

Community Health Needs Assessment Sonoma County 2008

Windows of Opportunity, a Lifetime of Health

For those who call Sonoma County home, the health and wellness of the community is considered essential to the vitality and the future of the region. The possibilities for a healthy lifestyle unfold amidst gentle mountains, winding trails, bountiful harvests, a good climate, and the benefits of a strong local economy. Here, health is a core value.

For nearly a decade, Sonoma County's three major hospitals, Sutter Medical Center of Santa Rosa, St. Joseph Health System – Sonoma County, and Kaiser Permanente Medical Center – Santa Rosa have collaborated with the Sonoma County Department of Health Services to create the Community Health Needs Assessments. The assessments provide a guide for the hospitals' community benefit planning, which focus resources to most benefit the health of the community.

The Community Health Needs Assessment for 2008 shines a spotlight on children's health. There is good reason for this. New research continues to show that what we do for our children in their first days and early years of life can have significant impact on their development and long term health.

Experts on brain development have cited an “explosion of research” in neurobiology that shows the extent to which genetics and early experience build a child's brain. Brains are built “from the bottom up,” over time, with simple circuits providing the base needed for more advanced circuits. These growing connections are affected and changed by many stimuli. It is our responsibility, as a community, to make sure that the stimuli affecting our children are optimal for their growth and development. Our community requires a highly skilled workforce and healthy adult population to meet the challenges of a global society. Creating the right conditions for early childhood development and health is the key to our successful future.

This report is a tool to inform the community's work on child health issues. Each section of this report contains recommendations for positive change along *The Spectrum of Prevention*. Improving the health of a community must be part of a broader effort addressing the problem from many different angles. The Assessment searches for the windows of opportunity in our community and encourages us all to focus on our children.

A Comprehensive Effort to Improve Community Health

The **Spectrum of Prevention**, “a fundamental model in public health, 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 about drinking, for example, as well as that person’s drinking behavior. Therefore, strengthening someone’s skills and knowledge alone may not be sufficient to prevent unhealthy, disease-causing behavior. In other words, public health activities that focus exclusively on individual behavioral change isolated from broader community factors will have limited success. Any effort to improve the health of a community must be part of a comprehensive, coordinated effort that addresses many aspects, including policies, programs, and organizational practices.”¹

The Spectrum of Prevention

Influencing policy and legislation

Mobilizing neighborhoods and communities

Changing organizational practices

Fostering coalitions and networks

Educating providers

Promoting community education

Strengthening individual knowledge and skills

Healthier Community

Avoiding long-term health problems for children by implementing prevention activities at the earliest possible time produces numerous positive impacts for children and families and for society in general. The ultimate result of effective prevention is a healthier community. The graphic below shows the positive impacts of successful prevention and intervention with AOD using pregnant women.

The Multiplier Effect of Successful Prevention, Referral and Intervention with AOD Using Pregnant Women



The History and Future of the Community Health Needs Assessment

State Senate Bill 697 requires not-for-profit hospitals in California to assess community health every three years and to use that assessment as the basis for community benefit planning. The Sonoma County Health Alliance was formed in 2000 with the goal of improving the health of Sonoma County through collaboration among the many health systems and providers in the county. Toward that end, the Alliance formed its Community Health Improvement subcommittee and charged it with the mission of *fostering community health improvement through collaborative planning, investment, and action*. The subcommittee is made up of representatives of the three large hospitals, Sutter, Memorial and Kaiser, as well as a representative from Sonoma County's Health Department.

Previous to the development of the Sonoma Health Alliance, the hospitals and the health department enjoyed a productive collaboration around community benefit planning and programming since 1996 under the auspices of the former Health Care Leadership Council. Over the last 11 years, this group has led a number of important community health improvement projects, including education in early childhood development, bicycle safety, annual countywide flu clinics and a flu vaccine task force, supporting workforce development efforts and efforts to prevent dangerous falls by our senior citizens.

Through the Community Health Improvement subcommittee, the Sonoma County Department of Health Services, Sutter Medical Center of Santa Rosa, St Joseph's Health System-Sonoma County, and Kaiser Permanente's Santa Rosa Medical Center joined forces and began collaborating on a Community Health Needs Assessment in 2001.

Community Health Needs Assessment 2001 was a broad-based overview of demographic, economic, health and environmental factors that affect both community and individual health. It analyzed the community's status on a wide range of issues, including the availability of childcare, access to health services, public safety, HIV/AIDS, unintentional injuries, food-borne illnesses and mortality due to specific diseases. This broad assessment painted a picture of health status in Sonoma County.

Major issues identified by the 2001 Assessment were community concerns about access to health services and the need for diversity in the health care workforce. Over the course of the next several years, the subcommittee focused on establishing a robust, ethnically diverse workforce pipeline from within Sonoma County by reaching out to minority high school students and creating opportunities for careers for these students in healthcare. This work resulted in the Healthcare Workforce Development Roundtable and a partnership with Santa Rosa Junior College to offer ongoing educational, scholarship and training programs that are changing the face of the healthcare workforce in Sonoma County.

