St. Elizabeth Community Hospital

Community Benefit 2021 Report and 2022 Plan

Adopted November 2021

A message from

Rodger Page, president and CEO of St. Elizabeth Community Hospital, and Eva Jimenez, Chair of the Chair of the Dignity Health North State Community Board.

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. Elizabeth Community Hospital 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 2021 Report and 2022 Plan describes much of this work. This report meets requirements in California state law (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 2021 (FY21), St. Elizabeth Community Hospital provided $11,370,093 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred $16,511,762 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2021 Report and 2022 Plan at its November 12, 2021 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 Alexis Ross, Director Community Health at 530.225.6114 or by email at alexis.ross@dignityhealth.org.

Rodger Page
President/CEO

Eva Jimenez
Chairperson, Board of Directors

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At-a-Glance Summary

Community Served

St. Elizabeth Community Hospital is located off of California Interstate 5 in Red Bluff, and serves a core service area population of 86,090 residents. Tehama County is a rural county with the residents being spread out over approximately 2,962 square miles. Due to the rural nature of the county, access to care is a consistent barrier for the many medically underserved residents, including those who may be low income and/or minorities. The majority of individuals served reside in Tehama County, however, these services extend to bordering communities in Glenn and Shasta counties. The following zip codes make up the core service area for St. Elizabeth Community Hospital: 95963, 96021, 96022, 96035, 96055, and 96080.

Economic Value of Community Benefit

$11,370,093 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits

$16,511,762 in unreimbursed costs of caring for patients covered by Medicare

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:

- Access to Care
- Aging Issues
- Homelessness
- Mental Health

FY21 Programs and Services

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

- Diabetes Education and Diabetes Support Groups
- Medications for Indigent Patients
- Provide community grants to local non-profit organizations
- Sports medicine program and sports physicals to students
- Transportation Services

FY22 Planned Programs and Services

For FY22, the hospital plans to build upon many of the FY21 initiatives and explore new partnership opportunities with Tehama County community organizations with the intention of them continuing over the next year.

This document is publically available online at https://www.dignityhealth.org/north-state/locations/stelizabethhospital/about-us/community-benefit.

Written comments on this report can be submitted to the St. Elizabeth Community Hospital Community Health Office, 2550 Sister Mary Columba Dr., Red Bluff, CA 96080 or by e-mail to alexis.ross@dignityhealth.org.

Our Hospital and the Community Served

About St. Elizabeth Community Hospital

St. Elizabeth Community Hospital is a member of Dignity Health, which is a part of CommonSpirit Health.

St. Elizabeth Community Hospital is located in Tehama County which consists of 2,951 square miles and is approximately midway between Sacramento and the Oregon border. The county is bordered by Glenn County to the south, Trinity and Mendocino counties to the west, Shasta County to the north, and Butte and Plumas counties to the east. The county is situated in the northern portion of the Sacramento Valley and is divided in half by the Sacramento River. Red Bluff, the county seat, was established in 1856 and is located on the Interstate 5 corridor.

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.

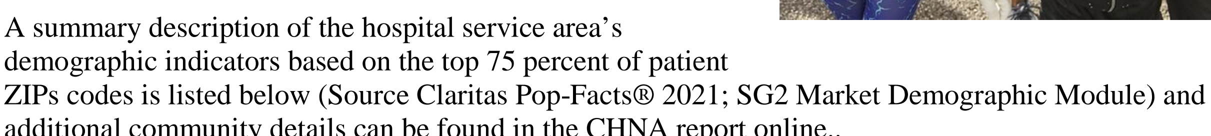
Financial Assistance for Medically Necessary Care

St. Elizabeth Community Hospital is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Advocating for the poor and vulnerable is both our mission and our passion. The hospital has financial assistance available to help pay for medically necessary services provided to those patients who meet certain income requirements. The financial assistance policy, a plain language summary of the policy, and a financial assistance application are on the hospital's web site.

Description of the Community Served

St. Elizabeth Community Hospital serves a core service area population of 86,762 residents. Tehama County is a rural county with the residents being spread out over approximately 2,950 square miles. Due to the rural nature of the county access to care is a consistent barrier for the medically underserved residents who experience low income status and may be in a minority population.

