

**ST. JOSEPH HEALTH, PETALUMA VALLEY**

**FY 12- FY 14 COMMUNITY BENEFIT PLAN/IMPLEMENTATION STRATEGY**



**TABLE OF CONTENTS**

---

**EXECUTIVE SUMMARY** ..... 3

**MISSION, VISION AND VALUES** ..... 3

**INTRODUCTION – WHO WE ARE AND WHY WE EXIST** ..... 3

**ORGANIZATIONAL COMMITMENT** ..... 4

    Community Benefit Governance and Management Structure..... 4

**PLANNING FOR THE UNINSURED AND UNDERINSURED**..... 5

**COMMUNITY** ..... 5

    Defining the Community Benefit Service Area..... 5

**COMMUNITY NEEDS & ASSETS ASSESSMENT PROCESS AND RESULTS** ..... 10

    Summary of Community Needs and Assets Assessment Process and Results ..... 10

    Identification and Selection of DUHN Communities ..... 13

    Priority Community Health Needs ..... 15

**COMMUNITY BENEFIT PLANNING PROCESS** ..... 16

    Summary of Community Benefit Planning Process ..... 16

    Addressing the Needs of the Community

    FY 12 – FY 14 Key Community Benefit Initiatives ..... 28

## EXECUTIVE SUMMARY

### MISSION, VISION AND VALUES

#### **Our Mission**

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

#### **Our Vision**

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

#### **Our Values**

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

### INTRODUCTION – WHO WE ARE AND WHY WE EXIST

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

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

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

St. Joseph Health, Santa Rosa Memorial anticipates the strategies may change and therefore, a flexible approach is best suited for the development of its response to the St. Joseph Health,

Petaluma Valley CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by the St. Joseph Health, Santa Rosa Memorial Hospital in the CB Plan/Implementation Strategy.

## **ORGANIZATIONAL COMMITMENT**

### **Community Benefit Governance and Management Structure**

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

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

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

The Community Benefit Committee is a joint committee of the Boards of Trustees of Santa Rosa Memorial and Petaluma Valley Hospitals (SJHS-SC entities), and supports these boards in overseeing community benefit activities in accordance with its Board approved charter. The Committee consists of at least three members of the Boards of Trustees and has a majority of members from the community who have knowledge or experience with populations with disproportionate unmet health needs in the communities served. During FY 11, members of the SJHS-SC Executive Management Team and Trustees of both Santa Rosa Memorial and Petaluma Valley Hospitals made site visits out in the communities to see the Community Benefit clinics and programs in action, and to speak with some of those being served.

## PLANNING FOR THE UNINSURED AND UNDERINSURED

St. Joseph Health (SJH) hospitals serve all persons in the communities where we are located. We aspire to reflect the healing ministry of Jesus by providing health services with the upmost dignity and compassion for each patient and family in our care. In a confidential and caring environment patients in need are provided financial assistance to pay their SJHS hospital bills and, in turn, to ensure access to needed healthcare as an essential element of fulfilling their human dignity and ability to live more healed, more whole, and more able to contribute to the common good.

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

Standard Seven of the Values Standards and Key Indicators (2001) states: St. Joseph Health commits resources to improving the quality of life in the communities we serve, with special emphasis on the needs of the poor and under-served. Each SJHS hospital will demonstrate a commitment to Charity Care and will report the monetary value of such care according to the St. Joseph Health Financial Assistance Policy.

### Patient Financial Assistance Program

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Joseph Health has a Patient Financial Assistance Program that provides free or discounted services to eligible patients.

## COMMUNITY:

Sonoma County is located north of the San Francisco Bay area and is the southwestern most county of California's wine region

The county is 1,575.88 sq. mi. and the physical geography represents a balance of redwood forests, viticulture and orchards. Nearly 62% of the land is agricultural with 250+ wineries in 11 distinct and two shared federally designated American Viticulture Areas. The population density is 307.1 persons per sq. mi. well above the state average of 238.9. Figure 1 is a visual representation of St. Joseph Health Santa Rosa (to the North) and St. Joseph Health, Petaluma Valley (to the South).

Figure 1. St. Joseph Health, Santa Rosa Memorial and St. Joseph Health, Petaluma Valley



## DEFINITION OF THE COMMUNITY BENEFIT SERVICE AREA

In 2005 Dignity Health, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI). The 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. The ability to pinpoint neighborhoods with significant barriers to health care access is an important advancement for public health advocates and care providers.

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

### Barriers

1. Income: elder poverty, child poverty and single parent poverty
2. Culture: non Caucasian Limited English
3. Education: without HS diploma
4. Insurance: unemployed and uninsured
5. Housing: renting percentage

CNI demonstrated need at the zip code level where each zip code is assigned a score from 1 (low need) to 5 (high need) for each barrier. For barriers with more than one measure, the average is used as the barrier score. Once each zip code is assigned a score from 1 to 5 for each of the five barriers, the average score is calculated to yield the CNI.

