

***St. Joseph Health System – Sonoma County:  
Santa Rosa Memorial Hospital & Petaluma Valley Hospital***

**Fiscal Year 2011 COMMUNITY BENEFIT REPORT**



**ST. JOSEPH  
HEALTH SYSTEM  
SONOMA COUNTY**

***Your health. Your future. Our passion.***

## MISSION, VISION AND VALUES

### **Our Mission**

*To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.*

### **Our Vision**

*We bring people together to provide compassionate care, promote health improvement and create healthy communities.*

### **Our Values**

*The four core values of St. Joseph Health System — Service, Excellence, Dignity and Justice — are the guiding principles for all we do, shaping our interactions with those whom we are privileged*

## EXECUTIVE SUMMARY

### Who We Are and What We Do

St. Joseph Health System-Sonoma County (SJHS-SC), founded by the Sisters of St. Joseph of Orange, has been serving the healthcare needs of families in the community for more than 50 years. During this time, its mission has remained the same: to continually improve the health and quality of life of people in the communities served. Part of a statewide network of hospitals and clinics known as St. Joseph Health System (SJHS), SJHS-SC operates two hospitals, urgent care and community clinics, hospice, home health services, and other facilities for treating the healthcare needs of the community in Sonoma County and the region. Its core facilities are Petaluma Valley Hospital, an 80-bed acute care hospital, and Santa Rosa Memorial Hospital, a full service 289-bed acute care hospital that includes a Level II trauma center for the coastal region from San Francisco to the Oregon border.

As a values based organization, St. Joseph Health System has a long-standing commitment to the community it serves. SJHS works under the premise of “Value Standards.” SJHS’ Value Standard Seven: Community Benefit states, “We commit resources to improving the quality of life in the communities we serve, with special emphasis on the needs of the poor and underserved.” Ten percent of the net income is dedicated to community benefit. In Sonoma County, SJHS-SC’s Community Benefit Department integrates actions through Strategic Elements that address the political, social, behavioral and physiological determinants of health: Healthy Communities, Community Health and Advocacy. The primary strategies employed to address community needs are community capacity building, improving health outcomes for vulnerable populations and reducing social isolation of special populations.

Community Benefit programs and clinics include: Neighborhood Care Staff community organizing program, Agents of Change Training in Our Neighborhoods leadership training, Circle of Sisters after-school program, St. Joseph Mobile Health Clinic, House Calls, *Promotores de Salud* health promotion program, St. Joseph Dental Clinic, *Cultivando la Salud* Mobile Dental Clinic and Mighty Mouth dental disease prevention program.

## Patient Financial Assistance Program

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Joseph Health System has a Patient Financial Assistance Program that provides free or discounted services to eligible patients. In fiscal year 2011, Santa Rosa Memorial and Petaluma Valley Hospitals provided a total of \$9,555,000 in charity care to 7,035 persons.

## Community Plan Priorities

St. Joseph Health System – Sonoma County’s major Community Benefit accomplishments in FY11 include:

- *Children’s Oral Health:* The Sonoma County Oral Health Access Coalition (SCOHAC), the primary collaborative vehicle for the Children’s Oral Health Initiative, was recognized by State Senator Mark Leno and Assemblyman Jared Huffman for its advocacy efforts on behalf of children’s oral health. In addition to participation in SCOHAC’s advocacy, SJHS-SC’s active participation in this key stakeholder group facilitated its provision of oral health education to 100% of Women Infants & Children (WIC) providers; as well as to healthcare providers at Santa Rosa Community Health Center, primary care residents, and pediatricians and emergency department physicians, among others. Trained WIC program providers have provided oral health education to their food assistance clients. In addition, 272 WIC children were seen by the mobile dental clinic and 2,329 WIC participants received oral health education at their WIC site in FY11. Oral health care services provided to children ages 0-5 by the SJHS Dental and Mobile Dental Clinics increased by 30%, with a 28% increase in children receiving their first dental exam by their first birthday.
- *Youth and Peri-Natal Substance Abuse:* Petaluma Valley Hospital’s Emergency Department Manager assumed the role of Coalition Chair of Petaluma’s Coalition to Prevent Abuse of Alcohol, Tobacco, and Other Drugs during FY11. During this time, the Coalition began implementation of a federal Drug Free Community grant; forming a Speakers Bureau to making educational presentations to Petaluma City Schools and the City Council, as well as advocating for modifications to the city’s Conditional Use Permit and Alcohol Related Nuisance Ordinances. In the Sonoma Valley, SJHS-Sonoma County co-facilitated the Substance Abuse Coalition, engaging residents and other community partners to successfully advocate for closure of an unlicensed marijuana dispensary located in front of a local Teen Center and within one block of a charter elementary school.
- *Childhood Obesity Prevention:* SJHS-SC completed a successful pilot of the Healthy for Life program in two charter elementary schools in the Sonoma Valley, serving over 40 low-income children directly and 400 indirectly through teacher training, PE resources, nutrition education, and engaging School Wellness Committees in environmental and policy change efforts. The participating students showed a reduction of obesity from 13% to 7% and of underweight from 7% to 5%. Residents from throughout Sonoma County also engaged in community organizing, education and advocacy efforts to address social determinants of childhood obesity, creating community gardens and successfully advocating for land use and other supporting public policy changes. Health promotion activities included the

mentoring of 8 new community volunteers who provided Your Heart, Your Health training to other low-income residents; as well as obesity prevention education provided to 75% of all participants in SJHS-SC's after-school program, Circle of Sisters.

## **INTRODUCTION**

### **Who We Are and What We Do**

St. Joseph Health System-Sonoma County (SJH-SC), founded by the Sisters of St. Joseph of Orange, has been serving the healthcare needs of families in the community for more than 50 years. During this time, its mission has remained the same: to continually improve the health and quality of life of people in the communities served. SJHS-SC is one of the Northern California ministries of a statewide network of hospitals and clinics known as St. Joseph Health System (SJHS), the central offices of which are in Orange County. SJHS-SC operates two hospitals, urgent care and community clinics, hospice, home health services, and other facilities for treating the healthcare needs of the community in Sonoma County and the region. Our core facilities are:

- Petaluma Valley Hospital, approximately 40 miles north of San Francisco in the town of Petaluma, which is an 80-bed acute care hospital; and
- Santa Rosa Memorial Hospital, which is a full service state-of-the-art and science, 289-bed acute care hospital providing a wide range of specialty services (including a Level II regional trauma center) that serves coastal counties in California up to the Oregon border.

