



ST. HELENA HOSPITAL

N A P A V A L L E Y



**Community Benefit Report
2011**

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INTRODUCTION

Brief History: In September 1994, the Governor of California signed into law Senate Bill 697. This new law requires each hospital to reaffirm that its mission statement reflects public interest; to complete a community needs assessment; to adopt a community benefit plan; and to thereafter annually update the community benefit plan.

This document demonstrates St. Helena Hospital Napa Valley's compliance with SB 697. But more than that, it chronicles the critical role that St. Helena Hospital Napa Valley has played, and continues to play, in improving the health status of its community.

Who We Are: Located two miles north of St. Helena in the Napa Valley, St. Helena Hospital Napa Valley is a 181-bed full-service, nonprofit, community hospital renowned for excellence in cardiac care and a holistic approach to healing. St. Helena Hospital Napa Valley also includes 61 psychiatric beds at the St. Helena Hospital Center for Behavioral Health in Vallejo and 14 residential wellness program rooms in the St. Helena Center for Health. Since opening its doors in 1878, St. Helena Hospital Napa Valley has remained committed to one basic mission: sharing God's love by providing physical, mental and spiritual healing.

Offering expertly skilled doctors, the latest medical technology and highly-trained staff, St. Helena Hospital Napa Valley serves as a regional center for cardiac services, orthopedics, outpatient surgery, obstetrics, plastic & reconstructive surgery, sleep disorders, home care and women's services. A comprehensive range of acute care, behavioral health and wellness programs draw patients from the San Francisco Bay Area and beyond.

Affiliations/Accreditation: St. Helena Hospital Napa Valley is a member of [Adventist Health](#), a group of 18 hospitals in the western United States sharing the heritage of humanitarian outreach and wellness education characteristic of the [Seventh-day Adventist Church](#). The Hospital holds teaching affiliations with Napa Valley College, [Pacific Union College](#) and Sonoma State University. Affiliation with [Loma Linda University School of Health](#) allows St. Helena Hospital Napa Valley to attract physicians who are recognized as leaders in their specialties. The hospital is accredited by The Joint Commission.

History: The facility was established in 1878 as the Rural Health Retreat. After the turn of the century, St. Helena Hospital Napa Valley became a full-service, nonprofit community hospital. In 1969, a new wing opened to house the St. Helena Center for Health, thus enhancing the hospital's focus on personal and community wellness. In 1997 St. Helena Hospital Napa Valley purchased First Hospital in Vallejo, a 61-bed mental health facility now known as the St. Helena Hospital Center for Behavioral Health.

Patients: Drawing from a five-county region and beyond, St. Helena Hospital Napa Valley provided medical, surgical and diagnostic services during 8,281 admissions (includes Family Birth Place and SHBH), 7,482 emergency department and 92,920 outpatient visits in 2011.

Medical Staff: About 150 physicians on the medical staff represent 44 medical specialties. To locate a physician by location or specialty, please visit our web site at www.sthelenahospitals.org or call our 24/7 physician referral service at 1-800-540-3611.

Employees: The hospital has approximately 1,310 full-time, part-time and on-call employees at St. Helena Hospital Napa Valley, St. Helena Hospital Center for Behavioral Health and clinics.

Volunteers: Approximately 188 volunteers gave 18,390 hours of service in 2011.

Foundation: With philanthropic support from local industry, national foundations and individual donors, the [St. Helena Hospital Foundation](#) assists the hospital to offer a technologically advanced level of care not usually found in a rural area. The Foundation provides trust, annuity and estate planning services in the context of charitable giving. In 2011, total cash, in-kind and deferred gifts to St. Helena Hospital Napa Valley were \$5.2 million, plus just over \$3 million in signed pledges to support quality health care.

Mission, Vision and Values Statements

Statement of Mission

To share God's love by providing physical, mental and spiritual healing

St. Helena Hospital Napa Valley's pledge to devote its energy and resources to enhancing the health status of its community can be summed up in its Vision Statement:

Statement of Vision

We will enhance the health status in our region by providing a comprehensive continuum of services that are customer-oriented and accessible, and by engaging our community in a partnership to ensure optimum personal and community health.

St. Helena Hospital Napa Valley is an organization of caring people reaching out to those in need. We follow Christ's example of service as we promote physical, mental and spiritual health and healing. Through creative partnerships, we enhance the quality of life in the communities we serve.

Statement of Values

Wholeness – We promote optimal health and healing in ourselves as well as in others.

Excellence – We exceed expectations.

Respect – We treat others with dignity and compassion.

Accountability – We take personal responsibility for all of our actions.

Integrity – We act in harmony with our values.

Community – We lead out in creating a healthy community.

Assessment of Need

Community Health Status Commitment:

As an Adventist Health hospital, we are committed to a community needs and capabilities assessment as a: “1) *dynamic process* undertaken to identify the 2) *health problems and goals* of the community, enable the community wide establishment of 3) *health priorities*, and facilitate 4) *collaborative action planning* directed at improving 5) community health status and *quality of life* involving 6) *multiple sectors* of the community ... the assessment draws upon 7) *quantitative and qualitative population-based health status and health services utilization data*. With strong emphasis on 8) *community ownership* of the process, a community health assessment supports developing 9) *community competence* in the identification and response to community health problems and goals.” (Community Health Assessment: A Process for Positive Change, Irving, TX: VHA, 1993, p. 25.)

Summary of Key Findings

Population Data

Demographics

Approximately 57% of all county residents live in the City of Napa while the remainder lives in the balance of the county. Population estimates beyond the 2000 Census are displayed in Table 1 and show the continuing projected trend for considerable population growth in American Canyon. While the population of Napa County increased overall since 2000, the city of American Canyon has nearly doubled in size and is already the second-largest city in Napa County. Services for residents in this area are still being established—and various community agencies continue to work to understand what individuals and families in this expanding community need. (NCCHNA, pg. 18)

Table 1. Population Estimates of Napa County Cities, 2003-2010 with 2000 Benchmark

City	4/1/2000	1/1/2003	1/1/2004	1/1/2005	1/1/2006	1/1/2007	1/1/2008	1/1/2009	1/1/2010
American Canyon	9,774	12,377	13,169	14,269	14,948	16,031	16,241	16,521	16,836
Calistoga	5,190	5,256	5,197	5,209	5,252	5,302	5,284	5,335	5,370
Napa	72,585	75,000	75,997	76,160	76,639	76,997	76,857	77,917	78,791
St Helena	5,950	6,064	6,001	5,991	5,983	5,993	5,905	5,969	6,010
Yountville	3,297	3,289	3,267	3,251	3,261	3,290	3,257	3,267	3,257
Subtotal Incorporated	96,796	101,986	103,631	104,880	106,083	107,613	107,544	109,009	110,264
Balance Of County (Unincorporated)	27,483	28,276	28,124	28,094	28,243	28,356	28,732	28,714	28,653
County Total	124,279	130,262	131,755	132,974	134,326	135,969	136,276	137,723	138,917

Source: California, Department of Finance, *E-4 Population Estimates for Cities, Counties and the State. May 2010.*

Population by Age and Race/Ethnicity

Mirroring California, Napa County’s estimated 2010 population of 138,917 is becoming increasingly diverse. Napa County population by age group and race/ethnicity based on the 2000 census and the 2010 projected population estimates are shown in Table 2 on the next page. Twenty-eight percent of the overall population identifies themselves as Hispanic or Latino, while among children age 0-5 the proportion is closer to 50%. With 15.7% of all residents over the age of 65, the county has a higher proportion of older residents than California as a whole. (NCCHNA, pg. 19)

Table 2. Population by Age and Race/Ethnicity, 2000 and 2010 Projected

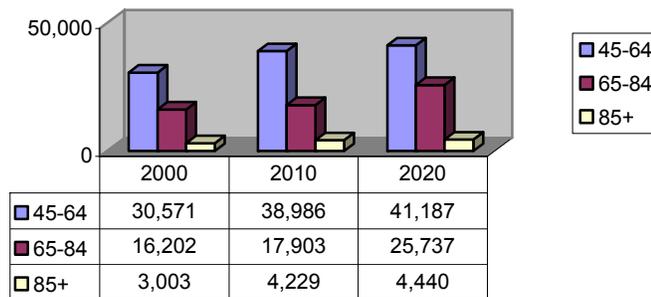
Age Group	Total		White, non Hispanic		Hispanic		Asian/ Pacific Islander		African American		Native American		Multirace	
	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010	2000	2010
All	124,945	142,121	86,411	84,735	29,940	43,542	4,097	6265	1,637	2,830	713	2,114	2,147	2,635
<5	7,546	8,268	3,716	3,600	3,264	3,746	192	374	122	220	35	125	217	203
5-14	17,235	17,230	9,872	7,235	6,073	8,147	464	613	251	463	105	265	470	507
15-19	8,652	9,779	5,146	4,528	2,746	4,238	342	360	150	253	45	177	223	223
20-64	72,307	84,712	50,278	51,093	16,855	25,114	2627	4,072	986	1652	470	1367	1091	1,414
65-84	16,202	17,903	14,575	14,438	902	2,162	429	739	115	190	54	157	127	217
85+	3,003	4,229	2,824	3,841	100	135	43	107	13	52	4	23	19	71

Source: California Department of Finance, *Population Estimates with Race/Ethnic Detail, May 2007*.

Seniors

With 15% of all residents over the age of 65, Napa County has a higher proportion of older residents than California as a whole (11.3%). According to Department of Finance data, between 2000 and 2008 the population age group 65 and over grew from 4,386 to 4,701, a 7.6% change. Yountville, largely due to the presence of the California Veteran’s Home, has a higher proportion of seniors living there followed by the cities of Calistoga and St. Helena. (Figure 1)

Figure 1. Adult/Senior Population 2000-2020



State of California, Department of Finance, *Population Projections by Race/Ethnicity, Gender and Age for California and Its Counties 2000-2050*, Sacramento, California, May 2004.

Anticipated Population Changes

Napa County’s population is estimated to increase by more than half by 2030. As the region’s population expands, its demographic makeup is expected to shift significantly as well. In particular, the number of older and non-White residents will increase dramatically—and disproportionately—compared to the rest of the population.

Napa County’s senior population is rising at a faster rate than California as whole. The over-85 population is also growing at a significantly faster rate than the total county population. In Napa County, population projections through 2030 for older residents include:

- An increase of 46% for the 45-64 age group;
- An increase of 99% for the population of 65-80 year olds.

The anticipated significant growth in these age groups will put a larger burden on the health care system and local economy, which may not have sufficient community services or tax base to support it. (NCCHNA, pg. 22)

Socioeconomic Factors

Poverty

While the recession technically ended in mid-2009, the impact on families and children is expected to linger on for years, according to economists. Poverty levels (“persons living in poverty”) are generally higher for California than for Napa County. Up from 9.9% in 2005, 11.5% of Napa County children ages 0-17 in 2008 were estimated to live in families with incomes less than 200% of the official federal poverty level. The percentage of seniors living in poverty also rose during the 3-year period 2006-2008 from 2005 (Table 3). Nine percent of the total county population was living below the poverty level, compared to 13.3% statewide. (NCCHNA, pg. 24)

Table 3. Persons Living Below Poverty Level, Napa County and California

Age Group	Napa County				CA
	2005	2006	2007	2008	2008
All ages	9,523 (7.5%)	13,324 (10.3%)	11,004 (8.6%)	11,511 (9.0%)	13.3%
All children under age 18	3,011 (9.9%)	3,200 (10.7%)	3,363 (11.4%)	3,411 (11.5%)	18.5%
Children ages 5-17	2,048 (9.3)	2,076 (9.6%)	2,141 (10.1%)	2,250 (10.7%)	17.3%
Persons age 65 and older*	7.6%	8.0%*			8.4%*

Source: U.S. Census Bureau. Small Area Income & Poverty Estimates. Estimates for California Counties;
 *U.S. Census Bureau, 2006-2008 American Community Survey.

