Dignity Health.
Woodland Healthcare

Woodland Memorial Hospital

Community Health Implementation Strategy 2016-2018

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Woodland Memorial Hospital (Woodland Memoria) 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 740 employees, 108 licensed acute care beds, 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. The hospital is certified as a Primary Stroke Center by the Joint Commission, accredited as a Chest Pain Center by the Society of Chest Pain Centers, and has received the "Get with the Guidelines® Stroke Gold Plus Quality Achievement Award" from the American Heart/American Stroke Association. The hospital holds Quality Oncology Practice Initiative certification, is an Accredited Sleep Center, and was named for excellence in pediatric care by Valley Emergency Physicians and as a "Baby Friendly Hospital" by the World Health Organization and the United Nations Children's Fund.

The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at http://www.dignityhealth.org/sacramento/documents/hospital-reports-addressing-community-health-needs/woodland-memorial-hospital-chna-2016. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

The significant community health needs identified are:

1. Active Living and Healthy Eating
2. Access to Behavioral Health Services
3. Disease Prevention, Management and Treatment
4. Affordable and Accessible Transportation
5. Safe, Crime and Violence Free Communities
6. Access to High Quality Health Care and Services
7. Basic Needs (Food Security, Housing, Economic Security, and Education)
8. Pollution-Free Living and Working Environments

During the next three years, Woodland Memorial plans to build upon many of the current initiatives and explore new partnership opportunities with Yolo County Health and Human Services, health plans and community organizations that respond to the significant health needs. In effort to address access to behavioral health services, the expansion of the Mental Health Continuum of Care Partnership and other initiatives the improve outpatient behavioral health services will remain a priority. Woodland Memorial will continue to work in collaboration with Yolo County on a variety of projects including the Bridge to Health and Housing project.

With regards to active living and healthy eating, the hospital will build on their existing farmer's market to ensure fresh produce is accessible within the community which also includes education and preventative services.

Woodland Memorial will continue to focus on the initiative to end human trafficking in the Yolo County with a specific focus on strengthening relationships with community organizations, law enforcement and the District Attorney's office.

This report and plan is publicly available at www.dignityhealth.org by navigating to "Community Health" and "Community Benefit Reports." It will be distributed to hospital leadership, members of the Community Board and Health Committee and widely to management and employees of the hospital, as it serves as a valuable tool for ongoing community benefit awareness and training. The document will also be broadly distributed externally to Community Health Needs Assessment partners, community leaders, government and public health officials, program partners and other agencies and businesses throughout the region.

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

MISSION, VISION AND VALUES

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

Woodland Memorial has a rich history of healing in Yolo County that dates back over a century to the opening of the Woodland Sanitarium in 1905 by a pioneering registered nurse and her sisters, who rented a home on College Street in the City of Woodland to serve the medical needs of the community. The Woodland Sanitarium had only nine beds and a surgical suite. The sanitarium eventually became the Woodland Clinic Hospital in the 1920s and with the help of the community, expanded to the full service acute care hospital that Woodland Memorial is today.

A wide range of the hospital's medical services have received numerous local and national recognitions and accreditations. The hospital is certified as a Primary Stroke Center by the Joint Commission, accredited as a Chest Pain Center by the Society of Chest Pain Centers, and has received the "Get with the Guidelines® Stroke Gold Plus Quality Achievement Award" from the American Heart/American Stroke Association. The hospital holds Quality Oncology Practice Initiative certification, is an Accredited Sleep Center, and was named for excellence in pediatric care by Valley Emergency Physicians and as a "Baby Friendly Hospital" by the World Health Organization and the United Nations Children's Fund.

Rooted in Dignity Health's mission, vision and values, Woodland Memorial is dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Board and Community Health Committee. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

The development of community health improvement strategies to address significant health issues is a collaborative effort engaging members of a dedicated Community Health and Outreach Department who work directly with the hospital president, management and clinical staff, as well as community partners. The department is responsible for implementing, managing and evaluating initiatives, and oversees community benefit reporting and the development of the hospital's Community Health Needs Assessment (CHNA). The department director reports bi-monthly to the Community Board. Meetings are also held bi-monthly with the Community Health Committee, a standing committee of the Board that provides guidance and oversight for the hospital's community benefit practices. Primary committee roles are to ensure hospital initiatives and services are aligned with priority health issues identified in the CHNA, represent the needs of the community and monitor the progress of initiatives. Both the Community Board and the Community Health Committee review and approve the CHNA and the Community Benefit plan (see Appendix A for rosters of the Dignity Health Sacramento Service Area Community Board and Community Health Committee).

Woodland Memorial's community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, community health improvement services and health professions education. Our community benefit also includes monetary grants provided to not-for-profit organizations that are working together to address significant health needs identified in the CHNA. Many of these programs and initiatives are described in this report

.

