

Sutter Health

Alta Bates Summit Medical Center – Alta Bates/Herrick Campus, Summit Campus

2019 – 2021 Community Benefit Plan

Responding to the 2019 Community Health Needs Assessment

Submitted to the Office of Statewide Health Planning and Development May 2022

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Note: This community benefit plan is based on the hospital’s implementation strategy, which is written in accordance with Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. This document format has been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California SB 697.

Introduction

The Implementation Strategy Plan describes how Alta Bates Summit Medical Center – Alta Bates/Herrick Campus, and Summit Campus, a Sutter Health affiliate, plans to address significant health needs identified in the 2019 Community Health Needs Assessment (CHNA). The document describes how the hospital plans to address identified needs in calendar (tax) years 2019 through 2021.

The 2019 CHNA and the 2019 - 2021 Implementation Strategy Plan were undertaken by the hospital to understand and address community health needs, and in accordance with state law and the Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

The Implementation Strategy Plan addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this Implementation Strategy Plan as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described herein, the hospital is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.

Alta Bates Summit Medical Center – Alta Bates/Herrick Campus, and Summit Campus welcomes comments from the public on the 2019 Community Health Needs Assessment and 2019 - 2021 Implementation Strategy Plan. Written comments can be submitted:

- By emailing the Sutter Health System Office Community Benefit department at SHCB@sutterhealth.org;
- Through the mail using the hospital's address at 3012 Summit Street, 3rd Floor, Oakland, CA 94609, ATTN: Community Benefit; and
- In-person at the hospital's Information Desk.

About Sutter Health

Sutter Health is the not-for-profit parent of not-for-profit and for-profit companies that together form an integrated healthcare system located in Northern California. The system is committed to health equity, community partnerships and innovative, high-quality patient care. Our over 65,000 employees and associated clinicians serve more than 3 million patients through our hospitals, clinics and home health services.

Learn more about how we're transforming healthcare at sutterhealth.org and vitals.sutterhealth.org.

Sutter Health's total investment in community benefit in 2021 was \$872 million. This amount includes traditional charity care and unreimbursed costs of providing care to Medi-Cal patients. This amount also includes investments in community health programs to address prioritized health needs as identified by regional community health needs assessments.

As part of Sutter Health's commitment to fulfill its not-for-profit mission and help serve some of the most vulnerable in its communities, the Sutter Health network has implemented charity care policies to help provide access to medically necessary care for all patients, regardless of their ability to pay. In 2021, Sutter Health invested \$91 million in charity care. Sutter's charity care policies for hospital services include, but are not limited to, the following:

1. Uninsured patients are eligible for full charity care for medically necessary hospital services if their family income is at or below 400% of the Federal Poverty Level ("FPL").
2. Insured are eligible for High Medical Cost Charity Care for medically necessary hospital services if their family income is at or below 400% of the FPL and they incurred or paid medical expenses amounting to more than 10% of their family income over the last 12 months. ([Sutter Health's Financial Assistance Policy](#) determines the calculation of a patient's family income.)

Overall, since the implementation of the Affordable Care Act, greater numbers of previously uninsured people now have more access to healthcare coverage through the Medi-Cal and Medicare programs. The payments for patients who are covered by Medi-Cal and Medicare do not cover the full costs of providing care. In 2021, Sutter Health invested \$557 million more than the state paid to care for Medi-Cal patients.

Through community benefit investments, Sutter helped local communities access primary, mental health and addiction care, and basic needs such as housing, jobs and food. See more about how Sutter Health reinvests into the community by visiting sutterpartners.org.

In addition, every three years, Sutter Health hospitals participate in a comprehensive and collaborative Community Health Needs Assessment, which identifies local healthcare priorities and guides our community benefit strategies. The assessments help ensure that we invest our community benefit dollars in a way that targets and addresses real community needs.

Through the 2019 Community Health Needs Assessment process the following significant community health needs were identified:

1. Behavioral Health
2. Housing and Homelessness
3. Economic Security
4. Community and Family Safety
5. Healthcare Access and Delivery
6. Education and Literacy
7. Healthy Eating/Active Living
8. Transportation and Traffic
9. Climate/Natural Environment

The 2019 Community Health Needs Assessment conducted by Alta Bates Summit Medical Center – Alta Bates/Herrick Campus and Summit Campus is publicly available at sutterhealth.org.

2019 Community Health Needs Assessment Summary

Alta Bates Summit Medical Center – Alta Bates/Herrick Campus and Summit Campus (ABSMC) conducted its 2019 Community Health Needs Assessment (CHNA) collaboratively with local hospitals serving Alameda County, which included John Muir Health, Kaiser Permanente, and UCSF Benioff Children’s Hospital Oakland. The CHNA was completed by Actionable Insights (AI), LLC, an independent local research firm.

The Hospitals began the third CHNA cycle in 2018 with the goal to collectively gather community feedback, understand existing data about health status, and prioritize local health needs. Community input was obtained during the summer and fall of 2018 through key informant interviews with local health experts and focus groups with community leaders, residents, and representatives. Secondary data were obtained from the Community Commons data platform and other online sources such as the California Department of Public Health and the U.S. Census Bureau. Data were available for Alameda County and, in many cases, for the hospitals’ service areas specifically. Significant health needs were identified and prioritized in early 2019, described further below.

The full 2019 Community Health Needs Assessment conducted by Alta Bates Summit Medical Center – Alta Bates/Herrick Campus and Summit Campus is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

