

**PETALUMA HEALTH CARE DISTRICT BOARD OF DIRECTORS**  
**MINUTES OF THE JANUARY 18, 2023 REGULAR MEETING**

Please note that copies of all pertinent materials considered by the Board in Open Session are included in the final Board Packet. Agenda items may be taken out of order and will be so indicated in the minutes.

**1) CALL TO ORDER**

The Board of Directors of the Petaluma Health Care District (“District”) met at 1425 N. McDowell Blvd., Suite 100 and via Zoom on Wednesday, January 18, 2023. Director Nelson called the meeting to order at 6:00 pm.

• **ROLL CALL**

*Note: the Board of Directors and District staff attended this meeting in person. The public had the opportunity to participate in person or via Zoom. Teleconference information was included on the publicly noticed agenda published on January 13, 2023.*

The Board Clerk called the roll. **The following Board members were present, constituting a quorum:**

Directors Dufour, Hempel, Negrin, Nelson, Tobias

Also present:

**Staff:**

Ramona Faith, CEO

Andrew Koblick, Controller

Benjamin Spierings, Community Health Program Manager

Tucker Pinochi, Board Clerk

**Consultants**

Jonathan Spees, Consultant, Marine Street Consulting

Donald Bouey, Esq.

**Guests:**

Tony Buettner, Sr. VP of Business Development, Blue Zones

Lisle Wescott, Director of Accounts, Blue Zones

Lauren Driscoll, Regional CEO, Providence Northern California

• **CALL FOR CONFLICT**

Director Nelson called for conflicts of interest pertaining to the items listed on the agenda. There were none.

Director Tobias pointed out that he serves on the Petaluma Valley Hospital Community Board and that he has reviewed and confirmed that he does not have a conflict.

• **MISSION & VISION**

Director Hempel read the Petaluma Health Care District’s Mission and Vision into the record.

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*Mission: The Mission of the Petaluma Health Care District is to improve the health and well-being of our community through leadership, advocacy, support, partnerships, and education.*

*Vision: The Petaluma Health Care District envisions a healthy community and equitable access to health and wellness services for all.*

**2) CONSENT CALENDAR**

- **Approval of January 18, 2023 Regular Board Meeting Agenda**
- **Approval of December 2, 2022 Regular Board Meeting Minutes**
- **November 30, 2022 Unaudited District Financial Statements**
- **2023 Board Meeting Schedule**

**Director Hempel made a motion to approve the Consent Calendar items.**

**The Board Clerk interjected to correct an error on the 2023 Board Meeting schedule; the February Regular Meeting was erroneously scheduled for February 16, 2023, but will be changed to reflect a February 15, 2023 meeting date upon approval.**

**Director Dufour then seconded the motion. Director Nelson asked if there were objections to any items on the Consent Calendar before asking for a vote by show-of-hands. The vote was as follows:**

**Dufour Y; Hempel Y; Negrin Y Nelson Y; Tobias Y. The motion passed 5-0.**

**3) Public Comments (Non-Agenda Items)**

Director Nelson opened the floor for public comments on non-agendized items. There were none.

**4) Board Comments**

- **How to Be A Better Board: Chapters 31, 32**

Director Negrin reviewed chapters 31 and 32 of “52 Ways to be a Better Board.”

- **Petaluma Valley Hospital Community Board Update**

Director Tobias asked to defer his report on the activities of the PVH Community Board to better accommodate the attendees present to comment on subsequent agenda items. The Board agreed to move to the next topic.

**5) Activate Petaluma – Blue Zones Engagement**

- **Approval to Plan and Implement a Blue Zones Project in the City of Petaluma**

Through the Chair, Director Hempel asked to move the consideration of this item to follow item #6. The Board agreed.

**6) NorCal HealthConnect – Notification Pursuant to the Purchase Agreement of Intent to Close OB Services at PVH**

Through the Chair, Director Hempel reminded the board and the public that this is a public meeting and

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we must adhere to Roberts Rules of Order. Please speak loudly and clearly.

Director Nelson introduced Laureen Driscoll, Chief Executive, Providence Northern California. Laureen Driscoll stated that on December 16, 2023, she submitted a letter informing the PHCD Board of Providence's intent to close the Family Birth Center at Petaluma Valley Hospital due to challenges with staffing, specifically anesthesia contract termination for OB services ending January 31, 2023. Providence was challenged with trying to come up with a solution around that staffing and they did a long discernment as well which is part of their process and came to the realization that the FBC sustainability was going to be difficult and could create a significant safety concern if they were unable to staff with both anesthesia providers and OB providers. They definitely have had multiple challenges with staffing including leadership, nursing staffing, ancillary staffing, which has caused them to use locum tenens for physician coverage and agency and travelers for core staffing. Ms. Driscoll is here to request that the PHCD grant Providence's request to close the Family Birth Center and have the meet and confer discussion as outlined in the Asset Purchase Agreement. Ms Driscoll stated that she was here to answer questions and/or provide any additional information.

Director Hempel thanked Ms. Driscoll and requested CEO Faith provide an update on what the commitment is in the Asset Purchase Agreement regarding this matter.

CEO Faith stated the Asset Purchase Agreement (APA) has a stipulation that all services offered at PVH would continue for a minimum of 20 years with the exception of the Family Birth Center, which is to be maintained for a minimum of 5 years. If for some reason the hospital operator believes that they could not operate a hospital service within the timeline agreed upon in the APA, the hospital operator would need to provide the District prior written notice of the proposed termination or material reduction of the service and within 30 days of the receipt of the letter both parties would need to meet and confer, giving the District the opportunity to seek clarity, ask questions, request any information that we believe is needed to consider the request. The meeting tonight is our first meet and confer. Providence is to specifically provide their rationale for their request and a detailed plan.

Ms Driscoll stated that she didn't know if the board needed additional information. It's clear in the letter submitted that the request is based on staffing challenges specific to OB. Providence would love the opportunity to have a transparent and collaborative process with the community for a smooth transition. Our contract for OB anesthesia ends January 31<sup>st</sup> and we do not believe it is in the best interest of our community and our patients to abruptly close our doors and have intermittent services available. That could lead to significant safety issues and confusion to our patients. We want a collaborative process as we consolidate our OB services to SRMH where we also have our NICU services.

