

2024 - 2026

COMMUNITY HEALTH IMPROVEMENT PLAN

Queen of The Valley Medical Center Napa, California



To provide feedback on this CHIP or obtain a printed copy free of charge, please email Teresa Smith at Teresa.Smith@providence.org.

CONTENTS

- Executive Summary..... 3
 - Collaborating Organizations..... 3
 - Queen of The Valley Medical Center Community Health Improvement Plan Priorities 3
- Introduction 5
 - Who We Are..... 5
 - Our Commitment to Community..... 5
 - Health Equity..... 5
 - Community Benefit Governance..... 6
 - Planning for the Uninsured and Underinsured..... 6
- Our Community..... 8
 - Description of Community Served..... 8
 - Community Demographics 9
- Community Needs and Assets Assessment Process and Results..... 10
 - Summary of Community Needs Assessment Process and Results 10
 - Significant Community Health Needs Prioritized..... 10
 - Needs Beyond the Hospital’s Service Program..... 11
- Community Health Improvement Plan 13
 - Summary of Community Health Improvement Planning Process 13
 - Addressing the Needs of the Community: 2024- 2026 Key Community Benefit Initiatives and Evaluation Plan..... 13
 - Other Community Benefit Programs 21
- 2024- 2026 CHIP Governance Approval..... 22

EXECUTIVE SUMMARY

Providence continues its Mission of service in Napa County through Queen of The Valley Medical Center. Queen of The Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital's service area is the entirety of Napa County, including approximately 138,000 people.

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 people experiencing social inequities and health disparities. The Community Health Needs Assessment (CHNA) is an opportunity for Queen of The Valley Medical Center to engage the community every three years with the goal of better understanding community strengths and needs. The CHNA results guide and inform efforts to better address the community's needs. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from key informant interviews and community listening sessions, and hospital utilization data.

Collaborating Organizations

The invaluable contributions of community partners were critical to ensure informative key informant interviews, community listening sessions, and prioritizing health needs for the Napa County CHNA. Napa County HHSA and Providence Queen of the Valley Medical Center worked to bring together 121 individuals from 48 different organizations across various sectors in Napa County. The representatives of these organizations, along with Napa County HHSA and QVMC's Community Health Investment (CHI) team, played an integral role in identifying and prioritizing the top health themes of Napa County.

Future Medical Systems was a consultant in developing the 2023 Napa County Community Health Needs Assessment. Future Medical Systems is a design and development consultancy that brought a Human-Centered Design approach to the CHNA process. They supported a collaborative process between Napa County HHSA and Providence QVMC that allowed for engagement of community members and organizations that serve populations who are disproportionately poor and/or vulnerable, in multiple Community Listening Sessions and Key Informant discussions. Following the listening sessions, Future Medical Systems facilitated workshops with Napa County and Providence to synthesize and prioritize needs. The final deliverables consisted of a report containing key quotes and a concise summary of the priority need areas that rose to the top.

Queen of The Valley Medical Center Community Health Improvement Plan Priorities

As a result of the findings of our [2023 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Queen of The Valley Medical Center will focus on the following areas for its 2024-2026 Community Benefit efforts:

PRIORITY 1 RACIAL EQUITY & LGBTQIA+ INCLUSION

Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal interactions with law enforcement and other community members. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about “doing it wrong.”

PRIORITY 2 HOMELESSNESS & HOUSING INSTABILITY

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially demanding situation for those with low income. The cost of living is extremely high, and earning a livable wage is a struggle. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

PRIORITY 3 BEHAVIORAL HEALTH & SUBSTANCE USE DISORDER

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done.

PRIORITY 4 ACCESS TO HEALTH CARE & DENTAL SERVICES

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern about lack of access to health insurance for mixed-status families and people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be difficult for all ages because there are few dental appointments available locally.

