

## **Sutter Health**

### **Sutter Medical Center of Santa Rosa**

#### **2013 – 2015 Community Benefit Plan**

Responding to the 2013 Community Health Needs Assessment

Submitted to the Office of Statewide Health Planning and Development May 2014

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**\*Note:** This implementation strategy is written in accordance with proposed Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. This document has also been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California [SB 697](#).

## Introduction

This implementation strategy describes how Sutter Medical Center of Santa Rosa, a Sutter Health affiliate, plans to address significant needs identified in the Community Health Needs Assessment (CHNA) published by the hospital on October 5, 2013. The document describes how the hospital plans to address identified needs in calendar (tax) years 2013 through 2015.

The 2013 CHNA and this implementation strategy were undertaken by the hospital to understand and address community health needs, and in accordance with proposed Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

This implementation strategy addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described herein, the hospital is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.

## About Sutter Health

Sutter Medical Center of Santa Rosa is affiliated with Sutter Health, a not-for-profit network of hospitals, physicians, employees and volunteers who care for more than 100 Northern California towns and cities. Together, we're creating a more integrated, seamless and affordable approach to caring for patients.

The hospital's mission is to enhance the well-being of people in the communities we serve through a not-for-profit commitment of compassion and excellence in health care services.

At Sutter Health, we believe there should be no barriers to receiving top-quality medical care. We strive to provide access to excellent health care services for Northern Californians, regardless of ability to pay. As part of our not-for-profit mission, Sutter Health invests millions of dollars back into the communities we serve – and beyond. Through these investments and community partnerships, we're providing and preserving vital programs and services, thereby improving the health and well-being of the communities we serve.

In 2012, our network of physician organizations, hospitals and other health care providers invested \$795 million (compared to \$756 million in 2011) in health care services for low-income people, community health improvement services, and other community benefits.

For more facts and information about Sutter Medical Center of Santa Rosa, please visit [www.santarosa.org](http://www.santarosa.org).

## 2013 Community Health Needs Assessment Summary

Sutter Medical Center of Santa Rosa, in collaboration with local partners Kaiser Permanente, St. Joseph's Health System and the Sonoma County Department of Health Services conducted a Community Health Needs Assessment (CHNA) beginning in early 2012 and concluding in February 2013. The partners engaged BK Consultants to collect and analyze data and write the report with partner input. Secondary data were collected through multiple sources which are cited in the full report. Primary data were collected through key informant interviews, community focus groups, and a phone survey of local residents. Additionally, a stakeholders group was convened to review data and assist in identifying the health priorities.

The full 2013 Community Health Needs Assessment report conducted by Sutter Medical Center of Santa Rosa is available at [http://www.suttersantarosa.org/relations/community\\_benefits.html](http://www.suttersantarosa.org/relations/community_benefits.html).

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### Definition of Community Served by the Hospital

**Demographic Overview:** Sonoma County is a large, urban-rural county encompassing 1,575 square miles. The county's total population is currently estimated at 487,011. According to projections from the California Department of Finance, county population is projected to grow by 8.3% to 546,204 in 2020. This rate of growth is less than that projected for California as a whole (10.1%).

**Geographic Distribution of Population:** Sonoma County residents inhabit nine cities and a large unincorporated area, including many geographically isolated communities. The majority of the county's population resides within its cities, the largest of which are clustered along the Highway 101 corridor. Santa Rosa is the largest city with a population of 168,841 and is the service hub for the entire county and the location of the county's three major hospitals.

Sonoma County's unincorporated areas are home to 146,739 residents, 30.1% of the total population. A significant number of these individuals live in locations that are very rural and geographically remote. Residents of these areas may experience social isolation and significant barriers in accessing basic services and supports such as transportation, health care, nutritious food and opportunities to socialize. Low-income and senior populations living in remote areas may face special challenges in maintaining health and quality of life. Of the county's total senior population, age 60 and older, 12,144 (12%) are considered "geographically isolated" as defined by the Older Americans Act.

**Race and Ethnicity:** White, Non-Hispanics currently represent 64.2% of the county's population while Hispanics account for 25.6%. Other ethnic groups include: Asian/Pacific Islander (5.2%), African Americans (1.7%), American Indians (1.0%), and persons reporting two or more races (2.3%). While the county's population is less diverse than that of California as a whole, this is changing. By 2020, Sonoma's Hispanic population, currently estimated at 129,057, is expected to grow to 168,290 and account for 31% of the total population. Other ethnic groups are projected to experience less dramatic growth.

While the majority of the county's ethnic populations are English-proficient, the 2010 Census estimates that 50,236 residents, age 5 and older, or 11.26% of total population, are "linguistically isolated" (i.e.

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speaking a language other than English at home and speaking English less than “very well”).

