2014 CHNA Report
St. Joseph Health, Santa Rosa Memorial

St. Joseph Health
Santa Rosa Memorial

2014 Community Health Assessment Report

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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.

Overview of community health needs assessment

Since 1994, not-for-profit hospitals in California have been required by state law to assess community health needs every three years and to use that assessment as the basis for community benefit planning and coordination. Beginning with tax year 2013, under the requirements of the Federal Affordable Care Act (ACA), not-for- profit hospitals throughout the United States are also required to file a community health needs assessment with the Internal Revenue Service. ACA regulations include additional requirements to prioritize community health needs through a comprehensive review of local health data and the gathering of local community input. In 2014, each not-for-profit hospital is required to prepare an implementation plan that shows how the hospital will use its community benefit resources and the assets of local communities to address the prioritized health needs.

Collaborating Organizations

The Sonoma County Community Needs Assessment (CHNA) 2013 is a collaborative effort by St. Joseph Health, Sonoma County (Santa Rosa Memorial and Petaluma Valley), 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.

Community Input

Key Informant Interviews with Local Experts

The CHNA project partners identified a panel of 18 key informants. Key informants were selected for their expertise in a broad variety of health and health-related disciplines including hospital and primary care, public health, maternal and child health, human services, business and education. Project consultants interviewed key informants individually using a standardized set of questions designed to elicit information on the local health issues of greatest concern and perspectives on local opportunities to improve population health and/or the healthcare delivery system. (Appendix 8 lists key informant sectors and interview questions)

Community Based Focus Groups

St. Joseph Health, Sonoma County conducted a series of targeted, community-based focus groups on behalf of the project partners. The goal of the focus group process was to gather information from residents of low-income neighborhoods on their health concerns, the challenges they face in maintaining health and their ideas on how to improve their community's health and wellbeing. Four focus groups were held, averaging 8 participants per group. Groups were facilitated in both Spanish and English, based on group make-up. The groups were

conducted in the communities of Sonoma Valley, Rohnert Park, Santa Rosa, and Cloverdale and were facilitated by St. Joseph Health, Sonoma County's staff using standardized questions approved by the CHNA partnership.

BRFSS - A Telephone Survey of Sonoma County Residents

St Joseph Health, Sonoma County contacted 1500 people (839 completed the survey) using a survey tool incorporating questions from the national Behavioral Risk Factor Surveillance System (BRFSS) survey. The Survey provided valuable information on local health status, health behaviors, experience with the local health systems and highlighted the links between social determinants, predominantly income and educational attainment, and disparities in health and health care access.

Community Need

Community Needs Prioritized

With completion of the information-gathering phase, the Community Health Improvement Committee (CHIC) convened a priority-setting session engaging 20 Sonoma County health and community leaders to review the data and work together to select priority health issues for inclusion in CHNA document. Recommendations were developed using a set of selection criteria developed by the CHNA planning group along with information from the CHNA data profile, findings from the key informant interviews, focus groups, telephone survey respondents and other local data sources.

Criteria for Selection of Priority Health Issues

Significant impact: This health issue is important in both scope (affects a large number of people within the population) and scale (has serious consequences for those affected).

Benchmark issue: Sonoma County lags behind other California counties on this health issue and/or is not on track to achieve Healthy People 2020 goals.

Disparities in health status: This health issue disproportionately impacts the health status of one or more subpopulations.

Links to chronic disease: This indicator is linked to chronic disease and related health outcomes.

Potential for change: Local efforts by hospitals and other partners are likely to result in meaningful improvement in the scope and/or severity of this health issue.

Prevention opportunity: This indicator represents a significant opportunity to improve health outcomes using prevention focused approaches.

The Sonoma County health priorities identified are:

1. ***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.

2. ***Gaps in access to primary care.*** Strong primary care systems are associated with improved health outcomes and reduced health care costs. While most Sonoma County residents have a regular source of care and can access health care when they need it, too many do not. Those who are uninsured, low-income, or are members of racial and ethnic minorities are less likely to have an ongoing source of care and more likely to defer needed care, medicines and diagnostics, often at the cost of unnecessary suffering and poor health outcomes. Increasing access to affordable, prevention-focused primary care can help to eliminate health disparities and promote health and wellbeing.

3. ***Access to services for substance use disorders***. Treatment works. Early screening, intervention and appropriate treatment for harmful substance use and addiction behaviors is critical to intervening with teens, pregnant women and others who can benefit from treatment. Unfortunately, despite increasing levels of addiction, access to substance abuse treatment in Sonoma County is severely limited for low-income individuals without healthcare coverage. Insuring timely access to culturally competent substance abuse treatment, tailored to the specific needs of those seeking help can break the cycle of addiction and benefit individuals, families and the community.

4. ***Barriers to healthy aging.*** People over 60 now make up a larger proportion of the population of Sonoma County than ever before. As growth in this population continues, it will challenge families and communities to provide the support seniors need to stay healthy, safe, engaged and independent. Current senior service "systems" are fragmented, under-funded and often difficult for seniors and their families to understand and utilize. Low-income seniors are especially at risk for neglect, abuse and isolation. Lack of adequate, local supportive services often result in early institutionalization, poor health outcomes and reduced quality of life for many vulnerable seniors. Further development of community-based systems of services and supports for seniors can improve health outcomes and quality of life and significantly reduce costs for long-term institutional care.

5. ***Access to mental health services.*** Many mental health 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 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.

6. ***Disparities in educational attainment.*** Educational attainment is the single greatest predictor of both income and employment status in later life and both factors are powerful determinants of health and wellbeing. In Sonoma County, Hispanics currently lag behind their White counterparts in educational attainment at all levels. Just over 6% of Whites do not have a high school diploma as compared with 45.9% of the Hispanic population. Among current students, 93.6% of White 9th - graders graduate from high school 4 years later as compared with only 64.4% of Latino students.

7. ***Cardiovascular disease.*** Cardiovascular disease is the third leading cause of death for people ages 18-59 in Sonoma County. For residents, age 60 and older, coronary heart disease and stroke are the second and third most common cause of death, behind cancer. Major behavioral contributors to cardiovascular disease include tobacco use, physical inactivity, unhealthy diet and harmful use of alcohol. Education and prevention efforts targeting these "lifestyle" choices and behaviors should be expanded along with continued emphasis on early detection and management of chronic disease.

8. ***Adverse childhood exposure to stress (ACES).*** "Adverse childhood experiences (ACES)," which include a variety of ongoing conditions or events that can be categorized as recurrent childhood trauma, have been documented to lead to health and social problems, risk-taking behaviors and a shortened lifespan for the adults who survive them. ACES have been linked to a range of adverse health outcomes in adulthood, including substance abuse, depression, cardiovascular disease, diabetes, cancer, and premature mortality. The prevalence of ACES underscores the need for additional efforts to reduce and prevent child maltreatment and associated family dysfunction and the need for further development and dissemination of trauma-focused services to treat stress-related health outcomes associated with ACES.

9. ***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. For uninsured people, the cost of both routine and emergency care can be financially devastating. Individuals without health care insurance coverage may defer needed care, diagnostics and medicines for themselves and their families and may, as a result, experience higher rates of preventable illness, suffering, disability and mortality than those who have insurance.

