St. Elizabeth Community Hospital

Community Benefit 2022 Report and 2023 Plan

Adopted November 2022

Dignity Health.
St. Elizabeth Community Hospital

A message from

Dear Community Members, Community Partners and Colleagues,

On behalf of St. Elizabeth Community Hospital, we'd like to thank you for your interest in the health of our community as we seek to improve the overall health in Tehama County. Our Mission is to 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. We are excited to share our Community Benefit 2022 Report and 2023 Plan.

The COVID-19 global pandemic has caused extraordinary challenges for us all. Yet, in some ways this disruption has been a positive force of change and new beginnings. The ongoing pandemic taught us that improving the health of our community requires all of us to come together and bring our expertise, engagement and investment, only by working together in partnership, can we become a healthier, stronger community.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the 2022 Community Health Needs Assessments (CHNA) 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.

In fiscal year 2022 (FY22), St. Elizabeth Community Hospital provided $18,298,540 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred $14,279,063 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2022 Report and 2023 Plan at its November 10, 2022 meeting. We welcome any questions or ideas for collaborating that you may have, by reaching out to Laura Acosta, Community Health Director at 530-225-6114 or by email at laura.acosta900@commonspirit.org.

We look forward to partnering with you to continue building a stronger, more equitable future for all.

Sincerely,

Rodger Page
President/CEO

Riico Dotson
Chairperson, Board of Directors

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At-a-Glance Summary

Community Served	St. Elizabeth Community Hospital (SECH) 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	$18,298,540 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits $14,279,063 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 Quality Primary Care Health Services • Access to Specialty and Extended Care • Access to Mental/Behavioral Health and Substance-Use Services • Safe and Violence-Free Environment (Although not directly identified as need, this is a market approach)
FY22 Programs and Services	St. Elizabeth Community Hospital delivered several programs and services to help address identified significant community health need. These included: • Medication for Indigent Patients • Provide community grants to local non-profit organizations • Transportation Services
FY23 Planned Programs and Services	For FY23, St. Elizabeth Community Hospital plans to build upon many of the FY22 initiatives, explore new partnership opportunities with Tehama County community organizations, and intends to take actions and to dedicate resources to address these needs.

This document is publicly 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, Attn: Laura Acosta or by e-mail to laura.acosta900@commonspirit.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.

SECH is located in Tehama County which consists of 2,962 square miles and is approximately midway between Sacramento and the Oregon border and situated along the Interstate 5 corridor. 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. The largest city is Red Bluff, both a Micropolitan Statistical Area and the County Seat with a population of just over 14,000 residents. A small portion of southern Shasta County is covered by the hospital's service area and includes the community of Cottonwood. Service area is defined by six ZIP codes. These included 96021, 96022, 96035, 96055, 96080, and 96090. The total population of the service area was 69,385.

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

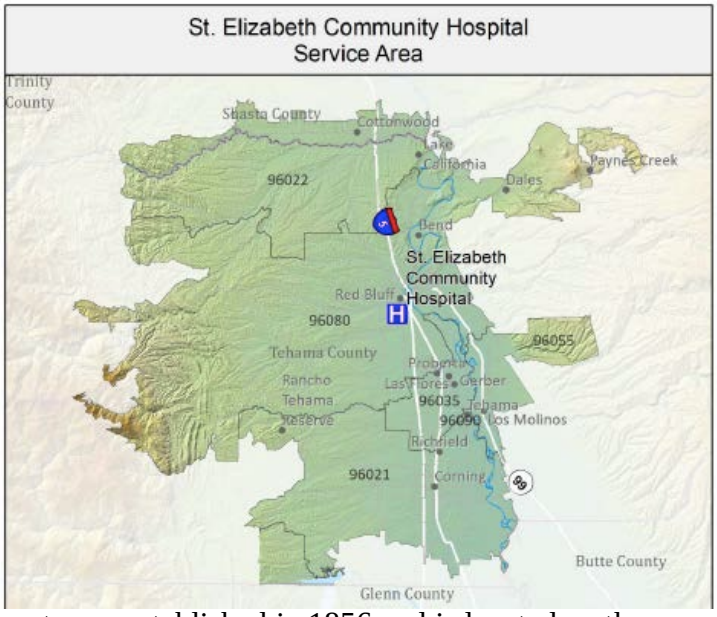
A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

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. Elizabeth Community Hospital serves service area includes large portions of Tehama County and a smaller portion of southern Shasta County. Both counties are located in Northern California, situated along the Interstate 5 corridor. 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 of 69,385 residents.