Ms Faith stated that Ms Driscoll had indicated during their last conversation that anesthesia coverage was secured for the month of February and that she was working on securing March coverage. Ms. Driscoll concurred that she had secured a bridge contract, and she is working to secure March. It is a temporary bridge contract.

**Director Nelson called for public comments. She explained the procedure for submitting and presenting public comments to the room and proceeded to recognize the first in-person commenter. The transcript of these comments, as well as those submitted in advance in writing to be read aloud, is attached to these minutes.**

Director Nelson recognized Jonathan Spees, a consultant for the District, who briefly introduced his professional record. Mr. Spees was part of the team which negotiated the sale of Petaluma Valley Hospital and formerly served as the CFO for the USC Hospital System. Mr. Spees directed several

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questions to Ms. Driscoll. First, he asked if the negative margin reported by the Birthing Center was available to Providence when they made their commitment to maintain the Center for 5 years. Ms. Driscoll replied that she was not present for the sale and therefore could not answer.

Then, Mr. Spees asked about the cost breakdown for the Birthing Center as reported by Providence in their request to close the former. He asked how much of that cost represented the actual direct costs of running the Birthing Center versus allocated costs from other departments or corporate overhead. He also asked whether the margin calculation presented by Providence included the supplemental revenues generated by the Birthing Center.

Finally, Mr. Spees asked Ms. Driscoll about Providence's efforts to procure anesthesia services to date, and whether Providence had issued a formal RFP for anesthesia services. Ms. Driscoll replied that they had received 60 days notice of service termination by their CRNA providers, and that she had asked two internal organizations at Providence about the possibility of employing anesthesia services through them. Both declined, per Ms. Driscoll. She also said that they did not issue any formal RFP for anesthesia services.

Director Nelson recognized members of the Board of Directors for their comments next, beginning with Director Negrin. Director Negrin noted, like Mr. Spees, that the Purchase Agreement indicated Providence was aware of all the potential defaults in hospital service lines when making their commitments to maintain services.

Director Negrin also shared cases from her experience as an OB practitioner which would have resulted in death or disability for mother or child had the PVH Family Birthing Center been closed at the time. She noted in conclusion that the Birthing Center has been close to closing multiple times through the years, but that the community had pulled together to make this necessary service work each time. She thanked the public for their comments and for their attention to the matter.

Director Nelson then recognized Director Tobias. Director Tobias told Ms. Driscoll that he objected to the presentation of the intended closure as a *fait accompli*, noting that the Board will decide whether to accept the closure of the Family Birthing Center. Then, he addressed the points put forth in Providence's notice of intended closure dated December 16, 2022. He echoed Mr. Spees's question regarding Providence's efforts to recruit anesthesia providers, noting that the relative difficulty or expense of finding a replacement was not an adequate reason for closure.

The second point which Director Tobias addressed was the assertion that low patient volumes at the Birthing Center were leading to difficulty recruiting physicians. He notes first that delivery volumes have not changed since the beginning of the negotiations to sell the hospital. He further indicates that even if patient volumes had decreased since that time, such statistics should not be of consequence unless the decision in question is a financial one.

Director Tobias also stated that the planned consolidation of OB services at Santa Rosa Memorial Hospital (SRMH) was problematic relative to the Purchase Agreement. He reminded the Board and the public that they had negotiated for PVH to remain under secular ownership, and that SRMH remains a Catholic institution. He asked how Providence would provide a comparable level and scope of services to former PVH patients at SRMH given those facts.

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In closing, Director Tobias underlined the uncertainty that repeated threats of closure created for staff. He added that uncertainty is not good for recruitment, referencing the physicians in attendance who had specifically cited the negative impact on physician recruitment in their comments against the closure of the Birthing Center.

Director Nelson then recognized Director Dufour. Director Dufour noted that he was not on the Board during the sale of the hospital, and that because he did not have a background in care provision or hospital administration he was learning a lot during this process from all involved. He stated that tonight's comments prompt a discussion for him about how to move forward once Providence's 5 year commitment expires, but that nothing he had heard met the threshold to close the Center prior to that.

Director Nelson then recognized Director Hempel. Director Hempel expressed her anger at the state of the District's relationship with Providence, noting that she had spent a large amount of time negotiating for women's healthcare services in the agreement, and more time justifying that agreement to the public thereafter believing that Providence had negotiated in good faith. She echoed Mr. Spees's point that the true direct costs of running the Birthing Center were not made available to the District and that the Board would need to receive that clarification.

Director Hempel also stated she would like to see an evaluation of this decision's potential consequences to patient safety and health outcomes. For example, she cited the potential costs of delivering a baby in the ER who is then sick and needs intensive care or an ambulance transfer. Director Hempel said that those potential outcomes need to be factored into the decision before the Board can proceed. Finally, she expressed her surprise at the lack of preparation by Ms. Driscoll given the justifications for her proposal and the gravity of the subject for the community.

Ms. Driscoll briefly objected, noting that the Regional CFO is sick with COVID-19 and was unable to attend or to assist in preparation of this presentation.

Director Tobias interjected to ask specifically whether this decision was a financial decision or not. Ms. Driscoll replied that it was a safety decision, as an OB unit without anesthesia services is inherently unsafe. She also added that a temporary closure of the service was not a good idea either, noting that regulatory requirements would have made the reopening process too onerous to be worth the trouble. She also asserted again that the CRNA group had only provided 60 days notice which had forced Providence to arrive at a conclusion regarding the Family Birthing Center in a tighter window of time.

Director Hempel thanked Ms. Driscoll for bringing up the difficult process of reopening after a temporary closure and noted that it was important to consider. Director Tobias returned to his question about the financial nature of the decision, adding that the financial impact of a potential fix to this situation is immaterial; the commitment to maintain the Family Birthing Center for 5 years remains the same. Ms. Driscoll raised the legal barriers a non-profit hospital faces in terms of compensation for employees in response, with nothing further to add.

At this time, a member of the public requested the opportunity to comment, noting in her request that the notice provided by the CRNA group was for 90 days, not 60 days. Since the public comment period had passed, Director Nelson declined to recognize this individual but thanked her for speaking up all the same and apologized that the Board could not hear her full comment at that time.

