



St. Joseph Hospital

**Fiscal Year 2015 COMMUNITY BENEFIT REPORT
PROGRESS ON FY15 - FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT**

St. Joseph Health 
St. Joseph Hospital

TABLE OF CONTENTS

EXECUTIVE SUMMARY

MISSION, VISION AND VALUES

INTRODUCTION – WHO WE ARE AND WHY WE EXIST

ORGANIZATIONAL COMMITMENT

Community Benefit Governance and Management Structure

PLANNING FOR THE UNINSURED AND UNDERINSURED

COMMUNITY

Defining the Community

COMMUNITY NEEDS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs and Assets Assessment Process and Results

Identification and Selection of DUHN Communities

Priority Community Health Needs

COMMUNITY BENEFIT PLANNING PROCESS

Summary of Community Benefit Planning Process

Addressing the Needs of the Community:

FY15 – FY17 Key Community Benefit Initiatives and Evaluation Plan

Other Community Benefit Programs and Evaluation Plan

FY15 COMMUNITY BENEFIT INVESTMENT

Telling Our Community Benefit Story: Non-Financial¹ Summary of Accomplishments

Governance Approval

¹ Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.

EXECUTIVE SUMMARY

St. Joseph Health, St. Joseph Hospital is an acute-care hospital founded in 1920 by the Sisters of St. Joseph of Orange and is located at Eureka, California. The facility has 146 licensed beds, and a campus that is approximately 11.5 acres in size. St. Joseph Hospital has a staff of 1296 and professional relationships with more than 272 local physicians. Major programs and services include cardiac care, critical care, diagnostic imaging, emergency medicine, cancer program and obstetrics, as well as community-based programs and resource centers focused on prevention, outreach, care coordination and community building.

St. Joseph Hospital provides healthcare for all residents of Humboldt County, parts of Del Norte, Trinity and Mendocino Counties; all of which have high rates of citizens with disproportionate unmet health needs. The community benefit activities and priorities address the needs of the most isolated, underserved areas of these counties and the populations living in them.

St. Joseph Hospital provided \$5,211,860 in community benefit activities in FY15 and an additional \$23,285,354 for the unpaid cost to Medicare.

Overview of Community Needs and Assets Assessment

St. Joseph Hospital completed a needs assessment in 2014 in partnership with the Humboldt County Department of Health and Human Services, Public Health Branch, and Redwood Memorial Hospital.

This Community Health Needs Assessment was developed to organize and summarize primary data and existing secondary data collected from a broad spectrum of community resources and citizens of Humboldt County. The ultimate goal of the needs assessment is to provide a tool (a meta-analysis) for the community that shows the priority areas of concern across the continuum of delivery systems.

Community input was provided in a multitude of ways, including six regional focus groups done in collaboration with Public Health and Redwood Memorial Hospital during September and October 2013. Residents in geographically diverse communities of Humboldt County were asked to provide feedback on current needs in their community. Additionally, an adjunct focus group was done with the local *Promotores de Salud* (Community Health Workers) to learn about health needs specific to the Latino population in Humboldt County. Also at this time, FIRST 5 HUMBOLDT was conducting their annual survey of program participants and agreed to include questions on nutrition and food security. More than forty assessments, reports, and documents were used for this meta-analysis of community need. Nearly all of these reports included community input in the form of questionnaires, interviews, focus groups or town hall meetings.

Community Plan Priorities/Implementation Strategies

In FY15, we made substantial progress on our three Community Benefit priorities. Below is a brief list of accomplishments in each of the three areas:

- Nutrition, Healthy Food and Food Security
 - We granted \$95,000.00 to ten organizations through our annual Care for the Poor Community Grants to address needs related to providing healthy food to individuals facing food insecurity (in partnership with Redwood Memorial Hospital)
 - 44.6% increase in CalFresh beneficiaries since 2010 - St. Joseph Hospital has participated in the county-wide effort to increase enrollment in CalFresh in order to increase access to fresh produce and nutritious foods for low income families and individuals
 - 21 free community dinners/events featuring fresh produce and nutritious foods hosted by St. Joseph and Redwood Memorial hospitals' community benefit programs
- Mental and Behavior Health Services
 - Participation in May is Mental Health Awareness Month with the goal of increasing awareness of and reducing stigma associated with mental illness
 - Participation in the Behavioral Health Integration Network planning grant with community partners
 - Support access to mental health services for underserved mono-lingual Spanish speakers via USC TeleHealth counseling and advocacy
- Care Coordination and Referral
 - Community collaboration around Emergency Department Super Utilizers includes:
 - 28 new or updated care plans for super utilizers – now flagged in the electronic medical record
 - Attendance at the Super Utilizer conference in Philadelphia
 - Weekly care coordination community huddles and twice monthly care improvement meetings
 - 6.7% 30-day readmission rate for patients served by the Behavioral Health Outreach RN who supports high acuity BH discharges to skilled nursing facilities; FTE increased from .5 to 1.0

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

As a ministry founded by the Sisters of St. Joseph of Orange, St. Joseph Hospital lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out “the Dear Neighbors” and minister to their needs.

The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28 bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

St. Joseph Hospital has been meeting the health and quality of life needs of the local community for over 95 years. Serving the communities of the North Coast, St. Joseph Hospital is an acute care hospital that provides quality care in the areas of cardiac care, critical care, diagnostic imaging, emergency medicine, cancer program and obstetrics, as well as community-based programs and resource centers focused on prevention, outreach, care coordination and community building. With over 1250 employees committed to realizing the mission, St. Joseph Hospital is one of the largest employers in the region.

St. Joseph Hospital provides healthcare for all residents of Humboldt County, parts of Del Norte, Trinity and Mendocino Counties; all of which have high rates of citizens with

disproportionate unmet health needs. The community benefit activities and priorities address the needs of the most isolated, underserved areas of these counties and the populations living in them.

