Mercy Medical Center Redding
A Dignity Health Member

Community Health Needs Assessment and Implementation Strategy Summaries

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2012 Mercy Medical Center Redding
Community Health Needs Assessment Summary

An assessment of Shasta County

During 2010/2011, a community health needs assessment (CHNA) was sponsored by Mercy Medical Center Redding (MMCR) for the approximately 208,000 residents of Shasta County, California, that reside in the primary service area, as part of the commitment to the health of our community. MMCR is one of three medical centers comprising the Dignity Health North State Service Area, along with Mercy Medical Center Mt. Shasta and St. Elizabeth Community Hospital in Red Bluff. MMCR serves as a regional referral center for far Northern California offering major medical services including a Level II Trauma Center with a dedicated Orthopedic Traumatologist, Level III Neonatal Intensive Care Unit, Cardiovascular Services, and Oncology Services. Mercy Medical Center Redding is also the sole provider of obstetrical services in its primary service area. The facility has 266 licensed beds and has a staff of approximately 1,700.

Description of Community Served by the Hospital

MMCR serves a primary service area (PSA) comprised mostly of zip codes in Redding and Shasta, Tehama and Trinity Counties. Portions of Shasta County are federally designated Medically Underserved Areas (MUA). The economic recession has had a significant impact on local businesses and has affected unemployment rates. Shasta County's unemployment rate was 13% in June of 2012, which was greater than California's June 2012 rate of 10.7%. Due to the recession there has been a growing need for services provided to the un-/underinsured. Insurance coverage estimates for 2011 showed a total of 41.89% of individuals in Mercy Redding's PSA are either uninsured (26.4%) or have Medi-Cal (16.8%) coverage.

Who was involved in Assessment

In late 2010, a community health needs assessment was sponsored by MMCR as one of its strategies and commitment to the health of our community. Professional Research Consultants (PRC), located in Omaha Nebraska, conducted the community health needs assessment for Shasta County. Through a series of telephone interviews, focus groups and the evaluation of existing health related data, PRC compiled a report inventorying community health priorities and provided recommendations for areas of intervention.

How the Assessment was Conducted

A community health needs assessment is a systematic process involving the community, to identify and analyze community health needs in order to prioritize, plan and act upon unmet community health needs. An assessment is conducted every three years and an essential component of the process is to prioritize the health opportunities that are identified through the assessment process. In late 2010, a community health needs assessment was sponsored by MMCR as one of its strategies and commitment to the health of our community. Professional Research Consultants (PRC), located in Omaha Nebraska, conducted the community health needs assessment for Shasta County. Through a series of telephone interviews, focus groups and the evaluation of existing health related data, PRC compiled a report inventorying community health priorities and provided recommendations for areas of intervention.

The community health needs assessment was the product of analysis of primary and secondary data sources relating to a wide array of community health indicators in Shasta County. Data input included:

- Community Health telephone survey consisting of a random sample of 500 individuals aged 18 and older in Shasta County. The sample was then weighted in proportion to the actual population distribution at the zip code level.

- Community Health Panels:
  - Two health panels (focus groups) were conducted. One was conducted with physicians and other health care professionals and the other one consisted of social workers and other community leaders.

- A variety of existing (secondary) data sources was consulted to complement the research quality of the health assessment. The data for Shasta County was obtained from the following sources: California Department of Health Services, California Department of Public Safety, Centers for Disease Control & Prevention, ESRI BIS Demographic Portfolio (projections based on the US Census) and National Center for Health Statistics.

Health Needs Identified

The results of the 2011 Community Health Needs Assessment were very similar to the results found in the 2007 assessment. This finding further supports our work in relation to community health and the fact that it takes concerted effort and time to change the behaviors of a community. The following health priorities represent recommended areas of intervention

- Access to Healthcare
- Cancer
- Disability & Chronic Pain
- Heart Disease & Stroke
- Immunizations
- Injury & Violence
- Mental Health & Mental Disorders
- Nutrition, Physical Activity & Overweight
- Oral Health
- Respiratory Disease
- Sexually Transmitted Diseases
- Substance Abuse
- Tobacco Use
- Vision & Hearing

Community Assets Identified

A formal community asset assessment has not been conducted at this time; however it may be addressed in the future within the parameters of our collaboration with the Shasta County Public Health Partnership. MMCR remains committed to developing programs and services not only based on the outcomes from the Community Health Needs Assessment but also focused on the most vulnerable populations in our PSA.

