

Sutter Medical Center of Santa Rosa

**Community Benefit Plan
2008-2010**

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INTRODUCTION - *Organizational Overview*

Sutter Health

The not-for-profit, community based organizations that comprise Sutter Health started as independent health care providers. More recently, however, declining reimbursement from HMO's and Medicare has made it difficult for independent hospitals and physicians to continue operating on their own.

Since affiliating with Sutter Health, every one of our hospitals and physician organizations has added new programs and services. Building a strong network has also helped our member organizations create more than 1,000 new jobs for Northern California.

Today, Sutter Health is one of the nation's leading health care systems with care centers in more than 100 communities. Sutter Health's network includes 26 acute care hospitals, region wide home health, hospice, and occupational health networks, and long term care centers. Sutter Health has relationships with approximately 3500 physicians, and has a system-wide workforce of more than 43,000 people.

Sutter Health cares for more inpatients than any other network in Northern California and is the leader in cancer care, infant deliveries, neonatology, orthopedics, and pediatrics. Through research institutes in the Bay Area and Sacramento Valley, patients at Sutter Health facilities have early access to the latest and most promising medicines, techniques, and technology.

Each year, Sutter Health affiliates invest millions of dollars in providing charity care, supporting community benefit programs, and absorbing the unpaid cost of public programs like Medicare and Medi-Cal. As a not-for-profit system, the affiliates of Sutter Health invested 492 million in community benefit activities in 2007.

Sutter Medical Center of Santa Rosa

Sutter Medical Center of Santa Rosa has been providing health care services to residents of Sonoma County for 12 years. A tradition of quality care by compassionate caregivers has continued over the years as the not-for-profit medical center has expanded and evolved to meet the needs of the community it serves.

The medical center has 145 licensed beds, serving a population of more than 460,000 people. We provide 24-hour emergency services to residents of Sonoma County as well as a portion of Mendocino, Lake, Napa, and Marin counties. The broad spectrum of acute and specialty care services include:

- Community Level III Neonatal Intensive Care Nursery
- High Risk Obstetrics
- Maternal/Neonatal Transport Service
- Pediatrics

- Adult Intensive Care
- Transitional Care Unit
- Cardiac Surgery and Interventional Cardiology Programs
- General and Orthopedic Surgery
- In-patient and Out-patient Rehabilitation
- Women's Health Resource Center and Breast Care Center
- Family Practice Residency Training Program affiliated with UCSF

2007 Governance

Sutter Medical Center of Santa Rosa is governed by a volunteer Board of Trustees comprised of a broad representation of community members, physicians, and chief officers. The board is responsible for stewardship of the mission of the organization, which is: *We enhance the well-being of people in the communities we serve through a no-for-profit commitment to compassion and excellence in health care services.*

- Ross Stromberg, JD., Chair
- Michael J. Cohill, CEO
- Mark Kostielney
- Peter Anderson,
- Gary Furness, M.D.
- Robert Heckey, M.D.
- Terry Davis
- Amy Shaw, M.D.
- Robert Wright, M.D.
- Wanda Tapia
- John DeGroot
- Cynthia Nestle

2007 COMMUNITY BENEFIT REPORT

The following report represents the final report of activities from a three- year plan driven by a community needs assessment conducted in 2004-5 for the planning cycle 2005-2007.

How to Read This Report

The community benefit totals are divided into two line items: benefits for the poor/underserved, and benefits for the broader community. The services for the poor/underserved include traditional charity care and Medi-Cal and are calculated on a cost to charge ratio. Benefits for the broader community include non-billed services, cash donations, in-kind donations, education, and research. *(Note: Sutter Medical Center of Santa Rosa will follow new CHA guidelines that disallow the reporting of unreimbursed costs of Medicare as community benefit. Therefore, these costs are no longer represented*

in our community benefit numbers). Please see below for detailed definitions of each of the above categories:

- 1) *Traditional Charity Care*- Free or discounted health services provided to the uninsured and underinsured populations.
- 2) *Unpaid Costs of Public Programs* - The “shortfall” created when the facility receives payments below the costs of treating public beneficiaries such Medi-Cal patients.
- 3) *Non-billed services* - Activities with no individual patient bill, therefore no deduction from revenue is shown in the traditional statement of revenues and expenses (i.e. support groups)
- 4) *Cash donations* - Dollars donated by a facility to another not-for-profit agency or program
- 5) *In-kind donations* - Any service or staff time donated to the community.
- 6) *Education* - Any community, patient, and medical education including, but not limited to, community lectures, nursing student rotations, and in-service training for existing staff.