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.

Population Groups Experiencing Disparities

Key informants were asked to identify population groups that experienced health disparities in the SECH service area. Interview participants were asked, "What specific groups of community members experience health issues the most?" Responses were analyzed by identifying all groups noted as one experiencing disparities. Groups identified by key informants are listed below. The groups are not mutually exclusive—one group could be a subset of another group. One of the purposes of identifying the sub-populations was to help guide additional qualitative data collection efforts to focus on the needs of these population groups. Additional details can be found in the CHNA report online.

- Low income
- Senior
- Disabled
- Hispanic
- Homeless
- Migrant farm workers
- Native Americans
- Severely mentally ill
- Those without internet
- Undocumented
- Caucasians

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 April 2022.

This document also reports on programs delivered during fiscal year 2022 that were responsive to needs prioritized in the hospital's previous CHNA report. In 2019, Aging Issues and Homelessness were identified as top needs in the community health needs assessment. Although not specifically identified in 2022, SECH recognizes these as vulnerable populations and will continue to take into account their specific needs.

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

Building a healthy community requires multiple stakeholders working together with a common purpose 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?
Access to Quality Primary Care Health Services	Primary care resources include community clinics, pediatricians, family practice physicians, internists,	●

Significant Health Need	Description	Intend to Address?
	nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.	
Access to Specialty and Extended Care	Extended care services, which include specialty care, are care provided in a particular branch of medicine and focused on the treatment of a particular disease. Primary and specialty care go hand in hand, and without access to specialists, such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage the progression of chronic diseases, including diabetes and high blood pressure, on their own.	●
Access to Functional Needs	Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life.	
Access to Mental/Behavioral Health and Substance-Use Services	Access to mental, behavioral, and substance-use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.	●
Access to Basic Needs Such as Housing, Jobs, and Food	Research shows that the social determinants of health, such as quality housing, adequate employment and income, food security, education, and social support systems, have a substantial impact on health behaviors and health outcomes. Addressing access to basic needs will improve health in the communities we serve.	
Increased Community Connections	Community connection is a crucial part of living a healthy life. Research suggests individuals who feel a sense of security, belonging, and trust in their community have better health. Assuring that community members have ways to connect with each other through programs, services, and opportunities is important in fostering a healthy community. Furthermore, healthcare and community support services are more effective when they are delivered in a coordinated fashion to build a coordinated ecosystem.	

Significant Needs the Hospital Does Not Intend to Address

St. Elizabeth Community Hospital Community Health Advisory Committee met to review and determine the top priorities the hospital would address. SECH will continue to lean into the

organizations who are addressing the needs and continue to build capacity by strengthening partnerships among local community-based organizations. Due to the magnitude of the need and the capacity of SECH's ability to address the need the Implementation Strategy will not address the following health needs:

- Access to Functional Needs
- Access to Basic Needs Such as Housing, Jobs, and Food
- Increased Community Connections

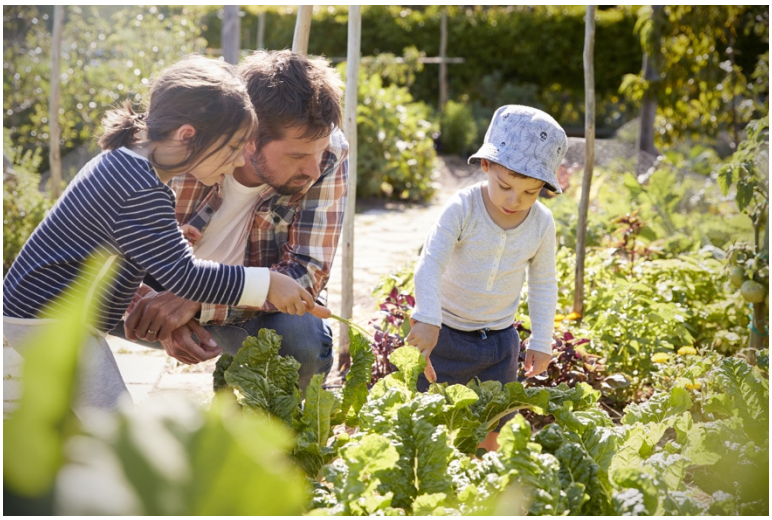
2022 Report and 2023 Plan

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 FY22 and planned activities for FY23, 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

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.



