Woodland Memorial Hospital

Community Benefit 2023 Report and 2024 Plan

Adopted October 2023

Dignity Health
Woodland Memorial Hospital

A message from

Gena Bravo, RN, President and CEO of Woodland Memorial Hospital, and Lori Aldrete, Chair of the Dignity Health Woodland Healthcare Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Woodland Memorial Hospital (Woodland Memorial) shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2023 Report and 2024 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntary produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2023 (FY23), Woodland Memorial provided $28,074,005 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred $11,866,595 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2023 Report and 2024 Plan at its October 24, 2023 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to DignityHealthGSSA_CHNA@dignityhealth.org.

Sincerely,

Gena Bravo, RN
President/CEO

Lori Aldrete
Chairperson, Community Board

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At-a-Glance Summary

Community Served

Woodland Memorial is situated in Yolo County, located at 1325 Cottonwood Street in Woodland, CA. The general acute care hospital is a part of Dignity Health and has 762 employees, 122 active medical staff, and 105 licensed acute care beds, including: 17 emergency department beds and 31 inpatient mental health beds. The hospital provides compassionate, high quality health care and services to the residents of Woodland, Davis and the surrounding communities. Less than a quarter of the region's population resides in unincorporated communities.

Economic Value of Community Benefit

$28,074,005 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits

$11,866,595 in unreimbursed costs of caring for patients covered by Medicare

Significant Community Health Needs Being Addressed

The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:

1. Access to Basic Needs Such as Housing, Jobs, and Food
2. Access to Mental/Behavioral Health and Substance Use Services
3. Injury and Disease Prevention and Management
4. Active Living and Healthy Eating
5. Access to Quality Primary Care Health Services
6. System Navigation
7. Access to Specialty and Extended Care
8. Increased Community Connections
9. Safe and Violence-Free Environment

FY23 Programs and Services

The hospital delivered several programs and services to help address identified significant community health needs. These included:

- Enhanced Mental Health Crisis & Follow-Up: This strategic partnership addresses the limited access to behavioral health services by improving communication and collaboration abilities of the nonprofit agencies involved through direct referrals to lower levels of care which increases the number of individuals served and decrease delays in service.
- Patient Navigation Program: Serves as an access point for vulnerable individuals and families to be connected to primary care/community health and social services, receive case management, education, and enrollment support

	• Medical Respite/Recuperative Care program: collaborative partnership with 4th and Hope, Sutter Health and Medi-Cal Managed Care Plans to provide a respite care shelter for those experiencing homelessness to receive housing assistance and wrap around services. • Oncology Nurse Navigator: Offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards including patient's immediate concerns and barriers to care such as difficulties with insurance, financial burden, lack of transportation and addressing the knowledge deficit of around their diagnosis and treatment options. • Yolo Adult Day Health Center: Addresses specialty health care and support needs of the elderly and disabled populations by offering a high touch interdisciplinary program of medical, psycho-social and rehabilitation services for adults at high risk of needing a higher level of care due to health, functional and cognitive losses. • Community Based Violence Prevention Program: Focuses on educating staff to identify and respond to victims within the hospital; provide victim-centered, trauma-informed care; and collaborate with community agencies to improve quality of care.
FY24 Planned Programs and Services	Woodland Memorial plans to build upon many of the previous years' initiatives and explore new partnership opportunities with Yolo County, health plans and community organizations. Efforts to enhance patient navigation services in partnership with Empower Yolo will continue while adding additional organizations including health plans, community clinics, and other community resources. Woodland Memorial will continue to play an active role in developing innovative strategies to address the growing number of individuals experiencing homelessness, including: active engagement with CalAIM Enhanced Care Management and Community Supports. The hospital will continue to build on the success of the California BRIDGE to provide a Naloxone Distribution program through the emergency department and strengthen the integration of critical substance use navigation and Medication Assisted Treatment (MAT) programs within the community. Furthermore, the hospital will continue to be a leader in providing specialty health care and support needs of the elderly and disabled populations through the Yolo Adult Day Health Center.

This document is publicly available online at https://www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment.

Written comments on this report can be submitted to the Woodland Memorial Community Health and Outreach Department at 3400 Data Drive, Rancho Cordova, CA 95670 or by e-mail to DignityHealthGSSA_CHNA@dignityhealth.org.

Our Hospital and the Community Served

About Woodland Memorial

Woodland Memorial is a member of Dignity Community Care, which is a part of CommonSpirit Health.

Woodland Memorial is situated in Yolo County, located at 1325 Cottonwood Street in Woodland, CA, and has been providing exceptional care to the community for more than 100 years. The general acute care hospital is a part of Dignity Health and has 762 employees, 122 active medical staff, and 105 licensed acute care beds, including: 17 emergency department beds and 31 inpatient mental health beds. A wide range of the hospital's medical services have received numerous local and national recognitions and accreditations. Woodland Memorial holds Quality Oncology Practice Initiative certification, is recognized as a Certified Primary Stroke Center by the Joint Commission, as well as The Joint Commission's Gold Seal of Approval® for Chest Pain Certification, and received a Get with the Guidelines® Stroke Gold Plus Quality Achievement award by the American Heart Association/American Stroke Association. The hospital was also recognized as a "Baby Friendly Hospital" by the World Health Organization and the United Nations Children's Fund. Woodland Memorial was recognized in the Human Rights Campaign Foundation's 2022 Healthcare Equality Index (HEI) for its equitable treatment and inclusion of LGBTQ+ patients, visitors and employees.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

Woodland Memorial Hospital's community or hospital service area (HSA) is defined as the geographic area (by ZIP code) in which the hospital receives its top 75% of discharges. The hospital's community or hospital service area (HSA) is the geographic area (by ZIP code) outlined in the hospital's Community Health Needs Assessment (CHNA). A summary description of the community is below. Additional details can be found in the CHNA report online.

The City of Woodland has a strong historic heritage and serves as the primary support community for agricultural services. Davis is a unique university community internationally known for its commitment to environmental awareness and progressive and socially innovative programs. Winters is a small city located on Putah Creek in the western Yolo County, and is home to a thriving agricultural industry. West Sacramento sits on the Sacramento River, on the east side of Yolo County, and is home to the Port of Sacramento, which ships over a million tons of agricultural products to worldwide markets. Less than a quarter of the region's population resides in unincorporated communities, including Esparto, the gateway to Capay Valley, Madison, Yolo, Dunnigan, Clarksburg, Guida, Knights Landing, Monument Hills, Capay, Plainfield, Brooks, Rumsey, El Macero and Zamora. Arbuckle and portions of Dixon are designated as Health Professional Shortage Areas by the U.S. government's Health Resources and Services Administration. Woodland Memorial's service area also includes the University of California, Davis one of the world's leading cross-disciplinary research and teaching institutions located near Davis, California and the Yocha Dehe Wintun Nation, an independent, sovereign, self-governed nation that supports its people, the Capay Valley community and the region by strengthening culture, stewarding the land and creating economic independence for future generations.