In addition, we are investing in community capacity to improve health – including addressing the social determinants of health – through Dignity Health's Community Investment Program. Dignity Health

investments support nonprofit organizations that deliver an array of services to low-income communities in the region. Below are some examples of Dignity Health Community Investments:

- **CPCA Ventures**

CPCA Ventures in partnership with NCB Capital Impact manages a loan program that provides financing opportunities to California's community clinics and health centers that might not be able to access traditional financing sources. Dignity Health's funds were used to support this program. Over the past two decades, CPCA Ventures has helped California's community clinics and health centers double both in number of sites and in number of patients being served.

With housing a major social determinant of health, Dignity Health investments in the region have also focused on providing affordable housing. Two outstanding investments include:

- **Mutual Housing California**

Mutual Housing, California, a Sacramento-based affordable housing developer and provider of supportive services since 1988, used Dignity Health funds to create 61 units of affordable agricultural worker rental housing at Spring Lake, Woodland, and 208 units of affordable housing in Central Stockton.

- **Nehemiah Community Reinvestment Fund (NCRF)**

NCRF has been a borrower with Dignity Health since 2006 providing lending capital for affordable housing projects, and more recently the acquisition and refurbishment of housing to be sold at below-market interest rates to veterans and active military personnel with its Roofs for Troops program. Much of their activity is confined to the three-state area of California, Nevada and Arizona. However, with their latest Roofs for Troops program, they have branched out nationally. During 2014 alone, NCRF refurbished and sold 140 housing units and created or preserved over 2,000 jobs.

DESCRIPTION OF THE 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 740 employees, 108 licensed acute care beds, 17 emergency department beds and 31 inpatient mental health beds.

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. West Sacramento sits across the Sacramento River and is home to the Port of Sacramento, which ships over a million tons of agricultural products to worldwide markets. Less than half of the region's population resides in unincorporated communities, including Esparto, the gateway to Capay Valley, Madison and Knights Landing. Arbuckle, Colusa, Williams 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 community or hospital service area (HSA) is defined as the geographic area (by ZIP code) in which the hospital receives its top 80% of discharges. The hospital's primary service area is comprised of 21 zip codes (95605, 95606, 95607, 95616, 95618, 95620, 95627, 95637, 95645, 95653, 95679, 95691, 95694, 95695, 95697, 95698, 95776, 95912, 95932, 95937 and 95987). A summary description of the community is below, and additional community facts and details can be found in the CHNA report online.

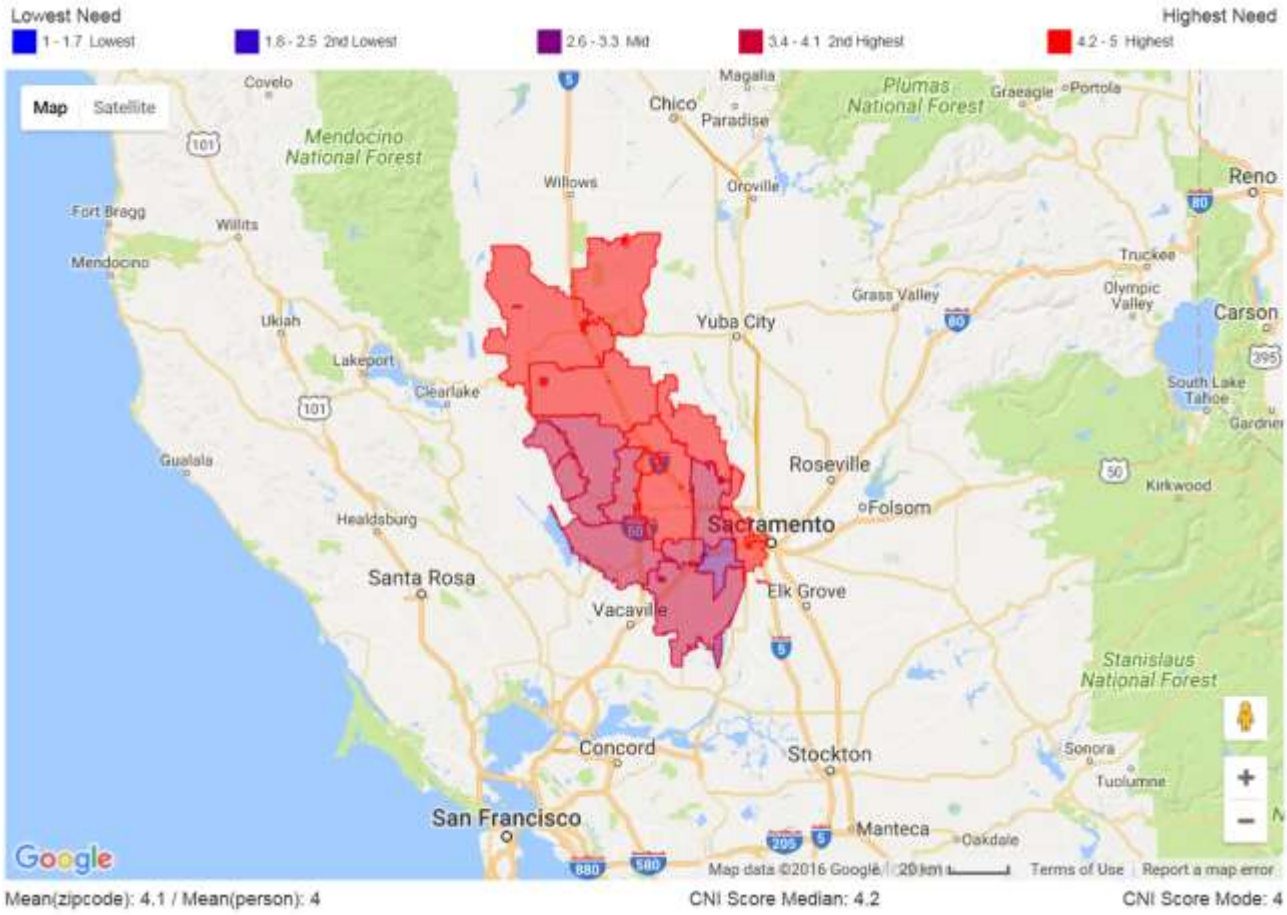
Demographics within Woodland Memorial's hospital service area are as follows, derived from estimates provided by Truven Health Analytics data:

- Total Population: 250,882
- Race and Ethnicity:
  - White – Non-Hispanic: 46.5%
  - Black/African American - Non-Hispanic: 2.3%
  - Hispanic or Latino: 35.1%
  - Asian/Pacific Islander: 11.6%
  - Other: 4.4%
- Median Income: $57,340
- Uninsured: 8.3%
- Unemployment: 6.2%
- No HS Diploma: 17.2%
- CNI Score: 4.2
- Medicaid Population: 29.6% (Does not include individuals dually-eligible for Medicaid and Medicare)
- Other Area Hospitals: 1
- Medically Underserved Areas or Populations: Yes

Woodland Memorial Hospital Community Needs Index (CNI) Data

The hospital's CNI Score of 4.2 falls in the highest range. One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

Woodland Memorial Hospital Community Needs Index (CNI) Map: Median CNI Score: 4.2



Mean(zipcode): 4.1 / Mean(person): 4 CNI Score Median: 4.2 CNI Score Mode: 4

Zip Code	CNI Score	Population	City	County	State
95605	4.8	14673	West Sacramento	Yolo	California
95606	3.8	328	Brooks	Yolo	California
95607	3.8	309	Capay	Yolo	California
95616	3.8	47444	Davis	Yolo	California
95618	3	29014	Davis	Yolo	California
95620	4	22102	Dixon	Solano	California
95627	4	3942	Esparto	Yolo	California
95637	3.6	231	Guinda	Yolo	California
95645	4.6	1573	Knights Landing	Sutter	California
95653	4.2	482	Madison	Yolo	California
95679	4	32	Rumsey	Yolo	California
95691	4.2	38870	West Sacramento	Yolo	California
95694	4	9456	Winters	Yolo	California
95695	4.4	38931	Woodland	Yolo	California
95698	4.2	296	Zamora	Yolo	California
95776	4	23953	Woodland	Yolo	California
95912	4.6	5100	Arbuckle	Colusa	California
95932	4.4	7748	Colusa	Colusa	California
95987	4.4	6398	Williams	Colusa	California

Implementation Strategy Development Process

Woodland Memorial engages in multiple activities to conduct its community benefit and 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; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Board, Community Health Committee and other stakeholders in the development of the annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment Process

The most recent Community Health Needs Assessment (CHNA) was completed and adopted by Woodland Memorial in June 2016. The CHNA was conducted through the Sacramento Regional Collaborative Process which included Woodland Memorial, other Dignity Health hospitals in Sacramento and Nevada County, Kaiser Permanente, Sutter Health and UC Davis Health System. These health systems all serve the same or portions of the same communities. Nonprofit research consultant, Valley Vision, Inc., was retained to lead the assessment process, based on its local presence and understanding of the greater Sacramento region and experience in conducting multiple CHNAs across an array of communities for nearly a decade.

The objectives of the CHNA were to identify and prioritize community health needs and identify resources available to address those health needs. Data collected and analyzed included both primary or qualitative data, and secondary or quantitative data. To determine geographic locations affected by social inequities, data were compiled and analyzed at the census tract and ZIP code levels. To assess overall health status and disparities in health outcomes, indicators were developed from a variety of secondary data sources which can be found in the complete CHNA. These "downstream" health outcome indicators included measures of both mortality and morbidity such as mortality rates, emergency department visit and hospitalization rates. Health drivers/conditions or "upstream" health indicators included measures of living conditions spanning the physical environment, social environment, economic and work environment, and service environment. Overall, more than 170 indicators were included in the CHNA.

Community input and primary data on health needs were obtained via interviews with service providers and community key informants (including hospital staff, Yolo County Public Health and community providers) and through focus groups with medically underserved, low-income, and minority populations. Primary data for Woodland Memorial included 16 key informant interviews with 20 participants and six focus groups conducted with 69 participants.