PRIORITY 5 ECONOMIC STABILITY

Many participants spoke about the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A substantial proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

INTRODUCTION

Who We Are

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

Queen of The Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 198 licensed beds, a staff of more than 1280 Caregivers, and professional relationships with more than 162 local physicians. Major programs and services offered to the community include the following: acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences, and orthopedics.

Our Commitment to Community

Queen of The Valley Medical Center dedicates resources to improving the health and quality of life for the communities we serve. For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: <https://www.providence.org/about/annual-report>.

Health Equity

At Providence, 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 hospitals will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP



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

Community Benefit Governance

Queen of The Valley Medical Center demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation, and collaboration with community partners. The Northern California Regional Director of Community Health Investment and the local QVMC Community Health Investment Program Manager are responsible for coordinating implementation of State and Federal 501r requirements.

Napa County HHS and Providence Queen of the Valley Medical Center worked to bring together 121 individuals from 48 different organizations across various sectors in Napa County. The representatives of these organizations, along with Napa County HHS and QVMC's Community Health Investment (CHI) team, played an integral role in identifying and prioritizing the top health themes of Napa County.

The Community Benefit Committee (CBC) is the board appointed oversight committee of the Community Outreach department at Queen of the Valley Medical Center. The CBC is composed of Providence Queen of the Valley community board members, internal Providence stakeholders and staff (Chief Executive or designee, mission leader, community health leaders) and external community stakeholders representing subject matter experts and community constituencies (i.e., faith based, FQHC's, mental health, homeless services, education, Community Building Organizations (CBO'S) and Public Health). The CBC reviewed the data collected in the 2023 Community Health Needs Assessment process to identify and prioritize the top health-related needs in Napa County for this 2024-2026 CHIP. The committee also oversees and governs budgets, investments, program continuation or discontinuation, populations of focus and community wide engagement.

Planning for the Uninsured and Underinsured

Our Mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Queen of The Valley Medical Center has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

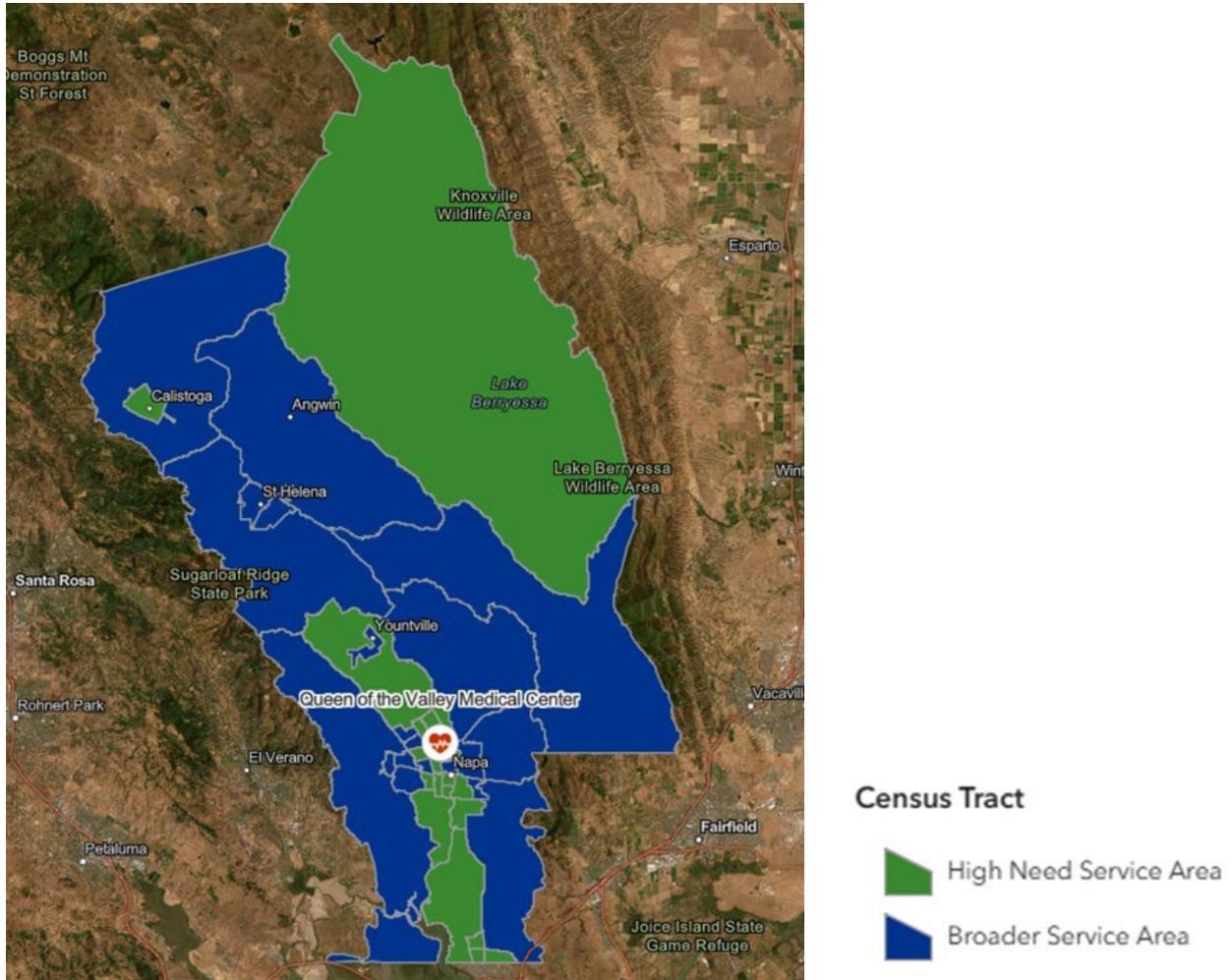
One way Queen of The Valley Medical Center informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance and where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program click [California Billing Support | Providence](#).

