ST. JOSEPH HOSPITAL

FY 15 – FY 17 Community Benefit Plan/Implementation Strategy Report

St. Joseph Health, St. Joseph Hospital

St.JosephHealth
St. Joseph Hospital

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EXECUTIVE SUMMARY

St. Joseph Health, St. Joseph Hospital is an acute-care hospital founded in 1920 by the Sisters of St. Joseph of Orange and is located at Eureka, Ca. The facility has 146 licensed beds, and a campus that is approximately 11.5 acres in size. St. Joseph Hospital has a staff of 1091 and professional relationships with more than 272 local physicians. Major programs and services include cardiac care, critical care, diagnostic imaging, emergency medicine, cancer program and obstetrics.

In response to identified unmet health-related needs in the community needs assessment, during FY15-17 St. Joseph Hospital will focus on Nutrition and Healthy Food, Mental and Behavioral Health Services, and Care Coordination and Referral for the broader and underserved disadvantaged members of the surrounding community.

Nutrition and Healthy Food was selected as a priority to engage the community in managing their health and wellness while also addressing the high rates of food insecurity experienced in Humboldt County. Everyone deserves access to healthy food and we know that eating well, can prevent many diseases and positively impact overall population health. Efforts will focus on increasing access to affordable, nutritious foods with an emphasis on fresh produce, for low-income households.

Mental and Behavioral Health Services are desperately needed in Humboldt and surrounding counties. Good mental health is a core condition for overall health. It is necessary to lead a happy and productive life, to form healthy relationship and to successfully adjust to change and overcome difficulties. The Hospital will focus on increasing access to affordable mental and behavioral health services, especially for those living in outlying areas and for diverse populations.

Care Coordination and Referral was selected as a priority to improve the fragmented health care system and improve the patients' experience - while reducing costs and improving quality - when needing to access care anywhere along the health care continuum. Efforts will focus collaboration between community-based organizations to build or enhance the network of care in order to meet the changing needs of the community.

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 Community Health Needs Assessment (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.

Organizational Commitment

In 1986, St. Joseph Health created a plan and began an effort to further its commitment to neighbors in need. With a vision of reaching beyond the walls of health care facilities and transcending traditional efforts of providing financial assistance for those in need of acute care services, St. Joseph Health created the St. Joseph Health Community Partnership Fund (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities.

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

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.

INTRODUCTION – WHO WE ARE AND WHY WE EXIST

As a ministry founded by the Sisters of St. Joseph of Orange, St. Joseph Hospital lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out "the Dear Neighbors" and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28 bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

Mission, Vision and Values and Strategic Direction

Our Mission

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

Our Vision

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

Our Values

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

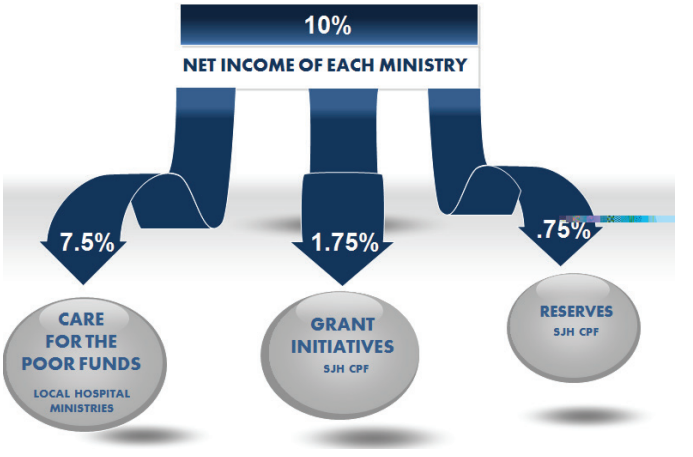
St. Joseph Hospital has been meeting the health and quality of life needs of the local community for over 94 years. Serving the communities of the North Coast, St. Joseph Hospital is an acute care hospital that provides quality care in the areas of cardiac care, critical care, diagnostic imaging, emergency medicine, cancer program and obstetrics. With over 1050 employees committed to realizing the mission, St. Joseph Hospital is one of the largest employers in the region.