SJHS-SC's Community Benefit Department integrates actions through these Strategic Elements that address the political, social, behavioral and physiological determinants of health: Healthy Communities, Community Health and Advocacy. The primary strategies employed to address community needs are community capacity building, improving health outcomes for vulnerable populations and reducing social isolation of special populations. Its key programs and clinics include:

Healthy Communities: Building community capacity and empowerment to address quality of life concerns.

The Neighborhood Care Staff (NCS) mentor grassroots leadership to address local community health and quality of life issues. NCS models and mentors community representatives in these key functions: the identification of local assets, providing forums for dialogue, surfacing and supporting local leaders, facilitating the development of self-sustaining community groups, facilitating community-based strategic planning, helping to build linkages to and between community resources, and advocating for community participation in the issues that most affect it. In FY11, NCS mentored grassroots community leaders in low-income neighborhoods in 5 communities (Petaluma, Rohnert Park, South Santa Rosa, Fulton, and the Sonoma Valley) with Disproportionate Unmet Health Needs. These resident leaders developed local action plans addressing two key Social Determinants of Health that resulted in over 5,000 actions of advocacy, education, and organizing to reduce obstacles to healthy food and physical activity; and over 1,500 actions to increase neighborhood safety. In addition, NCS supported the City of

Rohnert Park in obtaining \$75K to transform a former public pool into a community garden and supported approximately 100 low-income residents throughout the county in joining the 350 Garden Challenge. Through the leadership of these residents and their action plans, residents in these vulnerable communities participated in approximately 7,500 acts of civic engagement that included safety forums, community gardening, neighborhood beautification, cultural celebrations, community theater and media work, walking groups, and other local advocacy and volunteerism to increase neighborhood safety and access to healthy eating and physical activity.

Agents of Change Training in our Neighborhoods (ACTION) is a companion program to NCS that provides leadership and advocacy training. In FY11 this program continued to provide leadership training to Santa Rosa residents participating in the Community Action & Nutrition Coalition's "Healthy Eating/Active Living" (HEAL) project, as well as providing advanced training to past ACTION graduates in Santa Rosa, Rohnert Park and the Sonoma Valley. NCS also provided ACTION training and mentoring to an additional 24 residents from low-income neighborhoods in South Santa Rosa, as partner in HEAL. As a result of the increase in civic engagement and grassroots leadership in these communities, 6 new community gardens were formed, 4 neighborhood-based groups were consolidated and became autonomous local organizations, and local policies were changed in 4 jurisdictions to support neighborhood beautification, community gardens and healthy school menus.

Community Health: Promoting health improvement and increasing access to healthcare services for low-income and under-served vulnerable persons, while fostering collaboration and incorporating healthy community strategies.

House Calls tend to the physical, spiritual and emotional needs of frail elderly seniors and adults with chronic diseases by providing primary medical care at home. Eligible seniors have limited access to care due to impaired mobility, under-insurance, and lack of funds. These services prevented 119 Emergency Department visits in FY 2011, which included diagnoses of congestive heart failure, respiratory infections, and treatment of diabetes issues, and wounds. In all, over 87 unduplicated patients were provided over 1,760 visits.

The Mobile Health Clinic serves primarily low-income Latino persons of all ages who are without a regular physician or have difficulty accessing healthcare services; traveling to sites throughout the county that include churches, schools, migrant camps and homeless shelters. The Clinic offers health screenings, well child exams, immunizations, treatment of minor medical problems, health and nutritional education, information and referrals. During fiscal year 2011, over 3,400 visits were provided to over 1,611 low-income patients, representing a 6% increase over visits provided in 2010. SJHS-SC's Mobile Health Clinic participated in the Harvard University Research ROI Project, which demonstrated a Return on Investment of \$28 for every \$1 invested in operating costs for the Mobile Health Clinic.

In FY 2011, these medical programs shared some joint accomplishments, including the launch of electronic medical records. The combined efforts of the Mobile Health Clinic and House Calls also provided 924 units of service to 169 patients for the Sonoma County Area Agency on Aging. Eighty six percent (86%) of all patients with diabetes received HgA1C test. Of those, 42% have HgA1C of less than 7. Seventy four percent (74%) of all patients with diabetes had cholesterol level checked. Of those, 19% had less than 100LDL & 29% had LDL of 100-130. Eighty seven percent (87%) of children 24 months of age served are current with required immunizations. 100% of eligible patients are screened &/or receive Pneumovax immunization.

The *Promotores de Salud* bridge language and culture, providing health information and referrals, enrolling uninsured families into publicly funded health plans, conducting cooking and nutrition classes, and enrolling patients in the MiVIA Electronic Personal Health Record. In FY11, the *Promotores de Salud* enrolled over 946 children and adults in publicly funded insurance programs, enrolled 119 clients in MiVIA, outreached to over 2,500 individuals at health fairs and other community events. The *Promotores de Salud* (Health Promoters) conducted two 10 week courses for Your Heart, Your Health in which a total of 24 people graduated and 8 of the graduates committed to becoming volunteer trainers to teach other residents. They also provided obesity prevention education to 1,402 low-income residents, an increase of 19% over 2010, and provided cooking and nutrition classes to over 416 low-income residents. The *Promotores de Salud* participated in four Health Fairs and five outreach activities providing education and information to 415 persons and assisted 162 persons with CalFresh applications and providing education on the importance of using the benefits to buy healthy foods.

Advocacy: Advocating for vulnerable populations and working to affect social and public policy change through grassroots advocacy and engaging persons of influence.

Circle of Sisters is a free violence prevention after-school program for girls ages 10 to 14. The program participants attend schools with high rates of free and reduced lunches. In FY 2011, Circle of Sisters served 279 girls at 13 different community sites. It also developed a Youth Advisory Committee, partnering with Neighborhood Care Staff to provide intensive leadership development to six girls who advocated for increased funding for free lunch, visited local community gardens and proposed a "Healthy Lunch Club" to provide free cooking lessons with low cost fresh ingredients.