**Poverty:** While many Sonoma County residents enjoy financial security, 10.27% of county residents reported annual incomes below Federal Poverty Level in 2010. The 2010 Federal Poverty Level (FPL) was \$10,830 in annual income for an individual or \$22,050 for a family of four. The Federal Poverty Guidelines are not scaled to reflect significant regional variations in the cost of living. Given the high cost of living in Sonoma County, it is generally accepted that an annual income under 200% of FPL (\$21,660 for an individual) is inadequate to meet basic needs for food, clothing, shelter, transportation, health care and other necessities.

Poverty rates vary significantly by ethnicity. Significant disparities exist, especially for Sonoma County Hispanics, who experience a much higher rate of poverty (21.8%) than Whites or Asians.

In some parts of Southwest Santa Rosa, the Russian River corridor, Sonoma Valley and unincorporated areas in the northwest and northeast, poverty rates for children under age 18 exceed 40%. Based on neighborhood conditions, residents in these communities may have limited access to safe places to play, safe routes to walk and bike to school, grocery stores that offer affordable, fresh fruits and vegetables or prevention-focused health and dental services.

The county’s lowest income senior populations are clustered around Santa Rosa, the Sonoma Valley and the Russian River. Similarly, low-income seniors may face barriers in accessing affordable transportation, nutritious food, safe places to exercise and opportunities to socialize with others.

**Beyond the County Line:** Because of Sutter Medical Center’s expertise in neonatal medicine, interventional cardiology, and cardiac surgery, we often transfer in patients from adjoining counties, particularly northern, more rurally isolated counties of Lake and Mendocino. Each of these counties has a high percentage of medically underserved people living in poverty.

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### Significant Health Needs Identified

The following significant health needs were identified by the 2013 CHNA.

Significant Community Health Need	Intends to Address
<p><b>Healthy Eating and Physical Fitness</b>            Poor nutrition and lack of physical activity are driving a national and local obesity epidemic and are contribution to increasing rates of chronic disease, disability and premature mortality in Sonoma County. Low-income children and families are especially at risk when they reside in neighborhoods that offer few options to obtain healthy, nutritious food or engage safely in physical activity. Expansion of current efforts in schools and communities to improve nutrition and fitness among youth and adults can help to reduce the growing burden of disease.</p>	Yes
<p><b>Gaps in Access to Primary Care</b>            Strong primary care systems are associated with improved health outcomes and reduced health care costs. While most Sonoma County residents have a regular source of care and can access health care when they need it, too many do not. Those who are uninsured, low-income, or are members of racial and ethnic minorities are less likely to have an ongoing source of care and more likely to defer needed care, medicines and diagnostics, often at the cost of unnecessary suffering and poor health outcomes. Increasing access to affordable, prevention-focused primary care can help to eliminate health disparities and promote health and well-being.</p>	Yes
<p><b>Access to Services for Substance Use Disorders</b>            Treatment works. Early screening, intervention and appropriate treatment for harmful substance use and addiction behaviors are critical to intervening with teens, pregnant women and others who can benefit from treatment. Unfortunately, despite increasing levels of addiction, access to substance abuse treatment in Sonoma County is severely limited for low-income individuals without health care coverage. Insuring timely access to culturally competent substance abuse treatment, tailored to the specific needs of those seeking help, can break the cycle of addiction and benefit individuals, families and the community.</p>	Yes
<p><b>Barriers to Health Aging</b>            People over 60 now make up a larger proportion of the population of Sonoma County than ever before. As growth in this population continues, it will challenge families and communities to provide the support seniors need to stay healthy, safe, engaged and independent. Current senior service “systems” are fragmented, under-funded and often difficult for seniors and their families to understand and utilize. Low-income seniors are especially at-risk for neglect, abuse and isolation. Lack of adequate, local supportive services often result in early institutionalization, poor health outcomes and reduced quality of life for many vulnerable seniors. Further development of community-based systems of services and supports for seniors can improve health outcomes and quality of life and significantly reduce costs for long-term institutional care.</p>	See Page 22
<p><b>Access to Mental Health Services</b>            Many mental health problems can be effectively treated and managed with access to assessment, early detection, and links to ongoing treatment and supports. In Sonoma County, however, many low income individuals with mental health concerns do not have access to the treatment they need. Insufficient private insurance coverage for mental health services and insufficient availability of publicly-funded treatment services are significant barriers for many. Limited integration of mental health services within the health care system also leads to missed opportunities for early problem identification and prevention.</p>	Yes