Demographics within Woodland Memorial's hospital service area are as follows, derived from 2023 estimates provided by SG2's Analytics Platform (Source: Claritas Pop-Facts® 2023; SG2 Market Demographic Module):

- Total Population: 242,172
- Race/Ethnicity: Hispanic or Latino: 35.6%; White: 41.8%, Black/African American: 2.8%
- Asian/Pacific Islander: 13.6%, All Other: 6.2%.
- % Below Poverty: 8.3%
- Unemployment: 5.5%
- No High School Diploma: 12.9%
- Medicaid: 30.0%
- Uninsured: 4.8%

Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited, to conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in May 2022.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at https://www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment or upon request at the hospital's Community Health office.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
1. Access to Basic Needs Such as Housing, Jobs, and Food	Access to affordable and clean housing, stable employment, quality education, and adequate food for good health are vital for survival. Maslow's Hierarchy of Needs suggests that only when people have their basic physiological and safety needs met can they become engaged members of society and self-actualize or live to their fullest potential, including enjoying good health. Research shows that the social determinants of health, such as quality housing, adequate employment and income, food security, education, and social support systems, influence individual health as much as health behaviors and access to clinical care.	✓
2. Access to Mental/Behavioral Health and Substance Use Services	Individual health and well-being are inseparable from individual mental and emotional outlook. Coping with daily life stressors is challenging for many people, especially when other social, familial, and economic challenges occur. Access	✓

Significant Health Need	Description	Intend to Address?
	to mental, behavioral, and substance-use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.	
3. Injury and Disease Prevention and Management	Knowledge is important for individual health and well-being, and efforts aimed at injury and disease prevention are powerful vehicles to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focus on reducing cases of injury and infectious disease control (e.g., sexually transmitted infection (STI) prevention and influenza shots), and intensive strategies in the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.	✓
4. Active Living and Healthy Eating	Physical activity and eating a healthy diet are important for one's overall health and well-being. Frequent physical activity is vital for prevention of disease and maintenance of a strong and healthy heart and mind. When access to healthy foods is challenging for community residents, many turn to unhealthy foods that are convenient, affordable, and readily available. Communities experiencing social vulnerability and poor health outcomes are often overloaded with fast food and other establishments where unhealthy food is sold. They are often challenged with food insecurity, lacking the means to consistently secure food for themselves or their families. When families rely on food pantries and school meals alone, these may not always provide sufficient nutrition for maintaining health.	✓
5. Access to Quality Primary Care Health Services	Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners and physician assistants, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.	✓
6. System Navigation	System navigation refers to an individual's ability to traverse fragmented social services and healthcare systems in order to receive the necessary benefits and supports to improve health outcomes. Research has demonstrated that navigating the complex U.S. healthcare system is a barrier for many that results in health disparities. Furthermore, accessing social services provided by government agencies can be an obstacle	✓

Significant Health Need	Description	Intend to Address?
	for those with limited resources such as transportation access and English proficiency.	
7. Access to Specialty and Extended Care	Extended care services, which include specialty care, are services provided in a particular branch of medicine and focused on the treatment of a particular disease. Primary and specialty care go hand in hand, and without access to specialists such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage the progression of chronic diseases, including diabetes and high blood pressure, on their own. In addition to specialty care, extended care refers to care extending beyond primary care services to support overall physical health and wellness, such as skilled-nursing facilities, hospice care, and in-home healthcare.	✓
8. Increased Community Connections	As humans are social beings, community connection is a crucial part of living a healthy life. People have a need to feel connected with a larger support network and the comfort of knowing they are accepted and loved. Research suggests "individuals who feel a sense of security, belonging, and trust in their community have better health. People who don't feel connected are less inclined to act in healthy ways or work with others to promote well-being for all." Assuring that community members have ways to connect with each other through programs, services, and opportunities is important in fostering a healthy community. Furthermore, healthcare and community support services are more effective when they are delivered in a coordinated fashion, where individual organizations collaborate with others to build a network of care.	✓
9. Safe and Violence-Free Environment	Feeling safe in one's home and community is fundamental to overall health. Next to having basic needs met (e.g., food, shelter, and clothing) physical safety is essential. Feeling unsafe affects the way people act and react to everyday life occurrences. Furthermore, research has demonstrated that individuals exposed to violence in their homes, the community, and schools are more likely to experience depression and anxiety and demonstrate more aggressive, violent behavior.	✓
10. Access to Functional Needs	Functional needs include indicators related to transportation and disability. Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a	

Significant Health Need	Description	Intend to Address?
	healthy life. The number of people with a disability is also an important indicator for community health and must be examined to ensure that all community members have access to necessities for a high quality of life.	
11. Access to Dental Care and Preventive Services	Oral health is important for overall quality of life. When individuals have dental pain, it is difficult to eat, concentrate, and fully engage in life. Oral health disease, including gum disease and tooth decay are preventable chronic diseases that contribute to increased risk of other chronic disease, as well as play a large role in chronic absenteeism from school in children. Poor oral health status impacts the health of the entire body, especially the heart and the digestive and endocrine systems.	

Significant Needs the Hospital Does Not Intend to Address

Woodland Memorial does not have the capacity or resources to address all priority health issues identified in Yolo County, although the hospital continues to seek opportunities that respond to the needs that have not been selected as priorities. The hospital is not addressing access to functional needs, and access to dental care and prevention, as these priorities are beyond the capacity and expertise of Woodland Memorial. However, the hospital will look for opportunities to coordinate and collaborate with other entities that offer programs that address this need.

2023 Report and 2024 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY23 and planned activities for FY24, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

Woodland Memorial is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners. The Community Board and Community Health Advisory Committee are composed of community members who provide stewardship and direction for the hospital as a community resource. These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff.

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs
- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

The following outlines the approach taken when planning and developing initiatives to address priority health issues. At the outset, Community Health and Outreach staff engages a core internal team that may include clinical staff, care coordinators and social workers, members of the hospital leadership team, and Dignity Health leaders at the regional and local levels from Mission Integration, IT, Legal, Administration, and Finance. These core teams help shape initiatives, provide internal perspective on issues (i.e. utilization trends relative to the issue, gaps experienced in available follow-up or wraparound care for patients, etc.) and help define appropriate processes, procedures and methodologies for measuring outcomes.

The planning and development of each initiative also involves research on best practices to identify existing evidence-based programs and interventions, and relationship strengthening with community-based providers that serve target populations for intended initiatives. Once identified, community-based partners become part of the hospital's core project team. Core project teams for all initiatives meet quarterly, or as needed, to evaluate program progress and outcomes, and to make program changes and/or improvements. When target populations and priority health issues are shared by other Dignity Health hospitals in the Greater Sacramento region, initiatives are often regionalized in order to leverage resources, extend reach and achieve greater impact.

Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These

objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.

Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.

Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.

Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.

Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

	Health Need: Access to Basic Needs Such as Housing, Jobs, and Food		
Strategy or Program	**Summary Description**	**Active FY23**	**Planned FY24**
Yolo Food Bank	Woodland Memorial has been a longstanding partner of the food bank and their efforts to coordinate the storage and distribution to households across Yolo County.	☑	☑
Haven House	A partnership between Woodland Memorial, Sutter Davis, and the Yolo Community Care Continuum, Haven House is a medical respite transitional program. The program utilizes a four bed house and offers temporary shelter as well as linkage to supportive services for medically fragile homeless individuals upon discharge from the hospital. This program sunsets on September 30, 2023.	☑	☑
Medical Respite/Recuperative Care Program	A collaborative partnership with 4th and Hope, Woodland Memorial, Sutter Davis and Partnership Health Plan to provide a respite care shelter for those experiencing homelessness to receive housing	☑	☑

	assistance and wrap around services. The program is a critical safety net for individuals experiencing homelessness upon discharge from the hospital.		
East Beamer Project	Supported through the Homeless Health Initiative, the East Beamer Project is a collaborative between Friends of the Mission, City of Woodland, Yolo County, 4th and Hope and Woodland Opportunity Village. Project will provide 198 new beds (total 399 beds) located on the corner of 102 and Beamer to include permanent supportive housing beds, shelter beds, and residential substance abuse treatment beds for those who are unhoused or unstably housed in our community. Funding supported the development of one and two-bedroom micro-duplexes that will house at least 75 individuals who are unhoused or unstably housed.	☑	☑
1801 West Capitol Ave Project	Partnership between Mercy Housing, West Sacramento, Yolo County and CommuniCare, 1801 West Capitol Avenue will be the largest permanent supportive housing project in Yolo County. 85 permanent supportive apartment homes include on-site case management and community services staff. WMH is providing funding support on-site case management services.	☑	☑
Empower Yolo	Empower Yolo provides twenty-four hour crisis intervention, emergency shelter, confidential counseling, training, legal assistance, and other services for individuals and families persons affected by domestic violence, sexual assault, stalking, human trafficking, and child abuse. The hospital partners with Empower Yolo to ensure victims of domestic assault and human trafficking are connected to appropriate community resources.	☑	☑
Resources for Low-Income Patients	The hospital partially or fully subsidizes cost of transportation, prescription medication, medical supplies and equipment, and short term room and board in the community for patients unable to pay for or access these resources after being discharged from the hospital.	☑	☑
Resources for Patients Experiencing Homelessness	The hospital provides clothing, meals, prescription medication, transportation, room and board, information and referrals to available community resources to patients experiencing homelessness being discharged from the hospital, with the intent to help prepare them for return to the community.	☑	☑
Goal and Impact: The initiative to address basic needs are anticipated to result in: improved coordination of homeless services; increasing access to services including successful completion of			

referrals to outpatient services; and creating a safe discharge for individuals without a permanent housing option.

Collaborators: The hospital will partner with Yolo Food Bank, Yolo Community Care Continuum, Sutter Davis Hospital, Friends of the Mission, City of Woodland, Fourth and Hope, Woodland Opportunity Village, Empower Yolo, Mercy Housing, City of West Sacramento, Yolo County, CommuniCare, and local community based organizations to deliver access to basic needs such as housing, jobs and food.

	**Health Need: Access to Mental/ Behavioral Health and Substance-Use Services**		
Strategy or Program	**Summary Description**	**Active FY23**	**Planned FY24**
Mental Health Crisis Prevention and Early Intervention	This partnership was developed by the hospital and is focused on building a continuum of care in the community for mental health care working with Suicide Prevention of Yolo County and Yolo Community Care Continuum which operates the Safe Harbor crisis residential treatment facility.	☑	☑
Substance Use Navigation	CA Bridge is a program of the Public Health Institute working to ensure that people with substance use disorder receive 24/7 high-quality care in every California health system by 2025. The CA Bridge program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. Utilizing a Substance Use Navigator to build a trusting relationship with the patient and motivating them to engage in treatment. The hospital works to reduce the language that stigmatizes people who use drugs, treating substance use disorder like any other disease. Program is currently funded through grants.	☑	☑
Inpatient Mental Health Services	Psychiatrists are able to provide early evaluation and psychiatric intervention via remote consultations with patients, improving access to timely quality care. Access is available to both the ED and inpatient setting.	☑	☑
Tele-Psychiatry	Psychiatrists are available via remote technology to provide early evaluation and psychiatric intervention for patients, improving access to timely quality care. Access is available to both the ED and inpatient setting.	☑	☑
Baby & Me	Free postpartum and family support group for primary caregivers of infants from 0 to 9 months. Led by a Dignity Health educator, the group aims to empower parents, minimize postpartum depression, create friendships, and act as a safety net for individuals navigating the first months of a child's life. This program addresses a variety of priority health needs in addition to behavioral health services.	☑	☑

Crisis Now	Woodland Memorial is supporting the Crisis Now Model being implemented by Yolo County HHSA. Crisis Now provides a comprehensive approach which includes a 24/7 Access/Crisis Call Center, 24/7 Crisis Responders, and a 24/7 Receiving/Sobering Center. Implementation of Crisis Now in Yolo County would improve the way our community meets the needs of individuals in mental health crisis who may otherwise end up in the emergency room, at risk for suicide, and/or involved in the criminal justice system. Further, integrated care results in linkages for follow up services that may prevent crisis reoccurrence.	☑	☑
Mobile Medicine Program	Dignity Health in partnership with Woodland Clinic Medical Group, Sutter Health and Yolo County HHSA, launched a Mobile Medicine Program to provide back pack medicine and mobile clinic services to people experiencing homelessness in Yolo County. Services primarily focus on Primary Care, Triage, Immunizations, Vaccinations, Case Management, Dental Care and Behavioral Health. Beginning in FY24 Yolo County began funding the program utilizing Housing and Homelessness Incentive Program funding.	☑	☐
Yolo Adult Day Health Center	The hospital is the primary provider in Yolo County that addresses specialty health care and support needs of the elderly and disabled populations through the Adult Day Health Center. The Center offers an interdisciplinary program of medical, psycho-social and rehabilitation services for adults at high risk of needing a higher level of care due to health, functional and cognitive losses. The Center specializes in high touch chronic disease management with the added components of caregiver respite, transportation, nutrition, education, and socialization.	☑	☑
Empower Yolo	Empower Yolo provides twenty-four hour crisis intervention, emergency shelter, confidential counseling, training, legal assistance, and other services for individuals and families persons affected by domestic violence, sexual assault, stalking, human trafficking, and child abuse. The hospital partners with Empower Yolo to ensure victims of domestic assault and human trafficking are connected to appropriate community resources.	☑	☑
Federally Qualified Health Center Capacity Building	Beginning in FY20 the hospital has made a five year commitment to help Winters Healthcare build a new full-service clinic in Winters, which is providing much needed new capacity for primary, behavioral and dental health care, health education and patient support services for underserved populations.	☑	☑

Goal and Impact: The hospital's initiative to address access to behavioral health services are anticipated to result in: improve patient linkages to outpatient behavioral health services; provide a

seamless transition of care; and improve care coordination to ensure individuals are connected to appropriate care and can access necessary services.

Collaborators: The hospital will partner with Empower Yolo, Woodland Clinic Medical Group, Sutter Health, Yolo County HHSA, Winters Healthcare, Suicide Prevention of Yolo County, Yolo Community Care Continuum, Safe Harbor and local community based organizations to deliver this access to mental, behavioral health and substance use services.

