best practice and is written to align with local resources,

state or national health priorities and initiatives. The goals, objectives, and strategies contained in this document, where possible, intend to utilize upstream prevention models to address the social determinants of health. In addition, building and strengthening relationships with community-based providers that serve target populations for intended initiatives is critical to the success and sustainability to achieve impact.

Community Health Strategic Objectives

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

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

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 Quality Primary Care Health Services and Specialty and Extended Care					
Anticipated Impact (Goal)	Leverage SECH's investments as an anchor institution to address Social Determinants of Health (SDOH) needs in our communities to improve access to quality health care services for vulnerable populations by coordinating and improving resources and referrals to services to improve access.				
Strategy or Program	**Summary Description**	**Strategic Objectives**			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Increase Access to Care	• Physician recruitment efforts. • Strengthen relationships with rural health clinics and strengthen capacity.		•		•
Health Education Outreach	• LIFT (Poor and the Homeless Health Fair) • Participation at events as requested throughout the year.		•		•
Workforce Development	Identify and partner with community organizations who are leading workforce development efforts to increase access to a diverse and inclusive health care workforce—both in clinical and nonclinical/corporate settings and improve health equity.	•	•	•	•
Transportation Assistance	Address transportation barriers to accessing healthcare services. Provide van service, taxi vouchers or bus tokens to patients who need assistance with access to our facilities.	•	•	•	•
CHW Navigator (Proposed)	SECH will conduct feasibly study to identify whether having community health workers based in the emergency department is appropriate to assist patients with applying for immediate medical health insurance, making and keeping follow-up primary care	•	•	•	•

Health Need: Access to Quality Primary Care Health Services and Specialty and Extended Care					
	appointments after visiting the ED, and navigating community health resources.				
Planned Resources	SECH will provide staff time, philanthropic cash grants, outreach communication, program management and be a thought partner for the proposed strategies.				
Planned Collaborators	• Tehama County Health Services Agency • LIFT Tehama, Live Inspired for Tomorrow • SECH will continue to seek out partnerships with local organizations that respond to the needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.				

Health Need: Access to Mental/Behavioral Health and Substance-Use Services					
Anticipated Impact (Goal)	Improved system for patient linkages to outpatient behavioral health services; provide a seamless transition of care, reduce mental health stigma and increase in resources in the community.				
Strategy or Program	**Summary Description**	**Strategic Objectives**			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Substance Use Navigation	CA Bridge is a program of the Public Health Institute working to ensure that people with substance use disorder receive 24/7 high-quality care in every California health system by 2025. The CA Bridge Navigator program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. Utilizing a Substance Use Navigator	●	●	●	●

Health Need: Access to Mental/Behavioral Health and Substance-Use Services					
	to build a trusting relationship with the patient and motivating them to engage in treatment. The hospital works to reduce the language that stigmatizes people who use drugs, treating substance use disorder like any other disease. Program is currently funded through Medication for Addiction Treatment (MAT) program.				
Education and Awareness	Provide education and awareness and reduce stigma in the community.		●		●
Planned Resources	SECH will provide staff time, philanthropic cash grants, outreach communication, program management and be a thought partner for the proposed strategies.				
Planned Collaborators	SECH will continue to seek out partnerships with local organizations that respond to the needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.				

Health Need: Safe and Violence-Free Environment		
Anticipated Impact (Goal)	Goals: • Prevent future traumatization once violence has occurred • Prevent violence Anticipated Impact: • Increase healthcare workforce capacity to provide trauma informed care for victims of violence • Support community capacity to reduce violence	
		Strategic Objectives

Health Need: Safe and Violence-Free Environment					
Strategy or Program	**Summary Description**	Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Violence Prevention & Intervention	SECH will increase internal capacity and community capacity to identify victims and respond though the Human Trafficking Task Force. Key activities include but not limited to: ● Provide trauma-informed care for patients ● Provide resources and support to victims of violence ● Prevent violence and intervene when suspected ● Explore opportunities to provided ongoing education and awareness to community. Alignment with State Priority: California Department of Public Health Injury and Violence Prevention (IVP) Branch ● Violence Prevention Initiative: The goal is to reduce violence and create safer and healthier communities for all Californians	●	●	●	●
Planned Resources	SECH will provide staff time, cash grants, outreach communication, and be a thought partner for the proposed strategies.				
Planned Collaborators	● Empower Tehama ● SECH will continue to seek out partnerships with local organizations that respond to the needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.				