2026-2028

COMMUNITY HEALTH IMPROVEMENT PLAN

Providence Saint John's Health Center

Santa Monica, California

To provide feedback about this CHIP or obtain a free printed copy, please email Justin Joe at justin.joe@providence.org

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EXECUTIVE SUMMARY

Providence continues its Mission of service in the westside of Los Angeles County through Providence Saint John's Health Center. The following Community Health Improvement Plan (CHIP) outlines our strategic response to addressing the prioritized needs from the 2025 Community Health Needs Assessment (CHNA).

Providence Saint John's Health Center dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of people experiencing social inequities and health disparities. The Community Health Needs Assessment (CHNA) is an opportunity for Providence Saint John's Health Center to engage the community every three years with the goal of better understanding community strengths and needs.

The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from interviews with community stakeholders, listening sessions with community members, hospital utilization data, and more.

Our commitment to improving the health of our community extends beyond patient care. Through community health improvement and strategic partnerships, health professions education and research, free, discounted and subsidized care, and other means of outreach, we commit to caring for those we serve through high-impact community benefit programs and investments.

Providence Saint John's Health Center Community Health Improvement Plan Priorities

As a result of the findings of our 2025 CHNA and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, Providence Saint John's Health Center will focus on the following areas for its 2026-2028 Community Benefit efforts:

BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE/MISUSE)

Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we manage stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Specific mental health needs in the Westside include availability of affordable services and reducing the stigma of having a mental health condition. Additionally, in the wake of the recent Palisades Fire, mental health for community members has been significantly affected with many individuals experiencing increased stress, anxiety, and trauma.

Substance use occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco.

HOUSING INSECURITY AND PEOPLE EXPERIENCING HOMELESSNESS

Housing insecurity encompasses several challenges such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. Households are considered “severely cost burdened” if spending more than 50% of household income on housing. The damage caused by Palisades Fire will limit the supply of affordable housing on the Westside. The damage caused by the Palisades Fire is expected to further constrain the already limited supply of housing on the Westside, increasing challenges for individuals and families seeking stable accommodations.

People experiencing homelessness lack a fixed, regular, and adequate nighttime residence; an individual or family who will imminently lose their primary nighttime residence; and any individual or family who is fleeing, or is attempting to flee, domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing. Health and housing instability are inextricably linked. Health problems can cause a person to experience homelessness and being unhoused can exacerbate existing health issues.

ACCESS TO CARE

While the Saint John’s service area has lower percentages of people without health insurance compared to the rest of LA County, access to care goes beyond health insurance coverage. Additional barriers identified specifically by community stakeholders in the Westside include limited appointment availability for primary and specialty care (especially for patients with Medi-Cal coverage), long travel distances or lack of transportation, culturally appropriate care, and care coordination.

However, people without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. In addition, obtaining coverage for lower income households will become more challenging as new policy changes will impact eligibility for Medi-Cal, and premium and co-pay costs for Covered California.

INTRODUCTION

Who We Are

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

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Providence Saint John's Health Center has served Westside Los Angeles for more than 80 years. The nationally renowned, 266-bed hospital delivers advanced diagnostic technology and specialty care with a strong focus on heart and vascular care, oncology, orthopedics and women's health. Saint John's earned a 4-star rating from the Centers for Medicare and Medicaid Services and ranks among the top 10 hospitals in Los Angeles and Orange Counties and the top 19 in California in U.S. News & World Report's "Best Hospitals" list.

Our clinical institutes drive high-quality care for the community. Saint John's is home to the Saint John's Cancer Institute and Pacific Neuroscience Institute, both recognized for groundbreaking research and treatment. Additional institutes specialize in digestive health, orthopedics and spine, women's health and wellness, heart and vascular care and behavioral health.

These institutes combine advanced medical expertise with personalized, compassionate care tailored to each patient. Physicians and care teams use innovative technology and minimally invasive treatments to deliver effective therapies, improve outcomes and speed recovery. Through a strong commitment to research, Saint John's offers access to clinical trials and the latest medical advancements.