Together with their community partners, coalitions, agencies and residents, SJHS-SC's Community Benefit team addressed its current strategic community health priorities: children's oral health, youth and peri-natal substance abuse, and childhood obesity. Its actions have been planned and implemented within the framework of the Spectrum of Prevention developed by The Prevention Institute. This framework, also used in the Sonoma County Community Health Needs Assessment that informed the development of this Community Benefit plan, serves to ensure a comprehensive, multi-disciplinary and multi-layered approach to addressing these concerns; and in this way, creates potential for achieving deeper, more sustainable change.

An integrated approach to community health mandates the development and monitoring of both process and outcomes measures, as is reflected in the highlights of SJHS-SC's FY11 achievements.

- SJHS-SC's oral health services include St. Joseph's Dental Clinic, serving children ages 0-16 by providing basic, preventive, restorative, emergency and dental care and treatment with a strong focus on education; as well as emergency dental care to adults on a first come first served basis and a special program for pregnant women (Mommy and Me). The Sonoma County Oral Health Access Coalition (SCOHAC) is the primary collaborative vehicle for effecting community change for the Children's Oral Health Initiative. SCOHAC was recognized by State Senator Mark Leno and Assemblyman Jared Huffman for its advocacy efforts on behalf of children's oral health. In addition to participation in SCOHAC's advocacy, SJHS-SC's active participation in this key stakeholder group facilitated its provision of oral health education to Women Infants & Children (WIC) providers and healthcare providers at Santa Rosa Community Health

Center, primary care residents, and pediatricians and emergency department physicians, among others. 100% of participating WIC program providers have been trained and are providing oral health education at their sites, thereby increasing oral health awareness for their food assistance clients. As a result, the Mommy & Me program has expanded into one WIC site. In addition, 272 WIC children were seen by the mobile dental clinic in FY 11, and 2,329 WIC participants received oral health education at their WIC site in that year. Oral health care services provided to children ages 0-5 by the SJHS Dental and Mobile Dental Clinics increased by 30%, with a 28% increase in children receiving their first dental exam by their first birthday. SJHS-Sonoma County also participated in the Sonoma County Oral Health Task Force in 2011, which produced a report with recommendations for improvement over the next three years.

- Youth and Peri-Natal Substance Abuse—SJHS-Sonoma County has taken a proactive leadership role to address youth and peri-natal substance abuse. Most recently, Petaluma Valley Hospital's Emergency Department Manager served and continues to serve as Coalition Chair of Petaluma's Coalition to Prevent Abuse of Alcohol, Tobacco, and Other Drugs. During fiscal year 2011, the Coalition began implementation of a federal Drug Free Community grant by forming a Speakers Bureau and making educational presentations to Petaluma City Schools and the City Council. In addition, advocacy was done at the local government for modifications to the Conditional Use Permit and Alcohol Related Nuisance Ordinances. In the Sonoma Valley, SJHS-Sonoma County co-facilitated the Substance Abuse Coalition, engaging residents and other community partners to successfully advocate for closure of an unlicensed marijuana dispensary that was located in front of a local Teen Center and within one block of a charter elementary school. SJHS-SC's Community Benefit Department staff engaged in education and community mobilization activities that included increased participation of youth in local substance abuse prevention coalitions in Petaluma and Sonoma through community radio shows, community theater, outreach, and policy advocacy.
- Childhood Obesity Prevention, the focus of St. Joseph Health System's long-term Healthiest Communities goal, included a significant number of local activities focused on this critical community health condition. SJHS-SC completed a successful pilot of the Healthy for Life program in two charter elementary schools in the Sonoma Valley, serving over 40 low-income children directly and 400 indirectly through teacher training, PE resources, nutrition education, and engaging School Wellness Committees in environmental and policy change efforts. The participating students showed a reduction of obesity from 13% to 7% and of underweight from 7% to 5%. Residents from throughout Sonoma County also engaged in community organizing, education and advocacy efforts to address social determinants of childhood obesity, creating community gardens and successfully advocating for land use and other supporting public policy changes. Health promotion activities included the mentoring of 8 new community volunteers who provided Your Heart, Your Health training to other low-income residents; as well as obesity prevention education provided to 75% of all participants in SJHS-SC's after-school program, Circle of Sisters.

## **Community Benefit Governance Structure**

The trustees, executive management, physicians, employees of SJHS-SC and surrounding community are all involved in providing on-going feedback/monitoring and informing the direction of policies and programmatic content of community benefit activities. In addition, community benefit plans, processes and programs reflect both the SJHS strategic corporate and entity goals and objectives. In the section of this strategic plan included under “Community Outreach and Social Change” the following goals are listed which are reflected throughout our community benefit programming:

- Increasing cultural and linguistic competency of all services and programs.
- Strengthening the continuum of care within the community, in collaboration with community partners.
- Enhancing community access to specialty care by building or expanding relationships with community health centers and district hospitals.
- Continuing to provide mobile health and dental services.
- Advocating for health care programs and services that respond to identified community health care needs, specifically advocating for mental health and for expanded access and healthcare reform.
- Developing a countywide indigent care approach that engages all providers and increases access to care.
- Engaging the community to be involved in health and or quality of life issues.

The St. Joseph Health System - Sonoma County demonstrates organizational commitment to the community benefit process through the allocation of staff, financial resources, participation and collaboration. The Area Vice President of Mission Integration is responsible for coordinating implementation of Senate Bill 697 provisions as well as the opportunities for Executive Management Team, physicians and other staff to participate in planning and carrying out the Community Benefit Plan.

The Community Benefit Committee is a joint committee of the Boards of Trustees of Santa Rosa Memorial and Petaluma Valley Hospitals (SJHS-SC entities), and supports these boards in overseeing community benefit activities in accordance with its Board approved charter. The Committee consists of at least three members of the Boards of Trustees and has a majority of members from the community who have knowledge or experience with populations with disproportionate unmet health needs in the communities served. During FY11, members of the SJHS-SC Executive Management Team and Trustees of both Santa Rosa Memorial and Petaluma Valley Hospitals made site visits out in the communities to see the Community Benefit clinics and programs in action, and to speak with some of those being served.