While there are pockets of significant unmet need throughout the area, the map of the SJH-SC Community Benefit service area notes the largest “hot spots” of need: northern Sonoma County, South Santa Rosa, unincorporated Sonoma Valley and Guerneville. Within the county, there are also small pockets of high need among vulnerable populations, such as seniors, agricultural workers, children, and workers in the unformal sector of the local economy living in asset-poor neighborhoods. Petaluma Valley has defined both a primary and a secondary Community Benefit Service Area (CBSA), reflective of the areas of greatest priority and lesser priority. The secondary CBSA is reflective of the hospital’s local service area, and the primary CBSA reflects the pockets of greatest vulnerability and health inequity and demand for support. Given the countywide nature of St. Joseph Health – Sonoma County’s Community Benefit work, the areas of greatest need not identified as a primary CBSA for Petaluma Valley have been included in Santa Rosa Memorial’s CBSA. Those areas are defined by zip code in the following table:

<b>MINISTRY</b>	<b>City</b>	<b>Zip code</b>	<b>Community Benefit Primary or Secondary Service Area</b>	<b>Description of criterion used to determine ministry CB-SA Primary Service Area and Secondary Service Area</b>
<b>SJHS-SC</b>	Penngrove	94951	Secondary	Concentration of: <ul style="list-style-type: none"> <li>• low-income residents;</li> <li>• Latino residents; or</li> <li>• immigrant residents; or</li> <li>• asset-poor neighborhood.</li> </ul>
	<b>Petaluma</b>	<b>94952</b>	<b>Primary</b>	
		<b>94954</b>	<b>Primary</b>	
	<b>Cotati</b>	<b>94931</b>	<b>Primary</b>	
	<b>Rohnert Park</b>	<b>94928</b>	Secondary	
	<b>Santa Rosa</b>	<b>95401</b>	Secondary	
		95403	Secondary	
		95404	Primary	
		95405	Secondary	
		<b>95407</b>	Secondary	
		95409	Secondary	
	Fulton	95439	Primary	
	Kenwood	95452	Secondary	
	Glen Ellen	95442	Secondary	
	Vineburg	95487	Secondary	
	<b>Boyes Hot Springs</b>	<b>95416</b>	Secondary	
	<b>Eldridge</b>	<b>95431</b>	Secondary	
	<b>El Verano</b>	<b>95433</b>	Secondary	
	<b>Schellville</b>	<b>95476</b>	Secondary	
	<b>Graton</b>	<b>95444</b>	Secondary	
<b>Guerneville</b>	<b>95446</b>	Secondary		
<b>Windsor</b>	<b>95492</b>	Secondary		

**ST. JOSEPH HEALTH, PETALUMA VALLEY**  
**FY 12 - FY 14 Community Benefit Plan/ Implementation Strategy**

Sebastopol	95472	Secondary	
Forestville	95436	Secondary	
Bodega	94922	Secondary	
Bodega Bay	94923	Secondary	
Occidental	95465	Secondary	
Duncans Mills	95430	Secondary	
Villa Grande	95486	Secondary	
Monte Rio	95462	Secondary	
Camp Meeker	95419	Secondary	
Rio Nido	95471	Secondary	
Healdsburg	95448	Secondary	
Cloverdale	95425	Secondary	
Annapolis	95412	Secondary	
Geyserville	95441	Secondary	



## COMMUNITY NEEDS & ASSETS ASSESSMENT PROCESS AND RESULTS

### Summary of Community Needs and Assets 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 System – Sonoma County, 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 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. A presentation was also made to the County Board of Supervisors, as well as Santa Rosa City Council members and the City Manager.

The Needs Assessment 2011 was a collaborative effort by Sutter, SJHS-SC, 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. 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.

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.

### Summary of Key Findings

**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 about 60% of its third graders have already experienced tooth decay, and over 16% of them have untreated decay.<sup>i</sup> 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 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 System – 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 SJHS-SC 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, SJHS-SC 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 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.

**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 SJHS-SC 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.

## Identification and Selection of DUHN Communities

### DUHN Group and Key Community Needs and Assets Summary Table

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

<b>DUHN Population Group or Community</b>	<b>Key Community Needs</b>	<b>Key Community Assets</b>
<b>Latino community</b>	<ul style="list-style-type: none"> <li>• Substance Abuse prevention.</li> <li>• Family violence prevention</li> <li>• Gang prevention measures</li> <li>• Informational Immigration forums</li> <li>• Health Needs</li> <li>• Healthy and nutritious foods</li> </ul>	<p><b>DAAC</b> (Drug Abuse Alternative Center): Resources to address substance abuse.</p> <p><b>Law Enforcement</b> Support residents addressing gang graffiti, traffic calming, crime prevention education</p> <p><b>Medical services</b> for undocumented and uninsured</p> <p><b>Food pantries</b> increase food security</p> <p><b>Local church</b> Holds Immigration forums</p> <p><b>Community agencies</b> Employment, education (literacy, GED, language), health and family support programs</p> <p><b>Media outlets</b> provide bilingual and bicultural programming</p> <p><b>Transitional Housing</b> for people breaking out of homelessness,</p> <p><b>Emergency Shelters</b> for homeless women and children</p> <p><b>Fair Housing</b> information and tenant's rights.</p> <p><b>Coalitions</b> Addressing substance abuse and obesity; agencies &amp; residents together</p>
<b>Youth</b>	<ul style="list-style-type: none"> <li>• Gang Prevention Measures</li> <li>• Substance Abuse prevention</li> <li>• Civic engagement opportunities</li> <li>• Organized youth activities</li> <li>• Higher education mentorship programs</li> <li>• Student retention</li> <li>• STD education and awareness</li> <li>• Sports Teams and Resources</li> <li>• Childhood Obesity</li> <li>• Health education and awareness</li> <li>• After School Programs</li> <li>• Library</li> </ul>	<p><b>Schools</b> ESL classes for parents, Spanish and English classes for youth</p> <p><b>After school programs for youth of all ages</b></p> <p><b>Community Clinics</b> Access to care for low income families</p> <p><b>DAAC</b> (Drug Abuse Alternative Center): Resources to address substance abuse</p> <p><b>Local sports clubs</b> recreation opportunities for youth</p> <p><b>City Parks &amp; Recreation Dept's</b> recreation opportunities</p> <p><b>City libraries</b> Computers &amp; tutors for youth in need of homework help</p> <p><b>Head Start</b> Early childhood social skills and self-esteem building</p> <p><b>Community agencies</b> opportunities for youth to build resiliency, work skills, tutoring</p> <p><b>Grassroots Groups</b> Leadership development and social engagement opportunities</p>