An important component of the assessment included the identification of community and hospital resources that might be available to address priority needs. This resource mapping process which identified 66 community resources provided insight on community capacity and potential opportunities for collaborating with partners. The hospital is currently working with some of the resources identified and others are being targeted for future partnership initiatives.

Woodland Memorial's CHNA was distributed externally to community leaders, government and public health officials, program partners and other agencies and businesses throughout the region, and made

available internally to hospital leadership and employees. The complete assessment is available to the public on http://www.dignityhealth.org/sacramento/documents/hospital-reports-addressing-community-health-needs/woodland-memorial-hospital-chna-2016.

CHNA Significant Health Needs

Significant health needs were identified and prioritized by using quantitative and qualitative data which was synthesized and analyzed according to established criteria. This included identifying eight potential health need categories based upon the needs identified in the 2013 CHNA, the grouping of indicators in the Kaiser Permanente Community Commons Data Platform (CCDP), and a preliminary review of primary data. Indicators within these categories were flagged if they compared unfavorably to county, state, or Healthy People 2020 benchmarks or demonstrated racial/ethnic disparities according to a set of established criteria. Eight potential health needs were validated as significant health needs for the service area.

Eight significant health needs emerged from the assessment across the hospital's primary service area:

1. **Active Living and Healthy Eating**: Encompasses all components of active living and healthy eating including health behaviors, associated health outcomes and aspects of physical environment/living conditions.
2. **Access to Behavioral Health Services**: Includes access to mental health and substance abuse prevention and treatment services,
3. **Disease Prevention, Management and Treatment**: Contains health outcomes that require disease prevention and/or management and treatment including: cancer, cardiovascular disease/stroke, HIV/AIDS/STDs and asthma.
4. **Affordable and Accessible Transportation**: Includes the need for transportation options, transportation to health services and options for person with disabilities.
5. **Safe, Crime and Violence Free Communities**: Consists of safety from violence and crime including violent crime, property crimes and domestic violence.
6. **Access to High Quality Health Care and Services**: Encompasses access to primary care and specialty care, dental care and maternal and infant care.
7. **Basic Needs (Food Security, Housing, Economic Security, and Education)**: Includes economic security, food security/insecurity, housing, education and homelessness.
8. **Pollution-Free Living and Working Environments**: Contains measures of pollution such as air and water pollution levels.

These health needs appeared in greater magnitude within five focus communities, including West Sacramento - Broderick (95605); Knights Landing (95645); West Sacramento (95691); Woodland – West (95695); and Woodland – East (95776). These five focus communities are densely populated and accounts for nearly 50% of the hospital service area with almost 112,000 residents who are highly diverse, have high rates of poverty, low educational attainment, high levels of unemployment, and rent versus own their homes.

Woodland Memorial is addressing or currently developing partnership initiatives to focus on significant health issues identified in the Community Health Needs Assessment that include: active living and healthy eating; access to behavioral health services; disease prevention, management, and treatment; safe, crime and violence free communities; and access to high quality health care and services. Initiatives that address these priorities largely target vulnerable and at-risk populations, with

emphasis on identified focus communities and collaboration with other Dignity Health hospitals and community partners to maximize efforts and have a greater region-wide impact. Initiatives also utilize methodologies to measure and demonstrate health improvement outcomes.

Woodland Memorial does not have the capacity or resources to address all priority health issues identified in Yolo County. The hospital is not directly addressing basic needs although the hospital is an active partner in collaborative programs are in place to assist community residents. In addition, the hospital will continue to seek opportunities that address needs that have not been selected as priorities. The hospital is not addressing affordable and accessible transportation and pollution-free living and working environments, as these priorities are beyond the capacity and expertise of Woodland Memorial.

Creating the Community Benefit Plan

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**: Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention**: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Contribute to a Seamless Continuum of Care**: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity**: Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration**: Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

A general approach is taken when planning and developing initiatives to address significant health issues. At the onset, Community Health and Outreach staff engages a core internal team that may include clinical staff, care coordinators and social workers, members of the Woodland Memorial 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.

Planning for the Uninsured/Underinsured Patient Population

Woodland Memorial seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, the hospital offers financial assistance to eligible patients who may not have the financial capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C.

Woodland Memorial notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process. At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

2016-2018 Implementation Strategy

This section presents strategies, programs and initiatives the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It includes summary descriptions, anticipated impacts, planned collaboration, and detailed "program digests" on select initiatives.

The strategy and plan specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

STRATEGY AND PROGRAM PLAN SUMMARY

Active Living and Healthy Eating

- Farmers Market – Working with multiple agencies and local farmers, the hospital hosts a weekly farmers market that offers inexpensive fresh foods.
- Nutrition Education and Counseling - The hospital takes advantage of its farmers market as a forum to offer nutrition education and counseling.
- Commit2Fit – In partnership with the City of Woodland, a twice yearly fitness challenge is offered to anyone who lives, works or spends time in Woodland. This free program offers free gym memberships, health classes, and fitness activities during the month of May and November for those that register. With a growing participation rate, this collaboration has won the statewide Helen Putnam Award for Excellence in Health and Wellness.

