Community Health Improvement Plan
John Muir Health
2013
I. Executive Summary

The Community Health Improvement Plan has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA.

The 2013 CHNA identified ten prioritized health needs resulting from a comprehensive review of secondary data and focus groups with members of vulnerable populations in our service area. The CHNA Advisory Committee utilized three criteria to select the community health needs that John Muir Health (JMH) would address as an organization.

- Organizational expertise
- Magnitude of the health need
- Feasibility of interventions resulting in measurable impact

The John Muir Health Community Health Improvement plan includes the following specific strategies:

3. Primary care services and information (health literacy) including adequate Spanish capacity
   - Support activities in schools that address the need for health information, services and referrals for children and their families
   - Provide and/or support medical care services to uninsured adults who are unable to access care quickly and affordably
   - Provide care coordination services to connect patients with health care (medical home) and other support services so they can access care quickly and affordably
   - Support and/or provide chronic condition management education and support services
   - Support community-based organizations that provide health evidence based education and support services

6. Specialty care
   - Support and/or provide specialty care services to uninsured residents through JMH affiliated physicians
   - Support and/or provide screening programs and referral services in order to detect and treat conditions early

7. Affordable, local mental health services
   - Provide intervention and referrals to violence-related trauma victims in order to prevent recidivism and retaliation
   - Support and/or provide behavioral health intervention services to uninsured and vulnerable populations

John Muir Health is committed to providing comprehensive programs that result in measurable health improvement for the populations that we serve. We are dedicated to measuring and monitoring the health improvement associated with our programs to insure effective programming. We will continue to deepen our measurement of health outcomes as programs develop.
II. Background and Introduction

As a not-for-profit health system, John Muir Health has an obligation to make a charitable contribution to the community, but our commitment to keeping the communities we serve healthy goes far deeper than that. John Muir Health’s mission to *improve the health of the communities we serve with quality and compassion* accurately reflects our community health efforts as a corporate leader and community partner.

The Patient Protection and Affordable Care Act (PPACA), enacted March 23, 2010, requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) and to adopt implementation strategies to meet the health needs identified through the assessments. The CHNA requirements are among several new requirements that apply to section 501(c)(3) hospital organizations under section 501(r), which were added to the Code by section 9007(a) of the PPACA.

The John Muir Health CHNA report was developed jointly in collaboration with all John Muir Health entities, including two acute care hospitals and a behavioral health center, Kaiser Foundation Hospital Walnut Creek and Kaiser Foundation Hospital Antioch. The Implementation Strategy Work Plan applies to all John Muir Health entities including John Muir Medical Center Walnut Creek, John Muir Health Center Concord, and John Muir Health Behavioral Health Center. John Muir Health hospitals share the same service area. John Muir Health took into account all hospitals when selecting community health needs to focus on by including representative leadership and discussing individual hospital assets.

III. About John Muir Health

*Mission, Vision, Values*

John Muir Health, a private, not-for-profit health care organization, is guided by its charitable mission. The John Muir Health mission serves as the foundation for directing the organization’s community benefit activities. The mission states:

“We are dedicated to improving the health of the communities we serve with quality and compassion.”

John Muir Health also adopted eight core values that guide the Board of Directors, management, physicians, employees and volunteers in their efforts: Excellence, Honesty and Integrity, Mutual Respect and Teamwork, Caring and Compassion, Commitment to Patient Safety, Continuous Improvement, Stewardship of Resources, and Access to Care. The mission and core values guide the activities within and outside the organization’s locations.

The “Community Health Guiding Principles,” approved by the John Muir Health Board of Directors in 2000, and updated in 2008, include the John Muir Health vision for all the communities of Contra Costa County and provide the framework for current and future community health priorities and initiatives.

The John Muir Health Vision for a Healthy Community is:

- All residents achieve and maintain optimal physical and mental health.
- Children succeed in school and reach their full potential.
• Residents are economically independent and have access to adequate, affordable housing.
• Neighborhoods are safe.
• Violence, discrimination and injustice are eliminated.
• The air, water and food are clean, safe and sufficient.
• Residents are civically engaged and connected to their community.

Most important, the "... purpose of the John Muir Health community health initiative is to increase the capacity of the communities it serves to build partnerships and the ability of individuals to make healthy decisions, which can achieve the vision of a healthy community."¹

Structure
John Muir Health consists of two acute care hospitals, a behavioral health center, four urgent care centers, two outpatient facilities and a physician network of primary care and specialty physicians in Contra Costa County. John Muir Health and the John Muir/Mt Diablo Community Health Fund deliver community benefit programs.

