



**QUEEN OF THE VALLEY MEDICAL CENTER
2014 Community Health Assessment Report**



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EXECUTIVE SUMMARY

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

Community Benefit is characterized as programs or activities that promote health and healing in response to identified community needs. In order to accurately define community need, we conduct a Community Health Needs Assessment (CHNA) every three years. Since 2006, St. Joseph Health, Queen of the Valley Medical Center (SJH-QV) has participated in a collaborative approach to the triennial CHNA. In 2012 Napa County hospitals, Napa County Public Health, health clinics and others re-formed this collaborative with the intent to cast a much wider net to include three different comprehensive needs assessments and a larger and more diverse stakeholder representative group.

This new collaborative, Live Healthy Napa County (LHNC) is comprised of a public-private partnership bringing together, among others, representatives not just from health and healthcare organizations, but also from business, public safety, education, government and the general public to develop a shared understanding and vision of a healthier Napa County.

As part of this comprehensive CHNA, three community assessments were conducted.

- The Community Themes, Strengths, and Forces of Change Assessment (chapter 2, pages 9-34)
- A Local Public Health System Assessment (chapter 3, pages 37-48)
- The Community Health Status Assessment (chapter 4, pages, 49 -97)

The methodology, findings and results of these assessments are detailed in their respective chapters of the CHNA noted above.

MISSION, VISION, AND VALUES

Our Mission

to extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision

We bring people together to provide compassionate care, promote health improvement, and create healthy communities.

Our Values

The four core values of St. Joseph Health -- Service, Excellence, Dignity, and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

INTRODUCTION – WHO WE ARE AND WHY WE EXIST

For over fifty years St. Joseph Health Queen of the Valley (SJH-QV) has been a vital resource and integral part of the Napa Valley community. A full-service acute care 191 bed medical center, SJH-QV employs approximately 1,368 employees. The medical center is located within the City and County of Napa, and is the major diagnostic and therapeutic medical center for Napa County and the surrounding region. Services include the county's only Level III Trauma Center and neonatal intensive care unit. SJH-QV is committed to community wellness and is one of the first acute care providers to successfully develop and implement a medical fitness center, Synergy, in the Wellness Center on the medical center campus. Other medical specialties include;

- Robotic Surgery
- Cancer Center
- Heart Center
- Maternity / Infant Care
- Neurosciences
- Orthopedics
- Rehabilitation Services
- Women's Services
- Imaging Services
- Wound Care Clinic

As a member hospital of St. Joseph Health, a ministry founded by the Sisters of St. Joseph of Orange, Queen of the Valley devotes resources to outreach activities and services that help rebuild lives and care for the underserved and disadvantaged. We recognize and embrace the social obligation to create, collaborate on and implement programs that address identified needs and provide benefits to the communities we serve. Partnerships we've developed with schools, businesses, local community groups and national organizations allow us to focus tremendous skills and commitment on solutions that will have an enduring impact on our community. Based on identified community needs, SJH-QV provides and/or supports an extensive matrix of well-organized and coordinated community benefit service programs and activities addressing issues such as obesity, mental health, chronic disease management, dental health, education and empowerment, access to food, housing, and health care.

ORGANIZATIONAL COMMITMENT

Community Benefit Governance and Management Structure

The St. Joseph Health Queen of the Valley Board of Trustees and Administration take an active and informed role in the development and oversight of the Community Benefit Strategic Plan, programs and initiatives. Meeting nearly monthly (8 months in FY13), the Community Benefit Committee (CBC) is composed of trustees, the SJH-QV CEO, executive management, physicians, and community representatives, and is staffed by SJH-QV Community Outreach employees. The CBC serves as an extension of the Medical Center's Board of Trustees and is charged with overseeing and directing SJH-QV's Community Benefit activities including: budgeting decisions, program content, geographic/population targeting, program continuation/termination, fund development support and community wide engagement. In addition, community benefit plans, processes and programs reflect both the SJH strategic system and entity goals and objectives.

St. Joseph Health Queen of the Valley demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and Executive Director for Community Outreach are responsible for coordinating implementation of California Senate Bill 697 and community benefit provisions related to The Patient Protection and Affordable Care Act imposing new requirements on non-profit hospitals. In addition, this team provides the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and carrying out the Community Benefit Plan.

The Community Benefit Management Team provides orientation for all new Medical Center employees and physicians on Community Benefit programs and activities, including opportunities for participation. Key opportunities for SJH-QV employee participation in community benefit activities for FY 2013 included: cooking and serving monthly soup kitchen meals; employee blood drives; migrant worker health fairs, Gang Tattoo Removal Program, American Cancer Society Relay for Life; and “Operation with Love from Home” sending care packages to military troops serving abroad.