Strategic Direction

As we move into the future, St. Joseph Hospital is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years (FY14-18) St. Joseph Health and St. Joseph Hospital are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.

ORGANIZATIONAL COMMITMENT

St. Joseph Hospital dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and underserved.



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

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

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

Community Benefit Governance and Management Structure

St. Joseph Hospital further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and Area Director of Community Benefit are responsible for coordinating implementation of California Senate Bill 697 provisions and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

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

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

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

Roles and Responsibilities

Senior Leadership

- CEO and other senior leaders are directly accountable for Community Benefit 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 CBC 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 Disproportionate Unmet Health Needs (DUHN) populations.
- 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.

COMMUNITY

Community Served

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

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

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

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

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

For a complete copy of St. Joseph Hospital's FY14 CHNA click here: http://www.stjosepheureka.org/.

Hospital Total Service Area

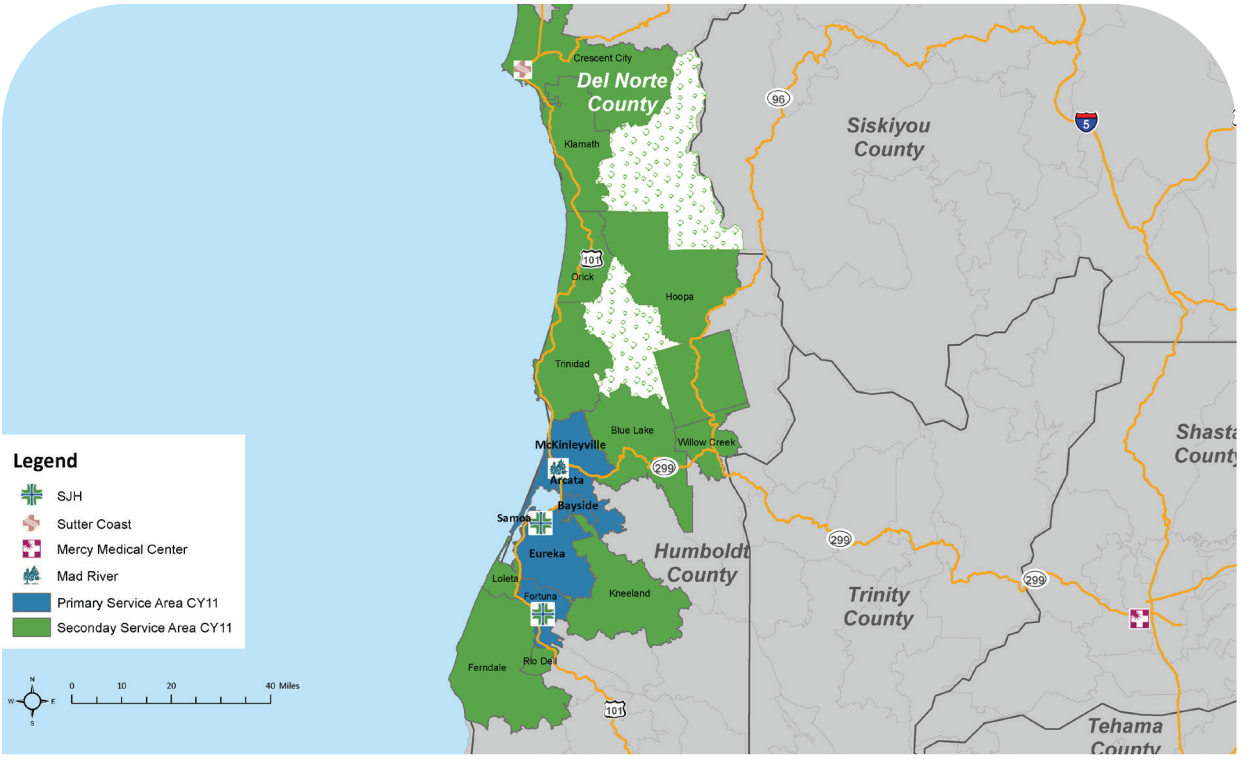
The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients. The Hospital Total Service Area is the comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the following criteria:

- 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 McKinleyville, Arcata, Bayside, Samoa, Eureka, and Fortuna. The SSA is comprised of Crescent City, Klamath, Orick, Hoopa, Trinidad, Willow Creek, Blue Lake, Kneeland, Loleta, Ferndale and Rio Dell.

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



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) 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):

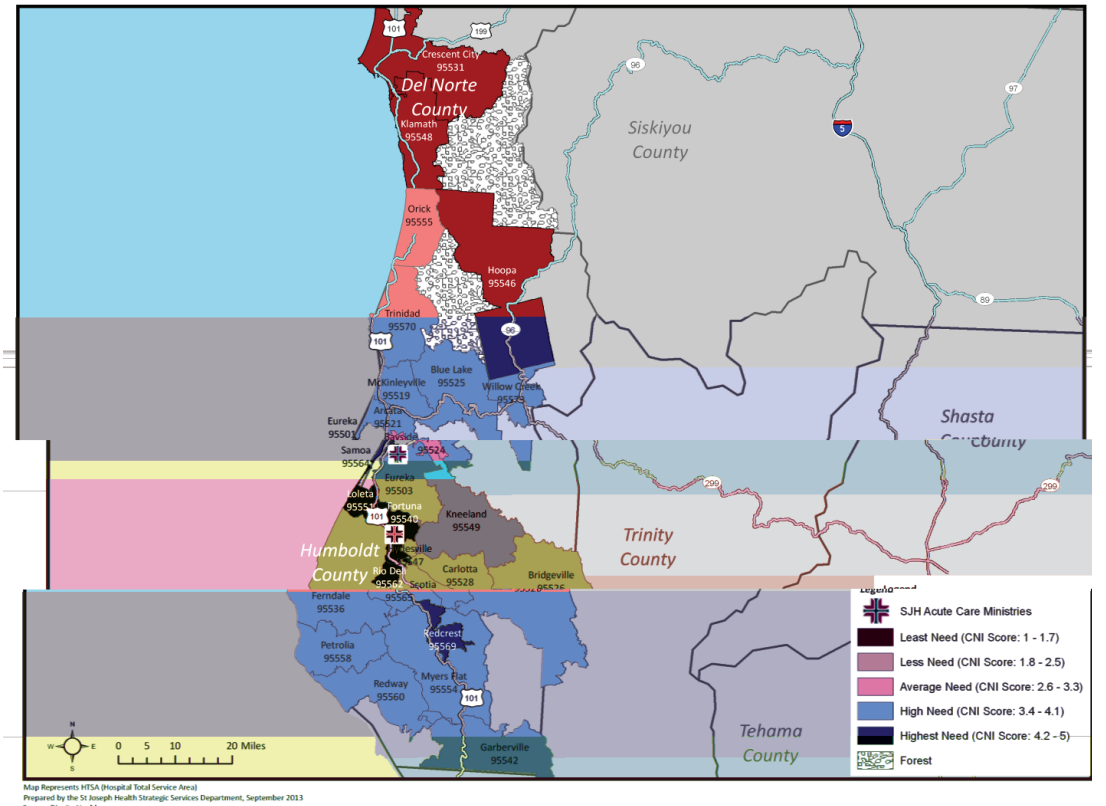
- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);
- Housing Barriers (Housing, renting percentage).

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 a draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

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

Figure 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 a part of St. Joseph Health.