	**Health Need: Injury and Disease Prevention and Management**		
Strategy or Program	**Summary Description**	**Active FY23**	**Planned FY24**
Healthier Living Program	The Healthier Living program allows participants to learn about and practice a wide variety of tools to help them become better self-managers of their ongoing health conditions. Workshops are open to anyone with a chronic health condition, as well as those who care for persons with chronic health conditions. They are offered at the community level in partnership with medical clinics, food banks, affordable housing developments and others to ensure the underserved have access to these peer led health education classes. Provided in both English and Spanish.	☑	☑
Disease-Specific Support Groups	Education and support are offered monthly in-person and virtually to those affected by specific diseases in the community. Current groups include: cancer and stroke.	☑	☑
Diabetes Care Management Program	This program takes Woodland Memorial's focus on diabetes to the next level. High risk individuals with uncontrolled diabetes are involved in bimonthly diabetes group medical appointments, and monitored closely via phone by case managers. They also receive more in-depth individual counseling from a nurse certified diabetic educator, primary care case manager, or registered dietitian, who work closely with primary care providers. Community health worker offers one-on-one consultations for Spanish speaking participants.	☑	☑
Migrant Center Visits	The hospital sends a health educator to various centers to do a health screening and counseling for their residents. After initial visit, continuous follow-up and planning is offered to track the status and additional support.	☑	☑
Healthy Living Outreach & Screenings	Collaborating with various community organizations, the hospital participates in 10+ health outreach events each fiscal year where a plethora of screenings are offered depending on the target audience and topic (e.g. flu shots).	☑	☑

Yolo Adult Day Health Center	The hospital is the primary provider in Yolo County that addresses specialty health care and support needs of the elderly and disabled populations through the Adult Day Health Center. The Center offers an interdisciplinary program of medical, psycho-social and rehabilitation services for adults at high risk of needing a higher level of care due to health, functional and cognitive losses. The Center specializes in high touch chronic disease management with the added components of caregiver respite, transportation, nutrition, education, and socialization.	☑	☑
Oncology Nurse Navigation	The Oncology Nurse Navigation program offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards. The Oncology navigators provide interventions that address patient's immediate concerns and barriers to care such as difficulties with insurance, financial burden, lack of transportation and addressing the knowledge deficit of their diagnosis and treatment options. The Navigation program also provides referrals for nutritional and psycho-social support as well hosting multiple cancer support groups across the region.	☑	☑
Improved Overall Health Through Oral Health Care	Supported through the Community Grants Program, a partnership between Oral Health Solutions, Yolo County Oral Health Program, Children Now, and Center for Oral Health. The project focuses on increasing access to dental care to improve the oral health and overall health of Medi-Cal members. Activities focus on 10-12 low-income schools in Yolo County to provide dental screenings, fluoride varnish, and dental care coordination for Medi-Cal members. Referrals to dental care are made through an electronic application. The app tracks the referral until a dental visit occurs and closes the referral loop.	☑	☑

Goal and Impact: The initiative to address this health need by the hospital is anticipated to result in: reduction of hospital admissions for chronic disease related; improve the health and quality of life for those who suffer from chronic illness; enable participants to better manage their disease; and create a supportive environment for individuals to learn critical skills and enhance their knowledge on self-management.

Collaborators: The hospital will partner with local medical clinics, local migrant centers, Oral Health Solutions, Yolo County Oral Health Program, Children Now, Center for Oral Health, and local community based organizations to deliver this access to injury and disease prevention and management.

Health Need: Active Living and Healthy Eating

Strategy or Program	Summary Description	Active FY23	Planned FY24
Yolo Food Bank	Woodland Memorial has been a longstanding partner of the food bank and their efforts to coordinate the storage and distribution to households across Yolo County.	☑	☑
Yolo Adult Day Health Center	The hospital is the primary provider in Yolo County that addresses specialty health care and support needs of the elderly and disabled populations through the Adult Day Health Center. The Center offers an interdisciplinary program of medical, psycho-social and rehabilitation services for adults at high risk of needing a higher level of care due to health, functional and cognitive losses. The Center specializes in high touch chronic disease management with the added components of caregiver respite, transportation, nutrition, education, and socialization.	☑	☑
Farmers Market	Working with multiple agencies, local farmers and community partners, the hospital hosts a weekly farmers' market running June through the end of August. The market purposely establishes basic price points, ensuring the locally sourced foods are accessible, affordable and beneficial to both the local food economy, the community as a whole and those touched with food insecurities which includes CalFresh.	☑	☑
Nutritional Education and Counseling	Collaborating with various community organizations, the hospital offers nutrition education and counseling.	☑	☑
Healthier Living Program	The Healthier Living program allows participants to learn about and practice a wide variety of tools to help them become better self-managers of their ongoing health conditions. Workshops are open to anyone with a chronic health condition, as well as those who care for persons with chronic health conditions. They are offered at the community level in partnership with medical clinics, food banks, affordable housing developments and others to ensure the underserved have access to these peer led health education classes. Provided in both English and Spanish.	☑	☑
Triple Play: A Game Plan for Woodland Youth-Mind, Body & Soul	Supported through the Community Grants Program, a partnership between Boys & Girls Clubs of Greater Sacramento, Woodland Joint Unified School District, and City of Woodland. Triple play is a comprehensive health & wellness program that will demonstrate how eating smart, keeping fit, and forming positive relationships add up to a healthy lifestyle. 100 Woodland youth will participate in the multifaceted program that will equip them with the critical skills needed to become healthy, successful and prepared for the future.	☑	☑

Goal and Impact: The anticipated result is to increase access to healthy foods and safe activity and improve the community's knowledge about the importance of living a healthy and active lifestyle. In addition, the community will be exposed to more services and resources to help achieve these goals.

Collaborators: The hospital will partner with Yolo Food Bank, Boys & Girls Clubs of Greater Sacramento, Woodland Joint Unified School District, City of Woodland, and local community based organizations to deliver this access to increase active living and healthy eating.

Health Need: Access to Quality Primary Care Health Services

Strategy or Program	Summary Description	Active FY23	Planned FY24
Federally Qualified Health Center Capacity Building	Beginning in FY20 the hospital has made a five year commitment to help Winters Healthcare build a new full-service clinic in Winters, which is providing much needed new capacity for primary, behavioral and dental health care, health education and patient support services for underserved populations.	☑	☑
Mobile Medicine Program	Dignity Health in partnership with Woodland Clinic Medical Group, Sutter Health and Yolo County HHSA, launched a Mobile Medicine Program to provide back pack medicine and mobile clinic services to people experiencing homelessness in Yolo County. Services primarily focus on Primary Care, Triage, Immunizations, Vaccinations, Case Management, Dental Care and Behavioral Health. Beginning in FY24 Yolo County began funding the program utilizing Housing and Homelessness Incentive Program funding.	☑	☐
Patient Navigator Program	In partnership with community-based organization, Empower Yolo, The hospital offers Emergency Department Navigation services. The focus will continue to be connecting individuals to primary care providers in the community and assisting in establishing a medical home and follow-up care post emergency department visit. The navigators provide health education in both Spanish and English, create linkages to primary care, health insurance enrollment assistance, and case management and community referrals.	☑	☑
Yolo Adult Day Health Center	The hospital is the primary provider in Yolo County that addresses specialty health care and support needs of the elderly and disabled populations through the Adult Day Health Center. The Center offers an interdisciplinary program of medical, psycho-social and rehabilitation services for adults at high risk of needing a higher level of care due to health, functional and cognitive losses. The Center specializes in high touch chronic disease management with the added components	☑	☑

	of caregiver respite, transportation, nutrition, education, and socialization.		
Oncology Nurse Navigation	The Oncology Nurse Navigation program offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards. The Oncology navigators provide interventions that address patient's immediate concerns and barriers to care such as difficulties with insurance, financial burden, lack of transportation and addressing the knowledge deficit of their diagnosis and treatment options. The Navigation program also provides referrals for nutritional and psycho-social support as well hosting multiple cancer support groups across the region.	☑	☑
Health Professions Education - Other	Provides a clinical setting for trainings and internships for students in the greater Sacramento region pursuing health professions other than physicians and nurses. This includes, but is not limited to: EMT, Paramedics, Pharmacy, Respiratory Therapy, Physical Therapy, Radiology Technologist and Surgical Technologist.	☑	☑
Health Professions Education - Nursing	Provides clinical setting for nursing students enrolled in education with an outside local college or university for additional training and education. This includes, but is not limited to: Undergraduate Nursing, Undergraduate Nursing-Preceptorship, Nursing BSN and Nursing ADN.	☑	☑

Goal and Impact: The hospital's initiatives to address access to high quality health care and services are anticipated to result in: increased timely access and services; increased knowledge about how to access and navigate the healthcare system; increased primary care "medical homes" among those reached by navigators; reduce barriers to care; and improve collaborative efforts between all health care providers.