Employment

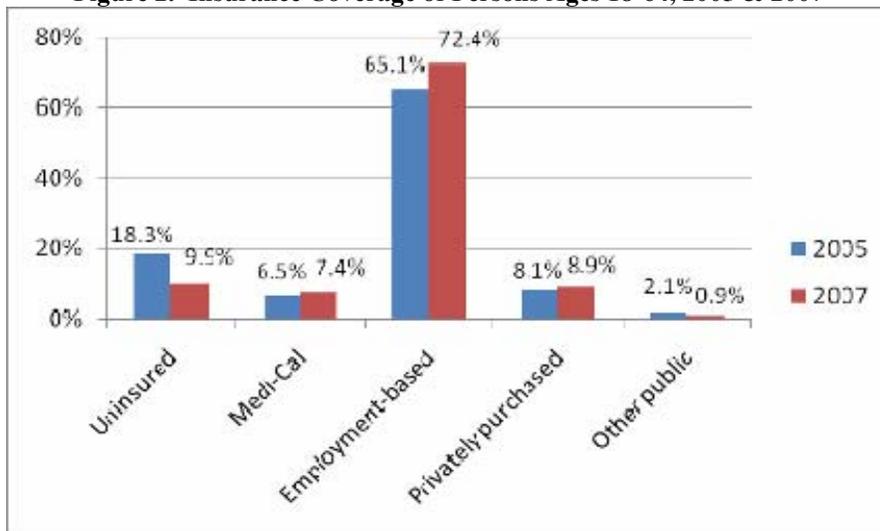
Work for most people is at the core for providing financial security, personal identity, and an opportunity to make a meaningful contribution to community life. Although it is difficult to quantify the impact of work alone on personal identity, self-esteem and social contact and recognition, the ability to have employment—and the workplace environment—can have a significant impact on an individual’s well-being. As of August 2010, 90.6% of Napa County’s population was in the labor force. According to current labor market data, 69,600 of the 75,700 in Napa County’s labor force were employed, a higher proportion than statewide, but lower than the U.S. (NCCHNA, pg. 27)

Health Insurance Coverage

The cost of health services, including dental and mental health services, creates a barrier to care for people who are not covered by health insurance. Additionally, Napa County’s growing senior populations, nearly all of whom are covered by Medicare, are expected to incur increasing out-of-pocket medical costs as they age.

According to the 2007 California Health Interview Survey (CHIS), 90% of Napa County adults age 18-64 had some form of health insurance, leaving 10% without medical coverage, down from 18% in 2005 (Figure 2 on next page). When all ages are included, 93% of Napa residents have coverage. *Having* coverage for care, however, does not guarantee *access* to care if there are an inadequate number of providers in the service area and/or providers are not willing to accept all forms of coverage, including Medi-Cal and Medicare. Approximately 7.4% of the non-senior adult population is covered by Medi-Cal. (NCCHNA, pg. 30)

Figure 2. Insurance Coverage of Persons Ages 18-64, 2005 & 2007



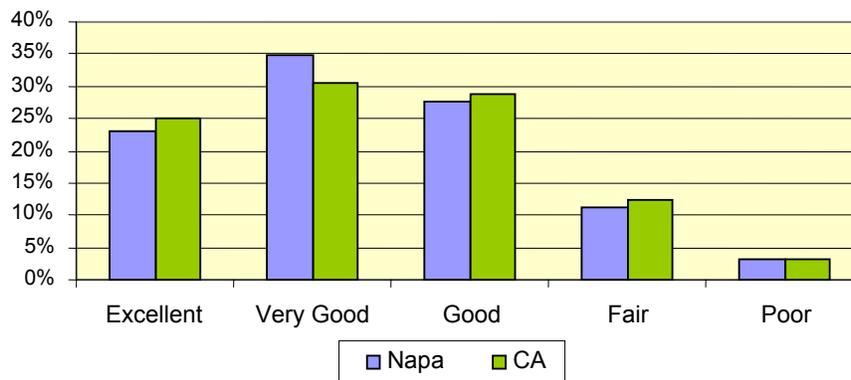
Source: California Health Interview Survey, UCLA Center for Health Policy Research, 2005 & 2007

Health Status Indicators

Self-Rated Health Status

In population studies, self-rated health is generally regarded by researchers as a valid, commonly accepted measure of health status. Understanding the correlates of self-rated health may help health care professionals prioritize health promotion and disease prevention interventions to the needs of the population. One of five (23%) Napa County respondents to the 2007 California Health Information Survey rated their health status as “excellent” and 35% as “very good,” percentages that collectively were slightly better than the statewide average. (NCCHNA, pg. 34)

Figure 3. Self-Rated Health Status, Napa County and California, 2007



Source: California Health Information Survey

Health Outcomes and Health Factors

Newly available county rankings reflect the overall health of counties in California, and provide a snapshot of how healthy residents are by comparing their overall health and the factors that influence their health with other counties in the state. Population health measures were based on scientific relevance, importance, and availability of data at the county level. (NCCHNA, pg. 35) See Table 4 on next page.

Table 4. Health Outcomes and Health Factors Summary Rankings, Napa County

		County Ranking (of 58 counties)
Health Outcomes	Mortality	16
	Morbidity	18
Health Factors	Health Behaviors	6
	Clinical Care	23
	Social/Economic Factors	10
	Physical Environment	50

Data are from the period 2000-2008.

Source: *County Health Rankings. Mobilizing Action Toward Community Health, 2010 California.*

Summary rankings for *Health Outcomes* show Napa County as 16th best of 58 counties in the state on mortality and 18th best for measures of morbidity. Mortality is a life expectancy measure and morbidity is a combination of self-report fair or poor health; poor physical health days; poor mental health days; and the percent of births with low birth weight.

Summary rankings for *Health Factors* for Napa County show a wide range. For health behaviors, the county is 6th best in the state, for clinical care 23rd best, on social and economic factors 10th best, and for measures of physical environment, 50th worst. Human behaviors include things like smoking and exercise; clinical care includes measures of access; social and economic factors include education, employment, and community safety; and physical environment is a combination of environmental quality and the built environment.

Mortality

While Napa County’s overall death rate is higher than the state’s, it and most cause-specific death rates have declined in the county since the 2003-2005 time period. The biggest declines were in deaths due to all cancers combined, colorectal cancer, and motor vehicle crashes.

Diseases of the circulatory system—coronary heart disease and stroke—are responsible for about 22% of Napa County’s deaths, less than in 2003-2005. Death rates due to both causes are lower than the Healthy People (HP) 2010 objectives (substantially lower for coronary heart disease). Napa County’s death rate from coronary heart disease is also substantially lower than the state rate and ranks 10th lowest out of 58 counties.

Cancer is the leading cause of death in Napa County—accounting for about 1 out of every 4 deaths. The county’s death rate due to cancer ranks 42nd highest in the state and is higher than both the statewide rate and the HP 2010 national objective. Rates of death from breast and prostate cancer are slightly higher, but close to state rates. The rate of death from lung cancer is higher by a greater margin. (NCCHNA, pg. 42) See Table 5 on next page.

Table 5. Napa County Deaths by Cause, 3-Year Average

Napa County Rank Order	Health Status Indicator	2006-2008 # of Deaths (3-yr avg)	Crude Death Rate	Age-Adjusted Death Rate	↓ better ↑ worse than 2003-05	Age-Adjusted Death Rate		National Health Objective
						Statewide	National ¹	
31	All causes	1,185	864	684	↓	666	760	^a
42	All cancers	284	207	171	↓	156	178	158.6
16	Colorectal (colon) cancer	21	16	13	↓	15	17	13.7
36	Lung cancer	74	54	45	↓	38	51	43.3
39	Female breast cancer	21	31	23	=	21	23 ²	21.3
41	Prostate cancer	17	25	23	↓	22	24	28.2
34	Diabetes	32	23	19	↓	21	22	^b
53	Alzheimer's disease	69	50	35	↓	26	23	^a
10	Coronary heart disease	178	130	99	↓	137	191	162.0
35	Cerebrovascular disease (stroke)	79	57	43	↓	41	42	50.0
41	Influenza/pneumonia	38	28	20	↓	20	16	^a
27	Chronic lower respiratory disease	73	53	42	=	38	41	^a
28	Chronic liver disease and cirrhosis	18	13*	11*	↓*	11	9	3.2
13	Unintentional injuries	44	32	29	↓	30	38	17.1
16	Motor vehicle crashes	13	10*	10*	↓*	10	14	8.0
37	Suicide	17	12*	12*	↑*	9	11	4.8
12	Homicide	3	2*	2*	↓*	6	6	2.8
15	Firearms-related	9	7*	6*	=*	9	10	3.6
12	Drug-induced deaths	11	8*	8*	↑*	11	10	1.2

Source: County Health Status Profiles 2010. California Department of Public Health.

* Death rate unstable, relative standard error is greater than or equal to 23%.

¹:Preliminary data for 2007. National vital statistics reports; vol. 58 no 1. Hyattsville, MD: National Center for Health Statistics. 2009.

² State Cancer Profiles. National Cancer Institute. <http://statecancerprofiles.cancer.gov/cgi-bin/deathrates/deathrates.pl?00&055&00&2&001&1&1&1> (April 2010)

^a Healthy People 2010 National Objective has not been established

^b National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death data files. California's data exclude multiple/contributing causes of death.

Over 30% of cancer is estimated to be associated with diet and obesity; and another 30% with tobacco use. Death from cancers of the trachea, bronchus and lung—often associated with tobacco use—lead all other types of cancer. Table 6 breaks out mortality data by type of cancer and shows that Napa County's rates are worse than national health objectives and statewide rates, except for colorectal cancer.

Table 6. Deaths Due to Cancer by Type of Cancer, 2006-2008

Type	Napa County				California	National Objective
	2006-2008 # of Deaths (3-yr avg)	Crude Death Rate	Age-Adjusted Death Rate	Rank Order	Age-Adjusted Death Rate	
All cancers	284	207	171	42	156	158.6
Lung	74	54	45	36	38	43.3
Colorectal (colon)	21	16	13	16	15	13.7
Female breast	21	31	23	39	21	21.3

Source: County Health Status Profiles 2010. California Department of Public Health.

The behaviors and conditions Napa residents reported in the California Health Interview Survey that increase the risk of cancer are displayed in Table 7 on the next page. While these risk behaviors and conditions are similar to other California adults, the proportion among Napa County adults is higher for two of the conditions: overweight/obesity and binge drinking in the past year.

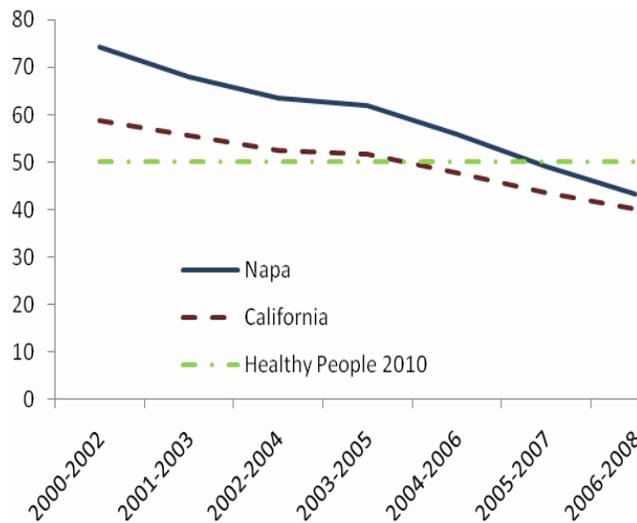
Table 7. Percent of Adults who Reported Risk Behaviors and Conditions for Cancer, 2007.

	Current Smoker	Former Smoker	No moderate or vigorous physical activity	Overweight or Obese	Binge drinking in past year
Napa County	14.6%	24.8%	57.5%	62.0%	34.6%
California	14.3%	23.6%	63.7%	57.1%	29.7%
Gender					
Male	20.8%	27.8%	57.7%	72.5%	45.9%
Female	8.7%	22.1%	57.3%	52.2%	23.9%

Source: California Health Interview Survey, 2007

Stroke is currently the third leading cause of death for Napa County residents, behind cancer and diseases of the heart. Between 2005 and 2008 there were a total of 336 stroke deaths, an average of 84 deaths per year. The age-adjusted stroke death rate is 46.3 deaths per 100,000 persons. Napa County has a higher age-adjusted stroke death rate than the state of California but this difference was not statistically significant for the most recently available years (2006-2008). (NCCHNA, pg. 44)

Figure 4. Stroke death rates, Napa County and California, 3 year moving averages, 2000-2008.