St. Joseph Hospital provided \$5,211,860 in community benefit activities in FY15 and an additional \$23,285,354 for the unpaid cost to Medicare.

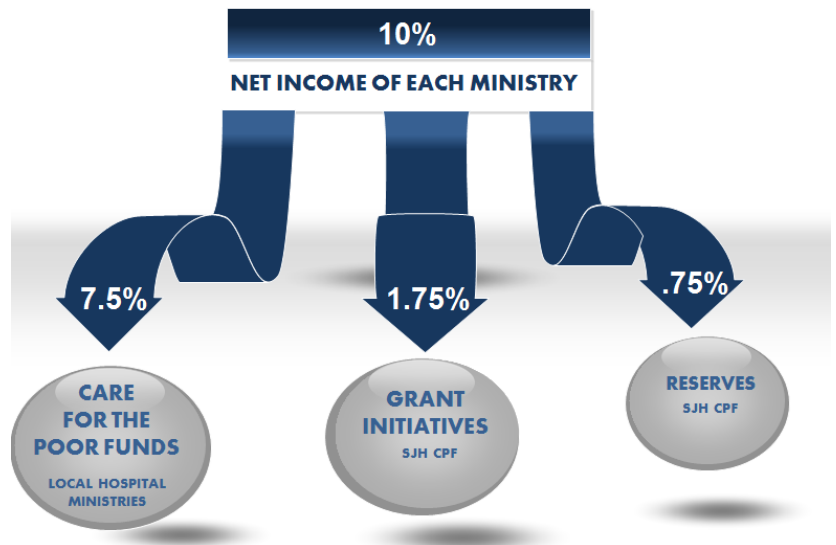
ORGANIZATIONAL COMMITMENT

St. Joseph Hospital 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 underserved.

In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Each year St. Joseph Hospital allocates 10% of its net income (excluding unrealized gains and losses) to the St. Joseph Health Community Partnership Fund. (See Figure 1). 7.5% of the contributions are used to support local hospital Care for the Poor programs. 1.75% is used to support SJH Community Partnership Fund grant initiatives. The remaining .75% is designated toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.

Figure 1. Fund distribution



Furthermore, St. Joseph Hospital will endorse local non-profit organization partners to apply for funding through the [St. Joseph Health Community Partnership Fund](#). Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Health hospitals' service areas.

Community Benefit Governance and Management Structure

St. Joseph Hospital further 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 Area Director of Community Benefit are responsible for coordinating implementation of California Senate Bill 697 provisions and

Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Community Benefit (CB) Management Team provides orientation for all new Hospital employees on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the St. Joseph Hospital Community Benefit Committee. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes four members of the Board of Trustees and eight community members/ hospital leaders. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets quarterly.

PLANNING FOR THE UNINSURED AND UNDERINSURED

Patient Financial Assistance Program

We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Joseph Hospital has a **Patient Financial Assistance Program (FAP)** that provides free or discounted services to eligible patients. In FY15, St. Joseph Hospital, provided \$1,491,256 in charity care with 4,674 encounters.

One way St. Joseph Hospital 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 as well as 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.

Medicaid and Other Means-Tested Government Programs

St. Joseph Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California, and other means-tested government programs.

In FY15, St. Joseph Hospital, provided \$14,829,755 in Medicaid shortfall with 46,361 Medicaid participants served; however, total Medicaid shortfall was \$447,732 net of hospital quality assurance fee.

COMMUNITY

Defining the Community

St. Joseph Hospital provides North Coast communities with access to advanced care and advanced caring. The hospital is located on the far north coast in Humboldt County - one of the largest counties in California by geography, covering 3,568 square miles. The county is densely forested, mountainous and rural with nearly 1.5 million acres of combined public and private forests. A large portion - 680,000 acres – of redwood forests are protected or strictly conserved. The county is the southern gateway to the Pacific Northwest and is surrounded by Del Norte County to the north, Trinity County to the east, Mendocino County to the south and the Pacific Ocean on the west. The county was established in May of 1853 and derives its name from Humboldt Bay, discovered by a sea otter hunting party in 1806 and rediscovered in 1849, and the state's second largest natural bay.

The county has a population of 136,375 or 38.2 people per square mile. Neighboring, Trinity County, population 13,526 has only 4.3 people per square mile (covering 3,179 square miles). California averages 239.1 residents per square mile and classifies rural counties as up to 52 residents per square mile. Humboldt County is classified as a rural county and Trinity County is considered frontier, based on this people per square mile average.

Seven percent of Humboldt County households are living below the federal poverty level, which is higher than both the state and national level. In some pockets of Humboldt County, more than a quarter of households are living in poverty. The region's economically poor residents have been severely impacted by the recession and the elimination of programs and services that local governments are no longer able to fund. The growing gap in needed services has placed at risk the health of thousands of underserved individuals and families.

Health insurance options for local residents have increased with MediCal expansion and opening of the State health insurance exchange, Covered California. However, the county lacks providers to care for the regions' newly insured. Humboldt County is designated as a Health Professional Shortage Area and a Medically Underserved Area. Attracting and retaining primary care and specialty physicians as well as other health professionals is an ongoing challenge for this rural community.

Access to affordable healthcare and basic needs has elevated to a critical level for people living in Humboldt County. To respond effectively requires collaborative problem solving at the community level. Nonprofit health providers – large and small – must work together to leverage resources and maximize health assets in innovative ways to restore what has been lost, enhance what still exists and ensure sustainable health programs and services are available over the long-term to populations that need them the most. Community-based collaboration has been a priority for Humboldt County nonprofit organizations, and will continue to drive this hospital's community benefit efforts in the future.