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Director Nelson recognized herself to make brief comments on the matter. She read Providence’s stated mission into the record, and asked Ms. Driscoll how the proposed closure aligns with that mission. She noted that ultimately, if all present wanted to maintain the Birthing Center, the question is how to keep it open.

Director Nelson recognized the District CEO, Ramona Faith for her comments. Ms. Faith indicated that by the number of attendees and the energy in their responses one could see the importance of this service to the community. She recalled Director Negrin’s comment that the Birthing Center has been faced with closure multiple times, and stated that this had led to a clear trust issue among employees and community members alike.

She also said that the Board will want to learn everything that Providence has done to keep this open before proposing closure, including but not limited to their recruitment efforts for anesthesia services. She further indicated that the Board may wish to do a study of Providence’s recruitment efforts to determine their level of investment in employee recruitment. In closing, she reminded those in the room that the District had negotiated strongly to keep the Family Birthing Center in Petaluma because it is aware the community needs it.

Director Nelson thanked the Ms Driscoll and the public for attending, and thanked the Board and staff for their remarks.

**--- At the Chair’s discretion, the Board returned to item #5,  
“Activate Petaluma – Blue Zones Engagement.” ---**

Director Nelson introduced Lisle Wescott and Tony Buettner, who attended the meeting to answer any questions the board may have regarding a potential Blue Zones Transformation Project. Ms. Wescott also briefly reviewed for the Board a document drafted for distribution to prospective funders.

Director Nelson asked if there were members of the public wishing to comment on this agenda item. There was two members of the public present to comment. The transcript of these comments is attached to these minutes.

**Director Hempel moved to approve the planning and implementation of a Blue Zones Project in Petaluma. Director Dufour seconded. Director Nelson called for a roll-call vote, which was as follows:**

**Dufour Y; Hempel Y; Negrin Abstain Nelson Y; Tobias Y. The motion passed 5-0.**

**7) Financial Sustainability**

- **November 2022 Finance Committee Meeting Minutes**

Controller Andrew Koblick reviewed the November 2022 Finance Committee Meeting minutes for the Board of Directors.

- **Business Development Update**

The District’s consultant, Jonathan Spees, provided the Board with an update on his exploration of business development opportunities for the District. His update focused on the ongoing discussions with Living Unlimited (LU) to support the development of housing for developmentally and intellectually

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disabled individuals. He indicated that he would have something more concrete for the Board to consider on this in the coming months.

Mr. Spees highlighted the potential utility of a mixed-use development for the District's parcel on Lynch Creek Drive, either in partnership with LU or as part of a separate venture. Mr. Spees thanked the Board for their time and left the meeting.

- **Plan Board Retreat: Framework for Long Term Financial Plan**

Ms. Faith reminded the Board of its plans to begin a strategic planning process in February. She reported that she had reached out to BJ Bischoff, the District's consultant for its 2019-2024 Strategic Plan, who confirmed her availability on February 16, 2023 and another date in mid-March.

The Board referred to Mr. Spees's presentation and noted that the status and trajectory of his current efforts should be part of the discussion.

**8) HealthQuest Department Presentation**

Ms. Faith introduced Tami Bender, Program Manager for HealthQuest (HQ) / HeartSafe Community (HSC). Ms. Bender thanked the Board for the opportunity to present and update the board on HealthQuest and HSC work. She noted that there were new members of the Board since her last presentation and provided a review of HealthQuest's history at the District and Petaluma's designation as a HeartSafe Community.

Ms. Bender pointed out the important milestones completed this year for HQ, including surpassing 300 units in their maintenance registry of local AEDs. HQ also signed contracts with Santa Rosa City Schools and other school districts to provide CPR training. Ms. Bender ended her presentation with an abbreviated hands-only CPR course for the Board and staff.

**9) Draft Performance and Salary Review Policy**

Ms. Faith returned her draft Performance and Salary Review Policy to the Board for discussion. She noted that she had conferred with her HR consultant then shared it with members of staff as directed during the previous Board meeting. She relayed their questions and comments verbally to the Board.

The Board, Ms. Faith, and present staff discussed features of the policy and the edits desired by the Board. The Board directed Ms. Faith to edit the draft policy accordingly and to present the policy again for approval at the next meeting. Ms. Faith thanked the Board for their contributions and the Chair moved to the next topic.

**10) Process to Review 2023 PHCD Board Policies**

Ms. Faith explained her proposed process to for the 2023 review of all the Board's policies. She reminded the Board that this review takes place annually and is required to maintain some of the District's certifications in transparency and good governance, as well as an opportunity to keep the Board informed of the Board policies.

Staff requested that all members of the Board review the list of policies in its entirety. However, the policies were divided on a roughly equal basis among the Board members (accounting for length and complexity of each policy) and each Director was asked to review their assigned policies with a closer eye and to make comments or suggested revisions as necessary.

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Ms. Faith thanked the Board for their cooperation, and confirmed that the Board Clerk would send out the board policies for their review in a timely manner.

**11) Board Officers and Board Committee Assignments**

Ms. Faith read her recommended slate of Board officers out loud, as follows:

Director Nelson – Board President  
Director Dufour – Board Vice-President  
Director Tobias – Board Treasurer  
Director Hempel – Board Secretary  
Director Negrin – Board Member at Large

Director Nelson asked for a motion to approve the above slate of Board officers for 2023.

**Director Dufour so moved, and Director Tobias seconded the motion. Director Nelson asked if there would be any further discussion before calling a vote by show-of-hands. The vote was as follows:**

**Dufour Y; Hempel Y; Negrin Y Nelson Y; Tobias Y. The motion passed 5-0.**

Ms. Faith thanked the Board and prompted the next discussion regarding Board Committee Assignments. The Board President appointed the Directors to the Board’s standing and ad hoc committees as follows:

**Standing Committees:**

Finance and Business Development Committee

- Director Tobias
- Director Dufour

Board Governance Committee

- Director Hempel
- Director Nelson

CHIPA

- Director Negrin
- Director Dufour

**Ad Hoc Committee**

Redistricting Committee

- Director Nelson
- Director Hempel

**12) Administrative Reports**

- **President’s Report**

Board President Crista Nelson did not have a President’s report to share with the Board.