The data collected in the 2001 Assessment also raised concerns about the safety of Sonoma County's senior citizens. In collaboration with the Area Agency on Aging, the committee decided to focus a large part of the 2005 Assessment on senior issues.

Community Health Needs Assessment 2005 analyzed a broad spectrum of community health issues, focusing in particular on the needs of a rapidly growing senior population. The findings of this report spurred the subcommittee to address a variety of senior needs, particularly prevention of unintentional injury due to falls. The Sonoma Health Alliance established the Senior Safety Task Force. It implemented a senior fall prevention program called "Step Wise." The program offers free classes and workshops developed by the Home Safety Council to help seniors learn how to avoid falls, reduce the fear of falling, and improve safety and activity levels. Seniors who complete the program state that they are 10 to 50% less concerned about falls interfering with normal social activities with family, friends, neighbors or groups.

Community Health Needs Assessment 2008 shifts the focus from our oldest community members to our youngest. The partners of the subcommittee believe that children are a litmus test for the healthiness of our society. These partners have long been concerned that a number of very serious children's health issues are not receiving the attention they need. Fundamental issues like access to dental care, childhood overweight and the impacts of substance abuse on child and teen development are a common interest among the committee members and issues that are of great concern to the public. The partners believe that their research and collaboration on these issues will assist government and other local efforts in creating positive change on children's health.

How the hospitals will use the Assessment. Each hospital will use the data and suggestions for action in developing its own community benefit plan for the next three years. In addition, the hospitals will use the Assessment findings to drive their work on collaborative projects.

How the community will use the Assessment. Every individual and organization in our community can contribute to turning the curve on critical child health issues. The Assessment points out some of the numerous efforts already underway 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, and many others. The Assessment highlights these so that individuals and organizations concerned about children's health can join and support these efforts. It will take a strong commitment from all of us if we are to be successful in making critical shifts in children's health in our community. Every individual and organization has a role to play. Each can look at *The Spectrum of Prevention* sections throughout this Needs Assessment and find a way to join in the work of improving children's health in our community.

Looking to the future. Because children's health needs are such a critical part of the overall health of our community, the subcommittee has decided to extend this focus beyond the next three years. The **Community Health Needs Assessment 2011** will follow progress on issues discussed in this report.

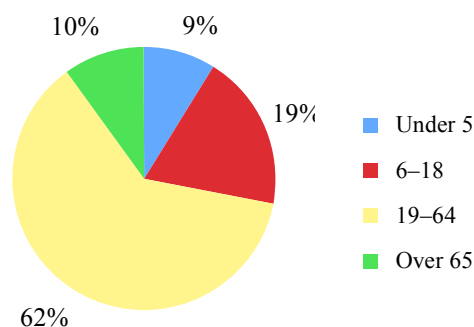
Sonoma County Demographic and Health Status Information

Before considering health issues in Sonoma County, it is important to understand who lives in this community. In 2006, Sonoma County had the 17th largest county population of the 58 counties in California, with 480,000 residents, with 110,000 children ages 0 to 17. Santa Rosa, the county seat and largest city, has one-third of the total population of Sonoma County and ranks as the 30th largest city in the state.

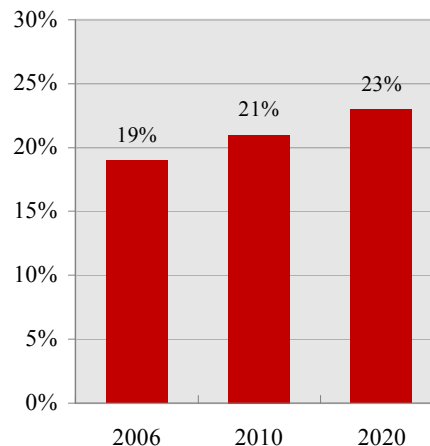
Demographics. Almost one-quarter of Sonoma County's population is under 18-years old, one-third of whom are younger than school-age (0- to 5-years old). More than 10% are 65-years and older, and the remainder (62%) is between 19- and 64-years old.² Although its racial/ethnic composition is changing, Sonoma County is still substantially less diverse than the state as a whole: 71% of Sonoma County residents are white and 19% are Latino. The Latino population in Sonoma County is the fastest growing ethnic group, projected to increase to 21% of the

population by 2010, and to 23% by 2020.³ The total Latino population is projected to increase 300% by 2050 — from 80,742 in 2000 to 250,692 in 2050.⁴

Sonoma County Residents by Age



Latino Population Growth



Birthrates. The overall Sonoma County birth rate did not change significantly from 2000 to 2003, although there were significant differences in birth rates among racial/ethnic groups. Hispanics had the highest birth rate of any racial/ethnic group in Sonoma County (24.3/1,000), followed by Asian/Pacific Islanders. Together, they account for more than twice the birth rate of white, non-Hispanic women in the county.⁵ In 2005, 40.2% of births were to foreign-born mothers, with the majority of foreign-born mothers coming from Mexico (77%). Almost 66% of the births to foreign-born mothers were funded by Medi-Cal.⁶