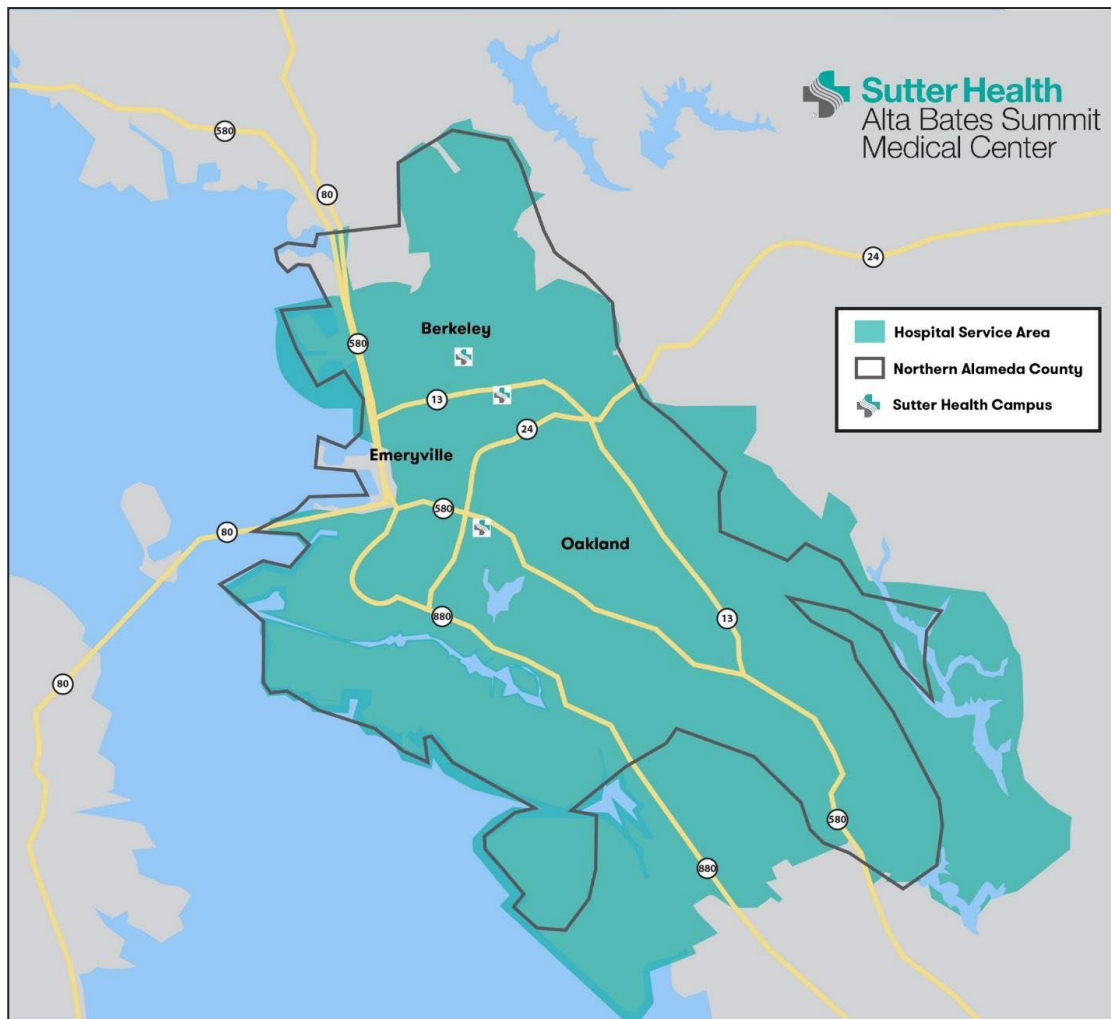
The Internal Revenue Service defines the community served as individuals who live within the hospital’s service area. This includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Alta Bates Summit Medical Center’s campuses are located in the cities of Berkeley and Oakland in the Northern Alameda County region of Alameda County. Alta Bates Summit Medical Center - Alta

Bates/Herrick Campus is located in Berkeley. Alta Bates Summit Medical Center - Summit Campus is located in Oakland. Alta Bates Summit Medical Center’s hospital service area includes 24 zip codes surrounding the hospital and its neighboring communities. As previously noted, the medical center collaborated on the 2019 CHNA with other healthcare facilities serving the Northern Alameda County region. Thus, the local data gathered for the assessment represent residents across the service areas of the participating hospitals, which include Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont.

The map below (Figure 1) shows the alignment of the Northern Alameda County region with Alta Bates Summit Medical Center’s service area.

Figure 1. Alta Bates Summit Medical Service Area Map, Northern Alameda County Region



The U.S. Census estimates a population of 587,090 in the Northern Alameda County region. Close to 17% of residents live in poverty, a higher proportion than in Alameda County overall. In addition, almost one in five children lives in poverty, again exceeding the county statistic. The median household income in Alameda County is about \$80,000; by comparison, the 2018 Self-Sufficiency Standard for a two-adult family with two children in Alameda County was about \$98,300. About 40% of Northern Alameda County residents are White, 20% of residents are Asian, 17% of residents are Latinx ¹, about 16% are African American, and individuals of multiple races account for about 5% of residents.

¹ The term “Latinx” is employed as a gender-neutral way to refer to Latin American and Hispanic individuals of any race.

Significant Health Needs Identified in the 2019 CHNA

The following significant health needs were identified in the 2019 CHNA:

1. *Behavioral Health.* The community prioritized behavioral health, which refers to both mental health and substance use, as its top health need in focus groups and interviews. Depression and stress were the most common issues raised. Alameda County mental health statistics underscore the community's concerns: The rates of emergency room (ER) visits for severe mental illness and substance use, respectively, are significantly higher in the county than the state averages. Mental health hospitalizations for children and youth countywide are also significantly higher—and both are trending up.
2. *Housing and Homelessness.* Access to safe, affordable, and stable housing is associated with physical and mental health and well-being. Maintaining safe and healthy housing ranked high as a community priority; the growing number of people in unstable housing situations and the displacement of families were of particular concern. The median rent in the county is significantly higher than the state average—and increasing. The proportion of local children living in crowded housing has been increasing as well. The overall number of individuals experiencing homelessness in Alameda County increased in the 2017 point-in-time count. In addition, blood lead levels for children and youth in Alameda County exceed the state average as do child and youth asthma diagnoses and hospitalizations, indicators that are associated with poor housing quality.
3. *Economic Security.* Economic environments are important determinants of population health and economic security was one of the top priorities of the community. In focus groups, residents emphasized that local jobs often do not pay enough to afford the high cost of living in Alameda County. The percentage of people living in poverty in Northern Alameda County surpasses the state average and the percentage of older adults living in poverty countywide has been increasing. Additionally, disparities exist between ethnic groups in educational attainment, the rate of uninsured individuals, and people living in poverty, factors associated with economic security.
4. *Community and Family Safety.* Community and family safety ranked as one of the top health needs in Northern Alameda County. Focus group and interview participants most frequently talked about domestic violence. Participants were concerned most about children and youth, especially when it came to being bullied, becoming victims of violence, and acting out trauma. Some participants described Oakland as a hub for human trafficking, including trafficking of minors. Alameda County's ER visits and deaths due to unintentional injury are increasing. Traumatic injury (intentional and unintentional) hospitalizations among children and youth, firearm fatalities (intentional and unintentional), bicycle-involved collisions, and motor vehicle crash ER visits all exceed state benchmarks. Ethnic disparities exist, as well; for example, in Oakland, African American residents experience use of force by law enforcement at a rate nearly 25 times that of White residents.
5. *Healthcare Access and Delivery.* Community members expressed strong concerns about this health need, including the affordability of care and the lack of access to specialty care, especially for Medi-Cal patients. Poor access to healthcare is associated with higher rates of many health conditions due to lack of preventive screenings and early treatment. A smaller proportion of county residents have a regular source for primary care, and a larger proportion delay or have difficulty obtaining care, compared to Healthy People 2020 aspirational goals.² Additionally, ethnic disparities were found in cancer mortality rates, cervical cancer incidence, stroke deaths, and screenings for breast and colorectal cancers.

