SANTA ROSA MEMORIAL HOSPITAL

FY15 – 17 Community Benefit Plan/Implementation Strategy Report

ST. JOSEPH HEALTH, SANTA ROSA MEMORIAL HOSPITAL

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EXECUTIVE SUMMARY

St. Joseph Health, Santa Rosa Memorial Hospital (SRMH), founded by the Sisters of St. Joseph of Orange, has been serving the healthcare needs of families in the community for more than 60 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), SRMH 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, state of the art 278-bed acute care hospital that includes a Level II trauma center for the coastal region from San Francisco to the Oregon border. Major programs and services include cardiac care, critical care, diagnostic imaging, and a wide range of specialty services, emergency medicine and obstetrics.

In response to identified unmet health-related needs in the community needs assessment, during FY15-17 Santa Rosa Memorial Hospital will focus on five health priorities for the broader and underserved disadvantaged members of the surrounding community.

1. ***Access to health care coverage.*** Insuring access to affordable, quality health care services is important to protecting both individual and population health, eliminating health disparities and promoting overall quality of life in the community. While a significant portion of Sonoma County's uninsured population will be eligible for more affordable health care coverage under The Affordable Care Act, financial barriers may still exist for low-wage earners who are unable to meet premium requirements. Even with insurance, for some populations – those with Medicare, individuals with geographic or language barriers – access is not guaranteed. Continued growth in the county population coupled with a dwindling physician supply has created significant pressure on the county's current primary care and specialist cadres. And, undocumented individuals will continue to be ineligible for publicly-funded coverage, leaving many individuals and families vulnerable.

2. ***Healthy eating and physical fitness.*** Poor nutrition and lack of physical activity are driving a national and local obesity epidemic and are contributing to increasing rates of chronic disease, disability and premature mortality in Sonoma County. In every age category, Sonoma County residents do not meet Healthy People 2020 goals for weight. Low-income children and families are especially at risk when they reside in neighborhoods that offer few options to obtain healthy,

nutritious food or engage safely in physical activity. Expansion of current efforts in schools and communities to improve nutrition and fitness among youth and adults can help to reduce the growing burden of disease.

3. ***Access to mental health and substance abuse services.*** Many mental health and substance abuse problems can be effectively treated and managed with access to assessment, early detection, and links with ongoing treatment and supports. In Sonoma County, however, many low income individuals with mental health concerns and substance abuse issues do not have access to the treatment they need. Insufficient private insurance coverage for these services and insufficient availability of publicly-funded treatment services are significant barriers for many. Limited integration of mental health services within the health care system also leads to missed opportunities for early problem identification and prevention.

4. ***Barriers to healthy aging.*** People over 60 now make up a larger proportion of the population of Sonoma County than ever before. The county's lowest income senior populations are clustered around Santa Rosa, the Sonoma Valley and the Russian River. Geographic and social isolation create significant barriers in accessing basic services such as transportation, safe housing, health care, nutritious food and opportunities for socialization. These barriers are compounded for seniors living in poverty. Current senior service "systems" are fragmented, under-funded and often difficult for seniors and their families to understand and utilize. Low-income seniors are especially at risk for neglect, abuse and isolation. Further development of community-based systems of services and supports for seniors can improve health outcomes and quality of life and significantly reduce costs for long-term institutional care.

5. ***Disparities in oral health.*** Poor oral health status can threaten the health and healthy development of young children and compromise the health and wellbeing of adults. Low-income children suffer disproportionately from dental caries in Sonoma County. Low-income residents have few options for affordable oral health care and even those with insurance find access to preventive services severely limited. Fluoridated drinking water has proven to be an effective public health measure for prevention of tooth decay, yet only 3% of the public water supply in Sonoma County is fluoridated. Stronger prevention initiatives and expanded access to prevention-focused oral health care are critical to protecting the health and wellbeing of low-income children and adults.

Due to the fast pace at which the community and health care industry change, Santa Rosa Memorial Hospital anticipates that implementation strategies may evolve and therefore, a flexible approach is best suited for the development of its response to the Santa Rosa Memorial Hospital Community Health Needs Assessment (CHNA). On an annual basis Santa Rosa Memorial Hospital evaluates its CB Plan, specifically its strategies and resources; and makes adjustments as needed to achieve its goals/outcome measures, and to adapt to changes in resource availability.

Organizational Commitment

In 1986, St. Joseph Health created a plan and began an effort to further its commitment to neighbors in need. With a vision of reaching beyond the walls of health care facilities and transcending traditional efforts of providing financial assistance for those in need of acute care services, St. Joseph Health created the St. Joseph Health Community Partnership Fund (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities.

Each year Santa Rosa Memorial Hospital allocates 10% of its net income (net realized gains and losses) to the St. Joseph Health Community Partnership Fund. 7.5% of the contributions are used to support local hospital Care for the Poor programs. 1.75% is used to support SJH Community Partnership Fund grant initiatives. The remaining .75% is designated toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.

Furthermore, Santa Rosa Memorial Hospital will endorse local non-profit organization partners to apply for funding through the St. Joseph Health Community Partnership Fund. Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health hospitals' service areas.

INTRODUCTION – WHO WE ARE AND WHY WE EXIST

As a ministry founded by the Sisters of St. Joseph of Orange, Santa Rosa Memorial Hospital lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out "the Dear Neighbors" and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28 bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

Mission, Vision and Values and Strategic Direction

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.

St. Joseph Health, Santa Rosa Memorial Hospital has been meeting the health and quality of life needs of the local community for over 60 years. As part of its integrated network of acute and non-acute services in Sonoma County, Saint Joseph Health, Sonoma County operates two hospitals, urgent care and community clinics, hospice, home health services, and other facilities for treating the healthcare needs of the community in Sonoma County and the region. Its core facilities are Petaluma Valley Hospital, an 80-bed acute care hospital, and Santa Rosa Memorial Hospital, a full service 289-bed acute care hospital that includes a Level II trauma center for the coastal region from San Francisco to the Oregon border.