Community

Description of Community Served

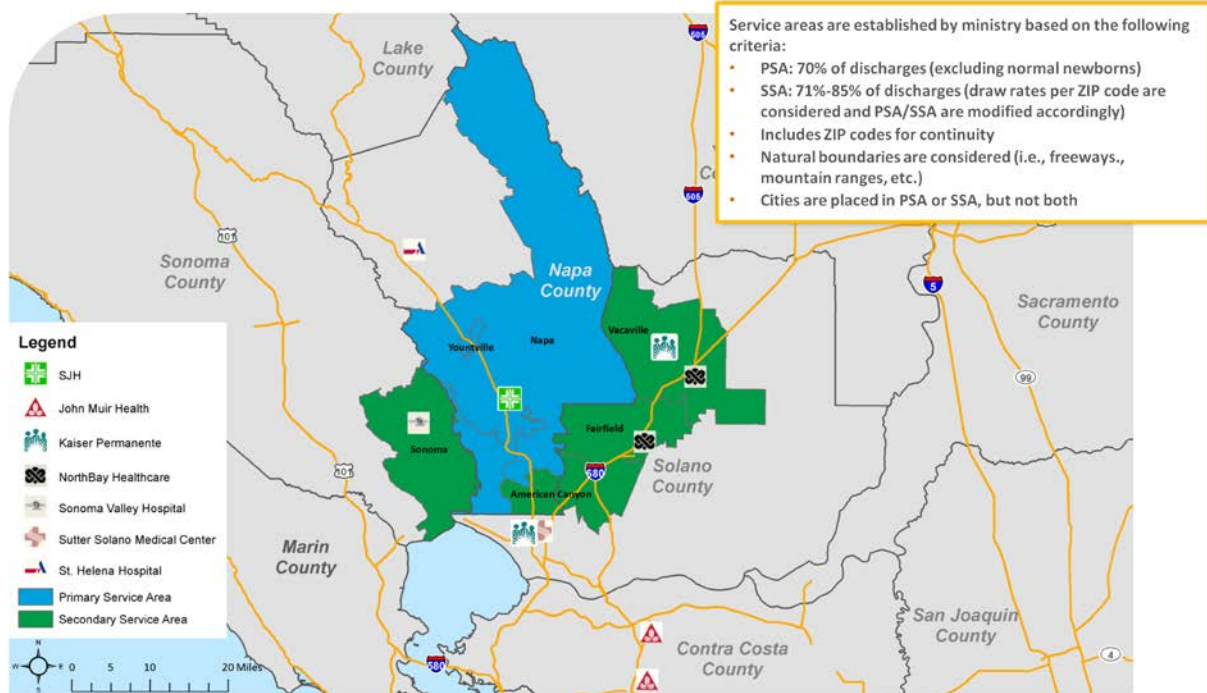
In order to fully appreciate the findings of the comprehensive CHNA, it is important to first understand the basic geography and demographics of Napa County. Located 50 miles northeast of the San Francisco Bay Area, Napa County encompasses approximately 748 square miles and is one of the most renowned agricultural as well as premium wine-producing regions in the world. The wine, vineyard and hospitality industries are the county’s largest. The 2010 census reported Napa County’s population as 136,484. A detailed description of the community served is found in chapter 1 beginning on page 5 of the CHNA.

Queen of the Valley Medical Center’s total service area is the comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the following criteria:

- PSA: 70% of discharges (excluding normal newborns)
- SSA: 71%-85% of discharges (draw rates per ZIP code are considered and PSA/SSA are modified accordingly)
- Includes ZIP codes for continuity
- Natural boundaries are considered (i.e., freeways, mountain ranges, etc.)
- Cities are placed in PSA or SSA, but not both

Service Area

Queen of the Valley Medical Center



Source: OSHPD Inpatient Data Set based on Calendar Year 2009, excludes Normal Newborns (MSDRG 795)

Community Profile

Whereas Queen of the Valley Medical Center's PSA and SSA include locations in Sonoma and Solano counties, the community benefit service area (CBSA) is reflective of areas of greatest need within the County of Napa. Criteria for focus within the County of Napa include data showing 80.95% of SJH-QV patients are Napa County residents; 10.43% are Solano County residents and only 2.56% are Sonoma County residents. Other criteria are based on identified assets within those neighboring counties. Our SJH-Sonoma member hospitals, clinics and community benefit programs serve high need Sonoma County locations. In addition, Solano is served by multiple healthcare facilities; Kaiser Permanente, two NorthBay Healthcare facilities, Sutter Solano Medical Center in addition to community health clinics.

Improving the health of individuals, families, and communities requires a framework that considers all of the conditions in which people are born, grow, live, work and age, including the health system. Chapter 4 of the CHNA (beginning on page 49) takes a comprehensive look at the health status of Napa County, including socioeconomic characteristics and quality of life.

Identifying Community Need

Community Benefit is characterized as programs or activities that promote health and healing in response to identified community needs. Below depict two approaches to define community need; the Community Need Index and the Intercity Hardship Index.