² Healthy People is an endeavor of the U.S. Department of Health and Human Services that has provided 10-year national objectives for improving the health of Americans based on scientific data spanning 30 years. Healthy People sets national objectives, which serve as or targets for improvement. The most recent set of objectives are for the year 2020; year 2030 objectives are currently under development.

6. *Education and Literacy.* The relationship of educational attainment, employment, wages, and health have been well documented; limited literacy is correlated with low educational attainment. Ethnic disparities and inadequate career training emerged in community discussions of education and literacy. A larger proportion of children live in linguistically isolated households than compared with the state.³ This, combined with the comparatively high cost of childcare for children ages 0 to 5, means that children in the county may have greater barriers to literacy than kids elsewhere. Additionally, a smaller proportion of local students graduate high school on time compared to the state average.
7. *Healthy Eating/Active Living.* This health need is comprised of access to food and recreation, food insecurity (also identified in Economic Security), diabetes, obesity, nutrition, diet, and fitness. The community identified the lack of access to recreation and healthy food in certain areas (“food deserts”) as drivers of poor community health. The percentage of local individuals experiencing food insecurity surpasses the state average. The rate of diabetes hospitalization among children and youth countywide is above the state average and increasing. Moreover, ethnic disparities are found in the rate of diabetes management, prevalence of obesity among children and adults, and proportion of fifth and seventh graders meeting fitness standards.
8. *Transportation and Traffic.* The community discussed transportation as a barrier to seeing the doctor and getting to work, and they expressed frustration with the costs and limitations (such as the lack of frequency or service in some areas) of public transportation in Alameda County, particularly BART. Northern Alameda County has a significantly higher density of roads than the state average, pollution from which can exacerbate asthma and other health conditions. In Oakland, African American residents were over three times less likely than White residents to have access to a vehicle.
9. *Climate/Natural Environment.* Feedback from the community about the environment primarily related to poor air quality, which they attributed to pollution and identified as a cause of asthma. They noted that highways, as well as traffic at the Port of Oakland, contribute to air pollution in Northern Alameda County. The respiratory hazard index in the region is significantly worse than the state average. In the City of Oakland, the overall pollution burden (air, water, etc.) in majority-Asian census tracts is significantly higher than the pollution burden in majority-White census tracts.

Health Need Identification

Health needs were identified by synthesizing primary qualitative research (community input) and secondary data, and then filtering those needs against a set of criteria, below:

1. Meets the definition of a “health need,” a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.
2. At least two data sources were consulted.
3.
 - a. Prioritized by at least half of key informant interviewees or focus groups.
 - b. If not (a), three or more direct indicators fail the benchmark by $\geq 5\%$ or show a ≥ 0.5 standard deviation.
 - c. If not (b), four or more indicators must show ethnic disparities of $\geq 5\%$ or a ≥ 0.5 standard deviation.

Health Need Prioritization

In February 2019, Sutter Health, John Muir Health, and Kaiser Permanente convened a meeting with key leaders in Alameda County. Participants considered a set of criteria in prioritizing the list of health needs. The criteria chosen by the health systems before beginning the prioritization process were:

³ Defined as a household where no one aged 14 years or older speaks English “very well.” U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012–2016.

- *Clear disparities or inequities.* This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, language, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- *Community priority.* This refers to the extent to which the community prioritizes the issue over other issues about which it has expressed concern during the CHNA primary data collection process. This criterion was ranked by Actionable Insights based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.
- *Magnitude/scale of the need.* This refers to the number of people affected by the health need.
- *Multiplier effect.* This refers to the idea that a successful solution to the health need has the potential to solve multiple problems.
- *Severity of need.* This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against relevant benchmarks.

Meeting participants individually ranked the health needs according to their interpretation of the criteria. Rankings were then averaged across all participants to obtain a final rank order of the health needs. Alta Bates Summit Medical Center then selected the top five health needs to address in its 2019-2021 Implementation Strategy.

2019 – 2021 Implementation Strategy Plan

The implementation strategy plan describes how Alta Bates Summit Medical Center – Alta Bates/Herrick Campus and Summit Campus plans to address significant health needs identified in the 2019 Community Health Needs Assessment and is aligned with the hospital's charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impacts of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations in the community to address the significant health needs identified in the 2019 CHNA.

Prioritized Significant Health Needs the Hospital will Address: The Implementation Strategy Plan serves as a foundation for further alignment and connection of other Alta Bates Summit Medical Center – Alta Bates/Herrick Campus and Summit Campus initiatives that may not be described herein, but which together advance the hospital's commitment to improving the health of the communities it serves. Each year, programs are evaluated for effectiveness, the need for continuation, discontinuation, or the need for enhancement. Depending on these variables, programs may change to continue focus on the health needs listed below.