Significant Community Health Need (continued)	Intends to Address
<p><b>Disparities in Educational Attainment</b>            Educational attainment is the single greatest predictor of both income and employment status in later life and both factors are powerful determinants of health and well-being. In Sonoma County, Hispanics currently lag behind their White counterparts in educational attainment levels. Just over 6% of Whites do not have a high school diploma as compared with 45.9% of the Hispanic population. Among current students, 93.6% of White 9<sup>th</sup> graders graduate from high school 4 years later as compared with only 64.4% of Latino students.</p>	See Page 22
<p><b>Cardiovascular Disease</b>            Cardiovascular disease is the third leading cause of death for people ages 18 – 59 in Sonoma County. For residents, age 60 and older, coronary heart disease and stroke are the second and third most common cause of death, behind cancer. Major behavioral contributors to cardiovascular disease include tobacco use, physical inactivity, unhealthy diet and harmful use of alcohol. Education and prevention efforts targeting these “lifestyle” choices and behaviors should be expanded along with continued emphasis on early detection and management of chronic disease.</p>	Yes
<p><b>Adverse Childhood Exposure to Stress (ACES)</b>            Adverse Childhood Exposure to Stress (ACES), which include a variety of ongoing conditions or events that can be categorized as recurrent childhood trauma, have been documented to lead to health and social problems, risk-taking behaviors and a shortened lifespan for the adults who survive them. ACES has been linked to a range of adverse health outcomes in adulthood, including substance abuse, depression, cardiovascular disease, diabetes, cancer, and premature mortality. The prevalence of ACES underscores the need for additional efforts to reduce and prevent child maltreatment and associated family dysfunction and the need for further development and dissemination of trauma-focused services to treat stress-related health outcomes associated with ACES.</p>	See Page 22
<p><b>Access to Health Care Coverage</b>            Ensuring access to affordable, quality health care services is important to protecting both individual and population health, eliminating health disparities and promoting overall quality of life in the community. For uninsured people, the cost of both routine and emergency care can be financially devastating. Individuals without health care insurance coverage may defer needed care, diagnostics and medicines for themselves and their families and may, as a result, experience higher rates of preventable illness, suffering, disability and mortality than those who have insurance. While a significant portion of Sonoma County’s uninsured population will be eligible for more affordable health care coverage under the Affordable Care Act, financial barriers may still exist for low-wage earners who are unable to meet premium requirements. And, undocumented individuals will continue to be ineligible for publicly-funded coverage, leaving many individuals and families vulnerable.</p>	Yes

Significant Community Health Need (continued)	Intends to Address
<p><b>Tobacco Use</b></p> <p>Approximately one-third of all tobacco-using Americans will die prematurely from lung cancer, emphysema, cardiovascular disease and other causes related to their dependence on tobacco. Chewing tobacco is a principal contributor to oral cancers. Most smokers become addicted before the age of 19. Those who start smoking young are more likely to have difficulty quitting and more likely to develop smoking-related illness and disability. Sonoma County’s adult smoking rate does not meet the Healthy People 2020 target and is higher than the California average. Smoking rates for teens also exceeds both national and state-level benchmarks. Education programs to prevent smoking initiation among youth should be strengthened along with efforts to expand access to cessation programs for both youth and adults.</p>	See Page 22
<p><b>Coordination and Integration of Local Health Care System</b></p> <p>Integration of health care services may take a variety of forms, but essentially consists of the coordination of care to reduce fragmentation and unnecessary use of services, prevent avoidable conditions, and promote independence and self-care. The ability of care providers to effectively develop and use Electronic Medical Records will be critical to the coordination and integration of care. The Affordable Care Act expands health care coverage options for more Sonoma County residents. To maximize resources and provide high quality health care for newly insured patients and those already established in care, local health care services must be better coordinated and integrated with an emphasis on those most vulnerable - the aged, those living in poverty or geographic isolation and those with multiple disabilities.</p>	Yes
<p><b>Disparities in Oral Health</b></p> <p>Poor oral health status can threaten the health and healthy development of young children and compromise the health and well-being of adults. Low-income children suffer disproportionately from dental caries in Sonoma County. Low-income residents have few options for affordable oral health care and even those with insurance find access to preventative services severely limited. Fluoridated drinking water has proven to be an effective public health measure for prevention of tooth decay, yet only 3% of the public water supply in Sonoma County is fluoridated. Among the cities, only Healdsburg fluoridates its water. Stronger prevention initiatives and expanded access to prevention-focused oral health care are critical to protecting the health and well-being of low-income children and adults.</p>	Yes
<p><b>Lung, Breast and Colorectal Cancer</b></p> <p>With the exception of stomach cancer, Sonoma County’s all-cancer incidence is higher than the California rate. Research shows that routine screening for certain cancers, including breast, cervical and colorectal cancers, can increase detection at an early and often treatable stage, thereby reducing morbidity and mortality. Lung, breast, and colorectal cancer were identified as priorities because they are significant contributors to morbidity and mortality in Sonoma County and present significant opportunities for early detection through expanded education and screening.</p>	See Page 22

## 2013 – 2015 Implementation Strategy

This implementation strategy describes how Sutter Medical Center of Santa Rosa plans to address significant health needs identified in its 2013 Community Health Needs Assessment and consistent with its charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impacts of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations.