Hospital Total Service Area

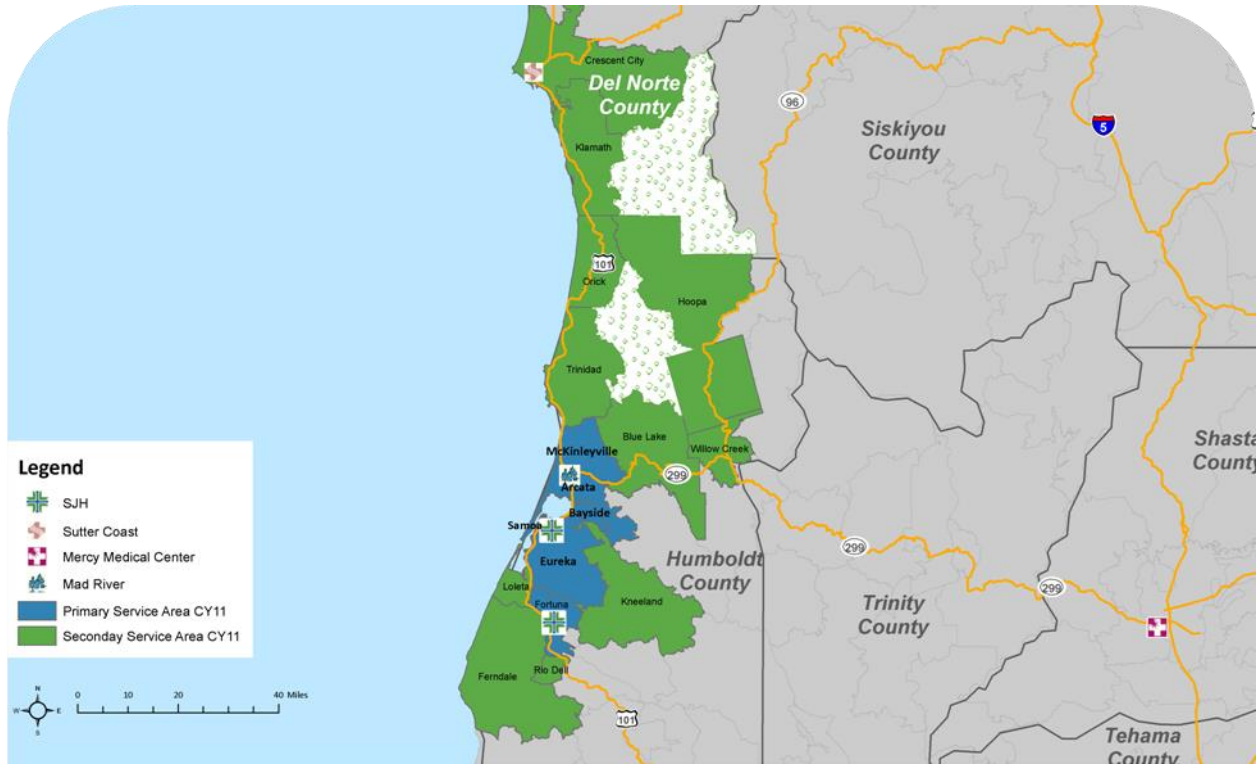
The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients. The Hospital Total Service Area is comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the following criteria:

- PSA: 70 percent of discharges (excluding normal newborns)
- SSA: 71 percent-85 percent 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

The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate. The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside. The PSA is comprised of Eureka, Arcata, McKinleyville, Bayside, Samoa and Fortuna. The SSA includes Trinidad, Blue Lake and Northern Humboldt County, Klamath and Crescent City as well as Ferndale, Rio Dell, Loleta and Kneeland.

Figure 2 (below) depicts the Hospital's PSA and SSA. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 2. St. Joseph Hospital Total Service Area



Community Need Index (Zip Code Level) Based on National Need

Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics developed the Community Need Index (CNI). The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

