# 2024

**COMMUNITY BENEFIT REPORT/**

**PROGRESS ON 2024-2026 COMMUNITY HEALTH IMPROVEMENT PLAN**

# Healdsburg Hospital

## Healdsburg, California



Our promise:
Know me, care for me, ease my way.

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**Healdsburg Hospital**

Providence

**HCAI ID:** 106490964

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# EXECUTIVE SUMMARY

Providence continues its Mission of service in Sonoma County through Healdsburg Hospital (HH), Petaluma Valley Hospital (PVH), and Santa Rosa Memorial Hospital (SRMH). HH has 43 licensed beds, is an acute-care hospital and has a subacute care unit. HH was founded in 1905 and is located in Healdsburg, CA. The hospital's service area is the entirety of Sonoma County which includes five federally recognized tribes and is inclusive of approximately 492,000 people.

HH dedicates resources to improve the health and quality of life for the communities it services, with special emphasis on the needs of the economically poor and vulnerable. In FY24, the hospital provided $16,323,848 in Community Benefits in response to unmet needs.

In compliance with state and federal requirements, HH approved its most recent Community Health Needs Assessment (CHNA) in October 2023 and its Community Health Improvement Plan (CHIP) in April 2024. The CHNA is a key tool for informing the hospital's community benefit plan, as mandated by California law, which outlines how we respond to identified community needs. Since we report based on a fiscal year (July 1, 2023 – June 30, 2024) cycle for the state of California, some of our programs may reflect only six months of activity, as noted below.

## 2024-2026 Healdsburg Hospital Community Health Improvement Plan Priorities

As a result of the findings of our 2023 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Healdsburg Hospital will focus on the following areas for its 2024-2026 Community Benefit efforts:

### PRIORITY 1: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER

Publicly available data, along with Providence hospitalization data, show worsening trends of individuals experiencing a behavioral health crisis, many of whom are utilizing emergency rooms for care.

Substance Use Disorder was identified as the leading behavioral health diagnosis being treated at Santa Rosa Memorial and Petaluma Valley Hospitals. Key Informants, community members, and caregivers noted that the lack of behavioral health and substance use services is a significant barrier in Sonoma County. Lack of bilingual/bicultural providers and absence of medical detox were also commonly voiced needs. Data showed particular concern for youth.

### FY24 Accomplishments

We focused on increasing access to mental health and substance use services and reducing barriers for underserved populations:

- **Providence Community Benefit Programs, Sonoma County:**
  - **Substance Use Navigators (SUNs):** Embedded in Santa Rosa Memorial, Petaluma Valley, and Healdsburg Hospitals, SUNs assist emergency department patients and the community with substance use disorders. They coordinate medication-assisted

treatment (MAT) and distribute harm-reduction tools like Naloxone, also providing training on Narcan use. In FY24, the Petaluma SUN collaborated with the interdisciplinary team at Petaluma Health Center (FQHC) to coordinate care for mutual patients.

- o **Mobile Health Clinic (MHC):** Strengthened partnerships with community-based organizations such as Buckelew Programs, Catholic Charities, and St. Vincent de Paul, enhancing trust and improving patient access to behavioral health services. The MHC also collaborates with SUNs to connect patients with MAT programs.
- o **CARE Network:** Provided comprehensive medical care management and social support to vulnerable populations, including those experiencing homelessness. The program expanded its services to include individuals with Serious Mental Illness (SMI) and Substance Use Disorder (SUD).
- o **Dental Clinic:** Conducted tobacco use screenings for patients aged 12 and older, providing information on cessation treatments.
- **Sonoma County Community Benefit Funding:** Providence provided funding to various programs and initiatives aimed at addressing mental health and substance use in Sonoma County, including:
  - o **City of Petaluma – SAFE Program** *(funded by PVH)***:** A 24/7 mobile crisis team addressing mental health, substance use, and homelessness, diverting individuals from jail and emergency rooms.
  - o **Community Support Network – Recovery Housing and Wellness Program** *(funded by SRMH)***:** Short-term post-hospitalization program providing 14 beds and support services for individuals transitioning from hospitals, psychiatric facilities, or substance abuse treatment.
  - o **Pregnancy and Postpartum Family Counseling – Mothers Care Program** *(funded by SRMH and PVH)***:** Screening for perinatal mood and anxiety disorders, with free mental health assessments and counseling.
  - o **Buckelew Programs – Family Service Coordination** *(funded by SRMH)***:** Behavioral health and substance use treatment services for youth and families, with a focus on access to care and community resources.

## PRIORITY 2: ACCESS TO HEALTH CARE AND DENTAL SERVICES

Fewer people saw primary care doctors or dentists in recent years. This trend, coupled with qualitative data expressing lack of primary, medical and dental providers, highlighted the lack of appropriate levels of health care access in Sonoma County. Emergency transport times were some of the longest in the State of California in Northern Sonoma County. Key Informants and Caregivers expressed the need for extended hours, bilingual/bicultural providers and transportation options to break down access barriers for older adults, people experiencing homelessness, and agricultural workers. Access was noted to be highly linked to economic insecurity.

### FY24 Accomplishments

In FY24, we concentrated on improving access to health and dental care for underserved populations. Key accomplishments include:

- **Providence Community Benefit Programs, Sonoma County:**

- **Dental Clinic:** The clinic operates programs that address gaps in dental care for underserved communities:
    - **Fixed-Site Clinic:** Located in southwest Santa Rosa, the clinic provides comprehensive dental care for pediatric and emergency patients from across Sonoma County. The Dental Clinic also offers Special Needs Saturdays, in partnership with the North Bay Regional Center, offering a calm and supportive environment for patients with autism and special needs, with 228 encounters in FY24 county-wide.
    - **Mighty Mouth:** A school-based dental prevention program serving preschool through sixth grade, offering screenings, fluoride treatments, sealants, and education. In FY24, 226 children received sealants, totaling 823 teeth sealed across 35 sites county-wide.
    - **Mobile Dental Clinic:** The Dental Clinic provides essential dental services to isolated and underserved communities, including low-income schools and rural areas throughout Sonoma County. In FY24, the clinic partnered with Mendonoma Health Alliance to bring dental care to children in the rural coastal community of Timber Cove at Fort Ross Elementary School. This collaboration addresses significant barriers to care by offering services to children who would otherwise struggle to access necessary treatments due to their remote location.

        The clinic also expanded its services to the Graton Day Labor Center, primarily serving agricultural workers who face substantial barriers to healthcare access. At the Graton Day Labor Center alone, the Mobile Dental Clinic recorded 184 patient encounters in FY24. Additionally, it operates at 10 established sites county-wide and participates in various health fairs throughout the County.

