

Woodland Memorial Hospital

2022 Community Health Implementation Strategy




Adopted October 2022




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At-a-Glance Summary

<p>Community Served</p> 	<p>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 765 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.</p>			
<p>Significant Community Health Needs Being Addressed</p> 	<p>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:</p> <table border="1" data-bbox="407 758 1430 1083"> <tr> <td data-bbox="407 758 976 1083"> <ol style="list-style-type: none"> 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 </td> <td data-bbox="976 758 1430 1083"> <ol style="list-style-type: none"> 6. System Navigation 7. Access to Specialty and Extended Care 8. Increased Community Connections 9. Safe and Violence-Free Environment </td> </tr> </table>		<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 6. System Navigation 7. Access to Specialty and Extended Care 8. Increased Community Connections 9. Safe and Violence-Free Environment
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<p>Strategies and Programs to Address Needs</p> 	<p>The hospital intends to take several actions and to dedicate resources to these needs, including:</p> <ul style="list-style-type: none"> • 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 • Haven House Recuperative Care Program: Medical respite transitional program that utilizes a four bed house and offers respite for homeless individuals upon discharge from the hospital • 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 			

	<p>for adults at high risk of needing a higher level of care due to health, functional and cognitive losses.</p> <ul style="list-style-type: none"> • 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.
<p>Anticipated Impact</p> 	<p>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.</p>
<p>Planned Collaboration</p> 	<ul style="list-style-type: none"> • Empower Yolo • Sutter Davis • Yolo County Health and Human Services Agency • Yolo Community Care Continuum • Yolo County District Attorney’s Office • Yolo County Mental Health leadership • Suicide Prevention of Yolo County • Yolo Community Care Continuum (YCCC) • CommuniCare Health Centers • Elica Health Centers • Northern Valley Indian Health • Winters Healthcare Medical Clinics • Dignity Health Medical Foundation – Woodland • Yolo Crisis Nursery • Fourth & Hope • Haven House • Opening Doors • SPERO • Yolo Food Bank • The Grace Network • Davis Community Meals • RISE, Inc. • Salvation Army • Soroptimist • Woodland Farmers Market • Yolo Healthy Aging Alliance • Yolo County Children’s Alliance

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 Hospital

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 765 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.

Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its 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.

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 service area encompassed seven zip codes (95695, 95776, 95627, 95912, 95987, 95616, and 95645). 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 2022 estimates provided by SG2's Analytics Platform (*Source: Claritas Pop-Facts® 2022; SG2 Market Demographic Module*):

- Total Population: 135,982
- Race/Ethnicity: Hispanic or Latino: 40.4%; White: 39.7%, Black/African American: 2.1% Asian/Pacific Islander: 12.5%, All Other: 5.4%.
- % Below Poverty: 7.3%
- Unemployment: 5.9%
- No High School Diploma: 14.4%
- Medicaid: 34.8%
- Uninsured: 5.5%

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 health implementation strategy 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 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 and 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.

2022 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others on to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

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 Implementation Strategy

Woodland Memorial Hospital 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 onset, 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

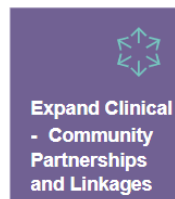
The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

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.



**Advance
Community
Health
Alignment and
Integration**

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



**Expand Clinical
- Community
Partnerships
and Linkages**

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



**Build Capacity
for More
Equitable
Communities**

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




**Inspire,
Innovate
and Scale
High Impact
Initiatives**

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




Strategies and Program Activities by Health Need


 Health Need: Access to Basic Needs Such as Housing, Jobs, and Food					
Anticipated Impact (Goal)	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.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
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.	✓	✓	✓	✓
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	✓	✓	✓	✓



Health Need: Access to Basic Needs Such as Housing, Jobs, and Food

	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 Homeless Patients	The hospital provides clothing, meals, prescription medication, transportation, room and board, information and referrals to available community resources to homeless patients being discharged from the hospital, with the intent to help prepare them for return to the community.	✓		✓	
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that	✓	✓	✓	✓