2007 Community Benefit Value

In 2007, Sutter Medical Center of Santa Rosa contributed \$24,678,554 to programs that benefit the poor/underserved and the broader community including \$2.986 million in traditional charity care. These contributions represent more than 16% of our net patient revenue.

	Without Medicare	With Medicare
Benefits for the Poor/Underserved	\$10,166,000	\$10,166,000
Benefits for the Broader Community	\$ 2,466,000	\$14,512,554
Total Benefits for the Community	\$12,632,000	\$24,678,554
Net Patient Revenue	\$153,787,000	

The following list represents a full listing of community benefit activities with their corresponding economic values:

5/16/2008
Sutter Medical Center of Santa Rosa
Activities Detail
For period from 1/1/2007 through 12/31/2007

<u>Title / Department</u>	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
All Conference Room Donations Fund Development/Comm Relations (8630)	284,100	0	284,100	Unknown
American Heart Association-Staff time Marketing & Communications (8715)	4,088	0	4,088	5
American Red Cross-Board Time Administration (8610)	8,681	0	8,681	Unknown
Application Assistance to Unfunded Patients-SMCSR Business Services (8530)	230,145	0	230,145	Unknown
BCC Integrated Health Clinic Women's Health Resource Center (7184)	17,897	0	17,897	Unknown
Better Breathers Pulmonary Rehab (7731)	1,782	0	1,782	Unknown
Breast Care Center Nurse Navigator Position Women's Health Resource Center (7184)	58,121	0	58,121	Unknown
Center for Well Being Marketing & Communications (8715)	500	0	500	Unknown
Clinical allied servies Professional training and preceptorships Physical Therapy (7770)	59,426	0	59,426	Unknown
Community Benefit Planning & Reporting Fund Development/Comm Relations (8630)	2,807	0	2,807	Unknown
Community Nutrition/Donated Food Meal Service Nutrition Services (8340)	24,844	0	24,844	Unknown
Direct Entry Master of Science Nursing Program (SSU) Nursing Administration (8720)	22,620	0	22,620	Unknown
Healthcare Workforce Development Roundtable Fund Development/Comm Relations (8630)	1,633	0	1,633	Unknown
Healthy Kids Unknown (0)	26,300	0	26,300	Unknown
Healthy Kids (staff time) Fund Development/Comm Relations (8630)	1,336	0	1,336	Unknown
North Bay Network for Healthcare Education Education (8740)	10,130	0	10,130	Unknown
NorthBay Council-Board Time Administration (8610)	5,460	0	5,460	Unknown
Prescriptions for Indigent Patients Pharmacy (7710)	37,486	0	37,486	Unknown
Residency Education - Unreimbursed Costs Residency (8240)	4,201,196	2,226,153	1,975,043	Unknown
Resident Community Service-Physician Outreach Family Practice Center (7070)	18,427	0	18,427	Unknown
Santa Rosa Junior College ADN Advisory Board Education (8740)	728	0	728	Unknown
Santa Rosa Junior College Pharmacy Tech Program Advisory Committee Pharmacy (7710)	642	0	642	Unknown
Senior Safety Task Force				

5/16/2008
Sutter Medical Center of Santa Rosa
Activities Detail
For period from 1/1/2007 through 12/31/2007

<u>Title / Department</u>	Monetary Inputs			Outputs		
	Expenses	Offsets	Benefit	Persons		
Physical Therapy (7770)	593	0	593	Unknown		
Sexual Assault Response Team Administration (8610)	1,560	0	1,560	Unknown		
Sonoma County DHS Breastfeeding Coalition Marketing & Communications (8715)	6,806	0	6,806	Unknown		
Sonoma County Flu Consortium Marketing & Communications (8715)	2,660	0	2,660	Unknown		
Sonoma County Workforce Task Force Education (8740)	2,840	0	2,840	Unknown		
Sonoma Health Alliance Fund Development/Comm Relations (8630)	16,937	0	16,937	Unknown		
Support of Southwest Community Health Center Administration (8610)	290,000	0	290,000	Unknown		
Sutter Volunteer Program Human Resources (8650)	264	0	264	Unknown		
Transportation for Indigent patients and families Case Management (8751)	44,124	0	44,124	Unknown		
Number of Activities	31	Grand Totals	5,384,133	2,226,153	3,157,980	5

What is the Community Health Needs Assessment 2008?