Rates are age-adjusted per 100,000 persons
 Source: County Health Status Profiles, California Department of Public Health, 2004-2010

The cause of death for which Napa County’s death rate exceeds the HP 2010 objective by the largest margin is chronic liver disease and cirrhosis. Primarily attributable to excessive alcohol consumption, liver disease and cirrhosis was the 9th leading cause of death in California and the 10th in Napa County according to State data files for the 3-year period 2006-2008. The county’s age-adjusted death rate, 11 per 100,000, was almost four times higher than the HP 2010 objective for the nation, which is 3 per 100,000. More detailed analysis by Napa County Public Health for the causes of *premature* death—which separated alcoholic liver disease from other causes of liver disease/cirrhosis—shows alcoholic liver disease was the 6th leading cause of premature death. Between 2005 and 2008 there were 741 years of lost life (137 years per every 100,000 persons) attributable to this cause (Table 8 on the next page).

Table 8. Ten Leading Causes of Premature Death, Ages 1-74, Napa County, 2005-2008

Rank	Cause of Death	No. of Deaths	YPLL-75	Age-Adjusted YPLL-75
1	Coronary Heart Disease	180	2085.0	365.2
2	Motor Vehicle Accidents	53	1962.0	412.4
3	Suicide	54	1807.0	382.0
4	Lung Cancer	135	1339.0	230.5
5	Drug Overdose	29	774.0	154.9
6	Alcoholic Liver Disease	41	741.0	137.3
7	Stroke	58	716.0	135.7
8	Diabetes	50	666.0	118.1
9	Female Breast Cancer ⁺	38	555.0	179.4
10	COPD**	61	503.0	80.7
	Total	699	11,148	

Key: ** Chronic Obstructive Pulmonary Disease, + only female population for rate

Source: Napa County Public Health Division. August 2010.

For the years 2005-2008, Alzheimer’s disease was the 5th leading rankable cause of death in Napa County. Over this 4-year period, there were 277 deaths from Alzheimer’s disease. Napa County’s high Alzheimer’s disease mortality rank compared with other California counties may be at least partially explained by its older population: approximately 1.5% of the population in California is age 85 or above, while in Napa County 2.5% of the population is ≥ 85. (NCCHNA, pg. 46)

Chronic Disease and Other Conditions

Heart Disease

Napa County’s 2006-2008 three-year average, age-adjusted death rate from coronary heart disease was 99.0 per 100,000 population. Lower than both the state rate of 137.1 and the Healthy People 2010 objective of 162, the County ranked 10th best of 58 counties. While *death* due to heart disease is lower in Napa County than California as a whole, the County’s prevalence of heart disease may be higher than the State’s. According to the 2007 California Health Interview Survey, 9.9% of Napa County residents are estimated to have been diagnosed with heart disease, compared to 6.3% statewide (Table 9). (Note: CHIS figures are not age adjusted so the higher percentage may be because Napa County has a higher proportion of older people compared to many other areas of the state.) In 2004, 2.2% of Napa County residents were hospitalized due to heart disease, compared to 1.7% statewide.

Table 9. Percent of Adults Who Self-Reported Ever Being Diagnosed With Heart Disease

	Napa County	California
2003	9.5%	6.9%
2005	7.0%	6.2%
2007	9.9%	6.3%

Source: California Health Interview Survey, 2003, 2005, 2007.

Diabetes

Napa has a total of 100,857 adults; among those, 8,371 self-reported as having diabetes. The longer-term trends for diabetes are going the wrong way. In both Napa County and California, according to the California Health Interview Survey, the proportion of the adult population that has diabetes increased from 2005 to 2007 (Table 10 on the next page). (NCCHNA, pg. 47)

Table 10. Diabetes, Adults Age 18 and Older

Area	Has Diabetes			Diagnosed Borderline or Pre-Diabetes		
	2003	2005	2007	2003	2005	2007
Napa County	5.1%	8.3%	9.2%	*	1.1%**	1.6%**
California	6.6%	7.0%	7.8%	0.8%	1.1%	1.5%

Source: California Health Interview Survey, 2003, 2005, 2007.

*Estimate is less than 500 people.

**Statistically unstable.

In 2007, Napa County’s age-adjusted rate of diabetes, which was higher than the state rate, ranked 2nd worse among the 9 Greater Bay Area counties (only Solano County’s rate was higher). Neither the State nor Napa County achieved the Healthy People 2010 national objective of a diabetes prevalence rate of 2.5% (Table 11).

Table 11. Prevalence Rates¹ of Diabetes in Adults Age 18 and Older, 2007

	Age-Adjusted Rate
Healthy People 2010 Objective	2.5
Napa County*	8.4
California	7.5

Source: 2007 California Health Interview Survey.

¹Rate is per 100 county or State population.

*Age-adjusted rate is significantly different from age-adjusted State rate.

Mirroring California, Napa County’s prevalence and diabetes risk factors vary by race/ethnicity, age and gender (Table 12 on the next page). (Note that for risk factors, table results refer to the percentage of people with diabetes that have that risk factor.) In 2005, 7.9% of Latinos had diabetes compared to 7.1% of Whites.¹

The following notable risk factor data concerning persons who are current smokers, overweight, obese, do not participate in regular physical activity, or consume less than five servings of fruits and vegetables a day among current diabetics in Napa County are highlighted by shaded cells in Table 12 with some of those findings listed below:

- 20% of female diabetics are current smokers compared to 5% of male diabetics
- Almost half of diabetics are obese:
 - 59% of female diabetics
 - 61% of white diabetics
 - 59% of diabetics ages 18-44
- 60% of diabetics eat less than 5 servings of fruits and vegetables a day:
 - 74% of Latino diabetics
 - 74% of diabetics ages 18-44
- Close to 30% of Latino diabetics are physically inactive

¹ Diabetes in California Counties 2009. California Diabetes Program.
http://www.caldiabetes.org/content_display.cfm?contentID=1160 (April 2010)

Table 12. Napa County Diabetes Prevalence and Risk Factors among those with Diabetes, 2005

	Diabetes Prevalence	Current Smoking	Overweight	Obese	Physical Inactivity ¹	Less-than-5-A-Day ²
	%	%	%	%	%	%
Countywide	8.3	12.2	38.6	45.6	16.3	59.9
Female	7.8	20.3	24.5	58.6	19.3	53.9
Male	9.0	4.8	51.4	33.7	13.7	65.4
Latino	7.9	*	60.0	28.8	28.8	74.4
Asian	*	*	*	*	*	*
African American	*	*	*	*	*	*
White	7.1	14.8	29.4	48.5	10.6	52.6
18-44	3.3	12.5	25.8	58.7	0.0	74.2
45-64	12.0	17.2	47.6	46.2	26.4	58.5
65+	13.5	3.1	30.4	36.4	8.5	53.8

Source: California Diabetes Program. (2009). Diabetes in California Counties. Sacramento, CA: California Diabetes Program, California Department of Public Health; University of California San Francisco, Institute for Health and Aging.

Based on the 2005 CHIS.

¹Physical Inactivity is defined as less than 20 min. of vigorous exercise 3/week or 30 min. of moderate activity 5/week.

²Less-than-5-A-Day refers to the consumption of 4 or less fruits and vegetables per day.

*Insufficient number of observations to make a statistically reliable estimate.

Overweight and Obesity

The proportion of obese adults in Napa County grew from 18% in 2001 to 29% in 2007 (Table 13). In 2001 the county had a lower prevalence of obesity than the state as a whole, but by 2007, it surpassed the statewide rate. Both the county and the state have moved further away from the Healthy People 2010 national objective of 15%. Rates of healthy weight mirror these trends; Napa County’s rate fell from 45% in 2001 to 38% in 2007, moving further from the HP 2010 goal of 60%. (NCCHNA, pg. 50)

Table 13. Adult Prevalence of Healthy Weight and Obesity, 2001 & 2007

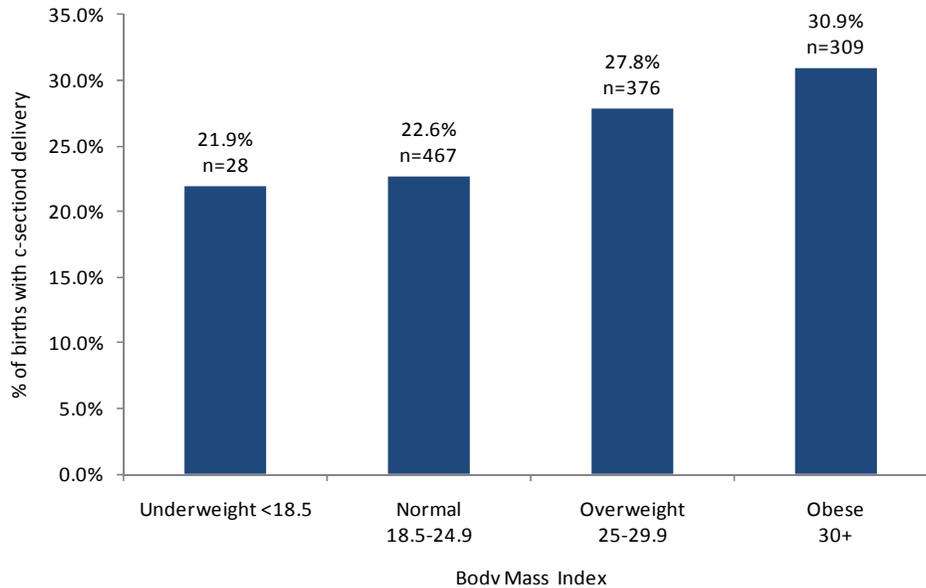
	Napa County		California		HP 2010
	2001	2007	2001	2007	
Healthy weight (BMI >18.5 and BMI <25.0)	45.2%	37.6%	43.0%	40.7%	60.0%
Obese (BMI>30.0)	17.7%	28.6%	19.3%	22.7%	15.0%

Source: California Health Interview Survey.

Overweight and obesity have long been known to complicate pregnancy and have an effect on birth outcomes. Babies born to obese women are nearly three times more likely to die within the first month of birth than those born to women of normal weight, and obese women are almost twice as likely to have a stillbirth. Very obese women are also 3 to 4 times as likely to deliver their first baby by Caesarean section (which increases the risk for the mother) as first-time mothers of normal weight. Although the associations are still not understood, infants born to obese mothers are one-third more likely to suffer significant birth defects, including spina bifida, limb reductions and heart defects according to recent research on maternal obesity.² Birth certificate data analyzed by Napa County Public Health showed 58.7% of the C-section births to Napa mothers in 2007-2009 were to women who were overweight or obese (Figure 5 on the next page). (NCCHNA, pg. 51)

² Waller DK, et. al. Pregnancy obesity as a risk factor for structural birth defects. *Archives of Pediatric and Adolescent Medicine*. 2007;161:745-750.

Figure 5. C-section Births by Maternal Body Mass Index, Napa County, 2007-2009



Source: Napa County Public Health

Obese children are more than twice as likely to have type 2 diabetes, once seen only in adults, than children of normal weight. They are more likely to have risk factors for cardiovascular disease, including high cholesterol levels, high blood pressure, and abnormal glucose tolerance. The risk of new-onset asthma is also higher among children who are overweight. The 2008-09 California Physical Fitness Test data showed the percentage of children in Napa County in grades 5, 7, and 9 considered overweight (based on body composition factors) was 34.3%, 30.9%, and 30.6%, respectively. The Napa County rates mirror the state rates for students tested in these grades except for the 5th graders, which in California was lower at 31.6%.

According to emerging research, one of the potential explanations for why puberty is starting earlier, particularly for Latina girls, is the increase in average body weight among children over the last 3 decades. Studies linking poor diet and childhood obesity suggest the heavier girls are at about age 7 or 8, the earlier they enter puberty, a change that puts them at higher risk for breast cancer and risky behaviors which can result in unplanned pregnancies. (NCCHNA, pg. 52)

Breastfeeding Rate

Statewide in 2007, about 87% of mothers chose to breastfeed their infants in the hospital; with 43% breastfeeding exclusively. Napa County’s rates are higher. In 2007, 94% of mothers did some breastfeeding in the hospital; 70.6% did so exclusively, for which the county is ranked 14th in the state (down from 9th in 2004). Among WIC participants who reported breastfeeding status in 2008, about one quarter (24.4%) were exclusively breastfeeding at the infant age of 2 months (Table 14). The Healthy People 2010 objective is for 75% of mothers to breastfeed in the early post-delivery period and 50% to still be breastfeeding when the baby is six months old.

Table 14. Breastfeeding Status Among WIC Participants, by Age of Child, 2008.