Summaries: Assessments and Priorities

Based on input from its Advisory Council, over the next three fiscal years MMCR will:

- Develop interventions to address heart disease and stroke with a focus on physical activity and fitness; oral health, nutrition and overweight.
- Develop interventions to address COPD with a focus on lung cancer and tobacco use.
- Develop interventions to address chronic pain with a focus on substance abuse and mental health.
- Continue offering the Stanford model chronic disease self-management program titled *Healthier Living*.
- Consider funding requests from its community benefit donation program that align with the identified health priorities established in the Community Health Assessment.

Next Steps

Mercy Medical Center Redding will be using the assessment to help create a higher level of awareness of its community benefit activity. The report will be distributed to key internal and external stakeholders, including but not limited to: Dignity Health North State Board; Mercy Foundation North Board; Mercy Medical Center Redding Advisory Council; elected City and County officials; Union leadership; employees, guild members and Medical Staff leadership. The report will also be available in Dignity Health approved format on the Hospital's web site.

Mercy Medical Center Redding Implementation Strategy

For FY2012-2013 Summary

Mercy Medical Center Redding (MMCR) is part of the Dignity Health system. As part of Dignity Health, Mercy Medical Center Redding plays a lead role in caring for the community and partnering with others to help make Redding and the surrounding areas a healthier place. In living out the mission, Mercy Redding is particularly attentive to the needs of the poor, disadvantaged and vulnerable.

Mercy Medical Center Redding believes it is vitally important to work with other values-driven organizations to truly make a difference. By effectively using limited resources and linking together, Mercy Redding can often offer healthy and health prevention options in our community as well as help address the broader health needs of the community. We do not believe we can address the community's health care needs alone. Every year, Mercy Redding reinvests in the community through its Community Grants program. The goal of the program is to reinvest community benefit resources by partnering with non-profit organizations who share our mission and values of working to improve the health and quality of life in our community.

Target Areas and Populations

The economic recession has had a significant impact on local businesses and has affected unemployment rates. Shasta County's unemployment rate was 13% in June of 2012, which was greater than California's June 2012 rate of 10.7%. Due to the recession there has been a growing need for services provided to the un-/underinsured. Insurance coverage estimates for 2011 showed a total of 41.89% of individuals in Mercy Redding's PSA are either uninsured (26.4%) or have Medi-Cal (16.8%) coverage. People are often turning to the Emergency Department for basic non-acute medical services. To respond effectively to these needs requires collaborative problem solving. Nonprofit organizations need to work together to leverage resources and maximize health assets in innovative ways to enhance existing programs and ensure sustainable health programs and services are available over the long-term. Community-based collaboration will be a priority for Mercy Medical Center Redding and will help drive community benefit efforts in the future.

How the Implementation Strategy was Developed

Community benefit is integrated into the strategic planning process at Mercy Medical Center Redding and is demonstrated at multiple levels throughout the organization. The community benefit planning process is a joint effort that engages the Dignity Health North State Board, Mercy Redding's President and Leadership Team, and Mercy Redding's Advisory Council.

The Dignity Health North State Board has overall responsibility for community benefit activities for Mercy Medical Center Redding to ensure that the activities support the mission, policies and strategic plan of the organization, as well as, address the priority needs of the community. In addition to the involvement and oversight of the Dignity Health North State Board, Mercy Medical Center Redding's Advisory Council provides a community perspective to help prioritize the health opportunities for the organization. This 24-member Council represents a broad range of community organizations and needs. The individual responsible for the implementation and facilitation of the Community Benefit process reports to the President of Dignity Health North State and is a member of Mercy Medical Center's senior

management team.

Membership on the Dignity Health North State Board and Advisory Council include community stakeholders, Sisters of Mercy, senior hospital leadership, physicians, and Mission Integration leadership. Responsibilities of the Board and the Advisory Council include:

- Review and approval of the annual community benefit report and plan to ensure it is aligned with Mercy Medical Center Redding's mission and strategy, is focused on the priority needs identified through the community health assessment and/or by hospital leadership, and fulfills responsibilities as a charitable organization.