DUHN Population Group or Community	Key Community Needs	Key Community Assets
<b>Seniors</b>	<ul style="list-style-type: none"> <li>• Affordable housing</li> <li>• Access to health services</li> <li>• Transportation</li> <li>• Recreational Activities</li> <li>• Informational Forums</li> <li>• Home Care</li> <li>• Senior Center Resources</li> </ul>	<p><b>Affordable Housing</b> Provides low income housing</p> <p><b>Medical Care</b> Clinic offers services for low income people, and also those who are undocumented and uninsured.</p> <p><b>Senior programs</b> Senior Center offers classes and courses.</p> <p><b>St. Joseph Home Care</b> Home care visits to residents.</p>

### Priority Community Health Needs

Figure 1 describes the community health needs identified through the SJH, Santa Rosa Memorial CHNA. Those needs that the hospital does not plan to address are noted<sup>1</sup>.

**Figure 1.**

Health Needs Identified through CHNA	Plan to Address
Youth Alcohol, Tobacco and Other Drug Use	Yes
Perinatal Alcohol, Tobacco and Other Drug Use	No
Children’s Oral Health	Yes
Childhood Obesity, Nutrition and Fitness	Yes

St. Joseph Health, Petaluma Valley 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 perinatal services, resources and meet the needs of this vulnerable population that Petaluma Valley 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, Petaluma Valley 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 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.

---

<sup>1</sup> A number of community health needs are already addressed by other organizations and will not be addressed in the implementation plan report.

St. Joseph Health, Petaluma Valley has also developed a priority initiative, Care Management for Low-Income Seniors, based on the urgent needs of the area's growing senior population, as identified in the Needs Assessment of the Sonoma County Area Agency on Aging. The needs of this population were not identified in the Sonoma County Community Health Needs Assessment, as it was specifically focused on the needs of children.

### **Needs Beyond the Hospital's Service Program**

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 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.

## **COMMUNITY BENEFIT PLANNING PROCESS**

### **Summary of Community Benefit Planning Process**

St. Joseph Health System – Sonoma County is committed to the shared vision of the communities it serves; articulated in many collaborative efforts, but perhaps most clearly in Health Action and in [www.healthysonoma.org](http://www.healthysonoma.org). Community partners from all sectors have come together through Health Action to develop a strategic vision and plan to improve community health, and that vision is aided by the [healthysonoma.org](http://www.healthysonoma.org) tool. This website provides a single access point to non-biased data and information about community health issues and interventions in Sonoma County and healthy communities in general. Administered by the County of Sonoma's Department of Health Services and jointly funded by its health and healthcare partners, including SJHS-SC, it is intended to help planners, policy makers, and community members learn about issues, identify improvements, and collaborate for positive change. To help guide the community towards success in achieving its vision, SJHS-SC joins its partners in adopting two key frameworks: the Spectrum of Prevention, developed by the Prevention Institute to ensure comprehensive prevention interventions that address the underlying causes of community health concerns, and Collective Impact, which includes a shared agenda, shared measurement, mutually reinforcing activities, continuous communication, and support from a backbone organization, in this case the Sonoma County Department of Health Services.

The steps in the planning process were as follows. For each initiative the problem was defined and how the need was determined; the scope and seriousness of the problem was described; and available resources were identified. The final step in the process was to define how the initiative aligns with the SJHS mission outcomes, the core principles of community benefit established through the "Advancing the State of the Art in Community Benefit – ASACB" project led by the Public Health Institute and in which SJHS was a leading partner; and how it aligns with the local Ministry Strategic Priorities.

The ASACB Core Principles are:

- *Emphasis on Disproportionate Unmet Health-related Needs (DUHN):* All services, activities and donations to be counted as community benefits will include outreach and design elements that ensure access for communities with DUHN.
- *Emphasis on Primary Prevention:* There is increased emphasis on program activities that address the underlying causes of persistent health problems as part of a comprehensive strategy to improve health status and quality of life in local communities.
- *Build Seamless Continuum of Care:* Operational linkages are developed between clinical services and community health improvement activities to ensure that investment in these activities yield measurable impacts upon health status and quality of life.
- *Build Community Capacity:* Charitable resources are strategically targeted to mobilize and build the capacity of existing community assets.
- *Emphasis on Collaborative Governance:* A collaborative approach to the governance and management of community benefit activities is developed.