Many of these priorities have already been identified by health and community leaders and are being addressed through a collaborative called “Health Action” which has identified 10 goals that will help Sonoma County become the healthiest county in California by 2020. The chief executive at Sutter Medical Center sits on a board of Health Action and several health and administrative leaders sit on various work groups under the Health Action umbrella. Health Action will be cited several times in the following plan.

## Healthy Eating and Physical Fitness

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**Name of Program, Initiative or Activity**     **Fighting Food Insecurity**

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**Description**

A survey of the residents' patients at the Community Health Center partner revealed that more than 60% of their patients experience regular food insecurity and often need to make unhealthy food choices based on affordability, or don't eat at all. We have entered into a partnership with the Redwood Empire Food Bank to be a food drop-off location once a week. Each Monday, patients of the Vista Clinic are invited to come and pick up one box of healthy, fresh food for their families. Patients are also educated about other food programs and food stamp exchanges at Farmers Markets.

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**Anticipated Impact and Plan to Evaluate**

We anticipate that when patients learn about the food resources available to them, they will report less food insecurity and will be able to focus on making healthy food choices.

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**Name of Program, Initiative or Activity**     **Redwood Empire Food Bank**

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**Description**

The Redwood Empire Food Bank is the regional leader in hunger relief. Their mission is to respond to immediate needs of people seeking help through the provision of healthy food and nutrition education. We pursue long-term solutions to food insecurity through public policy and the development of partnerships with civic, faith-based, corporate and government organizations and, most importantly, individuals in our community. Each month, the Food Bank feeds more than 78,000 hungry people in Sonoma, Lake and Mendocino counties. Sutter Medical Center provides annual financial donations to support this mission.

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**Anticipated Impact and Plan to Evaluate**

Each year, the Redwood Empire Food Bank operates three strategic hunger initiatives – Every Child, Every Day, Senior Security, and Neighborhood Hunger Network. The success of each initiative is measured based on process and/or outcome measures identified each year. Having access to healthy food is one of Health Action's primary goals and our progress is measured against the Healthy People 2020 benchmarks.

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## Access to Primary Care

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**Name of Program, Initiative or Activity**

**Family Medicine Residency Program**

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**Description**

Sutter Medical Center sponsors a three-year training program for medical school graduates desiring to be primary care doctors. The training is provided by Sutter physicians who are also adjunct professors with our partner, the UCSF Medical School. Residents are trained in the hospital and in the clinic setting by caring for patients under the clinical supervision of faculty. Sutter has been sponsoring the program since 1996 but it has existed in our community for more than 40 years. Fueling the primary care pipeline in Sonoma County is vital to the health and well-being of our community. The cost of living is quite high and without this program, it would be very difficult to recruit family physicians.

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**Anticipated Impact and Plan to Evaluate**

Each year, the program graduates 12 new family medicine physicians. In the wake of the Affordable Care Act, we project that about 14,000 people in Sonoma County who have been uninsured, will now have insurance and access to primary care. Sonoma County is fueling our pipeline of critically needed primary care doctors. Currently, more than 50% of Sonoma County's active family physicians are graduates of the program and about 75% of the doctors who staff the local Federally Qualified Health Centers are graduates. We do not have a valid way to measure the impact of this related to meeting the expected increased demand but we know that many of the doctors who train in Sonoma County stay here to live and work so we are "growing our own."

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**Name of Program, Initiative or Activity**

**Partnership with Santa Rosa Community Health Centers ("free physicians")**

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**Description**

The Santa Rosa Family Medicine Residency program partners with Redwood Coalition for Health Care, to staff their Santa Rosa Community Health Center Vista Clinic with 36 family medicine residents, supervised by faculty physicians. This partnership essentially offers free physician staffing to a clinic that would otherwise have to hire staff physicians, providing a significantly increased capacity that the clinic would not be able to sustain on its own.

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**Anticipated Impact and Plan to Evaluate**

The 36 residents provide approximately 28,000 patient visits each year to a population of people who are underserved and who without this clinic, would not have a reliable medical home. The quality of care is evaluated by preceptors and patients who complete patient satisfaction surveys.

