



St. Joseph Health, Petaluma Valley Hospital

**Fiscal Year 2014 COMMUNITY BENEFIT REPORT
PROGRESS ON FY12 - FY14 CB PLAN/IMPLEMENTATION STRATEGY REPORT**

St. Joseph Health 
Petaluma Valley

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¹ Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.

EXECUTIVE SUMMARY

Our Mission

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

Our Vision

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

Our Values

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

Who We Are and Why We Exist

Petaluma Valley Hospital (PVH) has been serving the healthcare needs of families in the community for more than 50 years. Since joining with St. Joseph Health (STJ) in 1997, its mission has remained the same: to continually improve the health and quality of life of people in the communities served. Part of a STJ statewide network of hospitals and clinics, PVH is part of a countywide ministry that includes two hospitals, urgent care and community clinics, hospice, home health services, and other facilities for treating the healthcare needs of the community in Sonoma County and the region. The ministry's core facilities are Petaluma Valley Hospital, an 80-bed acute care hospital, and Santa Rosa Memorial Hospital, a full service 289-bed acute care hospital that includes a Level II trauma center for the coastal region from San Francisco to the Oregon border. Santa Rosa Memorial Hospital employs nearly 1600 people and Petaluma Valley Hospital about 600.

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

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Community Benefit programs and clinics include: Neighborhood Care Staff community organizing program; Agents of Change Training in Our Neighborhoods leadership training; Circle of Sisters after-school program; Healthy for Life school-based physical activity and nutrition program; St. Joseph Mobile Health Clinic; House Calls/Home Sweet Home; Promotores de Salud health promotion program; the continuum of oral health clinics and programs that include the fixed-site St. Joseph Dental Clinic, the Mobile Dental Clinic and Mighty Mouth dental disease prevention program.

St. Joseph Health, Petaluma Valley Hospital demonstrates organizational commitment to the community benefit process through the allocation of staff, financial resources, participation and collaboration. The Vice President of Mission Integration is responsible for coordinating implementation of Senate Bill 697 provisions as well as the opportunities for Executive Management Team, physicians and other staff to participate in planning and carrying out the Community Benefit Plan. The trustees, executive management, physicians, employees of SJH-Sonoma County and surrounding community are all involved in providing on-going feedback/monitoring and informing the direction of policies and programmatic content of community benefit activities. In addition, community benefit plans, processes and programs reflect both the SJH strategic system and entity goals and objectives.

During Fiscal Year 2014 (FY14), St. Joseph Health, Petaluma Valley Hospital (PVH) invested a total of \$8,788,888 in community benefit, providing service to 867 unduplicated persons. In addition, PVH invested an additional \$16,714,182 in unpaid cost to Medicare, ensuring needed care to low-income patients.

Overview of Community Needs and Assets Assessment

The Community Health Needs Assessment (CHNA) 2011 was a collaborative effort by the Sonoma County Health Alliance, comprised of St. Joseph Health, Santa Rosa Memorial; St. Joseph Health, Petaluma Valley; Sutter Medical Center of Santa Rosa; Kaiser Permanente Medical Center – Santa Rosa; and the Sonoma County Department of Health Services. The CHNA spotlights the health, well-being and future of the children of Sonoma County. Since 2001, these partners have joined forces in their needs assessments to address significant community health issues. Key experts in priority health areas were engaged and consulted on an ongoing basis and when the assessment was completed, invited to participate in discussions around further opportunities to collaborate on identified issues. A presentation was also made to the County Board of Supervisors, as well as Santa Rosa City Council members and the City Manager.

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This report continues to draw attention to children's health issues, focusing on four areas: dental health; maintaining a healthy weight through nutrition and physical activity; avoiding alcohol and drugs; and ensuring that babies are born drug free. This needs assessment takes a close look at progress toward improvements in health through initiatives, innovation and community collaboration and continues to search out "Windows of Opportunity" to prevent serious children's health problems and to bring the community together to envision and realize a "Lifetime of Health" for our children.

Data used to support the findings that led to the priority health issues discussed in the needs assessment include local, regional, and national surveillance and epidemiological data in the areas of oral health, substance abuse and obesity and nutrition. Secondary level quantitative data include large-scale state, county and other regional level surveys, U.S. Census data, and other demographic data.

Community Plan Priorities/Implementation Strategies

St. Joseph Health, Petaluma Valley Hospital's major Community Benefit accomplishments addressed in this plan during Fiscal Year 2014 (FY14) include:

- ***Youth Alcohol Abuse Prevention:***

The environment can have a profound impact on the health of individuals. Where individuals live, work, learn, and play affects their behavior. The availability of healthy options provides increased possibilities for healthy living. Environmental change strategies have been shown to be effective in reducing risky health behaviors, such as youth drinking. During FY14, St. Joseph Health-Sonoma County worked with community partners and twelve youth residents in low-income neighborhoods to support six local markets in reducing access to alcohol for youth by making environmental changes, including limiting advertising, moving alcohol to secure locations in stores, and assuring appropriate age screening for alcohol purchasing.

- ***Children's Healthy Weight:***

Collaborative efforts in Sonoma County to prevent childhood obesity are multi-level and multi-disciplinary. They include community participation in St. Joseph Health's Healthy for Life program, a school-based program that focuses on building school capacity to support healthy eating and physical activity among its students and their families. Healthy for Life includes teacher and staff training in SPARK physical education curriculum, which provides tools to incorporate physical activity into classroom teaching, nutrition education, and working with school wellness committees to make needed environmental and policy changes that support students' healthy

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choices. During FY14 this program served 772 Sonoma County children through 5,783 encounters.

- *Senior Care Management:*

St. Joseph Health, Petaluma Valley Hospital understands the importance of supporting seniors to age safely and with dignity in their homes. The hospital provided intensive care management to homebound, low-income, seniors who have multiple chronic diseases and live with complex socio-economic disadvantages. The House Calls team provided 4,966 patient encounters during FY14, with the goal of helping prevent unnecessary emergency department visits and to more effectively manage chronic disease for 110 individuals.

INTRODUCTION

Who We Are and Why We Exist

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

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

Community Benefit programs and clinics include: Neighborhood Care Staff

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community organizing program, Agents of Change Training in Our Neighborhoods leadership training, Circle of Sisters after-school program, Healthy for Life school-based physical activity and nutrition program, St. Joseph Mobile Health Clinic, House Calls/Home Sweet Home, Promotores de Salud health promotion program, St. Joseph Dental Clinic, Mobile Dental Clinic and, Mighty Mouth dental disease prevention program. Given the changing context for its work, St. Joseph Health, Petaluma Valley Hospital anticipates the need for a flexible approach in its response to community needs. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by PVH in the Community Benefit Plan/Implementation Strategy.

