

Legacy

Volume 4, Issue 1 ■ Winter 2010

Christine and Davis Factor Investing in the Community



Christine and Davis Factor with daughter Tara Hahl and grandchildren Sara and Cody.

The Monterey Peninsula community is both steadfast and fluid, a blend of families anchored to the coastline by time and tradition, and others who come and go with the tides, for second homes, vacations, and business. Among those who live on the Peninsula is a familiarity, a genuine interest, and even an investment in one another.

“It’s like a big family on the Monterey Peninsula, where people know each other and care about each other,” says Christine Factor, who came to the area in 1994. “This community is aging, so there is a lot of need here for specialized medicine and medical care. Because of our good healthcare, we are living a lot longer, but with that arises specific needs. We can be perfectly healthy one day and stricken

with some affliction the next. Community Hospital is at the center of our care, and we all have a responsibility to support it.”

Christine’s husband, Davis Factor, came to the Peninsula in the early 1980s and has invested considerable time and resources in the hospital ever since. He is a former member of the board of trustees and was its chair. He also has served on various ad hoc committees and currently chairs the development committee.

“Both Davis and I are of a philanthropic nature,” says Christine. “We are a very fortunate family and do what we can to give back to the community. Good healthcare is very important to us; we don’t need it every day, but once in awhile, when a crisis strikes, you’re suddenly faced

with an immediate need for attention. So we want to make sure we have everything in place, right here, when we need it. You can’t have that unless everybody in the community contributes.”

The Factors tested the Peninsula’s healthcare system in unexpected measure during the past two years as their family experienced what Christine calls “all-encompassing healthcare problems,” ranging from aging parents to chronic diseases among her grandchildren, children, parents, and spouse.

“Not unlike so many other people in this community, we have had our trials and tribulations,” she says, “and Community Hospital served all my

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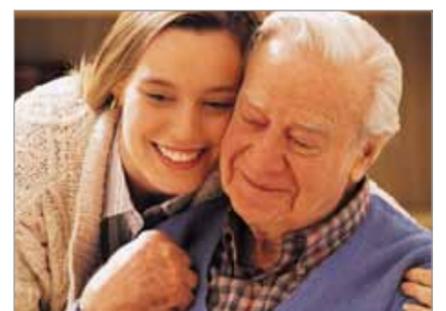
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Create a legacy of giving

Give a Gift That Brings a Lifetime of Benefits

By making a gift to Community Hospital through a gift annuity, you’ll receive a charitable income tax deduction and a fixed income for life.

Visit our web site at www.chomplegacy.org for more information on creating a charitable gift annuity, or call us today at 625-4506.



**FROM COMMUNITY
HOSPITAL FOUNDATION'S
CHIEF DEVELOPMENT
OFFICER
ALBERT J. ALVAREZ**

As we begin the new year, I am reminded of the busy autumn days that have passed. Community Hospital of the Monterey Peninsula celebrated its 75th anniversary in 2009 with festivities for hospital family and friends and for the entire community. While we delighted in the opportunity to celebrate the significant accomplishments of the past 75 years, we also looked forward, to the future of Community Hospital.

Anniversaries provide an opportunity for reflection and gratitude. I am continually inspired by the dedication and unselfish commitment of our doctors, nurses and the entire team of care providers who value quality of care as their highest goal. Likewise, I am inspired by the ever-growing corps of Auxiliary members who have made a difference in hospitality and services for patients, family, and friends for more than 53 years.

Our 75th anniversary milestone also brought to mind the pioneering spirit and vision of our founders. When surveying our current facility in its beautiful surroundings in the Del Monte forest, and knowing of the scope and complexity of the care provided within its walls, it is indeed surprising to think that we began in 1934 as a small community organization in Carmel. Our founders' vision was coupled with a strong philanthropic commitment and that tradition of generosity continues today. We are grateful for your ongoing support, and we thank you for all you do on behalf of Community Hospital of the Monterey Peninsula.