IV. Community Served

John Muir Health defines the community served as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. All John Muir Health entities, including the medical centers and the Behavioral Health Center share the same service area.

John Muir Health’s primary and secondary service area extends from southern Solano County into eastern Contra Costa County and south to San Ramon in southern Contra Costa County.

The primary focus of our community benefit programs is on the needs of vulnerable populations. We define vulnerable populations as those with evidenced-based disparities in health outcomes, significant barriers to care and the economically disadvantaged. These criteria result in a primary Community Benefit Service Area that includes the communities of the Monument area in Concord and the Eastern Contra Costa County cities of Bay Point, Pittsburg, Antioch, Oakley, Brentwood and the far east parts of unincorporated Contra Costa County. The populations at the highest risk (highest poverty rates, lowest levels of health insurance and lowest rates of high school degree completion) in these areas are Blacks and Latinos.

V. Community Health Needs Assessment Process and Findings

All John Muir Health entities collaborated with Kaiser Foundation Hospital Walnut Creek and Kaiser Foundation Hospital Antioch in the 2013 CHNA process. The three hospitals serve the same populations in Central and Eastern Contra Costa County. John Muir Health, along with Kaiser Permanente Walnut Creek, and Kaiser Permanente Antioch contracted with Caroline McCall (dba Arete Consulting) to complete the data analysis required for the Community Health Needs Assessment.

The process included comprehensive review of secondary data on health outcomes, drivers, conditions and behaviors in addition to the collection and analysis of primary data through community conversations with members of vulnerable populations in our service area. We gathered input on the identified community health needs, and the relative priority among them, through a convening of public and community health leaders, advocates and experts. The resulting prioritized list represents a community understanding informed by both data and experience with particular relevance for vulnerable populations in the JMH service area (listed in priority order).

Prioritized List of Community Health Needs

1. Increased exercise and activity
2. Healthy eating
3. Primary care services and information (health literacy) including adequate Spanish capacity
4. Economic security
5. Asthma prevention and management
6. Specialty care
7. Affordable, local mental health services
8. Peri-natal care
9. Affordable, local substance abuse treatment services
10. Parenting skills and support

VI. Community Health Improvement Purpose

This Community Health Improvement Plan has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital
facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment. This Community Health Improvement Plan is intended to satisfy each of the applicable requirements set forth in proposed regulations released April 2013.

This Implementation Strategy was prepared jointly by and applies to John Muir Health hospitals: John Muir Health Medical Center Walnut Creek; John Muir Health Medical Center Concord; and John Muir Health Behavioral Health Center. John Muir Health hospitals share the same service area. John Muir Health took into account all hospitals when selecting community health needs to focus on by including representative leadership and discussing individual hospital assets.

VII. Health Needs John Muir Health Will Address

The John Muir Health Community Health Needs Assessment (CHNA) Advisory Committee (see Attachment 1) was charged with overseeing the strategic direction of community benefit program and activities. The CHNA Advisory Committee is composed of JMH executives as well as the County Health Director and the foremost national authority on Community Benefit. The Committee met on April 15, 2013 to review the prioritized list of community health needs identified by the CHNA report and to select the community health needs that JMH will focus on in its 2014-2016 efforts.

The Committee members agreed upon the selection criteria (see Attachment 2) as a method to prioritize and select the community benefit priorities. The group utilized a scoring methodology which identified the member’s top three selections. After discussion by all members regarding rationale for selection, the group came to a consensus to focus on the following three health needs (listed in priority order):

Community Health Needs that JMH will Address
3. Primary care services and information (health literacy) including adequate Spanish capacity
6. Specialty care
7. Affordable, local mental health services

The rationale for choosing these priorities rested largely on two criteria: The Magnitude of the Problem (the number of people affected and the burden of that health need) and Expertise (JMH has the expertise and assets to address this need). The Committee felt that JMH could make substantial contributions to these community health needs because of our current leadership in the delivery of primary, specialty, and mental health care services. JMH is well positioned to address access to health care needs because it has relevant expertise and unique assets, the health needs are well aligned with the strategic plan, and addressing the health needs would build on successful programs and partnerships.

The Committee also recognized the significant overlap of the selected community health needs in providing coordinated and whole-person care. The Committee felt that JMH could have a larger impact on community health by addressing the access to care needs across the
spectrum of health. JMH would be able to address multiple health needs by providing primary, specialty, and mental health care services. There is also an opportunity to align all our strategies to have a more significant impact.

See Section IX for the work plan on how JMH will address the selected community health needs.