Collaborators: The hospital will partner with Empower Yolo, Woodland Clinic Medical Group, Sutter Health, Yolo County HHSA, CommuniCare and local community based organizations to deliver this access to quality primary care health services.

Health Need: System Navigation

Strategy or Program	Summary Description	Active FY23	Planned FY24
Patient Navigator Program	In partnership with community-based organization, Empower Yolo, The hospital offers Emergency Department Navigation services. The focus will continue to be connecting individuals to primary care providers in the community and assisting in establishing a medical home and follow-up care post emergency department visit. The navigators provide health education in both Spanish and English, create linkages	☑	☑

	to primary care, health insurance enrollment assistance, and case management and community referrals.		
Yolo Adult Day Health Center	The hospital is the primary provider in Yolo County that addresses specialty health care and support needs of the elderly and disabled populations through the Adult Day Health Center. The Center offers an interdisciplinary program of medical, psycho-social and rehabilitation services for adults at high risk of needing a higher level of care due to health, functional and cognitive losses. The Center specializes in high touch chronic disease management with the added components of caregiver respite, transportation, nutrition, education, and socialization.	☑	☑
Oncology Nurse Navigator	The Oncology Nurse Navigation program offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards. The Oncology navigators provide interventions that address patient's immediate concerns and barriers to care such as difficulties with insurance, financial burden, lack of transportation and addressing the knowledge deficit of their diagnosis and treatment options. The Navigation program also provides referrals for nutritional and psycho-social support as well hosting multiple cancer support groups across the region.	☑	☑
Substance Use Navigation	CA Bridge is a program of the Public Health Institute working to ensure that people with substance use disorder receive 24/7 high-quality care in every California health system by 2025. The CA Bridge program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. Utilizing a Substance Use Navigator to build a trusting relationship with the patient and motivating them to engage in treatment. The hospital works to reduce the language that stigmatizes people who use drugs, treating substance use disorder like any other disease. Program is currently funded through grants.	☑	☑
Improved Overall Health Through Oral Health Care	Supported through the Community Grants Program, a partnership between Sacramento District Dental Society Foundation, Oral Health Solutions, Yolo County Oral Health Program, Children Now, and Center for Oral Health. The project focuses on increasing access to dental care to improve the oral health and overall health of Medi-Cal members. Activities focus on 10-12 low-income schools in Yolo County to provide dental screenings, fluoride varnish, and dental care coordination for Medi-Cal members. Referrals to dental care are made through an electronic application. The app tracks the referral until a dental visit occurs and closes the referral loop.	☑	☑
Goal and Impact: The hospital's initiatives to address system navigation is to continue to assist underserved patients admitted to the emergency department (ED) for primary care in finding primary			

care medical homes or reconnecting them with their assigned provider and other social support services to reduce their reliance on the ED, improve their health and lower costs.

Collaborators: The hospital will partner with Woodland Clinic Medical Group, Sutter Health, Yolo County HHSA, CommuniCare, Empower Yolo, Sacramento District Dental Society Foundation, Oral Health Solutions, Yolo County Oral Health Program, Children Now, Center for Oral Health, and local community based organizations to deliver this access to increase system navigation.

Health Need: Access to Specialty and Extended Care

Strategy or Program	Summary Description	Active FY23	Planned FY24
Mobile Medicine Program	Dignity Health in partnership with Woodland Clinic Medical Group, Sutter Health and Yolo County HHSA, launched a Mobile Medicine Program to provide back pack medicine and mobile clinic services to people experiencing homelessness in Yolo County. Services primarily focus on Primary Care, Triage, Immunizations, Vaccinations, Case Management, Dental Care and Behavioral Health. Beginning in FY24 Yolo County began funding the program utilizing Housing and Homelessness Incentive Program funding.	☑	☐
Oncology Nurse Navigator	The Oncology Nurse Navigation program offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards. The Oncology navigators provide interventions that address patient's immediate concerns and barriers to care such as difficulties with insurance, financial burden, lack of transportation and addressing the knowledge deficit around their diagnosis and treatment options. The Navigation program also provides referrals for nutritional and psycho-social support as well hosting multiple cancer support groups across the region.	☑	☑
Health Professions Education - Other	Provides a clinical setting for trainings and internships for students in the greater Sacramento region pursuing health professions other than physicians and nurses. This includes, but is not limited to: EMT, Paramedics, Pharmacy, Respiratory Therapy, Physical Therapy, Radiology Technologist and Surgical Technologist.	☑	☑
Health Professions Education - Nursing	Provides clinical setting for nursing students enrolled in education with an outside local college or university for additional training and education. This includes, but is not limited to: Undergraduate Nursing, Undergraduate Nursing-Preceptorship, Nursing BSN and Nursing ADN.	☑	☑
Yolo Adult Day Health Center	The hospital is the primary provider in Yolo County that addresses specialty health care and support needs of the elderly and disabled populations through the Adult Day Health Center.	☑	☑

	The Center offers an interdisciplinary program of medical, psycho-social and rehabilitation services for adults at high risk of needing a higher level of care due to health, functional and cognitive losses. The Center specializes in high touch chronic disease management with the added components of caregiver respite, transportation, nutrition, education, and socialization.
Goal and Impact: The hospital's initiatives to address access to specialty and extended care and services are anticipated to result in: increased timely access and services, and increased knowledge about how to access and navigate the healthcare system for specialty and extended care, specifically to those that are uninsured or underinsured.	
Collaborators: The hospital will partner with Woodland Clinic Medical Group, Sutter Health, Yolo County HHSA, CommuniCare, and local community based organizations to deliver this access to specialty and extended care.	