Tehama County is situated in the northern portion of the Sacramento Valley and is divided in half by the Sacramento River. Red Bluff, the county seat, was established in 1856 and is located on the Interstate 5 corridor. While the majority of individuals served reside in Tehama County there are community health services available to bordering communities located in Glenn and Butte counties.



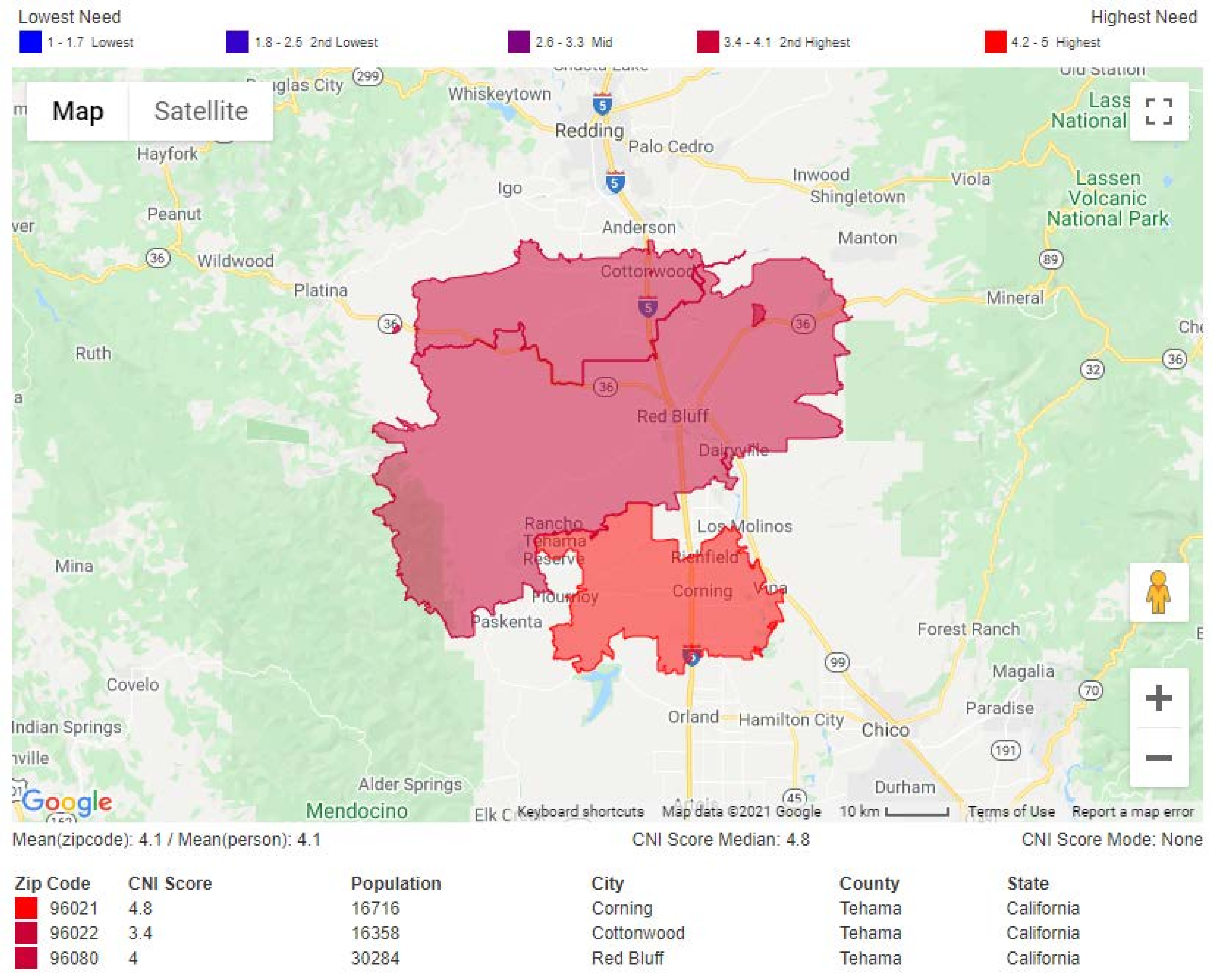
A summary description of the hospital service area's demographic indicators based on the top 75 percent of patient ZIPs codes is listed below (Source Claritas Pop-Facts® 2021; SG2 Market Demographic Module) and additional community details can be found in the CHNA report online..