1. Behavioral Health
2. Housing and Homelessness
3. Economic Security
4. Community and Family Safety
5. Healthcare Access and Delivery

Behavioral Health

Name of program/activity/initiative	Investments in Behavioral Health
Description	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Alta Bates Summit Medical Center (ABSMC) seeks to promote behavioral health, in part, by supporting the provision of behavioral health programs, including those focused on the effective delivery of preventive interventions. Childhood and youth are opportune ages for promotion and preventive behavioral health interventions; schools are promising settings from which to prioritize these age groups. Supporting organizations and programs that provide culturally responsive services, which can improve patient/client retention and treatment outcomes, is also a priority for ABSMC. Further, ABSMC supports workforce development strategies, which are critical to ensuring that present and future behavioral health needs of the community can be met. Additionally, enhancing the coordination of primary and behavioral healthcare in a clinical setting and improving access to wraparound resources that support health and well-being are approaches to behavioral healthcare services that ABSMC supports.</p> <p>ABSMC invests in organizations, programs, and initiatives that work to address behavioral health. Examples of organizations within the hospital service area that advance behavioral health by providing evidenced-based, culturally responsive mental health services and/or mental health professional workforce development include Berkeley Youth Alternatives (serving children, youth, and families), Building Opportunities for Self-sufficiency (BOSS) (serving homeless, low-income, disabled, and reentry individuals and families), and the Pacific Center for Human Growth (serving Lesbian, Gay, Bisexual, Transgender, and Queer youth, seniors, adults, and families), and others.</p> <p>Selected executed grants will be reported at year end.</p>
Goals	Youth and adult residents are aware of and easily able to access evidenced-based, culturally responsive behavioral health resources and services through sustainable, prevention-focused interventions
Anticipated Outcomes	<p>Residents experience improved access to evidenced-based, culturally responsive behavioral health resources and services, including promotion and preventive approaches</p> <p>Mental health professionals and trainees increase their knowledge of and skills in evidenced-based, culturally responsive, and/or trauma-informed behavioral health resources and services, including promotion and preventive approaches</p> <p>Residents demonstrate or report increased mental health and wellness knowledge, life skills, and/or improved mental health and wellbeing.</p>
2021 Impact	In 2021, ABSMC provided grants/sponsorships to organizations addressing behavioral health, including the following:

Bay Area Community Services' (BACS) Wellness and Housing Hubs provide integrated housing, mental health, and employment supports to all BACS participants to address the barriers that prevent people from being healthy, safe, and housed.

Berkeley Youth Alternatives' SPARK Health and Reach our Communities (ROC) Programs provide health and wellness services including individual, group, and family mental health services for low-income and uninsured youth and their families in Berkeley and neighboring cities.

Native American Health Center (NAHC) is a Federally Qualified Health Center with the mission to provide comprehensive services to improve the health and wellbeing of American Indians, Alaska Natives, and residents of the surrounding communities, with respect for cultural and linguistic differences.

Roots Community Health Center (Roots) is a nonprofit organization with the mission to uplift those impacted by systemic inequities and poverty. Roots provides medical and behavioral health care, health navigation, workforce enterprises, housing, outreach, and advocacy.

The Berkeley Age-Friendly Continuum's Gateway Program is a peer-based prevention/early intervention program that provides social calling and referrals to resources to reduce isolation, support mental health, and assure access to necessities for older adults.

Wellness Together is a nonprofit with the mission to deliver effective mental health services for individuals and families everywhere by providing vital low or no-cost, school-based mental health services for students, families, and educators. Wellness Together was funded to provide counseling services to Oakland Unified School District students and staff.

Through the programs funded to address behavioral health, over 2,300 individuals were served and over 1,640 received mental health services in 2021.

**Metrics Used to Evaluate
the
program/activity/initiative**

Number of persons served
Number of encounters
Number of classes/workshops provided
Number connected to social services
Number connected to mental health services
Number of health screenings
Additional metrics to be determined, based on organization/initiative supported. For example,
 Number of mental health professionals trained
 Number of post graduate mental health and social support provider interns trained
 Percent of participants demonstrating increased mental health and wellness knowledge
 Percent of participants demonstrating increased life skills
 Percent of participants demonstrating increased social-emotional wellbeing
 Percent of participants demonstrating improved mental health and wellbeing through the Children and Adolescents Needs and Strengths (CANS) Assessment

Housing and Homelessness

Name of program/activity/initiative	Investments in Housing and Homelessness
Description	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Alta Bates Summit Medical Center (ABSMC) works to address housing and homelessness, in part, by partnering with organizations that provide case management, navigation, and support services to individuals at risk of, currently experiencing, or exiting homelessness and/or housing instability. Programs that prevent homelessness and housing instability through strategies such as developing and facilitating access to affordable housing, housing assistance, and employment supports for low-income residents, are also important preventive approaches. Housing and homelessness is multi-sectoral issue; ABSMC partners with organizations that convene and participate in collaborative efforts between governmental and nonprofit organizations in service outreach and delivery and/or in developing long-term solutions.</p> <p>ABSMC invests in organizations, programs, and initiatives that work to address housing and homelessness. Oakland Cabin Communities is one example of an initiative within the hospital service area that provides temporary housing to homeless residents and supports their transition to permanent or transitional housing.</p> <p>Selected executed grants will be reported at year end</p>
Goals	Residents have access to safe, affordable, and stable housing and resources that provide the conditions necessary for health and well-being
Anticipated Outcomes	<p>Increased access to services and resources that:</p> <ul style="list-style-type: none">Prevent entry into homelessness and alleviate housing instabilityShelter and support individuals experiencing homelessnessImprove exits from homelessness to stable housing
2021 Impact	<p>In 2021, ABSMC provided grants/sponsorships to organizations addressing housing and homelessness, including the following:</p> <p><i>Berkeley Food and Housing Project (BFHP)</i> is a nonprofit organization with the mission to ease and end the crisis of homelessness in our communities. BFHP's programs include street outreach, emergency food and shelter, transitional housing, permanent supportive housing, rapid re-housing, employment assistance, linkages to medical and behavioral health resources, and homelessness prevention. Through BFHP's work to address housing and homelessness, more than 2,400 people were served, 659 individuals were placed in interim housing, and 362 individuals were placed in permanent housing.</p> <p><i>Alameda Point Collaborative</i> is developing <i>the Alameda Wellness Campus</i>, which will co-locate a medical respite program, senior supportive housing, and a homelessness prevention program. The campus will promote health recovery, stable housing, and dignified end-of-life care for an estimated 700 medically vulnerable,</p>

homeless Alameda County residents annually.

**Metrics Used to Evaluate
the
program/activity/initiative**

Number of persons served

Number connected to permanent or temporary housing

Additional metrics to be determined, based on organization/initiative supported. For example,

Percent of people served that gain employment

Percent of people served that obtain drivers licenses

Economic Security

Name of program/activity/initiative

Investments in Economic Security

Description

Investments made through grants and sponsorships are decided annually and based on community health need.

