

COMMUNITY HEALTH IMPROVEMENT PLAN 2020 - 2022

Queen of the Valley Medical Center



To provide feedback about this CHIP or obtain a printed copy free of charge, please email Teresa Smith, CHI Program Manager at Teresa.Smith@stjoe.org

St. Joseph Health 
Queen of the Valley

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EXECUTIVE SUMMARY

Providence St. Joseph Health continues its Mission of service in Napa County through Queen of the Valley Medical Center (QVMC). QVMC is an acute-care hospital with 208 licensed beds, founded in 1958 and located in Napa, California. The hospital's service area is the entirety of Napa County, including 140,394 people.

QVMC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, the hospital provided \$33,487,837 in Community Benefit in response to unmet needs.

QVMC conducts a Community Health Needs Assessment (CHNA) in the communities it serves every three years to better understand the health-related needs and strengths. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach using quantitative and qualitative data, the CHNA process relied on several sources of information to identify community needs. The community information collected includes state and national public health data, qualitative data from interviews with stakeholders and listening sessions with service providers, and hospital utilization data.

Community Health Improvement Plan Priorities

As a result of the findings of our [2019 Community Health Needs Assessment \(CHNA\)](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, QVMC will focus on the following areas for its 2020-2022 Community Benefit efforts:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities, and discrimination prevents the LGBTQ+ community from receiving responsive health care.

PRIORITY 2: HOUSING & HOMELESSNESS

A major growing community need is around safer and more affordable housing stock, particularly for people with low incomes. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the community. School-age children, older adults, the Latino/a community, and individuals identifying as LGBTQ+ experience barriers to accessing responsive services.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa, transportation, and language barriers prevent individuals from accessing timely and responsive health care services.

INTRODUCTION

Mission, Vision, and Values

Our Mission As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Who We Are

Queen of the Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 208 licensed beds, more than 1,687 caregivers (employees), and professional relationships with many local physicians. Major programs and services offered to the community include acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences and orthopedics. Synergy Health Club, a St. Joseph Health owned facility offering fitness and studio classes, is located on the hospital’s campus and St. Joseph Health Prompt Care, an urgent care clinic, is located about a 10-minute drive from the hospital.

Our Commitment to Community

Queen of the Valley Medical Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During the most recent fiscal year, it provided \$33,487,837 in Community Benefit¹ in response to unmet needs and to improve the health and well-being of those served in Napa County.

Queen of the Valley Medical Center further demonstrates organizational commitment to the Community Health Needs Assessment (CHNA) through the allocation of staff time, financial resources, participation and collaboration to address community identified needs. The Northern California Regional Director of Community Health Investment and the local Community Health Investment Program

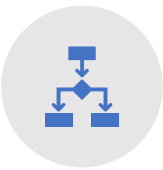
¹ A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

Manager at Queen of the Valley Medical Center are responsible for ensuring compliance with Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital leadership, physicians, and others to work together in planning and implementing the resulting Community Health Improvement Plan (CHIP).

Health Equity

At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:



Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



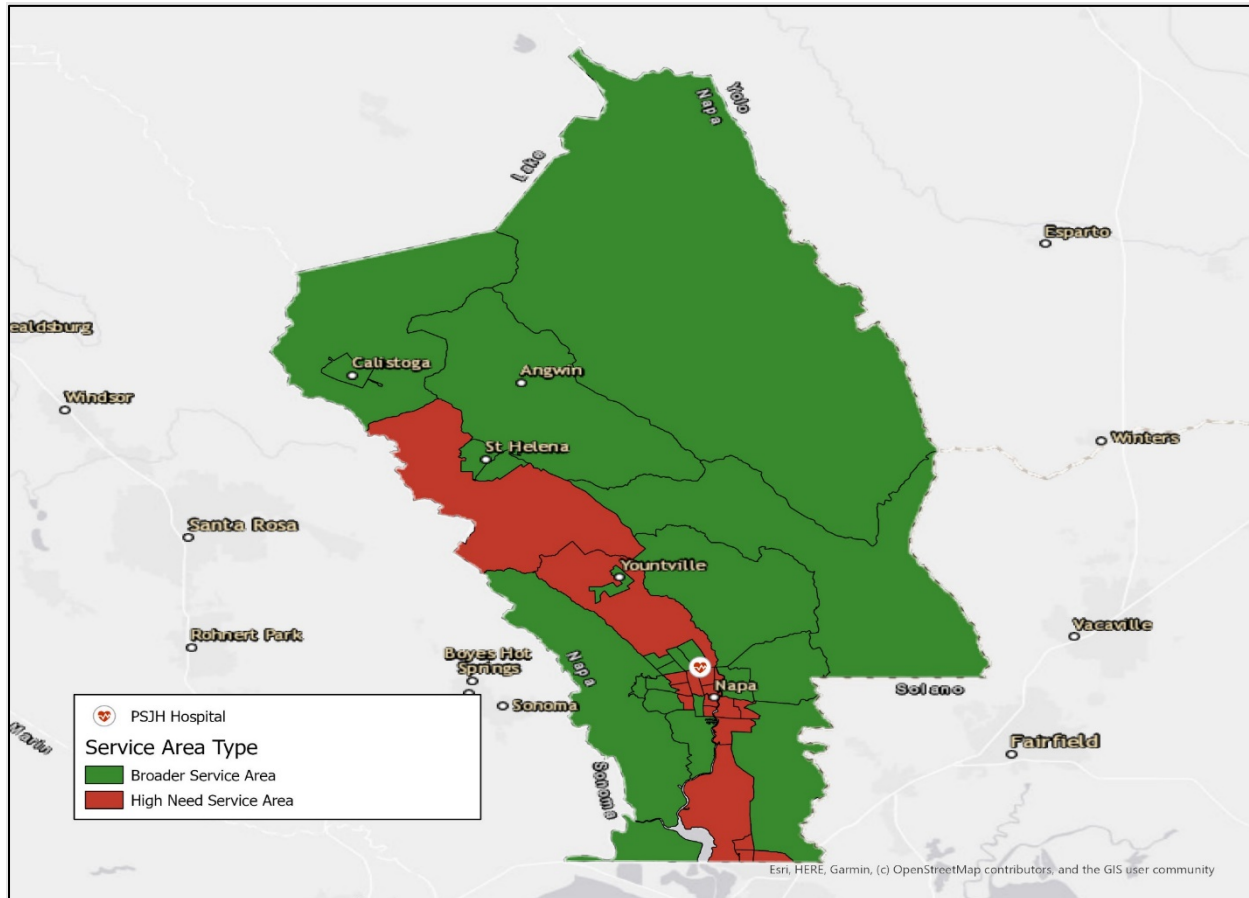
Leverage community strengths

OUR COMMUNITY

Description of Community Served

Queen of the Valley Medical Center provides Napa County communities with access to advanced care and advanced caring. The hospital's service area is Napa County and includes a population of approximately 147,000 people.

Figure 1. Queen of the Valley Medical Center Total Service Area



Of the over 140,000 permanent residents of Napa County, roughly 48% live in the “high need” area, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the County. For reference, 200% FPL is equivalent to an annual household income of \$51,500 or less for a family of 4. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.

Community Demographics

POPULATION AND AGE DEMOGRAPHICS

Younger age groups are disproportionately represented in the high need communities of Napa County, most likely representing households with young children. Alternatively, age groups 55 and over are less likely to fall into the high need communities or live within those designated census tracts. The male-to-female distribution is roughly equal across Napa County geographies.

In Napa County, approximately 7% of the population are veterans, which is higher than that of the state of California, 5%.

POPULATION BY RACE AND ETHNICITY

Individuals who identify as Hispanic (below), Asian, or “other race,” are more likely to live in high needs census tracts than their peers of other races.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Napa County Service Areas

Indicator	Broader Service Area	High Need Service Area	Napa County
Median Income Data Source: American Community Survey Year: 2019	\$101,330	\$77,129	\$88,457
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	20.8%	25.2%	23.0%

The median income in the high need service area is about \$11,000 lower than Napa County. There is about a \$24,000 difference in median income between the broader service area and the high need service area.

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average about 23% of households in Napa County are severely housing cost burdened. In the high need service area, 25.2% of renter households are severely housing cost burdened. Within the total service area there are census tracts in which 30% to 43% of households are experiencing severe housing cost burden.

Full demographic and socioeconomic information for the service area can be found in the [2019 CHNA for Queen of the Valley Medical Center](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Significant Community Health Needs Prioritized

The list below summarizes the rank ordered significant health needs identified through the Community Health Needs Assessment process:

PRIORITY 1: HEALTH EQUITY – RACIAL & LGBTQ

The disproportionate impact of COVID-19 on Black, Brown, Indigenous, and People of Color (BBIPOC), as well as the national call for racial justice have highlighted the need for additional community conversations around racism and inequities. Health inequities and systemic racism are preventing BBIPOC communities, particularly the Latino/a community, from accessing opportunities and living their healthiest lives. Discrimination also prevents the LGBTQ+ community from receiving responsive health care and visibility in the community. A greater commitment to equity in all programs and collaboratives is warranted.