OUR COMMUNITY

Description of Community Served

Queen of The Valley Medical Center’s service area is Napa County and includes a population of approximately 139,000 people (American Community Survey, 2021 5-year estimates).

Figure 2. Queen of the Valley Medical Center Total Service Area



To facilitate identifying health disparities and social inequities by place, we designated a “high need” service area and a “broader” service area, which together make up the Napa County Service Area. Based on work done by the Public Health Alliance of Southern California and their [Healthy Places Index \(HPI\)](#) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.

Community Demographics

All demographic data is 2021, 5-year estimates from the American Community Survey.

POPULATION AND AGE DEMOGRAPHICS

In 2021, there were an estimated 26,755 adults aged 65 and above in Napa County and 6,662 children under the age of five. The older adult population has been steadily increasing, while the population of children under age five has been declining.

POPULATION BY RACE AND ETHNICITY

The largest proportion of the population (51%) self-identified as non-Hispanic white in 2021, however this number has been declining in recent years. The second largest race/ethnic group in Napa County identified as Hispanic or Latine (a gender-neutral term for Latino) and comprised 34.7% of the population. Just under 8% of the population identified as Asian, 3.8% as two or more races, and 2.0% as Black or African American. Native Hawaiian and other Pacific Islanders, American Indian and Alaska Native, and those identifying as “some other race” each made up under one percent of the population.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Napa County Service Area

Indicator	Broader Service Area	High Need Service Area	Napa County	CA
Median Income Data Source: 2021 American Community Survey, 5-year estimate	\$117,926	\$84,690	\$97,421	\$83,226
Percent of Renter Households with Severe Housing Cost Burden Data Source: 2021 American Community Survey, 5-year estimate	25.4% (1,625 renter households)	24.2% (2,510 renter households)	24.6% (4,135 renter households)	26.3% (1,548,644 renter households)

The median income in Napa County in 2021 was higher than the California median income (\$97,421 vs. \$83,226). In the high need service area of the county, the median income was \$84,690.