Founded by the Sisters of Charity of Leavenworth and sponsored by Providence Health & Services since 2014, Saint John's upholds the Catholic health care tradition of delivering leading-edge medicine with compassion and personalized care. As a nonprofit, Saint John's invests in community benefit programs, prioritizing the poor and vulnerable.

Through the commitment of physicians, nurses, staff, volunteers and community partners, Saint John's continues to advance its legacy of breakthrough medicine in an environment of inspired healing.

Our Commitment to Community

Providence Saint John's Health Center dedicates resources to improve the health and quality of life for the communities and people we serve. For more information, refer to the Annual Report to our Communities and Community Health Needs Assessments/Community Health Improvement Plans.

Equity Practices in the CHIP

At Providence, we are committed to addressing the underlying and root causes of health disparities and inequities in the communities we serve. We work to address not only the clinical factors that determine a person's length and quality of life, but also the social and economic dimensions, physical environment, and other factors that play a role in determining health outcomes. Addressing these factors includes leveraging community strengths and utilizing evidence-based, leading practices.

Through literature and our community partners, we recognize that long-standing systemic inequities exist and that they can lead to health disparities. We routinely evaluate health disparities in the communities we serve and use qualitative and quantitative data to inform how we enhance access to high-quality, evidence-based care. The purpose of the CHIP is to respond to and address the needs identified by our communities. The CHIP strategies are based on the CHNA data to meet the highest level of need, which is ultimately in service to all our community members.

Financial Assistance Program

Our mission is to improve the health and well-being of each person we serve, regardless of ability to pay. We believe no one should delay seeking needed medical care because they lack health insurance. Providence has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND RESULTS

Our Community and the Community Health Needs Assessment Process and Results

Providence Saint John's Health Center conducted a 2025 Community Health Needs Assessment (CHNA) The CHNA service area is the westside region of Los Angeles County.

The CHNA is an opportunity for Providence hospitals to engage the community every three years with the goal of better understanding strengths and needs. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relies on several sources of information: state and national public health data, qualitative data from key informant interviews and community listening sessions, hospital utilization data, and more. An oversight committee reviews all the data from the CHNA and identifies priority needs to address in the 2026-2028 Community Health Improvement Plan (CHIP).

More information on the CHNA process and findings can be found in the [2025 Providence Saint John's Health Center CHNA].

Significant Community Health Needs Prioritized

Providence Saint John's Health Center will focus on the following priority areas identified in the 2025 CHNA to best leverage their capacity, expertise, and resources for greatest impact:

BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE/MISUSE)

Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we manage stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health programs include the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. Specific mental health needs in the Westside include availability of affordable services and reducing the stigma of having a mental health condition. Additionally, in the wake of the recent Palisades Fire, mental health for community members has been significantly affected with many individuals experiencing increased stress, anxiety, and trauma.

Substance use occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. Substance use/misuse includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco.

HOUSING INSECURITY AND PEOPLE EXPERIENCING HOMELESSNESS

Housing insecurity encompasses several challenges such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. Households are considered "severely cost burdened" if spending more than 50% of household income on housing. The damage caused by Palisades Fire will limit the supply of affordable housing on the Westside. The damage caused by the Palisades Fire is expected to further constrain the already limited supply of housing on the Westside, increasing challenges for individuals and families seeking stable accommodations.

People experiencing homelessness lack a fixed, regular, and adequate nighttime residence; an individual or family who will imminently lose their primary nighttime residence; and any individual or family who is fleeing, or is attempting to flee, domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing. Health and housing instability are inextricably linked. Health problems can cause a person to experience homelessness and being unhoused can exacerbate existing health issues.