Financial health is associated with physical and mental health. Alta Bates Summit Medical Center (ABSMC) works to promote economic security, in part, by supporting the provision of job training and workforce development, financial education and coaching, as well as the connection to income supports including food security programs for low-income families. Establishing long-term financial security requires a multi-faceted approach; ABSMC partners with programs that connect their clients to bundled services such as job training, financial coaching, and access to wraparound resources that support health and well-being in collaboration with multi-sector partners. Supporting access to quality educational opportunities, from early childhood through higher education, is also critical to promoting financial security.

ABSMC invests in organizations, programs, and initiatives that work to address economic security. An example of an organization within the hospital service area addressing economic security through a collective impact approach is East Bay Asian Local Development Corporation (EBALDC)

Selected executed grants will be reported at year end

Goals

Residents achieve financial security through increased income or other resources and/or improved financial management practices

Anticipated Outcomes

Increased coordination and systems among placed-based, multi-sector partners including residents, organizations, and institutions

Residents experience:

Improved knowledge, skills, and experience to support financial security and/or employability

Increased feeling of financial security

Increased access to financial education and coaching services and/or stable employment opportunities

Attainment and retention of new employment opportunities or increased stability and/or wages of existing employment

2021 Impact

In 2021, ABSMC provided grants/sponsorships to organizations addressing economic security, including the following:

Building Opportunities for Self-Sufficiency (BOSS)'s Reentry and Neighborhood Safety program works to increase economic security for formerly incarcerated and justice system impacted individuals by providing education and employment services, pro-social, whole family support, access to housing, health, violence prevention, and community healing resources.

East Bay Asian Local Development Corporation (EBALDC)'s Sparkpoint Oakland program provides emergency and long-term

financial assistance to low-to-moderate income Oakland residents, including rental assistance and financial coaching to build credit, reduce debt, and improve savings.

The Unity Council's economic security programs address employment readiness, financial and housing access, educational attainment, and job placement for low-income and immigrant Oakland residents.

Through the programs funded to address economic security, 3,092 individuals were served and 467 were placed in or secured employment in 2021.

Metrics Used to Evaluate the program/activity/initiative

Number of persons served

Number of classes/workshops provided

Additional metrics to be determined, based on organization/initiative supported. For example,

Percent of residents receiving financial or employment services who achieve a financial stability goal

Number of multi-stakeholder workgroups convened

Community and Family Safety

Name of program/activity/initiative	Investments in Community and Family Safety
Description	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Health is influenced by the settings in which we live, learn, work, shop, and play; feeling safe in one’s home and community is fundamental to overall health. Alta Bates Summit Medical Center (ABSMC) seeks to promote community and family safety, in part, by supporting the provision of programs that focus on interpersonal and community violence prevention and neighborhood safety. Engaging and empowering children, youth, adults and seniors through school and neighborhood-based initiatives that build community and foster interpersonal safety is a priority.</p> <p>ABSMC invests in organizations, programs, and initiatives that work to address this health need. Examples of organizations within the hospital service area that measurably contribute to community and family safety include Youth ALIVE! (focusing on interpersonal violence prevention, intervention, and healing for young people) and Koreatown Northgate (KONO) Community Benefit District (working to ensure the district is safe, clean and promoted), and others.</p> <p>Selected executed grants will be reported at year end</p>
Goals	Residents gain knowledge, skills, empowerment, and opportunities to connect with their neighborhood that make them safer
Anticipated Outcomes	<p>Increased knowledge of ways to avoid violence and how to stay safe</p> <p>Increased belief in ability to be positive role models</p> <p>Increased experience in peacefully resolving conflicts</p> <p>Increased feeling of neighborhood safety</p>
2021 Impact	<p>In 2021, ABSMC provided grants/sponsorships to organizations addressing community and family safety, including:</p> <p><i>Family Support Services’ Family Preservation Program</i> aims to provide parents with the necessary life skills to cultivate and encourage healthy home environments for their children.</p> <p><i>Youth ALIVE!’s Teens on Target Program</i> trains East Oakland high school students to be violence prevention educators to their peers and vocal advocates for public policies that make Oakland a safer and fairer place to live.</p> <p>Through the programs funded to address community and family safety, 77 individuals were served through 49 classes, workshops or support group sessions.</p>
Metrics Used to Evaluate the program/activity/initiative	<p>Number of persons served</p> <p>Number of classes/workshops provided</p> <p>Number of community events</p> <p>Additional metrics to be determined, based on organization/initiative supported. For example,</p>

Percent of participants that see themselves as positive role models

Percent of participants that report peacefully resolving a conflict that would have led to violence

Percent of participants who demonstrate an increased understanding of methods for responding to and avoiding violence

Percent of participants that report an increased feeling of neighborhood safety

Healthcare Access and Delivery

Name of program/activity/initiative	Investments in Healthcare Access and Delivery
Description	<p>Investments made through grants and sponsorships are decided annually and based on community health need.</p> <p>Alta Bates Summit Medical Center (ABSMC) addresses healthcare access and delivery, in part, by partnering with community-based organizations that develop, expand, and promote affordable, culturally, and linguistically appropriate health services for uninsured and underinsured patients. This includes support for initiatives that improve access to primary care, which can offer a usual source of care, preventive care, early detection and treatment of disease, and chronic disease management. Additionally, enhancing the coordination of primary and behavioral healthcare in a clinical setting is an approach to care delivery that ABSMC supports. Primary care has also been identified as an important setting in which to address the social determinants of health, and ABSMC partners with organizations that connect patients to additional wraparound resources that promote health and well-being, such as food and housing assistance and employment supports.</p> <p>ABSMC invests in organizations, programs, and initiatives that work to address healthcare access and delivery. La Clínica, LifeLong Medical Care, and West Oakland Health, are examples of Federally Qualified Health Centers within the hospital service area that improve access to primary care and connections to wraparound resources to uninsured and underinsured patients.</p> <p>Selected executed grants will be reported at year end</p>
Goals	To improve community health by expanding access to healthcare for uninsured and underinsured populations
Anticipated Outcomes	Improve access to primary healthcare services for low-income patients Increase the percentage of primary care physician appointments that are scheduled and kept
2021 Impact	<p>ABSMC provided grants/sponsorships to organizations addressing healthcare access and delivery, including the following:</p> <p><i>The Care Transitions Nurse Program at La Clínica, LifeLong Medical Care, and West Oakland Health Council</i> provides health center patients who have recently been to the emergency department or admitted to ABSMC with navigation services and warm hand-offs to their primary care homes for appropriate follow-up care.</p> <p><i>LifeLong Medical Care's Berkeley Immediate Care</i> increases the number of urgent care appointments available to vulnerable community members who can also be connected to LifeLong Medical Care as their medical home.</p> <p><i>LifeLong Medical Care's Heart 2 Heart program</i> trains local residents as Neighborhood Health Advocates, equipping them to lead community change through health prevention, education and outreach. Heart 2 Heart also provides weekly blood pressure</p>

screenings, heart health education, and community outreach to improve resident health and reduce hypertension.