- **Mobile Health Clinic (MHC):** The MHC is a mobile medical clinic that provides free primary care, health screenings, immunizations, and referrals to medical homes and social support services. The MHC operates at over 37 sites across Sonoma County, focusing on underserved populations, including low-income, uninsured, undocumented residents, asylum seekers, and individuals experiencing homelessness. The MHC team is fully bilingual (English/Spanish), improving communication and care for diverse populations. In FY24, the clinic collaborated with community-based organizations to work towards establishing new service locations in West, South, and North Counties. The clinic also collaborates with the Dental Clinic to coordinate care and address dental emergencies. In FY24, the MHC provided 289 encounters for HH and 3,668 encounters county-wide.
- **Promotores de Salud** *(Community Health Promotion)***:** The Promotora, also referred to as the Community Health Worker (CHW), organizes public health events that offer screenings for hypertension and diabetes, nutrition education, and referrals. In addition to participating in health fairs and community events, the CHW collaborates with the Mobile Health Clinic (MHC) to provide ongoing support to patients.

- **Legal Aid of Sonoma County Medical Legal Partnership (MLP):** Provides legal support to HH, PVH, and SRMH patients for health-related issues such as eviction, domestic violence, and public benefits, helping vulnerable individuals improve their health and living situations.
- **Sonoma County Community Benefit Funding:** Providence supported several programs aimed at expanding access to care in Sonoma County:
  - **Alliance Medical Center – Expanded Oral Health** *(funded by HH)***:** Expanded this FQHC's Windsor Dental Clinic to serve more low-income, Hispanic/Latino, and migrant farmworkers. Funding supported leasing and equipping four new dental operatories, increasing capacity and access to care.
  - **Alliance Medical Center – Mobile Vision Services** *(funded by HH):* This initiative launched mobile vision services for low-income residents in northern Sonoma County, providing culturally sensitive eye care.
  - **Botanical Bus – Mobile Farmworker Clinic** *(funded by SRMH)***:** Received funding to improve bilingual healthcare access for Latine and Indigenous communities. The program held eight mobile Farmworker Clinic events, offering culturally centered wellness programs.
  - **Ceres Community Project – Medically Tailored Meals & Nutrition Program** *(funded by SRMH)***:** Provides medically tailored meals and nutrition education to low-income patients with chronic illnesses. Funding supported palliative care-eligible patients and the development of a new Client Resource Center in Southwest Santa Rosa to expand services.
  - **Committee on the Shelterless (COTS) Recuperative Care Expansion** *(funded by PVH)***:** COTS is expanding its Recuperative Care program from six to 20 beds for unsheltered individuals, offering support and recovery services.
  - **Healthcare Foundation Northern Sonoma County – Healdsburg Community Wellness Center** *(funded by HH)***:** Aims to create a multicultural community wellness center (CWC) by engaging the community in program development. The CWC will empower underserved residents by providing space for workshops, recreational activities, childcare, and community events.
  - **Mendonoma Health Alliance – Supporting Underserved Rural Communities** *(funded by SRMH)***:** Supports vulnerable residents in rural coastal areas by coordinating care and providing access to essential services such as transportation, medication, and health education through community health workers.
  - **Operation Access – Donated Care Program** *(funded by SRMH)***:** Coordinates care for vulnerable populations in Sonoma County, connecting uninsured patients to volunteer medical professionals for essential services like gastroenterology and surgery. It serves as a vital referral pathway for specialty care.
  - **Santa Rosa Community Health – Open Access to Community Care** *(funded by SRMH)***:** Santa Rosa Community Health (FQHC), assists uninsured patients in avoiding unnecessary emergency visits by coordinating outpatient care and connecting them to primary care services, aiming to improve health outcomes and reduce readmissions.

## PRIORITY 3: HOMELESSNESS AND HOUSING INSTABILITY

Over 25% of Sonoma County is experiencing severe housing cost burden, spending 50% or more of their household income on housing. Additionally, over 2,800 individuals were found to be experiencing homelessness in 2022. Most Key Informants identified the need for additional permanent supportive housing, wider acceptance of housing vouchers, affordable housing, and shelter beds. Older adults and BBIPOC population experience additional barriers to housing in Sonoma County.

### FY24 Accomplishments

In FY24, we aimed to increase access to affordable housing and enhance supportive services to prevent homelessness and help unhoused individuals regain stability and health:

- **Providence Community Benefit Programs, Sonoma County:**
  - **CARE Network:** Provided community-based care management to vulnerable populations, including those referred from hospitals and emergency departments. The multidisciplinary team offered medical care management, transportation assistance, home visits, and support for housing instability and homelessness, helping individuals navigate healthcare and social services. As an Enhanced Care Management (ECM) provider, the CARE Network focused on individuals with complex medical and socioeconomic needs, including those experiencing homelessness. The team also expanded services to populations with Severe Mental Illness (SMI) and Substance Use Disorders (SUD).
  - **Mobile Health Clinic:** The MHC continued to provide healthcare navigation services at 15 sites, specifically targeting homeless shelters and supportive housing centers across the county. The program connected individuals experiencing homelessness to medical care, transportation vouchers, medication assistance, and mental health referrals, ensuring access to essential healthcare services.
  - **Policy Advocacy:** In collaboration with Generation Housing and our Government Affairs team, Providence Sonoma County supported the $0 Impact Fee Affordable Housing Incentivization Program in Santa Rosa, aimed at streamlining housing development and reducing costs for affordable housing projects. This initiative supports low-income families and other vulnerable populations.
- **Sonoma County Community Benefit Funding:** Providence supported various initiatives addressing homelessness and housing instability, including:
  - **Burbank Housing – Studios at Montero** *(funded by SRMH)***:** Provides 60 permanent supportive housing units for chronically homeless individuals in Petaluma.
  - **Catholic Charities – Project Nightingale** *(funded by SRMH)***:** Funding for 33 recuperative care beds for homeless individuals recovering after hospital discharge.
  - **Committee on the Shelterless (COTS) – Permanent Supportive Housing** *(funded by PVH)***:** Supported 11 permanent supportive housing units, aiding chronically homeless individuals with complex health needs.

