

Sutter Health

Alta Bates Summit Medical Center – MPI Treatment Services

2019 – 2021 Implementation Strategy Plan

Responding to the 2019 Community Health Needs Assessment

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Introduction

The Implementation Strategy Plan describes how Alta Bates Summit Medical Center – MPI Treatment Services, 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 – MPI Treatment Services 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.

Executive Summary

Alta Bates Summit Medical Center – MPI Treatment Services is affiliated with Sutter Health, a not-for-profit public benefit corporation that is the parent of various entities responsible for operating health care facilities and programs in Northern California, including acute care hospitals, medical foundations and home health and hospice, and other continuing care operations. Together with aligned physicians, our employees and our volunteers, we're creating a more integrated, seamless and affordable approach to caring for patients.

The hospital's mission is to enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in health care services.

Over the past five years, Sutter Health and its affiliates have committed nearly \$4 billion to care for patients who couldn't afford to pay, and to support programs that improve community health. Our 2018 commitment of \$734 million includes unreimbursed costs of providing care to Medi-Cal patients, traditional charity care and investments in health education and public benefit programs. For example:

- In 2018, Sutter invested \$435 million more than the state paid to care for Medi-Cal patients. Medi-Cal accounted for nearly 19 percent of Sutter's gross patient service revenues in 2018.
- Throughout Sutter, we partner with and support community health centers to ensure that those in need have access to primary and specialty care. Sutter also supports children's health centers, food banks, youth education, job training programs and services that provide counseling to domestic violence victims.

Every three years, Sutter Health affiliated hospitals participate in a comprehensive and collaborative Community Health Needs Assessment, which identifies significant community health needs and guides our community benefit strategies. The assessments help ensure that Sutter invests its 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 Healthy Needs Assessment conducted by Alta Bates Summit Medical Center – MPI Treatment Services is publicly available at www.sutterhealth.org.

2019 Community Health Needs Assessment Summary

Alta Bates Summit Medical Center (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 – MPI Treatment Services is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

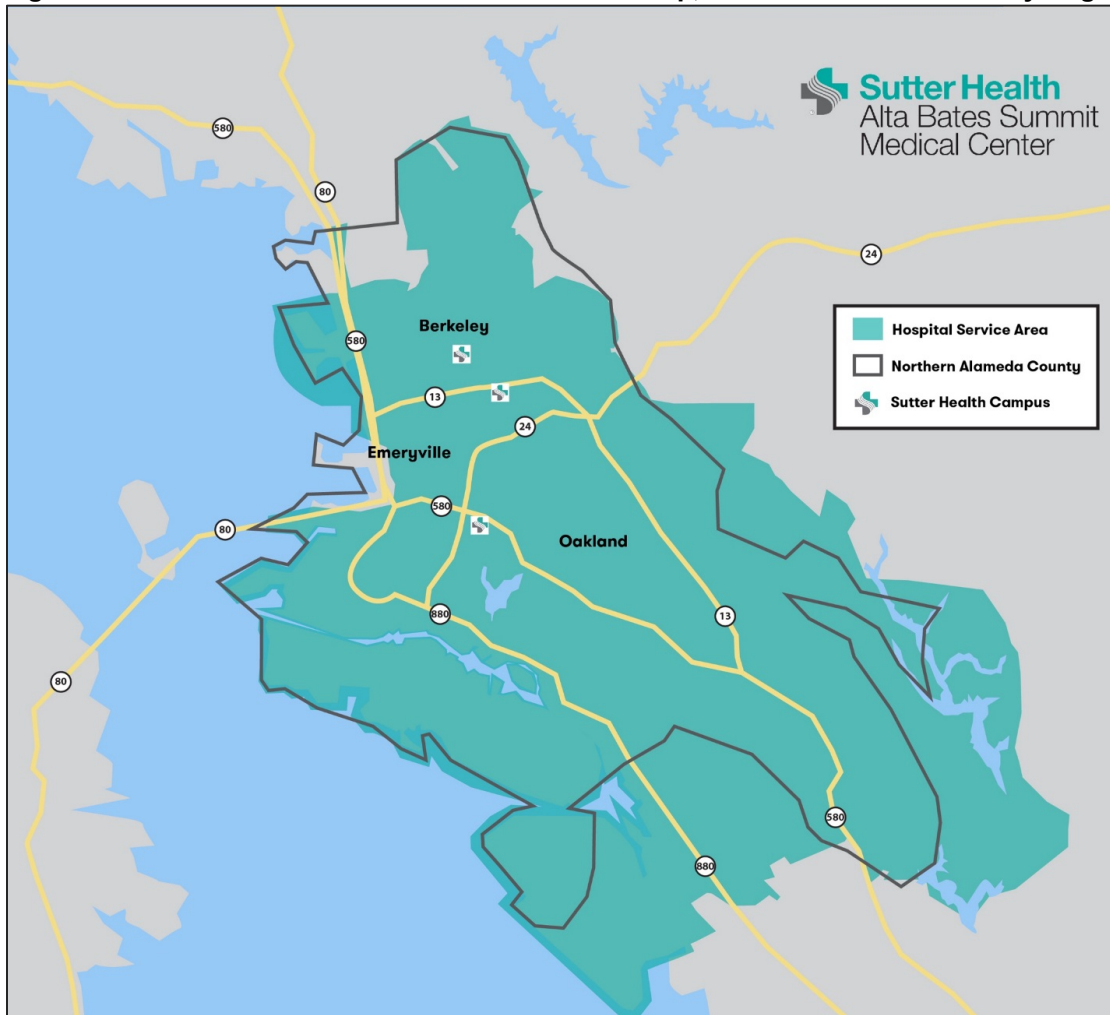
The Internal Revenue Service defines the community served as individuals who live within the hospital’s service area. This includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