	**Health Need: Increased Community Connections**		
Strategy or Program	**Summary Description**	**Active FY23**	**Planned FY24**
Disease-Specific Support Groups	Education and support are offered monthly in-person and virtually to those affected by specific diseases in the community. Current groups include: cancer and stroke.	☑	☑
Healthier Living Program	The Healthier Living program allows participants to learn about and practice a wide variety of tools to help them become better self-managers of their ongoing health conditions. Workshops are open to anyone with a chronic health condition, as well as those who care for persons with chronic health conditions. They are offered at the community level in partnership with medical clinics, food banks, affordable housing developments and others to ensure the underserved have access to these peer led health education classes. Provided in both English and Spanish.	☑	☑
Diabetes Care Management Program	This program takes Woodland Memorial's focus on diabetes to the next level. High risk individuals with uncontrolled diabetes are involved in bimonthly diabetes group medical appointments, and monitored closely via phone by case managers. They also receive more in-depth individual counseling from a nurse certified diabetic educator, primary care case manager, or registered dietitian, who work closely with primary care providers. Community health worker offers one-on-one consultations for Spanish speaking participants.	☑	☑
Baby & Me	Free postpartum and family support group for primary caregivers of infants from 0 to 9 months. Led by a Dignity Health educator, the group aims to empower parents,	☑	☑

	minimize postpartum depression, create friendships, and act as a safety net for individuals navigating the first months of a child's life. This program addresses a variety of priority health needs in addition to behavioral health services.		
Farmers Market	Working with multiple agencies, local farmers and community partners, the hospital hosts a weekly farmers' market running June through the end of August. The market purposely establishes basic price points, ensuring the locally sourced foods are accessible, affordable and beneficial to both the local food economy, the community as a whole and those touched with food insecurities which includes CalFresh.	☑	☑
Triple Play: A Game Plan for Woodland Youth-Mind, Body & Soul	Supported through the Community Grants Program, a partnership between Boys & Girls Clubs of Greater Sacramento, Woodland Joint Unified School District, and City of Woodland. Triple play is a comprehensive health & wellness program that will demonstrate how eating smart, keeping fit, and forming positive relationships add up to a healthy lifestyle. 100 Woodland youth will participate in the multifaceted program that will equip them with the critical skills needed to become healthy, successful and prepared for the future.	☑	☑
Goal and Impact: The initiative to address increased community connections by the hospital is anticipated to result in: individuals with a sense of security, belonging, and trust in their community have better health. Community members with opportunities to connect with each other through programs, and services are important in fostering a healthy community. Healthcare and community support services are more effective when they are delivered in a coordinated fashion and in collaboration to build a network of care.			
Collaborators: The hospital will partner with medical clinics, food banks, affordable housing developments, local farmer's markets, local farmers, Boys & Girls Clubs of Greater Sacramento, Woodland Joint Unified School District, City of Woodland., and local community based organizations to increase community connections.			

	Health Need: Safe and Violence-Free Environment		
Strategy or Program	**Summary Description**	**Active FY23**	**Planned FY24**
Community Based Violence Prevention	The Community Based Violence Prevention Program initiative focuses on: • Educating staff to identify and respond to victims of violence and human trafficking within the hospital; • Provide victim-centered, trauma-informed care; • Collaborate with community agencies to improve quality of care;	☑	☑

	• Access critical resources for victims; and • Provide and support innovative programs for recovery and reintegration. • Public policy initiatives • Community-based programs • Research on best practices • Resources for education and awareness • Partnerships with national, state and local organizations • Socially responsible investing and shareholder advocacy		
Empower Yolo	Empower Yolo provides twenty-four hour crisis intervention, emergency shelter, confidential counseling, training, legal assistance, and other services for individuals and families persons affected by domestic violence, sexual assault, stalking, human trafficking, and child abuse. The hospital partners with Empower Yolo to ensure victims of domestic assault and human trafficking are connected to appropriate community resources.	☑	☑
Goal and Impact: The initiative to address safe, crime, and violence free communities are anticipated to result in: prevent unsafe environments; improve safety for the patient population served; provide education to all hospital staff on trauma informed care; increase the awareness of services available; and improve care coordination to ensure individuals are connected to appropriate care and can access necessary services.			
Collaborators: The hospital will partner with Empower Yolo, Sutter Davis, Yolo Community Care Continuum, local government agencies and community based organizations to deliver an increased safe and violence-free environment for the community.			

Community Health Improvement Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY23, Woodland Memorial Hospital awarded grants totaling $100,985. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Boys & Girls Clubs of Greater Sacramento	Triple Play: A Game Plan for Woodland Youth-Mind, Body & Soul	$47,500
Sacramento District Dental Society Foundation	Improved Overall Health Through Oral Health Care	$53,485

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

	Patient Navigator Program
Significant Health Needs Addressed	✓ Access to Basic Needs Such as Housing, Jobs, and Food ☐ Access to Mental/Behavioral Health and Substance Use Services ✓ Injury and Disease Prevention and Management ☐ Active Living and Healthy Eating ✓ Access to Quality Primary Care Health Services ✓ System Navigation ☐ Access to Specialty and Extended Care ☐ Increased Community Connections ☐ Safe and Violence-Free Environment
Program Description	The Patient Navigator Program represents a unique collaboration between Woodland Memorial and Empower Yolo, a community-based nonprofit organization, and community clinics in the region. Patient Navigators assist patients who rely on emergency departments for non-urgent needs. The navigators help patients by connecting them to a primary care medical home and assisting them with scheduling a follow up appointment along with any other barriers that may create obstacles with accessing care.
Population Served	The primary beneficiaries of this program are individuals on Medi-Cal or uninsured not connected to primary care services or need immediate assistance to schedule with their primary care.
Program Goal / Anticipated Impact	Increase access to healthcare services and other social support services for underserved populations; develop a more comprehensive referral system to ensure patients utilizing the emergency department are being connected with community resources.
FY 2023 Report	
Activities Summary	Patient Navigators scheduled follow-up primary care appointments for individuals in the emergency department (ED). Also, they provided assistance with social services resources, health insurance eligibility and linkages to other community health care services.
Performance / Impact	811 individuals served and connected to a variety of community resources including primary care.
Hospital's Contribution / Program Expense	$51,790
FY 2024 Plan	
Program Goal / Anticipated Impact	Continue to increase access to community healthcare services by focusing on emergency department navigation. Empower Yolo will work closely with the ED staff to ensure individuals utilizing the ED for non-urgent care needs are

	assisted with establishing a medical home and follow-up appointment in a more appropriate setting.
Planned Activities	Focus on strengthening relationships between the patient navigators and case management, emergency department, and other staff at the hospital. Build relationships with community clinics and local health plans to ensure access is available.

	**Healthier Living Program**
Significant Health Needs Addressed	☐ Access to Basic Needs Such as Housing, Jobs, and Food ☐ Access to Mental/Behavioral Health and Substance Use Services ✓ Injury and Disease Prevention and Management ✓ Active Living and Healthy Eating ☐ Access to Quality Primary Care Health Services ☐ System Navigation ☐ Access to Specialty and Extended Care ✓ Increased Community Connections ☐ Safe and Violence-Free Environment
Program Description	The Healthier Living program allows participants to learn about and practice a wide variety of tools to help them become better self-managers of their ongoing health conditions. Workshops are open to anyone with a chronic health condition, as well as those who care for persons with chronic health conditions. They are offered at the community level in partnership with medical clinics, food banks, affordable housing developments and others to ensure the underserved have access to these peer led health education classes.
Population Served	The primary beneficiaries of this program are underserved individuals with chronic health conditions and their caretakers.
Program Goal / Anticipated Impact	Provide education and skills management to help those with chronic disease manage their symptoms and lead healthier and more productive lives; thus reducing their need to admit to the hospital. Specifically, achieve a maximum target metric goal or better – 70% of all participants avoid admission post program intervention.
FY 2023 Report	
Activities Summary	Healthier Living workshops for the community members, and public health education on chronic disease prevention and management.
Performance / Impact	Healthier Living workshops were held virtually and in-person. There were 14 Healthier Living workshops conducted, including a reach of 149 community members and 125 participants completing the program. There are now 12 active leaders who could facilitate, Diabetes Empowerment Education Program, and/or Chronic Disease Self-Management Program.

Hospital's Contribution / Program Expense	$72,073 which is a shared expense by Dignity Health hospitals in Sacramento, Yolo and Nevada Counties.