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



Intercity Hardship Index (Block group level) Based Geographic Need

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

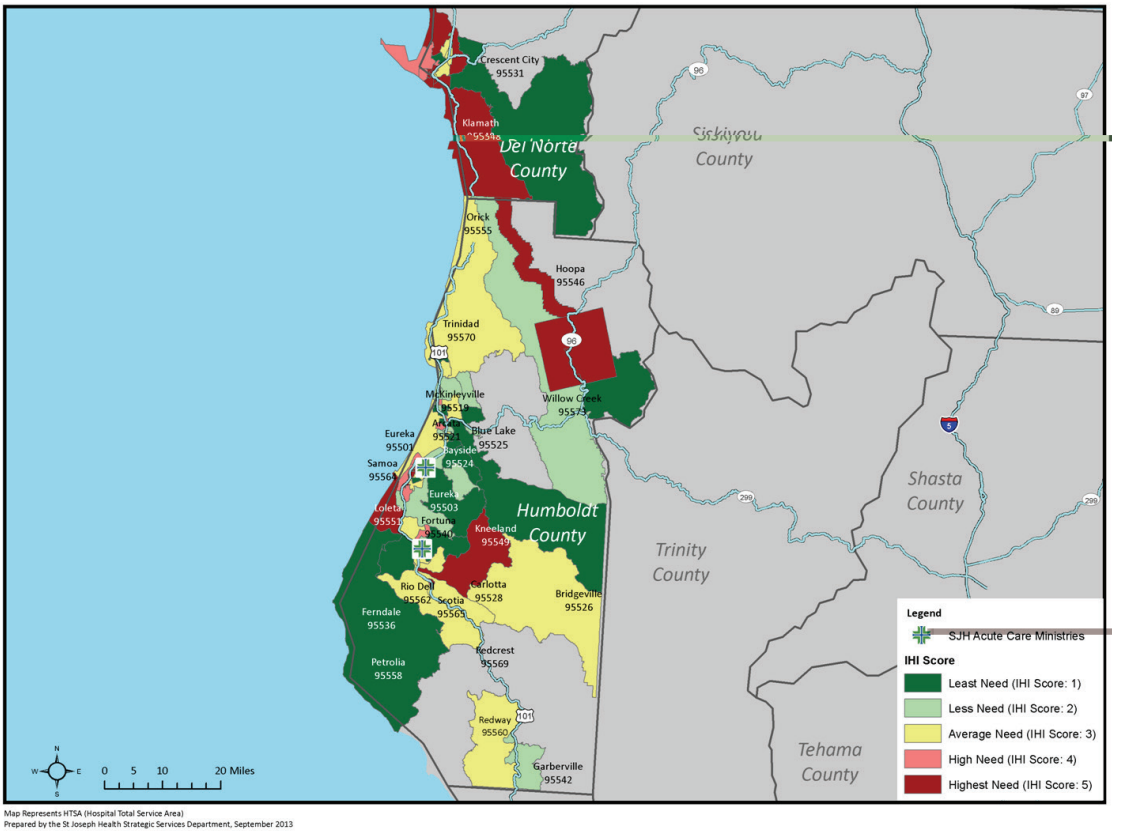
The IHI combines six key social determinants that are often associated with health outcomes:

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

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

Figure 3 (below) depicts the **Intercity Hardship Index** for the hospital's geographic service area and demonstrates relative need.

Figure 3. St. Joseph Hospital Intercity Hardship Index (Block group Level)



COMMUNITY NEEDS AND ASSESSMENT PROCESS

Summary of Community Needs Assessment Process

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

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

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

Identification and Selection of DUHN Communities

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

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

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

DUHN Group and Community Needs and Assets Summary Table

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

PRIORITIZED COMMUNITY HEALTH NEEDS

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

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

COMMUNITY BENEFIT PLAN

Summary of Community Benefit Planning Process

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

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

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

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

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

- Nutrition and Healthy Food
- Mental and Behavior Health Services
- Care Coordination and Referral

ADDRESSING THE NEEDS OF THE COMMUNITY:

FY15 –17 Key Community Benefit Plan

Evaluation

St. Joseph Hospital will monitor and evaluate strategies listed below for the purpose of tracking progress on the implementation of those strategies and document anticipated impact. Evaluation efforts to monitor each strategy will include the collection and documentation of strategy measures, number of partnerships made, percent improvement in health-related metrics, including behavioral and health outcomes as appropriate.