The criteria and process used to select and prioritize initiatives are the following:

Criteria for Selection of Areas of Focus:

- Congruency and relevance to the mission and vision;
- Size of the issue;
- Seriousness of the issue;
- Community identification of issue as a priority;
- Community capacity to address the issue;
- Organizational capacity to address the issue;
- Feasibility of addressing the issue (time, financial...);
- Potential community and stakeholder engagement in efforts; and
- Potential for sustainability of efforts.

Selection Process:

- Completion and analysis of 3-Year Community Needs Assessment;
- Yearly updating of data through monitoring of Community Benefit activities outcomes;
- Discussion and analysis of information by Community Benefit staff, initial brainstorm on areas of priority focus;
- Discussion and analysis of information by Community Benefit management team, and formulation of recommendations for selection of priority areas of focus;
- Discussion and analysis of data and recommendations by Community Benefit Committee, and selection of priority focus areas;  
Discussion of Community Benefit Committee selection and any discussion of any further recommendations; and
- Final approval of Community Benefit plan by Community Benefit Committee.

## **INITIATIVE NAME: Children's Healthy Weight Initiative**

**HOW NEED WAS DETERMINED:** Interviews were conducted with key informants, including: the Sonoma County Department of Health Services, hospitals, community health centers, other health care providers; Health Action Sonoma County; the Community Activity & Nutrition Coalition;

Network for a Healthy CA; Northern CA Center for Well Being; Redwood Empire Food Bank; Women, Infants & Children (WIC); and other community-based organizations, public agencies, and others. Secondary data was analyzed from local and statewide sources.

Community and provider feedback on the Needs Assessment results was obtained through the use of generative questions in the hospital's Community Benefit Committee and staff meetings, community focus groups, and semi-structured interviews. These interviews yielded the following:

- There is too much junk food, and the cost of fresh fruits and vegetables is rising, hard for low-income families.
- Childhood obesity is more recognized as a bit problem, and there are many efforts to inform the public about it.
- Schools don't offer enough healthy food and have less PE and obesity is rising among our young people.
- Some parents feed their children junk food because it's low cost and they're pressed for time.
- There are many risks associated with childhood obesity, like diabetes and heart disease, and it leads to problems later in life.
- Childhood obesity affects self-image.

**SCOPE OF THE PROBLEM:** (All data abstracted from Kavanaugh, B. (2011), *Community Health Needs Assessment 2011-2014*. Retrieved from [www.healthysonoma.org](http://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.<sup>ii</sup> 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 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%).

Sonoma County has among the highest costs of living, predominantly in terms of housing, in the country: the December 2009 cost of living index for Sonoma County was 160.2, compared to the US average of 100, considered a very high cost. The cost of living was 60 percent higher in the county than the US average. Families that pay a higher percentage of their income for housing may not have the same healthy food options as people with higher incomes.

**CORE PRINCIPLES THAT INITIATIVE IS RELATED TO:**

- A. Emphasis on Disproportionate Unmet Health-Related Needs
- B. Prevention
  - a. Primary
  - b. Secondary
- C. Building a Continuum of Care
- D. Building Community Capacity
- E. Collaborative Governance

**SERIOUSNESS OF THE PROBLEM:** (All data abstracted from Kavanaugh, B. (2011), *Community Health Needs Assessment 2011-2014*. Retrieved from [www.healthysonoma.org](http://www.healthysonoma.org))

As obesity rates continue to skyrocket, even young children are experiencing type 2 diabetes, high blood pressure and other physical consequences, as well as emotional problems. The current generation may even be on track to have a shorter lifespan than their parents. As the prevalence of overweight and obesity continues to rise, the long-term health and economic consequences will be staggering. This increase represents a major public health concern with the potential for future health risks and growing burdens on the healthcare system. Many health conditions once thought applicable only to adults are now being seen in children and with more and more frequency. Children are also more vulnerable than adults to a unique set of obesity-related health problems because their bodies are growing and developing.

- Lack of physical activity and poor nutrition account for approximately 112,000 preventable deaths each year in the United States, making these risk factors second only to tobacco use as causes of preventable death.
- Unless trends change, one in three children born in the year 2000 will develop type 2 diabetes. One in two children of color born in 2000 will develop the disease.
- Excess body weight increases the risk of many health conditions, including: asthma, sleep apnea and respiratory problems, orthopedic conditions, and high blood pressure. Obese children are also more likely to have increased risk of heart disease. One study found that approximately 70% of obese children had high levels (greater than 90th percentile) of at least one key risk factor for heart disease, and approximately 30% had high levels of at least two risk factors.
- Children who are overweight may suffer from social stigma, discrimination, lowered self-esteem, and depression. They tend to participate in fewer activities, to withdraw from social situations, and to be less physically active than their normal-weight peers. One study found that they have a similar quality of life as children diagnosed with cancer.
- Injuries seem to occur more often in overweight individuals, likely due to decreased flexibility and lower bone density. Efforts to promote optimal body weight may not only reduce the risk of chronic diseases but also the risk of unintentional injury among overweight and obese individuals.
- Overweight students miss, on average, one day of school per month. Absenteeism among overweight students is twenty percent higher than that of their peers.