During Fiscal Year 2014 (FY14), these clinics and programs provided the following core services:

The **Neighborhood Care Staff (NCS)** mentor grassroots leadership to address local community health and quality of life issues. NCS models and mentors community representatives in these key functions: the identification of local assets, providing forums for dialogue, surfacing and supporting local leaders, facilitating the development of self-sustaining community groups, facilitating community-based strategic planning, helping to build linkages to and between community resources, and advocating for community participation in the issues that most affect it. In FY14, NCS worked with 786 residents from low-income neighborhoods with disproportionate unmet health needs and engaged in 7,486 service encounters with these individuals countywide. The team spent significant time performing outreach and education in the Petaluma area around healthy eating, homelessness, and nonprofit collaboration efforts.

Agents of Change Training in our Neighborhoods (ACTION) is a companion program to NCS that provides leadership and advocacy training throughout the county. In FY14, ACTION engaged in the following activities:

- In Cloverdale, seven community members were trained, resulting in the formation of a neighborhood group which successfully rallied the community to get school bus service reinstated. As a result, schoolchildren now have the time to eat breakfast at school or at home and to safely travel to school in a timely manner.
- In Guerneville and Santa Rosa, 15 representatives from the Sonoma County Community Garden network were trained in leadership skills, enabling them to improve and expand their community's gardens.

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- Funded by CX3 grant from the County of Sonoma, five people from Roseland, Boyes Hot Springs and Rohnert Park underwent training, which resulted in volunteer efforts to gain better access to healthy food in retail food outlets.

Circle of Sisters (COS) is a free violence prevention after-school program for girls ages 10 to 14. The program participants attend schools with high rates of free and reduced lunches. In FY14, COS served 196 girls. The program helps with self-esteem and making good choices about the future, as reflected in an increase of 23% of girls reporting they do better than most other students in their school (74% post-program intervention vs. 51% pre-program intervention).

House Calls program tends to the physical, spiritual and emotional needs of frail elderly seniors and adults with chronic diseases by providing primary medical care at home. Eligible seniors have limited access to care due to impaired mobility, under-insurance, and lack of funds. The House Calls team, which includes nurse practitioners, nurses, case management, and medical assistance, provided 4,966 patient encounters during FY14, which help to prevent unnecessary emergency department visits and to more effectively manage chronic disease for 110 individuals.

The **Mobile Health Clinic** serves primarily low-income Latino persons of all ages who are without a regular physician or have difficulty accessing healthcare services by traveling to sites throughout the county that include churches, schools, migrant camps and homeless shelters. The Clinic offers health screenings, treatment of minor medical problems, health and nutritional education, and information and referrals. During FY14, 3,877 service encounters were provided to 1,228 individuals at sites throughout Sonoma County.

The **Promotores de Salud** bridge language and culture, providing health information and referrals, conducting cooking and nutrition classes, and training community volunteer health promoters in heart health. In FY14, the Promotores de Salud served 2,144 low-income individuals through 3,374 service encounters. The program encouraged participants to be more physically active, held Zumba demonstrations at health fairs, and brought community members to area parks to encourage healthy eating and active living.

Healthy for Life is a school-based physical activity and nutrition program, which in FY14 served 772 Sonoma County children through 5,783 encounters.

St. Joseph Health – Sonoma County’s continuum of **oral health services** include a children’s dental clinic located in Santa Rosa that serves children from all over the

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county, as well as a mobile dental clinic and Mighty Mouth dental disease prevention program. These clinics and program were founded to address the number one unmet need of children in the community: access to dental care. The clinics prioritize service to children ages 0-16 years, but also serve adults with urgent needs. They provide basic, preventive, emergency and comprehensive dental care with a strong focus on prevention and education. During FY14, 3,769 individuals received 10,513 service encounters at the St. Joseph Dental Clinic. An additional 3,664 individuals received 7,170 service encounters through the Mobile Dental Clinic team. One of the oral health program's most successful efforts is the Mommy & Me program, targeting low-income children ages 0-5 and their mothers. Of these participants, there was a 1% decay rate among 1 year-olds, compared to 7% decay rate among patients in the clinic who did not participate in the program. We saw a 7% decay rate among returning 2-5 year-olds in Mommy and Me program, compared to non-Mommy and Me at same age group with 36% decay rate.

Petaluma Valley Hospital's major Community Benefit accomplishments addressed in this plan during Fiscal Year 14 (FY14) include:

- ***Youth Alcohol Abuse Prevention:***

The environment can have a profound impact on the health of individuals. Where individuals live, work, learn, and play affects their behavior. The availability of healthy options provides increased possibilities for healthy living. Environmental change strategies have been shown to be effective in reducing risky health behaviors, such as youth drinking. During FY14, St. Joseph Health-Sonoma County worked with community partners and residents in low-income neighborhoods to support six local markets in partnership with twelve youth leaders in an effort to reduce alcohol availability by making environmental changes, including limiting advertising, moving alcohol to secure locations in stores, and assuring appropriate age screening for alcohol purchasing.

- ***Children's Healthy Weight:***

Collaborative efforts in Sonoma County to prevent childhood obesity are multi-level and multi-disciplinary. They include community participation in St. Joseph Health's Healthy for Life program, a school-based program that focuses on building school capacity to support healthy eating and physical activity among its students and their families. Healthy for Life includes teacher and staff training in SPARK physical education curriculum, which provides tools to incorporate physical activity into classroom teaching, nutrition education, and working with school wellness committees to make needed environmental and policy changes that support students' healthy

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- *Senior Care Management:*

St. Joseph Health, Santa Rosa Memorial understands the importance of supporting seniors to age safely and with dignity in their homes. The hospital provided intensive care management to homebound, low-income, seniors who have multiple chronic diseases and live with complex socio-economic disadvantages. The House Calls team provided 4,966 patient encounters during FY14, which helped prevent unnecessary emergency department visits and to more effectively manage chronic disease for 110 individuals.

During Fiscal Year 2014, St. Joseph Health, Petaluma Valley Hospital (PVH) invested a total of \$8,788,888 in community benefit, providing service to 867 unduplicated persons. In addition, PVH invested an additional \$16,714,182 in unpaid cost to Medicare, ensuring needed care to low-income patients.

Community Benefit Governance Structure

The trustees, executive management, physicians, employees of St. Joseph Health, Petaluma Valley Hospital (PVH) and members of the surrounding community are all involved in providing on-going feedback/monitoring and informing the direction of policies and programmatic content of community benefit activities. In addition, community benefit plans, processes and programs reflect both the St. Joseph Health strategic system and local entity goals and objectives.

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

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

action, and to speak with some of those being served.

Patient Financial Assistance Program

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Covenant Health or St. Joseph Health, Sonoma County has a **Patient Financial Assistance Program (FAP)** that provides free or discounted services to eligible patients. During Fiscal Year 2014, St. Joseph Health, Petaluma Valley Hospital (PVH) invested a total of \$8,788,888 in community benefit, providing service to 867 unduplicated persons. In addition, PVH invested an additional \$16,714,182 in unpaid cost to Medicare, ensuring needed care to low-income patients.

One way St. Joseph Health, Sonoma County informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible.