FY 2024 Plan	
Program Goal / Anticipated Impact	Continue providing education and skills management to help those with chronic disease manage their symptoms and lead healthier and more productive lives; thus reducing their need to admit to the Hospital. Specifically, achieve a maximum target metric goal or better – 70% of all participants avoid admission post program intervention.
Planned Activities	Outreach to the rural community including but not limited to migrant centers, farms, and other nonprofits. Continue to build community partnerships to expand workshops. Continue to identify community lay leaders and partnerships for growth including strategies to recruit and train Hmong, Russian, and Spanish speaking lay leaders.

	Improved Overall Health Through Oral Health Care
Significant Health Needs Addressed	☐ Access to Basic Needs Such as Housing, Jobs, and Food ☐ Access to Mental/Behavioral Health and Substance Use Services ✓ Injury and Disease Prevention and Management ✓ Active Living and Healthy Eating ☐ Access to Quality Primary Care Health Services ✓ System Navigation ☐ Access to Specialty and Extended Care ☐ Increased Community Connections ☐ Safe and Violence-Free Environment
Program Description	Supported through the Community Grants Program, a partnership between Oral Health Solutions, Yolo County Oral Health Program, Children Now, and Center for Oral Health. The project focuses on increasing access to dental care to improve the oral health and overall health of Medi-Cal members. Activities focus on 10-12 low-income schools in Yolo County to provide dental screenings, fluoride varnish, and dental care coordination for Medi-Cal members. Referrals to dental care are made through an electronic application. The app tracks the referral until a dental visit occurs and closes the referral loop.
Population Served	The primary beneficiaries of this program low-income school-age children 10-12 in Woodland, West Sacramento, and Winters.
Program Goal / Anticipated Impact	Provide access to dental care to children in low-income schools in Yolo County with dental screenings, fluoride varnish and dental care coordination

	for Medi-Cal members. Coordinate pro bono dental care for children with no dental coverage.
FY 2023 Report	
Activities Summary	• Provide dental screenings, fluoride varnish and referrals to dental care for children at school. • Provide care coordination for dental referrals. • Provide and coordinate pro bono dental care for children not covered by Medi-Cal.
Performance / Impact	From January to June 2023, this program provided 339 children at five schools in Yolo County with dental screening; 219 children received fluoride varnish, 157 children/families received coordination for dental follow-up and 45 children obtained pro-bono services including restorative and preventive dental care.
Hospital's Contribution / Program Expense	$54,485
FY 2024 Plan	
Program Goal / Anticipated Impact	Continue to provide access to dental care to children in low-income schools in Yolo County with dental screenings, fluoride varnish and dental care coordination for Medi-Cal members and pro bono care for children with no dental coverage.
Planned Activities	Focus on strengthening relationships between collaborative organizations to ensure uninsured and unserved children have adequate access to available dental care and are fully utilized.

	Yolo Adult Day Health Center (YADHC)
Significant Health Needs Addressed	☐ Access to Basic Needs Such as Housing, Jobs, and Food ✓ Access to Mental/Behavioral Health and Substance Use Services ✓ Injury and Disease Prevention and Management ☐ Active Living and Healthy Eating ✓ Access to Quality Primary Care Health Services ✓ System Navigation ✓ Access to Specialty and Extended Care ✓ Increased Community Connections ☐ Safe and Violence-Free Environment

Program Description	The hospital is the primary provider in Yolo County that addresses specialty health care and support needs of the elderly and disabled populations through the Adult Day Health Center. The Center offers an interdisciplinary program of medical, psycho-social and rehabilitation services for adults at high risk of needing a higher level of care due to health, functional and cognitive losses. The Center specializes in high touch chronic disease management with the added components of caregiver respite, transportation, nutrition, education, and socialization.
Population Served	YADHC serves adults over the age of 18 in Yolo County who are medically and/or cognitively frail, suffer from a traumatic brain injury, have a significant psychiatric condition, or are developmentally disabled.
Program Goal / Anticipated Impact	Provide comprehensive interdisciplinary support for a growing vulnerable elderly and disabled population that otherwise go without adequate community-based interventions to minimize the need to transition to a higher level of care. Care model addresses medication management, care coordination, functional issues, psycho-social needs and caregiver stress.
FY 2023 Report	
Activities Summary	• Assisted patients with ongoing physical, occupational or speech therapy. • Provided medication management education to patients and families. • Managed chronic and complex conditions in a community setting. • Offered respite for families caring for individuals with dementia.
Performance / Impact	YADHC currently serves 76 families with an average daily attendance of 45 and 20 on the waitlist.
Hospital's Contribution / Program Expense	$1,079,321
FY 2024 Plan	
Program Goal / Anticipated Impact	Continue to provide care for a growing vulnerable elderly and disabled population. Dignity Health is actively working to identify an expanded program space as well as piloting a community-based nurse navigation program in collaboration with occupational therapy support.
Planned Activities	Continue outreach in community and among physicians to increase awareness of, and access to, center services for elderly and disabled individuals in need. Explore the possibility of moving physical location to increase capacity.

Baby & Me

Significant Health Needs Addressed	□ Access to Basic Needs Such as Housing, Jobs, and Food ✓ Access to Mental/Behavioral Health and Substance Use Services □ Injury and Disease Prevention and Management □ Active Living and Healthy Eating □ Access to Quality Primary Care Health Services □ System Navigation □ Access to Specialty and Extended Care ✓ Increased Community Connections □ Safe and Violence-Free Environment
Program Description	Free postpartum and family support group for primary caregivers of infants from 0 to 9 months. Led by a Dignity Health educator, the group aims to empower parents, minimize postpartum depression, create friendships, and act as a safety net for individuals navigating the first months of a child's life. This program addresses a variety of priority health needs in addition to behavioral health services.
Population Served	The primary beneficiaries of this program are postpartum women and families in Yolo County.
Program Goal / Anticipated Impact	The Baby & Me support group promotes nurturing attachments between parents and their young children that are critical to healthy child development. Play and discussion are done to connect parents with their children. This deepens their understanding of their child's development and makes them feel more confident as parents.
FY 2023 Report	
Activities Summary	• Support groups that promote nurturing attachments between parents and their young children. • Education on early child development.
Performance / Impact	152 individuals served
Hospital's Contribution / Program Expense	$12,711
FY 2024 Plan	
Program Goal / Anticipated Impact	Continue to connect parents with their children and build connections among families.
Planned Activities	Continue to promote support groups, and engage new members through social media, flyers, community partner emails, and word of mouth.