- Overweight adolescents have a 70% chance of becoming overweight or obese adults, putting them at greater risk for heart disease, stroke and diabetes later in life. This increases to 80% if at least one parent is overweight or obese.

### **AVAILABLE RESOURCES**

1. Community Activity & Nutrition Coalition
2. Health Action
3. Redwood Empire Food Bank
4. Northern CA Center for Well Being
5. Network for a Healthy CA
6. School Garden Network
7. Petaluma Bounty
8. Sonoma County Dept Health Services
9. KRCB Public Broadcasting
10. Univision Television

### **Alignment with SJHS MISSION OUTCOMES**

(Sacred Encounters/Perfect Care/Healthiest Communities)

Sacred Encounters – Builds respectful relationships between low-income and other residents, local governments, schools, and private and public agencies that generate effective collaborative partnership.

Perfect Care – Uses evidence-based practice to address the physiological, psychosocial, familiar, environmental, and policy factors associated with topic.

Healthiest Communities – Collects and analyzes data on demographic, socioeconomic, morbidity, and mortality to contribute to countywide collaborative efforts to prevent and treat childhood obesity and associated illnesses in children, adolescents, and their families; focusing on community engagement, leadership, and partnership to achieve sustainable change.

### **Alignment with LOCAL MINISTRY STRATEGIC PRIORITIES:**

- Patient Experience/Sacred Encounters – “Provide care to patients distinguished by ease of use, timely access, safety, and high reliability; patient satisfaction.”
- Physician Collaboration – “Build an Integrated Delivery System Infrastructure – Electronic Medical Record; Engage our physicians as meaningful partners – Develop physician partnerships”
- Employee Collaboration – “Engage our employees are meaningful partners in realizing our mission outcomes” through volunteer opportunities
- Wellness & Health Improvement – “Reduce childhood obesity”

### **Alignment with MANAGING CHARITY CARE COSTS:**

- Focus on social determinants of health, primary prevention, education, and access to appropriate levels of care reduces treatment of obesity-related diseases such as diabetes among unfunded and underfunded patients.

## **INITIATIVE NAME: Youth Alcohol Abuse Prevention**

**HOW NEED WAS DETERMINED:** Interviews were conducted with key informants, including: dental providers, other health care providers, Community Action Partnership and other community-based

organizations, public agencies, First 5 Sonoma County, and others. Secondary data was analyzed from local and statewide sources.

Community and provider feedback on the Needs Assessment results was obtained through the use of generative questions in the hospital's Community Benefit Committee and staff meetings, community focus groups, and semi-structured interviews. These interviews yielded the following:

- The problem seems to be escalating. It isn't improving.
- Parents and teachers are especially concerned about underage and illegal substance abuse.
- Not all high school students seem to be concerned. Some think drinking's a problem, and others think it's a rite of passage.
- Kids who don't get help are more likely to get into trouble with the law or drop out of school.
- There are health issues associated with reckless behavior: addiction, accidents, violence, rape, liver and organ disease, and death.
- Can lead to homelessness.

**SCOPE OF THE PROBLEM:** (All data abstracted from Kavanaugh, B. (2011), *Community Health Needs Assessment 2011-2014*. Retrieved from [www.healthysonoma.org](http://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 Sonoma County in 2009, more youth reported they had smoked marijuana than tobacco in the past 30 days. Survey results also show that Sonoma County students are using tobacco at similar or higher rates than their peers throughout California. In 2006 and 2007-09, daily tobacco between the seventh and ninth grades almost tripled and rose again in 11th grade.

Methamphetamine is a serious problem for some Sonoma County youth. In 2005-06, 2% of Sonoma County 9th graders and 3% of 11th graders reported having used methamphetamine

one or more times in the past thirty days, while in 2007-09, 3% of 9th graders and 3% of 11th graders reported using methamphetamines. Ten percent (10%) of students in alternative high schools (i.e., court and continuation schools) reported current use of methamphetamine in 2005-06 and 6% in 2007-09.

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.

Prescription drug abuse has been identified as a growing problem in Sonoma County. The Sonoma County Prevention Partnership, a voluntary collaborative convened by the Sonoma County Department of Health Services, has identified the misuse or abuse of prescription drugs as an issue and has selected it for research to determine the extent of the problem in Sonoma County.

Sonoma County lacks sufficient AOD treatment programs for youth. The number of youth admitted to AOD treatment programs in Sonoma County over the past three years has decreased from 627 to 550, as state and local budgets shrink. The current system for AOD treatment in Sonoma County relies on two funding sources: the Minor Consent Drug Medi-Cal System, and the Adolescent Treatment Expansion Program, and funding is only secured through 2012.

**CORE PRINCIPLES THAT INITIATIVE IS RELATED TO:**

- A. Emphasis on Disproportionate Unmet Health-Related Needs
- B. Prevention
  - a. Primary
- C. Building a Continuum of Care
- D. Building Community Capacity
- E. Collaborative Governance

**SERIOUSNESS OF THE PROBLEM:** (All data abstracted from Kavanaugh, B. (2011), *Community Health Needs Assessment 2011-2014*. Retrieved from [www.healthysonoma.org](http://www.healthysonoma.org))

Despite efforts to prevent underage drinking, alcohol, tobacco and other drug use remains a pervasive problem among youth in Sonoma County. Prosecutors are noting an increase in the number of cases they prosecute for OxyContin, an opiate-based painkiller that has joined marijuana and methamphetamine as drugs battled most by Santa Rosa and other Sonoma County law enforcement agencies.