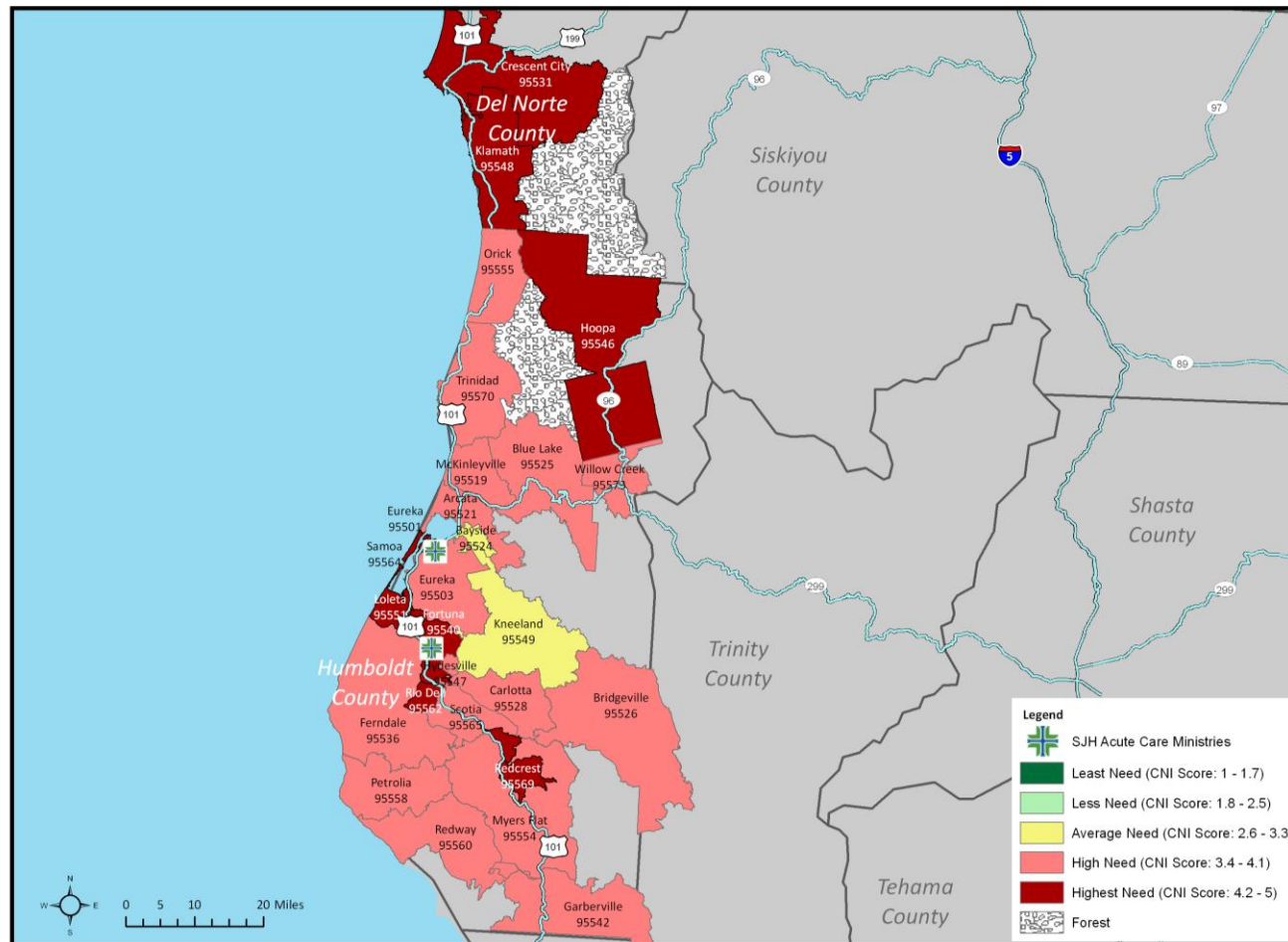
- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (percent population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);
- Housing Barriers (Housing, renting percentage).

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. (Ref (Roth R, Barsi E. *Health Prog.* 2005 Jul-Aug; 86(4):32-8.) The CNI is used to draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

For example, the ZIP code 95551 (Loleta) on the CNI map is scored 4.4 making it a Highest Need community. Almost all of Del Norte and Humboldt Counties are areas of high or highest need, with the exception of two zip codes – 95549 (Kneeland) and 95524 (Bayside) – showing average need.

Figure 3 (below) depicts the Community Need Index for the *hospital's geographic service area based on national need*. It also shows the location of the Hospital.

Figure 3. St. Joseph Hospital Total Service Area Community Need Index (Zip Code Level)



Map Represents HTSA (Hospital Total Service Area)
 Prepared by the St Joseph Health Strategic Services Department, September 2013
 Source: Dignity Health

Intercity Hardship Index (Block group level) Based Geographic Need

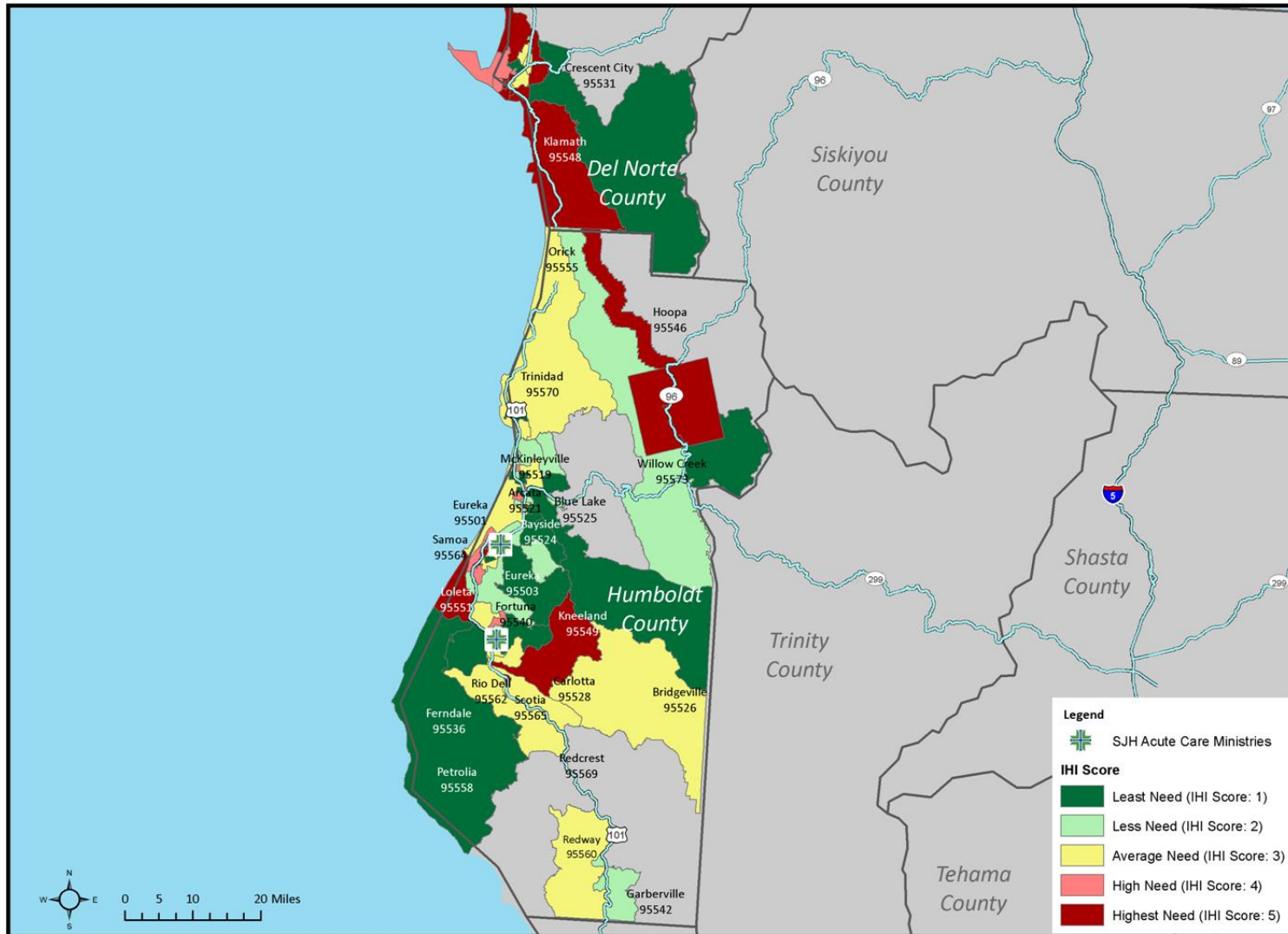
The Intercity Hardship Index (IHI) was developed in 1976 by the Urban and Metropolitan Studies Program of the Nelson A. Rockefeller Institute of Government to reflect the economic condition of cities and allow comparison across cities and across time. The IHI ranges from 0-100, with a higher number indicating greater hardship. The IHI was used by St. Joseph Health to identify block groups with the greatest need.