Sincerely,

Albert J. Alvarez, Chief Development Officer
Community Hospital Foundation

DONOR PROFILE



**FRANK
AMATO**

Community Contribution

A conversation with Community Hospital Trustee Frank Amato

Frank Amato has brought his expertise in healthcare consulting to Community Hospital's board of trustees since 2006. Amato was born in New York City and raised on Long Island. He completed his undergraduate work at the University of Vermont and then earned a master's degree in business administration from the University of Massachusetts. Initially, he worked for IBM and then an international consulting firm before starting his own healthcare consulting/computer software company. Amato and his wife Regina have two adult children and one grandchild. Community Hospital became one of his clients in the 1970s and he worked with then-chief executive Tom Tonkin on an expansion project. This year, Amato took the helm of the hospital's board as chair.

WHAT BROUGHT YOU TO THE PENINSULA?

I started my firm in Massachusetts and then came to Walnut Creek, California in 1972 to open an office on the West Coast. We began with just a few people, but in time the firm grew to 11 offices around the country, with more than 600 employees. I came to California with the idea that if it didn't work, Regina and I would just return east. But we fell in love with Northern California, so we stayed.

For years, we had a weekend place on the Peninsula. We liked the area very much, so once we were ready to retire, we decided we wanted to be here. When we first moved to the Monterey area, I was still working part time, traveling up to the "other peninsula," in the San Francisco Bay Area, where I had investments in several small start-up companies. We have now lived on the Peninsula full-time for 11 years.

HOW HAVE YOU COME TO KNOW COMMUNITY HOSPITAL?

Years after my consulting work at Community Hospital, I got involved with the hospital through charitable giving, and then I became a member of the board. Actually this was the result of running into former board Chair Davis Factor and his wife Christine on a trip to Italy. We had dinner together

one evening and talked about a variety of subjects. Once Davis learned I had a healthcare background, the topic shifted to Community Hospital. A few months later, I learned I was being considered to join the board.

I had done well working in the healthcare environment, and I appreciate the chance to give back to the community. This kind of investment asks that you are willing to put in a certain amount of time, realizing you have a responsibility to ensure this community asset — Community Hospital — stays healthy and solvent and can grow as the needs of the community grow and change over time. I have invested a fair amount of thought and gained knowledge in what's happening in this community and what's happening in our changing national healthcare environment, which right now is somewhat of a black box. It's an important time to be involved.

WHAT HAS BEEN THE MOST REWARDING PART OF YOUR EXPERIENCE IN SERVING AS A VOLUNTEER?

Most rewarding has been seeing the hospital start to recognize that it has the opportunity to serve people not just in the immediate area of the Monterey Peninsula but also a little more broadly and regionally. I see us developing a regional strategy. This, I think, is a more expansive concept of "community," which generally refers to the immediate geographic area.

I have participated in a lot of discussions during the last few years on how healthcare is changing and developing beyond this area. I believe I've helped with some of that thinking, by probing and asking questions.

I often think about what I can do relative to being on the board. This 205-bed hospital has an incredible array of services normally provided by a much larger institution. Community Hospital is an amazing community asset that should be supported by all of us. At the same time, we want people to realize they don't have to go to Stanford or UC San Francisco; many excellent services are much closer, in their own backyard.

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Community Hospital Foundation

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WHAT DO YOU VALUE IN LIFE?

I value staying healthy and enjoying life. That's important to me, and I think it's important to a lot of people here. We have an unusually large retired population on the Peninsula, so to the extent that Community Hospital can provide not just the services to address acute health issues, but also outreach campaigns and wellness programs is critical. Preventive programs are increasingly important to us. We're here, we enjoy our life, and we want to enjoy it for as many years as we can. To that end, philanthropy is also extremely important, because the community needs to invest in its health-care delivery system. The Tyler Heart Institute, which didn't exist three years ago, is an excellent example of what private contributions can help create.