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**Name of Program, Initiative or Activity****Social Advocates for Youth Mobile Health Van**

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**Description**

The Homeless Youth Mobile Van is a partnership between the Santa Rosa Family Medicine Residency, Santa Rosa Community Health Centers and Social Advocates for Youth (SAY). Once per month, two to three resident physicians, a volunteer community preceptor, a medical assistant and an HIV testing and outreach worker go to the shelter run by SAY in a van equipped with two treatment rooms and medical supplies. We offer basic urgent care services, such as treatment of skin infections and rashes, assessments of wounds and abrasions, general health screening, HIV testing, referrals for full STD testing, family planning services, testing and treatment of urinary tract infections, screening for diabetes, etc. When we cannot treat patients at the van we refer them to Brookwood Health Center for more comprehensive care. We also offer initial mental health consultations and have even seen patients for prenatal and postpartum visits. In addition to these services, we spend time hanging out with the youth and working to build rapport and a longer partnership. In addition, our HIV outreach team offers rapid testing and our medical assistant enrolls patients in FFACT and provides information on Medi-Cal.

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**Anticipated Impact and Plan to Evaluate**

We hope to build a relationship with the homeless youth so that over time more and more are able to access medical care at the van and eventually through a medical home at Brookwood Health Center. In addition, we aim to teach residents about medical care in underserved and under-resourced settings, as well as specifics about teen and homeless health care.

We are conducting a needs assessment of medical care for the homeless youth at each clinic and working with SAY to assess impact and feedback. We are also seeking written and verbal feedback from resident participants. Finally we are collecting data on number of patients seen, complaints and services provided.

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**Name of Program, Initiative or Activity****Home Visits**

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**Description**

The Family Medicine residents serve many medically fragile and poor seniors who cannot get into the clinic for appointments. In order to reduce access barriers and reduce unnecessary ED visits or hospitalizations, the residents make regular home visits to their homebound patients.

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**Anticipated Impact and Plan to Evaluate**

Since the initiation of home visits, residents are noting that their elderly homebound patients, who were missing office visits, are now staying more compliant with medication and medical advice. It would be very

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difficult to measure the direct impact in terms of reduction of ED visits and hospitalizations as there are too many variables in this frail population. Instead, we will measure the number of home visits per doctor/per month.

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## Access to Services for Behavioral Health Issues

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**Name of Program, Initiative or Activity**      **Drug Free Babies**

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**Description**      Pregnancy and childbirth are two critical windows in which women are most receptive to making positive changes around substance use. Drug-Free Babies (DFB) is our main referral source for connecting mothers/mothers-to-be with county substance recovery resources (residential and non-residential). Possible participants give consent for us to make a phone referral. We provide DFB with patient contact information and encourage DFB staff to meet with patients at the hospital to expedite entry to services. At the initial meeting, DFB staff conducts a full intake utilizing an industry standard comprehensive AOD intake tool. From there they consider client needs, possible funding stream and program openings. DFB is funded through a partnership with Sonoma County First Five Commission. The hospital's social work staff sits on a local advisory committee that helps to plan local interventions.

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**Anticipated Impact and Plan to Evaluate**      Drug Free Babies tracks how many of the women we refer end up in services and the funding partner, Sonoma County First Five Commission, tracks outcomes.

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**Name of Program, Initiative or Activity**      **Health Action**

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**Description**      Health Action is a local collaborative of health and community leaders that are partnering to 'move the dial' on 10 local priorities designed to make Sonoma County the healthiest county in California by 2020. The chief executive at Sutter Medical Center sits on the steering committee and several clinical leaders serve on work groups targeting one or more of the 10 priorities. Mental Health is one of the 10 priorities.

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**Anticipated Impact and Plan to Evaluate**      The overall goal is to meet all the statewide Healthy People 2020 benchmarks. The steering committee develops an action plan identifying short term objectives designed to move the county in that direction. The objectives for mental health are:

- 1) Percent of adults who report needing help for mental/emotional problems who saw a mental health professional.
- 2) Suicide deaths for Sonoma County youth ages 10 – 24.

The objectives for substance use are:

- 1) Percent of adolescents (12 – 17 years) not using alcohol or any illicit
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drug during the past 30 days.

2) Percent of adults binge drinking alcoholic beverages during the past 30 days.

3) Percent of adults smoking a cigarette in the past 30 days.

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## Cardiovascular Disease

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**Name of Program, Initiative or Activity**

**Heart Works Cardiac Rehabilitation Program**

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**Description**

Heart Works is a Phase II and III cardiac rehabilitation program that helps patients recover from a major cardiac event and helps reduce the risk for another one. Northern California Center for Well-Being and the Northern California Medical Associates makes annual grants to assure the sustainability of this vital program.

