St Joseph's Medical Center

Community Benefit 2023 Report and 2024 Plan

Adopted October 2023

Dignity Health®
St. Joseph's Medical Center

A message from

Donald Wiley, President and CEO of St. Joseph's Medical Center and Debra Cunningham, Chair Port City Operating Company, LLC Board of Managers.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

St. Joseph's Medical Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2023 Report and 2024 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2023 (FY23), St. Joseph's Medical Center provided $67,805,764 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital did not incur unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2023 Report and 2024 Plan at its October 26, 2023 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to Tammy Shaff, Director of Community Health, at Tammy.Shaff@DignityHealth.org.

Donald Wiley
President and CEO of St. Joseph's Medical Center

Debra Cunningham
Chairperson, Board of Directors

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At-a-Glance Summary

Community Served	St. Joseph's Medical Center lies in one of the fastest growing counties in California, containing both rural and urban areas, with individual cities separated by agriculture and open space lands. The county is celebrated for its diverse communities of Latinos and African Americans as well as Asian immigrants; but there is also a big gap in health outcomes between ethnic groups. It is a county of contrasts, holding on one hand growth opportunities and a variety of assets and resources to support health, and on the other hand significant challenges in terms of economic security, and health disparities.
Economic Value of Community Benefit	$66,596,786 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits No unreimbursed costs of caring for patients covered by Medicare fee-for-service
Significant Community Health Needs Being Addressed	The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are: • Mental Health/Behavioral Health Including Substance Use • Access to Care • Income and Employment • Housing • Chronic Disease/Healthy Eating Active Living (HEAL) • Community Safety • Family and Social Support • Education • Transportation

FY22 Programs and Services

The hospital delivered several programs and services to help address identified significant community health needs. These included:

- **Mental Health:** Mental Health First Aid Training, San Joaquin County Transforming Communities for Healing, Youth Overcoming Life's Obstacles (YOLO) Group, social needs screening through the Community Health Advocate and diabetes programming, and by supporting the Boys & Girls Club at Sierra Vista through the Community Benefit Grants Program
- **Access to Care:** St Mary's Free Medical Clinic, Graduate Medical Education (GME) program, and by supporting St. Mary's Community Services through the Community Benefit Grants Program
- **Income and Employment:** Social needs screening through Community Health Advocates and diabetes programs, continued involvement in the San Joaquin County Continuum of Care and as a partner of San Joaquin County Whole Person Care, as well as supporting community based organizations (CBOs) through the Community Benefit Grants Program
- **Housing:** Investments through Homeless Health Initiatives (HHI) increase permanent housing solutions in collaboration with STAND Affordable Housing and San Joaquin County Whole Person Care (WPC). Social needs screening as well as continued collaboration with Gospel Center Rescue Mission (GCRM) and active involvement with the San Joaquin County Continuum of Care (COC) also respond to this community need.
- **Chronic Disease/Healthy Eating Active Living (HEAL):** Diabetes Navigator services and Diabetes Education programs, along with supporting the SMART Moves program at the Boys & Girls Club at Sierra Vista, Emergency Food Bank of Stockton, and the Edible SchoolYard through the Community Benefit Grants Program.
- **Community Safety:** Human Trafficking Awareness and Education and development of programming around trauma informed care and by supporting the park activation strategies of the Trust for Public Land through the Community Benefit Grants Program.
- **Family and Social Support:** Create & sustain healthy communities via large support networks through the Connected Community Network (CNN), Pathways Community HUB, and the Community Health Advocate (CHA) program.
- **Education:** Address systemic barriers related to education to improve community health & lift families out of poverty through the Connected Community Network (CNN) and expanding internships and mentoring of highschool and college students in various departments.
- **Transportation:** Address barriers related to transportation and increase active transportation (biking or walking) by improving referral linkages throughout various Community Health Department programs.

FY23 Planned Programs and Services

The hospital intends to continue many of the FY23 programs and plans to further develop interventions in an effort to respond to priority needs found in the 2022 CHNA. The following is a brief summary of the strategies and program level detail can be found in the Program Digest section of this report.

- Community benefit program expenditures provide financial support to various community programs that are often essential safety net services for the most vulnerable of populations. The primary needs addressed through reinvestments in the community include, but are not limited to: housing, access to care, education and transportation.
- Community grants program annually assesses and funds programs through a formal, competitive process. Grants are administered to non-profit organizations that best demonstrate their ability to work collaboratively to impact community health needs as they pertain to the most recent needs assessment. This strategy encompasses the potential to help address all identified needs.
- Community health programming delivers direct services as well as in-kind support through a variety of approaches to address health disparities and improve on health outcomes either directly or indirectly.
- Initiatives to address the social determinants of health and other prevention related activities including the Community Health Improvement Plan (CHIP) work around park activation and beautification, Community Health Advocate (CHA), Pathways Community HUB

This document is publicly available online at https://www.dignityhealth.org/central-california/locations/stjosephs-stockton/about-us/community-programs/community-health-needs-assesment

Written comments on this report can be submitted to the St. Joseph's Medical Center Community Health Department, 1800 North California Street, Stockton, CA 95204 or by e-mail to Tammy.Shaff@dignityhealth.org.

Our Hospital and the Community Served

About St. Joseph's Medical Center

St. Joseph's Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health. and has been delivering quality, compassionate care for residents of the greater San Joaquin County since 1899.

- Founded by Father William B. O'Connor and the Dominican Sisters of San Rafael, St. Joseph's Medical Center continues the legacy of caring for the poor and disenfranchised.
- 2022 American College of Cardiology - Chest Pain/MI Platinum Achievement Award for STEMI/NSTEMI
- 2022 Fortune/Merative 100 Top Hospitals®
- 2022 Get with the Guidelines - Stroke GOLD PLUS with Target: Type 2 Diabetes Honor Roll Achievement Award (American Heart Association/American Stroke Association)
- 2022 Mission: Lifeline - STEMI Receiving Center - GOLD PLUS Achievement Award (American Heart Association/American Stroke Association)
- 2022 Mission: Lifeline - NSTEMI Silver Achievement Award (American Heart Association)
- Accredited by the American College of Surgeon's Commission on Cancer
- Accredited by the National Accreditation Program for Breast Centers
- Advanced Certification as a Primary Stroke Center by The Joint Commission
- Certificate of Distinction in the Management of Joint Replacement - Knee and Hip by The Joint Commission
- Designated Baby-Friendly™ hospital by World Health Organization and UNICEF
- Designated as a Blue Distinction Center® for Cardiac Care and Maternity Care by Blue Shield of California
- LGBTQ+ Healthcare Equality Leader by the Human Rights Campaign
- 3-Star Rating for Coronary Artery Bypass Grafting (CABG) from the Society of Thoracic Surgeons
- 2023-2024 U.S. News & World Report Best Hospitals (Best Regional Hospital in the Stockton Metro Area; High Performing areas include Congestive Heart Failure, Colon Cancer Surgery, Diabetes, Heart Attack, Hip Fracture, Kidney Failure, Leukemia, Lymphoma and Myeloma, Pneumonia, and Stroke.)
- 2023 America's 250 Best Hospitals by Healthgrades
- 2023 50 Top Cardiovascular Hospitals by Fortune/PINC AITM

