Mercy Medical Center 2022 Community Health Implementation Strategy

Adopted September 2022





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At-a-Glance Summary

Community Served



Merced County is a county located in the northern San Joaquin Valley in the state of California. Merced is the county seat of Merced County. The total population in Merced County is about 281,202. Two colleges reside in Merced County; University of California and Merced College. Merced is the fastest growing county in California.

Significant Community Health Needs Being Addressed

The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:



- Access to Health Care Services
- Cancer
- Diabetes
- Infant/Maternal Health & Family Planning
- Nutrition, Physical Activity & Weight

- Heart Disease and Stroke
- Tobacco Use
- Respiratory Disease (COVID-19)
- Injury and Violence
- Oral Health
- Social Determinants of Health

Strategies and Programs to Address Needs



The hospital intends to take several actions and to dedicate resources to these needs, including:

- Family Practice Clinic, Kids Care Pediatric Clinic, General Medicine Clinic, Patient Financial Assistance Program
- Mercy UC Davis Cancer Center, American Cancer Society Wig Bank, Accessible Yoga Program, Cancer Support Group, Transportation Assistance Program
- Diabetes Support Group and Class, Diabetes Education and Empowerment Program (DEEP), National Diabetes Prevention Program (NDPP)
- Childbirth Preparation Classes, Baby Cafe, Prenatal Yoga, Stork Tour, Prenatal Breastfeeding Education Program
- Zumba, Yoga, Walk With Ease
- Merced County Human Trafficking Coalition, Valley Crisis Center Partnership/ED, Medical Safe Haven, Youth Leadership Institute -Youth Violence
- Asthma Self-Management Program
- Project Calm
- Connected Community Network (CCN)
- Freedom From Smoking Clinics

- BHW/Tzu Chi International Dental and Medical Clinic
- Certified Primary Stroke Center, Stroke Telemedicine, Cardiac Rehab, Stroke Support and Resource Class

Anticipated Impact



The anticipated impacts of the hospital's activities on significant health needs are summarized below. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments

Planned Collaboration



UC Davis Medical Center Residency

Mercy UC Davis Cancer Center

Merced County Binational Health Week Committee

Merced County Department of Public Health

Merced County Human Services Agency

Merced County Workforce Development Board

Merced County Rescue Mission

Merced County Food Bank

Merced D Street Shelter

Comite Civico del Valle

Central California Alliance for Health

The People's Fridge

UC Merced Bobcat Eats Food Waste Awareness and Prevention

Merced County Office of Education Migrant Education Program

Valley Crisis Center

Youth Leadership Institute

Alzheimer's Association

Tzu Chi International

Merced Pride Center

North Valley Labor Federation

Merced County Hispanic Chamber of Commerce

American Cancer Society

American Heart Association

Merced Dental Society

El Portal Dental

City of Merced Parks and Recreation

Merced County WIC

American Lung Association

Livingston Community Health

Castle Family Health Centers

Golden Valley Health Centers

Salvation Army Merced

United Methodist Church

Merced Lao Family

Catholic Charities Merced Merced Breastfeeding Network First 5 of Merced County Alpha Pregnancy Help Center California Highway Patrol **ACE Overcomers ACEs-INC** All Dads Matter – Merced County Human Services Agency All Moms Matter – Merced County Human Services Agency New Faith Tabernacle Church Family Care Clinic General Medicine Clinic Kids Care Clinic

This document is publicly available online at the hospital's website. Written comments on this report can be submitted to the Mission Integration Department, 333 Mercy Ave. Merced CA, 95340 or by e-mail to lillian.sanchez@commonspirit.org

Our Hospital and the Community Served

About the Hospital

Mercy Medical Center is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in 21 states coast to coast, serving 20 million patients in big cities and small towns across America.