- **CEO Report**



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- **ACHD Update**
- **Rebranding and Website Update**
- **Form 700 Due April 1, 2023**
- **Board Retreat**
- **Board Representative: Community Discussion / Educational Series RE: Access to Reproductive Services and Care in Sonoma County**
- **District Leadership Social Media Highlights**

Ms. Faith asked the Board if they had any questions on the written CEO report and they did not. Additionally she reviewed the above items with the Board, the last two of which prompted brief discussion among staff and the Board.

Ms. Faith reminded the Board of the position paper they approved late last year in support of access to reproductive healthcare in Sonoma County. She reported that as discussed during that meeting that a community partner had shared an opportunity to jointly host an educational and/or discussion series on the topic. Ms. Faith asked if there were any members of the Board able to participate as a member of the project's steering committee, noting that an elected member of the NSCHD Board of Directors would participate on that committee. She suggested Director Negrin given the former's long experience in reproductive and family healthcare and her knowledge on the issue. Director Negrin agreed and thanked Ms. Faith for her suggestion.

The Board Clerk briefly described the final point of the above list with the Board of Directors. He reported that he planned to highlight each member of the Board on the District's social media platforms to increase their exposure to the community as elected representatives thereof. He told the Board that he would be seeking their permission to do so as well as a "fun fact" from each of them to include in their highlight. The Clerk thanked them for their attention and cooperation.

**13) Informational Items**

- **Upcoming Events**
  - **Economic Perspective 1/26/2023**
  - **CHIPA Quarterly 1/31/2023**
  - **CHIPA Mental Health Work Group 2/15/2023**

Ms. Faith very briefly reminded the Board of the events above, noting that Director Nelson had signed up to attend "Economic Perspective" on January 26, 2023.

**14) ADJOURN**

- Next Regular Board Meeting February 15, 2023
- Confirm Board Retreat Dates

Director Nelson adjourned the meeting at 10:30PM.

Recorded & Submitted by Ramona Faith , CEO  
Please send any questions about Board of Directors Meeting Minutes to [rfaith@phcd.org](mailto:rfaith@phcd.org)

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## Public Comments

RE: NorCal Health Connect – Notification Pursuant to Purchase Agreement of Intent to Close OB Services at PVH

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**The following comments were given during the Board meeting. If it is not possible to hear something on the recording, it has been noted as [inaudible].**

**Paragraph breaks have been added for legibility.**

### **Lisa Portman**

Hi, my name is Lisa Portman and I am a nurse and [inaudible] consultant at the Family Birthing Center. I have been there for 17 years. It is a very unique and special place if you don't know about it. I have a statement that I would like to read about what is special and unique about it. Petaluma Valley Hospital Family Birthing Center consistently demonstrates high patient satisfaction. Staff is positioned in all three areas of obstetrics. Being skilled in all three areas provides good patient experience and continuity of care throughout the birthing experience. Additionally we have had since 2007 certified registered nurse anesthetists who are skilled at caring for patients in labor, including placement and [inaudible] for a caesarean section. We are also the only birthing center that has received Baby Friendly designation, a designation that shows policies and practices are in place to encourage and support breastfeeding which provides optimal nutrition to the newborn. Part of the designation, each nurse has a lengthy didactic and bedside education to aid a healthy patient experiencing issues with breastfeeding. 97% success rate with breastfeeding.

Petaluma Valley Hospital Family Birthing Center supports patients choosing natural birth [Inaudible]. [Inaudible] Although the national rate for epidurals is 71%, at our hospital it's 56%. [Inaudible]. Avoiding a Caesarean birth is a national quality goal and the Healthy People Goal for 2030 is 23.6. PVH OB staff work as a multi-disciplinary team to prevent them from requiring a caesarean section delivery. As a result, the risk adjusted caesarean section rate is 10.8%. Also for patients requiring a Caesarean birth, [inaudible]. Furthermore, Petaluma Valley hospital is the only obstetrical unit in Southern Sonoma County. The next hospital to the north is Santa Rosa Memorial which is 17 miles north. The next hospital to the south is Marin Health which is 26 to the south, and Queen of the Valley which is [inaudible]. Without PVH Family Birthing Center, Sonoma County patients could drive great distances while in labor for care. Additionally, these distances can be compounded by the frequency of heavy traffic on 101 North. The importance of maintaining these services at Petaluma Valley Hospital cannot be overstated.

### **Denise Cobb**

My name is Denise Cobb, I've been a labor and delivery nurse at PVH for 25 years, I'm 51 years old, that's half my lifetime. I can tell you all the wonderful and amazing things we do but Lisa did a great job of it and really what we're here for is to talk about the safety of the women of Sonoma County and Petaluma. As nurses that work there, on a regular basis we already deliver Kaiser patients that can't make it to Santa Rosa. It's so frequent they have a name: they're called Kaiser drive bys. We also—one of our own doctors delivered her own baby in her car while fighting traffic on the 101 to get to us. During the 2017 fires, we were one of only two hospitals open and delivering babies so we

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delivered a number of babies from all over the county. Folks compare this to closing Sonoma Valley.

Sonoma Valley Is very different. Sonoma Valley did a very small number of births and people don't "drive by" Sonoma Valley. Right now there Is a 41 miles on the 101 during traffic where someone would not be able to have a baby safely. I know that the anesthesia is a problem but I don't feel its an insurmountable problem. I talked to a nurse anesthetist this weekend who. was signing the contract and said "I am excited to come work at PVH." If Providence Is allowed to break its contract, there will be a last day coming up soon. It's going to involve sheet cakes and punch and possibly a gift basket for the last baby born In Petaluma. It's not going to be the last baby born in Petaluma - It's going to be the last baby born safely in Petaluma.

### **Samantha Ruby**

I can see Doctor Kosinski on the screen - he delivered both of my babies at Petaluma Valley Hospital. I'm getting choked up thinking about it - I was so lucky being able to give birth In the town I am raising my children in and with such wonderful care and I think that is something that Is a privilege. You know I remember leaving the hospital for the first time, I had had a fairly long stay. Doctor K probably even remembers, I'm one of those sad stories of like a 30 hour labor. My son was bran healthy and safely, but we were there for so long that when we left for the first time I remember thinking •oh my god we're here, we're here in Petaluma. I thought we were on another planet. I just felt so grateful that I could be right there and get home with my kiddos. I also know that like many of the other folks have stated that Petaluma and the greater area will become essentially a birth desert people talk about food deserts In lower Income communities where you can't get fresh groceries or nutritious food. That Is a travesty and problem In this country. This is, I think, equally tragic, If we are going to leave women and people with uteruses out to dry, to not be able to feel like they have a real,. safe, nearby hospital where they can get great care and give birth to their babies and get home.