WHAT ARE SOME OF YOUR OUTSIDE INTERESTS?

While I am "retired," I still have some active business interests. I am the managing partner of two partnerships and I spend some time on a number of private investments. I play a lot of golf, which certainly was an attraction in coming here. I didn't start playing until I turned 50. So I was late to come to it, but I've always been involved in athletics including playing college sports. Regina also plays a fair amount of golf and is an avid bridge player. And we do a fair amount of travel.

WHAT DO YOU HOPE AND ENVISION FOR THE HOSPITAL IN THE NEXT FIVE YEARS?

In 2008, we developed a long-range, comprehensive strategic plan, which is in the process of being refined and implemented. This is something that will be updated periodically. Of the seven strategic intents that were developed, No. 6 stresses the importance of philanthropy, and No. 7, about having the optimal mix of services, goes along with my whole regional concept of outreach. The plan also talks about the importance of best practices, quality of care, and safety. Things of this nature are paramount in long-range planning and important in helping make sure Community Hospital stays at the top in the healthcare arena.

WHAT WOULD YOU SAY TO OTHER PEOPLE ABOUT GETTING INVOLVED IN THE HOSPITAL?

I think people who have been successful should seriously consider devoting some of their time to making things better. Since I've worked in the healthcare field, I thought I might have something to give back in that arena. Rather than sitting on the sidelines, I've always been one to jump in and help. It's just my nature.

Regina and I have increased our giving each year. There are people who give their time and energy, there are people who just write a check, and there are people who do both if they can. Monetary contributions are becoming increasingly needed as we go forward, but it's a combination of the two that gets people invested and involved, and that is really important.

Community Hospital celebrates 75 years



▲ Lorraine Cline cuts the first piece of the 75th anniversary cake created by Community Hospital Nutrition Services staff for the open house. Dr. Steven Packer, president/CEO, Community Hospital, Joanna Campbell, and Barbara Holland watch and wait.



▲ Hon. Leon Panetta and Ted Balestreri.