Order of Malta of Northern California provides free on-site preventive health care, specialist services, and treatment of uninsured and underinsured patients five days a week through extended clinic hours.

Through the programs funded to address healthcare access and delivery, over 14,000 individuals were served and more than 6,600 received services from a primary care provider in 2021.

Metrics Used to Evaluate the program/activity/initiative

Number of persons served

Number of patients seen by a primary care physician

Additional metrics to be determined, based on organization/initiative supported. For example,

Number of primary care physician appointments made

Percent of primary care physician appointments kept

Name of program/activity/initiative	Advanced Illness Management (AIM) Program
Description	<p>Sutter Health's Advanced Illness Management (AIM) program provides customized support for patients with advanced chronic illnesses in order to improve care transitions and reduce future hospitalization. The program helps patients manage their health/illness symptoms, manage their medications, coordinate their care, plan for the future, and live the kind of life they want.</p> <p>Alta Bates Summit Medical Center supports the program, providing funding towards the care of the people who enroll in the East Bay service area.</p> <p>Once the AIM team understands the patient's health issues, lifestyle, and personal preferences, they work with the patient to tailor a care plan, ease the transition from hospital to home, and provide continuing over-the-phone support and in-person visits in the home or at the doctor's office as needed. If the patient returns to the hospital, AIM staff continues to support the patient there. The AIM team also provides support for the patient's family and helps them understand anything about the patient's condition that the patient wants them to know.</p>
Goals	Help chronically ill patients better manage their health/illness through skilled, respectful coaching and care tailored to their needs
Anticipated Outcomes	Increase coaching services and support for patients who need help in self-managing advanced chronic illness
2021 Impact	In 2021, 226 individuals were newly enrolled in Advanced Illness Management's East Bay service area. Of those discharged from the hospital, 13% of individuals transitioned to home/self-care from the hospital, and 56% transitioned to home healthcare service.
Metrics Used to Evaluate the program/activity/initiative	<p>Number of persons enrolled in the program's East Bay service area (including demographics as available)</p> <p>Number of persons transitioned to home/self-care from hospital</p> <p>Number of persons transitioned to home healthcare service</p>

Name of program/activity/initiative	Asthma Resource Center
Description	Alta Bates Summit Medical Center's Asthma Resource Center is a program designed to help individuals control their asthma and improve their quality of life by providing education and tools for asthma management with a focus on the uninsured or underinsured. Individuals learn about basic asthma facts, medications and techniques, environmental controls, and asthma action plans. Efforts are made to also assist individuals who have no follow-up medical care with locating ongoing care in the community.

Goals	Assist those who are uninsured or underinsured in better managing their asthma
Anticipated Outcomes	Increased asthma management and control Increased proper medication use
2021 Impact	In 2021, 10 individuals were served.
Metrics Used to Evaluate the program/activity/initiative	Number of persons served Number of persons who self-report asthma control Number of persons properly taking asthma medication

Name of program/activity/initiative	Cancer Supportive Care Services
Description	<p>Alta Bates Summit Medical Center's Cancer Supportive Care Services offers the following educational, screening, and support group opportunities free to the community.</p> <p><i>Community screening and prevention programs</i> are conducted in the community to provide cancer prevention and early detection education, resources and screening clinics for cancers including breast, colorectal, and prostate cancers.</p> <p><i>Breast cancer navigation</i> provides one-on-one guidance, education, case-management, resources, and patient advocacy to patients diagnosed with breast cancer.</p> <p><i>Disease specific patient and family support groups</i>, such as Metastatic Cancer Support Group, Breast Cancer Support Group, and Caring for the Caregiver Support Group.</p> <p><i>Fitness, nutrition, and lifestyle classes and series</i> including Healing Yoga, Qi Gong, Stress Relief, and writing classes.</p> <p><i>Cancer treatment and planning classes, workshops, and symposiums</i>, such as Advance Health Care Directives Workshops, and annual highlights from the San Antonio Breast Cancer Symposium.</p>
Goals	Dedicated to decreasing the incidence of cancer through early detection and outreach and the improvement of quality of life for those with cancer
Anticipated Outcomes	Increased knowledge of cancer risk factors, cancer prevention and early detection strategies Increased access to cancer screening services Increased awareness of and access to community resources that promote health and wellness

	Increased knowledge of strategies to maximize quality of life Increased sense of social support
2021 Impact	In 2021, Cancer Supportive Care Services served a total of 1,070 individuals. This included providing 178 health screenings through the Every Woman Counts Breast Cancer Screening and Colorectal Screening programs. In addition, 104 support group sessions were provided for individuals with breast cancer, younger women with breast cancer, and individuals with metastatic cancer. Eighty-seven community health education classes were provided. The Program also coordinated the Prostate Cancer Survivorship Symposium and a Breast Cancer and Nutrition Workshop. The program provided 557 newly diagnosed breast cancer patients with breast cancer navigation services.
Metrics Used to Evaluate the program/activity/initiative	Number of persons served Number of health screenings Number of meetings provided for each program: Cancer Classes Cancer Support Groups Cancer Workshops
Name of program/activity/initiative	Diabetes Center
Description	Alta Bates Summit Medical Center's Diabetes Center supports uninsured and underinsured individuals with diabetes, who have recently been served by the Inpatient or Emergency Departments, in maximizing their health through Diabetes Self-Management Education (DSME) and case management. Individuals learn about the diabetes disease process and treatment options, nutrition and physical activity recommendations, safe medication use, blood glucose monitoring, recognizing and avoiding complications of diabetes, and strategies to promote health and behavior change. Individuals without a primary care physician are assisted with locating a medical home for ongoing care and with obtaining needed diabetes medications.
Goals	Uninsured and underinsured individuals with diabetes have the skills, resources and support to successfully manage their diabetes
Anticipated Outcomes	Improved diabetes self-management, as demonstrated by success in meeting personal action plans Improved glucose control, as demonstrated by decreased A1C level
2021 Impact	In 2021, the Diabetes Center served 66 individuals for total of 128 encounters. As a result, 49 individuals self-reported success in meeting their personal action plan more than 75% of the time and 33 individuals experienced an average improvement in A1C levels of over 1% three months after completing the Diabetes Self-Management Program.