## Overview of Community Needs and Assets Assessment

The Community Health Needs Assessment 2008 is a collaborative effort by Sutter Medical Center of Santa Rosa, St. Joseph Health System – Sonoma County, Kaiser Permanente Medical Center – Santa Rosa and the Sonoma County Department of Health Services to spotlight the health, well-being and future of the children of Sonoma County, with input gathered from hospital boards and staff, as well as community members, who participated in focus groups throughout the County.<sup>1</sup> These partners have joined forces in the past in their joint needs assessments to address a number of significant community health issues – prevention of dangerous falls by seniors, the lack of diversity in the health care workforce, and the need for immunization clinics. The health problems raised in the Needs Assessment are preventable with concerted action on the part of partners and the community. To this end, the Needs Assessment employs **The Spectrum of Prevention** – “a fundamental model in public health, [which] acknowledges that a broad range of factors play a role in health. Policies, legislation and organizational practices are all powerful influences in shaping an individual’s attitudes” and the environment that determines the way people live. Several key learnings stand out that inform the work included in this report:

- The cost benefit of prevention. Preventing problems before they arise is a particularly powerful tool and results in dramatic cost savings and reduction in social problems to the community.
- The need for more and better local data. The data gathered in this Needs Assessment are a patchwork from multiple sources. The data often lack consistency over time, are difficult to compare from year to year, and frequently do not tell the complete story, particularly on the issues of oral health and prenatal alcohol and drug use.
- The critical role of environment in health. While individual education and behavior change are important to improving health, the real power in making progress on health is in changing the environment and systems that structure and affect our world.
- The tremendous power of collaboration. Collaboration holds the promise of allowing progress on issues that any one or two parties alone could never budge.

Sonoma County, the northernmost of the nine greater San Francisco Bay Area counties, is bordered on the north by Mendocino County, on the east by Lake and Napa counties, on the south by Marin County and San Pablo Bay, and on the West by the Pacific Ocean. In 2006, Sonoma County had the 17th largest county population of the 58 counties in California, with 480,000 residents, with 110,000 children ages 0 to 17. Santa Rosa, the county seat and largest city, has one-third of the total population of Sonoma County and ranks as the 30th largest city in the state.

Although Santa Rosa Memorial Hospital is in a Metropolitan Statistical Area (Santa Rosa), much of the rest of Sonoma County is in areas defined as rural. These rural areas have been federally classified as a Medically Underserved Population (MUP) based on low-income population factors and also as Primary Care Health Professional Shortage Areas (HPSA).

Almost one-quarter of Sonoma County’s population is under 18-years old, one third of whom are younger than school-age (0- to 5-years old). More than 10% are 65-years and older, and the remainder (62%) is between 19- and 64-years old. Although its racial/ethnic composition is changing, Sonoma County is still substantially less diverse than the state as a whole: 71% of

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<sup>1</sup> Kavanaugh, K. & Shupe, S. (2008). Community Health Needs Assessment: Sonoma County 2008-2011.

Sonoma County residents are white and 19% are Latino. The Latino population in Sonoma County is the fastest growing ethnic group, projected to increase to 21% of the population by 2010, and to 23% by 2020. By 2050 the Latino population is projected to increase 300%, from 80,742 in 2000 to 250,692 in 2050. The overall Sonoma County birth rate did not change significantly from 2000 to 2003, although there were significant differences in birth rates among racial/ethnic groups. Hispanics had the highest birth rate of any racial/ethnic group in Sonoma County (24.3/1,000), followed by Asian/Pacific Islanders. Together, they account for more than twice the birth rate of white, non-Hispanic women in the county. In 2005, 40.2% of births were to foreign-born mothers, with the majority of foreign-born mothers coming from Mexico (77%).

During the 2006-2007 school year, 71,412 students were enrolled in Sonoma County public schools. Throughout the 1990s, enrollment in Sonoma County public schools rose steadily, by about 2 percent annually on average. In 2001, the trend shifted downward and is now firmly in an era of declining enrollment. Today, local schools are educating the most ethnically and linguistically diverse youth population in the county's history. Thirty-three percent of the public school students are Latino, up from 15.5% in 1993, 94.9 Latinos make up 52% of elementary students in Santa Rosa schools and 31% of high school students. They constitute 43% of Sonoma Valley's students, 38% of Windsor students, 27% of Cotati-Rohnert Park students and 23% of Petaluma students. With this population shift has come greater language diversity. A decade ago, 2 percent of local students were English-language learners, compared to 22 percent today. It is also striking that almost two-thirds of the 23,000 Latino students now in public schools are not proficient in English.

In 2001, one in five (22%) white, non-Hispanic households and almost half (49%) of Hispanic households in Sonoma County had annual incomes less than \$30,000. In 2005, approximately 12,445 children and 9,800 families were living under 100% of the Federal Poverty Level (FPL). In 2006-07, 35% of all Sonoma County students were eligible for the Free and Reduced Lunch Program. (a common indicator of low-income).

In 2006, the Sonoma County public school system identified 9,288 young people 0- to 22-years old as having special needs, with Individualized Education Plans (IEP's). As of December 1, 2006, these young people constituted 13% of the school population. This includes all 13 federal categories of qualification, including mental retardation and emotional disturbance. African Americans have a somewhat higher percentage of IEPs (17%) than whites or Hispanics (14%). Among the largest age cohort of children with IEPs – 8 to 11 year olds – 35% are Hispanic (compared to 33% of the school age population), and whites are 58% (compared to 56% of the school population.).

Due to the success of the Healthy Kids Sonoma County or "the Children's Health Initiative" (CHI), insurance coverage among children has increased dramatically in the last several years. Before CHI started, 12,169 children were enrolled in Medi-Cal; as of January 2007, 22,400 are covered, an increase of 84%. Fewer than 3,000 children were enrolled in Healthy Families before CHI. As of May 2007, total enrollment is 10,063, an increase of 233%.

