



Photo: Art for Mental Wellness activity hosted by the SJH Eureka Community Resource Center

ST. JOSEPH HOSPITAL

**FY18 Community Benefit Report
Progress on FY18-FY20 Community Benefit Plan/Implementation Strategies Report**



To provide feedback about this *Community Benefit Report*, email Martha.Shanahan@stjoe.org

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EXECUTIVE SUMMARY

St. Joseph Health, St. Joseph Hospital is an acute-care hospital founded in 1920, is located at 2700 Dolbeer Street in Eureka, California. It became a member of St. Joseph Health in March 1957. Then in 2016, it joined [Providence St. Joseph Health](#) a new organization created by Providence Health & Services and St. Joseph Health with the goal of improving the health of the communities it serves, especially those who are poor and vulnerable.

St. Joseph Hospital was the first hospital in the St. Joseph Health ministry and the facility has 138 licensed beds, 130 of which are currently available, and a campus that is approximately 11.5 acres in size. St. Joseph Hospital has a staff of more than 1150 and professional relationships with more than 140 local physicians. Major programs and services include cardiac care, critical care, diagnostic imaging, emergency medicine including a Level III Trauma designated hospital, which is the highest level emergency department in the area, cancer program and obstetrics including a Level II neonatal intensive care unit, as well as community-based programs focused on prevention, health promotion and community building.

Community Benefit Investment

St. Joseph Hospital invested \$9,230,151 in community benefit activities in FY 2018 (FY18); however, total community benefit was (\$331,283) after accounting for Medicaid reimbursement from the California hospital quality assurance fee. St. Joseph Hospital provided an additional \$26,797,022 for the unpaid cost to Medicare.

FY18-FY20 CB Plan Priorities/Implementation Strategies

In FY18 the hospital implemented the following strategies addressing priorities as developed in its FY18-FY20 Community Benefit Implementation Plan.

- Housing
 - St. Joseph Hospital continued existing Housing related programs (Medical Respite, Evergreen Lodge) and forged new partnerships in FY18 to address this priority need. We are adding permanent supportive housing for homeless families and working on housing policy through the Intersections Initiative.
- Mental Health (MH) & Substance Abuse (SUD)
 - St. Joseph Hospital received \$1.2M in grant funds from the Well Being Trust to help launch Waterfront Recovery Services, a 56-bed medically managed detox and residential treatment facility in Eureka.
 - Continued to offer Medical Respite and recuperative care for patients with MH and SUD conditions; served 93 unduplicated individuals in FY18.
 - Invested staff time and funding in primary prevention activities aimed at reducing stigma associated with mental illness and substance use disorder.

- Food and Nutrition
 - Granted \$137,028 to 10 food security organizations through our annual Care for the Poor Community Grants.
 - Addressed Economic Insecurity as a root cause of food insecurity through the Health Kids Humboldt VITA program which completed 66 tax returns that refunded \$128,320 to the working poor.

Collaborating Organizations

St. Joseph Hospital believes in working collaboratively to solve community and health-related problems. The social and health problems our communities face are significant and complex; they are bigger than any one organization alone. Therefore, St. Joseph Hospital will partner with government entities, non-profit organizations, schools, the interfaith community and the business community in order to achieve the goals and strategies outlined in this plan.

Flexible Approach

Due to the fast pace at which the community and health care industry change, St. Joseph Hospital anticipates that implementation strategies may evolve and therefore, a flexible approach is best suited for the development of its response to the St. Joseph Hospital CHNA. On an annual basis St. Joseph Hospital evaluates its CB Plan, specifically its strategies and resources; and makes adjustments as needed to achieve its goals/outcome measures, and to adapt to changes in resource availability.

PROVIDENCE ST. JOSEPH HEALTH

[Providence St. Joseph Health](#) is a new organization created by Providence Health & Services and St. Joseph Health with the goal of improving the health of the communities it serves, especially those who are poor and vulnerable.

Together, our 111,000 caregivers (all employees) serve in 50 hospitals, 829 clinics and a comprehensive range of services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. The Providence St. Joseph Health family includes: Providence Health & Services, St. Joseph Health, Covenant Health in West Texas, Facey Medical Foundation in Los Angeles, Hoag Memorial Presbyterian in Orange County, Calif., Kadlec in Southeast Washington, Pacific Medical Centers in Seattle, and Swedish Health Services in Seattle

Bringing these organizations together is a reflection of each of our unique missions, increasing access to health care and bringing quality, compassionate care to those we serve, with a focus on those most in need. By coming together, Providence St. Joseph Health has the potential to seek greater affordability, achieve outstanding and reliable clinical care, improve the patient experience and introduce new services where they are needed most.

It begins with heritage

The founders of both organizations were courageous women ahead of their time. The Sisters of Providence and the Sisters of St. Joseph of Orange brought health care and other social services to the American West. Now, as we face a different landscape – a changing health care environment – we draw on their spirit of faith, flexibility and fortitude to guide us through these transformative times.

Providence Health & Services

In 1856, Mother Joseph and four Sisters of Providence established hospitals, schools and orphanages across the Northwest. Over the years, other Catholic sisters transferred sponsorship of their ministries to Providence, including the Little Company of Mary, Dominicans and Charity of Leavenworth. Recently, Swedish Health Services, Kadlec Regional Medical Center and Pacific Medical Centers have joined Providence as secular partners with a common commitment to serving all members of the community. Today, Providence serves Alaska, California, Montana, Oregon and Washington.

St. Joseph Health

In 1912, a small group of Sisters of St. Joseph landed on the rugged shores of Eureka, Calif., to provide education and health care. The ministry later established roots in Orange, Calif., and expanded to serve Southern California, the California High Desert, Northern California and Texas. The health system established many key partnerships, including a merger between Lubbock Methodist Hospital System and St. Mary Hospital to form Covenant Health in Lubbock Texas. Recently, an affiliation was established with Hoag Health to increase access to services in Orange County, Calif.

MISSION, VISION, AND VALUES



Our Mission

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

Our Vision

Health for a Better World.

Our Values

Compassion

Dignity

Justice

Excellence

Integrity

Our Promise

Know me, care for me, ease my way.

INTRODUCTION – WHO WE ARE AND WHY WE EXIST

As a ministry founded by the Sisters of St. Joseph of Orange, St. Joseph Hospital, a member of Providence St. Joseph Health, lives out the tradition and vision of community engagement set out hundreds of years ago. [Providence St. Joseph Health](#) is a new organization created by Providence Health & Services and St. Joseph Health with the goal of improving the health of the communities it serves, especially those who are poor and vulnerable.

Together, our 111,000 caregivers (all employees) serve in 50 hospitals, 829 clinics and a

comprehensive range of services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. The Providence St. Joseph Health family includes: Providence Health & Services, St. Joseph Health, Covenant Health in West Texas, Facey Medical Foundation in Los Angeles, Hoag Memorial Presbyterian in Orange County, Calif., Kadlec in Southeast Washington, Pacific Medical Centers in Seattle, and Swedish Health Services in Seattle

Bringing these organizations together is a reflection of each of our unique missions, increasing access to health care and bringing quality, compassionate care to those we serve, with a focus on those most in need. By coming together, Providence St. Joseph Health has the potential to seek greater affordability, achieve outstanding and reliable clinical care, improve the patient experience and introduce new services where they are needed most.

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 Health, St. Joseph Hospital is an acute-care hospital founded in 1920, is located at 2700 Dolbeer Street in Eureka, California. It was the first hospital in the St. Joseph Health ministry. The facility has 138 licensed beds, 130 of which are currently available, and a campus that is approximately 11.5 acres in size. St. Joseph Hospital has a staff of more than 1150 and professional relationships with more than 140 local physicians. Major programs and services include cardiac care, critical care, diagnostic imaging, emergency medicine, including a Level III Trauma designated hospital, which is the highest level emergency department in the area, cancer program and obstetrics including a Level II neonatal intensive care unit, as well as community-based programs focused on prevention, health promotion and community building.

COMMUNITY BENEFIT INVESTMENT

St. Joseph Hospital invested \$9,230,151 in community benefit activities in FY 2018 (FY18); however, total community benefit was (\$331,283) after accounting for Medicaid reimbursement from the California hospital quality assurance fee. St. Joseph Hospital provided an additional \$26,797,022 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 lives of low-income individuals residing in local communities served by SJH Hospitals.

Each year St. Joseph Hospital allocates 10 percent of its net income (net realized gains and losses) to the St. Joseph Health Community Partnership Fund. 75 percent of these contributions are used to support local hospital Care for the Poor programs. 17.5 percent is used to support SJH Community Partnership Fund grant initiatives. The remaining 7.5 percent is designated toward reserves, which helps ensure the Fund's ability to sustain programs into the future that assist low-income and underserved populations.

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 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 three members of the Board of Trustees and nine 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 every other month.

Roles and Responsibilities

Senior Leadership

- CEO and other senior leaders are directly accountable for CB performance.

Community Benefit Committee (CBC)

- CBC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with Advancing the State of the Art of Community Benefit (ASACB) Five Core Principles. It includes diverse community stakeholders. Trustee members on CBC serve as ‘board level champions’.
- The committee provides recommendations to the Board of Trustees regarding budget, program targeting and program continuation or revision.

Community Benefit (CB) Department

- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified populations experience health inequities.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.

Local Community

- Partnership to implement and sustain collaborative activities.
- Formal links with community partners.
- Provide community input to identify community health issues.
- Engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.

PLANNING FOR THE UNINSURED AND UNDERINSURED

Patient Financial Assistance Program

The St. Joseph Hospital Financial Assistance Program helps to make our health care services available to everyone in our community needing emergent or medically necessary care. This includes people who do not have health insurance and are unable to pay their hospital bill, as well as patients who do have insurance but are unable to pay the portion of their bill that insurance does not cover. In some cases, eligible patients will not be required to pay for services; in others, they may be asked to make partial payment. At St. Joseph Hospital our commitment is to provide quality care to all our patients, regardless of their ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance or are worried about their ability to pay for their care. This is why we have a Financial Assistance Program for eligible patients. In FY18 St. Joseph Hospital, provided \$2,029,564 free and discounted care following a policy providing assistance to patients earning up to 500% of the federal poverty level. This resulted in 6,472 patients receiving free or discounted care.