Community Need Index

The Community Need Index (CNI) was developed by Dignity Health and Solucient (an information products company). CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers). Barriers include: Income; elder poverty, child poverty and single parent poverty; Culture, non-Caucasian limited English; Education, % population without HS diploma; Insurance, unemployed and uninsured; and Housing, renting percentage.

CNI demonstrates need at the zip-code level where each zip is assigned a score from 1 (low need) to 5 (high need) for each barrier. For barriers with more than one measure, the average of the measures is used as the barrier score. Once each zip code is assigned a score from 1 to 5 for each of the five barriers, the average score is calculated to yield the CNI.

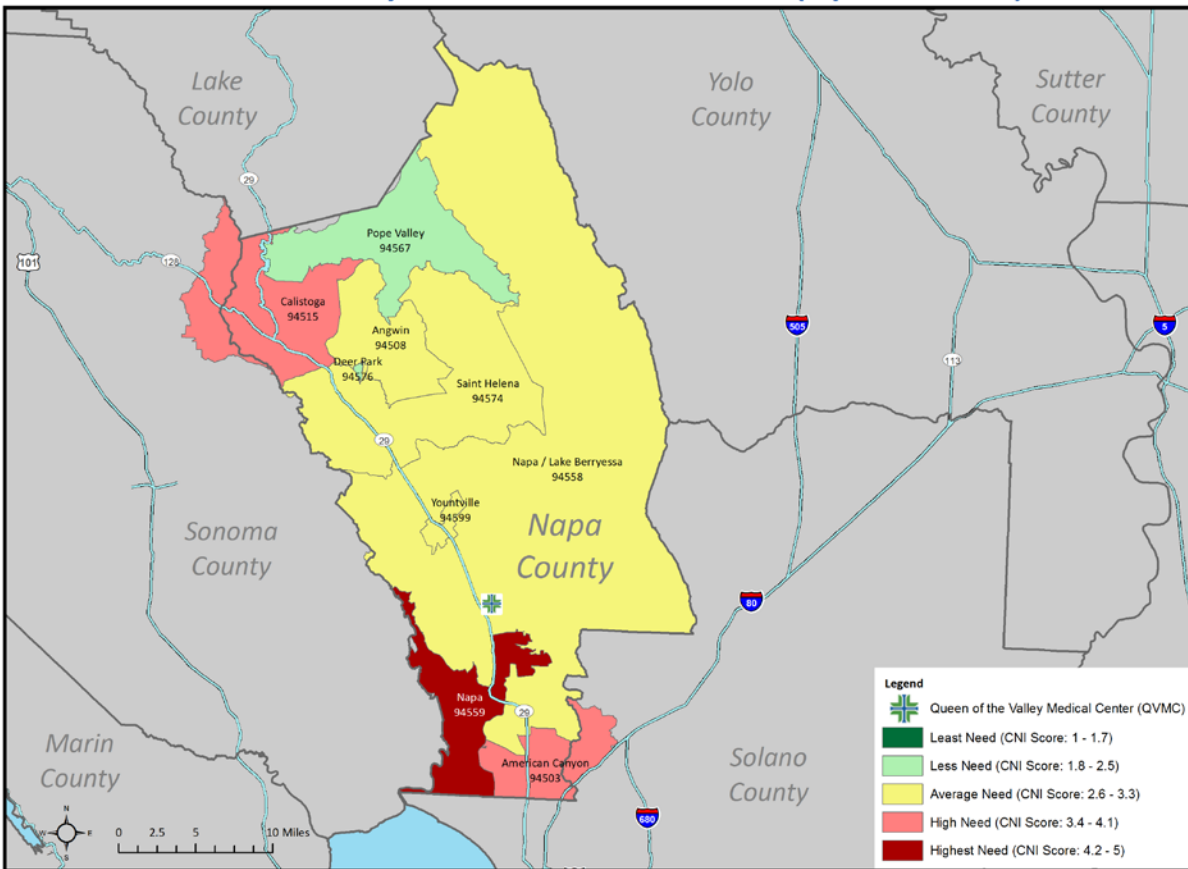
Color-Coded Maps

- Red- Highest Need (IHI Score: 5)
- Pink- High Need (IHI Score: 4)
- Yellow- Average Need (IHI Score: 3)
- Light Green- Less Need (IHI Score: 2)
- Dark Green- Least Need (IHI Score: 1)

The map below depicts the CBSA highlighting those areas of the county where need is greater. The city within Napa County identified as the highest need lies within the city of Napa.