- Total Population: 63,358
- Hispanic or Latino: 25.0%
- Race: 68.0% White, 0.7% Black/African American, 1.6% Asian/Pacific Islander, 4.7% All Others
- Below Poverty: 14.6%
- Unemployment: 9.3%
- No High School Diploma: 14.9%
- Medicaid (household): 10.5%
- Uninsured (household): 6.8%

Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage.

Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Mean(zipcode): 4.1 / Mean(person): 4.1 CNI Score Median: 4.8 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
96021	4.8	16716	Corning	Tehama	California
96022	3.4	16358	Cottonwood	Tehama	California
96080	4	30284	Red Bluff	Tehama	California

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

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 June, 2019.

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/north-state/locations/stelizabethhospital/about-us/community-benefit or upon request at the hospital's Community Health office.

Significant Health Needs

The most recent community health needs assessment identified the following significant community health needs:

- Access to Care (primary, specialty, urgent care)
  Efforts are continually being made to assist more people in accessing affordable, quality health care; however, limitations to health care access can greatly impact people's ability to reach their full potential, negatively affecting their quality of life. Tehama County's ratio of primary care, mental health, and dental providers to residents falls significantly below the statewide average. In addition, access to care for patients is hampered by provider shortages in the area and/or providers (clinics) who are not accepting new patients.

- Aging Issues (Alzheimer's, dementia)
  Tehama County demographics indicate that 18.9% of those living in the hospital's service area are aged 65 and over. As Americans live longer, growth in the number of older adults is unprecedented. The US population aged 65 or older is projected to reach 23.5% (98 million) by 2060. Aging adults experience higher risk of chronic disease which can negatively impact overall quality of life, increase utilization of emergency room care, and contribute to leading causes for death in older adults. Common chronic diseases include: heart disease, cancer, chronic bronchitis or emphysema, stroke, diabetes, and Alzheimer's disease.

- Homelessness

  The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care (CoCs) conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night[1]. Preliminary results for the 2019 Point-in-Time survey showed that the numbers of individuals experiencing homelessness was 281. This is an increase of 55.8% since 2017.

- Mental Health

  There is a severe lack of access to mental health services in St. Elizabeth Community Hospital's service area due to a lack of providers and lack of ongoing sustainable funding for services. Compared to California, Tehama County has a significantly lower rate of providers relative to the population. Tehama County residents report slightly higher rates of reported mentally unhealthy days and frequent mental distress days.

Significant Needs the Hospital Does Not Intend to Address

St. Elizabeth Community Hospital does not have the capacity or resources to address all identified significant health needs. The hospital is not directly planning interventions that would fully address aging issues and homelessness. Tehama County is home to a wealth of organizations, businesses, and nonprofits that currently offer programs and services in several of the identified significant health needs areas. While there are potential resources available to address all of the identified needs of the community, the needs are too significant and diverse for any one organization. St. Elizabeth Community Hospital will continue to build community capacity by strengthening partnerships among local community based organizations.

[1] HUD Exchange

2021 Report and 2022 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 FY21 and planned activities for FY22, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.

Creating the Community Benefit Plan

St. Elizabeth Community Hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

St. Elizabeth Community Hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners. A broad approach with multi-disciplinary teams is taken when planning and developing initiatives to address priority health issues. During the initiative inception phase, Community Health Staff engages a core internal team that may include clinical staff, care coordinators and social workers, members of leadership teams at both the service area and local levels from Mission Integration, IT, Legal, Administration, Strategy, and Finance. These core teams help shape initiatives, provide internal perspective on issues, and help define appropriate processes, procedures and methodologies for measuring outcomes. In addition to internal core teams, St. Elizabeth Community Hospital also widens

the scope of program design and elicits design input, feedback, recommendations, and concerns from the following groups:

- North State Community Board
- St. Elizabeth Community Hospital Advisory Council
- Local Area Community Grant Committee

Impact of the Coronavirus Pandemic

Our hospital continues to respond to the coronavirus pandemic by recognizing and responding to the ongoing health and basic needs of our community members. Hospital staff engaged in regularly scheduled meetings with the Tehama County Public Health Department which allowed the hospital to respond promptly to the evolving needs of the community. Conversations with local county government included the development of collaborative plans to respond to arising needs and the hospital continues to purchase additional supplies and equipment for our COVID response as funds are made available. Additionally, the Hospital donated supplies and equipment to non-profit groups in a neighboring county to further support healthcare facilities overseas.