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**Anticipated Impact and Plan to Evaluate**

Heart Works measures the following outcomes three months into the program:

- 1) Aerobic capacity, flexibility and strength
  - 2) Body fat composition
  - 3) Participant satisfaction
  - 4) Individualized action plans
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**Name of Program, Initiative or Activity**

**Community Access to Automated External Defibrillators (AEDs)**

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**Description**

An AED is a portable electronic device that automatically diagnoses the potentially life threatening cardiac conditions and is able to treat them through defibrillation, the application of electric therapy which stops arrhythmia, allowing the heart to reestablish an effective rhythm. Uncorrected, these cardiac conditions rapidly lead to irreversible brain damage and death. Through a partnership with St. Jude, we are receiving five AED devices to deploy in high-risk, high impact locations throughout Sonoma County.

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**Anticipated Impact and Plan to Evaluate**

Studies demonstrate that any location with 1000 adults over the age of 35 present per day during the normal business hours (7.5 hours/day, 5 days per week, 250 days per year) can expect one incident of sudden cardiac arrest every 5 years. For every minute that a cardiac arrest victim waits for emergency response, the survival rate decreases by 7% to 10%. Combined with CPR, the use of an AED may increase the likelihood of survival by 75% or more.

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**Name of Program, Initiative  
or Activity**

**Provision of Life-Saving Medication to Rural Coastal Clinic**

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**Description**

The only FDA-approved treatment for ischemic strokes is tissue plasminogen activator (tPA). This medication works by dissolving the clot and improving blood flow to the part of the brain being deprived of blood flow. If administered within 3 hours (and up to 4.5 hours in certain eligible patients), tPA may improve the chances of recovering from a stroke. Sutter Medical Center is the closest hospital (providing stroke care) to a rural, coastal clinic in South Mendocino County, approximately 60 one-lane road miles away. The tPA medication is cost-prohibitive for the clinic which decreases chance of a significant recovery from an ischemic stroke for patients in that area. Sutter Medical Center has agreed to ensure that the clinic has one dose of tPA at all times.

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**Anticipated Impact and Plan  
to Evaluate**

If given promptly, 1 in 3 patients who receive tPA resolve their symptoms or have major improvement in their stroke symptoms. Sutter will track the outcomes of patients transferred to the hospital from this clinic (i.e. how long after stroke symptoms is medication administered, qualitative assessment of benefits of tPA for patients transferred).

## Access to Health Care Coverage

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**Name of Program, Initiative or Activity**

**Eligibility Screening and Application Assistance**

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**Description**

Many patients come into the emergency department who are uninsured. The Affordable Care Act now requires all individuals to secure health insurance. Low-income people may be eligible for free public programs or subsidies to assist them in purchasing private health insurance. The emergency room is the “point of entry” for many into the health care system so offering assistance in determining eligibility for public programs and completing applications is an important community benefit. Sutter Medical Center has on-staff financial counselors who spend a considerable amount of time doing eligibility screening. Additionally, the hospital pays for contractual services to provide onsite application assistance.

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**Anticipated Impact and Plan to Evaluate**

Having insurance is directly related to better health outcomes. We measure the number of patients screened and the number of patients who are assisted with applications.

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**Name of Program, Initiative or Activity**

**Covered Sonoma County**

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**Description**

A local program developing local partnerships and outreach strategies to educate and enroll uninsured and self-employed people about their options under the Affordable Care Act. The collaborative is working with local hospitals and health care providers, community-based organizations and other community groups to provide information and help people make the right choices for affordable health care. Senior staff from Sutter Medical Center serves on the steering committee.

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**Anticipated Impact and Plan to Evaluate**

Each month, the steering committee is provided a report with updated enrollment and renewal statistics. The overall goal is for 100% coverage but there are intermediate goal initiatives such as the Schools 100% campaigns.

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## Coordination and Integration of Local Health Care System

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**Name of Program, Initiative or Activity**      **Health Care for the Homeless**

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**Description**      The Sonoma County Task Force on the Homeless convened a work group in 2010 for the coordination of health care services for homeless people in our community. All of the hospitals see a high percentage of homeless people in the ED and in the hospital bed. Providing good transitions of care for this population is very challenging. The group works to develop processes and “wrap around” services with the goal of reducing unsafe discharges from the hospital to the street, and to work collaboratively to coordinate medical, mental health, and substance use disorders services for homeless patients. Sutter Medical Center supports these efforts by committing professional staff time monthly to attend meetings and participate in planning programs and services. Additionally, Sutter provides significant financial support to operate the county’s only medical respite shelter that provides a safe transition for homeless patients from hospital to community living that allows extended convalescence not typically allowed in traditional shelter settings.

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**Anticipated Impact and Plan to Evaluate**      Quarterly, Sutter Medical Center is provided a statistical report that shows the number of referrals from all local hospitals to the shelter and services that were provided/referred to patients staying at the shelter. These are patients who might otherwise be readmitted to the hospital for failing to manage their health on the street.

