Sutter Health
Memorial Hospital Los Banos

2022 – 2024 Implementation Strategy Plan
Responding to the 2022 Community Health Needs Assessment

520 West I Street, Los Banos, CA 93635
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www.sutterhealth.org

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Introduction

The Implementation Strategy Plan describes how Memorial Hospital Los Banos, a Sutter Health affiliate, plans to address significant health needs identified in the 2022 Community Health Needs Assessment (CHNA). The document describes how the hospital plans to address identified needs in calendar (tax) years 2022 through 2024.

The 2022 CHNA and the 2022 - 2024 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.

Memorial Hospital Los Banos welcomes comments from the public on the 2022 Community Health Needs Assessment and 2022 - 2024 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 520 West I Street, Los Banos, CA 93635; and
- In-person at the hospital's Information Desk.

Executive Summary

Memorial Hospital Los Banos is affiliated with Sutter Health, a 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 patients 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.

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 2022 Community Health Needs Assessment process for Memorial Hospital Los Banos, the following significant community health needs were identified:

1. Access to Basic Needs Such as Housing, Jobs, and Food
2. Access to Mental/Behavioral Health and Substance-Use Services
3. Access to Specialty and Extended Care
4. Access to Quality Primary Care Health Services
5. Injury and Disease Prevention and Management
6. Access to Functional Needs
7. Increased Community Connections
8. Active Living and Healthy Eating
9. Safe and Violence-Free Environment
10. System Navigation
11. Access to Dental Care and Preventive Services
12. Healthy Physical Environment

The 2022 Community Healthy Needs Assessment conducted by Memorial Hospital Los Banos is publicly available at www.sutterhealth.org.

2022 Community Health Needs Assessment Summary

Community Health Insights (www.communityhealthinsights.com) conducted the assessment on behalf of Memorial Hospital Los Banos. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Northern California.

The data used to conduct the CHNA were identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings model. This model of population health includes many factors that impact and account for individual health and well-being. Further, to guide the overall process of conducting the assessment, a defined set of data-collection and analytic stages were developed. These included the collection and analysis of both primary (qualitative) and secondary (quantitative) data. Qualitative data included one-on-one and group interviews with 11 community health experts, social-service providers, and medical personnel. Furthermore, 18 community residents or community service provider organizations participated in 4 focus groups across the service area.

Focusing on social determinants of health to identify and organize secondary data, datasets included measures to describe mortality and morbidity and social and economic factors such as income, educational attainment, and employment. Further, the measures also included indicators to describe health behaviors, clinical care (both quality and access), and the physical environment.

At the time that this CHNA was conducted, the COVID-19 pandemic was still impacting communities across the United States, including MHLB's service area. The process for conducting the CHNA remained fundamentally the same. However, there were some adjustments made during the qualitative data collection to ensure the health and safety of those participating. Additionally, COVID-19 data were incorporated into the quantitative data analysis and COVID-19 impact was captured during qualitative data collection. These findings are reported throughout various sections of the report.

The full 2022 Community Health Needs Assessment conducted by Memorial Hospital Los Banos is available at www.sutterhealth.org.

Definition of the Community Served by the Hospital

The definition of the community served by the hospital was defined by four ZIP Code boundaries: 93620, 93635, 93665, and 95322. This service area was identified as the area where the majority of patients served by the hospital resided. The total population of the service area was 61,211.

The city and community of Los Banos is located in Merced County near the Interstate 5 corridor. Los Banos sits at the intersection of State Routes 152 and 165. According to the 2020 U.S. census, the city of Los Banos had a population of just over 44,000 residents, second only to the city of Merced as the county's largest city. The community serves as a bedroom community for those commuting to and from the San Francisco Bay Area.

Merced County, named after the Merced River, sits in the heart of California's central valley and much of its economy is driven by agriculture. The county covers approximately 2,000 square miles. From an employment perspective, the county's largest industries include government, agriculture, and healthcare. According to County Health Rankings, Merced County ranks as the 38th most healthy county among the 58 in California. Hispanic/Latino's account for over 60% of the total population, followed by non-Hispanic Whites at just over 26%.