- Provide oversight for the Dignity Health Grants Program, including the identification of grant funding priorities and selection of grant review committee members.

- Serve as advocates in the community that further Mercy Medical Center Redding's mission and help foster strategic partnerships to improve community health.

Major Needs and How Priorities were Established

Mercy Medical Center Redding carefully considered how to identify and prioritize various community benefit initiatives. Once the health opportunities were identified, they were ranked by members of the Hospital Advisory Council. The ranking tool contained seven criteria with which to rank each health opportunity. Each criterion was assigned a specific weighted value. Definitions of the criteria used are listed below:

- High Incidence or Prevalence - Is the local rate/percent higher than the state or national rate/percent? Consider absolute numbers directly affected by the problem, as well as disproportionate rates among special populations (subgroups of age, sex, race/ethnicity, geographic region).

- Trending - What are the trends? Is the rate/percent increasing or decreasing over time?

- Severity of Problem/Consequences - Consider the degree to which the problem leads to death, disability or impairs one's quality of life. Also consider the risk of exacerbating the problem by not addressing at the earliest opportunity.

- Amenable to Intervention - Consider how likely it is that interventions will be successful in preventing or reducing the consequences of a problem. Keep in mind all types of intentions (e.g., community education, policy and/or organizational changes, etc.), the potential to reach populations at greatest risk, and the ability of the community at large to mobilize to support the intervention. *In other words … can we make a difference?*

- Resources Available - Consider what programs are currently in place to address the problem, and consider the ability of organizations to reasonably impact the issue, given available resources.

- Costliness of Treatment of Problem/Consequences - Consider the financial costs of treating the problem; what costs might be saved by preventing or reducing the severity of the problem?

- Acceptability - Considering what the community feels is important, as it can mean greater community support later on.

After the participants ranked each of the areas of opportunity, the results were then calculated and further discussion ensued to select the areas that should be the focus for the next community benefit planning cycle (FY12 – FY14).

As a result of the ranking and prioritization process, and taking into account that the Hospital has limited financial resources, it was determined that the Hospital could affect the most change if initiative clusters were developed. By developing three initiative clusters the Hospital is able to address 9 out of the 14 areas of opportunity. The three initiative clusters are:

- Heart disease and stroke with a focus on physical activity, oral health, nutrition and overweight.
- COPD with a focus on lung cancer and tobacco use.
- Chronic pain with a focus on substance abuse and mental health.

Description of what MMCR will do to Address Community Needs

MMCR remains committed to developing programs and services not only based on the outcomes from the Community Health Assessment but also focused on the most vulnerable populations in our PSA. In addition to specific community benefit programs, MMCR is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured. Currently, 26.4% of Mercy Redding's primary service area population is uninsured, followed by 19.65% who are enrolled in the Medicare program and 16.8% enrolled in Medi-Cal.

Action Plans

1. ***Healthier Living* - Chronic Disease Self-Management Program** – MMCR will continue to provide the *Healthier Living* workshop for adults who have a chronic health condition or who live with someone with a chronic health condition. *Healthier Living* workshop participants learn how to manage stress, fight fatigue and pain, learn how to communicate with their doctor and family members and set goals and learn problem solving techniques.

2. **Heart Disease and Stroke** – MMCR will enhance proactive community benefit programming targeted to expand the continuum of care for community members living with CHF and other related diseases and enhance the quality of life by preventing or reducing unnecessary admissions to the Hospital.

3. **COPD, Cancer and Tobacco Use** – MMCR will offer specific interventions to reduce readmission for individuals admitted to the Hospital for conditions related to COPD and tobacco use.

4. **Chronic Pain, Substance Abuse and Mental Health** – MMCR will provide educational opportunities and/or screening programs that increase awareness and early identification of issues with chronic pain, substance abuse and mental health issues, such as depression.

Next Steps for Priorities

For each of the priority areas listed above, MMCR will work with community partners to:

- Identify any related activities being conducted by others in the community that could be built upon.
- Develop measurable goals and objectives so that the effectiveness of their efforts can be measured.
- Build support for the initiatives within the community and among other health care providers.