 Health Need: Access to Basic Needs Such as Housing, Jobs, and Food	
	are focused on increasing access to basic needs such as housing, jobs, and food, and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.
Planned Resources	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.
Planned Collaborators	The hospital will partner with Yolo Food Bank, Yolo Community Care Continuum, Sutter Davis Hospital, Friends of the Mission, City of Woodland, 4th 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					
Anticipated Impact (Goal)	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.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
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.	✓	✓	✓	✓




Health Need: Access to Mental/Behavioral Health and Substance Use Services


<p>Substance Use Navigation</p>	<p>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 a Behavioral Health Pilot Program grant.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>Inpatient Mental Health Services</p>	<p>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.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>Tele-Psychiatry</p>	<p>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.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	
<p>Baby & Me</p>	<p>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.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	
<p>Mobile Medicine Program</p>	<p>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</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>



Health Need: Access to Mental/Behavioral Health and Substance Use Services

	<p>clinic services to the Homeless population in Yolo County. Services primarily focus on Primary Care, Triage, Immunizations, Vaccinations, Case Management, Dental Care and Behavioral Health.</p>				
Yolo Adult Day Health Center	<p>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.</p>	✓	✓	✓	✓
Empower Yolo	<p>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.</p>	✓	✓	✓	✓
Federally Qualified Health Center Capacity Building	<p>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.</p>	✓	✓	✓	✓


 Health Need: Access to Mental/Behavioral Health and Substance Use Services					
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing access to mental/behavioral health and substance use services and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.	✓	✓	✓	✓
Planned Resources	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned 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					
Anticipated Impact (Goal)	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.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Healthier Living Program	The Healthier Living program allows participants to learn about and practice a wide variety of tools to help them become better	✓		✓	✓





Health Need: Injury and Disease Prevention and Management


	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 and community partners 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.	✓	✓	✓	✓
Disease-Specific Support Groups	Education and support are offered monthly to those affected by specific diseases in the community. Current groups include: cancer; and stroke. Program transitioned to phone based support due to COVID concerns.	✓	✓	✓	✓
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). This effort transitioned from traditional health outreach events to COVID-19 screenings for various	✓	✓	✓	

	Health Need: Injury and Disease Prevention and Management				
	community partners beginning March 2020.				
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.	✓	✓	✓	✓
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing injury and disease prevention management and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.	✓	✓	✓	✓
Planned Resources	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				

	Health Need: Injury and Disease Prevention and Management
Planned Collaborators	The hospital will partner with local medical clinics, local migrant centers and local community based organizations to deliver this access to injury and disease prevention and management.

	Health Need: Active Living and Healthy Eating				
Anticipated Impact (Goal)	The initiative to address this health need by the hospital is anticipated to result in: 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.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
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.	✓	✓	✓	✓

 Health Need: Active Living and Healthy Eating					
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.	✓	✓	✓	✓
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing active living and healthy eating and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.	✓	✓	✓	✓
Planned Resources	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators	The hospital will partner with Yolo Food Bank, local farmers 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	
Anticipated Impact (Goal)	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; and improved collaborative efforts between all health care providers.




Health Need: Access to Quality Primary Care Health Services


Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
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.	✓	✓	✓	✓
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.	✓	✓	✓	✓
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 the Homeless population in Yolo County. Services primarily focus on Primary Care, Triage, Immunizations, Vaccinations, Case Management, Dental Care and Behavioral Health.	✓	✓	✓	✓
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	✓	✓	✓	✓





Health Need: Access to Quality Primary Care Health Services

	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.	✓	✓	✓	✓
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that	✓	✓	✓	✓

 Health Need: Access to Quality Primary Care Health Services					
	are focused on increasing access to quality primary care health services and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.				
Planned Resources	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned 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					
Anticipated Impact (Goal)	The hospital’s initiatives to address system navigation 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.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
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	✓	✓	✓	✓