Access to Behavioral Health Services

- Inpatient Mental Health Services - Yolo County is dependent upon Woodland Memorial as the only source of inpatient mental health treatment in the community. There were 441 vulnerable and at-risk indigent and Medi-Cal-insured residents receiving acute psychiatric care in FY 2015, who otherwise would not have had access to care. The community benefit investment to care for these individuals approached $4 million.
- Mental Health Continuum of Care Partnership - Evolving through the Community Grants Program, 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, the Yolo Community Care Continuum which operates the Safe Harbor crisis residential treatment facility, and the Yolo Family Service Agency. The primary goal of the program is to link individuals who admit to the hospital and do not need inpatient mental health treatment to crisis residential treatment services at Safe Harbor and/or follow-up outpatient mental health care in a community setting. Significant partnership enhancements are continuing to respond to the ongoing need to case management in the community setting.

Disease Prevention, Management and Treatment

- Healthy Lives (Vida Sana) - The hospital offers this six week course, which is based on the Stanford Chronic Disease Self-Management Program, to residents who have, or are at risk of diabetes, with an emphasis on outreach to the Hispanic community in partnership with Holy Rosary Church. The program is taught in Spanish and in English and engages participants in

learning to recognize the signs and symptoms of diabetes. Participants are also taught proper nutrition, healthy eating habits, and medication management.

- 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.
- Your Life, Take Care - The hospital offers this workshop to support individuals who suffer from various chronic illnesses and share common symptoms. Goal setting and problem solving, nutrition, communication skills, relaxation techniques, medication usage, community resources and physician relationships are all part of the Your Life, Take Care curriculum. Woodland Memorial is also working in partnership with the community nonprofit, Centers for Families, to expand workshop offerings by providing training to staff members and volunteers who are involved in the "Promotoras for Active Living" (PAL) project.
- CHAMP® (Congestive Heart Active Management Program) - CHAMP® provides support and assistance to those who suffer from heart disease. The hospital conducts this program to keep individuals linked to the medical world once they are discharged through symptom and medication monitoring and education. Consistently, the program achieves an 80% or better reduction in hospital readmissions by participants each year.
- Multiple Sclerosis Support Group - Education and support are offered monthly to those affected by multiple sclerosis. Average group attendance varies between 10 and 15.

Safe, Crime and Violence Free Communities

- Human Trafficking - The initial phase of this initiative launched in FY 2015 with a core emergency response team established and the roll out of the first phase of education and training to hospital clinical staff to increase awareness and improve quality of care for human trafficking victims. During FY 2016, a strategic plan that engaged community resources was developed in partnership with several nonprofit organizations, law enforcement and the District Attorney's Office. Clinical training was also rolled out to the Family Birth Center departments.
- Yolo Crisis Nursery - Through financial support and advocacy, the hospital continues to support the Yolo Crisis Nursery that has now become its own not-for-profit 501(c)3 organization. The Nursery is a unique asset that over the years has prevented thousands of child abuse and neglect emergencies through emergency respite care for children when families are facing crisis or hardship.
- 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 is partnering with the organization to ensure victims of domestic assault and human trafficking are connected to appropriate community resources. Empower Yolo is also assisting in training hospital staff of available services when a victim is identified.

Access to High Quality Health Care and Services

- Yolo Adult Day Health Center – The hospital is the primary provider in Yolo County that fills the specialty health care and support needs of the elderly through the Adult Day Health Center, which offers a diverse program of health, social and rehabilitation services for adults struggling

to function independently. The Center also specializes in Alzheimer's and Parkinson's disease and services include nursing and medication assistance, care coordination, caregiver respite, transportation, therapies, exercise and activities.

