

Dameron Hospital 2022 Community Health Plan



The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Dameron Hospital and is respectfully submitted to the Office of Health Care Access and Information on July 27, 2023, reporting on 2022 results.

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 Dameron Hospital 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 CHNA report at the following link:

<https://www.adventisthealth.org/about-us/community-benefit/>

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

Dameron Hospital is managed by Adventist Health, 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 Includes:

- 23 hospitals with more than 3,393 beds
- 370 clinics (hospital-based, rural health and physician clinics)
- 14 home care agencies and eight hospice agencies
- Three retirement centers & one continuing care retirement community
- A workforce of 37,000 including associated, medical staff physicians, allied health professionals and support services

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 34,000 community households
- Help all ages get more physical activity

Under the health need of economic security, you will note, that Dameron Hospital 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 through 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
- Access to Care – Need is being addressed by others
- Substance Abuse/Tobacco: Need is currently being addressed by others
- Asthma: Dameron Hospital 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

COVID 19 Considerations

The COVID-19 global pandemic has caused extraordinary challenges for Adventist Health hospitals and health care systems across the world including keeping front line workers safe, shortages of protective equipment, limited ICU bed space and developing testing protocols. They have also focused on helping patients and families deal with the isolation needed to stop the spread of the virus, and more recently vaccine roll out efforts.

Adventist Health, like other health care systems, had to pivot its focus to meet the most urgent healthcare needs of its community during the pandemic, as well as reassess the ability to continue with some community health strategies due public health guidelines for social distancing. Adjustments have been made to continue community health improvement efforts as possible, while ensuring the health and safety of those participating. The Strategy Action Plan Grids on the following pages reflect updated activities for each strategy.

Dameron Hospital Implementation Strategy Action Plan

PRIORITY HEALTH NEED: ECONOMIC SECURITY

GOAL STATEMENT: IMPROVE THE ECONOMIC 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	25	# of participants that successfully complete the program	20	# employed in a new position	20
Activity 1.2 Partnership with American Health Association	# of employers recruited for the AHA's Workplace Health Solutions	30	Train at least 10 champions, one from each organization	N/A	Self-assessed health state of organization % Decrease in employee absenteeism	N/A
Activity 1.3 Partnership with SJ Medical Society Decision Medicine Program	# of students participating in the Dameron Hospital program segment	23 in 2022	# of students that pursue secondary education in the medical/clinical field	75	# of students that achieve undergraduate degree in the medical/clinical academic track	65

PRIORITY HEALTH NEED: ECONOMIC SECURITY

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

Dameron Health Resources: (financial, staff, supplies, in-kind etc.)

- Financial, staff, supplies

Collaboration Partners: (place a "*" by the lead organization if other than Dameron)

- HealthForce Partners, American Heart Association*, Lodi Chamber of Commerce, San Joaquin Medical Society*

CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

Category B – Health Professions Education and F- Community Building

Strategy Results 2022:

Dameron Hospital continued to successfully collaborate with the American Heart Association. In 2022, we connected with over 30 employee groups throughout San Joaquin County. Over 12,000 employees were covered in the Workplace Wellness programs. Two quarterly learning cohorts for employer groups were facilitated for mutual sharing of workplace health practices and challenges they might have experienced. 15 organizations were represented in an interactive well-being webinar for employers to learn how to help their employees reclaim their rhythm and get back to the small habits that add up to big health results.

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.

In 2021, the Board of Registered Nursing approved 40 fast track (18-month ADN) positions annually at San Joaquin Delta College (indefinitely). Half of them have been dedicated to the HOPE RN program. This enables Partners to have a direct talent pool of nursing candidates to be employed at partnered employers.

The current cohort (Cohort #3) has 25 incumbent workers among the four participating hospitals. Cohort #2 graduated in 2022 and a total of 20 out of the 22 students passed their

licensing examination and are transitioning over to the workforce. In Cohort #2, 11 out of the 20 graduates were from Adventist Health Lodi Memorial and Dameron Hospital.

On July 19, 2022, Dameron hosted the San Joaquin Medical Society's Decision Medicine Program, comprised of 23 promising high school students interested in pursuing medical careers. "These are students who are high achieving, underprivileged and underrepresented who would not otherwise have the opportunity to interact with medical professionals for pathway advice. The students participated in tours and interactive activities with staff that included the operating room, CT imaging, MRI, ambulance/paramedic systems, and a laboratory personal blood typing exercise. They also engaged with general surgeons for advice on how to best achieve their career aspirations in medicine.

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	See narrative below	Improved mobility based on lifestyle change or clinical interventions	See narrative below
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	See narrative below	Self-assessed readership survey	N/A
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	See narrative below	Increase cross-sector collaboration and improve parks & neighborhood utilization by awarding 5 \$1,000 mini grants to faith-based organizations	N/A

Source of Data: <ul style="list-style-type: none"> • Dameron • Parks and Recreation • Participant surveys
Target Population(s): <ul style="list-style-type: none"> • Low income, high risk, elderly
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> • Financial: staff, supplies, materials
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health/Dameron Hospital) <ul style="list-style-type: none"> • County Health Collaborative*
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) <ul style="list-style-type: none"> • Category A

Strategy Results 2022:

Beginning in January 2022, Dameron began offering its informational health seminars as online, on demand video presentations. Covering the topics of bariatric weight loss options and knee health and replacement options, this approach greatly expanded the number of participants who were able to benefit from the health information provided. In 2022, 962 people viewed the bariatric seminar and 127 people viewed the knee health seminar. The majority of these individuals were engaged for additional information and follow-up.

Dameron produced four issues of *Health Inspired* community newsletter in 2022 which was distributed to approximately 48,000 households in San Joaquin County per issue. Topics included educational articles on allergy relief, importance of timely vaccinations, heart rhythm disorders, urgent care versus emergency care, tips for a healthy prostate, and tips to reverse a prediabetic condition.

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 2022

Category	2019	2020	2021	2022
Financial Assistance and Means-Tested Government Programs				
Traditional Charity Care	\$2,519,970	\$2,615,689	\$1,868,746	\$1,669,373
Unpaid Cost of Medicaid	\$19,277,279	\$24,218,637	\$22,407,207	\$31,818,971
Unpaid Cost of Medicare	\$29,059,018	\$21,222,747	\$22,213,461	\$23,076,459
Total for Financial Assistance and Means-Tested Government Programs, excluding unpaid Medicare (minus offset)	\$21,797,248	\$26,834,326	\$24,275,953	\$33,488,344
Total for Financial Assistance and Means-Tested Government Programs, including unpaid Medicare (minus offset)	\$50,856,266	\$48,057,073	\$46,489,413	\$56,564,803
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)	\$21,797,248	\$26,834,326	\$24,275,953	\$33,488,344
Total Community Benefits (including unpaid Medicare)	\$50,856,266	\$48,057,073	\$46,489,413	\$56,564,803