High rates of alcohol use and associated risky behaviors by teens have negative consequences for themselves and their communities. The pervasiveness of teenage alcohol misuse is particularly worrisome given the association of teen drinking with injuries due to car crashes, vandalism, property damage, violent behavior, sexual assaults, and emotional problems. These problems create significant trauma for youth and families and drain public resources through increased calls for police service, emergency medical services, health care costs, criminal justice costs, substance abuse treatment, mental health care services and use of other community services.

ATOD use affects the growing adolescent brain and can seriously damage long- and short-term growth processes. Young brains are built to acquire new memories and are “built to learn.” For

teens, given the consequences on their developing brain, there is no such thing as ‘risk free’ experimentation. The brain does not finish developing until the mid-20s. One of the last regions to mature is intimately involved with the ability to plan and make complex judgments. Recent scientific studies suggest that alcohol has several effects on the brain function of children and adolescents, including: different toxic effects for adolescents than those for adults; impairment of brain function and memory; 10% reduction in the brain’s center of learning and memory; short-term or relatively moderate drinking impairs learning more in youth than in adults; poor visual-spatial functioning; poorer retention and retrieval of verbal and nonverbal information; long-lasting changes in the brain; and reduction of students’ academic performance.

ATOD use impacts health. The earlier teens start drinking and using drugs, the greater the harm and the health risks. Alcohol and substance use is associated with increased risk for chronic disease, unsafe health behaviors such as high-risk sexual practices, unintentional injury, mental health problems, and poor oral health. Active smoking by young people is associated with health problems during childhood and adolescence and with increased risk factors for health problems in adulthood. Cigarette smoking during adolescence appears to reduce the rate of lung growth and the level of maximum lung function that can be achieved, with young smokers less likely to be physically fit than young nonsmokers.

ATOD use impacts the future. For teens, their prospects for future success are diminished with the many problems associated with adolescent substance abuse, including absenteeism from school, academic difficulties, poor peer relationships, impact on self-esteem, poor judgment, problems at home, and lasting medical and legal consequences. Young people who start drinking before they are 15-years old are five times more likely to have alcohol-related problems later in life.<sup>iii</sup>

- Underage drinking has high costs. Underage drinking is estimated to cost the nation about \$68 billion each year in deaths, injuries, property damage and related economic and productivity losses.<sup>iv</sup> Underage drinking cost the citizens of California \$8.1 billion in 2007, or \$2,112 per teen.<sup>v</sup> California ranks 31st highest among the 50 states for the cost per youth of underage drinking.<sup>vi</sup> Excluding pain and suffering from these costs, the direct costs of underage drinking incurred through medical care and loss of work cost California \$2.8 billion each year.

## **AVAILABLE RESOURCES**

1. Drug Abuse Alternative Center
2. R House
3. Clean & Sober Classrooms
4. Sonoma County Dept of Health Services - Alcohol & Other Drugs
5. Sonoma County Prevention Partnership
6. Community Health Centers
7. Hospitals
8. Sonoma County Office of Education
9. Local Environmental Prevention & Planning Coalitions
10. Friday Night Live

## **Alignment with SJHS MISSION OUTCOMES**

(Sacred Encounters/Perfect Care/Healthiest Communities)

Sacred Encounters – Builds respectful relationships between low-income and other residents, local governments, schools, and private and public agencies that generate effective collaborative partnership.

Perfect Care – Uses evidence-based practice to address the physiological, psychosocial, familiar, environmental, and policy factors associated with topic.

Healthiest Communities – Collects and analyzes data on demographic, socioeconomic, morbidity, and mortality to contribute to countywide collaborative efforts to prevent and treat childhood obesity and associated illnesses in children, adolescents, and their families; focusing on community engagement, leadership, and partnership to achieve sustainable change.

**Alignment with LOCAL MINISTRY STRATEGIC PRIORITIES:**

- Physician Collaboration – “Engage our physicians as meaningful partners – develop physician partnerships”
- Employee Collaboration – “Engage our employees as meaningful partners in realizing our mission outcomes”

**Alignment with MANAGING CHARITY CARE COSTS:**

Reduces unnecessary emergency department and trauma visits of unfunded and underfunded patients.

## Geriatric Care Management for Low-Income Seniors Initiative

**HOW NEED WAS DETERMINED:** Interviews were conducted with key informants, including: Area Agency on Aging Advisory Council members (seniors), hospitals, senior housing, health, and social services providers, advocates for seniors, and others. Secondary data was analyzed from local and statewide sources.

**SCOPE OF THE PROBLEM:** Information and data abstracted from Sonoma County Area Agency on Aging. Area Plan 2009 – 2012;

[http://www.socoaaa.org/pdf/AREA\\_PLAN\\_FINAL.pdf](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/Area_Update_2010-2011.pdf)

[http://www.socoaaa.org/pdf/annual\\_rpt09-10.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 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. Clearly, with the increase in population, these numbers have grown over the past five years.

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.