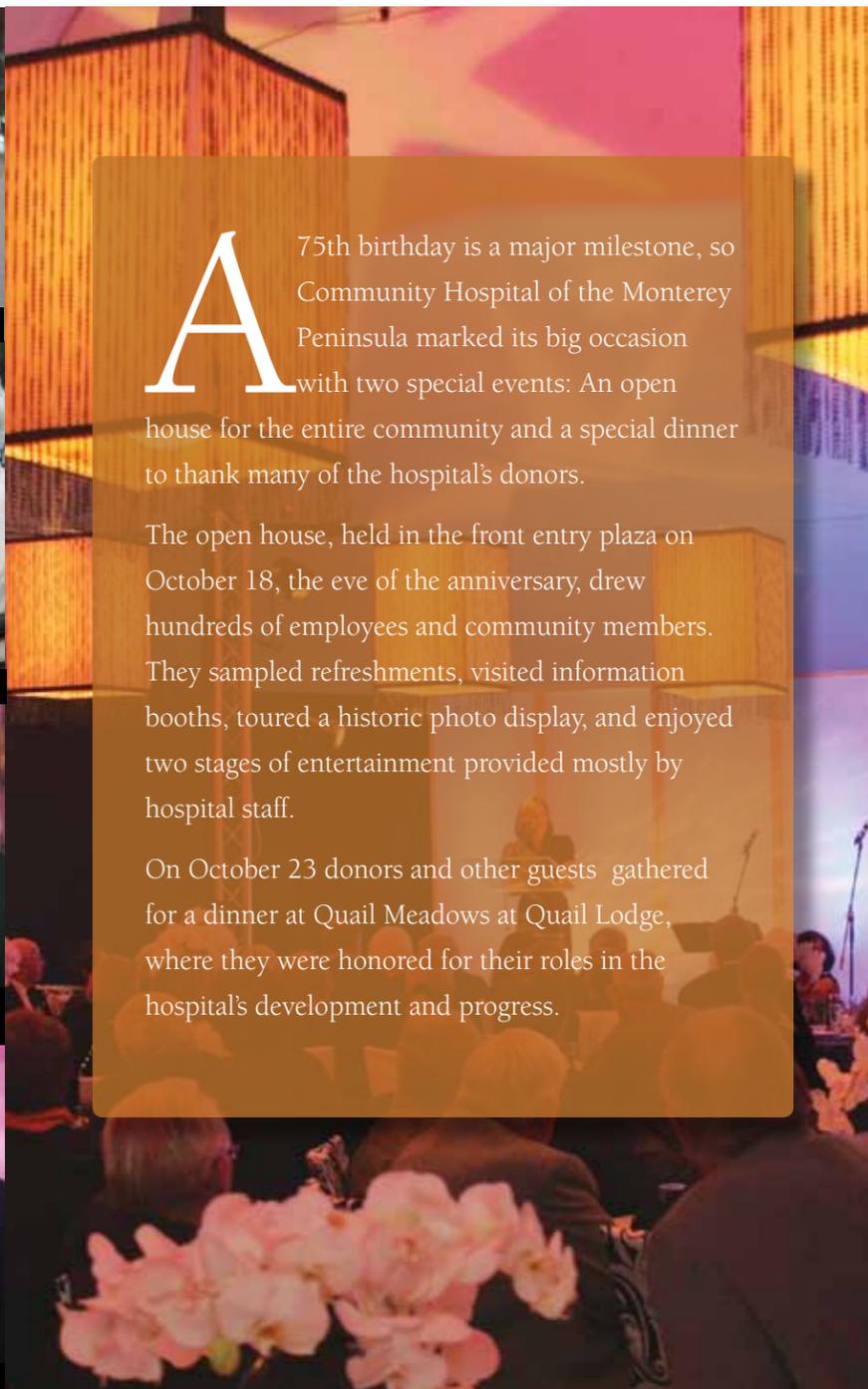
▲ Marion Robotti, Mila Ramirez, and Dee Hagey.



▲ Susanne Tyler, Al Alvarez, Community Hospital Chief Development Officer, and Bill Tyler.



▲ Suzanne and Marshall Bloom.



A 75th birthday is a major milestone, so Community Hospital of the Monterey Peninsula marked its big occasion with two special events: An open house for the entire community and a special dinner to thank many of the hospital's donors.

The open house, held in the front entry plaza on October 18, the eve of the anniversary, drew hundreds of employees and community members. They sampled refreshments, visited information booths, toured a historic photo display, and enjoyed two stages of entertainment provided mostly by hospital staff.

On October 23 donors and other guests gathered for a dinner at Quail Meadows at Quail Lodge, where they were honored for their roles in the hospital's development and progress.

Stroke: Every second counts



Jill Bolte Taylor, scientist, author, and stroke survivor, speaks at the Women's Forum for Health.

The day before, she was a bright scientist at Harvard University, in her sixth year of studying the brain. But on December 10, 1996, Jill Bolte Taylor awoke to caustic pain, repeatedly gripping and releasing her, just behind her left eye.

Athletic and fit, she reasoned that her headache would dissipate if she could just do a little exercise, get her blood pumping. So she hopped on her cardio-glider, cranked up the tunes and started jamming to Shania Twain.

Except her hands clutched the machine like claws. Her legs felt leaden and her body, shapeless. She moved into an esoteric space, losing her sense of self and replacing it with a detached witnessing of her movements. She abandoned the machine.

Lifting her foot to climb into the shower, she felt fascinated by her inability to scale the side of the

bathtub. She lost balance. Leaning against the tile wall, she found she couldn't define the boundaries of where she began and ended. At times, she could hear her mind asking what was wrong, but then, as if someone had hit the mute button, her brain went silent. Captivated by her own euphoria, she became enormous and expansive, blending with the energy around her. She was having a moment, a big, beautiful moment, and she felt at peace.