While a significant portion of Sonoma County's uninsured population will be eligible for more affordable health care coverage under The Affordable Care Act, financial barriers may still exist for low-wage earners who are unable to meet premium requirements. And, undocumented individuals will continue to be ineligible for publicly-funded coverage, leaving many individuals and families vulnerable.

10. ***Tobacco use.*** Approximately one-third of all tobacco-using Americans will die prematurely from lung cancer, emphysema, cardiovascular disease and other causes related to their dependence on tobacco. Chewing tobacco is a principal contributor to oral cancers. Most smokers become addicted before the age of 19. Those who start smoking young are more likely to have difficulty quitting and more likely to develop smoking-related illness and disability. Sonoma County's adult smoking rate does not meet the Healthy People 2020 target and is higher than the California average. Smoking rates for teens also exceeds both national and state-level benchmarks. Education programs to prevent smoking initiation among youth should be strengthened along with efforts to expand access to cessation programs for both youth and adults.

11. ***Coordination and integration of local health care system.*** Integration of health care services may take a variety of forms, but essentially consists of the coordination of care to reduce fragmentation and unnecessary use of services, prevent avoidable conditions, and promote independence and self-care. The ability of care providers to effectively develop and use Electronic Medical Records will be critical to the coordination and integration of care. The Affordable Care Act expands health care coverage options for more Sonoma County residents. To maximize resources and provide high quality health care for newly insured patients and those already established in care, local health care services must be better coordinated and integrated with an emphasis on those most vulnerable – the aged, those living in poverty or geographic isolation and those with multiple disabilities.

12. ***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.

13. ***Lung, breast, and colorectal cancer.*** With the exception of stomach cancer, Sonoma County's all-cancer incidence is higher than the California rate. Research shows that routine screening for certain cancers, including breast, cervical and colorectal cancers, can increase detection at an early and often treatable stage, thereby reducing morbidity and mortality. Lung, breast, and colorectal cancer were identified as priorities because they are significant contributors to morbidity and mortality in Sonoma County and present significant opportunities for early detection through expanded education and screening.

II. INTRODUCTION

Our Mission

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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 60 years. Part of a statewide network of hospitals and clinics known as 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. SJH 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, SRM'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. Given the changing context for its work, St. Joseph Health, Petaluma Valley Hospital anticipates the need for a flexible approach in its response to community needs. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by SRM in the Community Benefit Plan/Implementation Strategy.

III. ORGANIZATIONAL COMMITMENT

Santa Rosa Memorial Hospital (SRMH) 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.

Community Benefit Governance and Management Structure

The trustees, executive management, physicians, employees of Santa Rosa Memorial Hospital (SRMH) and surrounding community are all involved in providing on-going feedback/monitoring and informing the direction of policies and programmatic content of community benefit activities. In addition, community benefit plans, processes and programs reflect both the SJH strategic corporate and entity goals and objectives.

SJH's Northern California Ministry Level Strategic Plan 2014 aligns closely with the CHNA. The Plan focuses on seven areas:

- Population health management
- Essentiality
- Network of Care
- Engaged People

- Physician Partnerships
- Value
- Information Sophistication

Within each of these priority areas, SJH-SC has selected strategic initiatives and developed metrics to measure progress. Several align closely with the CHNA priorities. These include:

1. Provide affordable access for individuals and employers through insurance and partnership strategies
2. Improve the health and quality of life of our contracted members by offering programs and services that focus on body, mind and spirit
3. Develop and implement plan to eliminate access difficulties in targeted communities.
4. Partner, build, buy and connect services across the region that expands the continuum of care that meets the needs of our members and the changing community health needs

Number three (3) above is especially aligned with the CHNA, and follows closely Sonoma County Health Action's vision and the priorities identified during the CHNA process.

Its targets include:

1. Children's Healthy Weight Initiative: 65% of participants in community health education will report change in health behavior, by 6/30/14.
2. Youth Alcohol Abuse Prevention Initiative: Youth engagement and leadership assistance provided to Friday Night Live clubs in 2 communities, by 6/30/14.
3. Care Management for Low-Income Seniors Initiative: a) 80% attendance at Senior Healthcare Planning meetings convened by SC DHS; b) Provide intensive case management and home based primary care for 70 seniors with multiple chronic diseases and complex social situations in their home reducing their hospital readmission rate; c) 80% of House Calls Patients will have an Advance Care Directive or POLST form completed, by 6/30/14.
4. Children's Oral Health: a)1200 children will be provided dental prevention, education, and treatment at their school sites through Mighty Mouth program; b) 450 patient visits at mobile dental clinic will occur at WIC sites, compared to baseline of 393. 35% of these children will return for prevention and education as their dental home; c) 98% of Mommy and Me participants will return cavity free., by 6/30/14.

The Community Benefit Committee is a joint committee of the Boards of Trustees of Santa Rosa Memorial and Petaluma Valley Hospitals (SJH-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.

IV. COMMUNITY

Description of Community Served

Santa Rosa Memorial Hospital 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's population was estimated to be nearly 171,000 in 2012. This hospital is a state-of-the-art, 278-bed acute care hospital providing a wide range of specialty services. The hospital is home to the region's Level II Trauma Center serving the entire Coastal Valleys area, including Sonoma, Napa, Mendocino and Lake counties, as well as coastal Marin County.

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) 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.

SRM Service Area Map

Community Profile

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.

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

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

Community	Sonoma County	California
Ethnicity		
White, not Hispanic	65.4	40.1
Hispanic	25.5	37.6
Asian	4.1	13.0
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

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.

Sonoma County's unincorporated areas are home to 146,739 residents, 30.1% of the total population. A significant number of these individuals live in locations that are very rural and geographically remote. Residents of these areas may experience social isolation and significant barriers in accessing basic services and supports such as transportation, health care, nutritious food and opportunities to socialize. Low-income and senior populations living in remote areas may face special challenges in maintaining health and quality of life. Of the county's total senior population, age 60 and older, 12,144 (12%) are considered "geographically isolated" as defined by the Older Americans Act. *(Source:* California Dept. of Aging, *California Aging Population Demographic Projections for Intrastate Funding Formula* (2011)*)*

Race and Ethnicity

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

Community Need Index

The Community Need Index aggregates five socioeconomic indicators that contribute to health disparity, or barrier. These include income (elder, child and single parent poverty), culture (percentage of population that is minority, including Hispanic ethnicity, and the percentage of the population over five years of age with limited English proficiency), education attainment (percentage of residents over 25 years of age without a high school diploma), insurance (unemployed age 16 and older and uninsured) and housing (percentage of renters). Then each zip code is assigned a score of 1 to 5 (low to high) for each barrier and an average score of all the barriers is determined to create the numbers, as shown in the chart above. The need index is based on national figures. Research shows a high correlation between high CNI scores and hospital admissions.

The SRM service area is comprised of twelve zip codes. Of these, one has a CNI rating of "less need", seven have a rating of "average need", three have a rating of "high need", and one, in southwest Santa Rosa, has a rating of "highest need".