Significant Health Needs Identified in the 2022 CHNA

Quantitative and qualitative data were analyzed to identify and prioritize significant health needs. This began by identifying 12 potential health needs (PHNs) based on a review of CHNAs previously conducted throughout Northern California. The data associated with each PHN were then analyzed to discover which, if any, of them were significant health needs for the service area.

PHNs were selected as significant health needs if the percentage of associated quantitative indicators and qualitative themes exceeded selected thresholds. Data were also analyzed determine if there were any emerging significant health needs in the service area beyond the initial 12 PHNs.

All significant health needs were then prioritized based on 1) the percentage of key informant interviews and focus groups that indicated the health needs was present within the service area; 2) the percentage of times key informant interviews and focus groups identified the health needs as being a top priority; and, when available, 3) the percentage of service provider survey respondents who identified the health needs as being a top priority.

The following significant health needs were identified in the 2022 CHNA:

1. **Access to Basic Needs Such as Housing, Jobs, and Food –** Access to affordable and clean housing, stable employment, quality education, and adequate food for good health are vital for survival. Maslow's Hierarchy of Needs suggests that only when people have their basic physiological and safety needs met can they become engaged members of society and self-actualize or live to their fullest potential, including enjoying good health. Research shows that the social determinants of health, such as quality housing, adequate employment and income, food security, education, and social support systems, influence individual health as much as health behaviors and access to clinical care.

2. **Access to Mental/Behavioral Health and Substance-Use Services –** Individual health and well-being are inseparable from individual mental and emotional outlook. Coping with daily life

stressors is challenging for many people, especially when other social, familial, and economic challenges occur. Access to mental, behavioral, and substance-use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.

3. **Access to Specialty and Extended Care –** Extended care, which includes specialty care, is care provided in a particular branch of medicine and is focused on the treatment of a particular disease. Primary and specialty care go hand-in-hand, and without access to specialists, such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage the progression of chronic diseases, including diabetes and high blood pressure, on their own. In addition to specialty care, extended care refers to care extending beyond primary care services that are needed in the community to support overall physical health and wellness, such as skilled-nursing facilities, hospice care, and in-home healthcare.

4. **Access to Quality Primary Care Health Services** – Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.

5. **Injury and Disease Prevention and Management** – Knowledge is important for individual health and well-being, and efforts aimed at injury and disease prevention are powerful vehicles to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focus on reducing cases of injury and infectious disease control (e.g., sexually transmitted infection (STI) prevention and influenza shots), and intensive strategies in the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.

6. **Access to Functional Needs** – Functional needs refer to needs related to adequate transportation access and conditions which promote access for individuals with physical disabilities. Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life. The number of people with a disability is also an important indicator for community health and must be examined to ensure that all community members have access to necessities for a high quality of life.

7. **Increased Community Connection** – As humans are social beings, community connection is a crucial part of living a healthy life. People have a need to feel connected with a larger support network and the comfort of knowing they are accepted and loved. Research suggests “individuals who feel a sense of security, belonging, and trust in their community have better health. People who don’t feel connected are less inclined to act in healthy ways or work with others to promote well-being for all.” Assuring that community members have ways to connect with each other through programs, services, and opportunities is important in fostering a healthy community. Further, healthcare and community support services are more effective when they are delivered in a coordinated fashion, where individual organizations collaborate with others to build a network of care.

8. **Active Living and Healthy Eating** – Physical activity and eating a healthy diet are important for one’s overall health and well-being. Frequent physical activity is vital for prevention of disease and maintenance of a strong and healthy heart and mind. When access to healthy foods is challenging for community residents, many turn to unhealthy foods that are convenient, affordable, and readily available. Communities experiencing social vulnerability and poor health outcomes often live in areas with fast food and other establishments where unhealthy food is sold. Under-resourced communities may be challenged with food insecurity, absent the means to consistently secure food for themselves or their families, relying on food pantries and school meals that often lacking in sufficient nutrition for maintaining health.