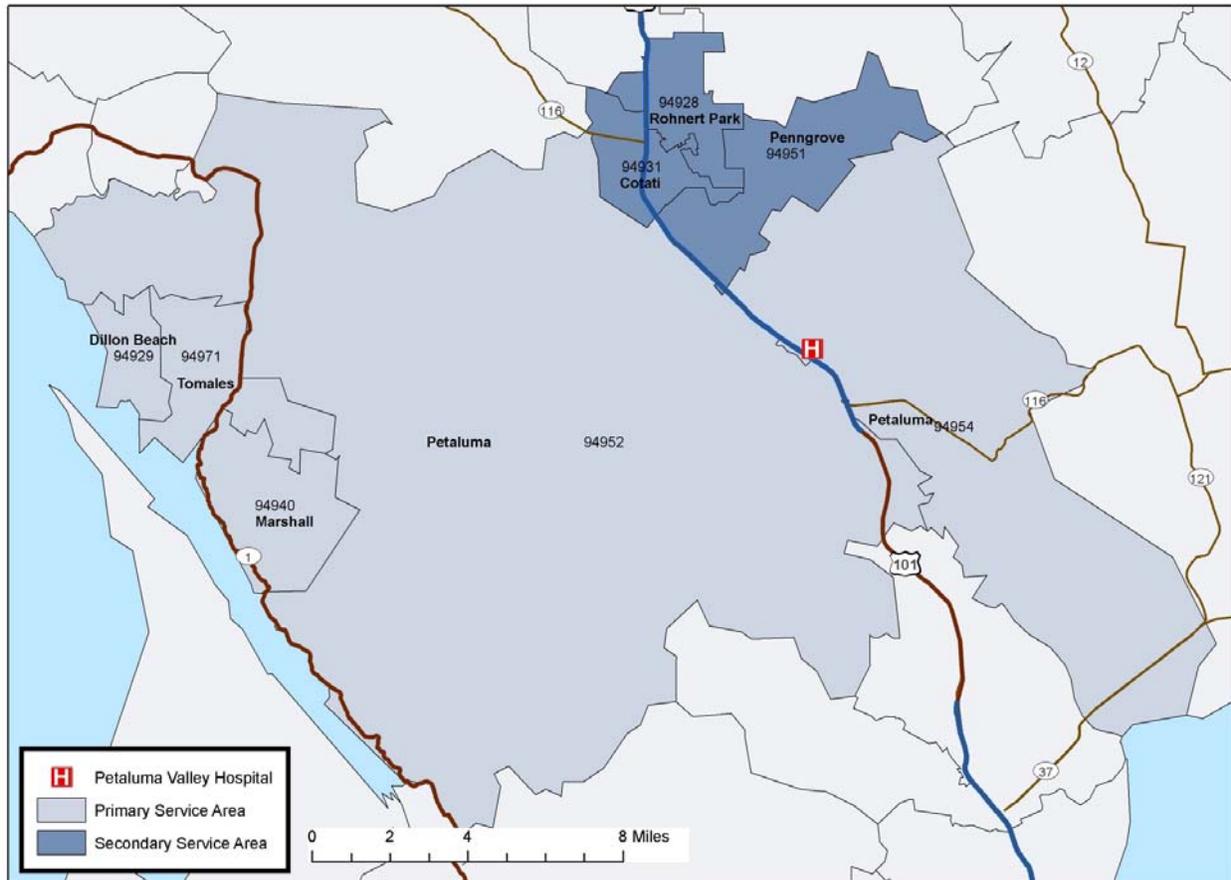
In Sonoma County, there are eight community health center organizations operating multiple health care sites throughout the county, including mobile health and dental services, as well as two school-based children's health centers. In addition, there are tribal health services and several free clinics. These facilities provide the majority of health services to children and youth on Medi-Cal and Healthy Families, and those who are uninsured. Health care coverage for low-income children is provided through the countywide Healthy Kids Program through two publicly funded

health insurance programs: Medi-Cal and Healthy Families; and three privately funded health insurance programs: Kaiser Child Health Plan, California Kids, and Healthy Kids Partnership Health Plan. A noteworthy gap in services for low-income children is the lack of access to specialty care.

**Santa Rosa Memorial Hospital Service Area**



### Petaluma Valley Hospital Service Area



### Patient Financial Assistance Program

We believe that as a Catholic health service organization, SJHS has a social responsibility and moral obligation to make quality health services accessible to the medically poor. We further believe all persons have a right to an adequate level of health care and that the provision of health care for those who require it is an obligation of justice as well as charity or mercy (A Vision of Value, 1986, Rev. 1991).

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Joseph Health System has a Patient Financial Assistance Program that provides free or discounted services to eligible patients. In fiscal year 2011, Santa Rosa Memorial and Petaluma Valley Hospitals provided a total of \$9,555,000 in charity care to 7,035 persons.

The Health System enhanced its process for determining charity care by adding an assessment for presumptive charity care. This assessment uses a predictive model and public records to identify and qualify patients for charity care, without a traditional charity care application.

**St. Joseph Health System – Sonoma County  
FY 09 – FY 11 Community Benefit Plan:  
FY 11 CB Priority Initiatives**

**Children’s Oral Health Initiative**

**Key Community Partners:**

Sonoma County Oral Health Coalition (SCOHAC)  
Women, Infants & Children (WIC)

**Target Population:** Low-income & Latino and/or immigrant children.

**Goal:** Reduce caries by 3% in the target population.

**How will we measure success?**

No more than 36% of Sonoma County students in Title I schools will have untreated dental decay.

**Strategy 1:** Influence policy and legislation

**Strategy Measure 1.1:** Community membership of SCOHAC fluoridation committee increases by 25%, by 2011.

**Strategy Measure 1.2:** Children’s oral health is cited as a priority issue at least 15 times in local media outlets by at least 5 different legislators or persons of influence.

**Strategy 2:** Educate providers

**Strategy Measure 2.1:** By 2011, 85% of daycares and preschool providers report an increased knowledge of oral health resources and education.

**Strategy Measure 2.2:** By 2011, oral health education is provided 5 times to pediatric hospitalists, pediatricians, emergency room physicians, and family practitioners.

**Strategy 3:** Strengthen individual knowledge and skills

**Strategy Measure 3.1:** Oral health visits for children ages 0-5 at the SJHS-SC Dental Clinic and *Cultivando la Salud* Mobile Dental Clinic increase by 10%.