Town	Zip	Population	Community Need Index	Need Rating
Primary Service Area				
Santa Rosa	95407	39,259	4.2	Highest Need
	95401	36,356	3.6	High Need
	95403	44,677	3.6	High Need
	95404	41,773	3.4	High Need
	95405	21,512	2.8	Average Need
	95409	25,988	2.6	Average Need
Sebastopol	95472	30,183	3.2	Average Need
Windsor	95492	28,235	2.8	Average Need
Forestville	95436	4,415	3.0	Average Need
Cotati	94931	8,449	3.2	Average Need
Penngrove	94951	4,007	2.4	Less Need
Rohnert Park	94928	43,151	3.0	Average Need
Total Primary		328,005		
Secondary Service Area				
Sonoma County		491,829		
The City of Ukiah, Mendocino County		15,907		
Total Secondary		507,736		
Total Service Area		835,741		

InterCity Hardship Index

The InterCity Hardship Index is another way of assessing the effects of health disparities. This index tracks six indicators: income level as measured by per capita income; crowded housing as determined by the percentage of households with seven or more people; unemployment rate of those 16 and older; educational attainment of a high school diploma by those 25 and older; poverty rate; and dependency, as measured by the percentage of the population under 18 years and over 64 years.

The IHI demonstrates need at the block group level where each block group is assigned a score from 1 (least need) to 5 (highest need) for all indicators. The indicators are standardized then

averaged to create a composite score. The Intercity Hardship Index is based on relative need within geographic area.

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.

Detailed IHI scores are available at the block group level by contacting the St. Joseph Health, Sonoma County Community Benefits Department.

IHI Hardship Index	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	245

V. METHODOLOGY

Analytic Methods - Priority Setting Process and Criteria

The Sonoma County Community Health Needs Assessment (CHNA) 2013 is a collaborative effort to assess the health status of Sonoma County residents and to identify critical areas for health improvement. The collaborating members are Sutter Medical Center of Santa Rosa, St. Joseph Health, Sonoma County, Kaiser Permanente Medical Center – Santa Rosa and the Sonoma County. The 2013 Assessment continues a successful collaboration between the hospital partners and local health department spanning more than a decade.

The group formed a Community Health Improvement Committee (CHIC) that developed a multi-prong approach of primary and secondary data collection from a wide range of sources as described below on pages 29-34. Primary data was collected from local key stakeholders and community focus groups, and a telephone survey. Each provided input into the choice of priorities.

With completion of the information-gathering phase, the CHIC convened a priority-setting session engaging 20 Sonoma County health and community leaders to review the data and work together to select priority health issues for inclusion in CHNA document. Recommendations were developed using a set of selection criteria developed by the CHNA planning group along with information from the CHNA data profile, findings from the key informant interviews, focus groups, telephone survey respondents and other local data sources.

VI. COMMUNITY NEEDS

Community Needs Prioritized

The following criteria were agreed to and used for selection of the top health priorities.

- **Significant impact:** This health issue is important in both scope (affects a large number of people within the population) and scale (has serious consequences for those affected).
- **Benchmark issue:** Sonoma County lags behind other California counties on this health issue and/or is not on track to achieve Healthy People 2020 goals.
- **Disparities in health status:** This health issue disproportionately impacts the health status of one or more subpopulations.
- **Links to chronic disease:** This indicator is linked to chronic disease and related health outcomes.
- **Potential for change**: Local efforts by hospitals and other partners are likely to result in meaningful improvement in the scope and/or severity of this health issue.
- **Prevention opportunity:** This indicator represents a significant opportunity to improve health outcomes using prevention-focused approaches.

1. ***Healthy eating and physical fitness***

CHNA Priority Setting Process	Healthy eating and physical fitness were identified as the highest priority during the CHNA Priority Setting Process.
Selection Criteria	Healthy eating and physical fitness meet priority selection criteria for scope and scale, benchmark issue (obesity, anemia, fitness levels), disparities in health status, links to chronic disease, potential for health improvement based on local intervention, and opportunities for prevention approaches.
Key Informants	Among key informants, 8 of 18 identified chronic disease as a critical community health concern and 6 of those informants identified obesity as a key factor.
Focus Groups	Within the focus groups, 17 of 19 respondents identified obesity as a major health issue affecting their community while 10 identified the lack of access to healthy food. In describing the attributes of a "healthy community," 10 participants identified healthy eating as a critical asset.

2. ***Gaps in access to primary care***

CHNA Priority Setting Process	Gaps in access to primary care services were identified as a priority during the CHNA Priority Setting Process.
Selection Criteria	Access to primary care meets the priority selection criteria for scope and scale, links to chronic disease, disparities in health status, potential for health improvement based on local intervention, and opportunities for prevention approaches.
Key Informants	Among key informants, 7 of 18 identified capacity issues related to access to primary care services. Many key informants noted that the local health care system is experiencing rapid change. Most saw this as positive and expressed support for increased integration across the health care delivery system, renewed emphasis on primary care and continued development of patient centered medical homes.
Focus Groups	Participants in the focus groups identified a number of barriers to health care access in their communities, including social determinants of health such as low wages, lack of transportation, lack of insurance and minimal preventive care for the uninsured.

3. ***Access to services for substance use disorders***

CHNA Priority Setting Process	Limited access to substance use disorder services particularly for low-income residents was identified as a priority during the CHNA Priority Setting Process.
Selection Criteria	Access to treatment services meets priority selection criteria for scope and scale, benchmark issue, links to chronic disease, contribution to health disparities, potential for health improvement based on local intervention, and opportunities for prevention approaches.
Key Informants	Key informants identified drug and alcohol abuse treatment services as a critical service gap in Sonoma County.
Focus Groups	A majority of focus group respondents (17 of 21 respondents) identified drugs as a major challenge to the health of their community and 16 of 20 respondents recommended that the community focus efforts on drug and gang prevention. Eight of 19 respondents identified markets selling alcohol as the most important issue affecting the health of people in the community.

4. ***Barriers to healthy aging***

Key Informants	Among key informants, 5 of 18 identified seniors, emphasizing low income and isolated seniors as the population with the greatest challenges in maintaining their health.

CHNA Priority Setting Process	Barriers to healthy aging were identified as a priority during the CHNA Priority Setting Process.
Selection Criteria	Barriers to healthy aging meet the priority selection criteria for links to chronic disease, disparities in health status, potential for health improvement based on local intervention, and opportunities for prevention approaches.

5. ***Access to mental health services***

CHNA Priority Setting Process	Gaps in access to mental health services were identified as a priority during the CHNA Priority Setting Process.
Selection Criteria	Gaps in mental health services were selected as a focus area because this meets priority selection criteria for scope and scale, disparities in health status, potential for health improvement based on local intervention, and opportunities for prevention approaches.
Key Informants	Eight of 18 key informants identified improved integration of primary care and behavioral health as a top health issue in Sonoma County.

6. ***Disparities in educational attainment***

CHNA Priority Setting Process	Disparity in educational attainment was identified as a priority during the CHNA Priority Setting Process and highlighted in the Data Profile as a leading contributor to unemployment and poverty and as a social determinant of poor health outcomes.
Selection Criteria	Disparities in educational attainment meet priority selection criteria for scope and scale, disparities in health status, potential for improvement based on local intervention, and opportunities for prevention approaches.
Key Informants	Fifteen of eighteen key informants identified educational attainment as one of the most critical issues facing Sonoma County. Education was also mentioned, along with income, as a major driver for chronic diseases and obesity.