In response to the need for increased community testing, the Solano Street Medical Clinic dedicated days throughout the pandemic when staffing allowed, to conduct testing and provided regular reporting to the County. The Lassen Medical Clinics in Red Bluff and Cottonwood did the same, as well as, provided a leading edge process for addressing Patients Under Interest (PUI) to provide the safest patient care possible during the pandemic. These clinic sites excelled in providing the county with ongoing data and information related to the COVID cases.

In addition, Lassen Medical Red Bluff continued providing a drive through COVID safe Coumadin clinic during the surge and when safe, they brought these patients inside for their treatment and testing while providing robust screening and masking procedures at the main entrances and within the clinic suites.

During FY21, the Hospital provided a total of 10,156 COVID tests for community members. The hospital also held 23 COVID vaccination clinics and administered 1,624 does of COVID vaccine. Additionally, there were 24 doses of Bamlanivimab administered along with 9 doses of Bamlanivimab/ Eresevimab administered within the community.

Community Health staff continued to collaborate with local community partners, collaboratives, and coalitions to provide Coronavirus related patient education for dissemination to their clients and family members. The Hospital's marketing team continued to provide an essential role in disseminating frequent messaging through the use of social media, to keep community residents aware of any changes in the facility as a result of the pandemic.

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: Access to Care

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Provide services for vulnerable populations	Financial Assistance for uninsured/underinsured and low income residents. Rural Health Clinics offering sliding fee scale for patients who do not qualify for insurance	☒	☒
Provide services for vulnerable populations	The Hospital Wound Center initiated a presentation and request to the Corning Health District to consider supporting the transportation needs of south county patients as their wound treatment appointments are consecutive and required for healing. The Corning Health District board continues to consider this request.	☐	☒
Increase Access to Care	Physician recruitment efforts. Rural Health Clinics eligible for federal and state student loan repayment programs for clinicians. Offer convenient appointments on the weekend acute care walk in or drive through clinic appointments. When appropriate, offer video and telephone visits to those who's health may limit their ability to drive to their appointment.	☒	☒
Increase Access to Care	Solano offered free Covid testing to the community and through this process has supported the hospital in providing their first and continued vaccination clinics on the hospital campus. Lassen Medical has continued ongoing Covid testing, support to the county for testing and is now supporting the county and the hospital in providing Regeneron treatment to eligible and qualified covid patients.	☐	☒
Community Support	Develop partnerships with Rolling Hills Clinic, Federally Qualified Indian Health Clinic; Greenville Rancheria; Tehama County Public Health; Tehama County Dental Health Program	☒	☒

Community Support	Providing full corps support to all patients who fall within the health region of diabetes a1C and hypertension (exclusively) to ensure proper proactive care and patient awareness and responsibility for improving care. Conduct regular clinic quality meetings, work pursuit lists and design and deliver regular communication with these patients in an effort to reduce their healthcare complications.	☐	☒
Health Education Outreach	LIFT (Poor and the Homeless Health Fair); Latino Multicultural Health Fair; Greenville Rancheria Wellness Fair; Senior Health Fair; Corning Olive Festival; Bi National Health Fairs participation offering nutrition services consultation, blood pressure screenings, and high school sports physicals for all area high schools are offered supported by the clinics and hospital staff when appropriate. Director for the United Way of Northern California 2-1-1 program, providing information and collaborative partner information for access to services.	☒	☒
Health Screening	Los Molinos Middle and High School, Corning High School – onsite health screenings for children. Tehama County school physicals offered by Lassen Medical Clinic Red Bluff.	☒	☒

Impact: The hospital's initiatives to address access to care and preventative healthcare services are anticipated to result in improved access to health care and social services. Accessible health care services can help prevent disease and disability, detect and treat illnesses, maintain quality of life, and extend life expectancy.

Collaboration: St. Elizabeth Community Hospital will continue to seek out partnerships with other local organizations that respond to the health needs of our community. Community-based collaborations have been a priority in past years and the hospital will continue to drive community benefit efforts in the future.