COMMUNITY NEEDS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

The Sonoma County Health Alliance was formed in 2000 with the goal of improving the health of Sonoma County through collaboration among the many health systems and providers in the County. The Alliance formed a Community Health Improvement subcommittee to foster community health improvement through collaborative planning, investment and action, with participation from Sutter Medical Center of Santa Rosa, St. Joseph Health, Santa Rosa Memorial (SRM), St. Joseph Health, Petaluma Valley, Kaiser Permanente Medical Center – Santa Rosa and the Sonoma County Department of Health Services. Key experts in priority health areas were engaged and consulted on an ongoing basis and when the assessment was completed, invited to participate in discussions around further opportunities to collaborate on

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identified issues. Steering committee members interviewed and met with the groups and individuals who are listed in the Acknowledgements at the beginning of the Needs Assessment Report.

The Needs Assessment 2011 was a collaborative effort by Sutter, St. Joseph Health, Santa Rosa Memorial, St. Joseph Health, Petaluma Valley, Kaiser Permanente and the Sonoma County Department of Health Services to spotlight the health, well-being and future of the children of Sonoma County. Since 2001, these partners have joined forces in their needs assessments to address significant community health issues. This report continues to draw attention to children's health issues, focusing on four areas: dental health; maintaining a healthy weight through nutrition and physical activity; avoiding alcohol and drugs; and ensuring that babies are born drug free.

The Needs Assessment points to and acknowledges the good work of the many important efforts underway throughout the county to address child health: Health Action, the Community Activity and Nutrition-Coalition (CAN-C), First 5 Sonoma County, Healthy Eating, Active Living (HEAL), The Sonoma County Oral Health Access Coalition, The Pediatric Dental Initiative, and Drug Free Babies among others. These are spotlighted to provide an opportunity for those in the community who want to support this work to do so. It takes commitment from individuals and organizations, adding their resources and strength to these local efforts, to be successful in making critical shifts in children's health in our community.

Data used to support the findings that led to the priority health issues discussed in the needs assessment include local, regional, and national surveillance and epidemiological data in the areas of oral health, substance abuse and obesity and nutrition. Secondary level quantitative data include large-scale state, county and other regional level surveys, U.S. Census data, and other demographic data.

Identification and Selection of DUHN Communities

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within our ministry service area.

DUHN Group and Key Community Needs and Assets Summary Table

DUHN Population Group or Community	Key Community Needs	Key Community Assets
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DUHN Population Group or Community	Key Community Needs	Key Community Assets
Undocumented immigrants who do not speak English	<ul style="list-style-type: none"> • Assistance accessing Immigration Resources • Processes that facilitate access to medical care • Wider outreach& access to healthy food through more food pantries • Affordable Housing for single parents/families with small children • Process to facilitate housing availability for families with special needs 	<p>Media outlets provide bilingual & bicultural programming</p> <p>Local church</p> <p>Holds Immigration forums.</p> <p>Healthcare Services for undocumented & uninsured.</p> <p>Food pantry increases food security</p> <p>Community agencies</p> <p>Employment, education, and family support programs</p> <p>Housing Assistance addressing needs of undocumented and low income residents.</p>
Low income families	<ul style="list-style-type: none"> • Childhood Obesity prevention and awareness programs • Community Redevelopment programs • Economic Capacity-building 	<p>Affordable Housing for low income families</p> <p>Action Groups</p> <p>Resident led actions addressing quality of life concerns</p> <p>Food Security and Nutrition</p> <p>Community Garden</p> <p>Medical services for undocumented and uninsured</p> <p>Food pantries increase food security</p> <p>Local church</p> <p>Holds Immigration forums.</p> <p>Community agencies</p> <p>Employment, education, and family support programs</p> <p>Coalitions Addressing substance abuse and obesity; agencies & residents together</p>
Agricultural/Day workers	<ul style="list-style-type: none"> • Permanent building that can house day labor employment resources • Traffic Calming measures near day laborers center • Affordable Housing • Employment Resources • Gang prevention measures 	<p>Churches strong connections to community</p> <p>Filipino Community Center provides resources to Filipino and broader community</p> <p>Local Fruit Stand provides local produce</p> <p>Healdsburg Labor Center</p>

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DUHN Population Group or Community	Key Community Needs	Key Community Assets
	<ul style="list-style-type: none"> • Economic Rebuilding measures • Alcohol and drug prevention measures 	<p>Coordinates and provides employment opportunities</p> <p>Medical care for undocumented and uninsured</p> <p>Community agencies</p> <p>Employment, education, and family support programs</p>
<p>Latino community</p>	<ul style="list-style-type: none"> • Substance Abuse prevention. • Family violence prevention • Gang prevention measures • Informational Immigration forums • Health Needs • Healthy and nutritious foods 	<p>DAAC (Drug Abuse Alternative Center): Resources to address substance abuse.</p> <p>Law Enforcement</p> <p>Support residents addressing gang graffiti, traffic calming, crime prevention education</p> <p>Medical services for undocumented and uninsured</p> <p>Food pantries increase food security</p> <p>Local church</p> <p>Holds Immigration forums</p> <p>Community agencies</p> <p>Employment, education (literacy, GED, language), health and family support programs</p> <p>Media outlets provide bilingual and bicultural programming</p> <p>Transitional Housing for people breaking out of homelessness,</p> <p>Emergency Shelters for homeless women and children</p> <p>Fair Housing information and tenant’s rights.</p> <p>Coalitions</p> <p>Addressing substance abuse and obesity; agencies & residents together</p>
<p>Youth</p>	<ul style="list-style-type: none"> • Gang Prevention Measures • Substance Abuse prevention • Civic engagement opportunities • Organized youth activities 	<p>Schools ESL classes for parents,</p> <p>Spanish and English classes for youth</p> <p>After school programs for youth of all ages</p>

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DUHN Population Group or Community	Key Community Needs	Key Community Assets
	<ul style="list-style-type: none"> • Higher education mentorship programs • Student retention • STD education and awareness • Sports Teams and Resources • Childhood Obesity • Health education and awareness • After School Programs • Library 	<p>Community Clinics Access to care for low income families</p> <p>DAAC (Drug Abuse Alternative Center): Resources to address substance abuse</p> <p>Local sports clubs recreation opportunities for youth</p> <p>City Parks & Recreation Dept's recreation opportunities</p> <p>City libraries</p> <p>Computers & tutors for youth in need of homework help</p> <p>Head Start</p> <p>Early childhood social skills and self-esteem building</p> <p>Community agencies opportunities for youth to build resiliency, work skills, tutoring</p> <p>Grassroots Groups Leadership development and social engagement opportunities</p>
Seniors	<ul style="list-style-type: none"> • Affordable housing • Access to health services • Transportation • Recreational Activities • Informational Forums • Home Care • Senior Center Resources 	<p>Affordable Housing Provides low income housing</p> <p>Medical Care Clinic offers services for low income people, and also those who are undocumented and uninsured.</p> <p>Senior programs Senior Center offers classes and courses.</p> <p>St. Joseph Home Care Home care visits to residents.</p>

PRIORITY COMMUNITY HEALTH NEEDS

Children's Oral Health. Dental disease is completely preventable and yet the most recent local survey found that almost half of Sonoma County's kindergartners and

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about 60% of its third graders have already experienced tooth decay, and over 16% of them have untreated decay. For many children, poor oral health is a painful ongoing problem, increasing their chances of falling behind in school and social development, and suffering painful bouts of toothache and infection. Research in Sonoma County shows that of all the county's children, low-income children suffer the most tooth decay. With a focus on prevention and more access to care, all Sonoma County children can experience optimum oral health.