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

St. Joseph's Medical Center serves residents of Stockton along with members of neighboring communities within San Joaquin County. The overall service area consists of 24 ZIP codes. The population of San Joaquin County is approximately 762,000, while the City of Stockton is home to roughly 387,000 residents. A summary description of the community is below. Additional details can be found in the CHNA report online.

St. Joseph's Medical Center lies in one of the fastest growing counties in California, containing both rural and urban areas, with individual cities separated by agriculture and open space lands. The county is celebrated for its diverse communities of Latinos and African Americans as well as Asian immigrants; but there is also a big gap in health outcomes between ethnic groups. It is a county of contrasts, holding in one hand growth opportunities and a variety of assets and resources to support health, and on the other hand significant challenges in terms of economic security, health and health disparities.

St. Joseph's Medical Center Service Area Demographics (based on ZIP codes outlined in the hospital's 2022 CHNA).

2022 CHNA zip codes	FY23
Total Population	799,267
Race	
Asian/Pacific Islander	18.6%
Black/African American - Non-Hispanic	7.0%
Hispanic or Latino	43.5%
White Non-Hispanic	24.8%
All Others	6.2%
% Below Poverty (families)	10.5%
Unemployment	6.2%
No High School Diploma	20.1%
Medicaid	33.4%
Uninsured	5.8%
Source: Claritas Pop-Facts® 2023; *SG2 Market Demographic Module*	
SG2 Analytics Platform Reports:	
Demographics Market Snapshot	
Population Age 16+ by Employment Status	
Families by Poverty Status, Marital Status and Children Age	
Insurance Forecast	

Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited, to conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment (CHNA)

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in May 2022, by the hospital board.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at https://www.dignityhealth.org/central-california/locations/stjosephs-stockton/about-us/community-programs/community-health-needs-assesment or upon request at the hospital's Community Health office.

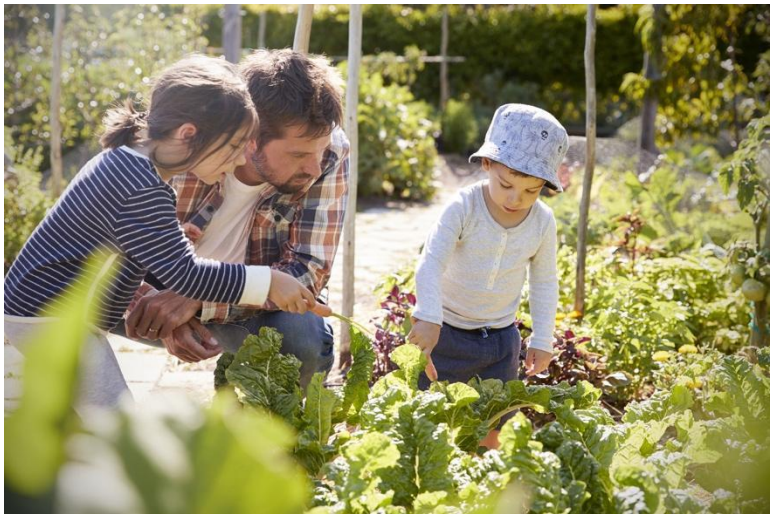
Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Mental Health	Mental health affects physical wellbeing, job performance, and community activities.	Yes
Access to Care	Quality healthcare is important for health and is essential for maintaining a higher quality of life.	Yes
Income and Employment	Barriers such as low income, high unemployment, and pervasive poverty can exacerbate poor health outcomes.	Yes
Housing	Stable, affordable housing is strongly associated with health, well-being, educational achievement, and economic success.	Yes

Significant Health Need	Description	Intend to Address?
Chronic Disease/Healthy Eating and Living (HEAL)	Those who have limited access to healthy foods have a higher risk of developing a chronic disease, such as obesity and heart disease. Along with a healthy diet, physical activity is key to preventing and reducing complications from chronic diseases.	Yes
Community Safety	Safe communities promote community cohesion and economic development, and provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries.	Yes
Family and Social Support	The presence or absence of a strong social support network affects all aspects of life, including physical and mental wellbeing.	Yes
Education	The link between education and health is well known – those with higher levels of education are more likely to be healthier and live longer.	Yes
Transportation	Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing health care, and securing food.	Yes

2023 Report and 2024 Plan



This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY23 and planned activities for FY24, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

The hospital is dedicated to improving community health and delivering community benefits with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Hospital and health system participants included hospital leadership across multiple departments and disciplines to obtain input and guidance on priority needs as well as intentional partnerships to explore local needs and a dedication to improving the health of everyone in the community.

Community input or contributions to this implementation strategy included interviews with 10 key informants, 29 focus group discussions with 291 diverse community residents, and data analyses of over 100 indicators, creating a robust picture of the issues affecting people's health where they live, work, and play. These individuals included representatives from local governmental and public health agencies, community-based organizations, and leaders, representatives, or members of underserved, low-income, and racial/ethnic populations. Additionally, where applicable, other individuals with expertise on local health needs were consulted. The hospital plans to continue the momentum that these focus groups and surveys have garnered.

The programs and initiatives described here were selected on the basis of a social determinants of health framework and examined San Joaquin County's social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the top health needs for the County.

Programs and initiatives selected to address identified needs were based on the following criteria:

- Existing program resulting in impactful outcomes

- Evidence-based or promising practice
- Possibility in addressing health disparities and the social determinants of health
- Probability of impacting health equity and cultural disparities
- Alignment with current county-wide collaborative efforts

Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.

Advance Community Health Alignment and Integration

Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.