7. ***Cardiovascular disease***

CHNA Priority Setting Process	Cardiovascular disease, specifically stroke and diabetes, was identified as a priority during the CHNA Priority Setting Process.
Selection Criteria	Stoke and diabetes were selected as focus areas because they meet priority selection criteria of scope and scale, benchmark issue, links to chronic disease, potential for health improvement based on local intervention, contribution to health disparities, and opportunities for prevention.
Key Informants	Key informants identified contributors to cardiovascular disease i.e., poor

	nutrition and sedentary lifestyle, and other unhealthy behaviors as key health concerns.
Focus Groups	Among focus group participants, diabetes and high blood pressure were highlighted as important issues affecting the health of their community.

8. ***Adverse childhood exposure to stress (ACES)***

CHNA Priority Setting Process	Adverse childhood experiences were identified as a medium priority during the CHNA Priority Setting Process.
Selection Criteria	ACES meet the priority selection criteria for links to chronic disease, potential for health improvement based on local intervention, and opportunities for prevention approaches.
Key Informants	One key informant identified ACES as a significant health concern.

9. ***Access to health care coverage***

CHNA Priority Setting Process	Access to health care coverage was identified as a priority health issue during the community priority setting process.
Selection Criteria	Access to health care coverage was selected as a focus area because it meets priority selection criteria for scope and scale, links to chronic disease, potential for health improvement based on local intervention, and contribution to health disparities.
Key Informants	Among key informants 12 of 18 raised access to primary care services as the most critical issue facing the community. 4 of 18 key informants noted that increasing access to care is important to people with chronic diseases.
Focus Groups	Participants in the focus groups identified a number of barriers to health care access in their community including low wages, lack of transportation, limited health insurance and minimal preventive care for the uninsured.

10. ***Tobacco use***

CHNA Priority Setting Process	Tobacco use was identified as a priority during the CHNA Priority Setting Process and was highlighted in the Data Profile as a leading cause of morbidity and mortality.
Selection Criteria	Tobacco use meets priority selection criteria for scope and scale, benchmark issue (smoking), link to chronic disease, contribution to health disparities, potential for health improvement based on local intervention, and opportunities for prevention approaches.

Key Informants	Several key informants identified tobacco use as a risk factor for chronic diseases, low-birth weight and pediatric asthma.

11. ***Coordination and integration of local health care system***

CHNA Priority Setting Process	Coordination and integration of the local health care system was identified as a priority health issue during the CHNA Priority Setting Process.
Selection Criteria	Coordination and integration of the local health care system meets priority selection criteria for scope and scale, links to chronic disease, contribution to health disparities, potential for health improvement based on local intervention, and opportunities for prevention approaches.
Key Informants	Twelve of 18 key informants identifying collaboration as a countywide strength that needs to be maintained, especially in anticipation of Health Care Reform. Ten key informants discussed health care system improvement, effectively implementing the patient centered medical home and the appropriate allocation of resources such as use of multi-level professional care teams, and integration of primary care and mental health services. Additional mention was made of the work to develop palliative care options, and the policy work on the use of prescription drugs. Key informants emphasized the need to continue the work of the Community Health Improvement Committee (CHIC), Health Action, the Care Transitions Project, the Healthy Eating Active Living (HEAL) Initiative, and other upstream approaches now underway.
Focus Groups	Ten of nineteen focus group participants identified more collaboration among public and private entities as the most important issue facing their community.

12. ***Disparities in oral health***

CHNA Priority Setting Process	Disparities in oral health were identified as a priority health issue during the CHNA Priority Setting Process.
Selection Criteria	Oral health disparities meet the priority selection for scope and scale, contribution to health disparities, potential for health improvement based on local intervention, and opportunities for prevention approaches.
Key Informants	Four of eighteen key informants identified disparities in oral health as a critical issue, while several noted that integrating oral health assessment and referral into routine primary care would improve oral health.
Behavioral Health Risk Survey	Information gathered through the St. Joseph Health Behavioral Risk Factor Survey documents disparities with regard to dental care access. Seventy-seven percent (77%) of survey respondents with incomes at 200% of FPL or higher reported having had their teeth cleaned by a dentist or dental hygienist within the

	past year, as compared with 47% of those with incomes below that level. Among respondents living below FPL, only 35% report cleaning within the past year; 16% report not having had their teeth cleaned in the past 5 years; and 11% report never having had them cleaned.

13. ***Lung, breast, and colorectal cancer***

CHNA Priority Setting Process	Cancer was identified as a priority during the CHNA Priority Setting Process and highlighted in the Data Profile as a leading cause of morbidity and mortality.
Selection Criteria	Lung, breast, and colorectal cancer were identified as a focus area because they meet priority selection criteria for scope and scale, benchmark issue (female breast cancer, lung and colorectal cancer), and opportunities for prevention approaches.

Disproportionate Unmet Health Need Group (DUHN), Key Community Needs, and Assets Summary

Identification and Selection of DUHN Communities

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within St. Joseph Health – SRM Service Area.

DUHN Population Group or Community	**Key Community Needs**	**Key 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 • Food security and access to healthy food • Childhood obesity prevention and awareness programs • Secure neighborhoods and access to safe recreation activities	• SJH – Mobile Health Clinic • SJH – Neighborhood Care Staff • SJH – Agents of Change • Promotores de Salud • SJH- Dental health Clinic • SJH – House Calls • 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 • Resident led actions addressing quality of life concerns

DUHN Population Group or Community	Key Community Needs	Key Community Assets
		• Community garden • Food pantries increase food security • Local church • Community agencies • Employment, education, and family support programs • Coalitions addressing substance abuse and obesity; agencies & residents together
Latino community	• Information about health insurance access • Access to culturally and linguistically sensitive health services, e.g., patient centered medical home • Substance abuse prevention • Gang prevention measures • Family violence prevention • Informational immigration forums • Nutrition education about healthy eating and foods • Access to healthy food	• SJH – Mobile Health Clinic • SJH – Neighborhood Care Staff • SJH – Agents of Change • Promotores de Salud • DAAC (Drug Abuse Alternative Center): 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 • Injury prevention education • Obesity prevention education and	• Free or Low Cost Children's Health Insurance • Healthy for Life

DUHN Population Group or Community	Key Community Needs	Key Community Assets
	programs, including nutrition education, and access to healthy foods • Fitness training • Sports Teams and Resources • Substance Abuse prevention • Civic engagement opportunities • Organized youth activities • Gang prevention measures • Higher education mentorship programs • Student retention • STD education and awareness • After school programs • Libraries	• SJH- Clinic and Mobile Clinic • SJH – Mighty Mouth Dental Health Education Program • SJH – Circle of Sisters • Schools ESL classes for parents • Spanish & English classes for youth • After school programs for youth • DAAC (Drug Abuse Alternative Center): 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 • Community agencies opportunities for youth to build resiliency, work skills, tutoring • Grassroots groups leadership development and social engagement opportunities
Seniors	• Access to health services • Health screenings • Balance training to prevent falls • Obesity prevention: access to healthy foods and fitness training • Transportation • Affordable housing • Informational forums • Home care • Senior center resources • Food security • Recreational activities	• SJH – House Calls • SJH –Home Sweet Home – home care visits • SJH – Neighborhood Care Staff • Affordable housing provides low income housing • Community Health Centers offer services for low income, uninsured and undocumented people • Senior Center offers classes and courses

