Sutter Health
Eden Medical Center

2019 – 2021 Implementation Strategy Plan
Responding to the 2019 Community Health Needs Assessment

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Introduction

The Implementation Strategy Plan describes how Eden Medical Center, 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.

Eden Medical Center 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

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

The 2019 Community Healthy Needs Assessment conducted by Eden Medical Center is publicly available at www.sutterhealth.org.

2019 Community Health Needs Assessment Summary

Eden Medical Center (EMC) conducted its 2019 Community Health Needs Assessment (CHNA) collaboratively with local hospitals serving Alameda County, which included Kaiser Permanente, St. Rose Hospital, UCSF Benioff Children's Hospital Oakland, and Washington Hospital Healthcare System. The CHNA was completed by Actionable Insights (AI), LLC, an independent local research firm.

The Hospitals began the 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 Eden Medical Center is available at www.sutterhealth.org.

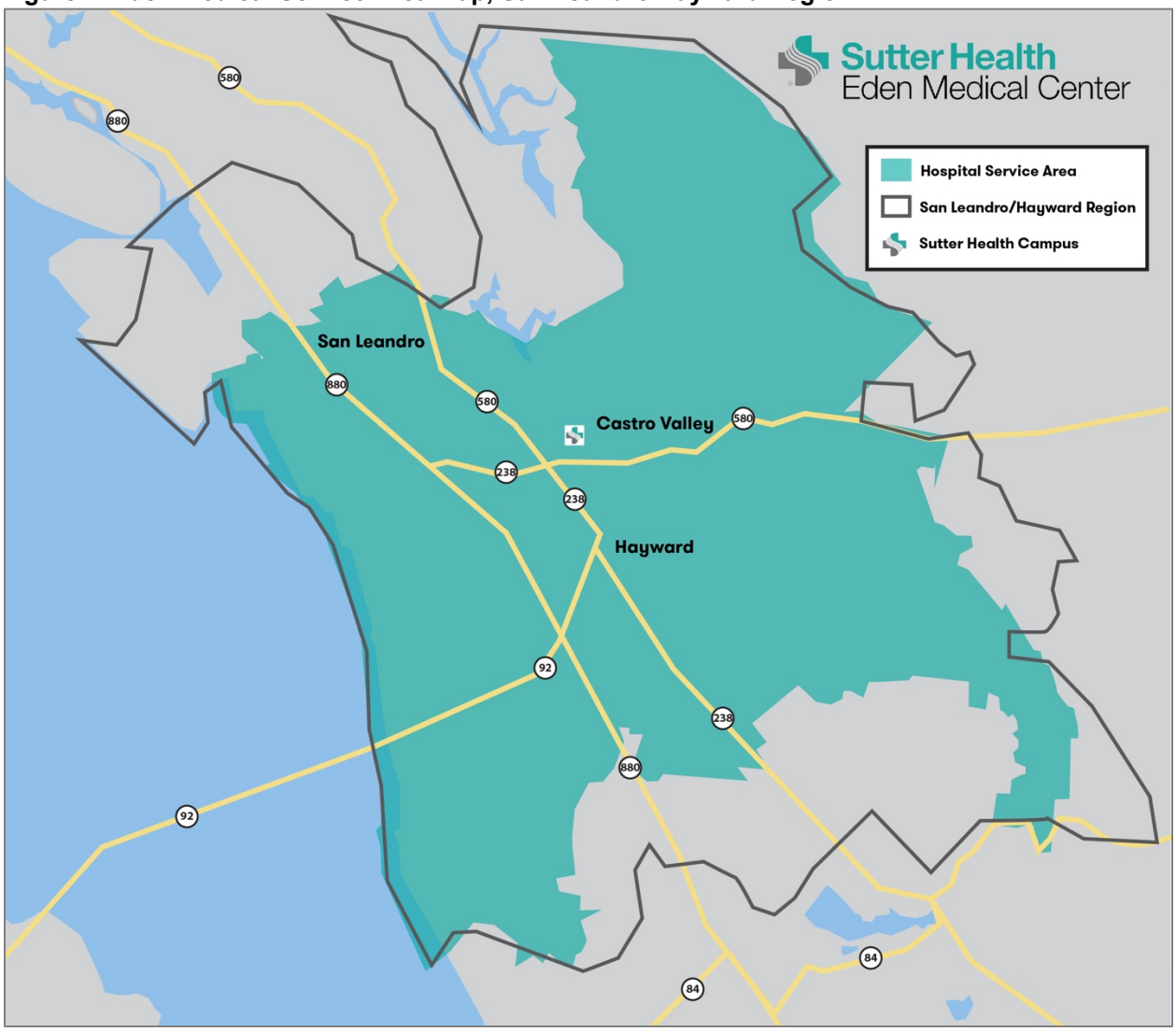
Definition of the Community Served by the Hospital

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.