Expand Clinical - Community Partnerships and Linkages

Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.

Build Capacity for More Equitable Communities

Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.

Inspire, Innovate and Scale High Impact Initiatives

Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

Health Need: Mental Health/Behavioral Health including Substance Use

Strategy or Program	Summary Description	Active FY23	Planned FY24
Community Grants Program	The following programs awarded funding in 2023 from January 1, 2023 through December 31, 2023 and are addressing mental health: ● Boys & Girls Club at Sierra Vista – SMART Moves ● Trust for Public Land ● St. Mary's Community Services	☒	☒
Community Mental Health Programming	● Community Health Advocate (CHA), social needs screening and referrals. ● Youth Overcoming Life's Obstacles (YOLO) Group to address anxiety and depression in youth. ● Mental Health First Aid: A certificated training to help adults and teens working with the community,to identify and respond to signs of addictions and mental illnesses. ● Insider Tips & Tricks to Mental Wellness: A workshop to build skills to reduce stress, anxiety and depression, and learn about local resources for support. ● Trauma Informed Systems Training (TIS): TIS training is available to any organization seeking to be a healer by training staff to be more trauma-informed and responsive.	☒	☒
Community Benefit Operations	Substance Use Navigators: Provide medication assisted treatment with Buprenorphine to those struggling with opioid use disorder, along with education and resources. GME Psychology and Psychiatry Residency	☒	☒
Initiatives	Collaboration with various community partners and active engagement with the following; ● San Joaquin Mental Health Consortium ● SJC Trauma Initiative ● Connected Community Network	☒	☒

	• San Joaquin Whole Person Care (WPC) collaboration to link individuals into Cal AIM Enhanced Care Management and Community Supports.		

Goal and Impact: Overall, these strategies will focus on prevention and early intervention of identifying and responding to mental health and substance use issues. There are additional programs and strategies listed in other areas of this report that are also anticipated to impact mental and behavioral health needs.

Collaborators: Cross-sector collaboration is planned for all of the programs listed in order to ensure efficiency of services, leveraging of resources, avoidance of duplication, and to ensure sustainability. The short list of key partners include: Touro University, Community Partnership for Families of San Joaquin, El Concilio, United Way of San Joaquin, Catholic Charities, along with the growing number of CCN and SJC Trauma Initiative partners.

Health Need: Access to Care

Strategy or Program	Summary Description	Active FY23	Planned FY24
Community Grants Program	The following programs awarded funding in 2023 for January 1, 2023 through December 31, 2023 and are addressing access to care: • St. Mary's Community Services – see above.	☒	☒
Community Health Programs	Diabetes Navigation: Supports assistance with primary care provider follow up, along with access to consultations with a Certified Diabetes Care and Education Specialist (CDCES) for those without other access to that resource. Frontlines of Communities in the United States (FOCUS) Program: Patient navigation and linkage to care services for individuals positive with HIV, hepatitis C, and/or syphilis. Homecoming Program: In partnership with Catholic Charities, this program provides comprehensive community case management for up to six-weeks post discharge for SJMC patients identified with limited family support and resources.		
Community Benefit	Graduate Medical Education (GME) program, in partnership with Touro University, to increase access to care through workforce development.	☒	☒

	Donations to St. Mary's free dental clinic to expand access for uninsured individuals. Financial Assistance: interest free payments, or free services depending on the patient's financial circumstances.		
Initiatives	Pathways Community HUB (PCH) and the Connected Community Network (CCN) described in the Other Programs and Non-Quantifiable Benefits section of this report. Whole Person Care (WPC) Cal AIM collaboration	☒	☒

Goal and Impact: Overall, these programs will increase referrals and linkages to medical appointments and deliver equitable and culturally sensitive health care services for at risk individuals.

Collaborators: Program partners are noted in the respective program summaries above.

Health Need: Income and Employment

Strategy or Program	Summary Description	Active FY23	Planned FY24
Community Health Programs	Community Health Advocate Program screens for financial insecurity and supports referrals to community based agencies via the CCN.	☒	☒
Initiatives	CCN, PCH, and active involvement in the San Joaquin Continuum of Care (SJCoC). WPC Cal AIM collaboration	☒	☒
Community Grants Program	The following programs awarded funding in 2023 for January 1, 2023 through December 31, 2023 and are addressing access to care: • St. Mary's Community Services	☒	☒

Goal and Impact: Outcomes will include referrals and connections to a multitude of community based programs such as; shelter/housing assistance, residential substance abuse treatment programs, life skills and work readiness programs. Programs funded through community grants are anticipated to prevent economic insecurities for low income families and increase youth academic performance.

Collaborators: San Joaquin County 211, United Way of San Joaquin County, along with several other stakeholders are instrumental partners for the CCN, as well as in the SJCoC and the SJC WPC program. Partners in the Community Grants Program include; Community Partnership for Families of San Joaquin, El Concilio, Catholic Charities, San Joaquin Delta College, and Guardian Scholars Program

Health Need: Housing

Strategy or Program	Summary Description	Active FY23	Planned FY24
Community Health Programs	CHA screening for housing insecurity. Community Health Social Worker focused on supporting various homeless health initiative strategies.	☒	☒
Initiatives	CCN, PCH, SJCoC, WPC Cal AIM, and other investments as noted in the non quantifiable section.	☒	☒
Community Grants Program	The following programs awarded funding in 2023 for January 1, 2023 through December 31, 2023 and are addressing access to care: ● St. Mary's Community Services	☒	☒

Goal and Impact: Outcomes will include referrals and connections to a multitude of community based programs such as; shelter/housing assistance, residential substance abuse treatment programs, life skills and work readiness programs. Programs funded through community grants are anticipated to prevent economic insecurities for low income families and increase youth academic performance.