For information on our Financial Assistance Program click [here](#).

Medi-Cal (Medicaid)

St. Joseph Hospital provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY18, St. Joseph Hospital, provided \$3,069,301 in Medicaid shortfall with 52,842 Medicaid participants served; however, total Medicaid shortfall was (\$6,492,133) after accounting for Medicaid reimbursement from the California hospital quality assurance fee.

COMMUNITY

Definition of Community Served

St. Joseph Hospital provides North Coast communities with access to advanced care and advanced caring. The hospital's service area extends from Crescent City in the north, Rio Dell in the south, Willow Creek/ Hoopa in the east and is bordered by the Pacific Ocean in the west. Our Hospital Total Service Area includes the cities and of Eureka, Arcata, Fortuna, Trinidad, Blue Lake, Ferndale, Rio Dell, Crescent City and the unincorporated communities of McKinleyville, Fields Landing, Bayside, Samoa, Hoopa, Willow Creek, Loleta, Klamath, Orick and Kneeland; as well as nine federally recognized tribes: Resighini Rancheria, Bear River Band of Rohnerville Rancheria, Big Lagoon Rancheria, Blue Lake Rancheria, Hoopa Valley Tribe, Karuk Tribe, Table Bluff Rancheria, Trinidad Rancheria and the Yurok Tribe. This includes a population of approximately 148,828 people.

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 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

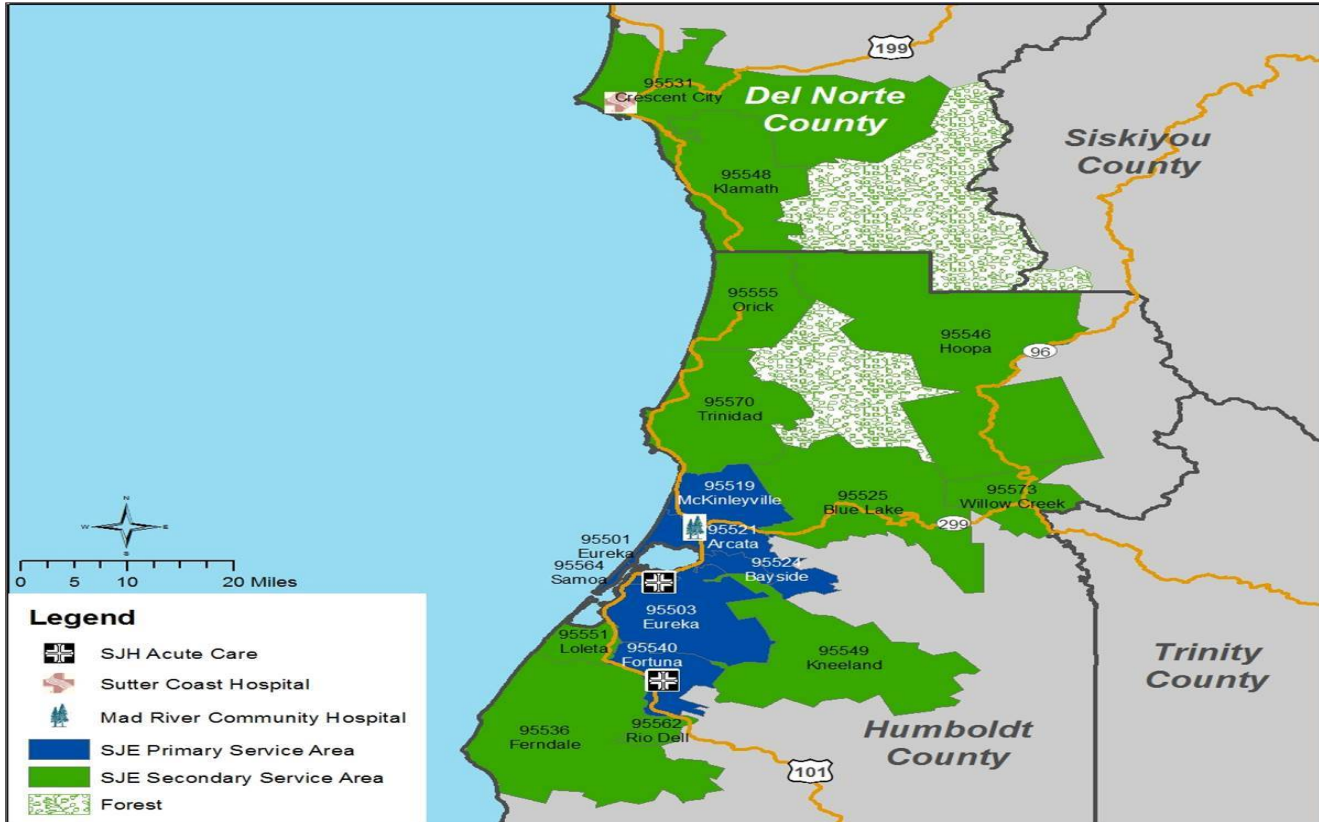
The Primary Service Area (“PSA”) is the geographic area from which the majority of the Hospital’s patients originate. The Secondary Service Area (“SSA”) is where an additional population of the Hospital’s inpatients reside. The PSA is comprised of Eureka, Arcata, McKinleyville, Bayside, Samoa, Fields Landing, and Fortuna. The SSA is comprised of Crescent City, Klamath, Orick, Hoopa, Willow Creek, Trinidad, Blue Lake, Kneeland, Loleta, Ferndale and Rio Dell.

Table 1. Cities/ Communities and ZIP codes

Cities/ Communities	ZIP Codes	PSA or SSA
Eureka	95501, 95502, 95503	PSA
Arcata	95518, 95521	PSA
McKinleyville	95519	PSA
Bayside	95524	PSA
Samoa	95564	PSA
Fields Landing	95537	PSA
Fortuna	95540	PSA
Crescent City	95531, 95532	SSA
Klamath	95548	SSA
Orick	95555	SSA
Hoopa	95546	SSA
Willow Creek	95573	SSA
Trinidad	95570	SSA
Blue Lake	95525	SSA
Kneeland	95549	SSA
Loleta	95551	SSA
Ferndale	95536	SSA
Rio Dell	95562	SSA

Figure 1 (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 1. St. Joseph Hospital Total Service Area



St. Joseph Hospital Eureka

Community Profile

The table and graph below provide basic demographic and socioeconomic information about the St. Joseph Hospital Eureka Service Area and how it compares to Humboldt and Del Norte Counties and the state of California. The Total Service Area (TSA) of St. Joseph Hospital Eureka includes approximately 150,000 people, with about 124,000 (84%) in Humboldt County. 90% of the population of both Humboldt and Del Norte Counties live in the TSA, so comparisons to county data are only of limited utility. In the TSA, median household income is much lower than California averages and percentages of those living in poverty are higher than California averages. There are more older adults and fewer children, and far more non-Latino Whites in the service area than in California.

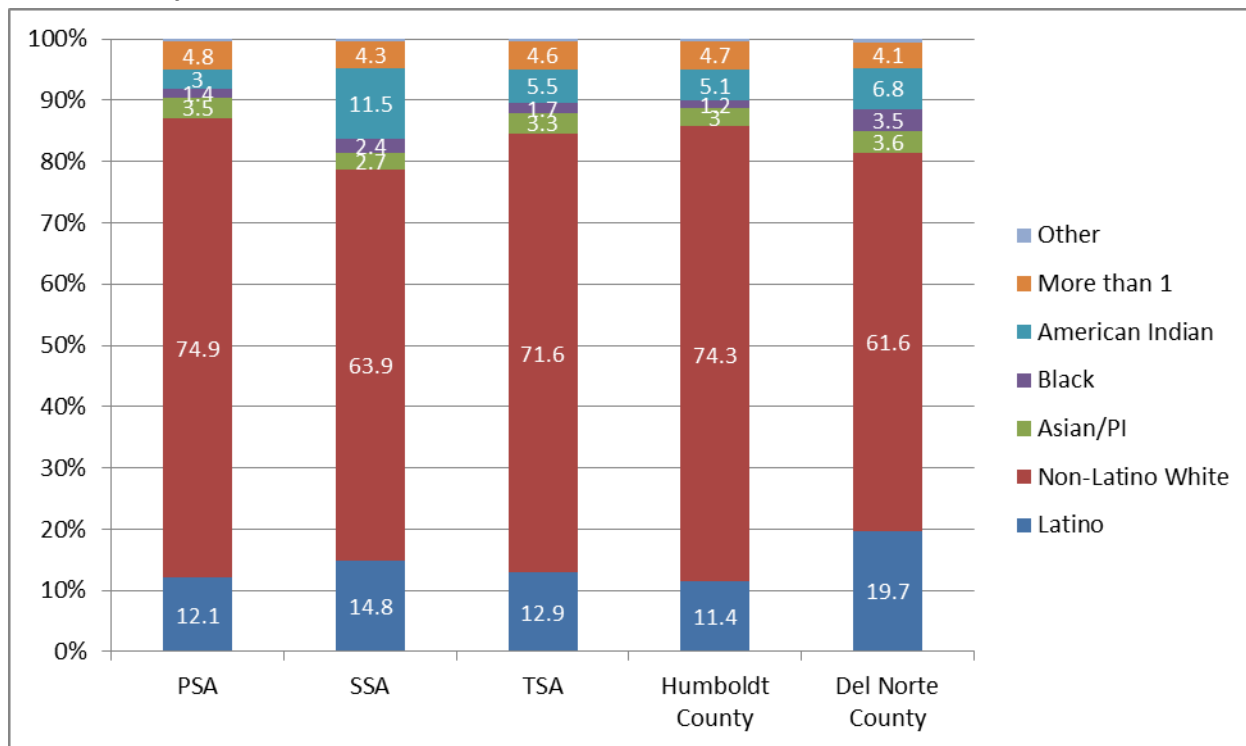
Service Area Demographic Overview

Indicator	PSA	SSA	TSA	Humboldt County	Del Norte County	California
Total Population	104,955	43,873	148,828	138,332	27,153	38,986,171
Under Age 18	18.7%	20.9%	19.4%	19.1%	20.3%	23.6%
Age 65+	15.5%	16.6%	15.8%	16.0%	16.1%	13.2%
Speak only English at home	88.8%	87.8%	88.5%	89.9%	85.3%	56.2%
Do not speak English "very	3.8%	3.5%	3.7%	3.3%	4.6%	19.1%