QVMC Napa County Area Need by ZIP Code

QVMC Community Benefit Service Area Need (Zip Code Level)



Map Represents HTSA (Hospital Total Service Area) - Angwin (94508), Callistoga (94515), Deer Park (94576), Pope Valley (94567), and Saint Helena (94574)
 Prepared by the St. Joseph Health Strategic Services Department, May 2014
 Source: Dignity Health

InterCity Hardship Index

The Intercity Hardship Index (IHI) was developed by the Urban and Metropolitan Studies Program at the Nelson A. Rockefeller Institute of Government. It aggregates six socioeconomic indicators that contribute to health disparity: income level (per capita income), crowded housing (% of Households with 7+ people), unemployment (% of those 16 and over without employment), education (% of those 25 and over without a High School diploma), poverty (% of people living below the Federal Poverty Level), dependency (% of the population under 18 years and over 64 years) IHI demonstrates

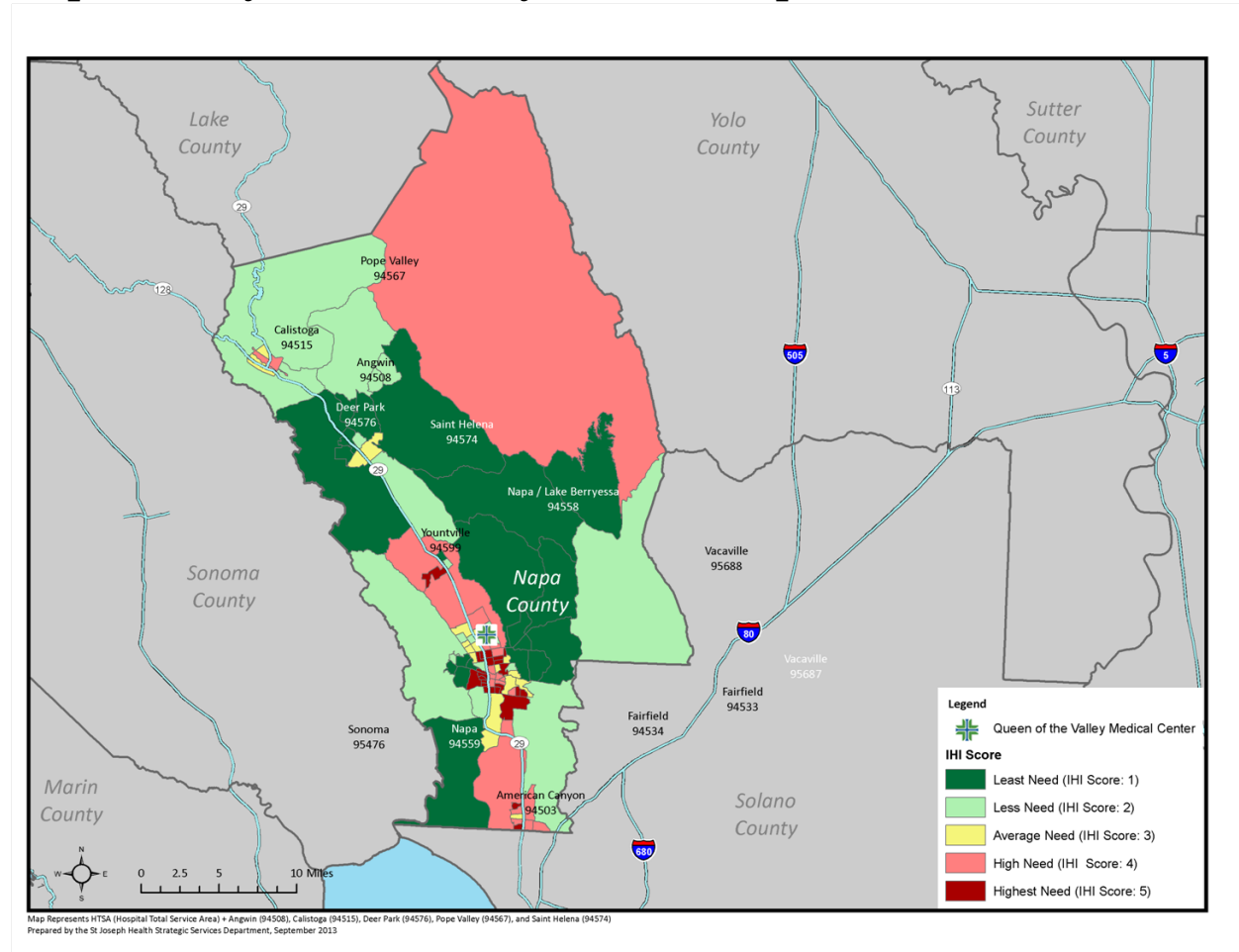
need at the block group level where each block group is assigned a score from 1 (least need) to 5 (highest need) for all indicators

The Intercity Hardship Index is based on *relative* need within geographic area
Color-Coded Maps

- **Red- Highest Need (IHI Score: 5)**
- **Pink- High Need (IHI Score: 4)**
- **Yellow- Average Need (IHI Score: 3)**
- **Light Green- Less Need (IHI Score: 2)**
- **Dark Green- Least Need (IHI Score: 1)**

Below is a map of area need by block group, again showing the largest area of highest need (red) within the CBSA lies within the city of Napa.