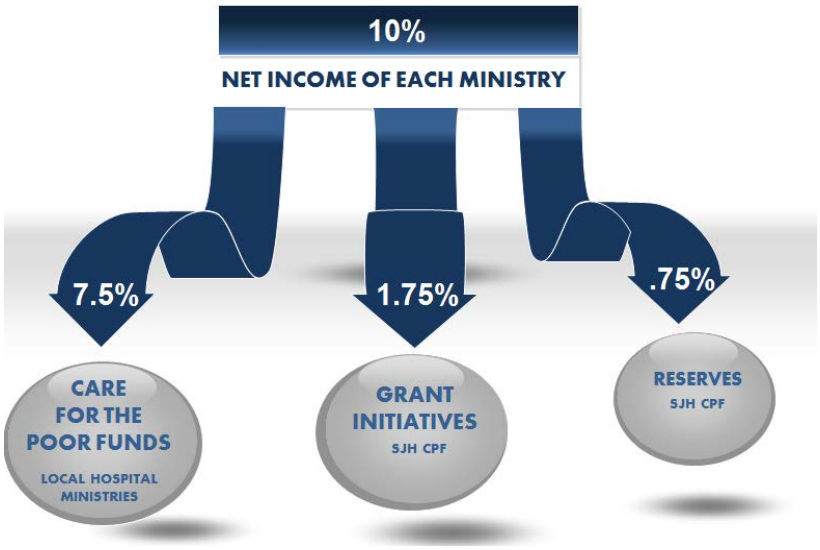
Strategic Direction

As we move into the future, Santa Rosa Memorial Hospital is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years (FY14-18) St. Joseph Health and Santa Rosa Memorial Hospital are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.

ORGANIZATIONAL COMMITMENT

Santa Rosa Memorial Hospital dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and underserved.

Figure 1. Fund distribution



In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Each year Santa Rosa Memorial Hospital allocates 10% of its net income (net realized gains and losses) to the St. Joseph Health Community Partnership Fund. (See Figure 1). 7.5% of the contributions are used to support local hospital Care for the Poor programs. 1.75% is used to support SJH Community Partnership Fund grant initiatives. The remaining .75% is designated toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.

Furthermore, Santa Rosa Memorial Hospital will endorse local non-profit organization partners to apply for funding through the St. Joseph Health Community Partnership Fund. Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health hospitals' service areas.

Community Benefit Governance and Management Structure

Santa Rosa Memorial Hospital further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and Director Of Community Benefit, St. Joseph Health Sonoma County are responsible for coordinating implementation of California Senate Bill 697 provisions and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Community Benefit (CB) Management Team provides orientation for all new Santa Rosa Memorial Hospital employees on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the Santa Rosa Memorial Hospital Community Benefit Committee. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes at 10 members of the Boards of Trustees and three community members. A majority of members have knowledge or experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets every other month.

Roles and Responsibilities

Senior Leadership

- CEO and other senior leaders are directly accountable for CB performance.

Community Benefit Committee (CBC)

- CBC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with Advancing the State of the Art of Community Benefit (ASACB) Five Core Principles. It includes diverse community stakeholders. Trustee members on CBC serve as 'board level champions'.
- The committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Benefit (CB) Department

- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.

Local Community

- Partnership to implement and sustain collaborative activities.
- Formal links with community partners.
- Provide community input to identify community health issues.
- Engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.

COMMUNITY

Community Served

Sonoma County is a large, urban-rural county encompassing 1,575 square miles. Sonoma County residents inhabit nine cities and a large unincorporated area, including many geographically isolated communities. The county's total population is currently estimated at 487,011. Since 2006, the county population has grown at an overall rate of 1.8% with the cities of Sonoma, Santa Rosa and Windsor experiencing the fastest growth rates. According to projections from the California Department of Finance, county population is projected to grow by 8.3% to 546,204 in 2020. This rate of growth is less than that projected for California as a whole (10.1%).

The majority of the county's population resides within its cities, the largest of which are clustered along the Highway 101 corridor. Santa Rosa is the largest city with a population estimated to be nearly 171,000 in 2012 and is the service hub for the entire county and the location of the county's three major hospitals.

At least part of Sonoma County, California, is designated as a Medically Underserved Area (MUA)[1]. The area is 0.8 square miles and is located near downtown Santa Rosa. The Cloverdale area in Sonoma County is a designated Primary Care Health Professional Shortage Area (PC-HSPA)[2]. There are 6,888 civilian residents in this area, which is 307.5 total square miles.

Santa Rosa Memorial Hospital provides Sonoma County communities with access to advanced care and advanced caring. The hospital's service area is located in downtown Santa Rosa, about 55 miles north of San Francisco just off the Highway 101 corridor in central Sonoma County. Santa Rosa Memorial's primary service area is limited to a tight radius, but its secondary service area comprises the entire county, plus northern Marin County and southern Mendocino County. The Community Health Improvement Committee CHNA process and data gathering only addressed Sonoma County. For a complete copy of Santa Rosa Memorial Hospital's FY14 CHNA click here: http://www.healthysonoma.org.

Community	**Sonoma County**	**California**
Ethnicity		
White, not Hispanic	65.4	40.1
Hispanic	25.5	37.6
Asian	4.1	13.0
African American	1.9	6.6
All Others	8.2	12.5
Speak a language other than English at home	25.0	43.5
Age		
Under 18	21.4	25.0
65 and older	15.2	11.4
Income under Federal Poverty Line	11.5	15.3
Has high school diploma	86.7	81.0

Source: US Census Bureau, http://quickfacts.census.gov/qfd/states/06/0656784.html and http://quickfacts.census.gov/qfd/states/06/06097.html

Sonoma County's unincorporated areas are home to 146,739 residents, 30.1% of the total population. A significant number of these individuals live in locations that are very rural and geographically remote. Residents of these areas may experience social isolation and significant barriers in accessing basic services and supports such as transportation, health care, nutritious food and opportunities to socialize.