DUHN Population Group or Community	Key Community Needs	Key Community Assets
Undocumented immigrants who do not speak English	• Information about health insurance • Assistance accessing Immigration resources • Processes that facilitate access to medical care • Wider outreach & access to healthy food through more food pantries • Affordable housing for single	• SJH – Mobile Health Clinic • Promotores de Salud • Media outlets provide bilingual & bicultural programming • Local church • Immigration forums • Healthcare services for undocumented & uninsured • Food pantry increases food security • Community agencies • Employment, education, and family support programs • Housing assistance addressing needs of undocumented and low income residents

VII. PRIMARY DATA

Community Input

The CHIC selected three types of community input: key informant interviews with leaders in the community, from the County Department of Health Services and local health, education and business leaders; focus groups in different communities throughout the county, balanced in terms of geography and culture; and a telephone survey of 1,500 people. These three methods allowed the CHIC to hear from content experts, community leaders, and a broad spectrum of community members.

Key Informant Interviews with Local Experts

CHNA project partners identified a panel of 18 key informants. Key informants were selected for their expertise in a broad variety of health and health-related disciplines including hospital and primary care, public health, maternal and child health, human services, business and education. Project consultants interviewed key informants individually using a standardized set of questions designed to elicit information on the local health issues of greatest concern and perspectives on local opportunities to improve population health and/or the healthcare delivery system.

Community Based Focus Groups

St. Joseph Health, Sonoma County conducted a series of targeted, community-based focus groups on behalf of the project partners. The goal of the focus group process was to gather information from residents of low-income neighborhoods on their health concerns, the challenges they face in maintaining health and their ideas on how to improve their community's health and wellbeing. Four focus groups were held, averaging 8 participants per group. Groups were facilitated in both Spanish and English, based on group make-up. The groups were conducted in the communities of Sonoma Valley, Rohnert Park, Santa Rosa, and Cloverdale and were facilitated by St. Joseph's staff using standardized questions approved by the CHNA partnership.

BRFSS - A Telephone Survey of Sonoma County Residents

St. Joseph Health, Sonoma County contacted 1500 people (839 completed the survey) using a survey tool incorporating questions from the national Behavioral Risk Factor Surveillance System (BRFSS) survey. The survey provided valuable information on local health status, health behaviors, experience with the local health systems and highlighted the links between social determinants, predominantly income and educational attainment, and disparities in health and health care access.

Summary of Community Input

Key Informant Interviews with Local Experts

Despite the diversity of the key informant group, a number of common themes emerged from the interview process.

These themes are:

- **The health care system is changing due to market pressures and Health Care Reform.** Many key informants expressed their support for increased integration across the health care delivery system, a renewed emphasis on primary care, continued development of patient centered medical homes and adopting a population health framework to guide enhanced collaboration and system integration.
- **New financial incentives within the delivery system are key to improving health and health care.** Informants believed that the Triple Aim goals of enhanced patient experience, improved health outcomes, and cost effectiveness must be supported with a system of financial incentives for health care providers at all levels.
- **Changes in composition of the health care workforce are needed.** Concern was expressed about the capacity of the county's primary care system and noted that developing and training new types of health workers (promotores, home health workers, etc.) could help expand capacity and achieve greater cost effectiveness in care delivery.

- **Sonoma County should strengthen collaboration and grass roots efforts to address community health and reduce health disparities.** Reducing health disparities, particularly among children, is critical to health improvement. Respondents mentioned a number of local collaborations that focus on addressing health disparities, promote shared goals and aim to achieve collective impact in community health. They emphasized the need to continue the work of the Community Health Improvement Committee (CHIC), Health Action, the Care Transitions Project, the Healthy Eating Active Living (HEAL) Initiative, and other upstream approaches now underway.
- **The impact of social determinants on health is becoming better understood as key to population health.** Inequities in education, income, access to care and other socio-economic factors lead to inequalities in health status. Place-based projects like HEAL and Health Action, that focus on changing policies and practices in schools, places of employment and other community settings are seen as promising strategies to reduce disparities and promote community health.
- **Continue upstream investments that focus resources on community health and prevention.** Sonoma County's leadership has embraced the importance of making investments in the community to reduce the need for future spending for public services.
- **Sonoma County does not have the infrastructure to support its rapidly growing senior population.** Sonoma County's population is aging; seniors are living longer, becoming more frail as they age and requiring more assistance. The current senior service system is fragmented and often difficult to access. The costs, both human and financial, associated with caring for seniors in institutional settings are not sustainable. Resources and attention must go to addressing the needs of this growing and vulnerable population.

VIII. SECONDARY DATA

Secondary data were gathered from a broad range of sources, including federal, state, and county government sources, academic research, policy advocates research and other local sources. This breadth provided a wealth of information covering demographics, socio-economic factors and health indicators. Below is a complete list of the sources for each type of data.

Data	Sources
Demographics	
Population	California Dept. of Finance, *E-5 Population and Housing Estimates for Cities, Counties, and the State* (2011-2012)
	U.S. Census Bureau, *2010 Census Tracts Reference Maps*; U.S. Census Bureau, *2006-2010 ACS 5-year Estimates*

Data	Sources
Age of Population	California Dept. of Aging, *California Aging Population Demographic Projections for Intrastate Funding Formula* (2011)
Ethnicity	California Dept. of Finance, *E-5 Population and Housing Estimates for Cities, Counties, and the State* (2011-2012)
Births	California Dept. of Public Health, *Birth Statistical Master Files* (2010); California Dept. of Public Health, *Vital Statistics Query*
Income and Wealth	Board of Governors of the Federal Reserve System, *Survey of Consumer Finances* (2010)
	U.S. Census Bureau, *2006-2010 ACS 5-year Estimates*, Table DP03 Selected Economic Characteristics
	U.S. Census Bureau, *2006-2010 ACS* (reported in 2010 inflation adjusted dollars)
	U.S. Census Bureau, *2010 ACS 1-Year Estimate*
Poverty	U.S. Census Bureau, *2006-2010 ACS 5-Year Estimates*, Table B17024 Age by Ratio of Income to Poverty Level in Past 12 Months; Table S1702 Poverty Status in the Past 12 Months of Families
	U.S. Census Bureau, *2005-2009 American Community Survey, 5-Year Estimates*, Table C17002 Ratio of Income to Poverty Level in the Past 12 Months; Poverty Status by Sex by Age?
Employment	Sonoma County Economic Development Board, *Sonoma County Indicators* (2012) (abridged)
	U.S. Census Bureau, *2006-2010 ACS 5-Year Estimates*, Table DP03 Selected Economic Characteristics
Educational Attainment	U.S. Census Bureau, *2006-2010 ACS 5-Year Estimates*, Table S1501 Educational Attainment; Table C15002H Sex by Educational Attainment for the Population 25 Years and Over (White Alone, Not Hispanic or Latino); Table C15002I Sex by Educational Attainment for the Population 25 Years and Over (Hispanic or Latino)
Housing	U.S. Census Bureau, *2006-2010 ACS 5-Year Estimates*, Table DP04 Selected Housing Characteristics; Table S2502 Demographic Characteristics for Occupied Housing Units
	Sonoma County Task Force for the Homeless, *Sonoma County Homeless Census and Survey* (2011)
Food Security	County of Sonoma Dept. of Health Services, *Sonoma County Community Food Assessment* (July 2011)