Eden Medical Center is located in the city of Castro Valley in the San Leandro/Hayward region of Alameda County. Eden Medical Center's hospital service area includes 10 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 San Leandro/Hayward region. Thus, the local data gathered for the assessment represent residents across the service areas of the participating hospitals, which include Castro Valley, Hayward, San Leandro, San Lorenzo, and Union City, as well as unincorporated areas.

The map below (Figure 1) shows the alignment of the San Leandro/Hayward region with Eden Medical Center's service area.

Figure 1. Eden Medical Service Area Map, San Leandro/Hayward Region



The U.S. Census estimates a population of nearly 530,000 in the San Leandro/Hayward region. About 13 percent of residents overall and nearly 20 percent of children live in poverty. Approximately 11 percent of people in the region are uninsured. 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 39% of residents in the San Leandro/Hayward region are White, 35% are Latinx[1], 27% percent are Asian, 13% are African American, and individuals of multiple races account for about 6% 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. *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 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.

3. *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 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.

4. *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.

5. *Education and Literacy.* The relationship of educational attainment, employment, wages, and health have been well documented; limited literacy is correlated with low educational attainment. 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.

6. *Community and Family Safety.* Community and family safety ranked as one of the top health needs in the San Leandro/Hayward region. 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. Domestic violence hospitalization rates are significantly higher in the San Leandro/Hayward region than the state average. Alameda County's ER visits and deaths due to

[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.

[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.

unintentional injury are increasing. Furthermore, 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.

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. There are fewer grocery stores and produce vendors per capita in the San Leandro/Hayward region compared to the state benchmark. In addition, the percentage of county children experiencing food insecurity who are ineligible for government assistance surpasses the state average. A greater proportion of youth in the San Leandro/Hayward region are physically inactive, compared to the state. Moreover, the rate of diabetes hospitalization among children and youth countywide is above the state average and increasing.

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. Commutes by car can also wear on local residents; a significantly greater proportion of the region's commuters drive alone to work more than 60 minutes in each direction. Additionally, the pedestrian accident death rate in the San Leandro/Hayward region is higher than the state average.

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. The respiratory hazard index in the region is significantly worse than the state average. Road network density contributes to greater traffic, which can increase air pollution, and the San Leandro/Hayward region has a significantly higher density of roads than the state average.

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 ≥5% or show a ≥0.5 standard deviation.
   c. If not (b), four or more indicators must show ethnic disparities of ≥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:

- *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. Eden 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 Eden Medical Center 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 Eden Medical Center 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. Economic Security
3. Housing and Homelessness
4. Healthcare Access and Delivery

Behavioral Health

Name of program/activity/initiative	Investments in Behavioral Health
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Eden Medical Center (EMC) seeks to promote behavioral health, in part, by supporting the provision of behavioral health programs, including those focused on the effective delivery of promotion and 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 and offer opportunities to engage the broader school community, including school staff and administrators, parents and caregivers, and students.[4] Supporting organizations and programs that provide culturally responsive services, which can improve patient/client retention and treatment outcomes,[5] is a priority. Further, EMC supports workforce development strategies, which are critical to ensuring that present and future behavioral health needs of the community can be met. EMC partners with programs that promote behavioral health and well-being in collaboration with residents and multi-sector partners. 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 EMC supports. EMC invests in organizations, programs, and initiatives that work to address behavioral health. Examples of efforts to advance behavioral health by providing evidenced-based, culturally responsive behavioral health services and/or behavioral health workforce development include Castro Valley High School Wellness Center (school-based), Horizon Services' Project Eden (after school-based), and others. Selected executed grants will be reported at year end.
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	Increased coordination and systems among placed-based, multi-sector partners including residents and organizations Residents experience improved access to evidenced-based, culturally responsive behavioral health resources and services, including promotion and preventive approaches Behavioral health professionals and trainees report increased knowledge of and skills in evidenced-based, culturally responsive behavioral health resources and strategies, including promotion and preventive approaches