ACCESS TO CARE

While the Saint John's service area has lower percentages of people without health insurance compared to the rest of LA County, access to care goes beyond health insurance coverage. Additional barriers identified specifically by community stakeholders in the Westside include limited appointment availability for primary and specialty care (especially for patients with Medi-Cal coverage), long travel distances or lack of transportation, culturally appropriate care, and care coordination.

However, people without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. In addition, obtaining coverage for lower income households will become more challenging as new policy changes will impact eligibility for Medi-Cal, and premium and co-pay costs for Covered California

Needs Beyond the Hospital's Service Program

Providence is committed to improving the health of the communities we serve and investing in spaces where we can have the greatest impact. By leveraging our expertise and core competencies as health care providers, we can meaningfully contribute to high-impact solutions for expanded access to high-quality, equitable health care.

Providence Saint John's Health Center acknowledges that Environmental Health is a significant community health need identified in the 2025 CHNA. However, this need will not be directly addressed through the hospital's 2026-2028 Community Health Improvement Plan. The decision is based on several important considerations. First, there are resource constraints that limit the hospital's capacity to expand programs or initiatives into these areas at this time. There is also a relative lack of specialized expertise or competencies within Providence Saint John's Health Center to effectively implement

interventions in this domain and there are other community organizations with more established programs and expertise currently addressing Environmental Health.

Given these factors Environmental Health was assigned the lowest priority relative to other identified significant health needs where the hospital can have a more direct and meaningful impact. Providence Saint John's Health Center remains committed to collaborating with community partners and supporting efforts where possible but will focus its direct resources and initiatives on those areas where it can best leverage its strengths and expertise.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The 2025 CHNA completed for Providence Saint John's Health Center was the basis for the 2026-2028 CHIP. The assessment identified community needs, assets, resources, and strategies to improve health for residents in the Saint John's Service Area.

The Saint John's CHNA Advisory Committee evaluated the needs and supporting data identified in the 2025 CHNA and selected areas of focus for Providence Saint John's Health Center: Behavioral Health (Mental Health & Substance Use/Misuse), Housing Insecurity & Homelessness, and Access to Care. Prioritizing these needs allows the hospital to focus on leveraging their strengths, expertise, and resources for greatest impact.

The Community Health Improvement Plan was developed by leadership in Providence Saint John's Health Center's Community Health department with collaborative advisory feedback from senior leadership representing disciplines across the hospital and health system. The CHIP considers 1) existing evidence-based hospital programs and investments, 2) new potential opportunities for additional growth, and 3) partnerships with local organizations committed to addressing the top three needs identified in the 2025 CHNA.

In March 2026, the Providence Saint John's Health Center Community Ministry Board adopted the 2026-2028 CHIP, including the following strategies for addressing the priority community needs.

Addressing the Needs of the Community: 2026- 2028 Key Community Benefit Initiatives and Evaluation Plan

The following strategies for addressing priority needs consider how communities change over time, as well as their existing strengths and capacity. They were intentionally selected with the understanding that some community health needs may evolve during the duration of the CHIP, and that subsequent implementation strategies may require adjustment based on resources and to best meet the needs of our communities. While our response to community need must remain flexible to changing dynamics, our commitment to improving the health of our communities is unwavering.

COMMUNITY NEED ADDRESSED #1: BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE USE/MISUSE)

Population Served

In line with our mission, we are focused on underserved populations, including those with low incomes, uninsured, and underinsured. Within these populations, we aim to serve families and youth, individuals with substance use disorders, individuals with mental health needs, BIPOC communities, and immigrant communities.

Long-Term Goal(s)/ Vision

- To ensure equitable access to high-quality, culturally responsive, and linguistically appropriate mental health and substance use disorder services, especially for populations with low incomes.
- To reduce substance use disorders and related health conditions through evidence-based prevention, treatment, and recovery support services.