Priority Needs Not Being Addressed and the Reasons

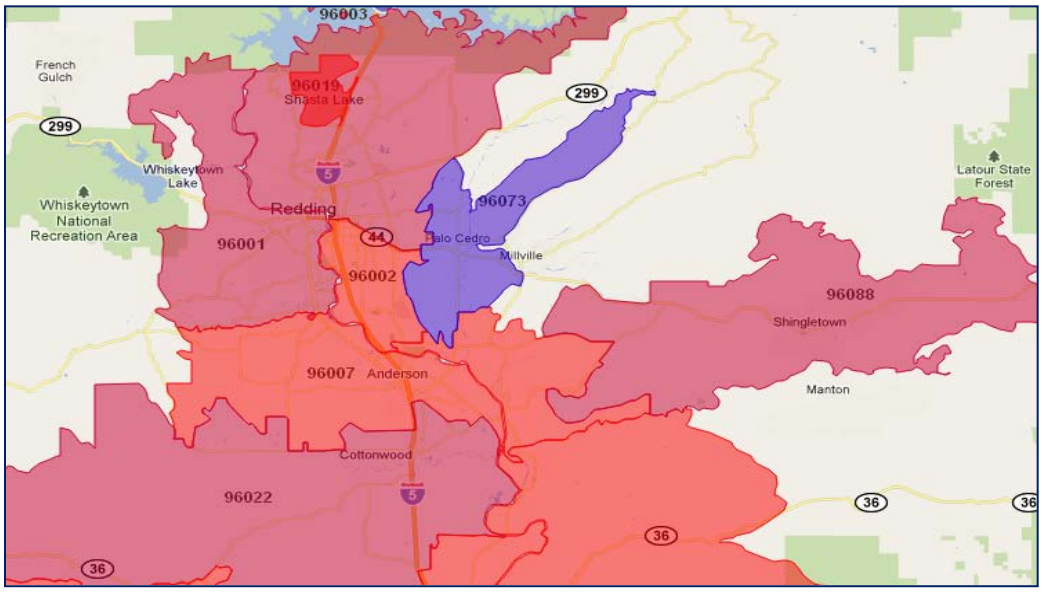
Due to limited and competing resources, MMCR is not able to address all the areas identified in the CHNA and chose to develop planned interventions for 9 of the priority areas. The needs not being addressed are: Access to Healthcare, Immunizations, Injury & Violence, Sexually Transmitted Diseases, and Vision & Hearing. MMCR will continue to offer other available resources to community organizations that are providing services in these areas though the Community Grants Program or through appropriate donations and sponsorships of their activities.

Approval

On October 11, 2012, the North State Service Area Community Board, which includes representatives from Siskiyou, Tehama, and Shasta Counties, reviewed and approved the Community Benefit Report and Implementation Strategy for addressing priorities identified in the most recent Community Assessment.

Attachment A

Mercy Medical Center Redding Community Needs Index



Lowest Need **Highest Need**

1 - 1.7 Lowest	1.8 - 2.5 2nd Lowest	2.6 - 3.3 Mid	3.4 - 4.1 2nd Highest	4.2 - 5 Highest

Zip Code	CNI Score	Population	City	County	State
96001	4	34425	Redding	Shasta	California
96002	4.2	33327	Redding	Shasta	California
96003	3.6	45570	Redding	Shasta	California
96007	4.4	24034	Redding	Shasta	California
96013	4.4	4956	Burney	Shasta	California
96019	4.6	10119	Shasta Lake	Shasta	California
96021	4.8	15183	Tehama County	Tehama	California
96022	3.4	16199	Cottonwood	Tehama	California
96073	2.4	3823	Palo Cedro	Shasta	California
96080	4.4	28752	Red Bluff	Tehama	California
96088	3.4	5033	Shingletown	Shasta	California
96093	4	3757	Weaverville	Trinity	California

Attachment B

Mercy Medical Center Redding Service Area Demographics

Population / Growth Rates

Area	2012 Population	2012-2017 Annual Growth
PSA	208,924	0.74%
SSA	58,671	0.47%
Total	267,595	0.68%