[4] U.S. Office of Disease Prevention and Health Promotion, Healthy People 2020. Mental health and mental disorders. Retrieved August 8, 2019, from https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders

[5] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. A treatment improvement protocol: Improving cultural competence. Retrieved August 15, 2019 from https://store.samhsa.gov/system/files/sma14-4849.pdf

Metrics Used to Evaluate the program/activity/initiative	Number of persons served Number of encounters Number of classes/workshops provided Number connected to mental health services Number of community events provided Additional metrics to be determined, based on organization/initiative supported. For example, Number of collaborative relationships Number of post graduate mental health provider interns trained Number and percent of mental health provider interns reporting receiving appropriate coaching and strategies to effectively serve students

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. Eden Medical Center (EMC) 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; EMC 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. EMC invests in organizations, programs, and initiatives that work to address economic security. 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	Residents experience: Increased access to financial education and coaching services and/or stable employment opportunities Improved knowledge, skills, and experience to support financial security and/or employability Increased feeling of financial security Attainment and retention of new employment opportunities or increased stability and/or wages of existing employment
Metrics Used to Evaluate the program/activity/initiative	Metrics to be determined, based on organization/initiative supported. For example, Number of people served Number connected to social services Number of classes/workshops

Housing and Homelessness

Name of program/activity/initiative	Investments in Housing and Homelessness
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Eden Medical Center (EMC) 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.[6] Housing and homelessness is a multi-sectoral issue; EMC 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. EMC invests in organizations, programs, and initiatives that work to address housing and homelessness. Abode Services is one example of an organization, among others, within the hospital service area that addresses housing instability and homelessness by assisting low-income, un-housed people, including those with special needs, to secure stable housing and access support services. Selected executed grants will be reported at year end.
Goals	Residents have access to safe, affordable, and stable housing and resources that provide the conditions necessary for health and well-being.
Anticipated Outcomes	Increased access to services and resources that: Prevent entry into homelessness and alleviate housing instability Shelter and support individuals experiencing homelessness Improve exits from homelessness to stable housing
Metrics Used to Evaluate the program/activity/initiative	Number of persons served Number connected to permanent or temporary housing Number of persons housed in homeless shelters Number connected to mental health services Number connected to social services Additional metrics to be determined, based on organization/initiative supported.

[6] United States Interagency Council on Homelessness. Home, together: Federal strategic plan to prevent and end homelessness. Retrieved from https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf

Healthcare Access and Delivery

Name of program/activity/initiative	Investments in Healthcare Access and Delivery
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Eden Medical Center (EMC) 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.[7] Additionally, enhancing the coordination of primary and behavioral healthcare in a clinical setting is an approach to care delivery that EMC supports. Primary care has also been identified as an important setting in which to address the social determinants of health,[8] and EMC 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. EMC invests in organizations, programs, and initiatives that work to address healthcare access and delivery. Davis Street and Tiburcio Vasquez Health Center 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. Selected executed grants will be reported at year end.
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
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

[7] Healthy People 2020. Access to primary care. Retrieved August 7, 2019, from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary

[8] World Health Organization. Primary health care. Retrieved August 7, 2019, from https://www.who.int/news-room/fact-sheets/detail/primary-health-care

Name of program/activity/initiative	Advanced Illness Management (AIM) Program
Description	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 help patients manage their health/illness symptoms, manage their medications, coordinate their care, plan for the future, and live the kind of life they want. Eden Medical Center supports the program, providing funding towards the care of the people who enroll in the East Bay service area. 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.
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
Metrics Used to Evaluate the program/activity/initiative	Number of persons enrolled in the program's East Bay service area (including demographics as available) Number of persons transitioned to home/self-care from hospital Number of persons transitioned to home healthcare service