The Needs Assessment 2008 is a collaborative effort by 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 to spotlight the health, well-being and future of the children of Sonoma County. These partners have joined forces in the past in their joint needs assessments to address a number of significant community health issues – prevention of dangerous falls by seniors, the lack of diversity in the health care workforce, and the need for immunization clinics. As these needs assessments have highlighted important issues in the past, Needs Assessment 2008 searches 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.

Why focus on children’s health?

Children are the treasure and the responsibility of our entire community. Through providing health care services to children in Sonoma County and working with community efforts to address children’s health issues, the hospitals have become increasingly concerned by several problems that appear to threaten the future of our community and our children. These are the epidemics of children’s oral disease, childhood overweight and obesity, and alcohol and other drug use by teens and pregnant women. Shining a spotlight on issues that keep our children from reaching optimal health and taking steps together to improve children’s lives are common goals shared by the region’s hospitals and the Sonoma County Department of Health Services.

The Assessment’s theme - *Windows of Opportunity, a Lifetime of Health* - embraces the notion that there are multiple opportunities to intervene and make positive change to address problems that affect children. But this requires taking action during windows of opportunity – the unique times in life when children are growing and their brains and bodies are developing. By seizing these opportunities, the whole community benefits as children become healthy community members, workers and parents of the future. It is by giving children what they need now to live healthy, productive lives, we steer the future of Sonoma County onto a steady course.

What is the role of the region’s hospitals in improving children’s health?

The hospitals and health department are uniquely positioned to bring a public focus to children’s health issues as a result of their central position in the community health network and their access to the media and policy makers. When they provide leadership and engage in collaborative efforts, better and faster progress can be made on children’s health.

There is effective collaboration happening right now in our community. Everyday, groups are making inroads on difficult child health problems. It is the hope of the Needs Assessment partners

that the data and suggestions in this Needs Assessment can contribute to the efforts to find solutions to these child health problems.

What are the underlying themes of the Needs Assessment?

Promoting prevention. The health problems raised in the Needs Assessment are preventable with concerted action on the part of partners and the community. To this end, the Needs Assessment employs *The Spectrum of Prevention* – “a fundamental model in public health, [which] acknowledges that a broad range of factors play a role in health. Policies, legislation and organizational practices are all powerful influences in shaping an individual’s attitudes”ⁱ and the environment that determines the way people live. The Needs Assessment suggests actions that can be taken on each issue at multiple levels including policies, programs, individual and organizational practices.

Reducing health disparities. Without question across the nation and in California, communities of color and low-income families and individuals suffer disproportionately from lack of access to health care and myriad health problems. Children are no strangers to the “health disparities” linked to socio-economic status and race/ethnicity. Of the issues raised in this Needs Assessment, this disparity is most evident in the areas of oral health and overweight/obesity. The Needs Assessment tries, where possible, to highlight the health disparities and propose actions that can begin to alleviate them.

Fostering understanding. There is a lack of understanding among the public about the connection between childhood dental disease, obesity, and teen and prenatal AOD use and the long-term health of children and teens. Improving the public’s understanding of these child health issues necessitates the collection of accurate data now and into the future. In developing this Assessment, dozens of people working hard on these issues contributed their data and expertise. In the “Indicators” sections, the Needs Assessment proposes a handful of data indicators, which can be used to measure the community’s progress in improving these child health issues. This Assessment aims, through continued collection of data and by educating the public, to increase the community’s understanding of the link between these particular child health issues and overall child health and well-being.

Leveraging opportunities. The Needs Assessment is a critical planning document for the hospitals, and also a call to action for the entire community on children’s health. The hospitals have a large role to play. But, every individual and organization in our community can contribute to turning the curve on these and other child health issues.

The Needs Assessment points to some of the many important efforts already underway in our community to address child health – Healthy Kids, The Pediatric Dental Initiative, the Community Activity and Nutrition-Coalition, the State Incentive Grant Program to reduce teen drinking risk in

Rohnert Park, Petaluma, and Cotati, among others. These are spotlighted for a reason – to provide an opportunity for those in the community who want to support this work to do so. It will take a groundswell of commitment from individuals and organizations, adding their resources and strength to these local efforts, if we are to be successful in making critical shifts in children’s health in our community. Every individual and organization can do something – they can look to *The Spectrum of Prevention* sections throughout this Needs Assessment and find a way to join the work to improve children’s health in our community.