Health Need: Mental Health

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Community Support	Partnership with PATH; Tehama County Public Health; Tehama County Dental Health Program	☒	☒
Tele-Psychiatry	Psychiatrists are able to provide early evaluation and psychiatric intervention via remote consultations with inpatients, improving access to timely quality care. Access is available to both the ED and inpatient setting.	☒	☒

Community Mental Health Resources/Partnership	Continue to partner and meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources. Have developed an even stronger relationship with County Mental Health to manage difficult to place patients.	☒	☒
Community Mental Health Resources/Partnership	Behavioral Health Services have been requested by Connected Living and therefore we are going to dedicate four hours a month of LCSW services to fulfill their need to provide these services to their clientele.	☐	☒
Behavioral Evaluation Services	Coordinate behavioral health evaluations with Tehama County Behavioral Health Department to assess patient needs and risks and to provide referrals 24-hours daily, 365 days per year to anyone who presents at the hospital Emergency Departments. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.	☒	☒
Outpatient Clinic Behavioral Health Services	Recruitment of Behavioral Health Specialist (LCSW) to the Women's Health Services Clinic in Red Bluff. Mental Health Therapist (LCSW) position established with Solano Street Medical Clinic under the National Health Service Corps Loan Repayment Program. Completed a reassessment of our NHSC scoring and increased both clinic area rating by 3 points (higher is better). Outpatient referrals to behavioral health in local communities to Tehama County Behavioral Health, Family Counseling Center in Red Bluff and Corning, and individual therapists in local communities. Researching the ability to partner with the Corning Health District to partner in a LCSW placement at Solano Street Medical Clinic. Hired LCSW who is seeing patients out of Women's Services.	☒	☒

Impact: The hospital's initiatives to address mental/behavioral health and co-occurring substance abuse have anticipated results in: increasing the community's knowledge of common mental health issues and how to deal with them, empowering the community to understand prescription drug abuse, and support projects that will impact the community's access to mental/behavioral health services.

Collaboration: St. Elizabeth Community Hospital will continue to partner with other local organizations that respond to the health needs of our community. Community-based collaborations have been a priority in past years and the hospital will continue to drive community benefit efforts in the future.

Community 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.

In FY21, the hospital awarded the grants below totaling $59,304. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Empower Tehama	South County Victim Outreach Project	$37,804
Poor and Homeless of Tehama County (PATH)	PATH Transitional Care	$21,500

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

Increasing Diabetes Awareness and Education	
Significant Health Needs Addressed	✔ Access to Care ❑ Aging Issues ❑ Homelessness ❑ Mental Health
Program Description	Diabetes is a growing health concern in Tehama County. Diabetes risk factors include age, genetics in addition to lifestyle and dietary factors. Diabetes education and medical nutrition therapy has been shown to significantly improve HgA1c and can improve knowledge and skills needed to modify behaviors and assist patients in self-managing their condition. St. Elizabeth Community Hospital Diabetes program consists of outpatient diabetes-focused medical nutrition therapy (MNT), community diabetes classes and support groups, community outreach, inpatient education and discharge follow-up phone calls to promote ongoing wellness. These visits continued during COVID as telephone virtual visits and remained relatively consistent in completion.

Community Benefit Category	A – Community Health Improvement Services
FY 2021 Report	
Program Goal / Anticipated Impact	Improve community awareness and detection of diabetes within the population served and increase knowledge of diabetes management through outreach and education.
Measurable Objective(s) with Indicator(s)	Increased knowledge and awareness of diabetes management education services among community members measured by the number of attendees at classes, support groups and MNT visits.
Intervention Actions for Achieving Goal	▪ Using technology to provide better diabetes outreach and education – i.e. Zoom, telehealth visits, videos, etc. ▪ Participation in community education events to increase diabetes awareness and provide screenings as available ▪ Provide community classes and support groups (Living Well with Diabetes and Diabetes Support Group). ▪ Provide medical nutrition therapy (MNT) and diabetes education services ▪ Continue the Lassen Clinic dedicated care team for diabetes management and tracking. ▪ Collaborate with community providers to improve access to diabetes education services.
Collaboration	Continue collaboration with local community-based organizations and health care centers including but not limited to Lassen Medical Group, Greenville Rancheria Tribal Health Center, Corning Senior Center, and Feather River Community Health.
Performance / Impact	SECH anticipates improvement in community diabetes management as evidenced by empowering individuals to better manage their diabetes at home. This is done by improving community awareness and detection of diabetes within the population served and increasing knowledge of diabetes management through outreach and education. Outpatient Diabetes Clinic total Labor hours 384. Number persons served 129. Solano Clinic MNT Diabetes support total Labor hours 384 Number persons served 100. Additional telehealth support provided Labor hours 20, Persons served 24 (to replace classes/support groups not available due to COVID restrictions)
Hospital's Contribution / Program Expense	$41,000
FY 2022 Plan	
Program Goal / Anticipated Impact	Improve community awareness and detection of diabetes within the population served and increase knowledge of diabetes management through outreach and education.