Renters in Napa County have continued to face severe housing cost burdens in recent years, with approximately 1 in 4 renter households spending 50% or more of their income on housing.

Full demographic and socioeconomic information for the service area can be found in the [2023 CHNA for Providence Queen of The Valley Medical Center](#).

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, California Healthy Kids Survey, Feeding America, U.S. Census Bureau, and the Live Healthy Napa County Language Inclusion Survey. To actively engage the community, we conducted 15 listening sessions with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted 12 key informant interviews and 7 additional preliminary data feedback sessions with 13 representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care.
- Most key informants spoke of the high cost of housing as a challenge in Napa County. There is a strong need for more affordable housing to help families and individuals meet their basic need for safe and healthy housing.
- Long wait lists can be a result of a lack of behavioral health providers in general. There is a particular need for more bilingual and bicultural providers, as there is a lack of culturally responsive and linguistically appropriate behavioral health services.
- Some communities (for example, seniors, youth, LGBTQ, minorities) find their needs unmet and their perspective unheard in Napa County civic society. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Significant Community Health Needs Prioritized

RACIAL EQUITY & LGBTQIA+ INCLUSION

Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal interactions with law enforcement and other community members. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about "doing it wrong."

HOMELESSNESS & HOUSING INSTABILITY

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially demanding situation for those with low income. The cost of living is extremely high, and earning a livable wage is a struggle. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

BEHAVIORAL HEALTH & SUBSTANCE USE DISORDER

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done.

ACCESS TO HEALTH CARE & DENTAL SERVICES

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern about lack of access to health insurance for mixed-status families and people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be difficult for all ages because there are few dental appointments available locally.

ECONOMIC STABILITY

Many participants spoke about the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A substantial proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

Needs Beyond the Hospital's Service Program

No hospital facility can address all the health needs present in its community. We are committed to continuing our Mission through community grants to local non-profits in Napa County and in-kind services to multiple community collaborations.

The following community health need identified in the joint Napa County CHNA will not be addressed and an explanation is provided below:

- Childcare: Queen of the Valley Medical Center is not positioned to directly address the additional need for Childcare in Napa County; however, we actively partner with Community Resources For Children and other local Community Building Organizations to address the identified need.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2024-2026 Community Health Improvement Plan (CHIP) is designed to address the needs identified and prioritized through the 2023 Community Health Needs Assessment (CHNA). We recognize the greatest needs of our community will change over time, and we are dedicated to adapting our efforts accordingly. Our commitment remains steadfast in supporting, strengthening, and serving our community in alignment with our Mission.

Queen of the Valley Medical Center’s CHIP involves a comprehensive approach led by the Community Health Department, Live Healthy Napa County, and the Community Benefit Committee. Strategies outlined in the CHIP encompass a diverse array of approaches, including direct service programming, support for community organizations, and collaborative commitments aimed at addressing the identified priority need areas.

Addressing the Needs of the Community: 2024- 2026 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: RACIAL EQUITY & LGBTQIA+ INCLUSION

Racial Equity and LGBTQIA+ Inclusion was identified as a CHIP priority and as a crosscutting theme and root cause among all prioritized need areas. Because promoting racial equity and LGBTQIA+ inclusion is foundational to addressing the other needs, the related strategies will be incorporated into other community need areas (behavioral health and substance use disorder, access to health care and dental services, economic stability) and highlighted by blue shading in tables 3-6. This will ensure that promoting racial equity and LGBTQIA+ inclusion is not a separate body of work, but central to all of our need areas as we strive to improve community health and wellbeing.

COMMUNITY NEED ADDRESSED #2: HOMELESSNESS & HOUSING INSTABILITY

Long-Term Goal(s)/ Vision

A sufficient supply of safe, affordable housing units to ensure that all people in the community have access to a healthy place to live and access to supportive services.