Data	Sources	
	California Food Policy Advocates, *2010 Survey*	
	Sonoma County Department of Health Services, *WIC Program* (2012)	
Health Insurance	North Bay Business Journal, Book of Lists, Kaiser Permanente (2011)	
	U.S. Census Bureau, *2010 ACS 1-Year Estimate*, Table DP03 Selected Economic Characteristics	
	California Dept. of Health Care Services, *Medi-Cal Managed Care Enrollment Reports* (July 2011)	
	Centers for Medicare and Medicaid Services, *Medicare Enrollment Report* (July 2010)	
	Centers for Medicare and Medicaid Services, *Medicare Advantage/Part D Contract and Enrolment Data* (2009)	
	County Medical Services Program, *CMSP Eligibility Sonoma County by Aid Code by Month, FY 2009-2010*	
Leading Health Indicators		
Leading Causes of Death	California Dept. of Public Health, *County Health Status Profiles 2012*; U.S. Dept. of Health and Human Services, *Healthy People 2020*	
	Cancer	California Dept. of Public Health, *California Cancer Registry*; U.S. Dept. of Health and Human Services, *Healthy People 2020*
	Chronic Lower Respiratory Disease	California Dept. of Public Health, *County Health Status Profiles 2012*
	Leading Causes of Death by Age Group	California Dept. of Public Health, *Death Statistical Master Files* (2008-2010)
Years of Potential Life Lost	California Dept. of Public Health, *Death Statistical Master Files* (2007-2009) (age adjusted)	
Disability by Age Group	U.S. Census Bureau, *2008-2010 ACS 3-Year Estimates*, Table S1810 Disability Characteristics	
Disparities in Health	California Dept. of Public Health, *Death Statistical Master Files* (2005-2009)	
	St. Joseph Health, *Behavioral Risk Factor Surveillance System*	
Children: Prenatal Period to 1 Year	California Dept. of Public Health, *Death Statistical Master Files* (2008-2010)	
	California Dept. of Public Health, *EPICenter: California Injury Data Online*, Overall Injury Surveillance	

Data	Sources
	California Dept. of Public Health, *Birth Statistical Master Files*; *Death Statistical Master Files*, (2008-2010)
	California Dept. of Public Health, *Maternal and Infant Health Assessment (MIHA) Survey* (2010)
	California Dept. of Public Health, *In-Hospital Breastfeeding Initiation Data* (2010)
	California Dept. of Social Services / Univ. of California at Berkeley, *Child Welfare Dynamic Report System*, Single Time Period Table (2010)
	California Dept. of Public Health, *MIHA Snapshot*, Sonoma County (2010)
Children: 1 to 12 Years	California Dept. of Public Health, *EPICenter: California Injury Data Online*
	California Dept. of Public Health, *Asthma Data Query*
	California Dept. of Education, *DataQuest*; *STAR Testing*; *Physical Fitness Testing*
	California Dept. of Education, *DataQuest*; *Physical Fitness Testing*
	St. Joseph Health, *Behavioral Risk Factor Surveillance System*
Children: 13-17 Years	California Dept. of Public Health, *EPICenter: California Injury Data Online*
	California Dept. of Education, *DataQuest*; *Physical Fitness Testing*
	California Dept. of Education, *DataQuest*; *Student & School Data Files*
Adults: 18-59 Years	California Dept. of Public Health, *EPICenter: California Injury Data Online*
	St. Joseph Health, *Behavioral Risk Factor Surveillance System*
	The Commonwealth Fund Common, *Scorecard on Local Health System Performance, 2012*
	UCLA Center for Policy Research, *California Health Interview Survey* (2009)
Adults: 60 Years and Over	California Dept. of Public Health, *EPICenter: California Injury Data Online*
	UCLA Center for Policy Research, *California Health Interview Survey* (2009)
	U.S. Census Bureau, *2006-2010 ACS Estimates*
	California Dept. of Public Health, *Death Statistical Master Files*
Health System Performance Indicators	California Office of Statewide Health Planning and Development, *AHRQ-Prevention Quality Indicators*, Patient Discharge Data (2009)
	The Commonwealth Fund, *Scorecard on Local Health System Performance, 2012*
	The Commonwealth Fund, *State Scorecard of Child Health System Performance*,

Data	Sources
	2011

Summary of Secondary Data Analysis

Refer to Attached CHNA 2013-16 for summary of Secondary Data Analysis (pages 32-56).

Conclusion and Next Steps

The purpose of the Community Health Needs Assessment (CHNA) process is to develop and document key information on the health and wellbeing of Sonoma County residents. In conjunction with this report, each hospital partner will develop a community benefit plan as required by the Affordable Care Act and the State of California. These plans will build on the community assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H.

The Sonoma County 2013 CHNA will also be made available as a resource to the broader community. It is hoped that, in this way, the CHNA be a useful resource for further communitywide health improvement efforts. Please visit www.healthysonoma.org <http://www.healthysonoma.org> to access the report and for more information about community health issues in Sonoma County.

APPENDIX 1

Community Health Need Assessment Steering Committee

Name	Title	Affiliation or Organization
Jo Sandersfield	Vice President for Mission Integration	St. Joseph Health System, Sonoma County
Andrea Michelsen	Community Benefit/Community Health Manager Public Affairs	Marin Sonoma Service Area, Kaiser Permanente
Penny Cleary	Director of Development North Bay	Sutter Medical Center of Santa Rosa
Peter Rumble	Director of Health Policy, Planning and Evaluation	Sonoma County Department of Health Services
Dory Escobar	Director of Community Benefit	St. Joseph Health System - Sonoma County
Shan Magnuson	Community Benefit/ Health Specialist Public Affairs	Marin Sonoma Service Area, Kaiser Permanente

APPENDIX 2

Community Input

Public Health or Other Departments or Agencies

Organization	**Nature of Community Input**
Sonoma County Department of Health Services	Share secondary data, provide input on analyzing secondary data
Sonoma County Office of Education	Share observations
Economic Development Board	Share observations

Community Leaders and Representatives

Describe the medically underserved, low-income, or minority populations being represented by organizations providing input.