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well”						
Median Household Income	\$40,256	\$39,500	\$40,053	\$40,424	\$37,618	\$62,554
Households below 100% of FPL	12.1%	15.3%	13.0%	12.4%	17.2%	12.3%
Households below 200% FPL	30.2%	33.8%	31.3%	31.2%	36.4%	29.8%
Children living below 100% FPL	24.4%	26.4%	25.0%	23.4%	29.6%	22.7%
Older adults living below 100% FPL	6.4%	9.5%	7.4%	7.3%	11.6%	10.2%

Race/Ethnicity



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

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. 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 (% population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);

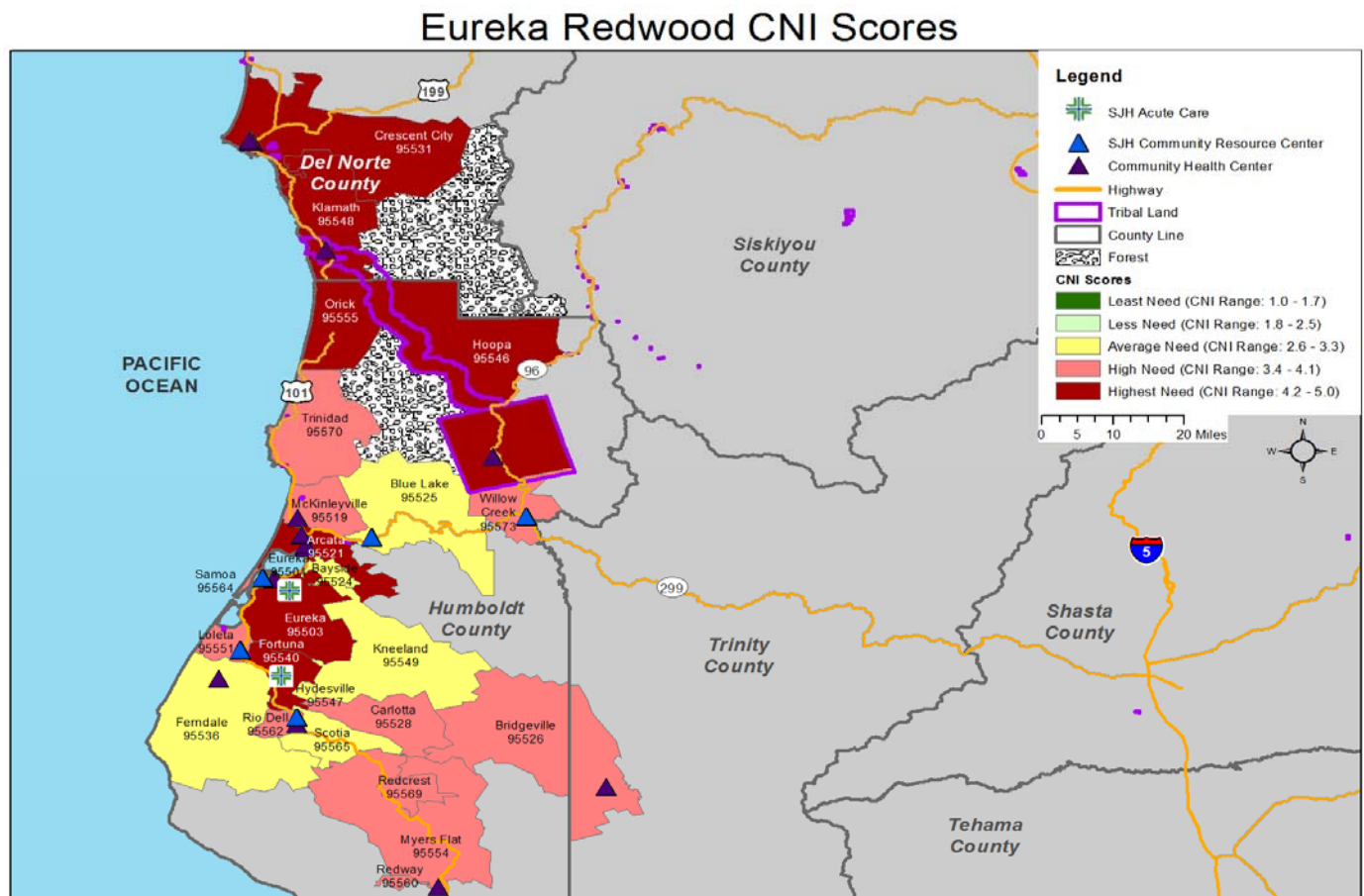
- Housing Barriers (Housing, renting percentage).

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 95501 on the CNI map is scored 4.2, making it a High Need area.

Figure 2 (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 as well as the other hospitals in the area that are part of St. Joseph Health.

Figure 2. St. Joseph Hospital Community Need Index (Zip Code Level)



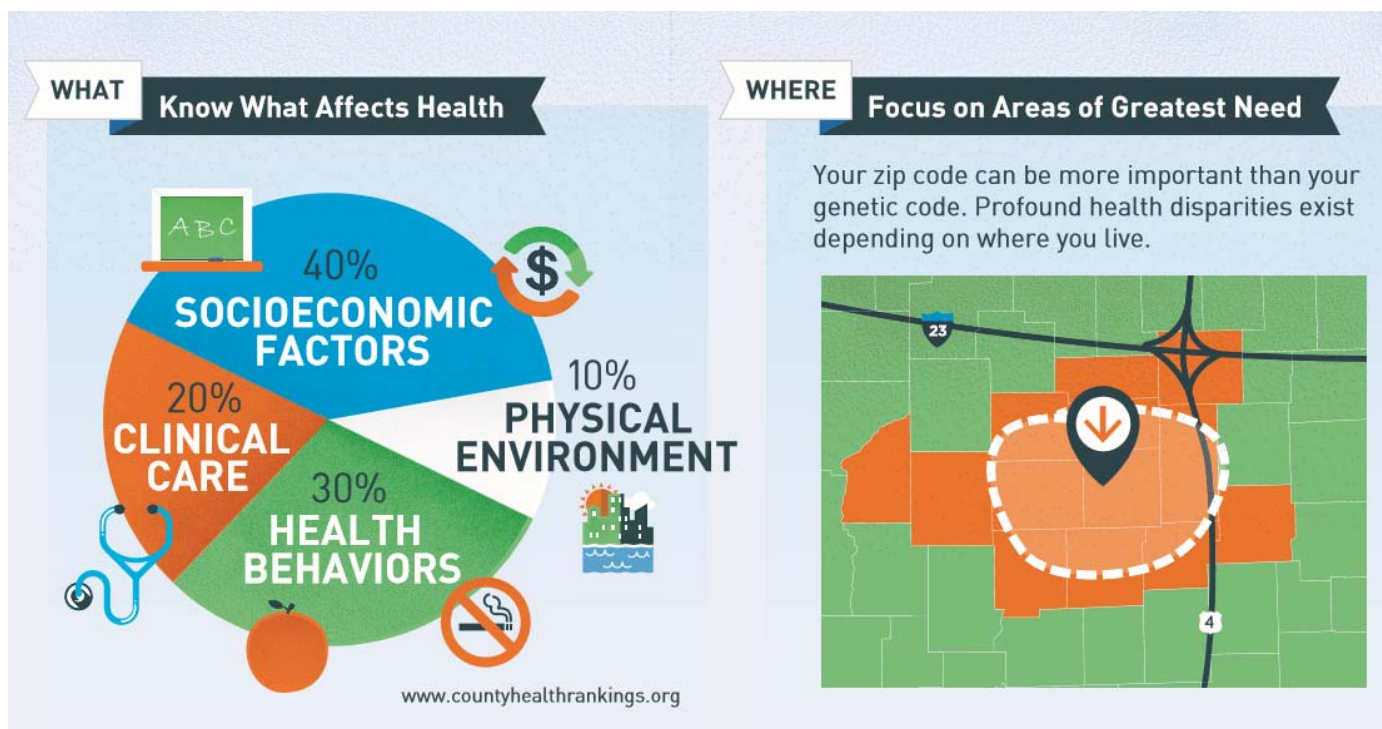
Sources: Dignity Health Community Need Index (cni.chw-interactive.org), 2015 (accessed March 2016); Open Door Community Health Centers (opendoorhealth.com), North Coast Clinics Network (northcoastclinics.org); United Indian Health Services (unitedindianhealthservices.org) (accessed Oct. 2016). Prepared by the St. Joseph Health Strategic Services Department, April 2016.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs, Assets, Assessment Process and Results

The Community Health Needs Assessment (CHNA) process was guided by the fundamental understanding that much of a person and community's health is determined by the conditions in which they live, work, play, and pray. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care. This framework, depicted in the graphic below from County Health Rankings and Roadmaps, focuses attention on the social determinants of health to learn more about opportunities for intervention that will help people become and stay healthy within their community.

In addition, we recognized that where people live tells us a lot about their health and health needs, and that there can be pockets within counties and cities where the conditions for supporting health are substantially worse than nearby areas. When data was publicly available, it was collected at the zip code level to show the disparities in health and the social determinants of health that occur within the hospital service area.