Major Findings of the Needs Assessment

Dental Health. Most children in Sonoma County enjoy good oral health with only infrequent need for interventive treatments. But for a significant number of children poor oral health is a painful and ongoing problem. These children are affected unnecessarily by this preventable disease, falling behind in school and social development, and suffering painful bouts of toothache and infection. Low-income children suffer the most tooth decay. Fortunately, oral disease can be avoided by using a combination of strategies. With a focus on prevention and more access to care, all Sonoma County children can experience optimum oral health.

- Tooth decay, both treated and untreated, is rampant in children.
- Low-income children and Hispanic/Latinoⁱⁱ children experience much higher levels of treated and untreated decay than other children.
- Children do not have access to fluoridated public water, the most effective public health measure to prevent oral disease.
- Children are not getting needed preventive dental visits.
- The need for immediate dental care to treat urgent problems from Early Childhood Caries is high.
- Children are not receiving protective dental sealants in sufficient numbers.
- Many children do not have dental insurance, an important determinant of good oral health.

Overweight and Obesity. 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 address both sedentary behavior and unhealthy diet.

- Overweight and obesity are increasing in Sonoma County.
- Low-income children in Sonoma County are at higher risk for overweight and obesity.
- Sonoma County children are not consuming the daily recommended five servings of fruits and vegetables.

- Physical activity positively contributes to preventable illnesses.
- Food insecurity, defined as limited or uncertain access to nutritious foods, is linked to overweight.
- Sonoma County schools must be part of the solution to solving overweight and obesity, through education, physical activity programs and established nutritional standards for foods offered in school.

Teen Alcohol, Tobacco and Other Drug (ATOD) Use. Alcohol, tobacco and other drug use among Sonoma County teens is a major public health concern. The dangers of alcohol and drug use are extensive, pervasive and lasting for teens and yet the social pressures for teens to drink and use drugs are enormous. The media makes it seem sexy, TV and magazine advertising promote alcohol and tobacco products, and other teens make it seem “cool.” Community factors such as permissive attitudes, behaviors, and easy availability from commercial and social sources play a huge role in contributing to underage drinking and drug use.

- Alcohol is the leading drug used by Sonoma County youth.
- More young people reported using marijuana than tobacco in the past 30 days.
- Tobacco use increases for the first time in six years.
- Methamphetamine is a serious problem for some Sonoma County youth.
- Sonoma County teens exceed the state average with high-risk behaviors associated with alcohol.
- Motor vehicle crashes are the leading cause of death among teenagers. Alcohol use is a major contributor.
- Sonoma County needs more AOD treatment programs for youth.

Prenatal Alcohol and Other Drug (AOD) 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 AOD 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 AOD using pregnant women and help them eliminate substance abuse and find treatment.

- Each year, roughly 600 children are born exposed to alcohol and other drugs in Sonoma County.

- Between 10% and 14% of pregnant women in Sonoma County use alcohol and other drugs (exclusive of tobacco).
- Drug use by pregnant women in Sonoma County is a major problem on a par with or greater than the national average.
- Alcohol is the most frequently used substance by pregnant women in Sonoma County.
- Marijuana is the illicit drug used most often by pregnant women in Sonoma County.
- Tobacco use during pregnancy is widespread – roughly one-fifth of pregnant women in Sonoma County smoke.
- AOD use is linked to child neglect and abuse, and child mortality.
- Sonoma County teens are at high risk for giving birth to a substance-exposed child.

“Water and soil themselves don’t create a beautiful garden. We’ve produced individual flowers, but not a beautiful garden... We need to move from isolated success stories to systematic, sustained successes.” Dr. Charles Homer, President and CEO, National Initiative for Children’s Healthcare Quality

With the completion of the Needs Assessment, several key learnings stand out. These will inform our work on children’s health.

- **The cost benefit of prevention.** Preventing problems before they arise is a particularly powerful tool in child health. Taking logical steps now, when children are young, can set children up for a lifetime of good health. These prevention efforts will result in a dramatic cost savings and reduction in social problems to our community.
- **The need for more and better local data.** The data gathered in this Needs Assessment is a patchwork from many different sources. The data often lack consistency over time, are difficult to compare from year to year, and frequently do not tell the complete story. If our community is to mobilize to make improvements in children’s health, one of our most powerful tools is accurate local data. There are opportunities to make significant improvements in gathering and tracking local data on all of these issues, but particularly on the issues of oral health and prenatal alcohol and drug use.
- **The critical role of environment in health.** The environment where we live, work and play, what foods are available, the quality of the air we breathe, the water we drink, opportunities for exercise, the impacts of advertising on our consumer choices – all of these have an impact on our health. While individual education and behavior change are important to improving health, the real power in making progress on health is in changing the environment and systems that structure and affect our world.