	Medical Respite/Recuperative Care Program
Significant Health Needs Addressed	✓ Access to Basic Needs Such as Housing, Jobs, and Food ✓ Access to Mental/Behavioral Health and Substance Use Services ✓ Injury and Disease Prevention and Management ☐ Active Living and Healthy Eating ✓ Access to Quality Primary Care Health Services ☐ System Navigation ✓ Access to Specialty and Extended Care ☐ Increased Community Connections ☐ Safe and Violence-Free Environment
Program Description	This program focuses on providing a safe place for individuals experiencing homelessness to recuperate after hospital discharge and getting them linked to wraparound services and resources. During their stay, they get assistance with additional services including health insurance enrollment, finding a medical home, substance use and mental health services and placement in permanent housing. The program is a critical safety net for individuals experiencing homelessness upon discharge from the hospital. In FY23 the partner operating this program was Yolo Community Care Continuum. In FY24 the partner operating this program is 4th and Hope.
Population Served	The primary beneficiaries of this program are medically fragile individuals experiencing homelessness in need of a safe environment to fully recover when discharged from the hospital.
Program Goal / Anticipated Impact	The program's goals are: 1) to improve the health of participants; 2) reduce the hospital length of stay; 3) reduce the repetitive hospitalization of participants; and 4) provide participants with access to all services necessary to live in the least restrictive community setting possible.
FY 2023 Report	
Activities Summary	• Provide clients with meals, bed rest, and self-care. • Case managers provide transportation to ongoing health and treatment services. • Assist with social services and community treatment supports.
Performance / Impact	36 persons served with a total of 208 bed nights, which otherwise would have been spent in the hospital.
Hospital's Contribution / Program Expense	$65,000
FY 2024 Plan	

Program Goal / Anticipated Impact	Continue to 1) to improve the health of participants; 2) reduce the hospital stay of participants; 3) reduce the repetitive hospitalization of participants; and 4) provide participants with access to all services necessary to live in the least restrictive community setting possible.
Planned Activities	Continue strengthening relationships and communication on community services and resources available for Woodland Memorial patients. CalAIM began rolling out in Yolo county on July 1, 2022, and Partnership Health Plan (PHP) announced that both Community Supports: Recuperative Care/Medical Respite and Short-Term Post Hospitalization (STPH), would be offered starting January 1, 2023. Currently the sole contracted provider with PHP for these services is 4th and Hope. Sutter Health and Dignity Health established a new referral workflow for these services in partnership with 4th and Hope that began at the start of FY24. Emphasis will be placed on coordinating referrals with other CalAIM benefits including Enhanced Care Management and Community Supports Housing Navigation.

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

- California FarmLink - In June 2020, CommonSpirit approved a $500,000 loan to California FarmLink used to support the organization's loan program, which in turn provides affordable financing for small-scale farmers, beginning farmers, and farmers of color. California FarmLink is a nonprofit public benefit corporation formed in 1999 with a mission to invest in the prosperity of farmers and ranchers through lending, education, and access to land throughout farming communities in Central Coast, Sacramento, San Joaquin, and North Coast, California.

- Community Vision (formerly Northern California Community Loan Fund)
  Dignity Health has partnered with Community Vision since 1992, and was one of Dignity Health's first community investments. This CDFI has invested more than $254 million in projects throughout Northern and Central California, promoting economic justice and alleviating poverty by increasing the financial resilience and sustainability of community-based nonprofits and enterprises. In 2016 and 2017 Dignity Health approved two 7-year $1,000,000 loans respectively—the first as lending capital for NCCLF's many projects, and the second as lending capital in a "FreshWorks" Fund supporting the bringing of grocery stores and other innovative forms of healthy food retail to underserved communities ("food deserts").

- Rural Community Assistance Corporation (RCAC)
  In June 2017 Dignity Health approved a 7-year $500,000 loan to RCAC for projects in rural California, Nevada and Arizona. RCAC assists rural communities in building social capital, environmental infrastructure, and affordable housing. It also provides nonprofit organizations with access to financing. RCAC financing creates employment opportunities, affordable housing, safe and reliable environmental infrastructure, and much-needed community facilities and services. RCAC operates in rural California, Nevada and Arizona, and several other states west of the Rockies.

- Health Professions Education
  The hospital regularly sponsors seminars and training for medical students, physicians, nurses, and other students in the health care field. Hundreds of hours each year are committed to providing internships for nurses, paramedics, therapists, and clinical laboratory technicians.

- Doula Program
  Woodland Memorial implemented the doula program that offers free doula services to any mother who is delivering at the hospital. In addition, the hospital provides the environment to train doula's which then makes them eligible to become a certified doula through the International Childbirth Association (ICEA). Training includes: 16 hours of classroom training (fulfills the ICEA Doula Training and Support Workshop requirement); labor support experience; required childbirth classes; and mentorship from seasoned doulas and nurses as individuals work through the certification process.

- Yolo County Health Council
  This committee serves as a liaison between the Yolo County Board of Supervisors and health systems. It establishes and maintains the area-wide health planning and activities identifying health goals and needs of Yolo County. The council aims to develop and improve health services in the county.

Additionally, members of the hospital's leadership and management teams volunteer time and expertise as board members and/or volunteers of nonprofit health care organizations and civic and service agencies, such as the Woodland Chamber of Commerce, Davis Chamber of Commerce, and Partnership Health Plan of California. Annual sponsorships support multiple programs, services and fund-raising events of organizations; among them, Winters Healthcare, Yolo Health Aging Alliance, Yolo Community Care Continuum, Yolo Food Bank, Yolo Crisis Nursery and American Heart Association.

Economic Value of Community Benefit

	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expenses
Benefits for Poor					
Financial Assistance	**6,361**	**$3,940,247**	**$0**	**$3,940,247**	**1.8%**
Medicaid	**22,118**	**$95,833,023**	**$75,363,985**	**$20,469,038**	**9.6%**
Community Services					
A - Community Health Improvement Services	282	$628,424	$0	$628,424	**0.3%**
C - Subsidized Health Services	7	$555	$0	$555	**0.0%**
E - Cash and In-Kind Contributions	8	$470,294	$0	$470,294	**0.2%**
F - Community Building Activities	5	$42,708	$0	$42,708	**0.0%**
G - Community Benefit Operations	1	$127,678	$0	$127,678	**0.1%**
Totals for Community Services	**303**	**$1,269,659**	**$0**	**$1,269,659**	**0.6%**
Totals for Benefits for Poor	**28,782**	**$101,042,929**	**$75,363,985**	**$25,678,944**	**12.1%**
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	2,105	$36,965	$0	$36,965	**0.0%**
B - Health Professions Education	484	$1,278,775	$0	$1,278,775	**0.6%**
C - Subsidized Health Services	305	$2,294,789	$1,215,468	$1,079,321	**0.5%**
Totals for Community Services	**2,894**	**$3,610,529**	**$1,215,468**	**$2,395,061**	**1.1%**
Totals for Broader Community	**2,894**	**$3,610,529**	**$1,215,468**	**$2,395,061**	**1.1%**
Totals - Community Benefit	**31,676**	**$104,653,458**	**$76,579,453**	**$28,074,005**	**13.2%**
Medicare	**10,879**	**$45,154,613**	**$33,288,018**	**$11,866,595**	**5.6%**
Totals Including Medicare	**42,555**	**$149,808,071**	**$109,867,471**	**$39,940,600**	**18.7%**

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

Hospital Board and Committee Rosters

Woodland Healthcare Community Board Roster

Lori Aldrete, Chair President, Aldrete Communications	Jesse Salinas, Vice Chair Assessor/Clerk-Recorder/Chief Election Official Yolo County
Dennis Miller, Secretary Retired, Global Agriculture Consultant	Calvin Handy Retired, UC Davis Police Chief
Rich Sakai, PharmD Retired, Pharmacist	Mayra Vega Mayor, City of Woodland
Justin Chatten-Brown, MD Emergency Services Medical Director Valley Emergency Group	Tim Bernard, DPM Woodland Clinic Medical Group
Lucy Douglass, MD Woodland Clinic Medical Group	Harpreet Dhatt, MD Mercy Radiology Group
Gena Bravo, RN President/CEO Woodland Memorial Hospital	Karen Buckley, RN Chief Nursing Executive Officer Dignity Health Northern California Division