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**Name of Program, Initiative or Activity**      **Electronic Medical Record Access**

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**Description**      Currently, hospital-based physicians and residents are able to access the EMR of patients who are receiving their primary medical care at one of the local community health centers affiliated with the Redwood Coalition for Health Care. This access allows our ED providers to check recent medical history of our shared patients so as to reduce duplication of services, increase quality of care, and provide better continuity of care post-discharge.

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**Anticipated Impact and Plan to Evaluate**      Sutter will be tracking readmissions of all clinic patients for whose record we are able to access electronically while hospitalized. We expect that better coordination through access to health records will reduce readmissions and improve quality of care for the most at-risk patients.

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## Disparities in Oral Health

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### Name of Program, Initiative or Activity

**Sonoma County Oral Health Task Force**

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### Description

In the previous two community health needs assessments, Sonoma County identified oral health, particularly for children, as one of our most significant community health challenges and one of our top priorities. Several local efforts emerged including the Task Force which was convened in 2011 to identify specific strategies that could be developed, implemented, and show measurable impact in three to five years. Sutter Medical Center participates by assigning senior community benefit staff to the Task Force.

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### Anticipated Impact and Plan to Evaluate

These are the five specific strategies:

- 1) Increase Access to Basic Dental Care: Mobilize public-private partnerships to expand access to care in Santa Rosa and other high-need communities by adding new clinical capacity and/or expanding the cost-effective use of existing community-based facilities (community health centers, WIC nutrition programs, private dental offices, Santa Rosa Junior College Dental Hygiene Clinic, mobile dental clinics).
- 2) Integrate Dental & Medical Care: Adopt and implement practice changes, including education for primary care providers and staff, to strengthen oral health assessment, education and preventive care in primary care visits and fully integrate dental professionals within the medical home model.
- 3) Educate Pregnant Women About the Importance of Oral Health: Develop and integrate a comprehensive oral health promotion program, to include prevention, assessment, treatment, referral and case management, into the Comprehensive Perinatal Services Program (CPSP) for pregnant women at all CPSP service delivery sites.
- 4) Promote Promising Models of Dental Care: Expand the use of Registered Dental Hygienists in Alternative Practice (RDHAP) and other appropriate, trained personnel to deliver cost effective oral health education, assessment and preventive services in primary care, school, and community settings.
- 5) Collect Data to Measure the Oral Health Status of Sonoma County: Develop and implement an ongoing oral health surveillance program, within the Sonoma County Department of Health Services, to collect, analyze and report data on oral health status, access to prevention and care, and system capacity and identify strategies to promote oral health throughout the community, with emphasis on high-risk populations.

Each of these tasks has a work group assigned to develop tactics, measurable outcomes, and track progress. The first annual report focused primarily on the action/activities of each work group and what the process “accomplishments” have been achieved. Health outcomes

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improvement directly related to these activities will be difficult to measure especially in the short term. However, it is expected that these efforts, along with other community efforts, will collectively get us closer to meeting our Healthy People 2020 goals.

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**Name of Program, Initiative or Activity**

**Sonoma County Fluoridation Advisory Group**

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**Description**

Healdsburg is the only city in the entire county of Sonoma that has fluoridation in their public water supply. The county board of supervisors approved the commissioning of a study to determine the engineering and economic feasibility of fluoridating the entire county's water supply. Many studies have supported the fact that for every \$1 spent in fluoridating the water, \$38 in dental treatment is saved. Fluoridating the water is seen as the single most impactful method to prevent dental caries, particularly for poor families with little access to dental care and prevention services. Sutter Medical Center is represented on this advisory group by senior staff.

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**Anticipated Impact and Plan to Evaluate**

It is expected that the group will recommend fluoridation to the county. It will then be up to the county to secure the funding for this project. The impact, then, is unknown at this time.

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**Name of Program, Initiative or Activity**

**Oral Health Screenings and Prevention**

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**Description**

The Family Medicine residents are now incorporating oral health screenings, fluoride varnishes, prevention education and referrals to community dental programs into their well-child examinations. This has been a recommendation of the Sonoma County Oral Health Task Force.

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**Anticipated Impact and Plan to Evaluate**

Since there are very few local dentists that accept Denti-Cal and fewer that will see children under the age of 1, many low-income families do not have access to early and regular dental care for their children. The American Academy of Pediatricians recommends that children have a first dental visit by the time the first tooth erupts or by age 1, whichever comes first. The Family Medicine residents see a large percentage of our community's poor children so this new practice will likely have significant impact but evaluation methodology is not yet developed.