Napa County Area Need by Block Group



METHODOLOGY

Analytic Methods

As part of this comprehensive CHNA, three types of community assessments were conducted.

- The Community Themes, Strengths, and Forces of Change Assessment (chapter 2, page 9-36)
- A Local Public Health System Assessment (chapter 3, page 37-48)
- The Community Health Status Assessment (chapter 4, page 49-97)

The methodology, analytic methods, findings and results of these assessments are detailed in their respective chapters of the CHNA noted above.

Priority Setting Process and Criteria

The purpose of the LHNC Steering Committee is to oversee all aspects of the planning design, provide expertise, review findings and provide input into the CHNA. LHNC assessment and planning process is based largely on the Mobilizing for Action through Planning and Partnerships (MAPP) framework—a community-driven strategic planning process for assessing and improving community health.

In the summer of 2012, a core group of approximately 40 Napa County stakeholders were invited to sit on the LHNC Steering Committee to contribute to the development of the CHNA and the Community Health Improvement Plan (CHIP) in the coming year. These individuals were carefully selected to ensure a broad representation of residents, businesses, service providers, policymakers and other entities across the County (refer to chapter 1, page 2-4). Following the completion of the data collection, the Live Healthy Napa Valley Steering Committee met to examine the data, crosscutting challenges, opportunities and themes revealed in the needs assessment in order to develop priority areas for action.

Community Collaboration

The key convening organizations responsible for implementation and oversight of the CHNA, also referred to as the Core Support Team (CST), include representatives from Kaiser Permanente, Napa County Health and Human Services Agency, Napa Valley coalition of Nonprofit Agencies, St. Joseph Health, Queen of the Valley Medical Center (SJH-QV), and St. Helena Hospital.

Two additional planning groups participated in this process, the Steering Committee and the Subcommittees, each representing a cross section of stakeholders in Napa County. For a detailed list of committees as well as the outside planning firms, refer to the CHNA chapter one pages 2 – 4.

Through a facilitated discussion process using small group discussion and prioritizing followed by large group analysis of small group results the Steering Committee identified health issues most important to Napa County.

COMMUNITY NEEDS

This LHNC Committee agreed that an important opportunity exists in Napa County for all health partners—regardless of their own organization’s mission and priorities—to focus on the following 4 priority areas in no particular ranked order.

COMMUNITY HEALTH PRIORITIES
<ul style="list-style-type: none">• Improve Wellness and Healthy Lifestyles<ul style="list-style-type: none">○ Physical health improved○ Mental health improved○ Prevention resources• Address Social Determinant of Health<ul style="list-style-type: none">○ Social and physical environments promote good health for all○ Equitable educational and economic opportunities• Create and Strengthen Sustainable Partnerships for Collective Impact<ul style="list-style-type: none">○ Public health system collaboration○ Community engagement and leadership○ New systems and strategic alliances to focus on policies and practices to address local issues• Ensure Access High Quality Health Services and Social Support<ul style="list-style-type: none">○ All ages will have access to care to achieve optimal health and reach fullest potential○ Health services and social supported are integrated○ Prevention services available to all high risk individuals and families

Community Needs Prioritized

The SJH-QV Community Benefit Committee (a cross section of community leaders, nonprofit sector providers, community members and SJH-QV leadership) discussed and agreed upon specific criteria to be used in ranking these health priorities.

Criteria for Selection of Health Priorities

CRITERIA
<ul style="list-style-type: none">• Builds upon and aligns current programs with identified priority community health needs (Live Healthy Napa Valley) and SJH-QV strategic priorities particularly related to population health and networks of care.• Focuses on most vulnerable and addresses health disparities• Has potential for high impact on issue/individuals• Works upstream: prevention and early intervention• Committed partners and opportunities for linkages with other organizations, institutions and stakeholders• Competency• Engages and empowers those to be served• Important to the community to be served• Is feasible with sufficient resources available to address adequately• Measurable• Align with ASACB Core Principles

Ranking Health Priorities

The SJH-QV Community Benefit Committee had a lengthy discussion of the findings from the Community Health Needs Assessment and the strategic initiatives of the hospital. Following this discussion, members of the Queen of the Valley Community Benefit Committee rank ordered the four health priorities developed by the CHNA Steering Committee. Each member of the committee ranked each priority area as #1 - #4 with #1 as the highest priority. Scores of #1 received 4 points, #2 equaled 3 points, #3 equaled 2 points and #4 equaled 1 point. Weighted scores for each need were calculated by adding the number of points received. The result of this ranking process is as follows:

PRIORITY HEALTH NEED	POINTS
#1 Priority: Improve Wellness and Healthy Lifestyles	61
#2 Priority: Ensure Access to High Quality Health Services and Supports	55
#3 Priority: Address Social determinants of Health	54
#4 Create and Strengthen Sustainable Partnerships for Collective Impact	35

Disproportionate Unmet Health Need Group (DUHN), Key Community Needs, and Assets Summary

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within SJH-QV Service Area.