- **Community Support Network – Housing and Wellness Program** *(funded by SRMH)***:** Provides care management to over 75 vulnerable individuals in Sonoma County, helping with essential items like raincoats, bus passes, and cell phones to support unsheltered clients.
- **Generation Housing – Pro-Housing Policy** *(funded by SRMH)***:** Develops policies to streamline affordable housing production in Sonoma County, helping marginalized populations and unlocking state grant funding for housing.
- **Reach for Home – Appointment Access Vehicles** *(funded by HH)***:** Purchase two used vehicles, enhancing transportation for chronically homeless program participants. This allows case managers to assist them in accessing essential health and housing appointments.
- **Reach for Home – Eviction Diversion Case Management Pilot Program** *(funded by HH)*:  Launched a pilot program offering case management and rent support to prevent homelessness for at-risk households in Northern Sonoma County.
- **The Living Room – Supportive Housing for Women and Children** *(funded by SRMH)***:** Provides housing and wrap-around services for women and children, including meals, job training, and medical referrals, helping residents achieve stability.
- **The Living Room – Services for Transitional Age Youth and Trans Youth** *(funded by SRMH)***:** Provides housing and support for transitional-age youth (18-25) at risk of homelessness, offering meals, case management, and co-living arrangements.
- **Santa Rosa Community Health – Homeless Care Coordination Program** *(funded by SRMH)***:** Supports homeless patients with complex health needs by connecting them to housing, medical care, and other services.
- **West County Community Services – George's Hideaway** *(funded by SRMH)***:** Provided funding for 21 permanent supportive housing units and a mental health center, serving formerly homeless individuals and the community.

## PRIORITY 4: OLDER ADULT HEALTH AND WELL-BEING

There is a growing population of older adults (over 60) in Sonoma County without adequate resources to meet their needs. As identified in the Community Health Improvement Plan (CHIP) under "Aging Issues," older adults experiencing homelessness and housing instability, barriers to accessing care, as well as behavioral health challenges due to isolation are on the rise in Sonoma County. A lack of providers with experience with geriatric conditions is also of concern.

### FY24 Accomplishments

In FY24, we prioritized serving the older adult population, recognizing their unique needs and challenges. Our primary accomplishments include:

- **Providence Community Benefit Programs:** Our programs targeted the needs of older adults, ensuring they receive the care and support necessary for their well-being:
  - **CARE Network:** Provided comprehensive care management tailored to older adults, addressing their unique health needs.

- o **Dental Clinic:** Focused on enhancing oral health among seniors by increasing access to essential dental treatments.
  - o **Mobile Health Clinic (MHC):** MHC staff established a new service site at the Cloverdale Senior Center, expanding access for local seniors.
- **Providence Permanent Supportive Housing (PSH):** Engaged in ongoing discussions to develop a PSH complex in Rohnert Park specifically for seniors, aimed at assisting chronically homeless individuals aged 55 and older.
- **Community Benefit Funding:** Providence supported several programs for older adults in Sonoma County:
  - o **AgeWell PACE – Aging with Dignity** *(funded by SRMH)***:** This comprehensive program, based in Rohnert Park, serves over 300 low-income seniors annually. It enables seniors to age safely at home by providing coordinated medical, dental, and social support services, which improve health outcomes and quality of life.
  - o **Emergency Prep Help – Emergency Preparedness for Seniors** *(funded by PVH)***:** Hosted workshops on emergency preparedness, providing essential supplies, and fostering community resilience.
  - o **West County Community Services** *(funded by SRMH)* **–** Provided critical transportation services for seniors in the lower Russian River area, ensuring access to healthcare and community resources.

## EQUITY, RACISM, AND DISCRIMINATION

The Committee Benefit Committee and the Community Benefit department recognize that racism, discrimination, and inequity are crosscutting themes and root causes that impact all prioritized need areas. These issues are specifically addressed in each area as outlined in our Community Health Improvement Plan.

### FY24 Accomplishments

We focused on inclusivity, we strive to dismantle barriers to healthcare and improve health outcomes for those facing systemic inequities, empowering individuals to advocate for their rights and access the care they deserve. Our primary accomplishments include:

- **Providence Community Benefit Programs, Sonoma County:** Our programs remain committed to serving populations disproportionately affected by inequity, racism, and discrimination. We prioritize efforts targeting marginalized communities to ensure they have access to essential services, resources, and support.
- **Community Benefit Funding:** Providence supports several programs aimed at addressing equity and combating racism and discrimination in Sonoma County:
  - o **La Familia Sana – Radical Imagination Supported Through Exploration (RISE)** *(funded by HH)*:  This program supports 20 high school students in Cloverdale by providing educational and vocational guidance through a culturally responsive approach. RISE

offers bilingual coaching and involves family members in the career guidance process, addressing the shortage of bilingual career counselors in rural areas.

- o **On the Margins – ¡DALE! Program** *(funded by SRMH)*: This initiative develops leadership among Sonoma County high school students, fostering change through advocacy and community engagement. Created in response to educational inequities, ¡DALE! empowers students interested in social justice and anti-racism, providing training in development, advocacy, leadership, and civic engagement.
- o **Santa Rosa Junior College – Health Occupation Prep & Education Program (HOPE)** *(funded by SRMH)*: HOPE supports underrepresented and first-generation students pursuing healthcare careers. With enrollment increasing from 85 to 150 students, HOPE provides personalized counseling and mentoring, aiming to increase the diversity of the healthcare workforce by supporting students from diverse backgrounds, particularly those who are Hispanic and low-income.

## About Providence

Providence St. Joseph Health (Providence) is a national, not-for-profit health system comprising a diverse family of organizations driven by a belief that health is a human right. With 51 hospitals, over 1000 clinics, and many other health and educational services, our health System employs more than 122,000 caregivers serving patients in communities across seven Western states – Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington. Our caregivers provide quality, compassionate care to all those we serve, regardless of coverage or ability to pay.

Providence across five western states:

- Alaska
- Montana
- Oregon
- Northern California
- Southern California
- Washington

The Providence affiliate family includes:

- Covenant Health in West Texas
- Facey Medical Foundation in Los Angeles, CA.
- Kadlec in Southeast Washington
- Pacific Medical Centers in Seattle, WA.
- Swedish Health Services in Seattle, WA.

As a comprehensive health care organization, we are serving more people, advancing best practices and continuing our more than 100-year tradition of serving the poor and vulnerable. Delivering services across seven states, Providence is committed to touching millions of more lives and enhancing the health of the American West to transform care for the next generation and beyond.

# INTRODUCTION

## Who We Are

| | |
|---|---|
| **Our Mission** | We are steadfast in serving all within our communities, especially those who are poor and vulnerable. |
| **Our Vision** | Health for a Better World. |
| **Our Values** | Compassion — Dignity — Justice — Excellence — Integrity |

Part of a larger healthcare system known as Providence, Healdsburg Hospital (HH), Providence Santa Rosa Memorial Hospital (SRMH), and Petaluma Valley Hospital (PVH) serve the communities located in Sonoma County. The health care services provided by these three hospitals include, in part, the provision of acute care services, behavioral health, and other facilities for treating the healthcare needs of the community in Sonoma County.