- Yolo Healthy Aging Alliance – The hospital is collaborating with the Yolo Healthy Aging Alliance to increase awareness and care intervention skills for those dealing with persons suffering from dementia and to develop a referral and care planning program engaging community resources. Training has been provided to hospital staff and ongoing efforts will continue to provide education on community resources. The alliance has conducted cross training, bringing providers and community-based organizations together to begin building relationships and share information on services and referral processes.
- CommuniCare Capacity Building - The hospital has made a five year commitment to help this Federally Qualified Health Center build a new full-service clinic in Woodland, which is providing much needed new capacity for primary, behavioral and dental health care, health education and patient support services for underserved populations.
- Baby and Me Support Group - Encourages new parents and caregivers, with babies age 0 to 9 months, to come together weekly to share experiences, successes and challenges. The main objective is to offer support during the transitional time of having a new baby. Through the support group, attendees will be better equipped to handle day-to-day stresses, have an outlet to voice concerns, share stories and offer insight.
- Resource Connection - Residents receive direct assistance each year through the Resource Connection, a service center sponsored by the hospital and located on campus. The hospital partners with community nonprofit, Center for Families (now under the Empower Yolo umbrella), to offer this resource, which serves as an access point for vulnerable individuals and families to be connected to community health and social services, receive case management, education, and enrollment support.
- RISE Inc. - Woodland Memorial provides financial support and advocacy to the community organization which provides services to the rural communities included the hospital service area. RISE, Inc. services include youth programs, employment services, emergency food, clothing, and a variety of resource and referrals with to goal of enhancing the quality of life and opportunity for self-sufficiency.
- Migrant Center Visits – The hospital sends a health educator to various centers to do a health screening and counseling for their residents. A follow-up visit is done three months later to track the status and offer additional support.
- Healthy Living Outreach & Screenings – Collaborating with various community organizations, the hospital participates in 20+ health fairs each fiscal year where a plethora of screenings are offer dependent on the target audience.
- Cancer Nurse Navigator - This hospital program is designed to help patients navigate the maze of options related to cancer and to complement and enhance services provided by physicians. Nurses provide information, resources and referrals for follow-up biopsies and other treatments that low-income patients otherwise would not be able to access.
- School Nurse Program - Nearly 2,000 students and family members receive health services within the Catholic Diocese of Sacramento through the hospital's School Nurse program. Services include health care and mandated health screenings.
- Mercy Faith and Health Partnership - This interfaith community outreach program supports the development of health ministry programs focused on promoting good health and disease prevention in local faith communities.

- Financial assistance for uninsured/underinsured and low income residents - The hospital provides discounted and free health care to qualified individuals, following Dignity Health's Financial Assistance Policy.
- Dignity Health Community Grants Program - Conducted annually by the hospital, the Dignity Health Community Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing access to care, and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.

Anticipated Impact

The anticipated impacts of specific, major program initiatives, including goals and objectives, are stated in the program digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Health Committee, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program by conducting Community Health Needs Assessments every three years.

Planned Collaboration

Human Trafficking

The initial phase of this initiative launched in FY 2015 with the roll-out of education and training to hospital clinical staff to increase awareness and improve quality of care for human trafficking victims. Education initially started with Emergency Department Staff and has moved to include the Family Birth Centers. In early FY 2016, community agencies serving human trafficking victims were convened to share information on their organizations and begin to outline the community strategy component for this initiative. Efforts in FY 2017 will focus on the addition of trauma informed services that respond and provide resources to community organizations. The community strategy has grown to include law enforcement and child protective services. Partners include:

- Empower Yolo
- Opening Doors
- The Grace Network
- WEAVE
- Yolo County District Attorney's Office

Mental Health Work Group

To strengthen existing mental health services within the region, the hospital has formed a mental health work group with partner organizations to address challenges in the system, improve communication and think innovatively about how to expand and enhance services and access. In 2016, shared referral processes and protocols were developed and meetings will continue to focus on new crisis stabilization services and linkages for improved health information exchange to better coordinate care. Partners to date include:

- Yolo County Mental Health leadership
- Suicide Prevention of Yolo County

- Yolo Family Services Agency
- Yolo Community Care Continuum

Bridge to Health and Housing

Led by Yolo County, the Bridge the Health and Housing focuses on serving the medically vulnerable population including homeless persons who have an acute or chronic health condition and/or substance use disorder and/or are high emergency department utilizers. The main objective of the initiative is to improve the overall well-being of this vulnerable population by targeting four social determinants of health including housing stability, physical health, behavioral health and self-sufficiency. Partners include:

- Yolo County Health and Human Services Agency
- Fourth & Hope
- Yolo Community Care Continuum (YCCC)
- Sutter Davis
- CommuniCare Health Centers
- Elica Health Centers
- Northern Valley Indian Health
- Winters Healthcare Medical Clinics
- Woodland Clinic

Program Digests

The following pages include program digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

CONGESTIVE HEART ACTIVE MANAGEMENT PROGRAM (CHAMP)	
Significant Health Needs Addressed	□ Active Living and Healthy Eating □ Access to Behavioral Health Services ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	CHAMP® establishes a care relationship with patients who have heart disease after discharge from the hospital through regular phone interaction; support and education, monitoring of symptoms or complications and recommendations for diet changes, and medicine modifications.
Community Benefit Category	A2-e community based clinical services – ancillary/other clinical services.
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Improve the health and quality of life for those who suffer from heart disease, enabling them to better manage their disease and reducing their need to be admitted or readmitted to the hospital.
Measurable Objective(s) with Indicator(s)	Continue to increase enrollment of the underserved through outreach and community collaboration, and maintain reduction in number of hospital admissions and readmissions for participants. Strengthen collaboration between CHAMP and Resource Connection program and the hospital's Readmission Committees to increase referrals. Provide ongoing education to community clinics about available services.
Intervention Actions for Achieving Goal	Regular meetings with CHAMP® Teams at hospitals; continued partnership building with community clinics to connect heart failure patients to a medical home with assistance from the patient navigators as needed.
Planned Collaboration	CHAMP® currently works with the care coordinators at the hospitals, community clinics, and other community service providers.