Metrics Used to Evaluate the program/activity/initiative	<p>Number of persons served</p> <p>Number of encounters</p> <p>Number of classes/workshops provided</p> <p>Number of persons who self-report success in meeting personal action plan more than 75% of the time</p> <p>Number of persons with decreased A1C level three months after completing DSME program</p>
Name of program/activity/initiative	Regional Rehabilitation Support Services
Description	<p>Regional Rehabilitation Support Services offers educational and support group opportunities free to the community, including the Arthritis Support and Education Group, Brain Injury Life Skills Program, and Stroke Support Group.</p> <p>The <i>Arthritis Support and Education Group</i> provides educational presentations by physicians and other health care professionals on treatment options and self-help strategies to maximize quality of life with arthritis.</p> <p>The <i>Brain Injury Life Skills Program</i> provides the following groups for brain injury survivors and their family and caregivers.</p> <ul style="list-style-type: none"> • The Brain Injury Life Skills Group, facilitated by a neuropsychologist, provides a supportive environment and education for individuals with brain injuries; the group focuses on strategies for dealing with memory loss, decreased attention and concentration, anger and depression, communication and social skills, emotional stress and isolation. • The Advanced Life Skills Group, facilitated by a speech therapist, is designed to give participants who have completed the Brain Injury Life Skills Group additional cognitive strategies to improve their abilities to function better at home and in the community, and identify a pathway for returning to school, work, or volunteering. • The Family/Caregiver Education and Support Group, facilitated by a neuropsychologist, provides caregivers and family an understanding of the cognitive and emotional changes that have resulted from the brain injury. <p>The <i>Stroke Support Group</i> is offered for stroke survivors, their families and caregivers. Participants learn about rehabilitation, coping techniques, stroke prevention and other resources.</p>
Goals	Provide education, support, and opportunities to share personal experiences in a positive and caring environment
Anticipated Outcomes	<p>Increased sense of social support</p> <p>Increased awareness of community resources that support health and wellness</p> <p><i>Arthritis Support and Education Group</i> Participants gain knowledge of arthritis treatment and self-management strategies</p> <p><i>Brain Injury Life Skills Program</i> Brain Injury survivors and their caregivers experience an increased</p>

	<p>understanding of the cognitive and emotional changes caused by brain injuries as well as strategies for managing and adapting to these changes</p> <p><i>Stroke Support Group</i> Stroke survivors and their caregivers experience increased awareness of stroke prevention strategies and positive coping techniques</p>
2021 Impact	<p>The <i>Arthritis Support and Education Group</i> have been on hold since March 2020 due to the COVID-19 pandemic.</p> <p>The <i>Brain Injury Life Skills Program</i> served 35 people and provided 39 class sessions in 2021. Each of the three Groups in this program (Brain Injury Life Skills, Advanced Life Skills and the Family/Caregiver Education and Support Groups) met twice monthly. Through the Brain Injury Life Skills and Advanced Life Skills Groups, participants were provided with twelve tailored lesson plans and homework assignments. The Brain Injury Life Skills Group provided a supportive environment and education for participants to work through feelings of isolation, confusion and despair, post brain injury. The Advanced Life Skills Group gave participants who have completed the Basic Life Skills Group additional cognitive strategies to attain higher level goals. The Family/Caregiver Education and Support Group focused on the need for respite care, managing personal health, reducing stress, managing challenging behaviors, promoting recovery, and maximizing quality of life for family members.</p> <p>In 2021, the <i>Stroke Support Group</i> served 14 individuals through 12 virtual sessions. Topics included physical recovery, emotional adjustment, nutrition, and one-handed cooking following a stroke.</p>
Metrics Used to Evaluate the program/activity/initiative	<p>Number of persons served</p> <p>Number of classes/support group meetings provided.</p>
Name of program/activity/initiative	Women and Infant Services
Description	<p>Alta Bates Summit Medical Center's Women and Infant Services provides educational opportunities and support groups for parents and their children, which are open and free to the community, including the following.</p> <p>The <i>Breastfeeding Support Group</i>, facilitated by an Alta Bates Summit board-certified Lactation Consultant, provides parents with a caring and supportive environment to ask questions about and receive help with breastfeeding, as well as make social connections in the community.</p> <p>The <i>Support After Neonatal Death (SAND) Group</i>, facilitated by a Certified Perinatal Educator, provides parents who have lost a baby a space to share information, experiences, and support with other parents.</p> <p><i>Parent Education Lectures</i>, facilitated by a Certified Perinatal Educator, are focused on topics of interest to new and/or expecting parents.</p>
Goals	New and/or expecting parents have the information and support they need to partner in their health and that of their babies

Anticipated Outcomes	<p>Increased knowledge of strategies related to parenting and/or coping with grief</p> <p>Increased sense of social support</p> <p>Increased belief in ability to address challenges experienced in parenting</p>
2021 Impact	In 2021, 114 individuals were served through 10 Breastfeeding Support Groups, and two SAND Groups. Programs were adapted to a virtual learning platform to continue support during the COVID-19 pandemic.
Metrics Used to Evaluate the program/activity/initiative	<p>Number of persons served</p> <p>Number of classes/support group meetings provided for each program below:</p> <ul style="list-style-type: none"> Breastfeeding Support Groups SAND Group Parent Education Lectures
Name of program/activity/initiative	Operation Access
Description	<p>Alta Bates Summit Medical Center (ABSMC) partners with Operation Access to provide access to diagnostic screenings, specialty procedures, and surgical care at no cost for uninsured Bay Area patients who have limited financial resources. ABSMC physicians volunteer their time to provide these free surgical services, while the hospital donates the use of its operating rooms.</p>
Goals	Increase healthcare equity for uninsured and underserved patients facing barriers to getting the outpatient surgical and specialty care that they need, by providing the resources and promoting the medical volunteerism needed for the donation of these services
Anticipated Outcomes	Increase number of timely surgical procedures and diagnostic services provided to uninsured and underserved patients
2021 Impact	<p>In 2021, 121 individuals were served and 147 procedures were completed.</p> <p>Operation Access also reported the following:</p> <ul style="list-style-type: none"> Number of ABSMC medical volunteers: 40 Percent of patients (all OA patients) reporting satisfaction with their Operation Access experience: 98% Percent of patients (all OA patients) reporting improved health as a result their Operation Access service(s): 93%
Metrics Used to Evaluate the program/activity/initiative	<p>Number of persons served</p> <p>Number of surgical and diagnostic procedures provided</p> <p>Number of ABSMC medical volunteers</p> <p>Percent of patients reporting satisfaction with their Operation Access experience</p> <p>Percent of patients reporting improved health as a result their Operation Access service(s)</p>