[1] Medically Underserved Areas designations are used to qualify for state/local and federal programs aimed at increasing health services to underserved areas and populations.
[2] Primary Care Health Professional Shortage Areas (PC-HPSA) are designated based on primary care physician availability.

Low-income and senior populations living in remote areas may face special challenges in maintaining health and quality of life. Of the county's total senior population, age 60 and older, 12,144 (12%) are considered "geographically isolated" as defined by the Older Americans Act. *(Source:* California Dept. of Aging, *California Aging Population Demographic Projections for Intrastate Funding Formula* (2011)*)*

Race and Ethnicity

White, Non-Hispanics currently represent 65.4% of the county's population while Hispanics account for 25.5%. Other ethnic groups include: Asian/Pacific Islander (5.2%), African Americans (1.7%), American Indians (1.0%), and persons reporting two or more races (2.3%). While the county's population is less diverse than that of California as a whole, this is changing. By 2020, Sonoma's Hispanic population, currently estimated at 129,057, is expected to grow to 168,290 and account for 31% of the total population. Other ethnic groups are projected to experience less dramatic growth. *(Source:* California Dept. of Finance, *E-5 Population and Housing Estimates for Cities, Counties, and the State* (2011-2012)*)*

While the majority of the county's ethnic populations are English-proficient, the 2010 Census estimates that 50,236 residents, age 5 and older, or 11.26% of total population, are "linguistically isolated" i.e., speaking a language other than English at home and speaking English less than "very well."

Age and Gender

Sonoma County is slightly older than California as a whole, with a median age of 39.50 years, as compared with 34.90 years. Sonoma County seniors, age 60 and over, represent 20.4% of the total population as compared with a statewide figure of 16.9%. Of note is the disparity in age between the county's older White population and its more youthful Hispanic population. Over 30% of Sonoma County Hispanics are age 12 and under, as compared to 12% for Whites. At the other end of the spectrum, 26.6% of Whites are seniors (age 60 and above) as compared with 7.1% of Hispanics.

Seniors are the county's fastest growing population age group. This population is projected to grow from 102,639 in 2012 to 128,589 in 2020, with the greatest growth in the 70-74 age group the baby boom "age wave". This age wave, combined with increased longevity, will continue to drive growth in senior populations, especially in the 75 and over age group. Seniors age 75 and over currently represent about 9% of the total population at 44,813. Females significantly outnumber males in this age group (62%/38%).

Income and Wealth

From 2006-2010, the median income of Sonoma County's 184,000 households was $63,274, slightly higher than the California average. During this period, 17.7% of Sonoma County households had incomes of less than $25,000. At the upper end of the scale, 28% of households earned over $100,000 annually. The impact of the recession on income and wealth has been significant. While local data are not available, a national survey of consumer finance showed that, between 2007 and 2010, the median net worth of American families plunged more than 38 %. *(Source:* Board of Governors of the Federal Reserve System,

Survey of Consumer Finances (2010).

Income status varies significantly by gender. During 2006-2010, median income for Sonoma County males was $44,973 as compared with $31,960 for females. This differential expands with educational attainment; median income for males with graduate degrees ($85,470) was significantly higher than for females at the same educational level ($55,272). *Source:* U.S. Census Bureau, *2006-2010 ACS* (reported in 2010 inflation adjusted dollars)*)*

Sonoma County household incomes also vary significantly by both educational attainment and ethnicity. 80% of Sonoma County households with graduate education earned above $66,150 annually as compared with only 42.9% of households with high school or less education. And, while 68.6% of White, non-Hispanics had annual household income in excess of $66,150 only 34.5% of Hispanics did. (*Source:* U.S. Census Bureau, *2010 ACS 1-Year Estimate)*

Poverty

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

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

The county's youngest residents are most significantly impacted by poverty, with nearly 17% of children under age 6 living below 100% Federal Poverty Level. Among Sonoma County seniors age 75 and over, over 2,000 live in households with household income below 100% FPL and an additional 6,000 have income under 200% of FPL.

Poverty status is also linked to family configuration. Among an estimated 116,699 Sonoma County families, those of married couples experience the lowest poverty rates (3.8%). The families of single, female householders experience the highest rates, with significant disparity by ethnicity. Among Hispanic families with a female single head-of-household, 29.2% are living below FPL as compared with 12.5% for Whites in this category. Among seniors, those who are married have a lower poverty rate (1.9%) than do female seniors living as single, heads-of-household (2.4%).

In some parts of Southwest Santa Rosa, the Russian River corridor, Sonoma Valley and unincorporated areas in the northwest and northeast, poverty rates for children under age 18 exceed 40%. Based on

neighborhood conditions, residents in these communities may have limited access to safe places to play, safe routes to walk and bike to school, grocery stores that offer affordable, fresh fruits and vegetables or prevention-focused health and dental services.

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

Hospital Total Service Area

The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients. The Hospital Total Service Area is the comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the **following criteria**:

- **PSA:** 70% of discharges (excluding normal newborns)
- **SSA:** 71%-85% of discharges (draw rates per ZIP code are considered and PSA/SSA are modified accordingly)
- Includes **ZIP codes** for continuity
- Natural boundaries are considered (i.e., freeways, mountain ranges, etc.)
- Cities are placed in PSA or SSA, but not both

The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate. The cities and towns in the Santa Rosa Memorial Primary Service Area (PSA) include Santa Rosa, Sebastopol, Windsor, Forestville, Rohnert Park and Cotati/Penngrove. The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside. The Secondary Service Area (SSA) includes all of Sonoma County, Ukiah to the north in Mendocino County, and northern Marin County to the south. The population of the service area is 835,741, of which 328,005 are in the primary service area and 507,736 reside in the secondary service area.