PSA Median Income - Summary by City

City	2012 Median Household Income	2017 Median Household Income
96073 Palo Cedro	$58,980	$60,083
96022 Cottonwood	$45,838	$47,159
96003 Redding	$43,555	$44,509
96088 Shingletown	$42,618	$43,683
96001 Redding	$41,415	$42,540
96002 Redding	$40,346	$41,055
96080 Red Bluff	$36,736	$37,478
96019 Shasta Lake	$35,874	$37,900
96007 Anderson	$36,222	$37,219
96093 Weaverville	$35,819	$36,847
SA Total	$40,732	$41,765

Shasta County Median = $41,296
CA Median = $61,538

Ethnicity Breakout

Ethnicity	2012 Population	% of Total
White Non-Hispanic	169,029	80.90%
Black Non-Hispanic	1,631	0.78%
American Indian & Alaska Native Non-Hispanic	4,641	2.22%
Asian/Pacific Islander Non-Hispanic	5,180	2.48%
2+ Races Non-Hispanic	7,065	3.38%
Other Non-Hispanic	227	0.11%
Hispanic	21,151	10.12%
Total	208,924	100.00%

Age Distribution

Age Groups	2012 Population	% of 2012 Total	2017 Population	% of 2017 Total	Growth 2012-2017	% Growth 2012-2017	% Annual Growth
00-17	49,219	23.56%	49,191	22.69%	-28	-0.06%	-0.01%
18-44	66,471	31.82%	69,449	32.03%	2,978	4.48%	0.88%
45-64	60,423	28.92%	59,818	27.59%	-605	-1.00%	-0.20%
65+	32,811	15.70%	38,339	17.68%	5,528	16.85%	3.16%
Total	208,924	100.00%	216,797	100.00%	7,873	3.77%	0.74%

Attachment C

MERCY MEDICAL CENTER REDDING
ADVISORY COUNCIL MEMBERS
2012

MEMBER	TERM	REAPPTD
Les Baugh (Shasta Co. Board of Supervisors)	6/2005 to 12/2012	to 12/2012
Diane Kempley (Redding School District)	6/2005 to 12/2012	to 12/2012
Kurt Starman (City of Redding)	6/2006 to 12/2013	to 12/2013
Dr. Andy Solkovits (Family Practice Physician)	6/2006 to 12/2013	to 12/2012
Dr. Lucha Ortega (Shasta College)	6/2006 to 12/2013	to 12/2013
Heather Hennessey (First Christian Church)	6/2006 to 12/2013	to 12/2013
Susan Wilson (Health Improvement Partnership of Shasta)	6/2006 to 12/2013	to 12/2013
Jeff Avery (State Farm Insurance)	6/2007 to 12/2014	to 12/2013
Doreen Bradshaw (Shasta Consortium)	6/2007 to 12/2014	to 12/2013
Ryan Denham, *Chairperson* (SJ Denham Chrysler)	6/2007 to 12/2014	to 12/2013
Roger Janis (Retired from Butte Community Bank)	6/2007 to 12/2014	to 12/2013
Dave Jones (Mountain Valleys Health Centers)	6/2007 to 12/2014	to 12/2013
Jason Parker (Morgan Stanley Financial)	6/2008 to 12/2015	to 12/2012
Mike Mangas, *Vice Chairperson* (KRCR Channel 7)	6/2008 to 12/2015	to 12/2012
Marion Nebergall (Community Member)	6/2008 to 12/2015	to 12/2012
Janice Cunningham, *Secretary* (Cox Real Estate)	6/2008 to 12/2015	to 12/2012
Janet Applegarth (Anderson Chamber of Commerce)	1/2011 to 12/2016	to 12/2013
Larry McKinney (Simpson University)	1/2012 to 12/2017	to 12/2013
Tracey Moore (Sierra Pacific Industries)	1/2012 to 12/2017	to 12/2013
Robert Paoletti (Redding Police Department)	1/2012 to 12/2017	to 12/2013

Attachment D

FY 2013
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS

Karen Teuscher, Chairperson

LeRoy Crye, Secretary

Jon W. Halfhide, North State Service Area President

Fernando Alvarez, M.D.

Diane Brickell

Lisa Cheung, M.D.

Sister Nora Mary Curtin

Sandra Dole

Douglas Hatter, M.D.

Sutton N. Menezes, M.D.

Venita Philbrick

Sister Maura Power