9. **Safe and Violence Free Environment** – Feeling safe in one's home and community are fundamental to overall health. Next to having basic needs met (e.g., food, shelter, and clothing) is having physical safety. Feeling unsafe affects the way people act and react to everyday life occurrences. Further, research has demonstrated that individuals exposed to violence in their homes, the community, and schools are more likely to experience depression and anxiety and demonstrate more aggressive, violent behavior.

10. **System Navigation** – System navigation refers to an individual's ability to traverse fragmented social-services and healthcare systems in order to receive the necessary benefits and supports to improve health outcomes. Research has demonstrated that navigating the complex U.S. healthcare system is a barrier for many that results in health disparities. Further, accessing social-services provided by government agencies can be an obstacle for those with limited resources such as transportation access and English proficiency.

11. **Access to Dental Care and Preventive Services** – Oral health is important for overall quality of life. When individuals have dental pain, it is difficult to eat, concentrate, and fully engage in life. Oral health disease, including gum disease and tooth decay are preventable chronic diseases that contribute to increased risk of other chronic disease and play a large role in chronic absenteeism from school by children. Poor oral health status impacts the health of the entire body, especially the heart and the digestive and endocrine systems.

12. **Healthy Physical Environment** – Living in a pollution-free environment is essential for health. Individual health is determined by a number of factors, and some models show that one's living environment, including the physical (natural and built) and sociocultural environment, has more impact on individual health than one's lifestyle, heredity, or access to medical services.

2022 – 2024 Implementation Strategy Plan

The implementation strategy plan describes how Memorial Hospital Los Banos plans to address significant health needs identified in the 2022 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 2022 CHNA.

Prioritized Significant Health Needs the Hospital Will Address

The Implementation Strategy Plan serves as a foundation for further alignment and connection of other Memorial Hospital Los Banos 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. Access to Basic Needs Such as Housing, Jobs, and Food
2. Access to Mental/Behavioral Health and Substance-Use Services
3. Access to Quality Primary Care Health Services
4. Active Living and Healthy Eating

Access to Basic Needs Such as Housing, Jobs, and Food

Name of program/activity/initiative	Respite Care for Individuals Experiencing Homelessness
Description	Offered in partnership with a nonprofit homeless shelter, the respite care program is for homeless patients discharged from the hospital. The respite care program wraps people with health and social services, while

	giving them a place to heal. The program links people in need to vital community services while giving them a place to heal. The clients who are enrolled in the program are homeless adult individuals who otherwise would be discharged to the street or cared for in an inpatient setting only. The program is designed to offer clients up to six weeks during which they can focus on recovery and developing a plan for their housing and care upon discharge.
Goals	The program seeks to connect patients with a medical home, social support and housing.
Anticipated Outcomes	The anticipated outcome of the program is to help people improve their overall health by wrapping them with services and treating the whole person through linkage to appropriate health care, shelter and other social support services.
Metrics Used to Evaluate the program/activity/initiative	Number of people served, number of resources provided, hospital usage post program intervention, type of resources provided, and other successful linkages.

Access to Mental/Behavioral Health and Substance-Use Services

Name of program/activity/initiative	LINKS Program
Description	Partnership with Merced County Behavioral Health and Recovery Services which will provide a Mental Health (MH) Clinician and Alcohol and Drug Counselor to perform direct services in the community of Los Banos, as well as . The MH Clinician will be responsible for providing consultation to the AOD Counselor and the embedded ED-BHRS Clinician related to determining medical necessity, completion of documentation in the Electronic Health Record, as well as screening and referring patient to services for individuals with co-occurring disorders. The MH Clinician will be primarily responsible for screening, providing brief interventions for co-occurring disorders and linking to treatment services where the need is indicated.
Goals	Our goal is to be able to complete screening for substance use disorders (SUD) and co-occurring disorders in the community and linking those individuals assessed as needing additional services to treatment and other resources. This will include but is not limited to referrals from MHLB's Emergency Department. T
Anticipated Outcomes	We expect this program will support the recovery of community members and help them to obtain the behavioral health services they need. The practice of actively screening, initiating psychosocial and pharmacological interventions, and linking patients with SUD to ongoing medication maintenance and behavioral health therapies, has been identified as a critical component to successful recovery.
Metrics Used to Evaluate the program/activity/initiative	• Percentage of community and hospital-based referrals will receive a mental health/substance use disorder screening and be connected to the appropriate level of care. • Percentage of the patients in need of housing support, who maintain their hospital stay until discharged, with a warm hand-off to the respite house. • Percentage of the respite house referrals will receive supportive services and or referrals to appropriate care.