Table 1. Cities and ZIP codes

Cities	ZIP codes
Primary Service Area (PSA)	
Santa Rosa	95407, 95401, 95403 95404, 95405, 95409
Sebastopol	95472
Windsor	95492
Forestville	95436
Cotati	94931
Penngrove	94951
Secondary Service Area (SSA)	
Sonoma County	

Cities	ZIP codes
City of Ukiah, Mendocino County	

Figure 1 (below) depicts the Hospital's PSA and SSA. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 1. Santa Rosa Memorial Hospital Total Service Area

Community Need Index (Zip Code Level) Based on National Need

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

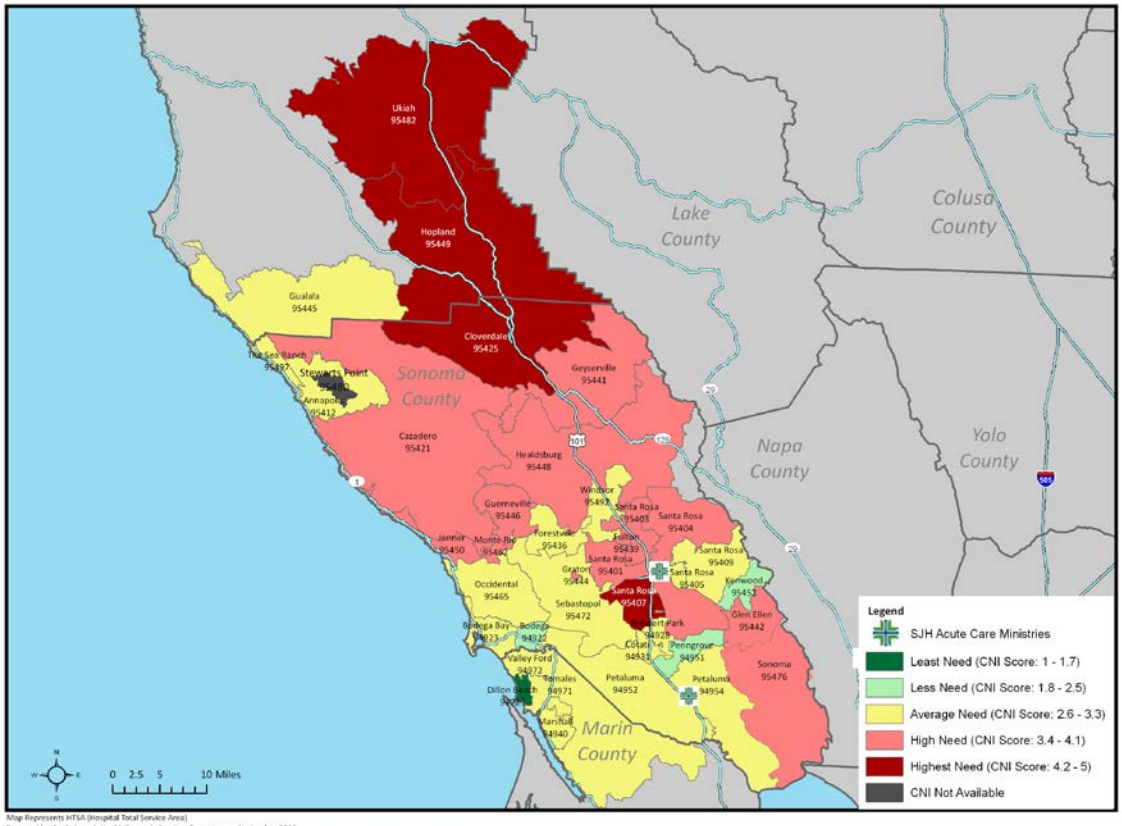
- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);
- Housing Barriers (Housing, renting percentage).

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. (*Ref (Roth R, Barsi E., Health Prog. 2005 Jul-Aug; 86(4):32-8.)* The CNI is used to a draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

For example, the ZIP code 95407 on the CNI map is scored 4.2, making it a High Need community.

Figure 2 (below) depicts the Community Need Index for the ***hospital's geographic service area based on national need***. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 2. Santa Rosa Memorial Hospital Community Need Index (Zip Code Level)



Intercity Hardship Index (Block group level) Based Geographic Need

The Intercity Hardship Index (IHI) was developed in 1976 by the Urban and Metropolitan Studies Program of the Nelson A. Rockefeller Institute of Government to reflect the economic condition of cities and allow comparison across cities and across time. The IHI ranges from 0-100, with a higher number

indicating greater hardship. The IHI was used by St. Joseph Health to identify block groups with the greatest need.

The IHI combines six key social determinants that are often associated with health outcomes:

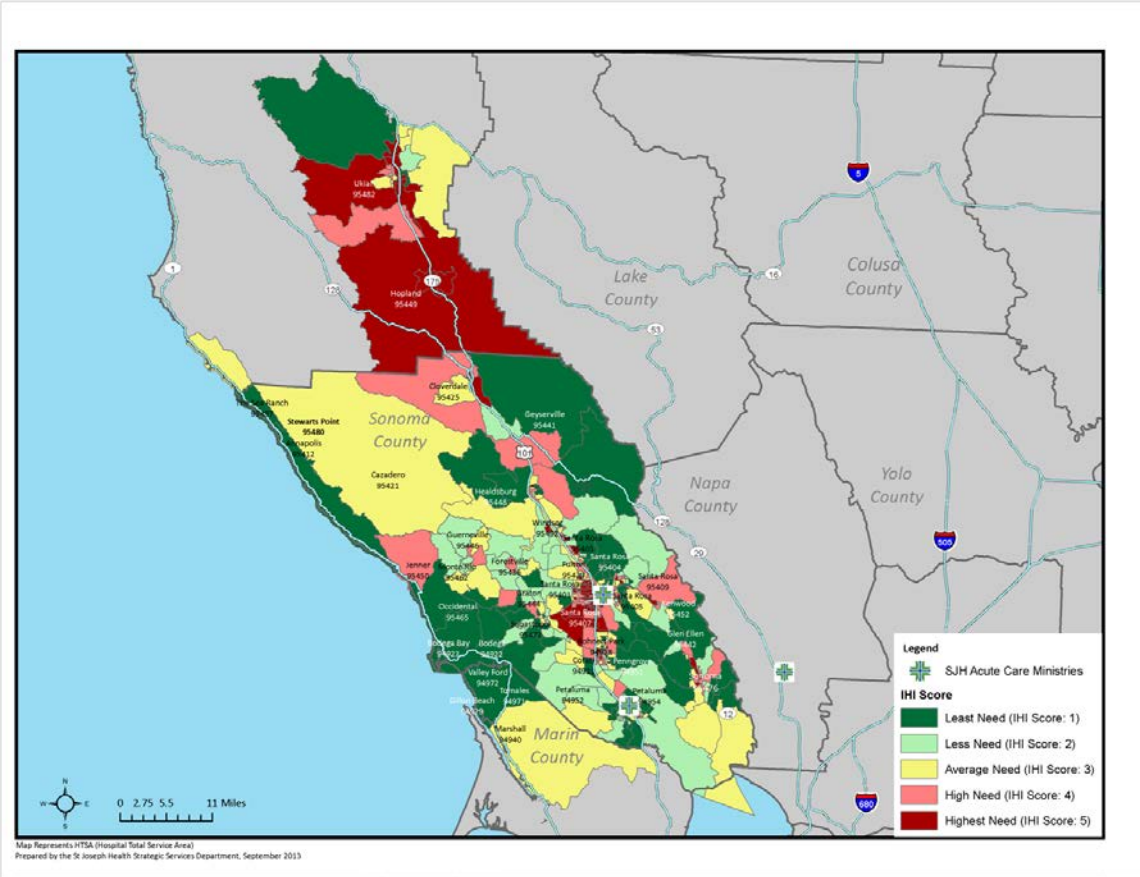
1. Unemployment (the percent of the population over age 16 that is unemployed)
2. Dependency (the percent of the population under the age of 18 or over the age of 64)
3. Education (the percent of the population over age 25 who have less than a high school education)
4. Income level (per capita income)
5. Crowded housing (percent of households with seven or more people)
6. Poverty (the percent of people living below the federal poverty level)

Based on the IHI, each block group was assigned a score from 1 (lowest IHI, lowest level of hardship/need) to 5 (highest IHI, highest level of hardship/need). The IHI is based on ***relative need within a geographic area***, allowing for comparison across areas. According to IHI, most of the service area has average, less or least need (137/245). However, Rohnert Park has four block groups with highest need and twelve with high need, out of a total of 33 block groups. Santa Rosa has 47 block groups with highest need and 34 with high need out of a total of 162 (50%). Sebastopol has 2 block groups with high need out of 25 total, Forestville has one with highest need out of 6, while Windsor has two with high need and four with highest need out of a total of 33 (18%). Cotati has two block groups with high need out of a total of six block groups.

IHI Hardship Index	**Least Need**	**Less Need**	**Average Need**	**High Need**	**Highest Need**	
	1	**2**	**3**	**4**	**5**	**Total**
Cotati	1	2	1	2	0	**6**
Santa Rosa	19	24	38	34	47	**162**
Sebastopol	9	10	4	2	0	**25**
Forestville	0	4	1	1	0	**6**
Windsor	1	2	4	2	4	**13**
Rohnert Park	6	4	7	12	4	**33**
Total	**36**	**46**	**55**	**53**	**55**	

Figure 3 (below) depicts the **Intercity Hardship Index** for the hospital's geographic service area and demonstrates *relative need*.

Figure 3. Santa Rosa Memorial Hospital Intercity Hardship Index (Block group Level)



COMMUNITY NEEDS AND ASSESSMENT PROCESS

Summary of Community Needs Assessment Process

Santa Rosa Memorial Hospital completed a needs assessment in 2013 year in partnership with Sutter Medical Center of Santa Rosa, Kaiser Permanente Medical Center – Santa Rosa and the Sonoma County Department of Health Services to assess the health status of Sonoma County residents and to identify critical areas for health improvement in Sonoma County. The 2013 Assessment continues a successful collaboration between the hospital partners and local health department, begun in 2000, to identify and jointly address significant community health issues.

The goal of the CHNA data development process was to gather, analyze and summarize current local data on the residents of Sonoma County, their health status and the variety of features and conditions which impact their health, healthy development and quality of life. To accomplish this, the CHNA partners developed and utilized both primary and secondary data sources. The partners conducted the following activities to create the 2013 Sonoma County CHNA:

- **Demographic Summary:** Developed a demographic summary of Sonoma County's current population along with population growth projections when available. Information is provided on a variety of demographic indicators including population distribution, age, ethnicity, income, healthcare coverage, education and employment.
- **Secondary Sources:** Assembled summary data from a variety of secondary sources identifying health behaviors and conditions that compromise the health and healthy development of children and contribute most prominently to illness and injury, disability and death for Sonoma County adults and children. Where known, information on contributing factors is presented along with each health indicator. Health disparities are highlighted.
- **Key Informant Interviews and Focus Groups:** Conducted key informant interviews, community-based focus groups and a countywide random telephone survey to gather data on health status and elicit information on community health issues of greatest concern and perspectives on local opportunities to improve population health and/or the healthcare delivery system.

Identification and Selection of DUHN Communities

Communities with Disproportionate Unmet Health-Related 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.

Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, <u>or</u> there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care.

The following table lists the DUHN communities/groups and identified community needs and assets.