- **The tremendous power of collaboration.** Collaboration holds the promise of allowing progress on issues that any one or two parties alone could never budge. A remarkable local example of the power of collaboration is Sonoma County Healthy Kids. As a result of the determined efforts of dozens of public and private community partners, this collaboration has taken great steps toward solving the problem of uninsured children in Sonoma County. This example of collaboration should be a model on which to base future efforts in children's health improvement.

Where do we go from here?

The future of any society depends on the ability to foster the health and well-being of the next generation. Failure to provide children with what they need puts our future at risk. To make progress we must look for the right balance between individual and shared responsibility for child health, accept our individual and institutional roles in making change and put in place systems to monitor changes over time. In this spirit, the next assessment – Community Health Needs Assessment 2011 – will track and report on progress made on these issues over the next three years

Sutter Medical Center of Santa Rosa 2008-2010 Community Benefit Plan

The 2008-2010 Community Benefit Plan outlines the programs that are highlighted as the major community benefit programs of the medical center. They do not include the activities that are traditionally reported by various departments throughout the medical center such as prescriptions for indigent patients, eligibility screening and application assistance, bus/taxi vouchers, donations to other community-based organizations, etc.

The last few years have been very challenging in our local healthcare environment. The confluence of rising costs and cutbacks in reimbursements, combined with the high cost of living in Sonoma County has resulted in significant financial deficits for Sutter Medical Center of Santa Rosa. Despite this, commitment to the mission has never wavered and our charity care and community benefit contributions increase year over year.

However, in a commitment to be good and thoughtful stewards of our resources in these trying times and to preserve the core of our mission which is to provide excellence in health care services, our plan is to stay focused on the community benefit programs in which we currently participate. The work being done in these projects and programs makes a meaningful impact on our community and we are proud of our contributions.

That being said, we remain committed to collaborating with our community partners to improve the health and well being of our neighbors. In the needs assessment process, several issues were identified as needing further exploration and we are most concerned about the limited data regarding children's oral health. With tooth decay and gum disease reaching epidemic proportions for our children, it is imperative that we make this a community health priority. However, we lack

any substantive local data from which to plan programs and seek funding. Therefore, SMSCR, in partnership with Kaiser Permanente, St Joseph's Health System, and the Sonoma County Department of Health Services, will commission an in-mouth dental screening for children entering kindergarten and 3rd grade.

We are hopeful that this project will yield rich data that can be used to plan effective and targeted interventions that will positively impact the state of oral health for the children in our community.

The medical center sponsors or partners with several community benefit programs. The following section highlights the major programs and services that are either administered or supported by Sutter Medical Center of Santa Rosa.

Family Medicine Residency Program and the Family Practice Center

In its 38th year, the Family Medicine residency program is nationally recognized as one of the highest quality programs for the education and training of family physicians. The faculty and curriculum reflect a commitment to the care of the underserved. The majority of our residents are bilingual (most often in Spanish) and more than 40% of our graduates are providing care primarily to the poor and under-served. In fact, nearly 75% of staff physicians in all of the Federally Qualified Health Centers in Sonoma County are graduates of our residency program.

During the course of their training, our residents spend a great deal of time in the community learning about and caring for many vulnerable populations. Among the many sites they work in are the Jewish Community Free Clinic, Sonoma County HIV Clinic, the Family Support Shelter, and the Sonoma County Maternal Outreach and Prenatal Care Clinic. During these experiences, they learn not only the importance of looking at and caring for the individual patient but they also learn about broader public health issues that challenge our community.

Local awareness of the significant community benefit value of the Residency program has dramatically increased in the last couple of years. The very high cost of living has made it difficult to recruit family physicians to our area and with the aging of our existing family physician workforce, Sonoma County is facing a physician shortage. The majority of physicians who train in our program stay and work in Sonoma County and a significant percentage of them choose to work with underserved populations.

Until very recently, the Santa Rosa Family Medicine Program was under the sole sponsorship of Sutter Medical Center of Santa Rosa. Over the years, providing healthcare in Sonoma County has grown increasingly complex. Financial challenges are causing healthcare providers to look for alternative ways to sustain high quality, affordable care in this community. Training future generations of skilled family physicians is very costly and since the program does not generate any revenue, it cannot be self-supporting.