Examples of the types of information that was gathered, by health factor, are:

Socioeconomic Factors – income, poverty, education, and food insecurity

Physical Environment – crowded living situations, cost of rent relative to incomes, long commutes, and pollution burden

Health Behaviors – obesity¹, sugary drink consumption, physical exercise, smoking, and substance abuse

Clinical Care – uninsured, prenatal care, and the number of people per physician or mental health worker

In addition to these determinants of health, we also looked at the health outcomes of the people living in the service area, by zip code whenever possible. The health conditions that were examined included:

Health Outcomes – overall health condition, asthma, diabetes, heart disease, cancer, and mental health

METHODOLOGY

Collaborative Partners

The Olin Group is a socially conscious consulting firm working across nonprofit, public, private, and philanthropic sectors to bring about community transformation. Based in Santa Ana, California, The Olin Group has 15 years of experience working on evaluation, planning, assessment, fundraising, communication, and other services for nonprofit organizations, and had previously supported the CHNA process of multiple hospitals in the St. Joseph Health system. The Olin Group served as the lead consultant in the CHNA process, coordinating the quantitative and qualitative data collection processes and assisting in the prioritization and selection of health needs.

The California Center for Rural Policy (CCRP) fosters “Rural Research, for and by Rural Communities” to improve the health and well-being of rural people and environments. CCRP values a research approach partnering with rural people to address their priorities and to build upon community strengths. The center is a leader in innovative methods of rural research. Our exploration of the relationships between people and their environments is grounded in an ecological approach investigating the determinants of health and well-being. CCRP examines the intersections between the health of individuals, the health of the economy and the health of the environment. CCRP assisted in the planning of the community input sessions, facilitated all focus groups and the forum, and aided in the reporting on their findings.

¹ Per County Health Rankings obesity is listed under the health behavior category of diet and exercise.
<http://www.countyhealthrankings.org/our-approach/health-factors/diet-and-exercise>

The Humboldt County Department of Health and Human Services – Public Health Branch has been working collaboratively with St. Joseph Hospital to align needs assessment process and implementation plans for the past four year. Non-profit hospitals and accredited public health agencies have similar requirements to periodically survey the health needs of their communities and craft comprehensive plans to address the prioritized significant health needs. Using a collective impact approach, St. Joseph Hospital and Public Health are working to deepen their partnership by sharing data and setting goals together. The resulting community-wide health improvement efforts are being branded *Live Well Humboldt*.

Community Partners:

St. Joseph Hospital Eureka partnered with the following community groups to recruit for and host the Focus Groups and Forum as well as provide local-level data specific to rural communities:

Multigenerational Center and the Fortuna Senior Center
Westside Community Improvement Association and the Jefferson Community Center
Humboldt Senior Resource Center
Table Bluff Rancheria
Betty Kwan Chinn Homeless Foundation and Day Center
Eureka Rescue Mission
Alcohol and Drug Care Services
Redwood Community Action Agency
Live Well Humboldt, Community Strategies Team
English Express
Humboldt Del-Norte Medical Society
Humboldt County Office of Education
LatinoNet and Humboldt *Promotores de Salud*

St. Joseph Hospital would like to express our gratitude to these partners for their assistance in reaching vulnerable populations and assisting with focus groups and the forum on short notice. As well as providing data that improved understanding of community need. Your partnership is deeply valued and appreciated.

Secondary Data/Publicly Available Data

Within the guiding health framework for the CHNA, publicly-available data was sought that would provide information about the communities (at the city and zip code level when available) and people within our service area. In addition, comparison data was gathered to show how the service area communities are faring compared to the county or state. Indicators were chosen if they

were widely accepted as valid and appropriate measures² and would readily communicate the health needs of the service area. Preference was given to data that was obtained in the last 5 years and was available at the zip code level. The data sources used are highly regarded as reliable sources of data (e.g., ESRI Business Analyst Online, US Census Bureau American FactFinder, and California Health Interview Survey Neighborhood Edition). In total, 81 indicators were selected to describe the health needs in the hospital's service area. Appendix 2 includes a complete list of the indicators chosen, their sources, the year the data was collected, and details about how the information was gathered.

If an indicator had zip code level data available, data was pooled to develop indicator values for the Total Service Area (TSA), Primary Service Area (PSA), and Secondary Service Area (SSA) of the hospital. This enabled comparisons of zip code level data to the hospital service area and comparisons of the hospital service area to county and state measures.

After the data was gathered, the zip code level data was compared to the Total Service area values and color coded light pink to dark red depending on how much worse a zip code area was compared to the TSA value. This made it easier to visualize the geographic areas with greater health needs. The criteria for color-coding the zip code level data is explained in the spreadsheets in Appendix 2.

Community Input

The process of collecting qualitative community input took three main forms: Community Resident Focus Groups, a Nonprofit and Government Stakeholder Focus Group, and a Community Forum. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by St. Joseph Hospital Eureka. We developed a protocol (noted in Appendix 3b) for each group to ensure consistency across individual focus groups, although the facilitators had some discretion on asking follow-up questions or probes as they saw fit. Invitation and recruitment procedures varied for each type of group. Appendix 3 includes a full report of the community input process and findings along with descriptions of the participants.

Resident Focus Groups

For Community Resident Focus Groups, Hospital Community Benefit staff, in collaboration with their Community Benefit Committees and the St. Joseph Health Community Partnerships Department, identified geographic areas where data suggested there were significant health, physical environment, and socioeconomic concerns. This process also identified the language

² https://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf

needs of the community, which determined the language in which each focus group was conducted. Community Benefit staff then partnered with community-based organizations that serve those areas to recruit for and host the focus groups. Community Benefit staff developed an invitation list using their contacts - as well as contacts of the community-based organizations - and knowledge of the area. Transportation assistance was offered and participants were promised a small incentive for their time. A nourishing meal (lunch or dinner depending on the time of day) was provided and childcare was offered at the focus groups that included families. Two focus groups were conducted in English and one in Spanish. Two consultants staffed each focus group, serving as facilitators and note takers. These consultants were not directly affiliated with the ministry to ensure candor from the participants.

Nonprofit and Government Stakeholder Focus Group

For the Nonprofit and Government Stakeholder Focus Group, Community Benefit staff developed a list of leaders from organizations that serve diverse constituencies within the hospital's service area. Ministry staff sought to invite organizations with which they had existing relationships, but also used the focus group as an opportunity to build new relationships with stakeholders. Specific effort was made to reach out to stakeholders in non-health sectors, such as education and law enforcement. Participants were not given a monetary incentive for attendance, but a catered lunch was provided. As with the resident focus groups, this group was facilitated by outside consultants without a direct link to St. Joseph Health.

Resident Community Forum

Recruitment for the Resident Community Forum was much broader to encourage as many people as possible to attend the session. Community Benefit staff publicized the event through flyers and emails using their existing outreach networks, and also asked their partner organizations to invite and recruit participants. Everyone who attended a focus group was invited to the Community Forum. No formal invitation list was used for the forum and anyone who wished to attend was welcomed. The forum was conducted by an outside consultant in English, with simultaneous Spanish language translation for anyone who requested it. Light hors d'oeuvres were provided.

While the focus groups followed a similar protocol to each other in which five to six questions were asked of the group, the forum followed a different process. The lead facilitator shared the health needs that had emerged from the CHNA process so far and asked the participants to comment on them and add any other concerns. Once the discussion was complete, the participants engaged in a cumulative voting process using dots to indicate their greatest concerns. Through this process, the forum served as something of a "capstone" to the community input process.

Data Limitations and Information Gaps

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.

- Not all desired health-related data was available. As a result proxy measures were used when available. For example, there is limited community or zip code level data on the incidence of mental health, or many health behaviors such as substance use.
- Data that is gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as rates of uninsured) and the most recent data available is not a good reflection of the current state.
- Zip code areas are the smallest geographic regions for which many health outcomes and health behavior indicators are publicly available. It is recognized that even within zip codes, there can be populations that are disproportionately worse off. For example, within smaller geographic areas, such as census tracts, socio-economic data provides a more granular understanding of disparity at the neighborhood level. As previously mentioned, census tract health outcome and health behavior data was not publicly available to paint a complete picture of community level need.
- Data for zip codes with small populations (below 2000) is often unreliable, especially when the data is estimated from a small sample of the population. In the total service area, Bayside, Blue Lake, Fields Landing, Klamath, Kneeland, Loleta, Orick, Samoa, and Willow Creek each had fewer than 2,000 people.
- Information gathered during focus groups and community forums is dependent on who was invited and who showed up for the event. Efforts were made to include people who could represent the broad interests of the community and/or were members of communities of greatest need.
- Fears about deportation kept many undocumented immigrants from participating in the focus groups and community forum and made it more difficult for their voice to be heard.

Process for gathering comments on previous CHNA

The previous Community Health Needs Assessment, completed in FY14, was made publically available on the St. Joseph Hospital website indicating that comments should be sent to the Director of Community Benefit. No comments were received.

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 Significant Health Needs

The matrix below shows the 13 health needs identified through the selection process, and their final prioritized scores. The check marks indicate each source of input and whether this issue was identified as a need by that input process.

Significant Health Need	Health Category	Total Rank Score	Community Data	Resident Focus Groups (FG)	Non-profit/ Govt. Stakeholder FG	Community Forum
Housing Concerns	Physical Environment	50.3	✓	✓	✓	✓
Mental Health	Health Outcome	50.0	✓	✓	✓	✓
Substance Abuse	Health Behavior	48.5	✓	✓	✓	✓
Food and Nutrition	Health Behavior	46.5	✓	✓		✓
Access to Resources	Clinical Care	44.0	✓	✓	✓	✓
Economic Insecurity	Socioeconomic	39.5	✓	✓	✓	✓
Insurance and Cost of Care	Clinical Care	39.0	✓	✓		✓
Smoking	Health Behavior	39.0	✓		✓	
Crime and Safety	Physical Environment	36.8	✓	✓		✓
Asthma	Health Outcome	35.0	✓			
Heart Disease	Health Outcome	34.5	✓			
Dental Care	Clinical Care	33.8		✓		✓
Homelessness	Socioeconomic	22.0*	✓	✓	✓	✓

Definitions:

Housing Concerns: Includes affordability, availability, overcrowding, and quality of housing as well as the condition of homelessness, its prevention, and its impact on individuals and communities. Indicator data shows this can be a problem across most of the service area. Housing was frequently discussed as a challenge in the community focus groups, was a major theme in the stakeholder group and received the highest number of votes in the community forum.