**Strategy 4:** Promote community education.

**Strategy Measure 4.1:** The number of 1-year olds receiving their first dental exam increases by 20%.

**FY 11 Accomplishments**

SJHS-SC’s oral health services include St. Joseph’s Dental Clinic, serving children ages 0-16 by providing basic, preventive, restorative, emergency and dental care and treatment with a strong focus on education; as well as emergency dental care to adults on a first come first served basis and a special program for pregnant women (Mommy and Me). The Children’s Oral Health Initiative, for which the Sonoma County Oral Health Access Coalition (SCOHAC) is the primary collaborative vehicle for effecting community change. SCOHAC was recognized by State Senator Mark Leno and Assemblyman Jared Huffman for its advocacy efforts on behalf of children’s oral health. In addition to participation in SCOHAC’s advocacy, SJHS-SC’s active participation in this key stakeholder group facilitated its provision of oral health education to WIC providers and healthcare providers at Santa Rosa Community Health Center, primary care

residents, and pediatricians and emergency department physicians, among others. 100% of participating WIC program providers have been educated and are providing training at their sites, thereby increasing oral health awareness at WIC. As a result, the Mommy & Me program has expanded into one WIC site. In addition, 272 WIC children were seen by the mobile dental clinic in FY 11, and 2,329 WIC participants received oral health education at their WIC site in that year.

Oral health care services provided to children ages 0-5 increased by 30%, with a 28% increase in children receiving their first dental exam by their first birthday. In FY 2011, the St. Joseph Dental Clinic provided nearly 6,650 visits for 2,984 patients, with an additional 5,589 visits provided to 3,498 patients on the *Cultivando la Salud* Mobile Dental Clinic, including Mighty Mouth School based care. Two thousand sixty one (2061) children ages 0-5 years were cared for by the two dental clinics, an increase of 15% from 2010. The clinic offers a special desensitization program for patients with developmental disabilities. Three hundred and seventy six (376) one-year olds received their first dental visits in the last year which is a 251% increase from 2010. Mommy & Me children had a 2% decay rate, compared to 33% for children of the same age group not participating in Mommy & Me.

SJHS-Sonoma County also participated in the Sonoma County Oral Health Task Force in 2011, which produced a report with recommendations for improvement over the next three years.

## **St. Joseph Health System – Sonoma County FY 09 – FY 11 Community Benefit Plan: FY 11 CB Priority Initiatives**

**Initiative Name:** Youth and Peri-Natal Substance Abuse

**Key Community Partners:**

Drug Abuse Alternative Center (DAAC)  
Sonoma County Prevention Partnership  
Petaluma Coalition to Prevent Underage and High-Risk Drinking  
Santa Rosa Gang Prevention Task Force  
Sonoma County Maternal, Child & Adolescent Health

**Target Population:** Low-income, Latino and immigrant women of child-bearing age, youth and their families

**Goal:** Reduce youth and peri-natal substance abuse in Sonoma County.

**How will we measure success?:**

Reduced youth & peri-natal substance abuse reported in the 2011 Sonoma County Maternal, Child & Adolescent Health Report.

**Strategy 1:** Influence policy and legislation

**Strategy Measure 1.1:** One new municipal ordinance to support the prevention of high-risk drinking is passed in Petaluma.

**Strategy 2:** Mobilize neighborhoods and communities

**Strategy Measure 2.1:** Youth leaders promote the message of the Petaluma Coalition to Prevent Underage and High-Risk Drinking to peers in 2 local schools.

**Strategy Measure 2.2:** 100 youth in communities with Disproportionate Unmet Health Needs advocate for abstaining from alcohol and drug use.

**Strategy 3:** Foster coalitions and networks

**Strategy Measure 3.1:** Business partners publicly support the efforts of the Petaluma Coalition to Prevent Underage and High-Risk Drinking

**Strategy Measure 3.2:** 15 public and private agencies and community groups engage in collaborative action to prevent substance abuse in communities with disproportionate unmet health needs.

**Strategy 4:** Educate providers

**Strategy Measure 4.1:** 75% of SJHS-SC's Community Benefit Department staff increase their understanding of substance abuse and its impact on the vulnerable communities they serve.

**Strategy 5:** Promote community education.

**Strategy Measure 5.1:** 100% of the Circle of Sisters staff transmit new understanding of substance abuse issues to program participants through groups and events.

**Strategy 6:** Strengthen individual knowledge and skills

**Strategy Measure 6.1:** 15 Latino youth educate others about the dangers of alcohol and drug use through community radio and community events.

**Strategy Measure 6.2:** 80% of Circle of Sisters participants report an increased knowledge of alcohol, tobacco and other drug use prevention.

### **FY 11 Accomplishments**

Youth and Peri-Natal Substance Abuse: SJHS-Sonoma County has taken a proactive leadership role to address youth and peri-natal substance abuse. Most recently, Petaluma Valley Hospital's Emergency Department Manager served as Coalition Chair of Petaluma's Coalition to Prevent Abuse of Alcohol, Tobacco, and Other Drugs. During Fiscal Year 2011, the Coalition began implementation of a federal Drug Free Community grant by forming a Speakers Bureau and making educational presentations to Petaluma City Schools and the City Council. In addition, advocacy was done at the local government for modifications to the Conditional Use Permits and Alcohol Related Nuisance Ordinances. In the Sonoma Valley, SJHS-Sonoma County also worked with community partners to support local collaborative efforts to reduce substance abuse. They successfully advocated closing an unlicensed marijuana dispensary that was located in front of a local Teen Center and within one block of a charter elementary school.

Youth and Peri-Natal Substance Abuse Initiative engaged SJHS-SC's Community Benefit Department staff in education and community mobilization activities that included increased participation of youth in local substance abuse prevention coalitions in Petaluma and Sonoma through community radio shows, community theater, outreach, and policy advocacy. The Neighborhood Care Staff (NCS) and Healthy Communities Consortium partnered on Latino Youth Engagement projects in Petaluma; providing leadership training and mentoring to youth and working with them to organize the first Latino Engagement Youth Forum at the Petaluma SR Junior College campus (70 participants). NCS and Nuestra Voz engaged Latino youth in a focus group

about substance abuse in Sonoma Valley. NCS facilitated the unification of two local prevention coalitions in Sonoma Valley, which developed a unified action plan and NCS led the effort to engage residents in advocating for removal of an unpermitted marijuana dispensary on Highway 12 in front of the Teen Center. Partnership with the Drug Abuse Alternative Center contributed to the education of Community Benefit staff in substance abuse-related issues and resources in Sonoma County; Circle of Sisters (COS) youth leader participants in COS Youth Advisory Council (YAC) mentored other girls in site based ATOD prevention activities. All COS participants (279) received ATOD prevention education and 100% of returning COS participants reported increased understanding of the risks associated with alcohol and marijuana use.