Each year, St. Joseph Health System – Sonoma County's House Calls program sees senior patients with multiple complex unmet health and socio-economic needs. During fiscal year 2011, 23% of the House Calls patients were diagnosed with hypertension, and 17% with diabetes. Nearly one third were over 80 years of age.

Sonoma County's geography includes many natural boundaries which present challenges for service delivery. Santa Rosa is the urban center and provides many health and social services. Geographic barriers to outlying areas do, however, create difficulty for some to access services. 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, with special focus on underserved populations (includes Latino, GLBT, low income, socially and geographically isolated)

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. 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 recent "Elder Economic Security Standard™ Index" was developed by the UCLA Center for Health Policy Research, calculating the cost of living in each county in California, based on a senior's living situation and health status. It is intended as an alternative to the official federal poverty index which is a uniform standard used across the country, designed in the 1960's, based on consumption patterns of the 1950's. 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.

While California Department of Finance data indicates an increase of 13.3% in the Sonoma County senior population from FY 2003-2004 to 2008-2009, funding to serve this population has not increased. In fact, from FY 2003-2004 to FY 2008- 2009 there was a cumulative budget reduction for services of 6% in baseline funding to the Area Agency on Aging. This has created an extremely fragile network of services for frail and vulnerable adults age 60 years and older. (This percentage is exclusive of the Health Insurance Counseling and Advocacy Services [HICAP] funding which had significant funding increases as a result of the implementation of Medicare Part D and the increase in the eligible Medicare population.) During FY 2008-2009, the local Ombudsman program funding was reduced by 23% from the previous year.

**CORE PRINCIPLES THAT INITIATIVE IS RELATED TO:**

- A. Emphasis on Disproportionate Unmet Health-Related Needs
- B. Prevention
  - a. Primary
  - b. Secondary
  - c. Tertiary
- C. Building a Continuum of Care
- D. Building Community Capacity

**SERIOUSNESS OF THE PROBLEM:** (All data Retrieved from [www.healthysonoma.org](http://www.healthysonoma.org))

The increase in the numbers of the over 60 population will impact the health care system. By 2030, more than six out of every 10 boomers nationwide will be managing at least one chronic condition. More than one out of every three will be obese, one out of every four will be living with diabetes, and one in two will be suffering from arthritis. One out of every eight people over 65 will suffer from Alzheimer’s; almost one out of two over 85 have the disease. About a quarter million Americans under the age of 65 have “younger onset” Alzheimer’s.

It is critical to invest resources towards helping seniors stay healthy and independent. Evidence-based health promotion/disease prevention activities can be very cost effective. Institutional care costs are very high. Home and community-based care is estimated to cost one quarter of the costs associated with institutional care. If disabilities can be averted or postponed and seniors can remain in the community, there are additional savings. Investing in home and community-based care is more cost-effective, in economic and human terms, than paying for expensive Medicare health care claims, Medicaid nursing home bills, or losing the economic and social contributions of older Americans. Home and community-based services also support the Olmstead Decision—a Supreme Court decision that “requires public agencies to provide services in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” It also supports boomers’ desires to live in their own homes and remain active in their communities as long as possible.

Mental health issues are an important part of senior health care. The risk of depression in the elderly increases with other illnesses and when ability to function becomes limited. Because many older adults experience illness or functional limitations, health care professionals may mistakenly conclude that depression is a normal consequence of these problems — an attitude often shared by patients themselves. Estimates of major depression in older people living in the community range from less than one percent to about five percent, but rises to 13.5 percent in those who require home healthcare and to 11.5 percent in elderly hospital patients.

**AVAILABLE RESOURCES**

1. Sonoma County Area Agency on Aging
2. Council on Aging
3. Catholic Charities
4. Petaluma People Services Center
5. Senior Advocacy Services – Ombudsman
6. North Coast Opportunities
7. Local Senior Centers
8. West County Community Services
9. Jewish Family & Children’s Services
10. Redwood Empire Food Bank

**Alignment with SJHS MISSION OUTCOMES**

(Sacred Encounters/Perfect Care/Healthiest Communities)

Sacred Encounters – Reduces the isolation of seniors.

Perfect Care – Serves seniors facing the greatest barriers to care by providing timely, evidence-based care for their minds, bodies, and spirits; enabling them to stay safely in their homes.

Healthiest Communities – Collects and analyzes data on demographic, socioeconomic, morbidity, and mortality of the seniors served to contribute to countywide collaborative efforts to improve their health and quality of life.

**Alignment with LOCAL MINISTRY STRATEGIC PRIORITIES:**

Patient Experience/Sacred Encounters – “Provide care to patients distinguished by ease of use, timely access, safety, and high reliability.”

Quality – “Practice evidence-based care – Reduce readmissions”

**Alignment with MANAGING CHARITY CARE COSTS:**

Reduces unnecessary emergency department visits and hospital admissions of unfunded and underfunded patients.

## ADDRESSING THE NEEDS OF THE COMMUNITY: FY12–FY14 Community Benefit Initiatives

### Children’s Healthy Weight Initiative

**Description:** In 1998, St. Joseph Health, Petaluma Valley 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, Petaluma Valley 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.