Key Findings - Children's Oral Health

- Tooth decay is rampant among Sonoma County children.
- Untreated decay is a serious problem for Sonoma County children, especially for low-income children and Hispanic children.
- Sonoma County is making progress in expanding dental coverage for children.
- Children's insurance programs in Sonoma County do not provide equivalent coverage.
- Children who depend on public health insurance experience major barriers to receiving dental care.
- Children are not receiving urgent care for serious conditions such as Early Childhood Caries.
- Children are not receiving needed preventive dental visits.
- Children are not receiving protective dental sealants in sufficient numbers.
- Sonoma County children do not have access to fluoridated drinking water.
- Education for parents and children is essential to good oral health.

St. Joseph Health-Sonoma County has developed a highly focused oral health system of care to respond to this need, including the St. Joseph Dental Clinic, "Cultivando la Salud" Mobile Dental Clinic, and Mighty Mouth Dental Disease Prevention Program. Together, these programs are implementing a special project focused on decreasing dental disease in children ages 0-5, which includes education, prevention, and treatment services. This endeavor is distinct from other PVH community health efforts in that it exclusively engages the oral health programs rather than the more comprehensive initiatives that involve all its Community Benefit clinics and programs. For this reason, PVH has chosen to continue this important response to the unmet oral health needs of Sonoma County's vulnerable children and their families apart from this current plan; which is inclusive of the more comprehensive organizational-wide initiatives.

Childhood Obesity, Nutrition and Fitness. Childhood overweight is an urgent health crisis with no easy solution. Preventing childhood overweight is a collective responsibility requiring individual, family, community, health care, business, and

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governmental commitments to focus on this critical health issue. Access to affordable and healthy foods, local and safe parks and play spaces, addressing sedentary behavior and promoting physical fitness, all make a difference.

Key Findings - Childhood Obesity, Nutrition and Fitness

- Low-income children in Sonoma County are at highest risk for overweight and obesity.
- Higher rates of overweight and obesity are reported among Hispanic children 5-19.
- Sonoma County youth are not consuming the five daily recommended servings of fruits and vegetables.
- Many students are not meeting basic fitness standards.
- Anemia is prevalent among low-income children.
- Food insecurity is linked to overweight in Sonoma County.
- Infrastructure, policy and housing contribute to overweight and obesity in Sonoma County.
- Schools must be part of the solution to solving overweight and obesity.

Youth Alcohol, Tobacco and Other Drug Use. Alcohol, tobacco and other drug use among Sonoma County youth is a major public health concern. The dangers of such use are extensive, pervasive and lasting for teens and yet the social pressures for teens to drink and use drugs are enormous. Community factors such as permissive attitudes and behaviors, and access from commercial and social sources play a huge role in contributing to underage drinking and drug use.

Key Findings - Youth Alcohol, Tobacco and Other Drug Use.

- Community norms and availability affect alcohol use in Sonoma County.
- Alcohol is the leading drug used by Sonoma County youth.
- Sonoma County students of alternative schools show significantly higher rates of alcohol, other drug and tobacco use than peers in comprehensive schools.
- More young people reported using marijuana than tobacco in the past 30 days.
- Tobacco use increases with age.
- Methamphetamine is a serious problem for some Sonoma County youth.
- Sonoma County teens continue to have high rates of binge drinking.
- Motor vehicle crashes are the leading cause of death among teenagers. Alcohol use is a major contributor.
- Prescription drug abuse has been identified as a growing problem in Sonoma County.
- Sonoma County needs more AOD treatment programs for youth.

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Perinatal Alcohol, Tobacco and Other Drug Use. Women want to do the best they can for their babies. But through lack of knowledge or because of dependence or abuse, many women expose the fetuses they carry to alcohol and other drugs. Pregnancy is a unique time when women, even habitual ATOD users, are open to making changes in their lives for the sake of their future children. Remarkable progress is being made in Sonoma County to reach ATOD using pregnant women and help them eliminate substance abuse and find treatment.

Key Findings - Perinatal Alcohol, Tobacco and Other Drug Use.

- Illicit drug use by pregnant women in Sonoma County is a major problem.
- Tobacco is the most frequently used substance by pregnant women.
- Alcohol is the second most frequently used substance by pregnant women in Sonoma County.
 - Marijuana is the drug used most often, but for pregnant women in treatment, methamphetamine is the primary drug of abuse.
 - AOD use is linked to child neglect and abuse.
 - Community providers have reported an increase in neonatal withdrawal from prescription drugs.

Given the scope of its Community Benefit programs and clinics PVH has elected to respond to the needs associated with substance abuse by focusing on the county's vulnerable youth. It will continue to partner with other public and private agencies addressing this urgent problem, supporting the communication of available services to the families served and leveraging resources when possible to support the services provided by its community partners. St. Joseph Health, Petaluma Valley Hospital (PVH) anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the PVH Community Health Needs Assessment. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by PVH in its CB Plan/Implementation Strategy.

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through community benefit programs and by funding other non-profits through our Care for the Program managed by St. Joseph Health, Sonoma County.

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Furthermore, St. Joseph Health, Sonoma County will endorse local non-profit organization partners to apply for funding through the [St. Joseph Health, Community Partnership Fund](#). Organizations that receive funding provide specific services, resources to meet the identified needs of underserved communities through St. Joseph Health communities.

The following health needs will not be addressed directly in this plan, as they are either being addressed by local nonprofit organizations with greater expertise or resources to respond to the problem, or through another already existing St. Joseph Health, Sonoma County initiative. In the case of youth and peri-natal substance abuse, given the scope of its Community Benefit programs and clinics St. Joseph Health, Petaluma Valley Hospital has elected to respond to the needs associated with substance abuse by focusing on the county's vulnerable youth. It will continue to partner with other public and private agencies addressing this urgent problem, supporting the communication of available services to the families served and leveraging resources when possible to support the services provided by its community partners. St. Joseph Health, Petaluma Valley Hospital will endorse local nonprofit organizational partners to apply for funding through our St. Joseph Health Foundation to meet this need. Organizations that receive funding provide specific per-natal services, resources and meet the needs of this vulnerable population that Petaluma Valley Hospital does not, in order to make best use of limited resources and avoid duplication of efforts with its community partners.