DUHN GROUPS AND KEY COMMUNITY NEEDS AND ASSETS SUMMARY TABLE		
DUHN Population Group	Key Community Needs	Key Community Assets
Low income children Latino children and their families	Continued access to affordable, quality <u>oral health services</u> including preventive services and education	SJH-QV Mobile Dental Van Sister Anne’s Dental Clinic Head Start WIC
	Prevention and early intervention to improve nutrition, physical activity and <u>prevent obesity</u>	SJH-QV Bilingual community education program Children& Weight Coalition SJH-QV Healthy for Life Program Schools SJH-QV Wellness Center Parent University Family Resource Centers
	Access to affordable <u>healthcare</u>	Children’s Health Initiative First 5 Napa Community Health Clinic Ole
	Reduce <u>educational opportunity gap</u> (social determinant of health): Increase education parental involvement in schools	Title I schools - NVSD Parent University On the Move

DUHN GROUPS AND KEY COMMUNITY NEEDS AND ASSETS SUMMARY TABLE Continued		
DUHN Population Group	Key Community Needs	Key Community Assets
Low income pregnant women particularly women who do not speak English	Access to <u>prenatal education</u> to improve birth outcomes, encourage <u>breastfeeding</u> including number of low birth weight infants	SJH-QV bilingual perinatal education classes Healthy Moms and Babies Linkage to clinical care programs for pregnant women Breastfeeding Coalition
	Access to screening and early intervention for <u>perinatal depression</u>	SJH-QV Perinatal Mood Disorders program Prenatal providers
Low income adults, including Spanish-speaking adults	<u>Chronic disease management</u> : Access to care, support, education and mental health services to improve quality of life and disease management across the care continuum.	SJH-QV Care Network SJH-QV (hospital) Community Health Clinic Ole Family Service of Napa Valley SJH-QV Wellness Center Adult Day Services
	Access to affordable, community-based <u>behavioral health services</u> for depression and other behavioral health issues	Family Service of Napa Valley Clinic Health Ole County Mental Health Services
	Access to affordable <u>dental care</u>	Sister Anne's Dental Clinic
	Access to affordable <u>health care</u>	Community Health Clinic Ole SJH-QV Napa County HHS
Low income seniors	Access to affordable, quality <u>dental care</u>	Sister Anne's Dental Clinic; FQHC
	Access to affordable <u>mental health</u> services including preventive programs	Family Services of Napa valley Area Agency on Aging Adult Day Services County Services for Older Adults
	<u>Chronic disease management</u>	SJH-QV CARE Network Adult Day Services SJH-QV Community Health Clinic Ole Family Service of Napa Valley SJH-QV Wellness Center
	Access to <u>community-based supports for independent living</u>	Area Agency on Aging Community Action Napa Valley County Services for Older Adults In Home Supportive Services Senior Centers Home Health care agencies

PRIMARY DATA

As part of this comprehensive CHNA, primary data were collected through the following processes:

- The Community Themes, Strengths, and Forces of Change Assessment (chapter 2, pages 9-34)
- A Local Public Health System Assessment (chapter 3, pages 37-48)

The methodology, findings and results of these assessments are detailed in their respective chapters of the CHNA as noted above.

Community Input and Summary

Five methods of collecting input from the community were used in the needs assessment process:

- Forces of Change Brainstorming Session
- Community Survey
- Outreach Workshops
- Stakeholder Interviews
- Local Public Health System Assessment (LPHSA) Workgroup Convening

The Forces of Change Brainstorming Session consisted of approximately 60 members divided into small groups to identify the political, cultural, environmental, and social factors that affect health and quality of life in Napa County. The Community Survey and Outreach Workshops were conducted throughout the County in both English and Spanish. In all, 2,383 individuals completed surveys and 300 individuals participated in one of 28 Outreach Workshops (refer to CHNA chapter 2 page 9 – 34 for detailed methodology, findings and results). A total of 16 stakeholder interviews were conducted with key leaders throughout Napa County (refer to CHNA chapter 2, page 34-36 and CHNA appendix pages 21-22). The LPHSA workgroup convened 55 representatives from diverse community organizations and the general public to discuss the current system, including assets, barriers, and opportunities for improvement (refer to CHNA chapter 3, page 37-48 for assessment methodology, results, and findings)

SECONDARY DATA

The CHNA includes a comprehensive review of secondary data sources. CHNA chapter four, beginning on page 49 details data sources, methods and limitations and findings.