Age of Child	Exclusive Breastfeeding	Breastfeeding and Formula Feeding	Exclusive Formula Feeding	Solid Foods
2 Months Old	24.4%	40.9%	34.7%	N/A
4 Months Old	18.8%	37.6%	43.6%	N/A
6 Months Old	15.6%	31.3%	53.1%	N/A
11 Months Old	17.9%	25.4%	56.7%	N/A
12 Months Old	7.7%	11.3%	25.5%	55.5%

Source: Cited on kidsdata.org, California Department of Public Health, Women, Infants, and Children (WIC) Supplemental Nutrition Program.

Asthma

In Napa County, approximately 13,000 children and adults have been diagnosed with asthma. In 2007, 15.4% of young people under age 18 in California had ever been diagnosed with asthma. Napa County’s rate was higher—21.3%, up from 15.4% in 2003.

According to the 2007 California Health Interview Survey, almost 97% of Napa County children and adolescents with asthma experienced symptoms in the preceding year, compared to 89% in California (Table 15). This suggests that a larger proportion of the county’s children and adolescents than the state average may be at risk for serious illness and other complications associated with asthma, such as activity limitations and missed days of school.

Table 15. Lifetime Asthma,¹ Children and Adolescents, 2003 & 2007

	Lifetime Asthma in California Children and Adolescents, 2003 & 2007		Children and Adolescents Experiencing Asthma Symptoms Within the Past Year, 2003 & 2007	
	2003	2007	2003	2007
Napa County	15.9%	21.3%	92.9%	96.8%
California	15.4%	15.4%	92.3%	89.4%

Source: California Health Interview Survey, 2003 & 2007

¹Individuals with “lifetime asthma” have ever been told by a doctor that they have asthma.

Table 16 shows the percent of Napa County residents, by age group, which has ever been diagnosed with asthma and, of those, the percent that reported experiencing symptoms within the past 12 months. A larger proportion of young people under age 18 have ever being diagnosed with asthma than those 18 and older. In both children and adults, being overweight is associated with higher asthma prevalence. (NCCHNA, pg. 54)

Table 16. Napa County Residents Ever Diagnosed with Asthma, 2007

Age Group	Percent Ever Diagnosed with Asthma	Percent with Asthma who had Asthma Symptoms in Previous 12 Months
0-17	21.3%	96.8%
18-64	19.0%	94.6%
65+	13.5%	96.4%

Source: California Health Interview Survey, 2007.

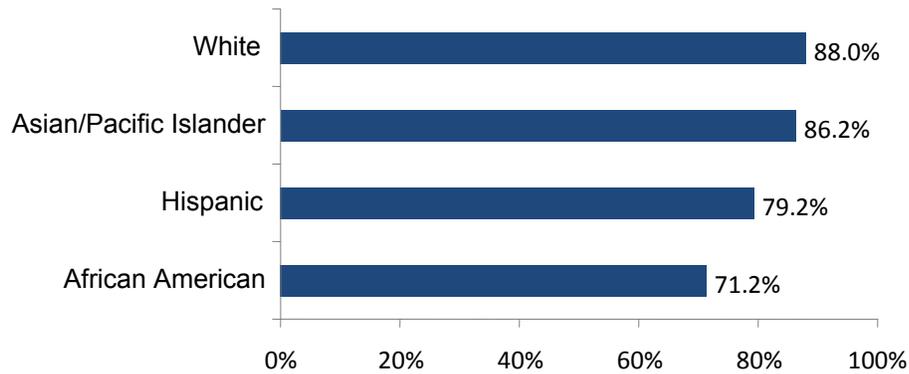
Maternal Health

Prenatal Care

Early initiation of and adequate prenatal care are associated with improved birth outcomes. The national objective for births to mothers with “adequate/adequate plus” care (which includes timing of entry into prenatal care) is 90%. In Napa County, 78.1% of women received adequate/adequate plus prenatal care during 2006-2008 (3-year average), up from 73.5% in 2003-2005 and from 69.8% in 2000-2002. Napa County’s 2006-2008 rate fell just below the statewide rate of 78.7% and ranked 15th highest in the state.

Entry into prenatal care varies by race/ethnicity. White women giving birth in Napa County were the group most likely to have received prenatal care in the first trimester (Figure 6 on the next page). The lower proportion for Hispanic women may partly reflect birth certificate data entry problems that have been identified at the largest hospital in the county; 66% of births at this hospital are to Hispanic women compared to 55% and 39% of births at the two other major hospitals serving the county. (NCCHNA, pg. 56)

Figure 6. Percent of Births With First Trimester Prenatal Care, by Race/Ethnicity, 2009



Data source: California Department of Public Health. Analysis: Napa County Public Health

Births

Approximately 1,651 babies were born in 2009 to women living in Napa County. Birth projections through 2015 show a slight but steady increase, which is likely attributable to the county’s overall population growth. Similar to the majority of the state, population growth is projected to be disproportionately higher among the Latino and certain Asian/Pacific Islander populations. Increasing by eight percentage points since 2003, 43% of births to mothers in Napa County in 2006 were paid by Medi-Cal, lower than the statewide rate of 47%. (NCCHNA, pg. 57)

Adolescent Pregnancy

With an age-specific birth rate of 27.3% in 2006-2008, Napa County ranks 21st best among California’s 58 counties in births to adolescent mothers, an improvement from 29.5% in 2002-2004 (Table 17 on the next page). While no national objective has been established for teen births, the national target for *pregnancies* (as opposed to births) among adolescent females is 43 pregnancies per 1,000. (NCCHNA, pg. 58)

Table 17. Births to Teen Mothers

Area	2007 Female Population 15-19 Yrs Old	2006-2008 Live Births (3 yr average)	Age-Specific Birth Rate
Napa County	4,725	129	27.3
California	1,438,740	52,622	36.6

Source: County Health Status Profiles 2010. California Department of Public Health.

Infant Mortality and Low Birth Weight

In 2004-2006 in Napa County, the infant mortality rate was 5.0; in 2006-2008 it rose to 5.3. Like the statewide rate, Napa County’s 2006-2008 three-year average low birth weight rate, 6.2%, rose slightly from 5.7% in 2002-2004 (Table 18 on the next page). Neither the county nor the state met the national Healthy People objective of 5%, and Napa County’s statewide rank fell from 15th lowest to 31st among the 58 counties. (NCCHNA, pg. 59)

Table 18. Low Birth Weight Infants

Area	2002-2004 (3 yr average)			2006-2008 (3 yr average)			Healthy People 2010 Goal
	Live Births	Low Birth Weight		Live Births	Low Birth Weight		
		Number	Percent		Number	Percent	Percent
Napa County	1,617	92	5.7	1,697	106	6.2	5.0
California	538,239	35,333	6.6	559,936	38,368	6.9	5.0

Source: County Health Status Profiles 2010. California Department of Public Health.

Substance Use and Abuse

Adult Alcohol and Drug Abuse

The State collects, monitors, and reports community-level indicators that serve as direct and indirect measures of the prevalence of alcohol and other drug use and related problems. Selected indicators for adults in Napa County are shown in Table 19. The county’s rate for the indicator *Alcohol-involved motor vehicle accident fatalities* is higher than the state average.

Table 19. Community-Level Alcohol and Drug-Related Indicators, Adults

Indicator (rates per 100,000)	Report Period (3-yr avg. unless single year specified)	Napa	CA
Rate of arrests for drug-related offenses, ages 10-69	2002-2004	728.5	983.4
Rate of alcohol-involved motor vehicle accident fatalities	2001-2003	5.9	3.9
Rate of alcohol and drug use hospitalizations	2002-2004	173.1	214.8
Rate (per 1,000) of admissions to alcohol and other drug treatment , ages 10-69	2002-2004	586.4	856.8
Rate of deaths due to alcohol and drug use	2001-2003	21.4	20.1

Source: *Indicators of Alcohol and Other Drug Risk and Consequences for California Counties*. Napa County 2007. Center for Applied Research Solutions. Note: These data are expected to be updated in late 2010.

Napa County’s 3-year average rate of alcohol-involved motor vehicle fatalities in 2001-2003 was 1.5 times higher than the state rate. Young adults between the ages of 18 and 24 have the highest rates of involvement in drinking and driving accidents, and in Napa County, the rate of 18 to 24 year olds who were party to alcohol-involved accidents increased by more than 50% from 2000 to 2003.

The California Health Interview Survey (CHIS) has found that alcohol use in Napa County varies by race/ethnicity. White residents have higher use rates, but Latinos have somewhat higher rates of binge drinking. According to the 2007 California Health Interview Survey (CHIS), the rate of binge drinking is higher in Napa County than statewide (Table 20 on next page). (Note that the CHIS question about binge drinking changed in 2007, from asking about binge drinking the past 30 days to the past year.) (NCCHNA, pg. 62)

Table 20. Adult Binge Drinking Rates

	Engaged in Binge Drinking ¹		
	2003 (in past month)	2005 (in past month)	2007 (in past year) ²
Napa County	16.1%	19.4%	34.6%
California	15.1%	17.6%	29.7%

Source: California Health Interview Surveys, 2003, 2005, 2007. UCLA Center for Health Policy Research

¹ In this data source, for males, binge drinking is considered five or more drinks on one occasion; for females it is four or more.

² In 2007, the question changed to ask about binge drinking in the past year.

While these data are helpful for identifying risk and problem areas, there are some limitations that should be noted. For example, the prevalence of alcohol and drug use and related problems may underestimate actual occurrence due to under-reporting. Further, hospital admission rates do not include the utilization of services provided outside of the publicly-funded alcohol and drug treatment and recovery system. Additionally, hospital discharge rates only include discharges for diagnoses directly attributable to alcohol and drug use.

Methamphetamine is the leading illegal drug of abuse in Napa County, accounting for 40 to 50% of drug treatment admissions from 2000 to 2004. While the county’s overall rate of treatment admissions is substantially lower than the state average, the rate for youth under age 18 is more than double the state average and comprises 29% of all Napa County admissions, compared to only 9% statewide. The majority of youth receive treatment for marijuana use, accounting for two-thirds of all admissions in 2004. (NCCHNA, pg. 62)

Adolescent Alcohol and Drug Use and Abuse

The community indicators the State collects, monitors, and reports for youth in Napa County are shown in Table 21 on the next page. The county’s rate for the following indicators is higher than the state average:

- Juvenile arrests for alcohol-related offenses
- Adolescent admissions to alcohol and drug treatment

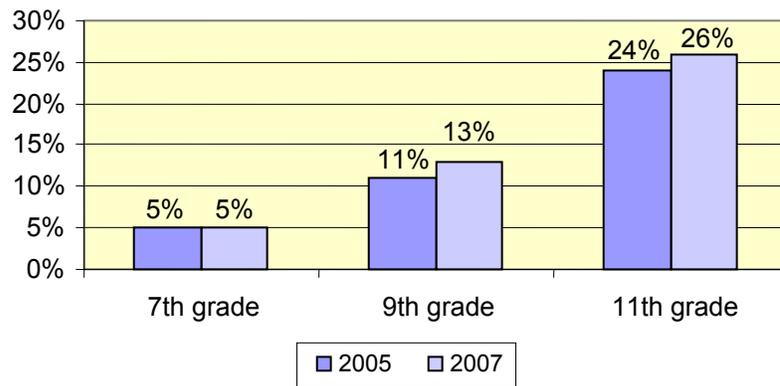
Table 21. Community-Level Alcohol and Drug-Related Indicators, Youth

Indicator (rates per 100,000)	Report Period (3-yr avg. unless single year specified)	Napa	CA
Rate of juvenile arrests for alcohol-related offenses, ages 10-17	2004	331.9	219.9
Rate of juvenile arrests for drug-related offenses, ages 10-17	2004	451.3	482.3
Rate of juvenile admissions (per 1,000) to alcohol and other drug treatment, ages 10-17	2004	1055.4	462.8

Source: *Indicators of Alcohol and Other Drug Risk and Consequences for California Counties*. Napa County 2007. Center for Applied Research Solutions.
 Note: These data are expected to be updated in late 2010.