Table 2. Strategies and Strategy Measures for Addressing Homelessness & Housing Instability

Strategy	Population Served	Strategy Measure	Baseline	2026 Target
1. Support the development of affordable housing stock, including permanent supportive housing units	Chronically homeless and very low-income individuals and older adults	# of units supported through financial investment	144 permanent supportive housing units	184 permanent supportive housing units

2. Support the launch of a housing advocacy organization to promote effective housing policy to increase the supply, affordability, and diversity of homes	Low-income individuals, families, older adults, Latine, and people experiencing homelessness	# of housing policies # of units supported through advocacy	New Work - Baseline to be defined in CY24	Commit to fund CBOs focused on housing policy advocacy and increase endorsements related to housing policy and supply
3. Invest in respite shelter services supported with CARE Network complex care management	Individuals experiencing homelessness who are being discharged from local hospitals and need respite services	# of clients served # of total bed nights # of clients permanently housed from respite	38 clients served 1798 bed nights 12 clients housed	Increase by 10% Increase by 10% Increase by 3
4. Administer community grants to expand supportive services for those experiencing or at risk of homelessness	Individuals experiencing or at risk of experiencing homelessness, including older adults, and the Latine community	# of grants administered	2 grants administered	4 grants administered
5. Enhance CARE Network outreach at the South Napa Shelter and enhance CARE Network care management services at supportive housing locations	Individuals experiencing or at risk of homelessness	# of outreach contacts # of locations	New Work - Baseline to be defined in CY24 3 locations	 6 locations

Evidence Based Sources

National Institute for Medical Respite Care

National Health Care for the Homeless Council

Healthy People 2030 Housing and Homes

Resource Commitment

Queen of the Valley Medical Center will commit staff time from its Community Health department, community grants and restricted funding from its Care for the Poor budget. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for an increased supply of affordable housing.

Key Community Partners

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 partner with the following organizations to address this need:

- Abode Services
- Buckelew Programs
- Catholic Charities
- City of Napa Housing Division
- Gasser Foundation
- Generation Housing
- Jamboree Housing
- Napa County Housing and Homeless Services
- Napa County Housing Coalition
- NEWS
- UpValley Family Centers

COMMUNITY NEED ADDRESSED #3: BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER

Long-Term Goal(s)/ Vision

Ensure equitable access to high quality, culturally responsive, and linguistically appropriate mental health and substance use disorder services, especially for populations with low incomes.

Table 3. Strategies and Strategy Measures for Addressing Mental Health and Substance Use Disorder

Strategy	Population Served	Strategy Measure	Baseline	2026 Target
1. Increase local capacity to provide culturally appropriate mental health services	All of Napa County especially medically compromised, older adults, Spanish speaking residents, and new moms	# contacts through CARE Network	163 sessions	Increase by 25%
		# contacts through Perinatal Emotional Wellness	580 sessions	Increase by 10%
		# contacts through Healthy Minds Healthy Aging	407 sessions	Increase by 10%

2. Increase support to Emergency Department patients with substance use disorders	Patients cared for in the Emergency Department who desire treatment for substance use disorders	# of SUN encounters # of Narcan units distributed	267 encounters New Work - Baseline to be defined in CY24	Increase by 20%
3. CARE Network to enhance the continuum of care increasing identification, screening, and access to mental health and SDOH services for Emergency Room Latine patients	Latine patients in the Emergency Room	# of encounters # of patients screened for MH with PHQ4 # of patients screened for SDOH	385 encounters 244 patients screened 306 patients screened	Increase by 10% Increase by 10% Increase by 10%
4. CARE Network to increase percentage of enrolled ECM clients who are screened with the PHQ9	Eligible Partnership HealthPlan members	% of CN ECM clients screened with PHQ9	85% of ECM clients screened	90% of ECM clients screened
5. Administer community grants to enhance resources to expand prevention, education, and intervention of behavioral health services	All Napa County residents especially Older Adults, Latine residents, and the Youth	# of grants administered	2 grants administered	4 grants administered

Strategies highlighted in blue indicate a focus on addressing Racial Equity and LGBTQIA+ Inclusion

Evidence Based Sources

SAMHSA - Substance Abuse and Mental Health Services Administration

Prevention Institute

Board of Behavioral Sciences (BBS)

NAMI: National Alliance on Mental Illness

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. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for increased access to mental health and substance use care with focused community-based solutions.