Needs Alta Bates Summit Medical Center – Alta Bates/Herrick Campus and Summit Campus Plans Not to Address No hospital can address all of the health needs present in its community. Alta Bates Summit Medical Center – Alta Bates/Herrick Campus and Summit Campus is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. The implementation strategy plan does not include specific plans to address the following significant health needs that were identified in the 2019 Community Health Needs Assessment for the following reasons:

- Education and Literacy
- Healthy Eating/Active Living
- Transportation and Traffic
- Climate/Natural Environment

Alta Bates Summit Medical Center will focus on the top five health needs that were identified and prioritized through the 2019 Community Health Needs Assessment. The decision to not directly address the remaining four health needs, listed above, was based on the magnitude and scale of health needs, resources available, and commitment to developing a focused strategy in response to the needs assessment.

Approval by Governing Board

The Community Health Needs Assessment and Implementation Strategy Plan was approved by the Sutter Health Bay Hospitals Board on November 20, 2019.

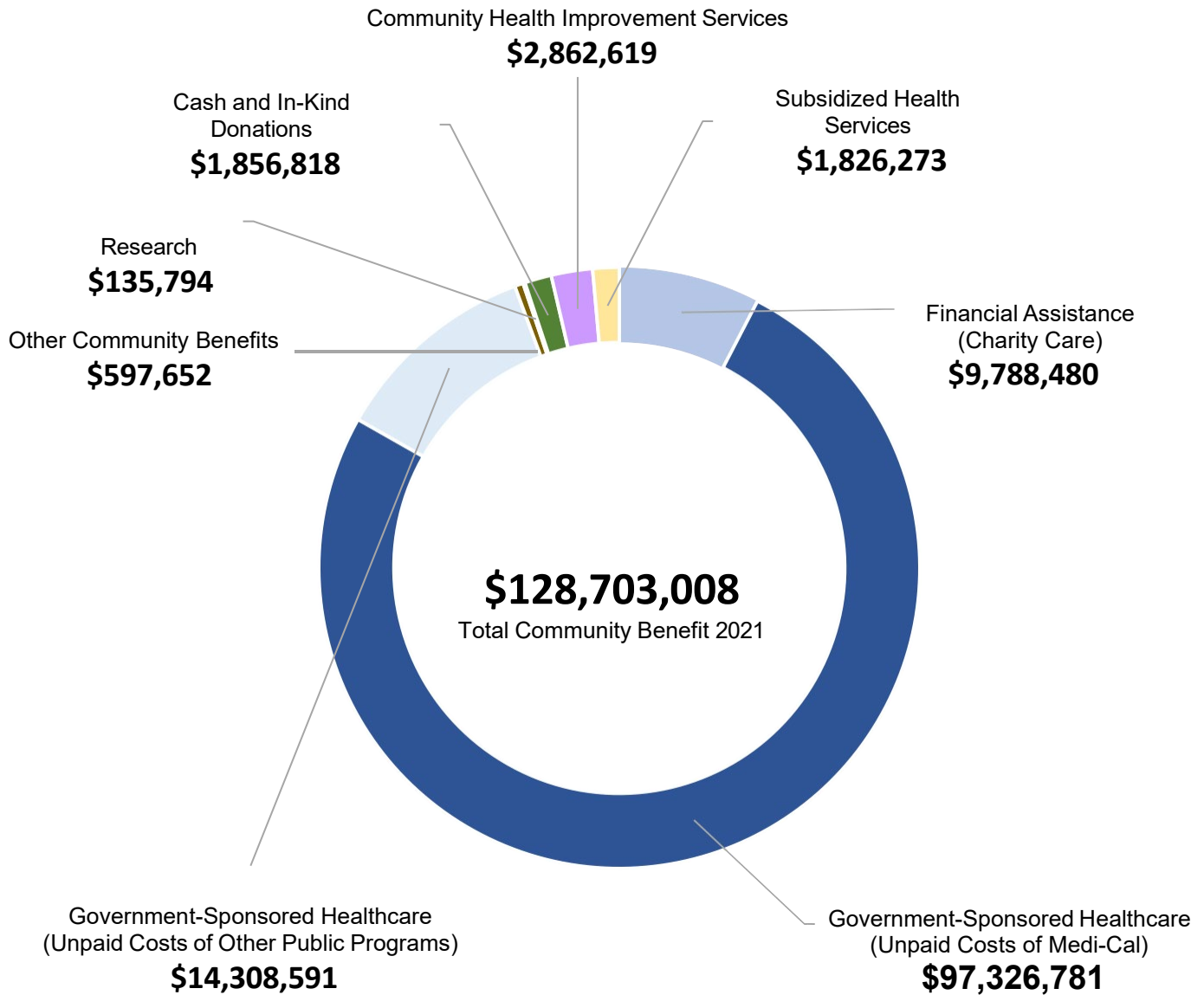
Appendix: 2021 Community Benefit Financials

Sutter Health hospitals and many other healthcare systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

Community benefit programs include traditional charity care which covers healthcare services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid costs of public programs treating Medi-Cal and indigent beneficiaries. Costs are computed based on a relationship of costs to charges. Additional community benefit programs include the cost of other services provided to persons who cannot afford healthcare because of inadequate resources and are uninsured or underinsured, cash donations on behalf of the poor and needy as well as contributions made to community agencies to fund charitable activities, training health professionals, the cost of performing medical research, and other services including health screenings and educating the community with various seminars and classes, and the costs associated with providing free clinics and community services. Sutter Health affiliates provide some or all of these community benefit activities.

The graph of Alta Bates Summit Medical Center community benefit investments on the following page includes Alta Bates, Herrick, and Summit campuses.

Alta Bates Summit Medical Center: Alta Bates, Herrick, and Summit Campuses 2021 Total Community Benefit & Unpaid Costs of Medicare



2021 unpaid costs of Medicare were \$145,347,525