## **St. Joseph Health System – Sonoma County FY 09 – FY 11 Community Benefit Plan: FY 11 CB Priority Initiatives**

**Initiative Name:** Childhood Obesity

### **Key Community Partners:**

Community Activity & Nutrition Coalition (CAN-C)  
Health Action: iWALK, iGROW, Healthy Students Initiative  
Redwood Community Health Coalition (RCHC)

**Target Population:** Low-income, immigrant and Latino children and their families

**Goal:** Reduce childhood obesity in target populations by 3%, by 2011.

### **How will we measure success?**

Reduced childhood obesity reported in Sonoma County Pediatric Surveillance Data

**Strategy 1:** Influence policy and legislation

**Strategy Measure 1.1:** All local governments in Sonoma County publicly support Health Action.

**Strategy 2:** Mobilize neighborhoods and communities

**Strategy Measure 2.1:** Grassroots leaders in communities with disproportionate unmet health needs engage other residents in action to increase neighborhood safety and other obstacles to healthy eating and physical activity through advocacy, civic engagement and community education.

**Strategy Measure 2.2:** Residents in communities with disproportionate unmet health needs engage in public action to address neighborhood safety and other obstacles to healthy eating and physical activity.

**Strategy 3:** Change organizational practice.

**Strategy Measure 3.1:** By 2011, funding of environmental and social actions that address childhood obesity in communities with disproportionate unmet health needs served by the Neighborhood Care Staff/ACTION increases by 5%.

**Strategy Measure 3.2:** By 2011, 80% of all eligible patients have BMI measurements taken at each Mobile Health Clinic visit.

**Strategy 4:** Foster coalitions and networks.

**Strategy Measure 4.1:** Residents in Petaluma, Sonoma and Santa Rosa participate in Community Activity & Nutrition Coalition advocacy and actions to improve local environments.

**Strategy 5:** Promote community education.

**Strategy Measure 5.1:** 80% of participants in *Promotores de Salud* workshops report an increased knowledge of the causes of childhood obesity.

**Strategy Measure 5.2:** *Promotores de Salud* provide 10 “Train the Trainer” sessions with partner agencies.

**Strategy 6:** Strengthen individual knowledge and skills

**Strategy Measure 6.1:** 80% of all eligible patients enroll in MiVia electronic personal health record.

**Strategy Measure 6.2:** By 2011, 80% of Circle of Sisters participants report an increased knowledge of obesity and nutrition-related issues.

**Strategy Measure 6.3:** Circle of Sisters report a positive impact of participation in at least one physical education session provided weekly at all Circle of Sisters groups.

### **FY 11 Accomplishments**

Childhood Obesity Prevention has been the focus of St. Joseph Health System’s long-term Healthiest Communities goal, for which a significant number of local activities focused on this critical community health condition. SJHS-SC completed a successful pilot of the Healthy for Life program in two charter elementary schools in the Sonoma Valley, serving over 40 low-income children directly and 400 indirectly through teacher training, PE resources, nutrition education, and engaging School Wellness Committees in environmental and policy change efforts. The participating students showed a reduction of obesity from 13% to 7% and of underweight from 7% to 5%. Residents from throughout Sonoma County engaged in community organizing, education and advocacy efforts to address social determinants of childhood obesity, creating community gardens and successfully advocating for land use and other supporting public policy changes. Health promotion activities included the mentoring of 8 new community volunteers who provided Your Heart, Your Health training to other low-income residents; as well as obesity prevention education provided to 75% of all participants in SJHS-SC’s after-school program, Circle of Sisters.

SJHS-SC achieved many accomplishments in its initiative to reduce childhood obesity during Fiscal Year 2011. SJHS-SC was a founding member of the Healthy Students Initiative of the Health Action coalition, contributing to completion a countywide survey of schools on policies and programs that support healthy eating and physical activity. This collaborative group also embraced St. Joseph Health System’s Healthy for Life project, and collaborated in planning Sonoma County’s pilot project in the Sonoma Valley’s two charter schools. Healthy for Life was accepted into Sonoma County’s “Upstream Investments” portfolio.

Other highlights of the Childhood Obesity Prevention Initiative include NCS training and mentoring of community leaders from low- income neighborhoods in addressing two key Social Determinants of Health: over 5,000 actions of advocacy, education, and organizing to reduce obstacles to health food and physical activity; and over 1,500 actions to increase neighborhood safety. NCS supported City of Rohnert Park in obtaining \$75,000 to transform former public pool into community garden. iWALK Roseland group partnered with Safe Routes to School to form a Walking School bus with 35 students and 15 parents. Sunrise Community Garden Committee members made successful presentations to the Petaluma Recreations and Parks Commission for final approval of the land use changes and resource allocation for their garden. NCS supported approximately 100 low-income residents throughout the county in joining the 350 Garden

Challenge. Advocacy by Cielo Azul Coop Farm members resulted in policy changes by Santa Rosa Community Development Dept on community garden permits. NCS provided ACTION training and mentoring to an additional 24 residents from low-income neighborhoods in South Santa Rosa, as a partner in the HEAL initiative.

Circle of Sisters education efforts continue to report positive results. 37 girls participated in Circle of Sisters mentor peers in healthy eating and physical activity. Pre- and post-tests with Circle of Sisters participants showed an improvement from 81% to 100% eating breakfast each day. 100% of returning COS participants reported increased knowledge about obesity prevention.

82% of children seen by Mobile Health Center received BMI screening. Data collected on BMI for patients during Fiscal Year 2011 seen by the SJHS-SC Mobile Health Clinic shows:

	Children 2-4		Children 5-11		Children 12-19	
Total # of Patients	22		70		107	
BMI Screened	15	68%	62	89%	99	93%
Overweight	1	7%	6	10%	13	13%
Obese	2	13%	12	19%	30	30%

## Other Community Benefit

### Community-Based Primary Care Program

**Target Population:** Low-income seniors, children & families

**Goal:** Increase access to primary care services

#### How will we measure success?

Increased number of primary care visits provided to low-income patients, and number of emergency room visits prevented.

#### FY 11 Accomplishments

In FY 2011, access to primary care services increased through the St. Joseph Mobile Health Clinic, which provided 3,452 visits for 1,611 low-income patients, a 6% increase over visits provided in 2010. In addition, House Calls, an in-home Senior Services program, provided 1,760 visits this past year and prevented 119 emergency department visits through early diagnosis and referral of persons with congestive heart failure, respiratory infections, diabetes complications and wound care; a 52% increase in educational prevention compared to 2010.