The IHI combines six key social determinants that are often associated with health outcomes:

- 1) Unemployment (the percent of the population over age 16 that is unemployed)
- 2) Dependency (the percent of the population under the age of 18 or over the age of 64)
- 3) Education (the percent of the population over age 25 who have less than a high school education)
- 4) Income level (per capita income)
- 5) Crowded housing (percent of households with seven or more people)
- 6) Poverty (the percent of people living below the federal poverty level)

Based on the IHI, each block group was assigned a score from 1 (lowest IHI, lowest level of hardship/need) to 5 (highest IHI, highest level of hardship/need). The IHI is based on relative need within a geographic area, allowing for comparison across areas. Similar to what is seen with the Community Need Index; the highest need areas are in the cities of Loleta, Klamath and north of Willow Creek.

Figure 4 (below) depicts the Intercity Hardship Index for the hospital's geographic service area and demonstrates *relative need*.



Map Represents HTSA (Hospital Total Service Area)
Prepared by the St Joseph Health Strategic Services Department, September 2013

COMMUNITY NEEDS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

St. Joseph Hospital completed a needs assessment in 2014 in partnership with the Humboldt County Department of Health and Human Services, Public Health Branch and Redwood Memorial Hospital.

This Community Health Needs Assessment (CHNA) was developed to organize and summarize primary data and existing secondary data collected from a broad spectrum of community resources and citizens of Humboldt County. The ultimate goal of the needs assessment is to provide a tool (a meta-analysis) for the community that shows the priority areas of concern across the continuum of delivery systems. How do local non-profits determine their priorities? What are the priorities? What do the citizens of Humboldt County say are the most compelling needs they have each day?

Community input was provided in a multitude of ways, including six regional focus groups done in collaboration with Public Health during September and October 2013. Residents in geographically diverse communities of Humboldt County were asked to provide feedback on current needs in their community. Additionally, an adjunct focus group was done with the local *Promotores de Salud* (Community Health Workers) group to learn about health needs specific to the Latino population in Humboldt County. Also at this time, FIRST 5 HUMBOLDT was conducting their annual survey of program participants and agreed to include questions on nutrition and food security. More than forty assessments, reports, and documents were used for this meta-analysis of community need. Nearly all of these reports included community input in the form of questionnaires, interviews, focus groups or town hall meetings.

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

Identification and Selection of DUHN Communities

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 our ministry service area.

Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care.

The following table lists the DUHN communities/groups and identified community needs and assets.

DUHN Group and Key Community Needs and Assets Summary Table

DUHN Population Group or Community ZIP code or block group	Community Needs	Community Assets
Households with income below the federal poverty level	Access to affordable, nutritious foods	Strong county-wide collaboration around food through Food for People’s local pantry network, CalFresh outreach efforts, the Food Policy Council and other community-based organizations
Hispanic population of Humboldt County	Access to culturally and linguistically appropriate mental and behavioral health services; reduce stigma associated with these illnesses	Strong connection to church, schools and willing to access services once trust is established
Low income and geographically isolated individuals	Access to health care and community-based services, with focus on prevention	Willingness among organizations to work together to address systems and network of care
Aging, low income population	Needing advanced care and lack of adequate family support and resources	Several organizations/ programs focused on needs of low income seniors: Hospice of Humboldt, Humboldt Senior Resource Center, Area 1 Agency on Aging, Palliative Care

Priority Community Health Needs

The list below summarizes the prioritized community health needs identified through the FY14 Community Health Needs Assessment Process:

1. Nutrition/Healthy Food/Food Security
2. Active Communities, Families & Socialization
3. Care Coordinated & Referral
4. Mental/Behavioral Health Services
5. Access to Health Care (with Focus on Prevention)

Needs Beyond the Hospital’s Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through community benefit programs and by funding other non-profits through our Care for the Poor Community Grant Program managed by the Community Benefit department at St. Joseph Hospital.

Furthermore, St. Joseph Health, St. Joseph Hospital will endorse local non-profit organization partners to apply for funding through the [St. Joseph Health, Community Partnership Fund](#).

Organizations that receive funding provide specific services, resources to meet the identified needs of underserved communities through St. Joseph Health communities.