Key Community Partners

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 partner with the following organizations to address this need:

- Archway Recovery Services
- Buckelew Programs
- Communicare+OLE
- COPE
- Mentis
- Napa County HHS Behavioral Health Division
- Napa County Narcan Taskforce
- Napa County Suicide Prevention Council
- Napa Opioid Safety Coalition
- Puertas Abiertas

COMMUNITY NEED ADDRESSED #4: ACCESS TO HEALTH CARE & DENTAL SERVICES

Long-Term Goal(s)/ Vision

To ease the way for all people to access the appropriate level of care at the right time.

Table 4. Strategies and Strategy Measures for Addressing Access to Health Care & Dental Services

Strategy	Population Served	Strategy Measure	Baseline	2026 Target
1. Build a Network of bilingual bicultural Birth Doulas in Napa County	Uninsured and underinsured Latine women, MediCal population	# of Partnership HealthPlan of California contracted and credentialed birth doulas in Napa County	3 Partnership HealthPlan of CA contracted birth doulas	12 Partnership HealthPlan of CA contracted birth doulas
2. Identify transgender care service gaps, and specific service needs, to increase access to local transgender care.	All Napa County residents	Develop partnerships to meet identified gaps	Discussions to be initiated	Collaborative in place
3. Provide early oral health screening, prevention, treatment, and education to low-income children; complete dental care	Low-income, uninsured, and under-insured individuals age 6 months	# of oral health screenings # unduplicated patients	175 encounters 1678 patients	Increase by 20% Increase by 10%

delivery, including checkup, treatment, and oral health education for patient/parent	to 26 years of age	# of clinic services % of patients returning within 6 months to 1 year	5004 services 88% of patients	Increase by 10% 90%
4. Increase access to specialty care including HIV care, diagnostic screenings, and procedures	Low-income and/or uninsured Napa County residents	# of HIV clinic contacts # of Napa County residents served through Operation Access # of diagnostic and surgical services provided to Napa County residents through Operation Access	168 encounters 123 encounters 186 services	Commit to continue the provision of these services to the benefit of the community
5. Maintain number of CARE Network clients enrolled in Enhanced Care Management (ECM)	Eligible Partnership HealthPlan members	# unduplicated enrolled ECM clients	161	Commit to continue the provision of these services to the benefit of the community

Strategies highlighted in blue indicate a focus on addressing Racial Equity and LGBTQIA+ Inclusion

[Evidence Based Sources](#)

[Healthy People 2030 Health Care Access and Quality](#)

[Health Equity IHI Institute for Healthcare Improvement](#)

[Health Equity CDC](#)

[Resource Commitment](#)

Queen of the Valley Medical Center will commit caregiver time, provide grants to local community partners, and facilitate funding from various health system sources. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for improvements in access to care.

Key Community Partners

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 partner with the following organizations to address this need:

- Communicare+OLE
- COPE Family
- Napa County HHSA
- Napa County Office of Education
- Napa Valley Unified School District
- Operation Access
- Partnership HealthPlan of California
- Providence Medical Group

COMMUNITY NEED ADDRESSED #5: ECONOMIC STABILITY

Long-Term Goal(s)/ Vision

Increase economic stability for populations with low incomes.

