Dameron Hospital

2020 Community Health Plan Update Report

The following Implementation Strategy serves as the 2020-2022 Community Health Plan for Dameron Hospital and is respectfully submitted to the Office of Statewide Planning and Development reporting on our 2020 results.

DAMERON HOSPITAL

Managed by:

AdventistHealth

Executive Summary

Introduction & Purpose

Dameron Hospital is pleased to share its Community Health Plan Report. This follows the development of its 2019 Community Health Needs Assessment (CHNA) in accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements and approved by the Dameron Hospital Board of Directors.

After a thorough review of the health status in our community through the community health needs assessment (CHNA), we identified areas that we could address using our resources, expertise and community partners.

The results of the CHNA guided this creation of this document and aided us in how we could best provide for our community and the vulnerable among us. This Implementation Strategy summarizes the plans for Dameron Hospital to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2019 CHNA. Dameron Hospital has adopted the following priority areas for our community health investments.

Prioritized Health Needs – Planning to Address
• Economic Security • Obesity/Healthy Eating and Active Living (HEAL)/Diabetes

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities that define the well-being of people.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in our service area and guide the hospital's planning efforts to address those needs.

The significant health needs were identified through an analysis of secondary data and community input. These health needs were prioritized according to the following criteria:

- It fits the definition of a "health need" as described above.
- It was confirmed by multiple data sources (i.e., identified in both secondary and primary data).

- Indicator(s) related to the health need performed poorly against a defined benchmark (e.g., state average).
- It was chosen as a community priority. Prioritization was based on the frequency with which key informants and focus groups mentioned the need. The final list included only those that at least three key informants and focus groups identified as a need.

For further information about the process to identify and prioritize significant health needs, please refer to Dameron Hospital's 2019 CHNA report at the following link: https://www.dameronhospital.org/about-us/community-health-needs-assessment/

About Dameron Hospital

Dameron Hospital is a fully accredited, non-profit, 200+ bed community hospital providing acute and tertiary level care to San Joaquin County residents. Our commitment to providing the highest quality care has earned Dameron Hospital various state and national recognitions, as well as numerous awards and accolades. The hospital has also been designated by Blue Shield of California as a Blue Distinction® Center for Bariatric Surgery and for Knee and Hip Replacements as part of the Blue Distinction® Centers for Specialty Care program. In addition to being a top-rated joint replacement center in the Stockton area, and the county's leading orthopedic hospital, Dameron has also been recognized as a Top Performer for its Quality Metrics by The Joint Commission.

The San Joaquin County Emergency Medical Services Agency has also named Dameron as a designated STEMI (heart attack) receiving center and certified stroke center. Thanks to Dameron's Lifeline technology and cardiac-prepared Emergency Room staff, emergency responders have a local care partner that also is a Certified Cardiac Care Hospital and a Cardiothoracic Surgery Center with an active Cardiac Catheterization Lab.

Dameron Hospital continues its leading-edge tradition, and we are continually enhancing its facilities and services to help fulfill our mission of delivering top-quality care to the community. Dameron services include cardiology and cardiac surgery, orthopedics, bariatric surgery, as well as general acute care, emergency, and intensive care services.

Dameron Hospital and Adventist Health

To expand healthcare choices and access in the Stockton area, Adventist Health began management of Dameron Hospital on January 1, 2020, under an agreement between the nonprofit healthcare organizations, Dameron Hospital Board President Bill Trezza announced on December 18, 2019.

"Dameron leadership and staff want to do more for their community, and this agreement makes that possible," Trezza said. "Adventist Health has expanded and improved healthcare services in Lodi since joining the community in 2015, and we're eager to build San Joaquin County healthcare services together."

Adventist Health, is a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii.

Vision

Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

Mission Statement

Living God's love by inspiring health, wholeness and hope.

Adventist Health facilities include:

- 21 hospitals with more than 3,284 beds
- More than 273 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 associates, medical staff physicians, allied health professionals and volunteers.