The California Healthy Kids Survey (CHKS), which collects data on students in grades 5, 7, 9 and 11, a minimum of every two years, offers another look at youth alcohol and drug use. Up slightly from 2006, 13% of Napa County 9th graders and 26% of 11th graders reported binge drinking in the last 30 days in 2007 (Figure 7 on next page). The national objective is to reduce the proportion of high school seniors who report binge drinking to 11%. (NCCHNA, pg. 64)

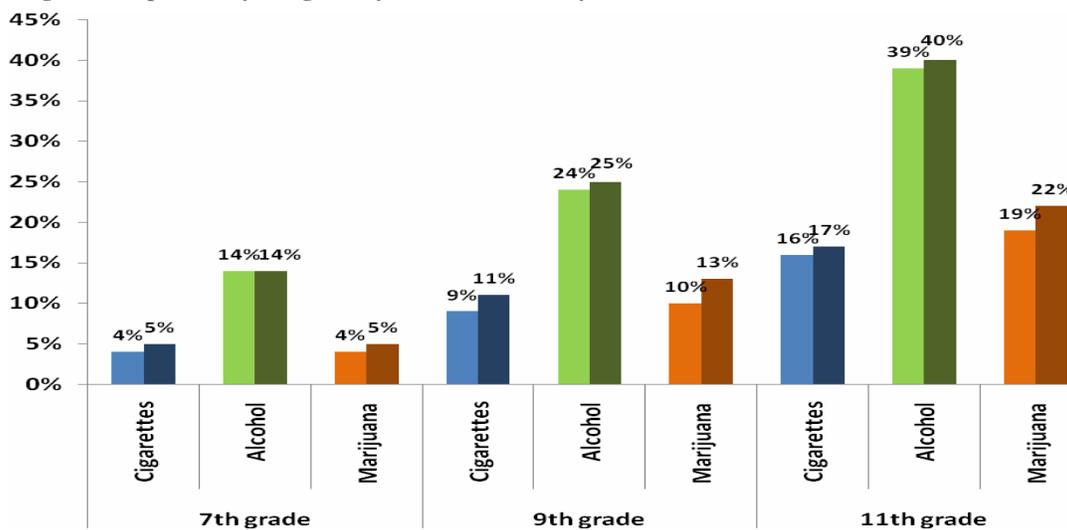
Figure 7. Binge Drinking in Last 30 Days, Grades 7, 9, and 11, 2005 & 2007



Source: California Healthy Kids Survey, Fall 2008.

A summary of other CHKS findings for Napa County is displayed in Figure 8 on the next page. Only 5% of 7th graders reported using cigarettes or marijuana in the last 30 days, although 14% said they had used alcohol. Among 9th graders, 11% reported smoking cigarettes, 13% using marijuana, and one-quarter using alcohol in the past 30 days. Use rates increase with grade level. Seventeen percent of 11th graders reported cigarette use in the last 30 days, 22% marijuana, and 40% alcohol.

Figure 8. Napa County Drug Use by School Children by Grade Level, 2005 & 2007



Source: California Healthy Kids Survey, Fall 2008.

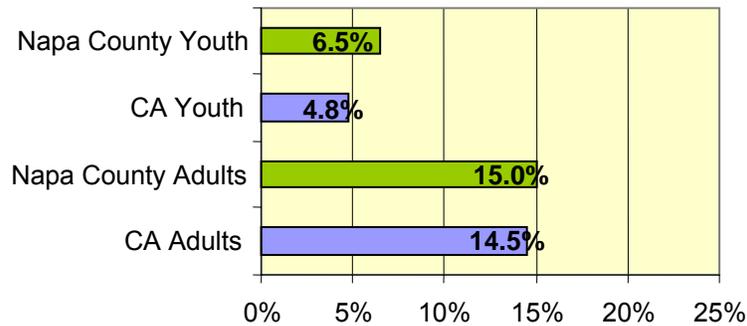
Note: lighter color bars are 2005; darker color bars are 2007

Adult and Youth Tobacco Use

According to the 2007 California Health Interview Survey, 14.5% (down from 17.1% in 2005) of California adults smoked (Figure 9 on next page). A slightly higher proportion, 15.0% (down from 21.5% in 2005), of Napa County adults reported being a current smoker. Among youth ages 12-17, 6.5%* of Napa youth compared to 4.8% statewide reported being a current smoker.

* The small sample size and/or confidence interval (0-13.6%) make the rate statistically unreliable.

Figure 9. Percent of Population Reporting Being a Current Smoker, 2007



Source: California Health Interview Survey.

Neither the state nor county meet the Healthy People 2010 objective of no more than 12% of adults age 18+ who smoke cigarettes. Decreasing the rate of smoking would lead to a demonstrable decrease in mortality from cancer alone, not to mention the additional decreases in mortality from heart disease and stroke. Based on CDC estimates, a 1% decrease in smoking would lead to about a 1% decrease in all-cause mortality in Napa County. (NCCHNA, pg. 67)

Perinatal Substance Abuse

The California Maternal and Infant Health Assessment (MIHA), an annual, statewide-representative telephone survey (English and Spanish) of women who recently gave birth to a live infant, also tracks tobacco and alcohol use during pregnancy. The data are linked to birth certificate information and weighted to reflect sampling design. Bay Area regional (Napa is 1 of 9 Bay Area counties) MIHA data for 2005-2006 showed 7.3% of pregnant women reported smoking during the 1st trimester and 2.3% during the 2nd trimester. And, approximately 16% reported drinking alcohol during the 1st trimester and 13% during the 3rd trimester. Applying conservative statewide estimates of prevalence from Vega and Chasnoff’s earlier statewide work, approximately 190 infants would be projected to have been born substance-exposed in Napa County in 2008, or about 11.4% of all births that year. (NCCHNA, pg. 67)

Oral Health

Early Childhood

Applying the statewide assessment data to poverty-level children age 0-19 in Napa County, an estimated 6,680 children have decay requiring treatment, an estimate that is probably conservative.

While it is difficult to accurately determine the number of these children that are receiving care, according to the 2007 California Health Interview Survey (CHIS), three-quarters of children in Napa County are enrolled in some type of insurance program with dental coverage. And, 8 in 10 children reported visiting a dentist in the last year (Table 22), the same proportion as statewide. The proportion that used the oral health care system in the last year exceeds the national health target of 56%. (NCCHNA, pg. 69)

Table 22. Dental Health Indicators

Dental Health	Napa County	Statewide
Children with dental insurance	75.5%	80.4%
Children who visited a dentist in the last year	82.3%	80.4%

Source: California Health Interview Survey, 2007

The CHIS data represent Napa County children at all income levels. However, Medi-Cal data tell a different story. In 2008, only 18.5% of Napa County children age 0-20 with Medi-Cal dental benefits used a dental service—less than half the statewide average of 41.3%—ranking the county 44th among California’s 58 counties. For Napa County children age 0-3 and 4-5, the utilization rate was 8.5% and 25.1%, respectively. There are multiple reasons for low utilization of dental services by low-income children, even for those with some form of dental insurance. These range from lack of capacity and provider unwillingness to accept public-program coverage on the health system side, to lack of understanding the value of preventive care and fear of the dentist on the user side. (NCCHNA, pg. 70)

Seniors and Oral Health

According to the 2007 California Health Interview Survey, 59.3% of Napa County residents age 65+, compared to 47.2% statewide, reported having no dental insurance in the last year. In 2003 (more recent data are not available) 7.6% of seniors reported to CHIS not being able to afford needed dental care, compared to 10.9% statewide who reported this hardship. (Note: the small sample size for Napa County makes the figure statistically unstable.) Applying the national estimate to Napa County that 78% of adults age 65+ must pay dental care expenses out of pocket, approximately 17,262 of the county’s seniors would be projected to have to cover the cost of their dental visits and treatment without the benefit of insurance coverage. (NCCHNA, pg. 71)

Mental Health

Psychological Distress

2007 California Health Interview Survey (CHI) results showed that 6.2% of Napa County residents reported they had experienced psychological distress in the past year. This proportion was lower than the statewide average of 8.5%. (NCCHNA, pg. 72)

Teen Depression

Depression in teens was estimated to be 21% statewide and 16% in Napa County in 2005 (the most recent year data are available), according to CHIS.

2007 data from the California Healthy Kids Survey showed that Napa County teens indicated symptoms of depression at approximately the same rate as teens in California when the data were examined by race/ethnicity (Table 23). Teens who identified as Asian, Pacific Islander or multiethnic were slightly more likely than their peers statewide to report symptoms.

Table 23. Percentage of Youth reporting Depression Symptoms by Race/Ethnicity

Race/Ethnicity	California	Napa County	Difference
African American/Black	31.9%	30.4%	-1.5%
Asian	29.6%	33.0%	3.4%
Caucasian/White	29.1%	27.9%	-1.2%
Hispanic/Latino	33.3%	33.8%	0.5%
Native American	36.1%	36.6%	0.5%
Pacific Islander	36.8%	40.6%	3.8%
Multiethnic	34.9%	38.6%	3.7%
Other	33.9%	33.3%	-0.6%

Source: 2007 California Healthy Kids Survey.

When these same data were reviewed by gender and grade level, female teens in Napa County’s non-traditional schools were more likely than their peers statewide to report symptoms of depression (Table 24 on next page). (NCCHNA, pg. 73)

Table 24. Percentage of Youth Reporting Depression Symptoms by Grade Level and Gender

Grade Level	Female			Male		
	California	Napa County	Difference	California	Napa County	Difference
7th Grade	32%	29%	-3%	25%	28%	3%
9th Grade	38%	39%	0%	25%	24%	-1%
11th Grade	39%	41%	2%	26%	28%	2%
Non-Traditional	49%	63%	14%	31%	31%	0%

Source: 2007 California Healthy Kids Survey.

Suicide

For the three-year average 2006-2008, Napa County’s rate was less favorable on deaths from suicide with an age-adjusted rate of 12.1* (up from 9.6 in 2003-2005) than California’s rate of 9.4, and like the rest of the State did not achieve the Healthy People 2010 objective of no more than 4.8 for this indicator. The county ranked 37th among the 58 counties on deaths from suicide. (NCCHNA, pg. 74)

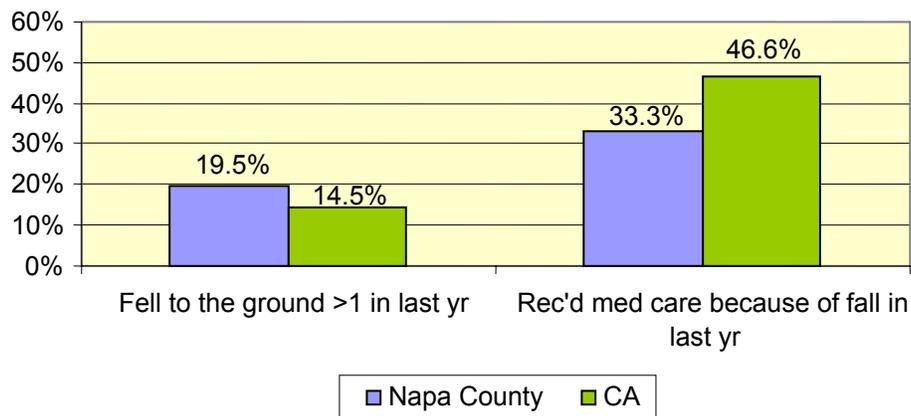
Safety Issues

Falls among Seniors

Hospital discharge information has traditionally been the best falls surveillance system in California (although the data are limited to only those falls that are serious enough to warrant a hospital admission). In 2006, there were 407 nonfatal hospitalized fall injuries among older (age 60+) Napa County residents; almost two-thirds of these falls were by women. The average per-person cost of hospitalized stay in 2004 (the last time this figure was updated) for fall injuries among Napa County seniors was approximately \$41,000.

In 2007, the California Health Interview Survey (CHIS) began asking seniors, 65+, about falls. One in 5 in Napa County reported falling to the ground more than once in the past year, higher than the state average of 15% (Figure 10). Of those who had fallen in the past year, a third had received medical care, compared to almost half statewide. (NCCHNA, pg. 75)

Figure 10. Falls by Seniors, Napa County and California



Source: California Health Interview Survey, 2007.
 Note: Asked of those who had fallen in the past 12 months.

* The suicide rate is subject to a high degree of variability due to the small number of events used to calculate rates.