HH is a critical access hospital founded by Dr. J. Walter Seawell in 1905. Located in Healdsburg, California, Providence has managed operations of the facility since January 1, 2021. The facility has 43 licensed beds, a campus that is 4 acres in size, and roughly 300 employees. Major programs and services include 24/7 emergency department, critical care, acute rehab, behavioral health, women's health, and orthopedics. The hospital is certified as a Medicare Critical Access Hospital (CAH) provider and is also a certified stroke center.

In addition, Providence hospitals in Sonoma County 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, 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.
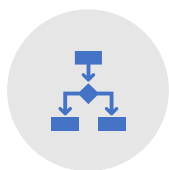
## Our Commitment to Community

Providence hospitals in Sonoma County further demonstrate organizational commitment to the community through the allocation of staff time, financial resources, and participation and collaboration to conduct the Community Health Needs Assessment (CHNA) and then to address community identified needs. The Senior Director of Community Health for Northern California, Dana Codron is responsible for ensuring compliance with Federal 501r requirements as well as providing the opportunity for community leaders, hospital leadership, and others to work together in planning and implementing the resulting Community Health Improvement Plan (CHIP). In FY24, the hospital provided $16,323,848 in Community Benefit in response to unmet needs and to improve the health and well-being of those we serve.

# Health Equity

At Providence, 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:

*Figure 1. Best Practices for Centering Equity in the CHIP*

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

# Community Benefit Governance

Healdsburg Hospital (HH) demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, and participation and collaboration with community partners. The Senior Director of Community Health for the Northern California service area is responsible for coordinating the implementation of state and federal 501r requirements.

The Healdsburg Hospital Community Benefit Committee (CBC) is the board-appointed oversight committee of the Community Health department in Sonoma County. The HH CBC is comprised of Healdsburg Hospital and Petaluma Valley Hospital community board members, internal Providence stakeholders and staff, and external community stakeholders representing subject matter experts and community constituencies. The CBC reviewed the data collected in the 2023 Community Health Needs Assessment process to identify and prioritize the top health-related needs in Sonoma County for this 2024-2026 CHIP.

## Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Healdsburg Hospital (HH) has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way HH informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible.  For information on our Financial Assistance Program click here.

## Medi-Cal (Medicaid)

Healdsburg Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY24, Healdsburg Hospital provided $14,954,597 in Medicaid shortfall.

# OUR COMMUNITY

## Description of Community Served

Healdsburg Hospital, Santa Rosa Memorial Hospital, and Petaluma Valley Hospital provides Sonoma County communities with access to advanced care and advanced caring. The hospitals' service area is Sonoma County and includes a population of approximately 493,000 people.

*Figure 2. Healdsburg Hospital, Santa Rosa Memorial Hospital, and Petaluma Valley Hospital*
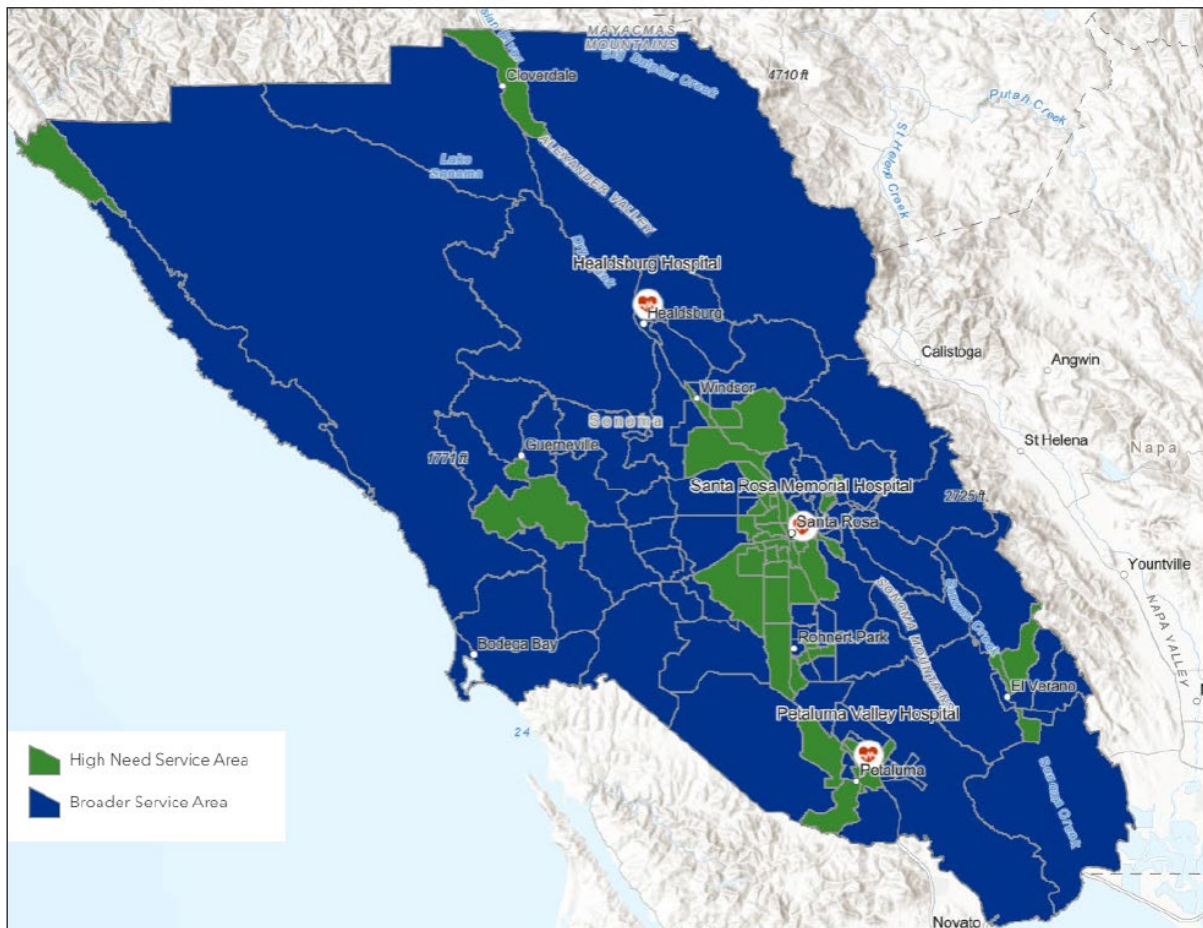


To facilitate identifying health disparities and social inequities by place, we designated a "high need" service area and a "broader" service area, which together make up the Sonoma County Service Area. Based on work done by the Public Health Alliance of Southern California and their Healthy Places Index

(HPI) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.[1]

## Community Demographics

### POPULATION AND AGE DEMOGRAPHICS

The following population demographics for Sonoma County are from the 2021 American Communities Survey 5-year estimates. 50.9% of people living in Sonoma County are female and 49.1% are male. The high need service area predominantly houses a younger population, with individuals under the age of 55 being more prevalent. Conversely, the broader service area tends to host a higher proportion of older adults aged 55 and above. This demographic distribution may be attributed partially to the prevalence of secondary and/or vacation homes.