DUHN Group and Community Needs and Assets Summary Table

DUHN Population	Community Needs	Community Assets
Low income Families	• Access to health care • Access to affordable prescription drugs • Information about health insurance • Oral health care for children and low income adults • Childhood obesity prevention and awareness programs	• SJH: Mobile Health and Dental Health Clinic • SJH: Neighborhood Care Staff, Agents of Change, House Calls • Promotores de Salud • Community clinics access to care for low income families • Medical services for uninsured • Affordable housing for low income families • Emergency shelters for homeless women and children

DUHN Population	Community Needs	Community Assets
	• Food security and access to healthy food • Secure neighborhoods and access to safe recreation activities	• Resident led actions re: quality of life concerns • Community garden, food pantries • Local church, Community agencies • Employment, education, and family support programs • Coalitions addressing substance abuse and obesity
Latino Community	• Information about health insurance access • Access to culturally and linguistically sensitive health services, e.g., patient centered medical home • Substance abuse prevention • Nutrition education about healthy eating and foods • Access to healthy food • Gang prevention measures • Family violence prevention	• SJH – Mobile Health Clinic; Neighborhood Care Staff, Agents of Change • Promotores de Salud • Drug Abuse Alternative Center (DAAC)- substance abuse resources • Law enforcement, support residents addressing gang graffiti, traffic calming, crime prevention education • Food pantries • Local church, community agencies • Employment, education (literacy, GED, language), health and family support programs • Media outlets provide bilingual and bicultural programming • Transitional housing for homeless; Fair housing information and tenant's rights • Coalitions Addressing substance abuse and obesity; agencies & residents together
Children and Youth	• Health education and awareness • STD education and awareness • Injury prevention education • Obesity prevention education and programs, including nutrition education, and access to healthy foods • Substance abuse prevention • Gang prevention measures • Higher education mentorship programs	• Free or Low Cost Children's Health Insurance • Healthy for Life • SJH Dental Clinic and Mobile Clinic ; Mighty Mouth Dental Health Education Program; Circle of Sisters • Schools ESL classes for parents • Spanish & English classes for youth • After school programs for youth; Grassroots groups leadership development and social engagement opportunities; Community agencies opportunities for youth to build resiliency, work skills, tutoring • DAAC (Drug Abuse Alternative Center):

DUHN Population	Community Needs	Community Assets
	• Student retention • After school programs • Libraries • Fitness training • Sports Teams and Resources • Civic engagement opportunities • Organized youth activities	substance abuse resources • Local sports clubs recreation opportunities for youth • City Parks & Recreation Dept's recreation opportunities • City libraries; Computers & tutors for youth in need of homework help • Head Start; Early childhood social skills and self-esteem building
Seniors	• Access to health services; health screenings • Balance training to prevent falls • Obesity prevention: access to healthy foods and fitness training; recreational activities; Food security • Transportation • Affordable housing • Home care • Senior center resources • Informational forums	• SJH– House Calls; Home Sweet Home – home care visits; Neighborhood Care Staff • Affordable housing • Community Health Centers offer services for low income, uninsured and undocumented people • Senior Center offers classes and courses
Undocumented immigrants who do not speak English	• Information about health insurance • Processes that facilitate access to medical care • Assistance accessing Immigration resources • Wider outreach & access to healthy food through food pantries • Affordable housing for single persons	• SJH– Mobile Health Clinic • Promotores de Salud • Media outlets provide bilingual & bicultural programming • Immigration forums • Healthcare services for undocumented & uninsured • Food pantry • Local church • Community agencies • Employment, education, and family support programs • Housing assistance addressing needs of undocumented and low income residents

PRIORITIZED COMMUNITY HEALTH NEEDS

The prioritized community health needs identified through the FY14 Community Health Needs Assessment Process include the following.

1. Healthy eating and physical fitness
2. Gaps in access to primary care
3. Access to services for substance use disorders
4. Barriers to healthy aging
5. Access to mental health services
6. Disparities in educational attainment
7. Cardiovascular disease
8. Adverse childhood exposure to stress (ACES)
9. Access to health care coverage
10. Tobacco use
11. Coordination and integration of local health care system
12. Disparities in oral health
13. Lung, breast, and colorectal cancer

COMMUNITY BENEFIT PLAN

Summary of Community Benefit Planning Process

The FY15-17 CB Plan was developed in response to findings from the FY14 Community Health Needs Assessment and is guided by the following five core principles:

- **Disproportionate Unmet Health-Related Needs:** Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- **Primary Prevention:** Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care:** Emphasis evidence-based approaches by establishing operational between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance:** Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

In order to select the health needs that Santa Rosa Memorial Hospital will address, The SJH- Sonoma County Community Benefits Leadership Team met to review the Community Health Needs Assessment (CHNA) and to develop consensus recommendations on a narrowed set of health priorities for the Santa Rosa Memorial Hospital CHNA (FY 15-17) and utilized to guide future community benefit activities.

The St Joseph Health – SC Community Benefits Leadership Team members used the following criteria to rank the health priorities.

Selection Criteria	• *Magnitude/scale of the problem* • *Severity of problem* • *SRM Hospital Assets* • *Existing/promising approaches*	• *Health disparities* • *Ability to leverage* • *Community prioritization* • *Prevention opportunity*

Based on review of prioritized significant health needs and a thoughtful priority setting process, Santa Rosa Memorial Hospital plans to address the following priority areas as part of its FY15-17 CB Plan:

1. ***Access to health care coverage.*** Insuring access to affordable, quality health care services is important to protecting both individual and population health, eliminating health disparities and promoting overall quality of life in the community. While a significant portion of Sonoma County's uninsured population will be eligible for more affordable health care coverage under The Affordable Care Act, financial barriers may still exist for low-wage earners who are unable to meet premium requirements. And, undocumented individuals will continue to be ineligible for publicly-funded coverage, leaving many individuals and families vulnerable.
2. ***Healthy eating and physical fitness***. Poor nutrition and lack of physical activity are driving a national and local obesity epidemic and are contributing to increasing rates of chronic disease, disability and premature mortality in Sonoma County. Low-income children and families are especially at risk when they reside in neighborhoods that offer few options to obtain healthy, nutritious food or engage safely in physical activity. Expansion of current efforts in schools and communities to improve nutrition and fitness among youth and adults can help to reduce the growing burden of disease.
3. ***Access to mental health and substance abuse services.*** Many mental health and substance abuse problems can be effectively treated and managed with access to assessment, early screening and detection, and links with ongoing treatment and supports. In Sonoma County, however, many low income individuals with mental health and substance use concerns do not have access to the treatment they need. Insufficient private insurance coverage for mental health services and insufficient availability of publicly-funded treatment services are significant barriers for many. Limited integration of mental health services within the health care system also leads to missed opportunities for early problem identification and prevention.
4. ***Barriers to healthy aging.*** People over 60 now make up a larger proportion of the population of Sonoma County than ever before. Current senior service "systems" are fragmented, under-funded and often difficult for seniors and their families to understand and utilize. Low-income seniors are especially at risk for neglect, abuse and isolation. Lack of adequate, local supportive services often result in early institutionalization, poor health outcomes and reduced quality of life for many vulnerable seniors. Further development of community-based systems of services and supports for seniors can improve health outcomes and quality of life and significantly reduce costs for long-term institutional care.

5. ***Disparities in oral health.*** Poor oral health status can threaten the health and healthy development of young children and compromise the health and wellbeing of adults. Low-income children suffer disproportionately from dental caries in Sonoma County. Low-income residents have few options for affordable oral health care and even those with insurance find access to preventive services severely limited. Fluoridated drinking water has proven to be an effective public health measure for prevention of tooth decay, yet only 3% of the public water supply in Sonoma County is fluoridated. Among the cities, only Healdsburg fluoridates its water. Stronger prevention initiatives and expanded access to prevention-focused oral health care are critical to protecting the health and wellbeing of low-income children and adults.

Addressing the Needs of the Community: FY15 –17 Key Community Benefit Plan

Evaluation

Santa Rosa Memorial Hospital will monitor and evaluate strategies listed below for the purpose of tracking progress on the implementation of those strategies and document anticipated impact. Evaluation efforts to monitor each strategy will include the collection and documentation of strategy measures, number of partnerships made, percent improvement in health-related metrics, including behavioral and health outcomes as appropriate.

Initiative - *community need being addressed*	**Goal** - *anticipated impact*	**Outcome Measure**
Access to Care	Increase access to quality, culturally competent care for vulnerable and uninsurable populations in the SJH-SC Service area.	Percent of clients served who are of the remaining uninsured population.
Strategies	• Link those who are eligible for insurance coverage to a medical home.	
	• Proactively identify and serve the remaining uninsured population.	
Key Community Partners	Community health centers, community-based organizations that act as hosts to and collaborators with our mobile clinics, community coalitions and local leaders who advise us on the location of the greatest need, Portrait of Sonoma report findings and leadership committee.	

Initiative *community need being addressed*	**Goal** - *anticipated impact*	**Outcome Measure**
Healthy Eating and	Promote healthy eating and physical	Percent of clients who report

Active Living	activity education.	improvement in behavioral changes related to healthier eating and increased physical activity.
Strategies	• Provide evidence-based education and programming that promotes healthy eating and active living.	
	• Improve data collection processes and methodologies to better track impacts of healthy eating active living programs.	
Key Community Partners	Community Activity and Nutrition Coalition (CAN-C), Sonoma Health Action, area school districts, Healthy Communities Consortium.	

Initiative - *community need being addressed*	**Goal -** *anticipated impact*	**Outcome Measure**
Mental Health and Substance Abuse	Improve coordination of behavioral health and substance use disorder care for high-risk populations.	Number of clients linked to needed behavioral health and substance use disorder programs and services.
Strategies	• Systematically train staff to screen and refer for behavioral health.	
	• Improve understanding of resources available to clients.	
	• Coordinate care through linkages and warm handoffs.	
Key Community Partners	Local mental health agencies and community-based service providers, community health centers.	

Initiative - *community need being addressed*	**Goal -** *anticipated impact*	**Outcome Measure**
Healthy Aging	Improved coordination of care senior clients.	Number of clients linked to programs and services.
Strategies	• Increased collaboration with senior services agencies to reach isolated frail elderly and partner to reach underserved seniors.	
	• Coordinate care through linkages and warm handoffs.	
	• Perform internal education and outreach, ensuring that community benefit programs reach seniors in a systematic and strategic manner.	

Initiative - *community need being addressed*	**Goal** - *anticipated impact*	**Outcome Measure**
Key Community Partners	Senior services agencies, Healthy Aging Collaborative.	

Initiative - *community need being addressed*	**Goal** - *anticipated impact*	**Outcome Measure**
Oral Health	Identify and treat children with decay and prevent caries.	A reduction in dental caries in children served by SJH.
Strategies	• Perform regular patient recalls.	
	• Screen children at oral health fairs and refer children without a dental home to SJH Dental Clinic for preventive care.	
Key Community Partners	Sonoma County Oral Health Task Force, community health fairs, area school districts.	

Planning for the Uninsured and Underinsured

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 we have a **Patient Financial Assistance Program**[3] that provides free or discounted services to eligible patients.

One way, Santa Rosa Memorial Hospital informs the public of the Patient Financial Assistance Program 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.

Medicaid and Other Local Means-Tested Government Programs

[3] *Information about Santa Rosa Memorial Hospital Financial Assistance Program is available http://www.stjosephhealth.org/For-Patients/About-Your-Stay/Admission.aspx*

Santa Rosa Memorial Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California, and other local means-tested government programs.

Other Community Benefit

In addition to the preceding priority areas, Santa Rosa Memorial Hospital plans to provide other community benefit programs responsive to the health needs identified in the 2014 CHNA. Community Benefit programs listed below only includes additional Community Services for the Low-income and Broader Community that have not been previously covered in this CB Plan/Implementation Strategy Report.