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of all faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates to 1866 when the first Seventh-day Adventist healthcare facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

Summary of Implementation Strategies

Dameron Hospital Implementation Strategy

The implementation strategy outlined below summarizes the strategies and activities by Dameron Hospital to directly address the prioritized health needs. They include:

Health Need 1: Economic Security

- Collaboration with HealthForce Partners
- Workplace Wellness Initiative through collaboration with the American Heart Association
- Partner with the San Joaquin Medical Society Decision Medicine Program

Health Need 2: Obesity/Healthy Eating and Active Living (HEAL)/Diabetes

- Free health education seminars
- Newsletters distributed to more than 32,000 community households
- Help all ages get more physical activity

Under the health need of economic security, you will note that Dameron is collaborating with partners to improve career pathways and prepare skilled workers to meet the demand of healthcare organizations. Additionally, we are trying to improve workplace health in our local businesses. When employees are healthy, absenteeism decreases, productivity increases, and both employer and employee benefit. These initiatives can be indirectly linked to homelessness. If we create opportunities for our students to succeed and prepare them to meet the needs of the workforce, and improve the health and well-being of our employers, then we are setting our community up for economic stability.

The Action Plan presented below outlines in detail the individual strategies and activities Dameron Hospital will implement to address the health needs identified though the CHNA process. The following components are outlined in detail in the tables below: 1) actions the hospital intends to take to address the health needs identified in the CHNA, 2) the anticipated impact of these actions as reflected in the Process and Outcomes measures for each activity, 3) the resources the hospital plans to commit to each strategy, and 4) any planned collaboration to support the work outlined.

No hospital can address all the health needs identified in its community. Dameron Hospital is committed to serving the community by adhering to its mission, and using its skills, expertise and resources to provide a range of community benefit programs. This Implementation Strategy does not include specific plan to address the following significant health needs identified in the 2019 CHNA.

Significant Health Needs – NOT Planning to Address
• Violence/Injury Prevention: Need is being addressed by others • Mental Health: Dameron does not have the resources at this time to address this need • Access to Care – Need is being addressed by others • Substance Abuse/Tobacco: Need is currently being addressed by others • Asthma: Dameron does not have the resources necessary at this time to address this need • Oral Health: Need is being addressed by others • Climate and Health: Hospital does not have expertise to effectively address the need

Dameron Hospital Implementation Strategy Action Plan

PRIORITY HEALTH NEED: ECONOMIC SECURITY

GOAL STATEMENT: IMPROVE THE ENCONOMIC SECURITY IN OUR COUNTY BY IMPROVING CAREER OPPORTUNITIES FOR OUR RESIDENTS, INCREASING THE SUPPLY OF QUALIFIED WORKERS TO MEET THE NEEDS OF THE HEALTHCARE INDUSTRY, AND IMPROVE THE OVERALL HEALTH OF OUR LOCAL BUSINESSES.

Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people, Equity

Strategy 1.1: Dameron has partnered with HealthForce Partners to improve career pathway opportunities for community residents and to increase the supply of skilled workers to meet the needs of a dynamic healthcare industry in the Northern San Joaquin Valley.
Strategy 1.2: Dameron is collaborating with the American Heart Association, Adventist Health Lodi Memorial and the Lodi Chamber of Commerce's Health Value Action Team to provide our local businesses with a nationally successful program, the Workplace Health Solutions. The program will offer local businesses a suite of science-based, evidence-informed tools and services to help build a workplace culture of health.
Strategy 1.3: Dameron is collaborating with the San Joaquin Medical Society's Decision Medicine program, which was created to address the physician shortage in San Joaquin County. It is a program for high school students who are interested in becoming physicians. Students are high achieving from underrepresented backgrounds and attend a variety of high schools from across San Joaquin County.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Outcomes	Results: Year 2	Medium Term Outcomes	Results: Year 3
Activity 1.1 Participation in the HOPE pilot program	# of participants enrolled in the Helping Our People Elevate (HOPE) pilot program	11	# of participants that successfully complete the program		# employed in a new position	
Activity 1.2 Partnership with American Health Association	# of employers recruited for the AHA's Workplace Health Solutions	12	Train at least 10 champions, one from each organization		Self-assessed health state of organization % Decrease in employee absenteeism	
Activity 1.3 Partnership with SJ Medical Society Decision Medicine Program	# of students participating in the Dameron Hospital program segment	0	# of students that pursue secondary education in the medical/clinical field		# of students that achieve undergraduate degree in the medical/clinical academic track	

Source of Data: • Dameron, HealthForce Partners, American Heart Association, San Joaquin Medical Society, San Joaquin Delta College
Target Population(s): • Incumbent workers, low income, local businesses, underrepresented students
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) • Financial, staff, supplies
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health) • HealthForce Partners, American Heart Association*, Lodi Chamber of Commerce, San Joaquin Medical Society*
PRIORITY HEALTH NEED: ECONOMIC SECURITY
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) • Category B - Health Professions Education • Category F - Community Building

Strategy Results 2020:

Dameron Hospital and Adventist Health Lodi Memorial (AHLM) launched its first cohort of HOPE (Helping Our People Elevate) Pilot Program students in January 2020. The first cohort consists of 11 students who are set to complete the program in May 2021. 10 new students started in January 2021 – 3 from Dameron and 7 from AHLM.