Mental Health: Covers all areas of emotional, behavioral, and social well-being for all ages. It includes issues of stress, depression, coping skills, as well as more serious health conditions such as mental illness and Adverse Childhood Experiences.

Substance Abuse: Pertains to the misuse of all drugs, including alcohol, marijuana, methamphetamines, opiates, prescription medication, and other legal or illegal substances. It does not encompass cigarette smoking, which was considered as a separate significant health need.

Food and Nutrition: Concerns about healthy eating habits, nutrition knowledge, and challenges of cost and availability of healthy options. It also includes concerns around food insecurity and hunger.

Access to Resources: Includes most barriers to accessing health care services and other necessary resources, such as transportation, a shortage of providers, particularly specialists, language barriers, and resources being unavailable outside of working hours.

Economic Insecurity: Identified as a root cause of other health issues, this issue covers the effects of poverty and economic challenges as well as difficulties around finding jobs that pay livable salaries.

Insurance and Cost of Care: Includes access to health care for those without insurance and those who have insurance, but for whom costs of premiums, co-pays, prescriptions, and other needs are excessively burdensome. It also encompasses issues around the complexities of the system and its navigation.

Smoking: The health behavior and effects of smoking cigarettes and other forms of tobacco use. It does not include marijuana use, which is included in substance abuse.

Crime and Safety: Encompasses the incidence of crime and violence as well as the fear of it, which prevents people from using open space or enjoying their community.

Asthma: Includes the treatment of and management of asthma.

Heart Disease: Encompasses the prevention of heart disease as well as its incidence and treatment.

Dental Care: Includes knowledge of dental health and the availability of providers and dental insurance, as well as the cost of services.

Homelessness: Homelessness was discussed both for its impact on the homeless but also on the community. *The internal work group opted not to score "Homelessness" as it was closely tied to Mental Health, Substance Abuse, and Housing, and not necessary a separate issue.

Community Health Needs Prioritized

St. Joseph Hospital Eureka will address the following priority areas as part of its FY18-FY20 CB Plan/Implementation Strategy Report:

- Housing Concerns
- Mental Health/Substance Abuse

- Food and Nutrition (as influenced by Economic Insecurity)

Housing Concerns was the highest ranked concern after Step 2 of the Prioritization process, and a major concern of the community and stakeholders. It was widely discussed in every focus group and housing received the most votes in the forum. Community members focused on the lack of availability and poor quality of housing, the growing scope of the homelessness problem, and the interrelatedness of these issues to each other. The data shows that a majority of renters pay more than 30% of their income on rent, and this figure is much worse for some communities. The Community Benefit Committee discussed how affordable housing is an issue that affects all communities in our service area, but is a significant hardship for the more vulnerable members of our community such as seniors, persons with disabilities, single mothers with children and low-income families. Furthermore, the aging and sub-standard housing conditions create or exacerbate health problems. The Community Benefit Committee has a desire to address community-level, root causes of poor health and discussed how housing is one of the key social determinants of health.

Mental Health and Substance Abuse were combined by the Community Benefit Committee as the two areas are closely connected and often individuals have co-occurring or dual-diagnosis for mental illness and substance abuse. At the conclusion of the prioritization process, they were the second highest ranked concern. Both were strongly supported by the community process: Substance Abuse was the most widely discussed topic in focus groups, and Mental Health was discussed in each focus group and received the second highest number of votes in the community forum. Both issues were linked to many other concerns such as economic challenges, housing, homelessness, crime, and immigration. While data on mental health is difficult to obtain, 11% of adults in the Counties self-reported “serious psychological distress” compared to 8% for California. The suicidal ideation rate for adults in Humboldt County is 17% compared to 8% for the state as a whole, and per-capita youth suicide rates are much higher than the state. Substance abuse data shows the age-adjusted mortality rate due to unintentional overdoses in Humboldt County is more than double the state average, as is the per-capita number of all drug-related deaths. The rate of alcohol and drug use for teens is 42% for Humboldt County, 14 percentage points higher than California. Data on mental health and substance abuse in Del Norte County has limitations due to sample size but overall is similar to that of Humboldt.

Food and Nutrition, as influenced by Economic Insecurity, was a major issue in the community focus groups and the forum, as residents raised concerns about the cost, availability, and ease of preparing healthy food as well as a lack of supermarket availability and quality. Data about this issue is somewhat inconsistent. Obesity levels for the service area are only a percentage point higher than California averages (27% vs. 26%) and some measures of food insecurity for the service area are comparable to the state. However, Feeding America estimates have food insecurity in Del Norte and Humboldt Counties at 18% compared to a state rate of 14%. After the second step of prioritization, Food and Nutrition was the fourth ranked issue. The Community

Benefit Committee had robust discussion around the root cause of food insecurity and how food insecurity can be seen as a function of economic insecurity. These two areas had equal number of votes and tied for the third highest ranked concern.

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 core Community Benefit Programing (Care Transitions, Evergreen Lodge, Community Resource Centers, Paso a Paso and Healthy Kids Humboldt) and by funding other non-profits through our Care for the Poor Community Grants program managed by the St. Joseph Hospital Community Benefit Department.

Furthermore, 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 and resources to meet the identified needs of underserved communities throughout St. Joseph Hospital service areas.

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

While we could not prioritize all of the needs identified, we will be able to effect many of the needs by working on root cause. For example, **Heart Disease** is not a priority need, but we will impact this health outcome by focusing our efforts on promoting good nutrition and food security. **Dental Care** is not a prioritized need but St. Joseph Hospital is committed to working with partners on the multi-year Dental Transformation Grant our Public Health department received from the CA Department of Health Care Services. Additionally, St. Joseph Hospital does not have a program in place to directly prevent **Asthma** occurrence in our service area; however, we partner with several entities, including the public health department that do address asthma prevention. Furthermore, our efforts to improve the quality of housing in our service has the potential to impact asthma occurrence.

In addition, St. Joseph Hospital will collaborate with local organization(s) that address aforementioned community needs, to coordinate care and referral and address these unmet needs.

COMMUNITY BENEFIT PLAN

Summary of Community Benefit Planning Process

Evaluators from The Olin Group performed a rigorous review of the publicly-available data and community input to identify 12 significant health needs for St. Joseph Hospital Eureka.

The selection process began with the development of a general list of potential health needs, derived from a broad review of the indicator data, focus group findings, and literature around health concerns and social determinants of health. The goal of the selection process was to analyze the wide variety and large quantity of information obtained through the quantitative and qualitative processes in a consistent manner. Each source of input was considered as follows:

- **Quantitative Data:** Weighting was based on how the service area compared to California and county averages and how individual cities and zip codes compared to the service area averages. Note that for some health needs, data was not readily available.
- **Resident Focus Groups:** Focus Group transcripts and notes were reviewed and considered both at the individual focus group level and collectively across focus groups. Weighting was related to how often and how extensively an issue was discussed by the participants.
- **Stakeholder Focus Group:** Weighting for the stakeholder group was based on how strongly the problem was discussed by the participants, and the extent of agreement among the participants about the problem.
- **Community Resident Forum:** The Community Forum was designed to measure the importance of an issue to attendees. The forum ended with “dot voting” on significant health issues allowing all participants to have a voice in indicating which issues were most important to them. Issues that received more votes were considered to be more important to the community.

In developing the list of significant health needs, the quantitative data was given equal weight to the community input. After reviewing and rating all the available information, the list of potential health needs was ranked from greatest to lowest need for the ministry and the top 12 were recommended by The Olin Group for further consideration.

Before the final selection of significant health needs, two reviews took place. First, The Olin Group reviewed the list to determine if there were needs that were identified as priorities through the community process but not highlighted by the data, or for which no data was available. In some cases, a significant health need may have been added to the list due to this review. In the second review, the Community Benefit Lead examined the list, using her ministry-specific knowledge to determine if the significant health needs should be consolidated or added. Once the review was completed, the list was finalized for prioritization.

Prioritization Process and Criteria

To rank order the list of significant health needs and ultimately select the three health needs to be addressed by St. Joseph Hospital Eureka, a four-step process was followed that incorporated the experience, expertise, and perspective of both internal and external stakeholders of the ministry. The criteria and rating scales can be found in Appendix 5.

Step 1: Using criteria that were developed in collaboration with the St. Joseph Health Community Partnerships Department and the Community Benefit Lead, The Olin Group Evaluation Team scored each health need on seven criteria.

- **Seriousness of the Problem:** The degree to which the problem leads to death, disability, and impairs one's quality of life
- **Scope of the Problem 1:** The number of people affected, as a percentage of the service area population
- **Scope of the Problem 2:** The difference between the percentage of people affected in the service area compared to regional and statewide percentages
- **Health Disparities:** The degree to which specific socioeconomic or demographic groups are affected by the problem, compared to the general population
- **Importance to the Community:** The extent to which participants in the community engagement process recognized and identified this as a problem
- **Potential to Affect Multiple Health Issues:** Whether or not this issue is a root cause, and the extent to which addressing it would affect multiple health issues
- **Implications for Not Proceeding:** The risks associated with exacerbation of the problem if it is not addressed at the earliest opportunity

Step 2: The Community Benefit Lead for St. Joseph Hospital Eureka and Redwood Memorial Hospital convened a working group of internal stakeholders to complete the second stage of prioritization. Before the process of prioritization began, the working group chose to combine "Housing Concerns" with "Homelessness" and rank them as a single combined item. This working group applied five criteria to each need.

- **Sustainability of Impact:** The degree to which the ministry's involvement over the next three years would add significant momentum or impact, which would remain even if funding or ministry emphasis on the issue were to cease.
- **Opportunities for Coordination and Partnership:** The likelihood that the ministry could be part of collaborative efforts to address the problem.
- **Focus on Prevention:** The existence of effective and feasible prevention strategies to address the issue.
- **Existing Efforts on the Problem:** The ability of the ministry to enhance existing efforts in the community.
- **Organizational Competencies:** The extent to which the ministry has or could develop the functional, technical, behavioral, and leadership competency skills to address the need.