Mercy Medical Center (MMC) is a 186-bed acute care, not-for-profit hospital located in the city of Merced. California. Mercy is a Catholic facility sponsored by the religious order known as the Congregation of Dominican Sisters of Saint Catherine of Siena. On May 2, 2010 MMC moved into a brand new 262,000 square foot facility on Mercy Avenue. MMC has a staff of more than 1,300 and professional relationships with more than 250 local physicians. Major programs and services include: one licensed acute care facility with a family birthing center, intensive care unit, emergency care and four floors housing, telemetry and medical/surgical nursing units. There are three outpatient facilities, Mercy UC Davis Cancer Center, Mercy Outpatient Center and the Mercy Medical Pavilion. Services at these outpatient centers include home care, physical and cardiac rehabilitation, ambulatory surgery, cancer care, laboratory, imaging and endoscopy. MMC primary service area includes Merced, Atwater, Winton and Planada for a total of 160,215 residents in Merced County. Secondary service areas include Los Baños, Livingston, Dos Palos, Chowchilla, Le Grand and Mariposa totaling 104,122 lives.

MMC operates three rural health clinics that are part of the UC Davis Family Practice Residency Program. All three clinic's patient population is primarily Medi-Cal patients. The clinics are: Family Care, a primary care clinic, Kids Care a pediatric clinic and General Medicine, a specialty clinic.

Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.



Description of the Community Served

The city of Merced is the County seat and is the largest of the six incorporated cities in Merced County. Merced County encompasses 1,935 square miles and houses a total population of 281,202 residents, according to latest

census estimates. Between the 2010 and 2020 US Censuses, the population of Merced County increased by 25,411 persons, or 9.9%. This is a greater proportional increase than seen across both the state and the nation overall. Merced County is predominantly urban, with 85.7% of the population living in areas designated as urban. In Merced County, 29.7% of the population are children age 0-17; another 59.3% are age 18 to 64, while 11.0% are age 65 and older. Merced County is "younger" than the state and the nation in that the median age is lower.

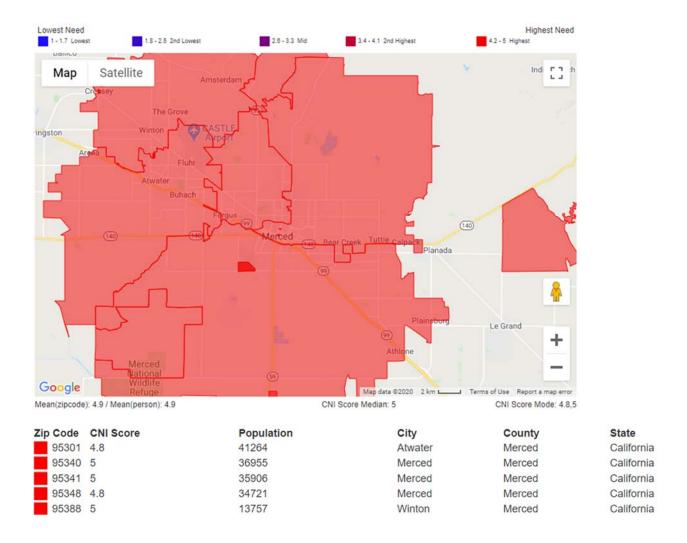
Merced County is located in northern San Joaquin Valley section of the Central Valley. It is located north of Fresno County and southeast of Santa Clara County. Mercy Medical Center serves the primary areas of Merced City with the zip codes 95340, 95341, 95348. Other county areas include Atwater 95301, Planada 95365, Winton 95388, Chowchilla 93610, Livingston 95334, Los Baños 93635, Dos Palos 93620 and Mariposa 95338. A summary description of the community is below. Additional details can be found in the CHNA report online.

- In looking at race independent of ethnicity (Hispanic or Latino origin), 55.1% of residents of Merced County are White, 7.5% are Asian, 3.2% are Black, 33.4% are some "other" race, and 4.1% are multiple races.
- A total of 61.0% of Merced County residents are Hispanic or Latino.

- A total of 11.9% of Merced County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").
- The latest census estimate shows 21.2% of Merced County total population living below the federal poverty level. Among just children (ages 0 to 17), this percentage in Merced County is 29.8% (representing an estimated 23,625 children).
- Among the Merced County population age 25 and older, an estimated 30.9% (over 49,000 people) do not have a high school education.
- A total of 30.6% of Merced County residents would not be able to afford an unexpected \$400 expense without going into debt.
- A majority of surveyed adults rarely, if ever, worry about the cost of housing. However, a
 considerable share (40.2%) report that they were "sometimes," "usually," or "always"
 worried or stressed about having enough money to pay their rent or mortgage in the past
 year.
- A total of 15.9% of Merced County residents report living in unhealthy or unsafe housing conditions during the past year.
- US Department of Agriculture data show that 18.9% of Merced County population (representing over 48,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.
- Overall, 40.4% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage.

Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and programs were identified in the most recent CHNA report, which was adopted in May 2022. The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available on the hospital's website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access To Health Care Services	Barriers to Access: cost of physician visits, appointment availability, inconvenient office hours, finding a physician; Difficulty Accessing Children's Health Care; Primary Care Physician Ratio; Specific Source of Ongoing Medical Care; Routine Medical Care (Adults); Emergency Room Utilization; Eye Exams; Ratings of Local Health Care	•
Cancer	Leading Cause of Death; Cervical Cancer Screening (Women Age 21-65)	•
Diabetes	Diabetes Deaths; Prevalence of Borderline/Pre-Diabetes; Kidney Disease Deaths	•
Heart Disease & Stroke	Leading Cause of Death; High Blood Pressure Prevalence; Overall Cardiovascular Risk	•
Infant/Maternal Health & Family Planning	Prenatal Care; Teen Births	•
Injury And Violence	Motor Vehicle Crash Deaths; Homicide Deaths; Violent Crime Rate; Intimate Partner Violence	•
Mental Health	"Fair/Poor" Mental Health; Diagnosed Depression; Symptoms of Chronic Depression; Stress; Mental Health Provider Ratio; Receiving Treatment for Mental Health; Difficulty Obtaining Mental Health Services	
Nutrition, Physical Activity & Weight	Fruit/Vegetable Consumption; Children's Physical Activity; Access to Recreation/Fitness Activities; Overweight and Obesity (Adults)	•
Oral Health	Regular Dental Care (Adults); Children's Dental Care	•
Potentially Disabling Conditions	Multiple Chronic Conditions; Activity Limitations; High-Impact Chronic Pain; Caregiving	
Respiratory Disease	Pneumonia/Influenza Deaths; Coronavirus Disease/COVID- 19 Deaths	•
Social Determinants Of Health	Financial Resilience; Housing Security	•

Significant Health Need	Description	Intend to Address?
Substance Abuse	Cirrhosis/Liver Disease Deaths; Unintentional Drug-Related Deaths; Personally Impacted by Substance Abuse (Self or Other's)	
Tobacco Use	Use of Vaping Products	•

Significant Needs the Hospital Does Not Intend to Address

The significant health needs the hospital has chosen not to address are substance abuse, mental health and potentially disabling conditions. Substance abuse resources and programs are provided by the Merced County Substance Use Disorder Services. Potentially disabling conditions will not be addressed programmatically, however we will be actively scanning for community based organizations that are addressing this need and ways to support or partner. Mental Health is being addressed by Merced County Department of Mental Health. Addressing Social Determinants of Health is woven throughout all of our programing.

2022 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others on to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Implementation Strategy

Mercy is dedicated to improving community health and delivering community benefits with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Hospital and health system participants included Community Health, Mission Integration, Hospital Executive Leadership and Management Teams.



Community input or contributions to this implementation strategy

included input from the Community Benefit Committee, the Mercy Community Advisory Committee (CAC) and the Mercy Medical Center Community Board. The CAC and the Mercy Medical Center Community Board are composed of community members who provide stewardship and direction for the hospital as a community resource. These parties review community benefit plans and program updates.

The programs and initiatives described here were selected on the basis of prioritizing identified needs through input from key community members, CAC, the Mercy Medical Center Community Board and Community Benefit Committee. The Community Health and Community Benefits teams assess current programs and initiatives on addressing the identified needs. The team then evaluates resources and capacity for expansion or addition of programs that will help address needs. This process includes cross-sector collaboration and partnerships with organizations within our community.

Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.