Organization	**Nature of Community Input**
Drug Abuse Alternative Center	Share observations
Santa Rosa Community Health Centers	Share observations of the greatest needs of low income

	population
Sonoma Indian Health Project	Native American population

Others which Represent the Broad Interests of the Community

Organization	Nature of Community Input
Redwood Community Health Coalition	Share observations on the greatest needs of low income population in service area
Kaiser Permanente	Share secondary data (KP CARES Platform)
Partnership HealthPlan of California	Share observations
Sonoma County Oral Health Access Coalition	Share observations

APPENDIX 3

Contracted Third Party

The Research and Report Development was prepared by BK Consult, a Health Care Consulting Firm located in Petaluma CA. BK Consult has extensive public involvement experience with over 25 years working with community based service organizations in health care, mental health and education. Since 2005, BK Consult has collaborated with the Community Health Improvement Committee of Sonoma Health Alliance, to complete their community health needs assessments. BK Consult has also worked with Kaiser Permanente, Santa Rosa and SJH, Sonoma County to complete their CHNA Implementation Plans.

APPENDIX 4

Healthcare Facilities within Service Area

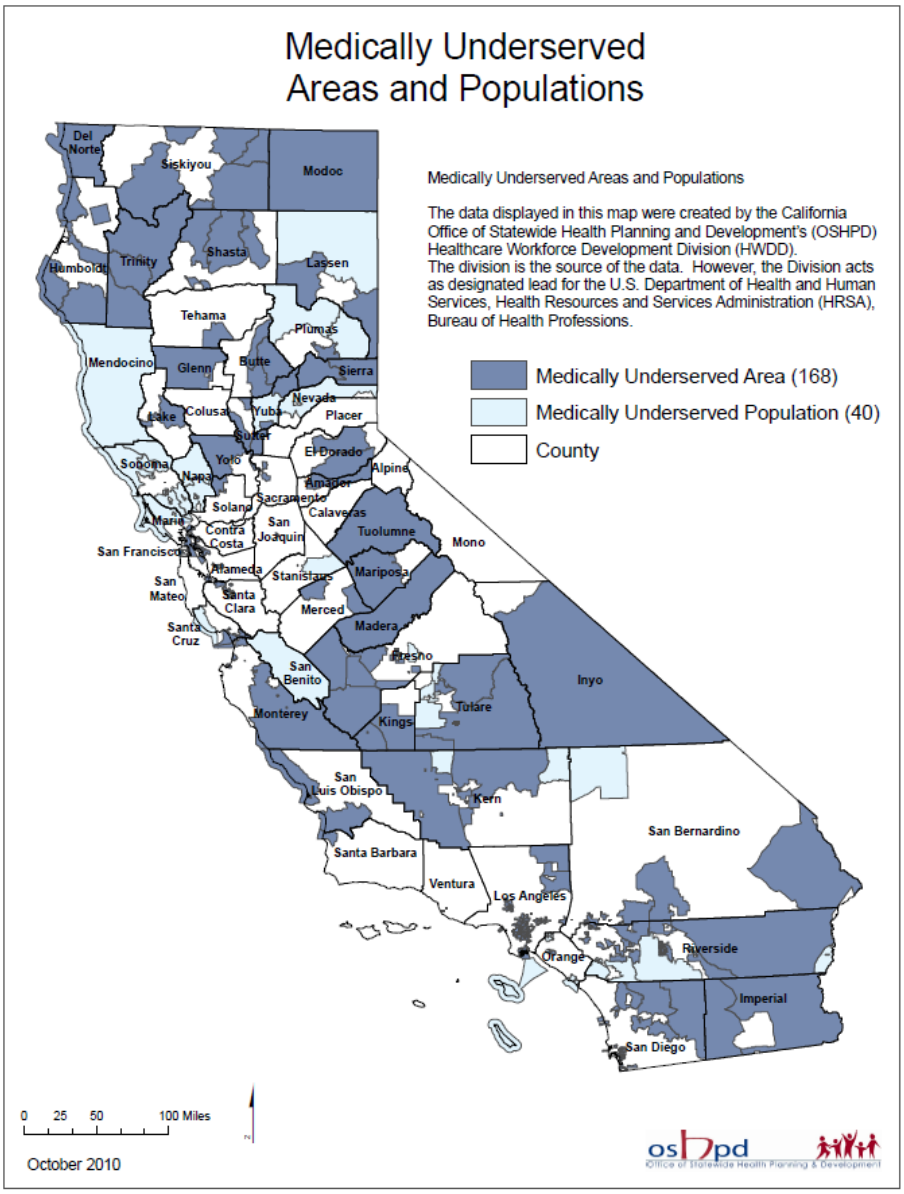
Name	Address	Description of Services Provided
SJH Petaluma Valley Hospital	400 N. McDowell Blvd. Petaluma, CA 94954	Acute and critical care hospital (80 bed) offers 24 hour emergency and outpatient services
Kaiser Permanente Hospital Santa Rosa	3558 Round Barn Blvd. Santa Rosa, CA 95403	Acute care hospital (173 bed) serving Sonoma County with 24-hour emergency department
Kaiser Permanente Hospital	99 Montecillo Rd.	Acute care hospital serving Marin County

San Rafael	San Rafael, CA 94903	with 24-hour emergency department
Sutter Medical Center Santa Rosa	3325 Chanate Rd Santa Rosa, CA 95404	Community based, not-for-profit hospital serving Sonoma County and neighboring communities
Sonoma Valley Hospital	347 Andrieux Street Sonoma, CA 95476	Acute care hospital offers emergency, inpatient and outpatient services
Palm Drive District Hospital	501 Petaluma Ave Sebastopol, CA 95472	Acute and critical care hospital (37 bed) offers emergency and outpatient services
Healdsburg District Hospital	1375 University Ave Healdsburg, CA 95448	43 bed acute care hospital offers emergency, inpatient and outpatient services
Alliance Medical Center	1381 University St Healdsburg, CA 95448	Primary medical care services Dental care services Two sites in Healdsburg and Windsor
Coastal Health Alliance	65 3rd Street Point Reyes Station, CA 94956	Primary medical care services Three sites in Bolinas, Stinson Beach and Point Reyes
Jewish Community Free Clinic	490 City Center Dr Rohnert Park, CA 94928	Free medical care services
Petaluma Health Center	1179 N McDowell Blvd Petaluma, CA 94954	Primary medical care services Dental care services
Santa Rosa Community Health Centers	3569 Round Barn Circle Santa Rosa, CA 95403	Primary Medical Care Services Dental care services Three sites in Santa Rosa
Sonoma Valley Community Health Center	430 W Napa St Sonoma, CA 95476	Primary medical care services
Sonoma County Indian Health Project	144 Stony Point Rd Santa Rosa, CA 95401	Primary medical care services Dental Care Services
West County Health Centers	14045 Mill St Guerneville, CA 95446	Primary medical care services Dental care services Three sites in Sebastopol, Guerneville and Occidental

APPENDIX 5

Medically Underserved Area

At least part of Sonoma County, California, is designated as a Medically Underserved Area (MUA). The area is 0.8 square miles and is located near downtown Santa Rosa. This designation was approved in May 1994 by the California Healthcare Workforce Policy Commission. Most of California's large population counties contain designated areas. All MUA designations are permanent; once assigned, these areas retain their status as medically underserved areas irrespective of changes in population demographics or the workforce.