Table 1. Strategies and Measures for Addressing Behavioral Health (Mental Health & Substance Use/Misuse)

Identified need: Behavioral Health (Mental Health & Substance Use/Misuse)				
Strategy	**Population Served**	**Strategy Measure(s)**	**Baseline**	**2028 Target**
Child and Family Development Center – Outpatient Therapy: Outpatient mental health services are available to children, teens, young adults and adults with developmental disabilities. Therapists offer targeted evidence-based treatment through a family focused lens that helps address problematic behaviors, thoughts and feelings with achievable goal-oriented strategies.	Underserved, low-income populations; children, youth and their families	Number of Medi-Cal and uninsured patients and families who received therapy	490 patients and families	500 patients and families served annually
Child and Family Development Center – Child/Youth Development Project: is a school and community-based mental health program serving Santa Monica schools and community sites through direct mental health services, outreach, and school/community collaboration. Priority is given to children, youth and families who have been impacted by community violence, familial discord, poverty, substance abuse and trauma.	Children, youth and their families	Number of children served in group therapy services Number children served in individual/family therapy services Number of parent training groups/workshops conducted	38 children served in group therapy services 58 children served in individual/family therapy services 3 parent training groups/workshops conducted	40 children served in group therapy services 60 children served in individual/family therapy services 3 parent training groups/workshops conducted

Identified need: Behavioral Health (Mental Health & Substance Use/Misuse)				
Strategy	**Population Served**	**Strategy Measure(s)**	**Baseline**	**2028 Target**
Child and Family Development Center – Early Childhood Consultation: Provide whole classroom Mental Health and Occupational Therapy (OT) Sensory/regulatory consultation in every preschool and Transitional Kindergarten (TK) classroom in SMMUSD.	Preschool and TK aged children in Santa Monica Malibu Unified School District	Number of students Number of classrooms served	394 students across 23 SMMUSD classrooms provided with services	Continued programming at every school within SMMUSD
Mental Health First Aid: support prevention and early intervention by teaching the evidence-based MHFA curriculum. The skills-based course teaches participants how to identify, understand and respond to signs and symptoms of mental health and substance use challenges	All community members	Number of participants trained	206 participants trained	Increase annual participants trained by 10%
Naloxone Distribution Kiosk: a kiosk outside emergency department (ED) entrance available 24/7. It provides free, no questions asked naloxone medication to reverse opioid overdose and instructions for proper administration	Individuals with substance use disorders	Number of naloxone boxes distributed	2,716 boxes distributed	Increase by 10%

Identified need: Behavioral Health (Mental Health & Substance Use/Misuse)				
Strategy	**Population Served**	**Strategy Measure(s)**	**Baseline**	**2028 Target**
Substance Use Navigation: Chemical dependency counselor connects hospital patients to mental health resources, substance use disorder treatment centers, and medication-assisted treatment (MAT)	Individuals with substance use disorders	Number of patient encounters Number of referrals made	677 patient encounters 250 patients referred to mental health resources 266 patients referred to SUD treatment resources 182 MAT starts in ED/Inpatient and outpatient prescriptions provided	Increase encounters and referrals by 10%
Grantmaking: Financial support to local non-profit mental health and/or substance use/misuse treatment providers to increase access to services	individuals with substance use disorders; individuals with mental health needs	Number of grants awarded Total $ value of grants awarded	$255,215 awarded by PSJHC and Saint John's Health Center Foundation to four nonprofit organizations for projects addressing behavioral health	Funding will expand and sustain the capacity of community based nonprofits to connect people mental health and substance use treatment services

Community and Research Informed Resources

[Mental Health: Targeted School-Based Cognitive Behavioral Therapy Programs to Reduce Depression and Anxiety Symptoms - Healthy People 2030 | odphp.health.gov]

[Mental Health First Aid | County Health Rankings & Roadmaps]

[Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States - Healthy People 2030 | odphp.health.gov]

Resource Commitment

Providence Saint John's Health Center will commit staff time, supplies and equipment, and cash donations to support these strategies.