The Community Health Advisory Committee (CHAC) reviewed all priority areas and with the criteria below, to identify the needs SECH will address over the next three years. CHAC is comprised of hospital leaders and community members who representation low-income, minority and other underserved populations. CHAC provides feedback on the planning and implementation strategies to ensure community benefit strategies and investments address the inequities within the communities we serve and build upon the strengths and assets identified in the CHNA.

To aid in determining the priority health needs, CHAC used the criteria below to consider when making a decision.

- Mission alignment
- Magnitude of the problem
- Severity of the problem
- Health disparities: The health need disproportionately impacts the health status of one or more vulnerable population groups.
- Need among vulnerable population
- Community's capacity and willingness to act on the issue
- Availability of hospital and community resources
- Ability to have measurable impact on the issue
- Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.
- Established Relationships: There are established relationships with community partners to address the issue.
- Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.

Improving community health requires collaboration across community stakeholders and with community engagement. Each initiative involves research on best practice and is written to align with local resources, state or national health priorities and initiatives. The goals, objectives, and strategies contained in this document, where possible, intend to utilize upstream prevention models to address the social determinants of health. In addition, building and strengthening relationships with community-based providers that serve target populations for intended initiatives is critical to the success and sustainability to achieve impact.

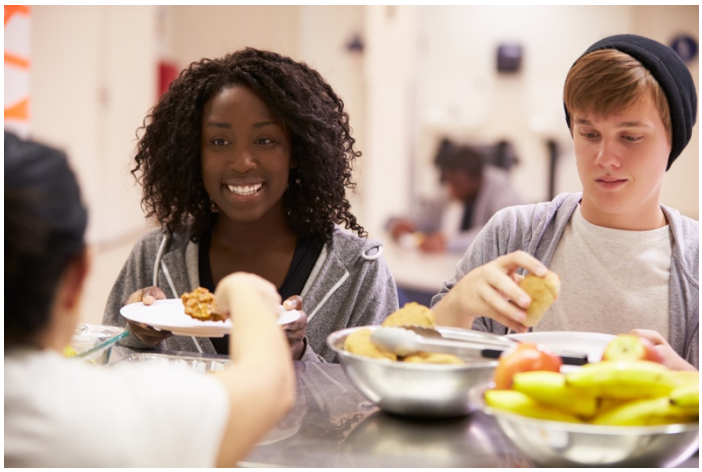
Community Health Strategic Objectives

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.

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

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.

This document also reports on programs delivered during fiscal year 2022 that were responsive to needs prioritized in the hospital's previous CHNA report. In 2019, Aging Issues and Homelessness also were identified as top needs in the community health needs assessment. Although not specifically identified in 2022, SECH recognizes these as vulnerable populations and will continue to take into account and seek ways to address their specific needs.

Health Need: Access to Quality Primary Care Health Services and Specialty and Extended Care

Strategy or Program	Summary Description	Active FY22	Planned FY23
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.	☒	☒

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.	☒	☐
Community Support	Develop partnerships with Rolling Hills Clinic, Federally Qualified Indian Health Clinic; Greenville Rancheria; Tehama County Public Health; Tehama County Dental Health Program	☒	☒
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.	☒	☒
Provide/facilitate funding and in-kind support for access to care to local community agencies	Funding directed towards access to health care programs.	☐	☒
CHW Navigator (Proposed)	SECH will conduct feasibly study to identify whether community health workers based in the emergency department is appropriate to assist patients with applying for immediate medical health insurance, make and keep follow up primary care appointments after visiting the ED, and navigating community health resources.	☐	☒
Workforce Development	Identify and partner with community organizations who are leading workforce development efforts to increase access to a diverse and inclusive health care workforce—both in clinical and nonclinical/corporate settings and improve health equity.	☐	☒

Goal and Impact:
Leverage SECH's investments as an anchor institution to address Social Determinants of Health (SDOH) needs in our communities to improve access to quality health care services for vulnerable populations by coordinating and improving resources and referrals to services to improve access.