Health Need: Access to Health Care

Provide well medicine to patients to prevent future illness and to treat medical needs of the uninsured and underinsured population. Leveraging resources and supporting pipelines including, the UCM and medical academies within the community with students who are pursuing a career in medicine							
		;	Strategic	Objective	s		
Strategy or Program	Summary Description	Alignment & Integration	Clinical - Community Linkage	Capacity for Equitable Community	Innovation & Impact		
Family Practice Clinic	Clinic is in affiliation with the UC Davis Residency program. Serves primarily Medi-Cal patients and the underinsured	•	•	•	•		
Kids Care Pediatric Clinic	Pediatric and obstetric clinic with OB services provided by contracted physicians from Merced Faculty Associates. Primarily serves managed Medi-Cal and underinsured patients.	•	•	•	•		
General Medicine Clinic	Clinic provides rotating specialty physicians who serve the underinsured, working poor individuals and patients with Medi-Cal coverage.	•	•	•	•		
Patient Financial Assistance Program	Financial assistance available to uninsured and or underinsured patients	•		•			
Planned Resources	The hospital will provide registered nurses, physician assistants, registration and patient financial services staff, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.						
Planned Collaborators	Merced Faculty Associates, local specialty physicians, UC Davis affiliated Residency Program, UC Merced, Le Grand High School Medical Academy, Cesar E. Chavez Middle School Medical Academy, Merced County Workforce Development Board						



Health Need: Cancer

Anticipated Impact (Goal)	Cancer patients given high quality care without having to leave Merced County. Cancer patients and their families will feel less stressed, will feel supported with the needed resources to help them cope while going to their oncology treatments.					
		;	Strategic	Objective	s	
Strategy or Program	Summary Description	Alignment & Integration	Clinical - Community Linkage	Capacity for Equitable Community	Innovation & Impact	
Mercy UC Davis Cancer Center	Provides quality oncology care to the community. Partners with the American Cancer Society for various outreach programs and support services. The Cancer Center became accredited by the Commission on Cancer, a quality program of the American College of Surgeons. Collaborates within the community to provide cancer screening events.	•	•	•	•	
American Cancer Society	The Collaborative Action Plan is a partnership with ACS and the cancer center with educational materials and Reach to Recovery program.		•	•		
Accessible Yoga	A modified yoga program tailored to the individual cancer patient's physical abilities.		•	•	•	
Cancer Support Group	Meets monthly at the cancer center and is open to any person affected by cancer; patient or family member, regardless of where they receive treatment.	•	•	•	•	
Transportation Program	A comprehensive assistance program that assists cancer patients with navigating benefits, resources and other programs to secure transportation for treatment		•	•	•	

Health Need: Cancer appointments ensuring access to care. **Patient Navigation** Mercy UC Davis Cancer Center provides trained Nurse Navigators to help patients overcome healthcare system barriers from screening through survivorship. Mercy UC Davis Cancer Center provides cancer patients Wig Bank access to synthetic wigs and head coverings at no cost. Kindness Box Program Food box program that provides touchless food delivery to front door service for cancer patients and their families. The hospital will provide registered nurses, patient navigation, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support **Planned Resources** for these initiatives. American Cancer Society, Commission on Cancer a division of the American College of Surgeons, **Planned Collaborators** Central California Alliance for Health, UC Davis Cancer Network



Health Need: Diabetes

Anticipated Impact (Goal)	Provide resources, education and tools to help patients and those affected by diabetes better manage their health and help those at risk of developing diabetes prevent the onset of the disease.					
		,	s			
Strategy or Program	Summary Description	Alignment & Integration	Clinical - Community Linkage	Capacity for Equitable Community	Innovation & Impact	
Diabetes Support Group and Educational Program	Weekly diabetes education sessions via Zoom, phone and in-person in both English and Spanish. These sessions provide education and the opportunity for participants to offer each other support.		•	•	•	
Diabetes Education and Empowerment Program (DEEP)	An evidenced based self-management program that helps participants take control of their diabetes and reduce the risk of complications. This program was developed for use in all populations but with a focus on low-income, racial and ethnic minority populations.		•	•	•	
National Diabetes Prevention Program (DPP)	Partnership with the Center for Disease Control offering participants to join a year-long lifestyle coach program		•	•	•	
Planned Resources	The hospital will provide nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.					
Planned Collaborators	Center for Disease Control, University of Illinois Chicago's Office of Technology Management, Merced County Department of Public Health, Central California Alliance for Health					