VIII. Health Needs John Muir Health Will Not Address

The Community Health Needs Advisory Committee identified the community health needs that JMH would not focus on using the selection criteria (see Attachment 1). Each of the health needs listed below is important and is being addressed by numerous programs and initiatives operated by community partners. However, JMH will not address the following health needs identified in the CHNA as part of this Community Health Improvement Plan due to limited resources and the need to allocate significant, focused resources to the three priority health needs identified above. The following is explanation for why each health need was not selected as a JMH focus (listed in priority order):

Increase exercise and activity (#1) & Healthy Eating (#2)
Exercise and activity and healthy eating are widely recognized as drivers of health and the magnitude of the need is well established. However, JMH does not currently have extensive expertise, nor are we equipped to address exercise and healthy eating on a large scale in the community. Additionally, many other organizations are addressing the need with more relevant expertise, including Kaiser Permanente, JMH’s collaborative partner in the CHNA process. Although not a priority focus for JMH, we will provide support of collaborations to provide primary prevention and information to the most vulnerable communities in the area.

Economic security (#4)
Similar to exercise and activity and healthy eating, JMH recognizes the importance of economic security as a driver of health. However, JMH lacks the relative organizational competencies to effectively address economic security in our community. Other organizations are currently working to enhance the safety net in Contra Costa County by addressing economic security. JMH will continue to be a part of the dialogue on this important issue but will not contribute resources given its contributions in other areas.

Asthma prevention and management (#5) & Peri-natal care (#8)
Asthma prevention and management and peri-natal care were not specifically selected as priority focus areas because of the magnitude of resources needed for our selected needs. However, JMH will support access to health care that will contribute to improving negative health outcomes associated with asthma and peri-natal care.

Affordable, local substance abuse treatment services (#9) & Parenting skills and support (#10)
Affordable, local substance abuse treatment services and parenting skills and support were not selected as priority focus areas because of resource constraints and the priority ranking. However, JMH believes the selected health needs will also address substance abuse issues, and parenting needs by focusing on mental health interventions.
IX. John Muir Health Community Health Work Plan

<table>
<thead>
<tr>
<th>Health Need</th>
<th>Long-term Goal</th>
<th>Intermediate Goals</th>
<th>Strategies</th>
<th>Anticipated Impact</th>
<th>Tracking Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Primary care services and information (health literacy) including adequate Spanish capacity</td>
<td>Primary care services and information are needed to improve primary care outcomes, including chronic conditions prevention and management. Secondary data indicators show the need to be most significant among Blacks.</td>
<td>Increase prevention, health care services and referrals to youth in vulnerable communities</td>
<td>Support activities in schools that address the need for health information, services and referrals for children and their families</td>
<td>School aged youth will receive timely and appropriate care</td>
<td># of patients served; # of referrals made</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase prevention, health care services and referrals to adults in vulnerable communities</td>
<td>Provide and/or support medical care services to uninsured adults who are unable to access care quickly and affordably</td>
<td>Increased access to timely care</td>
<td># of patients served; # of referrals made</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Provide care coordination services to connect patients with health care (medical home) and other support services so they can access care quickly and affordably</td>
<td>Increased access to timely care</td>
<td># of patients served; # of referrals made</td>
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<tr>
<td></td>
<td></td>
<td>Increase patient’s ability to manage their health problems</td>
<td>Support and/or provide chronic condition management education and support services</td>
<td>Increased knowledge of chronic condition self care</td>
<td># of patients served</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase knowledge of healthy living behaviors for vulnerable populations</td>
<td>Support community-based organizations that provide evidence based health education and support services</td>
<td>Increased organizational knowledge and ability to disseminate health information</td>
<td># of organizations; # of education programs; # of people served</td>
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IX. John Muir Health Community Health Work Plan

<table>
<thead>
<tr>
<th>Health Need</th>
<th>6. Specialty care</th>
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<tbody>
<tr>
<td>Specialty Care is a health need for low-income residents in Eastern Contra Costa. Improved specialty care access could have a positive effect on several of the poor health outcomes specifically related to diabetes and HIV hospitalizations, heart disease and stroke mortality, and preventable hospital admissions.</td>
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<table>
<thead>
<tr>
<th>Long-term Goal</th>
<th>Intermediate Goals</th>
<th>Strategies</th>
<th>Anticipated Impact</th>
<th>Tracking Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to quality specialty care services to vulnerable residents of Central and East Contra Costa County</td>
<td>Link uninsured residents to specialty care providers</td>
<td>Support and/or provide specialty care services to uninsured residents through JMH affiliated physicians</td>
<td>Increased access to diagnosis and treatment</td>
<td># of patients served; amount of intentional charity care provided; # of participating specialists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support and/or provide screening programs and referral services in order to detect and treat conditions early</td>
<td>Patients receive timely, appropriate interventions</td>
<td># of patients served; # diagnosis; # of treatment referrals</td>
</tr>
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IX. John Muir Health Community Health Work Plan