Name of program/activity/initiative	Community Health Education: Cancer
Description	Eden Medical Center (EMC) offers free Community Cancer Prevention and Screening Events, which provide community members with the opportunity to learn about strategies to reduce cancer risk, symptoms to be aware of, and the screenings needed to help avoid being diagnosed with late stage disease.[9] In collaboration with the Cancer Support Community, EMC also offers free Cancer Workshops for people with cancer and for those who want to learn more about cancer prevention strategies. Topics include nutrition, yoga, mindfulness/meditation, and prevention of site-specific cancer such as breast or lung cancer.
Goals	To provide residents with the knowledge to reduce their risk of cancer, detect cancer early, and for those diagnosed with cancer, to improve their quality of life
Anticipated Outcomes	Participants experience increased knowledge of the symptoms that can occur for specific cancers, stress management strategies, nutrition and physical activity recommendations, and how often to be screened Participants experience increased access to cancer screenings
Metrics Used to Evaluate the program/activity/initiative	Number of persons served Number of Community Cancer Prevention and Screening Events provided Number of workshops provided Number of health screenings Of patients positively screened, number referred for appropriate follow-up

[9] More information about Eden Medical Center's classes and events can be found at https://www.sutterhealth.org/eden/classes-events

Name of program/activity/initiative	Stroke Patient Navigation Program
Description	The Stroke Patient Navigation Program provides nurse-directed collaboration with acute stroke patients and their caregivers appropriate to the morbidity, complexity of disease, and treatment course from initial hospitalization through post-acute rehabilitation and community reintegration.
Goals	To facilitate a seamless transition for patients through the healthcare continuum during stroke recovery, prevent stroke recurrence, and alleviate barriers to recovery and health promotion
Anticipated Outcomes	Patients and caregivers develop their understanding of the recovery process, trajectory, patient-specific risks and prevention strategies for recurrent stroke, and health promotion strategies Patients improve knowledge of self-advocacy and problem-solving strategies Patients experience improved functional and adaptive outcomes
Metrics Used to Evaluate the program/activity/initiative	Number of persons served Number of encounters Metrics related to self-reported patient experience, such as: Percent of patients that strongly agree that their stroke navigator provides them with useful information about their healthcare Percent of patients that strongly agree that they are able to contact their stroke navigator with needs and questions

Name of program/activity/initiative	Support Groups: Breastfeeding, Cancer, and Stroke
Description	Eden Medical Center offers free support groups for the community for breastfeeding parents, stroke survivors, and people with cancer and cancer survivors, among others.[10] *Breastfeeding Support Group* The Birth Center at Eden Medical Center offers a free three-hour drop-in Breastfeeding Support Group for all new parents and their babies once per week. Moderated by a Registered Nurse with expertise in post-partum and breastfeeding support, this group provides a caring and supportive setting to discuss relevant topics such as milk production, pumping and storage of milk, post-partum emotions and feelings, returning to work, nursing at night, latch and positioning, and troubleshooting common difficulties. Attendees share experiences and information about resources in the community that are helpful as they navigate parenthood. Each session provides an opportunity for parents to have their baby weighed and, if needed, receive referrals for appropriate care. Parents can continue to come to the group up to one year after they have delivered. *Cancer Support Group* Eden Medical Center, in collaboration with the Cancer Support Community, offers Cancer Support Groups that are open to cancer patients with any type of cancer. *Stroke Support Group* Eden Medical Center Stroke Support group offers a free support and educational group for stroke survivors and caregivers in the community. Efforts are made to educate participants about coping techniques, stroke prevention, and to provide community resources for stroke survivors to live a balanced and fulfilling lifestyle.
Goals	Provide information, support, and opportunities to share personal experiences in a positive and caring environment
Anticipated Outcomes	Increased sense of social support Increased awareness of community resources that support health and wellness *Breastfeeding Support Group* New parents experience increased knowledge of strategies to overcome challenges with breastfeeding and maintain their health and that of their babies as they transition to parenthood *Cancer Support Group* People with cancer build their understanding of strategies to manage stress during treatment and experience a sense of emotional support *Stroke Support Group* Stroke survivors and their caregivers experience increased awareness of stroke prevention strategies and positive coping techniques
Metrics Used to Evaluate the program/activity/initiative	Number of persons served Number of support group meetings provided

[10] More information about Eden Medical Center's support groups can be found at https://www.sutterhealth.org/eden/classes-events

	Support group-specific metrics to be determined, such as: Number of pregnant patients who attend the Breastfeeding Support Group prenatally Number of return Cancer Support Group participants Number of new Stroke Support Group participants each month

Needs Eden Medical Center Plans Not to Address

No hospital can address all of the health needs present in its community. Eden Medical Center 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
- Community and Family Safety
- Healthy Eating/Active Living
- Transportation and Traffic
- Climate/Natural Environment

Eden 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.