A consortium of community partners has formed to guarantee that this irreplaceable asset survives and thrives amidst the dramatic changes in health care services currently taking place in Sonoma County. As of February 2007, representatives from all the major health care organizations in Santa Rosa joined Sutter Medical Center of Santa Rosa to form a new partnership to insure the future of the residency program. Members include the Sutter Medical Center of Santa Rosa, Sutter Medical

Foundation North Bay, Sutter Medical Group of the Redwoods, the Sonoma County Public Health Department, Southwest Community Health Center, St Joseph's Health System, Kaiser Permanente, and the University of California San Francisco. Sutter Medical Center of Santa Rosa and Kaiser will provide the major financial support to the Consortium.

The Santa Rosa Family Medicine Residency Consortium is expected to receive approval from the Accreditation Council of Graduate Medical Education to be the new sponsor of the program, effective as soon as possible but no later than October 1, 2008. Sutter Medical Center of Santa Rosa will continue to be a leader in assuring that Sonoma County has a robust family physician "pipeline" for generations to come.

Women's Health Resource Center and Breast Care Center

Since 1998, our Women's Health Resource Center has provided vital health and education services for women in our community. Our Breast Care Center was developed in response to a glaring community need for coordinated, compassionate, not-for-profit care for women facing breast cancer regardless of their ability to pay. There will be about 400 Sonoma County women diagnosed with breast cancer in 2008 with that number expected to grow annually. Because we are in the region of the world with the greatest prevalence of this disease, we feel a tremendous responsibility to address this disease in a meaningful way. Featuring state-of-the-art technology and regionally recognized experts in breast care, we also provide an array of support services at no charge. The cornerstone of the Breast Care Center is our Nurse Navigator, a breast care specialist who guides women through the process of diagnosis, treatment, and recovery. She empowers them to become partners in the healing process by helping them understand treatment options, coaching them on how to communicate with their physicians and surgeons, educating them about community resources, and providing a compassionate presence during a very stressful time. Our 2008-2010 goal is to expand these services, particularly to Spanish-speaking women.

Knowing that complementary therapies such as acupuncture, massage, and stress reduction techniques are proven to benefit cancer patients and that most of these therapies are not accessible to low-income women, we developed a Saturday Integrative Health and Healing clinic that provides free services to low-income women with breast cancer. Our goal from the last 3 year plan was to expand these services in order to meet a growing need. We have successfully met this goal with the support of volunteer practitioners and a partnership with a local integrative medicine clinic. Now we can offer these services, free of charge, every Saturday. We also have a resource library open to the community that features the latest in information on women's health issues

We also provide lymphedema education to help post-mastectomy patients minimize their risk for this serious but preventable condition and high-risk assessment and counseling for women who may be at greater risk for an initial or recurring breast cancer.

The Breast Care Center is supported by a very strong Community Advisory Council. These are survivors, professionals, and other community members who have partnered with Sutter Medical Center in a common commitment to ensure access to the highest quality breast care for all women.

As of June 2008, the Women's Health Resource and Breast Care Center will become part of Sutter Medical Foundation North Bay family and no longer a part of the medical center. We believe that

moving to the Foundation, also a not-for-profit affiliate of Sutter Health, is a positive strategic move that will strengthen its connection to the community, and through the foundation, the Center will continue providing critical health screening services to women regardless of their ability to pay.

Healthy Kids Sonoma County

Sonoma County Healthy Kids collaborative was formed in 2004 to develop and implement a local solution for providing health insurance to an estimated 8,000 uninsured children of low income families in Sonoma County. In November 2005, the Sonoma County Board of Supervisors approved a five-year business plan for the Sonoma County Children's Health Initiative (CHI). The Healthy Kids program completed two and one half years of operations on December 31, 2007. Over this period Healthy Kids has exceeded business plan projections in enrollment of children into health insurance programs, financial contributions, and all other key areas. While current performance is on track, prospects for a long-term State supported insurance program for children are uncertain. The approved business plan contemplated a transition to a State funded program by 2010. Contingency plans have been developed to allow Healthy Kids to operate at a reduced level should State assistance efforts fail.