Key Community Partners

Providence Saint John's Health Center works with many community partners across the Westside to help address needs for those who are underserved. Examples of the partners we work with as part of our commitment to addressing behavioral health, include: Santa Monica Malibu Unified School District, City of Santa Monica, Cancer Support Community Los Angeles, Didi Hirsch Mental Health Services, Meals on Wheels West, Palisades-Malibu YMCA, UCLA VA Family Resource and Well-Being Center, LA County Department of Mental Health.

COMMUNITY NEED ADDRESSED #2: HOUSING INSECURITY AND HOMELESSNESS

Population Served

In line with our mission, we are focused on underserved populations, including those with low incomes, uninsured, and underinsured. Within these populations, we aim to serve individuals and families experiencing homelessness and/or housing instability.

Long-Term Goal(s)/ Vision

- A seamless connection between health care and homeless services, ensuring that people experiencing homelessness receive timely and appropriate linkage to community-based homeless services.

Table 2. Strategies and Measures for Addressing Housing Insecurity & Homelessness

Identified need: Housing Insecurity & Homelessness				
Strategy	**Population Served**	**Strategy Measure(s)**	**Baseline**	**2028 Target**
CHW Care Navigators for the Homeless: Community Health Workers placed within our emergency department to specifically care for patients experiencing homelessness. They function as liaisons between homeless service providers and our hospital to reduce avoidable emergency department visits and link patients with permanent and interim housing.	Patients Experiencing Homelessness	Number of patients served	396 patients served	Maintain average number of patients served annually
Partnerships with recuperative care providers to temporarily house patients who are medically stable for discharge but too clinically fragile to return to the streets.	Patients Experiencing Homelessness	Patients provided with post-acute residential support services	Fifteen patients provided with services	Continued access to post-acute residential support services for unhoused patients post-discharge

Identified need: Housing Insecurity & Homelessness				
Strategy	**Population Served**	**Strategy Measure(s)**	**Baseline**	**2028 Target**
Grantmaking to support nonprofit partners across the housing continuum, including prevention, street outreach, interim housing, and housing navigation.	Individuals and families experiencing homelessness or housing instability	Number of grants awarded Total value of grants awarded	$450,000 awarded by PSJHC and Saint John's Health Center Foundation to five nonprofit organizations for projects serving unhoused population	Funding will expand and sustain the capacity of community-based nonprofits to connect people experiencing homelessness to services

Community and Research Informed Resources

[Community health workers | County Health Rankings & Roadmaps]

[Rapid re-housing programs | County Health Rankings & Roadmaps]

[Service-enriched housing | County Health Rankings & Roadmaps]

Resource Commitment

Providence Saint John's Health Center will commit staff time, supplies and equipment, and cash donations to support these strategies.

Key Community Partners

Providence Saint John's Health Center works with many community partners across the Westside to help address needs for those who are underserved. Examples of the partners we work with as part of our commitment to addressing homelessness and housing insecurity include: Catholic Charities (The Landing at St. Roberts Center), Safe Parking LA, Safe Place for Youth, The People Concern, The Salvation Army Santa Monica Corps, U.S.Vets, Saint Joseph Center, Venice Family Clinic.

COMMUNITY NEED ADDRESSED #3: ACCESS TO CARE

Population Served

In line with our mission, we are focused on underserved populations, including those with low incomes, uninsured, and underinsured. Within these populations, we aim to serve individuals with complex medical needs, seniors, community members impacted by the Palisades Fire, and patients of local FQHCs.

Long-Term Goal(s)/ Vision

- Ensure equitable access to timely, high-quality health care services for all community members, regardless of insurance status, income, language, or housing stability.