In regards to children's oral health, St. Joseph Health-Sonoma County has developed a highly focused oral health system of care to respond to this need, including the St. Joseph Dental Clinic, "Cultivando la Salud" Mobile Dental Clinic, and Mighty Mouth Dental Disease Prevention Program. Together, these programs are implementing a special project focused on decreasing dental disease in children ages 0-5, which includes education, prevention, and treatment services. This endeavor is distinct from other Santa Rosa Memorial community health efforts in that it exclusively engages the oral health programs rather than the more comprehensive initiatives that involve all its Community Benefit clinics and programs. For this reason, Petaluma Valley Hospital has chosen to continue this important response to the unmet oral health needs of Sonoma County's vulnerable children and their families apart from this current plan; which is inclusive of the more comprehensive organizational-wide initiatives.

St. Joseph Health, Petaluma Valley Hospital FY12 – FY14 Community Benefit Plan/Implementation Strategies and Evaluation Plan FY14 Accomplishments

St. Joseph Health Petaluma Valley priority initiatives are as follows: Children's Healthy Weight, Youth Alcohol Use Prevention, and Senior Care Management. Below is a summary of the initiatives and the FY14 accomplishments.

Initiative: Children's Healthy Weight

Description: In 1998, St. Joseph Health, Petaluma Valley Hospital (PVH) joined with other public and private agencies to form the Community Activity & Nutrition Coalition, a diverse group working to promote optimal nutrition and physical activity for children through collaboration on environmental and policy change strategies. In 2008, St. Joseph Health, PVH committed to significantly reduce childhood obesity in each of the communities we serve by 2018, and a plan of action based on the framework of the Spectrum of Prevention, including: influencing policy, mobilizing communities, changing organizational practice, fostering coalitions, educating providers, promoting community education, and strengthening individual knowledge. The Children's Healthy Weight Initiative grew out of that long-term commitment, and engages community partners from CAN-C and beyond in multi-level interventions aimed at increasing the number of children that achieve and maintain a healthy weight for their age and height in Sonoma County; with a particular focus on its most vulnerable children.

All of PVH's Community Benefit Department programs are actively involved with this initiative to some degree. These include the dental clinics, which ensures the provision of nutrition education to its patients; the mobile health clinic, which provides health education related to healthy weight and the chronic diseases associated with unhealthy weight to the parents and families of low-income children; the health promotion programs, the primary team providing health education and training community-based health education and promotion volunteers; Healthy for Life, directly serving children in schools, promoting healthy weight through nutrition education and physical activity; Circle of Sisters, which includes nutrition, physical activity, and other related issues in its after-school curriculum; and the Neighborhood Care Staff and Agents of Change Training in Our Neighborhoods programs, who engage residents and organizations in low-income communities in leadership development, community organizing and advocacy for healthier communities policies, environments, and social cohesion.

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Key Community Partners: Health Action of Sonoma County, Petaluma Health Care District / Community Health Initiative of the Petaluma Area (CHIPA), Community Activity & Nutrition Coalition (CAN-C), Redwood Community Health Coalition, School Districts throughout Sonoma County, County of Sonoma Board of Supervisors and Health Department, Redwood Empire Food Bank, Northern California Center for Well-Being, Petaluma Bounty / Petaluma People’s Services Center, Healthcare Foundation Northern Sonoma County.

Goal (Anticipated Impact²): The initial goal of the Children’s Healthy Weight Initiative was to achieve an improvement of 10% in the weight status of children ages 2-17 in the hospital’s Community Benefit Service Area. However, models for achieving this level of transformation are rare and such change requires radical large-scale coordinated efforts. We choose here to focus on what is achievable through our own internal programmatic offerings, including St. Joseph Health’s children’s healthy weight program, Healthy for Life.

Target Population (Scope): (All data abstracted from Kavanaugh, B. (2011), *Community Health Needs Assessment 2011-2014*. Retrieved from www.healthysonoma.org)

The highest rates of obesity occur among population groups with the highest poverty rates. Children ages 5-11 years from low-income homes are exhibiting increasing rates of overweight, while youth ages 12-19 from low income homes are showing an increase in obesity. In 2008, Sonoma County’s Hispanic children and teens represent higher rates of overweight and obesity than their white non-Hispanic counterparts.

- 21% low-income Hispanic children (5-19) were overweight and 25% were obese, while 16% of Hispanic children under age 5 were overweight and 16% were obese in 2008.
- 18% white non-Hispanic children (5-19) were overweight and 17% were obese (a decrease of 3% since 2005) and 17% of white, non-Hispanic children under age 5 were overweight and 12% of white, non-Hispanic children under age 5 were obese in 2008.

Sonoma County youth are not consuming the five daily recommended servings of fruits and vegetables. The percentage of Sonoma County teens meeting this recommendation fell from 48% in 2003 to 31% in 2005. In 2007, 60.9% of children ages 2 and older reported eating five or more servings of fruits and vegetables per day, a significant increase from 50.8% of the same age group two years earlier.

In 2005-2006 and 2008-2009, only 35% of Sonoma County 7th graders met all six

² **Anticipated Impact** is equivalent to **Goal**. Language is used for clarity with regard to IRS Proposed Rule (2013)

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of the basic fitness standards. Only 32% of 2008-2009 5th graders met all six standards, while 42% of 9th graders met them. According to the 2008-2009 California Physical Fitness Report, 29.6% of 5th graders, 25.9% of Sonoma County 7th graders, and 26.7% of 9th graders failed the Aerobic Capacity Test. While having the lowest pass rate among the grades tested, the 7th graders experienced a substantial improvement from 2005-2006 when 30.9% failed.

Sonoma County ranks among the counties in California with the highest prevalence of anemia. In 2005 and 2008, the prevalence of iron deficiency among children under age 5 was 18%. In 2009, the rate had dropped to 16.5%. Among children 5 to 19, the rate was 13% in 2005, and climbed to 16.5% in 2008, and fell back to 13.4% in 2009, 28th highest rate in the State. In 2008, the rate was significantly higher for Hispanic children 5 to 19 (17%) than for white, non-Hispanic children of the same ages (11%).

How will we measure success? Outcome Measure: The initiative's outcome measure was revised to reflect available data and internal programmatic efforts to reach underserved youth and encourage healthy eating and active living.

Three-Year Target: Original target was 10% improvement in weight status among low-income children in the hospital's Community Benefit Service Area. Up-to-date data sources to measure progress against this target are not readily available. We report on related internal programmatic success instead and aim to see a 10% improvement in weight status among at-risk students in the H4L program.

Strategy 1: Increase access to affordable healthy foods

Strategy Measure 1: The Neighborhood Care Staff (NCS) helped to train and develop the leadership capacity of the new Sonoma County Community Garden Network. The program team provided technical assistance regarding grassroots leadership development to the Network's member gardens. Additionally, NCS staff aided in outreach and education to assist farmers' market shoppers in accessing their SNAP benefits with their EBT cards.

Strategy 2: Provide community education on nutrition and physical activity to children and families to support healthy lifestyle choices.