The following community health needs identified in the ministry CHNA will not be addressed and an explanation is provided below:

Motor Vehicle Safety: The Hospital does not directly address motor vehicle and pedestrian safety; however we partner with several organizations that address this issue, including the Department of Health and Human Services, Redwood Community Action Agency, Local Organizing Committees via the Humboldt Area Foundation and city and county government.

Affordable Housing: The Hospital does not directly address the availability of affordable housing – for lease or purchase – in the county; however this is an issue being addressed by several organizations, including local Chambers of Commerce, city and county government, the Humboldt Housing and Homeless Coalition and the Veterans Association.

In addition, St. Joseph Hospital will collaborate with several local organizations that address aforementioned community needs, to coordinate care and referral and address these unmet needs.

COMMUNITY BENEFIT PLANNING PROCESS

Summary of Community Benefit Planning Process

The FY15-17 CB Plan was developed in response to findings from the FY14 Community Health Needs Assessment and is guided by the following five core principles:

- **Disproportionate Unmet Health-Related Needs:** Seek to accommodate the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention:** Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational links between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance:** Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

The priority setting process was done after thorough evaluation of all primary and secondary information. A focus was placed on what community members identified as important in their community and the seriousness of the issue identified. Additionally, prioritization of “up-stream” activities was done to have the greatest impact (for example, instead of focusing on individual risk behaviors and education, attention was given to society and environment conditions). Also taken into consideration were the following criteria:

- Congruency and relevance to the St. Joseph Health mission and vision
- Congruence with St. Joseph Hospital strategic direction
- Size of the issue
- Community capacity to address the issue
- Organizational capacity to address the issue
- Feasibility of addressing the issue in relation to time, financial constraints, resources, etc.
- Potential community and stakeholder engagement in efforts and
- Potential for sustainability of efforts

Based on review of prioritized significant health needs and a thoughtful priority setting process, St. Joseph Hospital will address the following priority areas as part of its FY15-17 CB Plan:

1. Nutrition, Healthy Food and Food Security
2. Mental and Behavior Health Services
3. Care Coordination and Referral

St. Joseph Hospital

FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan

FY15 Accomplishments

In FY15-FY17 St. Joseph Hospital prioritized three areas of significant health need as was heard in our community health needs assessment. They are 1) Nutrition, Healthy Food and Food Security, 2) Mental and Behavioral Health Services, and 3) Care Coordination and Referral. Below each priority area is summarized and FY15 accomplishments reported.

Nutrition, Healthy Food and Food Security

Initiative (community need being addressed): FY14 CHNA shows a large number households and individuals unable to afford nutritious foods, especially fruits and vegetables, or lack access to fresh produce due to geographic isolation.

Goal (anticipated impact): Increase access to affordable and nutritious foods – with emphasis on fresh produce – throughout the county for low income families.

Outcome Measure	Baseline	FY15 Target	FY15 Result
Households reporting access to fresh produce using number of CalFresh beneficiaries as a proxy	August 2010 14,280 CalFresh beneficiaries	N/A	20,655 CalFresh beneficiaries (44.6% increase since 2010)

Strategy(ies)	Strategy Measure	Baseline	FY15 Target	FY15 Result
Community dinners/events featuring fresh produce and nutritious foods hosted by CB programs	Number of dinners/events that feature fresh produce and nutritious foods	Unavailable	10	21
Collaborate with local producers and food security organizations to identify and address produce deserts	Number of collaborative partnerships	Unavailable	10	13

Support efforts related to sourcing of local foods	Number of local food sourcing programs or projects supported	1	3	5
--	--	---	---	---

Key Community Partners: *Redwood Memorial Hospital, Department of Health and Human Services, Food for People, Community Alliance with Family Farmers, Food Policy Council, Humboldt County Office of Education, North Coast Growers Association, Humboldt Network of Family Resource Centers, Locally Delicious, Shakefork Community Farm, Humboldt Senior Resource Center, St. Vincent de Paul, Betty Kwan Chinn Foundation, Eureka Rescue Mission, Redwood Community Action Agency, California Center for Rural Policy*

FY15 Accomplishments: Our outcome measure changed to use existing CalFresh data as a proxy for low-income households that have access to fresh produce instead of collecting new data. In FY15 the programs of the Community Benefit department hosted 21 events that featured free, nutritious foods and included fresh, local produce when available. From Paso a Paso fatherhood picnics to community BBQ's in Blue Lake and Willow Creek to the Easter Egg Hunt in Rio Dell, our programs brought community together around nourishing food, while celebrating culture and place. We also increased our partnerships with like-minded organizations supporting food security and addressing food and produce deserts in our County. We granted \$95,000 to ten food security organizations through our annual Care for the Poor Community Grants, one of whom was Food for People, who used their grant funds to purchase California grown produce and distributed 176,021 pounds of fresh produce at their free "farmer's market-style" produce distributions. We enhanced our participation in the Humboldt County Food Policy Council which began work on planning a 2016 food summit and addressing produce deserts. Additionally, we enhanced our efforts to support programs or projects that source foods locally. Notable partnerships include the Locally Delicious produce fund which paid 13 local farmers up front – at the time when expenses are highest – to grow organic produce for the local food bank (6,764 pounds in 2014); we also partnered with Shakefork Community Farm and Community Alliance with Family Farmers. We also partnered with California Center for Rural Policy and Food for People to produce the *Humboldt Food Access & Pantry Services Report 2015* which presented results from surveys taken at every food pantry in Humboldt County in the fall of 2014.

Mental and Behavioral Health Services

Initiative (community need being addressed): FY14 CHNA shows a high need for appropriate mental and behavioral health services throughout Humboldt County.

Goal (anticipated impact): Increase activities that improve access to affordable mental and/or behavioral health services, or enhance prevention efforts, especially in outlying areas and for diverse populations.