PRIORITY 2: HOUSING & HOMELESSNESS

A major growing community need is around safer and more affordable housing stock, particularly for people with low incomes. A lack of affordable housing leads to over-crowding and poor living conditions. Housing is foundational to all other needs; once people are housed securely; they can address other needs related to their health and wellbeing. Two groups are of particular concern: the Latino/a community and older adults. The housing crisis in Napa highlights racial and economic inequities in the community, disproportionately affecting the Latino/a community, especially mixed status families. There is additional concern for older adults who have few affordable options in the community, particularly those living on a fixed income.

PRIORITY 3: MENTAL HEALTH & SUBSTANCE USE SERVICES

There is a general lack of mental health and substance use treatment services in the community. School-age children and older adults need more mental health support in the current environment, increasing the demand for services. The Latino/a community is also underserved, especially mixed status families, with the following barriers preventing Latino/a individuals from receiving services: stigma, a lack of culturally relevant education and outreach, and a lack of bilingual and bicultural providers. LGBTQ-friendly mental health providers are also difficult to find in the area. There is limited access to mental health services for individuals who do not meet the high-acuity criteria for severe mental illness at Napa County Health and Human Services, as well as limited substance use disorder treatment options. The COVID-19 pandemic is creating a mental health crisis; people are feeling hopeless, afraid, stressed, anxious, and depressed. The stress from the COVID-19 pandemic is compounding trauma related to local fires.

PRIORITY 4: ACCESS TO HEALTH SERVICES

There is concern around lack of access to health insurance for mixed status families as well as people losing their insurance due to job loss during the pandemic. A lack of specialists in Napa disproportionately affects individuals on Medi-Cal or without insurance. When individuals are referred to a specialist outside of the area, transportation then becomes a barrier to accessing care. Language barriers prevent Spanish-speaking individuals from receiving responsive care, and virtual interpreters are not nearly as effective as in-person options. Access to care challenges became especially apparent during the COVID-19 pandemic. While telemedicine has improved access to care for some populations, for others this transition has created additional barriers to care, including lack of smart phones or computers, lack of comfort with technology or stable internet access, language barriers, and lack of private space for appointments. Many individuals do not want to talk to their provider on the phone and are not receiving the care they need.

Needs Beyond the Hospital's Service Program

No hospital facility can fully address all of the health needs present in its community. While Queen of the Valley Medical Center will employ strategies to address each of the four significant health needs that were prioritized during the CHNA process, partnerships with community organizations and government agencies are critical for achieving the established goals.

Queen of the Valley Medical Center will collaborate with Napa County, the City of Napa, OLE Health, Adventist Health, Mentis, Abode, and a variety of local family resource centers that address the community needs to coordinate care and referrals to address unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The Regional Director, Program Coordinator and local Program Manager developed strategies based on insight from stakeholder interviews and caregiver listening sessions, and input and feedback were provided by the Community Benefit Committee. While the strategies were developed to address specific local needs, the strategies were also designed with the intention of leveraging local strengths to scale efforts across the Northern California region.

The 2020-2022 Community Health Improvement Plan (CHIP) process was disrupted by the SARS-CoV-2 virus and COVID-19, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2019 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. This CHIP will be updated in 2021 to better document the impact of and our response to COVID-19 in our community. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

QVMC anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by QVMC in the enclosed CHIP.

Addressing the Needs of the Community: 2020- 2022 Key Community Benefit Initiatives and Evaluation Plan

PRIORITY #1: HEALTH EQUITY – RACIAL & LGBTQ

Community Need Addressed

Health inequities and systemic racism are preventing Black, Brown, Indigenous, and People of Color (BBIPOC) communities, particularly the Latino/a community, from accessing opportunities and living their healthiest lives. COVID-19 has disproportionately impacted the Latino/a population, highlighting the health inequities they experience. Discrimination prevents the LGBTQ+ community from receiving responsive health care.

Goal (Anticipated Impact)

Increased access to care and services for Latino/a and LGBTQ+ populations.

Table 2. Strategies for Addressing Health Equity

Strategy	Target Population
1. Develop Health Equity Playbook by Q1 2021.	Latino/a individuals and families
2. Partner with FQHC/other for COVID-19 outreach, prevention, testing, and mitigation of spread.	Latino/a individuals and families
3. Advocate for policies that address social and economic disparities.	Latino/a and LGBTQ+ populations

Planned Collaboration

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- OLE Health
- Napa Valley Farmworker Foundation
- On The Move
- UpValley Family Centers
- Napa County Public Health
- Napa County Housing and Homeless Programs
- St. Joseph Health Medical Group
- Community Organizations Active in Disaster
- Providence St. Joseph Health’s Government & Public Affairs Division

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department, provide grants to local partners, and help leverage resources from the Providence Health Equity Initiative.