The HOPE Pilot Program has two parts. The first is that Adventist Health has taken incumbent workers who have met all requirements for Delta's RN program and placed them into the 18-month accelerated ADN Program. The hospital provides the clinical instructor as well as an optional cost of living stipend for participants.

The second part to the HOPE program is working with the Health Careers Academy to have a pilot fast track program for high school students. The students begin taking classes that count toward their AA degree and RN program prerequisite courses in their junior year of high school, and then continue classes through the summer. When they graduate their senior year of high school, they are nearly done (or are done) with their RN prerequisite and can enter the ADN program. The hospital is providing the clinical instructor and employment as a student extern. The student commits to work at the hospital for a certain amount of time after that.

Due to COVID, there has been a delay to this second part of the HOPE Pilot Program. The goal would be to have the high school students who have successfully completed their respective courses begin their externship in Fall 2021.

Other work around economic security includes Dameron's successful collaboration with AHLM and the Lodi Chamber of Commerce's Healthy Lodi Initiative and the American Heart Association. Together we worked with local human resource directors, Workplace Wellness

Champions and other organizational leaders to help their employees learn more about working towards cardiovascular health. In 2020, 12 companies were recruited to the Workplace Health Solutions, 7 companies' submitted 2020 data, 9 champions were trained, and a total of 3 webinars were offered. We are working to elevate a culture of health for the 4,100 employees covered under Workplace Health Solutions.

"The American Heart Association's Workplace Health Solutions offers a suite of science-based, evidence-informed tools and services to help you build and maximize an effective workplace culture of health. Our unique web-based portal fuses health content, personal health data and consumer engagement opportunities, to take your workplace and workforce on a journey toward improved health." Building a healthy work environment and promoting a healthy workforce can lead to improved efficiency, reduced absenteeism, and cost savings for both workers and employers.

Unfortunately, the 2020 Decision Medicine Program was cancelled due to the onset of the COVID-19 pandemic and the demands it was placing on area hospitals. Following is the program announcement. "It is with a heavy heart that we announce the cancellation of 2020 Decision Medicine program. As you are aware, our country is facing an unprecedented outbreak of COVID-19. Our local health systems are overburdened and faced with so many unknowns. While we feel hopeful that we will be emerging from the pandemic and slowly returning to some sort of "normal" by July, it just isn't realistic that we will be able to able to bring in a large group of students to any of the clinical sites."

PRIORITY HEALTH NEED: OBESITY/HEALTHY EATING AND ACTIVE LIVING (HEAL)/DIABETES						
GOAL STATEMENT: INCREASE PHYSICAL ACTIVITY FOR ALL AGES AND ESTABLISH PROGRAMS IN HIGH RISK NEIGHBORHOODS						
Mission Alignment: (Well-being of People; Well-being of Places; Equity) Well-being of people,						
Strategy 1.1: Free public health education seminars offering information on options to restore mobility and promote physical activity **Strategy 1.2:** Distribute health education articles to area residents on health eating and active living to improve health and reduce obesity **Strategy 1.3:** Convene a Summit in 2020 to encourage adoption of parks						
Programs/ Activities	**Process Measures**	**Results: Year 1**	**Short Term Outcomes**	**Results: Year 2**	**Medium Term Outcomes**	**Results: Year 3**
Activity 1.1 Free public health education seminars	# of classes # of participants	See narrative below	Increased awareness of options to maintain mobility and active lifestyles		Improved mobility based on lifestyle change or clinical interventions	
Activity 1.2 Disseminate health education information to area residents that helps them lead healthier lives	# of households reached # of articles	See narrative below	Increased awareness of the benefits of healthy lifestyles and ways to accomplish that		Self-assessed readership survey	
Activity 1.3 Convene a Community Faith Summit in 2020 to encourage collaboration in improving parks & neighborhoods	Recruit 10 community leaders to join Faith Summit Advisory Board Hold 6 advisory board meetings beginning in May 2020	See narrative below	# of advisory board members recruited # of advisory board meetings held		Increase cross-sector collaboration and improve parks & neighborhood utilization by awarding 5 $1,000 mini grants to faith-based organizations	