### POPULATION BY RACE AND ETHNICITY

In Sonoma County, there are noticeable disparities in the distribution of racial and ethnic groups across different census tracts. The 'other race' population is notably overrepresented in high-need census tracts compared to the county's overall population. Conversely, individuals who identify as white are less likely to reside in high-need communities.

Additionally, there is a significant overrepresentation of individuals identifying as Hispanic in high-need communities, constituting nearly 38% of the population in those areas, compared to just under 20% in the broader service area. In Sonoma County, approximately 6.5% of the population are veterans, slightly higher than the 4.8% in the state of California.

### SOCIOECONOMIC INDICATORS

*Table 1. Income Indicators for Sonoma County Service Area*

| Indicator | Broader Service Area | High Need Service Area | Sonoma County | California |
|---|---|---|---|---|
| **Median Income**<br>Data Source: 2021 American Community Survey, 5-year estimate | $117,926 | $77,152 | $90,867 | $83,226 |
| **Percent of Renter Households with Severe Housing Cost Burden**<br>Data Source: 2021 American Community Survey, 5-year estimate | 25.4% | 27.9% | 25.0% | 26.3% |

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[1] The following variables were used for the PNI analysis: Population below 200% the Federal Poverty Level (American Community Survey, 2021); Percent of population with at least a high school education (American Community Survey, 2021); Percent of population, ages 5 Years and older in Limited English Households (American Community Survey, 2021); Life expectancy at birth (estimates based on CDC, 2010 – 2015 data)

Household median incomes include the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, the average household income is usually less than the average family
income.

The broader service area has a median income of $117,926, which is $27,059 greater than Sonoma County and $40,774 greater than the high need service area.

Severe housing cost burden is defined as renter households that are spending 50% or more of their income on housing costs. About 25% of households in Sonoma County are severely housing cost burdened, which is slightly lower than the state of California overall.

In the high need service area, about 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 2023 CHNA for Healdsburg Hospital.**

# COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

## Summary of Community Needs Assessment Process and Results

In our Community Needs Assessment process, we employed a mixed-methods approach, integrating both quantitative and qualitative data. Data was collected from various reliable sources, including the American Community Survey, Behavioral Risk Factor Surveillance System, local public health databases, hospital-level records, and public health datasets focusing on health behaviors, morbidity, and mortality.

To ensure active community engagement, we collaborated with On the Margins, Inc. to facilitate three listening sessions. These sessions were specifically designed to gather insights from individuals with chronic conditions, diverse backgrounds, low-income backgrounds, and those who are medically underserved. Additionally, we conducted 14 key informant interviews with representatives from organizations serving these populations. Through these interviews, our aim was to delve deeper into understanding community strengths and opportunities.

Some key takeaways include the following:

- Lack of affordable housing with increased barriers for those with disabilities, older adults, and the BBPIOC community.
- Limited access to and availability of behavioral health and substance use services.
- Limited access to primary and specialty medical care providers.
- Economic insecurities with increased barriers related to racism and discrimination.
- Strengths included community resiliency and community-based organization collaboration.

## Significant Community Health Needs Prioritized

The list below summarizes the rank-ordered significant health needs identified through the 2023 Community Health Needs Assessment process:

### BEHAVIORAL HEALTH AND SUBSTANCE USE

 Publicly available data, along with Providence hospitalization data, show worsening trends of individuals experiencing a behavioral health crisis, many of whom are utilizing emergency rooms for care. Substance Use Disorder was identified as the leading behavioral health diagnosis being treated at Santa Rosa Memorial and Petaluma Valley Hospitals. Key Informants, community members, and caregivers all shared that lack of behavioral health and substance use services was a major barrier in Sonoma County. Lack of bilingual/bicultural providers and absence of medical detox were also commonly voiced needs. Data showed particular concern for youth.

### ACCESS TO HEALTH AND DENTAL CARE

Fewer people saw primary care doctors or dentists in recent years. This trend coupled with qualitative data expressing lack of primary, medical and dental providers highlighted lack of appropriate level of health care access in Sonoma County. Emergency transport times were some of the longest in the State of California in Northern Sonoma County. Key Informants and Caregivers expressed the need for extended hours, bilingual/bicultural providers and transportation options to break down access barriers for older adults, people experiencing homelessness, and agricultural workers. Access was noted to be highly linked to economic insecurity.

### HOMELESSNESS AND HOUSING INSTABILITY

Over 25% of Sonoma County is experiencing severe housing cost burden, spending 50% or more of their household income on housing. Additionally, over 2,800 individuals were found to be experiencing homelessness in 2022. Most Key Informants identified the need for additional permanent supportive housing, housing accepting housing vouchers, affordable housing and shelter beds. Older adults and BBIPOC population experience additional barriers to housing in Sonoma County.

### OLDER ADULT HEALTH AND WELL-BEING

There is a growing population of older adults (over 60) in Sonoma County without adequate resources to meet their needs. As identified in the Community Health Improvement Plan (CHIP) under "Aging Issues," older adults experiencing homelessness and housing instability, barriers to accessing care, as well as behavioral health challenges due to isolation is are the rise in Sonoma County. A lack of providers with experience with geriatric conditions is also of concern.

### EQUITY, RACISM, AND DISCRIMINATION

The Committee Benefit Committee and the Community Benefit department recognize that racism, discrimination, and inequity are crosscutting themes and root causes that impact all prioritized need areas. These issues are specifically addressed in each area as outlined in our Community Health Improvement Plan.

## Needs Beyond the Hospital's Service Program

While hospitals play a vital role in addressing community health needs, it is recognized that no single facility can comprehensively tackle all health challenges within its locality. At Santa Rosa Memorial Hospital, we remain steadfast in our mission by fostering collaborations with community organizations to augment our efforts.

The following community health needs identified in the ministry CHNA will not be addressed, and an explanation is provided below:

- Economic Insecurity: Economic insecurity affects many other needs, including educational opportunities, food resources, employment, transportation, and physical and mental health.

While economic insecurity was an identified significant need, Providence Benefit Sonoma County lacks an effective method of intervention. However, systemic impacts of economic insecurity are identified and addressed through the chosen priority need areas outlined in this document.