 Health Need: System Navigation					
	insurance enrollment assistance, case management and community referrals.				
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 the Homeless population in Yolo County. Services primarily focus on Primary Care, Triage, Immunizations, Vaccinations, Case Management, Dental Care and Behavioral Health.	✓	✓	✓	✓
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 Need: System Navigation					
Substance Use Navigation	<p>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 a Behavioral Health Pilot Program grant.</p>	✓	✓	✓	✓
Empower Yolo	<p>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.</p>	✓	✓	✓	✓
Dignity Health Community Health Improvement Grants Program	<p>Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing system navigation and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.</p>	✓	✓	✓	✓
Planned Resources	<p>The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.</p>				
Planned Collaborators	<p>The hospital will partner with Woodland Clinic Medical Group, Sutter Health, Yolo County HHSA, CommuniCare, Empower Yolo, and local community based organizations to deliver this access to increase system navigation.</p>				





Health Need: Access to Specialty and Extended Care

Anticipated Impact (Goal)	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.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
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 the Homeless population in Yolo County. Services primarily focus on Primary Care, Triage, Immunizations, Vaccinations, Case Management, Dental Care and Behavioral Health.	✓	✓	✓	✓
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.	✓	✓	✓	✓

 Health Need: Access to Specialty and Extended Care					
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 training 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.	✓	✓	✓	✓
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing access to specialty and extended care and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.	✓	✓	✓	✓
Planned Resources	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				

 Health Need: Access to Specialty and Extended Care	
Planned Collaborators	The hospital will partner with Woodland Clinic Medical Group, Sutter Health, Yolo County HHSA, CommuniCare, Empower Yolo, and local community based organizations to deliver this access to specialty and extended care.


 Health Need: Increased Community Connections					
Anticipated Impact (Goal)	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 will have opportunities to connect with each other through programs, and services resulting in fostering a healthier community. Healthcare and community support services will be more effective when they are delivered in a coordinated fashion and in collaboration to build a network of care.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Disease-Specific Support Groups	Education and support are offered monthly to those affected by specific diseases in the community. Current groups include: cancer; and stroke. Program transitioned to phone based support due to COVID concerns.	✓	✓	✓	✓
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 and community partners to ensure the underserved have access to	✓	✓	✓	✓

	Health Need: Increased Community Connections				
	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 diabetetic 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.	✓	✓	✓	✓
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.	✓		✓	
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing community connections and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.	✓	✓	✓	✓
Planned Resources	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators	The hospital will partner with local medical clinics, local farmers and local community based organizations to deliver increased community connections.				





Health Need: Safe and Violence-Free Environment

<p>Anticipated Impact (Goal)</p>	<p>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.</p>				
<p>Strategy or Program</p>	<p>Summary Description</p>	<p>Strategic Objectives</p>			
<p>Community Based Violence Prevention</p>	<p>The Community Based Violence Prevention Program initiative focuses on:</p> <ul style="list-style-type: none"> • 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 	<p>Alignment & Integration</p> <p style="text-align: center;">✓</p>	<p>Clinical - Community Linkages</p> <p style="text-align: center;">✓</p>	<p>Capacity for Equitable Communities</p> <p style="text-align: center;">✓</p>	<p>Innovation & Impact</p> <p style="text-align: center;">✓</p>
<p>Empower Yolo</p>	<p>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</p>	<p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p>

 Health Need: Safe and Violence-Free Environment					
	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.				
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing a safe and violence-free environment and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.	✓	✓	✓	✓
Planned Resources	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators	The hospital will partner with Empower Yolo and local community based organizations to deliver access to increase safe, crime, and violence free communities.				

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.

 Homeless Recuperative Care Program	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ 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 <input type="checkbox"/> 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
Fiscal Years Active	<ul style="list-style-type: none"> ✓ FY 2022 ✓ FY 2023 ✓ FY 2024
Program Description	A partnership between Woodland Memorial, Sutter Davis, and the Yolo Community Care Continuum, Haven House Homeless Recuperative Care Program 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.
Population Served	The primary beneficiaries of this program are homeless individuals 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 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.
Collaborations and Partnerships	Partnership between Woodland Memorial Hospital, Sutter Davis Hospital, and the Yolo Community Care Continuum.
 Substance Use Navigation	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Access to Basic Needs Such as Housing, Jobs, and Food ✓ Access to Mental/Behavioral Health and Substance Use Services <input type="checkbox"/> Access to Quality Primary Care Health Services

