

COMMUNITY HEALTH IMPROVEMENT PLAN
2020 - 2022

Petaluma Valley Hospital



To provide feedback about this CHIP or obtain a printed copy free of charge, please email Daniel Schurman at daniel.schurman@stjoe.org

St. Joseph Health 
Santa Rosa Memorial • Petaluma Valley

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EXECUTIVE SUMMARY

Santa Rosa Memorial Hospital (SRMH) and Petaluma Valley Hospital (PVH) are part of a countywide ministry, St. Joseph Health—Sonoma County (SJH—SC) that includes two hospitals, urgent care facilities, hospice, home health services, and other facilities for treating the healthcare needs of the community in Sonoma County. PVH is a community hospital with 80 licensed beds, founded in 1980 by the Petaluma Healthcare District and located in Petaluma, California. The hospital's service area is the entirety of Sonoma County, including 495,319 people.

SJH—SC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, SRM and PVH provided \$63,346,330 in Community Benefit in response to unmet needs.

PVH conducts a Community Health Needs Assessment (CHNA) in the communities it serves every three years to better understand the health-related needs and strengths. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach using quantitative and qualitative data, the CHNA process relied on several sources of information to identify community needs. The community information collected includes state and national public health data, qualitative data from interviews with stakeholders, and hospital utilization data.

Collaborating Hospitals

Santa Rosa Memorial Hospital and Petaluma Valley Hospital collaborated to complete the 2020-2022 Community Health Improvement Plan for their shared service area.

Community Health Improvement Plan Priorities

As a result of the findings of our [2019 Community Health Needs Assessment \(CHNA\)](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, PVH will focus on the following areas for its 2020-2022 Community Benefit efforts:

PRIORITY 1: HOUSING INSTABILITY & HOMELESSNESS

The cost of living in Sonoma County outpaces the income for many people in the community, making it challenging for families to meet their basic needs. Those most impacted by housing stability and affordability are the Latino/a community due to income inequities; youth experiencing homelessness, especially those identifying as LGBTQ+; and older adults whose fixed income limits their ability to afford local housing prices.

PRIORITY 2: MENTAL HEALTH & SUBSTANCE USE SERVICES

Accessing quality mental health and substance use services can be a challenge for many. Trauma from the recent fires, COVID-19, and the current political climate contribute to the community mental health needs. There is a need for more mental health and substance use disorder treatment services, as well as more case management services and bilingual and bicultural mental health providers.

PRIORITY 3: HEALTH EQUITY: RACISM AND DISCRIMINATION

Racism and discrimination affect Black, Brown, Indigenous, and People of Color (BBIPOC) from accessing education and job opportunities and affordable housing. Xenophobia and racism negatively affect the mental health and economic security of the Latino/a community in Sonoma County.

PRIORITY 4: ACCESS TO HEALTH CARE

Residents of Sonoma County experience barriers to accessing primary and specialty care. There is a need for more affordable health care, case management resources, and culturally responsive and linguistically appropriate health care services. Cost of care, transportation, language, and documentation status are barriers to people receiving the care they need.

INTRODUCTION

Mission, Vision, and Values

Our Mission As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Who We Are

Part of a larger healthcare system known as Providence St. Joseph Health (PSJH), Santa Rosa Memorial Hospital (SRMH) and Petaluma Valley Hospital (PVH) are part of a countywide ministry, St. Joseph Health—Sonoma County (SJH—SC) that includes two hospitals, urgent care facilities, hospice, home health services, and other facilities for treating the healthcare needs of the community in Sonoma County.

PVH is a community hospital founded in 1980 by the Petaluma Healthcare District, and is located in Petaluma, CA. St. Joseph Health has managed operations of the facility since 1997. The facility has 80 licensed beds and a campus that is 14.63 acres in size. PVH has a staff of 501 employees and professional relations with more than 260 local physicians. PVH is a Leapfrog A-rated facility, a Joint Commission Stroke-Ready certified hospital, has been designated as a Baby-Friendly® Hospital by Baby-Friendly USA, and as a Blue Distinction® specialty care facility by Blue Cross Blue Shield for maternity services. Major programs and services also include emergency care, outpatient surgery, obstetrical services, and pulmonary rehabilitation.

In addition, both SRMH and PVH offer a variety of community-based programs such as a free mobile health clinic, a mobile dental clinic, a fixed-site dental clinic, health promotions, school-based behavioral health, and the CARE Network. These programs and services offered to the community are designed to meet the needs of underserved populations and focus on health equity, primary prevention, health promotion and community building.