Intimate Partner Violence

In 2008 in Napa County, there were 396 calls for domestic violence assistance, 4% of which involved a firearm, knife, or other dangerous weapon (Table 25 on next page). This is down from 537 calls in 2005, of which 11% involved a weapon. The City of Napa accounts for approximately 3 out of 4 calls for assistance. (NCCHNA, pg. 76)

Table 25. Total Number of Total Domestic Violence Calls, Percent Calls Involving Weapons, Napa City's Percent of Total Calls

Category	2005	2006	2007	2008
Total calls	537	441	451	396
% of calls involving weapons ¹	11%	4%	5%	4%
Napa City, % of total	76%	77%	75%	70%

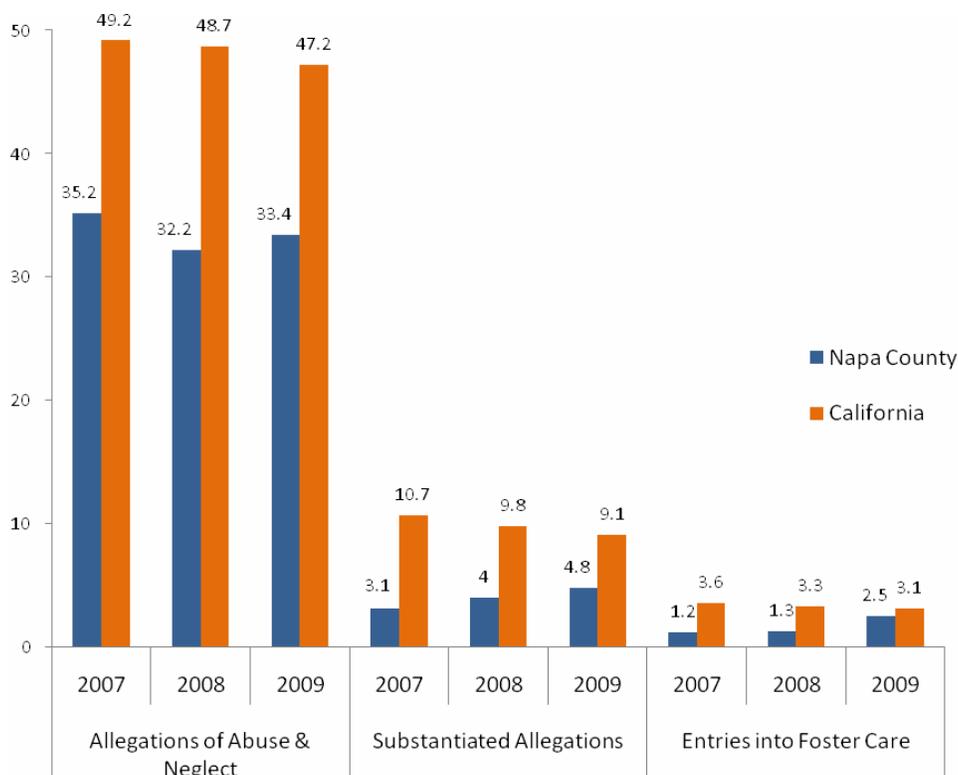
Source: California Department of Justice, Criminal Justice Statistics Center, Criminal Justice Profiles

¹ Firearm, knife or cutting instrument, or other dangerous weapon. Does not include personal weapons, defined as hands, feet, etc.

Child Abuse

The county's rates of child abuse allegations, substantiations and entries into foster care are generally much lower than rates for the entire state (Figure 11). Over the last 3 years, the rate at which the Child Abuse Hotline has received child abuse allegations has remained fairly steady. However, the rate of substantiated allegations rose by 55%, and the rate of entry into foster care more than doubled between 2007 and 2009. (NCCHNA, pg. 76)

Figure 11. Emergency Child Abuse-Related Response Dispositions, Incidence per 1,000 Children, Napa County vs. California, 2007-2009



Source: Child Abuse Allegation & Substantiation Rates, Child Welfare Dynamic Report System

Elder Abuse

In FY 2009-2010, the Napa Long Term Care Ombudsman—which advocates for residents in Skilled Nursing Facilities (nursing homes) and Residential Care Facilities for the Elderly (RCFE: Assisted Living or Board & Care)—reported 32 cases of suspected abuse, neglect, or exploitation within its jurisdiction. Of those, 8 were resident-to-resident physical or sexual abuse; 4 were physical abuse, including corporal punishment; 2 were sexual abuse; 6 were verbal or psychological in nature, including punitive seclusion of a resident by staff; 8 involved financial exploitation; and 4 were cases of gross neglect.

Between October 15, 2008 and August 3, 2010, law enforcement referred 82 cases of suspected criminal Elder Abuse to the Napa County District Attorney. Of those, the D.A. found 22 could not be proved beyond a reasonable doubt and declined to file charges; 4 are still being investigated; and, of the 56 referrals in which charges were filed, 4 are in warrant status, 5 are pending in the courts, 6 were dismissed, with alternate action taken in half of them, and 41 resulted in court sentences. (NCCHNA, pg. 78)

Exposure from the Physical Environment

Air Quality

The American Lung Association’s *State of the Air 2010* report looked at levels of ozone and particle pollution found in monitoring sites across the U.S. in 2006-2008. Napa County’s grade and the estimated number of at-risk groups in the population are shown in Table 26. (NCCHNA, pg. 79)

Table 26. Napa County Air Quality Status

HIGH OZONE DAYS	
Ozone Grade	B
Orange Ozone Days ¹	2
Red Ozone Days	0
Purple Ozone Days	0
GROUPS AT RISK	
Total Population	133,433
Pediatric Asthma	2,828
Adult Asthma	8,750
Chronic Bronchitis	4,567
Emphysema	1,856
Cardiovascular Disease	38,965
Diabetes	9,720
Children Under 18	30,039
Adults 65 and Over	19,339
Poverty Estimate	11,511

Source: American Lung Association. Data from 2006-2008.

24-hour and annual particulate pollution not monitored in Napa County.

¹Air quality index levels: orange=unhealthy for sensitive groups; red=unhealthy for all; purple=very unhealthy for all.

²Since no comparable Air Quality Index exists for year-round particle pollution, grading was based on the Environmental Protection Agency’s determination of violations of the national ambient air quality standard. Counties that EPA listed as being in attainment of the standard were given grades of “Pass;” nonattainment counties were given grades of “Fail.”

Pesticides

A summary of pesticide illness/injury incidents due to all causes in Napa County in 2007 reported as potentially related to pesticide exposure is shown in Table 27. Of the 7 applicable cases with exposures (4 related to eye, and 1 each for skin, respiratory, and systemic), 2 were intended to be used for agricultural purposes; these cases involved workers who were cleaning and sanitizing winery equipment. No hospitalizations and no days lost to work occurred as a result of these exposures. For its size, the number of agriculture-related incidents in Napa County is relatively low. (NCCHNA, pg. 81)

Table 27. Pesticide Illnesses/Injuries Reported in Napa County, 2007

Relationship ¹	Type of Exposure						Intended Use		
	Direct Spray/Squirt	Spill/Other Direct	Drift	Ingestion	Not Applic.	Unknown	Agricult	Non-Agricult	Not Applic
Definite	1	0	0	0	0	0	0	1	0
Possible	0	1	1	0	0	2	2	2	0
Probable	0	1	0	1	0	0	0	2	0
Unrelated	0	0	0	0	4	0	0	0	4

Source: California Department of Pesticide Regulation, Pesticide Illness and Surveillance Program.

¹*Definite*=both physical and medical evidence document exposure and consequent health effects; *Probable*=circumstantial evidence supports a relationship to pesticide exposure; *Possible*=evidence neither supports nor contradicts a relationship; *Unrelated*=sufficient evidence documents that pesticide exposure did not cause health effects.

Preventive Health

Vaccinations

Data from the 2007-08 school year indicate that 93.5% of the children enrolled in reporting Napa County childcare centers received all required immunizations mandated by law (Table 28), a higher proportion than the statewide average. (Note: On average, one-third of children 2 years through 4 years 11 months attend licensed childcare centers. Hence, the data for children enrolled in licensed childcare centers may not be representative of the entire population of Napa County children in this age group.)

Table 28. Immunization Coverage Among Children Ages 2-4 Years 11 Months in Licensed Childcare, 2007-08

Element	Napa	California
<i>Admission status</i>		
Entrants with all required immunizations	97.0%	93.5%
Conditional entrants	0.5%	4.9%
Entrants with permanent medical exemptions	0.11%	0.17%
Entrants with personal belief exemptions	2.43%	1.44%

Source: California Department of Public Health, Center for Infectious Disease Division, Department of Communicable Diseases, Immunization Division, Childhood Immunization Coverage 2006-2008.

The annual kindergarten assessment is conducted each fall to monitor compliance with the California School Immunization Law. Results from this assessment are used to measure immunization coverage among students entering kindergarten. In 2007-08, Napa County reported 95.8% of kindergarten entrants had all of their required immunizations at kindergarten entrance, a slightly higher percentage than the statewide average (Table 29). (NCCHNA, pg. 82)

Table 29. Immunization Coverage Among Children Ages 4-6 Years in Kindergarten, 2007-08

Element	Napa	California
<i>Admission status</i>		
Entrants with all required immunizations	95.8%	92.1%
Conditional entrants	2.5%	6.1%
Entrants with permanent medical exemptions	0.12%	0.18%
Entrants with personal belief exemptions	1.65%	1.56%

Source: California Department of Public Health, Center for Infectious Disease Division, Department of Communicable Diseases, Immunization Division, Childhood Immunization Coverage 2006-2008.

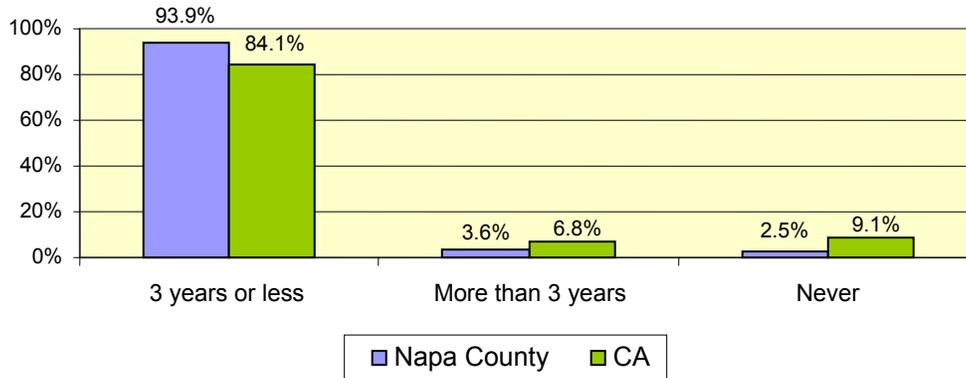
Health Screening for Cancer

Cervical Cancer Screening

The Healthy People 2010 Objective is that at least 90% of women age 18 and older will have received a Pap test for cervical cancer during the past 3 years. The 2007 California Health Interview Survey (CHIS) asked about Pap test history. Close to 94% of women in Napa County reported having a Pap test within the last 3 years, 3.6% reported it

had been more than 3 years since their last test, and 2.5% reported never* having had a Pap test. The county’s rates—which are higher than in 2005—compare favorably with statewide averages (Figure 12 on the next page), and meet the national health objective (Healthy People 2010) of 90% within the past 3 years and 97% ever having a Pap test. (NCCHNA, pg. 83)

Figure 12. Pap Test History

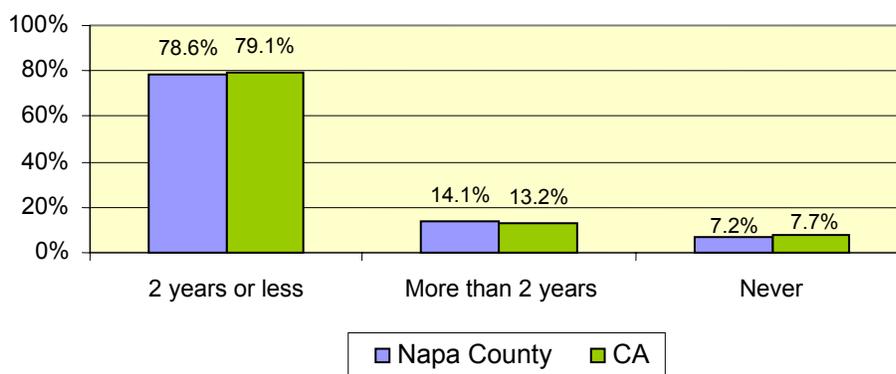


Source: California Health Interview Survey, 2007

Breast Cancer Screening

Earlier detection for breast cancer through regular screenings can greatly increase survival rates of breast cancer because it identifies cancer when it is most treatable. At this time, mammography along with physical breast examination by a clinician is still the modality of choice for screening for early breast cancer. Napa County data from the 2007 CHIS show that 78.6% of women age 40-85 had a mammogram in the past 2 years (Figure 13), exceeding the national health objective (Healthy People 2010) of 70%. The county and statewide percentages for mammogram screening history are nearly the same. (NCCHNA, pg. 84)