Nutrition and Healthy Food

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

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

Outcome Measure
Percentage increase of households reporting access to fresh produce

Strategy(ies)
1. Host community dinners or events featuring fresh produce and nutritious foods
2. Collaborate with local producers and food security organizations to identify and address produce deserts
3. Support efforts related to sourcing of local foods

Key Community Partners: *Redwood Memorial Hospital, Department of Health and Human Services, Food for People, Community Alliance with Family Farmers, Food Policy Council, Humboldt County Office of Education, North Coast Growers Association, Humboldt Network of Family Resource Centers*

Mental and Behavioral Health Services

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

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

Outcome Measure
Percentage increase in individuals reporting access to mental/ behavioral health services

Strategy(ies)
1. Reduce stigma associated with mental illness
2. Support community-based counseling for Spanish speakers
3. Participate in the Behavioral Health Integration Network planning committee

Key Community Partners: *Redwood Memorial Hospital, Department of Health and Human Services, USC Telehealth, Open Door Community Health Centers, Partnership HealthPlan of California, Beacon Health Strategies*

Care Coordination and Referral

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

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

Outcome Measure
Number of new or enhanced partnerships or services

Strategy(ies)
1. Emergency Department (ED) hot-spotting: improve collaboration between the ED and Primary Care
2. Behavioral health outreach to skilled nursing facilities (BARTO)
3. Develop a shared decision making model around end of life care

Key Community Partners: *Redwood Memorial Hospital, Department of Health and Human Services, Open Door Community Health Centers, Independent Physicians Association, Hospice of Humboldt, Local Faith Community, Local Skilled Nursing Facilities*

Planning for the Uninsured and Underinsured

Patient Financial Assistance Program

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why we have a **Patient Financial Assistance Program** that provides free or discounted services to eligible patients.

One way, St. Joseph Hospital informs the public of the Patient Financial Assistance Program is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible.

Medicaid and Other Local Means-Tested Government Programs

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

Information about St. Joseph Hospital's *Financial Assistance Program is available at http://www.stjosepheureka.org/*

Other Community Benefit

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

Initiative (community need being addressed):	Program	Description	Target Population (Low Income or Broader community)
1. Access to Care	Transportation support	Free bus vouchers or taxi	Low-income
2. Access to Care	Health professionals education	Mentor and train health professionals	Broader community
3. Social cohesion	Support groups	Facilitate support groups on various topics	Low-income
4. Access to Care	Subsidized health services	On-call ED physicians and Hospitalists	Low-income
5. CB Priorities	Care for the Poor Community Grants	Funds awarded to local non-profits	Low-income
6. Access to Care	Healthy Kids Humboldt	Insurance enrollment, system navigation and tax preparation	Low-income
7. Cultural Competence	Paso a Paso	Services for the Latino population	Low-income
8. Care Coordination	Evergreen Lodge	Lodging and social work services for cancer patients	Low-income
9. Care Coordination	Care Transitions	Respite support for hospitalized patients	Low-income

Needs Beyond the Hospital's Service Program

Although no health care facility can address all of the health needs present in its community, we are committed to continue our Mission through community benefit efforts and by funding other non-profits through the St. Joseph Community Partnership Fund.

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

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

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

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

Governance Approval

This Community Benefit Plan/Implementation Strategy Report was approved at the May 28, 2014 meeting of the St. Joseph Hospital Community Benefit Committee of the Board of Trustees.

Rodney Maples, Chair, RMH Board of Trustees

May 28, 2014