PRIORITY #2: HOUSING & HOMELESSNESS

Community Need Addressed

A lack of affordable housing leads to over-crowding and poor living conditions. Housing is foundational to all other needs; once people are housed securely, they can address other needs related to their health and well-being. Two groups are of particular concern: the Latino/a community and older adults.

Goal (Anticipated Impact)

Increased access to safe and affordable housing across Napa County.

Table 3. Strategies for Addressing Housing and Homelessness

Strategy	Target Population
1. Leverage investments to increase safe and affordable housing stock.	BBIPOC & those experiencing health disparities
2. Leverage resources through partnerships to expand supportive services.	BBIPOC & those experiencing health disparities
3. Support policies that prevent homelessness and increase access to affordable housing.	Populations experiencing housing instability and at-risk of homelessness

Planned Collaboration

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- Abode Services
- Burbank Housing
- City of Napa Housing Authority
- Napa County Housing and Homeless Programs
- Gasser Foundation
- Providence Supportive Housing Division
- Providence St. Joseph Health's Government & Public Affairs Division

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department as well as grants and restricted funding from its Care for the Poor account. QVMC has already committed \$2,200,000 to support three separate affordable housing and/or supportive housing developments within the city of Napa.

PRIORITY #3: MENTAL HEALTH & SUBSTANCE USE SERVICES

Community Need Addressed

Behavioral health has been an identified priority health need for many years. The COVID-19 pandemic and trauma related to local fires has only intensified this mental health crisis. Populations of concern include school-aged children, older adults, Latino/a people, and undocumented individuals.

Goal (Anticipated Impact)

Increased access to mental health and substance use services.

Table 4. Strategies for Addressing Mental Health & Substance Use Services

Strategy	Target Population
1. Increase capacity to address mild-moderate mental health & substance use services.	School-aged children & older adults
2. Increase capacity to provide bilingual/bicultural mental health & substance use services.	Latino/a community and mixed status families
3. Advocate for increased access to mental health and substance use care with focused community-based solutions.	Broader community

Planned Collaboration

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- Mentis
- Collabria
- Alternatives for Better Living
- OLE Health
- Center Point
- Aldea Children & Family Services
- Napa County Health & Human Services
- St. Joseph Health Medical Group
- Providence St. Joseph Health's Government & Public Affairs Division
- Progress Foundation
- Buckelew

Resource Commitment

Queen of the Valley Medical Center will commit staff time across the CARE Network program, provide grants to local partners and facilitate funding from various health system sources.

PRIORITY #4: ACCESS TO HEALTH SERVICES

Community Need Addressed

Limited specialty care, transportation services, and bilingual/bicultural providers of all services have prevented many individuals from receiving needed and timely health care. Specific populations of concern are older adults, those who are undocumented, the un- or uninsured (including loss of insurance during the Covid-19 pandemic) and Latino/a individuals and families. The expansion of telehealth has created further barriers for those without access to technology, internet, and/or privacy at home.

Goal (Anticipated Impact)

Increased access to health services.

Table 5. Strategies for Addressing Access to Health Services

Strategy	Target Population
1. Engage high-risk individuals with CARE Network complex care management teams.	Co-occurring socioeconomic and complex medical needs
2. Partner with FQHC, Ole Health, and County Public Health to increase capacity to care.	Uninsured and underinsured individuals and families
3. Engage uninsured and underinsured youth in dental care through Mobile Dental Clinic.	Uninsured and underinsured youth

Planned Collaboration

Queen of the Valley Medical Center values cross-sector collaboration and believes that non-profit organizations and local government organizations must work together to solve community-level problems. We plan to collaborate with the following organizations to address this need:

- OLE Health
- Napa County Health & Human Services
- St. Joseph Health Medical Group in Napa
- Operation Access
- Partnership HealthPlan of CA
- Collabria
- Community Health Initiative

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health Investment department as well as grants and restricted funding from its Care for the Poor account.

2020- 2022 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Queen of the Valley Medical Center Community Benefit Committee on December 10, 2020. The final report was made widely available² by December 28, 2020.

Kevin Klockenga 12/11/2020

Kevin Klockenga Date
Chief Executive, Northern California Region

Sr. Nadine McGuinness, CSJ 12/11/2020

Sr. Nadine McGuinness Date
Chair, Community Benefit Committee, Queen of the Valley Medical Center

 12/14/2020

Joel Gilbertson Date
Executive Vice President, Community Partnerships
Providence St. Joseph Health

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To request a paper copy without charge, provide feedback about the CHNA or CHIP Reports, or any additional inquiries, please email CHI@providence.org.

² Per § 1.501(r)-3 IRS Requirements, posted on hospital website