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 - MPI Treatment Services is located at the Summit Campus 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 Latinx¹, 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 – MPI Treatment Services selected the top need to address in its 2019-2021 Implementation Strategy.

2019 – 2021 Implementation Strategy Plan

The implementation strategy plan describes how Alta Bates Summit Medical Center – MPI Treatment Services 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 – MPI Treatment Services 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

Behavioral Health

Name of program/activity/initiative	MPI Treatment Services
Description	<p>MPI Treatment Services is the oldest hospital-based treatment program in the San Francisco Bay Area. Founded in 1979, MPI has treated over 15,000 patients and provided community-wide chemical dependency services to physicians, industry and the community.</p> <p>In order to increase access to chemical dependency education, treatment, and support, MPI Treatment Services offers the following services free of charge for the community and/or former patients and their families:</p> <p><i>Saturday Community Lectures</i> are offered to the public to provide education about chemical dependency, the disease concept of addiction, abstinence based treatment, and medically assisted recovery options.</p> <p><i>Confidential assessments</i> are conducted by a trained and licensed MPI assessment counselor to determine appropriateness of potential patients for the various programs offered. For those that do not enroll, MPI supports first steps toward recovery by discussing the personal, interpersonal, and professional impacts of addiction and connecting these impacts to participants' life experiences.</p> <p><i>Continuing Care Groups</i> support former patients newly in recovery and their families in their transition from life in addiction to life in recovery.</p> <p><i>Language interpretation</i> is offered to remove barriers to treatment so clients can be better served and services can be extended to a greater portion of the local population.</p>
Goals	To provide participants with the caring, ongoing support and medical attention they need to understand the disease of chemical dependency and make the transition to recovery
Anticipated Outcomes	<p>Community members will build their knowledge of the symptoms of and treatment for chemical dependency</p> <p>Assessment participants will feel supported in their first steps toward treatment and recovery</p> <p>Former clients and their families will receive the support needed to prevent relapse and thrive in recovery</p> <p>Clients with limited English proficiency will be able to access treatment through the provision of language interpretation services</p>
Metrics Used to Evaluate the program/activity/initiative	<p>Number of people served</p> <p>Number of workshops (Saturday Community Lectures) provided</p> <p>Number of support group (Continuing Care Groups) meetings provided</p> <p>Number of free assessments conducted</p> <p>Number of people served through language interpretation services</p>

Needs Alta Bates Summit Medical Center – MPI Treatment Services Plans Not to Address

No hospital can address all of the health needs present in its community. Alta Bates Summit Medical Center – MPI Treatment Services 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:

- Housing and Homelessness
- Economic Security
- Community and Family Safety
- Healthcare Access and Delivery
- Education and Literacy
- Healthy Eating/Active Living
- Transportation and Traffic
- Climate/Natural Environment

Alta Bates Summit Medical Center – MPI Treatment Services will focus on the top health need that was identified and prioritized through the 2019 Community Health Needs Assessment. The decision to not directly address the remaining eight health needs, listed above, was based on MPI Treatment Services' area of expertise, 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.