Outcome Measure	Baseline	FY15 Target	FY15 Result
Number of MH/BH activities that improve access or enhance prevention of mental illness	Unavailable	5	10

Strategy(ies)	Strategy Measure	Baseline	FY15 Target	FY15 Result
Reduce Stigma associated with mental illness	<i>Number of events or activities targeted at increasing awareness or reducing stigma</i>	0	2	7
Support community based counseling for Spanish speakers	<i>Number of community based counseling options for Spanish speakers</i>	2	4	2
Participate in the Behavioral Health Integration planning grant	<i>Number of meetings attended by SJH representatives</i>	0	10	6

Key Community Partners: Redwood Memorial Hospital, Department of Health and Human Services, USC Telehealth, Open Door Community Health Centers, Partnership Health Plan of California, Beacon Health Strategies, Eureka Police Department, Humboldt Domestic Violence Services, Arcata House Partnership, Redwood Community Action Agency

FY15 Accomplishments: Our stated goal and outcome measure changed to include prevention activities versus focus solely on access. Both St. Joseph and Redwood Memorial hospitals had a significant role in May is Mental Health Awareness month in FY15. We hosted outreach tables at both hospitals; handed out 2,000 green ribbons - the symbol of California's *Each Mind Matters* campaign - participated in the mental

health walk and co-hosted a BBQ in Willow Creek. We also hosted the Seeds of Understanding speakers collective to help bring stories of those living with mental illness out of the shadows and into our everyday dialog. We supported three non-profit partners with a Care for the Poor Community Grant to strengthen or expand their mental health services to those living below the federal poverty level, one of which – Humboldt Domestic Violence Services – was aimed at outreach and service expansion to the Spanish-speaking community. Our pilot project with USC Telehealth hit a road block this year when we lost our Telehealth Counseling suite mid-year and discontinued service until a new suite is identified; prior to this we assisted 7 clients with 25 counseling sessions in FY15. The total number of community-based counseling options for Spanish speakers remains low; this continues to be an underserved population in Humboldt County and we will continue to advocate for appropriate level of service for this group. Additionally, we participated in the County Mental Health Behavioral Health Integration planning grant. Out of 10 meetings, 6 were attended and this group continues planning for integrated mental health services. In FY15 we also supported conferences and workgroups in the following areas: child abuse prevention, domestic violence prevention, perinatal mood and anxiety disorders, and suicide prevention.

Care Coordination and Referral

Initiative (community need being addressed): FY14 CHNA shows a large need for increased coordination of services across the continuum of care in order to achieve the triple aim of improving the patient experience, improving the health of populations, and reducing the overall costs of care.

Goal (anticipated impact): Increase the number of community-based partnerships or services that expand or enhance the continuum of care to meet the changing needs of the community.

Outcome Measure	Baseline	FY15 Target	FY15 Result
Number of new or enhanced partnerships or services	6	9	10

Strategy(ies)	Strategy Measure	Baseline	FY15 Target	FY15 Result
Emergency Department (ED) hot-spotting: improve collaboration between the ED and Primary Care	Number of new or updated Care Plans for ED Super Utilizers	12 in FY14	20	28 new or updated in FY15
Behavioral health outreach to skilled nursing facilities (BARTO)	30-day readmission rates for enrolled patients	N/A	<10%	6.7% (N=30)

Key Community Partners: *Redwood Memorial Hospital, Department of Health and Human Services, Open Door Community Health Centers, Humboldt Independent Practice Association, Local Faith Community, Local Skilled Nursing Facilities, California Center for Rural Policy, Resolution Care, Partnership Health Plan of California*

FY15 Accomplishments: Significant progress was made in FY15 around our priority area of Care Coordination and Referral. Our Care Transitions program continued to work closely with Open Door Community Health Centers around emergency department (ED) Super Utilizers and Respite Care, adjusting communication tools and advocating for automatic notifications of hospital admissions and discharges via the North Coast Health Information Network (NCHIN). We renewed the contract with OCHIN (Oregon Community Health Information

Network) to allow our staff and medical staff read-only access to Open Door's electronic medical record which is significant because Open Door is the only FQHC in the North Coast region and the primary care home for roughly a third of the population. We participate in the bi-weekly Community Huddles; weekly Care Improvement and/or Chronic Pain work groups; and both the St. Joseph and Redwood Memorial Emergency Departments adopted a chronic pain prescribing policy in FY15 as part of the community-wide effort to curtail prescription opioid abuse. We also spent time and energy working to improve our electronic medical record functionality by flagging ED care plans for super utilizers and completion of the primary care physician field – both of which will result in improved care coordination. Four St. Joseph Hospital representatives, along with community partners, attended the national Super Utilizer conference in Philadelphia in March which highlighted best practices. This group continues to meet and plan innovative ways to better coordinate patient care across the continuum. Our half-time Behavioral Assessment Response Team Outreach (BARTO) nurse resigned in March, which was a loss to St. Joseph Hospital, but we have hired a replacement and increased this needed position to full-time. This position will continue to support high acuity BH discharges to local skilled nursing facilities by working with the patient's doctors and mental health providers in order to stabilize the placement. In FY15 the BARTO nurse served discharged patients with an overall 70% decrease in hospitalizations and a 38% decrease in emergency room visits. Overall, the readmission rate for BARTO patients is 6.7%.

Other Community Benefit

In addition to the preceding priority areas, St. Joseph Hospital provided other community benefit programs responsive to the health needs identified in the 2014 CHNA. Community Benefit programs listed below only includes additional Community Services for the Low-income and Broader Community that have not been previously covered in this report.