Strategy Measure 2: The Healthy for Life program, in addition to creating opportunities for increased physical activities for all students in its target schools, served 137 children through its "Champion Classes", promoting healthy weight and physical activity in children and families. Among the healthy-weight children, there was an overall average loss of 3% BMI, moving the post-program average of 56% closer to the healthy-weight midpoint of 45%. Some schools showed a dramatic reduction;

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Two Rock Elementary, whose healthy weight kids had higher than average BMI numbers, reduced their average BMI from 64% to 56%. In addition, the Promotores de Salud program graduated 36 participants from its Petaluma-based Healthy Heart classes. These graduates learned the importance of nutrition and exercise and many have gone on to lead subsequent Healthy Heart classes.

Strategy 3: Enter into additional partnerships with community-based organizations to advance children's healthy weight initiatives.

Strategy Measure 3: The hospital's Promotores de Salud and Healthy for Life programs established various new partnerships with community organizations to teach healthy eating and active living curricula to parents and families. These partnerships include: Burbank Housing, a local nonprofit housing developer dedicated to increasing the supply of affordable housing, where we are providing health education to property managers and residents; Windsor Presbyterian Church, where we received a grant to pilot a cooking class combined with an educational module; Healthcare Foundation Northern Sonoma County, with which we partnered to bring Healthy for Life to 152 additional students in Northern Sonoma County. In addition to the funding earmarked for FY14, the Healthcare Foundation Northern Sonoma County in FY14 presented Healthy for Life with funds to be used in FY15 which will enable us to bring our program to three schools in the Old Adobe Union School District.

Strategy 4: Provide nutrition counseling to children and their families.

Strategy Measure 4: The ministry's Mobile Medical Clinic and its Promotores de Salud and Healthy for Life programs identified 481 patients as at-risk for hypertension. These individuals received nutrition counseling and 58 were referred to The Sonoma County Center for Well-Being for additional assistance.

Strategy 5: Provide community education on nutrition and physical activity

Strategy Measure 5: The St. Joseph Dental Clinic and the Promotores de Salud collaborated to implement "Rethink Your Drink" education to the clinic's patients and family members, promoting increased consumption of water and reduction of consumption of sugary drinks.

FY14 Accomplishments:

Collaborative efforts in Sonoma County to prevent childhood obesity are multi-level and multi-disciplinary. They include community participation in St. Joseph Health, Petaluma Valley Hospital's Healthy for Life program, a school-based program that focuses on building school capacity to support healthy eating and physical activity among its students and their families. Healthy for Life includes teacher and staff training in SPARK physical education (PE) curriculum, which provides tools to

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incorporate physical activity into classroom teaching, enhanced (PE) through community volunteers teaching Zumba, nutrition education, and working with school wellness committees to make needed environmental and policy changes that support students' healthy choices. During FY14, nine schools received the "Rethink Your Drink" presentation; at a presentation for the English Language Advisory Committee at Two Rock Union School, the parents reported they were shocked to learn about the exorbitant amount of sugar in their drinks. At other ministry schools, families held fund-raising Zumba-thons. In FY14, 137 schoolchildren enrolled in our Healthy for Life "Champion Classes" and completed the program. At the start of the school year, 45% of these children were classified as either obese (32%) or overweight (13%). Of these 62 at-risk children, 8 moved into a healthier weight category (13%) by year-end. This exceeded the team's goal of a 10% improvement in weight status among at-risk students in the H4L program.

Initiative: Youth Alcohol Use Prevention

Description: In order to address the problem of youth alcohol abuse in Sonoma County, St. Joseph Health, Petaluma Valley Hospital joined the Sonoma County Prevention Partnership, led by the County's Department of Health Services. The Partnership is a countywide coalition that develops population strategies to address substance abuse through advocacy and policy on a local level. Petaluma Valley Hospital's Youth Alcohol Abuse Initiative is a part of local collaborative efforts to change community norms, ordinances, and policies regarding the availability, promotion and use of alcohol. This Initiative was also designed within the framework of the Spectrum of Prevention, and includes multi-level interventions by St. Joseph Health, Petaluma Valley Hospital programs and its community partners.

Key Community Partners: Sonoma County Department of Health Services, Sonoma County Prevention Partnership, Healthy Communities Consortium, Petaluma Health Care District.

Goal (Anticipated Impact³): The initial goal of this Initiative was to reduce the rate of hospitalization due to alcohol abuse among children and adolescents. After the first two years of implementation of this plan, it was determined that hospitalization due to alcohol abuse among the target population was not a priority goal in Sonoma County. Prevention Partnership activities have focused on ensuring retail outlet compliance

³ **Anticipated Impact** is equivalent to **Goal**. Language is used for clarity with regard to IRS Proposed Rule (2013)

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with identification verification as well as support for healthy advertising and product display initiatives in neighborhood “corner” stores.

Target Population (Scope): (All data abstracted from Kavanaugh, B. (2011), *Community Health Needs Assessment 2011-2014*. Retrieved from www.healthysonoma.org)

Alcohol, tobacco and other drug (ATOD) use among Sonoma County teens is a major public health issue. For many years, Sonoma County teens have exhibited high rates of alcohol use and high-risk behaviors. The majority of Sonoma County high school students in the 2007-09 CHKS Survey (86% of 11th graders, up from 83% two years before), report that it is “very easy” or “fairly easy” to obtain alcohol. Private parties are one of the most frequently reported avenues for access to alcohol either provided directly by parents, older siblings, or older friends. Statistics from 2001 to 2006 also show that most disciplinary actions filed against stores, bars and restaurants in Sonoma County were related to either selling alcohol to minors, employing a minor or allowing minors on the premises.

Alcohol use among youth continues as a significant challenge in Sonoma County, though California Healthy Kids Survey (CHKS) data reports improvement between 2006 and 2009. In 2006, 33% of Sonoma County (SC) 9th graders and 50% of SC 11th graders reported using alcohol in the past 30 days, compared to 28% and 44% respectively in 2009. At the same time, Sonoma County’s 7th graders have a slightly lower rate than their peers statewide, while 9th graders are very close to their peers and 11th graders continue to have a higher rate than their peers in the state as a whole (36%).

Sonoma County students of alternative schools show significantly higher rates of alcohol, other drug and tobacco use than peers in comprehensive schools. In 2007-09, 65% of alternative school students report drinking alcohol in the past 30 days, compared to 28% in 9th grade and 44% in 11th grade; 55% of alternative school students report smoking marijuana, compared to 16% in 9th grade and 25% in 11th grade; and 50% of alternative school students report using tobacco compared to 11% in 9th grade and 16% in 11th grade.

In 2008, 49% of traffic fatalities in Sonoma County were alcohol-related, while 13% of traffic injuries were alcohol-related. In 2007-09, 22% of Sonoma County 9th graders, 28% of 11th graders and 58% of alternative school students reported drinking and driving, or riding in a car driven by someone who had been drinking (this represents a decrease over the 2005-06 CHKS for 11th graders and alternative school students, but a 2% increase for 9th graders). Forty six percent (46%) of 7th graders reported being a passenger in a car driven by someone who had been drinking alcohol, an increase from 44% in 2005-06.

How will we measure success? Outcome Measure: Improvements in retail environments to support healthy behaviors, number of retail stores engaged.