Appendix 1: Live Healthy Napa County Steering Committee

Name	Title	Affiliation or Organization
Debbie Alter-Starr, MSW,	Director	Somos Napa
Tanir Ami, MBA	CEO	Community Health Clinic Ole
Keith Behlmer	Lieutenant	Napa County Sheriff's Office
Geni Bennetts, MA, MD	Community Member	Community Member
Kate Benscoter, M.Ed.,	Dean Health Occupations	Napa Valley College
Rejane Brito, MIA	Executive Director	Puertas Abiertas Community
Mary Butler	Chief Probation Officer	Napa County Probation Department
Sara Cakebread	Executive Director	St. Helena Family Center
Nick Challed	On The Verge Program	On the Move
Greg Clark, MPA	Agriculture	Napa County Department of
Sandy Elles	Executive Director	Napa County Farm Bureau
Susan Engle, RN, MSN	Associate Dean	Napa Valley College
Joelle Gallagher	Executive Director	Cope Family Center
Marlena Garcia	Executive Director	ParentsCAN
Hillary Gitelman	Director of Planning	Napa County Planning, Building, &
Jennifer Henn, PhD	Epidemiologist	Napa County Health & Human
Denise Hossom	Project Manager	Calistoga Institute
Eliot Hurwitz	Program Manager -	Napa County Transportation and
Nancy Johnson	Housing and Community	Napa County Housing and
Jennifer Klingbell	President	Angwin Community Council
Tracy Lamb	Executive Director	Napa Emergency Women's Services
Victoria Li	Executive Director	Calistoga Family Center
Terry Longoria	Director	Napa County Office of Education
Peg Maddocks, PhD	Executive Director	NapaLearns
Dawn Marshall	Human Resources	City of St. Helena
Leanne Martinsen	Executive Director	Area Agency on Aging - Serving Napa
Cara Mae McGarry, MPH	Health Educator	Napa County Health & Human
Chris Messina	President & CEO	Napa Chamber of Commerce
Jill Moss, MSN, PHN	Manager Community	St. Joseph Health, Queen of the
Becky Peterson	Member and Community	Napa Valley Vintners
Mike Randolph	Fire Chief	City of Napa Fire Department
Steven Rogers	Town Manager	Town of Yountville
Dana Shigley	City Manager	City of American Canyon
Priscilla J. Silvey, PhD	Liaison	St. John the Baptist Church
Jennifer Stewart, MPA	Assistant Director,	Napa County Office of Education
Sherry Tennyson, Ed.D.	Executive Director	American Canyon Family Resource

Appendix 1 continued - Napa County LHNC Core Support Team

The Napa County LHNC Core Support Team is comprised of seven¹ representatives from St. Joseph Health Queen of the Valley Medical Center, Napa County Health & Human Services Agency, St. Helena Hospital, Napa County Coalition of Nonprofit Agencies, and Kaiser Permanente. The role of the Core Support Team is to oversee all communications and strategic planning, produce goals and objectives, and review workgroup recommendations.

Name	Title	Affiliation or Organization
Dana Codron, RN	Executive Director	St. Joseph Health, Queen of the
Alice Hughey, MA	Assistant Director	Napa County Health & Human
Heidi Merchen, MBA	Public Health Manager	Napa County Health & Human
Jennifer Ring, MPH	Director of Business	St. Helena Hospital
Linda Schulz, MS	Communications Director	St. Helena Hospital
Suzanne Shiff, MA	Executive Director	Napa Valley Coalition of Nonprofit
Karen Smith, MD, MPH	Health Officer/Deputy	Napa County Health & Human
Cynthia Verrett	Community Benefit	Kaiser Permanente

Appendix 2: Community Input

Public Health or Other Departments or Agencies

Organization	Nature of Community Input
Napa County HHS: Public Health Officer	Champion the process Subject matter expert
Napa County HHS: Epidemiologist	Provide analysis of secondary data
Napa County HHS: Data Analyst	Assist with analysis of all data

Community Leaders and Representatives

Organization	Nature of Community Input
American Canyon Family Resource Center	Share observations of needs of local community
Area Agency on Aging	Share observations of needs of the senior population
Calistoga Family Center	Share observations of needs of local community
Community Action Napa Valley	Safety Food Net Homeless Shelters
Cope Family Center	Subject Matter Expert: Child Abuse Prevention, Family Resource Center
Napa Emergency Women's Services (NEWS)	Share observations of needs of women and children suffering from domestic violence
ParentsCAN	Share observations of needs of families with a child with a disability or a special health need
Puertas Abiertas Community Resource Center	Share observations of needs of local community
St. Helena Family Center	Share observations of needs of local community

Appendix 2: Community Input (continued)