That's something that you know, we don't live In an Incredibly rural county or town where you would expect to have to drive multiple hours for healthcare. I think this will also disproportionately affect rural and lower income families, immigrant families, people of lower means. I'm fortunate to not be one of those people, I know that If I have another baby. I'll be able to drive to wherever doctor K Is going to be. But I'm privileged and so many people aren't, especially in today's environment. We have to do everything we can to make things safe for families and closing Petaluma Valley Hospital is an injustice.

### **Linda Richards**

My name is Linda Richards and I am also a nurse at the Family Birth Center at Petaluma Valley. I've been an OB nurse for over 30 years, but only with Petaluma Valley for some years. When this all happened, I was on my phone yesterday and coincidentally there was an article that of course jumped right out at me. The Headline was "Hospital

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Obstetrics on the Chopping Block as facilities pare costs. This started out saying that "Hospitals trying to shed unprofitable business lines are increasingly scaling back or halting maternity services, adding new stresses to the reproductive care landscape." One of the things that jumped out at me in this article was the citing of a study from the Journal of the AMA that says that the closure of rural obstetrics units is associated with higher rates of pre-term birth and out of hospital births. Something that we are very concerned about for our less privileged patient population here in South County. The other part that jumped out at me here was that they reported with horror that women living in rural areas typically have to travel thirty minutes to get to an obstetrical hospital.

I looked at that and boy you're lucky if you can make it to Sonoma or Santa Rosa in 30 minutes on 101. You could make it in the middle of the night, you can make it if you hit it just right, but we've all been on 101 and we all know what that's like. Thirty minutes would be the goal not what people are really going to experience. Most of the rest of that article is talking about the financial pressures that these small, rural, isolated hospitals are facing. We are not a small, rural, isolated hospital - we are a community hospital in the greater metropolitan area of the San Francisco bay. We are not a little hospital dependent on inadequate Medicaid reimbursements. We are part of a large, multi-state healthcare system. So there are lots of resources available to this healthcare system. They have a lot of resources, they have a lot of money. They are claiming that they cannot find adequate coverage. We know that they can, they simply do not want to spend the money. That is the bottom line here. They are throwing their arms up in despair telling us they've tried so hard but they just can't do it - they just don't want to spend the money.

### **Janice Cader Thompson, Vice Mayor of Petaluma**

Thank you very much. I've been part of this process for a long time. When the hospital was originally sold, I wasn't on the city council. I went to those meetings opposing the sale because of women. We were just like second rate citizens, and I feel like here we are again. I feel like I'm living in Alabama. I really feel as though this is irresponsible, and I feel like if there is a loophole the loophole should be closed. And I feel like we need a birthing center in our community, not just for the five years but to continue. I'm just raising my voice in support of all the nurses and doctor Kosinski who is my favorite doctor. We really need to pause and think about this. And think about the long term ramifications for women. It is unacceptable not to have a birthing center in our community - we're a town of 60,000, we're right on 101, and if this is a money issue they need to figure it out, maybe they need to bring their profits down a little bit and put their profits back into the community. That's all I'm going to say but please fight as hard

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as you can to stop this and I would like to see us having a birthing center In perpetuity, not just the five years since the hospital was sold and I'm very disappointed.

### **Karyn Karp**

Thank you for this opportunity to speak. I'm Karen Karp and I'm a registered nurse and have been a RN since 1982. I've been a CRNA for 34 years and I've been practicing at Petaluma Valley Hospital since 2007. I read the same article you did Linda, and there was a summary article published yesterday in Axios and it was printed in **MedPage** today "maternity services cut where they're most needed". Hospitals already pressed for resources have continued to close OB units, drawing concern In the wake of abortion restrictions and rising pregnancy related deaths according to the journal Axios. The journal describes several states (not California) where hospitals recently shuttered OB services. Providers and advocates have raised concerns about existing maternity deserts becoming a bigger problem in states where abortions are banned. These are some of the same problems we face here.

Axios reports that closures are being driven by low Medicaid reimbursement rates, staffing shortages and lower birth rates. Axios quoted a university professor and said that women in rural areas already have to travel up to 25 miles to the nearest OB unit, and that the closure of one OB unit could easily double the distance that women would have to travel to receive pregnancy care. I am afraid that PVH and our community Is becoming a statistic of these times. Pregnant women in Petaluma deserve a hospital that will provide inpatient maternity services without traveling a distance that will endanger their lives and the lives of their babies.

Our community deserves the care of our rock star family practice physicians and nurse midwives. Our community deserves a place where a laboring mother can safely receive high quality Inpatient services for trials of labor after c section, or to receive a safe abortion if she needs one, or if she needs to receive emergency services for [inaudible]. No one policy can solve the one Issue that we have here because medical is not expected to raise reimbursement rates. Other states that haven't expanded Medicaid aren't expected to do so either. What we have here is a healthcare facility and corporate association that need to commit to [inaudible]. So I am passionately requesting that Providence keep the L&D unit open.

### **Jenny [Inaudible]**

I'm another woman who has given birth with Dr. Kosinski. I'm here to say three things: I was privileged enough to have my first birth in Manhattan when my husband worked at a fancy bank and we had the fancy hospital an supposedly fancy experience. And when I came to Petaluma, I saw the sweet hospital that was much smaller in comparison, and I thought I might have a lower experience. I have to say that the quality of my experience from start to finish at PVH was a 10. It was the absolute best experience - not because it was fancy, but because of the heart that was infused in every aspect of my experience from the nurses to the people cleaning to how I was treated - it was like family. It put Manhattan family hospital to shame. I feel like you guys don't understand what you

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have and what a beautiful gift you're giving to our community. I don't want to undervalue what a special place that is there and that we don't want to lose.