Figure 13. Mammogram Screening History



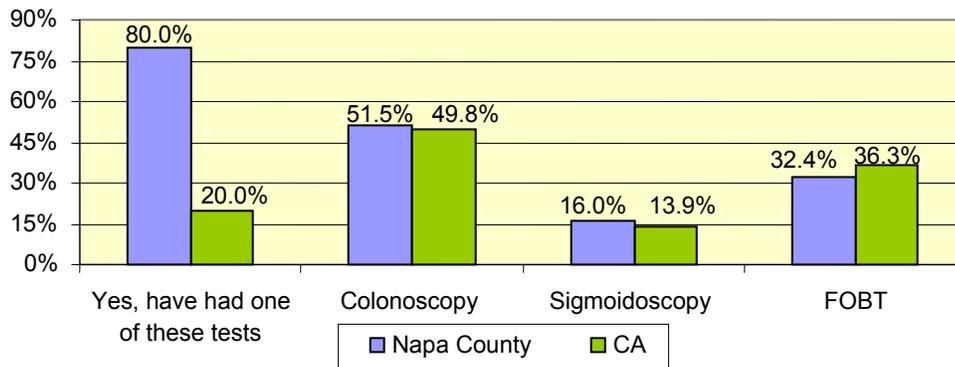
Source: California Health Interview Survey, 2007

Colorectal Cancer Screening

Respondents to the 2007 California Health Interview Survey (CHIS) were asked a series of questions about their cancer screening behaviors. When Napa County adults age 50 and older (based on American Cancer Society recommendations and the U.S. Preventive Services Task Force guidelines for this age population) were asked about their compliance with a recommended colorectal screening, 68.4% said they were compliant *at the time of the recommendation*, a higher percentage than 62.8% statewide (Figure 14 on the next page). In Napa County, males reported higher compliance levels than females (73% and 63.6%, respectively), whereas Californians of both genders had equivalent compliance levels.

* The figure for the “Never” category is statistically unreliable due to small sample size.

Figure 14. Percent Reporting Having Ever Had a Colorectal Screening Test, and Type of Test



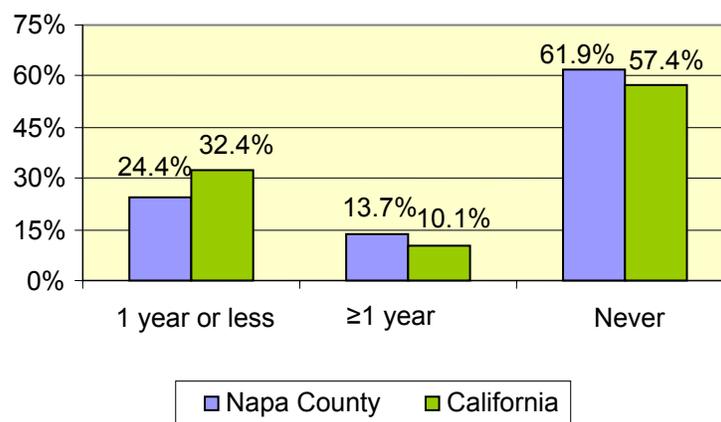
Source: California Health Interview Survey, 2007

These apparently high colon cancer screening rates in Napa County belie a major disparity in screening, however. The CHIS findings cited above may not adequately represent low-income individuals who may be less likely to have access to or be able to pay for these tests. Unlike cervical and breast cancers, there is no state- or federally-funded program to subsidize or cover colorectal cancer screening. If Napa County is similar to the rest of California, Latino adults age 50+ are about one-third less likely than Non-Latino Whites to have had a sigmoidoscopy/colonoscopy in the last five years. (NCCHNA, pg. 84)

Prostate Cancer Screening

Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. The American Cancer Society recommends that starting at age 50 (age 45 for African Americans and men with a father or brother who had prostate cancer before age 65), men talk with their doctor about the pros and cons of testing to make an informed choice about whether being tested for prostate cancer is the right choice for them. ACS guidelines recommend men who decide to be tested should have the PSA blood test, with or without a rectal exam. How often they are tested depends on their PSA level. Close to 62% of Napa County men age 40+ who responded to the 2005 CHIS reported they had never received a screening test for prostate cancer (Figure 15), a slightly higher proportion than men statewide. (NCCHNA, pg. 86)

Figure 15. Prostate Cancer Screening History

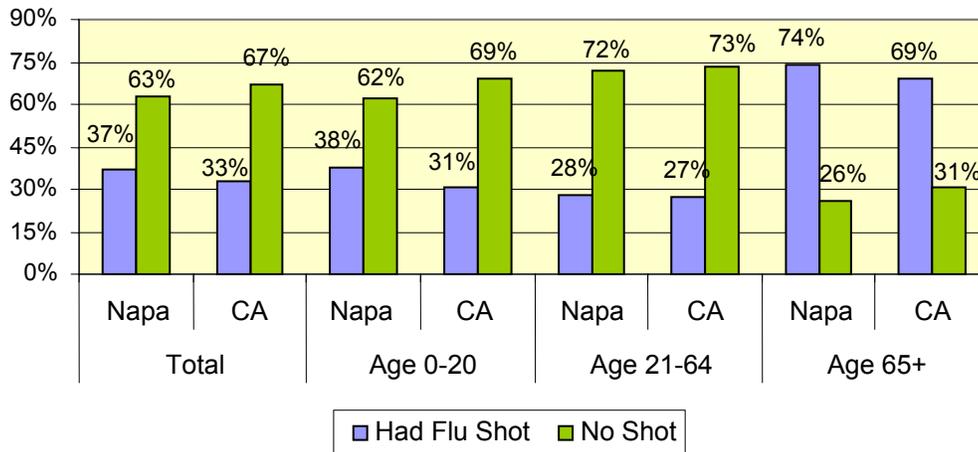


Source: California Health Interview Survey, 2007

Flu Vaccination

In 2007, more Napa County respondents to CHIS than Californian respondents on average, of all age groups, reported having had a flu shot within the last year (Figure 16). However, despite the CDC recommendations, only about 4 in 10 Napa County residents received a vaccination, although three-quarters of seniors received it.

Figure 16. Flu Shot Within Last Year



Source: California Health Interview Survey, 2007

Input from the Community

The tables below describe what the community identified as the most important unmet health needs in Napa County and suggested for improvement. The findings are consistent with recent needs assessments, studies, and surveys conducted by others in Napa County.

Unmet Health Needs

The highest-priority unmet health needs and problems for people in Napa County, according to the different groups asked, were the following, in order of mention.

Community Health Survey	Community Focus Groups	Key Informant Interviews
Health insurance; more affordable medical and dental services	Affordable dental services (especially for seniors and other adults)	Affordable community-based health services (depression, anxiety)
Prevention related (nutrition, weight control, exercise)	Health insurance; more affordable medical and dental services	Health insurance; more affordable medical and dental services
Alcohol and drug related (preventive education, enforcement, treatment)	Affordable community-based mental health services (depression, anxiety)	Affordable dental services (especially for seniors and other adults)
Basic needs (housing, jobs, transportation, environmental)	Alcohol and drug related (preventive education, enforcement, treatment)	Prevention related (nutrition, wt. control, exercise)
Specific health conditions (diabetes, cancer, asthma)	Lack of awareness of availability/type/location of health and prevention services	Supportive services for seniors (to remain independent, engagement for mental health)

Suggested Strategies and Solutions

The community made many recommendations about where additional support was needed to improve health in Napa County; the most frequently suggested strategies and solutions—which tie to the needs they identified—are listed below in frequency of mention.

Community Health Survey	Community Focus Groups	Key Informant Interviews
Availability of low-cost health insurance	Availability of low-cost health insurance	Expand community-based mental health services
Access to wellness-type centers/services (especially those that promote exercising)	Availability of low-cost dental services (especially for adults, seniors)	Use mobile dental to deliver more services; support free/low-cost dental for adults and seniors
Year-round activities for youth (that youth can relate to)	Efforts that improve school lunches; that teach kids healthier food choices (gardens)	Address youth substance abuse, especially re. use of alcohol
Efforts to increase cleaner environment (air, water)	Support more options for affordable housing	Provide food as a basic need (food banks, community gardens)
Low-cost mental health counseling services	Promote health education (especially for Spanish-speaking and teens re. risk behaviors)	Support services for the elderly (homebound, frail, low-income)
Support services for the elderly (homebound, frail, low-income)	Support affordable exercise options (low-cost gyms, free bicycles)	Support efforts that increase awareness of services/where to go for help

Recommended Priorities (Napa County Community Health Needs Assessment)

The Collaborative agreed that an important opportunity exists in Napa County for all health partners—regardless of their own organization’s mission and priorities—to focus on the following 4 priority areas (in no order of significance):

- Strategies that address the growing epidemic of **obesity** and all of the health and cultural factors that contribute to the problem;
- **Senior support services** that encompass mental, social, and physical health and well being, including needed support for caregivers;
- **Substance abuse** as an issue for families, schools, businesses, and the safety of the community—ranging from use during pregnancy to underage drinking to abuse of prescription drugs by seniors and other adults—that recognizes and integrates biological and socio-cultural factors into models of prevention and care;
- **Mental and emotional health** and its relationship to overall health that needs to be more adequately understood, addressed, and resources provided for.

Our Community and Resources

Adventist Health is part of a national and international community that improves health and wellness through over 500 facilities worldwide. Adventist Health/St. Helena Hospital Napa Valley's regional community incorporates the counties of Northern California, including Napa, Lake, Mendocino, Solano, Sonoma, and Butte counties. Primary and secondary service areas include the counties of Napa, Lake, Solano, and Sonoma. The primary counties of Napa and Lake include the cities and towns of: American Canyon, Vallejo, Napa, Yountville, Rutherford, Oakville, Deer Park, Pope Valley, St. Helena, Calistoga, Angwin, Middletown, Hidden Valley Lake, Clearlake, Kelseyville, Lower Lake, Cobb, Lakeport, Lucerne, Nice, and Clearlake Oaks.

St. Helena is 67 miles northeast of San Francisco in the center of the Napa Valley, which is approximately 30 miles long and surrounded by rolling hills. The Valley has a long history of being agricultural from the fruit trees of centuries ago to the current world-renowned vineyards. The Valley draws visitors from all over the world.

Established in 1878 as the Rural Health Retreat, St. Helena Hospital Napa Valley became a full-service, nonprofit community hospital after the turn of the century. In 1969, a new wing opened to house the St. Helena Center for Health, thus maintaining the hospital's emphasis on personal and community wellness.

Napa County has a relatively healthy population in comparison to neighboring counties and the State of California as a whole. With two highly respected health care facilities--St. Helena Hospital Napa Valley and Queen of the Valley Medical Center--Napa County residents have access to the latest technology, which means they do not have to drive long distances for medical care.

An elected Board of Supervisors governs Napa County. The five incorporated cities are Calistoga, St. Helena, Yountville, American Canyon and Napa.

Assets and Resources

St. Helena Hospital Napa Valley is a state-of-the-art facility offering the latest in medical technology, equipment and procedures, including the best cardiac care program in the area. The cardiac care program is recognized nationally for its 30+ years of innovation and excellence. In 2010 PRC, Inc. awarded St. Helena Hospital Napa Valley 5-Stars in Emergency Services and 4-Stars in Nursing Care and Anesthesia, Radiology and Surgical Services and St. Helena Hospital Center for Behavioral Health 5-Stars in Administration and Medical Records. In the second quarter the independent firm NRC+Picker awarded St. Helena Hospital's Emergency Department an impressive 98.5% Overall Rating of Care, setting the benchmark for this time frame. The medical staff at St. Helena Hospital Napa Valley is highly skilled, technologically advanced and compassionate.

Community Resources: Include the Napa Valley Coalition of Nonprofit Agencies, Health and Wellness Committee, St. Helena and Calistoga Family Resource Centers, Fall Prevention Coalition, Healthy Aging Population Initiative, Children's Health Initiative, Rianda House, Napa Valley Youth Advocacy Center, American Cancer Society and the Napa County Department of Health and Human Services. St. Helena Hospital Napa Valley actively collaborates with each organization to identify and meet community needs.

Financial Resources: Include funding from federal and state grants, Medicare, Medi-Cal, private insurances, local, regional and national foundations, Auction Napa Valley, the Gasser Foundation, the Napa Valley Community Foundation, and individual donors.