Initiative (community need being addressed):	Program	Description	FY15 Accomplishments
1. Access to Care	Transportation support	Free bus or taxi vouchers; gas cards	1,842 transportation assistance provided to/from medical or health related appointments
2. Access to Care	Health professionals education	Mentor and train health professionals	8,910 hours spent training student nurses, social work interns, physical therapy and occupational therapy interns, and pharmacy interns
3. Social cohesion	Support groups	Facilitate support groups on various topics	49 support groups offered to the public, free of charge (includes Stroke, Cancer, Breastfeeding, <i>Madre y Madre</i>)
4. Nutrition/Food Security, Mental/Behavioral Health Services and Care Coordination	Care for the Poor Community Grants	Funds awarded to local non-profits in the SJE CB Priorities areas of nutrition/food security, mental/behavioral health services and care coordination and referral	\$140,000 awarded to community partners in Care for the Poor Community Grants, in partnership with Redwood Memorial Hospital
5. Access to Care	Healthy Kids Humboldt	Insurance enrollment and outreach, system navigation and tax preparation	819 enrollments 1,147 outreach 53 families received free tax preparation with refunds totaling \$109,975. Average annual gross income per family \$23,424

Initiative (community need being addressed):	Program	Description	FY15 Accomplishments
6. Cultural Competence	Paso a Paso	Services for the Latino population <i>(provided entirely in Spanish)</i>	101 free classes for Latino families 2 Fatherhood picnics 1 field trip to the Blueberry farm 2 field trips to farmer's markets 23 <i>Baile Terapia</i> (Dance Therapy) classes
7. Care Coordination	Evergreen Lodge	Lodging and social work services for cancer patients	390 cancer patients and their family stayed 2,818 nights at the lodge
8. Care Coordination	Care Transitions	Respite support for hospitalized patients	952 days in respite care at Healing Ring and Serenity Inn
9. Safety and Prevention	Bicycle Safety Rodeos	Host four bicycle safety events at Community Resource Centers in partnership with Kohl's Cares	Bicycle Safety Rodeos in Willow Creek, Blue Lake, Loleta and Rio Dell 194 helmets handed out 124 bike inspections 588 participants

FY15 Community Benefit Investment

In FY15 St. Joseph Hospital invested a total of \$400,000 (\$750,000 total when combined with Redwood Memorial Hospital) Care for the Poor dollars in key community benefit programs. In FY15, Charity Care, which is free or discounted care as outlined by our Financial Assistance Policy (FAP), was \$1,491,256 and Medicaid shortfall was \$14,829,755, however, when hospital fee was accounted for it was \$447,732.

FY15 COMMUNITY BENEFIT INVESTMENT

St. Joseph Hospital
(ending June 30, 2015)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ²	Net Benefit
Medical Care Services for Vulnerable³ Populations	Financial Assistance Program (FAP) (Traditional Charity Care-at cost)	1,491,256
	Unpaid cost of Medicaid ⁴	447,732
	Unpaid cost of other means-tested government programs	0
Other benefits for Vulnerable Populations	Community Health Improvements Services	774,890
	Subsidized Health Services	135,205
	Cash and in-kind contributions for community benefit	906,289
	Community Benefit Operations	166,074
	Community Building	120,630
	Total Community Benefit for the Vulnerable	4,042,076
Other benefits for the Broader Community	Community Health Improvements Services	611,088
	Subsidized Health Services	47,234
	Cash and in-kind contributions for community benefit	148,737
	Community Benefit Operations	0
	Community Building	24,190
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	338,535
	Total Community Benefit for the Broader Community	1,169,784
	TOTAL COMMUNITY BENEFIT (excluding Medicare)	5,211,860
Medical Care Services for the Broader Community	Unpaid cost to Medicare ⁵ (not included in CB total)	23,285,354

² Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

³ CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid (referred to as Medi-Cal in California), Medicare, California Children's Services Program, or county indigent programs. For SJHS, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

⁴ Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.

⁵ Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H, we use the Medicare cost report.

Telling Our Community Benefit Story: Non-Financial⁶ Summary of Accomplishments

The employees of St. Joseph Hospital are the greatest non-financial asset the organization provides for the community. The employees are dedicated to providing the best health care available on the North Coast and volunteer in their own community on a regular basis.

In FY15 all employees participated in patient experience workshops and are continually looking at innovative ways to better serve and care for our patients. From quiet hours to friendly greetings, St. Joseph Hospital employees embrace our vision outcomes of perfect care, sacred encounters and healthy communities.

Our employees spend countless hours volunteering in our community. From feeding the homeless with church and non-profit groups, to staffing medic services at musical events to organizing teams for Relay for Life, our employees constantly give back. Employees volunteer time to serve on non-profit community boards and they generously donate their hard-earned dollars towards efforts to assure sound organizational infrastructure for future generations.

Community partnership is something we believe in and another non-financial benefit we provide the community. The Community Benefit department partners with other local foundations and funders via the North Coast Grantmaking Partnership to jointly support local projects and programs. We partner with Food for People - our area's food bank - by participating in their annual Hunger Fighter Challenge during the holidays. Last year, our hospitals collected 1,624 pounds of non-perishable food and were the winners of this friendly community competition.

We organize a back-to-school supply drive for our area's children and a cold weather clothing drive for the needy and homeless. In FY15 we collected over 440 items of clothing including jackets, socks, rain ponchos and sturdy shoes. We donate excess hospital food to churches and food-security organization and in FY15 we donated over 1,000 hospital blankets and bedding to homeless shelters in our community.

It is this selflessness and philanthropic spirit that binds this rural and isolated community together and enables us to care for the Dear Neighbor without distinction, just as our founding Sisters have done since 1912.

⁶ Non-financial summary of accomplishments are referred to in CA Senate Bill 697 as non-quantifiable benefits.

Governance Approval

This FY15 Community Benefit Report was approved at the September 23, 2015 meeting of the St. Joseph Hospital Community Benefit Committee of the Board of Trustees.

Chair's Signature confirming approval of the FY15 Community Benefit Report

Date