The business plan assumed that funding from large foundations would be available for up to five years. Two key foundations, The California Endowment and Blue Shield, committed funding with the original intent of providing assistance until health reform occurred. Both foundations have indicated that they will fund Healthy Kids through 2008. With the uncertainties of the passage of health reform and continued foundation funding, the Healthy Kids Steering Committee completed a contingency plan. The primary goals of the contingency plan were to avoid disenrollment of any children and continue operations of Healthy Kids. A key assumption in developing the contingency plan is that there are no likely alternative funding sources available to replace the funds potentially lost from the two foundations. This requires budgeting the program without the \$250,000 annual contributions from the foundations. The key elements of the contingency plan to be implemented if funding from the foundations is lost are:

- Move all children age 6-18 into low cost (CalKids) or funded (Kaiser) insurance programs. Moving 100 children to Kaiser saves \$108,000 and moving 150 children to CalKids saves \$102,000. (Children age 0-5 would continue with coverage under Partnership Health Plan funded by First Five Sonoma County)
- Expand the relationship with United Way with the goal of raising \$200,000 annually
- Raise the family co-premiums for insurance resulting in savings of \$40,000
- Renew current local funding sources, including Sutter Medical Center of Santa Rosa and/or Sutter Medical Foundation North Bay
- As in the past, the DHS will provide funding for the program administrator position.
- The Healthy Kids program is able to continue operations and enroll children in Kaiser and State-funded programs

The current status of the statewide budget has delayed substantive discussions on reform. It will be necessary for Healthy Kids to plan for all contingencies, including the possibility that reform will not pass and the foundations will not fund beyond 2008. Planning will continue in 2008-2009.

Healthcare Workforce Development Roundtable

Formerly called “Grow Your Own”, this collaborative was established in 2002 in response to a growing health care workforce shortage that was seriously impacting our local communities. Additionally, it is notable that our current health care workforce does not reflect the ethnic and cultural diversity of the patients for whom we care. We believe that one way of increasing access to high quality care for our communities of color is to have a more culturally competent workforce with professionals who are bicultural as well as bilingual. The Healthcare Workforce Development Roundtable is a collaborative of health care organizations, local educators, and community-based organizations with a common interest in “filling the pipeline” with skilled, diverse professionals. The over-arching goal of the Roundtable is to attract high school and young college students, particularly Latino students, to health careers through a social marketing campaign with key messages about the positive aspects of health careers and information about training programs, scholarships, and financial support.

Sutter Medical Center has been a major contributor to this effort both in financial and in-kind support over the last 6 years. The Roundtable has received more than \$3 million in grant and matching funds that have a very comprehensive program including an annual Summer Health Careers Institute, school and community outreach program, and scholarship/financial support program. The 2008 4th annual Summer Health Careers Institute (SHCI) will provide 22 high school juniors and seniors, primarily Latino or low-income, a 5-week college credit course introducing them to a wide variety of health careers and health issues. The SHCI is a combination of classroom, lab, and field-work designed to excite young people about the wide range of possibilities in health care. Knowing that many low-income students need to work over the summer, we are offering stipends to these students to remove a financial barrier to learning about health careers.

One of our goals from the previous planning cycle was to extend our “pipeline filling” efforts to include a focus on entry level college students. Through a grant provided by the California Endowment, the “Pipeline Prep” program was established. The objectives are as follows:

1. Recruit and enroll a total of 100 bilingual/bicultural students into the Pipeline Prep Program (20 per semester beginning fall 2007 through fall 2009).
2. Enroll a total of 72 graduates of the Summer Health Careers Institute in to the Pipeline Prep Program (spring 2007 through fall 2009).
3. Place all students in paid employment and/or community service rotations at local health care provider organizations (ongoing through end of grant).
4. Guide students and their families on two field trips per year to the health programs of nearby University of California and/or California State University campuses (ongoing through end of grant).
5. Provide each student with at least on-hour of academic and psychosocial support twice per month (ongoing through end of grant).
6. Provide all Pipeline Prep students in anatomy, physiology and chemistry with required monthly tutoring sessions through the Healthcare Workforce Development Program and students in general education with tutoring through the Santa Rosa Junior College Tutorial Center (ongoing through end of grant).
7. Provide all Pipeline Prep Program participants with application assistance for health science certificate programs, transfers to four-year colleges and universities, and financial aid (ongoing through end of grant).

8. Award 62 students with \$200 stipends upon their completion of the Pipeline Prep Program (by end of grant).
9. Engage a total of 25 family members per semester in bilingual Pipeline Prep Program Family Nights twice per year that provide them with information about the health professions' educational process, financial aid options and the transition of parent and child roles as their children matriculate into college (ongoing through end of grant).
10. Develop and implement a sustainability plan that includes further development of a donor base, ongoing support of local healthcare system partners, and institutionalization of program components into the college's regular curriculum (by end of grant).