Momentarily, her brain switched back on and told her she had a problem; she needed help. Then, once again, she drifted away.

Taylor was 37 years old and she was having a stroke. Moving between fascination and floating, she witnessed her own mental deterioration, observing the two different personalities of her left and right brains. In her right hemisphere, she felt a sense of calm and well-being. In the moments when her left brain —

now desperately damaged by a massive hemorrhage — clicked on, she realized she needed help.

A friend got her to a hospital and eventually she was diagnosed. The speedy deterioration was followed by a long recovery, spilling over eight years. Five years beyond that, she still finds herself healing.

Taylor, now 50, has become world famous recounting her captivating story of a brain scientist who watched her own brain injury from the inside out. She shared it with a sold-out audience at the 9th annual Women's Forum for Health fall luncheon at Spanish Bay in Pebble Beach. The 260 in attendance listened intently as Taylor delivered an entertaining tutorial about the different parts of the brain and their function, creating a foundation of understanding on which her listeners could benefit from her message: Stroke, by understanding its risk factors and warning signs, often can be avoided or mitigated before it wreaks irreversible havoc on the brain.

A reported 28 percent of people who suffer a stroke are under 65 years of age, and 61 percent of all strokes occur in women. Among 750,000 stroke cases each year, some 200,000 of them are recurrent strokes. And one out of every 16 deaths in this country is stroke-related.

Taylor's talk was timely, coming just before Community Hospital achieved certification as a primary stroke center by the Joint Commission, the nation's leading healthcare accreditation organization. The certification recognizes Community Hospital's specialized training in the diagnosis and treatment of strokes and its use of a standardized method of delivering coordinated care, tailored treatment and intervention, and education, all intended to maximize optimal patient outcomes, including the chance of full recovery.

"In tandem with the accreditation," says Dr. Steven Packer, president/CEO of Community Hospital, "we have established a Stroke Initiative to raise \$5 million for education and continuing development of our stroke program. Our educational efforts have been funded, in part, by two recent gifts to Community Hospital: a \$50,000 grant from the Grainger Foundation, and a \$100,000 commitment to establish the F. Robert Nunes Fund for Stroke Awareness. These generous gifts will enable the hospital to begin familiarizing the community with the warning signs of stroke and the difference fast, evidence-based treatment can make."

RISK FACTORS FOR STROKE

- SMOKING
- OBESITY
- HIGH BLOOD PRESSURE
- HIGH CHOLESTEROL
- SEDENTARY LIFESTYLE
- STRESS

Warning signs: FAST

If you think someone may be having a stroke, act FAST.

Do this simple test:

FACE

Ask the person to smile. Does one side of the face droop?

ARMS

Ask the person to raise both arms. Does one arm drift downward?

SPEECH

Ask the person to repeat a simple sentence. Are the words slurred? Can he/she repeat the sentence correctly?

TIME

If the person shows any of these symptoms, time is important. Call 9-1-1 or get to the hospital fast. *Brain cells are dying.* The sooner treatment can begin, the better chance of recovery.



Jane McCune, Lillian King, Diane Kajikuri, Ann Lyon, John Souza, and Anne Larson at the October Women's Forum for Health.

Men in Nursing Project

Successful program needs new funding

Men and women pursuing advanced degrees in medicine often are faced with similar challenges. Enrolled in a demanding, full-time curriculum, most also are holding down full- or part-time jobs. Many are also raising children, managing a household, minding parents, and trying to stay fit.

When such daily demands become overwhelming, the main difference between Mars and Venus is that men don't like to ask for help. Which, when it comes to college, can mean the difference between success and failure. Particularly when it comes to nursing school, a traditionally gender-biased profession where men, in many cases, are neither encouraged nor expected to become nurses.

In the spring of 2006, as graduation day came to the Maurine Church Coburn School of Nursing at Monterey Peninsula College, Director Debra Schulte suddenly realized there wasn't a single man commencing with the class. Upon investigation, she learned that six or seven men had enrolled in the program but dropped out during their course of study.