Step 3: Two final criteria were considered by the Community Benefit Lead for each health need.

- **Relevance to the Mission of St. Joseph Health:** Is this area relevant to or aligned with the Mission of St. Joseph Health?
- **Adherence to Ethical and Religious Directives:** Does this area adhere to the Catholic Ethical and Religious Directives?

If the answer was “No” to either question, the health need was dropped from further consideration. None of the needs were dropped at this step.

Step 4: The final step of prioritization and selection was conducted by the St. Joseph Hospital Eureka and Redwood Memorial Hospital Community Benefit Committee, which reviewed the list of identified health needs rank-ordered by the results of the first three steps of the prioritization process. The Committee discussed each need and its relevance to the ministry, the potential for progress on the issue, and the potential role of the ministry in addressing the need. After extensive discussion, the Committee selected three priorities for inclusion in the plan.

**Addressing the Needs of the Community:
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan
FY18 Accomplishments**

1. Initiative/Community Need being Addressed: Housing

Goal (anticipated impact): Increase pathways to safe and affordable housing

Outcome Measure	Baseline	FY18 Target	FY18 Results
Number of projects related to increasing safe and affordable housing (permanent or temporary/transitional)	3 <i>(numbers 2-4 below)</i>	Addition of 1-2 new projects	3 new projects added <i>(numbers 1, 5 and 6 below)</i>

Strategy(ies)	Strategy Measure	Baseline	FY18 Target	FY18 Results
1. Low income housing development	Number of projects	0	1	1 low income housing project/permanent supportive housing is under construction; anticipate completion in 2019
2. Medical Respite Program	Respite bed days (new measure: housing status of respite patients at discharge)	1500 Unknown	1750 TBD	1434 respite bed days <i>(CY18 is on track to exceed target)</i> Of those that completed respite 82% had more stable housing upon discharge
3. Community Building Initiatives (CBI)	Number of communities with a CBI project	1 completed 3 current	1 completed 3 current	1 completed (Loleta) 1 in final year (W. Eureka) 2 in first year of implementation (Peninsula, Bridgeville)

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4. Evergreen Lodge	# of people served # of nights lodging	444 people 2941 nights	TBD	434 people 3,098 nights Net Benefit \$156,444
5. Housing policy work through the SJH-Community Partnership Fund's Intersections initiative	Intersections backbone identified	0	Backbone in place	WCIA is backbone organization for Intersections and received a planning grant from the Fund
6. Housing as a driver of Economic Development with RREDC	Partnership in place with Redwood Region Economic Development Commission (RREDC)	0	Partnership in place	Grant made to RREDC to support Housing policy work

Evidence Based Sources: Prevention Institute, Preventing medical high utilization through improving the community conditions that shape health, i.e. the Social Determinants of Health <https://www.preventioninstitute.org/projects/prevention-approach-medical-high-utilization>, Center for Outcomes Research and Education (CORE): <http://oregon.providence.org/our-services/c/center-for-outcomes-research-and-education-core/social-determinants-of-health/housing-and-health/>, American Hospital Association

Key Community Partners: Builders, Betty Kwan Chinn Homeless Foundation, Communities of Loleta, W. Eureka, Bridgeville and Peninsula, Redwood Community Action Agency, California Center for Rural Policy, Clean and Sober Houses, Alcohol and Drug Care Services, City and County Public Agencies, Evergreen Lodge Advisory Board, Arcata House Partnership, Partnership HealthPlan of CA

Resource Commitment: Operating budget, Care for the Poor funds, Care Transitions staff time, Community Benefit Operations staff time, SJH-HC BOT time

FY18 Accomplishments: Housing is a new priority for St. Joseph Hospital in FY18. While we did have three programs in place that directly pertain to housing, we also implemented new partnerships and programs to address this need that was identified in our FY17 CHNA.

Homeless or housing insecure patients discharged from the hospital stayed a total of 1,434 bed days in respite in FY18. Furthermore, the St. Joseph Hospital CARE Network multidisciplinary team provided intensive case management to these patients which resulted in reduced hospital readmissions, increased follow up with community based primary care and specialty care physicians, and 82% of those individuals that completed their respite stay, transitioned to more stable housing at discharge. While FY18 missed our target, CY18 is on track to exceed the target.

Evergreen Lodge has been a core Community Benefit program for almost 30 years and supports cancer patients with temporary lodging while undergoing treatment at St. Joseph Hospital. These patients have long distances to travel; the lodge provide a home away from home during a vulnerable time in a person's life. Guests staying at Evergreen lodge receive a warm welcome from hospital volunteers and support services from a medical social worker.

The SJH Community Partnership Fund Community Building Initiatives (CBI) are resident led health and wellness capacity building projects which have positive change in low-income communities with a focus on the social determinants of health. In FY18 Humboldt County had three current CBI projects in the communities of West Eureka, Bridgeville and the Peninsula. Each community decides on their primary focus and each is customized to the micro-community served, but all have safe housing as a component of their plan.

St. Joseph Hospital added three new programs in FY18 to address the housing needs of the community. We partnered with Strombeck Properties, Arcata House Partnership, Redwood Community Action Agency and Partnership HealthPlan of CA to convert a run-down former care home into housing for formerly homeless families. Funding has been secured, permitting is complete and construction has begun. We anticipate completion in 2019. We also joined forces with RREDC to address housing as an economic development issue as well as a health issue. Early work has focused on county-wide housing opportunities, assessment of current housing related policies and hosting a forum to bring key stakeholders together. And finally, in partnership with the SJH Community Partnership Fund, we launched the Humboldt Intersections Initiative with Prevention Institute to look at housing as a key driver of upstream community health and wellness. The backbone organization is the Westside Community Improvement Association (WCIA) who has been a leader in community level change in West Eureka. The Intersections initiative is currently in a planning phase and will move to implementation in 2019.

**Addressing the Needs of the Community:
 FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan
 FY18 Accomplishments**

2. Initiative/Community Need being Addressed: Mental Health and Substance Abuse

Goal (anticipated impact): Improve health and advance health equity in the communities served by St. Joseph Hospital through a comprehensive set of approaches that include clinical services and also strategically addressing the upstream community determinants of health (physical/built environment, social/cultural environment, and economic environment).

Outcome Measure	Baseline	FY18 Target	FY18 Results
Number of downstream and upstream approaches adopted	Access to care (downstream) = 3 Primary Prevention (upstream) = 2	Add one approach each for downstream and upstream efforts	Downstream = number 1a and 2 added Upstream = number 2 and 3 added

Strategy(ies)	Strategy Measure	Baseline	FY18 Target	FY18 Results
1. Increased clinical services for mental health and substance abuse	a. Waterfront Recovery Services (WRS) metrics	No medical detox in Humboldt County	Open WRS, issue quarterly reports	Opened on 11/1/2017 Quarterly reports issued \$1.2M Well Being Trust grant
	b. Counseling for Spanish speakers	One contract with LCSW	Maintain contract with LCSW	Contract in place with Spanish speaking LCSW
	c. Care Transitions Program	3 services lines, intensive community-based case management, multidisciplinary team approach	Maintain	Care Transitions in place; regional alignment and name change to CARE Network in progress Net Benefit \$717,357
2. Accountable Community for Health	Fully functional ACH model	No ACH in Humboldt County	Meet FY18 targets per ACH plan	FY18 targets met <i>See appendix for more information</i>

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<p>3. Engage a strategic and comprehensive local coalition of partners to address the upstream community determinants of health across the Spectrum of Prevention and the Adverse Childhood/Community Experiences and Resilience framework</p>	<p># of partners engaged in this coalition</p>	<p>0</p>	<p>6</p>	<ol style="list-style-type: none"> 1. First 5 Humboldt 2. DHHS 3. Humboldt Area Foundation 4. McLean Foundation 5. Footprint Foundation 6. Vesper Society 7. Smullin Foundation 8. Humboldt County Office of Education 9. Humboldt Health Foundation
<p>4. Stigma Reduction</p>	<p>May is MH Awareness Month</p>	<p>Participation</p>	<p>Continued Participation</p>	<p>Expanded participation, increased from nine events prior year to 13 events in FY18</p>
<p>5. Build the Social/Cultural environment</p>	<ol style="list-style-type: none"> a. Community Resource Centers (CRCs) b. Paso a Paso c. Community Building Initiatives (CBI) d. English Express 	<p>TBD</p>	<p>TBD</p>	<p>All programs in place and continue to focus on a variety of upstream, mental health and wellness activities</p> <ol style="list-style-type: none"> a. See RMH report for Net Benefit b. Paso a Paso Net Benefit \$319,867 c. See Housing for CBI information d. Funding support in FY18
<p>6. Care for the Poor Community Grants</p>	<p># number of grants \$ amount invested</p>	<p>12 grants \$131,000</p>	<p>TBD</p>	<p>10 MH/SUD grants \$112,972 invested</p>

Evidence Based Sources: The Well Being Trust, Providence St. Joseph Health, CA Each Mind Matters Campaign, Center for Disease Control and Prevention, Prevention Institute, National Healthcare for the Homeless Council

Key Community Partners: Alcohol and Drug Care Services, Redwood Community Action Agency, City and County Public Agencies, Local Spanish-speaking counselors, North Coast Grant-making Partners (First 5 Humboldt, Humboldt Area Foundation, Smullin Foundation, McLean Foundation, Vesper Society, Humboldt Health Foundation, Footprint Foundation), Humboldt Network of Family Resource Centers, California Center for Rural Policy, North Coast Health Improvement and Information Network (NCHIIN)

Resource Commitment: Operating budget, Care for the Poor funds, Community Resource Center and Paso a Paso staff time, Community Benefit Operations staff time, Mental Health and Wellness Initiative grant funds from the Well Being Trust

FY18 Accomplishments: St. Joseph Hospital made significant progress on our priority need of Mental Health and Substance Abuse, utilizing a comprehensive set of approaches that include increased access to clinical services and also strategically addressing the upstream community determinants of health (physical/built environment, social/cultural environment, and economic environment).