Hospital Technological, Human and Financial Resources: About 150 physicians on the medical staff represent 44 medical specialties. The hospital has 1,310 full-time, part-time and on-call employees. More than 188 volunteers give approximately 18,390 hours of service each year. Also, the [St. Helena Hospital Foundation](#) assists the hospital in offering a technologically advanced level of care not usually found in a rural area. The Foundation provides trust, annuity and estate planning services in the context of charitable giving. In 2011, total cash, in-kind and deferred gifts to SNHV were \$5.2 million, plus just over \$3 million in signed pledges to support quality health care in the Napa Valley.

Methodology and Community Benefit Goals

Napa County Community Health Needs Assessment 2010: One of the best ways to gain a better understanding about health needs, disparities and available resources is to conduct a comprehensive needs assessment. A community health needs assessment provides the foundation for all community health planning, and provides appropriate information on which policymakers, provider groups, and community advocates can base improvement efforts; it can also inform funders about directing grant dollars most appropriately.

In 2010, the Napa County hospitals and Kaiser Vallejo—joined by Napa County Public Health and others—re-formed as the Collaborative established in 2006 which sponsored an earlier community health needs assessment. The purpose was to plan for an updated needs assessment that could continue to track trends, and assist health care organizations, individually and collaboratively, in improving community health and maximizing resources. The assessment was also intended to guide the hospitals in developing their Community Benefits Plans to meet SB 697 requirements. This *2010 Napa County Community Health Needs Assessment* (NCCHNA) presents the community with an overview of the state of health-related needs and benchmarks from which to gauge progress.

BARBARA AVED ASSOCIATES, a Sacramento-based consulting firm, was again retained to conduct the community health needs assessment. Two primary data sources were used in the process: the most recently-available demographic, socioeconomic, and health indicators commonly examined in needs assessments; and data from a community input process to help put a “human face” on the statistics. The community input—a widely distributed online and hard-copy survey; focus groups; and key informant interviews intended to solicit opinions about health needs and suggestions for improvements—validated and enriched the statistical data.

St. Helena Hospital Napa Valley’s mission is *to share God’s love by providing physical, mental and spiritual healing*. The 2011-2013 Community Benefit Goals were developed by reviewing the Napa County Community Health Needs Assessment, aligning with our mission and prioritizing based on implementation of initiatives successfully in place.

St. Helena Hospital Napa Valley’s pledge to devote its energy and resources to enhancing the health status of its community can be summed up in the following statement:

We will enhance the health status in our region by providing a comprehensive Continuum of services that are customer-oriented and accessible, and by engaging Our community in a partnership to ensure optimum person and community health.

Our Community Benefit Goals are:

- Goal 1** *To increase awareness and education of risk factors for cancer and the importance of early detection*
- Goal 2** *To increase awareness and education of cardiovascular risk factors and modifiable lifestyle behaviors*
- Goal 3** *To promote healthy lifestyle behaviors through community events*

				<p>PA Health Fair October: 35</p> <p>Independent Stave Health Screening December: 4</p>
To promote healthy lifestyle behaviors through community events	Participate in activities/events in the community	2-3 activities/year	Track activities	<p>Business Health Benefits Fairs:</p> <p>Treasury Wine Estates Napa February: 200</p> <p>Treasury Wine Estates St. Helena February: 250</p> <p>Solage April: 60</p> <p>Calistoga Ranch April: 50</p> <p>Diageo Sonoma April: 250</p> <p>PUC Angwin May: 100</p> <p>Franciscan June: 40</p> <p>Mondavi June: 40</p> <p>Stag's Leap July: 40</p> <p>Joint Health: Sonoma, February: 100 Healdsburg, March: 14 Cloverdale, March: 35 Sonoma, March: 9 Napa, March: 26 Napa, May: 165 American Canyon, June: 22 Sonoma, July: 69 Calistoga, August: 20 Napa, August: 61 Napa, September: 30</p>

				<p>Sonoma, September: 35 Sonoma, September: 60 Rio Vista, November: 77</p> <p>Community Health Fairs:</p> <p>Calistoga Wellness Festival January: 100</p> <p>Senior Fair Napa, March: 175</p> <p>Vet's Home Yountville April: 200</p> <p>CES Calistoga April: 75</p> <p>Elder Care Sonoma April: 250</p> <p>St. Helena Mixpo May: 75</p> <p>Santa Rosa SDA Church Health Fair August: 40</p> <p>St. Helena SDA Church Health Fair July: 30</p> <p>Bone/Joint Expo Napa October: 200</p> <p>St. Helena Fire Dept. Open House October: 150</p> <p>Community Presentations</p> <p>Grief Recovery March/April: 4</p> <p>CY Childbirth Education</p> <p>Every 15 Minutes April</p>
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2011 Community Benefit Report

				<p>Laugh Without Leaking Cloverdale, June: 30 Sebastopol, August: 26</p> <p>Hearing September: 15</p> <p>Medication Management October: 6</p> <p>Fall Prevention December: 7</p> <p>Be All You Can Be December: 14</p> <p>Miss Representation Film Screening December: 140</p>
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Community Benefits Provided by St. Helena Hospital Napa Valley Employees in 2011

St. Helena Hospital Napa Valley employees are very involved in their community, providing almost 3,000 hours of community service in 2011. Many of these community service hours fit within our community benefit goals listed below. Total community benefit in dollars is more than \$255,590.*

Goal 1 *To increase awareness and education of risk factors for cancer and the importance of early detection*

Employees contributed 117 community service hours toward this goal at a value of \$8,570.

Goal 2 *To increase awareness and education of cardiovascular risk factors and modifiable lifestyle behaviors*

Employees contributed 398 community service hours toward this goal at a value of \$21,445.

Goal 3 *To promote healthy lifestyle behaviors through community events*

Employees contributed 608 community service hours toward this goal at a value of \$42,491.

*Includes \$156,266 donated from St. Helena Hospital Napa Valley to community events in sponsorships, food donations and publications

Methods and Forms Used for Capturing Community Benefit Activity

The methods have been mentioned throughout this report. They include collaboration with community agencies and conducting a community needs assessment (see Assessment section and Assessment Appendix).

One method by which information is captured regarding quantifiable and non-quantifiable activities is the “Community Benefit Report Form.” This form is collected on a regular basis from hospital personnel. Individuals are encouraged to document activities they participate in within the local hospital community and community-at-large.

Estimated Budget for Community Benefit Report

Salaries	\$8,528.00
Benefits	2,558.00
Miscellaneous	100.00
Total	<u>\$11,186.00</u>

Community Benefit Committee

The Community Benefit Committee provides leadership in planning and directing the activities of our Community Benefit program. The following individuals participate on the Community Benefit Committee:

- Joshua Cowan, Vice President, Marketing
- Linda Schulz, Community Services Director and Community Benefit Coordinator
- Holly Birkey, Regional Marketing Director
- Patti Rutherford, Director, Home Care Services
- Teri Fredrickson, Director, JobCare Services
- Stacey Bressler, Community Outreach, St. Helena Hospital Foundation

The Community Benefit Assessment, Plan and Report are communicated at least annually to the Governing Board of St. Helena Hospital Napa Valley for their approval and support. The following individuals participate as Community Benefit Planners and Reporting Managers:

- Joshua Cowan, Vice President, Marketing, 707.967.7510
- Buck McDonald, Vice President, Finance, 707.963.6217
- John Maerzke, Team Leader, Decision Support, 707.963.6436
- Holly Birkey, Regional Marketing Director, 707.963.6545
- Linda Schulz, Community Services Director, 707.967.7516

COMMUNITY BENEFIT REPORT FORM—2011

Return to Linda Schulz, Marketing Department, SHH

Hospital _____ Date _____

Service/Program _____ Target Population _____

The service is provided primarily for The Poor Special Needs Group Broader Community

Coordinating Department _____

Contact Person _____ Phone/Ext _____

Brief Description of Service/Program _____

Caseload _____ Persons Served or _____ Encounters

Names of Hospital Staff Involved	Hospital Paid Hours	Unpaid Hours	Total Hours
Total Hours			

1. Total value of donated hours (multiply total hours above by \$41.01) _____
 2. Other direct costs _____
 - Supplies _____
 - Travel Expense _____
 - Other _____
 - Hospital Facilities Used _____ hours @ \$ _____ /hour _____
 3. Value of other in-kind goods and services donated from hospital resources _____
 - Goods and services donated by the facility (describe): _____
 4. Goods and services donated by others (describe): _____
 5. Indirect costs (hospital average allocation _____%) _____
- Total Value of All Costs** (add items in 1-5) _____
6. Funding Sources _____
 - Fundraising/Foundations _____
 - Governmental Support _____
- Total Funding Sources** (add items in 6) (_____)
- Net Quantifiable Community Benefit**
 (subtract "Total Funding Sources" from "Total Value of All Costs") _____

PLEASE USE OTHER SIDE TO REPORT NON-QUANTIFIABLE COMMUNITY BENEFITS AND HUMAN INTEREST STORIES

NONQUANTIFIABLE COMMUNITY BENEFIT AND HUMAN INTEREST STORIES

Please fill in the date and complete numbers 1 - 5 on the other side of the worksheet

Who: _____

What: _____

When: _____

Where: _____

How: _____

Additional information may be obtained by contacting: _____

Phone: _____ Fax: _____ Email: _____



Facility

System-wide Corporate Policy

Standard Policy

Model Policy

Policy No.

AD-04-002-S

Page

42 of 1

Department:

Administrative Services

Category/Section:

Planning

Manual:

Policy/Procedure Manual

POLICY: COMMUNITY BENEFIT COORDINATION

POLICY SUMMARY/INTENT:

The following community benefit coordination plan was approved by the Adventist Health Corporate President's Council on November 1, 1996, to clarify community benefit management roles, to standardize planning and reporting procedures, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

POLICY: COMPLIANCE – KEY ELEMENTS

1. The Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines* will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.
2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by engaging in the process identified in the Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines*.
3. The Adventist Health Government Relations Department will monitor hospital progress on community needs assessment, community benefit plan development, and community benefit reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The Adventist Health Budget & Reimbursement Department will monitor community benefit data gathering and reporting in Adventist Health hospitals.
5. California Adventist Health hospitals' finalized community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.
6. The corporate office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.

AUTHOR:	Administration
APPROVED:	AH Board, SLT
EFFECTIVE DATE:	6-12-95
DISTRIBUTION:	AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors
REVISION:	3-27-01, 2-21-08
REVIEWED:	9-6-01; 7-8-03

**St. Helena Hospital Napa Valley
Community Benefit Summary
December 31, 2011**

	CASELOAD				TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	NUMBER OF PROGRAMS	PERSONS SERVED	UNITS OF SERVICE		TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
			NUMBER	MEASURE					
*BENEFITS FOR THE POOR									
Traditional charity care	1		26 / 91	Pt. Days / Visits	1,602,242	0.91%	675,631	926,611	0.53%
Public programs - Medicaid	1		13,420 / 4,688	Pt. Days / Visits	5,160,166	2.94%	4,090,049	1,070,116	0.61%
Other means-tested government programs						0.00%		-	0.00%
Community health improvement services	4	166	166	tests	214,495	0.12%	106,640	107,855	0.06%
***Non-billed and subsidized health services					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit					-	0.00%	-	-	0.00%
Community building activities	2	one			1,582	0.00%	-	1,582	0.00%
TOTAL BENEFITS FOR THE POOR					6,978,485	3.98%	4,872,321	2,106,165	1.20%
**BENEFITS FOR THE BROADER COMMUNITY									
Medicare	1		18,055 / 18,881	Pt. Days / Visits	83,056,763	47.40%	64,454,506	18,602,257	10.62%
Community health improvement services	5	2,338			30,778	0.02%	6,440	24,338	0.01%
Health professions education					-	0.00%	-	-	0.00%
***Non-billed and subsidized health services					4,154,471	2.37%	4,715,402	(560,931)	-0.32%
Generalizable Research					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit	12	one			24,989	0.01%	-	24,989	0.01%
Community building activities	2	one			18,241	0.01%	-	18,241	0.01%
All other community benefits					-	0.00%	-	-	0.00%
TOTAL BENEFITS FOR THE BROADER COMMUNITY					87,285,241	49.81%	69,176,348	18,108,894	10.33%
TOTAL COMMUNITY BENEFIT					94,263,727	53.79%	74,048,669	20,215,058	11.54%

*Persons living in poverty per hospital's charity eligibility guidelines

**Community at large - available to anyone

***AKA low or negative margin services