Collaborators: San Joaquin County 211, United Way of San Joaquin County, along with several other stakeholders are instrumental partners for the CCN, as well as in the SJCoC and the SJC WPC program. Partners in the Community Grants Program include; Community Partnership for Families of San Joaquin, El Concilio, Catholic Charities, San Joaquin Delta College, and Guardian Scholars Program

Health Need: Chronic Disease/Healthy Eating Active Living (HEAL)

Strategy or Program	Summary Description	Active FY23	Planned FY24
Community Health Programs	Diabetes Power Hour: 1hour, in-person workshop to provide new skills to those with new challenges in their journey with pre-diabetes/diabetes. Certified Diabetes Educator Consultations: Free one-on-one, personalized diabetes education for populations who face significant barriers to better health. Diabetes Education and Empowerment Program (DEEP): 2 hour/week, 6 week program focusing on healthy living and diabetes prevention and management.	☒	☒

	Diabetes Navigator: Resource and referral service for patients and community members seeking health education and support. Sugar Fix Support Group: Monthly diabetes peer-to-peer support group.		
Initiatives	San Joaquin Community Health Improvement Plan (CHIP) to increase physical activity in residents through the utilization of community parks. More information regarding the CHIP can be found at www.healthiersanjoaquin.org	☒	☒
Community Grants Program	The following programs awarded funding in 2022 from January 1, 2022 through December 31, 2022: • Boys & Girls Club at Sierra Vista – Triple play program • The Edible Schoolyard Farm • Black Urban Farmers Association (BUFA) The following programs awarded funding in 2023 from January 1, 2023 through December 31, 2023: • Boys & Girls Club at Sierra Vista – SMART Moves • The Edible Schoolyard Farm • The Emergency Food Bank of Stockton/San Joaquin County	☒	☒
Goal and Impact: Community members are expected to increase knowledge of diabetes, decrease A1C levels, increase consumption of fruits and vegetables, and increase physical activity. Youth are anticipated to increase their knowledge of living a healthy lifestyle.			
Collaborators: In addition to the partners noted above, the CHIP strategy will be deployed alongside various stakeholders, including city Parks and Recreation, Reinvent South Stockton Coalition, the Trust for Public Land and other healthcare systems and community partners.			

Health Need: Community Safety

Strategy or Program	Summary Description	Active FY23	Planned FY24
Community Health Programs	Mental Health First Aid training provides awareness, early identification, and support of mental health issues. Ultimately improving community safety.	☒	☒
Community Grants Program	The following programs awarded funding in 2023 from January 1, 2023 through December 31, 2023 and are addressing mental health: • Trust for Public Land	☒	☒

	• St. Mary's Community Services		
Initiatives	Human Trafficking Education and Outreach, San Joaquin Community Health Improvement Plan (CHIP), and SJ Trauma Initiative	☒	☒
Goal and Impact: The above strategies are a multipronged approach to reducing violence and injury, and the anticipated impact for each are included in the respective summary description.			
Collaborators: The full list of collaborative partners for each program is described in the program digest section of this report.			

Health Need: Family and Social Support

Strategy or Program	Summary Description	Active FY23	Planned FY24
Initiatives	Human Trafficking Education and Outreach, SJCoC, CCN, PCH, WPC Cal AIM, CHIP and the SJ Trauma Initiative.	☒	☒
Community Health Programs	CHA, and other mental health programming to support individuals and families.	☒	☒
Community Grants Program	The following programs awarded funding in 2023 for January 1, 2023 through December 31, 2023 and are addressing access to care: • St. Mary's Community Services	☒	☒
Goal and Impact: The above strategies are a multipronged approach to increasing familial and social support, and the anticipated impact for each are included in the respective summary description.			
Collaborators: The full list of collaborative partners for each program is described in the program digest section of this report.			

Health Need: Education

Strategy or Program	Summary Description	Active FY23	Planned FY24
Community Benefit	Various workforce development programs support higher education and professional career paths.	☒	☒
Community Health Programs	Please see the description in the Mental Health and Chronic Disease/Healthy Eating Active Living (HEAL) section above. The hospital offers a multitude of classes at little or no cost to the community for improved health education and health literacy.	☒	☒

Initiatives	CCN, PCH, and various community outreach events bringing both health education and workforce development information to youth.	☒	☒
Goal and Impact: The above strategies are a multipronged approach to increasing access to educational opportunities, and the anticipated impact for each are included in the respective summary description.			
Collaborators: The full list of collaborative partners for each program is described in the program digest section of this report.			

Health Need: Transportation

Strategy or Program	Summary Description	Active FY23	Planned FY24
Community Health Programs	CHA screening question to identify transportation issues. Homecoming Program, in partnership with Catholic Charities, provides transportation assistance for those needing access to care and basic needs.	☒	☒
Community Benefit	Transportation assistance for those in need.	☒	☒
Initiatives	CCN and PCH	☒	☒
Goal and Impact: The above strategies are a multipronged approach to increasing access to educational opportunities, and the anticipated impact for each are included in the respective summary description.			
Collaborators: The full list of collaborative partners for each program is described in the program digest section of this report.			

Community Health Improvement Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY23, the hospital awarded the grants below totaling $342,641. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Boys & Girls Club	SMART Moves at Sierra Vista	$42,621
Emergency Food Bank	EFB Collaborative Street Outreach	$50,000
St. Mary's Community Services	Health Ambassadors	$100,000
The Edible SchoolYard	The Edible Schoolyard Community Farm - Post Pilot Sustainability	$50,000
Trust for Public Land	Increasing Park Equity in Stockton	$100,000

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

Community Health Advocate

Significant Health Needs Addressed	• Mental Health/Behavioral Health Including Substance Use • Access to Care • Income and Employment • Housing • Chronic Disease/Healthy Eating Active Living (HEAL) • Family and Social Support • Education • Transportation
Program Description	Three-year pilot program focused on proactively supporting the community through a health related social needs screening. Started October of 2021. Initial phase includes manually identifying and screening alert and oriented emergency room patients, with the goal of automating the screening into the course of the visit.
Population Served	Segment of the St. Joseph's Medical Center Emergency Room and scaling up to all unit patients as well across other departments.
Program Goal / Anticipated Impact	Promote measures to help manage patient health, identify health risks, and improve access to care as well as connecting patients to other resources within the community according to their needs.
FY 2023 Report	
Activities Summary	The CHA screens emergency room patients for health related social needs, and makes community referrals to support any identified unmet needs that the patient would like assistance with. By using a closed loop referral system, the CHA is able to see the outcomes of the referrals.
Performance / Impact	**July 1, 2022 - June 30, 2023** **2,771 Unduplicated Persons**

Positive Screen Responses	#	%
Do problems getting child care make it difficult for you to work or study?	194	7%
How often do you feel alone?	388	14%
How often does this describe you? I don't have enough money to pay my bills:	526	19$

In the last 12 months, the food that you bought just didn't last, and you didn't have money to get more.	1,219	44%
In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?	166	6%
In the past 12 months, how often did you go without health care because you didn't have a way to get there?	222	8%
In the past 12 months, how often did you skip medications to save money?	139	5%
Would you like to receive assistance with any of the above?	831	30%

Hospital's Contribution / Program Expense	Total expense for all programs was $31,493 which is 100% supported by St. Joseph's Medical Center's Operational Budget.