Goal (Anticipated impact)

- Reduce the utilization of Emergency Departments for "avoidable", non-emergency visits
- Reduce the rates of uninsured people in the community

Collaborators: SECH will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.

Health Need: Access to Mental/Behavioral Health and Substance-Use Services

Strategy or Program	Summary Description	Active FY22	Planned FY23
Substance Use Navigation	CA Bridge is a program of the Public Health Institute working to ensure that people with substance use disorder receive 24/7 high-quality care in every California health system by 2025. The CA Bridge Navigator program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. Utilizing a Substance Use Navigator to build a trusting relationship with the patient and motivating them to engage in treatment. The hospital works to reduce the language that stigmatizes people who use drugs, treating substance use disorder like any other disease. Program is currently funded through Medication for Addiction Treatment (MAT) program.	☐	☒
Education and Awareness	Provide education and awareness and reduce stigma in the community.	☐	☒

Goal and Impact:

Goal

Improved system for patient linkages to outpatient behavioral health services; provide a seamless transition of care, reduce mental health stigma and increase in resources in the community.

Anticipated Impact

Ensure equitable access to quality, culturally responsive and linguistically appropriate services.

Collaborators:

SECH will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.

Health Need: Safe and Violence-Free Environment

Strategy or Program	Summary Description	Active FY22	Planned FY23
Violence Prevention & Intervention	SECH will increase internal capacity and community capacity to identify victims and respond though the Human Trafficking Task Force. Key activities include but not limited to: ● Provide trauma-informed care for patients ● Provide resources and support to victims of violence ● Prevent violence and intervene when suspected ● Explore opportunities to provided ongoing education and awareness to community.	☐	☒

Goal and Impact:

Goals:
- Prevent future traumatization once violence has occurred
- Prevent violence

Anticipated Impact:
- Increase healthcare workforce capacity to provide trauma informed care for victims of violence
- Support community capacity to reduce violence

Collaborators:

SECH will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority in for the hospital and will continue to drive community benefit efforts.

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 FY22, the hospital awarded the grants below totaling $44,100. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Poor and the Homeless of Tehama County Coalition (PATH)	PATH Transitional Care	$21,500
The Family Service Agency of Tehama County	Supporting Seniors' Mental Health	$22,600

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.

Access to Care

Significant Health Needs Addressed	✔ Access to Quality Primary Care Health Services ✔ Access to Specialty and Extended Care ❑ Access to Basic Needs such as Housing, Jobs, and Food ❑ Increased Community Connections ❑ Access to Functional Needs ❑ Access to Mental/Behavioral Health and Substance-Use Services
Program Description	CHW Navigator (Proposed) SECH will conduct feasibly study to identify whether community health workers based in the emergency department is appropriate to assist patients with applying for immediate medical health insurance, make and keep follow up primary care appointments after visiting the ED, and navigating community health resources.
Population Served	Low-income and vulnerable populations
Program Goal / Anticipated Impact	**Goal** To improve and increase access to health care and preventive services and for low-income and vulnerable populations that is culturally and linguistically appropriate by deploying programs to assist in the navigation of the health care system, provide education, and enrollment assistance. **Anticipated Impact** • Determine feasibility of proposed intervention

	• Identify baseline measurements • Reduce the utilization of Emergency Departments for "avoidable", non-emergency visits • Reduce the rates of uninsured people in the community • Increase access points for health-related and social needs
FY 2022 Report	
Activities Summary	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.
Performance / Impact	Increased availability of services including chemotherapy infusion in the community, relieving the burden of individuals driving great distances to receive this type of care.
FY 2023 Plan	
Program Goal / Anticipated Impact	**Goal** To improve and increase access to health care and preventive services and for low-income and vulnerable populations that is culturally and linguistically appropriate by deploying programs to assist in the navigation of the health care system, provide education, and enrollment assistance. **Anticipated Impact** • Determine feasibility of proposed intervention • Identify baseline measurements • Reduce the utilization of Emergency Departments for "avoidable", non-emergency visits • Reduce the rates of uninsured people in the community • Increase access points for health-related and social needs
Planned Activities	CHW Navigator (Proposed) SECH will conduct feasibly study to identify whether community health workers based in the emergency department is appropriate to assist patients with applying for immediate medical health insurance, make and keep follow up primary care appointments after visiting the ED, and navigating community health resources.