Health Need: Respiratory Diseases

Anticipated Impact (Goal)	By providing education, tools and resources, patients and community members will better understand how to manage their asthma.				
		Strategic Objecti			/es
Strategy or Program	Summary Description	Alignment & Integration	Clinical - Community Linkage	Capacity for Equitable Community	Innovation & Impact
Asthma Self-Management Program	The AsMA Self-Management Program was developed through a collaboration between the California Department of Public Health and El Comite Civico del Valle. This is a workshop providing the tools, knowledge and resources to better manage asthma.		•	•	•
Tobacco Cessation Clinics	Through the American Lung Association's Freedom From Smoking Clinics we will provide clinic sessions that will prepare patients and community members to quit tobacco use.	•	•	•	•
Asthma Awareness and Education Outreach	Partner with various groups in the community such as the Tobacco Coalition, Asthma Coalition and other health collaborative in the community to raise asthma awareness and provide education via health presentations, health screening events and health fairs.		•	•	
COVID-19 Community Outreach	Partnerships with many CBO's to provide education and access to preventive measures, including PPE and vaccination clinics		•	•	
Planned Resources	The hospital will provide nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				



Health Need: Respiratory Diseases

Planned Collaborators

Comite Civico del Valle, California Department of Public Health, Merced County Department of Public Health, Tobacco Coalition, American Lung Association

Health Need: Infant/Maternal Health & Family Planning

Anticipated Impact (Goal)	Family planning and maternal and infant health programs will offer support of pregnancies occurring at the healthiest time of a woman's life. Provide programs, education and resources that support all families in the planning and spacing of their children. Provide the support and resources to improve maternal and infant health outcomes in the community we serve.					
			Strategic	Objective	s	
Strategy or Program	Summary Description	Alignment & Integration	Clinical - Community Linkage	Capacity for Equitable Community	Innovation & Impact	
Childbirth Preparation Classes	Education and exercises to help pregnant women and their support person prepare for their childbirth journey.	•	•	•	•	
Baby Café	Childbirth Educators, Lactation Consultants through Mercy Medical Center and Merced County WIC facilitate this support group. New and experienced moms meet and help each other with challenges they may encounter with breastfeeding and postpartum depression and celebrate the successes as well.		•	•	•	
Stork Tour	This program is an approach to supporting our soon to be mommies and their families with Family Birth Center tours and access to our community partners including, All Mom's Matter, All Dad's Matter, California Highway Patrol car seat		•	•	•	

Health Need: Infa	nt/Maternal Health & Family Planning				
	safety sessions				
Prenatal Breastfeeding Education Program	This program is a wraparound approach focusing on supporting our soon to be mommies and their families with educational opportunities and resources to improve social drivers of health.	•	•	•	•
Prenatal Yoga	Prenatal Yoga incorporates stretching, mental centering and focused breathing. In addition, other health benefits such as reduced stress, improved sleep and improvement in flexibility and strength.		•	•	•
Planned Resources	The hospital will provide registered nurses, IBCLC/CLC, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators	Family Practice Clinics, OB/GYN Physicians, Merced County WIC, First 5 of Merced County, All Dads Matter, All Moms Matter, California Highway Patrol, Hinds Hospice				

Health Need: Heart Disease and Stroke								
Anticipated Impact (Goal)	Provide the community with education about the signs and symptoms of a stroke so that potential stroke patients seek emergency medical treatment as quickly as possible. For individuals recovering from stroke and those with heart disease, these programs will help them to manage their challenges as they cope with their lifestyle changes. Families and caregivers of stroke and heart disease patients will have more resources to help cope with the stress and will learn about the support available for themselves and their loved one.							