Another important goal of the Roundtable is to institutionalize a commitment to increasing diversity in the health professions at our local junior college. Through a very generous multi-year grant from the California Community College Chancellor's office, the Health Occupation Preparation and Education (HOPE) Center is being established on the campus of the Santa Rosa Junior College. With a focus on supporting the academic and career development of Latino students interested in pursuing health careers, the objectives of the HOPE grant are:

Objective 1—Develop an on-campus health preparation learning community/facility (HOPE Center) modeled after the MESA program for prospective and current health occupations students.

(Monthly meetings for students on study skills, time management, test-taking etc.; more on site tutoring including ESL and VESL; referral site for at-risk students; pre-TEAS (Test of Essential Academic Skills) test and support; ongoing case management; annual program recognition event; student emergency fund.)

Objective 2—Establish an on-campus physical location to serve as the site for housing the health preparation learning community to include:

- a. Appropriate office space for staff
- b. A student common area for study and discussion
- c. A dedicated computer lab for students in the program
- d. The computer lab will be equipped with appropriate software sufficient to provide drill and practice in math and medical terminology as well as sciences
- e. Access to meeting rooms with presentation equipment
- f. The project will be an integral component of the existing allied health programs with appropriate liaison to nursing and allied health faculty

(Develop a facilities plan to meet program requirements; upgrade facility; purchase 10 laptop computers for student's use; create a server for training videos.)

Objective 3—Provide appropriate oversight by a knowledgeable health professional dedicated to coordinating and overseeing the project on a full-time basis.

(Increase other staff positions and hire a Program Coordinator; Establish linkages with SHCI and PPP; write quarterly reports)

Objective 4—Provide dedicated counselors for the students in the project to develop educational plans, as well as implement other success strategies through counseling and student support services.

(Expand current counselor, hire .50 adjunct counselor; utilize existing assessment testing and provide case management for "at risk" students.)

Objective 5—Link with Work Experience coordinator to develop mentorships, internships, and work experience placements for students interested in health careers.

Objective 6—Provide outreach to the campus community and surrounding high schools by doing activities that promote the project.

(Enhance current website; create a promotional DVD that highlights various healthcare professions and how student can enter and succeed in a healthcare career; reproduce existing marketing materials; develop non-traditional recruiting teams for quarterly visits to middle schools and high schools; create annual Health Careers Fair; create outreach boxes for Student Success Kit.)

Objective 7—Develop and conduct a program evaluation to determine the effectiveness of community outreach, student recruitment and retention, and services of the HOPE Center.

(Department of Institutional Research will be assisting)

Support of other Not-for-Profit Organizations

An important aspect of being a good corporate neighbor is to support the efforts of other not-for-profit organizations in our community that provide vital care and services. Though we provide financial support to many organizations, we have developed significant partnerships with the following:

Sonoma County Chapter of the American Heart Association
Santa Rosa Junior College
Sonoma County Chapter of the American Red Cross
Northern California Center for Well Being

Our goal for 2008-2010 is to continue our partnerships with these and other organizations that provide important services for our community, particularly to the poor and underserved.

Communication

There has been significant interest in our community regarding our findings from the needs assessment. To date, the collaborating partners have completed the following activities:

- ✓ Direct mail of report to over 300 community stakeholders
- ✓ Convening of stakeholders meeting to discuss data and identify opportunities for further collaboration
- ✓ Presentation of findings to Sonoma County Board of Supervisors

The presentation to our Board of Supervisors was especially fruitful. The board was unanimous in its profound response to the data regarding children's dental disease statistics in Sonoma County and seems more ready than ever to take on the political, economic, and logistical challenges that have prevented them (in the past) from ensuring that all local water is fluoridated. Following the

presentation, they commissioned a study to look at, and respond to, the barriers to fluoridation of the local water supply. There was also significant press coverage of the report's findings.

The three-year community benefit plan for Sutter Medical Center of Santa Rosa was presented to the Senior Management Team, hospital board of trustees, and placed for public review on our website.

ⁱ *Pathways to Progress: Laying the Foundation for a Healthier Marin*, 2005 Community Needs Assessment and Plan, p. 10.

ⁱⁱ Throughout this report, the terms Latino and Hispanic are used interchangeably depending upon the context and the terminology used in the source cited.