Measurable Objective(s) with Indicator(s)	Increase knowledge and awareness of diabetes management education services among community members measured by the number of attendees at classes, support groups, and MNT visits.
Intervention Actions for Achieving Goal	▪ Expanded SECH Outpatient Diabetes Clinic services from 1 day per week to 4 days per week ▪ Using technology to provide better diabetes outreach and education – i.e. Zoom, telehealth visits, videos, etc. ▪ Participation in community education events to increase diabetes awareness and provide screenings as available ▪ Provide community classes and support groups (Living Well with Diabetes and Diabetes Support Group) as available ▪ Provide medical nutrition therapy (MNT) and diabetes education services ▪ Continue to partner with Dignity Health Medical Group, Lassen Clinic, Solano Clinic, Oncology Clinic and Women's Health Services dedicated care team for diabetes management ▪ Collaborate with community providers to improve access to diabetes education services.
Planned Collaboration	Redding Endocrinology Dr. Akman, Dr. Aung. Adventist Health Corning, Enloe Surgical Oncology Clinic, Greenville Rancheria, Hill Country Health and Wellness Center and Community Clinic, Los Molinos Medical, North Valley Pediatric Associates, Opt for Fit Kids, Rolling Hills Clinics, Shasta County public Health, Shasta Regional Medical Group, Tehama County Public Health

Access to Care	
Significant Health Needs Addressed	✔ Access to Care ❑ Aging Issues ❑ Homelessness ❑ Mental Health
Program Description	The hospital's initiatives to address access to high quality health care and services are anticipated to result in: increased timely access and services; increased knowledge about how to access and navigate the health care system and reduce barriers to care.
Community Benefit Category	A3 – Healthcare Support Services
FY 2021 Report	
Program Goal / Anticipated Impact	Increased availability of outpatient oncology services including chemotherapy infusion in the community, relieving the burden of individuals driving great distances to receive this type of care.

Measurable Objective(s) with Indicator(s)	Increase the number of individuals seen at the clinic for chemotherapy services during the fiscal year
Intervention Actions for Achieving Goal	▪ The clinic will continue to offer infusion and oncology services with the intention of adding a second oncologist to ensure prompt availability for cancer and infusion patients.
Collaboration	None
Performance / Impact	Recruitment continues to be a primary focus, however, it is more difficult than ever since COVID; SECH has been successful with primary care recruitment but specialties are more difficult to recruit for and physicians are continuing to leave (Faldu and Gabriel-Cardiology and General Surgery)
Hospital's Contribution / Program Expense	$8,500
FY 2022 Plan	
Program Goal / Anticipated Impact	Increased availability of outpatient oncology services including chemotherapy infusion in the community, relieving the burden of individuals driving great distances to receive this type of care.
Measurable Objective(s) with Indicator(s)	Increase the number of individuals seen at the clinic for chemotherapy services during the fiscal year
Intervention Actions for Achieving Goal	Secure a new clinician. Partner with the community Relay for Life and Cancer awareness initiatives.
Planned Collaboration	The clinic manager has established strong relationships with the Redding Cancer League, American Cancer Society and local health agencies to ensure educational and awareness efforts are realized.