"As I looked further into the situation," says Schulte, "I learned that 50 percent of men who begin the nursing program never complete it, whereas only 5–6 percent of women fail to finish. When I asked Wayne Lavengood, LCSW, — former director of Behavioral Health Services for Community Hospital, if we could convene a support group for male nursing students, he said it was a great idea except that most men wouldn't show up. However, he also said that men like to solve problems, so we might bring them together just to ask what's going on."

The men did show up, and they did come up with reasons. A spouse had been laid off, so the family income had stopped. Another classmate had just moved his parents into his home. One had to replace a car, and another had lost child care.

"When women run into problems," says Schulte, "they come in and ask for help, for suggestions, for funding options. Men don't like to appear that they can't solve their own problems, so they just stop showing up."

Furthermore, some male nursing students and recent graduates got into clinical settings where they encountered the female-dominated profession and felt as though they didn't belong.

Once the issues were on the table, it seemed more reasonable to the male students to get help. Lavengood established a monthly meeting,

Patients in the hospital like to have nurses they can relate to. Just like we want to have ethnic diversity in the work force, gender diversity is important.

during which he invited male nurses to come in and talk with the students, to show them that there really are successful, responsible, respected male nurses in the field.

"Whereas men might not tell a female instructor about his problems," says Lavengood, "he will likely talk it over with a male nurse or with me. Some of the male nurses actually told students that there had been times when they, too, had considered dropping out. But they were glad they had hung in there to achieve their goals. They tell the guys what they need to think about and how to deal with issues they aren't comfortable bringing up in class."

Called the Men in Nursing Project, which includes monthly meetings, coupled with individual sessions with Lavengood, the intervention proved successful, as male drop-out rates soon plummeted from 50 percent to 11 percent.

The modest annual budget to run the Men in Nursing Project is less than \$10,000, which includes food for

lunch-time support-group meetings, as well as Lavengood's counseling. Funded in recent years by a grant from the Regional Health Occupational Resource Center, it also appeared relatively stable, until budget cuts eliminated the grant.

"Without funding," says Schulte, "the project is in jeopardy. We're interested in the success of all of our students, and we've actually had to eliminate a lot of student benefits and activities. We had one male nursing instructor, and it was wonderful for male students to see that 'Yes, men are nurses and successfully so.' But he was one of four laid off due to budget cuts.

We would love to have him back. Patients in the hospital like to have nurses they can relate to. Just like we want to have ethnic diversity in the work force, gender diversity is important."

If you think about the one man who doesn't finish the nursing program, says Lavengood, it is a loss not only for a school that wants every student to be successful, but it also means one less nurse in the world. "Possibly even more important," he says, "it is a moment of failure for that one person, who has already made a huge investment in time and money and expectation. Once we started the project, we began to see guys get to know each other, to develop a bond and a reliance such that they began to feel a part of the school and more invested in themselves and the nursing program."

Since 1984, 131 male nurses have graduated from the Maurine Church Coburn School of Nursing. Now that the men are hanging in there, the school is looking for a way to help the project do the same.

If you would like to support the Men in Nursing project, please call Development at 625-4506.



Debra Schulte, director of the Maurine Church Coburn School of Nursing, and Wayne Lavengood, former director of Behavioral Health Services at Community Hospital, meet with a group of men enrolled in the nursing program to offer support.

Community Hospital programs benefit from grants

Hospice Foundation and Monterey Peninsula Foundation have collaborated to provide \$39,100 to help fund a Community Hospital for the Monterey Peninsula program called “Caregiver Care.”

The funding will help Community Hospital’s Hospice of the Central Coast develop a pilot program to address not only the physical, emotional, and spiritual needs of hospice patients and their families but also the stressors often associated with a family’s caregiving responsibilities.

Caregiver Care will provide education, resources, and support for caregivers to help reduce the frequency and severity of illness caused by the stress of caregiving.