Our Commitment to Community

SJH—SC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal

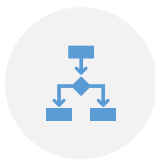
year, SRM and PVH provided \$63,346,330 in Community Benefit¹ in response to unmet needs. Our service area also includes St. Joseph Health Medical Group, St. Joseph Health Home and Community Care, and multiple urgent care facilities

SRMH and PVH further demonstrate organizational commitment to the CHNA through the allocation of staff time, financial resources, and participation and collaboration to address community identified needs. The Sonoma County Community Health Investment Manager, Dan Schurman, is responsible for ensuring compliance with Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital leadership, physicians, and others to work together in planning and implementing the resulting Community Health Improvement Plan (CHIP).

Health Equity

At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:



Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



Leverage community strengths

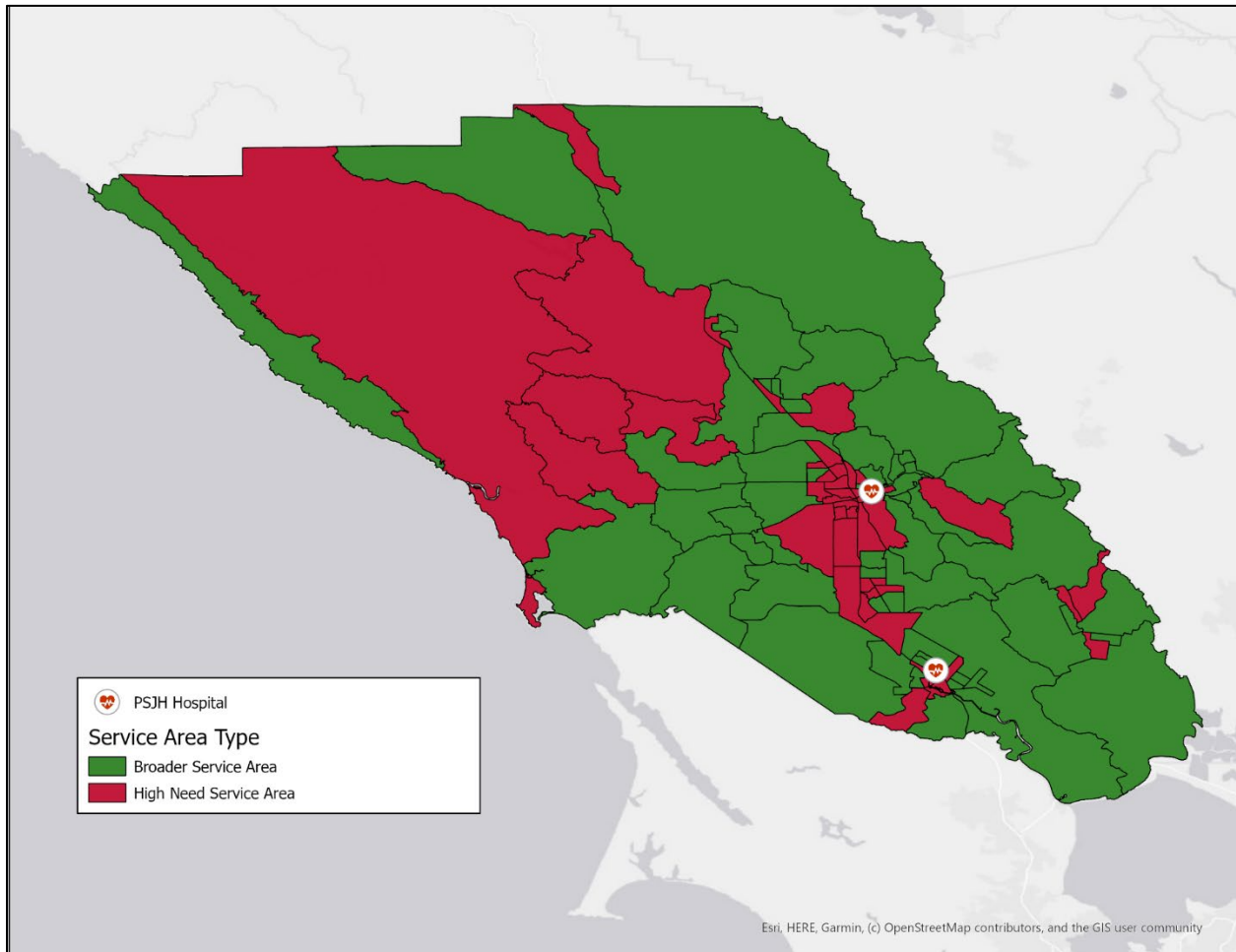
¹ A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

OUR COMMUNITY

Description of Community Served

SRMH and PVH provide Sonoma County communities with access to advanced care and advanced caring. The hospitals' service area is Sonoma County and includes a population of approximately 495,000 people.