Source of Data: • Dameron • Parks and Recreation • Participant surveys
Target Population(s): • Low income, high risk, elderly
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) • Financial: staff, supplies, materials
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health/Dameron Hospital) • County Health Collaborative*
CBISA Category: (**A -** Community Health Improvement; **E** - Cash and In-Kind; **F -** Community Building; **G -** Community Benefit Operations) • Category A

Strategy Results 2020:

Dameron Hospital planned to continue offering free in-person public health education seminars throughout the year as well as participating in events, health fairs and sponsorships related to our health priorities, however, nearly all of these efforts were cancelled or suspended in 2020 due to the impact of the COVID-19 pandemic.

Distributed a variety of health articles to 34,000 Stockton and Lodi households on health topics such as *Weight Lost, Joy Found*; *Be Stroke Smart;* and *Have A Happy Holiday Even With COVID-19;* that stressed the importance of leading healthy and safe lives along with information on how individuals and families can accomplish this.

The Community Faith Summit which was originally planned for 2020, got pushed to a virtual event in March 2021. This event served to gather faith-based organizations, school and city leaders to encourage cross-sector collaboration to impact our neighborhoods. The goal is that through inspiration and financial support through mini grants, these entities would create projects/initiatives in parks and neighborhoods that would target obesity/diabetes, as well as mental health and economic security/education.

The Adventist Health + Blue Zones Solution
Our desire to improve community well-being grew out of not only our mission at Adventist Health – to live God's love by inspiring health, wholeness and hope – but also by the sheer need as seen across our system of 23 hospitals. Overwhelmingly, we see diseases of despair including suicide, substance abuse, mental health and chronic illnesses plaguing the communities in which we have a significant presence in. That is why we have focused our work around

addressing behavior and the systems keeping the most vulnerable people in cycles of poverty and high utilization.

In an effort to heal these communities, we have strategically invested in our communities by partnering with national leaders in community well-being. We believe the power of community transformation lies in the hands of the community. Our solution for transformation is to create a sustainable model of well-being that measurably impacts the well-being of people, well-being of places and equity.

2020 saw the acquisition of Blue Zones by Adventist Health as the first step toward reaching that goal. By partnering with Blue Zones, we are able to gain ground in shifting the balance from healthcare – treating people once they are ill – to transformative well-being- changing the way communities live, work and play. Blue Zones widens our impact from only reaching our hospitals' communities in four states to a global mission practice.

Community Benefit & Economic Value for Prior Year

Our community benefit work is rooted deep within our mission, with a recent recommitment of deep community engagement within each of our ministries.

We have also incorporated our community benefit work to be an extension of our care continuum. Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low income-populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Charity Care, Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

Dameron Hospital

Year 2020

	Reporting Period			
Category	2017	2018	2019	2020
Financial Assistance and Means-Tested Government Programs				
Traditional Charity Care	$2,289,442	$2,445,901	$2,519,970	$2,615,689
Unpaid Cost of Medicaid	$34,935,684	$24,278,674	$19,277,279	$24,218,637
Unpaid Cost of Medicare	$22,601,246	$20,572,010	$29,059,018	$21,222,747
Total for Financial Assistance and Means-Tested Government Programs, excluding unpaid Medicare (minus offset)	$37,225,126	$26,724,575	$21,797,248	$26,834,326
Total for Financial Assistance and Means-Tested Government Programs, including unpaid Medicare (minus offset)	$59,826,371	$47,296,585	$50,856,266	$48,057,073
Other Benefits				
Community Health Improvement Services and Community Benefit Operations				
Health Professions Education				
Cash and In-Kind Contributions				
Community Building Activities				
Subsidized Health Services				
Total Community Benefits (excluding unpaid Medicare)	$37,225,126	$26,724,575	$21,797,248	$26,834,326
Total Community Benefits (including unpaid Medicare)	$59,826,371	$47,296,585	$50,856,266	$48,057,073