Three-Year Target: Initial target was 10% reduction in number of citations given by law enforcement for minor in possession of alcohol. Following collaborative county-wide discussions, we shifted focus to supporting healthy environmental changes in retail stores to create a safe environment and discourage youth access to alcohol.

Strategy 1: Increase self-esteem through positive youth development, supporting resilience and reduced alcohol use among targeted youth.

Strategy Measure 1: Circle of Sisters' pre- and post-program surveys revealed that 97% of the 4th-6th grade participants, and 100% of the participants in 7th and 8th grade, reported at the end of the school year they were not using alcohol. Discussions at all Circle of Sisters sites regarding alcohol use and its consequences empowered the participants to express their opinions, challenge each other and support healthy decisions for themselves and their peers.

Strategy 2: Advocate for environmental and policy change in partnership with community members and local youth.

Strategy Measure 2: Six local retail outlets made important environmental changes in order to reduce youth access to alcohol, including moving those products to less visible and less accessible locations within their stores, helping to reduce theft and youth exposure to advertising. The Neighborhood Care Staff worked in partnership with the multi-agency team implementing the continuing Communities of Excellence (CX3) project, which began with a primary focus on food environments. The team saw and seized the opportunity to expand the work to include the reduction of alcohol to youth. Twelve youth community members participated in the healthy retail campaign and developed their own leadership skills in the process.

Strategy 3: Identify and refer at-risk youth and their families for appropriate services.

Strategy Measure 3: Through the efforts of the Neighborhood Care Staff and Circle of Sisters programs, 98 families were identified as being at-risk and were referred to appropriate county agencies for assistance.

FY14 Accomplishments:

During FY14, St. Joseph Health, Petaluma Valley Hospital (PVH) worked with community partners and residents in low-income residents in Petaluma, California to support three local markets in reducing access to alcohol for youth by making

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environmental changes. One market owner commented that, after moving alcohol to the rear of the store, theft reduced markedly, resulting in significant savings to the storeowner as well as a reduction in uncontrolled alcoholic beverages in the community.

Initiative: Senior Care Management

Description: St. Joseph Health, Petaluma Valley Hospital's Senior Care Management Initiative was developed in response to the needs of the fastest growing sector of Sonoma County's population, seniors. The steady increase of Latino seniors, in particular, is expected to continue for several decades; with numbers increasing from 2,410 in 1990 to over 48,000 in 2050. Older Latinos are more likely to be living in poverty than their non-Latino Caucasian counterparts. Issues facing Latino seniors include stress due to acculturation processes, lack of health insurance and deficient access to both preventative and treatment health and social services. Petaluma Valley Hospital's Senior Care Management Initiative provides comprehensive, multi-disciplinary care to seniors through direct service in the home and coordinating services provided by community partners like the Sonoma County Area Agency on Aging, the Redwood Empire Food Bank, Catholic Charities, Petaluma Health Care District and others; as well as community mobilizing and advocacy efforts to enhance the local system of care. The ultimate goal of this initiative is to decrease unnecessary hospital readmissions of the most vulnerable seniors for congestive heart failure.

Key Community Partners: Sonoma County Area Agency on Aging, the Redwood Empire Food Bank, Catholic Charities, Petaluma Health Care District.

Goal (Anticipated Impact⁴): Decrease hospital readmissions for Congestive Heart Failure (CHF)

Target Population (Scope): Information and data abstracted from Sonoma County Area Agency on Aging. Area Plan 2009 – 2012; http://www.socoaaa.org/pdf/AREA_PLAN_FINAL.pdf; and the Area Plan Update 2010 – 2011; http://www.socoaaa.org/pdf/Area_Update_2010-2011.pdf http://www.socoaaa.org/pdf/annual_rpt09-10.pdf

There are there are 95, 867 individuals age 60 and older, representing 19.4% of the total population of 495,412 in Sonoma County. This represents an increase over the past year. There is also an increase in Latino seniors, representing 8.4% of the senior population in 2010 compared to 8% of the senior population in 2008. The 2000 Census

⁴ **Anticipated Impact** is equivalent to **Goal**. Language is used for clarity with regard to IRS Proposed Rule (2013)

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Data identified 17,171 individuals 65 and older living alone, representing 29.6% of that age group (58,726). The 2000 Census Data also indicated that 5.9% of the age 60 and older population was at poverty level and 9.8% of individuals in that age group were at 125% of poverty level. Census data identified that 16.3% of the senior population live in rural areas. Of the seniors in rural areas, 19% live alone. With the increase in population, these numbers have grown over the past five years. . Due to limited transit options, transportation is a particular challenge for those in rural areas on limited budgets or who no longer drive. The 2005 Sonoma County needs assessment, "Living Longer, Living Well," found that transportation was the number one need of Sonoma County seniors. There is a need to Increase access to home and community-based services to seniors and adults with disabilities.

Within the over 60 population, the fastest growing age group is 85 and older. It is expected that in California, from 2000 to 2040, this age group will double in size. In Sonoma County, from 2000 to 2040, the 85+ age group will increase by 214% from 8,580 to 26,973 older seniors. By 2050, that number will increase by almost 300% from the year 2000 to 34,227 when more than one in five Sonoma County seniors will be over the age of 84. Sixty-one percent of those older seniors will be female; 39% will be male. Given that this age group generally suffers from higher rates of chronic disease and functional limitations, it will be challenging to meet their many needs.

Latinos are the fastest growing ethnic group in Sonoma County due to a young population that has a low death rate and a stable birth rate. The numbers of Latino seniors are projected to increase by 233% from 1990 to 2010. The steady increase of Latino seniors will continue for several decades and by 2050, that number will have increased from 2,410 in 1990 to 48,524 in 2050, a substantial 1,913% increase. Older Latinos are more likely to be living in poverty than older white non-Latinos. Issues facing Latino seniors include lack of health insurance and access to care. In addition to receiving inadequate care for health problems, uninsured and underinsured populations also lack preventive health services. Diabetes is a primary health issue for Latino seniors, and those age 65 and older are more than four times as likely to be hospitalized due to uncontrolled diabetes than non-Latino seniors. While African Americans are more likely to die from diabetes compared to other groups countywide, Sonoma County Latinos and those who don't speak English well are more likely to be obese, a significant risk factor for diabetes. Latinos can show symptoms of Alzheimer's up to seven years earlier than non- Latino whites. While researchers are unable to explain the reason, there are several factors believed to contribute to the onset of Alzheimer's, including fewer years of formal education (7.3 years for Latinos versus 11.3 years for whites), higher levels of blood pressure, and higher levels of diabetes.

While Sonoma County residents have a lower poverty rate overall than do residents statewide, the 2000 Census data indicated that there were 5.9% of Sonoma County seniors living at poverty level and 9.8% who were at 125% of the poverty level.