In FY 2011 the combined efforts of the Mobile Health Clinic and House Calls provided 924 units of service to 169 patients for the Sonoma County Area Agency on Aging. Eighty six percent (86%) of all patients with diabetes served received HgA1C test. Of those 42% have HgA1C of less than 7. Seventy four percent (74%) of all patients with diabetes had cholesterol level checked. Of those 19% had less than 100 LDL & 29% had LDL of 100-130. During Fiscal Year 2011 SJHS-SC's Mobile Health Clinic participated in the Harvard University Research ROI Project, with demonstrated a Return on Investment of \$28 for every \$1 invested in operating costs for the clinic. Access to services also increased through the Promotores de Salud's efforts to enroll over

946 previously uninsured children and adults into publicly funded insurance programs, connecting them to medical homes. Outreach and education was also provided through the Promotores de Salud's participation in 4 Health Fairs and 5 other community outreach events.

In FY 2011, electronic medical records launched. Eighty seven percent (87%) of children 24 months of age served are current with required immunizations. 100% of eligible patients are screened &/or receive Pneumovax immunization.

**FY11 COMMUNITY BENEFIT INVESTMENT  
SANTA ROSA MEMORIAL HOSPITAL  
(ending June 30, 2011)**

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services <sup>2</sup>	FY11 Financials
<b>Medical Care Services for Vulnerable<sup>3</sup> Populations</b>	Santa Rosa Memorial Hospital Financial Assistance Program (FAP) (Charity Care-at cost)	\$8,561,760
	Unreimbursed cost of MediCal <sup>4</sup>	\$18,537,248
	Unreimbursed costs- other means-tested government programs	\$5,265,574
<b>Other benefits for Vulnerable Populations</b>	Community Health Improvements Services	\$1,299,666
	Cash and in-kind contributions	\$23,909
<b>Other benefits for the Broader Community</b>	Community Benefit Operations	\$508,963
	Community Building	\$353,407
	Community Health Improvements Services	\$140,216
	Subsidized Health Services	\$195,650
<b>Health research, education, and training</b>	Health Professions Education, Training and Research	\$0
<b>TOTAL COMMUNITY BENEFIT (excluding Medicare)</b>		<b>\$34,886,355</b>
<b>Medical Care Services for the Broader Community</b>	Unpaid cost of Medicare (not included in CB total)	\$34,939,538
<b>TOTAL COMMUNITY BENEFIT (including Medicare<sup>5</sup>)</b>		<b>\$69,825,893</b>

<sup>2</sup> Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

<sup>3</sup> CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for MediCal (Medicaid), Medicare, California Children's Services Program, or county indigent programs. For SJHS, we exclude unreimbursed costs of Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

<sup>4</sup> Accounts for Hospital Fee.

<sup>5</sup> Reported below the line per requirement of SB 697.

**FY11 COMMUNITY BENEFIT INVESTMENT**  
**PETALUMA VALLEY HOSPITAL**  
 (ending June 30, 2011)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services <sup>6</sup>	FY11 Financials
<b>Medical Care Services for Vulnerable<sup>7</sup> Populations</b>	Petaluma Valley Hospital Financial Assistance Program (FAP) (Charity Care-at cost)	\$993,370
	Unreimbursed cost of Medi-Cal <sup>8</sup>	\$5,356,837
	Unreimbursed costs- other means-tested government programs	\$1,362,354
<b>Other benefits for Vulnerable Populations</b>	Community Health Improvements Services	\$5,000
	Cash and in-kind contributions	\$17,500
<b>Other benefits for the Broader Community</b>	Community Health Improvement Services	\$3,000
<b>Health research, education, and training</b>	Health Professions Education, Training and Research	\$0
<b>TOTAL COMMUNITY BENEFIT (excluding Medicare)</b>		<b>\$7,738,061</b>
<b>Medical Care Services for the Broader Community</b>	Unreimbursed cost of Medicare (not included in CB total)	<b>\$9,783,167</b>
<b>TOTAL COMMUNITY BENEFIT (including Medicare<sup>9</sup>)</b>		<b>\$17,521,228</b>

<sup>6</sup> Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

<sup>7</sup> CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for MediCal (Medicaid), Medicare, California Children's Services Program, or county indigent programs. For SJHS, we exclude unreimbursed cost of Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

<sup>8</sup> Accounts for Hospital Fee.

<sup>9</sup> Reported below the line per requirement of SB 697.

## **Telling Our Community Benefit Story: Non-Financial<sup>10</sup> Summary of Accomplishments**

St. Joseph Health System – Sonoma County demonstrates organizational commitment to the community through the allocation of staff, financial resources, participation and collaboration. Its Vice President of Mission Integration is responsible for coordinating implementation of Senate Bill 697 provisions as well as the opportunities for Executive Management Team, physicians, and other management and staff to participate in planning and carrying out the Community Benefit Plan through participation in community boards and committees; as well as through volunteerism with organizations such as the Redwood Empire Food Bank, United Way, Sonoma County Volunteer Center, YMCA, Rebuilding Together, American Heart Association, and others. Approximately 225 St. Joseph Health System – Sonoma County staff and managers provided community service during fiscal year 2011.

It also integrates its priority community health concerns into the work of departments throughout the organization, beyond the Community Benefit Department. During fiscal year 2011, the Nutrition Services team increased healthy cafeteria and food service options to patients, visitors, and staff; and an on-site Farmer’s Market offered fresh, affordable produce weekly in the Santa Rosa Memorial Hospital lobby. Worksite Wellness services were provided free of charge to community partners to expand obesity prevention and health promotion services to their lower-wage employees, such as St. Francis Winery.

The contributions of St. Joseph Health System – Sonoma County’s Community Benefit team were recognized by the community during Fiscal Year 2011, with the following: Social Justice Award from Sonoma State University for Circle of Sisters’ Power of Know Conference, highlighting of the work of St. Joseph Dental Clinic and Mobile Dental Clinic in reporting on NBC’s Nightly News, and the inclusion of Healthy for Life as a promising practice in the County of Sonoma’s Upstream Investments portfolio.

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<sup>10</sup> Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.