Children in school. During the 2006-2007 school year, 71,412 students enrolled in Sonoma County public schools. Throughout the 1990s, enrollment in Sonoma County public schools rose steadily, by about 2 percent annually on average. In 2001, the trend shifted downward and we are now firmly in an era of declining enrollment. Today, our local schools are educating the most ethnically and linguistically diverse youth population in the county's history. Thirty-three percent of the public school students are Latino, up from 15.5% in 1993-94.⁷ Latinos make up 52% of elementary students in Santa Rosa schools and 31% of high school students. They constitute 43% of Sonoma Valley's students, 38% of Windsor students, 27% of Cotati-Rohnert Park students and 23% of Petaluma students.⁸ With this population shift has come greater language diversity. A decade ago, 2 percent of our students were English-language learners, compared to 22 percent today. It is also striking that almost two-thirds of the 23,000 Latino students now in public schools are not proficient in English.

Children living in poverty. In 2001, one in five (22%) white, non-Hispanic households and almost half (49%) of Hispanic households in Sonoma County had annual incomes less than \$30,000. In 2005, approximately 12,445 children and 9,800 families were living under 100% of the Federal Poverty Level (FPL).⁹ In 2006-07, 35% of all Sonoma County students were eligible for the Free and Reduced Meal Program (a common indicator of low-income). Districts with

extremely high eligibility rates include Bellevue Union (89%) and, Roseland (83%) in south Santa Rosa, Monte Rio in the Russian River (77%), Santa Rosa Elementary District (76%), Petaluma Elementary (69%), and Sonoma Valley Elementary (69%).¹⁰ Sonoma County's poorest children live primarily in a small number of low-income neighborhoods clustered along the Highway 101 corridor and in the Sonoma Valley, with smaller numbers residing in the Russian River and North Coast areas.

Special needs. In 2006, the Sonoma County public school system identified 9,288 young people 0- to 22-years old as having special needs, with Individualized Education Plans (IEP's). As of December 1, 2006, these young people constituted 13% of the school population.¹¹ This includes all 13 federal categories of qualification, including mental retardation and emotional disturbance. African Americans have a somewhat higher percentage of IEPs (17%) than whites or Hispanics (14%). Among the largest age cohort of children with IEPs – 8 to 11 year olds – 35% are Hispanic (compared to 33% of the school age population), and whites are 58% (compared to 56% of the school population.).¹²

Health insurance. Due to the success of the Healthy Kids Sonoma County or “the Children’s Health Initiative” (CHI), insurance coverage among children has increased dramatically in the last several years. Before CHI started, 12,169 children were enrolled in Medi-Cal; as of January 2007, 22,400 are covered, an increase of 84%.¹³ Fewer than 3,000 children were enrolled in Healthy Families before CHI. As of May 2007, total enrollment is 10,063, an increase of 233%.¹⁴

Services available for low-income and uninsured. In Sonoma County, there are eight community health center organizations operating multiple health care sites throughout the county, including mobile health and dental services, as well as two school-based children’s health centers. In addition, there are tribal health services and several free clinics. These facilities provide the majority of health services to children and youth on Medi-Cal and Healthy Families, and those who are uninsured. Health care coverage for low-income children is provided through the countywide Healthy Kids Program through two publicly funded health insurance programs – Medi-Cal and Healthy Families; and three privately funded health insurance programs – Kaiser Child Health Plan, California Kids, and Healthy Kids Partnership Health Plan. A noteworthy gap in services for low-income children is the lack of access to specialty care.

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- ¹ *Pathways to Progress*, p. 10.
- ² California Department of Finance, *County Population Estimates by Age and Sex*, May 2004.
- ³ Latest Census Statistics: *1 IN 7 IN U.S. IS HISPANIC*, Press Democrat, June 9, 2005, p. A1.
- ⁴ California Department of Finance, *County Population Estimates by Age and Sex*, May 2004.
- ⁵ www.sonoma-county.org/healthprofile/. Dec. 2005, *Sonoma County Health Profile*, Ch. 4.
- ⁶ California Department of Health Services, Vital Statistics, Birth Records, 2005.
- ⁷ California Department of Education, Educational Demographic Unit, County Enrollment, 2006-07.
- ⁸ Ibid.
- ⁹ US Census Fact Sheet, Sonoma County, 2005 American Community Survey Data Profile Highlights.
- ¹⁰ California Department of Education, Educational Demographic Unit, Selected County Level Data – SONOMA, 2006-07.
- ¹¹ *Special Education Enrollment by Age and Disability, Sonoma County, for reporting period December 1, 2006*, California Department of Education, Special Education Division, 2006, Selected County Level Data – SONOMA, 2006-07.
- ¹² Ibid.
- ¹³ www.dhs.ca.gov. *Medi-Cal Beneficiaries by County File for January 2007*, State of California Department of Health Services, Medical Care Statistics Branch, 2007.
- ¹⁴ www.mrmib.ca.gov/MRMIB/HFP/May_07/HFPRpt2A.pdf. *HFP Current Subscribers Enrollment by County*, Managed Risk Medical Insurance Board, May 2007.