Access to Quality Primary Care Health Services

Name of program/activity/initiative	Street Medicine Team
Description	This program will deploy a team of medical professionals who can provide acute medical services and access to education through referrals to individuals who are experiencing homelessness. A Licensed Vocational Nurse (LVN) and a Community Health Worker (CHW) will connect with the homeless population by bringing medical services to them with the use of a Medical Van equipped with medical supplies to perform basic medical services such as wound care, blood pressure checks, and glucose checks.
Goals	Provide outreach, triage, mobile medicine, transportation, and referrals to the homeless community.
Anticipated Outcomes	Increased access to primary and specialty care for individuals experiencing homelessness, which will result in decreased emergency room visits because patients will be able to better manage their health.
Metrics Used to Evaluate the program/activity/initiative	Number of people encountered; number of patients treated; patient demographics; services provided; and number of referrals to support services.

Active Living and Healthy Eating

Name of program/activity/initiative	Health Education and Physical Fitness Program for Youth
Description	We will invest in a comprehensive children's wellness program focusing on nutrition, fitness, and mental wellness. The on-site school program, geared toward 5th and 6th grade students, will teach students easy ways to incorporate healthy choices into daily living. The curriculum is designed to improve overall health in a fun and meaningful way.
Goals	To teach children and their families healthy lessons about fitness, physical activity and the importance of nutritious eating.
Anticipated Outcomes	The anticipated outcome of this program is teaching children and their families how to live a healthier and more active lifestyle, creating lifelong habits.
Metrics Used to Evaluate the program/activity/initiative	Number of children/families served, active schools, anecdotal stories and other successful program impacts.

Needs Memorial Hospital Los Banos Plans Not to Address

No hospital can address all of the health needs present in its community. Memorial Hospital Los Banos 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 does not include specific plans to address the following significant health needs that were identified in the 2022 Community Health Needs Assessment:

1. **Access to Specialty and Extended Care** – Our immediate focus is on partnering to provide primary care however we will be monitoring for ways to include specialty care in our partnerships with FQHCs in Los Banos.
2. **Injury and Disease Prevention and Management**– We understand diabetes is especially prevalent in this community and while we do not currently have any programs planned we are open to exploring opportunities around this need.
3. **Access to Functional Needs** – Given limited time and resources and our focus on other priority needs, we will not be addressing access to functional needs during this implementation cycle.

4. **Increased Community Connections** – Given limited time and resources and our focus on other priority needs, we will not be addressing increased community connections during this implementation cycle.
5. **Safe and Violence-Free Environment** – Our implementation plan will not specifically address violence, however our goal is to decrease the likelihood of violence through investments in youth programs that will keep kids safe and in a positive environment.
6. **System Navigation** – Given limited time and resources and our focus on other priority needs, we will not be addressing system navigation during this implementation cycle.
7. **Access to Dental Care and Preventive Services** – We do not currently have plans to implement dental programs however we will be supporting other partnerships, especially those for individuals experiencing homelessness, where they will offer referrals to dental.
8. **Healthy Physical Environment** – Given limited time and resources and our focus on other priority needs, we will not be addressing healthy physical environment during this implementation cycle.

Approval by Governing Board

The Community Health Needs Assessment and Implementation Strategy Plan was approved by the Sutter Health Valley Hospitals Board on July 21, 2022.