FY 2024 Plan

Program Goal / Anticipated Impact	Same as noted in the FY 2023 Report section of this digest.
Planned Activities	Scale up the screening efforts, and identify methods to establish a universal screening algorithm.

Mental Health First Aid

Significant Health Needs Addressed	• Mental Health • Access to Care • Individual and Family Support • Community Safety
Program Description	Teaches how to identify, understand and respond to signs of mental illness and substance use disorders.
Population Served	• Employers • Police Officers • Hospital Staff • First Responders • Faith Leaders • Community Members • Caring Individuals • Social Service Providers
Program Goal / Anticipated Impact	Working with other community partners to improve the mental health of those who have experienced traumas and adverse childhood experiences (ACEs) through the education of the community and community providers.

FY 2023 Report

Activities Summary	Recognize common signs and symptoms of mental illness and substance use, and learn how to interact with a person in crisis and connect them to help.
Performance / Impact	In FY23 SJMC had the following participation: **Adult Mental Health First Aid:** Over 80 Newly Certified Individuals through 8 training sessions held in person and via Zoom. Local agencies that whose had staff trained in MHFA include: ● Visionary Home Builders ○ Trained staff work with hundreds of low-income residents throughout San Joaquin County ● San Joaquin County Behavioral Health Services ○ Trained pastors from various churches to enhance their knowledge and skills in mental health support. ● Various leaders from local churches ○ Trained church leaders who speak and minister to hundreds of youth and adults in the community to be better equipped to help their congregants as well as other community members with mental health concerns.

MHFA Survey Questions (1 - 5 rating)	Pre - Coursework	Post - Coursework
Describe the purpose of Adult MHFA and the role of the First Aiders.	3 Moderate - Have basic knowledge.	4 High - Consider myself very knowledgeable.
Recognize the signs and symptoms of mental health or substance use challenges that may impact adults:	3 Moderate - Have basic knowledge.	4 High - Consider myself very knowledgeable.
Explain ways in which a First Aider may cope with feelings of discomfort in providing MHFA:	3 Moderate - Have basic knowledge.	4 High - Consider myself very knowledgeable.

Hospital's Contribution / Program Expense	Total expense for all programs was $84,860 which is 100% supported by St. Joseph's Medical Center's Operational Budget.
FY 2024 Plan	
Program Goal / Anticipated Impact	Same as noted in the FY 2023 Report section of this digest.
Planned Activities	Same as noted in the FY 2023 Report section of this digest.

Frontlines of Communities on the United States (FOCUS)

Significant Health Needs Addressed	• Access to Care
Program Description	This grant funded program integrates opt-out Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Syphilis testing services for eligible patients within the SJMC Emergency Department. Individuals testing positive are offered linkages to treatment and supportive services.
Population Served	Hospital patients encountered through the Emergency Room.
Program Goal / Anticipated Impact	Improve in the early detection and intervention of HIV, HCV and Syphilis to improve health and quality of life of patients.

FY 2023 Report

Activities Summary	Strong collaboration with the emergency room leadership, laboratory, Clinical Informatics, as well as community partners to ensure automated and seamless workflows from patient testing, to linkage to treatment.

Performance / Impact

July 1, 2022 through June 30, 2023

Measurement Description	Total/Actual		
	HIV	HVC	Syphilis
# Tests Performed	18,954	21,103	28,086
# Positive Results	95	928	1,102
(Identified Through Testing)	93	300	477
Linked to Care	13	87	197
Already in Care	54	4	88
Unable to Reach for Follow up	6	81	65
Declined	1	1	3
Deceased	0	5	10
Moved	1	2	8
Incarcerated	0	1	1
In Progress	18	119	105

Hospital's Contribution / Program Expense	Total expense for the program was $524,085 of which $310,645 was covered by grant funds, and $213,440 is supported by St. Joseph's Medical Center's Operational Budget.
FY 2024 Plan	
Program Goal / Anticipated Impact	Same as noted in the FY 2023 Report section of this digest.
Planned Activities	Same as noted in the FY 2023 Report section of this digest.

Graduate Medical Education (GME)

Significant Health Needs Addressed	• Mental Health • Access to Care
Program Description	Dignity Health is committed to workforce development, and SJMC is a leader in growing future medical providers in San Joaquin County. The GME program started in 2018 and below is a summary of the implemented and planned expansion of the program: • Family Medicine: 6 new residents each year x3 years (started 06/2018). Increased to 10 residents per year as of 06/2022 • Emergency Medicine: 9 new residents each year x3 years (started 06/2018). Increased to 12 residents per year as of 06/2022 • Internal Medicine: 10 new residents each year x3 years (started 06/2020) • Transitional Year: 10 new residents each year 1 year (started 06/2020). Increased to 16 residents per year as of 06/2022 • Anesthesia: 6 new residents each year x4 years (started 06/2021) • Psychiatry: 7 new residents each year x4 years (started 06/2021). Increased to 10 residents per year as of 06/2024 • Urology: 2 new residents each year x5 years (started 06/2022) • Neurology: 4 new residents each year x4 years (started 06/2022) • Orthopedic Surgery: 3 new residents each year x5 years (started 06/2023) • Cardiology: 3 new fellows each year x3 years (to start 06/2024) • Child & Adolescent Psychiatry: 3 new fellows each year x2 years (to start 06/2024) • Critical Care: 3 new fellows each year x2 year (to start 06/2024)
Population Served	Physicians, medical students, the patients they serve, and the broader community
Program Goal / Anticipated Impact	Train residents to safely and competently provide the highest quality care for the medically underserved, underinsured, and culturally diverse communities of San Joaquin County.