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## Needs Sutter Medical Center of Santa Rosa Plans Not to Address

No hospital can address all of the health needs present in its community. Sutter Medical Center of Santa Rosa is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. This implementation strategy does not include specific plans to address the following significant health needs that were identified in the 2013 Community Health Needs Assessment:

### **Barriers of Healthy Aging**

In recent years, Sutter Medical Center has partnered on several initiatives to address the barriers to health aging, most notably a grant to preserve the county's only Adult Day Health Care Center and several financial and staff time commitments to develop and implement "A Matter of Balance," a falls prevention program. At this time, we do not have the bandwidth to commit significant resources to address this issue. There are many local agencies that, in partnership with each other and the county, have developed many programs and services targeting healthy aging (i.e. Aging in Place). We will continue to make modest financial commitments to support these local programs.

### **Disparities in Educational Attainment**

Seen as one of the many social determinants of health, attaining at least a high school diploma is vital to the health and prosperity of communities but this issue is significantly outside the scope of services and expertise of our organization. The good news is that there are several local initiatives (i.e. Cradle to Career and Schools of Hope) that are aggressively addressing this disparity and have ambitious goals to improve the status of educational attainment, particularly in underserved communities. The Health Action Council is actively working to address this issue.

### **Adverse Childhood Exposure to Stress (ACES)**

Though there are a couple of promising studies that demonstrate a link between childhood trauma and long-term health impact, there is a lack of evidence-based approach for addressing the problem. The hospital simply does not have the financial or human resources to take a leadership role in developing and piloting programs and strategies for preventing or treating childhood stress.

### **Tobacco Use**

At this time, Sutter Medical Center does not have the resources to develop a formal program to address tobacco addiction but there are two strategies that we have implemented that we hope will help many of our patients and employees stop smoking. First, the Family Medicine residents use motivational interviewing which is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change for their tobacco-addicted patients. Second, the hospital has recently become a smoke-free campus which has provided the opportunity for encouraging and supporting treatment service options for employees and patients who smoke.

### **Lung, Breast and Colorectal Cancer**

Awareness and early detection are the keys to reducing the morbidity and mortality of cancer. The hospital is not addressing this issue because our affiliate partner, Sutter Pacific Medical Foundation, invests considerable resources in our community to raise awareness of cancer screening. Additionally, the foundation provides many free cancer screening services to uninsured people and does considerable outreach to our Latino community.

## Approval by Governing Board

This implementation strategy was approved by the Governing Board of Sutter West Bay Hospitals on November 21, 2013.

## Appendix: 2013 Community Benefit Financials

Sutter Health hospitals and many other health care systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

The community benefit values for Sutter West Bay Hospitals are calculated in two categories: **Services for the Poor and Underserved** and **Benefits for the Broader Community**.

Services for the poor and underserved include traditional charity care which covers health care services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid costs of public programs treating Medi-Cal and indigent beneficiaries. Costs are computed based on a relationship of costs to charges. Services for the poor and underserved also include the cost of other services provided to persons who cannot afford health care because of inadequate resources and are uninsured or underinsured, and cash donations on behalf of the poor and needy.

Benefits for the broader community includes costs of providing the following services: health screenings and other non-related services, training health professionals, educating the community with various seminars and classes, the cost of performing medical research and the costs associated with providing free clinics and community services. Benefits for the broader community also include contributions Sutter Health makes to community agencies to fund charitable activities.

2013 Community Benefit Value	Sutter West Bay Hospitals
<b>Services for the Poor and Underserved</b>	\$135,259,257
<b>Benefits for the Broader Community</b>	\$54,041,349
<b>Total Quantifiable Community Benefit</b>	\$189,300,606

*This reflects the community benefit values for Sutter West Bay Hospitals (SWBH), the legal entity that includes Sutter Medical Center of Santa Rosa, California Pacific Medical Center, St. Luke's Hospital, Novato Community Hospital and Sutter Lakeside Hospital. For details regarding the community benefit values specifically for SMC of Santa Rosa, please contact Penny Cleary at (707) 576-4009 or [ClearyP@sutterhealth.org](mailto:ClearyP@sutterhealth.org).*

**2013 Community Benefit Financials**  
**Sutter West Bay Hospitals**

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<b>Services for the Poor and Underserved</b>	
Traditional charity care	\$29,958,144
Unpaid costs of public programs:	
Medi-Cal	\$86,568,797
Other public programs	\$6,808,166
Other benefits	\$11,924,150
<b>Total services for the poor and underserved</b>	<b>\$135,259,257</b>
<b>Benefits for the Broader Community</b>	
Nonbilled services	\$1,646,537
Education and research	\$51,721,168
Cash and in-kind donations	\$531,143
Other community benefits	\$142,501
<b>Total benefits for the broader community</b>	<b>\$54,041,349</b>

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