Figure 1. Santa Rosa Memorial Hospital and Petaluma Valley Hospital Service Area



The high need area includes census tracts identified based upon lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to county averages. For reference, in 2019, 200% FPL represents an annual household income of \$51,500 or less for family of 4. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

For the most part, the age distribution is roughly proportional across Sonoma County geographies, with those between 18 and 34 years slightly more likely to live in a high need area, likely young families and those in and around college towns. Those ages 65 to 84 are less likely to live in a high need area, perhaps due in part to secondary and/or vacation homes.

The male-to-female ratio is approximately equal across geographies.

In Sonoma County, approximately 6% of the population are veterans, roughly in line with the 5% in the state of California.

POPULATION BY RACE AND ETHNICITY

The “other race” population is over-represented in the high need census tracts compared to the county population, whereas those who identify as white are less likely to live in high need communities. Individuals who identify as Hispanic are also over-represented in high need communities, representing nearly 38% of the population in those areas, compared to just under 20% in the broader service area.

INCOME INDICATORS

Table 1. Income Indicators for Sonoma County Service Area

Indicator	Sonoma County	Broader Service Area	High Need Service Area
Median Income Data Source: American Community Survey Year: 2019	\$81,477	\$93,090	\$67,310
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	26.9%	25.3%	28.3%

The median income in the high need service area is about \$14,000 lower than Sonoma County. There is about a \$26,000 difference in median income between the broader service area and the high need service area.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average about 27% of households in Sonoma County are severely housing cost burdened. In the high need service area, 28% of renter households are severely housing cost burdened. Within Sonoma County there are census tracts in which over 40% of households are experiencing severe housing cost burden.

Full demographic and socioeconomic information for the service area can be found in the [2019 CHNA for Petaluma Valley Hospital](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Significant Community Health Needs Prioritized

The list below summarizes the rank ordered significant health needs identified through the 2019 Community Health Needs Assessment process:

PRIORITY 1: HOUSING INSTABILITY & HOMELESSNESS

The cost of living in Sonoma County outpaces the income for many people in the community, making it challenging for families to meet their basic needs. Housing is foundational to one's health: people who are stably housed are better able to care for their physical and mental health. Those most impacted by housing stability and affordability are the Latino/a community due to income inequities; youth experiencing homelessness, especially those identifying as LGBTQ+; and older adults whose fixed income limits their ability to afford local housing prices. There is also need for supportive housing, using a Housing First approach, for people with mental health challenges, substance use disorders, and other special needs. There are especially few resources for mixed status families.

PRIORITY 2: MENTAL HEALTH & SUBSTANCE USE SERVICES

Accessing quality mental health and substance use services can be a challenge for many. Trauma from the recent fires, COVID-19, and the current political climate contribute to the community mental health needs. There is a particular need for mild to moderate mental health services, perinatal mental health services, more wraparound case management for families to address mental health, and more substance use disorder treatment services. There is further need for more bilingual and bicultural mental health professionals to serve the Latino/a community, including mixed status families. School-age children and older adults are two additional groups with unmet mental health needs. Major barriers to accessing mental health services include insurance coverage limitations, cost of care, and shortage of providers resulting in long wait times for appointments.

PRIORITY 3: HEALTH EQUITY: RACISM AND DISCRIMINATION

Stakeholders described being at an “inflection point” in acknowledging and addressing racism in the community, with more people talking about the issue. They shared racism keeps people in poverty by limiting education and job opportunities, leading to more Black, Brown, Indigenous, and People of Color (BBIPOC) working in lower-wage jobs, with particular emphasis on the Latino/a community in Sonoma County. Housing discrimination prevents the Latino/a community from accessing good-quality, affordable housing. Racism contributes to inequities in the ways different schools are funded, contributing to the opportunity gap. Stakeholders shared particular concern for the ways in which xenophobia and racist policies negatively affect the mental health and economic security of the Latino/a community.