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Poverty rates vary by age, sex, race and ethnicity among older adults. Older women are two times more likely to live in poverty compared to their male counterparts. Older Blacks and Latinos are far more likely to be living in poverty than older non-Latino seniors. Low-income adults (those living under 200% of the federal poverty line) have lower rates of accessing preventive care. Although they may have Medicare, copayments and transportation and other costs are often barriers to their seeing a health care provider.

The Elder Index establishes actual costs in each county of the basics (housing, food, health care, transportation, etc.) needed by seniors to live independently in the community. In 2007 the national Federal Poverty Level (FPL) for a single adult living alone was \$10,210. Using the actual costs measured by the Elder Index, the average minimum income needed by a single older Californian who rented was \$20,011. Over forty-one percent of Sonoma County seniors living alone have incomes below the Elder "Living Longer, Living Well." Report prepared by Sonoma County Human Services Department, Sonoma County Area Agency on Aging, Adult & Aging Division, June 2005 (10) 7 Index; 14.3% of Sonoma County senior couples have incomes below the Elder Index.

How will we measure success? Outcome Measure: Number of admissions for CHF in the House Calls community benefit program.

Three-Year Target: Initial proposed target of 3% reduction in hospital readmissions for CHF, was revised to reflect community benefit program priorities to limit CHF admissions among House Calls patients.

Strategy 1: Provide comprehensive chronic disease management to low-income seniors

Strategy Measure 1: The House Calls program provides in-home multi-disciplinary care and intensive case management to 75 low-income seniors who are unable to leave their homes to access other care. A total of 110 patients received care, through 4,966 service encounters. The prevention of chronic disease is one of the priorities of these efforts, and as a result of these services there was only two hospitalizations due to Congestive Heart Failure among these patients.

Strategy 2: Prevent infectious disease

Strategy Measure 2: The House Calls team participates in countywide immunization efforts to prevent infectious disease among seniors. They were able to provide pneumococcal vaccinations (11 this fiscal year and 29 total since 2011; this vaccination is given on a 5-year recurring basis) and seasonal flu vaccinations to 55 House Calls patients.

FY14 Accomplishments:

St. Joseph Health—Sonoma County understands the importance of supporting seniors to age safely and with dignity in their homes. The hospital provided intensive care management to homebound, low-income, primarily Spanish-speaking seniors who have multiple chronic diseases and live with complex socio-economic disadvantages. Of 110 patients receiving care, only two were hospitalized for congestive heart failure.

Other Community Benefit Programs and Evaluation Plan**Program: Children's Oral Health**

Description: St. Joseph Health System – Sonoma County has developed a highly focused oral health system of care to respond to this need, including the St. Joseph Dental Clinic, Mobile Dental Clinic, and Mighty Mouth Dental Disease Prevention Program. Together, these programs are implementing a special project focused on decreasing dental disease in children ages 0-5, which includes education, prevention, and treatment services.

Key Community Partners: Sonoma County Oral Health Access Coalition

Goal (Anticipated Impact⁵): Reduce to 28% of children ages 0-5 receiving dental care at SJH-SC's Dental Clinic and Mobile Dental Clinic with Class II and Class III (urgent, emergent) dental decay (as compared to state rate of 33%).

Target Population (Scope): Dental disease is completely preventable and yet the most recent local survey found that almost half of Sonoma County's kindergartners and about 60% of its third graders have already experienced tooth decay, and over 16% of them have untreated decay. For many children, poor oral health is a painful ongoing problem, increasing their chances of falling behind in school and social development, and suffering painful bouts of toothache and infection. Research in Sonoma County shows that of all its children, low-income children suffer the highest rate of tooth decay. With a focus on prevention and more access to care, all Sonoma County children can experience optimum oral health.

Key Findings - Children's Oral Health

⁵ **Anticipated Impact** is equivalent to **Goal**. Language is used for clarity with regard to IRS Proposed Rule (2013)

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- Tooth decay is rampant among Sonoma County children.
- Untreated decay is a serious problem for Sonoma County children, especially for low-income children and Hispanic children.
- Sonoma County is making progress in expanding dental coverage for children.
- Children's insurance programs in Sonoma County do not provide equivalent coverage.
- Children who depend on public health insurance experience major barriers to receiving dental care.
- Children are not receiving urgent care for serious conditions such as Early Childhood Caries.
- Children are not receiving needed preventive dental visits.
- Children are not receiving protective dental sealants in sufficient numbers.
- Sonoma County children do not have access to fluoridated drinking water.
- Education for parents and children is essential to good oral health.

How will we measure success? Outcome Measure: % of children ages 0-5 receiving dental care at SJH-SC's Dental Clinic and Mobile Dental Clinic with Class II and Class III (urgent, emergent) dental decay.

FY13 Accomplishments:

The Children's Oral Health program exceeded its goal, achieving a rate of only 27% of children ages 0-5 served by the hospital's dental clinics had urgent or emergent dental needs, or 1,070 out of 3,939 children seen. This surpasses the statewide rate of 33%. The team believes that outreach, education, and prevention efforts that helped to achieve this significant outcome.

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FY14 Community Benefit Investment

FY14 COMMUNITY BENEFIT INVESTMENT

PETALUMA VALLEY HOSPITAL

(ending June 30, 2014)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ⁶	Net Benefit
Medical Care Services for Vulnerable ⁷ Populations	Financial Assistance Program (FAP) (Charity Care-at cost)	\$1,208,988
	Unpaid cost of Medicaid ⁸	6,120,086
	Unpaid cost of other means-tested government programs	1,240,221
Other benefits for Vulnerable Populations	Community Benefit Operations	0
	Community Health Improvements Services	93,405
	Cash and in-kind contributions for community benefit	27,000
	Community Building	0
	Subsidized Health Services	0
Totals Community Benefit for the Vulnerable		8,689,700
Other benefits for the Broader Community	Community Benefit Operations	0
	Community Health Improvements Services	99,188
	Cash and in-kind contributions for community benefit	0
	Community Building	0
	Subsidized Health Services	0
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	0
	Total Community Benefit for the Broader Community	
TOTAL COMMUNITY BENEFIT (excluding Medicare)		99,188
TOTAL COMMUNITY BENEFIT (excluding Medicare)		8,788,888
Medical Care Services for the Broader Community	Unpaid cost to Medicare (not ⁹ included in CB total)	\$7,925,294

⁶ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

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

⁸ Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.

⁹ Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H, we use the Medicare cost report.

Telling Our Community Benefit Story: Non-Financial¹⁰ Summary of Accomplishments

The hospital's leadership team also contributed to the community through volunteer service and participation on community boards. Some of the community-based organizations benefitting from its service include: Committee for Health Initiative for the Petaluma Area (CHIPA), Sonoma Health Action; Sonoma County Alliance; North Bay Leadership Council; Heart Walk; American Red Cross-Sonoma County; American Heart Association-Sonoma County; Sonoma Community Foundation; Sonoma County Drug and Alcohol Advisory Board; Northern California Center of Well Being; 10,000 Degrees Scholarship Fund; Community Health Improvement Committee; Jewish Community Free Clinic, Redwood Community Health Coalition; Healthy Communities Consortium; and Russian River Area Resources and Advocates.

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