The second thing I wanted to say is that I'm not sure if anyone has done a study yet, but I am absolutely convinced that women, people with uteruses, and their infants will die if this decision is made. I would like to see a study done to understand what that rate is - how many people will die? How many infants will die as a result of this, because it is not zero. My question to you all is what is that number? We should know what that number is before we make a decision. The third is that it is heartbreaking to think about a Petaluma without this center. I hope that my children stay in Petaluma and that my grandchildren are born here. With the population only increasing here, I don't see the wisdom in removing this, this asset to our community. If it's bottom line, change your numbers. I run a business, and it's always a matter of making things work that you need to make work. So, figure it out please - it's important to our whole community and it's a really special asset that I hope we don't lose.

### **Jim Goerlich**

My name is Jim Goerlich and I'm a nurse at Petaluma Valley Hospital and president of the nurses union. The intrinsic value associated with this OB unit and the safety and the community safety can't be overstated. The community voted to let you buy our hospital and that was because you were saying that you wanted to step into our community and be a part of it. But part of being in that community is providing that holistic care and making us all healthier moving forward. Having this gap between Marin and Santa Rosa - there will be people that die and it will be on these people's heads who are making this decision. The plan that I've heard so far is that the emergency room was going to take this on and there was just an article that Providence themselves put forward in the Argus not too long ago about our understaffed emergency room - how they can't get enough staff in there to take care of the patients that we have now, and now you're going to have emergency deliveries which is a specialty same as dialysis that you want to dump on us as well. And now you're going to have these moms come into our emergency room with addicts and the ETO withdrawals? There is understaffing and they're going to experience what could be the most amazing part of their life experience in the emergency room? It's so disgusting to me that we're here. Like, this should be an investment and when you hear about the plan and what the hospital has done to save this off - they have not thrown money at this. This is a chronic problem for PVH. That's why we can't keep hospitalists, that's why we can't keep nurses, that's why we can't have anesthesia because nobody wants to pay top dollar to get people in here. But we're worth it, this community is worth it, and you're part of this community and you should put your money here.

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### **Kiri Bailey**

I have to echo so much of what I've already heard—all the way down to the detail of having had my first baby at a fancy hospital as well, to having my second child at Petaluma Valley, and my experience was also incredible here at Petaluma Valley—I felt honored, seen, and heard and I had an incredible experience. And I'm a born and raised Petaluma resident; I have lived here and my parents have lived here, I'm third generation. To imagine our community without a place for women to safely give birth, by choice, to be a part of this community. I chose to have my child here, I could have gone to another place but it is part of community building [inaudible]. [Inaudible] in this town and ·· recognizing how hard it is to keep ·professionals here so the town has all these services like great schools and great hospitals. We need government and engines like providence [inaudible] to support a thriving community [inaudible] that is the type of community where people want to live. [Inaudible] and so I echo everything I've heard and challenge those who are thinking about bottom lines to think creatively about how you want to be. a part of this community of Petaluma.

### **Anastasia**

I am zooming in from Austin Texas. I want to say thank you so much for allowing me to speak. I had three of my six children at PVH, and Denise actually caught one of my children very unexpectedly, and if it wasn't for Denise I don't think I'd be the mom I am today. It makes me emotional hearing all the amazing people speak tonight, And I am calling in and zooming in support of keeping PVH open for all of the underprivileged people with uteruses who may find themselves really young, and pregnant, and don't know what they're doing, and they find themselves on 101 and need to give birth, and PVH is open and they have the most caring loving knowledgeable patient nurses that I've ever experienced – well I guess they would have ever experienced.

My point is that if PVH closes their doors, their birthing center, people who need to give birth that don't have the means to drive 41 miles would have to take several buses. I am not sure they could do that. There will be lives lost, there will be accidents, there will be so many other repercussions. I owe so much more to the nurses. The amazing beautiful people at PVH, and my children that are who they are today because of what I learned from the nurses at PVH. I really wanted to say thank you all the way from a really restricted state where we don't have everything that your guys have right now. Don't turn into Texas, please don't turn into Texas.

### **Allison Murphy**

My name is Allison Murphy, and I am a clinician and the CEO of Mother's Care, which is a perinatal mood and anxiety screening, assessment, and treatment program. We are partly funded by Providence and I am incredibly grateful for that. One of the things we did when we start our program twelve years ago with the support of Dr. Kosinski and the Petaluma Health Care District is that we have kept data form day one.

From 2022 to 2021, comparing those two years, we have seen an over 300% increase in the severity of symptoms that are mood and anxiety disorders. We are seeing an increase in suicidality. We are seeing

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an increase in OCD. Women and people who are pregnant and postpartum are struggling, and they're struggling for a lot of different reasons. They're struggling because of the economy. They're struggling because of the difficulty of raising their children right now. They are struggling because our whole system has been turned upside down because of COVID. People are struggling, this is going to make people have to struggle more. Another thing that I think about is the love for this community. And one of the things that I'm concerned about is what everybody else is concerned about is taking care of people now. But what can happen is then this whole economic system that is here will go away. So if we're going to talk about economics, where are people going to go to get care for their children after they're born? And so we end up losing as a community an economic stronghold that will go then to other communities. People will go meet with their OBs there. And their OBs will recommend pediatricians there. Then they'll go to their pediatricians there. Then their kids need this that and the other and they will need something too. And this will have economics leave our town. And, you know, it's a 20 year contract, now 18, for this hospital to stay here. And so I get concerned about this being the first domino to fall.

### **Erin**

I am a family doctor, I work at the Petaluma Health Center, and I moved here to Petaluma 10 years ago. I do mostly primary care but I also do deliveries at Petaluma Valley hospital. I had two of my own babies there, not with Dr. Kosinski. I'd like to echo the concerns I have for my patients safety who will have to drive long distances if we close. I also wanted to say something that wasn't addressed, which is that I came here, I took this job mainly because I could live in the community, I could deliver babies in this community, I could take care of patients, like the whole gamut of this in the same community.

I think we should think about the concern of physician recruitment if this leaves. Like, I and Aileen and Jessica and Cassie are Bilingual family practitioners in a time when it's hard to recruit experienced practitioners. And I think that is something that maybe just hasn't been mentioned yet, like this is a quality of life issue for me and my practice. I am not leaving my children to spend an hour to go check other patients and then come back. Or stay 24 hours in healthcare in Santa Rosa or who knows where we end up going. It's a concern for my patients, for me as a community member, but also for me as a physician.