Transportation	
Significant Health Needs Addressed	✔ Access to Care ❑ Aging Issues ❑ Homelessness ❑ Mental Health
Program Description	The hospital's initiatives to address access to high quality health care and services are anticipated to result in: increased timely access and services; increased knowledge about how to access and navigate the health care system and reduce barriers to care.
Community Benefit Category	A3 – Healthcare Support Services
FY 2021 Report	

Program Goal / Anticipated Impact	Improve access to healthcare services and medical appointments resulting in improved outcomes and improved quality of life.
Measurable Objective(s) with Indicator(s)	Increase the number of individuals participating in the transportation program.
Intervention Actions for Achieving Goal	Launch a subsidized patient transportation program to improve access to medical care. Program will be designed to assist community members to get to all medical appointments, regardless of affiliation with the hospital.
Collaboration	None
Performance / Impact	In FY21, Hospital Administrative staff and Physicians presented to the Corning Health District the current state of primary care and wound care for the south county community of Corning and surrounding areas. It was during this meeting that exploratory conversations ensued regarding the need for transportation to and from medical appointments to south county and the need for behavioral health care. A follow up discussion with the Corning Health District took place that also included the Family Resource Center in Red Bluff to discuss the potential for partnering and sponsoring an LCSW graduate in need of accomplishing the required 3000 hours of service prior to final licensing. These discussions and partnerships continue to be explored; however, the pandemic paused progress on this topic.
Hospital's Contribution / Program Expense	$0
FY 2022 Plan	
Due to limited resources and the impact of the Coronavirus pandemic, efforts to explore a formal transportation program will be put on hold in FY22. In lieu of a community-wide transportation program, the hospital's Care Coordination department will continue to provide transportation services to those in need.	

Mental Health	
Significant Health Needs Addressed	✔ Access to Care ❑ Aging Issues ❑ Homelessness ❑ Mental Health
Program Description	The hospital's initiatives to address access to behavioral health services are anticipated to result in: expanded access to behavioral health services; increased knowledge about how to access and navigate the health care system; and reduce barriers to care.

Community Benefit Category	A3 – Healthcare Support Services
FY 2021 Report	
Program Goal / Anticipated Impact	Expanded access to behavioral health services
Measurable Objective(s) with Indicator(s)	Expand the infrastructure for behavioral health services in outpatient rural clinics and increase availability of services in the community measured
Intervention Actions for Achieving Goal	▪ Partnership with PATH; Tehama County Public Health; Tehama County Dental Health Program ▪ Psychiatrists are able to provide early evaluation and psychiatric intervention via remote consultations with inpatients, improving access to timely quality care. Access is available to both the ED and inpatient setting. ▪ Continue to partner and meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources. Have developed an even stronger relationship with County Mental Health to manage difficult to place patients. ▪ Coordinate behavioral health evaluations with Tehama County Behavioral Health Department to assess patient needs and risks and to provide referrals 24-hours daily, 365 days per year to anyone who presents at the hospital Emergency Departments. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.
Collaboration	Worked with Connected Living to provide therapy services to their clientele four hours a month (FY22) and currently providing behavioral health services to patients of the SECH RHCs.
Performance / Impact	49 visits completed
Hospital's Contribution / Program Expense	$46,000
FY 2022 Plan	
Program Goal / Anticipated Impact	Expanded access to behavioral health services
Measurable Objective(s) with Indicator(s)	Increase total number of visits year-over-year
Intervention Actions for Achieving Goal	● Complete recruitment of a Licensed Certified Social Worker offering therapy services to patients who are provided primary care from Solano Street Medical Clinic, Women's Health Services, Lassen Red Bluff and Lassen Cottonwood. Increasing these services to provide 4 hours of services to Connected Living clientele.

	● Continue efforts to inform referring physicians and network with Tehama County Public Health Services-currently services are only available to SECH 1206d clinics.
Planned Collaboration	Working with Connected Living to provide 4 hours of contracted coverage for their clientele.

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.

St. Elizabeth Community Hospital Administration serves on the Tehama County Health Board, Tehama County Public Health Advisory Board, Public Health Advisory Board and United Way Board. Economic development is instrumental to Tehama County and surrounding areas therefore, clinic leadership has served on the Corning Chamber of Commerce Board of Directors. Additionally, the President of the Hospital serves on the Tehama County Economic Development Corporation Board. Several members of the leadership team are members are active in community service clubs such as Rotary, Farm Bureau, and Soroptimist.

On the ecology front, St. Elizabeth Community Hospital continues to be a leader in waste management and reduction. St. Elizabeth Community Hospital partners with Tehama County Waste Management to provide SHARPS containers and collection on campus. St. Elizabeth Community Hospital continues to have recycling bins available in every department and throughout the clinics.