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Summary of Community Health Improvement Planning Process

The 2024-2026 Community Health Improvement Plan (CHIP) is designed to address the needs identified and prioritized through the 2023 Community Health Needs Assessment (CHNA). We recognize the greatest needs of our community will change over time, and we are dedicated to adapting our efforts accordingly. Our commitment remains steadfast in supporting, strengthening, and serving our community in alignment with our Mission, utilizing our expertise, and maximizing the impact of Community Benefit resources.

The Healdsburg Hospital CHIP process was led by the Senior Manager of Community Health and the Community Health staff with review and approval from the Community Benefit Committee. Strategies outlined in the CHIP encompass a diverse array of approaches, including direct service programming goals, support for community organizations, and collaborative commitments aimed at addressing the identified priority need areas.

While Equity, Racism, and Discrimination were not designated as a standalone priority area, the Community Benefit Committee made a deliberate decision to incorporate strategies addressing the needs of the Black, Brown, Indigenous, and People of Color (BBIPOC) community and those most likely to experience discrimination within each priority area. This acknowledgment underscores our commitment to addressing health disparities and promoting equity across all facets of our community health initiatives.

## Addressing the Needs of the Community: 2021-2023 Key Community Benefit Initiatives and Evaluation Plan

### FY24 Accomplishments

#### COMMUNITY NEED ADDRESSED #1: BEHAVIORAL HEALTH AND SUBSTANCE USE

*Long-Term Goal(s)/ Vision*
To reduce substance use disorders (SUD) and mental health conditions through evidence-based and community-led prevention, treatment, and recovery support services that are equitable, high-quality, culturally responsive, and linguistically appropriate, especially for populations with low incomes.

*Table 2. Strategies and Strategy Measures for Addressing Behavioral Health and Substance Use*

| Strategy | Population Served | Strategy Measure | FY24 Progress | 2026 Target |
|---|---|---|---|---|
| 1. Leverage partnerships between the Mobile Health Clinic and | Unhoused, rural communities, seniors, undocumented, | # of outreach sites in conjunction with | 0 sites* | Add 1 additional site in in North County in collaboration with CBOs |

| | | | | |
|---|---|---|---|---|
| behavioral health community-based organizations (CBOs)<br><br>**Providence Program: Mobile Health Clinic** | BBIPOC population experiencing behavioral and substance use disorder | behavioral health outreach programs<br><br>*6-month period 1/1/24 – 6/30/24* | | |
| 2. Connect patients to Medication-Assisted Treatment programs through substance use navigation<br><br>**Providence Program: CARE Network** | Hospital emergency department and admitted patients experiencing substance use disorders | Number of encounters | 283 SUN encounters HH<br><br>709 SUN encounters county-wide<br><br>136% increase county-wide | 15% increase in encounters county-wide |
| | | # of patients connected to a MAT program | 20 patients connected to MAT HH<br><br>268 patients connected to MAT county-wide<br><br>48% increase county-wide | 15% increase in patients connected to MAT program county-wide |
| 3. Provide comprehensive case management to high-risk and severe and persistent mental illness populations through Enhance Care Management (ECM)<br><br>**Providence Program: CARE Network (CN)** | Patients identified by CN or referred through Partnership HealthPlan as having a behavioral health diagnosis and are at risk of homelessness | # of patients enrolled in ECM | 1 patient enrolled in ECM HH<br><br>54 patients enrolled in ECM county-wide<br><br>58% increase county-wide<br><br>459 ECM encounters county-wide | Work in coordination with care partners and organizations to increase county-wide ECM enrollment by 10% |
| | | % of enrolled ECM patients screened for depression with the PHQ-2 or PHQ-9 | 77% of ECM patients screened with PHQ-2 or 9 | 90% of patients screened county-wide |

| 4. Administer county-wide community grants to CBOs addressing behavioral health and substance use disorder | Vulnerable populations, unhoused, rural communities, seniors, undocumented, BBIPOC, uninsured/underinsured | 25% of grant funds invested in programs to address behavioral health (BH) and substance use (SU) | $2,659,000 invested in BH/SU county-wide (42% of overall grant dollars) | 25% of grant dollars invested in BH and SU county-wide |

*Key Community Partners*

- Alexander Valley Health Center
- Alliance Medical Center
- Buckelew Programs
- California ED Bridge
- Community Support Network
- County of Sonoma, Department of Health Services
- Health Care Foundation of Northern Sonoma County
- Kaiser Permanente, North Bay
- La Familia Sana
- Mother's Care
- NAMI Sonoma
- Partnership Health Plan of California
- Providence Petaluma Valley Hospital
- Providence Santa Rosa Memorial Hospital
- Santa Rosa Community Health
- Sonoma County Indian Health Project
- Sutter Health, North Bay
- West County Health Center

## COMMUNITY NEED ADDRESSED #2: ACCESS TO HEALTH AND DENTAL CARE

*Long-Term Goal(s)/ Vision*

To improve access to equitable and culturally responsive health care and preventive resources for people with low incomes and those underinsured by deploying programs to assist with navigating the health care system. This will ease the way for people to access the appropriate level of care at the right time.

*Table 3. Strategies and Strategy Measures for Addressing Access to Health and Dental Care*

| Strategy | Population Served | Strategy Measure | FY24 Progress | 2026 Target |
|---|---|---|---|---|
| 1. Engage high-risk individuals with CARE Network's (CN) complex care management and Enhanced Care Management teams to increase access to health care<br><br>**Providence Program: CARE Network** | High-risk individuals with complex socioeconomic and chronic conditions, especially patients with an identified social determinant of health need, including substance use disorder | # of individuals enrolled with CN | 55 patients enrolled in CARE Network HH<br><br>2,777 patients enrolled in CARE Network county-wide<br><br>1,062 encounters HH<br><br>53,925 encounters county-wide | Increase enrollment to 1,500 patients enrolled annually county-wide |
| 2. Provide Community Health Worker services including screenings, education, navigation, and advocacy for BBIPOC and vulnerable populations<br><br>**Providence Program: Promotores de Salud** | Low-income adult community members of the public, primarily Latino/a populations | # of encounters | 478 encounters HH<br><br>1,829 encounters county-wide | Commit to continue the provision of these services to the benefit of the community |
| 3. Provide dental care to un- and underinsured patients through Providence Dental Clinic<br><br>**Providence Program: Dental** | Uninsured and underinsured adults, including unhoused and those who identify as having developmental disabilities, MediCal pediatric population | # of mobile dental sites in North County | 0 sites*<br><br><br>*6-month period 1/1/24 – 6/30/24* | Add 1 site in North County |

| 4. Provide primary care and linkages to medical homes for un- and underinsured patients through Providence Mobile Health Clinic with the goal of reducing avoidable emergency department visits<br><br>**Providence Program: Mobile Health Clinic** | Low-income, uninsured, under-insured, undocumented, unhoused, or other vulnerable populations | # of mobile health sites in North County | 1 site*<br><br>*Cloverdale Senior Center*<br><br><br><br>*6-month period 1/1/24 – 6/30/24* | Add 1 site in North County |