PRIORITY 4: ACCESS TO HEALTH CARE

Stakeholders discussed the need for more affordable health care, as well as challenges accessing primary and specialty care. They noted a particular need for more case management and navigation resources, especially for Spanish-speaking patients and new parents. Transportation to care is a consistent barrier for many, but especially older adults. Fears of immigration enforcement and changes in public charge rules may prevent mixed status households from applying for Medi-Cal. A lack of culturally responsive and linguistically appropriate health care services and documentation status may prevent the Latino/a community from receiving the care they need.

Needs Beyond the Hospital's Service Program

No hospital facility can fully address all the health needs present in its community. While Petaluma Valley Hospital will employ strategies to address each of the four significant health needs that were prioritized during the CHNA process, partnerships with community organizations and government agencies are critical for achieving the established goals.

Petaluma Valley Hospital will collaborate with Petaluma People Services Center, La Luz Center, West County Community Services, Community Action Partnership of Sonoma County, and a variety of local family resource centers that address the community needs to coordinate care and referrals to address unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The Regional Director, Program Coordinator and local Program Manager developed strategies based on insight from stakeholder interviews and caregiver listening sessions, and input and feedback were provided by the Community Benefit Committee. While the strategies were developed to address specific local needs, the strategies were also designed with the intention of leveraging local strengths to scale efforts across the Northern California region.

The 2020-2022 Community Health Improvement Plan (CHIP) process was disrupted by the SARS-CoV-2 virus and COVID-19, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2019 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. This CHIP will be updated in 2021 to better document the impact of and our response to COVID-19 in our community. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

PVH anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by PVH in the enclosed CHIP.

Addressing the Needs of the Community: 2020- 2022 Key Community Benefit Initiatives and Evaluation Plan

PRIORITY #1: HOUSING INSTABILITY & HOMELESSNESS

Community Need Addressed

The cost of living in Sonoma County outpaces the income. More affordable housing and more supportive housing is needed; especially for the Latino/a and the LGBTQ populations, older adults, individuals living on fixed incomes, and undocumented individuals.

Goal (Anticipated Impact)

Increased access to safe and affordable housing across Sonoma County.

Table 2. Strategies for Addressing Housing Instability & Homelessness

Strategy	Target Population
1. Leverage investments to increase safe and affordable housing stock.	BBIPOC & those experiencing health disparities
2. Leverage resources through partnerships to expand supportive services.	BBIPOC & those experiencing health disparities
3. Support policies that prevent homelessness and increase access to affordable housing.	At-risk populations

Planned Collaboration

Petaluma Valley Hospital values cross-sector collaboration and believes that nonprofit organizations and local government agencies must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- County of Sonoma, Community Development Commission
- Sonoma County Continuum of Care
- City of Petaluma
- Catholic Charities of the Dioceses of Santa Rosa
- St. Vincent de Paul Society of Sonoma
- Burbank Housing
- PEP Housing
- Committee on the Shelterless (COTS)
- Community Action Partnership of Sonoma County
- Petaluma People Services Center
- Legal Aid of Sonoma County
- North Bay Organizing Project
- Kaiser Permanente, North Bay
- Sutter Health, North Bay

Resource Commitment

Petaluma Valley Hospital will commit staff time from its Community Health Investment department, provide grants to local partners, and help leverage resources from the Providence Population Health division.

PRIORITY #2: MENTAL HEALTH & SUBSTANCE USE SERVICES

Community Need Addressed

Accessing mental health or substance use services is a challenge for many in the community; this is especially true for school-age youth, Latino/a individuals and families, undocumented individuals, and older adults. There is a general need for more mild to moderate mental health services, perinatal services, wraparound case management, and bilingual/bicultural providers.

Goal (Anticipated Impact)

Increased access to mental health and substance use services.

Table 3. Strategies for Addressing Mental Health & Substance Use Services

Strategy	Target Population
1. Increase capacity to address mild-moderate mental health & substance use services.	Broader community
2. Increase capacity to provide bilingual/bicultural mental health & substance use services.	Latino/a & undocumented
3. Advocate for increased access to mental health and substance use care with focused community-based solutions.	Broader community

Planned Collaboration

Petaluma Valley Hospital values cross-sector collaboration and believes that nonprofit organizations and local government agencies must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- Redwood Community Health Coalition
- Petaluma Health Center
- Petaluma Health Care District
- County of Sonoma, Department of Health Services
- Sonoma County Office of Education
- Buckelew Programs
- NAMI Sonoma
- Humanidad Therapy and Education Services
- Petaluma People Services Center
- La Luz Center
- Social Advocates for Youth
- Mothers Care
- Hanna Institute

- First 5 Sonoma
- Kaiser Permanente, North Bay
- Sutter Health, North Bay

Resource Commitment

Petaluma Valley Hospital will commit staff time from its Community Health Investment department, provide grants to local partners, and help leverage resources from the Providence Population Health division.