FY 2023 Report	
Activities Summary	Regular didactic trainings with topics that include, Simulation training; Cultural Competency training during their first year of training; Health Literacy; Care of the Homeless; Caring for Patients with Disabilities; Immigrant and Refugee Health; Global Health including community health concerns; and Health Disparities including Social Determinants of Health. Additionally, residents participate in a Community Engagement Program where they experience the provisioning of social services.
Performance / Impact	Graduated second class of Emergency Medicine Residents, Family Medicine Residents and Transitional Year Residents. Continued support of the Internal Medicine program. Successful launch ofAnesthesia program, Psychiatry program, Urology program, Neurology program, Interventional Radiology program and Orthopedic Surgery program.
Hospital's Contribution / Program Expense	Net expense after restricted offsetting revenue was $17,406,334 which is 100% supported by St. Joseph's Medical Center's Operational Budget.
FY 2024 Plan	
Program Goal / Anticipated Impact	Same as noted in the FY 2023 Report section of this digest.
Planned Activities	Same as noted in the FY 2023 Report section of this digest

Diabetes Navigation and Education

Significant Health Needs Addressed	• Obesity/Healthy Eating Active Living (HEAL)/Diabetes • Access to Care
Program Description	The following diabetes education programs will continue to be available to the community at no cost and in order to deliver these programs a significant amount of outreach is associated to ensure program participation and success: • Power Hour:1 hour, monthly educational workshop • Certified Diabetes Care Education Specialist (CDCES) Consultations: Free one-on-one, personalized diabetes education for populations who face significant barriers to better health. • Diabetes Education Empowerment Program (DEEP): Comprehensive series of classes targeting individuals with diabetes and pre-diabetes. - 2 hours per week, 6 weeks program. • Diabetes Navigator: Resource and referral service for patients and community members seeking health education and support. • Sugar Fix: Led by a RN, Certified Diabetes Educator, this monthly diabetes support group offers multi-disciplinary professional presentations along with peer support.
Population Served	San Joaquin residents who are needing support with diabetes prevention, management, or have pre-diabetes.

Program Goal / Anticipated Impact	● Certified Diabetes Care and Education Specialist Consultations – Increase knowledge of how to take medications, increase confidence in managing diabetes, reduce consumption of sugary beverages, and reduce A1C levels. ● DEEP – Increase knowledge of ways to handle stress, increase confidence with goal setting and asking for support, increase physical activity. ● Diabetes Navigator – Provide resource/referral services to individuals with diabetes regarding health education/support in order to better manage conditions. ● Sugar Fix Support Group – Increase knowledge of important health topics.
FY 2023 Report	
Activities Summary	● Education - Increase knowledge of medication, nutrition, A1C levels, importance of physical activity ● Provide referrals to diabetes education and support ● Provide referrals to address health related social needs ● Outreach to both clinical and community audiences
Performance / Impact	In FY23 SJMC had the following participation: **Power Hour:** 11 sessions; 195 participants; 145 surveys collected; averaged 16 participants per sessions; 60 years old was the average age of participants. **Survey Responses** ● I gained new knowledge from the presentation: 4.7 out of 5 ● I gained a new skill to better manage my diabetes, or pre-diabetes: 4.6 out of 5 ● I feel confident in my abilities to manage diabetes, or pre-diabetes: 4.5 out of 5 **Diabetes Navigator:** 168 Total referrals, 167 unduplicated persons. 61 (37%) of those persons interested or scheduled for 1:1 Certified Diabetes Care and Education Specialist (CDCES) consults and 62 (102%) of those completed consultations with the CDCES. Mailed out information packets to 25 persons. 28 persons received health library resources. Average known AIC % at time of referral was 10.6. **DEEP:** 79 Total Participants with 44 completing 4 of 6 sessions ● 6% Male; 94% Female ● 85% Spanish speaking; 15% English speaking ● 6% 30 years old and under; 24% 31-40 years old; 39% 41-50 years old; 15% 51-60 years old; 16% 60+ years old ● 71% reside in Stockton; 16% reside in Manteca; 3% reside in Modesto and Ripon each; 2% reside in Lathrop, Ceres, Salida and French Camp each

DEEP Survey Questions:	Pre (78 Surveys)	Post (54 Surveys)
On average, my blood pressure is:		
I do not know	43 (55%)	18 (33%)
Lower than 140/90 mm Hg	30 (39%	28 (52%
Higher than 140/90 mm Hg	5 (6%)	8 (15%)
Currently, my cholesterol levels are:		
Within normal ranges	27 (35%)	28 (52%)
Higher than recommended	7 (9%)	5 (9%)
I don't know my cholesterol	32 (41%)	16 (30%)
I don't know recommended cholesterol levels	12 (15%)	5 (9%)
I exercise, or am physically active:		
At least 150 per week or more	36 (46%)	27 (50%)
Less than 150 minutes per week	20 (26%)	18 (33%)
I do not exercise	21 (27%)	9 (17%)
I am physically unable to exercise	1 (1%)	0 (0%)
On average, how many days per week do you eat five or more servings of fruits or vegetables?	3.8	**5.0**
I am completely comfortable with talking to my doctor about my health conditions/needs (1 - 10 rating scale)	7.5	**8.9**
I regularly handle stress in healthy ways (1 -10 rating scale)	5.6	**7.6**
I have a strong support system (i.e. friends and family you can talk to and rely on for help) (1 - 10 rating scale)	6.6	**8.8**
I know how to find community resources that can support my health, nutritional, and social needs. (1 - 10 rating scale)	5.4	**8.8**

Certified Diabetes Care and Education Specialist Consultations: 62 Total Participants

- 66% Male; 34% Female
- 45% Hispanic; 21% Black; 18% White; 6% Asian; 10% Other
- 10% Under 30 years old; 15% 30-39 years old; 11% 40-49 years old; 27% 50-59 years old; 23% 60-69 years old; 15% 70+ years old

- Needed assistance with: 40% Diet/Nutrition; 28% Medication; 14% Diabetes Overview; 11% Social Services (i.e. housing, transportation, food assistance, etc.); 7% Other

Certified Diabetes Care and Education Specialist Consult Survey Questions (1 -10 rating scale)	**Pre/Post 1st Consult**	**3 Month Consult**	**12 Month Consult**
Level of confidence with managing diabetes?	4.6 / 4.4	8.0	8.7
Sufficient supplies to monitor blood sugar?	72% / 82% Yes	100% Yes	100% Yes
Using a daily log sheet?	44% / 48% Yes	100% Yes	100%Yes
Understanding how to take medications?	5 / 4.5	8.5	8.4
Last known HbA1c	10.9% / 10.4%	6.5%	6.7%

Sugar Fix: 42 Total Participants; 15 unique persons; 60% attended 2 or more times.

Hospital's Contribution / Program Expense	Total expense for all programs was $271,261, which is 100% supported by St. Joseph's Medical Center's Operational Budget.