*Key Community Partners*
- Aliados Health
- Alexander Valley Healthcare
- Alliance Medical Center
- Botanical Bus
- Buckelew Programs
- Burbank Housing
- Ceres Community Project
- Corazón Healdsburg
- County of Sonoma, Department of Health Services
- Give Kids a Smile
- Healdsburg Day Labor Center
- Healdsburg Unified School District
- Healthcare Foundation of Northern Sonoma County
- Humanidad Therapy and Education Services
- Kaiser Permanente, North Bay
- Legal Aid of Sonoma County
- NAMI Sonoma
- North Bay Children's Center
- North Sonoma County Healthcare District
- Nuestra Comunidad
- On the Margins
- Operation Access
- Providence Petaluma Valley Hospital
- Providence Santa Rosa Memorial Hospital
- Reach for Home
- Santa Rosa Community Health
- Santa Rosa Junior College
- Sonoma County Public Health
- Sutter Health, North Bay
- The Key Private Duty Caregiving
- Windsor Unified School District

## COMMUNITY NEED ADDRESSED #3: HOMELESSNESS AND HOUSING INSTABILITY

*Long-Term Goal(s)/ Vision*

A sufficient supply of safe, affordable, and equitable housing units to ensure that all people in the community have access to a healthy place to live that meets their needs. A coordinated and holistic community approach to providing increased linkages to supportive services for people experiencing homelessness.

*Table 4. Strategies and Strategy Measures for Addressing Homelessness and Housing Instability*

| Strategy | Population Served | Strategy Measure | FY24 Progress | 2026 Target |
|---|---|---|---|---|
| 1. Invest in the maintenance and expansion of existing recuperative beds and services | Individuals experiencing homelessness, including older adults | # of recuperative beds | Financially contributed to 39 recuperative care beds county-wide | Commit to funding that maintains the operation at full capacity of recuperative care programs county-wide |
| 2. Prioritize funding towards homelessness prevention and service navigation | Individuals experiencing homelessness and those at risk of homelessness, including families, BBIPOC, transitional-age youth, and older adults | Amount invested | $109,200 invested in homelessness and housing instability HH<br><br>$3,435,752 invested county-wide | 25% of grant dollars invested in homelessness prevention and service navigation in North County |
| 3. Provide comprehensive case management to unhoused population through Care Network's (CN) Enhanced Care Management (ECM) program<br><br>**Providence Program: CARE Network** | Patients identified by CN or referred through Partnership HealthPlan as being unhoused or at risk of homelessness | # of patients unhoused enrolled in CN's ECM program | 16 Unhoused Patients Enrolled in ECM County-Wide<br><br>30% of enrolled individuals were unhoused county-wide | Work in coordination with care partners and organizations to increase county-wide ECM enrollment by 10% |

| 4. Provide support to community-based organizations (CBOs) focused on advocating for housing initiatives with the goal of increasing the supply and affordability of homes in Sonoma County | Current and future Sonoma County residents | Amount invested | Invested $250,000 for housing advocacy efforts | Commit to continue funding to CBOs focused on county-wide housing policy advocacy |
|---|---|---|---|---|
| | | # of endorsements | 1 endorsement | Increase county-wide endorsements related to housing policy and supply |

*Key Community Partners*

- Burbank Housing
- Catholic Charities of the Diocese of Santa Rosa
- Committee on the Shelterless (COTS)
- Community Support Network
- County of Sonoma, Community Development Commission
- Generation Housing (Gen H)
- HomeFirst
- Kaiser Permanente, North Bay
- Legal Aid of Sonoma County
- The Living Room Center, Inc.
- Providence Petaluma Valley Hospital
- Providence Santa Rosa Memorial Hospital
- Reach for Home
- Sonoma County Continuum of Care
- Sutter Health, North Bay

## COMMUNITY NEED ADDRESSED #4: OLDER ADULT HEALTH AND WELL-BEING

*Long-Term Goal(s)/ Vision*

To provide direct services and funding to address the unique needs of vulnerable older adults in Sonoma County, including transportation, healthcare, resource navigation, and in-home support services.

*Table 5.  Strategies and Strategy Measures for Addressing Older Adult Health and Well-Being*

| Strategy | Population Served | Strategy Measure | FY24 Result | 2026 Target |
|---|---|---|---|---|
| 1. Support community-based organizations through grants and partnerships to increase transportation access | Older adults (60 and over) who are most at risk for experiencing access barriers | # of grants administered | 2 grants county-wide<br><br>HH = 1 grant<br><br>SRMH = 1 grant | Administer 1 transportation-related grant in North County |
| 2. Serving seniors through direct service programs<br><br>**Providence Program: Mobile Health Clinic** | Older adults (60 and over) who are most at risk for experiencing access barriers | # of senior housing or resource sites | 1 site added*<br><br>*Cloverdale Senior Center*<br><br>*6-month period 1/1/24 – 6/30/24* | Add 1 senior sites in North County |
| 3. Private duty caregiving | Older adults unable to perform activities of daily living independently | % of seniors (60 years or older) served through caregiving contract annually | 72% county-wide | Maintain services to at least 70% of eligible patients county-wide |
| 4. Administer community grants to address aging issues | Older adults in Sonoma County | # of grants administered | 5 grants county-wide<br><br>HH = 0 grants<br><br>PVH = 1 grant<br><br>SRMH = 4 grants | Administer 2 grants that address aging issues in North County |

*Key Community Partners*

- AgeWell PACE
- Alliance Medical Center
- Alexander Valley Healthcare
- Area Agency on Aging
- Council on Aging
- Emergency Prep Help
- Legal Aid of Sonoma County
- Petaluma People Services
- Providence Petaluma Valley Hospital
- Providence Santa Rosa Memorial Hospital
- Reach for Home
- The Key Private Duty Caregiving

# FY24 COMMUNITY BENEFIT INVESTMENT

In FY24, Healdsburg Hospital invested a total of $16,323,848 in key community benefit programs. $16,246,886 was invested in community health programs for the poor, including $449,598 in charity care and $14,954,597 in unpaid cost of MediCal, including the Hospital Quality Assurance Fee Program. $76,962 was invested in community benefits for the broader community. Healdsburg Hospital applies a ratio of cost to charge to quantify financial assistance at cost, unreimbursed Medicaid, other means-tested government programs. The cost to charge ratio is aligned with the IRS Form 990, Schedule H Worksheet 2. Our community benefit program expenses are reported in alignment with the total cost incurred to run our programs, and we offset any restricted revenue received to arrive at our net community benefit expense.