Source of information: http://gis.oshpd.ca.gov/atlas/topics/shortage/mua/sonoma-service-area

If applicable:

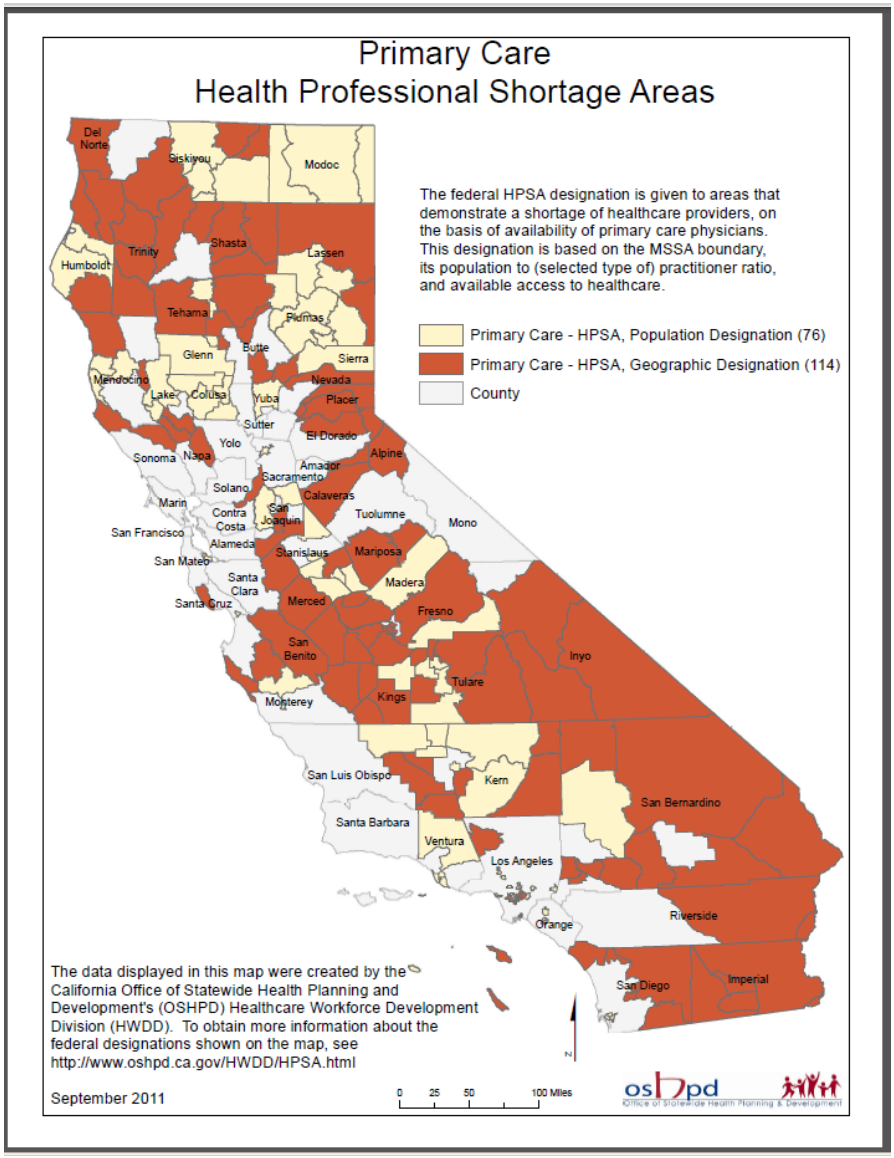
"HRSA has calculated an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100 where 100 represents the least underserved and zero represents the most underserved.1

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. "

APPENDIX 6

Health Professions Shortage Area

Primary Care Health Professional Shortage Areas (PC-HPSA) are designated based on primary care physician availability. Geographically, PCHPSAs are Medical Service Study Areas that meet federally mandated criteria to qualify facilities for benefit programs. Approximately 20% of Californians live in a PCHPSA. The Cloverdale area in Sonoma County is a designated PC-HSPA. There are 6,888 civilian residents in this area, which is 307.5 total square miles.



If applicable:

Health Professions Shortage Areas (HPSAs) can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."1

APPENDIX 7

Community Benefit Committee

Name	Title	Affiliation or Organization
Jim Adams	Santa Rosa Memorial Board of Trustees	Former CEO REACH
Jim Carr	Petaluma Valley Board of Trustees	Retired Director of Parks and Recreation for City of Petaluma
Lisa Carreño	Regional Director	10,000 Degrees
Pam Chantar	Santa Rosa Memorial Board of Trustees	Vantreo Insurance
Oscar Chavez	Assistant Director	Human Services Department of Sonoma County
Robert Curry	Petaluma Valley Board of Trustees	Project Director Marin County Tobacco Control Project
Teejay Lowe	Santa Rosa Memorial Board of Trustees	CEO, G&G Markets
Sister Mary Bernadette McNulty	Santa Rosa Memorial & Petaluma Valley Board of Trustees	Member of General Council for Sisters of St. Joseph of Orange
Ernesto Olivares	Santa Rosa City Council Member	Retired Santa Rosa Police Department
Sister Marian Schubert	Santa Rosa Memorial & Petaluma Valley Board of Trustees	EVP, Mission Integration for St Joseph Health
Jo Thornton	Petaluma Valley Board of Trustees	Member of Petaluma Health Care District
Catherine Wittenberg	Santa Rosa Memorial Board of Trustees	Retired Healthcare Professional
Sharon Wright	Santa Rosa Memorial Board of Trustees Vice Chair	Wright Consulting

APPENDIX 8

Key Informants and Interview Questions

In an effort to gather diverse points of view those interviewed represented the following sectors, services, organizations and agencies:

- Health and Human Services (6)
- Hospitals (3)
- Sonoma County Schools (1)
- Oral Health Services (1)
- Community Health Centers (4)
- Community Based Organizations (1)
- Health Insurance Plans (1)
- Economic Development (1)

Key Informant Interview Questions

1. What do you see as the most critical issues impacting the health of residents in Sonoma County?
   a. Why did you select these issues?
2. What opportunities do you see at the local level to make significant change on any of these critical health issues?
   a. What role could your organization play in responding to these health issues?
3. In addition to the criteria you mentioned in question #1, are there other criteria we should consider in prioritizing community health issues?
4. In Sonoma County, which populations have the greatest challenges in achieving and maintaining good health?
   a. What could be done to address these challenges?
5. What kinds of changes, e.g., system redesign, program development, etc, within your field present significant opportunities for community health improvement?
6. In what ways is our current health system lack capacity to address community health needs?
7. Do you have any questions about the needs assessment?
   a. Is there anything we have not talked about that we should keep in mind during the needs assessment process?
8. Is there anyone else we should talk with about the community health needs?

Neighborhood focus groups

Focus groups were held in Sonoma Valley, South Santa Rosa, Northwest Santa Rosa/Fulton, Rohnert Park. Participants (total 34)

Focus Group Questions

1. What does a healthy community look like?
2. What aspects or conditions in your community help you and your family stay healthy?
3. What do you think is the most important issue affecting the health of people in your community?
4. What can the community do to support you (and your family) in maintaining your health?
5. What are you willing to do to help your community to be a healthy community?