### Health Need

**7. Affordable, local mental health services**

Mental health needs and services are a significant concern for residents in the JMH service area. Almost 15% of adults indicate that they have poor mental health. Exacerbating the situation, there are social and cultural barriers to accessing mental health services, which contribute to crises that are seen in emergency departments rather than in community settings. Community members and providers indicate that mental health services are most likely to be used when they are in the local community, financially accessible and culturally relevant. Poor mental health can both result from, and contribute to, other poor health and social conditions.

<table>
<thead>
<tr>
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<th>Tracking Metrics</th>
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<tbody>
<tr>
<td>Improve access to behavioral health support for vulnerable communities</td>
<td>Reduce youth community violence in vulnerable populations</td>
<td>Provide intervention and referrals to violence related trauma victims in order to prevent recidivism and retaliation</td>
<td>Fewer intentional physical injuries</td>
<td># of youth served; youth engagement</td>
</tr>
<tr>
<td></td>
<td>Link patients to mental health services in East and Central Contra Costa County</td>
<td>Support and/or provide behavioral health intervention services to uninsured and vulnerable populations</td>
<td>Patients with behavioral health issues will be able to function better in society</td>
<td># of grants; $ provided; # of people served</td>
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### Outcome Metrics

John Muir Health is dedicated to measuring and monitoring the health improvement associated with our investments so that we can best serve our community with effective programs. Given that outcomes are program specific, we will clearly define outcomes metrics after we determine our programs. The following are examples of current outcome metrics we use to evaluate programs. We will continue to deepen our measurement of health outcomes as programs develop.

- Improved health outcome
- Behavior change
- Increased knowledge
- Avoided emergency department visits and readmissions
- Medical home connections
- Early diagnosis and intervention rates
- Policy change
X. Appendix

Attachment 1: CHNA Advisory Committee Members

<table>
<thead>
<tr>
<th>Committee Member</th>
<th>Title/Organization</th>
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<tbody>
<tr>
<td>Kevin Barnett, DrPH</td>
<td>Public Health Institute</td>
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<tr>
<td>Kate Bennett, MD</td>
<td>Chief Medical Information Officer (absent)</td>
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<tr>
<td>Patrick Carew</td>
<td>President, John Muir Foundation</td>
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<tr>
<td>Diana Camacho</td>
<td>Program Manager, Community Health Improvement</td>
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<tr>
<td>Lisa Fallert</td>
<td>SVP Care Coordination and Integration</td>
</tr>
<tr>
<td>Christy Kaplan</td>
<td>Director of Community Health Improvement</td>
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<tr>
<td>Mike Moody</td>
<td>SVP/CFO (absent)</td>
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<tr>
<td>Nancy Olson</td>
<td>SVP/General Counsel (absent)</td>
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<tr>
<td>Irving Pike, MD</td>
<td>CMO</td>
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<tr>
<td>Liz Stallings</td>
<td>COO, Behavioral Health Center</td>
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<tr>
<td>Marti Tarnowski</td>
<td>VP Strategy &amp; System Development</td>
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<tr>
<td>Bill Walker, MD</td>
<td>Contra Costa County Health Services</td>
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<tr>
<td>John Zuorski, MD</td>
<td>MD, JMMG</td>
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Attachment 2: Community Health Needs Selection Criteria

1. Magnitude of problem
   a. Number of people impacted by health need (e.g. focus on one health need may impact more people than another need)
   b. Burden of health need (e.g. seriousness and severity of impact on individuals, families and the community)
   c. Addressing health need focuses on prevention (e.g. health need is root cause of other problems)
   d. Health inequity exists for the health need (e.g. high need among vulnerable populations)

2. Expertise
   a. JMH is well positioned to address the health need (e.g. JMH can make a meaningful contribution)
   b. Relevant expertise and unique assets exist at JMH to address the health need
   c. Health need is aligned with JMH strategic plan
   d. Builds on successful programs and existing partnerships (e.g. a community benefit program exists to address health need)

3. Feasibility
   a. Internal and external resources exist to address health needs (e.g. available community organizations exist with complementary skills with whom to partner)
   b. The likelihood of having a measurable impact on the health need (e.g. health outcome improvement is achievable)
   c. Effective and feasible interventions exist to address health need
   d. Community resources already focused on issue (e.g. to reduce duplication of effort and to maximize effectiveness of limited resources)