Waterfront Recovery Services (WRS), a 56-bed medically managed detox and residential treatment facility for substance use disorder, opened on November 1, 2017 thanks to a partnership between Alcohol and Drug Care Services and Redwood Community Action Agency. Funding was provided by a \$1.2M grant that St. Joseph Hospital obtained from the Well Being Trust, a new national foundation that was seeded by Providence St. Joseph Health. Through August 2018, WRS had admitted 411 people to detox and 131 people directly to residential treatment. They have a 72% completion rate for detox and 66% completion rate for residential treatment. Prior to WRS, Humboldt and the surrounding counties only had access to an 11-bed social detox program in an old and crumbling Victorian-era house located in Eureka. In FY18, WRS has hired medical staff, is certified by the state, is aligned to this highest standard of care identified by the American Society of Addiction Medicine and has diversified their payer mix with the goal of being able to care for all people on the North Coast. St. Joseph Hospital realizes that building the capacity of key community-based partners is crucial to caring for those with mental health conditions and substance use disorders in our service area.

St. Joseph Hospital continues to provide free-of-charge psychotherapy sessions to Spanish-speaking individuals and families through our Care for the Poor funding and in FY18 helped 12 unduplicated people receive free counseling. As we continue to hear stories of fear, anxiety and stress from legal immigrants living in our community, the need for psychotherapy is greater now than it has ever been.

The Care Transitions program continues to provide short term, community-based, intensive case management services from a multidisciplinary team to people experiencing MH conditions, SUD and homelessness. In FY18 they served 93 unduplicated individuals

through their Medical Respite and recuperative care program. There is NorCal regional work with Queen of the Valley and Santa Rosa Memorial to build on best practices and standardize some of the staffing and reporting metrics, as well as a consistent name. Look for this new name, CARE Network in FY19.

While St. Joseph Hospital is aware of and is responding to the need for increased access to clinical care for MH and SUD, we also realize the value of upstream, primary prevention activities and thus have partnered with several organizations to create a Humboldt County ACEs Coalition that aims to prevent adverse childhood and community experiences and build individual and community resilience. This work is just beginning and will continue over the course of our FY18-FY20 implementation plan.

For the last several years, St. Joseph Hospital has dedicated funding and staff time towards the county-wide stigma reduction and mental health awareness month in May. This year we increased our participation, hosting new events, passing out green ribbons, and publishing articles and infographics in the local newspaper as well as reading a statement at the county Board of Supervisors MH Month Proclamation. The RMH Eureka Community Resource Center held a white board challenge which invited community members to share their personal message around mental health and wellness. And the SJE/RMH Paso a Paso program held a screening of the movie *Inside Out* in Spanish to provide a family-friendly platform to discuss emotions and feelings. In FY17 St. Joseph Hospital hosted 9 event and in FY18 we increased that to 13 stigma reduction events.

Through our core Community Benefit programs and funding, St. Joseph Hospital realizes the importance of building social connections and celebrating culture as foundational components of overall health and mental wellbeing. We strive to bring people together, prevent social isolation and help people and communities find their own voice and power. Our Care for the Poor Community Grants provided \$112,972 to 10 organizations in the area of MH and SUD.

**Addressing the Needs of the Community:
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan
FY18 Accomplishments**

3. Initiative/Community Need being Addressed: Food and Nutrition (as influenced by Economic Insecurity)

Goal (anticipated impact): Increase access to affordable and nutritious foods – with emphasis on locally sourced foods – throughout the county for low income families, children and seniors.

Outcome Measure	Baseline	FY18 Target	FY18 Results
TBD	TBD	TBD	TBD

Strategy(ies)	Strategy Measure	Baseline	FY18 Target	FY18 Results
1. CalFresh Grant from DHHS (outreach and enrollment)	Number of CalFresh beneficiaries in Humboldt County	20,610 CalFresh beneficiaries (2017)	2% increase from baseline	Per County of Humboldt, 19,811 CalFresh beneficiaries as of Sept 2018; this is a decline of 799 or 3.9% from 2017
2. Pasa a Pasa food distributions	# of people served by gleaning program	N/A	TBD	111 unduplicated people served
3. Increase local food sourcing	a. Hospital farm direct purchasing b. Hospital CSA program with Shakefork Community Farm c. SSI market match with North Coast Growers Association d. Locally Delicious Farmer's fund	TBD	TBD	\$14,395 farm direct purchasing Hospital CSA program completed in 2018 \$15,000 grant for SSI market match \$5,000 grant for Farmer's Fund
4. Care for the Poor Community Grants	# number of grants \$ amount invested	13 grants \$157,000	TBD	10 food security grants \$137,028 invested
5. Food Security and	Complete survey use results for	Survey done in 2013,	1 new	In 2018, planning underway for

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Food Pantry survey with FFP and CCRP	program development and/or policy change	2015, 2017	program/policy	new health screenings with RNs at food pantries/CRCs; to begin in 2019
6. HKH VITA program participation	# tax returns prepared \$ refunded to low-income families	60 returns \$105,073 refunded	TBD	66 returns \$128,320 refunded
7. Look for opportunities to partner with Economic Development entities	# of new partnerships	0	1	1 new partnership with Redwood Region Economic Development Commission

Evidence Based Sources: Centers for Disease Control and Prevention, American Hospital Association, United States Department of Agriculture

Key Community Partners: Department of Health and Human Services, Food for People, Community Alliance with Family Farmers, 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, Loleta Elementary School, Local Farmers

Resource Commitment: Operating budget, Care for the Poor funds, Community Resource Center, Paso a Paso and Healthy Kids Humboldt staff time, Community Benefit Operations staff time

FY18 Accomplishments: For many years, St. Joseph Hospital has responded to the food security and nutrition needs of the people living in Humboldt County. We have partnered closely and help fund key food security organizations such as Food for People, the Humboldt Senior Resource Center and St. Vincent de Paul. In FY18 we continue to partner with the County of Humboldt on CalFresh outreach and enrollment. There was a small decline in overall CalFresh beneficiaries which mirrors state trends. General consensus is that this is due to improved economic conditions. Our core Community Benefit programs such as Paso a Paso and the RMH Community Resource Centers continue to offer a variety of food security and nutrition programs – everything from food pantries, emergency and senior food bags, weekend food backpacks for school age children, community gardens, canning and food preservation classes, as well as a gleaning program. St. Joseph

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Hospital also realizes the importance of supporting the local economy and working to prevent economic insecurity as a root cause of food insecurity. We support local farmers whenever possible through various, innovative food programs; and our both SJE and RMH cafeterias started seasonal farm direct purchasing in FY18 thanks to an internal Budget Philosophy grant and technical assistance provided by Community Alliance with Family Farmers. In addition, our Healthy Kids Humboldt program participates in the VITA program, an evidence-based anti-poverty program and was successful in completing 66 tax returns that refunded \$128,320 to the working poor. We are partnering with RREDC for the first time and will continue to look for innovative partnerships, programs and funding opportunities to address the root causes of food insecurity.

In FY18 we eliminated one strategy which was to advocate for policies and food system changes. This is something our PSJH government relations team is doing so will defer to them on advocacy related issues.

Other Community Benefit Programs and Evaluation Plan

Initiative/Community Need Being Addressed:	Program Name	Description	Target Population (Low Income or Broader Community)	FY18 Accomplishments
1. Access to Care	Physician Recruitment	Recruitment and retention efforts for primary and specialty care physicians and mid-level practitioners	Broader Community	Net Benefit \$703,637
2. Access to Care	Family Practice Residency Program	New residency program, in partnership with Open Door, to train ~6 family practice residents per year	Broader Community	Net Benefit \$156,373
3. Access to Care	Gardner Group	Insurance enrollment assistance for hospitalized patients	Broader Community	Net Benefit \$703,637
4. Support Services	Facility Use	Free meeting room space at the hospital for non-profits or other like-minded groups/organizations	Broader Community	Net Benefit \$157,461
5. Education	Intern programs for allied professionals and registered nurses	Interns are trained in multiple hospital departments including pharmacy, rehabilitation, physical therapy, occupational therapy, social work and nursing	Broader Community	Net Benefit \$43,973

FY18 Community Benefit Investment

In FY18 St. Joseph Hospital invested a total of \$625,000 Care for the Poor dollars in key community benefit programs. Charity Care, which is free or discounted care as outlined by our Financial Assistance Policy (FAP), was \$2,029,564 and Medicaid shortfall was \$3,069,301 however, when hospital fee was accounted for it was (\$6,492,133).

FY18 COMMUNITY BENEFIT INVESTMENT

St. Joseph Hospital, Eureka

(ending June 30, 2018)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ³	Net Benefit
Medical Care Services for Vulnerable ⁴ Populations	Financial Assistance Program (FAP) (Traditional Charity Care-at cost)	\$2,029,564
	Unpaid cost of Medicaid ⁵	(\$6,492,133)
	Unpaid cost of other means-tested government programs	\$134,747
Other benefits for Vulnerable Populations	Community Benefit Operations	\$309,341
	Community Health Improvements Services	\$2,082,351
	Cash and in-kind contributions for community benefit	\$420,951
	Community Building	\$18,395
	Subsidized Health Services	\$0
Total Community Benefit for the Vulnerable		(\$1,496,784)
Other benefits for the Broader Community	Community Benefit Operations	\$0
	Community Health Improvements Services	\$749,705
	Cash and in-kind contributions for community benefit	\$205,198
	Community Building	\$10,252
	Subsidized Health Services	\$0
Health Professions Education, Training and Health Research	Health Professions Education, Training & Health Research	\$200,346
Total Community Benefit for the Broader Community		\$1,165,501
TOTAL COMMUNITY BENEFIT (excluding Medicare)		(\$331,283)
Medical Care Services for the Broader Community	Unpaid cost to Medicare ⁶ (not included in CB total)	\$26,797,022

³ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

⁴ 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 SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

⁵ 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.

⁶ Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.

Telling Our Community Benefit Story: Non-Financial⁷ Summary of Accomplishments

The employees, volunteers and physicians of St. Joseph Hospital are the greatest non-financial asset the organization provides for the community. Our team of caregivers is dedicated to providing the best patient-centered health care available on the North Coast and volunteer in the community on a regular basis.