**Goal:** Improve weight status in children in low socio-economic status (SES) neighborhoods

#### Community Partners:

- Community Activity and Nutrition Coalition
- Health Action & its Community Engagement, iGROW, iWALK, and Healthy Students Committees
- Redwood Community Health Coalition and its member health centers
- Neighborhood Care Staff’s Resident Advisory Committee
- Community-based Volunteer Health Promoters
- Local elected officials (County and Cities)

**Outcome Measure:** Percent of improvement in weight status for target population

**Scope:** Children and adolescents ages 0-17 in SJHS-SC Community Benefit Service Area

#### Strategies:

1. Engage community members in environmental and policy changes that support healthy eating and physical activity
2. Provide community education on nutrition and physical activity
3. Provide nutrition counseling to children and their families
4. Increase access to affordable healthy foods
5. Provide mentoring to children and families to support healthy lifestyle choices
6. Build community capacity to support healthy eating & physical activity

#### Strategy 1 Measure:

- Number of public and institutional policy changes that support healthy eating and physical activity

#### Strategy 2 Measure:

- Percentage of participants reporting change in health behavior

## ADDRESSING THE NEEDS OF THE COMMUNITY: FY12–FY14 Community Benefit Initiatives

### Children’s Healthy Weight Initiative (continued)

**Strategy 3 Measure:**

- Rate of diabetes

**Strategy 4 Measure:**

- Number of new recipients of food assistance

**Strategy 5 Measure:**

- Percentage of participants reporting change in health behavior

**Strategy 6 Measure:**

- Number of community partners and residents trained to sustain Healthy for Life and Your Heart Your Health activities

## ADDRESSING THE NEEDS OF THE COMMUNITY: FY12–FY14 Community Benefit Initiatives (continued)

### Youth Alcohol Abuse Prevention Initiative

**Description:**

In order to address the growing problem of youth alcohol abuse in Sonoma County, St. Joseph Health, Petaluma Valley 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. Santa Rosa Memorial’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, Santa Rosa Memorial programs and its community partners.

**Goal:** Reduce the rate of hospitalization due to alcohol abuse among children and adolescents.

**Community Partners:**

SJHS-SC participates in substance abuse coalitions led or championed by the Sonoma County Dept of Health Services’ Public Health Division throughout the county, including the countywide Prevention Partnership, and locally in Petaluma and the Sonoma Valley. The Sonoma County After School Network is another important partner, as is Health Action and its members.

**Outcome Measure:** Reduce rate of hospitalization due to alcohol abuse among children and adolescents ages 0-17

**Scope:** Children and adolescents ages 0-17 in SJHS-SC Community Benefit Service Area

**Strategies:**

1. Increase self-esteem through development/implementation of youth programs
2. Provide parent support (education and social support)
3. Advocate for environmental & policy change in local marketing of alcohol
4. Foment trusting relationships between youth and adults

5. Identify and refer at-risk youth and their families for appropriate services

**Strategy 1 Measure:**

- Percentage of youth who report high degree of self-esteem

**Strategy 2 Measure:**

- Percentage of parents who report high degree of self efficacy

**Strategy 3 Measure:**

- Number of alcohol outlets changing marketing policies or practices

**Strategy 4 Measure:**

- Percentage of youth reporting trusting relationships with adults

**Strategy 5 Measure:**

- Percentage of youth/families identified as at-risk who are referred for services (treatment, parent support, mentoring)

## **ADDRESSING THE NEEDS OF THE COMMUNITY: FY12–FY14 Community Benefit Initiatives**

### **Care Management for Low-Income Seniors Initiative (continued)**

**Description:**

St. Joseph Health, Petaluma Valley’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’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, 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.

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

**Community Partners:**

- Sonoma County Area Agency on Aging
- Hospices
- In-Home Support Services
- Adult Protective Services
- Redwood Empire Food Bank
- Redwood Community Health Coalition & its member clinics
- Petaluma People Services Center
- Catholic Charities

**Outcome Measure:** Number of hospital readmissions for CHF

## **ADDRESSING THE NEEDS OF THE COMMUNITY: FY12–FY14 Community Benefit Initiatives**

### **Care Management for Low-Income Seniors Initiative (continued)**

**Scope:** Individuals ages 65 and above in SJHS-SC Community Benefit Service Area

**Strategies:**

1. Reduce social isolation of low-income seniors
2. Reduce risk for chronic disease
3. Provide comprehensive chronic disease management
4. Prevent infectious disease

**Strategy 1 Measure:**

- Number of seniors participating in community activities

**Strategy 2 Measure:**

- Percentage of participants reporting change in health behavior

**Strategy 3 Measure:**

- Hospitalization rate due to congestive heart failure among House Calls clients

**Strategy 4 Measure:**

- Hospitalization rate due to pneumonia among House Calls clients



<http://www.stjhs.org/>

St. Joseph Health (SJH) is an integrated healthcare delivery system providing a broad range of medical services. The system is organized into three regions--Northern California, Southern California, and West Texas/Eastern New Mexico - and consists of 14 acute care hospitals, as well as home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics, and physician organizations. The ministries that comprise SJH offer a wide variety of services within each of the three regions. From well-established acute care hospitals to clinics in non-traditional settings like school rooms, SJH is establishing a "continuum of care," that is, a system that links and coordinates an entire spectrum of health services.

---

<sup>i</sup> Sonoma Smile Survey, June 2009. p.2.