### **Cassie [Inaudible]**

I'm Cassie (inaudible), I'm one of the other family physicians at the Petaluma Health Center. This is also my first job right out of residency. I have been here for 6 plus years now. I was recruited by the Petaluma Health Center. I was trained up in rural Alaska. I am an Alaskan by birth and raised. Family circumstances changed and I wanted somewhere that actually practices the full scope of family medicine. There are very few places in California that truly embody that. The Petaluma Health Center and Petaluma Valley Hospital do embody that. This labor and delivery unit is the reason I am in town. There's a few things I wanted to say. Everyone talks about 40 miles north-south from Marin to Santa Rosa. Everyone in this room has been on 101 at some point. It turns into a parking lot. That 40 miles can take 2 hours. Our patient population at the Petaluma Health Center is a large portion of the rural patients from both Sonoma county and west Marin county. They have to drive through the countryside. We have had three weeks of raining and we have had three weeks of flooding. It took two hours for one of my residents to get from Napa over to us the other day and she was not in labor. We have patients who take forty five minutes to an hour to get to us and we're asking them to add thirty minutes to drive on rainy roads.

This is a very white group of people. I'm going to call it out. I am a white woman and I'm going to call it out. Our patient population at the Petaluma Health Center that we see who are pregnant is largely Latina. They're largely undocumented, largely immigrant, largely have several barriers to their care right now. Our Petaluma patients often don't have their own



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transportation. I was able to arrange with my husband, I have a car for the evening – it's mine, I can drive it where I want. That's not true for most of our patients. Most of our patients are waiting for someone to get home between jobs to come and pick them up from the labor and delivery, drop them and their newborn baby off then go to their next job. If we are asking them to travel 17 miles up the road, 17 miles up the road is "I'm waiting until someone can pick me up" because uber will not pick you up if you are in labor. We have a bilingual staff.

There's an assumption in this room apparently that we're moving to memorial, and I will be the first to say – my bosses are in the room – but I'm going to call out the fact that we are not Petaluma Valley Hospital. We are the Petaluma Health Center. We are going to move our patients where we think they're safe. We think they are safest at Petaluma Valley Hospital where we have bilingual care providers, we have bilingual nurse anesthetists, we have bilingual nurses and physicians who care for our patients. If you say that you care about our community and you're going to buy a hospital, your value is where your money is. You asked for questions – my question is this – Is Providence going to give us a maternal waiting house up in Santa Rosa for the last week for our patients who are in labor who can't get there from here? What have they actually done as far as CRNA recruitment? Saying you've recruited and actually showing us are two separate things. My handwriting is awful so I don't get my third question, but shout out to Dr. Chen who delivered my second baby.

### **Martha**

Hi, Pediatrician here. Most of you know me, I've been at Petaluma Valley Hospital for 18 years. So Dr. Kosinski is the face that you know all women see, but how about the babies that are born there? They don't see us, we're wearing masks you know, we're kind of in the background but we do a lot of work. Nurses are resuscitating babies with of course the CRNAs or whoever is available. It's the most critical time of our life.

It's not just a cafeteria that we're talking about closing – this is a nursery. This is where babies are born. And this is where babies can basically die right there if we don't resuscitate them. And BCER? That's not the best place that we are gonna send them. The nursery needs to continue here, this is a huge population. This is a very special population where I've lived with my daughter for many years. We can make a difference in the lives of those babies that are born normal or resuscitated. 10% will need resuscitation and we need expert people to do that. So I think that the rest of the conversation, if I could suggest something, is to say – OK - so what's going to happen in the next twelve months, and how are we going to keep this alive, and how are we going to make a difference in the lives of babies that are going to be born in Petaluma. Maybe not in ideal condition – how are we going to help make sure that they're development and their future doesn't just go south. That's my-concern. I'm here to support ideas and to take them to the community, because I've known thousands of kids and thousands of families over the years. I'm here to help and here for Ideas. That is what we're here for I think.

### **Jimmy**

If you don't know me I'm Jimmy. I work in the ER. If OB closes, and people go to the ER, people will die. We don't have nurseries. We have small rooms with shower curtains in between them, next to a psych patient screaming banging their head against the wall and throwing things. I don't think you want to give birth to your baby and have that be your first experience next to somebody acting out in violence. Two nurses, three nurses - every shift

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that are taking care of 15 patients. If you have a nurse and OB patients that's what 1:1 ratio? Who takes care of the other 13, 14 patients? That's if there's no one intubated (1:1), no one on dialysis (1:1); and now you have OB - that's three nurses with three patients, so who's taking care of the other ten folks? You can't stop ambulances from coming in, so what happens when that happens? The doctors are not going to want to stay. We lose doctors every day, we lose nurses every day, and now we're going to have the ER do extra work that we're not trained on. We'll lose even more nurses than we already have.

### **Michelle G.**

Hi, I just wanted to address the Issue of anesthesia. I've been at Petaluma for 31 years; and I've been in the natal surgery department for 21 years, and I know that when I first started there we were having well they were doing intra[inaudible), anesthesia was doing that, and then the community really wanted epidurals so we got that going. But before we had our wonderful CRNAs, our anesthesia providers if we had an emergency c section anesthesia would have to take care of it. And sometimes they were in the middle of a surgery, and they had to step out and go and do a c section and they had to call an ER doctor to watch their patient under anesthesia. It was not ideal. It was not safe. I was just wondering if we do have other alternatives until we can get CRNA coverage, if we could have double anesthesia, if we could have an anesthesia team work with the anesthesia group until we could get the CRNA's back?

That's just one solution and I know it's not ideal. But I think we really need to revamp the whole OB department and make it safe. I had both of my babies at Petaluma Valley, me and Denise were pregnant together, our babies are 19 now. Anyways, it was a wonderful experience, I loved it, my husband was born in Petaluma. His family, like generations born in Petaluma. And I would love to have my grandchildren born in Petaluma. I had a great experience. I really feel that it's a danger to citizens in our community. Dr. was talking about the Peds population - is she going to be dealing with the aftermath of this? Patients having birth defects because they're anoxic because they didn't get delivered in time? I don't know if you guys have had children but it's a scary process. It should be a beautiful process but you want the best outcome for your child. We want you know to kids should have the best outcome when they're delivered, and I think this plan puts babies at risk.