	<ul style="list-style-type: none"> ✓ Access to Specialty and Extended Care <input type="checkbox"/> System Navigation <input type="checkbox"/> Increased Community Connections ✓ Injury and Disease Prevention and Management <input type="checkbox"/> Active Living and Healthy Eating <input type="checkbox"/> Safe and Violence-Free Environment
Fiscal Years Active	<ul style="list-style-type: none"> ✓ FY 2022 ✓ FY 2023 ✓ FY 2024
Program Description	<p>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 a Behavioral Health Pilot Program grant.</p>
Population Served	The primary beneficiaries of this program are individuals not currently engaging in substance use treatment and services.
Program Goal / Anticipated Impact	By providing a ‘No Wrong Door’ approach to linking treatment for substance use disorder from the emergency department to local MAT clinics.
Collaborations and Partnerships	Continue work with local MAT agencies.



Healthier Living

Significant Health Needs Addressed	<ul style="list-style-type: none"> <input type="checkbox"/> Access to Basic Needs Such as Housing, Jobs, and Food <input type="checkbox"/> Access to Mental/Behavioral Health and Substance Use Services ✓ Injury and Disease Prevention and Management ✓ Active Living and Healthy Eating <input type="checkbox"/> Access to Quality Primary Care Health Services <input type="checkbox"/> System Navigation <input type="checkbox"/> Access to Specialty and Extended Care ✓ Increased Community Connections <input type="checkbox"/> Safe and Violence-Free Environment
Fiscal Years Active	<ul style="list-style-type: none"> ✓ FY 2022 ✓ FY 2023

	✓ FY 2024
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 and community partners to ensure the underserved have access to these peer led health education classes. Provided in both English and Spanish.
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. Include community and public health education on COVID-19 infection.
Collaborations and Partnerships	Community education conducted in collaboration with a variety of community organizations and families in locations accessible to the residents such as in the migrant centers and farms.



Yolo Adult Day Health Center (YADHC)

Significant Health Needs Addressed	<input type="checkbox"/> Access to Basic Needs Such as Housing, Jobs, and Food <input checked="" type="checkbox"/> Access to Mental/Behavioral Health and Substance Use Services <input checked="" type="checkbox"/> Injury and Disease Prevention and Management <input type="checkbox"/> Active Living and Healthy Eating <input checked="" type="checkbox"/> Access to Quality Primary Care Health Services <input type="checkbox"/> System Navigation <input checked="" type="checkbox"/> Access to Specialty and Extended Care <input type="checkbox"/> Increased Community Connections <input type="checkbox"/> Safe and Violence-Free Environment
Fiscal Years Active	<input checked="" type="checkbox"/> FY 2022 <input checked="" type="checkbox"/> FY 2023 <input checked="" type="checkbox"/> FY 2024
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	Elderly and disabled individuals and their families facing the challenges of serious health problems such as dementia, chronic medical diagnoses, mental illness or brain injury.
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.
Collaborations and Partnerships	YADHC will continue collaboratively with the hospital, community partners, Yolo County, and coalitions that focus on the same target population such as the Yolo Healthy Aging Alliance, Yolo Hospice, Yolo County Health Council, Yolo County Adult and aging Commission, Senior Link of Yolo County and others.



Community Health Improvement Grants

Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ 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
Fiscal Years Active	<ul style="list-style-type: none"> ✓ FY 2022 ✓ FY 2023 ✓ FY 2024
Program Description	Community Health Improvement Grants program focuses on collaboration with an emphasis on responding to significant health needs identified in the Community Health Needs Assessment. The goal of the program is to develop strategic partnerships between community-based organizations that link services directly to Woodland Memorial Hospital, leveraging resources that address priority health issues and utilizing creative strategies that have a direct, positive and lasting impact on the health of disadvantaged individuals and families.
Population Served	The primary beneficiaries are individuals in the community that are the low-income, vulnerable, underserved and uninsured population in Yolo County.
Program Goal /	To deliver services and strengthen service systems by actively partnering with the community non-profit organizations in order to improve the health status

Anticipated Impact	and quality of life for the most vulnerable and underserved populations in the community.
Collaborations and Partnerships	Woodland Memorial Hospital and local community based organizations addressing priority health needs in Yolo County.