Health Need: Heart Disease and Stroke

		Strategic Objectives				
Strategy or Program	Summary Description	Alignment & Integration	Clinical - Community Linkage	Capacity for Equitable Community	Innovation & Impact	
Primary Stroke Center Certification	This certification is through The Joint Commission and in collaboration with the American Heart Association/American Stroke Association. This dedicated stroke program is focused on bringing high quality Individualized care of the patient experiencing stroke. This approach meets the needs of our patient to improve the patient outcomes	•	•	•	•	
Stroke Telemedicine	Telemedicine for the treatment of stroke helps to bring highly specialized care to our community. It brings immediate access to Board Certified Neurologists who offer lifesaving medical care when time and treatment is of the highest importance.	•	•	•	•	
Cardiac Rehab	This is a medically supervised program that uses exercise, education and support to help people recover from a heart attack, heart surgery or other heart problems. This program uses a phased approach to support our patients and the community as they return to activities of daily living.	•	•	•	•	
Stroke Support & Resource Class	Monthly meeting that offers individuals information on preventing another stroke, coping with disabilities and changes after a stroke and support for caregivers.		•	•		
Planned Resources	The hospital will provide registered nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.					



Health Need: Heart Disease and Stroke

Planned Collaborators

American Heart Association/American Stroke Association, local Cardiologists

Health Need: Nutrition, Physical Activity and Weight					
Anticipated Impact (Goal)	Community members will have an opportunity to participate in programs that focus on increased physical activity as a way of managing their weight and live a healthier lifestyle.				
Strategy or Program		Strategic Objectives			
	Summary Description	Alignment & Integration	Clinical - Community Linkage	Capacity for Equitable Community	Innovation & Impact
Zumba	Community group exercise classes offered weekly for adults of all fitness levels to get moving and get active.		•	•	•
Yoga	Community group exercise classes offered weekly for adults of all fitness levels to increase balance, strengthen muscles, maintain flexibility and help relieve stress.		•	•	•
Walk With Ease	This is a six week program for individuals with arthritis. The classes are held three times a week for six weeks to increase physical activity, balance and strength all while focusing on ways to reduce risk of injury, falls and pain.		•	•	•
Planned Resources	The hospital will provide registered nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				

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Health Need: Nutrition, Physical Activity and Weight

Planned Collaborators

City of Merced Parks and Recreations, Merced Senior Community Center, Arthritis Foundation

Health Need: Oral Health						
Anticipated Impact (Goal)	Increased access to oral health education and care through collaborations with other community organizations addressing oral health.					
			Strategic Objectives			
Strategy or Program	Summary Description	Alignment & Integration	Clinical - Community Linkage	Capacity for Equitable Community	Innovation & Impact	
BHW/Tzu Chi Dental and Medical Clinic	Large collaborative with multiple community partners across sectors to provide access to dental services including, cleanings, exams, x-rays, fillings and extractions etc.		•	•	•	
Planned Resources	The hospital will provide nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.					
Planned Collaborators	Tzu Chi International, Merced County Binational Health Week Committee, Merced County Department of Public Health, Merced Dental Society, El Portal Dental					



Health Need: Injury and Violence

Anticipated Impact (Goal)	By collaborating with community partners we will leverage resources and services to increase access to supportive programs with those within our community. These programs will be drivers of change towards decreasing violence within the community we serve.					
		Strategic Objectives				
Strategy or Program	Summary Description	Alignment & Integration	Clinical - Community Linkage	Capacity for Equitable Community	Innovation & Impact	
Human Trafficking Community Awareness Work	Multiagency partners within the Merced County Human Trafficking Coalition working towards addressing violence within our community. This includes sex, labor, domestic servitude etc.	•	•	•	•	
Medical Safe Haven	Planning staged to work with Valley Crisis Center in developing a multifaceted program with a whole person approach to provide medical care to those experiencing human trafficking. The program will also provide them access to counseling, support, vocational programs, housing and well-being programs	•	•	•	•	
Planned Resources	The hospital will provide nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.					
Planned Collaborators	Valley Crisis Center, Merced County Human Trafficking Coalit	ion				



Health Need: Social Determinants of Health

Anticipated Impact (Goal)	Provide access to resources that will support the residents of our community to foster health and wellbeing				
		Strategic Objectives			
Strategy or Program	Summary Description	Alignment & Integration	Clinical - Community Linkage	Capacity for Equitable Community	Innovation & Impact
Connected Community Network (CCN)	A network of members providing resources, programs and services through a bidirectional electronic platform. This allows for healthcare providers to refer their patients to supportive services that can improve outcomes.		•	•	•
Planned Resources	The hospital will provide nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators	Central California Alliance for Health along with more than 40	communit	y based or	ganizatior	ıs.

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