FY 2024 Plan

Program Goal / Anticipated Impact	Same as noted in the FY 2023 Report section of this digest, and including the following impact of the Power Hour workshop: ● increased knowledge of health topics ● increased confidence in managing diabetes ● increased diabetes self-management skills
Planned Activities	Same as noted in the FY 2023 Report section of this digest, in addition to expanding social media outreach.

Homecoming

Significant Health Needs Addressed	● Mental Health ● Economic Security ● Obesity/Healthy Eating Active Living (HEAL)/Diabetes ● Violence/Injury Prevention ● Access to Care

Program Description	Safe hospital discharge for high risk individuals lacking family support. Case management services help to ensure compliance with discharge plans and a safe recovery in their place of residence. St. Joseph's Medical Center provides grant funding to Catholic Charities for this program.
Population Served	High risk patients with little to no family support upon discharge.
Program Goal / Anticipated Impact	Hospital to home transition of care management for high risk and underserved individuals. In partnership with Catholic Charities, patients receive 4-6 weeks of assistance to address their medical and social service needs to help ensure a successful recovery.

FY 2023 Report

Activities Summary	Accept referrals from the hospitals care coordination department to assess and enroll patients into the Homecoming services. Refer patients who accept services to Catholic Charities for case management services and monitor outcomes.
Performance / Impact	Care coordination referrals to community health for program assessments: 314 referrals; 295 unduplicated persons; 160 (51%) referred to Catholic Charities; 72 (23%) not enrolled in the program; and 82 (26%) individuals were pending or on hold as of June 30, 2023.

Reasons St Joseph's Medical Center Not Referred to Catholic Charities	**Total Persons** (of the 154 Not Referred)	**% of Persons**
Deceased	11	7%
Declined	20	13%
Discharged to SNF/Hospice/Other Medical Facility	54	35%
Has Support per Patient/Family	15	10%
Unable to Reach	51	33%
Readmitted	3	2%

Community health referrals to Catholic Charities:
155 referred to Catholic Charities; 7 (5%) refused services; 8 (5%) unable to reach. Of the 140 persons enrolled, 16 were readmitted within 30 days. Met the goal of maintaining a readmission rate under 15%. FY 2022-2023 readmissions were at 11.4%.

Service Type for 140 Enrolled Clients	Total	% of

	Services Utilized	Services
House-Making	120	86%
Mental Health	10	7%
Transportation	96	69%
Rx Express	37	26%
DME	115	82%
Home Modification (Grab bars, Ramps, Repairs, etc)	27	19%
CC Food Pantry	22	16%
Advance Directive/Palliative Care/POLST	41	29%
COVID Preventative Measures	120	86%

Hospital's Contribution / Program Expense	Total expense for all programs was $256,360 which is 100% supported by St. Joseph's Medical Center's Operational Budget.
FY 2024 Plan	
Program Goal / Anticipated Impact	Continued and expanded outreach in both community and clinical settings to ensure that community residents take advantage of the no fee services.
Planned Activities	Enhancements to the program will include added focus on reinforcing the patient's hospital discharges instructions and implementing a Welcome Home visit to support safe discharges. The home visit will assess home safety modifications, medication review, access to care support and other resources as needed. Increased referrals to Cal-AIM benefits will also be an enhancement.

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

- **California FarmLink:** In June 2020, CommonSpirit approved a $500,000 loan to California FarmLink used to support the organization's loan program, which in turn provides affordable financing for small-scale farmers, beginning farmers, and farmers of color. California FarmLink is a nonprofit public benefit corporation formed in 1999 with a mission to invest in the prosperity of farmers and ranchers through lending, education, and access to land throughout farming communities in Central Coast, Sacramento, San Joaquin, and North Coast, California.

- **Community Investment Program project "Stocktonians Taking Action to Neutralized Drugs" (STAND):** In January 2020, Dignity Health approved a 3-year renewal of a $1,000,000 revolving loan to STAND, A community Housing Development Organization founded to create positive change in southeast Stockton communities that had been devastated by gang and drug activity. The funds for this loan will be used to purchase tax-default lots and blighted homes for rehabilitation and to provide permanent housing for low-income families and individuals experiencing homelessness. The revolving loan will also be used to support the development of affordable housing for seniors and the development of single-family homes for low-income families.

- **Community Vision (formerly Northern California Community Loan Fund):** Dignity Health has partnered with Community Vision since 1992, and was one of Dignity Health's first community investments. This CDFI has invested more than $254 million in projects throughout Northern and Central California, promoting economic justice and alleviating poverty by increasing the financial resilience and sustainability of community-based nonprofits and enterprises. In 2016 and 2017 Dignity Health approved two 7-year $1,000,000 loans respectively—the first as lending capital for NCCLF's many projects, and the second as lending capital in a "FreshWorks" Fund for $1,000,000 supporting the bringing of grocery stores and other innovative forms of healthy food retail to underserved communities ("food deserts").

- **Connected Community Network (CCN):** The CCN seeks to create health equity in communities by bringing together multiple stakeholders and community-based organizations (CBOs) to connect community resources to underserved populations in need of vital services. As one of many funding partners of the CCN, SJMC supports the Community Bank Model led by the United Way of San Joaquin as the convener, to provide network sustainability and CBO capacity building.

- **Delta Community Developers Corporation (DCDC):** Delta Community Developers Corporation (DCDC) is a 501(c)(3) nonprofit public benefit corporation and a subsidiary of the Housing Authority of the County of San Joaquin (HACSJ). The company is the development entity of HACSJ, and has numerous projects throughout the county focusing on the revitalization of communities. CommonSpirit Health approved a $3,850,000 loan for 3 years with proceeds used to acquire and rehabilitate 601 Wimbledon Drive in Lodi, California, for the development of 40 units of permanent affordable housing for low-income seniors.

- **Feed the Hunger Fund:** Feed The Hunger Fund (FTHF) is a California public benefit corporation and Certified Development Financial Institution, providing capital to small food entrepreneurs in underserved communities, mainly women, immigrants, and people of color, who have businesses ranging from farming to distribution to retail sales in Central Valley, California and Hawaii. By providing small businesses with loans, technical assistance, business development, and connections to resources and markets, Feed the Hunger Fund ensures that food entrepreneurs across the food chain have the capital and resources to create healthy, sustainable and equitable regional food systems. CommonSpirit in September 2022 approved a $250,000 loan for 10 years to increase FTHF's lending capital, supporting the Central Valley.