Initiative *(community need being addressed)*	**Program**	**Description**	**Target Population** *(Low Income or Broader Community)*
1. Shelter for homeless adults recuperating from illness	Nightingale at Brookwood Health Center	Special set-aside shelter beds (13) for people recently discharged from a hospital and who are recuperating from serious illness or hospital procedure; referrals by hospital social workers are required.	Low Income - Homeless
2. Increased collaboration among hospital community benefit programs in Sonoma County	Community Health Improvement Committee	Provides a venue for representatives from each of the major hospitals in Sonoma County to discuss and collaborate on community benefit activities	Low Income - Underserved individuals in Sonoma County
3. Healthy eating and physical activity	Community Activity and Nutrition Coalition (CAN-C)	The Community Activity and Nutrition Coalition (CAN-C) of Sonoma County is a group of individuals, professionals and community based organizations concerned about the nutritional health, activity level and well-being of the residents of our community. The group was formed in 1998.	Broader Community - Sonoma County residents with an emphasis on children
4. Senior isolation and poverty	Healthy Aging Collaborative	Older adults will be respected and valued, which will result in a significantly improved quality of	Broader Community - Sonoma County seniors

Initiative *(community need being addressed)*	**Program**	**Description**	**Target Population** *(Low Income or Broader Community)*
		life for them and for the whole community. No senior will live in isolation and/or poverty.	
5. Community health	Sonoma Health Action	The mission of Health Action is health improvement. Health Action mobilizes community partnerships and resources to focus on opportunities for action that are most likely to improve health status.	Broader Community - Sonoma County residents
6. Transportation safety	Safe Kids	Distribution and installation of Care Seats and Bike Helmets	Low Income
7. Teen athletic safety	Concussion prevention	Partnered with local high school to check teens regarding concussions in teen athletics	Broader Community
8. End-of-life emotional support	Memorial Hospice	Latino Grief Services	Low Income
9. End-of-life emotional support	Memorial Hospice	Community Grief Support groups for adults and children	Low Income
10. Workforce Development	Healthcare Mentoring	Preceptor and Mentoring opportunities for High School and College Students	Broader Community

Needs Beyond the Hospital's Service Program

The following community health needs identified in the ministry CHNA will not be directly addressed through programming or funding and an explanation is provided below. These health needs, using the established criteria were not ranked as highly as Access to Care, Healthy Eating and Physical Fitness, Mental Health and Substance Use, Barriers to healthy aging and Oral Health. Santa Rosa Memorial Hospital has unique resources and capacity to dedicate to the five chosen health needs. In addition, there are other strong community partners who are currently addressing the needs below. The needs that will not be specifically addressed are:

The needs that will not be specifically addressed are:

1. **Disparities in educational attainment.** Santa Rosa Memorial Hospital did not choose to specifically address this need due to resource and capacity restraints. However, SJH will support this health priority through its participation with the Sonoma County Cradle to Career Initiative, and the United Way Schools of Hope. The Cradle to Career Initiative is a county wide partnership that connects all segments of the educational continuum of early education, K-12, college/technical training with broad community support to improve the educational, economic and health outcomes of all Sonoma County youth. In addition, the Hospital Leadership team supports volunteer service and participation on community boards, such as United Way with its Schools of Hope Initiative, an early reading initiative that helps children build the critical skills to succeed in schools and life.

2. **Cardiovascular disease.** Though Santa Rosa Memorial Hospital will not support efforts to reduce cardiovascular disease as part of the community benefit implementation plan, as we plan to focus on health promotion and disease prevention efforts. The Hospital will support addressing cardiovascular disease through quality, culturally competent care, which will enable early detection, intervention and treatment. The Heart & Vascular Institute at Santa Rosa Memorial offers state-of-the-art diagnostic procedures to aid in the evaluation, diagnosis and treatment of possible heart disease. SRMH has identified Healthy Eating and Active Living as one of its health priorities and Community Benefits Team members are active participants in the County wide work of Community Activity and Nutrition Coalition of Sonoma County (CAN-C) which focuses on healthy eating and physical fitness, and this involvement addresses the prevention and root causes of cardiovascular disease.

3. **Adverse childhood exposure to stress (ACES)**. This health need will not be addressed separately, as the research in this area is relatively new, and we continue to investigate opportunities to better address this issue. Circle of Sisters, a program of the SJH community

benefit department, does include curricula and programming that works to build the confidence, self-esteem, and self-efficacy of underprivileged girls in public schools in Sonoma County.

4. **Lung, breast, and colorectal cancer.** Santa Rosa Memorial Hospital will address cancer through its support for access to primary care, coverage and medical homes, which will enable early detection, intervention and treatment for residents who develop cancer. We did not address this health need in our community benefit implementation plan, as there are insufficient resources in community benefit to supplement the existing work that Santa Rosa Memorial Hospital does in this area.

5. **Tobacco Use.** The community benefit plan does not focus on tobacco cessation, as we have a lack of capacity in this specific area. Santa Rosa Memorial Hospital addresses tobacco use through its focus on access to care, education and prevention efforts. In particular, SRMH collaborates with the Sonoma County Health Department and the efforts of St. Joseph's Neighborhood Care Staff Youth Leaders, who work to create healthy retail outlet environments.

Although no health care facility can address all of the health needs present in its community, we are committed to continue our Mission through community benefit efforts and by funding other non-profits through the St. Joseph Community Partnership Fund. In addition, Santa Rosa Memorial Hospital will continue its collaborative work as a member of the Sonoma County Health Alliance, Community Health Improvement Committee4 and the Sonoma County Health Action Committee focused on identifying and jointly addressing significant community health issues.

Governance Approval

This Community Benefit Plan/Implementation Strategy Report was approved at the April 22, 2014 meeting of the Santa Rosa Memorial Hospital Board of Trustees.

Chair's Signature confirming approval of the FY15-17 Community Benefit Plan

6/27/14
Date

[4] Committee members include Sutter Medical Center, Kaiser Permanente Santa Rosa, St. Joseph Health, Sonoma County and the Sonoma County Department of Health Services