CANCER NURSE NAVIGATOR	
Significant Health Needs Addressed	✓ Active Living and Healthy Eating □ Access to Behavioral Health Services ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ❑ Demonstrate Collaboration
Program Description	This program provides continuity of care, enhancing patient/doctor communication whenever an abnormality shows up on mammogram, breast ultrasound, or breast MRI. Patients receive information, resources, and support for assisting with biopsies. Education about pathology results and assistance obtaining referrals to specialists is provided in a timely manner. The navigators also coordinate a group of peer support volunteers who are matched up with patients newly diagnosed with breast cancer.
Community Benefit Category	A3-e Health Care Support Services – Information & Referral.
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Ensure timely access to treatment and other resources for those with cancer, with emphasis on the underserved who otherwise cannot afford care, and Improve patient/doctor relationships.
Measurable Objective(s) with Indicator(s)	Continue to build awareness to increase number of underserved assisted through outreach and community collaboration and build awareness of the program among community partners.
Intervention Actions for Achieving Goal	Continue to promote services in the community and work with hospital and community partners to increase awareness of services and resources; this includes working with Centers for Families who operate the Resource Connection.
Planned Collaboration	Cancer nurse navigators work with a variety of community partners in terms of finding available services and well as receiving referrals for patients who need assistance.

RESOURCE CONNECTION	
Significant Health Needs Addressed	☐ Active Living and Healthy Eating ☐ Access to Behavioral Health Services ☐ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Located on the hospital's campus, a Resource Connection center provides a one stop access point for community services and health education in both Spanish and English. Services include linkages to primary care, health insurance enrollment assistance for children and adults, health education, case management, referrals to social services in the community, and homeless prevention and intervention services.
Community Benefit Category	A2-e Community Based Clinical Services - Ancillary/other clinical services
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Continue to 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.
Measurable Objective(s) with Indicator(s)	Increase numbers served by 10% or greater. Improve methods of outcomes measurement including referral sources and follow-up of services received. Look to build capacity and make program more visible for potentially referring patients utilizing the emergency department for non-urgent care to a clinic or provider.
Intervention Actions for Achieving Goal	Continue to build relationship between the Resource Center and case management, emergency department and other staff at the hospital. Continue to attend hospital meetings and huddles to increase exposure.
Planned Collaboration	The Resource Connection is a partnership between the hospital and community nonprofit, Centers for Families.

YOUR LIFE, TAKE CARE (CHRONIC DISEASE SELF-MANAGEMENT PROGRAM)	
Significant Health Needs Addressed	✓ Active Living and Healthy Eating □ Access to Behavioral Health Services ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Your Life, Take Care is a workshop series in Spanish and English to help people cope with chronic diseases. The program focuses on goal setting and problem solving, nutrition, communication, relaxation techniques, medication usage, and use of community resources.
Community Benefit Category	A1-a Community Health Education - Lectures/Workshops
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Provide education and skills to help those with chronic diseases manage their symptoms and lead healthier and more productive lives; thus improving their health and reducing their need to admit to the hospital. Specifically, achieve maximum target metric goal or better (70% of all participants avoid admission post program intervention).
Measurable Objective(s) with Indicator(s)	Continue to meet/exceed the stated metric goal. Develop new lay leaders and community partners to expand workshop offerings at community clinics and other agencies; increase the number of participants.
Intervention Actions for Achieving Goal	Outreach to the Hispanic community to promote the program; continue to build community partnerships for expansion of workshops and increase program participants; outreach to the community clinics and other nonprofits; continue to identify community lay leaders for growth.
Planned Collaboration	These workshops and educational sessions are conducted in collaboration with a variety of community organizations and are held in locations that are accessible to residents, such as senior housing communities and local organizations that serve a high percentage of residents that have or are caring for family members with chronic illnesses.

ADULT DAY HEALTH CENTER	
Significant Health Needs Addressed	☐ Active Living and Healthy Eating ☐ Access to Behavioral Health Services ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services
Program Emphasis	❑ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ❑ Contribute to a Seamless Continuum of Care ❑ Build Community Capacity ❑ Demonstrate Collaboration
Program Description	Yolo Adult Day Health Center operated by the hospital targets adults struggling to function independently. Diverse health, social and rehabilitation services are offered to promote the well-being, dignity and self-esteem of individuals, and their caregivers. The hospital is the only provider of adult day health in Yolo County.
Community Benefit Category	C3-Hospital Outpatient Services
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Provide access to care for a growing vulnerable elderly population that otherwise would go without services and programs that address transitioning from independence to higher levels of care, mobility issues, difficulty navigating the system, and geriatric health issues.
Measurable Objective(s) with Indicator(s)	Continue focused outreach and educational efforts that target underserved in the community, and enhance collaborative community partnerships to ensure community members have access to a variety of resources. Continue to look at developing methods to measure outcomes associated with the prevention of hospital admissions.
Intervention Actions for Achieving Goal	Outreach in community and among physicians to increase awareness of, and access to, center services for elderly in need. Work with Community Benefit for outcomes measurement. Develop referral method from the hospital and community partners to assist in tracking outcomes and enhance connection to other community resources. Work with Yolo County to develop a long-term sustainability plan.
Planned Collaboration	Yolo Adult Day Health Center works collaboratively with the hospital, community partners, and coalitions that focus on the same target population such as the Yolo Healthy Aging Alliance.