Access to Quality Primary Care Health Services

Significant Health Needs Addressed	✔ Access to Quality Primary Care Health Services ❑ Access to Specialty and Extended Care ❑ Access to Basic Needs Such as Housing, Jobs, and Food ❑ Increased Community Connections ❑ Access to Functional Needs ❑ Access to Mental/Behavioral Health and Substance-Use Services
Program Description	Address transportation barriers to accessing healthcare services.
Population Served	Low-income and vulnerable populations
Program Goal / Anticipated Impact	Our goal is to improve and eliminate barriers to transportation in the most vulnerable communities in Tehama County, especially the low-income and underserved. The identified need will work to expand access to healthcare and preventative resources by providing taxi/van vouchers or coordinating transportation to those in need to and from the hospital. **Anticipated Impact** Expand transportation services to those in need and decrease barriers to access health care.

FY 2022 Report

Activities Summary	The charity transportation program enhances patient access to care for low-income patients and families who have no form of transportation. It includes transporting to SNF/ReHab, home, mental health, a transitional living site, and for outpatient appointments as part of a patient's discharge plan.
Performance / Impact	Increased transportation for low-income and families.
Hospital's Contribution / Program Expense	$112,807

FY 2023 Plan

Program Goal / Anticipated Impact	To improve and eliminate barriers to transportation in the most vulnerable communities in Tehama County, especially the low-income and underserved. The identified need will work to expand access to healthcare and preventative resources by providing taxi/van vouchers or coordinating transportation to those in need to and from the hospital.

	Anticipated Impact Expand transportation services to those in need and decrease barriers to access health care.
Planned Activities	Continue to explore ways on increasing transportation and coordinating efforts through community partnerships.

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. One of the most powerful ways is through partnerships. We recognize that no hospital facility can address all of the health needs present in its community, requires long-term focus and investment from all levels of community stakeholders.

St. Elizabeth Community Hospital Administration and 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
- First 5 Tehama Board
- Expect More Tehama
- Active 20-30 Club of Red Bluff
- Tehama County Cattlewomen
- Red Bluff Chamber of Commerce

Economic Value of Community Benefit

St. Elizabeth Community Hospital					
Complete Summary - Classified Including Non Community Benefit (Medicare)					
For period from 7/1/2021 through 6/30/2022					
	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expenses
Benefits For Poor					
Financial Assistance	8,934	3,454,220	0	3,454,220	2.2%
Medicaid	28,676	47,001,170	32,453,087	14,548,083	9.2%
Means-Tested Programs	8	288	71	217	0.0%
Community Services					
A - Community Health Improvement Services	247	132,049	0	132,049	0.1%
E - Cash and In-Kind Contributions	2	104,612	0	104,612	0.1%
G - Community Benefit Operations	0	45,402	0	45,402	0.0%
Totals for Community Services	249	282,063	0	282,063	0.2%
Totals for Poor	37,867	50,737,741	32,453,158	18,284,583	11.5%
Benefits for Broader Community					
Community Services					
E - Cash and In-Kind Contributions	16	13,293	0	13,293	0.0%
F - Community Building Activities	5	664	0	664	0.0%
Totals for Community Services	21	13,957	0	13,957	0.0%
Totals for Broader Community	21	13,957	0	13,957	0.0%
Totals - Community Benefit	37,888	50,751,698	32,453,158	18,298,540	11.5%
Medicare	24,377	48,877,805	34,598,742	14,279,063	9.0%
Totals with Medicare	62,265	99,629,503	67,051,900	32,577,603	20.5%

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.

Hospital Board and Committee Rosters

Riico Dotson, M.D., Chairperson
Karolina DeAugustinis, M.D., Secretary
Todd Strumwasser, M.D., SVP Northern California Division
Alan Foley
Eva Jimenez
Irene DeLao
Keith Cool
Mary Rushka
Mike Davis
Nikita Gill, M.D.
Patrick Quintal, M.D.
Paul Johnson, M.D.
Robert Evans, M.D.
Russ Porterfield
Ryan Denham
Sister Bridget McCarthy
Sister Clare Marie Dalton

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

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