PRIORITY #3: HEALTH EQUITY: RACISM AND DISCRIMINATION

Community Need Addressed

The Covid-19 pandemic highlights racial inequities and disparities at a systemic level. Latino/a and all BBIPOC individuals and families are faced with less favorable housing, educational and employment opportunities.

Goal (Anticipated Impact)

Increased access to care for Latino/a populations.

Table 4. Strategies for Addressing Health Equity

Strategy	Target Population
1. Develop Health Equity Playbook by Q1 2021	Latino/a individuals and families
2. Partner with FQHC/other for Covid-19 outreach, prevention, testing, and mitigation of spread.	Latino/a individuals and families
3. Advocate for policies that address social and economic disparities.	Broader community

Planned Collaboration

Petaluma Valley Hospital values cross-sector collaboration and believes that nonprofit organizations and local government agencies must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- Sonoma Intersections Coalition
- Justicewise
- On The Move

- Buckelew Programs
- NAMI Sonoma
- Humanidad Therapy and Education Services
- Petaluma People Services Center
- La Luz Center
- West County Community Services
- Corazon Healdsburg
- Sonoma County Health Action
- Community Action Partnership of Sonoma County
- Legal Aid of Sonoma County
- North Bay Organizing Project
- Latinos Unidos del Condado de Sonoma
- La Cooperativa, Campesina
- California Human Development
- Petaluma Health Care District
- Health Care Foundation of Northern Sonoma County
- County of Sonoma, Department of Health Services
- Sonoma County Office of Education
- Kaiser Permanente, North Bay
- Sutter Health, North Bay
- First 5 Sonoma
- Community Foundation Sonoma County
- United Way of the Wine Country
- Los Cien
- Hanna Institute

Resource Commitment

Petaluma Valley Hospital will commit staff time from its Community Health Investment department, provide grants to local partners, and help leverage resources from the Providence Health Equity Initiative.

PRIORITY #4: ACCESS TO HEALTH CARE

Community Need Addressed

Many individuals have trouble accessing health care, especially Spanish-speaking patients, new parents, older adults, and undocumented individuals. More primary and specialty care, transportation to care, and culturally appropriate health care services are needed.

Goal (Anticipated Impact)

Increased access to health care services.

Table 3. Strategies for Addressing Access to Health Care

Strategy	Target Population
1. Engage high-risk individuals with CARE Network complex care management teams.	Co-occurring socioeconomic and complex medical needs
2. Partner with FQHC / County PH.	Un- and underinsured individuals and families
3. Engage un- and underinsured youth in dental care through SJH fixed-site and mobile dental clinics.	Un- and underinsured youth

Planned Collaboration

Petaluma Valley Hospital values cross-sector collaboration and believes that nonprofit organizations and local government agencies must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:


- Redwood Community Health Coalition
- Petaluma Health Center
- Petaluma Health Care District
- Petaluma People Services Center
- County of Sonoma, Department of Health Services
- Community Action Partnership of Sonoma County
- Legal Aid of Sonoma County
- Buckelew Programs
- NAMI Sonoma
- Humanidad Therapy and Education Services
- La Luz Center
- Kaiser Permanente, North Bay
- Sutter Health, North Bay

Resource Commitment


Petaluma Valley Hospital will commit staff time from its Community Health Investment department, provide grants to local partners, and help leverage resources from the Providence Population Health division.

2020- 2022 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Community Benefit Committee of the Santa Rosa Memorial and Petaluma Valley Hospitals’ Boards of Trustees on December 1, 2020. The final report was made widely available² by December 28, 2020.

12/11/2020

Kevin KlockengaDate
Chief Executive, Northern California Region

12/1/2020

Debbie MeekinsDate
Chair, Community Benefit Committee, Sonoma County

12/14/2020

Joel GilbertsonDate
Executive Vice President, Community Partnerships
Providence St. Joseph Health

CHNA/CHIP Contact:

Dan Schurman
Community Health Investment Manager
1450 Medical Center Drive, Suite 1
Rohnert Park, CA 94928
daniel.schurman@stjoe.org

To request a paper copy without charge, provide feedback about the CHNA or CHIP Reports, or any additional inquiries, please email CHI@providence.org.

² Per § 1.501(r)-3 IRS Requirements, posted on hospital website