MENTAL HEALTH CONTINUUM OF CARE PARTNERSHIP	
Significant Health Needs Addressed	□ Active Living and Healthy Eating ✓ Access to Behavioral Health Services ✓ Disease Prevention, Management, and Treatment ✓ Access to High Quality Health Care and Services
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	This program is focused on improving access to mental health services for residents of Yolo County by identifying and intervening during immediate crises, providing stabilization, and improving safety and mental well-being.
Community Benefit Category	E2-a Grants - Program grants
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Program goals include: 1) Providing immediate phone response for callers experiencing a mental health crisis; 2) improving access to crisis residential services for individuals needing intensive support; 3) decreasing utilization of emergency room services for mental health situations that do not require hospitalization; and 4) improving the quality of life for individuals in our community who do not have adequate access to support to mitigate mental health crisis episodes.
Measurable Objective(s) with Indicator(s)	Improve access to mental health treatment for our most vulnerable residents who have not been served in the traditional mental health system by addressing the current gap in after-hours resources for individuals living in high need areas of our community. Crisis mental health services and follow-up care will be available to individuals who need immediate assistance.
Intervention Actions for Achieving Goal	This collaborative program will continue to expand access to mental health care by providing telephone support and referrals, crisis residential services and resource coordination, and follow up counseling services to identified individuals. By facilitating lower levels of care through comprehensive follow-up, the program partners will be able to increase the efficacy of treatment and decrease recidivism through ongoing symptom management.
Planned Collaboration	This is a partnership between the hospital, Suicide Prevention Yolo County, Yolo Community Care Continuum and Yolo Family Service Agency.

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

Woodland Memorial Community Board Roster

Betsy Marchand, Chair Retired Yolo County Board of Supervisors	Phil Laughlin, MD Woodland Clinic Medical Group
Mike Chandler, Vice Chair Retired Yocha Dehe Fire Chief	Justin Chatten-Brown, MD Woodland Emergency Group
Marianne MacDonald Broker Associate, Coldwell Banker	Eric Mitchel, MD Mercy Medical Group
Roger Clarkson Retired Yolo County Health Department	Rafael Rodriguez, MD Diagnostic Pathology Medical Group
Angel Barajas Woodland City Council Member	Kevin Vaziri Woodland Memorial President
Laurie Harting Dignity Health Senior Vice President Operations	

Woodland Memorial Community Health Advisory Committee Roster

Betsy Marchand, Chair Retired Yolo County Supervisor	Heidi Mazeres Manager, Education Woodland Memorial Hospital
Janlee Wong Executive Director California Chapter of the National Association of Social Workers	Gina Daleiden Executive Director First 5 Yolo
Tico Zendejas Executive Director, RISE, Inc.	Thomas Coleman Director of Behavioral Health Services Woodland Memorial Hospital
Tiffany Susz Deputy District Attorney Yolo County District Attorney's Office	Ashley Brand Director, Community Health and Outreach Dignity Health Sacramento Service Area
Viola DeVita Curriculum, Instructional & Intervention Services Yolo County Office of Education	Katie Curran Manager, Community Relations Woodland Memorial Hospital
Jennifer Zachariou Sr. Community Health Specialist Dignity Health Sacramento Service Area	Liza Kirkland Manager, Community Health and Outreach Dignity Health Sacramento Service Area

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs 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.

- 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 has recently implemented the doula program that offers doula services to mothers who are 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).

- Transitional Housing and Lodging - When there are no available alternatives, Woodland Memorial subsidizes payments for room and board in the community for patients unable to pay when they are discharged from the hospital.

- Sacramento Region Health Care Partnership - Technical expertise and leadership is provided by the hospital to the Partnership that is focused on building capacity among the region's Federally Qualified Health Centers. The Partnership also offers the Learning Institute for clinics, aimed at facilitating an integrated health care delivery model and fostering solutions that can improve administrative and service delivery systems.

- Healthy Yolo Coalition – The hospital participates in this collaborative initiative which is focused on engaging and mobilizing the community in addressing public health issues and identifying strategies to improve the quality of life.

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 Yolo County Food Bank, Friends of Yolo Adult Day Health, Yolo Health Council, Centers for Families, Davis Chamber of Commerce, Woodland Chamber of Commerce and Woodland Rotary Club. Annual sponsorships support multiple programs, services and fund-raising events of organizations; among them, Woodland United Way, Yolo County Fair and Yolo County Children's Alliance, RISE, Inc., Yolo County CASA and Yolo County Food Bank.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

Woodland Memorial Hospital 1325 Cottonwood St, Woodland, CA 95695 | Financial Counseling 530-662-3961 ext. 4559 **Patient Financial Services** 888-488-7667 | www.dignityhealth.org/sacramento/paymenthelp