In FY18 St. Joseph Hospital continued two programs for caregivers – a *Living the Legacy* formation opportunity and *Schwartz Rounds* which is a nationally recognized program to preserve and protect the human connection in health care. Caring for the caregiver and providing an excellent experience for every patient that needs our care are a central focus for St. Joseph Hospital. From quiet hours to friendly greetings, St. Joseph Hospital employees, volunteers and physicians embrace our vision outcomes of perfect care, sacred encounters and healthy communities.

Our caregivers 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 and Alzheimer's Awareness Walk, our caregivers consistently give back. Caregivers volunteer time to serve on non-profit community boards and they generously donate their hard-earned dollars towards efforts to assure stable health care access 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 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.

We organize a back-to-school supply drive for our area's children and a collect hygiene products to donate to those in need. In FY18 we collected 101 fully stocked backpacks for children in our service area so they could begin the school year ready to learn. We donate excess hospital food to churches and food-security organization and in FY18 we donated inhalers to people affected by wild fires in our area.

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.

⁷ Non-financial summary of accomplishments are referred to in CA Senate Bill 697 as non-quantifiable benefits.

Governance Approval

This FY18 Community Benefit Report was approved at the November 28, 2018 meeting of the St. Joseph Hospital Community Benefit Committee of the Board of Trustees.

Becky Giacomini

Chair's Signature confirming approval of the FY18 Community Benefit Annual Report

11/28/2018

Date

PROVIDENCE ST. JOSEPH HEALTH

[Providence St. Joseph Health](#) is a new organization created by Providence Health & Services and St. Joseph Health with the goal of improving the health of the communities it serves, especially those who are poor and vulnerable.

Together, our 111,000 caregivers (all employees) serve in 50 hospitals, 829 clinics and a comprehensive range of services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. The Providence St. Joseph Health family includes: Providence Health & Services, St. Joseph Health, Covenant Health in West Texas, Facey Medical Foundation in Los Angeles, Hoag Memorial Presbyterian in Orange County, Calif., Kadlec in Southeast Washington, Pacific Medical Centers in Seattle, and Swedish Health Services in Seattle

Bringing these organizations together is a reflection of each of our unique missions, increasing access to health care and bringing quality, compassionate care to those we serve, with a focus on those most in need. By coming together, Providence St. Joseph Health has the potential to seek greater affordability, achieve outstanding and reliable clinical care, improve the patient experience and introduce new services where they are needed most.

Appendix 1: Accountable Community for Health (ACH) Progress Report

**ANTICIPATED
OUTCOME #1:**

Develop and implement the infrastructure and governance of the ACH

<u>STRATEGY FOR ACHIEVING OUTCOME</u>	<u>PROGRESS UPDATE</u>	<u>LESSONS LEARNED/ CHALLENGES</u>
Activity 1.1: Establish Governance Committee	<p>The ACH governance committee has been meeting regularly since August 2018. The group currently meets every other month. The project has a steering committee which meets on an ad-hoc basis.</p> <p>The ACH governance committee established a Partnership Agreement instead of an MOU and that document is now being signed by members of the governance committee and workgroups.</p> <p>The four ACH workgroups (Financing, Data, Strategies, and Partnership and Communication) were all launched in January of 2018 and meet regularly.</p>	<ul style="list-style-type: none"> Lesson Learned: NCHIIN initially explored establishing an MOU among ACH Governance Committee members, but it seemed too formal a document at this juncture of the project. Under the advice of our Steering Committee we developed a less formal partnership agreement instead which articulates shared values and objectives held by ACH project stakeholders.
Activity 1.2: Develop ACH dashboard	<p>As part of the community mapping process, NCHIIN has been collecting information on what progress and outcome metrics local treatment and prevention collect as part of evaluating the efficacy of services. While some treatment service providers use Cal OMS, there doesn't seem to be a comprehensive set of community metrics to understanding system effectiveness. NCHIIN will work with a technical assistant consultant to help understand system effectiveness and analyze system gaps.</p> <p>NCHIIN has met with Insight Vision, a company that provides community dashboard services. Insight Vision is currently working with Humboldt County DHHS to display data for their community health assessment and community health improvement data. NCHIIN and DHHS are meeting in July 2018 to determine if NCHIIN might serve as a community host for the Insight Vision platform and if there's utility in using the platform the ACH.</p>	<ul style="list-style-type: none"> Challenge: Initially, it was anticipated that the data workgroup might help evaluate the efficacy of existing services and treatments in Humboldt. After discussion, it was clear this activity might be too complex and political for the ACH data workgroup. NCHIIN will be working with a consultant/technical assistance provider on this initiative instead.
Activity 1.3: Establish Wellness Fund	<p>At the May Governance Committee Meeting, the Governance Committee voted to retain the ACH wellness fund seed funding in an NCHIIN managed bank-account, until the fund reaches a balance of \$250K. The bank account will be opened and seed funding will be deposited in July 2018.</p>	<ul style="list-style-type: none"> The Humboldt ACH's policies and procedures benefited greatly by reviewing a financing report developed for the Sonoma County ACH. This was made available to Humboldt via the peer network through the CACHI communities.

	The ACH Finance Committee has drafted early policies and procedures related to the wellness fund. These policies and procedures will be brought to the Governance Committee at the July 2018 meeting.	
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ANTICIPATED OUTCOME #2: Develop a financing and sustainability plan for the ACH activity

STRATEGY FOR ACHIEVING OUTCOME	PROGRESS UPDATE	LESSONS LEARNED/ CHALLENGES
Activity 2.1: Develop sustainability plan	<p>The ACH financing committee has begun to develop matrices that capture future sources of ACH and wellness fund revenue. This will support work around financial sustainability.</p> <p>Beyond financial sustainability, NCHIIN and the governance committee have begun to establish infrastructure (workgroups, website, charter, etc.) and policies (decision making guidelines, financial policies and procedures, etc.) that support ACH sustainability plans.</p>	<ul style="list-style-type: none"> • None to report
Activity 2.2: Build support amongst key constituencies	<p>Noted in earlier reports, NCHIIN is pleased with the diverse cross-sector team it has assembled for the ACH governance committee. Now that the ACH's four workgroups are launched, participation in ACH activities has an even broader reach across Humboldt County sectors/organizations.</p> <p>To affirm support of collective ACH goals, NCHIIN has developed a partnership agreement and is the process of getting signatures from governance committee and workgroup members.</p>	<ul style="list-style-type: none"> • Lessons learned: See note above regarding MOU vs. Partnership Agreement. • Challenge: Much of the ACH's activities to date have been focused on infrastructure development. For direct service providers, this has been challenge to sustain their interest/engagement during infrastructure build phases. NCHIIN is eager to get going on an ACH strategy to mitigate "analysis paralysis."
Activity 2.3: Increase ACH visibility through communications and meetings	<p>The ACH has finalized its action, vision, and mission statement and it is published on the NCHIIN website.</p> <p>NCHIIN/ACH have been invited to a number of community events with related ACH focuses and has been invited to present at several state and National events. Most notably the HCHT has been invited to participate and present in the Funders Forum September 2018 meeting in Washington DC about how ACHs can be vehicles to regionally address SUD.</p>	<ul style="list-style-type: none"> • Lessons Learned: The process of developing the ACH Action, Vision, Mission statement was lengthy, given the number of stakeholders involved. NCHIIN received excellent support and advice from the Community Benefit Department on an approach to the vision/mission statement which accelerated work.

ANTICIPATED OUTCOME #3: Develop and implement a comprehensive plan that includes a portfolio of interventions to address the selected health issue

STRATEGY FOR ACHIEVING OUTCOME	PROGRESS UPDATE	LESSONS LEARNED/ CHALLENGES
Activity 3.1: Review and update inventory of current activity	The Strategies workgroup is tasked with developing a portfolio of interventions for the ACH initiative. Over time, NCHIIN and the Strategies workgroup have amassed numerous activities and strategies for the portfolio. Working alongside the backbone organization and the Data workgroup, the Strategies workgroup is attempting to streamline the number of strategies included in the portfolio using a combination of criteria, group process, and consultant advice (as detailed above).	<ul style="list-style-type: none"> Challenge: The process of developing portfolio strategies across a multi-sector and diverse large group of stakeholders is complex and takes time. NCHIIN is employing support from technical assistance providers to help with the process. In comparing notes with ACH colleagues, other communities have noted the complexity and slow speed of this task.
Activity 3.2: Identify gaps where either existing activity could be more efficient or where new high-impact strategies should be initiated	As noted above, the ACH will bring on a project consultant to advise NCHIIN and the workgroups to gaps and current system efficiency. New strategies are being vetted through the data and strategies workgroup.	<ul style="list-style-type: none"> See notes above.
Activity 3.3: Implementation of year 1 portfolio	While the Strategies workgroup, data workgroup, and the backbone have been actively working to streamline the existing portfolio of intervention, the Humboldt ACH has not yet finalized the Year 1 Portfolio.	<ul style="list-style-type: none"> Challenge: As stated above.
Activity 3.4: Develop years 2-3 portfolio of strategies	The process of refining the existing portfolio of interventions will include 2 nd and 3 rd year strategies. At this juncture, drafts of the portfolio include short, midterm, and long term projects.	<ul style="list-style-type: none"> None to report at this juncture
Activity 3.5: Develop framework for understanding/characterize AOD misuse	As reported on in prior reports, NCHIIN has completed a robust process of meeting with organizations providing prevention and treatment services for individuals with SUD. In the last 6 months, NCHIIN has completed 16 key informant interviews with individuals with lived experience to understand the Humboldt “system” of prevention/treatment from their point of view. This data will be used in guiding the approach to the portfolio of interventions for Humboldt.	<ul style="list-style-type: none"> Lesson Learned: Humboldt County individuals and organizations have been exceedingly generous in taking time to meet with NCHIIN staff. NCHIIN has leveraged ACH partnerships in connecting to individuals for key informant interviews and these partnerships have been critical to the success of the interview project.