Additionally, members of the hospital's leadership and management teams provide significant in-kind support and expertise to nonprofit health care organizations, civic, and service agencies such as

- Tehama County Domestic Violence, CSEC
- American Association of Diabetes Educators
- Tehama County Health Care Coalition
- Tehama County Economic Development

Economic Value of Community Benefit

The economic value of all community benefit 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.

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Complete Summary - Classified Including Non Community Benefit (Medicare)
For period from 7/1/2020 through 6/30/2021

	Persons	Expense	Revenue	Net Benefit	% of Expense
Benefits for Poor					
Financial Assistance	**8,015**	**2,732,689**	**0**	**2,732,689**	**1.9%**
Medicaid	**25,202**	**44,007,405**	**35,335,969**	**8,671,436**	**6.0%**
Means-Tested Programs	**7**	**21,652**	**1,249**	**20,403**	**0.0%**
Community Services					
A - Community Health Improvement Services	88	49,608	0	49,608	0.0%
E - Cash and In-Kind Contributions**	4	199,963	364,963	0	0.0%
G - Community Benefit Operations	0	27,918	0	27,918	0.0%
Totals for Community Services	**92**	**277,489**	**364,963**	**(87,474)**	**-0.1%**
Totals for Poor	**33,316**	**47,039,235**	**35,702,181**	**11,337,054**	**7.8%**
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	140	958	0	958	0.0%
C - Subsidized Health Services	9	25,814	0	25,814	0.0%
E - Cash and In-Kind Contributions	4	4,250	0	4,250	0.0%
F - Community Building Activities	9	2,017	0	2,017	0.0%
Totals for Community Services	**162**	**33,039**	**0**	**33,039**	**0.0%**
Totals for Broader Community	**162**	**33,039**	**0**	**33,039**	**0.0%**
Totals - Community Benefit	**33,478**	**47,072,274**	**35,702,181**	**11,370,093**	**7.9%**
Medicare	**29,519**	**54,470,576**	**37,958,814**	**16,511,762**	**11.4%**
Totals with Medicare	**62,997**	**101,542,850**	**73,660,995**	**27,881,855**	**19.3%**

**Consistent with IRS instructions and CHA guidance, Cash and In-kind Contributions is reported at $0 net benefit because offsetting revenue was greater than expense in FY21. This was due to the return of a large donation in the fiscal year. Net gain for cash and in-kind contributions is still included in all "Totals" calculations, however.

Hospital Board and Committee Rosters

FY 2022
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS

Eva, Jimenez, Chairperson

Riico Dotson, M.D., Secretary

Todd Strumwasser, M.D., SVP Northern California Division

Diane Brickell

Sister Clare Marie Dalton

Ryan Denham

Sandra Dole

Alan Foley

Nikita Gill, M.D.

David Holst, M.D.

Paul Johnson, M.D.

Hillary Lindauer

Sister Bridget McCarthy

Patrick Quintal, M.D.

Samuel Van Kirk, D.O.

Any communications to Board Members should be made in writing and directed to:

Michelle Burke, Executive Assistant
Dignity Health North State
P.O. Box 496009
Redding, CA 96049-6009
(530) 225-6103
(530) 225-6118 fax

FY 2022
ST. ELIZABETH COMMUNITY HOSPITAL
LOCAL ADVISORY COUNCIL MEMBERS

Community Members

Tony Cardenas, Former Corning Police Chief

C. Jerome Crow, Corning Citizen at Large

Dave Gowan, Red Bluff Tehama County Chamber

Sr. Gloria Heese, Sister of Mercy

Jayme Bottke, Co-chair (Director of Tehama County Public Health Services Agency)

James Miller, Red Bluff Roundup

Maggie Michael, Alternatives to Violence

Jon Pascarella, DDS

Matt Rogers, District Attorney

Jessie Shields, Community Member, Mercy Foundation North

Mandy Staley, Tehama District Fair

Sr. Pat Manoli, Sister of Mercy

St. Elizabeth Community Hospital Staff

Rodger Page, President

Kristin Behrens, Director of Support Services

Denise Little, Manager Human Resources

Randy Pennebaker, Senior Director of Operations

Kristen Gray, Administrative Assistant to the President