FY2024 Healdsburg Hospital
(July 1, 2023 - June 30, 2024)

| CA Senate Bill (SB) 697 Categories | Community Benefit Program Categories | Net Benefit |
|---|---|---|
| Medical Care for Vulnerable Populations | Financial Assistance at cost | 449,598 |
| | Unpaid cost of Medicaid | 14,954,597 |
| | Unpaid other govt. programs | - |
| Other Benefits for Vulnerable Populations | Community Health Improvement Services | - |
| | Subsidized Health Services | - |
| | Cash and In-Kind Contributions | 709,200 |
| | Community Building | - |
| | Community Benefit Operations | 133,491 |
| | **Total Benefits for Vulnerable Populations** | **16,246,886** |
| Other Benefits for the Broader Community Populations | Community Health Improvement Services | - |
| | Subsidized Health Services | - |
| | Cash and In-Kind Contributions | 49,940 |
| | Community Building | - |
| | Community Benefit Operations | 27,022 |
| Health Profession Education, Training and Research | Health Professions Education and Research | - |
| | **Total Benefits for the Broader Community** | 76,962 |
| | **Total Community Benefit** | **16,323,848** |
| Medical Care Services for the Broader Community | Total Medicare shortfall | 4,811,807 |

# Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments

In addition to the financial investments made by Providence hospitals in Sonoma County, the Community Benefit department plays a vital role in addressing the health needs of the community. Through active engagement and partnerships with local organizations, we provide essential services and support that contribute to a healthier and more resilient community. By improving access to healthcare and addressing the social determinants of health, Providence Sonoma County's efforts extend far beyond hospital walls, directly enhancing the well-being of Sonoma County residents. Our work is integral to advancing health equity and ensuring that the most vulnerable populations have the resources to thrive.

**Boards and Committees Participation**

Our staff members contribute their time and expertise by serving on various boards and committees across the state. These include the Binational Health Planning Committee, Blue Zones, California Rural Indian Health Board, Coordinated Entry Advisory Committee, Mendonoma Health Alliance, NAMI Sonoma County, Providence Ethics Committee, Redwood Empire Dental Society, and Sonoma County Indian Health Project, Inc. Through this involvement, we foster collaboration and drive positive change in the health and well-being of our community.

Staff also participate in several community-wide and statewide meetings and initiatives, such as the Community Transitions of Care, Dental Health Network, ECM/CS Peer Network Clinical Group, Housing is Healthcare Collaborative, and the Interdepartmental Multi-Disciplinary Team.

**Community and Health Fairs Events**

Staff from across our department's programs actively participate in community events, providing vital health education, resources, and support to ensure that critical services and information are accessible to all members of the community. By engaging with diverse populations and addressing key health challenges, our presence at these events strengthens community ties and empowers individuals to take control of their health. These efforts reflect our commitment to building a healthier, more informed community.

**Vaccine Equity and Communications**

Community Benefit actively participates in a variety of initiatives aimed at promoting vaccine equity and enhancing communication channels. These initiatives include participation in:

- Binational Health Planning Committee
- Latino Health Forum
- Hearts of Sonoma
- Project HOPE
- Women's and Children's Health at Memorial (WHAM)
- Community Health Worker Advisory Council
- Community Transitions of Care

These collaborations ensure that underserved populations receive vital health services and resources.

**Health Equity**

Our Community Benefit staff is dedicated to addressing the root causes of racial and economic inequities that contribute to health disparities. Throughout FY24, staff have served as subject matter experts in assessing and addressing social determinants of health (SDOH), partnering with inpatient health equity teams to promote equitable outcomes for all patients.

**South Park Community Building Initiative (CBI)**

As a fiscal sponsor and technical support provider, Community Benefit supports the Community Building Initiative (CBI) in South Park, Southwest Santa Rosa, CA. This program offers leadership training and coaching to local residents, empowering them to address critical community issues in collaboration with hospitals and nonprofits. In South Park, CBI has focused on reducing youth crime, improving housing stability, and strengthening community-police relations.

Significant outcomes achieved through the efforts of the Community Action Partnership (CAP) and CBI include:

- Changes to the Mandatory Rental Inspection Policy

- Creation of Spanish-language code enforcement and crime reporting forms

- New murals in the neighborhood park

- An expanded youth soccer program

- Neighborhood events that have fostered greater community engagement

- A monthly neighborhood newsletter

- Advocacy for renaming a new affordable housing complex to reflect the neighborhood's identity.

**Volunteer Engagement**

The Community Benefit programs offer opportunities for nursing students from Sonoma State University, Chico State, Santa Rosa Junior College, and other schools to complete their community health rotation hours. By volunteering with the Mobile Health Clinic and CARE Network, students gain invaluable insights into public and community health, including outreach to homeless populations and culturally diverse groups such as migrant workers and undocumented individuals.

In addition to students, nurses from Santa Rosa Memorial Hospital, Petaluma Valley Hospital, and Healdsburg Hospital also volunteer with the Mobile Health Clinic, contributing to vital signs checks, wound care, flu clinics, and patient navigation.
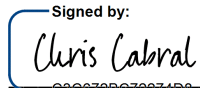
**Community Partnerships**

We work closely with several community-based organizations (CBOs) throughout the county, serving as thought partners on various community initiatives. Our team provides presentations on our services, shares valuable information about our department, writes letters of support, and serves as references

for CBOs seeking grant funding. In addition, we maintain close collaborations with our counterparts at Kaiser and Sutter Health and actively participate in local events, such as back-to-school drives, to engage and support our community further.

As we continue to build these meaningful partnerships and foster collaborative efforts, we remain dedicated to strengthening the health and well-being of Sonoma County's most vulnerable populations. Through our commitment to community-driven solutions and equitable healthcare access, Providence Sonoma County is making a lasting, positive impact on the communities we are privileged to serve.

# 2024 CB REPORT GOVERNANCE APPROVAL

This 2024 Community Benefit Report was adopted by the Community Benefit Committee of the Petaluma Valley and Healdsburg Hospitals' Boards of Trustees on October 21, 2024. The final report was made widely available by November 30, 2024.

Signed by:

*Chris Cabral*                                      10/28/2024
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Chris Cabral                                        Date
Chair, Community Benefit Committee
Petaluma Valley Hospital and Healdsburg Hospital

**Contact:**

Dana Codron, RN, MPH
Senior Director, Community Health
dana.codron@providence.org

To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CHI@providence.org.