Others which Represent the Broad Interests of the Community

Organization	Nature of Community Input
Angwin Community Council	Public policy. Share observations of needs of the Angwin community
Calistoga Institute	Share observations of needs of local community
Cities of American Canyon, Napa, St. Helena, and Town of Yountville	Public policy. Share observations of needs of local community
Community Health Clinic Ole	Share observations of health needs of low-income, under-insured community
Community Members	Share observations of needs of local community
Napa Chamber of Commerce	Business sector. Share observations of needs of the Napa community
Napa County Agriculture	Regulatory, agricultural, and related public policy.
Napa County Farm Bureau	Regulatory, agricultural, and related public policy.
Napa County Office of Education	County wide educational resources, student and teacher services
Napa County Transportation and Planning Agency	Transportation and planning, public policy.
Napa Learns	Early childhood education
Napa Valley College	Share observations of needs of the junior college system and students
Napa Valley Unified School	Share observations of needs of the local school district, students, families and educators
Napa Valley Vintners	Subject matter expert, funder of local nonprofits.
On the Move	Subject matter expert, community building and at risk youth.
Somos Napa / We are Napa	Share observations of needs of local community
St. John the Baptist Catholic Church	Share observations of needs of local parishioners
St. Joseph Health, Queen of the Valley Medical Center	Subject matter expert; major provider of health care through acute and outpatient services.

Appendix 2: Community Input (continued)

Contracted Third Party

Name	Identity	Qualifications
Harder+Company Community Research	A comprehensive social research and planning firm.	Harder+Company Community Research began in 1986. Their expertise spans a wide range of social impact areas including healthcare, social services, community development, educational achievement arts and culture, and violence prevention.
MIG, Inc	MIG focuses on planning, designing and sustaining environments that support human development.	MIG principals have long histories of success in their disciplines and work collaboratively to provide hands-on experience for each project, ensuring unique and successful results on time and on budget.

Appendix 3: Healthcare Facilities within Service Area

Name	Address	Description of Services Provided
FQHC Community Health Clinic Ole	1141 Pear Tree Ln #100 Napa	Primary and Preventative Medical Care Behavioral Health Services Dental Care
St Joseph Health Queen of the Valley	1000 Trancas Street Napa	Acute Care Hospital Outpatient Services Community Benefit Services Mobile Dental Services
St. Helena Hospital	10 Woodland Road St. Helena	Acute Care Hospital Inpatient Behavioral Health
Kaiser Permanente Clinic	3285 Claremont Way Napa	Primary Care Specialty Services and Pharmacy
Napa County Health and Human Services	2261 Elm Street Napa	Mental Health Public Health Alcohol and Drug Services Self Sufficiency Services
Veterans Home of California Yountville	100 California Drive Yountville	Residential Care Intermediate Care Skilled Nursing Care Memory Care Center
Napa State Hospital	2100 Napa Vallejo Hwy Napa	Acute Psychiatric Skilled Nursing Facility Intermediate Care Facility

Appendix 4: Ministry Community Benefit Committee Roster

Name	Title	Affiliation or Organization
Arata, Dorothy	Retired Business Owner	Storks Garage
Dorame, Diana ESQ	Executive Director	Legal Aid of Napa Valley
Dugan, Sr. Judith CSJ	Director	CSJ Educational Network
Dwyer, Dan	Regional VP Mission Integration	St. Joseph Health Queen of the Valley
Farver, Ed	General Manager	Jackson Family Wines
Fergus, Sr. Judith CSJ	Director Mission Services	St Joseph Health System
Gonsalves, Terry	Retired	Napa Police Department
Hayhurst, Sr. Patricia CSJ	Spiritual and Academic Curriculum Writer	Sisters of St Joseph Network Catholic Schools
Hewitt, Con	Financial Consultant	Consulting
Hitchcock, Donald MD	Medical Director	SJH-QV Community Outreach
Jones, Br. Thomas FSC	Religious Educator	DeLaSalle Institute
Krumpin, Tracy	Senior Field Representative	Senator Lois Wolk, 3 rd District
Macklin, Sharon	Senior Field Representative	Assemblymember, Mariko Yamada
Manson, Christopher	Regional Director	Northern CA Advocacy/Government Relations & Public Policy
Melton, Richard	Police Chief	Napa Police Department
Mickens, Walt	President & CEO	St. Joseph Health QVMC
Nothmann, Andrew C. MD	Family / Emergency Medicine	St. Joseph Health QVMC
Pedisish, Dennis	Bank President	Rabobank, N.A.
Sassus, Sr. Suzanne CSJ	SVP Sponsorship	St Joseph Health
Sheehan-Brown, Sally	Executive Director	First 5 Napa County
Smith, Karen MD, MPH	Health Officer / Deputy	Director for Public Health
Townsend, Colleen MD	Physician, Clinic Ole'	Chief Medical Officer
Weiss, Robert	Executive Director	Family Service of Napa Valley

Appendix 5: Live Healthy Napa County CHNA

<http://www.countyofnapa.org/LHNC/>