### **Elaine Gromofsky, Retired CRNA from L&D at PVH**

You've been paying a subpar wage for the CRNA's as long as I've been here, since it opened. You could easily recruit CRNAs if you offered money. CRNAs had left and were eager to come back if they were paid a somewhat reasonable wage.

**-- Director Nelson then read the comments received in advance --**

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**From: Dr. Ranjan Patel, PsyD. MFT**

**Date: Monday, January 16, 2023**

“Dear Petaluma Health Care District Board,

As a psychologist working in the Bay Area, on multiple occasions I’ve worked with women who’ve used the Providence Hospital’s OB Dept. services. They’ve benefited greatly from this resource, e.g. having access to the care they’ve received from doctors and nurses, the passion with which they practice, not simply the convenience, but also the excellence in medical treatment, etc. I recently learned that this dept. might close in 2023? This is dismaying, disappointing, and colossally frustrating. It is clearly a financial decision with zero regard for the patients.

We are living in a cultural zeitgeist which does not favor women and makes it difficult for them to be competitive in many sectors—including access to adequate medical care. Pregnant women are typically facing stressors which others cannot fathom, and to think that just as they are about to deliver an infant, a seminal moment in their lives, when they need medical care, that they will need to turn to an ER dept., which is typically overwhelmed, understaffed—and not adequately trained in OB ... this is beyond.

It would be heartening to think that the Board could step up and do the right thing, make the ethical decision to see beyond monetary profit—and look toward what is ethical, moral, treating families in need with dignity and humanity, the heart of medicine.

Thank-you for your consideration.

Best Regards,  
Ranjan Patel, Psy.D., MFT  
NPI #: 1750897443”

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**From: Bailey Malone**

**Date: Tuesday, January 17, 2023**

“PHCD must do everything in its power to force Providence to preserve the L&D unit at PVH. It is unconscionable to force people in labor and their loved ones to drive to Santa Rosa or Marin during rush hour, let alone a flood, a fire or a medical emergency.

My first child was born at PVH in the family birthing center with excellent care and outcomes. I had to drive to Sonoma for my second child’s birth as PVH’s L&D OR was closed for repairs, and had I waited much longer (as one in labor is instructed to do) I would have ended up giving birth on the side of Hwy 116. Now Sonoma’s L&D is closed too.

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Don't let Providence sacrifice critical reproductive care for expediency's sake. Birthing services is not solely a "women's issue" - everyone was once a baby being born, and having an L&D in a city of 60,000 people and growing is vital to the health and safety of our whole community.

Bailey Malone"

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**From: Caitlin Spirlock**

**Date: Tuesday, January 17, 2023**

"Hello,

I wanted to reach out about the possibility of the OB unit closing at Petaluma Valley Hospital. In August of 2012, I was at home with my 2.5 year old son. I was suffering from an ectopic pregnancy. I was in extreme pain and was waiting for my husband to rush home from his east bay job to take me to the ER. When he walked in the door I fainted from the pain and internal bleeding. He called 911, while waiting for them to arrive I woke up. When they arrived they tried to stand me up and I immediately fainted again in their arms. As a Kaiser member they had intended to take me to Santa Rosa Kaiser. When I fainted again they took me directly to Petaluma Valley Hospital for treatment and fallopian tube removal surgery. They did not feel comfortable given my condition taking me to Santa Rosa Kaiser because it was too far away. I hesitate to think what would have happened to me had they been forced to drive me to Santa Kaiser. Please do not close our local OB unit. Myself and my family are grateful that it was available when I needed the care.

Thank you,  
Caitlin Spirlock"

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**From: Kelly Brickman**

**Date: Tuesday, January 17, 2023**

"We recently moved to Petaluma. One of the reasons we moved her was because Petaluma was such a stand-alone city that had everything one might need. However, the removal of the OB unit will change this!

Suddenly we Petalumans will need to go elsewhere for care. It is a slippery slope that will cause others to do the same. Allowing care providers to live and work in their own town is priceless! Please don't take this valuable resource away from this very vibrant community! Or that vibrancy may fade. I am well past my child bearing years but as a mother I would hate to see my daughter have to travel to another community when she is ready to have a baby.

Thank you for your consideration!

With warmth,

*Petaluma*  
**HEALTH CARE**  
**DISTRICT**

Public Comments from January 18, 2023 Regular Meeting

RE: Activate Petaluma – Blue Zones Engagement  
Approval to Plan and Implement a Blue Zones Project in the City of Petaluma

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**[Name Inaudible]**

Ok great. I guess, having already heard the motion that influences the public comments, right, a little interesting. I'll make some observations with the understanding that this is moving forward. I would hope that the actual proposals and the contract work and the scope work be public, because getting that right is the key to spending the public's money wisely. I do think that a lot of the work around the buildings in the buildings policy will happen regardless of the Blue Zone effort. All of the great building, walking neighborhood, 15-minute neighborhood thing, we all know that that ball is in motion. I do think the food system work and the schools work is critically important and I would hope that there is some focus on that. And again, I look forward to actually reviewing what the contract and scope is, so that the public can be good stewards of this money. Because to me, after listening to this entire meeting this evening, I would think one of the most important outcomes of the Blue Zones project is that we keep our birthing center open. Let's make that part of this project, right? I think we'll all be able to smile about that years from now.

**Kelly Bond**

I'm calling in from my home in Petaluma, but again also as the Policy Lead for Blue Zones in upper Napa valley. I wanted to thank the team at the Petaluma Health Care District for bringing Blue Zones to Petaluma, I'm really proud to be a Petaluman tonight, and of the direction that I think this is going. I'm really excited to see what happens in the city of Petaluma. I've said it before and I'll say it again – I think we're in a really wonderful spot to just bring together and have blue zones coalesce all of those nonprofits in the community that we're alluding to and yes all of the 15 Minute City work and all the other pieces that are already happening in the community. But to be able to have Blue Zones as that convener is so powerful – I had two policy committee meetings today, and it was just magic watching us go down that agenda, all the projects we're working on, all the partners that are in the room that are never in a room together if it weren't for Blue Zones. And to just have people step in and say ok, I'll take that, I'll do that action item and then I'll follow up with you, to watch people grab things and get stuff done, it's just magic. I'm really excited, and really grateful to the health care district for bringing this forward.