Table 5. Strategies and Strategy Measures for Addressing Economic Security

Strategy	Population Served	Strategy Measure	Baseline	2026 Target
1. Administer community grants to support and build capacity to fresh, nutritious, culturally, and/or medically appropriate food	Latine residents	# of grants administrated	New Work – Baseline to be defined in CY24	Commit to continue the provision of these services to the benefit of the community
	Low income	# of food distribution encounters		
	Older Adults	# of food distribution sites among community partners		
2. Administer community grants to support and build capacity to accessible and affordable transportation	Latine residents	# of grants administrated	1 grant administered	3 grants administered
	Low income			
	Older Adults	# of total rides	1000	Increase by 25%

3. Administer community grants to support and build capacity of local emergency funds for basic needs	Low income and Latine residents	# of grants administrated	New Work – Baseline to be defined in CY24	Commit to the provision of these services to the benefit of the community
---	---------------------------------	---------------------------	---	---

Strategies highlighted in blue indicate a focus on addressing Racial Equity and LGBTQIA+ Inclusion

Evidence Based Sources

Healthy People 2030 Economic Stability

Centers for Disease Control and Prevention – Economic Security

Feeding America

Resource Commitment

Queen of the Valley Medical Center will commit caregiver time, provide grants to local community partners, and facilitate funding from various health system sources. In partnership with Providence Government and Public Affairs division, local CHI leaders will advocate for accessible and affordable services to meet basic needs.

Key Community Partners

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 partner with the following organizations to address this need:

- Live Healthy Napa County
- Napa Farmers Market
- Napa County Safety Food Network
- UpValley Family Centers
- Napa Valley Community Organizations Active in Disaster
- Molly’s Angels
- NEWS

Other Community Benefit Programs

Table 6. Other Community Benefit Programs in Response to Community Needs

Initiative (Community Need Addressed)	Program Name	Description	Population Served (Low Income, Vulnerable or Broader Community)
1. Racial Equity	Latines Lead Napa Initiative	The Latines Lead Napa initiative will increase the capacity of community and government systems to partner with Latine community members, build Latine residents’ capacities and abilities to co-create system improvements and advocate for policy change.	Low-income, Vulnerable, Latine Community
2. Racial Equity	Parent University	Napa Valley Parent University addresses the long-term economic, social, and academic impacts local Latine families face following the multiple natural disasters, the pandemic, and decades of inequity. NVPU equips parents to become more involved in their children’s education through more than 50 classes surrounding family literacy, wellness, financial health, housing, and parent leadership.	Low-income, Vulnerable, Latine Community
3. Racial Equity and Mental Health	Healthy for Life	A school-based wellness program at 7 Title 1 schools in Napa County is designed to increase physical activity, improve self-esteem, and promote healthy behaviors.	Low Income or Vulnerable
4. Access to Health Care	Perinatal Education	The community is invited to take part in both virtual and in-person perinatal classes in both English and Spanish.	Broader Community
5. Homelessness & Housing Instability, Behavioral Health & Substance Use Disorder, Access to Health Care & Dental Services, and Economic Security	CARE Network	CARE Network is a mission driven no cost program serving highly vulnerable individuals through intensive, community-based medical and psychosocial care management. Services are provided to Napa County residents with complex health, behavioral, and social challenges.	Low Income or Vulnerable

Strategies highlighted in blue indicate a focus on addressing Racial Equity and LGBTQIA+ Inclusion

2024- 2026 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Community Benefit Committee of the hospital on April 18, 2024. The final report was made widely available by May 15, 2024.

DocuSigned by:

4/19/2024

Date
Scott Ciesielski
Chief Administrative Officer
Providence Queen of the Valley Medical Center

DocuSigned by:

4/19/2024

Date
Greg Bennett
Chair, Community Benefit Committee
Providence Queen of the Valley Medical Center

DocuSigned by:

4/22/2024

Date
Kenya Beckmann
Chief Philanthropy and Health Equity Officer
Providence, South Division

DocuSign Envelope ID: E4D2927B-EC58-427D-A243-D77355204326

CHNA/CHIP Contact:

Teresa Smith
Programs Manager Community Health
3448 Villa Lane Suite 102, Napa, CA 94558
Teresa.Smith@Providence.org

To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CHI@providence.org.