- **Gospel Center Rescue Mission (GCRM):** Safe hospital discharge for those experiencing homelessness with medical conditions that could worsen if returned to the streets. Case management services help to ensure compliance with discharge plans and link individuals to resources for housing, employment, and other services to help them become self-sufficient. GCRM also converted some of their housing to specifically take homeless COVID positive patients that were able to be discharged from the hospital

- **Homeless Health Initiative:** Over $3 million has been invested in a multifaceted and collaborative approach to support persons experiencing homelessness..
    - STAND and Project Homekey – $1.8 million – 7 units shared scattered site permanent housing for at least 16 previously housing ready Whole Person Care clients and a $722,650 contribution to support Town Center Studios (39 units, housing up to 41 previously homeless individuals)
    - Emergency Department Social Workers – 3 Full Time Employees (FTE's) dedicated to supporting patients experiencing homelessness, providing short term case management
    - Salvation Army Mobile Street Outreach – Funding to provide a mobile outreach team with a fully equipped office van to provide social service navigation and case management to those experiencing homelessness county-wide.

- **Pathways Community Hub (PCH):** The PCH is an integrated model that utilizes a localized, outcomes-based approach that connects individuals to Community Health Workers (CHWs) who assess and help resolve identified, modifiable risk factors that could lead to poor health outcomes if left unaddressed. Dedicated Community Health staff from St. Joseph's Medical Center is leading the socialization and implementation of a certified PCH in San Joaquin County, alongside other community stakeholders to build a sustainable CHW workforce to address the social determinants of health impacting the community.

- **Rural Community Assistance Corporation (RCAC):** In June 2017 Dignity Health approved a 7-year $500,000 loan to RCAC for projects in rural California, Nevada and Arizona. RCAC assists rural communities in building social capital, environmental infrastructure, and affordable housing. It also provides nonprofit organizations with access to financing. RCAC financing creates employment opportunities, affordable housing, safe and reliable environmental infrastructure, and much-needed community facilities and services. RCAC operates in rural California, Nevada and Arizona, and several other states west of the Rockies. In March 2021, CommonSpirit approved another $1,000,000 to RCAC to continue to support the organization's mission in rural areas.

- **Stocktonians Taking Action to Neutralize Drugs (STAND):** In February 2023, CommonSpirit approved a 15-year secured revolving loan for $3.0 million to STAND, a Community Housing

Development Organization founded to create positive change in southeast Stockton communities that had been devastated by gang and drug activity. Funds will be used for multiple affordable housing projects with the immediate need to fund the development of five tax-default lots into permanent supportive housing for up to a combination of 30 homeless individuals and/or eleven homeless families. Subsequent revolving loan proceeds will be used to purchase tax-default lots and homes for rehabilitation and to provide permanent housing for low-income families and individuals experiencing homelessness. The immediate need is for STAND to build one four bedroom home, three accessory dwelling units, one duplex, and a fourplex on the vacant lots. Once complete, the homes will be designated as permanent supportive housing for the homeless.

Economic Value of Community Benefit

The economic value of all community benefits is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

09/21/2023

192 St. Joseph's Medical Center (Stockton)

Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare and Bad Debt)

For period from 07/01/2022 through 06/30/2023

	Persons	Expense	Offsetting Revenue	Net Benefit
Benefits for Poor				
Financial Assistance	15,478	$9,805,230	$0	$9,805,230
Medicaid	62,808	$306,748,388	$271,819,919	$34,928,469
Community Services				
A - Community Health Improvement Services	3,161	$928,299	$124,405	$803,894
E - Cash and In-Kind Contributions	665	$1,185,928	$0	$1,185,928
F - Community Building Activities	Unknown	$34,852	$0	$34,852
G - Community Benefit Operations	Unknown	$453,253	$0	$453,253
Totals for Community Services	3,826	$2,602,332	$124,405	$2,477,927
Totals for Benefits for Poor	82,112	$319,155,950	$271,944,324	$47,211,626
Benefits for Broader Community				
Community Services				
A - Community Health Improvement Services	7,271	$1,868,198	$310,645	$1,557,553
B - Health Professions Education	766	$27,755,847	$9,541,872	$18,213,975
D - Research	Unknown	$721,251	($21,746)	$742,997
E - Cash and In-Kind Contributions	Unknown	$48,120	$0	$48,120
F - Community Building Activities	1,467	$31,493	$0	$31,493
Totals for Community Services	9,504	$30,424,909	$9,830,771	$20,594,138
Totals for Broader Community	9,504	$30,424,909	$9,830,771	$20,594,138
Totals - Community Benefit	91,616	$349,580,859	$281,775,095	$67,805,764
Medicare	21,273	$119,096,563	$125,081,108	$0
Totals Including Medicare	112,889	$468,677,422	$406,856,203	$61,821,219

**Consistent with IRS instructions and CHA guidance, Medicare is reported at $0 net benefit because offsetti revenue was greater than expense in FY23. Net gain for Medicare is still included in all "Totals" calculations,

Hospital Board and Committee Rosters

Port City Board Managers

Marty J. Ardon	Senior Vice President for Health Plan and Hospital Operations, Northern California, Kaiser Permanente
Debra Cunningham	Senior Vice President, Strategy Kaiser Permanente
Aphriekah Duhaney-West	Vice President/Area Manager, Central Valley Kaiser Permanente
Sue Pietrafeso	Division Chief Strategy Officer, CommonSpirit Health
Robert Quinn, MD	President & CEO. Medical Foundation, CommonSpirit Health
John Petersdorf	Vice Chair System Senior Vice President, Operational Effectiveness Performance Improvement, CommonSpirit Health
Julie Sprengel	President California Division, CommonSpirit Health

Community Grants Committee

Barbara Alberson	Senior Deputy Director, San Joaquin County Public Health Services
Jamie Lynne Brown	Community Benefit Specialist, Dignity Health
Cathy Mangaoang-Welsh	Director of Social Services, St. Joseph's Behavioral Health Center, Dignity Health
Steve Morales	Community Member
Sister Abby Newton	Vice President of Mission Integration & Spiritual Care, Dignity Health
Louis Ponick	Director of Grants and Scholarships, Community Foundation of San Joaquin
Paul Rains	President of St. Joseph's Behavioral Health Center, Dignity Health
Tammy Shaff	Director of Community Health, Dignity Health
Danielle Tibon	Philanthropy Senior Data Analysis, Dignity Health