(From left) Alice Kinsler, president and CEO of Hospice Foundation, and Ollie Nutt, president and CEO of Monterey Peninsula Foundation, present Dr. Steven Packer, president/CEO of Community Hospital of the Monterey Peninsula, with a check for \$39,100 to fund local caregiver program for Hospice of the Central Coast.



(From left) Eric LoMonaco, director, Diagnostic and Interventional Radiology at Community Hospital, Wanda Watson, Del Rey Oaks Safeway manager, Dr. Susan Roux, medical director of Community Hospital’s Breast Care Center, and Jan Dunn, Breast Care Center coordinator, take part in a ceremony at Safeway.

In a ceremony at the Del Rey Oaks Safeway, the Safeway Foundation awarded a \$30,000 grant to Community Hospital’s Breast Care Center to help pay for diagnostic mammograms for women who need but can’t afford them. The grant benefits the Carol Hatton Fund for Women in Need.

As a development officer at Community Hospital, Hatton led a successful campaign to raise \$2.5 million to bring digital mammography to the Breast Care Center. She died of breast cancer in 2009 after starting the effort to raise additional money for a diagnostic fund. To honor her memory, the Community Hospital Foundation has renamed this diagnostic fund the Carol Hatton Fund for Women in Need, and set a fundraising goal of \$500,000.

Christine and Davis Factor . . . from front page

family needs. To know that everyone, from your primary doctor to specialized physicians, is so knowledgeable and so caring about your particular family needs is exceptional.

“I traveled all over the world in the film industry for almost 20 years. Most physicians in other locales, I found, aren’t as involved with their patients as they are here, on the Monterey Peninsula. Be it an acute appendicitis or a debilitating chronic illness such as cancer, there is always someone at the other end of the phone at Community Hospital. That’s really important to me. To realize we have cutting-edge technology, with specialized physicians and caregivers available to us is most comforting. Steve Packer, (Community Hospital’s president and CEO) and his team are providing a tremendous level of care.”

Christine’s own investment in the community comes from a keen sense of family health and well-being, and

of the issues surrounding end-of-life stages in an increasingly graying demographic. To that end, she and her daughter, Tara Hahl, founded TLC Estate Liquidation, a business whose name comes from the initials of important people in her life, but also refers to the tender, loving care she finds essential when unraveling estates following the loss of a loved one.

“When my brother and I were small,” she says, “we used to go in on the weekends and help my parents do this same business. And I thought, ‘Why would anyone want to go and clean up someone else’s mess?’ Only when I started dealing with my own parents’ estates, and saw what their friends were coping with, as they went into assisted living or prepared to liquidate family memories, I realized what a service this could be for people who are struggling to get through it alone.”

“It is our job,” she says, “to go in and make an assessment of the home and the family needs. We provide all kinds of services for the family, which doesn’t always result in an ‘estate sale’ but always helps them move forward. Our work is more than coming in to take pictures, put the tea sets together, and look under the bed. It’s a holistic endeavor focused on getting the individual or family through this difficult transition. Some of it is on the clock, and much of it is a volunteer effort. That’s the nature of a care-giving business.”

The same, says Christine, is required to have progressive and personalized healthcare. There is a cost to good medical care that must be met in part by financial support and in part through volunteerism.

Community Hospital offers many different avenues for the community to support it through time and

resources, Christine says. Her husband has put in countless hours of volunteer support through his work on the hospital board and committees. They both have participated in focus groups and in the development of new programs. “Many people give in different ways, from volunteering in patient services, to working in the gift shop or at the Fountain Court restaurant,” she says.

That community commitment pays off.

“The result is that when I get a call at 2 a.m. and can hear my granddaughter screaming in the background in pain, I know I can pick up the phone and reach somebody at the hospital, who will give us that urgent attention when we arrive,” she says. “That’s what makes this hospital so special to me and my family, and we try to do all we can to continue to support it.”