Table 3. Strategies and Measures for Addressing Access to Care

Identified need: Access to Care				
Strategy	**Population Served**	**Strategy Measure(s)**	**Baseline**	**2028 Target**
Established in 1964, the **Cleft Palate Center** is a nationally recognized, multidisciplinary specialty clinic that provides comprehensive, long-term care for children born with cleft lip, cleft palate, and related craniofacial abnormalities—coordinating the various surgical, developmental and psychosocial needs from birth to early adulthood.	Children born with cleft lip, cleft palate, and related craniofacial abnormalities	Number of patients served Number of scholarship programs	130 active patients 7 patients receiving speech therapy scholarships 3 patients receiving orthodontic scholarships 2 patients receiving psychology scholarships	Continued access to long-term comprehensive care for active patients 7 patients receiving speech therapy scholarships 3 patients receiving orthodontic scholarships 2 patients receiving psychology scholarships
Established in response to the 2025 Los Angeles wildfires, **The Disaster Relief Pulmonary Clinic** provides specialized respiratory care for people affected by wildfire smoke and poor air quality, offering evaluations, treatments, and ongoing monitoring to prevent long-term complications. The clinic continues to support the community with expert guidance,	Community members and first responders impacted by Palisades Fire	Number of disaster-affected community members and first responders served	59 patient visits to Disaster Relief Pulmonary Clinic	Maintain access to care to those impacted by wildfire Increase overall pulmonary care support community members

symptom relief, and education to help residents protect their lung health long after the fires are out.		Number of community outreach events	Seven community outreach events	

Identified need: Access to Care				
Strategy	**Population Served**	**Strategy Measure(s)**	**Baseline**	**2028 Target**
In-Kind Lab and Radiology Services: support local safety net clinics by providing access to diagnostic testing that community clinics cannot perform onsite for patients	Low-income, uninsured patients	Number of services provided	56 services provided	Maintain access to lab and radiology services for local partner community clinics
Providence Saint John's Health Center will prioritize strategic grantmaking to nonprofit organizations that directly provide health care services and enable access to care for populations disproportionately impacted by barriers identified in the CHNA.	Low-income, uninsured patients, seniors, patients with complex medical conditions, children and youth	Number of grants awarded Total value of grants awarded	$485,000 awarded by PSJHC and Saint John's Health Center Foundation to eight nonprofit organizations increasing access to care for vulnerable populations	Funding will expand and sustain the capacity of community-based nonprofits to enable access to care for underserved populations

Community and Research Informed Resources

Federally qualified health centers (FQHCs) | County Health Rankings & Roadmaps .

Hospital and Emergency Services - Healthy People 2030 | odphp.health.gov

Resource Commitment

Providence Saint John's Health Center will commit staff time, supplies and equipment, cash and in-kind donations to support these strategies.

Key Community Partners

Providence Saint John's Health Center works with many community partners across the Westside to help address needs for those who are underserved. Examples of the partners we work with as part of our commitment to addressing access to care include: Venice Family Clinic, Westside Family Health Center, St. Anne Catholic School, WISE & Healthy Aging, Claris Health, OPICA (Optimistic People in a Caring Atmosphere), Vision to Learn.

Other Community Benefit Programs

Table 4. Other Community Benefit Programs in Response to Community Needs

Program Name	Community Need Addressed	Description
Community Health Worker Academy	Workforce Development	A workforce development and internship program that establishes a pipeline of academically trained community health workers (CHWs) for entry-level placement in healthcare employers throughout Los Angeles County
Health Education FEAST classes (Food, Education, Access, Support, Together)	Food Insecurity, Chronic Disease, Social Isolation	Nutrition class that provides education on food topics, cooking demo with tasting, food stipend, and support social, emotional and physical wellness.
Grantmaking to nonprofit organizations	Food Insecurity, Chronic Disease, Social Isolation	Additional grantmaking partnerships provide funding and support to local nonprofit organizations dedicated to alleviating food insecurity, promoting social connections, and preventing chronic disease within underserved populations.

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2026- 2028 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Board of Directors of the hospital on March 25, 2026. The final report was made widely available by May 15, 2026.

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Michael Ricks
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Michael Ricks Date
Chief Executive, LA-Coastal Service Area
Providence Saint John's Health Center
Providence Little Company of Mary Medical Centers

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